

Public Health Committee

Thursday, 08 May 2014 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 March 2014 | 3 - 4 |
| 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 | Presentation on Public Health Policy Area: Health Checks | |
| 5 | Nottinghamshire Health and Wellbeing Strategy 2014-17 | 5 - 20 |
| 6 | Excess Winter Deaths among Older People in Nottinghamshire | 21 - 30 |
| 7 | Work Programme | 31 - 34 |

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:-

- (3) Reports in colour can be viewed on and downloaded from the County Council's website (www.nottinghamshire.gov.uk), and may be displayed at the meeting.
- (4) 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 Paul Davies (Tel. 0115 977 3299) or a colleague in Democratic Services prior to the meeting.

- (5) Councillors are reminded that Committee and Sub-Committee papers, with the exception of those which contain Exempt or Confidential Information, may be recycled.

Meeting	PUBLIC HEALTH SUB-COMMITTEE
Date	6 March 2014 (commencing at 2.00 pm)

Membership

Persons absent are marked with an 'A'

COUNCILLORS

Joyce Bosnjak (Chair)
Glynn Gilfoyle (Vice-Chair)

Reg Adair
Kay Cutts
Alice Grice
John Knight

Martin Suthers OBE
Muriel Weisz
Jacky Williams

A Ex Officio: Alan Rhodes

OFFICERS IN ATTENDANCE

Kate Allen, Public Health Consultant
Barbara Brady, Public Health Consultant
Paul Davies, Democratic Services Officer
Chris Kenny, Director of Public Health
Jo Marshall, Public Health Manager
Cathy Quinn, Associate Director of Public Health
Lynn Robinson, Senior Public Health Manager
John Tomlinson, Deputy Director of Public Health

MINUTES OF THE LAST MEETING

The minutes of the meeting held on 9 January 2014 were confirmed and signed by the Chair.

DECLARATIONS OF INTEREST

There were no declarations of interest.

MEMBERSHIP

It was reported that Councillor Grice had been appointed in place of Councillor Carroll, for this meeting only.

SMOKING CESSATION SERVICES

RESOLVED: 2014/008

- (1) That the current smoking cessation services across Nottinghamshire County be decommissioned, and new arrangements be put place no later than 31 March 2015.
- (2) That a follow-up report be presented in six months' time to outline progress made.

PUBLIC HEALTH BUDGET CHANGES AND REALIGNMENT OF THE PUBLIC HEALTH GRANT

RESOLVED: 2014/009

That the changes in the allocation of the Public Health Grant for 2014/15 decided by Full Council on 27 February 2014 be noted.

PUBLIC HEALTH SERVICES PERFORMANCE AND QUALITY REPORT FOR HEALTH CONTRACTS

RESOLVED: 2014/010

That the report be received and the performance and quality information in the appendices to the report be noted.

WORK PROGRAMME

RESOLVED: 2014/011

That the work programme be noted, subject to the inclusion of a progress report on commissioning smoking cessation services in six months' time.

The meeting closed at 3.20 pm.

CHAIR

8 May 2014**Agenda Item: 5****REPORT OF THE DIRECTOR OF PUBLIC HEALTH****NOTTINGHAMSHIRE HEALTH & WELLBEING STRATEGY 2014-2017****Purpose of the Report**

1. This report presents the Nottinghamshire Health & Wellbeing Strategy 2014-2017, that was approved by the Health & Wellbeing Board on 5 March 2014.

Information and Advice**Background**

2. The draft Health & Wellbeing Strategy underwent a three month public consultation between 27 June and 26 September 2013. The background papers detail the consultation process and summary findings of the consultation.
3. The Health & Wellbeing Board held a follow up Workshop on 4 December with key health partners to consider the consultation feedback and make sure that competing pressures across the health and social care system were recognised in the aspirations of the strategy.
4. The members of the Health & Wellbeing Board and partners re-affirmed support for the proposed principles and priority areas, taking consultation comments into account. Responding to the feedback received, the Board also agreed to strengthen the children's focus in the strategy and include two additional priorities; access to healthcare and health checks.
5. The Health & Wellbeing Strategy content and format have subsequently been reviewed, incorporating the feedback received. Taking consultation comments on board, the strategy is presented in three forms to meet the needs of the different audiences:
 - a. A short strategy document outlining the four key ambitions. In addition to the three areas included in the consultation, a fourth ambition around giving children a good start in life has been added. The content and wording has been simplified to avoid jargon. (See **Appendix One**)
 - b. A short plain language document, briefly outlining the ambitions and priority areas. This is currently under development.

- c. A comprehensive delivery plan which details each action agreed through the Integrated Commissioning Groups to deliver against each priority. This document is currently under development with oversight from the Health & Wellbeing Implementation Group. The delivery plan will be supported by performance measures which will be monitored and reported back to the Health & Wellbeing Board on a regular basis.
6. All consultation comments have been reviewed and responses drafted to address each issue. These are available on the Nottinghamshire County Council website, <http://www.nottinghamshire.gov.uk/caring/yourhealth/developing-health-services/health-and-wellbeing-board/strategy/> and will be communicated through available networks.
7. The Health & Wellbeing Board approved the Strategy at its meeting on 5 March 2014 and is due to consider the completed delivery plan in July. The Nottinghamshire Health & Wellbeing Strategy will be launched at the Health & Wellbeing Board Stakeholder Network meeting in June 2014.
8. The Public Health Committee is asked to note the Nottinghamshire Health & Wellbeing Strategy. It is recommended that particular attention be given to actions which fall within the range of Public Health responsibilities, along with areas where Public Health influence and support is required to deliver an integrated approach to improving health and wellbeing.
9. Performance reports relating to individual Public Health services will continue to be reported to the Public Health Committee on a regular basis.

Statutory and Policy Implications

10. 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

11. Financial implications relating to the priorities within the Health & Wellbeing Strategy are included in existing budget allocations or will be built into any future business cases.

Implications in relation to the NHS Constitution

12. Regard will be taken to the NHS Constitution together with all relevant guidance issued by the Secretary of State in any service changes relating to the implementation of the Health & Wellbeing Strategy.

Public Sector Equality Duty implications

13. The Public consultation included people with protected characteristics and from seldom heard groups. Equality impact assessments will be carried out for any changes to services relating to the implementation of the Health & Wellbeing Strategy.

Implications for Service Users

14. The Implementation of the Health & Wellbeing Strategy aims to improve general health and wellbeing for the people of Nottinghamshire, and in particular for those in greatest need.

RECOMMENDATION/S

- 1) The Public Health Committee is asked to note the content of the Nottinghamshire Health & Wellbeing Strategy and its vision in relation to Public Health services

Dr Chris Kenny
Director of Public Health

For any enquiries about this report please contact:

Cathy Quinn, Associate Director of PH
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Cathy.Quinn@nottscc.gov.uk

Nicola Lane, Public Health Manager
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Constitutional Comments (SLB 03/04/2014)

15. This report is for noting only.

Financial Comments (KAS 08/04/14)

16. The financial implications are contained within paragraph 11 of the report.

Background Papers and Published Documents

Our Strategy for Health and Wellbeing in Nottinghamshire. Consultation document - priorities 2014 – 2016.

Summary Results of the Health & Wellbeing Strategy Consultation. Report to Health & Wellbeing Board November 2013.

Electoral Division(s) and Member(s) Affected

- All

Our strategy for Health and Wellbeing in Nottinghamshire 2014 - 2017



Our vision

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.

We will do this by providing the most efficient and effective services.

Key ambitions for the people of Nottinghamshire:

- A Good Start
- Living Well
- Coping Well
- Working Together

Introduction

Welcome to the Health and Wellbeing Strategy for Nottinghamshire for 2014 to 2017 and thank you to everyone who has contributed to its development.

This Strategy sets out the priorities for the Health and Wellbeing Board for Nottinghamshire to improve the health and wellbeing of its residents. We have considered evidence which shows us the main local issues, and your feedback on the draft document to develop this final version. Responses to the consultation told us that you would like to see a short and clear Health and Wellbeing Strategy so we have prepared a concise Strategy document which will be supported by a more detailed Delivery Plan with clear actions and outcomes.

This document sets out our vision for improving health and wellbeing for everyone and at its heart is the belief that if we all work together to achieve our ambitions we can make a real difference. The Health and Wellbeing Board know we have to make the best use of our valuable resources and this Strategy aims to focus efforts on the areas that we can have the biggest impact.

The response to the consultation around the Strategy was wonderful and the input from those people who took the time to contribute is much appreciated. We would like health and wellbeing to be everyone's business and as a Board we hope to continue the conversation the consultation started. We will continue to involve residents and partners as we implement and monitor the delivery of the Strategy.

We fully intend that the Board will lead the delivery of better health and wellbeing across Nottinghamshire and that this Strategy sets the direction for everyone.

Councillor Joyce Bosnjak

Chair of the Health and Wellbeing Board for Nottinghamshire



Dr Steve Kell

Vice Chair



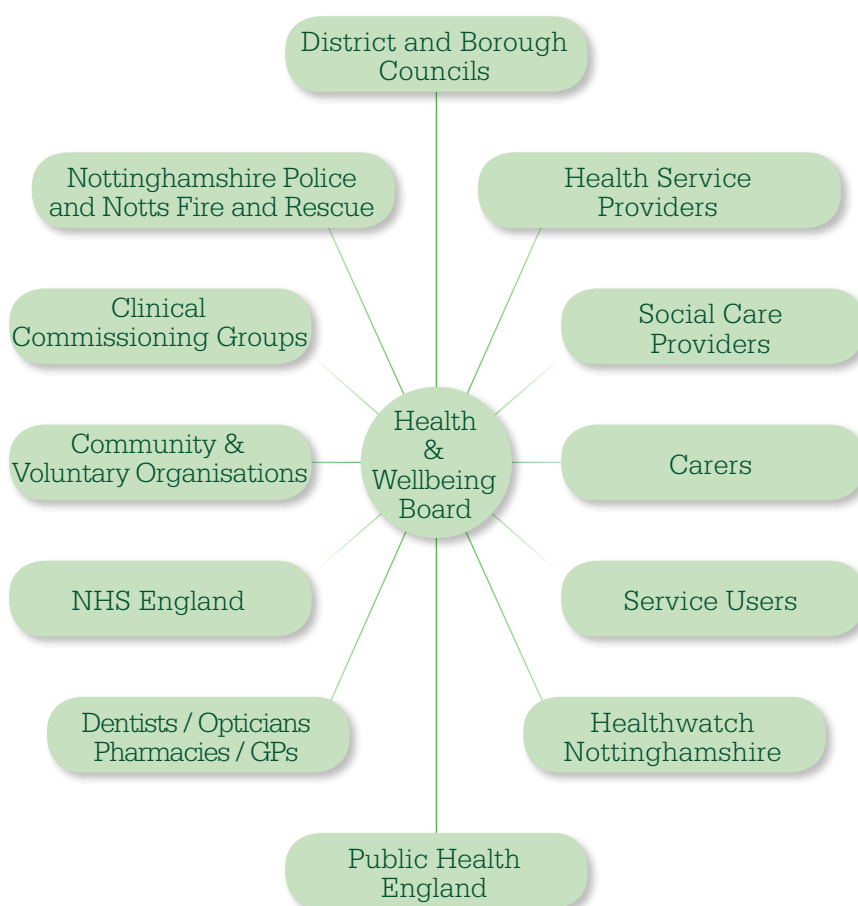
Who are 'we'?

'We' are the Health and Wellbeing Board for Nottinghamshire.

The Health and Social Care Act 2012 changed the way that health and social care in England was organised. The Act allowed us to set up a Health and Wellbeing Board to bring together politicians, doctors, councils and a representative of the local people through Healthwatch. All of these people have the shared aim of working together to improve health and wellbeing.

A Board was set up in Nottinghamshire in May 2011, in shadow form to begin with, but it took on its full responsibilities from April 2013 and its main focus is to improve the health and wellbeing of the people of Nottinghamshire.

The Board cannot achieve this alone so it is supported by working groups which bring together partners from health and social care, district and borough councils, representatives of service users, carers and the public, service providers and the community and voluntary sector.



A Stakeholder Network also meets three times each year to ensure that everyone has an opportunity to tell the Board what matters to them. This involves community and voluntary organisations, service providers and the public. Details of the Network are available on the Nottinghamshire County Council website.

What is health & wellbeing?

Health is often considered as being an absence of illness or disability. Health and wellbeing is much wider though and is a combination of physical, mental and social factors.

In developing this Strategy we have looked beyond health and social care services to bring together other issues like housing and workplace health.

Why do we need a Strategy?

The main responsibility of the 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 Strategy for Nottinghamshire has been developed to get the most from the whole system locally by focussing on the areas of highest need and where the Health and Wellbeing Board

can have the biggest impact. With the Delivery Plan it also provides a framework to measure progress against our key ambitions.

The Health and Wellbeing Board in Nottinghamshire cannot deliver this Strategy alone – health and wellbeing has to be everyone’s business. The Strategy gives partners and the public a clear idea about where they can help to improve health and wellbeing.

The Strategy sits alongside other plans and strategies to provide a focus on health and wellbeing and improve coordination.

Partners reflect the Health and Wellbeing Strategy within their own plans to help join up everyone’s efforts to improve outcomes.

How was the Strategy developed?

A draft Strategy was developed using information and evidence from the Joint Strategic Needs Assessment about current and future health and wellbeing needs in Nottinghamshire.

In 2013 we held a public consultation on the draft Strategy and responses were

received from the public, partners, service providers, carers, and community and voluntary organisations.

While there were a wide range of comments received about the priorities within the Strategy the core principles of the Strategy were well supported.

As a result we have developed this high level strategy document which sets out the vision of the Board, its key ambitions, and the priorities to achieve the ambitions. Specific actions and plans are outlined in the Delivery Plan document.

What will the Strategy achieve?

The Board have identified four key ambitions for the people of Nottinghamshire:

A GOOD START

For everyone to have a good start in life

LIVING WELL

For people to live well, making healthier choices and living healthier lives

COPING WELL

That people cope well and that we help and support people to improve their own health and wellbeing, to be independent and reduce their need for traditional health and social care services where we can

WORKING TOGETHER

To get everyone to work together

All of these ambitions support our overall vision to improve health and wellbeing in Nottinghamshire. Getting the best value for money in delivering this vision is fundamental to the Board and all of its partners. During these

difficult times we must get the very best from the resources we have available.

At the heart of the Strategy for Nottinghamshire is the desire to reduce health inequalities. It is vital to the Board that unfair

and avoidable differences in health which result from where people are born, live, work and age should be reduced and removed. We will work to identify where there are inequalities across the county and to help address them.

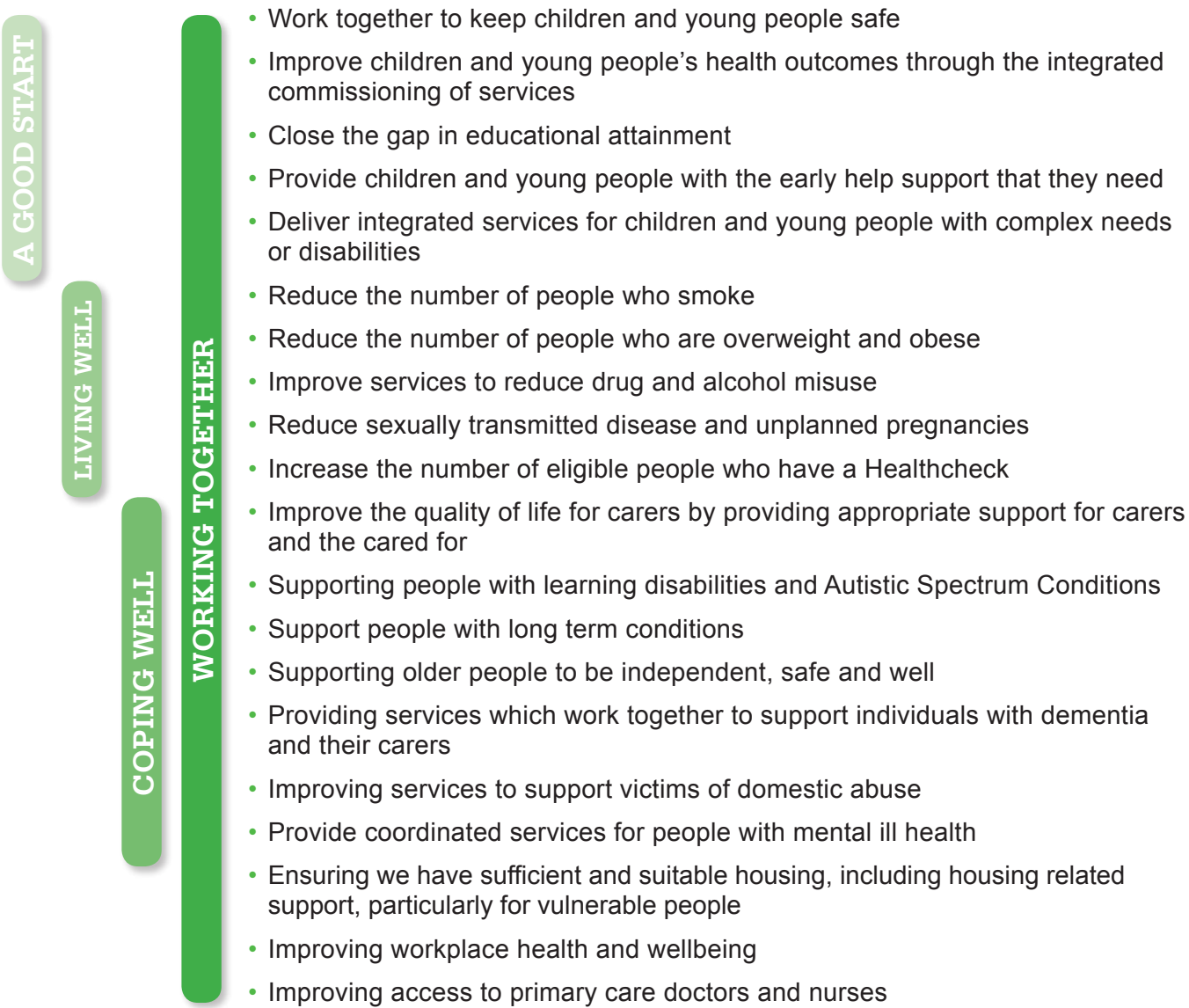
How will we do it?

To achieve these ambitions the Board has identified a number of priorities which represent important local needs described in the Joint Strategic Needs Assessment. We believe that these priorities are the areas

where the Board can have the biggest impact to achieve its ambitions.

These priorities have actions which are shared by the Health and Wellbeing Board members

and partner organisations to support all four ambitions. In brief these priorities are:



More detail about actions to support these priorities are available in the Health and Wellbeing Strategy Delivery Plan.

How will we do it?

The Health and Wellbeing Strategy Delivery Plan sets out the actions which the Board agrees will achieve its ambitions for everyone in

Nottinghamshire. The Board is supported by partnerships which will deliver these actions. All of the partners will work to achieve these actions and their

plans and strategies will reflect their role in the delivery of the ambitions of the Health and Wellbeing Strategy.

How will we know if it's working?

The Health and Wellbeing Delivery Plan will monitor progress against the specific actions to deliver the Board's priorities. The Strategy and the Delivery Plan will be public documents which will be published by the Health and Wellbeing Board on the Nottinghamshire County Council website:

www.nottinghamshire.gov.uk/caring/yourhealth/developing-health-services/health-and-wellbeing-board

Annual reports against the Delivery Plan will be made to the Board showing how we are achieving our actions and these reports will be published on the County Council's website.

We will also make the reports available to the Stakeholder Network and will continue our work to engage and consult through the working groups and networks which support the Board and via Healthwatch Nottinghamshire.

Useful websites

Health & Wellbeing Board

<http://www.nottinghamshire.gov.uk/caring/yourhealth/developing-health-services/health-and-wellbeing-board>

JSNA

<http://www.nottinghamshireinsight.org.uk/insight/jsna/county-jsna-home.aspx>

Nottinghamshire Stakeholder Network

<http://www.nottinghamshire.gov.uk/caring/yourhealth/developing-health-services/health-and-wellbeing-board/stakeholdernetwork>

NHS England – Call to Action

<http://www.england.nhs.uk/ourwork/qual-clin-lead/calltoaction>

Healthwatch Nottinghamshire

<http://www.healthwatchnottinghamshire.co.uk>

The Department of Health – The new Health and Care System Explained

<https://www.gov.uk/government/publications/the-health-and-care-system-explained/the-health-and-care-system-explained>

What did you say about the Strategy?

“

I think that the core ambitions are spot on.

Independence of the elderly who wish to remain at home is of prime importance.

I am very pleased at the focus on joined-up working and the aspiration to connect at community level.

The Strategy is good & sets out important ambitions – addressing health inequalities is vital.

Early health education should be part of the school's curriculum and included targeted work with children and parents.

We need to build self-esteem & resilience especially in young people.

Working in partnership to maximise use of resources.

Prevention, prevention, prevention.

Helping people to take responsibility for their own health...

”

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

EXCESS WINTER DEATHS AMONG OLDER PEOPLE IN NOTTINGHAMSHIRE

Purpose of the Report

1. Excess all-cause winter mortality is high among elderly populations nationally and locally in Nottinghamshire. This is a pattern which is not reflected in other Northern European countries, suggesting that these winter deaths are preventable. This paper presents the national and Nottinghamshire seasonal mortality statistics, national evidence-based recommendations, best practice and previous local experience. The relevant public health outcome measures are examined and winter warmth initiatives for 2014/15 are suggested.
2. To raise awareness of winter warmth as a Public Health issue.

Background Information

3. **England and Wales** experienced 31,100 excess winter deaths in 2012-2013, at a level that surpasses that experienced by other colder, Northern European countries.ⁱ This suggests that many of these deaths could be prevented through implementation of appropriate measures. As in previous years, there were more excess winter deaths among women (18,000 deaths among women and 13,100 among men).
4. The 2009 Annual Report of the Chief Medical Officer included a chapter entitled *Winter Kills*.ⁱⁱ This chapter highlighted the fact that mortality in England rises 18% during the winter months, but that colder European countries have smaller increases. The report also highlighted that illnesses occur during the winter in a predictable pattern, and that this should enable local and national advance preparation planning.
5. The majority of excess winter deaths are due to cardiovascular disease (40%) and respiratory illness (30%). Records show that for every 1 degree Celsius decrease in average winter temperature there is a resultant 8,000 additional deaths in England.ⁱⁱⁱ Maintaining a warm home is critical to remaining healthy with the evidence suggesting that once the indoor temperature drops below 16°C (61°F), people's vulnerability to suffering respiratory illness is heightened. Table 1 shows fuller details of the effects of falling indoor temperatures.
6. The effects of cold weather are very predictable. Mortality during cold weather follows a set pattern, with deaths from heart disease reaching their peak 2 days after the coldest weather;

stroke deaths peaking after 5 days and the peak in respiratory deaths after 12 days. It takes 40 days for the mortality rate to return to normal.ⁱⁱⁱ

Table 1: The effect of indoor temperatures on health

Indoor temperature	Effect on health
21°C (70°F)	Minimum recommended daytime temperature for rooms occupied during the day
18°C (65°F)	Minimum recommended night-time temperature. No health risks though occupants may feel cold
<16°C (<61°F)	May diminish resistance to respiratory diseases
9-12°C (48-54°F)	May increase blood pressure and risk of cardiovascular disease
5°C (41°F)	Poses a high risk of hypothermia

Source: Department of Health^{iv}

7. In addition, the colder the winter, the greater the risk that vulnerable individuals will die from a cold-related cause, resulting in fluctuations from one winter to the next.^v For example, the excess winter deaths for 2012 – 13 were nearly a third (29%) more nationally than in the previous winter.
8. The majority of excess winter deaths occur amongst those aged over 75 years. Reasons for this are multifactorial, including the increased amount of time spent indoors, a higher prevalence of fuel poverty, a reduction in fat to retain body heat and an increased likelihood of having underlying health conditions.^{vi} Older women appear to be particularly at risk.^{vii} Other factors that increase the risk of vulnerability to cold weather include:
 - housing – individuals living in poorly heated, badly insulated properties are at particularly high risk. Countries that have more energy efficient housing have lower excess winter deaths, and in the UK, excess winter deaths in the coldest quarter of housing are almost three times as high as in the warmest quarter^{viii}. Damp housing also promotes mould growth, which increases the risk of respiratory infections and asthma^{ix}
 - economic – households at higher risk of living in fuel poverty include families with children on a low income, people over 60 on a low income and long-term sick and disabled individuals
 - behavioural – there is evidence to suggest that people adapt to severe weather less effectively in England (where milder winters are more common) than in colder countries. Behaviour that increase vulnerability includes keeping bedroom windows open, not wearing sufficient clothing, heating just one room and frequent excursions outside in inadequate clothing
 - health – individuals with pre-existing health conditions such as cardiovascular disease, asthma, COPD, depression, anxiety and arthritis are at increased risk. Research has suggested that pre-existing respiratory conditions are the strongest predictor of excess winter deaths.^{x xi}
9. **Seasonal Mortality in Nottinghamshire.** Winter warmth is a health and social care issue in Nottinghamshire. The causes are structural in terms of quality within the local building

stock, economic in terms of personal household budgets, and educational due to the poor understanding of the winter warmth messages. The challenge is also being able to identify and have suitable support in place to assist the most vulnerable.

10. Excess winter deaths and fuel poverty are included as indicators within the Public Health Outcomes Framework.^{xii} Nottinghamshire's scoring against the excess winter deaths indicator (4.15i) is similar to that for the England average. Against the fuel poverty indicator (1.17), which records the percentage of the residents experiencing fuel poverty, Nottinghamshire scores significantly worse than the England average. However, all East Midlands local authorities are significantly worse than the average as the indicator is a reflection of mean household income as well as fuel costs and fuel consumption.
11. The fuller definitions of these indicators are as follows:
 - *Excess Winter Deaths Index: the ratio of extra deaths from all causes, that occur in the winter months compared to the expected number of deaths, based on the average number of non-winter deaths¹*
 - *Fuel poverty: a household is classified as fuel poor when they have required fuel costs that are above average (the national medium level), and where on spending that amount the household would be left with a residual income below the official poverty line. This new definition was introduced in August 2013 replacing the previous definition. The earlier definition was based on where a household would need to spend more than 10% of its income on energy in order to maintain an adequate level of warmth, and statistics are available for this definition as well.*
12. The latest statistical information available for the districts is through to the winter of 2011/12. In Nottinghamshire in 2011/12 a figure of 340 excess winter deaths was recorded. Table 2 shows the percentage values and variations of excess winter deaths for a five year period.
13. As mentioned above if Nottinghamshire reflects the national picture the 2012/13 figure will be in the region of 20%.

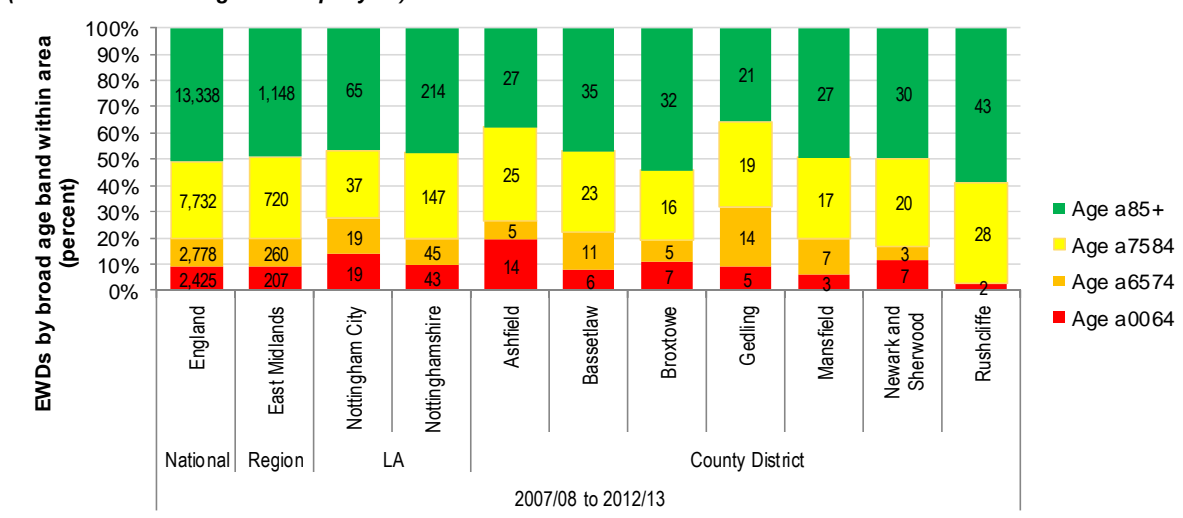
Table 2. Numbers of excess winter death in Nottinghamshire between 2007/08 to 2011/12 in percentage values.

Year	Excess Winter Mortality Index (Number of Excess Winter Deaths expressed as percentage increase of average rest-of-year deaths).
2007/2008	14%
2008/2009	24%
2009/2010	17%
2010/2011	19%
2011/2012	14%
Average	18%

Table 3. The proportion of excess winter death by age bands

¹ The excess winter deaths index is calculated by subtracting the average number of deaths between August and November and April and July from the number of deaths in the winter months (December to March), expressed as percentage of the average number of deaths between August and November and April and July

Distribution of Excess Winter Deaths (EWD) within area by broad age band 2007/08 to 2012/13 (6 winters)
 (labels indicate average counts per year)



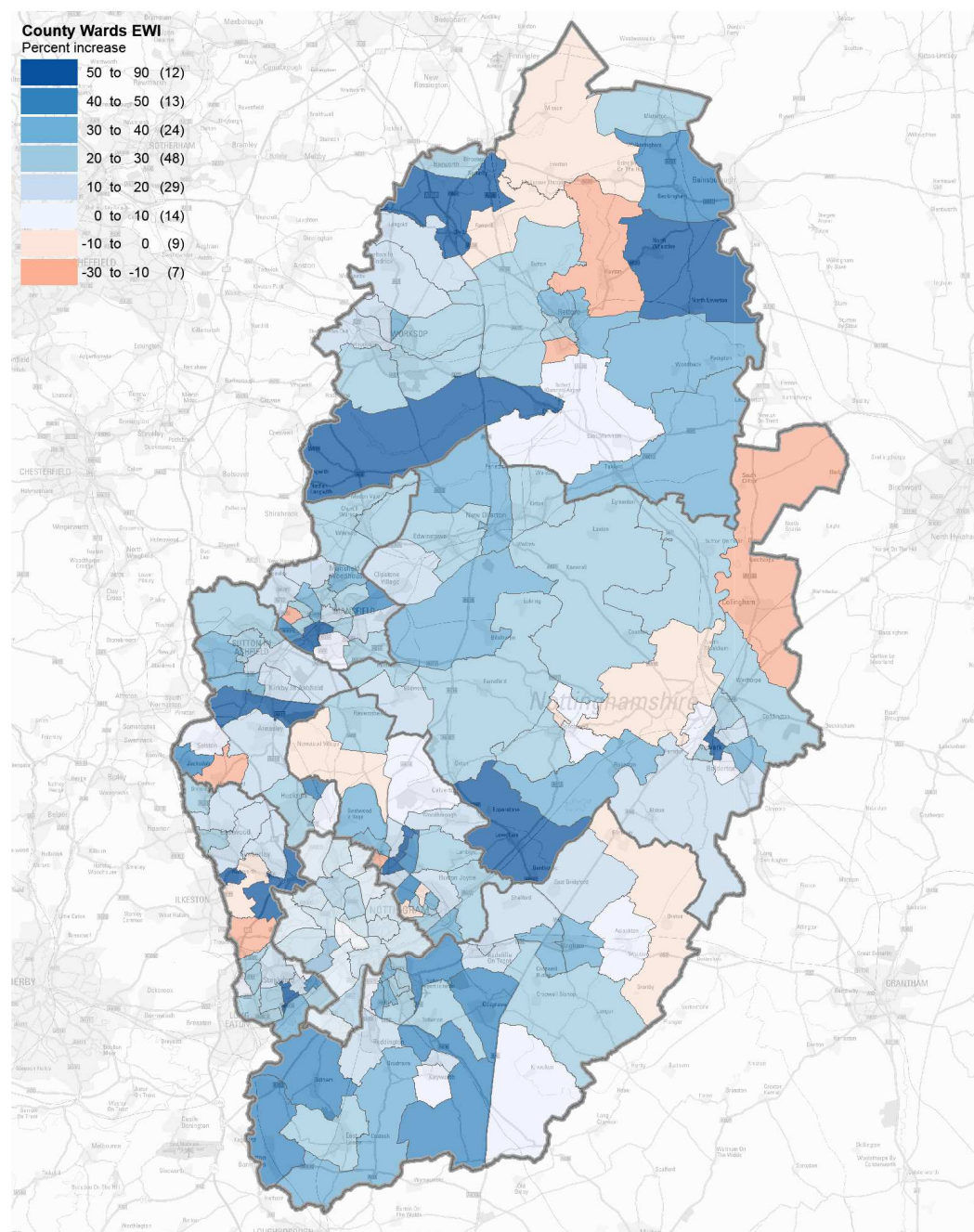
Source: ONS Mortality statistics

14. Table 3 shows the consistency of the age distribution of excess winter deaths within the districts of Nottinghamshire and compares this to the national and regional picture. These statistics show how the majority of the winter deaths are in the age groups of 75 years and above across the county.
15. Map 1 provides a visual display of the distribution of seasonal mortality across Nottinghamshire, highlighting those electoral wards where the greatest numbers are recorded.

Map 1.

Excess winter deaths 2007/08 to 2012/13 (6 winters)

The Excess Winter deaths Index (EWI) is the number of excess winter deaths expressed as a proportion of the expected winter deaths



Produced by the Nottinghamshire County Council Public Health Intelligence Team (NCCPHIT/JS/IB)
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Addressing Seasonal Mortality. National approaches.

16. **The National Support Team for Health Inequalities** outlined a 3 stage process to address the issues caused by excess winter deaths as part of a population-based, systematic process, together with 9 key interventions to improve the resilience of vulnerable individuals during spells of cold weather.^{xiii} The stages are as follows:

Stage 1: preparation

Stage 2: identify vulnerable people

Stage 3: systematically offer interventions

17. **The National Cold Weather Plan** was published in 2013.^{xiv} The purpose of the plan is “to protect the population from harm to health from cold weather. It aims to prevent the major avoidable effects on health during periods of cold weather in England by alerting people to the negative health effects of cold weather, and enabling them to prepare and respond appropriately.” In contrast to the 2012 version, the updated publication focuses on long term planning, winter action and preparedness. As well as reducing deaths, implementation of the plan could assist in reducing pressures on health and social care services during the busy winter months.

Addressing Seasonal Mortality. Nottinghamshire’s Experience

18. In November 2011, local authorities were invited by the Department of Health to apply for funding from the **Warm Homes Healthy People fund**. The aim of the fund was to support local authorities to reduce the levels of deaths and morbidity in their area that were due to vulnerable people living in cold housing. Nottinghamshire County Council, in partnership with other local key players including Fire and Rescue Services, the Borough Councils and the voluntary sector, submitted a proposal and received a grant for £243,613, with delivery between January and March 2011.
19. There were 3 main strands to this **Warm Homes, Healthy People** initiative, these were:
- a local winter wellbeing media campaign, comprising information leaflets and room thermometers
 - information and training for frontline staff
 - targeted services for vulnerable people, including
 - energy advisers to offer advice on heating, energy switching and home insulation
 - Handy Person services to undertake basic insulation measures and heating system checks
 - provision of a fire-lighting service to vulnerable households with coal fires or heating systems
 - emergency heating system repair scheme
 - good neighbour, befriending and outreach services
20. The main outputs from the delivery of **Warm Homes, Healthy People** initiative included the following:
- 94 calls to the County Council customer hotline between Jan and June 2012. Nearly three-quarters of these calls related to the provision of information. The majority of calls were received in the first two months.
 - 5,000 visits to the Winter Warmth website placed on the Council’s site. Again the majority of visits were in January and February.

- Energy advisors employed in each districts, generating 512 contacts overall. 56% of these contacts were among the under 65 year olds and so a smaller number in the older age groups. In Gedling and Newark and Sherwood the outcome of the contact were provided, showing that over 90% of people contacted were provided with insulation advice, and 85% with general advice.
- 10,000 leaflets with room thermometers were printed and distributed.

Excess Winter Deaths Initiatives in 2011/12 and 2012/13.

21. Subsequent to the implementation and evaluation of the Warm Homes, Healthy People project, initiatives have continued to be provided through partnership approaches using non-recurrent finances throughout the County. Steering and oversight has been provided through a winter warmth partnership group, with district housing leads and the voluntary sector. The group has been chaired by an officer from Nottinghamshire County Council, Adult Social Care Health & Public Protection. Funding has been sourced mainly through the remaining underspend of the Warm Homes, Healthy People Nottinghamshire initiative.

22. The range of initiatives that have continued to be sustained during 2013/14 have included the following:

- Emergency boiler and heating repairs
- District level energy advisors and County Customer Service Centre hotline support
- Information including the provision of leaflets to health workers and the public, and room thermometers
- Oil filled radiations
- Bulk oil purchase schemes
- Handy Persons winter warmth checks
- E-learning packages for staff working with older people

23. **The Healthy Housing Service.** The Healthy Housing Service provision is in the three Boroughs of Gedling, Rushcliffe and Broxtowe. The Healthy Housing Service (HHS) aim is to reduce fuel poverty by maximising the take-up of grants by private households for insulation and heating measures, through cooperation between health, social services, the Voluntary Sector and Housing Professionals. The service targets the most deprived sector households with the emphasis on people over 60 years of age and families with under five year olds. This aim is achieved through the following measures:

- Delivering brief intervention training to front-line staff
- Awareness raising through community presentations and events
- Receiving home heating and insulating referrals and supporting people to complete the relevant applications to enable the actual improvement measures to be implemented.

24. **Handypersons and Preventative Adaptation Service (HPAS).** The Handyperson and Preventative Adaptation Service (HPAS) is a service available to all residents who are 60 years and above or who have a disability. The service enables simple adaptations to be installed in people's homes facilitating their capacity to remain safe and secure at home. Referral is through a range of pathways including the First Contact scheme. In 2012/13 677 Handy person jobs were undertaken and 1450 adaptations. The scheme's expenditure in

2012/13 was £302,256 in total. First Contact provides a single-point referral, multi-agency information, advice and signposting service. First Contact and the Community Outreach Advisors are Nottinghamshire County Council and public health initiatives also seeking to support those most at risk, signposting through to supportive services.

25. The Public Health grant has provided continued funding to support initiatives including the wider Handy Persons Adaptation Scheme, First Contact and Community Outreach Advisors all aimed at reducing fuel poverty and seeking to ensure that those at most risk are signposted to key providers. The Director of Public Health also has an ongoing oversight role in ensuring good uptake of flu immunisation, a significant factor in reducing excess winter mortality.

Seasonal Mortality initiatives for 2014/15 and Future Planning.

26. Currently options are being investigated for the coming winter of 2014/15 including working with the **Local Authorities' Energy Partnership (LAEP) Nottinghamshire and Derbyshire.**
27. For taking forward winter warmth initiatives for 2014/2015 the following schemes have the potential to address seasonal mortality in Nottinghamshire:
- Identifying approaches for ensuring the most vulnerable of residents are able to access support and home heating insulation grants successfully.
 - Promoting referral pathways to ensure the on-going identification of those people who are able to benefit from the home heating and insulation grants and finance schemes available.
 - Establishing support for people wishing to 'make the move' in situations where their home is no longer a good match for their needs.
 - Developing local knowledge of the relationships between excess winter deaths and ill-health and health inequalities.

Reason/s for Recommendation/s

28. As highlighted above (point 10.) the latest Public Health Outcome Framework indicators for Nottinghamshire are showing the amber rating for seasonal mortality (Indicator 4.15i, winter 2011/12) and red rating for fuel poverty (Indicator 1.17. 2011).

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.

Financial Implications

30. Financial implications relating to seasonal mortality are included in existing budget allocations or will be built into future business cases.

Implications in relation to the NHS Constitution

31. Regard will be taken to the NHS Constitution together with all relevant guidance issued by the Secretary of State in any service changes relating to the implementation of the Health & Wellbeing Strategy.

Implications for Service Users

32. Implementation of winter warmth initiatives will improve general health and wellbeing for the people of Nottinghamshire, and in particular for those aged over 75 years.

Sustainability and the environment

33. One of the most sustainable ways of tackling fuel poverty is to address poor energy efficiency within local housing stock

RECOMMENDATION/S

That the Public Health Committee is asked to:

- i. Note this report

Dr Chris Kenny
Director of Public Health

For any enquiries about this report please contact: Mary Corcoran
mary.corcoran@nottscc.gov.uk

Constitutional Comments

34. Because this report is for noting only no Constitutional Comments are required.

Financial Comments (KAS 23/4/14)

35. The financial implications are contained within paragraph 30 of the report.

Background Papers and Published Documents

See Appendix 1 for references

Electoral Division(s) and Member(s) Affected

- All

Appendix 1. References

- ⁱ Office for National Statistics. (2013) *Excess Winter Mortality in England and Wales, 2012/13 (provisional) and 2011/12 (final)*
- ⁱⁱ Department of Health (2009) *Annual Report of the Chief Medical Officer, 2009*
- ⁱⁱⁱ Donaldson, G. and Keating, W (1997) Early increases in ischaemic heart disease mortality dissociated from and later changes associated with respiratory mortality after cold weather in south east England *Journal of Epidemiology and Community Health* 51(6):643-648
- ^{iv} Department of Health (2011) *Cold Weather Plan for England: Making the case – why cold weather planning is essential to health and wellbeing*
- ^v Department of Health (2010) *How to reduce the risk of seasonal excess deaths systematically in vulnerable older people to impact at population level*
- ^{vi} Department of Health (2011) *Cold Weather Plan for England: Making the case – why cold weather planning is essential to health and wellbeing*
- ^{vii} Department of Health (2009) *Annual Report of the Chief Medical Officer, 2009*
- ^{viii} Marmot Review Team (2011) *The health impacts of cold homes and fuel poverty*
- ^{ix} Department of Health (2011) *Cold Weather Plan for England: Making the case – why cold weather planning is essential to health and wellbeing*
- ^x Rudge, J. and Gilchrist, R. (2005) Excess winter morbidity among older people at risk of cold homes: a population based study in a London borough *Journal of Public Health* 27(4):353-358
- ^{xi} Wilkinson, P. et al (2004) Vulnerability to winter mortality in elderly people in Britain: population based study *British Medical Journal* 10.1136/bmj.38167.589907.55
- ^{xii} Department of Health (2012) *Healthy lives, healthy people: Improving outcomes and supporting transparency*
- ^{xiii} Department of Health (2010) *How to reduce the risk of seasonal excess deaths systematically in vulnerable older people to impact at population level*
- ^{xiv} Department of Health (2011) *Cold Weather Plan for England: Protecting health and reducing harm from severe cold*

**REPORT OF CORPORATE DIRECTOR, POLICY, PLANNING AND
CORPORATE SERVICES****WORK PROGRAMME****Purpose of the Report**

1. To consider the Committee's work programme for 2014.

Information and Advice

2. The County Council requires each committee or sub-committee to maintain a work programme. The work programme will assist the management of the committee's agenda, the scheduling of the committee's business and forward planning. The work programme will be updated and reviewed at each pre-agenda meeting and committee meeting. Any member of the committee 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.
4. As part of the transparency introduced by the revised committee arrangements in 2012, committees are expected to review day to day operational decisions made by officers using their delegated powers. It is anticipated that the committee will wish to commission periodic reports on such decisions. The committee is therefore requested to identify activities on which it would like to receive reports for inclusion in the work programme.

Other Options Considered

5. None.

Reason/s for Recommendation/s

6. To assist the committee in preparing its work programme.

Statutory and Policy Implications

7. 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 committee's work programme be noted, and consideration be given to any changes which the committee wishes to make.

Jayne Francis-Ward
Corporate Director, Policy, Planning and Corporate Services

For any enquiries about this report please contact: Paul Davies, x 73299

Constitutional Comments (HD)

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

Financial Comments (PS)

2. There are no direct financial implications arising from the contents of this report. Any future reports to Committee on operational activities and officer working groups, will contain relevant financial information and comments.

Background Papers

None.

Electoral Division(s) and Member(s) Affected

All

Public Health Committee Work Programme 2014/15

Meeting Dates	PH Committee	Lead Officer	Supporting Officer
8 May 2014	Presentation on Public Health policy area – Health Checks Health & Wellbeing Strategy Excess Winter Deaths in Nottinghamshire	John Tomlinson Cathy Quinn Mary Corcoran	Helen Scott Nicola Lane Sue Coleman
3 July 2014	Presentation on Public Health policy area – Public Health services for Children and Young People Healthy Child Programme and Public Health Nursing for Children and Young People Tobacco Control recommissioning Draft Public Health Business Plan 2014-15 (including procurement intentions) Award of the Substance Misuse services contracts Public Health Services Performance and Quality Report for Health Contracts - Jan-Mar 2014	Kate Allen Kate Allen John Tomlinson Cathy Quinn Barbara Brady Cathy Quinn	Lindsay Price Lyn Robinson
11 Sept 2014			
26 Nov 2014			
21 Jan 2015			
12 March 2015			
12 May 2015			

2 July 2015			
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