

Health and Wellbeing Board

Wednesday, 04 October 2017 at 14:00

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

AGENDA

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|----|--|---------|
| 1 | Minutes of the last meeting held on 6 September 2017 | 3 - 8 |
| 2 | Apologies for Absence | |
| 3 | Declarations of Interests by Members and Officers:- (see note below)
(a) Disclosable Pecuniary Interests
(b) Private Interests (pecuniary and non-pecuniary) | |
| 4 | Liver Disease Prevention Presentation - Dr Martin James | |
| 5 | Update on the Nottinghamshire Integrated Housing and Health Commissioning Group Delivery Plan and Housing and Environment Theme of the STP | 9 - 26 |
| 6 | Nottingham and Nottinghamshire Local Digital Roadmap Update | 27 - 30 |
| 7 | Sustainability and Transformation Plans in Nottinghamshire Update to the Plan and Accountable Care System Memorandum of Understanding | 31 - 38 |
| 8 | Refresh of the Pharmaceutical Needs Assessment | 39 - 48 |
| 9 | Chair's Report | 49 - 56 |
| 10 | Work Programme | 57 - 60 |

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, 6 September 2017 (commencing at 2.00 pm)**

Membership

Persons absent are marked with an 'A'

COUNTY COUNCILLORS

Dr John Doddy (Chair)
Joyce Bosnjak
Mike Pringle
Jonathan Wheeler
Martin Wright

DISTRICT COUNCILLORS

A	Amanda Brown	-	Ashfield District Council
A	Susan Shaw	-	Bassetlaw District Council
	Lydia Ball	-	Broxtowe Borough Council
	Henry Wheeler	-	Gedling Borough Council
	Debbie Mason	-	Rushcliffe Borough Council
A	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

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)
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

Kevin Dennis

OFFICERS IN ATTENDANCE

Nicole Chavaudra	-	Public Health
Joanna Cooper	-	Better Care Fund Programme Manager
Paul Davies	-	Democratic Services
Steve Edwards	-	Children Families and Cultural Services
Joe Foley	-	Children Families and Cultural Services
Clare Fox	-	Nottingham City CCG
Martin Gately	-	Democratic Services
Nicola Lane	-	Public Health
Jill Norman	-	Children, Families and Cultural Services

MINUTES

The minutes of the last meeting held on 28 June 2017 having been previously circulated were confirmed and signed by the Chairman.

APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Amanda Brown, Dr Gavin Lunn, Councillor Neill Mison and Councillor Susan Shaw.

DECLARATIONS OF INTEREST BY BOARD MEMBERS AND OFFICERS

None.

NOTTINGHAMSHIRE SPECIAL EDUCATIONAL NEEDS AND DISABILITIES (SEND) STRATEGIC ACTION PLAN 2017-19

Jill Norman introduced the report which requested the endorsement of Nottinghamshire's Special Educational Needs and Disabilities Action Plan. She explained that while there is no fixed definition of disability, and disability can be self-identified, the Strategic Action Plan seeks to build on recent developments and undertake a multi-agency response. She and Nicole Chavaudra responded to questions and comments from board members.

- Further information was requested on the cost of alternative provision, and this will be circulated to members of the board subsequently.
- Budgets for personalised commissioning will be in place by March 2018.

- In terms of monitoring the plan, a thematic examination will tease out capacity issues, and while there is funding for a monitoring post, work is already being undertaken to ensure robust quality assurance.
- While reassurance was received that there would be no cuts to frontline services, it was emphasised that because of gaps in provision, demands were being placed on more expensive services.
- Families only want to 'tell their story' once, and following a move to an integrated service it will be possible to store information in wikis with families' consent.
- While the local offer allows publicly visible comments more needs to be done in this area in order to foster transparency.

RESOLVED: 2017/028

That Nottinghamshire's Special Educational Needs and/or Disabilities (SEND) Strategic Action Plan be approved.

BETTER CARE FUND PLAN 2017-19

David Pearson introduced the report on the Better Care Fund Plan, explaining that it was intended to foster the joining up of health and social care services at a local level so that people can manage their own health and wellbeing. The Better Care Fund involves jointly agreed plans and pooled budgets between local authorities and CCGs. The Better Care Fund has accelerated and facilitated conversations that have never happened before about joint working across agencies. David Pearson and Joanna Cooper responded to questions and comments from board members.

- What was now different due to the plan? – Joanna gave examples including that there are now community teams supporting general practice. In Bassetlaw there are integrated delivery teams, and in the south of the county, care delivery groups.
- IT integration with nursing homes (some of which are still using fax machines) is being looked at through the local digital road map.
- Reservations and concerns were expressed regarding the large amount of money being paid to the consultants Centene. The Board was assured that Centene have been engaged because of their experience with integration work elsewhere and are paid for via central government funds.

RESOLVED: 2017/029

That:

1. The 2017-19 BCF Plan for submission to NHS England be approved.
2. The assurance process be noted.

3. Approval of the assurance plans be delegated within the required timeframes to the Corporate Director, Adult Social Care, Health and Public Protection (as Chair of the BCF Programme Board) in consultation with the Chair and Vice-Chair of the Health and Wellbeing Board.

REFRESH OF THE NOTTINGHAMSHIRE JOINT HEALTH AND WELLBEING STRATEGY

The Chairman introduced the report, the purpose of which was to describe the progress so far in the refresh of the Nottinghamshire Joint Health and Wellbeing Strategy and secure approval for consultation. He described inequalities in life expectancy and healthy life expectancy across the county. The vision of the proposed strategy is to make a more even playing field, with every child given the best possible start. These improvements do not take place in doctors' surgeries but rather out in the community. Points made during discussion included:-

- Some reflection would take place on the terms of reference and membership of the Health and Wellbeing Board once the strategy is agreed – including consideration of provider representation
- The focus on domestic violence was welcomed in view of the fragile nature of some services within the county.

RESOLVED: 2017/030

That:

- 1) Progress on the refresh of the Nottinghamshire Joint Health and Wellbeing Board Strategy be noted.
- 2) The consultation approach proposed in the report be agreed

CHILD SEXUAL EXPLOITATION

Steve Edwards and Joe Foley introduced the report, the purpose of which was to provide the Health and Wellbeing Board with an overview of the partnership work which is currently in place with regards to child sexual exploitation. Steve Edwards explained that abuse can happen with either physical or online contact: it is happening in all areas, it is worse where it is not recognised, and it is a national scandal. Indicators of child sexual exploitation include alcohol use/abuse and unexplained bruising. The perpetrators could be located anywhere in the world and children and carers need to be made more aware. There have been instances of taxi drivers seeing child sexual exploitation and ringing the police, so benefits will accrue from wider public awareness. Steve Edwards highlighted that Councillor Philip Owen had written to Members asking if they wished to shadow a social worker to improve understanding and awareness.

RESOLVED: 2017/031

That this important area of work continues to be scrutinised and overseen by the Health and Wellbeing Board and that a report of this nature be brought to the Board for the period 2017/18 in the summer of 2018.

NOTTINGHAMSHIRE MENTAL HEALTH CRISIS CONCORDAT

Clare Fox introduced the report, the purpose of which was to provide an update on the local response to the implementation of the 'Mental Health Crisis Care Concordat, Improving outcomes for people experiencing mental health crisis care. Clare Fox explained that if the whole workforce is mental health aware there is a knock-on effect across the whole area. Part of the work is about ensuring that people detained under the Mental Health Act are kept out of police custody. Additional funding from the Department of Health may be directed to supporting a street triage team. The greatest challenge is mental health conveyance. Some service users are not being conveyed in an appropriate or timely way and work is being undertaken with the East Midlands Ambulance Service to address this. Equity of access is a key priority. An all ages service would be preferable, and there is some disconnection from older adults services. This topic will next be on the agenda in April, following the Concordat Board.

RESOLVED: 2017/032

That this topic be further considered by the Board in April 2018.

CHAIR'S REPORT

The Chair's report was welcomed by the Board, particularly where it linked to reports under consideration on the agenda. The Chair indicated that he would review whether or not his report would be included in the Board papers, or simply circulated to members.

RESOLVED: 2017/033

That the content and format of the Chair's report be reviewed.

WORK PROGRAMME

The meeting of the Health and Wellbeing Board on 1 November will be a workshop session rather than a public board meeting.

RESOLVED: 2017/034

That no amendments be made to the work programme.

The meeting closed at 4.37 pm.

CHAIR

4 October 2017**Agenda Item: 5****REPORT OF COUNCILLOR JOHN DODDY – CHAIR OF THE
NOTTINGHAMSHIRE HEALTH AND WELLBEING BOARD****UPDATE ON THE NOTTINGHAMSHIRE INTEGRATED HOUSING AND HEALTH
COMMISSIONING GROUP DELIVERY PLAN AND HOUSING AND ENVIRONMENT THEME
OF THE STP****Purpose of the Report**

1. This report provides an update to the Health and Wellbeing Board of a previous paper, dated June 2016, of activity by the Nottinghamshire Health and Housing Commissioning Group and seeks comment regarding progress and next steps.
2. The report provides an overview of progress on the Housing and Environment theme of the STP and seeks comment.
3. The report presents the draft Memorandum of Understanding between health, social care and housing and seeks comment and endorsement prior to publication.
4. The report seeks consideration and support by the Health and Wellbeing Board for officers to seek to identify funding opportunities to extend the seconded post of Public Health Commissioning manager (Health and Housing)

Information and Advice

5. The previous report to the Health and Wellbeing Board in June 2016 provided an overview of activity of the Nottinghamshire Health and Housing Commissioning Group. The key recommendations were that:
 - An update report would be presented to the Health and Wellbeing Board during 2017
 - A Memorandum of Understanding between health, housing and social care would be drafted and presented to the Board
6. The case for more effective integration and joint working between health, social care and housing is clear. The Health and Wellbeing Strategy seeks to address the need for “sufficient and suitable housing, including housing related support, particularly for vulnerable people”.

7. Specifically, the emerging Health and Wellbeing Strategy 2018-2022, suggests a number of key partnership actions relating to effective and integrated working across health, social care and housing. These include:
- Working with Districts to maximise homes which are accessible
 - Promoting a campaign around fuel switching to reduce fuel poverty
 - Promote work on Warm Homes on Prescription to health partners and offer support in linking in with frontline health staff and NHS staff who undertake home visits
 - Supporting work to improve housing standards in the Private Rented Sector
 - Encouraging and supporting effective integrated working across health; social care and housing, including supporting a memorandum of understanding across the three sectors to make a commitment to more integrated working
 - Supporting the exploration of opportunities to integrate housing support services to provide a more integrated offer for Nottinghamshire residents
8. Housing in its broadest sense has a key role to play to support the delivery of a number of the Strategy's priorities. This is primarily due to the daily contact housing providers have with residents, tenants and their families across the County covering a range of issues beyond the traditional housing management and enforcement functions.
9. As identified in the previous report to the Health and Wellbeing Board, the priorities which housing can positively impact upon are significant on both physical and mental health and wellbeing.
10. Housing activity relating to health over the past 12 months includes:-
- Supporting the inclusion and delivery of a specific Housing and Environment supporting chapter within the Nottinghamshire and Nottingham STP. The specific themes in the Housing and Environment chapter specifically relating to housing are:
 - a. The development of a common hospital discharge scheme across the STP footprint that supports residents with housing needs to housing and housing support in a safe and timely manner. Latest NHS figures show that nationally, there were over 181,000 delayed days in hospital in July 2017, of which 1,719 related to Nottinghamshire (not including Nottingham City) residents. Delays are due to a number of reasons of which the lack of appropriate housing and housing support is a key element
 - b. Building on the Nottinghamshire Warm Homes on Prescription scheme by targeting vulnerable individuals through providing home energy assessments, advice, information and support
 - Successfully bidding to the NHS Pioneer Fund to enable the secondment of a Public Health Commissioning Manager (Health and Housing) for 1 year to bolster and progress work to integrate housing, health and social care.
 - Developing Better Care Funded projects, such as Assistive Technology; Disabled Facilities Grants and handypersons services to minimise the pressure on acute services and improve outcomes for residents. These services are governed by the Better Care Fund project board

- Supporting the development of the Nottinghamshire Assistive Technology Strategy through the work of the STP and the refresh of the Nottinghamshire Health and Wellbeing Strategy
- Bolstering representation of housing to seek to influence discussion regarding health and social care integration to recognise the need to ensure strong linkages with housing and housing support.
- Strengthening appropriate representation and linkages to wider fora from Social Care; Health and Housing partners. The previous meeting in July was attended by over 40 representatives from a range of partners and provided opportunity for discussion on a range of key areas

Sustainability and Transformation Plan

11. The Health and Wellbeing Board Strategic Action Plan recognises the important contribution of housing, stating the need to *“extend integrated working to include housing so that support for vulnerable people is assessed collectively and delivered by the most appropriate agency. Housing also has a wider role to play in effectively contributing to improved outcomes and reducing pressures on acute services”*
12. The Nottingham and Nottinghamshire Sustainability and Transformation Plan further recognises the important role of housing by being the only STP in the country to include a specific chapter covering housing and the environment. This approach has been widely endorsed nationally by organisations such as The Kings Fund.
13. Specifically, the STP states that it is critical that our citizens, particularly those with complex needs, have suitable accommodation that keeps them safe and secure. We will work with our partners to establish clear housing standards and to offer suitable housing while improving engagement of the housing workforce on health issues. We will also use the collaboration made possible by our broader focus to support health and wellbeing by considering, for example, the built environment, leisure and open spaces, as well as co-ordinating the use of regulation to improve health outcomes, such as licensing and air quality.
14. The Housing and Environment supporting theme of the STP commits to a range of measures to contribute to improving the health and quality of life of residents including improving private sector housing; supporting residents to live independently; provide greater options to ensure healthy choices in fast food takeaways; seeking to ensure that the planning system takes account of health needs through the provision of open spaces; improving air quality and reducing fuel poverty and excess winter deaths and also seeks to contribute to system wide savings through a focus on prevention.
15. The particular focus over the initial two year periods is as follows:
 - Improving collaboration with health and social care colleagues to improve hospital discharge processes, building upon existing successful hospital discharge services such as the ASSIST scheme operated through Kings Mill Hospital and the Hospital to Home Scheme which currently operates in Nottingham City
 - Further developing the Warm Homes on Prescription service which targets measures on vulnerable households to reduce fuel poverty and improve the housing condition

16. A Housing and Environment steering group of the STP has been established and meets up to 6 times per year to review progress and reports progress through the STP governance structure. Presently further work is being progressed to get clarity over the resources and funding available through the STP to sustain the two key projects of the Housing and Environment chapter and along with ensuring buy in from the key health representatives.

NHS Pioneer Fund

17. The previous report recognised that it would be helpful to have a dedicated resource to assist in driving forward activity to better integrate health and housing. A bid was successfully submitted to the NHS Pioneer Fund to enable a secondment into the County Public Health Team to achieve this. The secondment commenced in April 2017 on a part time basis until April 2018, with a key focus of the post being to support and enable integration between health; housing and social care including through the STP and Nottinghamshire Housing and Health Commissioning Group. Already, through this post there has been significant progression in engagement between housing, health and social care to support key activities including those already detailed through the STP. However, it should be noted that provisions to sustain the facilitation of increased engagement are currently not in place after the secondment comes to an end in April 2018.
18. As the post is only for one year there is concern that the positive work being progressed to embed housing roles within the health and social care environment, identifying how collaboration and partnership working can deliver efficiencies and produce better health outcomes for Nottinghamshire residents, will cease. In this respect views from the Board are sought on the options available to sustain this role beyond its current one year duration and to consider the funding opportunities available.

Health and Housing Commissioning Group

19. In recognition of the significant role that housing and housing related support plays in improving health related outcomes and reducing demands on acute services such as those provided by the NHS and Social Care, the Nottinghamshire Housing and Health Commissioning Group was formed in 2014. The group is currently chaired by Rob Main, Business Manager – Strategic Housing at Newark and Sherwood DC. The aim of the group is to drive forward an integrated health, social care and housing agenda in line with the Health and Wellbeing Strategy and Housing Delivery Plan. The Group is accountable to the Nottinghamshire Health and Wellbeing Board via the Nottinghamshire Health and Wellbeing Implementation Group.

Housing Delivery Plan

20. The seven Districts have developed a Nottinghamshire Housing Delivery Plan which details key actions based around the four themes identified in the document '*An assessment of the Impact of Housing on Health and Wellbeing in Nottinghamshire, November 2013*'. This can be viewed at <http://www.nottinghaminsight.org.uk/d/112956>.
21. Whilst the action plan is a live document and is currently being updated to ensure it is reflective of current key challenges and opportunities, the 4 themes remain constant:

- **Poor housing conditions** – particularly the impact of falls in the home, cold and damp homes and fuel poverty, fire in the home and inadequate home security.
- **Insufficient suitable housing** – including the impact of overcrowding and lack of housing that enables people e.g. older or disabled people, to live independently.
- **Homelessness and housing support** – including the impact of homelessness on families and other crisis that may result in the loss of a home and an individual's ability to live independently.
- **Children and young people** – ensuring they have the best home in which to start and develop well.

Memorandum of Understanding

22. In December 2014, a range of health, housing and Social Care national organisations signed up to a joint Memorandum of Understanding

<http://www.cih.org/resources/PDF/Policy%20free%20download%20pdfs/MOU%20project%20final%20Dec%2014.pdf>

which recognised the need for joint action and a shared commitment to improve health and wellbeing outcomes to deliver healthy homes, communities and neighbourhoods and to deliver integrated and effective services that meet individuals', their carer's and their family's needs. At a local level, Nottingham City Council has been the first local authority in the country to develop a local Memorandum of Understanding between housing, social care and health.

23. The attached draft Nottinghamshire Memorandum of Understanding provides for a basis of local commitment to integrated working across health, social care and housing partners in Nottinghamshire in order to improve outcomes for our residents and is being presented to the Board for comment and endorsement.

24. In reviewing the draft Nottinghamshire Memorandum of Understanding the Board should note that in terms of social care a fundamental component of the Care Act is the 'suitability of accommodation' in meeting the at home care and support needs of older and vulnerable people, emphasising the need for local integration to improve the health and wellbeing outcomes of Nottinghamshire's residents.

Better Care Fund

25. The Better Care Fund provides opportunities for greater integrated working to reduce the pressure on acute services and improve outcomes for individuals by promoting independence. For example, recent increases in the total DFG funding and opportunities to utilise this funding more flexibly to promote independent living provide significant opportunities for more joined up work between health and housing. The Health and Housing Implementation Group supports the Health and Wellbeing Board in identifying and recommending the appropriate utilisation of this funding in order to improve outcomes for individuals across Nottinghamshire. Work is also currently taking place in order to bolster the effective evaluation of DFG fund related projects to better understand impacts.

Other Options Considered

26. Other options include:

- Do nothing – the contribution of housing and housing support is recognised as being essential in improving effective services across Nottinghamshire with regard to improving outcomes and reducing demands on health and social care services. Engagement with the Health and Wellbeing Board is essential in helping to drive this activity across Nottinghamshire.

Reason/s for Recommendation/s

27. An update report and presentation of the draft Memorandum of Understanding was requested by the Health and Wellbeing Board at the previous presentation in June 2016.
28. To ensure that the Health and Wellbeing Board has full oversight of activity relating to health and housing in Nottinghamshire.

Statutory and Policy Implications

29. 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

The Health & Wellbeing Board is asked to:

- 1) Comment on the update of housing activity and make suggestions relating to next steps
- 2) Make comment on and endorse the Memorandum of Understanding, with members of the HWB committing to be a signatory to the final document
- 3) Consider and support officers to seek opportunities to identify funding to extend the secondment of Public Health Commissioning Manager (Health and Housing)
- 4) To receive an update on housing and health related activity in Spring 2018

Rob Main, Business Manager

Strategic Housing, Newark and Sherwood District Council
Chair – Health and Housing Integrated Commissioning Group

John Sheil,

Public Health Commissioning Manager (Health and Housing)
Nottinghamshire County Council

For any enquiries about this report please contact:

Rob Main (rob.main@nsdc.info/ (01636) 655930)

John Sheil (john.sheil@nottscc.gov.uk/ (0115) 9772957)

Constitutional Comments (LMC 22/09/17))

30. The Health and Well Being 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 21/09/17)

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

Background Papers and Published Documents

Nottinghamshire Draft Memorandum of Understanding

Electoral Division(s) and Member(s) Affected

All

See Chair's Report items:

- 4. Mansfield Private Sector Housing pilots
- 20. Housing our ageing population
- 21. Case study: Lightbulb Project
- 24. Are we nearly there yet? Enabling people with dementia to remain at home: a housing perspective.

Page 1: Front Cover

Page 2: Logos and Signatories to the MOU – HEALTH AND WELLBEING BOARD

Page 3: Nottinghamshire Memorandum of Understanding (MOU) to support joint action on improving health through the home

Introduction

This Memorandum of Understanding sets out to mirror the national Memorandum of Understanding¹ between health, housing and care organisations to deliver a shared commitment of a range of partners at a local level. The priority is to ensure that effective joint working is in place to deliver better health and wellbeing outcomes and to reduce health inequalities across Nottinghamshire.

We firmly believe that by working together we can improve the outcomes for individuals and provide value for money for services.

This Memorandum sets out:

- Our shared commitment to joint action across health, care and housing organisations across Nottinghamshire;
- Principles for joint working to deliver better health and wellbeing outcomes and to reduce health inequalities across Nottinghamshire;
- Our commitment to work with regional and national partners across health, social care and housing to improve outcomes for our residents and provide value for money and effective services;
- To implement the shared commitment established in the national “Memorandum of Understanding to support joint action on improving health through the home” at a local level
- The context and framework for cross-sector partnerships to deliver
 - healthy homes, communities and neighbourhoods;
 - integrated and effective services that meet the needs of individuals, their carers and their family’s needs;
 - a shared action plan which reflects priorities and evidence within the Joint Strategic Needs Assessment; Health and Wellbeing Strategy and the Sustainable Transformation Plans covering Nottingham and Nottinghamshire.

¹ <https://www.gov.uk/government/publications/joint-action-on-improving-health-through-the-home-memorandum-of-understanding>

Working together, we aim to:

- Develop effective dialogue, information exchange and decision making between health, care and housing partners in Nottinghamshire;
- Co-ordinate health, social care and housing policy and decision making at a local level in order to ensure that services offer value for money and meet the needs of individuals, their carers and their families;
- Seek to influence national and regional decision makers across health, care and housing to ensure that decisions enable more effective collaborative working at a local level;
- Enable improved collaboration and integration of healthcare and housing in the planning, commissioning and delivery of new homes and services;
- Work collaboratively to inform and drive forward key priorities such as the Sustainable Transformation Plans and the Nottinghamshire Health and Wellbeing Strategy;
- Promote and maximise the housing sector contribution to addressing the wider determinants of health; health equity; improvements to patient experience and outcomes; 'making every contact count' and safeguarding;
- Develop the workforce across sectors so that our local workforce is confident and skilled in understanding the relationship between where people live and their health and wellbeing and are able to identify and link with appropriate solutions to improve outcomes and to ensure that we make every contact count.

Overall, we will work together to seek to ensure Nottinghamshire residents benefit from:

- A healthy home: warm, safe, free from hazards;
- A suitable home: suitable to household size, specific needs of household members such as people with disabilities, and to changing needs, for example as they grow up, or age;
- A stable, secure, home to call your own: without risk of, or actual, homelessness or other threat such as domestic abuse;
- Healthy communities and neighbourhoods

Context

The Memorandum of Understanding reflects and seeks to deliver at a local level, a range of priorities and policy drivers, including:

- **The Health and Social Care Act 2012²** requires co-operation between the NHS and local government at all levels to improve the quality of care received by patients and to improve efficiency. The Act also changed the way that health and social care in England was organised and allowed Health and Wellbeing Boards to be established to bring together Politicians; health representatives; Councils and other organisations with a shared aim of working together to improve health and wellbeing. A key responsibility of the

² <http://www.legislation.gov.uk/ukpga/2012/7/contents>

Health and Wellbeing Board is to identify current and future health and wellbeing needs, and to develop a **Health and Wellbeing Strategy** which sets out how to deal with those issues.

- **The Nottinghamshire Health and Wellbeing Strategy**³ established the vision that “We want to work together to enable the people of Nottinghamshire to live longer, be healthier and have a better quality of life, especially in the communities with the poorest health”. Specifically, the Strategy recognises that in developing actions to improve health and wellbeing, it is necessary to look beyond health and social care to “bring together other issues like housing and workplace health”.
- **The Care Act 2014**⁴ aims to improve people’s quality of life and delay and reduce the need for care. Local Authorities must ensure the provision of preventative services and carry out their care and support function with the aim of integrating services with those provided by the NHS or other health-related services. Specifically, the Act calls for a shared vision and culture of co-operation and coordination across public health, social care and local authority roles, such as housing and to ensure that services address the wider determinants of health such as housing and employment.
- **Sustainability and Transformation Plans (STPs)**⁵ were announced in NHS planning guidance published in December 2015. NHS organisations and local authorities in different parts of England have come together to develop ‘place-based plans’ for the future of health and care services in their area. There are two STP planning areas covering Nottinghamshire, namely, Nottingham City and Nottinghamshire (with Bassetlaw as an associate area) and South Yorkshire and Bassetlaw. The STPs provide a five year plan to establish how we can best improve the quality of care, the health and wellbeing of local people, and the finances of local services.

The STPs recognise that due to increasing demands on NHS and Social Care services, there is a growing gap between the money available and the money needed. For example, the Nottingham City and Nottinghamshire STP states that if we do not change the way we currently deliver services or make cost savings in our organisations, that the shortfall of funds could be as much as £628 million by 2021. The Plans identify that very significant savings can be made through strengthening preventive services to reduce this gap.

The role of housing and housing support services is strongly recognised within the STPs as having a significant role in helping to reduce this gap and help to improve outcomes for our residents. Within the Nottingham City and Nottinghamshire STP, there is a specific chapter relating to Housing and the Environment.

³ <http://www.nottinghamshire.gov.uk/care/health-and-wellbeing/health-and-wellbeing-board/health-and-wellbeing-strategy>

⁴ <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

⁵ <http://www.smybndccgs.nhs.uk/what-we-do/stp>; <http://www.stpnotts.org.uk/>

- **NHS Next Steps on the NHS Five Year Forward View**⁶ summarises progress on the NHS Five Year Forward View and outlines ambitions for the future. The plan includes a commitment to free-up between 2,000 and 3,000 hospital beds through closer working between hospitals and community services through, for example, enabling patients to be discharged from hospitals in a timely manner. The plan sets out the ambition 'to make the biggest national move to integrated care of any major western country' and that this ambition will be delivered through the further development of sustainability and transformation plans and by extending the work of the most advanced new care models established under the forward view. As part of this ambition, the Plan recognises that services that are planned and provided by local government, including housing, leisure and transport as well as public health and social care, impact on the health and wellbeing of local people.
- **The Nottinghamshire Housing Delivery Plan**, published in January 2015, establishes priority actions for housing and housing related support interventions and reflects the findings of the Nottinghamshire JSNA housing chapter around the JSNA themes of:
 - Poor housing conditions
 - Insufficient suitable housing
 - Homelessness and housing support
 - Children and young people

The Action Plan (appendix 1) has been developed through the **Nottinghamshire Health and Housing Commissioning Group**, which comprises of health, care and housing officers from across the County. Progress against the action plan is monitored through this group and reported to the Nottinghamshire Health and Wellbeing Board. The action plan is a 'living' document and will be developed to reflect changing resources and priorities as approved through the Nottinghamshire Health and Housing Commissioning Group and Nottinghamshire Health and Wellbeing Board.

The overall aim of the Nottinghamshire Health and Housing Commissioning Group is to drive forward an integrated health, housing and social care agenda in line with the Health & Wellbeing Strategy and Housing Delivery Plan.

⁶ <https://www.england.nhs.uk/publication/next-steps-on-the-nhs-five-year-forward-view/>

The case for housing intervention

There is overwhelming evidence that housing and housing support interventions have a significant impact on improving outcomes for the individual and also on reducing demand on health and care services.

The following examples, provided by Gill Leng (Public Health England National Advisor, Homes and Health) provide examples of where poor quality or unsuitable accommodation links with health:

Start and develop well



Unhealthy homes increase the risk of

- respiratory illness
- poor infant weight gain
- poor diet
- emotional and mental health problems
- physical injury and poisoning
- domestic fires



Overcrowded homes increase the risk of

- behavioural and mental health problems
- meningitis
- respiratory illness
- tuberculosis
- physical injury
- tobacco harm



Precarious housing increases the risk of

- emotional, behavioural and mental health problems
- low birth weight
- missing immunisations

Start and develop well

Live and work well



Unhealthy homes increase the risk of

- respiratory illness
- cardiovascular problems
- mental health problems



Overcrowded homes increase the risk of

- mental health problems
- respiratory illness
- tuberculosis
- tobacco harm



Precarious housing & homelessness increases the risk of

- physical and mental health problems
- alcohol and drug misuse
- suicide
- tobacco harm
- tuberculosis

Live and work well

Ageing well



Unhealthy homes increase the risk of

- respiratory illness
- cardiovascular problems
- excess winter deaths
- physical injuries, particularly from falls
- domestic fires



Unsuitable homes increase the risk of

- physical injuries, particularly from falls
- general health deterioration following a fall
- social isolation



Precarious housing and homelessness increases the risk of

- physical and mental health problems
- alcohol and drug misuse
- suicide
- tobacco harm
- tuberculosis

Age well

Evidence from the Building Research Establishment (BRE) (2015)⁷ suggests that the overall cost to the NHS of poor housing is £1.4 billion. This represents the first year treatment costs to the NHS of leaving people in the poorest 15% of the housing stock in England. Additional evidence provided by the National Housing Federation (2010), suggests that the cost of treating illnesses due to poor housing may be closer to £2.5 billion. The wider costs to society of this poor housing are estimated at some 2.5 times the NHS costs. These additional costs include: lack of educational attainment, lost income, higher insurance premiums, higher policing and emergency services costs. Additionally, costs relating to provision of residential care where alternative housing support based interventions may be available suggest that the costs of inadequate housing and housing support are very significant and will increase as we see an increasingly ageing population.

The role of effective housing and housing support services is essential in reducing the impacts on Care and Health services.

Oversight and delivery of the memorandum of Understanding

The signatories to the Nottinghamshire MOU will nominate a representative to attend and contribute to the Nottinghamshire health and housing integrated commissioning group which will meet quarterly. The group will review progress at least twice yearly and report to the Nottinghamshire Health and Wellbeing Board at least annually.

⁷ <http://www.bre.co.uk/filelibrary/pdf/87741-Cost-of-Poor-Housing-Briefing-Paper-v3.pdf>

Appendix 1: Action Plan – currently being reviewed

PRIORITY 1 – POOR HOUSING CONDITIONS

Outcome 1: Homes in the private sector are warm and safe

Milestones:

- **Milestone 1:** We will consider the expansion of the Nottinghamshire 'Warm Homes on Prescription' model and explore additional resources to support the pilot including the Better Care Fund Disabled Facility Grant allocation.
- **Milestone 2:** We will review means of gathering local intelligence on private sector housing condition including the Public Health England/CIEH Housing and Health Profiling Toolkit to inform targeted integrated working.
- **Milestone 3:** We will explore means of focussing integrated working on removing hazards from private sector homes (privately rented and owner occupied) in the most deprived areas to improve property condition, health outcomes, independence and quality of life. Experience can be drawn from 'Healthy Home' pilots elsewhere including the Derby 'Healthy Homes' hub and Liverpool's Housing Action Zones.
- **Milestone 4:** We will explore the feasibility of a single point of access for housing related referrals from health and social care and other partners alongside 'awareness raising' initiatives with health colleagues regarding poor private sector housing conditions and the housing offer.
- **Milestone 5:** Identify key priorities within NICE Guidance for implementation to address the needs of at risk groups, and develop a corresponding action plan.

Lead: Housing & Health Commissioning Group

Links to other plans:

Nottinghamshire Affordable Warmth Strategy

Local Affordable Warmth Strategies and Private Sector Housing Renewal Strategies

PRIORITY 2 – INSUFFICIENT SUITABLE HOUSING

Outcome 2: People are aware of their housing options and are able to live independently in a home suitable for their needs

Milestones:

- **Milestone 1:** We will deliver, through the Better Care Fund DFG allocation, assistance and services that promote early intervention and prevention and independence at home. This will include mandatory and discretionary disabled adaptations and a feasibility study of the Nottinghamshire Handyperson and Adaptation Service (HPAS).
- **Milestone 2:** We will remodel existing and develop new supported/specialist housing schemes to increase the range of housing on offer to people with health and care needs by March 2018.

Lead: Housing Commissioning Group

Links to other plans: Older Persons Delivery Plan, Care Act 2014 implementation

PRIORITY 3 – HOMELESSNESS AND HOUSING SUPPORT

Outcome 3: People live in stable accommodation and homelessness is prevented as far as possible

Milestones:

- **Milestone 1:** We will explore options to deliver housing training with GP surgeries and other front line health staff across the County with a view to increasing awareness of housing, targeting homelessness prevention and housing support at hard to reach groups.
- **Milestone 2:** Working in partnership with health and social care, further develop hospital discharge schemes and protocols to reduce unnecessary hospital admissions and ensure timely discharge.
- **Milestone 3:** Undertake a mapping exercise to establish current approaches and relationships between mental health services and housing providers in order to identify gaps in provision and knowledge.
- **Milestone 4:** Working in partnership with the County Council, we will review homelessness prevention pathway service provision in the County following the closure of Homelessness Prevention Services delivered by Framework HA.

Lead: Housing & Health Commissioning Group (homeless families)

Links to other plans: 'Assessment of the health needs of single homeless people', Nottinghamshire County Council July 2013'

PRIORITY 4 – CHILDREN AND YOUNG PEOPLE

Outcome 4: Children and young people have the best home in which to start and develop well

- **Milestone 1:** We will carry out County-wide review of baseline research to identify the scale of impact of the home and housing circumstances (including overcrowding) on the health and wellbeing of children and young people, and child poverty.
- **Milestone 2:** We will ensure consistent approaches on the safeguarding and improvement of children and young people's health and wellbeing through the Nottinghamshire District/Borough Safeguarding Group.

Lead: Housing Commissioning Group

Links to other plans: The Children, Young People and Families Plan 2014-2016

Appendix 2: Health and Housing Integrated Commissioning Group Terms of Reference and Contacts – [currently being reviewed](#)

04 October 2017**Agenda Item: 6****REPORT OF PROGRAMME DIRECTOR, CONNECTED NOTTINGHAMSHIRE****NOTTINGHAM AND NOTTINGHAMSHIRE LOCAL DIGITAL ROADMAP -
UPDATE****Purpose of the Report**

1. To update the board on Nottingham and Nottinghamshire's Local Digital Roadmap and the progress made against Nottinghamshire's digital plans.

Information and Advice

2. The Five Year Forward View and Personalised Health and Care 2020 describe the commitment by the health and care system and the Government to use information and technology and make sure patient records are digital and interoperable by 2020.
3. In 2015 a process began requiring health and care organisations to develop Local Digital Roadmaps (LDR) which set out how these footprint areas will achieve the ambition of a paper free and fully interoperable health and care by 2020. Initially 73 Local Digital Roadmap Footprints were submitted but this was later reduced to 65 as some footprints combined in order to align more closely with Sustainability and Transformation Plan (STP) footprints.
4. Nottinghamshire including Nottingham City (excluding Bassetlaw) forms Nottinghamshire's Local Digital Roadmap (LDR) footprint and strategic plans have been developed to enable the delivery of Nottinghamshire's digital agenda.
5. Nottinghamshire LDR has a portfolio of over 150 projects and identifies five key work streams to support the delivery of the digital plans over the next five years (2015-2020). These key work streams have been identified as Information Sharing, Infrastructure, Patient/Citizen Access to Information, Digital Maturity and Assistive Technology.
6. Significant progress has been made against the delivery of Nottinghamshire strategic digital plans, with a number of key projects now live such as; information sharing via a number of tools including the Medical Interoperability Gateway and Nottinghamshire Health and Care Portal, and, risk stratification, case finding and identifying gaps in care through the eHealthscope/GP Repository for Clinical Care solution.

7. As we move into the delivery phase of the LDR work streams (Information Sharing, Infrastructure and Digital Maturity) have been set up, led by IT Directors from various stakeholder organisations, to ensure the programme portfolio is investment ready and enable prioritisation against the strategic ambition of the LDR.
8. A significant piece of work has been undertaken looking specifically at assistive technology across health, care and housing identifying what tools are in the system, how they are being used and how these tools are commissioned. The outcome of this work was that there was disparity in the utilisation of key assistive technology tools with huge fluctuation in costs for the same technology from the same supplier.
9. Building on the findings from the assistive technology work a system wide Assistive Technology Strategy was developed and presented to the STP board on 28th July 2017. The strategy was endorsed by the board and we are now developing plans to support the delivery of this strategy.

Other Options Considered

10. The report is presented in order to keep the Board sighted on progress.

Reason/s for Recommendation/s

11. To ensure the HWB has oversight of progress with the Local Digital Roadmap.

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

Human Resources Implications

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

RECOMMENDATION/S

That the Board:

1. Considers whether there are any actions the board requires in relation to the progress made against the strategic digital plans.

For any enquiries about this report please contact:

Andy Evans
Programme Director
Connected Nottinghamshire
andyevans1@nhs.net

Constitutional Comments (LMC 22/09/17))

15. The Health and Well Being 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 20/09/17)

16. 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.

<http://www.connectednottinghamshire.nhs.uk/media/1441/connected-nottinghamshire-health-and-care-local-digital-roadmap-v41-public-release.pdf>

Electoral Division(s) and Member(s) Affected

All

04 October 2017

Agenda Item: 7

REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE, HEALTH AND PUBLIC PROTECTION, NOTTINGHAMSHIRE COUNTY COUNCIL

SUSTAINABILITY AND TRANSFORMATION PARTNERSHIPS IN NOTTINGHAMSHIRE: UPDATE TO THE PLAN AND ACCOUNTABLE CARE SYSTEM MEMORANDUM OF UNDERSTANDING

Purpose of the Report

1. To update the Board on the Nottingham and Nottinghamshire STP Update published in July 2017
2. To advise the Board on the requirements of the Accountable Care System Memorandums of Understanding for Nottingham and Nottinghamshire, and South Yorkshire and Bassetlaw
3. To update the Board on progress to date

Information and Advice

Update to the STP

4. 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.
5. 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.
6. 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.
7. 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.

8. The Update to the STP was published in July 2017 on 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 (Appendix 1)

Accountable Care System Memorandum of Understanding

9. In NHS England's *Next Steps*, Nottingham and Nottinghamshire with an early focus on Greater Nottingham, and South Yorkshire and Bassetlaw were identified as a potential sites for Accountable Care System (ACS) development. The *Next Steps* explains ACSs as:

ACSs will be an 'evolved' version of an STP that is working as a locally integrated health system. They are systems in which NHS organisations (both commissioners and providers), often in partnership with local authorities, choose to take on clear collective responsibility for resources and population health. They provide joined up, better coordinated care. In return they get far more control and freedom over the total operations of the health system in their area; and work closely with local government and other partners to keep people healthier for longer, and out of hospital. Specifically, ACSs are STPs - or groups of organisations within an STP sub-area - that can:

- *Agree an accountable performance contract with NHS England and NHS Improvement that can credibly commit to make faster improvements in the key deliverables set out in this Plan for 2017/18 and 2018/19.*
- *Together manage funding for their defined population, committing to shared performance goals and a financial system 'control total' across CCGs and providers. Thereby moving beyond 'click of the turnstile' tariff payments where appropriate, more assertively moderating demand growth, deploying their shared workforce and facilities, and effectively abolishing the annual transactional contractual purchaser/provider negotiations within their area.*
- *Create an effective collective decision making and governance structure, aligning the ongoing and continuing individual statutory accountabilities of their constituent bodies.*
- *Demonstrate how their provider organisations will operate on a horizontally integrated basis, whether virtually or through actual mergers, for example, having 'one hospital on several sites' through clinically networked service delivery.*
- *Demonstrate how they will simultaneously also operate as a vertically integrated care system, partnering with local GP practices formed into clinical hubs serving 30,000-50,000 populations. In every case this will also mean a new relationship with local community and mental health providers as well as health and mental health providers and social services.*
- *Deploy (or partner with third party experts to access) rigorous and validated population health management capabilities that improve prevention, enhance patient activation and supported self- management for long term conditions, manage*

avoidable demand, and reduce unwarranted variation in line with the RightCare programme.

- *Establish clear mechanisms by which residents within the ACS' defined local population will still be able to exercise patient choice over where they are treated for elective care, and increasingly using their personal health budgets where these are coming into operation. To support patient choice, payment is made to the third-party provider from the ACS' budget.*

10. In August 2017 our systems agreed a Memorandum of Understanding (MOU) for a shadow ACS with NHS England and NHS Improvement. The constituent organisations of our STP have been asked to note the requirements outlined in this MOU, and asked to give consideration to how they can align organisational priorities with these requirements.

Update Report on Greater Nottingham (South Nottinghamshire) Accountable Care System Development

Integrating Commissioning

11. One of the key components of an Accountable Care System (ACS) is a form of integrated commissioning. This does not mean a single commissioning organisation, although that could be considered as an option, but a co-ordinated and coherent approach to commissioning across health and care organisations.
12. As Board members may be aware, there has recently been a process to appoint a single Accountable Officer for the four Clinical Commissioning Groups (CCGs) in the Greater Nottingham area, which include NHS Nottingham North and East CCG, NHS Nottingham West CCG, NHS Nottingham City CCG and NHS Rushcliffe CCG (South Nottinghamshire). At the beginning of September, Sam Walters was confirmed as the Accountable Officer for the four Greater Nottingham CCGs. Transition arrangements for Sam to take on this role are currently being confirmed.
13. Discussions about how health and social care commissioning can be better integrated are also planned for the near future.

Integrating Provision

14. The development of an ACS is an opportunity to improve outcomes for local people by having a more joined up health and social care system to improve the health of local people and make the best use of available resources.
15. To assist with the transformation of the health and care system, the Government created 50 Vanguard sites across England. One of the vanguards is in Rushcliffe and as part of developing the model in the south of the county expertise was provided from international companies: Centene Corporation from the United States and Ribera Salud from Spain.
16. A piece of work was then completed looking at how transformation could be achieved and led to a proposal that was agreed by NHS England on how an ACS could be developed and national funding was awarded by NHS England to local NHS partners. This involves an extra £3.4m in this financial year for this purpose and has not been taken from local health and care budgets.

17. In order to consider how this might work, a number of conversations have taken place with other parts of the country which are bringing health and care service providers together in different ways. Discussions have taken place with areas such as Sunderland, Somerset and Taunton, Wolverhampton, South Warwickshire, Chesterfield, Northumbria and Cornwall. Across these areas there are a number of different models of integration provision being considered, ranging from full integration of primary, community and acute care, to any combination of the above.
18. Further work is due to take place between providers to consider what Greater Nottingham could learn from these models and how we can develop a more advanced model of integrated provision here.

Integrating the System Interim Support and Advice

19. A contract has recently been awarded to Capita and Centene UK, to provide interim support and advice to Greater Nottingham in the development of the Accountable Care System. A robust communications plan is in place across all partner organisations in Greater Nottingham to respond to these queries and ensure that there is clarity on the position.
20. NHS Nottingham North and East CCG awarded a contract on behalf of all of the Greater Nottingham partner organisations. The procurement took place through the NHS England Lead Provider Framework, of which Capita are a part. Capita are a sleeping partner for the project and in this instance the delivery of the services specified will be completed by Centene through a sub-contract with Capita.
21. To develop a more joined up system of health and social care will take time and expertise. That's why the NHS have used some of the national funding to procure Centene through a competitive process to buy in the support we need. Centene are now established in the UK and work directly with health and care. They have a track record of transforming health care systems internationally both in the USA and through partnerships in Europe.
22. Centene will provide expertise in bringing organisations together to better meet the needs of the population and the factors that enable this including best clinical practice, information, cost data and organisational redesign. Centene are not a provider of health and social care and accountability will remain with the local organisations. The funding for the contract has been made available following the confirmation of the Nottingham and Nottinghamshire STP (with an initial focus on Greater Nottingham) as a national ACS Accelerator site. The funding was provided by NHS England nationally and has not been taken from any budget for local services.
23. The contract will support and advise colleagues across the health and care system in order to co-design and produce the components that we know need to exist in any future ACS, as well as providing co-ordination and support to local colleagues as these are implemented. More details on the specific areas that are within scope of the contract can be made available on request.

Future Work

24. As well as designing and implementing the necessary components of an ACS through the current phase of work, it is also vital that we consider what we may need in the future in order to manage these components on an ongoing basis.
25. Early work on a potential next phase of ACS development has begun, in the form of the development of a business case to consider the options for partner organisations in managing these ACS components going forwards. Legal and procurement support has been secured in order to advise the system on a number of possible options to manage the ACS components in the future system. Terms of Reference for a Steering Group to oversee this next phase of work are also currently being drawn up.
26. The development of an ACS in Greater Nottingham is moving at pace. There is a significant amount of work to be undertaken in order to deliver this and each partner organisation is currently taking stock of the role that they are playing in this. Regular update reports will be provided to the Board and key decisions will be subject to approval by the constituent organisations.

Other Options Considered

27. The report is presented in order to keep the Board sighted on progress.
28. 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

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

Statutory and Policy Implications

30. 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

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

Human Resources Implications

32. 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 update to the STP plan in the context of the Health and Wellbeing Strategy
2. To review the contents of the Accountable Care System Memorandums of Understanding in the context of the Health and Wellbeing Strategy
3. Acknowledge the update provided on the development of an Accountable Care System in Greater Nottingham

For any enquiries about this report please contact:

David Pearson

Corporate Director, Adult Social Care, Health and Public Protection, Nottinghamshire County Council

For any enquiries about this report please contact:

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Claire White – Deputy Director of Integration, Nottingham University Hospitals

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Constitutional Comments (LMC 22/09/17))

33. The Health and Well Being 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 22/09/17)

34. 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

Electoral Division(s) and Member(s) Affected

All

See Chair's Report item:

22: Sustainability and transformation plans in London

4th October 2017

Agenda Item: 8

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

REFRESH OF THE PHARMACEUTICAL NEEDS ASSESSMENT

Purpose of the Report

1. To describe the process so far in the refresh of the Nottinghamshire Pharmaceutical Needs Assessment 2018-2020 and secure approval to launch the formal stakeholder consultation.

Information and Advice

2. A statutory function of the Health and Wellbeing Board is to produce and maintain a Pharmaceutical Needs Assessment (PNA). The current PNA is due to be refreshed and published by April 2018. The current PNA can be accessed [here](#).
3. The purpose of the PNA is to:-
 - Identify the pharmaceutical services currently available and assess whether those meet current and future needs for pharmaceutical services.
 - Inform the planning and commissioning of pharmacy services by identifying specific needs within the local population.
 - Inform decision making in response to applications made to NHS England by pharmacists and dispensing doctors to provide a new pharmacy. The organisation that will make these decisions is NHS England.
4. The PNA is a statutory document that is used by NHS England to agree changes to the commissioning of local pharmaceutical services. As such, if NHS England receives a legal challenge to the services they commission based on the PNA, the local authority could also be part of that legal challenge. It is essential that the process which is followed meets the legislation that is set out and that the PNA is a robust document.
5. The first PNAs were published by NHS primary care trusts in 2011. From April 2013, Health and Wellbeing Boards have been responsible for developing PNAs as specified in the Health and Social Care Act 2012.
6. The PNA is a separate statutory duty from the Joint Strategic Needs Assessment (JSNA). The aim of the JSNA is to improve the health and wellbeing of the local community and reduce inequalities for all ages. It is used to determine what actions local partners need to take to

meet health and social care needs and to improve health outcomes and address health inequalities. The preparation of the PNA should take account of the JSNA and other local relevant strategies.

7. Pharmaceutical providers detailed in the PNA include pharmacy contractors (community pharmacies), dispensing appliance contractors and dispensing doctors.

Progress to date

8. This report includes an overview of the plan to refresh the PNA in time for publication in April 2018. The plan was approved by the Health and Wellbeing Implementation Group (HWIG) on 15th March 2017. The refresh will be carried out according to the requirements of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 Part 2 which can be found [here](#).
9. A multi-agency steering group is supporting the development of the PNAs for Nottinghamshire County and Nottingham City. This collaborative approach will increase efficiencies and encourage a wide range of stakeholders to participate in the PNA's development. Separate PNAs will be published, each of which will be signed off by respective Health and Wellbeing Boards. The steering group includes representatives from:-
 - NHS England Area Team Derbyshire and Nottinghamshire
 - NHS England Area Team South Yorkshire and Bassetlaw
 - County CCG representative (for the 6 CCGS) – Medicines Management
 - City CCG representative – Medicines Management
 - Local Pharmaceutical Committee (LPC)
 - Local Medical Committee (LMC)
 - Public Health Intelligence (with support from both City and County)
 - Consultants in Public Health x2 (PNA Sponsor City and County)
 - Public Health Managers x2 (City and County)
10. A PNA working group will complete tasks defined by the steering group. The PNA Steering Group terms of reference can be found in Appendix A.
11. The purpose of the communications and engagement plan (Appendix A) is to ensure the timely delivery of key messages and actions at appropriate stages of PNA development so that HWBs and stakeholders have a clear understanding of the focus, process, and methodology of the PNA and have the opportunity to actively contribute to its development.
12. The PNA is subject to a 60 day statutory consultation period which will start mid-November 2017. Regulation 8 of the Pharmaceutical Services Regulations specifies that the Health and Wellbeing Board must consult with the following :-
 - the Local Pharmaceutical Committee
 - the Local Medical Committee
 - any persons on the pharmaceutical lists and any dispensing doctors list for its area
 - any LPS chemist in its area with whom NHS England has made arrangements for the provision of any local pharmaceutical services

- Healthwatch and any other patient, consumer or community group in its area which in the view of the Health and Wellbeing Board has an interest in the provision of pharmaceutical services in its area
 - any NHS trust or NHS foundation trust in its area
 - NHS England
 - any neighbouring HWB
13. Health and Wellbeing Boards must consult the above at least once during the process of developing the PNA. The PNA public consultation is described in Appendix B.
14. The promotion of the consultation on the draft PNA will be via members of the PNA Steering Group and Health and Wellbeing Board.

Content and Timescales

15. The regulations and guidance documents provide information on the PNA content. A similar approach to that taken in 2015 is proposed but we may seek more innovative ways to present and visualise the data, in order to assist the assessment of potential unmet needs.
16. It should be noted that during the period leading up to the finalisation of the PNA 2018 the Government's decisions regarding "Community pharmacy in 2016/17 and beyond" will have started to be implemented. The impact of these changes will become apparent during the refresh of the PNA and there will need to be a thorough understanding of the implications for the PNA.
17. Appendix C also provides the project timescales. The project plan is tight with respect to delivering a signed off PNA by the 31st March 2018. The Public Health Manager will monitor this and report any issues of concern to the PNA Steering Group.

Statutory and Policy Implications

18. 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

The Health and Wellbeing Board is requested:

- 1) To approve the PNA communication and engagement plan and the PNA public consultation.

Kristina McCormick
Public Health Manager

Barbara Brady
Director of Public Health

For any enquiries about this report please contact:

Kristina.mccormick@nottscc.gov.uk ext 72800

Constitutional Comments (LMC 22/09/17))

19. The Health and Well Being 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 22/09/17)

20. 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.

None or start list here

Electoral Division(s) and Member(s) Affected

All or start list here

APPENDIX A: PNA Communication and Engagement Plan

	Message/action	Method	Stakeholders	start date	end date	Frequency	Status
1	PNA plan approval	Paper to HWIG	HWIG/HWB	Mar-17	Mar-17	once	Completed
2	PNA awareness raising	Add article to current PNA website. Add article to local pharmacy bulletin	Pharmacies, HWB, patients & public, health practitioners	Mar-17	Sep-17	to be updated periodically	in progress
3	Share project documents	Set up Knowledge Hub* for PNA SG members	PNA steering group	May-17	Jun-17	continually update as req'd	Completed
4	PNA awareness raising prior to 60 day public consultation	Raise awareness via PNA steering group membership and HWB members - distribute pdf flier Email Web updates	HWBs NHS England Local Pharmaceutical Cmte Local Medical Cmte Pharmacists Dispensing GPs Local authority/councils CCGs GPs Providers Healthwatch Voluntary and Community Sector Patients and public	Sep-17	As	as required	in progress
5	Comments on first draft of PNA	Knowledge Hub*	PNA steering group		20/10/2017	Once	
6	Endorsement of pre-consultation draft of PNA	Knowledge Hub*	PNA steering group		06/11/2017	Once	
7	Public consultation (60 days)	survey monkey Web updates email	See 4 above	Nov-17	Dec-17	as required	

8							
	Feedback on outcome of consultation	Summary report included as appendix in PNA report	See 4 above		26/01/2018		
9	Knowledge Hub*	Knowledge Hub*	PNA steering group		01/02/2018		
10	Approval of PNA by HWB	PNA report to HWBs	HWB	08/02/2018	07/03/2018		
11	Disseminate final version of PNA	PNA report loaded onto website	See 4 above		30/03/2018		
12	Notification of amendments to PNA	PNA amendments loaded onto website	See 4 above	as req'd	as req'd	as req'd	

* Knowledge Hub was originally developed by local government . It is a free to use platform for public service professionals to connect, collaborate and communicate across public service.

Nottinghamshire County Council Pharmaceutical Needs Assessment Consultation

The local Pharmaceutical Needs Assessment (PNA) is a document that outlines services and ensures that pharmaceutical services across Nottinghamshire both meet the needs of the population and that they are in the correct locations to support the residents of Nottinghamshire. Pharmaceutical services are provided by Community Pharmacies, Dispensing GP Practices and Dispensing Appliance Contractors.

Nottinghamshire County Council have a have a legal duty under Section 8 of The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 to consult with named organisations as well as the residents of Nottinghamshire on the findings and recommendations for pharmacy services provision.

The PNA is important because it will be used as the basis for informing decisions when applications for new pharmacies are received and for commissioning of new services within community pharmacies.

This consultation will run for 60 days from 13th November 2017 to 12th January 2018.

The Regulations require that the following organisations to be consulted on this draft PNA. In addition the PNA steering group has agreed to consult the local Clinical Commissioning Groups (CCGs) and GP practices. The full list of consultees is as follows:

Local Pharmaceutical Committee

Local Medical Committee

Persons on the Pharmaceutical List in Nottinghamshire

Dispensing Doctors in Nottinghamshire

Persons on the Pharmaceutical List in Nottinghamshire

Local authority/Council

Local NHS Trusts and NHS Foundation Trusts

Nottinghamshire CCGs

Nottinghamshire GPs

Nottinghamshire Healthwatch

Voluntary and Community Sector

Other patient, consumer or community groups with an interest in provision of pharmaceutical services (CCG patient groups)

NHS England

Nottinghamshire County Health and Wellbeing Board

Neighbouring Health and Wellbeing Boards (Nottingham City, Derbyshire, Leicestershire, Lincolnshire, Doncaster and Rotherham)

Responses from members of the public and other organisations that are not listed above are welcome.

All consultation findings and comments will be summarised to produce the final local PNA document.

We really value your views and would greatly appreciate it if you could spend some time to complete this consultation.

The Draft PNA can be found here **INSERT LINK** A paper copy can be provided on request.

Navigating the Nottinghamshire PNA

The PNA is a large document consisting of 6 sections.

Section 1 is a brief Executive Summary

Section 2 introduces the PNA, describes the processes we followed and includes a description of pharmaceutical services.

Section 3 covers the different types of pharmacy services provided across the county and the determination of geographical areas for our needs assessment.

Section 4 is a demographic profile of the County, setting out the social and environmental context and providing population projections.

Section 5 looks at the health needs of each district in turn and the current pharmaceutical service provision

Section 6 outlines gaps in services and recommendations subject to this consultation

Appendices have been added for additional detailed information.

A full copy of the PNA Regulations can be found here <http://www.legislation.gov.uk/ukxi/2013/349/contents/made>

The PNA development guidance is here <http://psnc.org.uk/wp-content/uploads/2013/08/PNAs-a-guide-for-local-authorities.pdf>

The online survey is available at **INSERT LINK**

The consultation will run until 12th January 2018.

Further help:

If you need a paper copy or need help completing the survey, please contact Julia Thornborough julia.thornborough@nottscc.gov.uk 0115 9773154.

Nottinghamshire County Council would like to thank you for taking the time to give your responses.

Part A - Your Views

There is an executive summary of the PNA here ([LINK](#)). This also explains the purpose of the PNA.

Do you agree or disagree with the following statements:

Section 1 gives a brief summary of the PNA.

1. The purpose of the PNA is clearly explained.

Agree / Disagree

If you disagree, please say why.

Section 2 describes the process followed.

2. The process of the PNA has been clearly explained.

Agree / Disagree

If you disagree, please say why.

Section 3 provides an overview of pharmaceutical services in Nottinghamshire.

3. The services are clearly described.

Agree / Disagree

If you disagree, please say why.

Section 4 provides a demographic profile of the County

4. The demographics of the population have been clearly described.

Agree / Disagree

If you disagree, please say why.

Section 5 looks at the health needs of the population in each of the 7 districts in turn for assessment of need.

5. The PNA provides enough information to assess the current and future (3 years ahead) pharmaceutical need in each district

Agree / Disagree

If you disagree, please say why.

Section 6 sets out recommendations.

6. The PNA recommendations reflect the pharmaceutical need.

Agree / Disagree

If you disagree, please say why.

7. Do you have any other comments? (Please specify below with reference to page and section number)

8. Are you responding.....

On behalf of an organisation – Please complete Part B

As a member of the public – Please complete Part C

Part B - Responding on behalf of an organisation

B1. Please tell us a little bit about yourself.

Job title/Role:

Company/Organisation:

Post code:

B2. Please indicate which type of organisation you represent.

Local Pharmaceutical Committee

Local Medical Committee

Persons on Pharmaceutical List in Nottinghamshire

Dispensing Doctor in Nottinghamshire

Persons on the Pharmaceutical List in Nottinghamshire

Local authority/council

Nottinghamshire Healthwatch

Voluntary or Community Sector organisation

Other patient, consumer or community groups with an interest in provision of pharmaceutical services (CCG patient groups)

Local NHS Trusts and NHS Foundation

NHS England

Nottinghamshire County HWB

Neighbouring HWB

Nottinghamshire CCGs

Nottinghamshire GP

Other

If other (please specify)

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Part C - Responding as a member of the public

C1. Please tell us a little bit about yourself.

Name:

Post code:

October 2016**Agenda Item: 9****REPORT OF THE CHAIR OF THE HEALTH AND WELLBEING BOARD****CHAIR'S REPORT****Purpose of the Report**

1. An update by Councillor John Doddy, Chair of the Health and Wellbeing Board on relevant local and national issues.

Information and Advice**2. Stoptober**

I was pleased to see the government's new Tobacco Control Plan: Towards a Smokefree Generation and its aims, which include helping more people to quit smoking for good. Smokefreelife Nottinghamshire is the local stop smoking service and will be encouraging hundreds of residents to take part in Stoptober this month.

Stoptober encourages smokers across England to make a quit attempt during October. It's a 28-day stop smoking challenge from Public Health England that encourages and supports smokers towards giving up. We know that if you can stop smoking for 28-days, you are five times more likely to be able to stay quit for good.

Stoptober encourages as many smokers as possible to prepare to quit from 1 October by taking part in the campaign and utilising the range of free resources and support available. Go to <https://www.nhs.uk/oneyou/stoptober/home> for more information.

It would be helpful if members could check their own organisations are also supporting the campaign.

For more information contact Helen Scott, Senior Public Health and Commissioning Manager e: helen.scott@nottsc.gov.uk t: 0115 804 0765.

3. NSCB Annual Report

The Nottinghamshire Safeguarding Children Board (NSCB) Annual Report 2016/17 has recently been approved by the NSCB and will be presented to the Health and Wellbeing Board at the December meeting. The report recognises the achievements and progress that has been made in the local authority area to safeguard children.

The report includes a summary of the work undertaken by the NSCB and its partners during the year including; delivery of a comprehensive training programme, updating procedures and guidance and completion of targeted multi-agency audits, serious case reviews and child

death reviews as part of the NSCB Learning and Improvement Framework. The report concludes by identifying the challenges that still remain and future development work planned.

The NSCB Annual Report will shortly be published on the [NSCB website](#) which contains further information about the Board, resources for practitioners and details of the learning from practice.

For more information contact: Steve Baumer, NSCB Business Manager
e: steve.baumber@nottsc.gov.uk or t: 0115 977 3917.

4. Mansfield Private Sector Housing pilots

Mansfield District Council recently launched its Private Sector Housing Renewal Strategy 2017-19 which aims to offer help to improve private sector housing across the district. The Council is launching a child home safety scheme which will help low income families by fitting stair gates, cupboard locks, window restrictors, fire guards, blind cleats, smoke alarms and carbon monoxide alarms. The scheme is based on advice from ROSPA.

The Council is also hoping to help people with dementia by arranging low level adaptations to help people stay in their homes for longer, like fitting clear Perspex kitchen cupboard doors so the contents can be easily seen or improving lighting.

In addition to these schemes the Council is also offering a hospital discharge assistance grant, again for low level work if a patient's home environment is delaying discharge. The scheme aims to be flexible but could be awarded for things like decluttering to allow for beds to be moved downstairs or servicing or disconnecting fire or back boilers in sleeping rooms. This scheme supports the existing hospital discharge scheme and takes referrals from hospital based staff.

For more information contact Jill Finnesey, Private Sector Housing Manager e: jfinnesey@mansfield.gov.uk or t: 01623 463703

5. Health and Wellbeing Workshops for Carers

Following the success of Health and Wellbeing Workshops for Carers, provided by Inspire, which took place in the spring, a further 5 workshops have been scheduled to take place during the autumn.

The workshops are part of a continuing initiative to support unpaid carers with their mental health and wellbeing and will cover topics including the caring role, healthy lifestyle, wellbeing & mindfulness. Feedback so far has been very positive.

In addition to these workshops further events for carers have been scheduled, which will focus on specific 'wellbeing' topics.

These workshops are free to carers & will provide learning, skills and strategies to manage their own wellbeing as well as providing an introduction to Inspires community learning courses.

Workshops are being promoted to carers via the Carer's Hub service, carer group leads and Nottinghamshire County Council Adult Access Team.

Details of how to book are in a [promotional leaflet](#) which can be accessed with the meeting papers and from the [Notts Help Yourself website](#).

For more information contact Dan Godley, Commissioning Officer t: 0115 977 4596 or e: dan.godley@nottscg.gov.uk

PAPERS TO OTHER LOCAL COMMITTEES

6. [**Update on Transitions Process for Children and Adults with Disabilities**](#)
Report to Adult Social Care and Public Health Committee
11 September 2017
7. [**Child Sexual Exploitation and Children Missing from Home and Care - update**](#)
Report to Children and Young People's Committee
18 September 2017
8. [**Police and Crime Commissioner's Annual Report**](#)
Report to Nottinghamshire Police and Crime Panel
18 September 2017

A GOOD START

9. [**Through each other's eyes**](#)
Mental Health Foundation
This document evaluates a programme which sought to promote infants' social and emotional development using video interaction guidance (VIG) where parents observe and reflect on video recordings of their positive interactions with their child. Results from the preliminary evaluations show that VIG has benefits for parents, practitioners and managers within early years services.
10. [**Colleges join forces to make young people's mental health a priority**](#)
Royal College of General Practitioners
These principles are intended to lead to tangible actions to improve the care and support of children and young people with mental health problems. They include implementation of a preventative multi-agency approach and a system of national and local accountability.

LIVING WELL

11. [**Tobacco-free generations: protecting children from tobacco in the WHO European Region**](#)
World Health Organisation
Several member states in the WHO European Region are moving towards becoming tobacco-free: a smoking prevalence of 5 per cent or less. Emphasis is on protecting younger generations from smoking initiation and other tobacco-related harm. This report highlights ongoing and emerging tobacco-related issues that affect children in the region and examines the regulatory frameworks, commitments and other tools that member states should use to protect children from tobacco. This also includes more novel approaches that could and should be used to pave the way towards a tobacco-free European Region.

12. [Joint Accord Launched between PHE and England's Ten National Parks](#)

Public Health England

This document sets out the proposed terms of a collaboration between National Parks England and Public Health England to work proactively and practically together to secure better public health outcomes. It draws on the strength of both organisations to deliver this shared goal by capitalising on the significant opportunities for people to improve their physical and mental health and overall wellbeing through interaction with national parks; and recognising the role which the national parks play as part of our wider natural environment that can support keeping people healthy.

13. [Right to know: are alcohol labels giving consumers the information they need?](#)

Alcohol Health Alliance UK

This report presents results from research looking at the labelling of alcohol products and the health information they provide. The results found that very little information was being provided to consumers with only one label out of 315 informing consumers of the low-risk weekly guideline of 14 units. The report calls for mandatory labelling of all products to ensure the public can make informed choices about their drinking.

14. [Size matters: the impact of upselling on weight gain](#)

Royal Society of Public Health

This report highlights that the average person consumes an additional 330 calories each week 17,000 per year as a result of businesses upselling high calorie food and drink. The report, which includes a survey of 2,055 UK adults, shows that consumers face an average of 106 verbal pushes towards unhealthy choices each year as they are asked whether they would like to upgrade to larger meals and drinks, add high calorie toppings or sides to their order or take advantage of special offers on unhealthy food and drink.

COPING WELL

15. [Not by degrees: improving student mental health in the UK's universities](#)

Institute for Public Policy Research

This report finds that levels of mental illness, mental distress and low wellbeing among students in higher education in the UK are increasing, and are high relative to other sections of the population. It calls for universities to make mental health a strategic priority and adopt a whole-university approach to prevention, promotion and support.

16. [PHE highlights 8 ways for local areas to prevent mental ill health](#)

Public Health England

Public Health England has launched a new tool to help local public health teams identify the most cost-effective mental health programmes. The eight highlighted programmes are all proven to reduce the incidence and/or risk of mental health problems at all stages of life.

17. [Stocktake of local mental health prevention planning arrangements](#)

Public Health England

This report, commissioned by PHE and written by The King's Fund, provides a high-level summary of how local areas are currently incorporating mental health promotion and prevention of mental ill-health in their planning processes. The findings are based primarily on a content analysis of key planning documents in 35 local areas. This included a random sample of 16 areas across England and 19 areas selected as possible examples of transferable effective practice.

18. [Transforming Care \(Must Knows\)](#)

Local Government Association

This report is aimed at those staff with lead responsibility for providing services to people with learning or mental health issues. It acts as a check list to ensure services are doing everything they can to ensure safeguarding and promote the wellbeing of people of all ages with learning disabilities and/or autism who display behaviour that challenges, including those with a mental health condition.

19. [Improving life expectancy in people with serious mental illness: should we place more emphasis on primary prevention?](#)

British Journal of Psychiatry

This analysis claims that greater emphasis should be placed on primary prevention strategies such as smoking cessation, dietary and exercise interventions and more judicious psychotropic prescribing of antipsychotics associated with adverse metabolic effects.

WORKING TOGETHER

20. [Housing our ageing population](#)

Local Government Association

This report sets out in detail what is required to meet the housing needs of our ageing population and how councils around the country are innovating to support older people to live in their homes for longer and promote positive ageing.

21. [Case study: Lightbulb Project](#)

Housing LIN

County and District Councils and other local partners in Leicestershire are working together to help people stay safe and keep well in their homes for as long as possible. It relies on early at home assessment process that triages housing issues at key points of entry and is delivered through a hub and spoke model with an integrated Locality Lightbulb Team in each District Council area.

22. [Achieving excellence in pharmaceutical care: a strategy for Scotland](#)

Royal Pharmaceutical Society

The strategy sets out a vision of how pharmaceutical care will evolve in Scotland and the contribution of pharmacists and pharmacy technicians, working together with other health and social care practitioners, to improve the health of the population and impact on health outcomes, especially for those with multiple long term and complex conditions.

23. [Sustainability and Transformation Plans in London](#)

Nuffield Trust and Kings Fund

This report looks at the five STPs in London, their contents and common themes and makes a number of recommendations for the future of the STP process.

24. [Are we nearly there yet? Enabling people with dementia to remain at home: a housing perspective.](#)

Housing LIN

This report sets out the key role housing providers, and in particular social housing providers, can play in supporting people living with dementia to stay independent in the home of their choice for as long as possible.

HEALTH INEQUALITIES

25. [Reducing health inequalities: system, scale and sustainability](#)

Public Health England

This document identifies steps to support local action on health inequalities to improve outcomes. It is aimed at local authority leaders, chief executives, other senior officers and councillors, directors of public health, public health specialists, and commissioners.

Update on national policy and guidance prepared by the Library and Knowledge Service
Sherwood Forest Hospitals NHS Foundation Trust.

CONSULTATIONS

26. [Nottinghamshire Joint Health and Wellbeing Strategy Consultation](#)

Consultation closes: 29 October 2017

Other Options Considered

27. None.

Reason/s for Recommendation/s

28. N/A

Statutory and Policy Implications

29. 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

- 1) That members consider whether there are any actions they require in relation to the issues contained within the report.
- 2) That members make sure that their own organisations are supporting the [Stoptober campaign](#) referred to in paragraph 2.

Councillor John Doddy
Chair of Health and Wellbeing Board

For any enquiries about this report please contact:

Nicola Lane
Public Health Manager
T: 0115 977 2130
nicola.lane@nottscg.gov.uk

Constitutional Comments (LMC 22/09/17)

The Health and Well Being Committee is the appropriate body to consider the content of the report.

Financial Comments (DG 22/09/17)

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.

None

Electoral Division(s) and Member(s) Affected

All

4 October 2017**Agenda Item: 10**

REPORT OF CORPORATE DIRECTOR, RESOURCES WORK PROGRAMME

Purpose of the Report

1. To consider the Board's work programme for 2017/18.

Information and Advice

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: Paul Davies, x 73299

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

Health and Wellbeing Board & Workshop Work Programme

	Health & Wellbeing Board (HWB)
1 November	** Closed workshop for Health & Wellbeing Strategy consultation **
6 December	<p>Nottinghamshire Joint Health & Wellbeing Strategy 2018-2022 (Barbara Brady/Nicola Lane)</p> <p>Loneliness - feedback from engagement groups neighbourhood outreach pilot (Laura Chambers)</p> <p>Substance misuse services (John Tomlinson//Lindsay Price/Tristan Poole)</p> <p>NSCB Annual Report (Steve Baumber/Chris Few)</p> <p>Better Births Maternity update (Kate Allen/Jenny Brown)</p> <p>Health protection assurance update (Jonathan Gribbin/Sally Handley)</p> <p>Addressing clinical variation in primary care (Jeremy Griffiths)</p> <p>Care leavers support (Steve Edwards/ Natasha Wrzesinski)</p> <p>Nottinghamshire Air Quality Strategy for approval (Jonathan Gribbin/Bryony Lloyd)</p>
January 2018	Director of Public Health Annual Report (Barbara Brady/Kay Massingham)
February 2018	
March 2018	<p>Pharmaceutical Needs Assessment 2018-2020 (Jonathan Gribbin/Kristina McCormick)</p> <p>Crisis Care concordat – update & evaluation to date (Clare Fox/Katy Dunne)</p>
April 2018	
May 2018	
June 2018	Young People's Health Strategy (Kate Allen/Tina Bhundia)
July 2018	

