

## Health and Wellbeing Board

**Wednesday, 06 September 2017 at 14:00**

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

---

### AGENDA

- |    |  |          |
|----|--|----------|
| 1  | Minutes of the last meeting held on 28 June 2017   | 3 - 8    |
| 2  | Apologies for Absence  |          |
| 3  | Declarations of Interests by Members and Officers:- (see note below)<br>(a) Disclosable Pecuniary Interests<br>(b) Private Interests (pecuniary and non-pecuniary) |          |
| 4  | Nottinghamshire Special Educational Needs and Disabilities Strategic Action Plan 2017-19   | 9 - 36   |
| 5  | Better Care Fund Plan 2017-19  | 37 - 46  |
| 6  | Refresh of the Nottinghamshire Joint Health and Wellbeing Strategy   | 47 - 68  |
| 7  | Child Sexual Exploitation  | 69 - 76  |
| 8  | Nottinghamshire Mental Health Crisis Concordat   | 77 - 82  |
| 9  | Chair's Report   | 83 - 98  |
| 10 | Work Programme   | 99 - 102 |

## **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 Paul Davies (Tel. 0115 977 3299) 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, 28 June 2017 (commencing at 2.00 pm)

**Membership**

Persons absent are marked with an 'A'

**COUNTY COUNCILLORS**

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

**DISTRICT COUNCILLORS**

	Amanda Brown	-	Ashfield District Council
	Susan Shaw	-	Bassetlaw District Council
	Dr John Doddy	-	Broxtowe Borough Council
	Henry Wheeler	-	Gedling Borough Council
	Debbie Mason	-	Rushcliffe Borough Council
	Neill Mison	-	Newark and Sherwood District Council
A	Andrew Tristram	-	Mansfield District Council

**OFFICERS**

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

**CLINICAL COMMISSIONING GROUPS**

A	Dr Nicole Atkinson	-	Nottingham West Clinical Commissioning Group
	Dr Thilan Bartholomeuz	-	Newark and Sherwood Clinical Commissioning Group
A	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**

Oliver Newbould - North Midlands Area Team, NHS England

## **NOTTINGHAMSHIRE POLICE AND CRIME COMMISSIONER**

Kevin Dennis

## **OFFICERS IN ATTENDANCE**

Joanna Cooper	-	Better Care Fund Programme Manager
Paul Davies	-	Democratic Services
Neil Fraser	-	Rushcliffe CCG
Nicola Lane	-	Public Health
Jane Laughton	-	Associate, STP Team
Victoria McGregor-Riley	-	Bassetlaw CCG
Paul McKay	-	Adult Social Care and Health Department
Nikki Pownall	-	Nottingham City CCG

## **CHAIRMAN**

The appointment by the County Council on 25 May 2017 of Councillor Dr John Doddy as Chairman of the Health and Wellbeing Board was noted. The Chairman introduced himself to the Board.

## **ELECTION OF VICE-CHAIRMAN**

Dr Jeremy Griffiths was elected as Vice-Chairman of the Health and Wellbeing Board. He emphasised the importance of organisations which implement the Health and Wellbeing Strategy taking account of messages from the Board.

## **MINUTES**

The minutes of the last meeting held on 26 April 2017 having been previously circulated were confirmed and signed by the Chairman.

## **MEMBERSHIP AND TERMS OF REFERENCE**

The Chairman welcomed new members to their first meeting. Thanks were expressed for the contribution from Councillor Jim Aspinall, the former representative for Ashfield District Council on the Board. The Chairman referred to the size of the Nottinghamshire Board compared with others, and expressed an intention to review the composition of the Board in due course.

## **RESOLVED 2017/021**

That the Board's membership and terms of reference be noted.

## **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Dr Nicole Atkinson, Idris Griffiths, Dr Gavin Lunn, David Pearson, Colin Pettigrew and Councillor Andrew Tristram.

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

None.

## **HEALTH AND WELLBEING BOARD ANNUAL REPORT**

The Chairman introduced the report, which summarised the Board's activities during 2016. He explained that the Board's achievements were the result of collaboration, and thanked the previous Chair, Councillor Bosnjak, for her leadership and inclusivity. Councillor Bosnjak agreed that it was essential to act collectively, and thanked colleagues for their contributions to the Board's achievements.

### **RESOLVED: 2017/022**

That the first Annual Report for the Nottinghamshire Health and Wellbeing Board be noted.

## **NOTTINGHAMSHIRE AND NOTTINGHAMSHIRE SUSTAINABILITY AND TRANSFORMATION PLAN**

Jane Laughton introduced the report on feedback from consultation on the Nottinghamshire and Nottinghamshire Sustainability and Transformation Plan (STP). She outlined responses to some of the concerns which had been raised, and referred the Board to the detail in the full feedback report. She and Joanna Cooper responded to questions and comments from Board members.

- Disappointment was expressed about the low number of responses to the consultation.
- There had been some obvious omissions in the Plan, for example, services for children and young people. - It was explained that this was recognised, and such gaps would be addressed in the next version of the Plan. Work with children and young people would progress alongside the STP.
- Would there be joint working with district council communications teams? - Communications was mostly through the planning teams, who linked to communication teams in partner organisations.
- Primary care services in rural areas should be kept in mind. Reference was made to the difficulty of recruiting GPs to rural practices, and to it being easier to provide 24 hour services by cooperation between practices.
- The STP seemed to add additional layers of governance. - Officers would circulate the STP's governance framework. Some of the governance requirements were under review in light of NHS England's Next Steps and the Accountable Care System announcement.

- How was the STP's success being monitored? Were non-financial matters taken into account, such as recruitment or morale? - Success was monitored against a performance framework. There was a focus on cultural issues. It was offered to update the Board later in the year.
- In Bassetlaw, citizens had experienced some difficulty in commenting on the South Yorkshire and Bassetlaw STP. Healthwatch was due to discuss this with Bassetlaw CCG.

### **RESOLVED: 2017/023**

That the report on feedback from the Nottingham and Nottinghamshire STP consultation be noted.

### **UPDATE ON VANGUARDS**

Nikki Pownall and Neil Fraser gave a presentation to update the Board on the Vanguards for urgent care in Greater Nottingham and the multi-speciality community provider in Rushcliffe.

Nikki Pownall explained that the urgent care Vanguard had been on a smaller scale than the bid submitted. She outlined the work, achievements and next steps. Although the Vanguard had ended in March 2017, urgent and emergency care was a priority in the NHS Five Year Forward View, and the Vanguard work was incorporated into business as usual in Greater Nottingham. In response to a question, Ms Pownall explained that lessons from the Vanguard were shared in monthly meetings with Mid Nottinghamshire. However there were currently no links with Bassetlaw. Victoria McGregor-Riley, on behalf of Bassetlaw CCG, expressed a willingness for dialogue, while recognising a need to adapt learning to local circumstances.

Neil Fraser explained how the Rushcliffe Vanguard had developed a multi-speciality community provider (MCP) in which health and care professionals collaborate to provide integrated services outside hospital settings. He outlined achievements and lessons learned. Asked how the learning would be shared with other areas, he stated that there were links with other GP practices. It was observed that energetic leadership was key to the success of such initiatives. Leadership development was part of the workforce work stream of the STP.

### **RESOLVED: 2017/024**

That the presentations on the two Vanguards be received.

### **BETTER CARE FUND PERFORMANCE AND 2017-19 PLAN**

Joanna Cooper introduced the report on the final quarter's performance of the Better Care Fund (BCF) and preparation of the 2017-19 BCF Plan. Detailed planning guidance was still awaited. There had been an expression of interest for Nottinghamshire to graduate from the BCF planning requirements and thereby have greater autonomy. In reply to a question, she stated that Bassetlaw was part of the Nottinghamshire BCF, and that it would be allocated a share of the Improved BCF

resources. It was explained that some of the new posts would have a countywide remit, even if they were based at one location. Proposals for the posts had been discussed with partners. It was hoped that establishing posts for a three year period would encourage applications. Some of the funding was being used to commission services from voluntary organisations. In reply to a further question, it was explained that that rates of non-elective admissions to hospital did vary across the county, with for example, a reduction in Bassetlaw.

**RESOLVED: 2017/025**

- 1) That the Quarter 4 2016/17 national quarterly performance report be noted.
- 2) That the following approach to the allocation of the Improved Better Care Fund resource be approved: the approved BCF plan will follow for approval in September once planning guidance has been published and the Improved BCF allocations will be confirmed at this time; if the planning guidance requires an adjustment to this approach, the Board gives delegated authority to the Corporate Director, Adult Social Care, Health and Public Protection, in consultation with the Chairman and Vice-Chairman to act on behalf of the Board.
- 3) That the direction of travel for Nottingham BCF Graduation with delegated authority to the Corporate Director, Adult Social Care, Health and Public Protection, in consultation with the Chairman and Vice-Chairman to act on behalf of the Board in this matter.

**CHAIRMAN'S REPORT**

The Chairman drew particular attention to the plans to merge Healthwatch in Nottingham and Nottinghamshire. Michelle Livingston outlined the timetable, with a view to completing the merger in April 2018.

**RESOLVED: 2017/026**

That the contents of the Chairman's report be noted.

**WORK PROGRAMME**

**RESOLVED: 2017/027**

That the Board's work programme be noted.

The meeting closed at 4.50 pm.

**CHAIR**







**REPORT OF CORPORATE DIRECTOR FOR CHILDREN, FAMILIES AND  
CULTURAL SERVICES**

**NOTTINGHAMSHIRE'S SPECIAL EDUCATIONAL NEEDS AND DISABILITIES  
(SEND) STRATEGIC ACTION PLAN (2017-2019)**

**Purpose of the Report**

1. This report requests the endorsement of the Health and Wellbeing Board for the Nottinghamshire's Special Educational Needs and Disabilities (SEND) Strategic Action Plan. (**Appendix 1**).

**Information and Advice**

2. During 2015-2016, three significant reviews of SEND services in Nottinghamshire took place resulting in a number of recommendations for the development of services in the local area. These reviews were:
  - The Care Quality Commission and Ofsted Joint local area SEND inspection (June 2016).
  - The Nottinghamshire Review of Arrangements for Special Educational Needs and Disability (November 2016).
  - The Improving Outcomes for Children and Young People with Disabilities Programme (September 2016).
3. The reviews identified a number of common areas for development, and the County Council's Children's and Young People Committee agreed to develop a multi-agency **SEND Strategic Action Plan (SSAP)**, to be monitored by a **SEND Accountability Board** representative of the partnership in Nottinghamshire.
4. The areas for development in the SSAP are grouped into four initial workstreams:
  - Plans and Pathways
  - Health
  - Education Provision (which has two strands: sufficiency and quality)
  - Preparing for Adulthood including the partnership's Transitions Pathway and Protocol.
5. The activities of the workstreams will be informed by the key themes of the local area SEND inspection framework:
  - The identification of Children and Young People who have SEND

- The assessment and Provision to Meet Needs
  - Improving Outcomes for Children and Young People.
6. The SEND Strategic Action Plan will be a live document which will be regularly monitored and reviewed by the SEND Accountability Board. An annual progress report will be provided to the Health and Wellbeing Board.
  7. The **SEND Accountability Board** held its first meeting on 31 January 2017. The Board will lead and co-ordinate the continuous improvement of Nottinghamshire's implementation of the [Children's and Families Act 2014](#), and the [SEND Code of Practice](#).
  8. The Board provides the opportunity for partners in Nottinghamshire to fulfil the duty to co-operate, as outlined in Section 28 of the Children and Families Act (2014).
  9. The Board's membership reflects these partners including Nottinghamshire County Council, Clinical Commissioning Groups, schools and post 16 Learning Providers, and the Nottinghamshire Participation Hub which represents the views of parents and carers in the County.
  10. The Board will meet at least three times per year.

### **Other Options Considered**

11. Separate action plans were considered for each of the three SEND reviews, completed in 2015-2016. The overlap in the areas for development which were identified by the reviews were considerable and it was decided that it would be more effective to develop a single multi-agency action plan for Nottinghamshire.

### **Reason for Recommendation**

12. The SEND Strategic Action Plan brings together the key areas of development for SEND in the local area, providing a partnership approach to the continuous improvement of services, and outcomes for children and young people with SEND in Nottinghamshire.

### **Statutory and Policy Implications**

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.

## **Implications for Service Users**

The SEND Strategic Action Plan is focused on improving the outcomes for children, young people with disabilities and their families. The SEND Accountability Board is committed to delivering the Action Plan in co-production with children, young people and families.

## **RECOMMENDATION**

- 1) That the Health and Wellbeing Board endorses the Nottinghamshire's Special Educational Needs and/or Disabilities (SEND) Strategic Action Plan.

**Colin Pettigrew**

**Corporate Director for Children, Families and Cultural Services**

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

Jill Norman

Temporary Group Manager, Integrated Children's Disability Service

0115 99 32566

[jill.norman@nottscc.gov.uk](mailto:jill.norman@nottscc.gov.uk)

### **Constitutional Comments (SLB 24/08/2017)**

13. Health and Wellbeing Board is the appropriate body to consider the content of this report.

### **Financial Comments (SS 21/08/2017)**

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

## **Background Papers**

**Appendix 1** - Nottinghamshire's SEND Strategic Action Plan (2017-2019)

[Joint Local Area Special Educational Needs and Disability \(SEND\) Inspection in Nottinghamshire](#)

[Nottinghamshire review of arrangements for Special Educational Needs and Disability – final report](#)





# Nottinghamshire Special Educational Needs &/or Disabilities Strategic Action Plan

2017-2019



## Contents

<b>Foreword</b>	<b>3</b>
<b>Introduction</b>	<b>4</b>
<b>About the SEND Accountability Board</b>	<b>5</b>
<b>How we will deliver the Plan</b>	<b>6</b>
<b>How we will communicate the Plan</b>	<b>8</b>
<b>Workstreams &amp; key activities for 2017-2019</b>	<b>9-19</b>
▪ <b>Plans and Pathways</b>	<b>9</b>
▪ <b>Health</b>	<b>12</b>
▪ <b>Education Provision</b>	<b>15</b>
○ <b>Sufficiency</b>	
○ <b>Quality of Provision</b>	
▪ <b>Preparing for adulthood</b>	<b>18</b>
<b>Appendix A – Review outcomes</b>	<b>20</b>



## Foreward

Welcome to the **Special Educational Needs and Disabilities Strategic Action Plan** for the period 2017-2019.

This Strategic Action Plan comes at a time of unprecedented challenge for all services that work with children, young people and families in Nottinghamshire. Financial pressures coupled with increasing demand mean that all services are looking at how they remain focused on improving outcomes, by working more efficiently and cooperating wherever possible.

The SEND Accountability Board is committed to making the experience of childhood and early adulthood a good one. We want every child and young person to have the opportunity to be confident in their relationships, achieving personal success as they grow into adulthood. We believe that by working together with families and communities we will achieve this.

Nottinghamshire was one of the first areas in the country to be inspected, under the SEND Local Area inspection framework, by the Care Quality Commission and Ofsted in June 2016. The inspection identified a range of strengths, as well as, a number of areas of development which are included in this Strategic Action Plan.

Critical to the success of the Strategic Action Plan is the important role parents and carers have in their responsibilities to shape the experience of their children and young people. Partners in Nottinghamshire need parents, carers and communities to work with them to build aspirations and resilience, creating environments where children and young people can thrive. The Partnership will work with parents and carers to support their aspirations for their children and young people to becoming independent adults able to make a positive contribution to society.

All members of the SEND Accountability Board are focused on making a real difference to the lives of children, young people and their families. The Strategic Action Plan sets out how this ambition will be delivered, including what success will look like for children, young people and families and how the performance of services will be monitored.

Regular updates on the progress of the SEND Strategic Action Plan will be published over the next two years, and we would welcome feedback from children, young people and families in Nottinghamshire about how we might further improve our services.

**Councillor Philip Owen**

Chair, Children and Young People's Committee

## Introduction

During 2015-2016, three significant reviews of SEND services in Nottinghamshire took place resulting in a number of recommendations for the development of services in the local area which are listed in **Appendix A**. These reviews were:

- **The Care Quality Commission and Ofsted Joint local area SEND inspection**
- **The Nottinghamshire Review of Arrangements for Special Educational Needs and Disability**
- **The Improving Outcomes for Children and Young People with Disabilities Programme**

The reviews identified a number of common areas for development, and the County Council's Children's and Young People Committee agreed to develop a multi-agency **SEND Strategic Action Plan (SSAP)**, to be monitored by a **SEND Accountability Board**. The Board will provide strategic leadership to this important area of work, ensuring a commitment to the continuous improvement of services across the partnership.

The areas for development in the SSAP are grouped into four initial workstreams:

- **Plans and Pathways**
- **Health**
- **Education Provision (which has two strands: sufficiency and quality)**
- **Preparing for Adulthood**

The activities of the workstreams will be informed by the key themes of the local area SEND inspection framework:

- The identification of Children and Young People who have SEND
- The assessment and Provision to Meet Needs
- Improving Outcomes for Children and Young People

An underpinning principle of the work of the SEND Accountability Board and the delivery of the SSAP, is co-production. The Board will work with the Nottinghamshire Participation Hub to ensure the involvement of families in the development of services across the County. The SEND Strategic Action Plan will incorporate the four priorities identified by the Nottinghamshire Participation Hub for 2017:

- Transitions
- Children and Adolescent Mental Health Services (CAMHS)
- Short Breaks
- The Local Offer

The SEND Board will also engage children and young people in its work. An example of this commitment is the recent regional event hosted by the



Integrated Children's Disability Service, at which young people from across the East Midlands came together to discuss the impact of the 2014 SEND Reforms on themselves, and how they should be involved in making decisions which will affect them now and in the future. Feedback from young people about the event included: *"Everyone in the room had a voice and were able to join in. Every single person had been and felt able to contribute"*.

The SEND Accountability Board will use the evidence of an updated **Joint Strategic Needs Assessment (JSNA)** of children and young people with a disability in Nottinghamshire, to inform its planning and future activities.

Throughout the SSAP links will be provide to the relevant strategies and plans for the ease of cross-referencing. These will be updated over the lifetime of the Plan.

Comments and feedback about the SSAP are welcome and can be sent to the following e-mail address: [local.offer@nottscc.gov.uk](mailto:local.offer@nottscc.gov.uk)

## About the SEND Accountability Board

### The SEND Accountability Board's Vision

**The SEND Accountability Board's vision for the local area is for children and young people with SEND to be safe and happy, to have a good quality of life and opportunities to achieve their aspirations, to develop their independence and make a positive contribution to society. The partnership is committed to the co-production of services with families and listening to the voices of children and young people.**

The SEND Accountability Board will lead and co-ordinate the continuous improvement of Nottinghamshire's implementation of the [Children's and Families Act 2014](#), and the [SEND Code of Practice](#). The Board provides the opportunity for partners in Nottinghamshire to fulfil the duty to co-operate, as outlined in Section 28 of the Children and Families Act (2014). The Board's establishment was approved by the County Council's Children and Young People's Committee in September 2016.

The purpose of the SEND Accountability Board will be to:

1. To facilitate partnership and multi-agency leadership of SEND in the local area.
2. To develop and monitor the delivery of the multi-agency local area SEND Strategic Action Plan.

3. To monitor the local area's continuous improvement approach to the implementation of the SEND reforms.
4. To consider and approve the actions required to progress 'areas for development' as identified by the Joint Care Quality Commission and Ofsted Inspection in June 2016.
5. To ensure the recommendations of the 2015-2016 Nottinghamshire SEND Review and the Improving Outcomes for Children and Young People with Disabilities Programme are implemented in full.
6. To approve the annual update of the SEND Local Area Self Evaluation document, to ensure that an accurate picture of performance and progress is maintained.
7. To ensure that the views of children and young people and their parents/carers inform the work of the Board and its action plan.
8. To inform the focus of future triennial statutory review of SEND arrangements.
9. To ensure agreed actions are aligned to the key responsibilities of all statutory partners and their duty to co-operate, as outlined in Section 28 of the Children and Families Act 2014.
10. To support, monitor and approve the work of the SEND Strategic Development Lead.

#### **Organisations represented on the SEND Accountability Board**

- **Nottinghamshire County Council**
- **Clinical Commissioning Groups**
- **Post 16 Learning Providers**
- **Nottinghamshire Participation Hub**
- **Schools**

The Board will be chaired by the Corporate Director for Children, Families and Cultural Services, and will meet at least three times per year. The Board's members will represent the views of their services, and will take responsibility for communications between the Board and their service.

The Board's Terms of Reference, including its membership will be reviewed every twelve months.

## How we will deliver the Plan

The landscape of children's services both nationally and in Nottinghamshire is continuing to change with a number of key drivers including: national government policy including the SEND Reforms in 2014, significant financial pressures, the need to manage an increasing demand upon services and greater scrutiny from regulatory frameworks.

These challenges will impact directly on the way services are delivered to children, young people and their families. There will be a narrower range of services on offer with fewer people employed to deliver them. The use of technology will increase partly in response to the demand from service users, but also to deliver the services at reduced cost.

These changes have already been underway for a number of years and to date the quality of services have remained good, or even improved. Maintaining this position will be one of the biggest challenges for all partners in Nottinghamshire.

To be successful the partnership will need to have:

- A clear vision
- A better understanding of and a focus on meeting the local needs of children, young people and families
- A range of services delivered through different models and suppliers to ensure value for money
- A commitment to developing the children's workforce to ensure all staff are equipped to meet the new challenges
- A shared understanding and commitment to the co-production of services with children, young people and families.

The new Integrated Children's Disability Service (ICDS) was launched in September 2016. The new Service was developed in order to improve the experience for children, young people and their families, to reduce duplication, to share resources and to identify efficiencies across Social Care, Education and Community Health Services.

These developments were driven by the outcomes from consultations with families who told us they wanted:

- Better advice/information about what services are available
- Better advice/information on local options and activities and how to access them
- More advice and support on specific areas, particularly Autism
- More face-to-face advice/ support
- Access to the right services at the right time
- To stop having to keep repeating their story to different professionals.

Over the next couple of years it is anticipated that the further integration of services will take place. To support this ongoing process of integration, it is important that there are improved arrangements for the sharing of information and a focus on joint workforce development activities.

## How we will communicate the Plan

**The Send Accountability Board is committed to communicating effectively with stakeholders in Nottinghamshire including children, young people, parents and carers.**

**The Board will:**

- Consult/engage with stakeholders to obtain their views of the Board's Strategic Plan
- Maintain a consistent approach to how we communicate
- Ensure key messages are delivered to the right people at the right time
- Identify and utilise the appropriate communication tools for the desired audience
- Manage stakeholder expectations, keeping them updated with the Plan's progress.

**The Board will use the following methods to communicate with stakeholders:**

- Published minutes and papers of Board meetings, together with progress reports on the Local Offer website
- Partners' websites
- School's Portal
- Articles in the IRIS magazine
- Governors newsletters / information hub

**The Board will consult with stakeholders during the life of the Plan through a range of activities including:**

- SEND Accountability Board Meetings
- Workstream leads for the Strategic Action Plan
- Nottinghamshire's County Council's Children and Young People's Committee
- Nottinghamshire Health and Wellbeing Board
- Meetings of partners' senior leadership teams
- Head Teacher briefings
- Meetings of and events organised by the Nottinghamshire Participation Hub
- Stakeholder events i.e. Family Information events, Children's Trust Roadshows.

## Workstream 1

# Plans and Pathways

### What are our outcomes?

- Children, young people and their families will feel listened to.
- Individual children and young people's progress will be measured effectively.
- Families will find it easy to understand and access short breaks.
- The workforce will be skilled and knowledgeable to deliver services that are person centred and co-produced.
- Children, young people and their parents will feel better prepared for adulthood.
- Individual and service performance will be measurable and the ICDS service will continually improve.

### What will success look like?

- Children, young people and their families will be involved in shaping the service and their own individual plans.
- Education, Health and Care (EHC) and Short Break Plans will contain good quality, time limited targets with clear outcomes.
- A refreshed short break offer will be in place that has been co-produced with families and which is financially sustainable.
- An ICDS quality performance framework will be in place and embedded.
- There will be a core training offer in place which will support an outcome focused approach to planning and the practice of co-production.
- EHC Plans will better reflect the health and social care needs of children and young people.
- Preparation for adulthood will be ongoing and a key feature in all EHC Plans.

### What children, young people and families tell us?

- The current short break offer is too complicated.
- Parents and carers only want to tell their story once.
- Parents, children and young people value their short break.
- Parents feel that EHCP's are more holistic and child focused but identified a number of areas for improvement.
- Parents are positive about the support they receive from the SEND. Information and Advice Service (Ask Us Nottinghamshire), but many do not know about the Local Offer.
- Many parents feel that professionals in the education, health and care sector do not always take their views into account.
- Most parents report that their regular meetings with professionals, such as annual reviews, are useful.

Key activities for 2017-2019	Who will be involved	How will it be measured
To develop and implement an EHC Pathway Quality	NCC (ICDS, Quality & Improvement Group, Children's and Adult Social Care, Support to Schools)	EHCP Quality Assurance Strategy in place EHCP Audit Tool in place

Key activities for 2017-2019	Who will be involved	How will it be measured
Assurance Framework	Health	<p>Training delivered to EHCP assessment officers and partners re writing for smart, measurable outcomes</p> <p>Audit findings reported to quality and performance board on a quarterly basis</p>
To review current pathways to ensure that they are aligned	NCC (ICDS, Family Service, Support to Schools) Health	EHCP, Concerning Behaviour Pathway and Pathway to Provision will be aligned and described in the Pathway to Provision document
To review the community short break offer	NCC (ICDS, Transitions Team, Children's Social Care, Access to Resources Team, Programmes & Projects Team) Nottinghamshire Participation Hub (NPH)	A new Short Break offer will be in place, which is financially sustainable,, easy to understand access, and has been co- produced with parents, child, young people and partners
To improve the co-production and engagement with children, young people and families	NCC (ICDS, Children's Social Care, Support to Schools, Transitions) NPH Children and young people Health Children's Social Care Support to Schools Transitions Schools	<p>Clear local area definition of co-production will be agreed and in place</p> <p>EHCP Audit tool will check that the voice of parents, children and young people are recorded in EHCP's</p> <p>ICDS Service user satisfaction survey will be issued to families following completion of the EHCP process</p> <p>Learning and development opportunities will be established and rolled out to strengthen partners awareness of co-production</p>

Key activities for 2017-2019	Who will be involved	How will it be measured
To develop a commissioning model which ensures places at maintained Nottinghamshire special schools are considered, before a placement with an Independent Non-Maintained provider is considered	NCC (ICDS, Children's Social Care, Support to Schools) Special Schools	Special schools admission policy in place and being consistently applied ICDS school consultation policy in place to support current practice
To revise and update the partnership's Integrated Commissioning Strategy for SEND	NCC (ICDS) Health	Sign off of revised strategy at Health and Wellbeing Board
To ensure that the Local Offer is up to date, easy to access, signposts families to support and is effectively publicised	NCC (ICDS) NPH Health Nottinghamshire Ask Us	Local Offer's marketing strategy in place Local Offer's communication strategy in place Annual audit of families and professionals to gain feedback on the use and quality of the Local Offer



## Workstream 2

## Health

### What are our outcomes?

- The workforce is appropriately skilled & informed to support integrated planning & commissioning of health support through the graduated response, and statutory assessment process for SEND.
- The health needs of children with special educational needs are met in an integrated, effective and cost effective way.
- Children, young people and families are empowered and supported to meet health needs, including appropriate preparation for adulthood.

### What will success look like?

- Children and young people with SEND are planned for and achieve the best possible health outcomes for them and their needs.
- The health components of the graduated response and EHC pathway and process are effective and fit for purpose.
- Children, families and partners are satisfied with the quality and effectiveness of health contributions to multi-agency planning and commissioning for SEND (CCG statutory duties).
- Health services, and the wider SEND system in Nottinghamshire know what the health SEND offer is, and how to access it.

### What children, young people and families tell us?

- Transition between children's and adults services is a cliff edge.
- Generally services are good, but knowing how to get them is difficult.
- Services are often not joined up, and don't work together.
- People view my child in parts.
- I don't want to have to tell my story lots of times to lots of people.
- They want coordinated assessments, plans and care.
- Parents do not always understand the 'Concerning Behaviours Pathway'.
- Information to be shared across services.
- Key workers who they know well
- A system that isn't complex.
- To have more say and control over the care and services they receive.
- For 'us' to stop asking what they would like, and give it to them!

Key activities for 2017-2019	Who will be involved	How will it be measured
To deliver continuous improvements to health services for children with SEND through collaborative & creative commissioning	Clinical Commissioning Groups NHS Providers	The transformation programme & associated improvement plan for the Integrated Community Children and Young People's Healthcare Programme (ICYPH) is implemented (Mid and South Nottinghamshire)



Key activities for 2017-2019	Who will be involved	How will it be measured
	Children's and Adult Social Care	Paediatric (acute & community) medical & nursing services reviewed and findings implemented (Mid and South Nottinghamshire, Nottingham University Hospitals, Sherwood Forest Hospitals)
To develop a SEND health offer for Nottinghamshire, that is well communicated and understood	Clinical Commissioning Groups NHS Providers NCC (ICDS) Nottinghamshire Participation Hub (NPH) Children and young people	Current provision for meeting health needs of children & young people scoped Communications strategy utilising the Local Offer website is developed
To strengthen the skills and knowledge of health practitioners and leaders, to improve the quality of health contributions through integrated planning and commissioning	Clinical Commissioning Groups NHS Providers NCC (ICDS)	Implementation of 'SEND Champions' in all providers of health services is considered Informal multi-practitioner sessions to support networking across different disciplines are delivered Template for health contributions to Education, Health and Care Plans developed
To facilitate integrated personalised commissioning and planning through use of digital resources	Clinical Commissioning Groups NHS Providers	Use of 'recap' to support families and children to access personalised information on the child's needs is developed (ICCYPH Mid and South Nottinghamshire)
To develop a new approach to health enabling support for families, in particular in preparing for adulthood, including managing family expectations	Clinical Commissioning Groups NHS Providers NCC (Children's and Adult Social Care)	The practice of initial conversations between practitioners & families on managing expectations & the co-production of fixed term interventions developed Improved communications and co-production to support transitions to adult health services Arrangements strengthened for the ending of episodes of care including commissioning

Key activities for 2017-2019	Who will be involved	How will it be measured
To improve quality of health contribution to EHCPs	Clinical Commissioning Groups NHS Providers NCC (ICDS, Children's and Adult Social Care)	Audit of EHC Plans completed using the agreed audit tool and recommendations implemented
To implement the Future in Mind Transformation Plan to improve services for children and young people with SEND who have emotional and mental health difficulties	Clinical Commissioning Groups NHS Providers NCC (ICDS & Support for Schools) Schools Voluntary Sector	Through the Children and Young People's Mental Health outcomes and quality framework

Final

## Workstream 3

## Education Provision: Sufficiency and Quality

### What are our outcomes?

#### The sufficiency of education provision

More children and young people with SEND will be placed in a school closer to their home.

Increased capacity in Nottinghamshire's maintained special schools, leading to a reduced reliance on the independent non-maintained sector.

#### The quality of education provision

All partners will have a shared vision of *inclusion* in Nottinghamshire.

Support services and resources will be developed to make best use of resources, in order to meet the identified needs of children, young people and schools.

### What will success look like?

#### Sufficiency of Provision:

- Capacity in maintained special schools is increased by 150 places over the next five years.
- An increased proportion of children and young people with SEND will attend a special school closer to their home.

#### Quality of Provision:

- The Schools and Families Specialist Service (SFSS) will be structured to best meet the needs of schools, children, young people and their families.
- There will be a consistent approach to the Family SENCO role across Nottinghamshire.
- There will be a clearly defined SEND training offer for the partnership, including access to a toolkit of resources.

### What do our partners, children, young people and families tell us?

- Teachers and school leaders are complementary about the support provided by the local authority.
- Most parents find meetings such as the annual review useful.
- Schools and colleges feel that transfer arrangements including the provision of pupil information could be more consistent and timely.
- Families feel that there are overlaps and unnecessary transfers between team in the Schools and Families Specialist Service (SFSS).
- Health and education professionals tell us that advances in medical practice is resulting in an increase in the numbers of children and young people with the most complex needs.

### Key activities for 2017-2019

### Who will be involved

### How will it be measured

To develop a shared understanding of what is meant by *inclusion* & the

Nottinghamshire County Council, schools, health

Policy statement agreed and approved by Partners including the SEND Accountability Board

Key activities for 2017-2019	Who will be involved	How will it be measured
<i>graduated response in Nottinghamshire</i>	commissioners, parents and carers	
To review the role and function of the Family SENCO	Schools Families Specialist Service (SFSS), Family SENCO Network ICDS	Core elements of the Family SENCO role are agreed and implemented
To review the organisation of the Schools and Families Specialist Service	SFSS ICDS Schools	Revised structure is implemented and duplication minimised
To develop a partnership SEND training offer	NCC (Support to Schools Service, Quality & Improvement, ICDS, Children's Social Care Family Service) Family SENCOs, Health	SEND training offer is developed and marketed across the partnership
To review the Children's Missing Education Strategy section for vulnerable groups and the supporting processes to ensure that vulnerable children and young people will receive their full educational entitlement wherever appropriate	NCC (Support to Schools Service, Family Service, ICDS and Children's Social Care)	More children and young people with SEND receive their full educational entitlement
To improve the sharing of information about children and young people at key points of transition, including the early identification by health partners of children with SEND and the notification to the local authority	Health NCC (Support to Schools Service) Schools Early Year's settings	Transfer protocol and checklist for schools is in place Process for the early identification of children with SEND by health and their subsequent notification to the local authority is in place

Key activities for 2017-2019	Who will be involved	How will it be measured
To increase the capacity in existing maintained special schools	Special Schools NCC (Support to Schools Service, ICDS, Property Services)	More children and young people with SEND attend local maintained special schools  Ability to commission mid-year places in special schools
To review and consult regarding the designation of all Nottinghamshire Special Schools	Special Schools Parents/Carers NCC (Support to Schools Service) Legal Services	Special schools will be designated to best meet the needs of children and young people, so they are better prepared for adulthood
To explore the creation of new special schools in Nottinghamshire	NCC (Support to Schools Service & Property Services) Regional Schools Commissioner Schools Funding Agency	New special schools will complement existing provision and meet local demand

Final

## Workstream 4

## Preparing for adulthood

**What are our outcomes?**

Young people with learning difficulties and/or disabilities are supported to develop into adulthood to lead secure, meaningful and fulfilled lives within their local communities.

**What will success look like?**

- There will be an increased level of confidence among young people and their parents/ carers about pathways into adulthood, including employment.
- There will be increasing effective inter-agency collaboration and creativity through joint planning with partners including health.
- The focus of preparing for adulthood will be on outcomes rather than provision.

**What children, young people and families tell us?**

- There is a lack of clarity about options and the thresholds post 18.
- Planning for transitions does not take place early enough in a young person's life.
- The move between children's and adult services can feel like a 'cliff-edge'.

Key activities for 2017-2019	Who will be involved	How will it be measured
To complete the development of the interactive transitions pathway and share it with key delivery partners	NCC (ICDS, Adult Social Care, Schools and Families Specialist Service (SFSS)), Health Commissioners and Education Providers	Sample testing of reviews in schools to ensure that transition is being embedded from Year 9
To embed & monitor the implementation of the Transitions Protocol through the development of a quality assurance monitoring tool	NCC (ICDS, Adult Social Care, SFSS), Health Commissioners and Education Providers	Quality assurance tool established which identifies improved arrangements for transitions
To review the Post-16 Curriculum across all educational settings	NCC (CFCS) and Education Providers	Report and recommendations feeding into the High Needs Block funding strategy
To develop an Employability Strategy	NCC (CFCS, Adult Social Care and Economic	Development and implementation of an Employability Strategy

Key activities for 2017-2019	Who will be involved	How will it be measured
	Development), Nottingham City & Futures	
To promote options and pathways into adulthood	NCC (CFCS & Adult Social Care) and Ask Us	<ul style="list-style-type: none"><li>• Event targeted at families and young adults</li><li>• Focus groups with disadvantaged families</li></ul>

Final Draft



**Appendix A: Key areas for development identified by: (1) the Care Quality Commission and Ofsted Joint SEND Inspection, June 2016; (2) the Nottinghamshire SEND Review; and (3) the Improving Outcomes for Children and Young People with Disabilities Programme**

Key to table

Workstream	
	Plans and Pathways
	Health
	Education Provision (which has two strands: sufficiency and quality)
	Preparing for Adulthood

Draft

	Area for development	Care Quality Commission & Ofsted Joint SEND Inspection	Nottinghamshire SEND Review	Improving Outcomes for Children & Young People with Disabilities Programme
1	To ensure that services engage with families as early as possible, and take a 'tell it once' approach.	YES		YES
2	To undertake a review of Short Breaks (residential short breaks as part of Remodelling Children's Care Project).			YES
3	To ensure that co-production is at the centre of services for children and young people with SEND and their families including assessment processes.	YES	YES	YES
4	To ensure consistency of communications with families and partners by ensuring that the Local Offer is up to date, easily	YES	YES	YES



	Area for development	Care Quality Commission & Ofsted Joint SEND Inspection	Nottinghamshire SEND Review	Improving Outcomes for Children & Young People with Disabilities Programme
	accessible which signposts families to support and is effectively publicised.			
5	To develop a quality assurance framework for Education, Health and Care (EHC) Plans including a focus on improved outcomes for children and young people.	YES	YES	
6	To revise professional contribution proformas required for EHC assessment in partnership with health, social care and education colleagues.		YES	
7	To ensure EHC Plans include sufficient information about the health and care needs of children and young people and have good quality and time limited targets so that progress can be measured.	YES		
8	To develop a commissioning model which ensures places at maintained Nottinghamshire special schools are considered before a child or young person is placed with an Independent Non-Maintained providers.		YES	
9	To revise and update the partnership's Integrated Commissioning Strategy for SEND.		YES	
10	To review and evaluate the concerning behaviours pathway.		YES	
11	To establish an effective process for health partners to inform the local authority when they identify that a child or young person has SEND.	YES	YES	

	Area for development	Care Quality Commission & Ofsted Joint SEND Inspection	Nottinghamshire SEND Review	Improving Outcomes for Children & Young People with Disabilities Programme
12	To ensure that services in the local area supporting children and young people with SEND have a consistent plan and approach to emotional health and well-being.		YES	
13	The County Council together with health partners to ensure that special schools have access to equipment suitable to meet the needs of children with complex conditions.		YES	
14	To ensure that the newly commissioned integrated community healthcare service is effective in the provision of therapy services.	YES		
15	To design a SEND pupil information transfer protocol and check list to be used when a child or young person with SEND moves to a different education setting.		YES	
16	To develop and implement a special school admissions protocol will be developed and implemented in partnership with head teachers and the Integrated Children's Disability Service.		YES	
17	The County Council to explore the potential to re-designate special schools as 'all age' including early years education provision.		YES	
18	To review the role and function of the family SENCO to ensure consistency throughout Nottinghamshire, with a view to increasing attainment and participation of children and young people with SEND.		YES	

	Area for development	Care Quality Commission & Ofsted Joint SEND Inspection	Nottinghamshire SEND Review	Improving Outcomes for Children & Young People with Disabilities Programme
19	To review the teams within the Schools and Family Specialist Services (SFSS) to ensure that unnecessary points of transfer are avoided for families.		YES	
20	The County Council and partners to seek investment to upgrade and expand existing special schools; and, or for the creation of new special schools to meet expected increases in demand for places.		YES	
21	To ensure more effective use of existing premises for the co-location of services by the County Council and partners.		YES	
22	To develop stronger strategies to prevent poor school attendance and to mitigate the risk of exclusion amongst children and young people with SEND.	YES	YES	
23	To develop a multi-agency core SEND training offer and a SEND Kitemark to encourage and celebrate good practice.		YES	
24	To embed & monitor the implementation of the Transitions Protocol through the development of a quality assurance monitoring tool.	YES		YES
25	To develop an interactive website in collaboration with Adult Social Care and Health to support preparation for adulthood.	YES		YES



6 September 2017

Agenda Item: 5

## **REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE, HEALTH AND PUBLIC PROTECTION**

### **BETTER CARE FUND 2017/19 PLAN**

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

1. This report sets out progress to date against the Nottinghamshire Better Care Fund (BCF) plan and requests that the Health and Wellbeing Board:
  - Approve the 2017-19 BCF Plan for submission to NHS England.
  - Note the assurance processes.
  - Delegate approval of the assurance plans within the required timeframes to the Corporate Director, Adult Social Care, Health and Public Protection (as Chair of the BCF Steering Group) in consultation with the Chair and Vice-Chair of the Health and Wellbeing Board.

#### **Information and Advice**

2. The Better Care Fund Policy Framework and planning guidance for 2017-19 have been published and our plan has been drafted to reflect this guidance. In summary, the BCF plan contains the following elements:
  - Narrative plan and BCF national conditions
  - Confirmation of funding contributions and scheme level spending plan
  - National metrics
3. Prior to the plan being drafted in January 2017 an extended board meeting was held with partners to review our BCF plan using the Better Care Support Team self-assessment tool. We had good engagement in the event and have identified a number of successes and areas for action during 2017/18 which are included in the plan. Successes include:
  - Relationships between partners have improved through the development of the STP.
  - Good progress on developing underpinning integrated datasets and information systems with a strong Local Digital Roadmap in place, e.g. NHS number recorded in 85% of cases.
  - Risk stratification tools embedded in practice and profiles understood across the county.
  - Reporting and monitoring of Delayed Transfers of Care (DTC) has improved in 2016/17 with the system receiving congratulatory letters from Jeremy Hunt.
  - Protocols and processes are in place between front-line teams to enable them to work proactively across organisational boundaries, e.g. the Bassetlaw Integrated Discharge Team nominated for the Care Team of the Year at the East Midlands Care Awards.

## Narrative Plan

4. Advice from NHS England suggests that an updated narrative is needed for each element of the narrative BCF plan, which includes:
- The local vision for health and social care services – including our approach to integration
  - An evidence base supporting the case for change
  - A coordinated and integrated plan of action for delivering that change
  - A clear articulation of how they plan to meet each national condition
  - An agreed approach to financial risk sharing and contingency
5. The national conditions outlined in the guidance are as follows in Table 1.

*Table 1 – BCF National Conditions*

<b>BCF National Condition</b>	<b>2014/15 (shadow year)</b>	<b>2015/16</b>	<b>2016/17</b>	<b>2017/19</b>
Plans to be jointly agreed	X	X	Revised requirement for housing colleagues to be involved in developing and agreeing plans.	X
Maintain provision of social care services (not spending)	X	X	X	X
Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate.	X	X	X	
Better data sharing between health and social care, based on the NHS number	X	X	X	
Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional.	X	X	Revised requirement for dementia services to be a particular priority.	
Agreement on the consequential impact of changes in the acute sector	X	X	Revised requirement to include any provider substantially affected by plans	
Agreement to invest in NHS commissioned out-of-hospital services - Pay for Performance will not be included in the plan but we will have to demonstrate how the			X	X

<b>BCF National Condition</b>	<b>2014/15 (shadow year)</b>	<b>2015/16</b>	<b>2016/17</b>	<b>2017/19</b>
£1bn nationally previously for Pay for Performance will support NHS commissioned out of hospital services including social care.				
Agreement on a local target for Delayed Transfers of Care (DTC) and to develop a joint local action plan.			X	
Manage transfers of care				X

6. Whilst the number of national conditions is due to reduce in 2017/19, there is an emphasis on maintaining progress against the five additional national conditions outlined in 2016/17 policy.

### **Funding contributions and scheme level spending plan**

7. BCF allocations were published 8 February 2016. Part 2 of the plan indicates the funding contributions and scheme level spending plan. A summary of the contributions and schemes is in Tables 2 and 3 below. There are no additional contributions on top of the mandated minimum requirements for 2017-19.

8. A Pooled Fund Agreement for 2017/18 has been drawn up and constituent organisations approved the agreement by end of March 2017 to ensure that an agreed protocol was in place.

*Table 2 - Funding contributions by organisation 2016/17*

<b>Funding Source</b>	<b>2016/17</b>	<b>2017/18</b>	<b>2018/19</b>
<b>CCG Minimum Contribution</b>			
NHS Bassetlaw CCG	£7,554,470	£7,689,695	£7,835,799
NHS Mansfield and Ashfield CCG	£12,589,768	£12,815,124	£13,058,612
NHS Newark and Sherwood CCG	£8,002,985	£8,146,239	£8,301,017
NHS Nottingham North and East CCG	£9,243,676	£9,409,138	£9,587,911
NHS Nottingham West CCG	£6,265,761	£6,377,919	£6,499,099
NHS Rushcliffe CCG	£6,973,951	£7,098,785	£7,233,662
<b>Local Authorities Contribution</b>			
Improved BCF (adult social care)	N/A	£16,060,542	£21,590,371
Disabled Facilities Grant	£5,475,413	£5,958,425	£6,441,437
<b>Total</b>	<b>£56,106,024</b>	<b>£73,555,867</b>	<b>£80,547,908</b>

*Table 3 - Scheme level spending plan summary*

<b>Ref no.</b>	<b>Scheme</b>	<b>Locality</b>	<b>2017/18</b>	<b>2018/19</b>
----------------	---------------	-----------------	----------------	----------------

Ref no.	Scheme	Locality	2017/18	2018/19
A.	Seven Day Working	South Nottinghamshire	£707,049	£721,034
B.	Delayed Transfers of Care	South Nottinghamshire	£5,396,574	£5,492,666
C.	Reducing non-elective admissions	South Nottinghamshire	£6,887,054	£7,023,280
D.	Support to social care	South Nottinghamshire	£257,984	£263,087
E.	Enabling	South Nottinghamshire	£408,899	£416,987
F.	Proactive care (community based)	Mid-Nottinghamshire	£12,425,170	£12,684,446
G.	Patient and carer support	Mid-Nottinghamshire	£267,122	£272,707
H.	Better Together Implementation Support	Mid-Nottinghamshire	£416,991	£401,206
I.	7 day access to services	North Nottinghamshire	£666,307	£753,567
J.	Mental Health Liaison	North Nottinghamshire	£440,337	£440,777
K.	Discharge / Assessment incl. Intermediate Care	North Nottinghamshire	£3,105,283	£3,107,780
L.	Respite services	North Nottinghamshire	£21,000	£21,000
M.	Improving Care Home quality	North Nottinghamshire	£75,000	£75,000
N.	Telehealth	Countywide	£455,305	£455,610
O.	Support for carers	Countywide	£1,244,892	£1,268,544
P.	Protecting social care	Countywide	£16,739,366	£17,057,413
Q.	Disabled Facilities Grant	Countywide	£5,958,425	£6,441,437
R.	Enabling Care Act statutory responsibilities and meeting demand implications	Countywide	£2,022,567	£2,060,996
S.	Improved BCF (adult social care)	Countywide	£16,060,542	£21,590,371

9. Having reviewed BCF schemes as part of the evaluation process, there are no material changes to schemes / services within the Nottinghamshire BCF 2017/19 plan.

### National metrics

10. The national performance metrics have remained consistent from 2015/16 plans. Further details are available in Table 4.





Table 4 – national metrics

Metric	New / Revised Requirement
Total non-elective admissions in to hospital (general & acute), all-age, per 100,000 population	Definition change from 2014/15 – to use Secondary Uses Service (SUS) data instead of Monthly Activity Return (MAR) data as in CCG operational plans. Requirement for Nottinghamshire resident population remains.
Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	Definition change from 2014/15 reflected in changes approved by HWB in October 2015. New targets set using BCF ready reckoner.
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Definition change from 2014/15 reflected in changes approved by HWB in October 2015. New targets set using BCF ready reckoner.
Delayed transfers of care (delayed days) from hospital per 100,000 population (average per month)	Requirement for Nottinghamshire resident population remains.

11. From April 2017 the local metrics will no longer be reportable to NHS England but will continue to form part of the local performance monitoring:

- Citizen experience as measured through a suite of health and care measures
- Permanent admissions of older people (aged 65 and over) to residential and nursing care homes directly from a hospital setting per 100 admissions of older people (aged 65 and over) to residential and nursing care homes

### Assurance Process

12. The assurance process will follow a similar process for plans developed for 2016/17. The key assurance processes will be at regional level as part of the wider assurance of NHS operational plans, but with the involvement of local government. The assurance process, including reconciling any data issues will happen within NHS England's Director of Commissioning Operations (DCO) teams, with partner involvement, in alignment with the process for reviewing CCG operating plans. The regional Better Care Fund Manager (BCM) will work with these teams to ensure they have the knowledge and capacity required to review and assure BCF plans. A consistent 'Key Lines of Enquiry' (KLOE) has been produced to support the assurance process and was made available to local areas as a guide to developing plans. Key requirements for the assurance process and timescales are shown in table 5.

Table 5 - BCF assurance process

Milestone	Date
Publication of Government Policy Framework	31 March 2017
BCF Planning Requirements, BCF Allocations published	4 July 2017
Planning Return template circulated	w/e 7 July 2017
First Quarterly monitoring returns on use of IBCF funding from Local Authorities.	21 July 2017
Areas to confirm draft DToC metrics to BCST	21 July 2017
BCF planning submission from local Health and Wellbeing Board areas (agreed by CCGs and local authorities). All submissions will need to be sent to DCO teams and copied to <a href="mailto:england.bettercaresupport@nhs.net">england.bettercaresupport@nhs.net</a>	11 September 2017

<b>Milestone</b>	<b>Date</b>
Scrutiny of BCF plans by regional assurers	12 – 25 September 2017
Regional moderation	w/c 25 September 2017
Cross regional calibration	2 October 2017
Approval letters issued giving formal permission to spend (CCG minimum)	From 6 October 2017
Escalation panels for plans rated as not approved	w/c 10 October 2017
Deadline for areas with plans rated approved with conditions to submit updated plans.	31 October 2017
All Section 75 agreements to be signed and in place	30 November 2017
Government will consider a review of 2018-19 allocations of the IBCF grant provided at Spring Budget 2017 for areas that are performing poorly. This funding will all remain with local government, to be used for adult social care.	November 2017

### **Other options**

13. The report is presented to the Board to meet the Department of Health requirement for the Health and Wellbeing Board to approve the plans before submission.
14. The content of the plan has been drafted to reflect the required standards set out in the BCF Policy Framework, Planning Guidance and Key Lines of Enquiry, and in keeping with previous principles:
- For additional financial allocations to the BCF pooled fund to be made at each organisations' discretion
  - To align BCF performance targets with organisational targets to ensure consistency
  - Not to establish further risk share or contingency arrangements

### **Reasons for Recommendations**

15. To ensure the HWB has oversight of progress with the BCF plan and can discharge its national obligations for reporting.
16. To obtain approval for the revisions to the Nottinghamshire BCF plan as outlined above.

### **Statutory and Policy Implications**

17. 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**

18. The financial implications are outlined in the Nottinghamshire BCF plan. A summary can be found in tables 2 and 3.

### **Human Resources Implications**

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

### **Legal Implications**

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

## **RECOMMENDATIONS**

That the Board:

1. Approve the 2017-19 BCF Plan for submission to NHS England.
2. Note the assurance processes.
3. Delegate approval of the assurance plans 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.

**David Pearson**

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

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

**Joanna Cooper Better Care Fund Programme Manager**

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

0115 9773577

### **Constitutional Comments (SLB 22/08/2017)**

21. The Health and Wellbeing Board is the appropriate body to consider the content of this report.

### **Financial Comments (OC 22/08/17)**

22. The financial implications are contained within the body of the report. They are summarised in the tables found in paragraph 8.

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

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

- “Better Care Fund: Guidance for the Operationalisation of the BCF in 2015-16”.  
<http://www.england.nhs.uk/wp-content/uploads/2015/03/bcf-operationalisation-guidance1516.pdf>
- Better Care Fund – Final Plans 2 April 2014
- Better Care Fund – Revised Process 3 June 2014
- Better Care Fund Governance Structure and Pooled Budget 3 December 2014
- Better Care Fund Pooled Budget 4 March 2015
- Better Care Fund Performance and Update 3 June 2015
- BCF Performance and Finance exception report - Month 3 2015/16
- Better Care Fund Performance and Update 7 October 2015
- Letter to Health and Wellbeing Board Chairs 16 October 2015 from Department of Health and Department of Communities and Local Government “Better Care Fund 2016-17”
- Better Care Fund Performance and Update 2 December 2015
- 2016/17 Better Care Fund: Policy Framework  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/490559/BCF\\_Policy\\_Framework\\_2016-17.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/490559/BCF_Policy_Framework_2016-17.pdf)
- Better Care Fund Performance and Update 2 March 2016
- Better Care Fund 2016/17 Plan 6 April 2016
- Better Care Fund Performance and Update 6 June 2016
- Better Care Fund Performance, 2016/17 plan and update 7 September 2016
- Better Care Fund Performance 7 December 2016
- Better Care Fund Performance 29 March 2017
- Better Care Fund Performance 28 June 2017

## **Electoral Divisions and Members Affected**

All





**6 September 2017**

**Agenda Item: 6**

**REPORT OF COUNCILLOR JOHN DODDY, CHAIR OF THE HEALTH AND  
WELLBEING BOARD  
REFRESH OF THE NOTTINGHAMSHIRE JOINT HEALTH AND WELLBEING  
STRATEGY**

**Purpose of the Report**

1. To describe progress so far in the refresh of the Nottinghamshire Joint Health and Wellbeing Strategy and secure approval to launch the formal stakeholder consultation for the 2018-2021 Strategy.

**Information and Advice**

2. A statutory function of the Health and Wellbeing Board is to produce a [Joint Strategic Needs Assessment](#) (JSNA) which identifies the current and future Health and Wellbeing needs of the local population. This in turn informs the priorities in the Joint Health and Wellbeing Strategy. The Strategy is the main way in which the Board executes its statutory responsibilities to:-

- Improve the health and wellbeing of the people in their area
- Reduce health inequalities
- Promote the integration of services

Nottinghamshire's first Health and Wellbeing Strategy covered 2014-2017, so a refresh is now due. In developing the second strategy, it is important to acknowledge the foundations established and lessons learnt along the way. The wider context in which the Board and Strategy operates has also evolved since 2014.

3. We are living longer than ever. However, these additional years are not always spent in good health. There is a gap between overall life expectancy at birth (how long a person can expect to live) and Healthy Life Expectancy (HLE) at birth (the average number of years a person would expect to live in good health). In Nottinghamshire overall, this means that men on average will live until they are 79.4 and 61.1 of those years will be in good health, for women life expectancy averages 82.8 years, with 62.2 in good health (based on data from 2013-15).
4. However, using these indicators at a County level masks the differences between communities. As an example in our communities of highest need HLE for men is 51 years, which means that a for a man living in that area they will be experiencing 15 years of ill health before reaching the current state pension age (66yrs), this will have implications both for them in terms of their quality of life but also for the local economy. For those in the most affluent of communities HLE is 73 years for men which means that they will experience 7 years of good health after reaching state pension age.

5. In December 2015, the NHS document 'Delivering the Forward View: NHS Shared Planning Guidance 2016/17 – 2020/21' outlined a new approach to help ensure that health and care services are built around the needs of local populations. To do this, every part of the health and social care system in England is required to produce a multi-year Sustainability and Transformation Plan (STP), showing how local services will evolve and become sustainable over the next five years – ultimately delivering the Five Year Forward View vision of better health (for Nottinghamshire better health is defined in terms of improved HLE), better patient care and improved NHS efficiency. The residents of Nottinghamshire are covered by 2 STPs:-

- Nottingham and Nottinghamshire
- South Yorkshire and Bassetlaw.

The Better Care Fund (more recently the Improved Better Care Fund) incentivises the integration of care services in line with the STP. It creates a local single pooled budget to encourage the NHS and social care to work more closely together around people, placing their wellbeing as the focus of health and care services, and shifting resources accordingly.

6. More recently in the [Next Steps on the NHS Five Year Forward View](#), there was an announcement that a small number of STPs would become Accountable Care Systems (ACSs). These are to operate in 'shadow' form in 2017/18, becoming 'full' ACSs from 2018/19. ACSs involve all NHS organisations in a local area working together and in partnership with local authorities to take collective responsibility for resources and population health. They are expected to make faster progress than other STPs in transforming the way care is delivered, to the benefit of the population they serve. Nottinghamshire is to benefit from having both STPs identified as developing into Accountable Care Systems. For Nottingham and Nottinghamshire the initial focus will be on the Greater Nottinghamshire area.

7. Focusing solely on the most disadvantaged or 'in need' will not reduce health inequalities sufficiently. The Marmot report [Fair Society, Healthy lives](#) published in 2010 said that addressing the determinants of health and reducing health inequalities will require action through six policy objectives:-

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill-health prevention

Whilst some of these require action at a national level, local action is also required and need to be reflected in the Health and Wellbeing strategy.

8. Just like other areas in the UK, Nottinghamshire continues to experience budgetary pressures. 'The Nottinghamshire pound' is being stretched and this has driven a need to raise the threshold for accessing services. There has been more emphasis on people helping themselves and community members helping each other rather than relying on accessing services. It is therefore important that as much health gain as possible is secured from the



places in which we live, recognising the fact that the environments in which people are born, live, study, work, play and grow old shape their health outcomes.

In 2016 the LGA published [Health in All Policies \(HiAP\): a manual for local government](#)<sup>1</sup>. This builds on the findings of the Marmot report and the World Health Organisation which emphasise the facts that health starts long before illness, in our homes, schools and jobs. It advocates for the incorporation of health considerations into decision making across sectors. The idea being that partners work together to improve health and health equity (equal access to equal need) and at the same time advance other goals such as improved housing, educational attainment etc. HiAP “starts with the policy area e.g. economic development policy or transport policy not with the public health issue. This encourages thinking about the range of direct and indirect benefits/risks that can be created from that policy rather than ‘just’ addressing obesity or mental health.... Starting with a policy issue also demonstrates that this is about the core activities in that policy area, rather than a health add-on”. In other words it is about recognising potential health impacts in order to accentuate the health gains and where possible eliminate the negative. This type of approach has recently been referred to in ‘[Your Nottinghamshire your future](#)’ Nottinghamshire County Council’s new strategic plan (commitment 6). The plan has four ambitions:-

- A great place to bring up your family
- A great place to build your future
- A great place to enjoy your middle years and later life
- A great place to start and grow your business

Although none of these ambitions makes explicit reference to health, the reality is that there could be significant health gain if these were taken forward in a way that sought to improve health and reduce health inequalities as all 4 ambitions involve the social and economic determinants of health. This approach has the potential to complement the statutory responsibilities conferred on the NHS through the Health and Social Care Act 2012. The Act introduced the first legal duties to address health inequalities, with specific duties on NHS England and Clinical Commissioning Groups, as well as duties on the Secretary of State for Health

9. ‘Giving every child the best start in life’ is crucial for securing health and reducing health inequalities across the life course. The foundations for virtually every aspect of human development – physical, intellectual and emotional are laid in early childhood. What happens during these early years, starting in the womb, has life-long effects on many aspects of health and wellbeing from obesity, heart disease and mental health, to educational achievement and economic status<sup>2</sup>
10. In 2015 the Health and Wellbeing Board took part in a Local Government Association peer review. When they considered the Health and Wellbeing Strategy the reviewers concluded that there were too many priorities and some were ‘business as usual’ which didn’t need Board involvement. They made the following recommendations:-
  - The strategy should include fewer things and focus on those which could only be achieved with a combined approach

---

<sup>1</sup> <https://www.local.gov.uk/health-all-policies-manual-local-government>

<sup>2</sup> Fair Society, Healthy Lives (2010) – the Marmot review of health inequalities in England, p. 94

- Making the focus on reducing health inequalities clear and explicit across the work of the Health & Wellbeing Board and its Strategy.
- The Strategy should focus on outcomes and be supported by a simple delivery plan including simple measures and timescales to track success
- The Strategy should drive the health and wellbeing agenda across the county and be clear how it relates to the [service] transformation agenda.

The findings have been reflected in the development of the consultation draft.

11. Other partnership Boards also operate across Nottinghamshire e.g. Safer Nottinghamshire Board and the Children’s Trust Board. There will be some shared aspirations from a Health and Wellbeing perspective. In view of this it will be important during the refresh to identify where this occurs and agree how best to manage that relationship effectively given the statutory responsibilities that reside with the Health and Wellbeing Board. For instance the Safer Nottinghamshire Board’s vision is working together to enable and support communities to be safe, healthy, confident and thriving. It is evident from this that there is a common area of interest.

**Progress to date**

12. Currently the working assumption is that the **vision** from the first strategy is retained:

***To work together to enable the people of Nottinghamshire to live longer, be healthier and have a better quality of life, especially in communities with the poorest health.***

This statement reflects the Board’s belief that all residents in Nottinghamshire should have the opportunity to make the choices that allow them to live a healthy life, regardless of their income, education or ethnic background.

13. To achieve this the Health and Wellbeing Board will adopt the following approach to all its work.

The Nottinghamshire Health and Wellbeing Board will:

- Concentrate our efforts on issues that require a shared solution.
- Focus on measures which prevent the onset of health problems, disability or dependency.
- Take a life course approach as we recognise that poor outcomes often result from an accumulation of factors and poor life chances over time
- Place health and wellbeing equity at the centre of all public policy making by influencing other agendas e.g. environment planning and transport.
- Build on the strengths of our communities and use place based solutions
- Use the evidence base of what works to guide our decisions and when evidence is weak we will ensure we evaluate and learn
- Recognise that our citizens have a right to participate in the activities and relationships of everyday life as independently as possible and are an active partner in their own care or support rather than a passive recipient

- We will include wider partners such as voluntary and community organisations, service providers, patients/service users, carers and family members equally in planning, delivering and reviewing projects/services.

14. The **four strategic ambitions** proposed focus on how the Board ‘adds value’ and are:-

### A. Healthier decision making

We want to make sure that we influence decisions where there is the potential to impact on improving health and reducing health inequalities

### B. Healthy and Sustainable Places

We want to create places which maximise the health benefits for citizens that live or work in those places.

*This will mean influencing;*

- The food environment
- Physical activity
- Tobacco
- Mental wellbeing
- How we plan where we live - spatial planning
- Warmer and safer homes
- Stronger and resilient communities
- Jobs and work
- Domestic abuse
- Compassionate communities supporting those at the end of life
- Substance misuse (drugs and alcohol)
- ASD/Aspergers
- Carers
- Sexual health

*Together these will help to;*

- ✓ Reduce dental decay
- ✓ Reduce obesity
- ✓ Increase levels of physical activity
- ✓ Increase consumption of fruit and vegetables
- ✓ Reduce impact of smoking
- ✓ Reduce social isolation
- ✓ Improve self-reported well being
- ✓ Reduce impact of drugs and alcohol
- ✓ Improve air quality
- ✓ Reduce avoidable injuries (on the road and at home)
- ✓ Reduce preventable deaths
- ✓ Increase breast feeding
- ✓ Reduce unemployment rates
- ✓ Reduce suicide
- ✓ Improve quality of life for those living with dementia
- ✓ Reduce the prevalence of dementia, diabetes and other long term health conditions

### C. A good start in life

- Child poverty
- Children and young people are **safe**
- Children and young people are **happy and healthy**

### D. Transforming care services

The residents of Nottinghamshire are covered by 2 STPs; Nottingham and Nottinghamshire, South Yorkshire and Bassetlaw. Both STPs are expected to become Accountable Care Systems from 2018/19. Advanced plans are available to the public and already describe in some detail the transformation planned. These support the statutory requirements of the Health and Wellbeing to promote the integration of services

## Stakeholder Consultation proposal

15. The next stage in the development of the refreshed strategy is to secure feedback from stakeholders through consultation. A stakeholder analysis has been undertaken and this is included in Appendix B. The actual document to be consulted on is in appendix C.
16. The focus of the consultation will be online, with a dedicated web page on the Nottinghamshire County Council website. Advance notification has been sent to partners through the Health and Wellbeing Implementation Group, the Health & Wellbeing Board Stakeholder Network and through council and partner citizens and patient groups asking for the consultation to be highlighted and discussed at any meetings during the consultation period.
17. Further communication will be sent once the consultation has started and regular prompts will be issued throughout the consultation.
18. During the consultation period there will be 7 events held in each of the districts across the County. These will be hosted by the Health and Wellbeing Board jointly with the district council and CCG's. The events will be held on:-

District	Date	Time	Venue
Ashfield	3 October	5-7pm	Summit Centre
Bassetlaw	2 October	3-5pm	Retford Town Hall
Broxtowe	5 October	9.30-11.30am	Beeston Library
Gedling	15 September	1-3pm	St Georges Centre, Netherfield
Mansfield	29 Sept	1-3pm	The Towers
Newark and Sherwood	10 October	2-4pm	The Civic Suite, NSDC
Rushcliffe	25 September	10-12pm	Council Chamber, RBC

19. The consultation events will be publicised through the Stakeholder Network and anyone with an interest in health and wellbeing will be invited to attend. This will include service providers, voluntary and community organisations and members of the public.
20. The events will be organised to introduce the Health and Wellbeing Board and the context which it operates in, the role of the Joint Health and Wellbeing Strategy, the proposed approach for the vision, strategic ambitions and potential actions.
21. The consultation period will be from 6<sup>th</sup> September to 29<sup>th</sup> October 2017. Members of the Board will have a dedicated session on the 1<sup>st</sup> November when the initial findings of the consultation will be presented in order for the Board to develop the final version.
22. Whilst Board members will develop the final version of the Strategy and recommend it to Nottinghamshire County Council's Policy Committee, the Policy Committee is responsible for the final approval. This is because the Health and Wellbeing Board is a formal committee of Nottinghamshire County Council.
23. Following the approval of the Strategy then the Board will need to review its governance arrangements to ensure it is fit for purpose. This is being planned into the implementation phase for the new Strategy.

### **Impact on health inequalities**

24. One of the objectives of the statutory responsibilities of the Health and Wellbeing Board is to reduce health inequalities the Joint Health and Wellbeing Board Strategy is the main way in which this is done.

### **Statutory and Policy Implications**

25. 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) Note progress on the refresh of the Nottinghamshire Joint Health and Wellbeing Board Strategy
- 2) Discuss and agree the consultation approach proposed in the report.

**Barbara Brady**  
**Interim Director of Public Health**

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

Barbara Brady  
Interim Director of Public Health  
Tel: 0115 977 5781  
[barbara.brady@nottscc.gov.uk](mailto:barbara.brady@nottscc.gov.uk)

### **Constitutional Comments (SLB 22/08/2017)**

26. The Health and Wellbeing Board is the appropriate body to consider the content of this report.

### **Financial Comments (OC 23/08/2017)**

27. There are no financial implications contained in 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.

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

All



## Appendix A: Suggestions for priorities

Areas of Focus for the HWB Board	For example by 2022 the HWB will use their influence so that	In order to (link to PHOF or relevant national indicator)	How the Board adds value	JSNA reference
1. Influence decisions where there is the potential to impact on improving health and reducing health inequalities	<ul style="list-style-type: none"> <li>Each LA member of the Health and Wellbeing Board will have implemented HiAP <a href="https://www.local.gov.uk/health-all-policies-manual-local-government">https://www.local.gov.uk/health-all-policies-manual-local-government</a></li> <li>NHS puts greater emphasis on understanding equity of access and outcome in order to ensure health inequalities are part of strategic plans</li> </ul>	<ul style="list-style-type: none"> <li>Impact on factors that influence health</li> </ul>		<a href="#">The people of Nottinghamshire</a>

### Strategic Priority 2: Healthy & Sustainable Places

1. <b>Food environment</b>	<ul style="list-style-type: none"> <li>A year on year increase in outlets participating in the Healthier Options Takeaway scheme.</li> <li>All Planning Authorities have planning policies to manage the over-concentration and proliferation of hot food takeaways.</li> <li>All Board members have a food policy and implementation plan which addresses; “healthier food procurement” and sponsorship to make explicit how Board members will work with the food industry whose primary business is foods high in sugar and/or fat.</li> <li>A year on year increase in businesses improving healthy eating as part of the wellbeing at work scheme.</li> <li>Policy for public sector premises means that               <ul style="list-style-type: none"> <li>60 per cent of confectionery and sweets stocked do not exceed 250 kcal, rising to 80 per cent of confectionery and sweets in <a href="#">Page 56 of 102</a></li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Reduce child dental decay</li> <li>Reduce levels of excess weight 2.06,2.12</li> <li>Improve Diet, 2.11</li> <li>Improve Fruit and vegetable consumption, 2iiv &amp; 2iivi</li> <li>Reduce children living in low income families. 1.01ii</li> </ul>	<p>Consistent approach across organisations which extends policy work undertaken by NHS Trusts</p> <p>Ensures all partners can monitor and identify when further action needs to be taken to address the growing need for food banks.</p>	<a href="#">Diet &amp; Nutrition</a> <a href="#">Excess Weight</a>
----------------------------	---	---	---	---



Areas of Focus for the HWB Board	For example by 2022 the HWB will use their influence so that	In order to (link to PHOF or relevant national indicator)	How the Board adds value	JSNA reference
	2018/19. <ul style="list-style-type: none"> <li>○ The number of venues reducing sales of sugary drinks to 10 percent or less of their total drinks sales.</li> <li>○ 60 per cent of pre-packed sandwiches and other savory pre-packed meals to contain 400 kcal or less per serving and do not exceed five grams of saturated fat per 100g, moving to 75 per cent in 2018/19</li> </ul>			
<b>2. Tobacco Declaration</b>	<ul style="list-style-type: none"> <li>• Increased the number of organisations which have signed up to the Tobacco Declaration and are implementing a plan</li> <li>• HWB partners to implement action plans &amp; complete at least 1 strategic action each year.</li> </ul>	<ul style="list-style-type: none"> <li>• Reduce smoking prevalence, 2.09</li> </ul>	Consistent approach across the system Support and enables those who wish to quit by creating the right environment and reducing impact of second hand smoking	<a href="#">Tobacco</a>
<b>3. Mental wellbeing and Dementia</b>	<ul style="list-style-type: none"> <li>• All partners have endorsed '<a href="#">Time for change</a>' and are implementing a plan</li> <li>• All partners proactively promote and support 5 ways to wellbeing for their workforce.</li> <li>• All partners demonstrate year on year increase in the number of frontline staff trained in Mental Health first aid and suicide prevention</li> <li>• All partners implement and promote as relevant Dementia friendly communities and hospitals</li> </ul>	<ul style="list-style-type: none"> <li>• Reduce attendances at A&amp;E for self-harm per 100,000 population, 2.10i</li> <li>• Improve self-reported well-being, 2.23</li> <li>• Reduce Excess under 75 mortality rate in adults with serious mental illness, 4.09</li> <li>• Reduce age standardised mortality rate from suicide and injury of undetermined intent, 4.10</li> <li>• Health related quality of</li> </ul>	Visible leadership, promotion and endorsement of Parity of Esteem.	<a href="#">Suicide prevention</a> <a href="#">Dementia</a>

Areas of Focus for the HWB Board	For example by 2022 the HWB will use their influence so that	In order to (link to PHOF or relevant national indicator)	How the Board adds value	JSNA reference
		life for older people, 4.13		
<b>4. Physically Active Lives</b>	<ul style="list-style-type: none"> <li>To develop and improve physical activity opportunities with communities using evidence and customer insight focusing on those that can benefit the most.</li> <li>To ensure physical activity and sport is part of more children and young people's lives in and out of school as they grow up.</li> <li>To utilise the principles of active design within plans for residential developments, in line with the Spatial Planning and Health Engagement Protocol.</li> <li>To maximise opportunities to develop and deliver joined-up annual walking and cycling infrastructure programmes and improvements.</li> <li>To maximise opportunities to develop and deliver joined-up activities to promote and encourage more people to walk and cycle more often.</li> <li>Every HWB Board member develops and implements workplace travel plans to encourage active and safe travel for employees travelling to work and visitors when visiting workplaces</li> <li>Every HWB Board member to consider/review its fleet's impacts on local air quality as part of procurement processes.</li> </ul>	<ul style="list-style-type: none"> <li>Increase percentage of physically active adults, 2.13</li> <li>Increase self-reported wellbeing, 2.23</li> <li>Reduce killed and seriously injured casualties, 1.10</li> <li>Increase percentage of physically active/inactive adults, 2.13</li> <li>Reduce mortality due to air pollution, 3.01</li> </ul>	<p>Greater emphasis on health improvement outcomes by leading on this agenda within their organisations</p> <p>More effective joint working on work programmes to maximise outcomes</p> <p>More consistent approach</p>	<p><a href="#">Physical Activity</a></p> <p><a href="#">Excess Weight</a></p> <p><a href="#">Falls and Bone health</a></p> <p><a href="#">Air Quality</a></p> <p><a href="#">Road Safety</a></p>
<b>5. Health and Spatial planning</b>	<ul style="list-style-type: none"> <li>Every Local Authority and NHS organisation in Nottinghamshire adopts and implements the Planning &amp; Health Engagement Protocol.</li> </ul>	<ul style="list-style-type: none"> <li>Increase percentage of physically active/inactive adults 2.13</li> <li>Reduce levels of excess</li> </ul>	<p>Bring together the Planning and Health &amp; Wellbeing systems and agenda</p>	<p><a href="#">Physical Activity</a></p> <p><a href="#">Air Quality</a></p>

Areas of Focus for the HWB Board	For example by 2022 the HWB will use their influence so that	In order to (link to PHOF or relevant national indicator)	How the Board adds value	JSNA reference
	<ul style="list-style-type: none"> <li>• Developers effectively engage with the implementation of the Planning &amp; Health Engagement Protocol.</li> <li>• Work with District and Borough Councils to maximise homes which are accessible for residents with mobility issues</li> </ul>	weight 2.06,2.12 <ul style="list-style-type: none"> <li>• Increased wellbeing 2.23</li> <li>• Reduce mortality due to air pollution 3.01</li> </ul>		<a href="#">Road Safety</a> <a href="#">Diet &amp; Nutrition</a> <a href="#">Housing</a>
<b>6. Warmer and safer homes</b>	<ul style="list-style-type: none"> <li>• Promote a campaign around fuel switching to reduce fuel poverty.</li> <li>• Promote the work of the Warm Homes on Prescription scheme to health partners and offer support in linking in with frontline health staff; NHS staff who undertake home visits</li> <li>• Improve housing standards in the Private Rented Sector</li> <li>• Support and encourage projects which seek to improve housing standards in the private rented sector</li> <li>• All Members recognise the impact of poor quality housing and support efforts by District Councils and partners to improve</li> <li>• Encourage and support effective integrated working across health; social care and housing, including supporting the development and recognition of a Memorandum of Understanding across the three sectors to make a commitment to more integrated working.</li> <li>• Support the exploration of opportunities to integrate housing support services to provide a more integrated offer for Nottinghamshire residents</li> <li>• Help people move on from supported accommodation where their support needs can be met within general needs</li> </ul>	<ul style="list-style-type: none"> <li>• Reduce hospital Admissions unintentional injuries children 2.07</li> <li>• Reduce fuel poverty 1.17</li> <li>• Reduce injuries due to falls in people aged 65 and over 2.24</li> <li>• Reduce excess winter deaths 4.15</li> </ul>	Promotion of approaches across Nottinghamshire  Leadership across the system  Awareness raising across Nottinghamshire residents	<a href="#">Housing</a> <a href="#">Falls and Bone health</a> <a href="#">Winter warmth and excess winter deaths</a>

Areas of Focus for the HWB Board	For example by 2022 the HWB will use their influence so that	In order to (link to PHOF or relevant national indicator)	How the Board adds value	JSNA reference
	accommodation			
<b>7. Vibrant and supportive communities</b>	<ul style="list-style-type: none"> <li>Pending final approval of integrated strategy for supporting local communities</li> </ul>			
<b>8. Jobs and work</b>	<ul style="list-style-type: none"> <li>Aim to improve the economic wellbeing of families in Nottinghamshire. With a focus on improve the prevention and identification of conditions which lead to long term sickness and absence with the Wellbeing@Work programme.</li> <li>Embed the principles of fit for work across the county linking employers and social prescribing models to generate pathways to improve access to enablement and return to work.</li> <li>Year on year increase in the number of accredited healthy workplaces</li> </ul>	<ul style="list-style-type: none"> <li>% of all respondents in the Labour Force Survey classed as employed 1.08iv</li> <li>% of all respondents in the Labour Force Survey classed as employed 1.08iv</li> <li>% gap in the employment rate between those with a long-term health condition and the overall employment rate, 1.08i</li> <li>% of the population aged 16-64 years who are economically inactive (with % long term sick from NOMIS Data)</li> <li>% of working days lost due to sickness absence in the previous working week, 1.09ii</li> </ul>	Ensuring partners advocate for the programme of work and push for a change to the current culture and work place environment.	
<b>9. Domestic Violence and Abuse</b>	<ul style="list-style-type: none"> <li>Health and social care, housing and other front line professionals will know how to respond to disclosures of domestic abuse</li> <li>Communities in Nottinghamshire will understand how to respond to domestic and</li> </ul>	<ul style="list-style-type: none"> <li>Domestic abuse incidents reported to police 1.11</li> <li>Violent crime, 1.12i</li> </ul>	Consistent approach across the system Opportunity to influence health & social care and wider public	<a href="#">Domestic Violence and abuse</a>

Areas of Focus for the HWB Board	For example by 2022 the HWB will use their influence so that	In order to (link to PHOF or relevant national indicator)	How the Board adds value	JSNA reference
	sexual abuse e.g. Ask Angela			
<b>10. Compassionate communities supporting those at the end of life</b>	<ul style="list-style-type: none"> <li>Pending recommendations from JSNA chapter refresh currently underway</li> </ul>	<ul style="list-style-type: none"> <li>No specific indicator in outcomes framework. Indicator is proportion of deaths (all ages) across the settings of home, hospital, hospice or 'other places'</li> </ul>	Consistent approach across the system Opportunity to influence health & social care and wider public	JSNA chapter refresh currently underway
<b>11. Substance misuse</b>	<ul style="list-style-type: none"> <li>Partnership approach to tackling the three themes of Reducing Demand, Restricting Supply and Reducing Harm</li> </ul>	<ul style="list-style-type: none"> <li>Successful completions of opiate treatment 2.15i</li> <li>Successful completions of non-opiate treatment 2.15ii</li> <li>Successful completions of alcohol treatment 2.15iii</li> </ul>	Consistent approach across the county and linking the key stakeholders who will need to work in partnership to deliver this.	<a href="#">Substance Misuse</a>
<b>12. ASD/Asperger's</b>	<ul style="list-style-type: none"> <li>Pending recommendations from JSNA chapter refresh currently underway</li> </ul>		Oversight of a whole system joined up approach to Autism. Influence on commissioners and providers to improve awareness & autism sensitive service delivery.	JSNA chapter refresh currently underway for both Autism & Learning Disability
<b>13. Carers</b>	<ul style="list-style-type: none"> <li>Partners use standardised training package to enable staff to identify carers (who often do not identify with the term 'carer') who are using the service or are part of their workforce and to signpost them to appropriate information, advice and support services</li> <li>Year on year increase in the numbers of frontline staff/managers receiving training</li> <li>Include awareness of carers needs</li> </ul>	<ul style="list-style-type: none"> <li>Percentage of carers who have as much social contact as they would like, 1.18ii</li> </ul>	Consistent approach across the County  Reaching a wider group of carers than specialist carer support services can by involving all partner services	<a href="#">Carers</a>

Areas of Focus for the HWB Board	For example by 2022 the HWB will use their influence so that	In order to (link to PHOF or relevant national indicator)	How the Board adds value	JSNA reference
	community schemes aimed at promoting strong and resilient communities and reducing social isolation			
<b>14. Sexual Health</b>	<ul style="list-style-type: none"> <li>Promote a culture to support good sexual health for all that reduces stigma, discrimination, prejudice and health inequalities</li> <li>All partners across the wider health system support good sexual health</li> <li>Prevention is prioritised to reduce the rates and onward transmission of HIV and STIs</li> <li>Access to and uptake of HIV and STI testing is increased across a range of settings to tackle late diagnosis of HIV, ensure early detection of STIs, enable contact tracing, and reduce transmission</li> </ul>	<ul style="list-style-type: none"> <li>Under 18 conceptions, 2.04</li> <li>Chlamydia diagnosis, 3.02</li> <li>People presenting with HIV at a late stage of infection, 3.04</li> </ul>	Secure commitment of the whole system to promote SH improvement and prevention targeted to the most vulnerable or at risk across the county, and especially in areas where Nottinghamshire is not achieving PH Outcome	<a href="#">Sexual Health</a>

### Strategic Priority 3: A good Start

Areas of Focus for the HWB Board	For example by 2022 the HWB will use their influence so that	In order to (link to PHOF or relevant indicator)	How the Board adds value	JSNA reference
1. Child poverty	<ul style="list-style-type: none"> <li>To improve the life chances of children and families by working in partnership to reduce levels and the impact of child poverty</li> <li>To increase uptake of funded childcare provision to close the attainment gap and support parents into work.</li> <li>To increase the uptake of Pupil Premium for children and young people eligible for Free School Meals (3-18 year olds).</li> <li>Working with partners identified as 'trainers' to roll out child poverty and welfare reforms awareness training for staff working with children and families.</li> <li>To provide opportunities for parents to be</li> </ul>	<ul style="list-style-type: none"> <li>All life expectancy SII/gap measures from birth, 0.2i, 0.2iii, 0.2iv, 0.2v</li> <li>Child poverty, 1.01i, 1.01ii</li> <li>School Readiness, 1.02i</li> <li>Young People not in education, training or employment, 1.05i</li> <li>Gap in the employment rate between those with a long term condition / mental health and the</li> </ul>	Consistent approach across organisations to improve the life chances of children and their families.	<a href="#">Child Poverty</a>  <a href="#">Pregnancy and early years</a>

Areas of Focus for the HWB Board	For example by 2022 the HWB will use their influence so that	In order to (link to PHOF or relevant national indicator)	How the Board adds value	JSNA reference
	<p>job ready, by improving skills, confidence, mental health and aspirations for their families.</p> <ul style="list-style-type: none"> <li>• Increase families' money management skills and build financial resilience for children and families.</li> <li>• Working across agencies to establish referral routes for employment support for parents with mental health issues.</li> <li>• To increase the number of 16-18 year olds in education, employment or training by providing more apprenticeships for young people.</li> </ul>	<p>overall employment rate, 1.08i, 1.08ii, 1.08iii</p> <ul style="list-style-type: none"> <li>• Statutory Homelessness and households in temporary accommodation, 1.5ii</li> <li>• Low birth weight, 2.01</li> </ul>		
2. Children and young people are safe	<ul style="list-style-type: none"> <li>• Year on year increase in the numbers of frontline staff/managers receiving training on 'emerging threats' including child sexual exploitation, radicalisation and cyberbullying.</li> <li>• Multi agency support and protection provided to young person at risk</li> </ul>	<ul style="list-style-type: none"> <li>• Pupil absence,1.03</li> <li>• First time entrants to the youth justice system1.04</li> <li>• Proportion of people in prison aged 18 or over who have a mental illness,1.07</li> <li>• Domestic abuse,1.11</li> <li>• Violent crime (including sexual violence), 1.12</li> <li>• Self-harm,2.10</li> </ul>	Consistent approach across the county, all stakeholders aware of the issues and work in partnership to reduce threats to children.	
3. Children and young people are happy and healthy	<ul style="list-style-type: none"> <li>• More young people have good mental health – Health and Wellbeing Board oversight of implementation of Future in Mind Transformation Plan (2015-2020)</li> <li>• More babies are breastfed (Implement Breast Feeding Friendly Places)</li> <li>• Develop a partnership of good practice for childcare, early education, and whole school approaches to food.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase breast feeding at 6 weeks, 2.02</li> <li>• Emotional well-being of looked after children,2.08</li> <li>• Self-harm,2.10</li> <li>• Self-reported well-being,2.23</li> <li>• Suicide rate**NHSOF 1.5iii 4.10</li> </ul>	HWB maintain focus on CYP's mental health, ensuring partners deliver on their responsibilities.	<a href="#">Breast Feeding Excess Weight</a>

## Appendix B Stakeholder analysis and consultation methodology

<p><b>Keep satisfied</b> (regular/ad hoc as required) Try to engage about area of interest/increase interest if appropriate</p> <p>NCC customer services Citizens panels (NCC &amp; districts) CCG Patient forums Youth parliament Parish councils Service users/carers User groups Local media</p>	<p><b>Key players</b> (manage closely) Focus energy/resources here. Regular/frequent comms, keep engaged</p> <p>District councils CCGs NHS England Health watch Police OPCC NCC Corporate CLT NCC Cllrs STP Leadership Boards</p>
<p><b>Monitor</b> (occasional comms/minimal focus)</p> <p>Local MPs Public Health England</p>	<p><b>Keep informed</b> (regular/frequent comms) Potential supporters/ambassadors</p> <p>NHS PALs/PETs Children's Trust Board Safer Notts Board Voluntary sector organisations Health and social care service providers Local Pharmaceutical Committee Local Medical Committee</p>

Stakeholders include:

Anyone who affects or is affected by the strategy; groups or persons who have a stake, a claim or an interest in the operations and decisions; supply resources that are critical to the success of the enterprise; they have something of value 'at risk' i.e. their own welfare is directly affected by the fate of the enterprise (e.g. quality, environment); they have 'sufficient power' to affect the performance of the enterprise, either favourably or unfavourably (e.g. withdraw volunteers).



## Nottinghamshire Joint Health and Wellbeing Strategy

### The Background - What is the Joint Health and Wellbeing Strategy?

It is the County's overarching plan for improving health and wellbeing outcomes for our residents whilst also reducing health inequalities. It is the main way in which the Board executes its legal duty to work on;

- Improving the health and wellbeing of the people in their area
- Reducing health inequalities
- Promoting the integration of services

In Nottinghamshire we believe that all our residents should have the opportunity to make the choices that allow them to live a healthy life, regardless of their income, education or ethnic background. Whilst there is a lot that can be done to keep people healthy and independent we also know that for some of our residents the time will come when they may need some extra help and support to live well with frailty or ill health. When that happens we will work with care services (NHS and social care) along with housing to ensure people get the care and support they need at the right time and in the right place

### Our Vision and approach to Health and Wellbeing in Nottinghamshire

#### Our Vision:

*'To work together to enable the people of Nottinghamshire to live longer, be healthier and have a better quality of life, especially in communities with the poorest health'*

#### To achieve this we will use the following approach:

- *We will concentrate our efforts on issues that cannot be achieved independently and require a shared solution.*
- *We will focus on preventive measures helping people and communities to support each other and prevent problems from arising*
- *We will take a life course approach when considering how best to focus actions to improve health and wellbeing, recognising that many poor outcomes result from an accumulation of factors and poor life chances over time*
- *Health and wellbeing equity will be at the centre of all public policy making by influencing other agendas such as employment, housing, economy, environment planning and transport*
- *We will build on the strengths of our communities and use place based solutions*
- *We will make decisions based on evidence or when evidence is weak evaluating so we learn*
- *We will include wider partners such as voluntary and community organisations, service providers, patients/service users, carers and family members equally in planning, delivering and reviewing projects/services.*

Q1 Do you agree with the overall Vision?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

Is there anything missing from the Vision?

-----  
Q2 Do you agree that we are taking the right approach?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

Do you have any comments about our approach?

-----

## Our strategic ambitions to focus on how the Board 'adds value' and are

### 1. Healthier decision making.

We want to make sure that we influence decisions where there is the potential to impact on improving health and reducing health inequalities

### 2. Healthy and Sustainable Places

We want to create places which maximise the health benefits for citizens that live or work in those places.

#### This will mean influencing

- The food environment
- Physical activity
- Tobacco
- Mental wellbeing
- How we plan where we live - spatial planning
- Warmer and safer homes
- Stronger and resilient communities
- Jobs and work
- Domestic abuse
- Compassionate communities supporting those at the end of life
- Substance misuse (drugs and alcohol)
- ASD/Aspergers
- Carers

#### Together these will help to

- ✓ Reduce Dental decay
- ✓ Reduce obesity
- ✓ Increase levels of physical activity
- ✓ Increase consumption of fruit and vegetables
- ✓ Reduce impact of smoking
- ✓ Reduce social isolation
- ✓ Improve self-reported well being
- ✓ Reduce impact of drugs and alcohol
- ✓ Improve air quality
- ✓ Reduce avoidable injuries (on the road and at home)
- ✓ Reduce preventable deaths
- ✓ Increase breast feeding
- ✓ Reduce unemployment rates
- ✓ Reduce suicide
- ✓ Improve quality of life for those living with dementia
- ✓ Reduce the prevalence of dementia, diabetes and other long term health conditions

### 3. A good start in life

- Child poverty
- Children and young people are **safe**
- Children and young people are **happy and healthy**

### 4. Transforming care services

The residents of Nottinghamshire are covered by 2 Sustainability and Transformation Plans (STPs); Nottingham and Nottinghamshire, South Yorkshire and Bassetlaw. Both STPs are expected to

become Accountable Care Systems from 2018/19. Advanced plans are available to the public and already describe in some detail the transformation planned. These support the statutory requirements of the Health and Wellbeing Board to promote the integration of services

Q3 Do you support the 4 strategic ambitions?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

Is there anything missing from our ambitions?

---

Q4 We have started to identify potential priorities for action for the Health and Wellbeing Board under the Strategic Ambitions **2. Healthy and sustainable places** and **3. A good start in life**.

Do you think that these are the right priorities for action for the Health and Wellbeing Board?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

Do you think anything is missing from the priorities for action listed?

---

**To help us analyse the responses please indicate what type of organisation you are responding on behalf of. Please tick all of the following that apply**

- Public sector organisation in Nottinghamshire
- Private sector
- Third Sector or not for profit organisation
- As a County or District Councillor
- On behalf of a local community group
- None of the above (please state below)

-----  
If you're responding on behalf of an organisation or group please say which one:

-----  
Do you have any responsibility for a particular part of the County? **Please tick all that apply**

- Ashfield
- Bassetlaw
- Broxtowe
- Gedling
- Mansfield
- Newark & Sherwood

- Rushcliffe
- Outside of Nottinghamshire (including Nottingham City)

### **Stakeholder Network**

There is a Stakeholder Network of interested people and organisations which is kept informed of what's happening mainly through emails but also events to discuss particular topics.

Are you already a member of the Nottinghamshire Health & Wellbeing Board Stakeholder Network?

- Yes
- No

Would you like to join? Please give an email address we can contact you on:

---



**September 2017**

**Agenda Item: 7**

## **REPORT OF THE SERVICE DIRECTOR, CHILDREN'S SOCIAL CARE**

### **CHILD SEXUAL EXPLOITATION (CSE)**

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

1. The purpose of this report is 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. Child sexual exploitation is a national priority that has been given a great deal of focus after an Independent Inquiry into Child Sexual Exploitation by Alexis Jay in Rotherham was produced in August 2014, requiring scrutiny and clear governance arrangements in place to oversee the work to address the risks of child sexual exploitation. The Board was first provided with a report and heard a presentation from Service Director for Youth, Families and Social Work, Steve Edwards in February 2016 who set out Nottinghamshire County Council's response to the threat of child sexual exploitation in the locality.

#### **Information and Advice**

##### **Strategic Partnerships, Governance and Service Provision**

2. Child sexual exploitation continues to be a high priority area. Oversight of child sexual exploitation work remains through the Nottinghamshire and Nottingham City cross-authority group chaired by the Detective Chief Inspector for public protection. Information is regularly reported to the Nottinghamshire Safeguarding Children Board.

##### ***Child Sexual Exploitation***

3. A Nottinghamshire Safeguarding Children Board multi-agency child sexual exploitation audit was completed during 2015/16. The conclusion was that compared to the previous year's audit there were improvements across all key areas of identification, response, intervention and engagement and a reduction in levels of risk. The conclusion was that awareness, knowledge and responses to child sexual exploitation are more embedded and again reinforced that holding a multi-agency strategy meeting linked to better outcomes. A further audit is scheduled for 2017/18 which will consider the outcomes of multi-agency working.
4. The joint children's social care and police led Concerns Network (Operation Striver) is now in place within the County with the aim of sharing intelligence at the earliest opportunity between agencies relating to the possibility of child sexual exploitation. Intelligence may relate to locations of concern or suspicious activity by individuals or vehicles for example. In addition the County has established a Multi-Agency Sexual Exploitation (MASE) panel which is a national model providing multi-agency operational scrutiny to individual cases considered to be high risk. Key panel members include Children's Social Care, Police,

Health services including sexual health, Children's Society, Safeguarding Lead for the District Councils and Education.

5. The cross-authority multi-agency training strategy supported three face to face multi-agency training events during 2015/16 to 148 delegates and three similar events as endorsed by the Board in 2016/17 to 194 delegates, building on extensive previous years training. Three more training events have been scheduled for 2017/18 via the NSCB. Delegates who attended the training included Notts Healthcare Trust, Schools & Colleges, Youth Families & Culture, Children's Social Care, Sherwood Forest Hospital Trust, Children's Centres, Adult Social Care, Borough Council's, Police, Voluntary services, CAFCASS, Probation, Fire Service and Nottingham University Hospitals. Key messages about child sexual exploitation are also included in the NSCB 'What's New in Safeguarding' training which is delivered regularly every 2-3mths. The core e-learning programme has continued to be promoted and a further 1,184 courses have been accessed. The cross-authority group also promoted another annual CSE showcase event in March 2017 with a further event planned for 2018.
6. As part of the prevention strand to tackling child sexual exploitation, the County commissioned a Theatre production to deliver performances to secondary school age children which first toured in 2015/16 and again in 2016/17. To date approximately 15,600 Nottinghamshire pupils have had the benefit of seeing the production to raise their awareness of the dangers of on-line grooming and sexual exploitation. In addition, the production has been provided to some children's homes, professionals' only and two alternative education providers. The feedback from professionals and children has been very positive and further funding has been agreed for 2017/18.
7. A further initiative was commissioned in 2016/17 for younger pupils which involved them researching key messages about 'sexting' (sharing sexual images through mobiles) and then developing a radio commercial. The U-create Sexting competition was made available to all primary and secondary schools across the County and City and was aimed at pupils in Years 6, 7 and 8. This highlighted that many schools felt they could be better equipped to deal with the subject although some of the entries were of a very high standard.
8. In recognition of the need to raise staff confidence and improve knowledge, training has been provided via the newly established Tackling Emerging Threats to Children (TETC) team. The TETC team is currently working with primary practitioners to produce lesson plans and curriculum ideas to support other primary teachers to include the issue of 'sexting' in their PSHE curriculum. Similarly, the TETC Co-ordinator is also working with young people and school staff in the County to develop additional CSE resource materials.
9. Police recording of sexual offences perpetrated against children (under 18yrs) continues to indicate that white British females aged 14-15yrs remain at the greater risk of being sexually exploited. However, the cross authority group is exploring the analysis of this data, considering this to be a potential skew and attributable to under-reporting among boys and minority communities. It has been identified that there is a need to develop resources which are more suited to primary and special school learners (Yrs. 5 & 6) to raise awareness of the dangers of on-line grooming and this is an area that the TETC project will be focusing upon for 2017/18.
10. In order to support schools and parents to effectively recognise and respond to emerging threats (including child sexual exploitation) to children and young people, the County Council

has developed four tiers of support for schools, children and their families; this includes universal, targeted and specialist support packages. These are complemented by a recovery support service, funded jointly by Nottinghamshire County Council and Nottinghamshire Clinical Commissioning Groups. Support and intervention across these tiers will cover issues such as radicalisation, extremism, female genital mutilation alongside anti-bullying as well as child sexual exploitation, sexting and online safety.

11. A Police problem profile was published in March 2017 which featured a combination of Police and agency data with a view to producing a clear picture in terms of the scale of the nature of CSE in Nottinghamshire. The Police also hold a database of young people vulnerable to CSE and this is regularly cross referenced with children's social care records to ensure that this list is reflective of current issues for children in Nottinghamshire. At this time, there is no data or Police investigation which indicates that organised CSE has a presence in the County. Nevertheless, our approach should be that organised CSE could well be present in the County. CSE has certainly become an increasing concern due to the opportunistic on-line grooming of children which is predominantly perpetrated by white British males aged between 18-30yrs.

### **Universal Support to Schools**

12. Work has been underway to develop a single, unified package of universal support to schools against the risks outlined above. This will allow all schools to access lesson plans, guidance and best practice with regard to emerging threats described above (as well as promoting the overall health and wellbeing of pupils). This work has been in conjunction with ongoing activity within the County Council to develop a Schools Health Hub (SHH), to support schools to improve the health and educational outcomes of their pupils. The TETC team includes three Universal Support Consultant posts which have been established to support this work by providing consultation and advice, access to and development of materials, promoting partnerships with providers, facilitating networks of support between schools and identifying and disseminating good practice. In addition, three Schools Health Coordinators have been appointed, sitting within the TETC team, with established links with the Healthy Family teams and the newly created CAMHS Primary Mental Health worker posts.

### **Targeted Support:**

13. There are 4.5 Development Workers who are split across the three localities and are a point of contact for all schools within their geographical area. These posts focus on support and advice to families and schools with a range of emerging threats to children including child sexual exploitation when concerns do not meet the threshold for formal family service or social care services and attend the CSE Concerns Network meetings.

### **Specialist Support:**

14. A specialist support service for children who are at risk of, or have been sexually exploited has been established. The aim of the service is to support children to move towards a safer and more settled lifestyle and recover from sexual exploitation by:
  - reducing the number of children experiencing CSE in Nottinghamshire through preventative strategies;

- increasing the numbers of children identified at an earlier stage; and
  - increasing the number of children at risk of, or victim to CSE, accessing quality support.
15. The Children's Society hold this contract for a period of 3 years (from 1<sup>st</sup> July 2016) and is referred to as 'Safe Choices'. The service structure is: Service Manager and three CSE Support Workers. Staff have been able to provide continuity of service, build upon existing relationships with Barnardo's; and continue to be co-located in Nottinghamshire County Council offices. This works well and they provide valuable support and guidance to staff on CSE, attend team meetings and try to attend strategy meetings for Children and Young People prior to referral. Partnership working with Social Workers and Police remains strong with established referral pathways across all the districts. Since July 2016 (up until end of April 2017) 43 referrals, including 3 re referrals were received. The vast majority are female and 7 males with an age range of 10yrs to 17yrs; 75% being aged 14yrs to 17yrs.
16. The service has expanded to work with a wider cohort of children including care leavers and those children who need to be supported through a court process.

### **Support to victims and survivors:**

17. Nottinghamshire County Council and the Nottinghamshire Clinical Commissioning Group jointly commissioned the Children Society contract from 1<sup>st</sup> July 2016 to deliver a service called 'Safe Time' for 3yrs which provides specific and targeted therapeutic support to children on a short to medium term basis as part of their recovery.
18. The therapeutic service focuses on children who have been sexually abused but not solely sexually exploited. This service also now has a full time manager as The Children's Society have invested in a half time post to create a full time post with half of the role as a clinician. There are also two part-time therapists who have recently taken up their posts.
19. The commissioning of the therapeutic recovery support forms part of the Nottinghamshire Children and Young People's Mental Health and Wellbeing Strategy 2015-2020. The Strategy sets out the local response to *Future in Mind – Promoting, Protecting and Improving our Children and Young People's Mental Health and Wellbeing* (Department of Health, 2015).

### **Work with District Councils**

20. Work with the seven district council safeguarding leads and licensing colleagues have continued and by the end of 2016/17 approximately 4,000 taxi drivers received training by police and district council colleagues on child sexual exploitation and more general vulnerable person's safeguarding issues. A county wide policy on the recruitment of taxi drivers has also been adopted which includes mandatory safeguarding training for both new and renewal licences which includes CSE awareness. Work to consider how the district councils can engage with the wider business communities, i.e. hotels and pubs had begun but is still at an early stage due to the challenges posed.
21. A safeguarding representative for the district councils attends the Concerns Network to enable wider partnership working around the County to tackle risks of CSE which allows for more creative responses when seeking to disrupt perpetrators and hotspot locations.



22. As can be seen, a great deal of work has been undertaken across a partnership including the County and District Councils, the Health community and Schools, to address the emerging threats facing children and families in Nottinghamshire.

### **Key data findings**

23. The key data findings since the last report to the Health and Wellbeing Board for 2015/16 and 2016/17 are as follows:

#### ***Children potentially at risk of sexual exploitation***

24. It is evident, and positive, that agencies are increasingly identifying where children 'may' be at risk of child sexual exploitation i.e. that is they are showing indicators of being exploited. Not all of these children will have been exploited but they may be vulnerable and in need of support to prevent any harm. For those where there was a multi-agency strategy meeting this suggests a higher level of concern. The type of concern that is investigated by the police is split between direct contact and no physical contact via on-line means.

- From 2015/16, 323 individual children were identified as being potentially at risk of child sexual exploitation upon a referral being made to the MASH and 351 CSE risk assessments were completed. In 2016/17, the number of individual children identified as potentially at risk of child sexual exploitation decreased to 263 children though 335 CSE risk assessments were completed.
  - Recognition has increased year on year and more is being done to support children.
  - A pro-active approach is being applied by social workers to complete CSE risk assessments where CSE is suspected. This allows for early indicators of CSE to be addressed whilst those children who are considered at risk of CSE will be subject to CSE strategy meetings for robust co-ordination of investigations and intervention.
- In 2015/16, 121 children were considered at a child sexual exploitation strategy meeting and in 2016/17, 82 children were considered at a child sexual exploitation strategy meeting.
  - Peak age in 2015/16 was 13 -14 years old
  - Peak age in 2016/17 was 14 -15 years old

25. To date, there is no information to indicate that any children were the subject of organised or group sexual exploitation.

### **Key priorities for 2017/18**

26. Nottinghamshire continues to have robust multi-agency arrangements in place for responding both operationally and strategically to children who go missing and those who are being exploited or at risk of exploitation.

27. The key priorities for Child sexual exploitation 2017/18 are:

- Continue to build a local profile of child sexual exploitation so that we can respond by safeguarding children at the earliest opportunity. Whilst a multi-agency problem profile

has now been developed it is essential that this is maintained. Nottinghamshire Police have agreed to produce an annual profile which incorporates multi-agency data.

- Continue the development of the MASE and the Concerns Network for improved multi-agency working to address risks of CSE to children and to disrupt perpetrators.
- To provide continued early intervention and support to schools via the TETC team with the aim of reaching younger children. An aim of the CSE cross authority group is to ensure that no group of children are overlooked in a 'one size fits all' approach to CSE.
- To monitor the training of taxi drivers and develop engagement with licensing and other businesses to ensure that taxi firms and businesses are aware of child sexual exploitation and their responsibilities to safeguard children and report concerns to the Police and Children's Social Care.

### **Other Options Considered**

28. Consideration was given as to whether the Health and Wellbeing Board needed to receive reports on this area of work because reports also go to the Children and Young People Committee, but it was decided appropriate to report to the Health and Wellbeing Board.

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

29. The Health and Wellbeing Board has valuable insight into this area of work and I would therefore recommend that a further annual report be provided.

### **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 services), the public sector equality duty, safeguarding of children and adults at risk, 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**

31. That the Health and Wellbeing Board continues to scrutinise and oversee this important area of partnership work and asks that a report of this nature is brought for the period 2017/18 in the summer of 2018.

**Steve Edwards**  
**Service Director, Children's Social Care**

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

Hannah Johnson  
Service Manager, Safeguarding Children (Strategic)  
T: 0115 854 6351  
E: [hannah1.johnson@nottscc.gov.uk](mailto:hannah1.johnson@nottscc.gov.uk)

### **Constitutional Comments (SLB 25/08/2017)**

32. Health and Wellbeing Board is the appropriate body to consider the content of this report.

### **Financial Comments (SS 21/08/2017)**

33. 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.

Child Sexual Exploitation annual report 2015-16 – report to Children & Young People’s Committee on 17<sup>th</sup> October 2016.

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

All.  
C0882

See also Chair’s Report:-

20. [Child sexual exploitation: prevention and intervention](#)
21. [Children’s Commissioner’s Report on Vulnerability](#)
23. [How safe are our children? 2017](#)



**6 September 2017****Agenda Item: 8****REPORT OF THE DIRECTOR OF PUBLIC HEALTH  
NOTTINGHAMSHIRE MENTAL HEALTH CRISIS CONCORDAT****Purpose of the Report**

1. The purpose of the report is to:
  - Provide the Health and Wellbeing Board (HWB) with 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'.

**Information and Advice**

2. The National Mental Health Crisis Care Concordat was published in February 2014. In April 2015, in response to this report, Nottinghamshire County Council worked collaboratively with all key stakeholders in signing up to a Crisis Concordat declaration and action plan.
3. In September 2015, following the Local Government Association peer challenge, the Health and Wellbeing Board identified crisis support for people with mental health problems living in the community as a strategic action. The Board agreed to facilitate a joint approach to crisis support, including work around the crisis care concordat, to maximise resources to support individuals in the community and help people maintain their independence. The Board agreed to maintain this as a strategic action in November 2016 pending refresh of the Health and Wellbeing Strategy.
4. The Crisis Concordat action plan was developed by a large number of partner organisations including the NHS, Police, Local Authorities and the voluntary sector.
5. The Crisis Concordat action plan is arranged around the key elements of a good mental health crisis care service and include:
  - Access to support before crisis point
  - Urgent and emergency access to crisis care
  - The right quality of treatment and care when in crisis
  - Recovery and staying well
  - Preventing future crises.
6. The Nottinghamshire Crisis Concordat Partnership Board was formed in October 2015. The main role of this board is to lead, support and oversee the sub-groups in working to implement the local Crisis Concordat action plan and is currently chaired by Paddy Tipping, Nottinghamshire Police and Crime Commissioner.

7. The action plan is currently being refreshed will be going to the September Partnership Board for sign off.
8. The Concordat delivery to date has contributed directly to the Health and Wellbeing Board priority in the strategy 2014 -17 'Provide co-ordinated services for people with mental ill health.' The delivery of the Concordat actions has also contributed to priorities on substance misuse, domestic abuse and housing related support for vulnerable people.
9. The Five Year Forward View for Mental Health was published in February 2016 and sets out the Government's ambition for the delivery of mental health care services up to 2021, achieving parity of esteem between physical and mental healthcare and tackling inequalities in relation to access to, and patients experience of, mental health care services. The refreshed Concordat action plan is aligned with the recommendations of the Five Year Forward View and will monitor progress towards achieving these recommendations. Of particular relevance to the Crisis Concordat is the requirement that all areas will provide crisis resolution and home treatment teams, resourced to operate in line with recognised best practice, which deliver a 24 hour 7 days per week community-based crisis response and intensive home treatment service as an alternative to inpatient admission.
10. The Crisis Concordat is aligned to the multi-agency Suicide Prevention strategies for both Nottinghamshire and Nottingham City which were established in 2015, and Concordat signatories are supporting the delivering of both these strategies. Both city and county Public Health commissioned suicide prevention awareness training. This funded training ended in spring 2017 and was well received with high uptake. The Suicide Prevention Steering Group will prioritise continuing this training once 5 Year Forward View funding is confirmed.
11. Key areas within the concordat framework that have been achieved include:

<b>Action</b>	<b>What we Did</b>	<b>Local Impact</b>
To commission mental health awareness and suicide prevention training	Commissioned Harmless in the City and Kaleidoscope Plus in the county. A number of organisations have undertaken Public Health England's Connect5 training	<ul style="list-style-type: none"> <li>• A range of front line workers trained in Mental Health First Aid and First Aid Lite from the police to library staff, voluntary sector and local authority.</li> <li>• Improved awareness and identification of mental health difficulties.</li> <li>• Train the trainer model being scoped an rolled out.</li> </ul>
To develop an engagement strategy to inform concordat work	Commissioned Healthwatch to undertake engagement with carers, veterans, students, the homeless and BME communities about their experiences of crisis services including access and barriers. Recommendations are	<ul style="list-style-type: none"> <li>• Improved awareness of the needs of these group</li> <li>• Access is being improved for these groups</li> </ul>

Action	What we Did	Local Impact
	being implemented through the Concordat Task and Finish Group.	
To review the use of s.136 suites to ensure individuals detained under the Mental Health Act are not being detained in police cells	Set up S136 Task and Finish Group to ensure effective partnership delivery of S136 including a health based place of safety at Millbrook and at Highbury. Secured capital funding to refurbish the places of to make them more fit for purpose and robust.	<ul style="list-style-type: none"> <li>• No children detained in police cells as a place of safety.</li> <li>• Reduced adults detained in police custody to 0 between May and Aug 2016.</li> </ul>
To monitor and evaluate the performance and outcomes of the Street Triage Team pilot and make recommendations for future commissioning	Nottinghamshire Police and CCGs invested in a pilot Street Triage project (Police and Community Psychiatric Nurses responding to people in mental distress) which was evaluated and demonstrated a positive impact. It now receives recurrent funding.	<ul style="list-style-type: none"> <li>• 87% reduction in use of police cells as a place of safety</li> <li>• No children detained in police cells as a place of safety</li> <li>• Rapid response available in operating hours</li> </ul>
To monitor and evaluate the outcomes of the 24/7 Enhanced Crisis Resolution and Home Treatment Team in the City and County South area on a quarterly basis	Supported Nottinghamshire Healthcare Trust to review their services, reduce beds and strengthen the community services.	<ul style="list-style-type: none"> <li>• Improved community services across south Nottinghamshire</li> <li>• Additional staff available to respond to people in crisis 24/7</li> <li>• Reduced number of people admitted to mental health beds</li> </ul>
To monitor and evaluate the outcomes from the Crisis House for Nottingham City and South County CCGs that was commissioned in 2014 and became operational in January 2015	As part of Nottinghamshire Healthcare Trust bed closure programme supported the development of a crisis house serving City and south county CCGs. Due to capacity it has also now been opened up to all county patients.	<ul style="list-style-type: none"> <li>• Alternative service to inpatient care available for people in mental distress across south Notts</li> <li>• Increased choice of services for people in crisis</li> <li>• Positive feedback from patients accessing the service.</li> </ul>
To analyse current Rapid Response Liaison	Increased investment in mental health liaison	<ul style="list-style-type: none"> <li>• Improving the response to people in mental</li> </ul>

Action	What we Did	Local Impact
Psychiatry (RRLP) activity Ensure there are adequate and effective levels of liaison psychiatry services across acute settings.	services across all Nottinghamshire acute hospitals. Established a mental health specific working group involving key stakeholders including NUH, East Midlands Ambulance Service, Nottinghamshire Police, local authority mental health representatives.	health distress who attend Emergency Departments or who have been admitted <ul style="list-style-type: none"> <li>• Working together to reduce delays and blockages</li> </ul>
To monitor the development of a Mental Health Crisis response by the 111 Service 111 Service will be linked with the Crisis Team to ensure a detailed assessment of service users and to enable referral to alternative community services as appropriate.	A 111 mental health pilot has been established and extended to March 2018.	<ul style="list-style-type: none"> <li>• This allows 111 calls to be transferred to a mental health professional</li> <li>• This extended pilot is currently being analysed</li> </ul>
Review of primary Care referrals into Crisis Services. Review the appropriateness of referrals and whether an 'urgent' but not 'emergency' response level is required	A pilot service the 'Urgent Medical Mental Health Line' (UHHML) is currently operational in County South. GPs have direct access to a Consultant Psychiatrist for advice and guidance on cases which require an urgent but not emergency response. Patients can access a mental health appointment within 72 hours if required.	<ul style="list-style-type: none"> <li>• Working together to provide the right response to patients experiencing mental health distress in a timely fashion.</li> <li>• Pilot will roll out to the City in September and will be evaluated.</li> </ul>

12. Other actions being addressed by the Concordat partners include:

- Mental Health Conveyance – this is still very challenging locally. A meeting with EMAS commissioners is being set up and alternative models are being looked at
- Crisis Café – The partnership recognises the benefits of Crisis Cafés modelled on those around the county including Aldershot which demonstrate good outcomes and reduce A&E attendances.
- Information Sharing
- Role of the Fire Service – conveyance, Safe and Well Checks
- Under 18s S136 detentions
- Increased involvement of the voluntary sector



### **13. Other Options Considered**

13. Other options include:

Do nothing – this is not appropriate as it is a national requirement that areas have a Crisis Care Concordat and there has historically been funding associated with it. The Concordat is not about funding or commissioning but about partnership working to improve care.

### **14. Reason/s for Recommendation/s**

14. The recommendation has been made as the Concordat supports the delivery of the Board's strategic action in relation to crisis care.

### **Statutory and Policy Implications**

15. 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 services), the public sector equality duty, safeguarding of children and adults at risk, 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 are asked to:

- 1) Consider whether there are any actions they require in relation to the issues contained within the report.

**Clare Fox**  
**Interim Head of Mental Health Commissioning**  
**Nottingham City Clinical Commissioning Group**

### **Constitutional Comments (SLB 23/08/2017)**

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

If the Board resolves that any actions are required it must satisfy itself that they are within the Board's terms of reference.

### **Financial Comments (DG 18/08/2017)**

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.

- [Mental Health Crisis Care Concordat](#)  
Paper to Health and Wellbeing Board December 2014
- 'Closing the gap: priorities for essential change in mental health. (HM Government, January 2014) [https://www.gov.uk/.../Closing\\_the\\_gap\\_V2 - 17 Feb 2014.pdf](https://www.gov.uk/.../Closing_the_gap_V2_-_17_Feb_2014.pdf)
- [Valuing mental health equally with physical health or "Parity of Esteem"](#)  
NHS England
- Mental Health Crisis Care Concordat - Improving outcomes for people
- Experiencing mental health crisis. (Department of Health February, 2014) [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/281242/36353 Mental Health Crisis accessible.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/281242/36353_Mental_Health_Crisis_accessible.pdf)
- [The Five Forward View for Mental Health](#)
- Report of the Mental Health Taskforce to NHS England, February 2016
- [Implementation of the health and wellbeing board peer challenge findings](#)  
Paper to Health & Wellbeing Board September 2015
- [Nottinghamshire Mental Health Crisis Concordat](#)  
Paper to Health and Wellbeing Board January 2017
- [Nottinghamshire Mental Health Crisis Concordat](#)  
Paper to Health and Wellbeing Board February 2016

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

- 'All'

See also Chair's Report:-

51. [State of care in mental health services 2014 to 2017](#)
52. [Mental health and community providers: lessons for integrated care](#)
53. [Being mindful of mental health - The role of local government in mental health and wellbeing](#)
54. [A Mental Health Act fit for tomorrow: an agenda for reform](#)
55. [Surviving or Thriving? The state of the UK's mental health](#)



**6 September 2017**

**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. **Update to Nottinghamshire STP five-year plan**

The Nottingham and Nottinghamshire STP has published an [Update to their joint, five-year Plan for health and social care](#).

The draft Plan was published in November 2016. Since then, the STP organisations has been seeking and listening to the views of local people, staff and stakeholders through meetings, events and written feedback.

A total of 395 people attended the four public events held in January and February this year. In addition, 80 representatives from the voluntary and community sector came together for an engagement event for those working in organisations that support local people alongside mainstream health and social care services. Written feedback from 69 respondents was also received via email and an online survey.

The [full breakdown and summary of the feedback received](#) was published last month.

The STP has now published an Update to the initial Plan, reflecting the comments and suggestions of those who gave their views.

For more information contact [STP@nottsc.gov.uk](mailto:STP@nottsc.gov.uk) or 0115 9773577.

3. **Rushcliffe smoke free parks initiative**

Councillor Debbie Mason and officers at Rushcliffe Borough Council have been working with local schools to promote smoke free parks & play areas as part of a wider smoking cessation campaign, with the aim of making all play areas in Rushcliffe smoke-free zones.

Local school children were asked to design posters to be displayed in local play areas and parks to remind and educate members of the public using them they are requested to refrain from smoking in or near the play area.

There's more information on the [Rushcliffe Borough Council website](#) or by contacting John Kemp at Rushcliffe Borough council e: [JKemp@rushcliffe.gov.uk](mailto:JKemp@rushcliffe.gov.uk)

#### 4. Nottinghamshire Total Transport Project

A grant from the Department for Transport has been used to fund a Total Transport Project in Nottinghamshire aimed at improving and integrating passenger transport services to achieve efficiencies and better outcomes for Nottinghamshire residents.

A final report for the project, which has involved partners from health as well as local government is now available and will be presented to the Communities and Place Committee of the Council in July. One of the key recommendations of the report is to further explore opportunities to work with non-emergency patient transport (NEPT ) suppliers to help realise some financial savings, provide a better service for customers, reduce CO2 emissions and improve air quality.

For more information contact Alex Smith e: [alex.smith1@nottsc.gov.uk](mailto:alex.smith1@nottsc.gov.uk) or Pete Mathieson e: [pete.Mathieson@nottsc.gov.uk](mailto:pete.Mathieson@nottsc.gov.uk)

### PROGRESS FROM PREVIOUS MEETINGS

#### 5. Troubled Families Service – return on investment report

During the presentation about Family Resilience at the February Board meeting there was a discussion about a return on investment report for the troubles families' service which was expected during the summer.

The production of a National Impact Study (which will include a cost/benefit analysis) for the Troubled Families Programme has been delayed by the general election. However, the Department for Communities and Local Government (DCLG) have now set a deadline of the end of July for the latest data submission and so we expect a report by late autumn. Nottinghamshire is on track with regards to families attached to the programme and has an increasing volume of Payment by Results claims. These claims have recently been audited by DCLG.

The report will be included in the Chair's report when it's available.

For more information contact Laurence Jones Group Manager, Early Help Services t: 0115 977 3635 e: [laurence.jones@nottsc.gov.uk](mailto:laurence.jones@nottsc.gov.uk)

#### 6. Principia update

The latest [Principia newsletter](#) is now available – it gives an update on the work of the MCP and progress and impact for the first quarter of 2017/18.

### PAPERS TO OTHER LOCAL COMMITTEES

#### 7. [Police and Crime Commissioner's Update Report](#)

Report to Nottinghamshire Police and Crime Panel  
29 June 2017

#### 8. [Public Health Consultant Portfolio - Economic Wellbeing, Oral Health, Obesity Prevention and Avoidable Injury Prevention](#)

#### 9. [Public Health Performance and Quality Report for Contracts Funded with Ring-Fenced Public Health Grant, Quarter 4 2016-17](#)

#### 10. [Proposals for Use of Improved Better Care Fund 2017-18](#)

Reports to Adult Social Care and Public Health Committee

10 July 2017

11. [Your Nottinghamshire Your Future - The New Council Plan 2017-2021](#)  
Report to Full Council  
13 July 2017
12. [Fostering Service annual report](#)  
Report to Children and Young People's Committee  
17 July 2017
13. [Tour of Britain 2017 - Nottinghamshire Stage](#)  
Report to Policy Committee  
19 July 2017
14. [Sherwood Forest Hospitals NHS Foundation Trust](#)
15. [Health Scrutiny on Public Health Commissioned Services](#)  
Reports to Scrutiny Committee  
25 July 2017

## **A GOOD START**

16. [Partnership approaches to improving health outcomes for young people](#)  
Local Government Association  
The case studies in this report showcase different approaches to supporting the health of young people. Whilst the approach and focus of the work in local areas varies, each case study provides an opportunity to reflect on what made the initiative a success and how we might use this learning in our own areas.
17. [Type 2 diabetes is becoming more common in children](#)  
National Institute for Health Research Signal  
The number of children being diagnosed with both type 1 and type 2 diabetes is rising, but new cases of type 2 diabetes, the form associated with being overweight, has risen five-fold in about five years.
18. [Latest health evidence shows that making changes to diet, physical activity and behaviour may reduce obesity in children and adolescents](#)  
The Cochrane Collaboration  
Two new Cochrane Reviews are the last in a series of related systematic reviews summarizing evidence on the effects of different interventions for treating obesity and overweight in childhood and adolescence.
19. [Number of children getting enough physical activity drops by 40%](#)  
Public Health England  
The number of children meeting the recommended amount of physical activity for healthy development and to maintain a healthy weight, which is 60 minutes a day, drops by 40% as they move through primary school.
20. [Child sexual exploitation: prevention and intervention](#)  
Public Health England  
Evidence summary and framework to support local public health leaders to prevent and intervene early in cases of child sexual exploitation.

21. [Children’s Commissioner’s Report on Vulnerability](#)  
New analysis from the Children’s Commissioner for England reveals, for the first time, the scale of vulnerability among children in England. These reports bring together a range of information held by various government departments, agencies and others. Its initial analysis reveals a host of shocking statistics about the number of children living in vulnerable situations.
22. [Revolving door: part one are vulnerable children being overlooked?](#)  
Action for Children  
This report examined whether children who are vulnerable but don’t meet the criteria for statutory support, were directed to early help services that could help them and their families. It highlights that opportunities to intervene early are being missed and that some children are stuck in a cycle of referral and assessment.
23. [How safe are our children? 2017](#)  
NSPCC  
This fifth annual report compiles and analyses the most up-to-date child protection data that exists across the UK for 2017. It sets out twenty different indicators, each of which looks at the question of 'how safe are our children?' from a different perspective. The report also includes historic data, to help track progress over time.
24. [Safeguarding and radicalisation](#)  
The Department for Education  
The aim of the research was to develop a deeper understanding of how Local Authorities were responding to radicalisation, and to begin to gather evidence of emerging practice about what works in social care interventions.
25. [Building the future: children and the sustainable development goals in rich countries](#)  
UNICEF  
This report assesses the status of children in 41 high-income countries in relation to the sustainable development goals (SDGs) identified as most important for child well-being. It ranks countries based on their performance and details the challenges and opportunities that advanced economies face in achieving global commitments to children.
26. [How a Digital 5 A Day can help children lead healthy online lives](#)  
Children’s Commissioner  
Digital 5 A Day provides a simple framework that reflects the concerns of parents/ carers as well as children’s behaviours and needs. It can also act as a base for family agreements about internet and digital device use throughout both the holidays and term time.

Based on the NHS’s evidence-based ‘Five steps to better mental wellbeing’, the 5 A Day campaign gives children and parents easy to follow, practical steps to achieve a healthy and balanced digital diet.

27. [\*\*A healthy state of mind: improving young people's mental fitness\*\*](#)

Localis

This report focuses on how to create a mental health system which supports young people earlier and with far greater flexibility than currently exists.

28. [\*\*Position statement: breastfeeding in the UK\*\*](#)

Royal College of Paediatrics and Child Health

Social stigma is a major barrier to breastfeeding, and more must be done to support women to continue breastfeeding beyond the first few weeks according to new recommendations published by the Royal College of Paediatrics and Child Health (RCPCH). The new guidance, backed by midwives and health visitors, is based on the latest research and aims to give practical advice on how long women should consider breastfeeding. It also makes the case for the health benefits of breastfeeding for both mother and child, as well as the cost savings to families and health services.

## LIVING WELL

29. [\*\*New drug strategy to safeguard vulnerable and stop substance misuse\*\*](#)

Home Office

The drug strategy 2017 sets out how the government and its partners, at local, national and international levels, will take new action to tackle drug misuse and the harms it causes.

30. [\*\*Preventing drug related deaths\*\*](#)

Local Government Association

Drug-related deaths are rising and are a major concern to councils and our health partners. Examples of councils which are succeeding in reducing drug related deaths.

31. **Chief Nurse supports stomp it out drugs campaign**

On its first anniversary Professor Jane Cummings, the Chief Nursing Officer for England, spoke in support of [\*\*stop the over-medication of people with a learning disability or autism \(STOMP\)\*\*](#) – a major initiative aimed at curbing the amount of powerful drugs being prescribed.

It is estimated that up to 35,000 people with a learning disability take a prescribed psychotropic every day, but don't have a diagnosed mental health condition. This can lead to significant side-effects impacting on the quality of life.

32. [\*\*Towards a smoke-free generation: tobacco control plan for England\*\*](#)

Department of Health

Outlining plans to reduce smoking in England, with the aim of creating a smoke-free generation.

33. [\*\*Smoking and the public purse\*\*](#)

Institute of Economic Affairs

This discussion paper provides the first estimate of the net effect of smoking on UK taxpayers per annum. It argues that previous cost-of-smoking studies for the UK have universally ignored savings from premature mortality, meaning their results showed an incomplete picture of the situation faced by taxpayers.

34. [\*\*Breaking multiple unhealthy habits all at once has modest impact, but not always...\*\*](#)

National Institute for Health Research Signal

Tackling unhealthy lifestyles can lead to modest improvements in diet, physical activity and smoking behaviours. But in a few studies, trying to change smoking alongside diet or physical activity appeared to be less effective than if these were tackled sequentially.

35. [\*\*A breath of fresh air: smokefree workplaces 10 years on\*\*](#)

Local Government Association

Ten years on, it is easy to forget how controversial and hard-fought the ban on smoking in public places was.

36. [\*\*Sexual and Reproductive Health\*\*](#)

Royal College of General Practitioners

We have found that there are significant obstacles preventing GPs from delivering the truly patient centred service that they aspire to. The report identifies these key areas and makes recommendations as a result of its findings. This report is endorsed by the Faculty of Sexual and Reproductive Healthcare.

37. [\*\*Over 150,000 annual deaths from lung cancer, lung and heart disease\*\*](#)

Public Health England campaign urges people to see a GP if they have breathlessness or a persistent cough, as these are symptoms of these diseases.

38. [\*\*Guide to healthy living: mosques\*\*](#)

Public Health England

This guidance aims to provide mosque leaders and communities with public health evidence and recommendations, demonstrating how these recommendations link into Islamic teachings, with case study examples from local mosques. It includes a self-assessment checklist for mosques to reflect on current initiatives, identify gaps, recognise achievement and develop plans for future projects.

39. [\*\*Spatial planning for health: evidence review\*\*](#)

Public Health England

This review provides public health planners and local communities with evidence informed principles for designing healthy places.

40. [\*\*How do our surroundings influence our health\*\*](#)

The Health Foundation

This aims to demonstrate how health is influenced by how places, spaces and buildings make us feel, and the opportunities they provide. It illustrates how good surroundings can enable people to: be more physically active; feel safe and secure; use facilities and services and socialise and play.

## **COPING WELL**

41. [\*\*National Audit of Dementia Care in General Hospitals 2016-2017: third round of audit report.\*\*](#)

Royal College of Psychiatrists

This report presents the results of the third round of the National Audit of Dementia (NAD) with collected data between April and November 2016. The audit measures the performance of general hospitals against criteria relating to care delivery which are known to impact upon people with dementia while in hospital. Additional link: [HQIP press release](#)



42. **[Dementia prevention: researchers identify nine health and lifestyle factors](#)**  
Economic and Social Research Council  
One in three cases of dementia could potentially be prevented if brain health is improved throughout life, according to a new report by [The Lancet commission on dementia prevention, intervention and care](#).
43. **[Dementia in older age: barriers to primary prevention and factors](#)**  
Public Health England  
Evidence review showing that changing some behaviours in midlife can reduce the chances of getting dementia in older age.
44. **[Putting Older People First in the North West](#)**  
Housing LIN  
This document also sets out the national policy context, the care sector workforce challenge and the evidence that integration of specialist housing and the use of technology enabled care facilitates independent living and can reduce demand for health and social care services.
45. **[Unmet need for care](#)**  
Ipsos MORI  
This report highlights the experiences of unmet need for care among older people living in their own homes. It finds that despite varying measures of unmet need, by any measure over half of older people with care needs have unmet needs. People eligible for local authority support as well as self-funders are affected by unmet need and those who live alone are particularly vulnerable.
46. **[Vanguard care home improves gardens and health](#)**  
East and North Hertfordshire Clinical Commissioning Group vanguard has joined a local initiative by [Caring Gardens which aims to improve the health and wellbeing of elderly care home residents](#) through gardening. Supported by Herts Care Providers Association (HCPA), with funding from Tesco, residents are encouraged to get involved by developing a bright and beautiful garden space for their care home by planting flower beds, creating hanging baskets and garden art.
47. **[Adult social care: quality matters.](#)**  
Department of Health and Care Quality Commission  
This document sets out a shared commitment to high-quality, person-centred adult social care. It aims to bring the sector together in support of the agreed principles that underpin good quality adult social care. It sets out plans that support the delivery of priorities for improving quality, but not changing the statutory responsibilities or undermine the independence of each organisation.
48. **[Social value of sheltered housing](#)**  
DEMOS  
This briefing paper brings together qualitative data relating to the savings generated to health and social care services. It provides a review of the existing evidence regarding the impact of sheltered housing and makes some initial estimates as to the cost savings it can achieve in a range of fields.



49. [What's it like to live in a care home?](#)

Healthwatch

This report summarises conversations with care home residents, their families and staff about their experiences of living in care homes. Also containing observations from Healthwatch, the report provides a picture of how feedback from residents and families is being used by staff, managers and those running large groups of homes.

50. [Against the odds: evaluation of the Mind Birmingham Up My Street programme](#)

Centre for Mental Health

This document evaluates three Birmingham-based community projects that were commissioned to improve the resilience of young African Caribbean men in the city. It provides in-depth look at the challenges facing young African Caribbean men and how their resilience can be enhanced in the face of these issues.

51. [State of care in mental health services 2014 to 2017](#)

Care Quality Commission

Captures learning from inspections and findings from monitoring use of the Mental Health Act, as well as analysis of data from other sources. This rich resource of information means we now know more about the quality of mental health care than ever before.

52. [Mental health and community providers: lessons for integrated care](#)

NHS Confederation

In 2015, a group of nine mental health and community provider NHS trusts came together, to share learning and explore how the multi-speciality provider model can drive the delivery of integrated mental and physical healthcare. This briefing explores how mental health and community provider organisations are approaching this challenge and distils the key points and lessons learned from the wide-ranging discussion.

53. [Being mindful of mental health - The role of local government in mental health and wellbeing](#)

Local Government Association

This report explores how councils influence the mental wellbeing of our communities and how council services, from social care to parks to open spaces to education to housing, help to make up the fabric of mental health support for the people in our communities.

54. [A Mental Health Act fit for tomorrow: an agenda for reform](#)

Mental Health Alliance

This report urges the government to act on its promise to reform the Mental Health Act and take into account the views of those affected by mental illness. It includes the views of over 8000 people who use mental health services, carers, and professionals working in the field. Half of those who responded did not think that people are treated with dignity and respect under the Mental Health Act.

55. [Surviving or Thriving? The state of the UK's mental health](#)

This survey aimed to understand the prevalence of self-reported mental health problems, levels of positive and negative mental health in the population, and the actions people take to deal with the stressors in their lives. 2,290 interviews were completed, with 82% online and 18% by phone.

56. [The Hidden Half: bringing postnatal mental illness out of hiding](#)

National Childbirth Trust

The Hidden Half campaign surveyed 1,000 women who had recently had a baby and found that half had a mental health or emotional problem postnatally or during pregnancy. Of these, nearly half hadn't had their problem identified by a health professional and hadn't received any help or treatment. Many of these new mothers said they were too embarrassed or afraid of judgement to seek help.

57. **New report looks at loneliness among people with disabilities**

A new report, ['Someone cares if I'm not there'](#) explores why loneliness affects so many people with disabilities. The reasons include poor access to services, inaccessible transport and venues, and financial challenges as well as social attitudes. Produced for the Jo Cox Commission on Loneliness, the report is leading the conversation around disability and loneliness during a month-long campaign that will encourage the public and politicians to start a conversation.

**WORKING TOGETHER**

58. [Councillors' perceptions sustainability and transformation partnerships: summary key survey findings](#)

Local Government Association

This report is based on results of a survey of local councillors to establish a clear national picture of councillors' views and experiences of their local Sustainability and Transformation Partnership. The majority of respondents report at least a fair amount of knowledge about their STP (91%). However, most perceive there to be low engagement in the STP, with 69% disagreeing that councillors have been sufficiently engaged in their STP and 71% disagreeing that councillors are sufficiently involved in the governance of the local STP.

59. [STP Dashboard published](#)

NHS England has published a dashboard giving a baseline assessment of the new Sustainability and Transformation Partnerships (STPs) - set up across the country to improve care through collaboration between services. The dashboard gives an initial view of STPs' work, showing the starting point from which they will drive improvements in care. It includes 17 performance indicators across nine priority areas, each falling into three core themes of hospital performance, patient-focused change and transformation. The dashboard will be updated annually so progress can be tracked.

60. [Now we have help](#)

NHS England

This short film tells the story of how joined-up care at the Weymouth Hub in Dorset has improved the lives of Dennis, who suffers from multiple complex conditions, and his wife Jennifer, who cares for him. Joining up care is just one of the benefits patients and families are experiencing across the country, as a result of sustainability and transformation partnerships (STPs).

61. [What are STPs and why do they matter?](#)

The King's Fund

This article examines STPs and how their success is important to the future shape and well-being of the NHS. It suggests STPs need to strengthen their leadership and governance and ensure they have the capacity and capability to implement their proposals; NHS England

and NHS Improvement need to work together to oversee STPs; and the scope of STPs needs to be narrowed to focus on the most important priorities in each area of England.

62. [\*\*Sustainability and transformation plans: five key questions for planners\*\*](#)

Centre for Health and the Public Interest

This analysis identifies five key questions to ask of each of STP area to assess the potential impact of each plan. The scrutiny framework that this paper outlines focuses particularly on workforce planning, access to services, quality of services, integration of services and numbers of beds.

63. [\*\*Sustainability and Transformation Plans: Analysis of extent to which housing & ageing are mentioned in STPs\*\*](#)

Care & Repair England

This briefing highlights why housing is so critical to achieving the future vision for the NHS and the importance of addressing population ageing. Based on a search of all 44 STPs, the summary table in this briefing shows the wide disparities with regard to inclusion of any references to housing and ageing, ranging from zero in a number of areas, to a few which are far ahead in terms of integrated analysis and cross sector planning.

64. [\*\*STPs Sustainability and Transformation Plans: What, Why, Where Next?\*\*](#)

Institute for Public Policy Research

This report looks at some of the reform solutions that have been identified by STPs, and also sets out the range of challenges that stand in the way of them realising their vision for improved health and efficiency.

65. [\*\*State of child health: sustainability and transformation partnerships\*\*](#)

Royal College of Paediatrics and Child Health

Following analysis of STPs, this report argues that the plans are failing to take into account the needs of infants, children and young people. It finds that while most STPs set out the case for change well and cover important key themes such as prevention, early intervention, more care delivered in the community, better mental health services and integrated working, there is a lack of detail underpinning the vision.

66. [\*\*Delivery Costs Extra: Can STPs Survive Without The Funding They Need?\*\*](#)

British Medical Association

This report analyses all 44 STP plans and highlights concerns around poor engagement with clinicians, patients and the public and the challenging timeline of STP implementation without upfront funding to deliver the plans. The report is also accompanied by a paper summarising each STP plan and a glossary of commonly used acronyms.

67. [\*\*Can Sustainability and Transformation Plans deliver a better future for the NHS?\*\*](#)

London South Bank University

This report looks at the 44 sustainability and transformation plans and how they are set up to deliver the level, pace and scale of change required. Overall the report finds that the STPs are not ready for implementation, with the plans lacking a secure grounding in the current situation, and a robust evidence base to the changes proposed.

68. **[Health and social care co-ordination: integration in an accountable care system](#)**

Localis

In January 2017, Localis began a research project to sketch out a set of practical steps which would take the health and social care integration agenda forward. This interim research note provides a window into the project's work so far and hopes to inform debate in advance of the full published report in July 2017.

69. **[Local growth and the NHS: building the foundations of a healthy economy](#)**

NHS Confederation

This briefing explores the context within which local growth is increasingly shaping local economic planning and the NHS' role in contributing to this agenda. It will be of interest to sustainability and transformation plan leads, NHS chairs, chief executives and non-executive directors, as well as directors of finance, strategy, HR, transformation and public health.

70. **[New Voluntary, Community and Social Enterprise Health and wellbeing Alliance launched](#)**

The Department of Health, Public Health England and NHS England have launched the new Voluntary, Community and Social Enterprise (VCSE) Health and Wellbeing Alliance (HW Alliance). The HW Alliance will amplify the voice of the VCSE sector and people with lived experience to inform national policy, facilitate integrated working between the voluntary and statutory sectors, and co-produce solutions to promote equality and reduce health inequalities. [21 HW Alliance members](#) have been selected for their reach into communities across England. For further information please contact: [allisontrevallion@nhs.net](mailto:allisontrevallion@nhs.net) or [sara.bordoley@nhs.net](mailto:sara.bordoley@nhs.net)

71. **[Time swap initiative signs up centurion member](#)**

The 'Time Swap' project by Wellbeing Erewash vanguard, a partnership organisation, encourages people to volunteer their time and skills in exchange for time back from other individuals with different skills ranging from home DIY to garden maintenance. The scheme recently signed up its 100th member, 90-year-old Jessie Oakes, who asked for help to walk her dog as she struggled to get out. In return, Jessie volunteered her time by offering knitting lessons which has turned into a weekly knitting group. This inspiring initiative is helping individuals, like Jessie, feel less socially isolated by becoming more involved in the local community.

72. **[Networks in Health and Care: Source4Networks](#)**

NHS England, in partnership with London South Bank University, has launched a new online platform designed for network leaders in health and care.

Source4Networks provides an easy way to keep up-to-date with best practice, case studies, methodology, and access to network development tools, and to be a part of a thriving community of network leaders from across the health and care system.

73. **[Acting without delay - how the independent sector is working with the NHS to reduce delayed discharge](#)**

NHS Confederation

This report from the NHS Partners Network highlights examples where the independent sector is working with the NHS to avoid delayed discharges of care.

74. [Enabling change through communities of practice](#)

National Voices

In June 2014, National Voices set out to explore and test how communities of practice could facilitate the spread of large-scale change across England's voluntary sector working for health and wellbeing. This report shares reflections on this project, and in the spirit of communities of practice, aims to share reflections in order that others can use the learning.

75. [Health and social care integration: roundtable write-up](#)

New Local Government Network

This paper summarises the discussions from two roundtable events held in January and March 2017 with officers, practitioners, elected members and thought leaders from local government and health. The discussions focused on the challenges of implementing an integrated approach to health and social care.

76. [Health in All Policies self-assessment tool](#)

Local Government Association

Public health made the formal transfer to local government in April 2013 and has made great strides in the last four years to tackle the wider social and economic determinants of poor health by moving into a phase of transformational change.

77. [Housing our homeless households](#)

Local Government Association

This report explores the increasing demand for temporary accommodation, and the innovations that a number of councils are pursuing to respond to this increasing demand, with recommendations and tools for other councils to replicate activity in their areas. The project also explores reforms that the Government can make to better help councils to support homeless households.

## HEALTH INEQUALITIES

78. **Marmot indicators 2017**

The Institute of Health Equity has published [Marmot Indicators Release 2017](#). This briefing provides an update on progress since the 2008 Marmot Review into the most effective evidence-based strategies for reducing health inequalities in England. This update finds that improvements on life expectancy at birth and remaining life expectancy at 65 have slowed since 2010. The analysis also finds that inequalities within and between local authorities have persisted.

Additional links: [BBC News report](#) | [Age UK](#)

79. [Breaking the Dependency Cycle: Tackling Health Inequalities of Vulnerable Families](#)

Deloitte Centre for Health Solutions

Vulnerable families face significant health inequalities, despite rising life expectancy across Western Europe. While access to good healthcare is important, it only accounts for 15-25% of health inequalities. A range of social determinants crucially drive trends around mortality and ill-health, including quality of education, housing, employment, working conditions and welfare.

80. [Cities, the social economy and inclusive growth](#)

Joseph Rowntree Foundation

This report examines the role of the social economy in bringing about inclusive growth that generates more and better jobs in UK cities, particularly for people who are in - or at risk of - poverty.

81. [Health equity in England](#)

Public Health England

A report on health equity in England focusing on inequalities between ethnic groups.

**GENERAL**

82. [Health profile for England](#)

Public Health England

A report combining Public Health England (PHE) data and knowledge on the health of the population in England in 2017.

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

**Other Options Considered**

83. None.

**Reason/s for Recommendation/s**

84. N/A

**Statutory and Policy Implications**

85. 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) Board members consider whether there are any actions required in relation to the issues contained in the report.

**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@nottscc.gov.uk](mailto:nicola.lane@nottscc.gov.uk)

**Constitutional Comments (SLB 24/08/2017)**

Health and Wellbeing Board is the appropriate body to consider the content of this 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 18/08/2017)**

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



**6 September 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)
<b>4 October</b>	<p><b>Connected Notts update</b> (Andy Evans)</p> <p><b>Sustainability and Transformation Plans update &amp; accountable care organisations</b> (David Pearson/ Joanna Cooper)</p> <p><b>Housing progress report</b> (John Sheil)</p> <p><b>Care leavers support</b> (Steve Edwards/ Natasha Wrzesinski)</p> <p><b>Nottinghamshire Air Quality Strategy for approval</b> (Jonathan Gribbin/Bryony Lloyd) TBC</p> <p><b>Chairs report</b> (Nicola Lane)</p>
<b>1 November</b>	<b>Closed workshop for Health &amp; Wellbeing Strategy consultation</b>
<b>6 December</b>	<p><b>Nottinghamshire Joint Health and Wellbeing Strategy 2018-2022</b> (Barbara Brady/Nicola Lane)</p> <p><b>Better Births Maternity update</b> (Kate Allen/Jenny Brown) TBC</p> <p><b>Loneliness - feedback from engagement groups neighbourhood outreach pilot</b> (Laura Chambers)</p> <p><b>Director of Public Health Annual Report</b> (Barbara Brady/Kay Massingham)</p> <p><b>Substance misuse services</b> (John Tomlinson//Lindsay Price/Tristan Poole)</p> <p><b>Health protection assurance update</b> (Jonathan Gribbin/Sally Handley)</p> <p><b>Addressing clinical variation in primary care</b> (Jeremy Griffiths)</p> <p><b>Chairs report</b> (Nicola Lane)</p>
<b>January 2018</b>	
<b>February 2018</b>	
<b>March 2018</b>	<b>Pharmaceutical Needs Assessment 2018-2020</b> (Jonathan Gribbin/Kristina McCormick)
<b>April 2018</b>	

# Health and Wellbeing Board & Workshop Work Programme