

## **Health and Wellbeing Board**

**Wednesday, 06 June 2018 at 14:00**

**County Hall, West Bridgford, Nottingham, NG2 7QP**

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### **AGENDA**

- 1 To note the appointment by the County Council on 10 May 2018 of Councillor John Doddy as Chair of the Health and Wellbeing Board
- 2 Election of Vice-Chairman
- 3 Minutes of the last meeting held on 7 March 2018 3 - 10
- 4 Apologies for Absence
- 5 Declarations of Interests by Members and Officers:- (see note below)  
(a) Disclosable Pecuniary Interests  
(b) Private Interests (pecuniary and non-pecuniary)
- 6 Chair's Report (1) 11 - 30
- 7 Board Governance and Leadership 31 - 38
- 8 JSNA Governance, Progress Update and Review (1) 39 - 44
- 9 Nottinghamshire Health and Wellbeing Priority Domestic Abuse and Sexual Violence 45 - 48
- 10 Better Care Fund Performance 49 - 70

11	Sustainability and Transformation Partnership Annual Report (1)	71 - 74
12	Work Programme	75 - 80

## **Notes**

- (1) Councillors are advised to contact their Research Officer for details of any Group Meetings which are planned for this meeting.
- (2) Members of the public wishing to inspect "Background Papers" referred to in the reports on the agenda or Schedule 12A of the Local Government Act should contact:-

Customer Services Centre 0300 500 80 80

- (3) Persons making a declaration of interest should have regard to the Code of Conduct and the Council's Procedure Rules. Those declaring must indicate the nature of their interest and the reasons for the declaration.  
  
Councillors or Officers requiring clarification on whether to make a declaration of interest are invited to contact Martin Gately (Tel. 0115 977 2826) or a colleague in Democratic Services prior to the meeting.
- (4) Councillors are reminded that Committee and Sub-Committee papers, with the exception of those which contain Exempt or Confidential Information, may be recycled.
- (5) This agenda and its associated reports are available to view online via an online calendar - <http://www.nottinghamshire.gov.uk/dms/Meetings.aspx>

Meeting      HEALTH AND WELLBEING BOARD

Date            Wednesday, 7 March 2018 (commencing at 2.00 pm)

**Membership**

Persons absent are marked with an 'A'

**COUNTY COUNCILLORS**

Dr John Doddy (Chair)  
Joyce Bosnjak  
Glynn Gilfoyle  
Stuart Wallace  
Martin Wright

**DISTRICT COUNCILLORS**

A	Amanda Brown	-	Ashfield District Council
	Jim Anderson	-	Bassetlaw District Council
	Lydia Ball	-	Broxtowe Borough Council
A	Henry Wheeler	-	Gedling Borough Council
	Debbie Mason	-	Rushcliffe Borough Council
	Neill Mison	-	Newark and Sherwood District Council
	Andrew Tristram	-	Mansfield District Council

**OFFICERS**

David Pearson	-	Corporate Director, Adult Social Care, Health and Public Protection
Colin Pettigrew	-	Corporate Director, Children, Families and Cultural Services
Barbara Brady	-	Interim Director of Public Health

**CLINICAL COMMISSIONING GROUPS**

A	Dr Nicole Atkinson	-	Nottingham West Clinical Commissioning Group
	Dr Thilan Bartholomeuz	-	Newark and Sherwood Clinical Commissioning Group
	Idris Griffiths	-	Bassetlaw Clinical Commissioning Group
	Dr Jeremy Griffiths	-	Rushcliffe Clinical Commissioning Group (Vice-Chair)

- |   |                    |   |  |
|---|--------------------|---|--|
| A | Dr James Hopkinson | - | Nottingham North and East Clinical Commissioning Group |
| A | Dr Gavin Lunn      | - | Mansfield and Ashfield Clinical Commissioning Group    |

## **LOCAL HEALTHWATCH**

Michelle Livingston - Healthwatch Nottinghamshire

## **NHS ENGLAND**

A Oliver Newbould - North Midlands Area Team, NHS England

## **NOTTINGHAMSHIRE POLICE AND CRIME COMMISSIONER**

A Kevin Dennis

## **OFFICERS IN ATTENDANCE**

Martin Gately	-	Democratic Services
Nicola Lane	-	Public Health
Jonathan Gribbin	-	Interim Director of Public Health
Kristina McCormick	-	Public Health

## **OTHER ATTENDEES**

Nick Hunter	-	Nottinghamshire LPC
Alison Ellis	-	Nottinghamshire LPC
Lis Laurence	-	Newark and Sherwood CVS
Trevor Illsley	-	Bayer
Barbara Venes	-	Observer
Hester Kapur	-	Healthwatch
Elizabeth Prime	-	Bassetlaw District Council

## **OTHER COUNCILLORS IN ATTENDANCE**

Councillor Keith Girling

## **MINUTES**

The minutes of the last meeting held on 10 January 2018 having been previously circulated were confirmed, subject to the amendment that Councillor Wallace had been present at and signed by the Chairman.

## **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Dr Jeremy Griffiths, Vice-Chair, Rushcliffe CCG, Councillor Susan Shaw, Bassetlaw District Council and Councillor Martin Wright.

## **DECLARATIONS OF INTEREST BY BOARD MEMBERS AND OFFICERS**

None.

## **TRIBUTE TO OUTGOING PUBLIC HEALTH DIRECTOR**

Councillor Doddy paid tribute to the outgoing interim Director of Public Health for her great depth of knowledge and enormous contribution to public health in Nottinghamshire. Councillor Doddy also welcomed into his new role Jonathan Gribbin, the new interim Director of Public Health.

## **CHAIRS' REPORT**

Councillor Doddy highlighted childhood obesity and the anti-obesity measures in schools. The United Kingdom is the most overweight nation in Europe. In addition, 80% of obese children go on to be obese adults. The fact that exercise programmes in schools can have a null result only serves to demonstrate the magnitude of the challenge.

### **RESOLVED: 2018/007**

That:

- 1) The contents of the report be noted.

## **HEALTH AND WELLBEING BOARD GOVERNANCE AND MANAGEMENT**

Councillor Doddy explained that previously the Health and Wellbeing Board had met ten times a year, but there had not always been clear buy-in in feedback on the Board's proposals from stakeholder organisations. In future, board meetings will alternate with workshops, which will mean that papers and reports can be developed within stakeholder organisations. It will mean a big change in how the Board operates. The Joint Strategic Needs Assessment Steering Group will become a sub-group of the Board, as will the Pharmaceutical Needs Assessment. The workshop in April will focus on domestic and sexual abuse.

Councillor Wallace agreed that the new governance arrangements would prevent the Board from simply becoming a passive recipient of data.

### **RESOLVED: 2018/008**

That:

- 1) Having been considered, the outcomes of the governance workshop regarding future working arrangements be passed to Full Council.
- 2) The Health and Wellbeing Board supports the amended terms of reference outlined in Appendix 1, to include responsibility for the Pharmaceutical Needs

Assessment and the power to establish required sub-groups, and recommends it to Full Council for approval.

- 3) The Health and Wellbeing Board request a paper for a future meeting on the membership of the Health and Wellbeing Board and champion roles.

## **NOTTINGHAMSHIRE MENTAL HEALTH CRISIS CONCORDAT**

Deferred from agenda – no attendees.

## **APPROVAL OF THE PHARMACEUTICAL NEEDS ASSESSMENT**

Kristina McCormick, Public Health, introduced the report. She explained that the production of the Pharmaceutical Needs Assessment (PNA) was part of a statutory duty, the primary purpose of which is to support decisions made by NHS England. The content of the PNA is very prescribed and is delivered through the PNA Steering Group. There are changes to the funding of community pharmacies – it is a time of great flux. The findings of the PNA were of no significant gaps and good access.

- In response to questions, Members heard that while the volume of internet pharmacies is increasing, they do not provide the same breadth of service as community pharmacies.
- Members queried the financial viability of clusters of pharmacies in town centres e.g. in Newark, where there are seven. Members heard that there are very few opportunities for new market entry, but the Health and Wellbeing Board are consulted when there are.
- Pharmacies and the development of Primary Care Hubs will be added to the future work programme.
- Michelle Livingston, Healthwatch, highlighted the potential benefits of electronic prescribing from discharge directly to community pharmacies.
- In response to questions about rurality, Members heard that additional funding is available to support pharmacies in rural areas.
- In response to queries about how the public were made aware of the consultation in relation to the PNA. Members heard that Healthwatch and the Clinical Commissioning had been used to promote the consultation, and in addition it had been passed to all statutory co-optees.
- Barbara Brady congratulated the Public Health team on a robust piece of work which will see greater impact over the next few years.

**RESOLVED: 2018/009**

That:

1. The final Pharmaceutical Needs Assessment be approved for publication on the Nottinghamshire County Council website and Nottinghamshire Insight.

### **BETTER CARE FUND PERFORMANCE**

Joanna Cooper introduced the report on Better Care Fund. Three of the indicators are on track and three are off track with actions in place. [Some targets have been missed for the majority of the year. Delayed Transfer of Care (DTOC) delay equates to 725 days (or about three a day).

- In response to questions, Joanna Cooper indicated that non-elective operations were at the core of the problem. However, the Health and Wellbeing Board can use its influence with the providers around the table, as well as the A&E Delivery Boards.
- Colin Pettigrew suggested commissioning more in-depth reports on areas where targets are not being reached.

### **RESOLVED: 2018/010**

That the Q3 2017/18 national quarterly performance report be approved.

### **BETTER CARE FUND 2017/18 PROGRESS UPDATE AND APPROVAL FOR THE USE OF THE BCF CARE ALLOCATION AND THE IMPROVED BCF 2018/19**

Paul McKay and Paul Brandreth introduced the urgent item on the Better Care Fund progress update. They explained that while the majority of schemes were already approved, £6.8m had not been allocated. The Short Term Assessment and Reablement Team (START) is achieving positive outcomes and is on course to assist an extra 323 service users in 2017/18.

- Paul McKay undertook to provide a written response giving greater clarity on the differences between the BCF and the graduated BCF.

### **RESOLVED: 2018/011**

That:

- 1) Overall progress with the projects and schemes supported to date by the Better Care Fund (BCF) Care Act Recurrent and Reserve Allocations and the Improved BCF be noted.
- 2) The proposed plan summarised in the table below for the uncommitted 2018/19 allocation of the Better Care Fund (BCF) Care Act Recurrent and Reserve Allocations and Improved BCF be approved.

<b>Service or scheme to be funded by BCF Care Act Reserve Allocation</b>	<b>New or existing</b>	<b>Funding to be allocated</b>
Community Empowerment Project	Existing	£30,582
Sustainability and Transformation Programme Team (NCC contribution)	Existing	£80,000
Better Care Fund Programme Manager (NCC contribution)	Existing	£9,015
Reviewing Officers in Care Homes	Existing	£25,174
<b>TOTAL – BCF Care Act Reserve Allocation</b>		<b>£144,771</b>
<b>Service or scheme to be funded by the Improved BCF Allocation</b>	<b>New or existing</b>	<b>Funding to be allocated</b>
Home First – rapid response homecare service. (Plus £504,545 commitment from April to Oct 2019 to cover length of current contract)	Existing	£663,182
Better Care Fund (Care Act/IBCF) Programme Co-ordinator	Existing	£33,980
Debt Recovery Officer	Existing	£28,430
Social Worker and Community Care Officer to support closure of Woods Court	Existing	£13,406
Integrated Care Teams	New	£244,679
Occupational Therapist – Mansfield and Ashfield	New	£46,871
Strategic Change Programmes	Existing	£2,555,637
Younger Adults – increasing demand for new care packages	Existing	£2,760,000
Older Adults – increasing demand for new care packages	Existing	£455,000
<b>TOTAL – Improved BCF allocation</b>		<b>£6,801,185</b>



- 3) The final revised 2018/19 national planning guidance for the Care Act BCF and Improved BCF has not been published, so the proposed plan is based on last year's guidance. If the revised guidance requires an adjustment to the plan, approval is given is given for the Corporate Director of Adult Social Care and Public Health to respond appropriately with delegated authority in consultation with the Chair and Vice Chair to act on behalf of the Board in this matter.

## **WORK PROGRAMME**

The Chairman reminded Members that the next meeting of the Board would be a workshop focussing on domestic violence and sexual abuse.

Kevin Dennis indicated that he would speak to Paddy Tipping, Police and Crime Commissioner regarding securing his attendance at the workshop. Mr Dennis indicated that the focus of the workshop should be on victims and survivors therapeutic need and support.

## **RESOLVED: 2018/012**

The meeting closed at 3:15 PM

## **CHAIR**



6<sup>th</sup> June 2018

Agenda Item: 6

**REPORT OF THE CHAIR OF THE HEALTH AND WELLBEING BOARD****CHAIR'S REPORT****Purpose of the Report**

1. An update by Councillor John Doddy to provide Board members with an update of relevant local and national issues.

**Information****2. Young People's Health Strategy Update**

Led by the Children's Integrated Commissioning Hub (ICH), the Young People's Health Strategy is monitored by a multi-agency steering group comprising of key NHS and local authority professionals. Young people's views are at the heart of the strategy, shaping its overarching principles and recommendations covering a range of topics such as emotional health and wellbeing, digital engagement and sexual health.

Since the launch of the strategy there have been a wide range of successful initiatives tailored for the young people of Nottinghamshire. All services developed are underpinned by the principles and recommendations within the strategy. Key services/initiatives developed or overseen based on these recommendations are outlined in more detail in the full report which can be accessed [here](#).

For more information please contact: Tina Bhundia, Public Health & Commissioning Manager  
email: [tina.bhundia@nottscc.gov.uk](mailto:tina.bhundia@nottscc.gov.uk)

**3. Handy Person Adaptation Service gets a revamp!**

Commissioning teams at Nottinghamshire County Council have been working in collaboration with District and Borough Councils to design, procure and deliver a new and improved Handy Person Adaptation Service. This service enables older people (people aged 60 and over) or people with a disability to continue to live independently in their own homes and prevents accidents, particularly falls, by undertaking minor adaptations like installation of grab rails, second stair rails and key safes. Providers have also been trained on dementia awareness and falls prevention.

Through the partnership approach an effective, cost effective service is being delivered to service users avoiding unnecessary hospitalisation and allowing more people to stay active and remain at home.

For more information contact Halima Wilson, Commissioning Officer [Halima.wilson@nottscc.gov.uk](mailto:Halima.wilson@nottscc.gov.uk)

#### **4. Get up & go scheme**

As part of the Public Health and Adult Social Care falls prevention programme, Everyone Health will be launching ENGAGE (Everyone Nottinghamshire Get up and Go Exercise) in June, a new exercise opportunity for older people. It aims to support older people to improve their strength, balance and stability through evidence based exercises in groups. The groups will include chair based exercise and OTAGO, which involves both seated and standing exercise specifically designed to challenge balance and strength and reduce participants risk of falling by making them stronger, improving mobility and confidence.

Everyone Health has worked with local exercise practitioners, both freelance and staff from district leisure providers to create a pool of trained instructors. Everyone Health is now working with them to ensure there's a good coverage of classes across the county at local accessible venues. At the classes, the instructors will also provide advice and information on creating a more fall-proof environment at home and understanding how to deal with a fall should it happen, part of the national *Get Up & Go* campaign. They also provide each participant with a programme of activities to complete at home.

There are currently 2 pilot classes running in Keyworth and West Bridgford, to ensure the referral route works for health and social care staff. So far there has been a positive response from health and social care staff who recognise the importance of exercise to prevent falls.

For more information contact Jacqui Constantine: [jacquiconstantine@everyoneactive.com](mailto:jacquiconstantine@everyoneactive.com)

#### **5. South Yorkshire & Bassetlaw Hospital Services Review**

An Independent Review set up to ensure people across South Yorkshire, Bassetlaw and Chesterfield continue to receive excellent hospital services now and into the future has made a series of recommendations in a report published on Wednesday 9 May. The Hospital Services Review (HSR) Report recommends that to continue to provide high quality services across the region, hospitals must work together even more closely and in ways that connect teams across all sites.

The central theme is for local people to continue to get as much hospital care as possible in their local District General Hospital. This includes a recommendation to keep all seven emergency departments (EDs) in Barnsley, Bassetlaw, Chesterfield, Doncaster, Rotherham, the Major Trauma Centre and ED at the Northern General Hospital in Sheffield and the ED at the Sheffield Children's Hospital..

Among the proposals are the establishment of new networks of care; two new regional centres of excellence to support the networks - a Health and Care Institute and an Innovation Hub. The report also recommends further work is undertaken with regards to children's and maternity services; and that overnight and weekend services for emergency gastrointestinal bleeds are consolidated.

For more information about the report see here: <https://www.healthandcaretogethersyb.co.uk/>

#### **6. Public Health Commissioning Intentions Public Consultation**

A number of contracts for public health commissioned services will come to their natural end during the next two years. These include the Substance Misuse Service, Obesity Prevention and Weight Management (diet and physical inactivity), Stop Smoking Service, and Workplace Health. Councillors wish to ensure that the next generation of services will deliver the greatest

possible impact and value for money for people in Nottinghamshire, and have agreed to a programme of work to deliver this. We will completing a public consultation which will be open for 10 weeks from 25 May 2018 to 3 August 2018. This consultation will help shape the service model, consider the new use of new technology and the potential links and impact across the system. The consultation will include web based and face to face sessions. Feedback from the consultation will be provided at the September 2018 meeting.

If you would like to participate in the consultation further details are listed on the NCC Consultation Hub. <https://consult.nottinghamshire.gov.uk/>

Rebecca Atchinson, Senior Public Health and Commissioning Manager  
email: [rebecca.atchinson@nottsc.gov.uk](mailto:rebecca.atchinson@nottsc.gov.uk)

## 7. MH:2K

MH:2K is a national initiative that has run in a number of local areas including Nottingham and Nottinghamshire. It has been supported by Nottinghamshire County Council, the Clinical Commissioning Groups and the Wellcome Trust and delivered by a partnership of Involve and Leaders Unlocked. It enables young people, aged 14-25 to become Citizen Researchers, explore mental health issues and influence decision-making in their local area. 29 motivated young adults with diverse backgrounds and life experiences were recruited to become the MH:2K Citizen Researchers. They selected 5 key priorities to address through the project:

- Stigma and Public Awareness
- Treatment and Therapies
- Education and Prevention
- Cultures, Genders and Minorities
- Family, Friends and Carers

The group designed and delivered 30 Roadshow events across 15 different organisations including schools, colleges and community groups and reached 647 young people. On 10<sup>th</sup> May the MH:2K Showcase Event took place at Nottingham Conference Centre attended by a wide range of stakeholders from across all sectors. The Showcase Event was an opportunity for the Citizen Researchers to share their findings and recommendations for the 5 key priorities. The event was a huge success with positive feedback from those who attended. A final report will be published shortly and will be shared widely so that a system wide approach can be taken to deliver the recommendations.

The Showcase Event also allowed the Citizen Researchers to share their experience of taking part in the project and the impact it has had on them personally. One young adult gave the following testimonial after the event:

*“Those who know me well will know I’ve suffered from social anxiety for as long as I can remember and how debilitating the effect of this has been. I never write status’ or really share my personal life with people but after today I feel inspired to do so, for anyone who needs to hear it.*

*This time two years ago I struggled to do class presentations in front of around 20 people without having an anxiety attack, to the point I would feel like I couldn’t breathe. After making the first step and seeking help for my anxiety, I became more confident and was able to do so many things that I would never have been able to do previously (as ‘minor’ as going to the shops by myself). This inspired me to join a mental health project that aims to give young*

*people a voice and improve mental health services for young people - both within Nottinghamshire and nationwide. A few months ago during a public speaking exercise, I challenged myself to have the same 'confidence' I have on stage when I'm dancing, in my public speaking endeavours. Since then, not only have I co-led two group sessions for young people on our mental health roadshow, I have just presented some of our key findings and recommendations at our 'MH:2K Big Showcase Conference' in front of around 100 people, including key decision makers and industry professionals. I've met so many strong individuals during this project and I'm very proud of myself and my MH:2K family for coming this far and giving young people a voice. My mental health journey hasn't been easy and is far from over yet, but it has been worth it.*

*Mental health is SO important and something that EVERYBODY has, yet when we have problems with our health, they are negatively stigmatised and misunderstood. We must gain a better understanding of mental health problems and learn to accept and support the people who suffer from them - not judge and ostracise them. You never know what somebody is going through.*

*It's okay not to be okay x"*

For more information contact Nichola Reed, Public Health and Commissioning Manager ([Nichola.reed@nottsc.gov.uk](mailto:Nichola.reed@nottsc.gov.uk))

## **PROGRESS FROM PREVIOUS MEETINGS**

### **8. Joint Health and Wellbeing Strategy - Healthier decision making ambition**

Work is starting to implement the healthier decision making approach identified within the Joint Health and Wellbeing Strategy. Nottinghamshire County Council agreed to implementation at Full Council in March and a workshop is being planned for councillors and senior officers as a next step.

A workshop has also taken place with representatives from each of the district and borough councils in the county, facilitated by the Local Government Association to discuss wider implementation by using the approach within the priorities for Healthy and Sustainable Places.

A task and finish group is being established to progress this further which will be chaired by Jonathan Gribbin, Interim Director of Public Health.

For more information contact Nicola Lane, Acting Senior Public Health and Commissioning Manager e: [nicola.lane@nottsc.gov.uk](mailto:nicola.lane@nottsc.gov.uk)

### **9. Physical activity**

A physical activity delivery plan (attached as Appendix A) has been developed based on the discussions and agreement of Board members at the January 2018 meeting.

Ilana Freestone of Active Notts will lead implementation and will make contact with partners to enable delivery.

For more information contact Ilana Freestone e: [ilana.freestone@Activenotts.org.uk](mailto:ilana.freestone@Activenotts.org.uk) or John Wilcox e: [john.wilcox@nottsc.gov.uk](mailto:john.wilcox@nottsc.gov.uk)

## **10. Substance Misuse Framework for Action**

Substance Misuse Framework for Action was signed off on Monday 30<sup>th</sup> April by the Substance Misuse Strategy Group. It is centred around 3 themes; Reducing Demand, Restricting Supply and Reducing Harm. Each theme has an action plan for delivery with the strategy group having oversight of the themes and actions. Core members of the strategy group include the Community Safety Partnership Leads for the county, Nottinghamshire Police, The Office of the Police and Crime Commissioner, The Community and Rehabilitation Company and Public Health, Trading Standards and Nottinghamshire County Council representative from Children's services. The group is chaired by Jonathan Gribbin, Interim Director of Public Health and currently reports directly into the Health and Wellbeing Board. Governance links are in development for this group to report into the Safer Notts Board in order to acknowledge the link into criminal justice agenda.

For more information contact Sarah Quilty, Senior Public Health and Commissioning Manager [sarah.quilty@nottsc.gov.uk](mailto:sarah.quilty@nottsc.gov.uk)

## **A GOOD START IN LIFE**

### **11. Child health profiles**

Public Health England has published [Child health profiles: summary of feedback exercise and PHE response](#). This document presents the results of the latest child health profiles user survey and PHE's response and planned actions.

### **12. Child health profiles updated**

PHE has updated the [Child Health Profiles](#) interactive tool which presents data across 32 key health indicators of child health and wellbeing. The profiles provide an overview of child health and wellbeing for each local authority and CCG in England and are designed to help local organisations understand the health needs of their community and work in partnership to improve health in their local area.

### **13. Health and wellbeing in early childhood**

The Nuffield Trust has published [International comparisons of health and wellbeing in early childhood](#). This report presents data on health and wellbeing for early childhood in the UK and 14 comparable countries and considers the benefits and challenges of comparing child health indicators between countries. The findings show that while the UK is doing well in many areas, on certain indicators it lags behind similarly developed countries. A technical annex containing data tables is available.

### **14. Children and young people's mental health services**

The Care Quality Commission has published [Are we listening? Review of children and young people's mental health services](#). This report describes the findings of an independent review of the system of services that support children and young people's mental health. It indicates that many children and young people experiencing mental health problems don't get the kind of care they deserve; the system is complicated, with no easy or clear way to get help or support.

Additional link: [CQC press release](#)

### **15. Mental health and wellbeing awareness**

NHS Leeds CCG has 'kicked off' an awareness campaign to promote [MindMate, a mental health and wellbeing website for young people in Leeds](#). The initiative starts with a digital



awareness campaign on the game Football Manager 2018 which will see the MindMate brand promoted with eight-second, clickable digital pitch-side ads during game simulation. The campaign is being geo-targeted so only game players in Leeds will see the MindMate promotion – it will be the first time the NHS has used such an awareness tactic on Football Manager.

#### **16. Support for children living with alcohol-dependent parents**

The Department of Health and Social Care has announced [measures to give children living with alcoholic parents fast access to support and advice](#). The plans will help identify at-risk children more quickly, provide outreach programmes to get more parents successfully through addiction treatment and introduce early intervention programmes to reduce the numbers of children needing to go into care.

#### **17. It's #TimetoInvest in young people's wellbeing (05/04/18)**

[New Prince's Trust research](#) reveals that young people fear for their emotional health more than ever before, as worries about the future, money and generally 'not being good enough' pile up. 61% of young people regularly feel stressed and more than a quarter go as far as to say they regularly feel hopeless. Young people's happiness and confidence in their emotional health have dropped to the lowest levels ever recorded.

#### **18. Hidden Lives: tackling the social exclusion of families caring for a seriously ill child (28/03/18)**

84% of families caring for a child with a life-limiting or life-threatening condition say they have felt isolated and alone since their child's diagnosis, according to a [survey](#) carried out by UK children's palliative care charity [Together for Short Lives](#).

There are over 49,000 babies, children and young people with life-limiting or life-threatening conditions across the UK. Most of these children have complex health conditions and need constant support and care 24 hours a day.

#### **19. Reducing unintentional injuries among children and young people (28/03/18)**

Unintentional injuries are a leading cause of preventable death for children and young people and a major cause of ill health and serious disability. Public Health England has updated [guidance](#) for local authorities and their partners to help develop injury prevention strategies for children and young people.

Data on injuries suffered by children and young people in the home and on the roads is available on Public Health England's [Fingertips data](#) website. Selected slide presentations are also available.

#### **20. ONS: Children's well-being and social relationships, UK: 2018 (26/03/18)**

The Office for National Statistics (ONS) has published [information and data](#) on how children aged 0 to 15 years in the UK are coping in a range of areas that matter to their quality of life, reflecting the circumstances of their lives and their own perspectives.

### **HEALTHY & SUSTAINABLE PLACES**

#### **21. Calorie reduction**

Public Health England has published [Calorie reduction: the scope and ambition for action](#). This report sets out the evidence on calorie consumption and the details of the calorie reduction programme. It includes details of recommendations around calorie intakes; calculated estimates for daily energy intakes and excess calories consumed by children and adults;



evidence on reformulation and portion size reduction; and estimated health economic benefits of a calorie reduction programme.

Additional link: [PHE news story](#)

## **22. [Physical activity and the environment](#)**

National Institute for Health and Care Excellence

This updated guidance aims to help encourage more physical activity through improvements to the built environment, public transport and access to the countryside. It calls on local councils to encourage people to be more physically active by improving routes for pedestrians, cyclists and other users, for example those with limited mobility or parents with prams.

## **23. [Improving air quality](#)**

This report presents the results of a four-way inquiry from the Environment, Food and Rural Affairs, Environmental Audit, Health and Social Care, and Transport Committees. It concludes that air pollution is a national health emergency resulting in an estimated 40,000 early deaths each year, which costs the UK £20 billion annually. Recommendations include the introduction of a new Clean Air Act.

## **24. [Stop smoking interventions and services](#)**

National Institute for Health and Care Excellence

This guideline covers stop-smoking interventions and services delivered in primary care and community settings for individuals over the age of 12. It aims to ensure that everyone who smokes is advised and encouraged to stop and given the support they need. It emphasises the importance of targeting vulnerable groups that find smoking cessation hard or that smoke a lot.

## **25. [Improving health and care through the home: a national memorandum of understanding](#)**

This renewed document has been signed by more than 25 government bodies and organisations in the health, social care and housing sectors. It sets out a shared commitment to improving health through the home. It contains principles for joint working for better health and wellbeing outcomes, and to reduce health inequalities. It also outlines a framework for national and local cross-sector partnerships to provide healthy homes, communities and neighbourhoods.

## **26. [Pharmacists in care homes](#)**

NHS England has announced plans to [recruit and deploy 240 pharmacists and pharmacy technicians into care homes](#) to help reduce overmedication and cut unnecessary hospital stays. The pharmacists will review care home residents prescriptions and medicines in coordination with GPs and practice-based clinical pharmacists to help improve residents' health and overall quality of life.

Additional link: [BBC News report](#)

## **27. [Improving the wellbeing of young mums](#)**

The Mental Health Foundation has published [Young Mums Together: an evaluation of a peer support project to improve the wellbeing of young mothers and their families](#). The evaluation aimed to assess the feasibility and acceptability of the project which supports young mothers to improve their wellbeing. It also sought to determine the impact of the project on four outcomes: parental confidence, resilience, mental health and future prospects.

## **28. Commissioner perspectives on working with the voluntary, community and social enterprise sector**

This report, commissioned by the Department of Health, explores how and why clinical commissioning groups and local authorities chose to engage with the voluntary, community and social enterprise sector. It sets out how commissioners' perceptions of their own strategic role, as well as their views on what role the VCSE sector plays in the local area, appear to exert a strong influence on commissioning decisions.

## **29. Wide variation in how NHS and local authorities work together when applying the Mental Health Act**

The Care Quality Commission has published a [briefing](#) showing that people might not be getting the specialist mental healthcare they need and when they need it most because of disparity in how approved mental health professional (AMHP) services are provided across the country. The briefing sets out key findings around what is working well and what the barriers are to these services running as well as they should be.

## **30. Social determinants of health**

The Health Foundation has published [What makes us healthy? An introduction to the social determinants of health](#). This guide explores how a person's opportunity for health is influenced by factors outside the health and social care system. It contains suggestions for further reading and, with the help of short case studies, highlights how action can create improvements in the health of the whole population, for the lasting benefit of individuals, society and the economy.

## **31. Health in private-rented housing**

This briefing looks at the quality of housing in the private rented sector and explains the effects that housing conditions can have on health. It also looks at interventions to improve housing quality in the private rented sector and at the challenges to implementing them.

## **32. Alcohol and mental health policy and practice**

The Centre for Mental Health and the Institute of Alcohol Studies have published [Alcohol and mental health: policy and practice in England](#). This report explores service provision for people with co-occurring mental health and alcohol misuse difficulties. It finds that co-morbidity is a barrier to treatment, and support for people with co-occurring alcohol and mental health problems is too often poor and fragmented. It calls for concerted national leadership to improve the support offered to people with alcohol and mental health problems.

## **33. Behavioural Insights and Public Health**

Public Health Evidence Bulletin 13th April 2018, No 1

The term 'behavioural insights' describes an approach to understanding why people behave in the way they do. This briefing contains some of the recent evidence describing how behavioural insights can help to design interventions and policy that support health and wellbeing.

## **34. Think Autism strategy: governance refresh 2018 (03/04/18)**

The Department of Health and Social Care has updated a [policy paper](#) on the way it, and other organisations, monitor the progress of the autism strategy. The 10 objectives have been grouped under the following headings:

- Measuring, understanding and reporting needs of autistic people
- Workforce development
- Health, care and wellbeing
- Specific support

**35. People who face the bereavement of a partner with dementia have poorer mental health than those whose partners are dying from other diseases.**

As caring for a partner with dementia has a negative impact on caregivers' health, supportive interventions need to be offered to active caregivers. Patients with dementia are less likely to receive palliative care, so these services need to be made more accessible to patients with dementia and their caregivers. Comparisons between dementia bereaved partners and non-dementia bereaved groups need to be extended to other bereavement-related health problems, including complicated grief. [Evid Based Nurs. 2018; 21:\(1\) 29.](#)

**36. NSPCC Childline sees rise in counselling for peer sexual abuse (28/03/18)**

Last year thousands of children and teenagers turned to Childline for support after being sexually abused by a peer. Figures show [Childline](#) gave:

- 3,004 counselling sessions to young people who'd experienced sexual abuse by a friend, boyfriend or girlfriend, ex-partner or another young person
- almost half were aged 12-15
- 114 were with children aged 11 and under.

The NSPCC is calling for reformed relationship and sex education (RSE) to be incorporated into the national curriculum as quickly as possible.

**37. End of Life Emergency Admissions (03/18)**

Marie Curie has published [a report](#) on emergency admissions for people in their last year of life. It finds that these admissions (using NHS data) are:

- substantial and often avoidable
- In 2016, there were over 1.6 million emergency admissions for people in the last year of their life
- the average number of admissions per person is nearly twice as high as in Scotland or Wales

[LGA Response](#)

**WORKING TOGETHER TO IMPROVE HEALTH & CARE SERVICES**

**[38. Making sense of integrated care systems](#)**

With the recent change in name of accountable care systems to integrated care systems our updated long read looks at work under way in these systems and at NHS England's proposals for an accountable care organisation contract.

**39. Managing the hospital and social care interface**

The Nuffield Trust has published a report - [Managing the hospital and social care interface](#) Interventions [targeting older adults](#). This report explores the actions and strategies that providers and commissioners have put in place to improve the interface between secondary and social care, with a focus on what hospitals can do.

**40. Housing and health**

The King's Fund has published [Housing and health: opportunities for sustainability and transformation partnerships](#). This report is intended to help STPs and emerging integrated care systems to make the most of the contribution that housing can make to health. It makes a number of recommendations on what can be done to deliver sustainability and support transformation.

#### **41. Health and care explained**

The King's Fund has published the presentations from an event [Health and care explained: how the system works and how it is changing](#). The event, held on 7 March 2018, was designed for anyone wanting to gain a greater understanding of how the health and care system currently works and how it is changing.

#### **42. Population health management**

The Good Governance Institute has published [How population health management will deliver a sustainable NHS](#). This report explores the potential of population health management (PHM) to deliver a more sustainable version of the NHS by looking at what it takes to develop an integrated healthcare model, evaluating system maturity to embrace PHM, and drawing on case studies from both the UK and the US.

#### **43. [The Montefiore Health System in New York: integrated care and the fight for social justice](#)**

The Kings Fund

This article describes a case study of the Montefiore Health System. The system has achieved high performance scores within the Pioneer accountable care organisation programme which has a reputation for innovation and excellence in managing population health. The article is based on interviews with more than 25 senior leaders, doctors, nurses, managers and other staff, as well as publications about the system.

#### **44. School meals and nutritional standards (England) (05/04/18)**

This [briefing paper](#), from the House of Commons Library, looks at the requirements on schools to provide nutritional meals, and the provision of free school meals.

#### **45. Change4Life campaign: Lower sugar drinks for kids (06/04/18)**

With the government's Soft Drinks Industry Levy coming into effect, Public Health England's [Change4Life campaign](#) is reminding parents that sugary drinks, including juice drinks, energy drinks, cola and other fizzy drinks, are one of the main sources of sugar in children's diets.

#### **46. Sugar reduction and wider reformulation (28/03/18)**

[Updated documents explaining](#) how PHE is approaching sugar reduction as part of its wider reformulation programme. Public Health England (PHE) is leading on a sugar reduction and wider reformulation programme; engaging with all sectors of the food industry to reduce the amount of sugar in the foods that contribute most to children's intakes by 20% by 2020, with a 5% reduction in the first year.

The initial focus has been on the top 9 food categories that contribute the most to children's sugar intakes (yogurts, biscuits, cakes, morning goods (such as croissants, buns and waffles), puddings, ice-cream, breakfast cereals, confectionery, sweet spreads and sauces).

#### **47. Statistics on Obesity, Physical Activity and Diet - England, 2018 (04/04/18)**

This [statistical report](#), from NHS Digital, presents information on obesity, physical activity and diet, drawn together from a variety of sources. Each section provides an overview of the key findings from these sources, as well as providing sources of further information and links to relevant documents and sources. Some of the data have been published previously by NHS Digital



#### **48. Physical activity data tool: April 2018 update (04/04/18)**

In this [release](#) Public Health England includes an update of two indicators:

- percentage of physically active adults
- percentage of physically inactive adults

#### **49. England Golf: The impact of golf participation on health and wellbeing (28/03/18)**

A survey suggests that the sport of golf is attracting significant numbers of people who have not been getting enough exercise and, once they get into golf, they are likely to keep playing and improving their fitness. The [findings](#) are the result of an investigation by [UKactive](#), [England Golf](#) and [Mytime Active](#) into the impact of playing golf on health and wellbeing.

#### **50. Physical activity and the environment, NG90 (22/03/18)**

This [guideline](#), from NICE, covers how to improve the physical environment to encourage and support physical activity. The aim is to increase the general population's physical activity levels. [LGA Response](#)

#### **51. Sport England Active Lives Survey (03/18)**

Walking is the most popular exercise in England with younger people also opting for High Intensity Interval Training (HIIT), according to figures released by Sport England. Their [Active Lives survey](#), taken from a sample of nearly 200,000 respondents, suggests 61.8% of the country exercise the recommended number of minutes each week.

#### **52. Fathers and the workplace (20/03/18)**

The House of Commons Women and Equalities Committee has published a [report](#) on fathers in the workplace. It finds that current policies supporting fathers in the workplace do not deliver what they promise, despite good intentions and this is particularly the case for less well-off fathers.

#### **53. Regular excess drinking can take years off your life (13/04/18)**

A major report of a study of 600,000 drinkers says that [regularly drinking above](#) the UK alcohol guidelines can take years off your life. The study, published in the Lancet, estimated that having 10 to 15 alcoholic drinks every week could shorten a person's life by between one and two years.

#### **54. More than Bricks: are social housing providers best placed to offer support to tenants?**

This report from the Acis Group argues that many social housing tenants are struggling to find the help they need and social housing providers are best placed to provide such support.

#### **55. Health in Private-Rented Housing (04/04/18)**

This [Parliamentary Office of Science and Technology note](#) looks at the quality of housing in the private rented sector and explains the effects that housing conditions can have on health. It also looks at interventions to improve housing quality in the private rented sector and at the challenges to implementing them. Poor quality housing can affect physical health and mental wellbeing throughout life. Physical housing conditions (e.g. cold, damp and fall hazards) can have an impact, as can insecure or unaffordable housing

#### **56. NHS teams up with councils to improve 'housing health' (23/03/18)**

The NHS is [teaming up](#) with councils to improve health through better housing through home MOTs, quick homes grants, falls help lines, stair lifts and heating systems among others. A



newly published [King's Fund and National Housing Federation Report](#) on housing and health says the cost of poor housing to the NHS is £1.4 billion per year.

Cold housing can lead to chronic diseases like lung and heart diseases and poor mental health as well as heart attacks, strokes and falls. The report says that reducing excess cold in homes to an acceptable level would save the NHS around £848 million a year and reducing all falls in the home could save it £435 million. NHS costs could be reduced by £2 billion per year if poor-quality homes with health hazards, such as cold, damp and falls hazards, were brought up to standard, it says.

#### **57. Unsuitable, insecure and substandard homes: The barriers faced by older private renters (27/03/18)**

This [report](#), published by Independent Age, analyses national data about older private renters and compares it with that of homeowners and social renters, and argues that with half a million older people living in privately rented accommodation throughout England, we need to do more to understand and meet the unique needs of this growing section of the population. Policymakers must reflect this understanding in future policy developments because currently older private renters remain largely invisible.

#### **58. What makes us healthy? An introduction to the social determinants of health (03/18)**

This [guide](#), from the Health Foundation, explores how a person's opportunity for health is influenced by factors outside the health and social care system. It also shows that many people do not have the same opportunities to be as healthy as others. With the help of short case studies, it highlights how action can create improvements in the health of the whole population, for the lasting benefit of individuals, society and the economy.

#### **59. Information standard aims to link health and care sector (06/04/18)**

A new standard has been published for sharing information among health and care professionals. The [digital care and support plan standard](#) will benefit the growing number of people living in the UK with long-term and complex conditions by setting out the key information that needs to be gathered, recorded and shared in a care plan. By improving communication between different health and care services, it will enable everyone involved in a person's care to have access to the right information when they need it. The standard has been published by the [Professional Record Standards Body](#) in collaboration with North West London Clinical Commissioning Groups, NHS Digital and the Royal College of Physicians Health Informatics Unit.

### **GENERAL**

#### **60. Healthy lives**

The Local Government Association has published the following documents:

- [Public health transformation five years on](#) – contains eight case studies showing how public health is transforming how it operates
- [Public Health Perceptions Survey](#) – results from a survey of lead members in England to capture the thoughts of local leaders on public health delivered by their local authority
- [A matter of justice: local government's role in tackling inequalities](#) – how social and economic factors lead to long-term ill health and premature death for the most deprived people
- [Adding extra years to life and extra life to those years](#) - guide to healthy ageing

## **Reason/s for Recommendation/s**

61. Report is for information & discussion.

## **Statutory and Policy Implications**

62. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

## **Financial Implications**

63. There are no financial implications arising from this report.

## **RECOMMENDATION/S**

1. To note the contents of this report and consider whether there are any actions required in relation to the issues raised.

**Councillor John Doddy**  
**Chairman of Health and Wellbeing Board**

**For any enquiries about this report please contact:**

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## **Constitutional Comments (SLB 24/05/2018)**

2. Nottinghamshire Health and Wellbeing Board is the appropriate body to consider the content of the report. If Committee resolves that any actions are required it must be satisfied that such actions are within the Committee's terms of reference

## **Financial Comments (DG 24/05/2018)**

3. The financial implications are contained within paragraph 63 of this report

## **HR Comments ([initials and date xx/xx/xx])**

- 4.

## **Background Papers and Published Documents**



Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- None

**Electoral Division(s) and Member(s) Affected**

- All

## Appendix A. Nottinghamshire Health and Wellbeing Strategy 2018-2022. Healthy and Sustainable Places Plan 2017/2018

<b>Priority</b>	<b>Physical Activity /Reducing Physical Inactivity</b>
<b>Summary</b>	This plan sets out Health & Wellbeing Board Partners will work together to reduce Physical Inactivity in Nottingham as set out in the <a href="#">January 2018 Board Report</a> . Insight will inform priorities and be a primary focus in the initial stages of the strategy.
<b>Priority Groups</b>	Children and adults from lower socioeconomic groups, people at higher risk of and living with long term conditions, older people at higher risk of falls.
<b>Interdependent Plans and Strategies</b>	Nottinghamshire and Nottingham City Physical Activity and Sport Strategy: - Getting Active Together Nottinghamshire Local Transport Plan and Cycling Strategy Delivery Plan.
<b>Relevant JSNA Chapter</b>	<a href="#">Physical Activity</a> (2015)
<b>Link to other Health &amp; Wellbeing Strategy Priorities</b>	<b>Making sure that children and young people are happy and healthy:</b> Physical activity is positive for physical and mental wellbeing and development. <b>How we plan where we live:</b> spatial planning: the development and implementation of policies that enable more active lives. <b>Mental wellbeing including dementia:</b> Being physically active can help people have a positive mental wellbeing.
<b>National Indicators</b>	a) PHOF <a href="#">Indicator 2.13ii. proportion of the adult population who reported being inactive (doing less than 30 'equivalent' minutes of at least moderate intensity physical activity per week in bouts of 10 minutes or more)</a> b) PHOF <a href="#">Indicator 2.13i proportion of the adult population who reported being active (achieving at least 150 minutes of physical activity per week)</a>
<b>Lead Officers</b>	Ilana Freestone / Kerry Chamberlin – Active Nottinghamshire; Sean Parks – Transport Planning, NCC; John Wilcox – Public Health, NCC.

Action	Leads	Timescale	Success Measure	Progress to date
<b>1. Physical Activity Insight</b>				
<b>a)</b> Commission Place based Physical Activity Insight in each District to develop understanding why groups are inactive and develop environmental, and service and cultural changes for physical activity.	Active Notts, NCC Public Health, District Health & Wellbeing Leads	2018-2020	Each District has a detailed understanding of community based physical activity insight work and strategic commitment to use the finding of the work to shape future plans and delivery. Evidence of local partners using the insight to inform decisions made around physical activity within their place. County, District and Borough Councils feel informed to make	Mansfield District – Active Notts, NCC Public Health, Mansfield District Council have commissioned Press Red Consultancy to undertake a programme to develop insight into physical activity and develop local solution working with key partners including local residents. (Q4 2017/18) County & District data exists which requires analysing within this context, with clear outcomes created. (Q4 2017/18) A proposal has been made to independently evaluate the place-based approach, used in the Mansfield work, to provide robust evidence of the process of why and

Action	Leads	Timescale	Success Measure	Progress to date
			evidence-based and sound decisions around commissioning services and interventions to help improve the health of residents within their communities.	what the approach is being used. This will help to inform future commissioning intentions.
<b>2. Active Design in Spatial Planning</b>				
a) Incorporate Active Design Principles into the Notts Planning and Health Guidance & Protocol  b) Develop Local Policies that incorporate Active Design Principles  c) Work with Developers to incorporate Active Design Principles into master plans	NCC Public Health & NCC Planning  District Planning Authorities  District Planning Authorities	2018 (a/b) 2018-2022 (c/d)	District Planning Authorities understand the role and importance of their plans and policies on influencing and enabling physical activity and are using this to develop local policies. Local Plans to use Active Design principles in Design Policies. To maximise potential of developer contributions toward access connectivity e.g. multiuse greenways	Link to Sport England and Active Design to create joined up working through facilitated support / training / offer. (Q4 2017/18)
<b>3. Workplace</b>				
a) Develop interventions and support for physical activity in the work place.  b) Each Health and Wellbeing Board organisation to sign up to the wellbeing@work scheme and work towards the physical activity priority.	a) NCC Public Health, NCC Transport Planning  b) Board members/Wellbeing at work leads  c)	2018-2020 (a/b)	Health and Wellbeing Board members will be exemplar employers in terms of reducing sedentary behaviour and enabling their workforce to be more physically active.  Workplaces across Nottinghamshire will put in place measures for their workforce to be physically active.	a) NCC Transport Planning have secured DfT funding to undertake workplace travel planning within businesses in the Mansfield and Newark area. This work includes supporting the business and their employees to switch to more sustainable and active travel. This work includes supporting the business and their employees to switch to more sustainable and active travel. This is being supported by the Public Health funded Everyone Health service who will provide health promotion

Action	Leads	Timescale	Success Measure	Progress to date
				support. Businesses will be encouraged to sign up to the Wellbeing@Work Scheme. (Q4 2017/18)
<b>4. Parks and &amp; Open Space</b>				
a) Utilise physical activity Insight and active design principles to effectively utilise parks and open space for physical activity	b) District Leisure and Parks leads	2020-2022	Public green and open space in used by local communities for physical activity. To promote the benefits of outdoor activity to health and well-being professionals and elected members	
<b>5. Children &amp; Young People</b>				
a) Develop local solutions for physical activity working with children and young people and schools focused on building competence and enjoyment.	d) Active Notts, NCC School Health	2020-2022	a) Insight gained and utilised from the Children and Young People Active Lives survey to shape future interventions  b) Schools engaged in the School Games Programme  c) Insight gained and utilised from the Primary PE and Sport Premium mapping to shape future interventions  d) Strategic leads, deliverers and influencers accessing key messaging, support and CPD opportunities on PE, Physical Activity and Sport	a) Work produced from upcoming satellite clubs, School Games Organiser's Report across all districts, National Programmes & local tailoring e.g. School Games(Q4 2017/18).

Action	Leads	Timescale	Success Measure	Progress to date
			e) Young People are engaged in providing insight and feel empowered to drive interventions and behaviour change on a local level	
<b>6. Walking &amp; Cycling</b>				
a) Develop place based collaborative annual plans for walking and cycling.	a) NCC Transport Planning, District Health and Wellbeing Leads	2018-2022	a) There is Plan for each District setting out how partners will work together to increase walking and/or cycling. Plans should be informed by local insight work.	<ul style="list-style-type: none"> <li>Annual programme of access highway improvements including pedestrian crossings for delivery during 2018/19 developed and approved at March Communities &amp; Place Committee</li> <li>NCC Transport Planning has commenced delivery of cycle network improvements in Mansfield and Newark (due to be completed in 2018/19); and consultation has started on cycle network improvements in Arnold/Carlton for delivery during 2018/19. Delivery of any further cycling infrastructure improvements in the future will be dependent on securing additional external funding</li> <li>D2N2 highway authorities secured DfT funding to help develop a D2N2-wide Local Cycling &amp; Walking Infrastructure Plan which will identify and prioritise locations for future investment</li> <li>NCC Transport Planning has secured DfT funding to undertake travel planning with jobseekers, school leavers, and residents in Daybrook, Mansfield, Newark &amp; West Bridgford to help encourage sustainable and active travel options (Q4 2017/18)</li> </ul>

Action	Leads	Timescale	Success Measure	Progress to date
<b>7. Health Care</b>				
a) Champion and support MECC <sup>1</sup> Plans, specifically the physical activity element. b) Incorporate physical activity into commissioning plans and pathways for relevant service.	a) CCG and NHS workforce leads, NCC Public Health  b) CCG Commissioners		a) Frontline healthcare staff are conducting physical activity brief intervention.  b) CCGs include evidence based support for patients to be more physical active in commissioned services and pathways.  c) Evidence from Moving Healthcare Professionals Evaluation (PHE)	a) NCC Public Health have commissioned Everyone Health to train frontline staff in Physical Activity MECC. (Q4 2017/18).  b) Rushcliffe CCG are working with Sports and Exercise Medicine and Public Health to incorporate physical activity into pathways as part of the overall approach to social prescribing.  c) PHE Clinical Champions work (Moving Healthcare Professionals). Currently working with GPs and Nurses across primary & secondary care (Q4 2017/18).
<b>8. Older People falls prevention</b>				
a) Develop a countywide evidence based exercise programme to enable older people to improve strength and balance to reduce risk of falls  b) Incorporate falls prevention exercise into integrated pathways for the prevention of falls	a) NCC Adult Social Care and Public Health  b) CCG Commissioners		a) Older People at risk of falling are able to access exercise sessions across the county to reduce their risk.  b) Healthcare professionals are able to effectively support and signpost service users to physical activity to reduce their risk of falling.	a) Adult Social Care and Public Health are leading a programme of training and promotion to develop frontline staff skills and public awareness of falls prevention. Public Health have commissioned Everyone Health to develop and manage a network of ENGAGE exercise sessions for falls Prevention (Q4 2017/18)  b) Physical Activity for falls prevention is recognised in NHS Plans in Bassetlaw and Greater Notts (Q4 2017/18).

06 June 2018

Agenda Item: 7

## **REPORT OF THE CHAIR OF THE HEALTH AND WELLBEING BOARD**

### **BOARD GOVERNANCE AND LEADERSHIP**

#### **Purpose of the Report**

1. For the Board to appoint leadership and agree governance arrangements for the delivery of the Healthy and Sustainable Places ambition within the Joint Health and Wellbeing Strategy.
2. For the Board to consider the opportunity to allocate Board lead roles to support the statutory responsibilities of the Health and Wellbeing Board.

#### **Information**

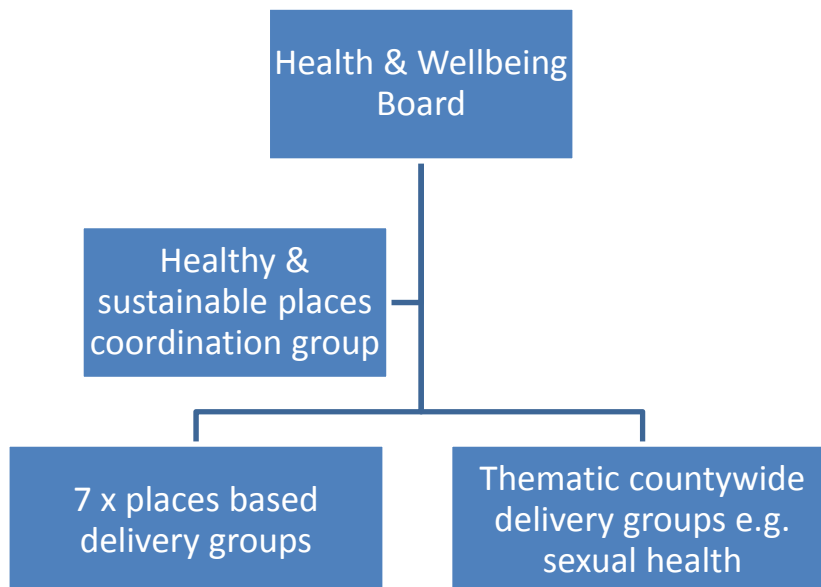
3. Following the approval of the Joint Health and Wellbeing Strategy 2018-2022 in December 2017 the Health and Wellbeing Board considered its governance at a workshop in February 2018.
4. At the workshop Board members agreed a place based approach for the delivery of the Healthy and Sustainable Places ambition, bringing in groups already in place to support delivery. Leadership and coordination for that ambition was not addressed at the workshop.
5. Board members did recognise their role in providing leadership for the implementation of the Strategy and were keen to continue to develop momentum to ensure delivery.

#### **Healthy and sustainable places ambition**

6. The Board has agreed a place based approach to deliver this ambition which includes a wide range of priorities.
7. Districts have been approached and existing groups identified to support the Boards local, place based focus.
8. Priority leads have also been identified to offer expertise for each of the priorities within the ambition.
9. With the exception of the Healthy and Sustainable Places ambition a lead officer has been identified for each ambition from within the Board membership (see paragraph 27).
10. In order to drive implementation a lead for the Healthy and Sustainable Places should be identified, potentially supported by the other Board members in the roles outlined below.

11. Within this priority there are a 14 priorities which will be mainly delivered through seven place based groups, with some being delivered through specialist thematic groups such as sexual health where a countywide approach is more practical.

12. Governance for the Health and Sustainable Places ambition would therefore be:



13. In order to ensure consistency and coordination it is proposed that a coordination group be established to bring together priority and place based leads. This would also offer an opportunity to share success and learn from experiences across different groups.

14. The Board are asked to consider and appoint a Board lead for the Healthy and Sustainable Places ambition and to approve the establishment of a coordination group for the ambition.

## **Board leadership roles**

15. During the governance workshop in February the role of Board members was highlighted including potential leadership roles for members with a view to a more detailed discussion once the governance arrangements were in place.

16. As implementation is progressing there is now an opportunity to review the leadership roles for Board members, offering an opportunity for Board members to provide direct leadership to drive change and deliver the Joint Health and Wellbeing Strategy.

17. When the previous Health and Wellbeing Strategy was introduced in 2014 the Board agreed champions based on the 20 priority areas within it. Each priority was allocated to a Board champion, who then acted as an ambassador for their priority area, liaising with delivery groups & presenting updates on progress back to Board meetings.

18. In February 2015 the Board participated in a Local Government Association peer review. The peer review panel recommended that many priorities were being progressed as business as usual and did not need the Boards leadership to progress. The panel recommended a refocus & realignment of priority areas to focus on fewer issues requiring a partnership approach.



19. Within its feedback the panel also recognised the champion roles as a particular strength of the Board.

*'The emerging champion role, where a board member champions a priority, has strong potential to drive collective ownership of the HWB priorities.'*

*LGA peer challenge feedback 2015*

20. The champion roles were valued by officers as they offered a direct link into the Board giving an opportunity develop a more in depth understanding of issues, to test proposals outside the formal meetings for challenge and support and allow papers to be presented by a range of Board members, providing active and explicit Board leadership issues.
21. Board members also welcomed the opportunity for development and were invited to volunteer for roles – some opting for priorities within their existing interests, others volunteering for those outside their current remit.
22. However, with the refocus of priorities following the peer review and changes of Board membership roles have been diluted and lapsed. Where they have been maintained, such as sexual health and children's issues, feedback was positive. The champions gave a focus for specific areas – giving a 'face' to the Board, they promoted ownership of issues within the Board and helped to raise awareness of issues within and outside of the Board.
23. There is an opportunity to reinstate these roles as Board as the new Strategy is implemented offering Board members an opportunity to provide practical leadership for areas of the Joint Health and Wellbeing Strategy, building on the previous champion roles.
24. The Board leads would provide strategic leadership for a given area of the Joint Health and Wellbeing Strategy (JHWS), maintaining oversight on delivery, addressing and reporting issues as necessary and providing a link between the Health and Wellbeing Board and the delivery groups.
25. The role may include:
- Working with lead officers to develop an understanding of the area of responsibility within the JHWS
  - Influencing partners within the Board and beyond to ensure delivery of the JHWS
  - Maintaining oversight of delivery plans for a specific areas of the JHWS, working with the chairs and lead officers for the delivery groups, challenging and supporting delivery plans on behalf of the Board
  - Representing the Health & Wellbeing Board at meetings and events relevant to the lead area as required
  - Working with delivery groups to identify and address issues hindering progress, referring issues to the Health and Wellbeing Board as necessary
  - Working with lead officers to bring progress reports back to the Health & Wellbeing Board and tabling/presenting papers where necessary
  - Providing a link for communication between delivery groups and the Health and Wellbeing Board highlighting successes and raising concerns regarding delivery

26. The previous peer challenge highlighted the need for appropriate governance to support the champion roles. With the delivery groups and lead officer roles identified for this Strategy these structures are now being put in place.
27. There are three potential options for Board leads based on the 4 ambitions within the Strategy, the individual priorities or around place.

### **Option 1: Ambition leads**

*A lead officer, elected member and clinical commissioning group representative is appointed to lead delivery of each ambition.*

28. There are 4 ambitions within the Joint Health and Wellbeing Strategy:
- A good start
  - Healthy and sustainable places
  - Healthier decision making
  - Working together to improve health and care services
29. There are lead officers for three of these ambitions within the Board membership.
- A good start – Director of Children’s Services
  - Healthier decision making – Director of Public Health
  - Working together to improve health and care services – Director for Adult Social Care & Health (for Nottingham & Nottinghamshire) & the representative of NHS Bassetlaw Clinical Commissioning Group (for South Yorkshire & Bassetlaw)
30. The Board could choose to appoint ambition leads to work alongside the delivery groups.
31. There is no lead officer in place for the Healthy and Sustainable Places ambition currently and governance has to be agreed to deliver this ambition. At the workshop in February the Board agreed to a place based approach to delivery for most of the priorities, some with a countywide approach like sexual health which will be led through the sexual health steering group.
32. Governance for this ambition will be discussed & agreed at the workshop in July but would potentially comprise a coordination group to bring together priority, place and other delivery groups to share success, encourage consistency and oversee delivery.
33. If ambition leads were identified from elected members and clinical commissioning representatives it would share ownership and ensure that health and local government views were represented. As Ambition 3 – healthier decision making is primarily aimed at local government a CCG lead may not be required.
34. Appointing a number of leads for each ambition would ensure input from different partners, it would share responsibility across a number of Board members and it would allow leads broader picture of work to deliver the ambition, recognising interdependencies, maximising potential opportunities to work collaboratively and avoiding duplication.
35. A group of leads for each ambition could also maintain continuity in the event of any change of membership while the Strategy is implemented offering a more resilient option.

### **Option 2: Priority leads**

*Board leads are identified for each priority area of the Joint Health and Wellbeing Strategy.*

36. Within the Joint Health and Wellbeing Strategy there are a number of priorities identified:

<b>A good start</b>	<b>Healthy &amp; sustainable places</b>
Child poverty	Food environment
Keeping children and young people safe	Physical activity
Making sure that children and young people are happy and healthy	Tobacco
	Mental wellbeing inc dementia
	Spatial planning
	Warmer & safer homes
	Stronger & resilient communities
	Skills, jobs & employment
	Domestic abuse & sexual violence
	Compassionate communities supporting those at the end of life
	Substance misuse
	ASD/Asperger's
	Carers
	Sexual health

37. The Board could opt to appoint leads to each of these individual priorities to work alongside the lead officers appointed for ambitions (assuming a lead officer is appointed for the Healthy and Sustainable Places ambition).

38. An approach based on individual priorities would allow members to develop an expertise in a particular area of the Strategy. However if Board membership changes new members would need to build up this knowledge and this model would not offer any cover in the event of long term absence of member.

39. A focus on an individual priority could also result in a fragmented approach to the Strategy and a lack of understanding of the interdependencies between priorities e.g. spatial planning impacts on physical activity, which also impacts on mental health as well as on the food environment and warmer & safer homes.

### **Option 3: Place leads**

*Board leads are appointed for geographic areas of Nottinghamshire.*

40. The Board has agreed to develop a place based approach to implementing the Joint Health & Wellbeing Strategy.

41. Within the Board there are natural opportunities to align district and clinical commissioning group members with their local areas, which would give the Board two representatives within each district or borough.

42. This option would allow members to develop an understanding of and develop relationships within local delivery networks, giving clear local leadership. However, it requires consideration of the relationship with senior officers and the leadership for each ambition and priority to avoid duplication and to ensure consistency across the county.

43. This model could potentially result in duplication and dilution of the roles and would require consideration of the role of the County Council representatives, Healthwatch and the Police and Crime Commissioner.

### **Other Health & Wellbeing Board functions**

44. Board members have agreed to maintain an active role in overseeing and delivering the Joint Strategic Needs Assessment, the Pharmaceutical Needs Assessment and also Health Protection in Nottinghamshire.
45. All of these functions currently sit within the remit of the Director of Public Health (DPH). A Board lead working alongside the DPH would offer an opportunity to widen engagement within these agendas, provide a direct link between the Board and the operational structures already in place. All these functions require a partnership across the health and care system.
46. The Board is therefore asked to consider appointing leads across these functions in addition to those roles aligned to delivery of the Strategy.

### **Other Options Considered**

47. A number of options have been presented for discussion by Board members.

### **Reason/s for Recommendation/s**

48. Board leadership is required to build momentum and drive delivery for the Healthy and Sustainable Places ambition.

Given the Board range of priorities within the Healthy and Sustainable Places ambition a coordinating group is essential to ensure consistency across the County.

49. Board champions have been recognised as good practice through the LGA peer challenge process and there is an opportunity to reinstate the roles as Health and Wellbeing Board leads with the implementation of the new Joint Health and Wellbeing Strategy.
50. Option 1, ambition leads is recommended as the preferred option to provide shared leadership between Board partners and mutual support for Board leads, it would reduce duplication, improve consistency and offer potential resilience in the event of changes in Board membership.
51. Appointing Board leads across the other statutory functions of the Board would ensure ownership and leadership on behalf of the Board, allowing a more detailed understanding of these functions. These roles would provide challenge and support to those groups responsible for delivery.

### **Statutory and Policy Implications**

52. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and

the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

### **Financial Implications**

53. There are no financial implications arising from the content of this report.

### **RECOMMENDATION/S**

1. That the Board appoints a lead for the Healthy and Sustainable Places ambition.
2. That the Board agrees to the establishment of a coordination group for the Healthy and Sustainable Places ambition.
3. That the Board discusses the potential options for Board leadership roles.
4. The Board appoints joint leads for each of the four ambitions within the Health and Wellbeing Strategy from officers, elected members and clinical commissioning groups.
5. The Board identifies leads for its other functions:
  - a. The Joint Strategic Needs Assessment
  - b. The Pharmaceutical Needs Assessment
  - c. Health protection

**Councillor John Doddy**

**Chairman of Nottinghamshire Health and Wellbeing Board**

**For any enquiries about this report please contact:**

Nicola Lane

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### **Constitutional Comments ([LMC 25/05/2018])**

54. The Health and Wellbeing Board is the appropriate body to consider the contents of the report

### **Financial Comments (DG 24/05/2018)]**

55. The financial implications are contained within paragraph 53 of this report

### **Background Papers and Published Documents**

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- 'None' or start list here

### **Electoral Division(s) and Member(s) Affected**

- 'All' or start list here

## **REPORT OF THE DIRECTOR OF PUBLIC HEALTH**

### **JSNA: GOVERNANCE, PROGRESS UPDATE AND REVIEW**

#### **Purpose of the Report**

1. This paper describes proposed changes to the JSNA approval process. It also provides an update on progress to date for refreshing JSNA chapters and the review of the JSNA products and processes.

#### **Information**

2. The JSNA in Nottinghamshire is the evidence base which describes local health and wellbeing needs, the primary purpose of which is to inform commissioning priorities across partner organisations. It also informs the local Health and Wellbeing Strategy. The JSNA is published on [Nottinghamshire Insight](#) which contains a wealth of diverse resources which are publically accessible.
3. Following the approval of the Joint Health and Wellbeing Strategy 2018-2022 in December 2017, the Health and Wellbeing Board considered governance in executing its statutory duties, including JSNA, at a workshop in February 2018.
4. At the workshop Health and Wellbeing Board members were keen to be more closely involved in the JSNA and to have pivotal role in driving its development. The Health and Wellbeing Board supported the JSNA vision which would mean:
  - The HWB defining topics & prioritising them for refresh
  - All reports to reference the JSNA
  - The HWB to identify owning groups for JSNA chapters as required
  - A flexible approach to populations within the JSNA to fit with the emerging system landscape
  - Developing a range of JSNA products to meet the needs of a wider audience
  - The HWB scrutinises the application of the JSNA
  - HWB to approve JSNA chapters
5. The Health and Wellbeing Board subsequently approved changes to the Terms of Reference, whereby the JSNA Steering Group became a subgroup of the HWB.

6. Work to review the JSNA products and processes is underway and an overview is given in this report. There is now an opportunity to confirm the governance arrangements regarding approval for JSNA chapters by the HWB.
7. The JSNA chapters are grouped into Children and Young People, Adults, Older People and Cross-cutting themes. Previous arrangements for approval of chapters were as follows: groups had delegated authority to approve JSNA chapters on behalf of the Health and Wellbeing Board; the Children's Trust approved JSNA chapters relating to Children and Young People and the Health and Wellbeing Implementation Group approved all other JSNA chapters. In the new governance structure for the Health and Wellbeing Board, the Health and Wellbeing Implementation Group is no longer a subgroup and no longer meets. There is currently no permanent process in place to approve JSNA chapters; the JSNA Steering Group has temporarily agreed to approve JSNA chapters whilst permanent arrangements are agreed by the Health and Wellbeing Board.
8. A number of JSNA chapters are well under way (see appendix 1 and paragraph 14 below) and due to be completed shortly. This presents an opportunity for the Health and Wellbeing Board to agree permanent approval arrangements which will support the vision for closer involvement in the JSNA.
9. It is proposed that the Health and Wellbeing Board approves all chapters subsequent to endorsement by the owning group. Where appropriate, the Children's Trust will be included as part of the consultation process prior to approval by the Board. This would ensure that a wide range of partners are included in the development of the content and recommendations within JSNA chapters but that the Health and Wellbeing Board would retain overall authority and have the opportunity to contribute to the full breadth of JSNA evidence.
10. Guidance regarding approval of JSNA chapters is currently being reviewed and is based upon the key questions included in JSNA quality assurance through the peer review process. These include:
  - Is there a clear and reasonable rationale expressed in support of any conclusions drawn and interpretation made with regards to the data?
  - Can priorities be identified from the story of the local area?
  - Have health and wellbeing outcomes been expressed as part of identifying what should be done next?
  - Is it possible to draw a line from the commentary to health and wellbeing priorities, potential commissioning decisions and health and wellbeing outcomes?
  - Are recommendations sufficiently detailed and specific enough to be actionable?
  - Is strategic ownership of the recommendations clear?
- 11. JSNA chapter refresh**
12. There are 45 JSNA chapters, however it is anticipated that this number will reduce as a result of the JSNA review currently taking place as alternative products are being considered as part of a suite of JSNA products. Eleven chapters are currently being refreshed and are at varying stages of completion, with eight expected to be completed by the end of 2018; two of these are Children and Young People chapters (see appendix 1).
- 13. JSNA review**



14. The current JSNA processes and products are being reviewed by the JSNA Steering Group in response to the vision agreed by the Board in February 2018. The governance arrangements for the JSNA Steering Group and sub-groups are also being reviewed in the light of changes to the Terms of Reference for the Board in relation to the JSNA. Recommendations from the review will be presented to the Board at a future meeting.

### **Other Options Considered**

15. A number of options have been presented for discussion by Board members.

### **Reason/s for Recommendation/s**

16. There are currently no permanent arrangements to approve JSNA chapters.

### **Statutory and Policy Implications**

17. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

### **Financial Implications**

18. There are no financial implications arising from this report.

### **RECOMMENDATION/S**

1. That the Health and Wellbeing Board supports the approval all JSNA chapters by the Health and Wellbeing board.
2. That the Health and Wellbeing Board requests a paper for a future meeting on the review of the JSNA.

**Jonathan Gribbin**  
**Interim Director of Public Health**

**For any enquiries about this report please contact:**

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**t: 0115 9772800**

19.

### **Constitutional Comments (LMC 24/05/2018)**

The Health and Wellbeing Board is the appropriate body to consider the contents of the report

20.

**Financial Comments (DG 24/05/2018)**

The financial implications are contained within paragraph 18 of this report

21.

**Background Papers and Published Documents**

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

Appendix 1: JSNA chapter refresh status

**Electoral Division(s) and Member(s) Affected**

'All' or start list here

### Appendix 1: JSNA chapter refresh status

JSNA topic chapter	Refresh stage	HWS priority
<b>Cross cutting themes</b>		
Self-harm	In progress, completion expected 3 months	Mental wellbeing including dementia
Disability: autism	In progress, completion expected 2018	
Housing, homelessness and excess winter deaths	Refresh due to begin 2018	Warmer safer homes
Carers	Refresh under consideration	Carers
Avoidable injuries	Refresh under consideration	
JSNA executive summary	Completed and approved in 2017	
The People of Nottinghamshire: population, demography & wider determinants	Completed and published in 2018	
oral health	Not scheduled for refresh	
Tobacco	Not scheduled for refresh	Tobacco
Health Impacts of Air Quality	Not scheduled for refresh	
Diet and nutrition	Not scheduled for refresh	Food environment
Obesity/Excess weight	Not scheduled for refresh	
Physical activity	Not scheduled for refresh	Physical Activity
Health care associated infections in community settings	Not scheduled for refresh	
Substance misuse: alcohol and drugs	Not scheduled for refresh	Substance misuse (drugs and alcohol)
<b>Children and Young People</b>		
Early years	In progress, completion expected 3 months	
Pregnancy	In progress, completion expected 2018	
Disability	In progress, completion expected 2018	
Looked after Children and care leavers	In progress, completion expected 2018	
Emotional H&W	Refresh due to begin 2018	A good start in life
Safeguarding	Refresh under consideration	A good start in life
Community safety for CYP	Refresh under consideration	A good start in life
Children not accessing full educational entitlement	Refresh under consideration	
Young offenders	Refresh under consideration	
Teenage pregnancy	Completed and approved in 2017	
Child Poverty	Not scheduled for refresh	A good start in life

<b>Adults</b>		<b>HWS priority</b>
Cancer	In progress, completion expected 3 months	
Disability: Learning disability	In progress, completion expected 2018	
Disability: autism	In progress, completion expected 2018	ASD/Asperger's
Sexual health	In progress, completion expected 2019	Sexual health
Domestic and sexual violence and abuse	Refresh due to begin 2018	Domestic abuse and sexual violence
Communicable diseases: Hep B & C	Completed and approved in 2017	
Stroke	Completed and approved in 2017	
Adult & older people's mental health and wellbeing	Completed and approved in 2017	Mental wellbeing including dementia
Gypsies and travellers	Completed and approved in 2018	
Physical disability & sensory impairments	Not scheduled for refresh	
Long-term conditions / multiple morbidities	Not scheduled for refresh	
Suicide prevention	Not scheduled for refresh	Mental wellbeing including dementia
Workplace Health and wellbeing	Not scheduled for refresh	Mental wellbeing including dementia
<b>Older People</b>		
Dementia	Refresh under discussion	Mental wellbeing including dementia
End of Life Care	Completed and approved in 2017	Compassionate communities supporting those at the end of life
Falls and bone health	Not scheduled for refresh	
Loneliness	Not scheduled for refresh	
Ageing well	Not scheduled for refresh	

**REPORT OF DIRECTOR OF PUBLIC HEALTH****NOTTINGHAMSHIRE HEALTH AND WELLBEING PRIORITY DOMESTIC ABUSE AND SEXUAL VIOLENCE****Purpose of the Report**

1. The purpose of this report is to obtain Health and Wellbeing Board approval for the actions that the Board will pursue under the Domestic & Sexual Abuse Priority of the 2018-2022 Health and Wellbeing Strategy.

**Information and Advice****Health Wellbeing Strategy context**

2. The Health and Wellbeing Board endorsed the second Nottinghamshire Health and Wellbeing Strategy on the 6<sup>th</sup> December. This strategy contains 4 Strategic Ambitions including ***to have healthy and sustainable places***  
This strategic ambition has 13 priorities for action including **domestic abuse and sexual violence**
3. The scope of this work will cover:
  1. male and female domestic and sexual abuse over 16
  2. children where they reside in a family where domestic abuse is present
  3. teenagers of 13 and over in their own relationships
  4. adults reporting non recent childhood sexual abuse

**Actions to address Domestic Abuse and Sexual Violence.**

4. A workshop was held to discuss and agree actions for the Health and Wellbeing Board on 25<sup>th</sup> April. The findings are summarised into the following themes/actions. Some actions are for the whole Board and some are already being led by individual member organisations.
  1. **Refresh Domestic Abuse and Sexual Violence Joint Strategic Needs Assessments (Led by Public Health)** in order to:
    - i. Improve the Board's understanding of why domestic abuse happens, drawing from national and international evidence
    - ii. Improve understanding of what works to prevent abuse and manage perpetrators effectively
    - iii. Improve understanding of Sexual Violence including current and historical issues
    - iv. Increase understanding of the links between domestic and sexual abuse and demand on mental health and drugs and alcohol services

- v. Identify gaps, barriers and support required (including IDVAs)
- vi. Learn from other areas to ensure sustainability of plans and maximise resources

## **2. Raising awareness of Domestic Abuse and Sexual Violence**

The aim is that members of the Board will be able to recognise domestic and sexual abuse, know how to respond and signpost victims and survivors to services, and that they will be equipped to promote this effectively within their own organisations. To achieve this Board members will:

- i. Use and share with others the TED talks and case studies provided by the Domestic and Sexual Abuse Executive (DSA Exec)
- ii. Participate in and promote appropriate training to help them respond effectively as above (Health and Wellbeing Board Members)
- iii. Participate in campaigns to raise awareness across Nottinghamshire as these are highlighted by the DSA Exec. (Health and Wellbeing Board Members)
- iv. Work with local stakeholders including locality health and wellbeing partnerships to raise awareness, for example some Districts already have White Ribbon accreditation and/or action plans to address domestic and sexual abuse (Health and Wellbeing Board Members)

## **3. Ensure access to therapeutic support**

Health and Wellbeing Board to receive regular updates to provide assurance on the development of specialist therapeutic support for victims and survivors. This is being led by the CCGs together with the OPCC.

## **4. Governance**

- i. Clarify the specific roles and responsibilities in relation to domestic and sexual violence and abuse in relation to the Safer Notts Board, Health and Wellbeing Board and the Safeguarding Boards (Director of Public Health)
- ii. The Health and Wellbeing Board to work with the Safer Notts Board, acknowledging each other's roles and approach in relation to domestic and sexual abuse and in particular the impact of Adverse Childhood Experiences (ACEs). (Director of Public Health)

## **5. Early intervention and prevention**

- i. Strengthening and developing relationships with publicly funded education (schools, academies, alternative providers) in a complex and changing education environment (Children's Services)
- ii. Improve the Board's understanding the work of the Tackling Emerging Threats to Children (TETC) team
- iii. Receive assurance on the implementation of statutory sex and relationships education (SRE) in schools
- iv. Improve the Board's understanding of specialist prevention activity delivered in schools funded by the SNB.

## **6. Perpetrators**

Health and Wellbeing Board to understand the effectiveness of the Nottinghamshire Integrated Offender Management pilot

## **7. Engaging with Survivors**

- i. Develop an engagement strategy to ensure that work taken forward is informed by victims and survivors' views. (Domestic and Sexual Abuse Exec)
- ii. Domestic and Sexual Abuse Executive to consider asking Healthwatch to collect independent feedback from survivors.

## **8. Information sharing** The Health and Wellbeing Board has a focus on integration and communication between organisations. For domestic and sexual abuse this is achieved through:

- i. Multi-agency risk assessment conferences (MARACs) which includes 9 core agencies including children's and adult's social care.
  - ii. Integrated pathways are in place to ensure referral to specialist services, particularly in relation to A&E, maternity services and sexual health.
  - iii. Processes such as Encompass, led by the MASH, which ensure that schools are notified of domestic abuse incidents, the next day.
5. Following formal agreement these actions will be incorporated into a delivery plan which will be coordinated with partners through the Domestic and Sexual Abuse Executive and progress will be reported through the Chair's briefing as well as annual reporting to the Board on the overall strategy.

### **Other Options Considered**

6. These recommendations were developed from the proposed actions set out in the health & wellbeing strategy consultations. These were then developed by the Board at the workshop held on 25<sup>th</sup> April

### **Reason/s for Recommendation/s**

7. To ensure that the Health & Wellbeing Board is able to effectively lead and influence strategic work in Nottinghamshire to tackle domestic and sexual abuse.

### **Financial Considerations**

8. Delivery of these priorities will require officer time from all agencies to focus on domestic & sexual abuse. In addition some commissioning and service budgets will need to take account of victims/survivors, including access to psychological therapies.

### **Statutory and Policy Implications**

9. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

### **RECOMMENDATION/S**

10. To deliver the actions set out under paragraph 4 which describe areas of policy and service delivery the Health and Wellbeing Board can influence to tackle domestic and sexual abuse in Nottinghamshire ...

Gill Oliver  
 Senior Public Health and Commissioning Manager  
 Public Health  
 Nottinghamshire County Council

Nicola Wade  
Commissioning Manager  
Nottinghamshire Office of the Police and Crime Commissioner

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**Constitutional Comments (LMC 25/05/2018)**

**11.** The Health and Wellbeing Board is the appropriate body to consider the contents of the report

**Financial Comments (DG 25/05/2018)**

**12.** The financial implications are contained within paragraph 8 of this report

**Background Papers and Published Documents**

Health and Wellbeing Priority Domestic Abuse and Sexual Violence Briefing Paper April 2018

**Electoral Division(s) and Member(s) Affected**

All.



**06 June 2018****Agenda Item: 10****REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE, HEALTH AND PUBLIC  
PROTECTION, NOTTINGHAMSHIRE COUNTY COUNCIL****BETTER CARE FUND PERFORMANCE****Purpose of the Report**

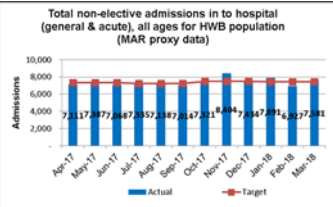
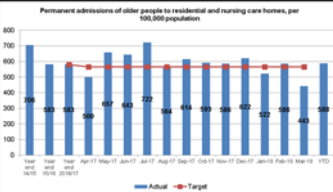
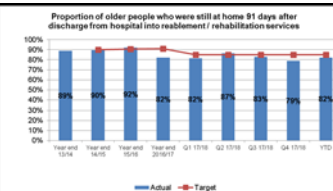
1. This report sets out progress to date against the Nottinghamshire Better Care Fund (BCF) plan and requests that the Health and Wellbeing Board:

- 1.1. Approve the Q4 2017/18 national quarterly performance report.

**Information and Advice****Performance Update and National Reporting**

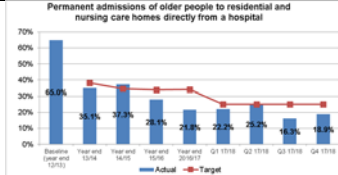
2. Performance against the BCF performance metrics and financial expenditure and savings continues to be monitored on a monthly basis through the BCF Finance, Planning and Performance sub-group and the BCF Steering Group.
3. The performance update includes delivery against the six key performance indicators, the financial expenditure and savings, scheme delivery and risks to delivery for Q4 2017/18.
4. This update also includes the Q4 2017/18 national quarterly performance template submitted to the NHS England Better Care Support Team for approval by the Board.
5. Q4 2017/18 performance metrics are shown in Table 1 below.
  - 5.1. One indicator is on track
  - 5.2. Five indicators are off track and actions are in place

Table 1: Performance against BCF performance metrics

REF	Indicator	2017/18 Target	2017/18	RAG and trend	Trend	Summary of mitigating actions
BCF 1	Total non-elective admissions in to hospital (general & acute), all-age, per 100,000 population	22,388 Q4	22,399 Q4	R ↑	 <p>Total non-elective admissions in to hospital (general &amp; acute), all ages for HWB population (MAR proxy data)</p>	South CCGs have seen growth in emergency admissions in 2017/18. Largely, the activity increase for the South CCGs has been seen within the short stay activity at NUH. Granular analysis has identified that the volume of recorded admissions has been impacted by the implementation of a pathway change within the emergency department. This has led to an increase in admissions for patients requiring further assessment or diagnostic tests. Discussions continue with the provider to review the impact of the change and agree an appropriate level of payment. Mid and North CCGs have seen a reduction in activity.
BCF 2	Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	565.6	588	R ↓	 <p>Permanent admissions of older people to residential and nursing care homes, per 100,000 population</p>	Long term admissions to residential or nursing care have increased this year as the council faces increased demand from people with complexed needs. All placements are considered at panel and agreed where there is no viable alternative.
BCF 3	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	85%	82.19%	R ↓	 <p>Proportion of older people who were still at home 91 days after discharge from hospital into reablement / rehabilitation services</p>	The percentage of people still at home after 91 days has reduced as reablement type services available upon discharge from hospital have expanded and are now offered to people with more critical needs. Also this period the indicator has been impacted by the increased number of deaths seen in January 2018 and potentially the indicator could have been closer to target. Provisional figures indicate 78% success rate for Q4 (down from 82% prior to January 2018).

REF	Indicator	2017/18 Target	2017/18	RAG and trend	Trend	Summary of mitigating actions										
BCF 4	Delayed transfers of care (delayed days) from hospital per 100,000 population (average per month)	597.0 Q4	976.19 Q4	R ↓	<table><caption>Quarterly Delayed transfers of care (delayed days) from hospital per 100,000 population: 2017/18</caption><thead><tr><th>Quarter</th><th>Unstandardised Rate per 100,000 Population</th></tr></thead><tbody><tr><td>Q1</td><td>634</td></tr><tr><td>Q2</td><td>644</td></tr><tr><td>Q3</td><td>676</td></tr><tr><td>Q4</td><td>976</td></tr></tbody></table>	Quarter	Unstandardised Rate per 100,000 Population	Q1	634	Q2	644	Q3	676	Q4	976	<p><b>South</b></p> <p>A regional DToC Plan has been produced and trajectories established. Regional actions to be taken to reduce DToCs include but are not limited to: encouraging active participation in the operational management of discharge, development of a discharge hub approach, effective implementation of a patient choice policy, Home First workbooks in Nottinghamshire and development of the Red Bag initiative.</p> <p><b>Mid</b></p> <ul style="list-style-type: none"><li>Commenced weekly meetings focussing on integrated discharge transformation scheme/programme</li><li>Commenced Better Together discharge initiative whereby Board Rounds are attended by Social Care and Community Services as well as the Discharge Team on the pilot wards.</li><li>Mobilised a D2A pathway into community teams/services in M&amp;A</li></ul> <p><b>North</b></p> <p>Using short term nursing care beds to ensure that DSTs aren't being done in hospital</p> <ul style="list-style-type: none"><li>Bassetlaw CCG is liaising and working with the Local Authority to facilitate discharges which are out of the CHC pathway</li><li>Delays are discussed at the Urgent Care Operations Group fortnightly to resolve local issues that are not covered by routine processes</li><li>Integrated Discharge Team at Bassetlaw Hospital works well with Local Authorities.</li></ul>
Quarter	Unstandardised Rate per 100,000 Population															
Q1	634															
Q2	644															
Q3	676															
Q4	976															

Page 51 of 80

REF	Indicator	2017/18 Target	2017/18	RAG and trend	Trend	Summary of mitigating actions																														
BCF 5	Percentage of users satisfied that the adaptations met their identified needs	100%	99%	A ↔	↔																															
BCF 6	Permanent admissions of older people (aged 65 and over) to residential and nursing care homes directly from a hospital setting per 100 admissions of older people (aged 65 and over) to residential and nursing care homes	25%	20.8%	G ↔	<div>Permanent admissions of older people to residential and nursing care homes directly from a hospital</div>  <table><caption>Permanent admissions of older people to residential and nursing care homes directly from a hospital</caption><thead><tr><th>Period</th><th>Actual (%)</th><th>Target (%)</th></tr></thead><tbody><tr><td>Baseline (Year end 12/13)</td><td>65.0%</td><td>-</td></tr><tr><td>Year end 13/14</td><td>35.1%</td><td>40.0%</td></tr><tr><td>Year end 14/15</td><td>37.3%</td><td>35.0%</td></tr><tr><td>Year end 15/16</td><td>28.1%</td><td>35.0%</td></tr><tr><td>Year end 16/17</td><td>21.8%</td><td>35.0%</td></tr><tr><td>Q1 17/18</td><td>22.2%</td><td>25.0%</td></tr><tr><td>Q2 17/18</td><td>25.2%</td><td>25.0%</td></tr><tr><td>Q3 17/18</td><td>19.3%</td><td>25.0%</td></tr><tr><td>Q4 17/18</td><td>18.9%</td><td>25.0%</td></tr></tbody></table>	Period	Actual (%)	Target (%)	Baseline (Year end 12/13)	65.0%	-	Year end 13/14	35.1%	40.0%	Year end 14/15	37.3%	35.0%	Year end 15/16	28.1%	35.0%	Year end 16/17	21.8%	35.0%	Q1 17/18	22.2%	25.0%	Q2 17/18	25.2%	25.0%	Q3 17/18	19.3%	25.0%	Q4 17/18	18.9%	25.0%	
Period	Actual (%)	Target (%)																																		
Baseline (Year end 12/13)	65.0%	-																																		
Year end 13/14	35.1%	40.0%																																		
Year end 14/15	37.3%	35.0%																																		
Year end 15/16	28.1%	35.0%																																		
Year end 16/17	21.8%	35.0%																																		
Q1 17/18	22.2%	25.0%																																		
Q2 17/18	25.2%	25.0%																																		
Q3 17/18	19.3%	25.0%																																		
Q4 17/18	18.9%	25.0%																																		

6. Expenditure was on plan for 2017/18.
7. The BCF Finance, Planning and Performance subgroup monitors all risks to BCF delivery on a quarterly basis and highlights those scored as a high risk to the Steering Group. The Steering Group has agreed the risks on the exception report as being those to escalate to the HWB (Table 2).

*Table 2: Risk Register*

<b>Risk id</b>	<b>Risk description</b>	<b>Residual score</b>	<b>Mitigating actions</b>
BCF005	There is a risk that acute activity reductions do not materialise at required rate due to delays in scheme implementation, unanticipated cost pressures and impact from patients registered to other CCG's not within or part of Nottinghamshire's BCF plans.	12	Monthly monitoring of non-elective activity by BCF Finance, Planning and Performance subgroup and Steering Group (currently only for activity in Nottinghamshire CCGs). Oversight by A&E Delivery Boards.
BCF009	There is a risk of insufficient recruitment of qualified and skilled staff to meet demand of community service staffing and new services; where staff are recruited there is a risk that existing service provision is destabilised.	16	Monthly monitoring through A&E Delivery Boards and Transformation Boards. Workforce and organisational development identified as a Sustainability and Transformation Partnership (STP) priority.
BCF14	There is a risk that the DTOC target will not be met in 2017/18.	16	Advice to the system being given on counting to ensure accurate reporting. Actions being taken forward by A&E Delivery Boards.

8. As agreed at the meeting on 7 October 2015, the Q3 2017/18 national report was submitted to NHS England on 20 April pending HWB approval (Appendix 1). Due to the timing of the report, the content for Nottinghamshire County was prepared and agreed by the BCF Finance, Planning and Performance sub-group and approved by the BCF Steering Group. If the HWB requests amendments to the report, the quarterly report will be resubmitted to the NHS England Better Care Support Team.
9. Further national reporting is due on a quarterly interval with dates to be confirmed.

#### **Other options**

10. None.

#### **Reasons for Recommendations**

11. To ensure the HWB has oversight of progress with the BCF plan and can discharge its national obligations for reporting.

## **Statutory and Policy Implications**

12. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

## **Financial Implications**

13. The £73.56m for 2017/2018 is fully spent.

## **Human Resources Implications**

14. There are no Human Resources implications contained within the content of this report.

## **Legal Implications**

15. The Care Act facilitates the establishment of the BCF by providing a mechanism to make the sharing of NHS funding with local authorities mandatory. The wider powers to use Health Act flexibilities to pool funds, share information and staff are unaffected.

## **RECOMMENDATIONS**

That the Board:

1. Approve the Q4 2017/18 national quarterly performance report.

**David Pearson**

**Corporate Director, Adult Social Care and Health, Nottinghamshire County Council**

**For any enquiries about this report please contact:**

**Joanna Cooper Better Care Fund Programme Manager**

[Joanna.Cooper@nottscc.gov.uk](mailto:Joanna.Cooper@nottscc.gov.uk)

0115 9773577

## **Constitutional Comments (LMC 24/05/2018)**

16. The Health and Wellbeing Board is the appropriate body to consider the contents of the report

## **Financial Comments (OC 24/05/18)**

17. The Financial are contained in paragraph 13 of the report.

## **Background Papers and Published Documents**

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- “Better Care Fund: Guidance for the Operationalisation of the BCF in 2015-16”.  
<http://www.england.nhs.uk/wp-content/uploads/2015/03/bcf-operationalisation-guidance1516.pdf>
- Better Care Fund – Final Plans 2 April 2014
- Better Care Fund – Revised Process 3 June 2014
- Better Care Fund Governance Structure and Pooled Budget 3 December 2014
- Better Care Fund Pooled Budget 4 March 2015
- Better Care Fund Performance and Update 3 June 2015
- BCF Performance and Finance exception report - Month 3 2015/16
- Better Care Fund Performance and Update 7 October 2015
- Letter to Health and Wellbeing Board Chairs 16 October 2015 from Department of Health and Department of Communities and Local Government “Better Care Fund 2016-17”
- Better Care Fund Performance and Update 2 December 2015
- 2016/17 Better Care Fund: Policy Framework  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/490559/BCF\\_Policy\\_Framework\\_2016-17.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/490559/BCF_Policy_Framework_2016-17.pdf)
- Better Care Fund Performance and Update 2 March 2016
- Better Care Fund 2016/17 Plan 6 April 2016
- Better Care Fund Performance and Update 6 June 2016
- Better care fund Performance, 2016/17 plan and update 7 September 2016
- Better Care Fund Performance 7 December 2016
- Better Care Fund Performance March 2017

#### **Electoral Divisions and Members Affected**

- All.

## Appendix 1

### Better Care Fund Template Q3 2017/18

#### 1. Cover

Health and Wellbeing Board:	Nottinghamshire
Completed by:	Joanna Cooper
E-mail:	joanna.cooper@nottscc.gov.uk
Contact number:	0115 9773577
Who signed off the report on behalf of the Health and Wellbeing Board:	TBC

#### 2. National Conditions & s75 Pooled Budget

Confirmation of National Conditions		
National Condition	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed:
1) Plans to be jointly agreed? (This also includes agreement with district councils on use of Disabled Facilities Grant in two tier areas)	Yes	
2) Planned contribution to social care from the CCG minimum contribution is agreed in line with the Planning Requirements?	Yes	
3) Agreement to invest in NHS commissioned out of hospital services?	Yes	
4) Managing transfers of care?	Yes	



Confirmation of s75 Pooled Budget			
Statement	Response	If the answer is "No" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed:	If the answer to the above is 'No' please indicate when this will happen (DD/MM/YYYY)
Have the funds been pooled via a s.75 pooled budget?	Yes		

### 3. Metrics

Metric	Definition	Assessment of progress against the planned target for the quarter	Challenges	Achievements	Support Needs
NEA	Reduction in non-elective admissions	Not on track to meet target	<p>South CCGs have seen growth in emergency admissions in 2017/18. Largely, the activity increase for the South CCGs has been seen within the short stay activity at NUH. Granular analysis has identified that the volume of admissions has been impacted by the implementation of a pathway change within the emergency department. This has led to an increase in admissions for patients requiring further assessment or diagnostic tests. Discussions continue with the provider to review the impact of the change and agree an appropriate level of payment.</p>	<p>Emergency Activity continues to be discussed at both the joint A&amp;E Delivery Boards and the local Systems Resilience Groups. North - Bassetlaw CCG has seen a decrease in A&amp;E Attendances and Non Elective activity through a number of schemes which will continue into 2018 19 - Increased compliance with flu vaccinations for care homes, a relaunch of the head injury pathway within care homes, new care home with registered nursing support, training in care homes with regards to hydration and nutrition, increased social prescribing, rapid response teams in the community and Community Geriatrician support</p>	<p>A briefing paper has been produced to explain the increase of NEL admissions, which links to the introduction of the Luton Model of streaming in ED. This shows the correlation with the change of pathway, increase in NEL admissions particularly &lt;24hrs LOS, Surgical assessment unit</p>

			Mid and North CCGs have seen a reduction in activity.		and medical assessment unit.
<b>Res Admissions</b>	Rate of permanent admissions to residential care per 100,000 population (65+)	Not on track to meet target	Long term admissions to residential or nursing care have increased this year as the council faces increased demand from people with complexed needs.. All placements are considered at panel and agreed where there is no viable alternative.		
<b>Reablement</b>	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Not on track to meet target	The percentage of people still at home after 91 days has reduced as reablement type services available upon discharge from hospital have expanded and are now offered to people with more critical needs. Also this period the indicator has been impacted by the increased number of deaths seen in January 2018 and potentially the indicator could have been closer to target. Provisional figures indicate 78% success rate (down from 82% prior to January 2018).	This year we are able to include step down services such as transfer to assess that are provided at the care and support centres as these are now recorded on Mosaic. This has increased the number of people that are included in this indicator as being discharged from hospital into reablement services.	
<b>Delayed Transfers of Care*</b>	Delayed Transfers of Care (delayed days)	Not on track to meet target	South Data analysis for Greater Nottingham highlighted that the most common reason for delay in transfers include a lack of capacity in further non-acute NHS care. Other less significant causes of delayed discharge were around completion of assessment and patient or family choice.	South A regional DToC Plan has been produced and trajectories established. Regional actions to be taken to reduce DToCs include but are not limited to:	

		<p>Specific sub group of the A&amp;E board, under the lead of County LA Director, with representatives from across the system is responsible for the further development of the discharge to assess/home first model across Greater Nottingham which was successfully launched in October 2017 and has demonstrated improved flow with increasing numbers of patients being managed through the D2A pathways however at times of peak demand waits have appeared. Learning from winter has clearly identified the system capacity constraints which have impacted on flow particularly over January and February when the number of referrals into the D2A pathways exceeded available capacity and resulted in an increase in DTOC over the last quarter despite additional investment in community health services. We have identified two key areas for</p> <p>improvement work and alternative models of delivery to address the capacity gaps and will be working with Newton Europe to further develop the action plan specifically tailored to reduce DTOC.</p>	<p>encouraging active participation in the operational management of discharge, development of a discharge hub approach, effective implementation of a patient choice policy, Home First workbooks in Nottinghamshire and development of the Red Bag initiative.</p> <p>Mid</p> <ul style="list-style-type: none"> <li>• Commenced weekly meetings focussing on our integrated discharge transformation scheme/programme, this has senior representation from all stakeholders</li> <li>• Commenced Better Together discharge initiative whereby Board Rounds are attended by Social Care and Community Services as well as the Discharge Team on the pilot wards. (now in week 2)</li> <li>• Mobilised a D2A</li> </ul>	
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				<p>pathway into community teams/services in M&amp;A</p> <p>North</p> <p>Using short term nursing care beds to ensure that DSTs aren't being done in hospital</p> <ul style="list-style-type: none"> <li>o Bassetlaw CCG is liaising and working with the Local Authority to facilitate discharges which are out of the CHC pathway</li> <li>o Delays are discussed at the Urgent Care Operations Group fortnightly to resolve local issues that are not covered by routine processes</li> <li>o Integrated Discharge Team at Bassetlaw Hospital works well with Local Authorities – daily dialogue.</li> </ul>	
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#### 4. High Impact Change Model

		Maturity assessment					Narrative			
		Q2 17/18	Q3 17/18	Q4 17/18 (Current)	Q1 18/19 (Planned)	Q2 18/19 (Planned)	If 'Mature' or 'Exemplary', please provide further rationale to support this assessment	Challenges	Milestones met during the quarter / Observed impact	Support needs
Chg 1	Early discharge planning	Plans in place	Plans in place	Established	Established	Established		Key challenges were ensuring buy in / sign up from all system partners as well as trying to understand the concept	Integrated Discharge Functions now in place and managers appointed to oversee the function / team. Bassetlaw CCG IDT well established at Bassetlaw Hospital	Any further challenges will be noted and acted upon via the Provider to Provider meetings in place weekly.
Chg 2	Systems to monitor patient flow	Established	Established	Established	Established	Established		Timescales to deliver. Securing funding and licenses.	South: NerveCentre being developed to incorporate	Any further challenges will be noted and acted upon via the Provider to Provider

									system capacity to enable community bed stock to be visible Dashboard metrics also in development	meetings in place weekly.
Chg 3	Multi-disciplinary/multi-agency discharge teams	Established	Established	Established	Established	Established			South: Electronic Transfer of Care (eTOC) developed and agreed across all system partners	Further changes may be required to support the Trusted Assessor role / implementation
Chg 4	Home first/discharge to assess	Established	Established	Established	Established	Established		South: Discharge to Assess / HomeFirst Pathway went live in September Additional 36 community beds secured across Greater Nottingham to support Pathway	Integrated Discharge Functions now in place and managers appointed to oversee the function / team. North: Bassetlaw - Discharge to assess well established No CHC	Any key challenges will be noted and acted upon via the Provider to Provider meetings in place weekly.

									assessment s are completed in hospital.	
Chg 5	Seven-day service	Plans in place	Plans in place	Establishe d	Establishe d	Establishe d		Workforce challenges in delivering this.	Refresh of mapping across the system to be completed in Q3 Primary Care at ED Reablement teams - 7 day limited Service Mental Health Assessment beds - 7 day full Service Crisis response - 7 day limited Service Social care reablement service (START) - 7 day limited Service Additional beds opened for winter	

									pressures in Q3. Bassetlaw - Some community services are 7 days and new social care contracts are for provision of a 7 day service.	
Chg 6	Trusted assessors	Plans in place	Plans in place	Established	Established	Established		Challenge re competencies - plans now underway to develop a bespoke package in line with the principles of the holistic worker model.	Agreement to use the TOC as trusted assessment Dedicated lead for End of Life care now in post Need to identify leads from IDT. North: Trusted assessor role in Bassetlaw is still being embedded across all the care	The plan is to implement the model from April and any challenges arising will be actioned via the Greater Nottingham Trusted Assessor Steering Group.



									home sector.	
Chg 7	Focus on choice	Plans in place	Plans in place	Established	Established	Established		Challenges in agreeing the funding/ and how providers were going to use it	South: Patient leaflet developed and signed off by all system partners Hospital patient letter also designed and signed off by system partners	On-going monitoring of usage
Chg 8	Enhancing health in care homes	Established	Established	Established	Established	Established			South: Integrated teams established with key leads (community matrons and district nurses) in place aligned to each Care Home.	

	2017/18			
	Planned		Actual	
Disabled Facilities Grant	£	5,958,425	£	5,958,425
Improved Better Care Fund	£	16,060,542	£	16,060,542
CCG Minimum Fund	£	51,536,899	£	51,536,899
Minimum Subtotal		£ 73,555,867		£ 73,555,867
CCG Additional Contribution			£ -	
LA Additional Contribution			£ -	
Additional Subtotal		£ -		£ -

	Planned 17/18	Actual 17/18
<b>Total BCF Pooled Fund</b>	£ 73,555,867	£ 73,555,867

Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2017/18

## Expenditure

	2017/18
<b>Plan</b>	£ 73,555,866
<b>Actual</b>	£ 73,555,866

Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2017/18

Reconciliation of the pooled fund complete. Scheme underspend identified in-year and re-allocated to other BCF priorities.

## 6. Year End Feedback

### Part 1: Delivery of the Better Care Fund

Please use the below form to indicate what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes.

Statement:	Response:	Comments: Please detail any further supporting information for each response
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Agree	Partners agreed this at our annual BCF evaluation event
2. Our BCF schemes were implemented as planned in 2017/18	Agree	Majority of programme delivered as planned, some rephasing of initiatives in year.
3. The delivery of our BCF plan in 2017/18 had a positive impact on the integration of health and social care in our locality	Agree	BCF programme evaluated positively.
4. The delivery of our BCF plan in 2017/18 has contributed positively to managing the levels of Non-Elective Admissions	Agree	Avoided admissions attributable to initiatives across the system including BCF schemes, however challenges remain.
5. The delivery of our BCF plan in 2017/18 has contributed positively to managing the levels of Delayed Transfers of Care	Agree	Reductions in DTOCs seen over the year, however, targets not achieved. Reductions attributable to initiatives across the system including BCF schemes.
6. The delivery of our BCF plan in 2017/18 has contributed positively to managing the proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	Agree	Funding has enabled performance levels to be maintained.
7. The delivery of our BCF plan in 2017/18 has contributed positively to managing the rate of residential and nursing care home admissions for older people (aged 65 and over)	Agree	Reductions in care home admissions seen over the year. Reductions attributable to initiatives across the system including BCF schemes.

## Part 2: Successes and Challenges

Please select two Enablers from the SCIE Logic model which you have observed demonstrable success in progressing and three Enablers which you have experienced a relatively greater degree of challenge in progressing. Please provide a brief description alongside.

8. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2017/18.	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest <b>successes</b>
Success 1	9. Joint commissioning of health and social care	Implementation of the Hospital to Home Prevention and Discharge Project and the partnership working between NHS and borough councils.
Success 2	9. Joint commissioning of health and social care	On-going work around mental health integration and in particular the work of the primary care psychological medicine project.
8. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2017/18.	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest <b>challenges</b>
Challenge 1	8. Pooled or aligned resources	Integration of occupational therapy teams across health and social care. The scope of this work needs to be much wider than OT for it to have a desired impact but this has to be addressed through the relevant governance committees for sign off which has taken longer than anticipated.
Challenge 2	8. Pooled or aligned resources	The integration of health and social care reablement teams has proved challenging due to internal work looking at efficiencies and how this fits with integration.

## 7. Narrative

### Progress against local plan for integration of health and social care

In Nottinghamshire we have maintained our ambition for a strong BCF plan across our Health and Wellbeing Board footprint. Performance against all BCF metrics continues to be monitored monthly to ensure timely actions where plans are off-track. There continues to be a high level of commitment from partners to address performance issues e.g. daily discussions within hospitals to facilitate timely discharges, the development of transfer to assess models to reduce long term admissions to care homes, District Authority alignment with Integrated Discharge Teams to ensure housing needs of patients are addressed prior to discharge and avoid unnecessary delays. At Q4, all performance metrics are off plan.

The 6 CCGs continue to work with local authority, District and Borough Councils, acute, mental health and community trusts and the community and voluntary sector in their 3 units of planning to ensure service transformation with a focus on reducing non-elective admissions and attendance, and care home admissions. Plans to accelerate improvement in trajectories are forecast to deliver further improvements as projects and programmes mature and transfer of investment and resources to primary and community setting manages demand more appropriately.

### Integration success story highlight over the past quarter

Greater Nottingham approach to Integrated Discharge.

Principles:

- Embed 'Home First' mantra
- Discharge planning will always include patient/carer input: 'No decision about me, without me'
- A single point of access for health and social care to support 'discharge to assess'. Integrated discharge teams are linked to an integrated intermediate tier of local services
- Collateral information; Therapy and social work teams work at the front of the acute care pathway, routinely collecting information on how people have been managing at home before becoming acutely unwell.
- People are discharged to their usual place of residence, with additional support if required and assessment of their longer term needs undertaken there rather than in hospital.
- A clear clinical care plan is set for all patients within 14 hours of [acute] admission and within maximum of 48 hours, which includes an expected date and time of discharge that are linked to functional and physiological criteria for discharge.
- Continue strong focus on 'simple' discharges. The SAFER patient flow bundle and 'Red2Green days' tools are used routinely to ensure the most appropriate care for patients on all hospital wards.
- Board rounds take place on all hospital wards each morning. The multidisciplinary team reviews the clinical plan (including the discharge elements) on the board rounds and any decisions communicated to the patient.
- Duplication of assessment minimised using trusted assessors, building on the functional information collected on admission
- Strong emphasis on maximising clinically designed technology to deliver high quality data to the system

System Achievements – since Oct 17

- Working to an Integrated Discharge Team specification as well as one Community Bed specification
- 1 Transfer of Care form implemented
- Simplified development of pathways and consistent use of language
- Number of supported discharges per week has increased
- Early indications of IDT minimising variation on activity for pathway 1
- LoS of patients post 24 hours of MSFD is reducing for pathway 2
- Number of CHC assessments completed in an acute bed is decreasing

**6 June 2018****Agenda Item: 11****REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE, HEALTH  
AND PUBLIC PROTECTION, NOTTINGHAMSHIRE COUNTY COUNCIL****SUSTAINABILITY AND TRANSFORMATION PARTNERSHIPS ANNUAL  
REPORT****Purpose of the Report**

1. To update the Board on the Nottingham and Nottinghamshire STP Annual report to be published in June 2018

**Information and Advice**

2. The Nottingham and Nottinghamshire STP was submitted to NHS England in October and published on 24 November 2016. This was a draft Plan, produced and supported by all partner organisations.
3. The Plan built on existing service improvement work and drew on information that we had gathered from conversations with local people as part of this. The draft Plan set new, ambitious goals to renew and strengthen our commitment to working together as a health and care system.
4. Since the publication of the draft Plan, we have sought further feedback and comments from citizens, patients, carers, service-users, staff and organisations, providing a number of ways for people to feed in their views over a three-month period.
5. Feedback on the Plan did not suggest we needed to change our overall priorities or strategic direction. However, concerns were raised about how ambitious the Plan is, how we will deliver it and how we will bring about the required culture change in the way we work together as individuals and organisations to provide joined up health and social care services. The feedback also highlighted aspects of care for individuals or groups of people that did not have enough focus, for example children and young people, those with mental health problems and carers.
6. The Update to the STP was published in July 2017 on [www.stpnotts.org.uk](http://www.stpnotts.org.uk) . It restates our challenges and provides additional detail on how we intend to respond to these. The main areas covered in the Update are:
  - Our approach to delivery

- Communication and engagement with local people and staff
  - Provide more detail on themes people told us were important to them – mental health, children and young people and carers
  - Update on accountable care systems
  - Finance and governance
  - What will be different in 2016/17
7. In the Update to the STP the partnership committed to publishing an annual report to give local people information about the progress that has been made to deliver the plan and outline priorities for the following year. The Plan will continue to evolve based on evaluations of local pilot projects, new evidence from elsewhere or changes in national policy as well as the information we receive from local people throughout ongoing engagement activities.

### **Other Options Considered**

8. The report is presented in order to keep the Board sighted on progress.
9. The content of the plan has been drafted to reflect the required standards and in line with the feedback that has been received from stakeholders.

### **Reason/s for Recommendation/s**

10. To ensure the HWB has oversight of progress with the STP.

### **Statutory and Policy Implications**

11. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

### **Financial Implications**

12. There are no financial implications contained within the content of this report.

### **Human Resources Implications**

13. There are no Human Resources implications contained within the content of this report.

### **RECOMMENDATION/S**

That the Board:

1. To review the contents of the STP Annual Report in the context of the Health and Wellbeing Strategy



**For any enquiries about this report please contact:**

**David Pearson**

**Corporate Director, Adult Social Care and Health, Nottinghamshire County Council**

**For any enquiries about this report please contact:**

**Joanna Cooper, Nottingham and Nottinghamshire STP Leadership Team**

[joanna.cooper@nottscc.gov.uk](mailto:joanna.cooper@nottscc.gov.uk)

0115 9773577

### **Constitutional Comments (LMC 24/05/2018)**

14. The Health and Wellbeing Board is the appropriate body to consider the contents of the report.

### **Financial Comments (OC 24/05/18)**

15. There are no financial implications arising directly from this report.

### **Background Papers and Published Documents**

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- Update to the STP July 2017

### **Electoral Division(s) and Member(s) Affected**

All



**6 June 2018****Agenda Item: 12**

## **REPORT OF CORPORATE DIRECTOR, RESOURCES WORK PROGRAMME**

### **Purpose of the Report**

1. To consider the Board's work programme for 2018/19.

### **Information**

2. The County Council requires each committee, including the Health and Wellbeing Board to maintain a work programme. The work programme will assist the management of the committee's agenda, the scheduling of the Board's business and forward planning. The work programme will be updated and reviewed at each pre-agenda meeting and Board meeting. Any member of the Board is able to suggest items for possible inclusion.
3. The attached work programme has been drafted in consultation with the Chair and Vice-Chair, and includes items which can be anticipated at the present time. Other items will be added to the programme as they are identified.

### **Other Options Considered**

4. None.

### **Reason/s for Recommendation/s**

5. To assist the Board in preparing its work programme.

### **Statutory and Policy Implications**

6. This report has been compiled after consideration of implications in respect of finance, equal opportunities, human resources, crime and disorder, human rights, the safeguarding of children, sustainability and the environment and those using the service and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

### **RECOMMENDATION/S**

- 1) That the Board's work programme be noted, and consideration be given to any changes which the Board wishes to make.

**Jayne Francis-Ward**  
**Corporate Director, Resources**

**For any enquiries about this report please contact: Martin Gately, x 72826**

**Constitutional Comments (HD)**

1. The Board has authority to consider the matters set out in this report by virtue of its terms of reference.

**Financial Comments (NS)**

2. There are no direct financial implications arising from the contents of this report. Any future reports to the Board will contain relevant financial information and comments.

**Background Papers**

None.

**Electoral Division(s) and Member(s) Affected**

All

## NOTTINGHAMSHIRE HEALTH AND WELLBEING BOARD

### WORK PROGRAMME (PROPOSED SUBJECT TO APPROVAL FROM COUNCIL MEETING)

Report title	Brief description of item	Lead officer	Report author(s)
<b>25 April</b>			
<b>Workshop</b> Ambition 2: Healthy & Sustainable Places domestic abuse & sexual violence	Workshop with partners to discuss actions to support Ambition 2: Healthy & Sustainable Places – domestic abuse & sexual violence	Jonathan Gribbin	Gill Oliver Nicola Wade (PCC)
<b>6 June</b>			
JSNA governance	Paper to discuss options for revised governance arrangements for the JSNA, including identifying priorities for 2018 & agree preferred options.	Jonathan Gribbin	Kristina McCormick
Ambition 2: Healthy & Sustainable Places domestic abuse & sexual violence	Paper to agree actions following workshop.	Jonathan Gribbin Kevin Dennis	Gill Oliver Nicola Wade (PCC)
<i>Healthy &amp; Sustainable Places – an overview (report or presentation?)</i>	<i>Preparation for the workshop in July to consider priorities for action, progress to date for identified priorities &amp; opportunities to add value.</i>	<i>Jonathan Gribbin</i>	<i>Dawn Jenkin Adrian Smith?</i>
<i>Health &amp; Wellbeing Board membership &amp; lead roles</i>	<i>Paper following discussions at HWB workshop in February regarding membership of the HWB &amp; options to extend membership to other groups. Potential options for HWB lead roles around the ambitions within the Strategy &amp; the functions of the HWB.</i>		
Better Care Fund Performance Report	Board to approve performance report for submission to NHS England. Update on refresh of the BCF Plan 2018/19 for approval.		
Mid Notts CCGs Commissioning Plans			
<i>Nottingham &amp; Nottinghamshire Sustainability &amp; Transformation Partnership Annual Report</i>	<i>Item for information?</i>	<i>David Pearson</i>	<i>Joanna Cooper</i>
Chairs report	Update on local & national issues of interest to the		

	HWB. • Physical activity delivery plan		
<b>4 July</b>			
<b>Workshop</b> Ambition 2: Healthy & Sustainable Places	Workshop to consider priorities agreed at June meeting & agree actions to deliver. To include wider partners.	Jonathan Gribbin	Dawn Jenkin
<b>5 September</b>			
Ambition 2: Healthy & Sustainable Places	Paper to confirm delivery plan following workshop.	Jonathan Gribbin	Dawn Jenkin
Ambition 2: Healthy & Sustainable Places – Sexual Health	Proposal regarding actions to deliver priority for discussion & agreement.		
Better Care Fund Performance Report	Board to approve performance report for submission to NHS England.	David Pearson	Joanna Cooper
<b>3 October</b>			
<b>Workshop</b> Ambition 1: A good start	Workshop with the Children's Trust to discuss actions to deliver the priorities identified: • Child poverty • Keeping children & young people safe • Making sure that children & young people are happy & healthy Workshop aim: to agree actions for the HWB to deliver the ambition.	Colin Pettigrew	Kate Allen Irene Kakoullis Kerry Adams
<b>7 November</b>			
Ambition 1: A good start	Paper to confirm delivery plan following workshop.	Colin Pettigrew	Kate Allen Irene Kakoullis Kerry Adams
Better Care Fund Performance Report	Board to approve performance report for submission to NHS England.	David Pearson	Joanna Cooper
<b>5 December</b>			
<b>Workshop</b> Work programme planning	Workshop to identify priorities for 2019 by presentations from lead officers for HWB partners.		

**For discussion:**

Ambition 4: Working together to improve health & care services - BCF updates

Ambition 4: Working together to improve health & care services - STP updates – Nottingham & Nottinghamshire/Bassetlaw

Ambition 3: Healthier decision making – implementation of Health in all Policies

Ambition 2: ASD/Asperger's

HWB Annual report 2017

CCG commissioning plans

CCG annual reports

Joint workshops with the City HWB

HWB membership/champions

Performance reporting

Governance: Health protection

DPH Annual Report – December 2018

