Nottinghamshire County Council

Health and Wellbeing Board

Wednesday, 08 January 2014 at 14:00

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

AGENDA

12	Summary of 2014/15 General Medical Services Contract Negotiations	85 - 92
13	Work Programme	93 - 96

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.

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

Notes

(1) 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

(2) 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.

Nottinghamshire County Council

minutes

Meeting	HEALTH AND WELLBEING BOARD
Date	Wednesday, 6 November 2013 (commencing at 2.00 pm)

Membership
Persons absent are marked with an 'A'

COUNTY COUNCILLORS

Joyce Bosnjak (Chair)
Stan Heptinstall
John Peck
Martin Suthers OBE
Yvonne Woodhead

DISTRICT COUNCILLORS

Councillor Jenny Hollingsworth
Councillor Tony Roberts MBE

OFFICERS

David Pearson	-	Corporate Director, Adult Social Care, Health and Public Protection
Anthony May	-	Corporate Director, Children, Families and Cultural Services
Dr Chris Kenny	-	Director of Public Health

CLINICAL COMMISSIONING GROUPS

Dr Steve Kell	-	Bassetlaw Clinical Commissioning Group (Vice-Chairman)
A Dr Judy Jones	-	Mansfield and Ashfield Clinical Commissioning Group
A Dr Mark Jefford	-	Newark & Sherwood Clinical Commissioning Group
Dr Guy Mansford	-	Nottingham West Clinical Commissioning Group
A Dr Paul Oliver	-	Nottingham North & East Clinical Commissioning Group
Dr Jeremy Griffiths	-	Rushcliffe Clinical Commissioning Group

LOCAL HEALTHWATCH

	Joe Pidgeon	-	Healthwatch Nottinghamshire

NHS ENGLAND

A	Helen Pledger	-	Nottinghamshire/Derbyshire Area Team, NHS England

SUBSTITUTE MEMBERS IN ATTENDANCE

Vikki Taylor	-	NHS England

OFFICERS IN ATTENDANCE

Barbara Brady	-	Public Health
Paul Davies	-	Democratic Services
Steve Edwards	-	Children, Families and Cultural Services
Nicola Lane	-	Public Health
Elizabeth Orton	-	Public Health
Jade Poyser	-	Public Health
Cathy Quinn	-	Public Health

ALSO IN ATTENDANCE

Chris Few	-	Chair, Nottinghamshire Safeguarding Children Board
Tracy Madge	-	NHS England

MEMBERSHIP

Councillor Woodhead had been appointed in place of Councillor Weisz, for this meeting only.

MINUTES

The minutes of the last meeting held on 2 October 2013 having been previously circulated were confirmed and signed by the Chair.

APOLOGIES FOR ABSENCE

Apologies for absence were received from Dr Paul Oliver and Helen Pledger.

DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS

Dr Guy Mansford declared a private interest in the item on NHS England Primary Care Strategy.

HOMELESSNESS

Barbara Brady and Jade Poyser gave a presentation on homelessness in Nottinghamshire, including the local picture, health consequences and recommendations for CCGs, the county and district councils and NHS England. They responded to questions and comments:

- Why were there as few as ten statutorily homeless people recorded in Broxtowe? - Explanations included the borough's beacon status and success at tackling homelessness, the narrow definition of statutory homelessness, and inconsistent recording across the county.

- The Board should be mindful that the county council's impending budget decisions (particularly in relation to Supporting People) might have an impact on homelessness and the support available to homeless people. - David Pearson pointed out that consultation on the County Council's budget was just starting. The impact of budget decisions was not yet known. The Board had a role in monitoring homelessness and the support to homeless people and promoting a joined-up response. He recognised the district councils' contribution, as evidenced after previous reductions to the Supporting People budget.

- District councils expressed some concern about the lack of detail in the report, especially regarding the work of district councils and voluntary organisations. - This report was a summary, with much more detail coming through the Joint Strategic Needs Assessment (JSNA).

- The report was helpful in showing that homelessness was not just a problem in urban areas.

- Lessons should be learnt from the integration of services for other vulnerable groups, for example the use of the Integration Transformation Fund for vulnerable elderly people.

- NHS England commissioned services relevant to homeless people, through their responsibility for health care in prisons and children's secure settings, as well as commissioning primary care, pharmacies etc.

- The Hostels Liaison Group maintained a list of resources on its website.

- Consideration might be given to whether homeless should have its own commissioning group, or how best it might feature in the work of the existing commissioning groups. Homelessness was suggested as a possible topic for a future stakeholder event.

RESOLVED: 2013/034

(1) That the report be noted and its contents endorsed.

(2) That support be given to the recommendations for action by the responsible commissioners, as set out in paragraph 24 of the report.

DEVELOPMENT OF NHS ENGLAND PRIMARY CARE STRATEGY

Vikki Taylor and Tracy Madge gave a presentation about work under way to transform the way in which primary care services are provided. The Derbyshire and Nottinghamshire Team of NHS England were leading this work with CCGs as part of the "NHS Call for Action". They encouraged participation in the work. Comments included:

- District councils welcomed the emphasis on integration and wider primary care services. They supported more work in pharmacies, for example.
- The Call for Action should be co-ordinated with work on the Integration Transformation Fund.
- More joint working by GP practices would help deliver some services.
- Altogether Better in Yorkshire was an example of using community health champions to promote health and wellbeing. - Community leaders were helping the Area Team with the development work.
- A difficulty was that the GP contract was national but the Area Team were looking for imaginative local responses.
- There was a lack of direction from NHS England about how to go about changes, for example when practices wished to merge.
- There was need for smarter working, making use of the GPs' knowledge of relationships to achieve better outcomes for patients.

RESOLVED: 2013/035

That the briefing be noted, and the Board receive an update report in due course.

NOTTINGHAMSHIRE SAFEGUARDING CHILDREN'S BOARD ANNUAL REPORT

Chris Few introduced the annual report of the Nottinghamshire Children's Safeguarding Board (NSCB). He summarised activities and achievements in child protection during 2012/13, and emphasised a continued focus on improvement. He responded to Board members' comments:

(1) How could the Health and Wellbeing Board add value to the NSCB's work? – By taking a holistic view of children and families when considering how services are delivered.

(2) It must be difficult for child protection social workers to be innovative, given the adverse press coverage about poor practice.

(3) What was NSCB's view of the Multi-Agenda Safeguarding Hub (MASH), its accommodation and information sharing? – Systems and physical resources at MASH were under review. Work was becoming increasingly collaborative.

In answer to further questions, Chris Few explained that there had been no reduction in child protection training, and that the number of unexpected child deaths did fluctuate from year to year. He stated that child protection plans should be targeted, robust and driven forward.

RESOLVED: 2013/036

That the annual report of the Nottinghamshire Safeguarding Children Board be noted.

CHILDREN WHO GO MISSING FROM HOME OR CARE: END OF YEAR REPORT 2012/13

Steve Edwards introduced the report on activity during 2012/13 in relation to children who had gone missing. There had been a reduction in the number of missing children, and some improvement in agencies meeting targets for such actions as review meetings. In reply to questions, he clarified that very few of the looked after children placed outside Nottinghamshire were placed more than 20 miles from home. He confirmed that district councils received quarterly monitoring reports.

RESOLVED: 2013/037

That the update on activity relating to children who go missing from home or care in Nottinghamshire during 2012/13, and the progress being made in response to those children who go missing, be noted.

CHILDREN'S AND YOUNG PEOPLE'S MENTAL HEALTH AND EMOTIONAL WELLBEING

Kate Allen and Elizabeth Orton introduced the report on the 2013 health needs assessment of the mental health and emotional wellbeing of children and young people in Nottinghamshire. A number of short, medium and long term actions were recommended to address these needs. Discussion included:

- Loss and bereavement services for children and young people and other voluntary sector activity should be included. - The report focussed on local authority and NHS services, but could be broadened to recognised the voluntary sector contribution.

- Social media could be used to signpost sources of help.

- Given the high rate of self-harming, there would be benefit in covering dealing with emotions as part of young people's personal, health and social education (PHSE). - Anthony May acknowledged that primary schools had a better approach to such matters than secondary schools.

- Incidents of self-harming should be reported to the young person's GP.

- Waiting times were a problem when children with mental health problems were referred for support.

Councillor Bosnjak encouraged Board members to e-mail Kate Allen with any further comments about these services.

RESOLVED: 2013/038

(1) That the recommendations in the mental health and emotional wellbeing health needs assessment for children and young people 2013 be approved.

(2) That the challenges facing the delivery of Child and Adolescent Mental Health Services (CAMHS) in Nottinghamshire be noted.

(3) That the proposed actions to improve the mental health and emotional wellbeing of children and young people in Nottinghamshire be approved.

HEALTH AND WELLBEING IMPLEMENTATION GROUP REPORT

David Pearson introduced the report on progress being made by the Health and Wellbeing Implementation Group. He added that the group working on the Integrated Transformation Fund had met on 24 October, with the next meeting on 8 November. He confirmed that the Fund would be created as a pooled budget, and that allocations from the Fund would be announced on 4 December.

He referred to his appointment as Vice-President of the Association of Directors of Adult Social Services. As a consequence, Anthony May would replace him as chair of the Implementation Group. David Pearson would remain a member of the Board. Comments included:

- The impact of the Board on people's health and wellbeing would be measured through the outcomes framework.

- The proposal in relation to consultation about pharmacies was welcomed. Healthwatch were also consulted.

- The Board or Implementation Group should monitor the impact on health and wellbeing of budget reductions in local authorities and the NHS.

RESOLVED: 2013/039

(1) That the report be noted.

(2) That the work programme for the Health and Wellbeing Implementation Group to deliver the Health and Wellbeing Strategy be endorsed.

(3) That authority be delegated to the Health and Wellbeing Implementation Group in consultation with the Chair of the Board to respond to consultations on new and amended pharmaceutical services.

SUMMARY OF RESULTS OF THE HEALTH AND WELLBEING STRATEGY CONSULTATION

Cathy Quinn pointed out that the workshop on 4 December would concentrate on the Strategy and integration. Comments received during consultation, and responses to those comments, would be published in due course.

RESOLVED: 2013/040

That the summary of results of the Health and Wellbeing Strategy consultation be noted.

WORK PROGRAMME

RESOLVED: 2013/041

That the work programme be noted, subject to the inclusion of updates on the NHS England Primary Care Strategy and on homelessness.

ANY OTHER BUSINESS

Jeremy Griffiths reported that Rushcliffe CCG was piloting a 5 km park run aimed at younger people. This would, he pointed out, support a number of strands of the Health and Wellbeing Strategy.

The meeting closed at 4.45 pm.

CHAIR

Nottinghamshire County Council

Report to Health and Wellbeing Board

8 January 2014

Agenda Item: 4

REPORT OF THE CHAIR OF THE HEALTH AND WELLBEING BOARD

MEMBERSHIP OF THE HEALTH AND WELLBEING BOARD

Purpose of the Report

1. To notify the Board of changes to the membership to include a representative from each district council and of the Police and Crime Commissioner.

Information and Advice

2. As members will recall discussions took place at the Board on 5 June and 2 October 2013 about extending the Board's membership to include a representative from each district council and of the Police and Crime Commissioner. The County Council on 21 November 2013 agreed to extend the membership of the Board to include a representative of each of the seven district councils in Nottinghamshire, and also a representative of the Commissioner. Each district council and the Commissioner have also been asked to nominate one substitute who could attend if the representative is unavailable.

3. The new district council representation replaces the previous arrangement where there were two district council representatives to represent the seven districts, and each Board meeting was preceded by an informal pre-meeting of representatives from all the districts.

4. Some nominations have been received already:

Authority	**Representative**	**Substitute**
Bassetlaw District Council	Councillor Simon Greaves	Councillor Griff Wynne
Gedling Borough Council	Councillor Jenny Hollingsworth	Councillor John Clarke
Mansfield District Council	Councillor Phil Shields	Councillor Mick Barton
Newark and Sherwood District Council	Councillor Tony Roberts	Councillor David Staples

5. If any other nominations have been received, I will report these at the meeting.

Statutory and Policy Implications

6. 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.

RECOMMENDATIONS

1) That the County Council's decision to extend the membership of the Board be noted,

Councillor Joyce Bosnjak
Chair of the Health and Wellbeing Board

For any enquiries about this report please contact:
Paul Davies, Democratic Services 0115 977 3299

Constitutional Comments

7. As the report is for noting only, no constitutional comments are required.

Financial Comments (ZKM 11/12/2013)

8. There are no financial implications arising 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

Nottinghamshire County Council

Report to Health and Wellbeing Board

8 January 2014

Agenda Item: 5

REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE, HEALTH AND PUBLIC PROTECTION AND CLINICAL LEAD, NHS NOTTINGHAM NORTH AND EAST CCG

BETTER CARE FUND (FORMERLY THE HEALTH AND SOCIAL CARE INTEGRATION TRANSFORMATION FUND)

Purpose of the Report

1. The report provides an update on progress in developing the two year operational plans that support the Better Care Fund (formerly the Health and Social Care Integration Transformation Fund) for 2014/15 and 2015/16, and also requests approval from the Board to agree how it might receive further detail (including formally approving the draft plan prior to 14 February 2014).

2. The report provides detail developed through the Integrated Care Transformation Working Group, and as such considers the health, social care, and public health requirements throughout the County.

Background

3. The Better Care Fund (BCF) was announced in June 2013 within the Government's spending review. It was described as creating a national £3.8 billion pool of NHS and Local Authority monies intended to support an increase in the scale and pace of integration and promote joint planning for the sustainability of local health and care economies.

4. This fund is described as "a single pooled budget for health and social care services to work more closely together in local areas, based on a plan agreed between the NHS and Local Authorities". A joint statement from NHS England and the Local Government Association in July 2013 noted that the BCF will:
    - Provide an opportunity to transform care so that people are provided with better integrated care and support
    - Help deal with demographic pressures in adult social care
    - Assist in taking the integration agenda forward at scale
    - Support a significant expansion in care in community settings

5. The fund is made up of a number of differing existing funding streams to Clinical Commissioning Groups (CCGs) and Local Authorities, anticipated annual grants, as well as recurrent capital allocations. There is no new or additional funding. This creates potential risks for existing services funded from these sources, either if conditions and targets attached to the fund are not achieved or if new priorities are identified for this funding.

6. Access to the BCF will be dependent on agreement of a local 2-year plan for 2014/15 and 2015/16. Plans agreed locally will need to align with national conditions and demonstrate measurable progress in respect of key outcomes. Ministers will ultimately approve any plans.

7. In 2014/15, the existing £859m s.256 transfer to councils for adult social care to benefit health, and the additional £241m, will continue to be distributed using the social care relative needs formula (RNF). The formula for distribution of the full £3.8bn fund in 2015/16 will be based on a financial framework agreed by ministers. The current social care transfer of £1.1bn and the £134m of adult social care capital funding included in the Fund in 2015/16 will be allocated in the same way as in 2014/15. The Disabled Facilities Grant (DFG) will be allocated based on the same formula as 2014/15. The remainder of the Fund will be allocated on the basis of the CCG allocations formula.

8. For Nottinghamshire (excluding the City of Nottingham), it is our understanding that an extra £3.5m will be transferred from the NHS to support social services in 2014/15, giving a full BCF budget of £16.1m for 2014/15. A total of £49.7m will be transferred to the BCF in 2015/16 as broken down below, although this figure is believed to exclude additional capital grants.

2014/15

£16.1m, including an extra £3.5 transferred from the NHS to support social services

2015/16

£49.7m, broken down here by CCG:

NHS Mansfield and Ashfield CCG	£12,418,000
NHS Nottingham North and East CCG	£9,115,000
NHS Newark and Sherwood CCG	£7,718,000
NHS Bassetlaw CCG	£7,526,000
NHS Rushcliffe CCG	£6,780,000
NHS Nottingham West CCG	£6,180,000

Capital grants expected in addition to this sum.

9. £1bn of the £3.8bn BCF in 2015/16 will be accessible dependent upon performance and local areas will need to set and monitor achievement of those outcomes during 2014/15 as the first £500m paid in April 2015 will be based upon performance in the previous year, while the rest will be paid in October 2015, and will be based on in-year performance. The payments are dependent on performance as follows:

<table>
<tr><th colspan="2">April 2015</th></tr>
<tr><td>£250m dependent on progress against four of the national conditions:
Protection for adult social care services
Providing 7-day services to support patients being discharged and prevent unnecessary admissions at weekends
Agreement on the consequential impact of changes in the acute sector
Ensuring that where funding is used for integrated packages of care there will be an accountable lead professional</td><td>£250m dependent on progress against the following four metrics:
Delayed transfers of care
Avoidable emergency admissions
A local metric chosen from a menu of 9 options or developed locally</td></tr>
<tr><th colspan="2">October 2015</th></tr>
<tr><td colspan="2">£500m dependent on further progress against the following six metrics:
Admissions to residential and care homes
Effectiveness of reablement
Delayed transfers of care
Avoidable emergency admissions
Patient and service user experience (metric TBC)
A local metric chosen from a menu of 9 options or developed locally</td></tr>
</table>

10. Failure to achieve the levels of ambition set out in the plan for 2015/16 will not result in withdrawal or re-allocation of performance-related funding. However, if a local area achieves 70% or more of the levels of ambition set out in each of the indicators in its plan, it will use the performance-related portion to fund its agreed contingency plan. If it fails to deliver 70% of the levels of ambition, it may be required to produce a recovery plan with the support of a peer review process.

11. The most important element of assurance for plans will be the requirement for them to be signed-off by the Health and Wellbeing Board. NHS England's process for assuring CCG strategic and operational plans will include a specific focus on the element of the plan developed for the Fund, to provide an overview

of Fund plans at national, regional, and local level, reviewed by a Departmental-led senior group comprised of DH, DCLG, HMT, NHS England, and LGA officials, supported by external expertise from the NHS and local government. Ministers will give the final sign-off to plans and release of performance-related funds.

Key Issues to Note

12. **Finding the extra NHS investment required:** Given demographic pressures and efficiency requirements of around 4%, the joint statement from NHS England and the LGA confirms that CCGs are likely to have to redeploy funds from existing NHS services. CCGs and the county council are actively engaging health care providers to assess the implications for existing services and how these should be managed.

13. **Managing the service change consequences:** The scale of investment CCGs are required to make into the pooled budget cannot be delivered without service transformation. The focus must be on re-investing funds in services that prevent future reliance on reactive health services. The process for agreeing the use of the pooled budget must therefore include an assessment of the impact on acute and community services and agreement on the scale and nature of changes required.

14. **Protecting adult social care services:** Although the emphasis of the BCF is on a pooled budget, the joint statement states that, "as with the current transfer from the NHS to social care, flexibility must be retained to allow for some of the fund to be used to offset the impact of the funding reductions overall. It is envisaged that this will happen alongside the on-going work that councils and health are currently engaged in to deliver efficiencies across the health and care system".

15. **Targeting the pooled budget to best effect:** The conditions the Government has set make it clear that the pooled funds must deliver improvements across social care and the NHS. Robust planning and analysis will be required to (i) target resources on initiatives which will have the biggest benefit in terms outcomes for people and (ii) measure and monitor their impact. Section 256 monies will no longer be an automatic transfer as historically has been the case.

16. **Plans for use of the pooled budgets should not be seen in isolation:** They will need to be developed in the context of:
    - Local joint strategic plans
    - Other priorities set out in the NHS Mandate and NHS planning framework (CCGs will be required to develop medium term strategic plans as part of the NHS 'Call to Action').

Update on local Planning – Emerging Themes

17. The BCF Working Group hosted a successful planning event on 6th December 2013. Commissioners of health and social care were represented, as were

providers of health care. In order to prepare the plan within the timescales, a governance structure has been put in place that includes:

- Three local units of planning; south, mid, and north Nottinghamshire
- A performance sub-group, focusing upon data collection, data analysis and proposals for measurement of key outcome metrics.

18. At the planning event, each of the three planning units presented its own local perspective on the plan and the following key points were agreed:

a) There is a collective leadership challenge to ensure that the governance structure delivers the level of clarity and detail in the plan necessary to optimise outcomes.
b) The Fund will be focused upon the needs of all adults, and also consider end of life care.
c) In order to ensure delivery, outcome Key Performance Indicators (KPIs) will be set at local level to respond to specific population needs, but an aggregate view will be provided for the plan submission for approval by Ministers. Acute providers will be involved in agreeing these KPIs.
d) Care professionals will work together to develop key schemes for early implementation in 2014/15, to be agreed through this year's contract negotiations with care providers.
e) It will be important to co-design solutions with providers, and also be mindful of the impact on providers who relate to more than one BCF operational plan, where they cross local authority boundaries.
f) Ensuring engagement of the workforce will be critical, as will be developing internal and external communications strategies that support the cultural changes and build the confidence required to deliver better, less hospital-based, outcomes. This will involve those developing the plans being able to "see services through the eyes of our citizens".

Next Steps

19. The outline timetable for developing the pooled budget plans, conditions and response to local and county level performance metrics is as follows:

- December to January: completion of plans
- February: sign off by Health and Wellbeing Board before 14 February
- March: Plans assured by Department of Health
- April: final version of the Better Care Plan to be submitted to NHS England as an integral part of CCGs' Strategic and Operational Plans

20. County and District & Borough council and CCG Officers have identified where the potential sums that may make up the fund are currently allocated. As the monies comprising the fund are already committed to existing care, partners will need to fully consider any assumptions and the implications on existing services of a redirection of funds.

21. Whilst planning on this basis of an allocated fund, local partners will be able to put additional funding into the pooled budget from their existing allocations if they want to do so; indeed this may be an opportunity for creating a larger “joint pot” for plans that can be jointly agreed.

Implications for Service Users

22. It is expected that integrated systems will improve the service user journey and experience. Work will need to be done to assess the impact on existing service provision to ensure any redirection of resources is not detrimental.

Financial Implications

23. Further detailed work alongside the completion of the plan and its priorities will be necessary to consider the impact of the proposed pool upon existing services, and the sharing of risk. While many of the revenue funding streams are currently committed to core services and assist with pressures in base budgets the capital allocations are currently the subject of grant conditions and dedicated to one purpose, so the consequences of any dis-investment proposals will need to be considered carefully. For example Disabled Facilities Grants (DFG) are dedicated for use to fund major adaptations in privately owned property and any reduction would have an impact on the availability of grants for this purpose.

Equalities Implications

24. Equality issues will be taken into account as part of the planning process undertaken in the working group. Better integration of services should mean that people receive a more consistent service across the county.

Legal Implications

25. The report sets out the basis for the fund and there are no legal implications at this stage. The Department of Health is considering what legislation may be necessary to establish the Integrated Transformation Fund, including arrangements to create the pooled budgets. Government officials are exploring the options for laying any required legislation in the Care Bill. Further details will be available in due course. The wider powers to use Health Act flexibilities to pool funds, share information and staff are unaffected. Ongoing engagement will be necessary as well as an Equalities Impact Assessment with regards to how monies are spent.

26. Services will need to be jointly commissioned by Local Authorities and CCGs. Agreement will need to be reached on contract leads for particular aspects of delivery.

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.

RECOMMENDATION/S

That the Board:

1. **Agree to hold an extra-ordinary Health & Wellbeing Board meeting alongside the planned workshop on 5th February 14** to approve the draft two year plan.
2. Board Members **consider** the emerging themes that will form the basis for firm proposals to be considered at a future meeting.

David Pearson
Corporate Director, Adult Social Care, Health and Public Protection

Dr Paul Oliver
Clinical Lead, NHS Nottingham North and East CCG

For any enquiries about this report please contact:

Lucy Dadge, Director of Transformation
lucy.dadge@mansfieldandashfieldccg.nhs.uk / 01623 673330.

Constitutional Comments (SG 20/12/2013)

The Board is the appropriate body to consider the issues set out in this report.

Financial Comments (KAS 20/12/2013)

The financial implications are contained within paragraph 23.

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 members for divisions in Ashfield, Mansfield and Newark and Sherwood

Nottinghamshire County Council

Report to Health and Wellbeing Board

8 January 2014

Agenda Item: 6

REPORT OF CHIEF OFFICER, NHS MANSFIELD AND ASHFIELD CLINICAL COMMISSIONING GROUP AND NHS NEWARK AND SHERWOOD CLINICAL COMMISSIONING GROUP

MID NOTTINGHAMSHIRE INTEGRATED CARE TRANSFORMATION PROGRAMME (ICTP) - UPDATE.

Purpose of the Report

1. To update the Board and seek comments on the Mid Nottinghamshire Integrated Care Transformation Programme and engagement activity associated with it.

Information and Advice

2. Details of the Mid Nottinghamshire Integrated Care Transformation Programme (ICTP) were brought to the Board in April and June 2013, when the blueprint for integrated health and care services across Mansfield & Ashfield and Newark & Sherwood was shared.

3. This report details progress to date, including the outputs from the Clinical Design Groups; the ongoing and planned communications and engagement activity and next steps for the Programme.

Update on ICTP Activity – Clinical Design

4. Each of the four work streams identified in the original blueprint, Proactive Care, Urgent Care, Elective (Planned) Care and Women's and Children's have completed an intensive phase of clinical design work, supported by lay members.

5. The resulting design proposals are now being tested through staff and public communication and engagement and the ICTP Citizens' Board. The responses from this activity will inform the individual business cases and the overall programme business case, which will be submitted to the Clinical Commissioning Group (CCG) Governing Bodies in January 2014.

6. The main proposals in each of the work streams are:-

i) Proactive Care

- Multi-disciplinary proactive management of patients with complex health needs with the aim of averting future crisis and unnecessary hospital admissions by early identification of individual risk, assigning named care coordinators and developing personalised care plans.

- Integrated health and social care teams who will provide coordinated care, tailored to meet individual need. Where possible, care will be provided in the patient's own home with hospital or residential care only where necessary.

- A new 'self-care' hub bringing together all of the various information and services which are available to support the patient maintain wellbeing and independence at home.

- Where patients are admitted to hospital, support to enable them to go back to their own homes quickly and with appropriate levels of health and social care support.

ii) Urgent Care

- Easier access to urgent care and emergency care with simpler access with a 'single front door' at Kings Mill Hospital where there will be additional staff including GP, Advanced Nurse Practitioner for Older People and specialist intermediate care nurses.

- Improved access to GP services.

- A care navigator for professionals to phone when they have a patient with an urgent care need and they are looking for community alternatives to admission or to support a discharge from hospital or care home.

- A quick response team to support patients at home where hospital admission might not be the most appropriate form of care and also to support timely discharge from hospital.

iii) Planned (Elective) Care

- Patient feedback, clinical, quality and financial modeling tools to understand where and how services could be better delivered from 2015.

- Where needed, the co-design, redesign or update of services. In Tranche 1 we will be looking at Ears Nose and Throat, Gynaecology, Ophthalmology, Rheumatology, Pain, Trauma and Orthopaedics, Respiratory, Cardiology, Geriatrics and Urology with a further 23 services in Tranche 2.

iv) Children's Care

- More reassurance and support to parents and children to keep hospital time to a minimum. This would involve creating a short stay assessment unit where children can be thoroughly assessed quickly without being admitted to hospital unnecessarily.

- Where hospital care is needed the assessment unit will ensure that specialised care is immediately available.

- Improved community based services for children with complex needs.

COMMUNICATIONS AND ENGAGEMENT

7. A range of communications activity has been developed to support ongoing and meaningful dialogue with the media and all stakeholders, including staff, partners, patients and citizens. This means that the patient and public voice will be fully embedded within the programme. The design and co-ordination of the communications and engagement materials and activity has been supported by a vibrant working group which includes members from partner organisations including Healthwatch Nottinghamshire and Nottinghamshire County Council.

i) Activity

- A new brand has been created and is being applied across the Integrated Care Transformation Programme (ICTP). The aim of the brand is to provide an accessible identity for the ICTP, aimed at promoting engagement with as wide a group of population as possible. Better Together was chosen to encourage the public, staff, and stakeholders and seldom heard groups to join us in shaping health and social care.

- Briefing toolkits have been provided to all staff and stakeholder groups to promote the widest communication and engagement. A film is being produced aimed at supporting staff and public briefings. The media have also been engaged. Dr Amanda Sullivan was interviewed about integrated health care on BBC Radio Nottingham on 26th November.

- Four outreach events were held in November and 544 interactions achieved. These events were held at Kings Mill Hospital, Asda in Mansfield, Newark Hospital and Asda in Newark. Each interaction included the completion of a short survey.

- Three public events were held in November and early December in Edwinstowe, Mansfield and Newark. These involved presentations on the case for change and each of the work streams; a panel question and answer session and table work on the work stream proposals. Attendees were also invited to complete a questionnaire and to become patient champions for the programme.

- Events for special interest and seldom heard groups, including carers groups have also been delivered in partnership with the local CVSs. Easy read versions of the materials are available.

ii) Citizens' Board

- A Citizens' Board, made up of representatives from the Mansfield & Ashfield and Newark & Sherwood Citizens' Groups alongside officers from the CCGs and Nottinghamshire County Council has been established. Its function is to actively engage citizens and patients before, during and after transformation and to test possible options and desired outcomes with patients ahead of any possible formal consultation.

iii) Better Together Champions

- Through all the activities we have been seeking public, patient and stakeholder sign up to the advocate programme. We are looking to recruit 300 individuals to champion and disseminate the case for change but, most importantly, to get actively involved in the programme.

iv) The National Clinical Advisory Team (NCAT)

- NCAT has been asked to comment on the blueprint for change and will also look at the business cases as they become available.

v) Feedback and Engagement Activity

- At the time of writing, detailed quantitative and qualitative analysis is ongoing, but a verbal update will be given at the meeting. The completed analysis will also be shared with ICTP partners and stakeholders and fed into the work stream and programme business cases. The communications and engagement activity and outputs will be externally reviewed for scope and appropriateness and an equality impact assessment will be completed by 31 January 2014.

DELIVERING THE PLAN

8. Following the detailed design and planning stages, the work stream and programme business cases are being developed and will be submitted to the Clinical Commissioning Groups (CCGs). Once signed off, the CCGs will start to look at the best way to deliver the plans. New integrated ways of working will require different ways of contracting and new payment mechanisms and these will need to be developed and tested. Additionally the Mid Nottinghamshire CCGs, in conjunction with their local authorities and as part of a county wide process, are submitting an Integrated Transformation Fund bid. If successful this will provide additional funds to support the development of new and integrated ways of working. These proposals may be subject to formal consultation, and will be subject to the usual overview and scrutiny arrangements.

Reasons for Recommendations

9. The Health and Wellbeing Board has a function to promote and encourage integrated working, including joint commissioning in order to deliver cost effective services and appropriate choice. This includes providing assistance and advice and other support as appropriate. The Integrated Care Programme appreciates the importance of keeping the Health and Wellbeing Board informed on progress

and has already presented two updates. The Health and Wellbeing Board is now being asked to comment on the Mid Nottinghamshire Integrated Care Programme and its communications and engagement work to date and to advise whether any further overview and scrutiny is required.

Statutory and Policy Implications

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

Public Sector Equality Duty implications

An Equality Impact Assessment will be completed by 31 January 2014.

RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

1) Note and comment on the ICTP and engagement activity to date.

2) Confirm that subject to the continued engagement of seldom heard groups, satisfactory external evaluation and equality impact assessment, the ongoing ICTP communications and engagement activity is considered to be appropriate.

Amanda Sullivan
Chief Officer
NHS Mansfield and Ashfield Clinical Commissioning Group
NHS Newark and Sherwood Clinical Commissioning Group

For any enquiries about this report please contact:
Amanda Sullivan 0300 300 1234 ext. 43232

Constitutional Comments

11. As the report is for noting and comment, no constitutional comments are required.

Financial Comments (ZKM 11/12/2013)

12. 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 divisions in the Mid Nottinghamshire areas of Mansfield & Ashfield and Newark & Sherwood.

Nottinghamshire County Council

Report to the Health and Wellbeing Board

8th January 2014

Agenda Item: 7

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

NHS SUPPORT FOR SOCIAL CARE FUNDING

Purpose of the Report

1. This report outlines the approach to allocating funds and key proposals for the investment of 2013/14 NHS Support for Social Care (s256) funding from the six Clinical Commissioning Groups (CCGs) in Nottinghamshire.

2. The proposals detailed in the report were initially approved by the Adult Social Care and Health Committee on 29 October 2012. A further report has been considered by the Adult Social Care and Health Committee on 6 January 2014 where Members have been requested to approve continuation of some elements of funding through to March 2014.

3. Since the NHS Support to Social Care Funding was initially announced by the Department of Health (DH) there has been significant organisational change within the NHS with the establishment of new structures including NHS England and the Area Teams, and locally with the establishment of six CCGs. As a result of these changes, it has taken some time for clear guidance to emerge in relation to the allocation and use of the funding. Also, the Council has sought agreement with the six new CCGs on the key priorities which meet both health and social care service requirements.

4. It is a requirement of NHS England that the Health and Wellbeing Board receives details of the funding allocation prior to it being transferred to the Council.

Information and Advice

5. In the 2011/12 Operating Framework for the NHS in England, the DH set out that Primary Care Trusts (PCTs) would receive allocations totalling £648 million in 2011/12 and £622 million in 2012/13 to support adult social care. This funding was in addition to the funding for reablement services that was incorporated within recurrent PCT allocations of £150 million in 2011/12 rising to £300 million from 2012/13.

6. From 2013/14, the funding transfer to local authorities became the responsibility of NHS England. In December 2012, in a letter to the Board of NHS England, the

DH laid out provisional information on the transfer, how it should be made, and the allocations due to each local authority.

7. For the 2013/14 financial year, the Board was instructed to transfer £859 million from its global allocation to local authorities. The amounts paid to individual local authorities were determined by the DH using the adult social care relative needs formulae.

8. The payments are made via an agreement under Section 256 of the 2006 NHS Act. The Board enters into an agreement with each local authority; however, before each agreement is made, certain conditions must be satisfied. These conditions are set out below:

    - The funding must be used to support adult social care services in each local authority, which also has a health benefit.

    - The local authority should agree with its local health partners how the funding is best used within social care, and the outcomes expected from this investment.

    - Local authorities and clinical commissioning groups should have regard to the Joint Strategic Needs Assessment (JSNA) for their local population, and existing commissioning plans for both health and social care, in how the funding is used.

    - Local authorities should demonstrate how the funding transfer will make a positive difference to social care services, and outcomes for service users, compared to service plans in the absence of the funding transfer.

9. The Board may also use the funding transfer to support existing services or transformation programmes, where:

    - such services or programmes are of benefit to the wider health and care system, provide good outcomes for service users, and would be reduced due to budget pressures in local authorities without this investment.
      and/or
    - joint benefit with the health system and positive outcomes for service users have been identified

10. NHS England have further stipulated that any plans for the allocation of NHS Support to Social Care Funding should be approved by the local Health and Wellbeing Board.

11. The 'Caring for our future' White Paper also set out that the transfer of funding can be used to cover the small revenue costs to local authorities of the White Paper commitments in 2013/14 (excluding the Guaranteed Income Payments disregard, which is being funded through a grant from the DH). Nottinghamshire County Council's share of the national allocations in 2013/14 is £12.624 million. The County Council has committed £8.5 million of this sum (£5.0 million to fund an increase in demand for direct payments, £1.6 million to fund demographic

pressures including for nursing and dementia care home placements, £400,000 for short term and interim placements and £1.5 million to reduce the required saving on Supporting People) leaving an amount of £4.124 million.

Allocation of Resources

12. The overall aim, as stated in the previous Adult Social Care and Health Committee report of 29 October 2012 is to develop and maintain targeted services that prevent or reduce the need for more intensive support. In order to achieve this any service development or investment should achieve the following objectives:

- to promote integrated and joint working across health and social care
- to enable people to retain their independence for as long as possible and avoid/delay their need for social care support
- to reduce the need for ongoing support through reablement activity
- to facilitate safe and timely discharge from hospital in order to reduce unnecessary delays.

13. The services will also achieve the following outcomes:

- reduced long term admissions to care homes
- reduced numbers and levels of social care packages following a period of reablement
- increased numbers of older people having their health and care needs met closer to or within their own home
- increased numbers of people dying in their preferred place of death
- reduced emergency hospital admissions
- reduced emergency hospital re-admissions
- reduced length of stays in hospital in-patient beds.

14. Priorities for investment have been those identified as leading to:

- greater integration and alignment of health and social care systems
- projects or initiatives that actively support the delivery of the 'Living at Home' programme
- projects that offer community alternatives to unnecessary hospital admission and in-patient care
- initiatives that assist the delivery of national and local priorities as identified in the 'Nottinghamshire Health and Wellbeing' strategy, e.g. dementia , End of Life, Carers
- delivery of cost avoidance and efficiencies.

15. Discussions around the development of targeted services designed to prevent or reduce the need for more intensive health and social care input have taken place with colleagues within both the health community and across social care. These discussions have sought to make best use of a number of time limited resources, in addition to the s.256 funding.

16. The following areas and services proposed for the use of this funding, solely or alongside funding streams available to the Health service, are mainly one year only. Although the sums available for NHS Support to Social Care are only known up to the end of this year, the Comprehensive Spending Review (CSR) 2010 identified a national allocation for the period 2010-15. Where longer term commitments are identified the funding source is identified in the event that the NHS Support to Social Care funding is reduced.

17. All of these proposals meet one or more of the key objectives set.

Specific Service Developments

Mental Health Intermediate Care Service (MHICS)

18. Specialist Intermediate Care Teams for older people with mental health problems and dementia have been developed in Nottinghamshire over the past five years. They have proved to be successful in the districts where they have been introduced by reducing the numbers of people being admitted to hospital, urgent short-term care and long term care. Coverage of this service is now county-wide following the creation of teams in Bassetlaw, Gedling, Mansfield and Ashfield during 2012-13. The teams are funded mainly through by the CCGs with annual team costs at around £400,000 per team; the social care contribution being one social work post per team.

19. It is therefore proposed to continue funding;

I. 1 fte (37 hours) temporary Social Worker, Pay Band A/B, SCP 29-39 (£31,458 - £42,057) for 12 months to 31 March 2014, be based in the Broxtowe MHICS team and the post be allocated approved car user status at a total of £42,800.

II. 3.5 fte (129.5 hours) temporary Social Workers, Pay Band A/B, SCP 29-39 (£31,458 - £42,057) be funded from 1st July 2013 to 31st March 2014, be based in Bassetlaw, Gedling and Mansfield/Ashfield and the posts be allocated approved car user status at a total of £112,350

Total Funding required: £155,150

Social Care Support to Memory Assessment Services (MAS)

20. Early diagnosis of dementia is one of the key aims of the National Dementia Strategy[1] and locally both Primary Care Trusts have committed additional funding to extend the provision of Memory Assessment Services across the county. In the 2011-12 NHS Operating Framework the Department of Health stipulated that funding should be made available to local authorities to provide social care support to the memory assessment services; the local allocations were £124,000 from County Primary Care Trust and £20,000 from Bassetlaw. Although this allocation was only made available last year the Department of Health expects

[1] Living Well with Dementia – a National Dementia Strategy – 3rd February 2009 – Department of Health

that local authorities should make a similar allowance from the s.256 funding to maintain this service. Currently the service is provided by the Alzheimer's Society.

Total Funding required: £54,000

Short term Assessment, Recuperation and Reablement beds (STARR service)

21. The Short term Assessment, Recuperation and Reablement Service (STARR) covers the Assessment Beds and other bed based services which support timely hospital discharges and provide an opportunity for recuperation. This includes beds which have been used for people being discharged from hospital who are unable to return home as they have upper or lower limb fractures otherwise known as non-weight bearing fractures.

22. The service which has been used to support people with upper or lower limb fractures has primarily been in Bassetlaw, Newark and Sherwood. In order to maintain this service funding is required for physiotherapy support.

23. The assessment bed service provides an alternative environment for recuperation, assessment and Reablement for older people who are medically fit and no longer need to remain in hospital, but at the time of discharge are unable to return home and so are at risk of being admitted into long-term residential care. In order to maintain and expand these services continued funding is required.

24. It is proposed to extend the following temporary posts until 31st March 2014

    i. 3 fte (111 hours) Social Workers, Pay Band A/B, SCP 29-39 (£31,458 - £42,057), to cover Broxtowe, Gedling, Rushcliffe, Newark, Mansfield and Ashfield and the posts to carry approved car user status. 1st October 2013 to 31 March 2014, £64,200

    ii. 0.5 fte (18.5 hours) Team Manager to cover Bassetlaw, Pay Band D, SCP 42-47 (£45,476 - £51,235) and the post be allocated car user status. 1 July 2013 to 31 March 2014, £19,300

    iii. 0.5 fte (18.5 hours) Social Worker, Pay Band A/B, SCP 29-39 (£31,458 - £42,057), and the posts to carry approved car user status. 1 April 2013 to 31 March 2014 £21,400

    iv. 1 fte (37 hours) Occupational Therapist, Pay Band A/B, SCP 29-39 (£31,458 - £42,057) to cover Broxtowe, Gedling, Rushcliffe and the posts to carry approved car user status. 1 July 2013 to 31 March 2014, £32,100

    v. 1 fte (37 hours) Occupational Therapist, Pay Band A/B, SCP 29-39 (£31,458 - £42,057) to cover Mansfield and Ashfield and the post to carry approved car user status. 1 July 2013 to 31 March 2014, £32,100

    vi. 1 fte (37 hours) Occupational Therapist, Pay Band A/B, SCP 29-39 (£31,458 - £42,057) to cover Bassetlaw, Newark and Sherwood and the

post to carry approved car user status. 1 July 2013 to 31 March 2014, £32,100

vii. 3 fte (111 hours) Assessment Bed Workers Pay Band A/B, SCP 29-39 (£31,458 - £42,057), to cover work in the Intermediate Care Service, at a total cost of £109,800.

Total Funding required:
Assessment beds - £201,200
Assessment bed workers - £109,800
Non-weight bearing fracture beds - £200,000

Services to improve hospital discharge arrangements

25. Hospitals across the county continue to experience an unprecedented and sustained increase in demand for services. All the hospital trusts across the county are embarking on transformational projects to try new ways of working with the aim of improving patients' services whilst reducing the demand for inpatient care. The increasing demand and the drive to transform services is in turn placing additional pressures on the County Council for social care services specifically for; advice and signposting, weekend access, winter pressures, rapid response to home care services and services for younger people with physical disabilities. Extension of the temporary social work post for younger people with physical disabilities is being requested until 31 March 2014; other initiatives are being funded through winter pressures funding.

26. It is proposed to continue funding the following services to improve hospital discharge arrangements:

Nottingham University Hospitals (NUH) £102,800

i. 1 fte (37 hours) temporary Social Worker (Younger Adult with Physical Disabilities), Pay Band A/B, SCP 29-39 (£31,458 - £42,057) be extended to 31 March 2014. The post holder will continue to cover Broxtowe, Gedling, Rushcliffe, and the post to carry approved car user status at a total of £42,800

ii. A temporary rapid response homecare service to provide interim home care services to people in hospital awaiting discharge due to a delay in the start of their regular homecare services. This service has been commissioned until 31 March 2014 at a total of £60,000

Bassetlaw Hospitals Trust £172,235

iii. 1 fte (37 hours) temporary Social Worker, Pay Band A/B, SCP 29-39 (£31,458 - £42,057) be funded for a period of 12 months with effect from date of appointment to work within the new Assessment and Treatment Centre team at Bassetlaw Hospital and the post to carry approved car user status at a total of £42,800

iv. 1.5 fte (55.5) temporary Community Care Officers, Grade 5, SCP 24-28 (£26,534 - £30,239) to funded for 12 months with effect from the date of appointment to cover Bassetlaw and the posts to carry approved car user status at a total of £46,635

v. 1 fte (37 hours) temporary Social Worker, Pay Band A/B, SCP 29-39 (£31,458 - £42,057) be extended to continue to work as a specialist End of Life social worker with the Macmillan Service. This post is a joint funded temporary post with the Macmillan Charity; the post was agreed for 6 years with Macmillan funding for the first 3 years and Nottinghamshire County Council funding for the following 3 years. This request is for continuation of the 3 years of funding; part year 2012-13 has been funded, full year 2013-14 and 2014-15, part year 2015-16 is required. The post will carry approved car user status. Total cost £42,800 per annum.

vi. A temporary rapid response homecare service to support people being discharged from Bassetlaw Hospital has been commissioned. Funding is required for 12 months at a cost of £40,000 until March 2014.

Total Funding required:
Nottingham University Hospital - £102,800
Bassetlaw Hospitals - £172,235

START transformation

27. It is proposed that the two additional temporary posts of commissioning officer and senior practitioner are extended until 31 March 2014.

i. 1 fte (37 hours) temporary Senior Practitioner post, Pay Band C SCP 39-44, (£42,057 - £47,784) be extended for six months until 31st March 2014 and the post to carry approved car user status at a total cost of £24,250

ii. 1 fte (37 hours) temporary Commissioning Officer post, Pay Band C SCP 39-44 (£42,057 - £47,784) be extended for six months until 31st March 2014 and the post to carry approved car user status at a total cost of £24,250

iii. The remaining £5,300 will be used for training, equipment etc.

Total Funding required: £53,800

Temporary Commissioning Officer

28. This temporary post, providing short-term support to the Commissioning Manager Older People, was approved under delegated authority (AH/2012/00032). Due to delays in recruitment the post extended into 2013/14 and as such part of the funding for this post is required from this year's allocation.

i. 1 fte (37 hours) temporary Commissioning Officer post, Pay Band C SCP 39-44 (£42,057 - £47,784) be funded for 9 months the post to carry approved car user status.

Total Funding required: £36,400

Community Equipment and Occupational Therapy Services

29. With the increase in the numbers of people remaining in their own homes there has been a corresponding rise in the demand for occupational therapy assessments and community equipment to support people to remain safe and independent in the community. £200,000 is being requested to accommodate the increase in demand for equipment.

30. On-going funding for six permanent Occupational Therapists is required to respond to the demand for occupational therapy assessments and equipment. These posts were established last year with the expectation that further allocations of the NHS Support to Social Care would be forthcoming. Careful consideration was given to the creation of these six additional posts. The Council had previously used temporary locum posts to address the increase in demand for occupational therapy services. However it concluded that the on-going demand for services would increase as older people continued to be diverted away from long-term care and assisted to live more independently at home. It was decided therefore, that it was more cost effective to invest in permanent positions for the future.

    i. 6 fte (222 hours) permanent Occupational Therapists, Pay Band A/B, SCP 29-39 (£31,458 - £42,057) these posts carry approved car user status. 1 April 2013 – 31 March 2014, at a total cost of £256,800

31. To address additional pressures, such as the waiting list for occupational therapy assessments, some temporary funding is required for temporary occupational therapists.

    i. 1 fte (37 hours) Occupational Therapist, Pay Band A/B, SCP 29-39 (£31,458 - £42,057 and the post to carry approved car user status at a total cost of £50,000.

    ii. £75,000 is required on a one-off basis for an external agency to provide additional occupational therapist capacity.

Total Funding required:
Additional equipment - £200,000
Additional permanent Occupational Therapists x 6 - £256,800
Additional agency Occupational Therapists - £75,000
Additional temporary Occupational Therapist post - £50,000

Independent Sector Partnership and Workforce Development

32. Nottinghamshire County Council's Workforce Development and Planning Team are working on a project with the Nottinghamshire Partnership for Social Care Workforce Development (NPSCWD), which is currently hosted this authority, to develop the NPSCWD into a new independent organisation. This new NPSCWD will be an overarching workforce development organisation which will deliver a holistic approach to workforce planning and development. It will enable care providers to identify their own workforce development needs, share resources and work together to embed excellent working practices. It will include representatives from all areas of the care sector; residential and domiciliary services, voluntary carers and organisations and personal assistants. Nottinghamshire County Council is requested to fund and host a strategic manager and a training co-ordinator to facilitate the development of this new organisation, training for managers and delivery of a dementia programme to the workforce. This proposal is for a two year period up to 31 October 2014.

33. A temporary End of Life and Dementia Workforce Development Officer post has been funded for the past 3 years by Strategic Health Authority to work with independent sector providers to improve the quality of services for people with dementia and at the end of life. It is recommended that the current temporary 0.7 fte (26 hours) Workforce Development Officer, post is funded until 31 October 2014.

    i. Nottinghamshire Partnership for Social Care Workforce Development (NPSCWD) - including; Training programmes, web site development, infrastructure costs

    ii. 1 fte (37 hours) Strategic Manager, Pay Band D, SCP 42-47 (£45,476 - £51,235) be funded to 31 October 2014, the post carries approved car user status

    iii. 1 fte (37 hours) Training Co-ordinator, Grade 5, SCP 24-28 (£26,534 - £30,239) funded to 31 October 2014, the post carries approved car user status

    iv. 0.7 fte (26 hours) temporary Workforce Development Officer, Band A/B, SCP 29-39 (£31,458 - £42,057) be funded to 31 October 2014, the post carries approved car user status

Total Funding required: £206,852

<u>Advocacy Services</u>

34. Independent Mental Health Advocacy is a statutory service where an advocate is granted specific roles and responsibilities under the Mental Health Act 2007. The Health and Social Care Act 2012 determined that the commissioning responsibility for this service lies with local authorities from 2013. Funding for this service is required on a permanent basis as it is a statutory requirement.

Total Funding required: £115,767

Younger Adults Services

35. Promoting Independence Workers – funding is required for these permanent posts previously agreed under delegated decision (DD) AH/2011/00048, 26th October 2011. £703,830

36. Stroke Services - Return to Work. Returning to work after having a stroke can be a big step; the Return to Work Services currently commissioned from the Stroke Association has provided an invaluable service to people who are keen to get back to work as part of their overall recovery from stroke. Funding to extend the current contract to 31 March 2014 is requested pending a consideration of the future service model. £38,000

37. Physical Disability Additional Posts – A permanent Team Manager and Senior Practitioner post have been established. Funding is required for these on an on-going basis, at a total cost of £98,013.

    i. 1 fte (37 hours) temporary Senior Practitioner post, Pay Band C SCP 39-44, (£42,057 - £47,784) and the post to carry approved car user status.

    ii. 1 fte (37 hours) Team Manager, Pay Band D, SCP 42-47 (£45,476 - £51,235) and the post to carry approved car user status.

38. Co-production Workers – Funding is required for temporary posts which have been created until March 2015. These posts were agreed by ASCH Committee on 22 April 2013, item 6. £118,375

    i. 1 fte (37 hours) temporary Co-production Co-ordinator, Pay Band C, SCP 39-44 (£42,057 - £47,784) be extended for a further year from 31 March 2014 to 31 March 2015 and the post continue to be allocated approved car user status.

    ii. 3 fte (37 hours) temporary Co-production workers, Pay Band A, SCP 29-34 (£31,458-£36,645) be extended for a further year from 31 March 2014 to 31 March 2015 and the posts continue to be allocated approved car user status.

Total Funding Required:
Promoting Independence Workers - £703,830
Stroke Services - £38,000
Physical Disability Additional Posts - £98,013
Co-production Posts - £118,375

Strategic Planning and Evaluation

39. Information Technology and Software – Population forecasting and service planning is becoming increasingly complex, in order to assist the Council in this role a software package “Scenario Generator” was purchased and a number of staff trained in its use.

40. Monitoring and Evaluation – Under the previous Reablement Programme a temporary monitoring and evaluation post was created to evaluate the various projects that were initiated from reablement and NHS Support to Social Care funding. This post is part of Public Health. It is requested that this post be extended until 31 March 2014.

Total Funding Required:
Information Technology and Software - £4,320
Monitoring and Evaluation - £20,000

Safeguarding and Quality

41. Secondment of Compliance Manager from the Care Quality Commission (CQC) – The Council is committed to ensuring that safeguarding and quality is paramount in all service areas. To assist with this the Council is currently engaged in cross working with the CQC through the secondment of a compliance manager from the CQC and a Market Development Officer to the CQC. Funding has already been approved in a report to the Adult Social Care and Health Committee on 7 January 2013, at a total cost of £62,000

42. Multi-Agency Safeguarding Hub (MASH) – A temporary senior practitioner post was established as part of the MASH, funding is requested for nine months, at a total cost of £30,000

i. 1 fte (37 hours) temporary Senior Practitioner post, Pay Band C SCP 39-44, (£42,057 - £47,784) for nine months until 31 March 2014 and the post to carry approved car user status.

Total Funding Required:
Secondment of Compliance Manager from Care Quality Commission (CQC) - £62,000
MASH Senior Practitioner - £30,000

Access and Reviewing Teams

43. Reviewing Teams – The reviewing teams have been undertaking essential work in reviewing existing care packages to ensure the most effective and efficient allocation of resources. These teams are temporary, as agreed by DD AH/2011/00038 on 8th August 2011 and an extension to 31 March 2014 was agreed at the Adult Social Care and Health Committee on 22 July 2013, item 11. This paragraph is therefore for noting only.

44. Adult Access Team – Access to services is an important function of the Customer Service Centre (CSC). The adult access team is based with the CSC to ensure that referrals are managed in a timely, targeted way and where possible people are sign-posted to the most appropriate service. Funding is required for a team manager and social worker. These posts were previously approved for a period of two years by Adult Social Care and Health Committee on 3 June 2013, item 10.

i. 1 fte (37 hours) Team Manager, Pay Band D, SCP 42-47 (£45,476 - £51,235) and the post to carry approved car user status.

ii. 1 fte (37 hours) Social Worker, Pay Band A/B, SCP 29-39 (£31,458 - £42,057) the post be allocated approved

Total Funding Required:
Reviewing Teams - £706,837
Adult Access Team - £87,300

Additional Home Care Services

45. Home care services are vital to maintain people living at home as long as possible. Timely access to services is essential, particularly to facilitate discharges from hospital and to support carers.

Total Funding Required: £265,494

Other Options Considered

46. Other options have been considered for the above developments as they have been subject to previous Committee or delegated decision process or are part of pre-existing business cases, other projects are short term.

Reason/s for Recommendation/s

47. The NHS Support to Social Care, s.256 money is for "social care services to benefit health and to improve overall health gain" as stipulated by the Department of Health. The above initiatives and services are all intended to achieve this purpose. Some are new projects which aim to test out new ways of working and others are part of a wider strategy and longer term plans.

Statutory and Policy Implications

48. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, 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

49. This funding is intended to provide services that will improve the quality of life of service users and their carers by ensuring that people are enabled to live independently for as long as possible, are not admitted to hospital unnecessarily and do not enter long-term care prematurely.

Financial Implications

50. The services and developments described in this report will be funded from money transferred to the local authority from NHS England under 'Funding for Social Care' (s256) for 2013/14. Some of the posts have been established through previous committee reports and costings, therefore, are based on actual salary costs, including on-costs as opposed to estimated costs.

Equalities Implications

51. This funding is intended to enhance the services to older people who are currently disadvantaged by improving their access to reablement services; so ensuring that they are given every opportunity to regain their confidence and maximise their potential for independent living.

Crime and Disorder Implications

52. This funding provides opportunities for older people by maximising their independence and levels of confidence. It promotes and enhances adult safeguarding through preventative and rehabilitative interventions.

Human Rights Implications

53. These proposals, as approved by the Adult Social Care and Health Committee, are in line with Article 8 of the Human Rights Act 1998; this service promotes the life chances of older people and maximises their potential to remain at home and hence extend their opportunities to enjoy family life.

Human Resources Implications

54. These are contained in the body of the report.

RECOMMENDATION/S

1) It is recommended that the Health and Wellbeing Board notes the allocation of the s.256 funding for 2013/14 as approved by the Adult Social Care and Health Committee on 29 October 2012 and further considered by the Adult Social Care and Health Committee on 6 January 2014 in respect of those posts and services which require funding through to 31 March 2014.

DAVID PEARSON
Corporate Director for Adult Social Care, Health and Public Protection

For any enquiries about this report please contact:
Jane Cashmore
Commissioning Manager Older People
Tel: (0115) 9773922
Email: jane.cashmore@nottscc.gov.uk

Constitutional Comments

55. As this report is for noting only, no constitutional comments are required.

Financial Comments (KAS 20/12/13)

56. The financial implications are contained within paragraph 50 of the report.

Background Papers

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.

Nottinghamshire County Council

Report to the Health and Wellbeing Board

8th January 2014

Agenda Item: 8

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

AUTISM SELF ASSESSMENT FRAMEWORK

Purpose of the Report

1. To inform the Health and Wellbeing Board of the outcome of Nottinghamshire's Autism Self-Assessment as reported to the Public Health Observatory in September 2013.

Information and Advice

2. Following the Adult Autism Strategy 'Fulfilling and Rewarding Lives' published in 2010, and the statutory guidance for health and social care published later the same year, the Department of Health has placed a responsibility on local authorities and health to work together to deliver the main objectives of the strategy. In August 2013, this self-assessment framework was published through the Public Health Observatory and local authorities were responsible for completing and submitting it by the end of September.

3. As part of this submission, there was a requirement for each Health and Wellbeing Board to discuss the content of the self-assessment before the end of January 2014.

4. The Autism Strategy has five areas for action aimed at improving lives of adults with autism which include the development of specialist autism services as well as enabling access to mainstream services:

   i. increasing awareness and understanding of autism
   ii. developing a clear and consistent pathway for diagnosis of autism
   iii. improving access for adults with autism to services and support
   iv. helping adults with autism into work; and
   v. enabling local partners to develop relevant services

5. The self-assessment was made up of a number of questions, some asking for a rating of red, amber or green, some asking for a yes/no answer and some asking for figures or narrative. Of the 17 Red, Amber, Green (RAG) questions Nottinghamshire rated 4 green and 13 amber. Of the 13 Yes/No questions, 11 were answered 'yes' and 2 'no'.

6. The strongest areas were relating to employment support where the local authorities Iworks team have had a specialist Asperger's support worker working alongside the learning disability workers for three years. Whilst this post has come to an end in 2013/14, the

learning has been shared across the Iworks team who are still supporting people with autism into work. Employment is also a focus for transitions plans. Advocacy services are available to people with autism and specialist training has been undertaken by them to ensure they can work appropriately with adults with autism. Autism is included as a specific section of the JSNA, separate to learning disability or mental health and this is followed through into commissioning plans and priorities.

7. There were no areas rated red as work has been undertaken in most areas. However, there are a number of areas where focus is needed to ensure the requirements of the National Autism Strategy are met. The main areas were around:

    a) Diagnosis and post diagnostic support for people with autism but no learning disability (often known as people with Asperger's). The social care service for people with Asperger's has developed significantly over recent years through a specialist service which has enabled the development of knowledge around assessing and supporting people with Asperger's within social care. There is currently a proposal to undertake this work as part of the role of the Community Mental Health Teams in order to manage the increasing demand for the service and ensure that the skills and expertise is spread across the County. Within the health service complex diagnosis can be carried out by specialist referral to Nottingham City or Doncaster but there is a need to consider further post diagnostic support from health for people with Asperger's e.g. speech and language therapy, occupational therapy services, psychology and behavioural support. The diagnostic pathway for people with Asperger's needs further evaluation and review to determine its use and effectiveness.

    b) Data collection – there is a method of recording Autism on GP databases and in social care. However, the numbers recorded are below the expected prevalence rates, suggesting this is not information consistently recorded. More consistent recording will enable better needs assessments and planning of services.

    c) Awareness training and some specific targeted training has taken place in social care over the last 12 months. Progress has been made within health services as training was included as a CQUIN target in the Trust's contract and an e-learning module has been developed. However, a more structured training plan is currently being devised and costed across health and social care to address the knowledge gaps for GPs, clinicians and care managers, including imbedding the autism diagnosis pathways.

8. The self-assessment asked a single question about older people with autism – this is not an area excluded in planning but neither is it an area which has been particularly focussed on. There is growing evidence nationally which suggests that many older people have autism but have managed with the support of parents or a spouse. When that support ends, through ill health or death or separation, this can leave the individual very vulnerable. More needs to be done to raise awareness of autism within older people services and ensure people are appropriately supported.

9. The self-assessment also asks about reasonable adjustments within universal services, whist some examples of this could be evidenced, such as with individual employers, autism awareness needs to be more widespread so that universal services such as housing and

generic council and health services can make reasonable adjustments and ensure equality of opportunity.

Statutory and Policy Implications

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

RECOMMENDATION/S

1) The Board accepts the report and agrees the priorities described above across health and social care for the 2014/15 Autism action plan delivered by the Integrated commissioning Group for Mental Health, Learning Disability and Autism.

    - diagnosis and post diagnostic support pathways,
    - data collection
    - training and
    - awareness raising in older people's services.

2) The Board requests all partner organisations to roll out autism awareness training and undertake reasonable adjustments within their organisations to ensure equality of access for people with autism.

DAVID PEARSON
Corporate Director, Adult Social Care, Health and Public Protection

For any enquiries about this report please contact:
Cath Cameron-Jones Commissioning Manager ASCH&PP
01159773135
cath.cameron-jones@nottscc.gov.uk

Constitutional Comments (SG 11/12/2013)

11. The Board is the appropriate body to decide the issues set out in the report.

Financial Comments (ZKM 11/12/13)

12. There are no financial implications arising 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.

- Nottinghamshire Autism Self-Assessment and easy read version – available from Nottinghamshire learning Disability partnership Board website

  http://www.nottscountypb.org/default.aspx?page=27944

- Autism self-assessment guidance and RAG rating – available from the Public health observatory website:
  http://www.improvinghealthandlives.org.uk/projects/autism2013

- Nottinghamshire JSNA – chapter 2, vulnerable and seldom heard groups – available on Nottinghamshire County Council's website

  http://www.nottinghamshire.gov.uk/thecouncil/plans/strategydevelopment/joint-strategic-needs-assessment/

- Information about Autism – available from National Association Society website among others

  http://www.autism.org.uk/

Electoral Division(s) and Member(s) Affected

All

Autism Self Evaluation

Local authority area

1. How many Clinical Commissioning Groups do you need to work with to implement the Adult Autism Strategy in your local authority area?

6

Comment

5 CCGs which were the old Nottinghamshire PCT and 1 which was Bassetlaw CCG and aligned with South Yorkshire rather than Nottinghamshire CCG clusters.

2. Are you working with other local authorities to implement part or all of the priorities of the strategy?

- [x] *Yes*
- [ ] *No*

If yes, how are you doing this?

Nottinghamshire is part of the Autism Leads group in the East Midlands which meets every 2-3 months to look at good practice sharing and lessons learned. This has included negotiating a discount with a training provider.
Nottinghamshire has also opened our assessment training to other local authority areas.

Planning

3. Do you have a named joint commissioner/senior manager of responsible for services for adults with autism?

- [x] *Yes*
- [ ] *No*

If yes, what are their responsibilities and who do they report to? Please provide their name and contact details.

Jon Wilson - Service Director - Personal Care and Support (younger adults) jon.wilson@nottscc.gov.uk

Jon reports to the director of Adult Social Care and line manages the group managers for operational teams for both learning disability (which covers Autism with a learning disability) and Mental health, which covers Aspergers.

4. Is Autism included in the local JSNA?

- [ ] *Red*
- [ ] *Amber*
- [x] *Green*

Comment

There is a specific section in Nottinghamshire's JSNA covering Autism and Aspergers which reflects national prevalence data and local known data. The JSNA also incorporates a health needs assessment undertaken for Autism which includes dual diagnosis. This is an evolving document as data collection improves.

5. Have you started to collect data on people with a diagnosis of autism?

- ◯ Red
- ⊗ Amber
- ◯ Green

Comment

Social Care record information on people with a primary or secondary need of Autism including Aspergers in a format which can be collated - this may not include people who are on the Autistic spectrum but where their presenting needs are not related to their autism.GPs/NHS Trust in Nottinghamshire do not currently specifically identify people with autism in a format which can be collected as data. There is a general information sharing protocol between health and social care but this does not specifically look at methods of recording and sharing data around autism.

6. Do you collect data on the number of people with a diagnosis of autism meeting eligibility criteria for social care (irrespective of whether they receive any)?

- ⊗ Yes
- ◯ No

If yes, what is

the total number of people?

338

the number who are also identified as having a learning disability?

153

the number who are identified as also having mental health problems?

25

Comment

Frequently only the primary and secondary need are included in records available for data collection - therefore the 25 people included above as having a mental health issue have a primary diagnosis of Aspergers - where the primary diagnosis is learning disability and the secondary is autism - it may not be recorded if someone also has mental health problems.

7. Does your commissioning plan reflect local data and needs of people with autism?

- ⊗ Yes
- ◯ No

If yes, how is this demonstrated?

There is a Joint Health and Social Care Commissioning Plan for people with autism which reflects the needs for better diagnostic pathways, training for health and social care staff, development of housing and support options for people with complex needs identified as part of the Winterbourne work as well as others living out of area or coming through transitions. It is recognised that many people with complex autism have historically been placed out of county and work is being undertaken to ensure that there are services in Nottinghamshire to prevent this happening in future. Nottinghamshire's Market Position Statement includes the need for developing more specialist autism day service provision based on local data about the prevalence of autism.

8. What data collection sources do you use?

- ◯ Red
- ◯ Red/Amber
- ⊗ Amber
- ◯ Amber/Green
- ◯ Green

Comment

Information is collated from SEN registers and people known to adults and children's social care.
Public Health have undertaken a health needs assessment for Nottinghamshire for people with Autism. However, specific data is not collected within health services currently.

9. Is your local Clinical Commissioning Group or Clinical Commissioning Groups (including the Support Service) engaged in the planning and implementation of the strategy in your local area?

- ◯ *Red*
- ⊗ *Amber*
- ◯ *Green*

Comment

Representatives from the CCGs and The NHS Trust regularly attend the partnership board and there are joint plans for people with autism delivered through an integrated commissioning group.

10. How have you and your partners engaged people with autism and their carers in planning?

- ◯ *Red*
- ⊗ *Amber*
- ◯ *Green*

Please give an example to demonstrate your score.

There is a person with autism on the partnership board as well as a specialist autism provider and at least one parent carer. People with autism were involved in the Big Health Days and in the council's general satisfaction surveys. Specific consultation work has included consultation on the housing strategy and a current pilot around assistive technology with people with Aspergers.

We are trying to increase the number of board members with Autism but are finding it difficult to find individuals who wish to be involved on a regular basis. We need to undertake some more targeted recruitment to the board.

11. Have reasonable adjustments been made to everyday services to improve access and support for people with autism?

- ◯ *Red*
- ⊗ *Amber*
- ◯ *Green*

Please give an example.

There is an Aspergers employment worker who has specifically worked with 4 different employers to help them make reasonable adjustments to maintain individuals with Autism in work following issues arising with colleagues - this included awareness raising so that other staff had an understanding of the issues faced by the individuals.
Autism awareness training has been provided to reception staff within Notts County Council .
Nottinghamshire promotes values that support people with disabilities including autism - this can be evidenced throughout all policies and guidance to staff and providers; our staff help support people access mainstream services, we also enable them to develop independence in accessing services themselves over time, we adjust our services to match the needs of people with disabilities and staff are actively encouraged to challenge discrimatory practices.

New contracts issued particularly refer to the Autism relating to equal opportunities and the need for services to make reasonable adjustments.

We are developing a e-learning module for autism to add to the suite of equal opportunities training modules which are mandatory training for all staff within Notts county council.

12. Do you have a Transition process in place from Children's social services to Adult social services?

- ⊗ *Yes*
- ◯ *No*

If yes, please give brief details of whether this is automatic or requires a parental request, the mechanism and any restrictions on who it applies to.

Referrals can be made from any source including schools, children's services and parents. However, transitions workers based in adult care are proactive in identifying potential service users from a number of different sources (e.g. SEN register and links with schools and children's social care) so a parentla referral would not be required where an indidivual could be identified through these routes. Input from transitions usually starts at year 9 but can be later if people are identified later.

13. Does your planning consider the particular needs of older people with Autism?

- ◯ *Red*
- ⊗ *Amber*
- ◯ *Green*

Comment

Awareness training has been made available to all assessing staff in older adults services. Data collection includes people over 65 though currently we have only 1 person known to adult social care over 65 with a recorded diagnosis.

Training

14. Have you got a multi-agency autism training plan?

- ◯ *Yes*
- ⊗ *No*

15. Is autism awareness training being/been made available to all staff working in health and social care?

- ◯ *Red*
- ⊗ *Amber*
- ◯ *Green*

Comment: Specify whether Self-Advocates with autism are included in the design of training and/or whether they have a role as trainers. If the latter specify whether face-to-face or on video/other recorded media.

Autism Awareness Training has been made available to all staff in social care and further specialist training relating to assessments.
Training for staff working within mental health services and forensic services within the NHS Trust has been developed and is intended to be rolled out to a minimum of 30% of staff in mental health and forensic services by the end of 2013/14. A health and social care training plan is being developed which will include GP training.
Training is offered to all people supporting adults with autism in county from the SALT team and Nottingham City Asperger's team offer 2 sessions a year to staff within the NHS Trust.
Training relating to sensory needs and behavioural issues associated with Autism is booked for October/November and will be offered to colleagues in health.
The Basic Awareness Training is delivered by a local Autism provider(Norsaca0 which is parent care led and who routinely includes people with autism in the development of training but self advocates have not been involved directly in the training.
An e-learning training package is being developed within social care and we are including self advocate input to ensure this reflects real life stories.

16. Is specific training being/been provided to staff that carry out statutory assessments on how to make adjustments in their approach and communication?

- ◯ *Red*
- ⊗ *Amber*
- ◯ *Green*

Comments

Staff undertaking assessments have all been offered awareness training -Over 50% have taken this up - 223 people have been trained to date and there are another 4 training sessions in October and November with 40 people already booked on. There are approximately 450 social workers and community care officers in Nottinghamshire. Additional training targeted at staff most likely to work with people with autiism has also been delivered specifically on assessments and further training is booked in October and November on specific issues people with autism may face (challenging behaviours and sensory issues).

17. Have Clinical Commissioning Group(s) been involved in the development of workforce planning and are general practitioners and primary care practitioners engaged included in the training agenda?

- [x] *Yes*
- [ ] *No*

Please comment further on any developments and challenges.

Funding has been identified to undertake training for GP's and a CQUINN has been established with the NHS Trust to ensure training is rolled out to a minimum of 30% of staff working within mental health services by the end of 13/14.

Identifying appropriate time for GPs to undertake training and the best method to deliver this is the current challenge - we are considering practice based basic awareness which will also cover reception staff/nurses etc in each practice.

18. Have local Criminal Justice services engaged in the training agenda?

- [x] *Yes*
- [ ] *No*

Please comment further on any developments and challenges.

Awareness training has been undertaken by 250 prison staff accross Nottinghamshire and the NHS Trust work closely with the prison service.
These links and training need to be developed further with probation and police. There is a regional conference taking place in october which will seek to raise the profile of people with Autism in the CJS.

Diagnosis led by the local NHS Commissioner

19. Have you got an established local diagnostic pathway?

- [ ] *Red*
- [x] *Amber*
- [ ] *Green*

Please provide further comment.

There are two seperate pathways - one for people with a learning disability and one for people without - this is because it was recognised that people without a learning disability were struggling to get an appropriate diagnosis. This pathway has been agreed with the local provider of mental health and learning disability services and has been circulated to GPs in the area. There remains issues for people getting a diagnosis of Autism where they have no learning disability - in the majority of cases where dignosis is not very apparent, the referrals are and this can cause delays in the process. - Post diagnostic support is then not always available.

20. If you have got an established local diagnostic pathway, when was the pathway put in place?

Month (Numerical, e.g. January 01)

Year (Four figures, e.g. 2013)

2013

Comment

The above refers to the Asperger's pathway but the autism pathway for people who also have a learning disability was fomalised in 2010.

21. How long is the average wait for referral to diagnostic services?

Please report the total number of weeks

Comment

Once a referral has been received by the nottingham Asperger's team diagnosis is completed within 8 weeks. However, as there can be different ways individuals can receive a diagnosis there is no one point which collects information and therefore the waiting times from point of approach for diagnosis to actual referral.

22. How many people have completed the pathway in the last year?

Comment

Information is not collated from the various different routes.
There were 13 people referred by CCG commissioners to specialist diagnositic teams in Doncaster or nottingham City in 2012/13.

23. Has the local Clinical Commissioning Group(s)/support services taken the lead in developing the pathway?

- ⊗ *Yes*
- ○ *No*

Comment

The Asperger's pathway was developed by commissioners from the clinical commissioning groups in response to issues regarding people without a learnign disability getting a diagnosis.
The Autism pathway was developed with the NHS Trust.

24. How would you describe the local diagnostic pathway, ie Integrated with mainstream statutory services with a specialist awareness of autism for diagnosis or a specialist autism specific service?

- ⊗ *a. Integrated with mainstream statutory services with a specialist awareness of autism for diagnosis*
- ○ *b. Specialist autism specific service*

Please comment further

There is no specialist team for diagnostic assessment of autism in adults with a learning disability. Referrals are sent in the first instance to the local psychiatrist, clinical psychologist or speech and language therapist. Ideally assessments are then undertaken in a multidisciplinary context. Where this is not possible or deemed necessary, MDT members will be consulted and relevant reports obtained. LD clinicians have recently been trained in specialist diagnostic tools for autism.

.For autism without a learning disability the GP refers to a Consultant Psychiatrist - the referral route is through adult mental health services so this would not include access to SALT or nearo-developmental services.
Where diagnosis is considered complex a referral may then be made to a specialist Asperger's team on a case by case basis.

25. In your local diagnostic path does a diagnosis of autism automatically trigger an offer of a Community Care Assessment?

- ○ *Yes*
- ⊗ *No*

Please comment, i.e. if not who receives notification from diagnosticians when someone has received a diagnosis?

The Asperger's pathway includes the requirement to refer to the Aspergers team. It is not known if all persons diagnosed with autism are referred to Adult Social Care. Upon referral - Community Care Assessments will be offered to anyone likely to have social care needs.

26. What post-diagnostic support (in a wider personalisation perspective, not just assuming statutory services), is available to people diagnosed?

For people with a learning disability then there is access to specialist health teams such as SALT, psychology, psychiatry etc. Where there is no learning disability specialist post diagnostic support is sometimes commissioned from The Nottingham Asperger's team. Support can be provided by mental health services in county where there is a recognised mental health issue, though this does not have a particualr autism focus.
Social care service is usually provided by Notts County Council Asperger's team or community learning disability teams but may also be provided by mental health teams or older people/physical disability teams depending on presenting needs. Housing related support services for vulnerable adults are available in Nottinghamshire as well as more specialist autism proviison for people needing residential care or supported living. There is a wide range of day services, including specialist Autism provision. In addition there is a wide range of community support and advice groups which are detailed in Nottinghamshire's 'Asperger's information prescription' - this also includes servcies for people with autism and a learning disability.

Care and support

27. Of those adults who were assessed as being eligible for adult social care services and are in receipt of a personal care budget, how many people have a diagnosis of Autism both with a co-occurring learning disability and without?

a. Number of adults assessed as being eligible for adult social care services and in receipt of a personal budget

273

b. Number of those reported in 27a. who have a diagnosis of Autism but not learning disability

134

c. Number of those reported in 27a. who have both a diagnosis of Autism AND Learning Disability

139

Comment

This relates to information held - there may be more people with a diagnosis of Autism but is not their presenting need and therefore this has not been recorded.

Following the awareness raising courses currently being delivered, there is an intent to do a campaign to ensure staff record the existence of Autism wherever they are aware of it.

28. Do you have a single identifiable contact point where people with autism whether or not in receipt of statutory services can get information signposting autism-friendly entry points for a wide range of local services?

- ⊗ *Yes*
- ○ *No*

If yes, please give details

Nottinghamshire County Council's Customer Services Centre is the route for all enquiries relating to social care and is also able to give signposting to other relevant services.
All 46 of the staff who work in adult services have undertaken Autism Awareness training.

29. Do you have a recognised pathway for people with autism but without a learning disability to access a community care assessment and other support?

- ⊗ *Yes*
- ○ *No*

If yes, please give details

Nottinghamshire County council has a specialist Aspergers team.

30. Do you have a programme in place to ensure that all advocates working with people with autism have training in their specific requirements?

◯ *Red*
◯ *Amber*
⊗ *Green*

Comment

Nottinghamshire has a single contract for advocacy across all service user groups with Pohwer. Pohwer sub contract some of this work to Age UK and so they ensure that Age Uk staff have the same access to training programmes.
All Advocates in both Powher and Age UK have had Autism Awareness training though some of them will have more expert knowledge by having worked more closely with clients on the Autistic spectrum. Some of the training received for the advocates is delivered by The National Autistic Society.

All new advocates are expected to complete the general modules of the National Advocacy Qualification within 1 year of joining Pohwer are assessed on wider issues using their NVQ -A bespoke training programme has been developed to ensure that staff have the skills and knowledge to support clients from all sections of society; on-going training covering areas such as mental health, learning disabilities, autism and working with people who challenge, working with people who hear voices, working with people with physical and sensory Services are tailored to the needs of the individual and all advocates are trained to use a variety of methods of working with people with a wide range of disabilities and communication methods.

31. Do adults with autism who could not otherwise meaningfully participate in needs assessments, care and support planning, appeals, reviews, or safeguarding processes have access to an advocate?

◯ *Red*
◯ *Amber*
⊗ *Green*

Comment

Yes all people living in Nottinghamshire have access to advocates through the joint health and social care contract - this also covers IMCA and IMHA. All advocates are trained to work with people who cannot instruct or may lack capacity. When supporting clients in non-instructed mode, advocates are trained to look out for the following:
** expression of mood and feelings*
** sensory activities, use of sound, touch, hearing, taste and smell * body language, gestures and vocalisations * interactions with others * relationship to the environment*

32. Can people with autism access support if they are non Fair Access Criteria eligible or not eligible for statutory services?

⊗ *Yes*
◯ *No*

Provide an example of the type of support that is available in your area.

Signposting and advice is available from social care and housing related support services do not require FACs eligibility. These services offer help and support for people who are trying to maintain their own tenancy, assisting with all aspects of independent living by developing relevant skills e.g. cooking, money management, neighbour relations. There is also a range of community services which offer help, advice and social activites.

33. How would you assess the level of information about local support in your area being accessible to people with autism?

◯ *Red*
⊗ *Amber*
◯ *Green*

Comment

The Asperger's Infoscript is up to date information but may still have gaps in - it also covers services for people with a learning disability and autism but this is not comprehensive.
While information is available it is not as easy to find as it could be - more work needs to be done in this area.

Housing & Accommodation

34. Does your local housing strategy specifically identify Autism?

- ◯ *Red*
- ⊗ *Amber*
- ◯ *Green*

Comment

There is a Nottinghamshire Adult Social Care Housing Strategy for people with learning disabilities and includes people with Autism with and without a learning disability. District housing strategies do not specifically identify autism but do cover the needs of people with disabilites.

Employment

35. How have you promoted in your area the employment of people on the Autistic Spectrum?

- ◯ *Red*
- ⊗ *Amber*
- ◯ *Green*

Comment

The council's employment support service has a specific remit for learning disability and autism and has a worker designated supporting people with Aspergers. The employment support workers work with specific employers both to raise awareness of autism when finding people work but also to assist the employer and person with autism when in work.

36. Do transition processes to adult services have an employment focus?

- ◯ *Red*
- ◯ *Amber*
- ⊗ *Green*

Comment

The Transition Service use an assessment tool that has two sections focused on Work and Employment and also continued learning. We record whether the young person is able to access and maintain work or continued education or if they would require support. This then informs the support plan if services have been identified to support the young person into employment. For example a referral to I works (in-house employment support service for people with learning disabilties and or autism)may be the outcome. I Works record outcomes, for example a young person has attained paid employment, employment training or other work related activity. As part of the Transitions Process, Targeted Support colleagues also complete a Sec 139a LD assessment to specifically look at a young person's learning needs once they leave school. This informs the young person, parents, and colleges what support is needed and any recommendations for college placements. This document will eventually be phased out when the Educational, Health and Care Plan is implemented (The One Plan). We hope that this plan will further streamline our processes by bringing together materials into one comprehensive plan. We have an employment development manager who works with young people with LD or ASD school leavers - they attend a project one day a week to learn about work and work routines, some of those have gone on to attend work projects later on. We are also part of Project Search which involves i-work, Foxwood School and Nottinghamshire Hospital Trust, enabling school leavers in getting into paid employment with the hospital, last year we had 4 people getting into work at the City Hospital and there is a new intake of 5 young people this year

Criminal Justice System (CJS)

37. Are the CJS engaging with you as a key partner in your planning for adults with autism?

- ◯ *Red*
- ⊗ *Amber*
- ◯ *Green*

Comment

The prison service within Nottinghamshire are engaged in training and some use of the autism screening tool takes place.
An East Midlands Regional Conference is happening in October (through the transitions leads group) to engage the wider CJS in plans going forward. Locally, police, probation and Nottinghamshire Health partnerships have been invited.

Optional Self-advocate stories

Self-advocate stories.

Up to 5 stories may be added. These need to be less than 2000 characters. In the first box, indicate the Question Number(s) of the points they illustrate (may be more than one. In the comment box provide the story.

Self-advocate story one

Question number

26

Comment

Without the county and city Aspergers Team's support and guidance, I know that not just Will, but we as a family would still be in a very negative place.The role of our social worker and her team have been vital in William's progress which although slow is moving in the right direction. Maria is a fantastic professional who truly understands Aspergers and the very individual needs of people diagnosed with it.
It must also be acknowledged that part of the success is also down to teamwork and the specialist service Will also received from members of the Health focused city Aspergers Team and communication between the two teams that make his support rounded and more complete giving a more holistic picture.I know Will has a long way to go before he will be able to consider independence but with support from specialist teams it seems it might actually be a reality one day.

Self-advocate story two

Question number

Comment

Self-advocate story three

Question number

Comment

Self-advocate story four

Question number

Comment

Self-advocate story five

Question number

Comment

This marks the end of principal data collection.

Can you confirm that the two requirements for the process to be complete have been met?

a. Have you inspected the pdf output to ensure that the answers recorded on the system match what you intended to enter?

☒ *Yes*

b. Has the response for your Local Authority area been agreed by the Autism Partnership Board or equivalent group, and the ratings validated by people who have autism, as requested in the ministerial letter of 5th August 2013?

☒ *Yes*

The data set used for report-writing purposes will be taken from the system on 30th September 2013.

The data fill will remain open after that for two reasons:

1. to allow entry of the dates on which Health and Well Being Boards discuss the submission and
2. to allow modifications arising from this discussion to be made to RAG rated or yes/no questions.

Please note modifications to comment text or additional stories entered after this point will not be used in the final report.

What was the date of the meeting of the Health and Well Being Board that this was discussed?

Please enter in the following format: 01/01/2014 for the 1st January 2014.

Day

Month

Year

Nottinghamshire County Council

Report to Health and Wellbeing Board

8 January 2014

Agenda Item: 9

REPORT OF THE DIRECTOR OF PUBLIC HEALTH AND THE DIRECTOR OF COMMISSIONING, DERBYSHIRE AND NOTTINGHAMSHIRE AREA TEAM, NHS ENGLAND

HEALTHY CHILD PROGRAMME AND PUBLIC HEALTH NURSING FOR CHILDREN AND YOUNG PEOPLE

Purpose of the Report

1. To brief Board members on the national Healthy Child Programme guidance, focusing on public health nursing for children, young people and families.

2. To inform Board members of the responsibilities placed on Nottinghamshire County Council and NHS England Area Teams for commissioning the Healthy Child Programme and Public Health Nursing services for children and young people.

3. To seek the views and support of the Board for the proposed commissioning plans for the delivery of the Healthy Child Programme in Nottinghamshire.

Information and Advice

The Healthy Child Programme

4. Published in November 2009, the Healthy Child Programme[1] [2] (HCP) sets out the recommended framework of universal and progressive services for children and young people to promote optimal health and wellbeing.

5. The HCP provides good practice guidance for all organisations responsible for commissioning services for pregnancy and 0–19 year olds' health and wellbeing, as well as frontline professionals delivering those services. The HCP recognises the key role of a variety of professionals in promoting children and young people's wellbeing and is aimed at the full range of practitioners in children's services, with a particular focus on health visiting from pregnancy to five years, and school nursing for 5-19 year olds.

6. The HCP aims to provide an opportunity to identify families in need of additional support and children who are at risk of poor outcomes; a key aim is to reduce health inequalities.

[1] Department of Health (2009) 'Healthy Child Programme – from 5-9 years'
[2] Department of Health (2009) 'Healthy Child Programme – from birth and five'

7. The HCP consists of three guidance documents:

- Healthy Child Programme - pregnancy and the first 5 years of life
- Healthy Child Programme - the 2 year review
- Healthy Child Programme – from 5-9 years

8. All documents include a programme schedule defined by age and a description of an age specific 'Healthy Child Team' to deliver the programme. The team includes health practitioners such as school nurses, health visitors and family nurses.

9. Effective implementation of the HCP should lead to:

- Strong parent-child attachment and positive parenting, resulting in better social and emotional wellbeing among children
- Care that helps to keep children healthy and safe
- Healthy eating and increased activity, contributing to a reduction in obesity
- Prevention of some serious and communicable diseases
- Increased rates of initiation and continuation of breastfeeding
- Readiness for school and improved learning
- Early recognition of growth disorders and risk factors for obesity
- Early detection of - and action to address - developmental delay, abnormalities and ill health, and concerns about safety
- Identification of factors that could influence health and wellbeing in families
- Better short and long-term outcomes for children who are at risk of social exclusion.

Public Health Nursing

10. Children's public health nursing services (from pregnancy to age 19 years) comprise those services which deliver the HCP within that age range - health visiting services, school nursing and Family Nurse Partnerships.

11. It is recognised that all nurses have a public health role:

"Public health is the business of every nurse. … Fundamentally it is essential that we take every opportunity to make every contact count so that we not only give the care we specialise in but also help people, families and communities maximise their wellbeing, improve health outcomes and reduce inequalities[3]."

12. As a society, we face significant challenges in tackling the health and wellbeing of children, young people and families. Every nurse and health visitor has a public health nursing role by using their knowledge and skills to make a personal and professional impact, from ensuring a healthy start right

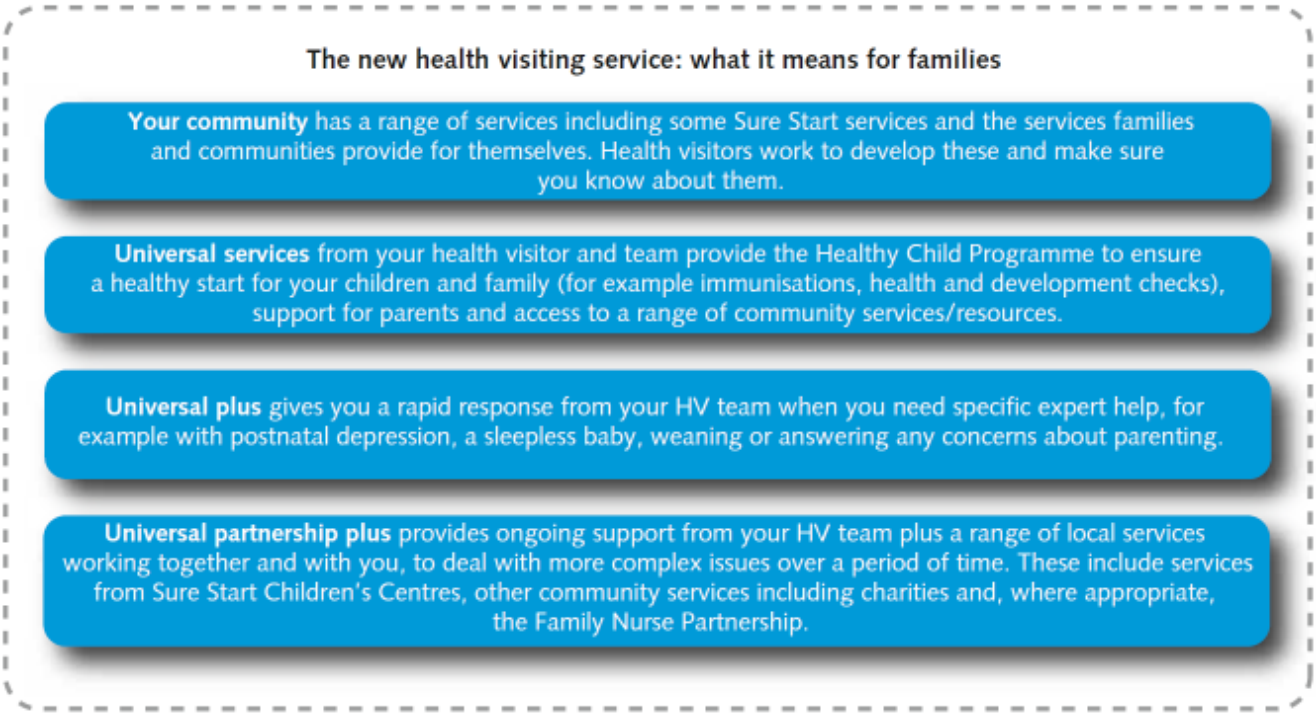
[3] Public Health England (2013) 'Nursing and Midwifery Contribution to Public Health – improving health and wellbeing' (page 3)

through to the end of life, and making sure 'every contact counts' for improved health and wellbeing.

National Drivers

13. **The Health Visitor Implementation Plan 2011-15**[4] details the universal provision led by health visitors but also focuses on a new tiered approach, whereby health visitors offer additional targeted support to those most in need as follows:

The Plan will put in place across the country a new health visiting service that all families can expect to access.



14. The Health Visitor Implementation Plan aims to increase the number of health visitors in each locality. Trajectories were achieved for 2013 and are on course for April 2014:

- Nottinghamshire (excluding Bassetlaw) aims to increase numbers from 69 whole time equivalent (wte) health visitors in May 2010 to 136 wte by April 2015.
- Bassetlaw aims to increase numbers from 13.62 wte health visitors in 2010 to 22.4 by April 2015.

15. A growing body of evidence indicates that the first few years of life play a significant and formative role in shaping people's health, wealth and future

[4] Department of Health (2011) Health Visiting Implementation Plan – A call to action'

happiness. Health visitors have a valuable part to play during this period. They are experts in public health and are responsible for ensuring that children get routine health and development checks to make sure they are well and progressing properly. They identify physical problems that a child may have that require further investigation or care, e.g. sight, language or hearing problems, and can intervene early to address any issues before they become serious. Health visitors also deal with the needs of parents, for example providing advice about parenting skills, relationship issues, breastfeeding, bonding, isolation or postnatal depression etc.

16. In 2012, the Department of Health published a **vision and call to action for school nursing**[5] services. It set out a vision and model for school nursing services based on a framework for local services, to meet both current and future needs.

17. The national service model for school nursing is described with a similar tiered approach as health visiting: *'School nursing is a Universal Service, which also intensifies its delivery offer for children and young people who have more complex and longer term needs (Universal Plus). For children and young people with multiple needs, school nurse teams are instrumental in co-ordinating services (Universal Partnership Plus)'*.

18. The **Family Nurse Partnership** (FNP) is an evidence-based, intensive preventive home visiting programme for vulnerable, first-time young parents that begins in early pregnancy and ends when the child reaches age two years. FNP has three aims:

    i. to improve pregnancy outcomes
    ii. to improve child health and development
    iii. to improve parents' economic self-sufficiency.

19. The Government made a commitment in October 2010 to increase the number of places on FNP to 16,000 nationally by 2015. The FNP in Nottinghamshire was launched in February 2013.

20. The **Public Health Outcomes Framework**[6] sets out a vision for public health, desired outcomes and the indicators that will help local areas to understand how well public health is being improved and protected, a key focus being the reduction of inequalities in health. Outcomes that can be achieved through school nursing, health visiting and FNP include a number from the Public Health Outcomes Framework; these are detailed in **Appendix 1**.

Commissioning Arrangements

School Nursing

[5] Department of Health (2012) 'Getting in Right for Children, Young People and Families – Maximising the contribution of the school nursing team: vision and call to action'
[6] DH (2012) Public Health Outcomes Framework https://www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency

21. The responsibility for commissioning school nursing transferred from Primary Care Trusts (PCTs) to Public Health in the Local Authority in April 2013, following the Health and Social Care Act 2012. Nottinghamshire County Council is responsible for commissioning the service to cover all of Nottinghamshire including Bassetlaw.

22. School nursing services in Nottinghamshire are also commissioned to lead on a statutory duty for the Local Authority to deliver the National Child Measurement Programme (NCMP).

23. Currently Nottingham North East Clinical Commissioning Group (CCG) leads on the commissioning of services provided by the health provider, Health Partnerships, including school nursing; and Bassetlaw CCG is leading on the commissioning of the service in Bassetlaw delivered by Bassetlaw Health Partnerships. Public Health is an associate commissioner to the NHS contracts with the current providers.

24. The Department of Health has recently confirmed that a national service specification for school nursing will be made available in the New Year. Local commissioners will be able to amend the specification to include local priorities.

Health Visiting and Family Nurse Partnership

25. Currently the responsibility for commissioning health visiting and FNP services is delegated to NHS England by the Secretary of State for Health via a Section 7a Agreement. The Government has now stated an expectation for these responsibilities to transfer to local authorities from October 2015. However, there is national debate as to whether the transfer date for health visiting may be postponed further. In addition, there is a lack of clarity regarding the budget transferring to local authorities.

26. Nottinghamshire is covered by two NHS England Area Teams (ATs): the Nottinghamshire and Derbyshire AT and the South Yorkshire and Bassetlaw AT. The ATs commission health visiting services in Nottinghamshire County (area previously covered by Nottinghamshire County PCT) and Bassetlaw respectively. The Nottinghamshire and Derbyshire AT leads on the commissioning of FNP on behalf of both Area Teams.

27. Public Health representatives are active members of the Nottinghamshire FNP Advisory Board and Health Visitor Implementation Stakeholder Group. There are established working links with both NHS England ATs which are also represented at the Nottinghamshire Children's Trust Board and the new Children's Commissioners' Forum for Nottinghamshire.

28. Once commissioning responsibility has transferred from NHS England to Nottinghamshire County Council, health visiting and the FNP will be commissioned by the Children's Integrated Commissioning Hub (ICH) which works across the six Nottinghamshire Clinical Commissioning Groups, and the Public Health and Children, Families and Cultural Services Departments of

Nottinghamshire County Council. Until such time as the transfer, NHS England will work closely with the ICH to ensure integration of early help services across agencies.

Current Commissioning Activity

School Nursing

29. Public Health began a review of the school nursing service across Nottinghamshire in September 2012, with the aim of collating evidence which would shape the service specification for the school nursing service in order to improve outcomes for children and young people aged 5-19 years across Nottinghamshire.

30. A steering group was established, involving Public Health leads and senior managers from the provider organisation. The steering group was instrumental in guiding the review and ensuring ownership amongst current providers of school nursing services. Workshops were held to gain the views of a range of stakeholders, as well as employees working for school nursing services across Nottinghamshire. A specific workshop was held with young people at County Hall in April 2013. Questionnaires were designed and circulated to all schools, chairs of governing bodies, wider stakeholders, school nursing staff and young people. Findings were analysed and used in workshops to inform further investigation and discussion.

31. The findings from the review indicate that current service provision could be strengthened to ensure that children and young people aged 5-19 years receive an equitable service wherever they live, whichever school they attend and whether they are in formal education or not. Findings also suggest that the term 'school nurse' should no longer be used, in order to encourage nurses to work in a range of settings for children and young people, for example Further Education colleges.

32. It is anticipated that current performance management arrangements will be strengthened when commissioning is led by the Nottinghamshire Children's Integrated Commissioning Hub (ICH) and the school nursing service is required to evidence its activity outputs and how these contribute to the outcomes listed in **Appendix 1**.

33. Commissioners in the Children's ICH are seeking support from the Health and Wellbeing Board to serve notice on the current school nursing contract. The ICH plans to implement a procurement exercise during 2014/15 with the aim of having a new service specification and contract in place from 1 April 2015.

34. The Children's ICH will ensure that CCGs, Nottinghamshire County Council and key stakeholders, such as schools, will be kept informed and engaged in commissioning plans.

Health Visiting

35. Transformation funding has been allocated to each NHS England Area Team (AT) to aid the local delivery of the Health Visiting Implementation Plan. The Nottinghamshire and Derbyshire AT will lead on this work for Nottinghamshire including Bassetlaw and has submitted a bid for additional workforce development for health visitors, including the development of local plans to improve health outcomes of 0-5 year olds. Proposals were supported by the Corporate Director of Children, Families and Cultural Services and the Director of Public Health and the bid has been approved.

36. NHS England ATs will transfer the commissioning of health visiting services to the Children's ICH and plans will be developed for this transfer once timescales have been agreed nationally. The East Midlands Health Visiting Transformation Group is in place and includes commissioners from local authorities, NHS England and Public Health England.

37. Nottinghamshire County Council will be required to establish a new contract for health visiting and it is envisaged that the commissioning of health visiting will be aligned with school nursing in due course.

Family Nurse Partnership (FNP)

38. The FNP was commissioned in Nottinghamshire (including Bassetlaw) by Nottinghamshire County Council and both PCTs in 2012. The current service provider (Health Partnerships) was identified through a procurement exercise and the service has been recruiting clients since February 2013. Health Partnerships also provides health visiting and school nursing, which has enabled easier integrated working for public health nursing locally.

39. The Nottinghamshire FNP Advisory Board is provided with performance information from the programme and there are strong links with the Children's Trust Board and Teenage Pregnancy Integrated Commissioning Group, which both receive regular updates. Since the launch of the programme, all performance requirements are being achieved.

40. There are no plans to serve notice on the FNP contract as commissioners want to see the service offer continuous stable support to vulnerable young parents and their children. However, if a different provider is identified for health visiting and school nursing, commissioners may reconsider this position.

41. NHS England ATs will be transferring the commissioning of this service to the Children's ICH from October 2015 and transition plans will be developed for this transfer. Guidance from NHS Central Team is awaited and may be published in January 2014.

Future Commissioning Plans and Implications

42. CCGs will be invited to engage in plans to commission the HCP, as public health nursing services have a substantial co-dependent relationship with

CCG priorities and services. The new Children's Commissioners' Forum will be used as a key communication route.

43. The Children's ICH is currently working with Nottingham City Public Health Commissioners to explore the potential to commission school nursing and in due course health visiting services across both the city and county. This is likely to reduce overall costs, will aid cross border working and establish greater levels of shared service provision. In addition, this would enable potential providers to tender for city and county services.

44. As previously noted, the ICH plans to serve notice to the current school nursing services and a procurement exercise will take place in 2014/15 with a view that one service is in place from 1 April 2015 covering all of Nottinghamshire.

45. The school nursing service will be expected to work with young people aged 5 – 19 years and be proactive in engaging 16-19 year olds in sixth form units and FE colleges and providing additional targeted input for those in need.

46. The review of school nursing has identified the need for the service to deliver to key public health priorities, including emotional health and wellbeing, smoking prevention and improved sexual health. This may result in some elements of work ceasing, such as hearing and sight tests in primary school settings.

47. Regular communication with schools, existing service providers, wider stakeholders and young people will continue whilst new service specifications are being drafted.

48. Working with both NHS England ATs, the commissioning of the health visiting service will be transferred to the Children's ICH in due course. It would be beneficial to align commissioning of health visiting with school nursing, enabling potential providers to tender for both services; this would result in greater integration, aiding the implementation of the HCP. Discussions in relation to this are at an early stage, as a result of the recent change to the timetable of transfer of commissioning.

49. Furthermore there is scope across Nottinghamshire, Nottingham City, Derbyshire and Derby City to work together to procure and commission both school nursing and health visiting. A group of Public Health consultants across these localities meet on a regular basis to consider and progress this option.

50. The commissioning of school nursing, health visiting and the FNP by Nottinghamshire County Council will aid the integration of services for children, young people and families; this is in line with the new operating model for Children, Families and Cultural Services.

Other Options Considered

51. Commissioners have considered retaining the current service providers and existing contracts. However, to date Public Health and CCGs have faced challenges in accessing service performance information (in particular for school nursing), so it is envisaged that a procurement process, leading to implementation of a robust service specification and contract will lead to greater accountability, transparency and challenge if required.

Reason/s for Recommendation/s

52. Guidance and evidence to improve health outcomes for children and young people is vast and varied. The transfer of the commissioning of key services to the Local Authority and joint working between commissioners provides an excellent opportunity for services to deliver interventions that are evidence based; but also provides assurance that service provision is equitable and targets groups and localities with poorer health outcomes.

Statutory and Policy Implications

53. This report has been compiled after consideration of implications in respect of finance, the public sector equality duty, 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.

Implications for Service Users

54. Service users have been engaged in the review of school nursing and will also be involved in planning for commissioning of the health visiting service. This engagement will help commissioners to ensure that service delivery is in line with needs identified by the target population. Each new service contract will also require regular engagement of service users to evaluate service provision, but also to ensure that services adapt to meet emerging needs.

Financial Implications

55. It is important to note that there is unlikely to be an increase in the budget for these key public health services. Commissioners will work with providers to ensure best value and prioritisation of activities and interventions.

Public Sector Equality Duty Implications

56. Health visiting and school nursing services are required to offer a universal service and additional interventions for key target groups including looked after children. Budget constraints and rising need may see a reduction in universal provision for school nursing with a greater focus on target groups and localities. Whilst positively working to reduce health inequalities, this may prevent access to services for those who need them but do not live in a targeted high risk area.

Safeguarding of Children and Vulnerable Adults Implications

57. All services included in this report play a substantial role in relation to safeguarding children. The school nursing review identified that involvement in case conferences should only be considered when a health need has been identified. The regular involvement of school nurses in child protection conferences is taking them away from their public health duties and making them less visible to children and young people.

RECOMMENDATION/S

That the Board:

1) notes the content of this report.

2) supports the proposal to align the commissioning of school nursing and health visiting to enable an integrated service to be in place from 1 April 2015.

3) comments on early plans to explore joint commissioning of school nursing and health visiting with Nottingham City Public Health or a wider group of neighbouring local authorities.

Chris Kenny
Director of Public Health

Vikki Taylor
Director of Commissioning
Derbyshire & Nottinghamshire Area Team
NHS England

For any enquiries about this report please contact:

Irene Kakoullis
Senior Public Health and Commissioning Manager
T: 0115 9774431
E: irene.kakoullis@nottscc.gov.uk

Constitutional Comments (LM 12/12/13)

58. The Health and Wellbeing Board has delegated authority to approve the recommendations in the report.

Financial Comments (ZM 11/12/13)

59. The financial implications are outlined in paragraph 55.

Background Papers and Published Documents

'Nottinghamshire School Nursing Review' Nottinghamshire Children's Trust Board - 5/9/13 http://www.nottinghamshire.gov.uk/caring/childrenstrust/about-the-childrens-trust/childrenstrustboard/

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.

C0337

APPENDIX 1

The key public health outcomes that can be achieved through school nursing, health visiting and Family Nurse Partnership services will include the following outcomes from the Public Health Outcomes Framework:

	Health Visiting	School Nursing	Family Nurse Partnership
Reduced numbers of children in poverty			
Reduced prevalence of low birth weight of term babies			
Reduced prevalence of smoking status at time of delivery			
Reduced smoking prevalence in adults			
Reduced smoking prevalence in 15 year olds			
Reduced school absences			
Reduced teenage conception rates (repeat pregnancies)			
Reduced Chlamydia prevalence in 15-24 year olds			
Improved child development at 2 – 2½ years			
Reduced hospital admissions caused by unintentional and deliberate injuries in children and young people aged 0-14 and 15-24 years			
Reduced numbers in fuel poverty			
Reduced incidence of domestic abuse			
Improved readiness for school			
Improved emotional wellbeing of looked after children			
Reduced tooth decay in children aged 5			
Reduced alcohol and drug misuse			
Reduced excess weight in 4-5 year olds and 10-11 year olds			
Reduced hospital admissions due to unintentional or deliberate injuries			

Nottinghamshire County Council

Report to Health and Wellbeing Board

8 January 2014

Agenda Item: 10

REPORT OF THE CHAIR OF THE HEALTH AND WELLBEING BOARD

HEALTHWATCH NOTTINGHAMSHIRE UPDATE

Purpose of the Report

1. To update the Board on Healthwatch Nottinghamshire.

Information and Advice

2. Joe Pidgeon, Chair of Healthwatch Nottinghamshire has drafted a report to update the Board on the activities of Healthwatch since it was established. He will introduce the report to the Board.

3. The report covers the development and activities of Healthwatch since its establishment in April 2013 and its work programme for 2014.

Statutory and Policy Implications

4. 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.

RECOMMENDATIONS

1) That the update report on Healthwatch Nottinghamshire be noted.

Councillor Joyce Bosnjak
Chair of the Health and Wellbeing Board

For any enquiries about this report please contact:
Joe Pidgeon, Chair of Healthwatch Nottinghamshire, tel 0115 963 5179

Constitutional Comments

This report is for noting so does not need a legal comment.

Financial Comments

There are no direct financial implications arising 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

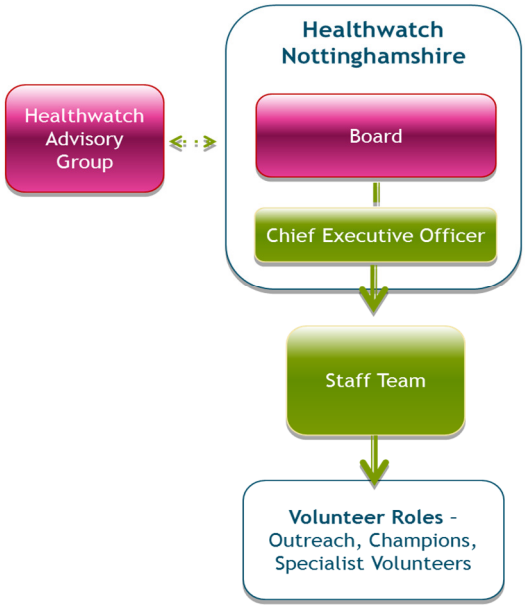
Nottinghamshire Health and Wellbeing Board meeting January 7 2014
Healthwatch Nottinghamshire Report April – December 2014

1. Summary

Healthwatch Nottinghamshire (HWN) started operating in April 2013. This is the first formal report presented to the Health and Wellbeing Board and provides members with an update about Healthwatch Nottinghamshire's work to date and the issues that are being reported to it by members of the public.

2. Organisational Developments

2.1 The structure for Healthwatch Nottinghamshire is shown below:



2.2 Healthwatch Nottinghamshire Board

The HWN Board has recently co-opted Dr Juliet Woodin as a Director and member of the Board. Juliet has worked in the NHS as a Chief Executive and as an academic and brings a range of skills and experience to the Board. There are now four Directors on the Board and a further Director/Board member with a legal background is still being sought.

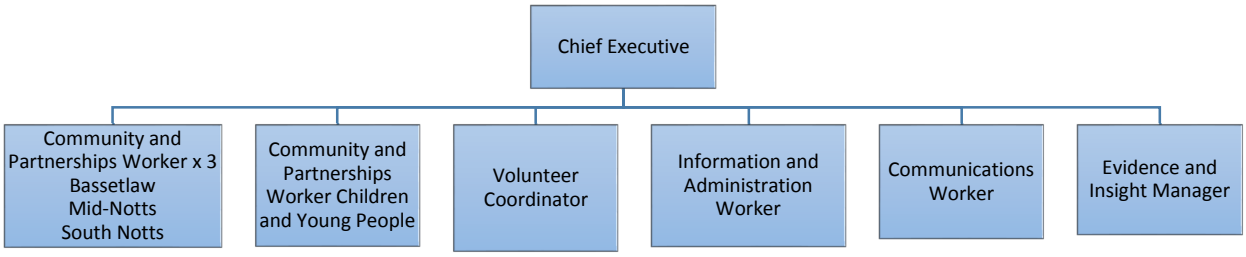
2.3 Healthwatch Nottinghamshire Advisory Group

The HWN Advisory Group has met three times now and is establishing itself as a useful source of information, advice and challenge to HWN's work and the strategic decisions of the Board. Membership of the Advisory Group includes three CCGs (North, Mid and South), two District Council (North and South), Nottingham University Hospitals Trust (NUH), Nottinghamshire Healthcare NHS Trust, Nottinghamshire County Council Adult Social Care and Children and Families Social Care, Self Help Nottingham, NAVO, Families and

Children's Forum, Disability Nottinghamshire, Older People's Advisory Group and the CVSs. The notes of the Advisory Group meetings are available in the Documents section of the HWN website
http://www.healthwatchnottinghamshire.co.uk/about/docs

2.4 Staff structure

A new structure has been agreed for HWN:



The Board decided to create posts of Community and Partnerships Workers for Bassetlaw, Mid Nottinghamshire and South Nottinghamshire and a fourth post of Community and Partnerships for Children and Young People.

The four staff who transferred to HWN from the Nottinghamshire LINk have moved into new posts in the structure and two new members of staff have been recruited into the posts of Community and Partnerships Worker for Children and Young People and Volunteer Co-ordinator.

The two final posts of Communications Worker and Evidence and Insight Manager are being recruited jointly with Healthwatch Nottingham and should be in post by March 2014.

3. Activities update

3.1 Engagement

Since April Healthwatch Nottinghamshire staff and volunteers have attended almost 200 different meetings and events, attended by over 6000 people in different ways. This has included meetings with Chief Executives, Chief Operating Officers and senior managers across health, social care and the voluntary and community sector. HWN has had a presence at a wide range of events arranged by other organisations and has given presentations to members of organisations and groups at a local or county-wide level. More recently HWN has organised local events, 'Coffee with Healthwatch' which will continue into the New Year.

Locality-based Community and Partnerships Workers are developing their plans for local engagement activities and the Children's and Young People's worker is developing her plan to engage with all ages of young people, from nursery to college age.

3.2 Volunteers

So far thirty nine volunteers have been recruited from across the county for various activities within HWN as follows:

- 28 Champions – people who are members of existing groups, meetings or organisations who volunteer to be a bridge for information between their group and HWN
- 4 Outreach Volunteers – people who help to promote HWN at meetings, events and in local communities
- 7 Prioritisation Panel members (see below)

3.3 Hearing Patient, Carer and Service User Stories

People can contact HWN in a number of ways if they want to pass on their experiences or views about local services, by telephone, email, or by completing a Have Your Say form in person or via the website. In the New Year, HWN will be working with local organisations to develop 'Healthwatch Have Your Say Points' in local communities. Organisations that agree to be Have Your Say Points will offer help to people to send in their stories either by completing and returning a Have Your Say form or submitting an on-line form.

3.4 Prioritisation

HWN has developed a process for prioritising the issues that come into it directly from the public or through other organisations collecting people's views, issues or complaints. A matrix has been developed which uses six criteria to prioritise the issues for a range of actions. These actions include:

- raising the issue with the provider
- reporting the issue to the commissioner
- undertaking further investigations or research
- initiating an Enter and View visit
- reporting the issue to the Care Quality Commission, locally or nationally
- reporting the issue to Healthwatch England

Up to now the prioritisation of issues has been carried out by an Interim Prioritisation Panel made up of staff and the Chair of the HWN Board, but seven members of the public have now been recruited as Prioritisation Panel members, who will meet monthly with the Chief Executive to consider the issues that have come in and carry out the prioritisation process. The recommendations of the Prioritisation Panel will be reported to the HWN Advisory Group and ratified by the HWN Board. The notes of the Prioritisation Panel will be available on the HWN website.

3.5 Regional and National Presence

HWN has been active in responding to issues arising in the development of Healthwatch England. It has been a regular participant in the newly formed East Midlands Healthwatch Providers' Meeting and has led the way in the early establishment of inter-Healthwatch protocols for responding to cross-border issues and services e.g. East Midlands Ambulance Service and Nottingham University Hospitals Trust. The Healthwatch England first Annual Report to Parliament was published in October 2013. As part of the report, Healthwatch

England introduced its work on a statement of consumer rights for people using health and social care services and they are currently consulting on eight draft statements.

HWN attends two Quality Surveillance Groups, which have been meeting monthly. These are for Nottinghamshire and Derbyshire (covering all areas except Bassetlaw), and South Yorkshire and Bassetlaw (Bassetlaw). These groups provide an overview of quality and risk across health and social care services in the area. As issues are coming in, HWN is better able to make more of a contribution to the oversight of services in the area.

3.6 Assistance with Partner Consultations and Developments

HWN has played a full role in the recent public health consultations on the Health and Welling Strategy for Nottinghamshire. HWN attended and presented at all the District-based consultation events. Other public health consultation exercises that HWN contributed to have been for the commissioning of substance misuse services and services for the prevention and treatment of obesity.

HWN has also been involved in other work with partners including: contributing to the work following the Keogh Review of Sherwood Forest Hospitals Trust, in the Communications and Engagement work associated with the Mid Nottinghamshire Integrated Care Transformation Project, the Strategic Review of the Care Homes Sector (Nottinghamshire and Nottingham), and has been invited to participate in the work of the South Nottinghamshire Transformation Board.

4. Issues that have come to HWN to date

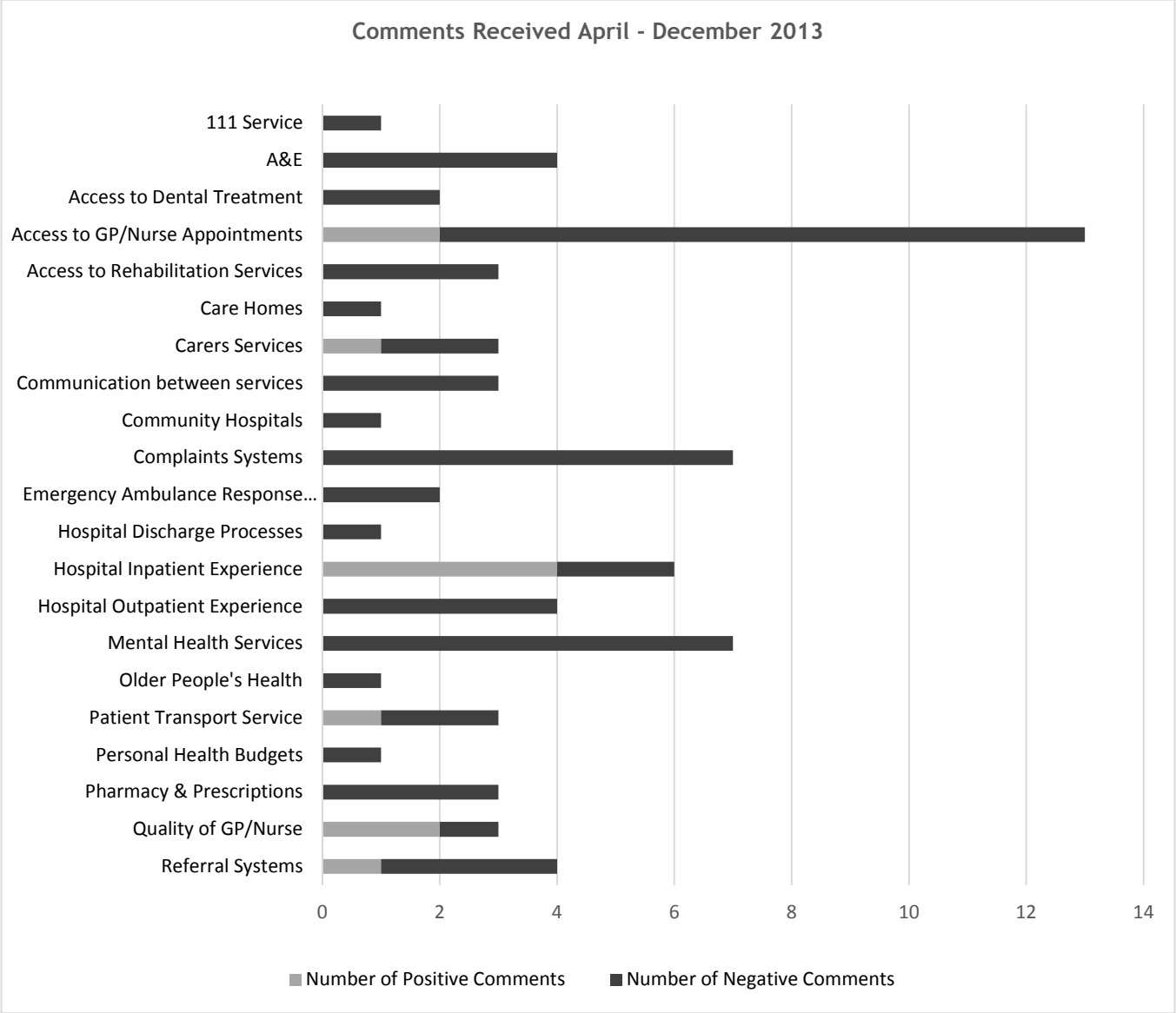
There have been 58 individual comments reported to HWN, which are made up of 73 issues. A breakdown of the issues received so far is shown in the graph overleaf.

The most common comments received so far have been about:

- Access to GP/nurse appointments
- Mental Health services, both in hospital and in the community
- The outcome of complaints to the NHS
- Hospital inpatient experiences (mostly positive)

Approaches have been made to a number of health and social care providers about issues that have come into Healthwatch and the responses received have been generally constructive and helpful.

A quarterly report will be produced about the issues that have come into HWN and the outcomes. The first issue of the 'Have Your Say' Report will be published in January 2014 and will be presented to the Board meeting for information.



5. Work Programme January - March 2014

5.1 The HWN Work Programme will be determined by a combination of those issues highlighted by the Prioritisation Panel for further research or action and priorities that come from other sources.

5.2 The Priorities for January – March 2014 will be:

- Access to GP/Nurse appointment – more work to be undertaken to understand the difficulties people are experiencing and to look at possible solutions
- Learning from NHS Complaints – more work to look at the procedures in place for organisations to implement the learning from complaints and make changes to services
- Care Homes – a joint project with Healthwatch Nottingham to ensure that residents and carers of care homes know about Healthwatch and can report issues. Developing HWN's overview of care home quality, including recruiting and training Enter and View volunteers

- Carers' Health – HWN is organising a conference on carer's health on behalf of the County Council and CCGs. Carer's health, including young carers, will be a focus of HWN's work this quarter

Joe Pidgeon
December 2013

Nottinghamshire County Council

Report to the Health and Wellbeing Board

8th January 2014

Agenda Item: 11

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

WINTERBOURNE PROJECT UPDATE REPORT

Purpose of the Report

1. To inform Board members of the progress made towards the local response to the Department of Health report, 'Transforming Care; A National Response to Winterbourne View Hospital'.

Information and Advice

2. In December 2012, the Department of Health (DH) report Transforming Care: 'A National Response to Winterbourne View Hospital' was published. The report identified a range of actions required at a national and local level to drive up the quality of support provided to people with learning disabilities, particularly those that are identified as having challenging behaviour so they can receive high quality healthcare and be supported to live in the community. At the same time a national Concordat Programme of Action was published backed up by a joint improvement programme led by the Local Government Association (LGA) and NHS England.

Stocktake Report

3. The LGA and NHS England asked local areas to complete a stocktake of progress in July 2013. The outcome of this was published in December 2013 covering three key areas; finance, commissioning and meeting the 1 June 2014 deadline. In all areas Nottinghamshire has been scored as partially met as described below.

4. The finance area covers the pooling of budgets and identification of the costs of individual placements. Nottinghamshire have a good understanding of the costs of individual placements in different settings and meetings have taken place regarding pooled budgets. The initial scope will include anyone currently in locked rehab hospitals or living in the community with Section 117 funding (this is health and social care funding designed to meet the needs of individuals who have been sectioned under the Mental Health Act when they leave hospital). This could include people who have been in Assessment and Treatment Units (ATUs) as well as within secure hospitals. At this stage pooling budgets with

Children's Services has not been looked at, although work is being undertaken to ensure more joined up commissioning is taking place for children aged 16 plus who are likely to need adult services.

5. The commissioning area comments on advocacy as a strength, where there are currently joint contracts in place and additional resources have been identified to meet the requirements of a large number of people needing to make decisions at the same time. The areas identified for development are identifying the future commissioning priorities and overcoming the issues where people may need Deprivation of Liberty Safeguards. In residential care homes, these safeguards can be used following a best interest decision where professionals and people who know the individual well decide on the individual's behalf that a certain level of restriction is needed to keep them safe from harm. This can happen very quickly.

6. If a person is moving into a supported living service then a court order needs to be obtained before a person can lawfully be deprived of their liberty. This is because the person has a tenancy and therefore has control of their own front door. Deprivation of Liberty can include things such as locking a door to prevent someone running off on their own if there is a likelihood that the person may come to some harm if they do this. Taking a case to the Court of Protection can take up to a year before permission is granted to take steps which deprive an individual of their liberty.

7. A joint strategy for meeting the needs of people with challenging behaviours is in the process of being written and a first draft will be available by the end of January 2014. It will address future accommodation and provider development; resources required and early intervention to prevent admission where possible, including the development of a trigger system to identify people who may be most at risk from admission to hospital, including people coming through transitions from Children's Services.

8. Some individuals have a number of restrictions to their care and support which are currently monitored and reviewed as part of the Mental Health Act, or Deprivation of Liberty Safeguards processes. It has therefore been decided in the first instance to explore registered care settings for people who are likely to require Deprivation of Liberty Safeguards upon discharge. This is likely to affect at least five people and possibly a further three of the original people identified as ready to leave hospital by June 2014.

9. In respect to meeting the June 2014 time scale, of the 25 people identified at review as ready to leave hospital by June, six people have already moved out, four of whom have gone to supported living and two to residential care.

10. There are now 18 people who need to move from ATUs or locked rehabilitation before June 2014 and a further individual who is currently in a low security setting. There are also seven further people who may or may not be ready to move within timescale, but are likely to need moving within six to twelve months of the deadline, as they are still in active treatment or are on a Home Office restricted section of the Mental Health Act.

11. It is Nottinghamshire's aim to move as many people into supported living as possible. This offers greater capacity for promotion of independence and choice and control for the service user and helps people to engage with their community. For people with very complex needs, including challenging behaviours, an enhanced 'Supported Living Plus' service has been developed with a small number of providers. This service enables the employment of more experienced and qualified staff and offers higher levels of training and elements of specialist input such as behavioural support.

12. The housing model is core and cluster, i.e. a number of single person accommodation units within a scheme. This allows the use of shared support and offers a level of community, whilst allowing people the privacy of their own space.

13. There are currently 6-7 schemes in progress with up to 33 individual flats being developed.

14. The development of specialist accommodation in the community is not a straight forward process due to the need for bespoke accommodation adapted to meet the individual needs of people with complex behaviours and disabilities. There are a number of risk factors involved with the development of these properties including delays in planning permission; concern by a housing developer about welfare reforms affecting housing benefit levels in future and the increasing demand on supported living services by people with challenging behaviours, in addition to those leaving hospital.

15. Currently, three schemes, with twelve units of accommodation, will definitely be open by June 2014. Two of these services are already open and four people have moved in leaving four vacancies. The third property is due to open early in 2015 offering another four bed spaces.

16. A further five people are exploring residential options.

17. To meet the June 2014 deadline it would be necessary to move some patients to an interim placement due to the timescales for developing supported living as described above. Social Workers are carrying out assessments to determine whether an interim move would be in the best interests of individual patients. Where it is not, there may be a delay in meeting the June 2014 deadline, however firm plans are in place for these people with moves anticipated to be September 2014 for a small number of people.

Services going forward to prevent new hospital admissions

18. Options for a supported living and a residential step up/step down provision are being considered which would allow people to make an interim move from hospital or offer an alternative to hospital admission for people who have no other suitable care and accommodation within the community.

19. As well as appropriate care and accommodation, there is also a need for increased community capacity from health and social care professionals. Work is

being undertaken to map the needs of the individuals coming out of hospital and those who are 'at risk of going into hospital' against the amount of expected professional support they will require. Because the plan is to help prevent people going into hospital in the first place as well as discharging people as quickly as possible there will need to be an emergency resource which can work alongside residential or supported living providers to offer increased support in times of crisis.

20. Early indications are that there would need to be some additional resource in the form of learning disability nurses and psychology support in particular.

21. Knowledge of autism tends to be mainly within learning disability health services and access to psychology and speech and language therapy for people without a learning disability is rare. Within mainstream mental health services there needs to be a greater understanding of autism.

22. There is also more work to do with providers around key skills and knowledge for those working with people with challenging behaviours and complex needs. This will be addressed as part of the care support and enablement tender in 2014 and within residential care through the accredited list process.

Statutory and Policy Implications

23. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, 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

24. The current cost of providing care to people accommodated in locked rehabilitation hospitals is approximately £2,600 per week.

25. The average cost of the package for the people who have moved out to date is £1,911 per week.

26. It is anticipated that some of the remaining service users will need packages of a higher cost as they have more complex needs.

27. It is also anticipated that there will be additional cost in terms of the health and social care community resource required to ensure individuals are appropriately supported when they come out of hospital and also to help prevent admission in the first place. The cost of this is not yet known.

28. There is the need to identify commissioning resource to take forward the strategy after September 2014 when the current Project Manager post comes to an end. Work will be undertaken in the next few months to scope the amount of work and ability to manage this within current resources.

RECOMMENDATION/S

It is recommended that the Health and Wellbeing Board:

1) notes the content of the report and progress being made to commission suitable care and accommodation for people currently placed in hospital settings

2) agrees to receive an update report in May 2014 focussing on the pooled budget scope, individual accommodation arrangements and resource requirements going forward.

DAVID PEARSON
Corporate Director, Adult Social Care, Health and Public Protection

For any enquiries about this report please contact:
Cath Cameron-Jones Commissioning Manager ASCH&PP
Tel: 0115 9773135
Email: cath.cameron-jones@nottscc.gov.uk

Constitutional Comments (SG 17/12/13)

29. The Board is the appropriate body to decide the issues set out in this report.

Financial Comments (ZKM 18/12/13)

30. The financial implications are outlined in paragraphs 24-28 of this report.

Background Papers and Published Documents

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

None

Electoral Division(s) and Member(s) Affected

All

Nottinghamshire County Council

Report to Health and Wellbeing Board

8 January 2014

Agenda Item: 12

REPORT OF THE HEALTH & WELLBEING BOARD GP LEAD FOR RUSHCLIFFE CLINICAL COMMISSIONING GROUP

SUMMARY OF THE 2014/15 GENERAL MEDICAL SERVICES CONTRACT NEGOTIATIONS

Purpose of the Report

1. This report outlines the key changes to the GMS (General Medical Services) contract in England for 2014/15.

Information and Advice

2. The GMS contract applies to all general practitioners in England and governs the quality and payments for primary care GP services. The contract is periodically reviewed and negotiations on the proposed latest changes have been agreed between NHS Employers, on behalf of NHS England, and the General Practitioners Committee (GPC) of the BMA (British Medical Association.)

3. **Appendix One** describes the key changes to the contract, which includes the following:

   a. The introduction of a new enhanced service for 2014/15 for one year to put in place arrangements that improve services for patients with complex health and care needs, who may be at high risk of unplanned admission to hospital
   b. Changes in the operation of QOF (Quality and Outcome Framework) for GPs. The QOF monitors and rewards GP practices for quality services.
   c. Cessation of seniority payments by 31 March 2020
   d. Introduction of a named GP for patients aged 75 years and over to promote more personalised care
   e. Reporting of quality concerns for GP out of hours services
   f. Publication of GP earnings
   g. Introduction of a contractual requirement to undertake the Friends and Family Test from December 2014
   h. Introduction of choice for patients on which GP practice they are registered with.
   i. Ensuing access to a practice clinician following assessment
   j. Changes to patient and information services, such as access to information, booking & prescriptions on line, use of NHS number and updating summary care records daily
   k. The extension of enhanced services for patient participation, extended hours access, and dementia, alcohol and learning disabilities.

4. The aims of the changes are to provide more proactive care for people with more complex health needs, empower patients and the public, give parity of esteem to physical and mental health, promote more consistently high standards of quality and reduce inequalities, in support of NHS England's emerging strategic objectives for primary care.

5. The Department of Health is preparing the necessary amendments to legislation and, when finalised, these will be published on the NHS England website.

6. Further information is available rom the NHS Employers website: www.nhsemployers.org/gms

Statutory and Policy Implications

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

RECOMMENDATION/S

1) The Health & Wellbeing Board is asked to note the content of the report.

Dr Jeremy Griffiths
Health & Wellbeing Board GP lead, Rushcliffe Clinical Commissioning Group

For any enquiries about this report please contact:
Dr Jeremy Griffiths

Constitutional Comments

8. This report is for noting so does not need a legal comment.

Financial Comments

9. There are no direct financial implications arising from this report.

Background Papers

None

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

Summary of 2014/15 GMS Contract negotiations

This note sets out a summary of the key changes to the GMS (General Medical Services) contract in England for 2014/15. These changes have been agreed between NHS Employers, on behalf of NHS England, and the General Practitioners Committee (GPC) of the BMA. More details can be found at www.nhsemployers.org/gms

Avoiding unplanned admissions and proactive case management

The introduction of a new enhanced service for 2014/15 for one year to put in place arrangements that improve services for patients with complex health and care needs, who may be at high risk of unplanned admission to hospital. In particular, the aim is to:

- case manage vulnerable patients (both those with physical and mental health conditions) proactively through developing, sharing and regularly reviewing personalised care plans, including identifying a named accountable GP and care coordinator
- provide timely telephone access, via ex-directory or bypass number, to relevant clinicians and providers to support decisions relating to hospital transfers or admissions, in order to reduce avoidable hospital admissions or A&E attendances
- improve access to telephone or, where required, consultation appointments for patients identified in this service
- work with hospitals to review and improve discharge processes, sharing relevant information and whole system commissioning action points to help inform commissioning decisions.
- undertake internal reviews of unplanned admissions/readmissions.

The Enhanced Service will be funded using the funding from the QP scheme in QOF (100 points) and the funding from the Risk Profiling Enhanced Service (£42m).

QOF

It has been agreed that 341 points from QOF be retired. 238 of these points will be reinvested into core funding of General Practice. The remaining 103 points will be reinvested elsewhere in the contract with 100 points used to fund the new Enhanced Service (ES) for Avoiding Unplanned

Admissions and Proactive Case Management and 3 points to fund improvements in the Learning Disabilities Enhanced Service.

It has been agreed that the planned changes in thresholds in QOF from April 2014 will be deferred for a year.

The retirement of indicators from QOF will reduce bureaucracy, allow GPs and practice staff more time to focus on the needs of individual patients and avoid unnecessary annual recall and testing of patients. GPs will use their professional judgement and continue to treat patients in accordance with best practice guidelines.

Seniority

It has been agreed that seniority payments will cease on 31 March 2020. In the meantime, those in receipt of payments on 31 March 2014 will continue to receive payments and progress as currently but there will be no new entrants from 1 April 2014. It is intended that there will be a 15% reduction in spend each year. Any money released will be reinvested into core funding.

Other changes

Named GP for patients aged 75 and over – as part of the commitment to more personalised care for more patients with long term conditions all patients aged 75 and over will have a named accountable GP.

Quality of out of hours services – practices who have opted out of Out of Hours services will have to monitor the quality of those services and report any concerns they may have.

Publication of GP earnings – All practices will publish GP NHS net earnings in 2015/2016.

Friends and Family Test – it will be a contractual requirement for practices to undertake the Friends and Family Test from December 2014.

Choice of GP practice – from October 2014, all GP practices will be able to register patients from outside their traditional practice boundary areas without any obligation to provide home visits for such patients. NHS England will be responsible for arranging in-hours urgent medical care when needed at or near home for patients who register with a practice away from home.

Patients needing access to a practice clinician after assessment – where a patient has been assessed as needing contact with a practice clinician, the practice will ensure that when the patient contacts the practice, a practice clinician will agree appropriate next steps having regard to the patient's condition and circumstances.

CQC inspections – when the CQC's new inspection arrangements are introduced, practices will be required to display the inspection outcome in their waiting room(s) and on the practice website.

Deprivation – work is continuing to strengthen the weighting of Deprivation in the GP funding formula to be implemented from April 2015.

Patients and information - During 2014/15 all practices will:

- Use the NHS Number in all clinical correspondence
- Provide the ability for all patients to book appointments online

- Allow all patients to order repeat prescriptions online
- Update the Summary Care Record daily
- Transfer patient records using the “GP2GP” facility
- Allow patients to access online the data contained in their Summary Care Record.

Enhanced Services

- The **Patient Participation** scheme will continue for another year with the requirement to carry out a local survey removed due to the introduction of the Friends and Family Test.
- The **Extended Hours Access** scheme is extended for another year with a number of flexibilities included to allow practices to work together to provide the most appropriate service for their patients.
- The **Dementia, Alcohol and Learning Disabilities** will be extended for a further year with some changes made.

It has been agreed that the Patient Online (£24m) and Remote Care Monitoring (£12m) Enhanced Services will cease on 31 March 2014 and the associated funding reinvested into core funding.

GP pay and expenses – the GPC and NHS England will separately submit evidence to the Doctors’ and Dentists’ Review Body (DDRB) in relation to the 2014/15 uplift to the GMS Contract. The Government will consider the DDRB recommendations before making a final decision.

Nottinghamshire County Council

Report to Health and Wellbeing Board

8 January 2014

Agenda Item: 13

REPORT OF CORPORATE DIRECTOR, POLICY, PLANNING AND CORPORATE SERVICES

WORK PROGRAMME

Purpose of the Report

1. To consider the Board's work programme for 2013/14.

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, Policy, Planning and Corporate Services

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 (PS)

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 Forward Plan

	Health & Wellbeing Board (HWB)	HWB Workshop (closed sessions)
8 January 2014	**Healthy Child Programme and Public Health Nursing for Children and Young People** (Kate Allen / Irene Kakoulis) **Better Care Fund (Integration Transformation Fund) Plans –** (Lucy Dadge) **Mid Notts Integrated Care Transformation programme Update –** (Amanda Sullivan) **NHS Support for Social Care Funding** (Jane Cashmore) **HealthWatch** (Joe Pidgeon) **Nottinghamshire Response to "Transforming Care: A National Response to Winterbourne View Hospital"** (Jon Wilson) **Autism Self-assessment** (Cath Cameron-Jones) **Changes to the GMS Contract** (Jeremy Griffiths)	
5 February 2014	**Exceptional Board Meeting to agree Integration Transformation Fund Plan**	**Child and Adolescent Mental Health**
5 March 2014	**Health Protection Arrangements** (Jonathan Gribbin / Vanessa McGregor) **Integrated Commissioning Function – commissioning priorities**	

	(Kate Allen) **Nottinghamshire Health & Wellbeing Strategy** (Cathy Quinn) **Integration Transformation Fund –** (Lucy Dadge) ***Learning disability self-assessment*** *(Cath Cameron-Jones)TBC*	
2 April 2014		***Homelessness*** *TBC*
7 May 2014	**Health Checks** (John Tomlinson) **Breast Feeding** (Kate Allen) **Publication of Public Health Annual Report** (Chris Kenny) ***Avoidable Injuries Strategy*** *(Penny Spring) TBC* ***Adult Mental Health*** *(Jon Wilson) TBC*	
4 June 2014		***Adult Mental Health*** *TBC*
2 July 2014	***Roles and Responsibilities for NHS England*** *(Helen Pledger)TBC* ***Local nature partnership*** *(Cllr Suthers/Helen Ross) TBC*	