

Health and Wellbeing Board

Wednesday, 06 December 2017 at 14:00

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

AGENDA

- | | | |
|---|--|---------|
| 1 | Minutes of the last meeting held on 4 October 2017 | 3 - 8 |
| 2 | Apologies for Absence | |
| 3 | Declarations of Interests by Members and Officers:- (see note below) (a) Disclosable Pecuniary Interests (b) Private Interests (pecuniary and non-pecuniary) | |
| 4 | Nottinghamshire Safeguarding Children Board Annual Report 2016-2017 | 9 - 16 |
| 5 | Health Protection Update | 17 - 30 |
| 6 | Second Nottinghamshire Joint Health Wellbeing Strategy | 31 - 52 |
| 7 | Better Care Fund Performance and Update on the Improved Better Care Fund | 53 - 70 |
| 8 | Chair's Report | 71 - 84 |
| 9 | Work Programme | 85 - 88 |

Notes

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

Customer Services Centre 0300 500 80 80

- (3) Persons making a declaration of interest should have regard to the Code of Conduct and the Council's Procedure Rules. Those declaring must indicate the nature of their interest and the reasons for the declaration.

Councillors or Officers requiring clarification on whether to make a declaration of interest are invited to contact Martin Gately (Tel. 0115 977 2826) or a colleague in Democratic Services prior to the meeting.

- (4) Councillors are reminded that Committee and Sub-Committee papers, with the exception of those which contain Exempt or Confidential Information, may be recycled.
- (5) This agenda and its associated reports are available to view online via an online calendar - <http://www.nottinghamshire.gov.uk/dms/Meetings.aspx>

Meeting **HEALTH AND WELLBEING BOARD**

Date **Wednesday, 4 October 2017 (commencing at 2.00 pm)**

Membership

Persons absent are marked with an 'A'

COUNTY COUNCILLORS

Dr John Doddy (Chair)
Glynn Gilfoyle
Vaughan Hopewell
Steve Vickers
Muriel Weisz

DISTRICT COUNCILLORS

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

OFFICERS

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

CLINICAL COMMISSIONING GROUPS

| | | |
|--------------------------|---|--|
| Dr Nicole Atkinson | - | Nottingham West Clinical Commissioning Group |
| | - | |
| A Dr Thilan Bartholomeuz | | Newark and Sherwood Clinical Commissioning Group |
| Idris Griffiths | - | Bassetlaw Clinical Commissioning Group |
| Dr Jeremy Griffiths | - | Rushcliffe Clinical Commissioning Group (Vice-Chair) |
| Dr James Hopkinson | - | Nottingham North and East Clinical Commissioning Group |
| A Dr Gavin Lunn | - | Mansfield and Ashfield Clinical Commissioning Group |

LOCAL HEALTHWATCH

Michelle Livingston - Healthwatch Nottinghamshire

NHS ENGLAND

A Oliver Newbould - North Midlands Area Team, NHS England

NOTTINGHAMSHIRE POLICE AND CRIME COMMISSIONER

A Kevin Dennis

OFFICERS IN ATTENDANCE

| | | |
|---------------|---|------------------------------------|
| Joanna Cooper | - | Better Care Fund Programme Manager |
| Martin Gately | - | Democratic Services |
| Nicola Lane | - | Public Health |
| John Sheil | | Public Health |

OTHER ATTENDEES

| | |
|-----------------|--------------------------------------|
| Andy Evans | Connected Notts |
| Dr Martin James | NUH |
| Dr Robert Scott | NIHR Academic Clinical Fellow |
| Wendy Saviour | Nottingham and Notts ACS |
| Rob Main | Newark and Sherwood District Council |

MINUTES

The minutes of the last meeting held on 6 September 2017 having been previously circulated were confirmed and signed by the Chairman.

APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Amanda Brown (Ashfield District Council), Councillor Henry Wheeler (Gedling Borough Council) and Councillor Andrew Tristram.

DECLARATIONS OF INTEREST BY BOARD MEMBERS AND OFFICERS

None.

LIVER DISEASE PREVENTION PRESENTATION

Dr Martin James, Consultant Hepatologist at Nottingham University Hospital made a presentation to the Board on preventing deaths from liver disease. Dr James stated that there was an increasing burden of liver disease in Nottinghamshire, and that people with a BMI over 25-30 may be asymptomatic until they present with a scarred liver. In the UK, there has been reduction in disease for every organ except the liver – and this is the opposite of mainland Europe. Dr James indicated that he sees patients in their forties

with the consequences of liver disease, and that Nottinghamshire is the worst region in the UK for liver disease related hospital death. The problem is not a lower threshold for hospital admissions- hospitals are already dealing with the serious end of the spectrum. It would be of assistance to have a 20% tax on soft drinks, as well as a 10-20% reduction in alcohol consumption. Dr James explained that the social norms around drinking need to be challenged – for example during a Premiership football match, there is a reminder of alcohol consumption every twenty to thirty seconds due to sponsorship, and the position is similar at music events. Dr James responded to question and comments from the Board.

- Concerns were raised regarding the large amount which some people drink before going out for the night, as well as alcohol use by young mothers resulting in foetal alcohol syndrome.
- Members of the Board suggested that Dr Martin's information on liver disease should be presented to Nottingham and Nottinghamshire Members of Parliament.
- There is a requirement to unify and simplify the public health message in relation to alcohol, obesity and drugs – people should eat and drink less and move more.
- If the clinical test for liver disease delivers a normal result, this may trigger people to drink more – 75% of patients with cirrhosis had normal liver function blood tests.
- The Joint Strategic Needs Assessment should reflect the issues raised by the liver disease presentation.

UPDATE ON THE NOTTINGHAMSHIRE INTEGRATED HOUSING AND HEALTH COMMISSIONING GROUP DELIVERY PLAN AND HOUSING AND ENVIRONMENT THEME OF THE STP

John Sheil, Public Public Health Commissioning (Health and Housing) and Rob Main, Business Manager, Strategic Housing, Newark and Sherwood District Council introduced the report which updated the Board on activity by the Nottinghamshire Health and Housing Commissioning Group. The Board heard that a Memorandum of Understanding (MOU) had been developed to mirror the national MOU document which includes a wide range of public bodies e.g. Public Health England and the Local Government Association. The Nottinghamshire MOU provides the basis for local commitment, and recognises the impact of unhealthy and unsuitable homes. Nottinghamshire is on track to be the first non-unitary to endorse an MOU. Mr Sheil and Mr Main responded to comments

- In response to concerns that some partners were missing from the MOU, reassurances were given that key partners were all around the table.
- Funding issues could be explored within the Health and Wellbeing Board, with the Better Care Fund possibly being utilised.

- It was explained that although there is no elected Member representation on the housing working group, because it is an officer group, the group does feed into the Health and Wellbeing Board.
- The aspiration is for a greater number of houses to be built to acceptable standards.
- Milestone 2 is based on the Extra Care Programme – there has been activity, especially to support older and vulnerable people.

RESOLVED: 2017/035

That:

1. The update on housing activity be commented on and suggestions made relating to next steps (as recorded above).
2. The Memorandum of Understanding be commented on, endorsed and signed.
3. Officers be supported in seeking opportunities to identify funding to extend the secondment of Public Health Commissioning Manager (Health and Housing).
4. An update on housing and health related activity be received in Spring 2018.

NOTTINGHAM AND NOTTINGHAMSHIRE LOCAL DIGITAL ROADMAP UPDATE

Andy Evans, Programme Director Connected Nottinghamshire introduced the report, which described the progress made since the last update in 2016:- Care co-ordination teams are now using information from health and social care to provide proactive, as well as responsive care. In addition, work has taken place to across health and care to improve public and staff access to Wi-Fi connectivity. Some progress has also been made in relation to citizen access to information and care records, and although this is the least mature work stream, 25% of citizens have registered for patient on-line services. Technology will be used to engage harder to reach groups – 80% now have access to the internet and 51% of the over 65s use the internet daily. Data quality is now being examined as a system requirement, and a lot of work has been put into reviewing and taking stock of where the system is in relation to assisted technology. During discussions the following points were made and responded to by Mr Evans.

- Healthwatch endorsed the progress from a patient perspective, and emphasised that patients did not want to have to keep repeating their story – Mr Evans emphasised that improving technology was the easy part, the problems lay in changing people's behaviour.
- In response to remarks about patient consent to share information between health and social care, Mr Evans emphasised that patients were fatigued by requests for consent, and many assumed that information sharing took place as a matter of course.
- Nevertheless, navigating the health and social care system remains complex, even for those who work within it.
- The Board acknowledged the substantial progress in this area of work

RESOLVED: 2017/036

That the Board acknowledged the substantial progress that had taken place within this area of work

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

David Pearson introduced the report, the purpose of which was to update the Board on progress since the STP update published in July 2017. Mr Pearson explained that there had been a very significant shift from being a partnership developing a plan, to a partnership delivering improvement over time. Wendy Saviour from NHS England has been seconded to assist with the development of the partnership. The next stage is the formulation of a process for a single commissioning voice across the system, resulting in a seamless journey for the patient. While a large amount of activity is taking place, as much transparency as possible has been committed to. During discussions, the following points were made and responded to by David Pearson.

- A co-ordinated approach is required and this is already done with the Better Care Fund (BCF). David Pearson stated that the BCF is an agreed plan utilising 3% of the Health and Social Care budget. It doesn't necessarily involve integrated commissioning
- Wendy Saviour stated that while this was a work in progress, and there are no clear answers, South Yorkshire and Nottinghamshire having been taking part in conversations regarding commissioning models. The NHS will be changing with a view to providing greater consistency, and there is still quite a lot of room for improvement
- Further work needs to be done on the governance structure of the STP.
- It was queried whether there was too much bureaucracy involved with the STP. Mr Pearson responded that he felt that it had been light touch so far, and he had primarily looked to use resources that already existed.

RESOLVED: 2017/037

That:

1. The contents of the update to the STP plan in the context of the Health and Wellbeing Strategy be reviewed.
2. The contents of the Accountable Care System Memorandums of Understanding in the context of the Health and Wellbeing Strategy be reviewed
3. The update provided on the development of an Accountable care System in Greater Nottingham be acknowledged.

REFRESH OF THE PHARMACEUTICAL NEEDS ASSESSMENT

Jonathan Gribbin introduced the report, the purpose of which was to describe the process so far in the refresh of the Nottinghamshire Pharmaceutical Needs Assessment (PNA) 2018-2020. Mr Gribbin stated that the report set out the statutory function of the Pharmaceutical Needs Assessment and that it is subject to a sixty day consultation period. During discussion, the huge benefits of pharmacies having a prescriber rather than a dispenser were highlighted.

RESOLVED: 2017/038

That the PNA communication and engagement plan and the PNA public consultation be approved.

CHAIR'S REPORT

The Chair's report was welcomed by the Board, and Members indicated their support for the Stoptober campaign. .

RESOLVED: 2017/039

That:

- 1) No specific actions were identified as a result of issues contained within the report
- 2) Members would support the Stoptober campaign within their own organisations.

WORK PROGRAMME

RESOLVED: 2017/040

That no amendments be made to the work programme.

The meeting closed at 4.44 pm.

CHAIR

6th December 2017

Agenda Item: 4

**REPORT OF THE INDEPENDENT CHAIR, NOTTINGHAMSHIRE
SAFEGUARDING CHILDREN BOARD****NOTTINGHAMSHIRE SAFEGUARDING CHILDREN BOARD ANNUAL
REPORT 2016/17****Purpose of the Report**

1. To inform Members of the content of the Nottinghamshire Safeguarding Children Board's Annual Report 2016/17, which is available as a Background Paper.

Information and Advice

2. National statutory guidance, 'Working Together to Safeguard Children 2015', notes the requirement for the Chair of each Local Safeguarding Children Board to publish an annual report on the effectiveness of safeguarding in the local area. This report should recognise achievements and the progress that has been made in the local authority area as well as providing a realistic assessment of the challenges that still remain and the action being taken to address them. The report should include lessons from reviews undertaken within the reporting period.
3. The Annual Report should be made available to the Chief Executive and Leader of the Council, the local Police and Crime Commissioner, and the Chair of the Health and Wellbeing Board.
4. The Nottinghamshire Safeguarding Children Board (NSCB) Annual Report 2016/17 includes links to relevant documents already published on the NSCB website which provide further information.
5. The report provides details of the work carried out by the Board to update and improve the way it carries out its functions. The [online NSCB safeguarding procedures](#) were updated twice during the year (November 2016 and April 2017) to ensure they remain current and include learning from local and national sources. A new Communications and Engagement Strategy has been developed and this will be used to benchmark the success of NSCB communications and engagement work. The NSCB website continues to be the primary means of communication with NSCB stakeholders and includes resources for professionals, parents/carers and children and young people. The NSCB was also pleased to support financially, and through consultation with members, the work led by Nottinghamshire County

Council Public Health and Nottinghamshire Healthcare NHS Foundation Trust to provide the [Health for Teens](#) website specifically aimed at young people.

6. During 2016/17 the NSCB has delivered a wide ranging programme of multi-agency training courses and seminars. These events have covered core safeguarding practice and specialist areas of practice. Specific courses have been developed to respond to key learning identified through the NSCB Learning and Improvement Framework including; *Decision Making and Disguised Compliance, Hidden Men, Information Sharing and Neglect*. NSCB multi-agency training events have been attended by over 2,100 staff working with children and families during the year. A new e-learning package was procured during the year which increased the number of modules available to partner organisations from four to 22. Over 4,100 staff have completed e-learning modules during the year on safeguarding subjects including; *awareness of abuse and neglect, child sexual exploitation and safe sleeping for babies*.
7. A key responsibility for the Board is to commission and undertake serious case reviews according to the criteria set out in national statutory guidance and Local Safeguarding Children Board (LSCB) regulations. The reviews are used to identify learning and to improve practice. During 2016/17 one serious case review was commissioned (PN16) and is ongoing at this time. Themes regarding the effectiveness of safeguarding practice identified from two reviews commissioned the previous year and completed during this reporting period (LN15 & NN15), are included within the report. A further three reviews were ongoing at the end of the reporting period due to a number of factors including the complexity of the case, parallel criminal/coronial proceedings and restrictions on access to children, families or professionals involved. Of these, two have subsequently been signed off by the Board and a third is very near completion.
8. The Child Death Overview Panel (CDOP) has conducted reviews into expected and unexpected child deaths in Nottinghamshire in line with statutory guidance. During the course of the year 39 children died in Nottinghamshire and the panel conducted 58 reviews following the completion of other processes (e.g. Inquests). The panel identified actions to prevent future deaths, in particular safer sleep for babies, and a working group has developed a framework for action - the progress against which is noted within the report.
9. The NSCB has continued to strengthen its multi-agency audit work and a total of six audits examining operational practice in a range of areas were undertaken and their findings reported to the Board. In addition three organisational audits were also undertaken and reported. All audits identified areas of good practice in addition to areas for improvement. Full details of the recommendations and impact of the audits are included in the report.
10. The report includes a section containing examples of the way the Board has carried out its scrutiny and challenge function in addition to the case reviews, programmed audit work and analysis of performance information. Issues such as the arrangements for the provision of medical assessments, elective home education, domestic violence and abuse, safeguarding of looked after children and preventing radicalisation have all been examined by the Board.
11. The report concludes by setting out areas identified for development through the NSCB learning and improvement framework. The NSCB Business Plan (2016/18) has been regularly reviewed and updated and captures the key areas of work for the Board including

the focus on vulnerable children groups, performance monitoring and the effectiveness of multi-agency working in relation to child protection enquiries. In addition the NSCB has identified a number of ways to further improve the way it delivers its core functions and these are detailed within the report.

12. In April 2017 the Children and Social Work Act received Royal Assent. The measures within the Act, which include the abolition of Local Safeguarding Children Boards and a requirement on 'safeguarding partners' to establish new safeguarding arrangements, will be introduced once revised statutory guidance has been published and following an implementation period. Further details on the implications of the new legislation and revised statutory guidance are contained in **Appendix A** to this report for information.

Other Options Considered

13. As this is a report for endorsement, it is not necessary to consider other options.

Reason/s for Recommendation/s

14. The report is provided for endorsement and to inform the Health and Wellbeing Strategy.

Statutory and Policy Implications

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

Financial Implications

16. There are no financial implications arising from the recommendations within this report.

RECOMMENDATION/S

- 1) That the content of the Nottinghamshire Safeguarding Children Board's Annual Report 2016/17, which is available as a Background Paper, is endorsed.

Chris Few
Independent Chair
Nottinghamshire Safeguarding Children Board

For any enquiries about this report please contact:

Steve Baumber
NSCB Business Manager
T: 0115 977 3935
E: steve.baumber@nottscg.gov.uk

Constitutional Comments (EP 09/11/2017)

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

Financial Comments (DG 15/11/17)

17. The financial implications are contained within paragraph 16 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.

Nottinghamshire Safeguarding Children Board's Annual Report 2016/17

Electoral Division(s) and Member(s) Affected

All.

Children and Social Work Act 2017 Briefing

Purpose of the Report

1. In January 2016 Alan Wood was commissioned by the government to undertake a fundamental review of the role and functions of local safeguarding children boards (LSCBs) within the context of local strategic multi-agency working. This was to include the child death review process and consideration of how the intended centralisation of Serious Case Reviews (SCRs) will work at local level.
2. The [Wood Report](#) was published at the end of May 2016 and included 34 recommendations. In April 2017 the Children and Social Work Act received Royal Assent, the Act included measures which addressed some of the recommendations made in the Wood Report. A draft revised version of the statutory guidance 'Working Together to Safeguard Children' has just been circulated for consultation and it is anticipated that the new guidance will be published in April 2018.
3. The purpose of this report is to provide a briefing on the issues identified to date and propose local initial action.

Background

4. As previously mentioned, The Wood Report included a number of recommendations and it is not intended to list them within this report, however the following provides an indication of some of the challenges with the current arrangements that were identified:
 - Lack of clarity around who currently leads the arrangements, a view that the system has become skewed toward the local authority and that the key role of senior leaders in health and the police is not recognised
 - Clarification is needed on the extent to which 'child protection', 'safeguarding', and 'wellbeing' are covered within the arrangements
 - Challenges around accountability as a result of separating commissioning from delivery, NHS arrangements not supporting one authoritative voice on health issues
 - Representation from schools
 - Difficulties in the functioning of LSCBs such as; agreeing financial contributions, sharing information and data, attendance of senior staff at the Board etc.
 - Inspections of multi-agency arrangements not seen within the sector as credible
 - Overlap between committees such as; LSCBs, Health and Wellbeing Boards, Community Safety Partnerships, Local Family Justice Boards, Safeguarding Adult Boards and Children's Trusts
5. The Children and Social Work Act 2017 includes the following provisions that are specifically relevant to safeguarding children:
 - A new duty will be placed on three agencies, namely the local authority, the chief officer of police and clinical commissioning group (referred to as safeguarding partners), to make arrangements for the safeguarding partners and any relevant

agencies to work together for the purpose of safeguarding and promoting the welfare of children in the area.

- The introduction of a Child Safeguarding Practice Review Panel to identify child safeguarding cases that may raise issues that are complex or of national importance and arrange for such cases to be reviewed under their supervision
- A requirement for the local authority to notify the Panel of certain cases (similar to the current Serious Incident Notification requirement) and for the safeguarding partners to conduct local child safeguarding practice reviews
- A new duty will be placed on the local authority and clinical commissioning group (referred to as the child death review partners) to make arrangements for the review of each death of a child normally resident in the area
- Abolition of Local Safeguarding Children Boards

The Act includes further measures related to combining safeguarding areas and delegating functions, funding, information sharing and combining child death review partner areas and delegating functions.

Multi Agency Safeguarding Arrangements:

6. The draft version of Working Together to Safeguard Children 2018 has now been circulated and a consultation period has commenced which will end on 31st December 2017. Chapter 1 (Assessing need and proving help) and chapter 2 (Organisational responsibilities) have remained broadly unchanged from the previous version. Chapter 3 (Multi-agency safeguarding arrangements) provides further detail on the expectations placed on safeguarding partners with regard to developing safeguarding arrangements for their area.
7. Local safeguarding arrangements must be published and include:
 - who the three local safeguarding partners are, especially if the arrangements cover more than one local authority area
 - geographical boundaries (especially if the arrangements extend or cut across the usual local authority boundaries)
 - the arrangements for independent scrutiny of the effectiveness of the arrangements
 - the relevant agencies the safeguarding partners will work with, why these agencies are relevant and how they will work together to improve outcomes for children and families
 - how all schools (including independent schools, academies and free schools) and other educational partners will be included in the safeguarding arrangements
 - how any youth custody and residential homes for children will be included in the safeguarding arrangements
 - how the safeguarding partners will use data to assess the effectiveness of the help being provided to children and families, including early help
 - how the arrangements will be funded
 - arrangements for commission and publication of local safeguarding practice reviews
 - the process for undertaking local practice learning reviews, setting out the process for how lessons will be learnt, and how any changes made will impact on outcomes for children and families
8. In agreeing their arrangements, safeguarding partners should take account of recommendations from any previous learning reviews and relevant research from the

What Works Centre for Children's Social Care. They should also have regard to any reports sent to them by the child death review partners for their area.

9. Local safeguarding transitional arrangements guidance has also been published for consultation. This provides guidance on the arrangements which should operate as part of the transition from LSCBs to safeguarding partner and child death review partner arrangements.

Learning from serious cases about children:

10. Chapter 4 of the draft version of Working Together to Safeguard Children 2018 contains detail around the requirement to notify the child safeguarding practice review panel of certain cases, the procedure for national child safeguarding practice reviews and the process for commissioning and undertaking local safeguarding practice reviews.
11. The guidance related to local safeguarding practice reviews is similar to the current arrangements for serious case reviews however the decision to undertake a review is the responsibility of the safeguarding partners and this may have implications for senior representatives from those agencies. In addition there are some challenging timescales for undertaking a concise investigative exercise to understand the relevant circumstances and involvement of local agencies.

Child death reviews:

12. Chapter 5 of the draft version of Working Together to Safeguard Children 2018 contains details of the requirements for child death review partners to make arrangements to review all child deaths. The content describes high level principles and is in effect a summary of a much more substantial document 'Child Death Review Statutory Guidance' which has been circulated for consultation alongside Working Together to Safeguard Children.
13. Child death review partner footprints should be locally defined, based on patient flows across existing networks of NHS care. The child death review arrangements should typically cover a child population such as that they review 80 – 120 child deaths each year.
14. A key issue to consider will be the governance arrangements for the child death review process which previously fell under Local Safeguarding Children Boards. The CDOPs are required to publish an annual report and provide information for the National Child Mortality Database

Timelines:

15. Consultation over the revised Working Together to Safeguard Children and associated documents closes on 31st December 2017 and members of the NSCB are encouraged to respond individually. The NSCB will also provide a coordinated response and utilise relevant sub groups to gather feedback.
16. Subject to parliamentary time Working Together to Safeguard Children 2018 will be published, along with associated regulations, in April 2018.

17. The safeguarding partners will have up to 12 months to agree the safeguarding arrangements, subject them to independent scrutiny, notify the Secretary of State for Education and publish them.
18. Following publication the safeguarding partners will have three months to implement the new arrangements.
19. A transitional period is expected on the lead up to the implementation of the new safeguarding arrangements and potentially for some time after. LSCBs will need to plan the handover of relevant data and information to the new safeguarding partners and make arrangements to complete any ongoing serious case reviews.
20. Child death review partners will have up to 12 months (from April 2018) to agree arrangements for the review of every child death in their area and up to two months to implement the arrangements. The child death review partners will be able to commence their arrangements as soon as they are ready and will not have to wait for the safeguarding partner arrangements to begin.
21. LSCBs should ensure that CDOP shares copies of relevant data with the child death review partners and a two month period will be allowed to complete any child death reviews.

Issues for immediate consideration:

22. The following issues have been identified for immediate consideration:-
 - a) Clarification of safeguarding partners
 - b) Geographic boundaries for safeguarding arrangements
 - c) Process for developing detailed arrangements following the publication of Working Together.
 - d) Response to the child death proposals:-
 - i. Governance arrangements
 - ii. Clarification of child death partners
 - iii. Geographic area

Initial meeting of safeguarding partners and child death review partners

23. An initial meeting of the safeguarding partners, child death review partners and NSCB Independent Chair took place on 7th November 2017 to consider the issues identified in paragraph 22 above. It was agreed that the local authority should take responsibility for developing an options paper in relation to the safeguarding arrangements and that the clinical commissioning groups would take the lead on developing an options paper in relation to the child death review arrangements. The group will meet again in January 2018.

Links to relevant documents:

All relevant documents can be found on the DfE consultation web page:-

<https://consult.education.gov.uk/child-protection-safeguarding-and-family-law/working-together-to-safeguard-children-revisions-t/>

Steve Baumber

Service Manager, Partnerships and Planning (job share)
Safeguarding Assurance and Improvement Group

14th November 2017

06 December 2017**Agenda Item: 5****REPORT OF THE DIRECTOR OF PUBLIC HEALTH, NOTTINGHAMSHIRE
COUNTY COUNCIL****HEALTH PROTECTION UPDATE****Purpose of the Report**

1. To inform the Board about outcomes and arrangements for protecting the health of the local population.
2. Provide a progress update on the five areas of action highlighted in the paper to the Board dated 03 February 2016.

Information and Advice

3. Health protection is the domain of public health action which seeks to prevent or reduce the harm caused by communicable diseases, and to minimise the health impact of environmental hazards such as chemicals and radiation, and extreme weather events.
4. This broad definition includes the following functions within its scope, together with the timely provision of information and advice to relevant parties, and ongoing surveillance, alerting and tracking of existing and emerging threats:
 - National programmes for immunisation
 - National programmes for screening, including those for:
 - Antenatal (fetal anomaly, infectious diseases in pregnancy, sickle cell and thalassaemia) and newborn (nine life-limiting diseases, hearing, and physical examination)
 - Cancer (bowel, breast and cervical)
 - Diabetic retinopathy and abdominal aortic aneurism,
 - Management of environmental hazards including those relating to air pollution and food
 - Health emergency preparedness and response, including management of incidents relating to communicable disease (e.g. meningococcal disease, tuberculosis, pandemic flu) and chemical, biological, radiological and nuclear hazards
 - Community Infection prevention and control in health and social care community settings of health and care associated infections
 - The management and control of outbreaks
 - Other measures for the prevention, treatment and control of the management of communicable disease (e.g. tuberculosis, bloodborne viruses, seasonal flu)

Contraception and sexual health are often considered to fall under the health protection domain. In Nottinghamshire, outcomes and arrangements for sexual health are overseen separately to those for other aspects of health protection, so are not considered within the scope of this paper.

Outcomes

5. The performance of the local system in protecting the health of the population is summarised in the Public Health Outcomes Framework (PHOF). These are set out in Appendix 1.
6. The PHOF indicates that the local system performs well in most areas. In common with every area of the country, there is unmet need in Nottinghamshire County relating to seasonal flu vaccination.
7. It should be noted that many of these indicators describe performance at county level. However, this obscures variations at a local level which usually represents inequity.

System responsibilities for health protection

8. Within the current system, delegated health protection responsibilities align to the following organisations:
 - a. Public Health England (PHE) brings together a wide range of public health functions and is responsible for delivering the specialist health protection response to incidents and outbreaks
 - b. NHS England hosts a PHE team with responsibility for implementation of national screening and immunisation programmes for Nottinghamshire
 - c. NHS England also provides a co-chair and managerial support for the Local Health Resilience Partnership which, along with the development of emergency preparedness, coordinates any NHS multi-agency response to an emergency
 - d. NHS Clinical Commissioning Groups commission treatment services which comprise an important component of strategies to control communicable disease
 - e. Nottinghamshire County Council has arrangements within a Section 75 agreement for the provision of community infection prevention and control under the accountability of the Council's Adult Social Care and Public Health Committee. (The Council also commissions sexual health services and healthchecks which fall outside the scope of this paper).
 - f. The Council, through the leadership role of the Director of Public Health, is also delegated a health protection duty to provide information and advice to relevant organisations, so as to ensure all parties discharge their roles effectively for the protection of the local population¹. This leadership role of the Director of Public Health mainly relates to functions for which responsibility for commissioning or coordinating lies with other organisations in the system - as described above
9. Other organisations with significant responsibilities for aspects of the overall health protection system include district councils (environmental health), primary and secondary care (delivery of national programmes and incident response).

¹ [Protecting the health of the local population: the new health protection duty of local authorities](#). DH, PHE, LGA. May 2013.

10. The Director of Public Health or her deputy chairs the Health Protection Strategy Group, whose remit is to seek assurance regarding outcomes and arrangements relating to most aspects of health protection for people in Nottinghamshire County and Nottingham City. Membership of the group includes a range of partners, who commission or provide elements of the overall health protection system in Nottinghamshire including: public health specialists and environmental health colleagues from local authorities, NHS clinical commissioning groups, NHS England, and Public Health England.

National screening and immunisation programmes

11. The NHS England Screening and Immunisation Team undertake screening and immunisation functions and comprise of colleagues from Public Health England. The Health Protection Strategy Group receives a report from screening and immunisation team on the delivery of national screening and immunisation programmes. To add rigor to the assurance process, the Health Protection Strategy Group has implemented a rolling thematic reporting schedule, comprising a more in-depth report one of the programmes and an in-depth report on local environmental health protection issues. This facilitates more detailed consideration over an 18 months period of each programme.

Immunisation

12. After the provision of clean drinking water, immunisation programmes are one of the most cost effective health protection interventions and a cornerstone of public health practice. High immunisation rates are key to preventing the spread of infectious disease, complications and possible early death among individuals and supports good school attendance and educational attainment, reduced inequalities, and healthy independent living in later years.
13. Immunisation programmes aim to protect population health through both individual and herd immunity, which is achieved when a sufficient proportion of the target population is immunised to suppress the spread of disease to nonimmune or unimmunised individuals. For most infectious diseases in the national programmes, official estimates are that an uptake of 95% of the population is required to ensure herd immunity.
14. A number of routine and targeted immunisation programmes are commissioned by NHS England on a national basis and are delivered through a range of providers (e.g. general practitioners, hospital trusts, school immunisation service).
15. Uptake rates for several of the programmes form indicators within the Public Health Outcomes Framework. At aggregate level, Nottinghamshire County (along with its county peers in East Midlands) achieves performances at or close to that required for herd immunity, which is better than England average and represents very satisfactory outcomes.
16. Nottinghamshire County Council has made a commitment to increase the uptake of the offer of seasonal flu vaccination to eligible frontline workforce over the next three seasonal flu campaign periods. With an ambition to achieve 75 per cent uptake of the eligible frontline workforce by the 2019 campaign period. This is seen as a mechanism to protect the local population and aligns with NHS and Sustainability and Transformation Partnership (STP) workforce flu vaccination ambitions.

17. In October 2017, there was a national announcement to offer care workers the seasonal flu vaccination free of charge. NHSE's screening and immunisation team will lead on the roll out of this national offer.
18. Actions for improving immunisation outcomes of particular providers are regularly reviewed at NHSE quarterly immunisation programme board. General practice have web access to their childhood and flu immunisation uptake. If the screening and immunisation team identifies that a practice has poor uptake, contact is made with the immunisation lead in the clinical commissioning group and NHSE Primary Care Contracting team to identify whether there are other concerns regarding the practice and how best to address the uptake issues.
19. In response to a local and national decline in childhood immunisation uptake, NHS England's screening and immunisation team in the North Midlands have created a sub group to look at local strategies to improve uptake in the poorest performing areas and to develop a local action plan to improve the uptake and coverage of pre-school boosters (with emphasis on the second dose of the vaccine for measles/mumps/rubella). This runs alongside national work reviewing the general decline in uptake of childhood immunisations. The local group has now met twice and an options appraisal paper will be developed by the screening and immunisation team to identify funding within NHS England to support the development of local pilots to address poor performance. Practice level data is being scrutinised to identify where pilots should be implemented. The screening and immunisation team are being supported by Local Authorities and clinical commissioning groups with this work.
20. Examples of the work to improve immunisation uptake include: data cleaning, increasing the flexibility of general practice appointment system, changing clinic settings to improve access, information/posters on immunisation awareness in hospital emergency departments, paediatrics and other appropriate clinical areas.

National screening programmes

21. The purpose of screening is to reduce the potential harms to people who are currently healthy which are caused by a disease or its complications. It involves a service to offer individuals a test to identify whether they are at increased risk of the disease and whether they may benefit from the offer of diagnostic tests and effective treatment.
22. A number of national screening programmes are commissioned by NHS England including those for: antenatal and newborn, cancer (bowel, breast and cervical), diabetic retinopathy and abdominal aortic aneurysm.
23. Delivery of the national screening programmes to residents of Nottinghamshire County is overseen by the NHS England screening and immunisation teams for Derbyshire & Nottinghamshire and for South Yorkshire & Bassetlaw. Each programme is underpinned by rigorous quality assurance and monitoring arrangements to ensure that the target population benefit from the service and that individuals are not exposed to potential harms (e.g. failures to correctly differentiate individuals requiring further tests).
24. Nottinghamshire County (along with its County peers in East Midlands) achieves performances better than or similar to that for England average. Actions for improving the outcomes of particular providers or in particular populations are regularly reviewed at NHS England's quarterly programme boards.

25. The Cervical Screening Programme is experiencing increasing delays in the turnaround time for screening results. This is a national issue linked to laboratory backlogs as a result of workforce shortages and staff resource issues associated with the implementation of Human Papillomavirus (HPV) primary screening.
26. In June 2017, the Health Protection Strategy Group escalated the matter to the NHS England Director of Commissioning. The advice received from NHS England is that cervical screening turnaround time continues to worsen. The impact for local women relates primarily to increased anxiety associated with an extended period of waiting for the test result. The likelihood of possible harms relating to the progression of an undiagnosed cancer is assessed to be very low.
27. NHS England have since confirmed that they continue to take this situation very seriously and are utilising all channels to escalate the concerns and potential impact on the population cohort affected.

Environmental hazards

28. Environmental hazards constitute a wide range of threats to the health of the population, and are addressed through the work of diverse public and private organisations, much of which is underpinned by legislation or statutory powers. Amongst these, local authorities maintain services and enforcement measures for ensuring: enforcement of safe standards for food, clean air, safe levels of noise, disposal of waste, safe housing conditions.
29. Some of these environmental health hazards are reflected in the Public Health Outcomes Framework which describes the level of exposure in Nottinghamshire County to poor air quality and high levels of noise.
30. The Health Protection Strategy Group's thematic reporting schedule enables the review of local arrangements for air quality management, noise, and standards of food safety and housing standards. During 2017 work has been undertaken to develop the Nottinghamshire Air Quality Strategy, led by District Council Environmental Health Leads, and supported by Public Health colleagues within the Council. The Nottinghamshire Air Quality Strategy will be presented to the Board in early 2018.

Health emergency preparedness & response, including outbreak management

31. Ensuring that the local health system is prepared to deal with emergencies is the responsibility of the Local Health Resilience Partnership (LHRP) which is facilitated by NHS England and is co-chaired by the Director of Public Health for Nottinghamshire County. The LHRP brings together NHS commissioners, healthcare providers, local authorities and public health for this purpose. This is also the group through which, in the event of an incident requiring a multi-agency health response, NHS England would lead coordinated action across Nottinghamshire. The LHRP and NHS England work in close collaboration with the Local Resilience Forum.
32. The LHRP work plan is developed with regard to the local community risk register. Partners regularly exercise their plans and a desk-based exercise is regularly included in LHRP meeting agendas.

33. During 2017, work has been taken forward to refresh the Nottingham and Nottinghamshire Strategic Plan for Pandemic Influenza. This work has been coordinated by NHS England, with contribution from multi agency partners within the LRF and LHRP. The plan provides clarity and formalises the procedures and structures for the response to pandemic influenza locally. The LRF has responsibility to review and monitor the contents of the plan against contemporary good practice and amend as required.
34. Communicable disease outbreaks and chemical incident response is coordinated by Public Health England to ensure that there are clear and appropriate arrangements in place to protect the local population.
35. In July 2017, following the recommendations by the House of Commons Select Committee in a report on the public health system post 2013², all LHRP's were tasked with completing an audit of local arrangements for health protection. Nationally, this work was endorsed by Public Health England, NHS England, Local Government Association, and other national bodies.
36. Following submission of the local health protection arrangements audit, it is anticipated that the LHRP will receive a report and recommendations. This will enable an action plan to be developed to enhance local arrangements and provide a comparison to other LHRPs.
37. Work has been taken forward locally to strengthen the adequacy of some aspects of individual organisational responsibilities (function and funding) to respond to local arrangements for the management of small outbreaks and incidents. This work has been led by Public Health England working with local clinical commissioning groups, supported by Nottinghamshire County Council Public Health and other parties. This work is ongoing and may need further consideration as the local health and care system architecture is developed to reflect the STP.

Other arrangements for the prevention and control of communicable disease

38. In recent years, tuberculosis (TB) has re-emerged as a significant public health problem nationally but the incidence of tuberculosis in Nottinghamshire County remains relatively low (PHOF 3.05ii).
39. Reflective of the National TB Strategy³, PHE established an East Midlands Tuberculosis Control Board (EM TBCB) which provides leadership and strategic direction to support improved outcomes for TB across the East Midlands. The EM TBCB has an action plan and links with the work of the three TB stakeholder groups which oversee arrangements in Nottinghamshire. This work includes an annual review of local cases of TB to inform learning.
40. Other communicable disease hazards include complications arising from untreated viral hepatitis. A recent refresh of the Viral Hepatitis chapter of the Joint Strategic Needs Assessment (JSNA) presents a number of opportunities across the health system to implement key recommendations around harm reduction, diagnosis and access to treatment.

² The House of Commons Health Committee. Public health post 2013second report of session 2016-17. 18.07.2016 HC 140. <https://publications.parliament.uk/pa/cm201617/cmselect/cmhealth/140/140.pdf>

³ Collaborative Tuberculosis Strategy for England 2015-2020. 2015. PHE https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/403231/Collaborative_TB_Strategy_for_England_2015_2020_.pdf

41. The prevention and control of HIV and other sexually transmitted infections are overseen as part of the arrangements for sexual health, so are not reported here.

Community Infection Prevention and Control (CIPC)

42. CIPC concerns the prevention of health and care associated infections amongst people receiving care in health or social care settings, and includes community settings such as nursing and residential homes, GP practices and dentists.

43. Performance of the local system impacts a range of stakeholders and directly bears on the following high level public health and NHS outcomes for our residents: PH 4.3 deaths due to preventable causes, NHS 5.2 Incidence of health and care associated infections. It also underpins indicators in NHS Outcome Domain 1 (preventing people from dying prematurely) and NHS Outcome Domain 3 (helping people to recover from episodes of ill-health). Outcomes across Nottinghamshire County are broadly similar to the average for England.

44. During the period 2015-2018 and on behalf of the health and social care community, the Council has funded some additional CIPC resource. Delivery has been contracted through a Section 75 agreement, whereby Mansfield and Ashfield CCG managed the CIPC resource. The CIPC Team have undertaken proactive and reactive work to prevent, minimise and treat infections, of which many are largely preventable. This includes a proactive infection control audit programme of care homes within the county.

45. Discussions are underway to explore options for the future funding of CIPC provision within Nottinghamshire.

46. A Nottinghamshire wide Infection Prevention and Control Group meets quarterly, the group coordinates cross agency collaboration and insight to identify and develop a planned approach to address emerging issues and cross-cutting themes, most of which extend beyond the community. An Antimicrobial Resistance sub group has been established to take forward a local action plan to address this significant, global threat. The Nottinghamshire wide IPC Group provides six monthly reports to the Health Protection Strategy Group.

Summary

47. Arrangements for health protection in Nottinghamshire County deliver outcomes which are generally satisfactory or good.

48. Recent work has focussed on the areas of risk identified in the paper presented to the Board in February. A summary of the delivery to the five areas identified is provided in table 1 below:

49. **Table 1** Update to actions from February 2016 Health Protection Report

| | Action | Work undertaken | Complete or ongoing |
|----|--------------------------|---|--|
| a. | Antimicrobial resistance | Develop Notts-wide action plan AMR Group provides a 6 monthly update to Health Protection Strategy Group (refer to paragraph 46) | Ongoing AMR remains an international threat |

| | | | |
|-----------|---|--|-----------|
| b. | Pandemic flu – update plans | Major revision to the local Pandemic Flu Plans refer to paragraph 33) | Completed |
| c. | Nottinghamshire Air Quality Strategy | Strategy updated to come to Health and Wellbeing Board in January 2018 Annual in-depth report to Health Protection Strategy Group | Completed |
| d. | Local management of small outbreaks and incidents | Task and Finish Group (refer to paragraph 37) | Ongoing |
| e. | Variation in uptake of Immunisations | Work is being taken forward , led by NHS England screening and immunisation team (refer to paragraph 19) | Ongoing |

Other options

50. None

Reasons for Recommendations

51. Guidance envisages that, through their Director of Public Health, Health and Wellbeing Boards will wish to be assured that there are robust measures for addressing acute and longer term health protection hazards to people in Nottinghamshire. Accordingly, this report is to inform the Board about outcomes and arrangements for health protection. Evidence shows that these are generally satisfactory or good.

Statutory and Policy Implications

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

Financial Implications

53. The cost of the health protection function of the Director of Public Health and the supporting public health roles are funded by the public health grant. This paper proposes no change to these roles or their funding.

RECOMMENDATIONS

1. Consider the outcomes and arrangements (including the matters highlighted in the February 2016 Board report) for protecting the health of the local population against

communicable disease and environmental threats and identify any other actions required.

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Constitutional Comments (LMC 27.11.2017)

2. The Health and Well Being Board is the appropriate body to consider the content of the report and whether there are any actions they are required to take in relation to the issues contained within the report.

Financial Comments (DG 27.11.2017)

3. The financial implications are contained with paragraph 53 of this report

Background Papers and Published Documents

-

Electoral Divisions and Members Affected

- All

See also Chair's Report

Item 3: Seasonal Flu Campaign

Appendix 1

Public Health Outcome Framework selected Health Protection indicators – 2017

The Public Health Outcomes Framework (PHOF) is a national set of indicators, set by the Department of Health and used by local authorities, NHS and Public Health England to measure public health outcomes. They focus on improving life expectancy, and reducing differences in life expectancy and healthy life expectancy between communities.

The majority of PHOF indicators for health protection focus on vaccinations. There are also indicators for deaths caused by air pollution, antibiotic prescribing in Primary Care by the NHS and NHS development action plans. Refer to figures 1 and 2.

Vaccinations

Population vaccination coverage relates to the percentage of a defined population that have received a recommended vaccination according to schedule. The data show that **Nottinghamshire has good vaccination coverage**, and exceeds the national goals for all vaccinations with the exception of seasonal flu and the second dose of MMR vaccine at age 5. Flu vaccination uptake is an area of unmet need across the country, particularly among at risk individuals (refer to Figure 1, PHOF 3.05xiv and 3.05xv).

Tuberculosis

PHOF indicator 3.05i and 3.05ii relate to TB treatment completion and incidence. Between 2014 -16, Nottinghamshire had lower incidence of TB than the national average. The percentage of people with drug-sensitive TB who complete treatment within 12 months (PHOF 3.05i) is in line with the England average, though in some years (e.g. 2015) there are too few cases to calculate this indicator.

Chlamydia Detection Rate

Whilst Chlamydia is dealt with as part of the sexual health portfolio through the Adult Social Care and Public Health Committee, it is noted that a Chlamydia Action Plan sets out a multi-agency plan to work collectively to support delivery to achieve this PHOF indicator. The work has used the National Chlamydia Screening Pathway Tool to identify areas that will support improvement in the detection of chlamydia amongst local young people aged 15 -24 years.

The data in tables 1 and 2 is derived from the PHOF (<https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>) and are accurate as of 22nd November 2017.

Figure 1- PHOF health protection indicators

| Indicator Name | Time period | Sex | England | East Midlands region | Nottingham | Nottinghamshire |
|--|-------------|---------------|---------|----------------------|------------|-----------------|
| 3.01 - Fraction of mortality attributable to particulate air pollution | 2015 | Persons | 4.7 | 5.1 | 5.3 | 5.0 |
| 3.02 - Chlamydia detection rate (15-24 year olds) | 2016 | Persons | 1,882.3 | 1,820.4 | 2168.2 | 1,422.8 |
| | 2016 | Female | 2,479.1 | 2,481.3 | 3,123.6 | 2,031.3 |
| | 2016 | Male | 1,268.9 | 1,180.6 | 1,202.1 | 845.0 |
| 3.03i - Population vaccination coverage - Hepatitis B (2 years old) | 2015/16 | Persons | - | - | 95.0 | 100.0 |
| 3.03ii - Population vaccination coverage - BCG - areas offering universal BCG only | 2015/16 | Persons | - | - | - | - |
| 3.03iii - Population vaccination coverage - Dtap / IPV / Hib (2 years old) | 2015/16 | Persons | 95.2 | 97.0 | 94.6 | 97.4 |
| 3.03iv - Population vaccination coverage - MenC | 2015/16 | Persons | | | 94.1 | |
| 3.03v - Population vaccination coverage - PCV | 2015/16 | Persons | 93.5 | 95.5 | 90.7 | 95.2 |
| 3.03vi - Population vaccination coverage - Hib / MenC booster (2 years old) | 2015/16 | Persons | 91.6 | 94.0 | 89.3 | 94.0 |
| 3.03vi - Population vaccination coverage - Hib / Men C booster (5 years old) | 2015/16 | Persons | 92.6 | 93.4 | 88.8 | 95.2 |
| 3.03ix - Population vaccination coverage - MMR for one dose (5 years old) | 2015/16 | Persons | 94.8 | 96.5 | 95.9 | 96.2 |
| 3.03x - Population vaccination coverage - MMR for two doses (5 years old) | 2015/16 | Persons | 88.2 | 90.5 | 84.2 | 89.9 |
| 3.03vii - Population vaccination coverage - PCV booster | 2015/16 | Persons | 91.5 | 94.0 | 89.2 | 94.3 |
| 3.03viii - Population vaccination coverage - MMR for one dose (2 years old) | 2015/16 | Persons | 91.9 | 94.1 | 89.7 | 93.9 |
| 3.03xii - Population vaccination coverage - HPV vaccination coverage for one dose (females 12-13 years old) | 2015/16 | Female | 87.0 | 87.3 | 87.7 | 91.8 |
| 3.03xiii - Population vaccination coverage - PPV | 2015/16 | Persons | 70.1 | 71.7 | 71.2 | 73.7 |
| 3.03xiv - Population vaccination coverage - Flu (aged 65+) | 2016/17 | Persons | 70.5 | 71.9 | 70.6 | 73.5 |
| 3.03xv - Population vaccination coverage - Flu (at risk individuals) | 2016/17 | Persons | 48.6 | 47.9 | 46.4 | 49.6 |
| 3.03xvi - Population vaccination coverage - HPV vaccination coverage for two doses (females 13-14 years old) | 2015/16 | Female | 85.1 | 81.0 | 83.9 | 90.1 |
| 3.03xvii - Population vaccination coverage - Shingles vaccination coverage (70 years old) | 2015/16 | Persons | 54.9 | 57.0 | 57.9 | 59.2 |
| 3.03xviii - Population vaccination coverage - Flu (2-4 years old) | 2016/17 | Persons | 38.1 | 42.4 | 34.1 | 44.0 |
| 3.05i - Treatment completion for TB | 2015 | Persons | 84.8 | 82.0 | 80.4 | 85.3* |
| 3.05ii - Incidence of TB | 2014 - 16 | Persons | 10.9 | 7.8 | 15.8 | 3.3 |
| 3.06 - NHS organisations with a board approved sustainable development action plan | 2015/16 | Organisations | 66.2 | 60.0 | 100.0 | 63.6 |
| 3.08 - Adjusted antibiotic prescribing in primary care by the NHS | 2016 | Persons | 1.08 | 1.08 | 1.05 | 1.11 |

* Nottinghamshire 2014 data. Too few cases in 2015 to calculate

Figure 2 - Recent trend PHOF Indicators for Health Protection

| Indicator Name | Time period | Sex | England | East Midlands region | Nottingham | Nottinghamshire |
|--|-------------|---------------|---------|----------------------|------------|-----------------|
| 3.01 - Fraction of mortality attributable to particulate air pollution | 2015 | Persons | • | • | • | • |
| 3.02 - Chlamydia detection rate (15-24 year olds) | 2016 | Female | ↓ | ↓ | ↓ | ↓ |
| | 2016 | Male | ↓ | ↓ | ↓ | ↓ |
| | 2016 | Persons | ↓ | ↓ | ↓ | ↓ |
| 3.03i - Population vaccination coverage - Hepatitis B (2 years old) | 2015/16 | Persons | • | • | ↔ | • |
| 3.03ii - Population vaccination coverage - BCG - areas offering universal BCG only | 2015/16 | Persons | • | • | • | • |
| 3.03iii - Population vaccination coverage - Dtap / IPV / Hib (2 years old) | 2015/16 | Persons | ↓ | ↓ | ↔ | ↔ |
| 3.03iv - Population vaccination coverage - MenC | 2015/16 | Persons | • | • | • | • |
| 3.03v - Population vaccination coverage - PCV | 2015/16 | Persons | ↓ | ↓ | ↔ | ↔ |
| 3.03vi - Population vaccination coverage - Hib / Men C booster (5 years old) | 2015/16 | Persons | ↑ | ↑ | ↑ | ↑ |
| 3.03vi - Population vaccination coverage - Hib / MenC booster (2 years old) | 2015/16 | Persons | ↓ | ↓ | ↔ | ↔ |
| 3.03vii - Population vaccination coverage - PCV booster | 2015/16 | Persons | ↑ | ↑ | ↑ | ↑ |
| 3.03viii - Population vaccination coverage - MMR for one dose (2 years old) | 2015/16 | Persons | ↑ | ↑ | ↑ | ↑ |
| 3.03ix - Population vaccination coverage - MMR for one dose (5 years old) | 2015/16 | Persons | ↑ | ↑ | ↑ | ↑ |
| 3.03x - Population vaccination coverage - MMR for two doses (5 years old) | 2015/16 | Persons | ↑ | ↑ | ↑ | ↑ |
| 3.03xii - Population vaccination coverage - HPV vaccination coverage for one dose (females 12-13 years old) | 2015/16 | Female | • | • | • | • |
| 3.03xiii - Population vaccination coverage - PPV | 2015/16 | Persons | ↑ | ↑ | ↔ | ↑ |
| 3.03xiv - Population vaccination coverage - Flu (aged 65+) | 2016/17 | Persons | ↓ | ↓ | ↓ | ↓ |
| 3.03xv - Population vaccination coverage - Flu (at risk individuals) | 2016/17 | Persons | ↓ | ↓ | ↓ | ↓ |
| 3.03xvi - Population vaccination coverage - HPV vaccination coverage for two doses (females 13-14 years old) | 2015/16 | Female | • | • | • | • |
| 3.03xvii - Population vaccination coverage - Shingles vaccination coverage (70 years old) | 2015/16 | Persons | • | • | • | • |
| 3.03xviii - Population vaccination coverage - Flu (2-4 years old) | 2016/17 | Persons | • | • | • | • |
| 3.05i - Treatment completion for TB | 2014 | Persons | ↑ | ↑ | ↔ | • |
| 3.05ii - Incidence of TB | 2013 - 15 | Persons | • | • | • | • |
| 3.06 - NHS organisations with a board approved sustainable development action plan | 2015/16 | Organisations | ↑ | ↔ | ↔ | ↔ |
| 3.08 - Adjusted antibiotic prescribing in primary care by the NHS | 2016 | Persons | • | • | • | • |

| Symbol | Recent trend |
|--------|-------------------------------|
| • | Cannot be calculated |
| ↓ | Decreasing and getting worse |
| ↑ | Increasing and getting better |
| ↔ | No significant change |

Key to Comparisons

| | | | |
|--|------------------|----------------|------------------|
| 3.01 - Fraction of mortality attributable to particulate air pollution | Not compared | | |
| 3.02 - Chlamydia detection rate (15-24 year olds) | <1,900 | 1,900 to 2,300 | >=2,300 |
| | Not compared | | |
| | Not compared | | |
| 3.03i - Population vaccination coverage - Hepatitis B (2 years old) | <90% | 90% to 95% | >=95% |
| 3.03ii - Population vaccination coverage - BCG - areas offering universal BCG only | <90% | 90% to 95% | >=95% |
| 3.03iii - Population vaccination coverage - Dtap / IPV / Hib (2 years old) | <90% | 90% to 95% | >=95% |
| 3.03iv - Population vaccination coverage - MenC | <90% | 90% to 95% | >=95% |
| 3.03v - Population vaccination coverage - PCV | <90% | 90% to 95% | >=95% |
| 3.03vi - Population vaccination coverage - Hib / MenC booster (2 years old) | <90% | 90% to 95% | >=95% |
| 3.03vi - Population vaccination coverage - Hib / Men C booster (5 years old) | <90% | 90% to 95% | >=95% |
| 3.03vii - Population vaccination coverage - PCV booster | <90% | 90% to 95% | >=95% |
| 3.03viii - Population vaccination coverage - MMR for one dose (2 years old) | <90% | 90% to 95% | >=95% |
| 3.03ix - Population vaccination coverage - MMR for one dose (5 years old) | <90% | 90% to 95% | >=95% |
| 3.03x - Population vaccination coverage - MMR for two doses (5 years old) | <90% | 90% to 95% | >=95% |
| 3.03xii - Population vaccination coverage - HPV vaccination coverage for one dose (females 12-13 years old) | <80% | 80% to 90% | >=90% |
| 3.03xiii - Population vaccination coverage - PPV | <65% | 65% to 75% | >=75% |
| 3.03xiv - Population vaccination coverage - Flu (aged 65+) | <75% | | >=75% |
| 3.03xv - Population vaccination coverage - Flu (at risk individuals) | <75% | | >=75% |
| 3.03xvi - Population vaccination coverage - HPV vaccination coverage for two doses (females 13-14 years old) | <80% | 80% to 90% | >=90% |
| 3.03xvii - Population vaccination coverage - Shingles vaccination coverage (70 years old) | <50% | 50 to 60% | >=60% |
| 3.03xviii - Population vaccination coverage - Flu (2-4 years old) | <40% | 40 to 65% | >=65% |
| 3.05i - Treatment completion for TB (compared to upper tier LAs) | >50th percentile | 50th to 90th | >90th percentile |
| 3.05ii - Incidence of TB (compared to upper tier LAs) | >50th percentile | 51st to 90th | >90th percentile |
| 3.06 - NHS organisations with a board approved sustainable development action plan - compared to England | Worse | Similar | Better |
| 3.08 - Adjusted antibiotic prescribing in primary care by the NHS | <= England mean | | > England mean |

06 December 2017

Agenda Item: 6

**REPORT OF CHAIR NOTTINGHAMSHIRE HEALTH AND WELLBEING
BOARD****SECOND NOTTINGHAMSHIRE JOINT HEALTH AND WELLBEING
STRATEGY****Purpose of the Report**

1. To secure support for the second Nottinghamshire Joint Health and Wellbeing Strategy and recommend it to the County Council's Policy Committee for approval.
2. To agree to the publicise alongside the Strategy, the report which summarises the consultation findings and the changes taken in response.

Information and Advice

3. The consultation for the second Nottinghamshire Joint Health and Wellbeing Strategy was launched by the Health and Wellbeing Board at the meeting on 6 September 2017. It ran until 29 October 2017. The consultation focussed on proposals for a Strategy based on:
 - A vision
 - An approach
 - 4 strategic ambitions
 - Priorities for action

The online consultation attracted 306 responses from individuals and a range of organisations including service providers from across the county. The online consultation was supported by seven events held in each district, hosted by the Chair of the Health and Wellbeing Board. Overall (online and through events) there was support for the proposals made within the consultation document.

3. The Board considered the feedback at a workshop on 1st November and after consideration, agreed some refinements to the draft consulted on. The final Nottinghamshire Joint Health and Wellbeing Strategy 2018 – 2022 is included as Annex 1 and reflects those refinements.
4. Based on the feedback received the Board has amended its **vision** to:

Working together to enable the people of Nottinghamshire, from the youngest to the oldest, to live happier & healthier lives in their communities, particularly where the need is greatest.

5. This consultation included an approach, a new element of the Strategy, which sets out how the Board intends to work to deliver its vision. The approach was supported during the consultation but was also amended to reflect the feedback received:

As the Nottinghamshire Health and Wellbeing Board we will:

- *Focus on things that need a shared approach.*
- *Focus on prevention – helping people & communities to support each other & prevent problems from arising.*
- *Consider everyone when we make decisions, recognising that starting young has the biggest impact.*
- *Make sure that health & wellbeing fairness, according to need will be at the centre of all public policy making by influencing other agendas such as housing, the economy, education, the environment, planning & transport.*
- *Build on the strengths of our local communities & enable local solutions.*
- *Base our decisions on evidence & learn from what has or has not worked.*
- *Work together with our partners such as voluntary & community organisations, service providers' patients/service users, carers & family members equally in planning, delivering & reviewing projects & services.*
- *Coordinate health & wellbeing in Nottinghamshire & keep people informed.*
- *Use our influence to make sure that improving health & wellbeing is everyone's responsibility.*

6. To deliver the Vision the Board agreed four Strategic Ambitions which will be:

- *To give everyone a **good start in life***
- *To have **healthy & sustainable places***
- *To enable **healthier decision making***
- ***Working together to improve health & care services***

7. To deliver the ambitions a good start and healthy & sustainable places a number of priorities were proposed. These are:

| A good start | Healthy & sustainable places |
|--|---|
| Child poverty | Food environment |
| Keep children & young people safe | Physical activity |
| Making sure that children & young people are happy & healthy | Tobacco |
| | Mental wellbeing including dementia |
| | How we plan where we live – spatial planning |
| | Warmer & safer homes |
| | Stronger & resilient communities |
| | Skills, jobs and employment |
| | Domestic and sexual abuse |
| | Compassionate communities supporting those at the end of life |
| | Substance misuse (drugs & alcohol) |
| | ASD/Asperger's |
| | Carers |

8. A summary of the consultation feedback and the Boards responses are attached as Annex 2.

Next steps

9. As a formal committee of Nottinghamshire County Council the Joint Health and Wellbeing Strategy must be approved by the Councils Policy Committee. Subject to endorsement by the Health and Wellbeing Strategy it will be presented to Policy Committee on 20 December 2017 for implementation from 2018.
10. Approval will also be sought through Policy Committee for a formal launch of the Strategy in January 2018 to raise the profile of the Health and Wellbeing Board and the Joint Strategy with partners.
11. The ambitions and priorities are high level and although the consultation document included some outline actions and measures a formal delivery plan for each of the priorities will need to be agreed. So, for each area of work the Board will receive a paper making explicit what the Board is being asked to support the associated measures, timescales and population outcomes. With the Boards agreement this will be developed into a delivery plan which will be shared with partners and be made available through the Health and Wellbeing Boards web page. The first of these papers will be presented in January 2018.
12. Governance will also be reviewed as part of implementation and a further workshop is proposed instead of a formal Board meeting on 7 February 2018. This will give the Board an opportunity to consider that the governance arrangements will enable delivery of the Strategy and will include Board membership, supporting structures and relationships with other key bodies.

Other Options Considered

13. The Board has considered at a workshop the feedback submitted as part of the consultation in developing the proposed Strategy.

Reason for Recommendation

15. The Board has a statutory duty to produce a Health and Wellbeing Strategy in response to local health and wellbeing needs. This Strategy has been developed based on the Joint Strategic Needs Assessment (JSNA) findings, the views of the Health and Wellbeing Board members and its partners.

Statutory and Policy Implications

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

Financial Implications

17. There are no financial implications arising from the recommendations within this report.

Impact on Health Inequalities

18. Reducing health inequalities is a statutory responsibility of the Health and Wellbeing Board. The proposed Joint Health and Wellbeing Strategy will support the delivery of this objective.

RECOMMENDATIONS

- 1) Health and Wellbeing Board members support the second Nottinghamshire Joint Health and Wellbeing Strategy and recommend it to the Policy Committee for approval
- 2) To agree to the publication alongside the Strategy of the report which summarises the consultation findings and the changes taken in response.

Councillor Dr John Duddy

Chair of Nottinghamshire Health and Wellbeing Board

For any enquiries about this report please contact:

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nicola.lane@nottscc.gov.uk

Constitutional Comments (LMC 27.11.2017)

1. The Health and Well Being Board is the appropriate body to consider the content of the report and that members consider whether there are any actions required in relation to the issues contained within the report

Financial Comments (DG 27/11/17)

2. The financial implications are contained within paragraph 17 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.

Refresh of the Nottinghamshire Joint Health and Wellbeing Strategy

Paper to Health and Wellbeing Board
6 September 2017

Electoral Division(s) and Member(s) Affected

- 'All' or start list here

Annex 1.



Nottinghamshire Health and Wellbeing Board

Joint Health and Wellbeing Strategy 2018 – 2022

1. Introduction

Welcome to our second Joint Health and Wellbeing Strategy for Nottinghamshire. Our thanks goes to everyone who has helped with its development. This new strategy, builds on our first and our successes so far, like breast feeding, housing, spatial planning and tobacco control.

In preparing this Strategy we are aware of our legal duties as a Board which are to

- Improve the health and wellbeing of the people of Nottinghamshire
- Reduce health inequalities
- Promote the integration of services
- Produce a Joint Strategic Needs Assessment (JSNA), identifying current and future health needs
- Develop a Strategy which addresses the health needs identified in the JSNA

The JSNA for Nottinghamshire has been in progress since 2007 and is constantly being updated, improved and extended. It provides us with the evidence base for our Strategy and enables us to make informed decisions.

There is a huge amount of work already underway across Nottinghamshire to improve health and wellbeing and supports the delivery of our shared vision. So when it comes to our strategy we want to focus on those issues which need a partnership approach rather than those which can and should be taken forward by individual organisations within the County

We have a well-established Stakeholder Network to involve our wider partners in our work and we look forward to improving these relationships.

We look forward to working with you to deliver our vision which is,

Working together to enable the people of Nottinghamshire, from the youngest to the oldest, to live happier and healthier lives in their communities, particularly where the need is greatest.

Thank you for your help and support in delivering this Joint Health and Wellbeing Strategy. We look forward to continuing our work with you, our partners, to improve the health and wellbeing of the people of Nottinghamshire.

Councillor Dr John Doddy
Chair of Nottinghamshire Health and Wellbeing Board

2. Who are 'we'?

The Health and Wellbeing Board is a statutory committee (as a result of the Health and Social Care Act 2012) of Nottinghamshire County Council, and was established in shadow form in 2011 and took on its full responsibilities from 2013.

The Act sets out the requirements for membership of the Board which includes county councillors, the Directors of Adult Social Care, Children's services and Public Health, along with representatives of the local Clinical Commissioning Groups and a the local Health watch. In Nottinghamshire the Board also includes representatives from the local District councils, the Police and Crime Commissioner and NHS England.

Nottinghamshire Board members recognise that health and wellbeing is everyone's business and so whilst not members of the Board, partners like the fire and rescue service, police, service users and providers, carers, the public and wide range of the community and voluntary sector organisations across Nottinghamshire all have a crucial part to play in making our vision a reality.

As we start to implement our Strategy we will review our Board membership along with our working arrangements to ensure we are confident in our ability to deliver our vision.

3. How we will work

Building on the first Health and Wellbeing Strategy we are keen to set out not just what we want to achieve but how we want work to deliver our vision and ambitions.

As the Nottinghamshire Health and Wellbeing Board we will:

- Focus on things that need a shared approach.
- Focus on prevention – helping people and communities to support each other and prevent problems from arising.
- Consider everyone when we make decisions, recognising that starting young has the biggest impact.
- Make sure that health and wellbeing fairness according to need will be at the centre of all public policy making by influencing other agendas such as housing, the economy, education, the environment, planning and transport.
- Build on the strengths of our local communities and enable local solutions.
- Base our decisions on evidence and learn from what has or has not worked.
- Work together with our partners such as voluntary and community organisations, service providers' patients/service users, carers and family members equally in planning, delivering and reviewing projects and services.
- Coordinate health and wellbeing in Nottinghamshire and keep people informed.
- Use our influence to make sure that improving health and wellbeing is everyone's responsibility.

4. What is health and wellbeing?

We have adopted the World Health Organisation's definition of health which is: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

We know that as little as 10% of someone's health and wellbeing is linked to health care – it's our environment, jobs, food, transport, houses, education and our friends, families and local communities which affect our health and wellbeing most. These are the things that we can influence most to improve the health and wellbeing of people in Nottinghamshire.

5. Our ambitions

In our order to make our vision a reality, we have identified four ambitions, which are:

- To give everyone a **good start in life**
- To have **healthy and sustainable places**
- To enable **healthier decision making**
- To **work together to improve health and care services**

1. A good start in life

We want to improve the life chances of all of the children of Nottinghamshire. There is overwhelming evidence that making healthier decisions early, from pregnancy, can influence someone's health throughout their life. During the consultation we suggested potential priorities that the Board might focus on to achieve a good start in life:

- Child poverty
- Keeping children and young people safe
- Making sure that children and young people are happy and healthy

The consultation included some draft proposals for these priorities which will be developed into a delivery plan during 2018. This plan will include specific actions, anticipated outcomes, timescales and measures to track success.

2. Healthy and sustainable places

We want to create places which maximise the health benefits for those people who live or work in those places. We know that our strength is in tackling the wider issues which affect health and wellbeing like housing, our environment, the food we eat, skills and education, transport and our friends, families and local communities. These are the issues we believe we can have the biggest impact on:

- Food environment
- Physical activity
- Tobacco
- Mental wellbeing including dementia
- How we plan where we live – spatial planning
- Warmer and safer homes
- Stronger and resilient communities
- Skills, jobs and employment
- Domestic and sexual abuse
- Compassionate communities supporting those at the end of life
- Substance misuse (drugs and alcohol)

- ASD/Asperger's
- Carers

We appreciate that these are huge issues and that they cannot be solved by a single action so we will be working to identify specifically what we can do as a partnership to help to address these issues and deliver the maximum impact. A delivery plan for each priority will be developed and shared on the [Health and Wellbeing Strategy web page](#).

3. Healthier decision making

We want to make sure that we influence decisions where there is the potential to impact on improving health and reducing health inequalities. We want all of the Board partners to think about the impact that every strategic decision might have on health.

We will be working to implement the guidance in [Health in all policies: a manual for local government](#) and to extend the approach across the partnership. We know that the challenges to health and wellbeing are complex and that no one organisation or even one sector has the knowledge, skills or resources to address them.

This approach starts with the policy issue rather than the health problem e.g. transport rather than obesity and encourages policy makers to think about what the impact of the policy would be on health and wellbeing. This would include all policies, for instance licensing, transport, waste management, and employment to name but a few.

4. Working together to improve health and care services

In December 2015, the NHS shared planning guidance 'Delivering the Forward View: NHS Shared Planning Guidance 2016/17 – 2020/21' outlined a new approach to help ensure that health and care services are built around the needs of local populations. To do this, every health and care system in England has produced a multi-year Sustainability and Transformation Plan (STP), showing how local services will evolve and become sustainable over the next five years – ultimately delivering the Five Year Forward View vision of better health, better patient care and improved NHS efficiency. These plans have become Sustainability and Transformation Partnerships and are developing into Accountable Care Systems and are the main vehicles which are driving integration. The Board will oversee, challenge and support these and other change programmes. The residents of Nottinghamshire relate to 2 STPs

- Nottingham and Nottinghamshire
- South Yorkshire and Bassetlaw.

The Better Care Fund (BCF) incentivises service integration. It creates a local single pooled budget to incentivise the NHS and local government to work more closely together around people, placing their wellbeing as the focus of health and care services, and shifting resources accordingly.

6. Monitoring and Managing our Progress

Governance

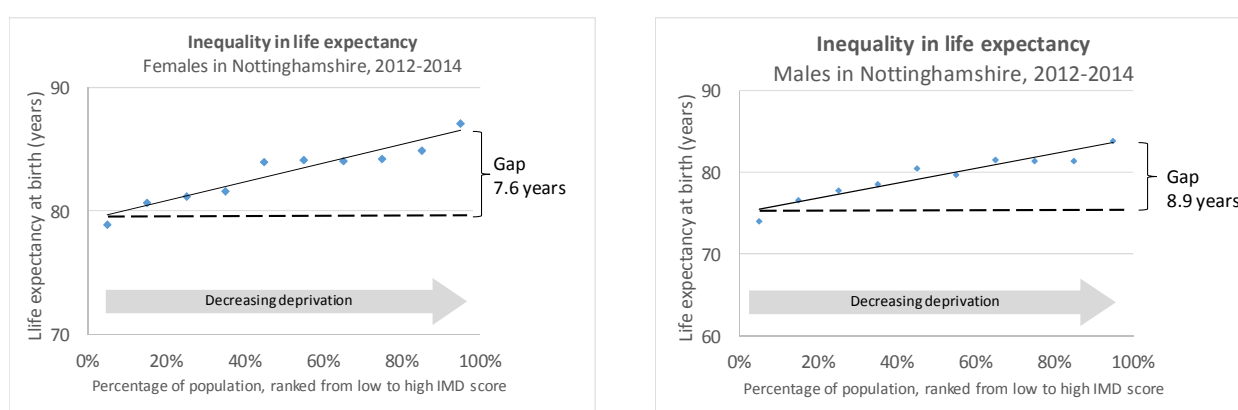
A work programme for the Health and Wellbeing Board during 2018 will be developed which will identify specific actions, outcomes and measures. From this we will agree a reporting schedule which will be shared across our partners so we can clearly identify what the impact our efforts.

Monitoring Progress

Life expectancy and healthy life expectancy are headline indicators. However as they mask inequalities seen at smaller units of geography we will measure our progress through the use of the Slope Index of Inequality (SII). This measures the difference in life expectancy (or healthy life expectancy) between the most and least deprived sections of our population.

There has been no significant change in the Life expectancy SII for males and females. Recent data from 2012-14 shows that there is an 8.9 year gap for males between the least and most deprived areas within Nottinghamshire, the gap is 7.6 years for females and can be seen in Figure 1.

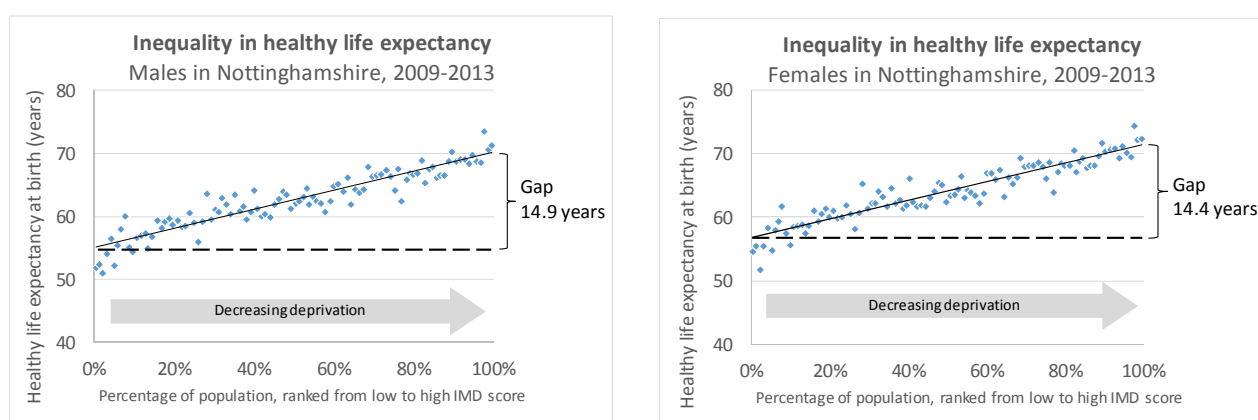
Figure 1: SII in Life Expectancy for Nottinghamshire 2012-14 female and male



Source: PHE Public Health Outcomes Framework Fingertips Tool, Life expectancy at birth by sex and inequalities IMD2015

Note: this measure is based on Lower Layer Super Output Area (LSOA) populations, grouped into deprivation deciles, and uses pooled data for 3 years. Points are for each decile in Nottinghamshire.

Figure 2: SII in Healthy Life Expectancy for Nottinghamshire 2009-13 female and male



Source: ONS (2015), ["Slope index of inequality \(SII\) in healthy life expectancy \(HLE\) at birth by sex for Upper Tier Local Authorities \(UTLAs\) in England"](#), last accessed November 2017.

Note: this measure is based on Middle Layer Super Output Area (MSOA) populations and uses pooled data for 5 years.

Healthy Life Expectancy data only became available in 2009 and is shown in Figure 2. However for the most recent time period available 2009-13 we know that there is a 14.9 year gap for males between the least and most deprived areas within Nottinghamshire, the gap is 14.4 years for females. This shows us that Healthy Life Expectancy exposes greater inequality than life expectancy.

7. Useful links

[Nottinghamshire Health and Wellbeing Board](http://www.nottinghamshire.gov.uk/care/health-and-wellbeing/health-and-wellbeing-board)

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

[Nottinghamshire Health and Wellbeing Board Stakeholder Network](http://www.nottinghamshire.gov.uk/care/health-and-wellbeing/health-and-wellbeing-board/stakeholder-network-events)

<http://www.nottinghamshire.gov.uk/care/health-and-wellbeing/health-and-wellbeing-board/stakeholder-network-events>

[Nottinghamshire Joint Strategic Needs Assessment](http://www.nottinghamshireinsight.org.uk/research-areas/jsna/)

<http://www.nottinghamshireinsight.org.uk/research-areas/jsna/>

[Healthwatch Nottinghamshire](http://healthwatchnottinghamshire.co.uk/)

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

[Health in All Policies](https://www.local.gov.uk/health-all-policies-manual-local-government)

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

[Nottingham and Notts Sustainability and Transformation Partnership](http://www.stpnotts.org.uk/)

<http://www.stpnotts.org.uk/>

[South Yorkshire and Bassetlaw Sustainability Plan](https://smybndccgs.nhs.uk/what-we-do/stp)

<https://smybndccgs.nhs.uk/what-we-do/stp>

[NHS Five Year Forward View](https://www.england.nhs.uk/five-year-forward-view/)

<https://www.england.nhs.uk/five-year-forward-view/>

8. Glossary

A **Lower Layer Super Output Area (LSOA)** is a geographic area designed to improve the reporting of small area statistics in England and Wales with an average population of around 1500 people.

A **Middle Layer Super Output Area (MSOA)** is a geographic area built from groups of neighbouring Lower Layer Super Output Areas with an average of around 7200 people.

Life expectancy is an estimate of how many years a person is expected to live.

Healthy Life expectancy is an estimate of how many years someone might live in a healthy state, free from disability or major health conditions.

Annex 2.

Nottinghamshire Health and Wellbeing Board

Report on feedback from consultation for the second Joint Health and Wellbeing Strategy

The consultation for the second Nottinghamshire Joint Health & Wellbeing Strategy was launched by the Health & Wellbeing Board at their meeting on 6 September 2017 & ran until 29 October 2017.

The consultation aimed to invite views from members of the professionals from service providers & voluntary sector organisations, members of the public & wider partners.

The focus of the consultation was an online survey accessed through the Nottinghamshire County Council consultation hub. It was supported by a series of 7 district based events across the county. Feedback was also accepted by email & hard copy of the consultation questionnaire.

In total 306 responses were received through the online questionnaire, email & hard copy and 128 people attended the consultation events representing 50 organisations. Some individuals & organisations attended an event as well as submitting on line feedback. A list of organisations who contributed to the consultation is attached.

The consultation events followed a standard agenda with an introductory presentation from the Chair of the Health & Wellbeing Board followed by table discussions based on the consultation questions around proposed:

Vision - what the HWB want to achieve

Approach - how the HWB will work

Ambitions – broad themes for work

Priorities - specific areas of work to improve health & wellbeing

A presentation & supporting notes were also made available on the Health & Wellbeing Strategy web page for groups to use at meetings or other events.

What the consultation said

Question 1: Do you agree with the overall Vision?

| | Percentage | Number |
|---------------------------|------------|--------|
| Strongly agree | 31% | 86 |
| Agree | 52% | 145 |
| Neither agree or disagree | 10% | 28 |
| Disagree | 3% | 9 |
| Strongly disagree | 3% | 7 |
| Did not answer | 1% | 4 |

More than 80% of people who responded to the online survey agreed or strongly agreed with the proposed vision. All of those people who came to the events also agreed but there were suggestions to improve the wording which were considered by the Health & Wellbeing Board at a workshop on 1 November 2017. The feedback particularly highlighted the

importance of leading healthier lives, the role of communities & the importance of good mental & physical health.

Question 2: Do you agree we are taking the right approach?

| | Percentage | Number |
|---------------------------|------------|--------|
| Strongly agree | 20% | 55 |
| Agree | 58% | 162 |
| Neither agree or disagree | 14% | 40 |
| Disagree | 5% | 13 |
| Strongly disagree | 3% | 7 |
| Did not answer | 1% | 2 |

Again more than 80% of people who responded to the online consultation agreed or strongly agreed with the approach. All of the discussions at the events supported the proposed approach. Again though there were suggestions for improvement, particularly in the language that is used to describe the proposed approach.

Feedback particularly highlighted the role of community & voluntary organisations, the role of the Board in communication & coordination across the county & the importance of developing locally appropriate solutions.

Question 3: Do you support the 4 strategic ambitions?

| | Percentage | Number |
|---------------------------|------------|--------|
| Strongly agree | 24% | 68 |
| Agree | 55% | 154 |
| Neither agree or disagree | 11% | 32 |
| Disagree | 4% | 12 |
| Strongly disagree | 3% | 8 |
| Did not answer | 2% | 5 |

79% of people agreed or strongly agreed with the ambitions proposed in the consultation and again there was support at all of the consultation events.

Much of the feedback within the responses to the question around the ambitions actually related to the more detailed priorities which will sit below the priorities & were the focus of question 4.

There were a number of comments around the wording of ambition 4 – transforming care services which is already a recognised programme of work within the NHS.

Question 4: We have started to identify potential priorities for action for the Health & Wellbeing Board under the Strategic Ambitions 2. Healthy & sustainable places and 3. A good start
Do you think that these are the right emerging priorities to support these strategic ambitions?

| | Percentage | Number |
|---------------------------|------------|--------|
| Strongly agree | 16% | 46 |
| Agree | 55% | 153 |
| Neither agree or disagree | 18% | 50 |
| Disagree | 6% | 16 |
| Strongly disagree | 3% | 7 |
| Did not answer | 3% | 7 |

From the online consultation responses, 71% agreed or strongly agreed with the priorities proposed for the Good Start & Healthy & Sustainable Places ambitions. Feedback from all of the events supported the ambitions.

Throughout all of the feedback there are suggestions to limit the number of priorities but no suggestions about which priorities could be excluded.

Children & young people were a strong theme throughout the responses & event discussions, particularly parenting, the role of education, mental health & raising the aspirations of young people were all highlighted.

There was broad support for tackling obesity through the food environment & physical activity. Dementia & housing were consistently highlighted as a particular concern through the responses online & at the events.

There was recognition during the consultation events that many of the priorities identified overlapped.

A number of suggestions were made for additional priorities but on review these are already covered within the proposed priorities & the local Sustainability & Transformation Partnership Plans.

Online responses

Question 4: Which type of organisation are you responding on behalf of?

| | Percentage | Number |
|---|------------|--------|
| Public sector organisation in Nottinghamshire | 16% | 46 |
| Private sector | 6% | 16 |
| Third sector or not for profit organisation | 9% | 26 |
| As a county or district councillor | 4% | 10 |
| On behalf of a local community group | 6% | 18 |
| None of the above | 58% | 161 |
| Did not answer | 5% | 13 |

The majority of the responses on the online questionnaire are from individuals representing their personal views.

Question 5: Do you have any responsibility for a particular part of the County?

| | Percentage | Number |
|----------------------------|------------|--------|
| Ashfield | 10% | 28 |
| Bassetlaw | 13% | 35 |
| Broxtowe | 9% | 24 |
| Gedling | 10% | 28 |
| Mansfield | 11% | 32 |
| Newark & Sherwood | 11% | 31 |
| Rushcliffe | 11% | 32 |
| Outside of Nottinghamshire | 6% | 16 |
| Did not answer | 61% | 171 |

Question 6: Are you a member of the Health & Wellbeing Board?

| | Percentage | Number |
|----------------|------------|--------|
| Yes | 14% | 40 |
| No | 82% | 229 |
| Did not answer | 4% | 10 |

From these responses 82 people have provided contact details to join the Stakeholder Network.

Other comments

Governance arrangements were highlighted, particularly during the consultation events. The Board has agreed to consider governance arrangements at a workshop in the new year including membership of the Board, supporting structures & relationships with other key groups. This meeting will also consider the relationship with the Nottingham City Health & Wellbeing Board.

The Health & Wellbeing Board considered the feedback from the consultation at a workshop on 1 November 2017. A summary of their response to the feedback is given below in table 1.

Table 1: Main points from the consultation feedback, the Health & Wellbeing Boards views & proposed action

| You said | The HWB | We did |
|---|---|---|
| VISION | | |
| We support your vision but think it needs to encourage healthier lives. <i>'Take out the part about living longer – not much help if we're in poor health I suggest the vision should be to live healthier longer etc.'</i> | Agreed – living healthier lives is really important & is key to our focus on preventing ill health & problems. | Change the vision to reflect that – the vision has been amended to include healthier lives. |
| Should we identify those people who need help most or should we apply the Strategy equally? <i>'Prioritising delivery – resources allocation in areas of greatest health inequality would be helpful Not sure I like the final clause regarding communities with the poorest health as it could be viewed as negative I wonder if 'especially in communities with the poorest health' should be replaced with in all communities?'</i> | We have a legal duty to reduce health inequalities & we are determined to do that in Nottinghamshire. We know that we can only do that by focussing on those people who most need support. | We have changed the language to identify areas of greatest need. |
| The vision needs equal recognition of physical & mental health. <i>'Physical & mental health go hand in hand. Attention need to be paid to BOTH in order to be well.'</i> | We agree. During the consultation events we heard suggestions that including 'happier' would make that connection within the vision. | We have changed the vision to include an aspiration for people to have happier, healthier lives & will maintain our interest in physical & mental health. |
| APPROACH | | |
| The approach is good but it could be clearer. <i>'You need to use plain speaking' 'Language is unclear' 'Could be plain englished'</i> | We would like our Strategy to be clear, understood & accessible to everyone in Nottinghamshire. | We have reworded the approach to make the language more accessible. |

| | | |
|--|--|---|
| <p>A community led approach is really important. <i>'I think that this approach could enable and empower individuals and communities to take ownership of their own wellbeing and some interest in that of their community. Give the community & voluntary sector a greater role. Needs to be bottom up not top down'</i></p> | <p>We agree – this is a key part of our approach. We want to enable communities to be responsible for their own health & wellbeing & will work with partners to achieve this.</p> | <p>While the Strategy will be across the whole of Nottinghamshire we will be working with partners to implement locally driven plans to deliver our vision.</p> |
| <p>The voluntary & community sector is a key partner in delivering the Strategy. <i>'ITS VITAL THAT YOU ENGAGE WITH THE VOLUNTARY SECTOR. How do smaller VCS organisations get their voice heard? Improve communication.'</i></p> | <p>We agree. We have always recognised the importance of voluntary & community organisations in improving health & wellbeing. We have tried to engage with them, & all of our partners through the stakeholder network but we will review this as part of a wider governance review during the implementation of the new Strategy.</p> | <p>A governance workshop will be held early in 2018 to consider the best way to involve & collaborate with our partners in delivering the Strategy & in improving health & wellbeing.</p> |
| <p>The Board needs to be the focus for health & wellbeing in Nottinghamshire. <i>'Partners may not be aware of what others areas are doing Stronger links to health services improved communication and joint working is evidentially needed.'</i></p> | <p>We agree. Our role is to provide leadership across the county & to provide the coordination required to deliver our vision & Strategy. We want this to be reflected in our approach & seen throughout the lifetime of the Strategy.</p> | <p>We have extended our approach to include coordination & will consider how we will deliver this during implementation.</p> |

| AMBITIONS | | |
|---|---|---|
| Transforming care services is already an established work programme elsewhere. | This ambitions is essential for us to deliver our legal duty to enable integration & support closer working. We want all of our ambitions to be clear & identifiable for Nottinghamshire we will change how this ambition is described. | Ambition 4 will be described as 'working together to improve health & care services'. |
| The overall ambitions are good but we need to know how they will deliver the vision. <i>'I do not think that your objectives are SMART. Is EACH objective 1 Specific 2 Measurable 3 Achievable 4 Realistic and 5 Timebound Need more greater understanding of the process you intend.'</i> | The Strategy sets our high level vision & ambitions. We now want to work on a more specific delivery plans which include SMART objectives. | A work programme is being developed for the Board, based on agenda items at each meeting to introduce priority areas & agree specific objectives & actions. The work programme will be available through the Health & Wellbeing Board web page, as will the delivery plans as they are agreed. |
| <i>'How are young people involved?'</i> | We recognise the importance of a good start in life. We have included schools & the youth service in the consultation & will continue to involve young people in the development & implementation of the new Strategy in the same way as we have done previously. | Children & young people are represented at the Board through the director for children, young people & families. We will work on how we can make sure that they are included as we develop our implementation & delivery plan. |
| The ambitions are wide ranging. Will this be too much or should the Board have a narrower focus? <i>'Too broad under current circumstances with reduce finances. Would prefer to see a more focussed ambition that is realistic to this area.'</i> | We agree that our ambitions are broad but they give us a framework to deliver our vision & specifically meet our legal duties. We will focus on the priorities we agree below that though so we can focus on where we can add value. | The 4 ambitions will be included in the final Strategy. We will work to identify specific priorities & actions to deliver them. |

| PRIORITIES | | |
|--|--|--|
| <p>Education & lifelong learning is important to improving health & wellbeing. <i>'Education is intrinsic to health & wellbeing. Need to address importance of education and skills linked to jobs and work.</i> <i>Links with education and the important role schools play in child health needs to be reflected in the strategy.'</i></p> | <p>This was a strong theme during the consultation & we agree about its importance. This would support a number of priorities around jobs, skills & work, child poverty & mental health.</p> | <p>We would like to look at how we can support education & skills development in Nottinghamshire during our implementation & while we develop our delivery plan.</p> |
| <p>There are a lot of priorities how can you effectively manage so many things? <i>'Loads of priorities to work on, probably too many at once, group them so they are easier to work on and consider which will have biggest impact.</i> <i>To make a real difference you need fewer, more focussed and measureable aims.'</i></p> | <p>We acknowledge that there are a lot of potential priorities. The responses to the consultation didn't identify any that we should leave out. While we have a long list of things we would like to deliver we will concentrate on specific things that only we can do & which will result in clear benefits.</p> | <p>The delivery plan will identify specific actions which are unique to the Board but which are realistic to achieve.</p> |
| <p><i>'Not enough information about how you intend to approach these strategies'</i></p> | <p>The Strategy sets out our overall vision & ambitions we are now looking forward to developing a more detailed delivery plan for each of the ambitions during 2018.</p> | <p>We will make sure our delivery plan is shared across partners & wherever possible involve others in developing delivery plans.</p> |
| <p>Working together is key to the success of the Strategy. <i>'Working with fellow authorities and organisations to get the best bang for the buck.'</i></p> | <p>This is exactly how we intend to approach the delivery of the Strategy. We want to identify the areas where we can work together to have the maximum effect.</p> | <p>The delivery plans which will be developed during 2018 will identify areas where the Board can add the most value by working together.</p> |
| <p>We have not been satisfied with our experience of services in Nottinghamshire & we want to see that improved. <i>'Need more health visitors.</i> <i>The strategy should have focus on access to services where required & how support can be obtained.</i></p> | <p>We recognise that there are areas for improvement in services. As a Board we this is not within our remit but we will make sure that any issues raised in the consultation feedback are passed on to those organisations responsible.</p> | <p>Service related issues raised within the consultation responses will be passed on to commissioners & service providers for review.</p> |

| | | |
|--|---|--|
| <p><i>What are you going to do about staffing problems & waiting lists?</i></p> <p><i>You need more nurses & better cleaning.'</i></p> | | |
| <p>Family support & good parenting are key to delivering the Good Start ambition.</p> <p><i>'It would be good to identify families who perhaps lack good parenting skills'</i></p> | <p>During the consultation we heard about the essential role of parents too & we will also think about how we can support that role.</p> | <p>This will be a particular focus for those priorities within the Good Start ambition.</p> |
| <p>The Strategy is good but how can it be implemented without resources?</p> <p><i>'Will there be funding?</i></p> <p><i>No mention of resources</i></p> <p><i>It sounds wonderful but I'm not sure the authority has the resources to implement this'</i></p> | <p>We acknowledge that this won't be easy but we all understand that preventing illness & promoting good health & wellbeing is absolutely essential.</p> <p>We know that by working together, with the resources we already have & taking specific actions as a partnership we can make a difference.</p> | <p>The delivery plan will identify actions which can be achieved within existing resources & which are evidence based to deliver improvements in health & wellbeing.</p> |
| <p>How will you know its working?</p> | <p>Each of the priority areas will develop a detailed action plan with clear actions, governance, measures & timescales.</p> <p>We have also agreed to use the slope indices for life expectancy & healthy life expectancy as our headline indicators.</p> <p>We think that these highlight the health inequalities in Nottinghamshire which we would like to reduce.</p> | <p>We will publish a reporting schedule as we develop our deliver plan & make it available through the Health & Wellbeing Board webpage.</p> |

Appendix A: Organisations that contributed to the consultation

| | |
|--|--|
| A1 Housing Bassetlaw | Gedling Borough Council |
| Age in Car UK Ltd | Gedling Homes |
| Age UK Nottingham & Nottinghamshire | Gilt Primary School |
| Alzheimer's Society | Gotham Primary School |
| Ashfield District Council | Hallcroft Infant & Nursery School |
| Bassetlaw Action Centre | Healthwatch Nottingham |
| Bassetlaw District Council | Hetty's |
| Being Now | Hill Holt Health |
| Better Care Fund | Home Start Ashfield |
| Bramcote Care Group | Housing & Care 21 |
| Broxtowe Borough Council | Innovation Future Specialist |
| Care World Wide | Insight |
| CCG Bassetlaw | Inspire |
| CCG Broxtowe | Keep our NHS public |
| CCG Mansfield & Ashfield Citizens Panel | Kings Mill Hospital |
| CCG Newark & Sherwood/Mansfield & Ashfield | Knesal, Kersall & Ompton Parish Council |
| CCG Nottingham West & P.P.G | Lotus Development & Learning |
| CCG'S Nottinghamshire | Manor Nifty 50's Group |
| Citizen/Retired/Individual/Resident | Mansfield District Council |
| Citizens Advice | Mansfield District Leisure Trust |
| Collingham Village Care | Maun View Home, Runwood Homes |
| Community of Christ | Metropolitan Connect |
| DICE Healthcare Ltd | National Autistic Society |
| Disability Independent Advisory Group (DIAG) | NCC Support to Schools Service |
| Doncaster & Bassetlaw Teaching Hospitals NHSFT | NCFP |
| Early Sensation | NEMS Urgent Care Partnership |
| Eden Futures | Newark & Sherwood Autism Support Group |
| Education | Newark & Sherwood District Council |
| Edwinstowe United Community Association | Newark & Sherwood Playsupport Group |
| Evolve | Newark Emmaus Trust |
| Family Action | Newark Town Council |
| Family Care Nottingham | NHS Nottingham City |
| Foodshare | North Muskham Parish Council |
| Forces in the Community | Nottingham City Council |
| Former Tin Hat Centre | Nottingham Community Housing Association |
| Foster Carer | Nottingham Trent University |
| Fourseason | Nottinghamshire Children's Trust |
| Framework | Nottinghamshire Counselling Service |
| Funeral Director | Nottinghamshire County Council |

| |
|--|
| Nottinghamshire NHS Foundation Trust |
| Nottinghamshire Hospice |
| Notts Healthcare Trust |
| NUH NHS Trust |
| On your doorstep - Walking for health - Mansfield & Ashfield |
| PHE |
| Positive Homes |
| PPG Linden Medical Group |
| Radford Care Group |
| Reach Learning Disability |
| Real Life Options |
| Renew 37 |
| Rhubarb Farm CIC |
| Rushcliffe Borough Council |
| Rushcliffe Ramblers |
| School |
| Self Care Hub |
| Self Help UK |
| Serco |
| Sherwood Forest Hospital Trust |
| Southwell Focus |
| Sport Nottinghamshire |
| St Augustine's School |
| Tenants UK Ltd |
| The Oaks Care Centre |
| The Patients Voice |
| The Primary School of St Mary & St Martin |
| Trent Academies Group |
| U3A Carlton & Gedling |
| University of Nottingham |
| VS Ashfield Voluntary Action |
| VS CVS Bassetlaw |
| VS CVS Newark & Sherwood |
| VS CVS Rushcliffe |
| VS CVS Sherwood Forrest Hospital Trust |
| VS Mansfield Community & Voluntary Service |
| VS Royal Voluntary Service |
| VS Voluntary Action Broxtowe |
| WAIS |
| Westwood Care Homes |
| Workwise Healthcare Ltd |
| Wren Hall Nursing Home |

6 December 2017**Agenda Item: 7****REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE, HEALTH AND PUBLIC
PROTECTION, NOTTINGHAMSHIRE COUNTY COUNCIL****BETTER CARE FUND PERFORMANCE AND UPDATE ON THE IMPROVED BETTER CARE
FUND****Purpose of the Report**

1. This report sets out progress to date against the Nottinghamshire Better Care Fund (BCF) plan and requests that the Health and Wellbeing Board:
 - 1.1. Approve the Q2 2017/18 national quarterly performance report.
 - 1.2. Note the process for the in-year use of Improved Better Care Fund temporary funding.

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

2. Performance against the BCF performance metrics and financial expenditure and savings continues to be monitored on a monthly basis through the BCF Finance, Planning and Performance sub-group and the BCF Steering Group.
3. The performance update includes delivery against the six key performance indicators, the financial expenditure and savings, scheme delivery and risks to delivery for Q2 2017/18.
4. This update also includes the Q2 2017/18 national quarterly performance template submitted to the NHS England Better Care Support Team for approval by the Board.
5. Q2 2017/18 performance metrics are shown in Table 1 below.
 - 5.1. Two indicators are on track
 - 5.2. Two indicators are off track and actions are in place

Table 1: Performance against BCF performance metrics

| REF | Indicator | 2017/18 Target | 2017/18 (to date) | RAG and trend | Trend | Summary of mitigating actions |
|------|---|----------------|-------------------|---------------|--|--|
| BCF1 | Total non-elective admissions in to hospital (general & acute), all-age, per 100,000 population | 21,722 Q2 | 21,488 Q2 | G ↑ | <p>Total non-elective admissions in to hospital (general & acute), all ages for HWB population (MAR proxy data)</p> | A&E Improvement Plans are in place in the three planning units. These plans form part of Winter Plans. |
| BCF2 | Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population | 565.6 | 493 YTD | G ↑ | <p>Permanent admissions of older people to residential and nursing care homes, per 100,000 population</p> | Target not achieved but 2016/17 baseline maintained. |
| BCF3 | Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services | 85% | 84% YTD | A ↑ | <p>Proportion of older people who were still at home 91 days after discharge from hospital into reablement / rehabilitation services</p> | Additional services included in performance monitoring. The START service are maintaining performance at 91.4% (as measured in 2015/16). |
| BCF4 | Delayed transfers of care (delayed days) from hospital per 100,000 population (average per month) | 613.7 Q2 | 644.14 Q2 | R ↓ | <p>Monthly Delayed transfers of care (delayed days) from hospital per 100,000 population: 2017/18</p> | NHS DTOCs performing above target. Social care and jointly attributable DTOCs performing below target. |

6. Reconciliation of Q2 2017/18 spend is complete. Expenditure is broadly on target with some in year slippage.
7. The BCF Finance, Planning and Performance subgroup monitors all risks to BCF delivery on a quarterly basis and highlights those scored as a high risk to the Steering Group. The Steering Group has agreed the risks on the exception report as being those to escalate to the HWB (Table 2).

Table 2: Risk Register

| Risk id | Risk description | Residual score | Mitigating actions |
|----------------|---|-----------------------|---|
| BCF005 | There is a risk that acute activity reductions do not materialise at required rate due to delays in scheme implementation, unanticipated cost pressures and impact from patients registered to other CCG's not within or part of Nottinghamshire's BCF plans. | 16 | Monthly monitoring of non-elective activity by BCF Finance, Planning and Performance subgroup and Steering Group (currently only for activity in Nottinghamshire CCGs). Oversight by A&E Delivery Boards. |
| BCF009 | There is a risk of insufficient recruitment of qualified and skilled staff to meet demand of community service staffing and new services; where staff are recruited there is a risk that existing service provision is destabilised. | 16 | Monthly monitoring through A&E Delivery Boards and Transformation Boards. Workforce and organisational development identified as a Sustainability and Transformation Plan (STP) priority. |

8. As agreed at the meeting on 7 October 2015, the Q2 2017/18 national report was submitted to NHS England on 17 November pending HWB approval (Appendix 1). Due to the timing of the report, the content for Nottinghamshire County was prepared and agreed by the BCF Finance, Planning and Performance sub-group and approved by the BCF Steering Group. If the HWB requests amendments to the report, the quarterly report will be resubmitted to the NHS England Better Care Support Team.
9. Further national reporting is due on a quarterly interval with dates to be confirmed.

Proposals for the use of in-year Improved Better Care Fund temporary funding in 2017/18

10. The Spending Reviews of 2015 and 2017 identified new money for adult social care in the form of the Improved Better Care Fund. This new element of the Better Care Fund is to be paid directly to local authorities for adult social care - amounting to £2.6bn by the end of the Parliament. In Nottinghamshire the original Improved Better Care Fund and the additional Improved Better Care Fund will provide an additional £64.13m over three years - with £16.06m in 2017/18, £21.56m in 2018/19 and £26.51m in 2019/20. The additional money announced is temporary up to March 2020.
11. The additional funding was announced by the Chancellor of the Exchequer in his budget statement of 8th March 2017 in response to national widespread concerns and calls for action about the lack of sustainable funding for adult social care. The grant conditions for the

additional funding to be paid to a local authority under this determination were confirmed on 27th April. The conditions are that the funding is to be spent on:

- adult social care and used for the purposes of meeting adult social care needs
- reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready, and
- stabilising the social care provider market, such as home care, residential and nursing care. This will include the availability of care services, attracting and retaining the workforce and the quality of services provided.

12. A summary of the proposals and the approach to allocating the funding was approved by the Nottinghamshire Health and Wellbeing Board on 28th June 2017 and a report setting out the plan and requesting approval to establish any associated posts within Nottinghamshire County Council was approved by the Adult Social Care and Public Health (ASC&PH) Committee on 10th July 2017.
13. Quarterly national progress reports are required against the plan for the 2017 Improved Better Care Fund. These are submitted to the Department of Communities and Local Government (DCLG) to show how councils are using the funding based on the conditions attached to it. Two progress reports have been submitted to date. Nottinghamshire has made good progress implementing the plan. Due to the high proportion of new posts that required establishing, especially in order to provide extra re-ablement capacity to promote both older and younger adults to (re)gain independent living skills, a recruitment campaign started immediately. The initial round of recruitment has now been completed and therefore it is possible to predict more accurately the amount of funding that will not be required until all posts are filled.
14. Of the total £16,059,934 improved Better Care Fund, it is forecast that £15,499,646 is on track to be spent against the plan by March 2018. £560,287 has therefore been identified as one-off funding available to be spent during the remainder of 2017/2018. The funding lends itself well to short term provision that will support the additional pressures and demands across the system during the winter months. Priorities have therefore been recommended based on how they can support hospital discharge and admission avoidance, and support adult social care needs in line with the conditions attached to the IBCF. The proposals set out below have been developed in discussion with health staff across the county who are engaged in relevant work on Urgent and Proactive Care.
15. The proposals were discussed with elected Members and a report outlining this approach was presented at the ASC&PH committee meeting on the 13th November. Formal approval was also sought and received from the Clinical Commissioning Groups, and the approach was shared with the Chairman and Vice-Chairman of the Health and Wellbeing Board. This funding is only available to be spent until the end of this financial year (end of March 2018).
16. The proposals are grouped under the following headings:

Supporting Hospital Discharge to manage additional winter pressures

17. A small number of proposals and establishment of associated posts were approved in a Planning for Hospital Discharge report presented to Adult Social Care and Public Health Committee in October 2017 as part of plans to manage the predicted additional demand over winter. It is proposed to use the temporary IBCF to fund these posts: 3 FTE temporary Social Worker and 1 FTE temporary Community Care Officer posts across mid and north Nottinghamshire from November 2017 to 30th April 2018. In south Nottinghamshire the CCGs

have agreed to fund one FTE Social Worker and one FTE Community Care Officer for eighteen months to be based at Queen's Medical Centre.

18. Having one or two Social Workers working weekends is now standard practice at King's Mill and Queen's Medical Centre Hospitals with plans underway to put this in place at Bassetlaw Hospital. Staff volunteer to work at weekends and Bank Holidays and are paid at time and a half for doing this. In order to increase the number of staff who work at weekends in hospitals across the county over winter it is proposed to allocate funding for this which will be made available until end of March 2018.

Occupational therapists to support hospital discharge and manage winter pressures

19. Whilst hospitals provide OTs to support hospital discharge their focus is primarily to maximise people's functioning to enable this. This is different to the role that social care OTs have in maximising people's long term independence. There are, however, currently no social care OTs working in integrated discharge functions in hospitals. On 9th October 2017 Committee approved a project that will start in April 2018 to train staff who are involved in hospital discharge across the county in therapy led approaches to promoting independence. To support the above project it is proposed that a temporary OT post is recruited to at King's Mill Hospital.
20. At Bassetlaw Hospital Integrated Discharge Team, instead of a qualified OT there is a plan to trial a model that has been successful in Doncaster Hospital Discharge Team in creating additional capacity through use of a temporary FTE Therapy Assistant over the winter period.
21. The Short Term Independence Service (STIS) and Reablement (START) teams support hospital discharges, minimise delayed transfers of care and help reduce homecare packages. Since the Committee approval of use of IBCF within the START service local research has been conducted, based on national evidence and thinking, which shows that there are better outcomes for people and improved productivity from having a therapy led service. The service has therefore taken the opportunity to revise the organisational structure and has requested that a number of temporary Reablement Support Worker posts are disestablished, and 3.5 FTE Occupational Therapy posts are established to 2020.
22. In addition to this, there is a request to provide Occupational Therapy capacity at HMP Whatton through employment of an agency worker until the end of the financial year to enhance the offer of reablement for older prisoners. Under the Care Act 2014 the Council has a duty to assess and meet the care and support needs of people detained in prisons in the county. The council already provides support with personal care needs within the prisons subject to an assessment.

Voluntary sector services to support hospital discharge and manage winter pressures

23. The Age UK Notts Patients' Representative Service worker funded by and based at Sherwood Forest Hospital Trust provides independent advocacy, representation, information and support for older people and their carers during their stay at Kings Mill hospital. The service also provides short term post-discharge support and is able to offer sign-posting to a wide range of services within the community that can provide further ongoing support to patients, enhancing safe and efficient discharges. In Mid-Nottinghamshire in July, delays with setting up home care packages was the second biggest reason for delays to health and patient choice delays were the fourth highest reason. It is proposed to use the funding for an additional

temporary worker for five months over the winter period to support self-funders to arrange their own care promptly.

24. Age UK provide the Connect Service in Mid Nottinghamshire. Connect offers short term support focusing on helping people to self-manage their independence. They offer information, advice, signposting and practical support around physical and mental health, housing, finances and accessing social activities. The service is at full capacity in mid Notts. Connect has strong links with staff at King's Mill Hospital and referrals are rising. It is therefore proposed to fund additional capacity in the service over the winter.

Intensive community services to support hospital discharge and manage winter pressures

25. Intensive Home Support (IHS) is a new care model funded in Mansfield and Ashfield by the mid Notts Alliance Better Together Vanguard to provide community based intensive clinical support and therapy to people with complex needs, to either help them stay at home and avoid a hospital admission when they have a health crisis, or be discharged directly back home safely after a hospital stay.

26. The service is working closely with the Council's Short Term Independence Service (STIS) which is made up of Social Workers, Community Care Workers, Occupational Therapists and Re-ablement Workers. The teams are aligning in order to maximise joint resources to enable as many people as possible to remain/return directly home with a re-ablement plan. Due to its success, there is a plan in place to expand IHS into Newark and Sherwood District from April 2018. The clinical element is already being provided by Community Health Partnerships and from April 2018, the support worker element will be funded by the CCG. It is proposed to allocate one-off funding of £60,000 to enable this service to start earlier and be operational from January to March 2018.

Housing support for hospital discharge

27. In South Nottinghamshire it is proposed to allocate £67,500 to support implementation of a scheme similar to the Housing input to Integrated Discharge ASSIST scheme in Mansfield. The main objective of the Hospital to Home Prevention and Discharge Service is to reduce the impact and demand on health and care services and ensure that people who are deemed medically fit for discharge, but who have a specific housing issue that may be preventing them from being discharged, have arrangements made promptly. This may include rapid installation of adaptations and equipment, or finding alternative temporary accommodation. In addition to the above, case workers will also work in the community to support people prior to reaching a crisis point with a view to avoiding hospital admission where appropriate. This scheme is being piloted for 12 months. The proposal is to jointly fund the scheme between health and social care. The Council will provide funding until March 2018 and the Multi-speciality Community Provider for Health will continue to fund for a further 6 months to October 2018.

Falls prevention

28. In September 2016, a Falls Prevention project, 'Education and Communication support' was implemented. Since January 2017, a Commissioning Officer has been working with Public health colleagues and a range of partners to raise awareness of the impact of falls and how to prevent them, stimulate the development of age appropriate exercise activities across the county, as well as develop simple tools for staff and partner agencies to embed and use in their day to day work. There is currently a temporary FTE Falls Co-ordinator post with a contract due to end beginning of January 2018. It is proposed that the contract is extended until the end of March 2018.

Meeting adult social care needs

29. Evaluation is underway of the seven Local Integrated Care Teams (LICTs) linked to GP clusters that pro-actively identify people at risk of hospital admission for interventions. The seven Social Worker posts in the teams have been funded for the past two years by the Clinical Commissioning Groups. However, in order to deliver savings and ensure the most cost effective future model, the teams are being reviewed. The Local Government Association has funded a review of the impact on packages of social care across the three different version of LICTs in place across the three Transformation Planning areas in the county. This will not be completed until the end of November. The CCG savings, however, have to be made in the current financial year. In order to maintain the existing posts whilst the evaluation is completed and decisions are made about the future model and funding arrangements, it is therefore proposed to temporarily fund 2 FTE Social Workers in the Local Integrated Care Teams in mid-Nottinghamshire until end of March 2018. The posts are already permanently established.
30. The Council has a duty to undertake an annual review where people are in receipt of care and support, whether that is at home, in supported living or in a care home. It is requested that 3 FTE Reviewing Officers are established to focus on undertaking reviews for people in residential and nursing home care.
31. The countywide Asperger's team is a small team which has been experiencing an increase in demand for assessments for some time. As part of a wider plan to address the current level of need, which includes use of resources in the Notts Enabling Service and the existing Reviewing Teams, it is proposed that temporary staffing resources are also established to increase the team's capacity.
32. The development of Technology Enabled Care is one of the Sustainability and Transformation Plan work streams and a high level strategy and approach has been approved. Concurrently, there is local interest in a Leicestershire scheme called 'Lightbulb,' which consolidates housing work to maximise the opportunities to support health and social care in enabling residents to stay independent, with timely access to a range of housing and preventative services such as Assistive Technology and adaptations. A business case on how the benefits of the Lightbulb scheme could potentially be delivered in Nottinghamshire is now required. The temporary funding will be used to fund a post to undertake this work.
33. The Council has contributed to the cost of sexual violence counselling and therapy services since early 2016 to provide support for victims/survivors of historical sexual abuse in Nottinghamshire. It was agreed to extend this contribution from Council reserves until the end of March 2018 whilst a review took place to consider and identify the specific and medium to long term support required by survivors of sexual abuse. It is now proposed that the IBCF be used for this purpose.
34. Finally, the funding will be used to extend the post of Debt Recovery Finance Officer until the end of the financial year. This post commenced in 2015 to support the Debt Collection strategy when changes in the legislation were implemented as part of the Care Act. This post undertakes constant monitoring of records relating to properties to ensure that funds relating to these properties are not misappropriated as they are required to repay the accrued sum of charges for people's care.

35. The establishment and extension of the posts, and the proposed use of the one-off funding identified above were approved at the ASC&PH Committee in November. Plans are underway to put the plans into action as quickly as possible.

Other options

36. None.

Reasons for Recommendations

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

Statutory and Policy Implications

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

Financial Implications

39. The £73.56m for 2017/2018 is anticipated to be fully spent.

Human Resources Implications

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

Legal Implications

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

RECOMMENDATIONS

That the Board:

1. Approve the Q2 2017/18 national quarterly performance report.
2. Note the process for the in-year use of Improved Better Care Fund temporary funding.

David Pearson

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

**For any enquiries about this report please contact:
Joanna Cooper Better Care Fund Programme Manager**

Constitutional Comments (LMC 23.11.2017)

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

Financial Comments (DG 23/11/2017)

43. The financial implications are contained within paragraph 39 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.

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

Electoral Divisions and Members Affected

- All.

Appendix 1

Better Care Fund Template Q2 2017/18

1. Cover

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

2. National Conditions & s75 Pooled Budget

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

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

3. Metrics

| Metric | Definition | Assessment of progress against the planned target for the quarter | Challenges | Achievements | Support Needs |
|----------------|---|---|---|--|---------------|
| NEA | Reduction in non-elective admissions | On track to meet target | | Emergency Activity continues to be discussed at both the joint A&E Delivery Boards and the local Systems Resilience Groups. | |
| Res Admissions | Rate of permanent admissions to residential care per 100,000 population (65+) | On track to meet target | | | |
| Reablement | Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services | On track to meet target | This year we are able to include step down services such as transfer to assess that are provided at the care and support centres as these are now recorded on FWi. This has increased the number of people that are included in this indicator as being | Since quarter one outcomes have improved and this indicator is currently on target. It is expected that this trend will continue and this indicator will be on target at year end. | |

| | | | | | |
|----------------------------|--|-----------------------------|---|--|--|
| | | | <p>discharged from hospital into reablement services however the percentage still at home after 91 days has reduced.</p> <p>The START service are maintaining performance at 91.4% (as measured in 2015/16), however the new step down discharge services are performing at 71%, which has reduced the overall figure to 82%. This indicator is currently off target.</p> | | |
| Delayed Transfers of Care* | Delayed Transfers of Care (delayed days) | Not on track to meet target | <p>South</p> <p>Growth at NUH relates to an increase in health DTOCs and occurred as NUH switched from a paper based system to using Nerve Centre as the method of coding with social care colleagues in July. An action plan is in place to address this.</p> | <p>South</p> <p>Electronic monitoring system now in place at NUH</p> <p>Mid</p> <ul style="list-style-type: none"> • Commenced weekly meetings focussing on our integrated discharge transformation scheme/programme, this has senior representation from all stakeholders • Commenced Better Together discharge initiative whereby Board Rounds are attended by Social Care and | |

| | | | | | |
|--|--|--|--|---|--|
| | | | | <p>Community Services as well as the Discharge Team on the pilot wards. (now in week 2)</p> <ul style="list-style-type: none"> • Mobilised a D2A pathway into community teams/services in M&A <p>North</p> <p>Using short term nursing care beds to ensure that DSTs aren't being done in hospital</p> <ul style="list-style-type: none"> o Bassetlaw CCG is liaising and working with the Local Authority to facilitate discharges which are out of the CHC pathway o Delays are discussed at the Urgent Care Operations Group fortnightly to resolve local issues that are not covered by routine processes o Integrated Discharge Team at Bassetlaw Hospital works well with Local Authorities – daily dialogue. | |
|--|--|--|--|---|--|

4. High Impact Change Model

| | | Maturity assessment | | | Narrative | | | |
|-------|--|-----------------------|-----------------------|-----------------------|--|---|--|---|
| | | Q2 17/18 (Current) | Q3 17/18 (Planned) | Q4 17/18 (Planned) | If 'Mature' or 'Exemplary', please provide further rationale to support this assessment | Challenges | Milestones met during the quarter / Observed impact | Support needs |
| Chg 1 | Early discharge planning | Plans in place | Plans in place | Established | | Key challenges were ensuring buy in / sign up from all system partners as well as trying to understand the concept | Integrated Discharge Functions now in place and managers appointed to oversee the function / team | Any further challenges will be noted and acted upon via the Provider to Provider meetings in place weekly. |
| Chg 2 | Systems to monitor patient flow | Established | Established | Established | | | South NerveCentre being developed to incorporate system capacity to enable community bed stock to be visible Dashboard metrics also in development | Any further challenges will be noted and acted upon via the Provider to Provider meetings in place weekly. |
| Chg 3 | Multi- disciplinary/multi- agency discharge teams | Established | Established | Established | | | South Electronic Transfer of Care (eTOC) developed and agreed across all system partners | Further changes may be required to support the Truster Assessor role / implementation |
| Chg 4 | Home first/discharge to assess | Established | Established | Established | | South Discharge to Assess / HomeFirst Pathway went live in | Integrated Discharge Functions now in place and managers appointed to oversee the function / team | Any key challenges will be noted and acted upon via the Provider to Provider |

| | | | | | | | | |
|-------|--------------------------|-------------------|-------------------|-------------|--|---|---|---|
| | | | | | | September Additional 36 community beds secured across Greater Nottingham to support Pathway | | meetings in place weekly. |
| Chg 5 | Seven-day service | Plans in place | Plans in place | Established | | Workforce challenges in delivering this. | Refresh of mapping across the system to be completed in Q3 Primary Care at ED Reablement teams - 7 day limited Service Mental Health Assessment beds - 7 day full Service Crisis response - 7 day limited Service Social care reablement service (START) - 7 day limited Service | |
| Chg 6 | Trusted assessors | Plans in place | Plans in place | Established | | | South Trusted Assessor Steering group established Exploring the role of Trusted Assessor with Care Homes Exploring the role of training Integrated Discharge Team members | The plan is to implement the model from April and any challenges arising will be actioned via the Greater Nottingham Trusted Assessor Steering Group. |
| Chg 7 | Focus on choice | Plans in place | Plans in place | Established | | Challenges in agreeing the funding/ and how providers | South Patient leaflet developed and signed off by all system partners | On-going monitoring of usage |

| | | | | | | | | |
|-------|--------------------------------|-------------|-------------|-------------|--|----------------------|---|--|
| | | | | | | were going to use it | Hospital patient letter also designed and signed off by system partners | |
| Chg 8 | Enhancing health in care homes | Established | Established | Established | | | South Integrated teams established with key leads (community matrons and district nurses) in place aligned to each Care Home. | |

Hospital Transfer Protocol (or the Red Bag Scheme)

Please report on implementation of a Hospital Transfer Protocol (also known as the 'Red Bag scheme') to enhance communication and information sharing when residents move between care settings and hospital.

| Q2 17/18 (Current) | Q3 17/18 (Planned) | Q4 17/18 (Planned) | If there are no plans to implement such a scheme, please provide a narrative on alternative mitigations in place to support improved communications in hospital transfer arrangements for social care residents. | Challenges | Achievements / Impact | Support needs |
|--------------------|--------------------|--------------------|--|------------|-----------------------|---------------|
| | | | | | | |

| | | | | | | | | |
|-----|----------------|-------------|-------------|-------------|--|--|---|--|
| UEC | Red Bag scheme | Established | Established | Established | | | South Red bag scheme for care homes to support repatriation being implemented | South How it aligns to other schemes in place such as the Trusted Assessor work underway |
|-----|----------------|-------------|-------------|-------------|--|--|---|--|

5. Narrative

| Progress against local plan for integration of health and social care |
|---|
| <p>In Nottinghamshire we have maintained our ambition for a strong BCF plan across our Health and Wellbeing Board footprint. Performance against all BCF metrics continues to be monitored monthly to ensure timely actions where plans are off-track. There continues to be a high level of commitment from partners to address performance issues e.g. daily discussions within hospitals to facilitate timely discharges, the development of transfer to assess models to reduce long term admissions to care homes, District Authority alignment with Integrated Discharge Teams to ensure housing needs of patients are addressed prior to discharge and avoid unnecessary delays. At Q2, 2 performance metrics are on plan, and 2 off plan (reablement, and delayed transfers of care – we additionally measure satisfaction with Disabled Facilities Grants and Friends and Family test data which are on plan).</p> <p>The 6 CCGs continue to work with local authority, District and Borough Councils, acute, mental health and community trusts and the community and voluntary sector in their 3 units of planning to ensure service transformation with a focus on reducing non-elective admissions and attendance, and care home admissions. Plans to accelerate improvement in trajectories are forecast to deliver further improvements as projects and programmes mature and transfer of investment and resources to primary and community setting manages demand more appropriately.</p> |
| Integration success story highlight over the past quarter |
| <p>Through the Nottingham and Nottinghamshire STP, there is further support from NHS England to embed the Integrated Personal Commissioning approach across south and mid Nottinghamshire.</p> |

6 December 2017

Agenda Item: 8

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

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

Information and Advice**2. Award winner: Nottinghamshire Warm Homes on Prescription**

The Nottinghamshire Warm Homes on Prescription scheme has recently been awarded the 'East Midlands Association of Local Energy Officers Award 2017' for its commitment to tackling health inequalities and reducing fuel poverty.

This targeted project aims to help tackle fuel poverty and therefore improve the health and wellbeing of around 250 households across the county where residents have specific long-term health conditions made worse by living in a cold home. All seven district & borough councils are part of a partnership with health experts to identify and contact 'high risk' patients to offer assistance under the scheme. Eligible households are offered a home visit from trained energy advisors to assess energy efficiency and issues of heating affordability. Support is available to assist with, for example, heating and insulation installations or improvements. The project aims to prevent unplanned admissions to hospital which cost the NHS between £2,000 and £2,500 per incident and additional costs associated with planned hospital admissions, GP appointments, prescription and pharmaceutical costs as well as improving overall health outcomes for residents. The project now looks further develop through better engagement with GP Practices to ensure they can effectively support their patients access this service.



Pictured: Leanne Monger, Business Manager – Housing & Safeguarding & Project Lead, Newark & Sherwood District Council

For further information please email Ian Chapman (Warm Homes on Prescription Project Manager) at: ian.chapman@newark-sherwooddc.gov.uk

3. Seasonal Flu Campaign 2017

Flu can be a serious illness, particularly for older people or those with other health conditions. Health and social care workers care for some of the most vulnerable people in our

communities, so it is important that they help protect themselves and those receiving care against flu.

The National Seasonal Flu Plan 2017/18 outlines a target to vaccinate 'at least 75% of healthcare workers with direct patient contact. The NHS trust-level ambition is to reach a minimum of 75% uptake and an improvement in every NHS trust'.

In order to align the Authority with its NHS partners, in October 2017 the [Adult Social Care and Health Committee](#) agreed to the ambition of increasing the number of health and social care workers receiving a free vaccination to at least 75% over the next 3 years (by 2019). This offer is for directly employed staff and those working for a health or care service commissioned by Nottinghamshire County Council.

Monitoring of the flu voucher requests for directly employed staff has shown a marked increase of over 10% to 27.5% compared to 16.8% in 2016. A national offer to care home staff and staff employed in other care service has also been announced. Plans to identify and implement the offer to services not covered by the national offer are under way.

In Nottinghamshire flu vaccine uptake in the over 65's is greater than this time last year and greater than the England average. The same is true of the under 65's in an at risk group. Uptake in 2 and 3 year olds is slightly lower than this time last year.

For more information contact Lucy Elliott, Public Health and Commissioning Manager t: 0115 9773489 e: Lucy.Elliott@nottsccl.gov.uk

4. Award winning procurement



The Children's Integrated Commissioning Hub (ICH) were part of the winning team at the Chartered Institute of Procurement and Supply – Best Public Procurement Project - at the Supply Management Awards 2017. The photograph shows Catherine O'Byrne from NCC Public Health, staff from Arden and GEM commissioning support unit with the awards hosts.

More information is available about the awards from their [web page](#).

PROGRESS FROM PREVIOUS MEETINGS

5. Pharmaceutical Needs Assessment consultation

Following the discussion at the October Health & Wellbeing Board meeting the consultation for the refresh of the Pharmaceutical Needs Assessment was launched on 13 November 2017. The refresh is being directed by the multi-agency PNA Steering Group with representatives from the Local Pharmaceutical Committee, NHS England, Clinical Commissioning Groups, Public Health and the Local Medical Committee.

There are a number of statutory consultees who are being approached regarding the consultation but responses are welcome from anyone with a view on services provided by

Community Pharmacies, Dispensing GP Practices and Dispensing Appliance Contractors, including professionals and the public.

The consultation will run until January 2018 and can be accessed [here](#).

PAPERS TO OTHER LOCAL COMMITTEES

1. [Nottinghamshire youth justice strategy annual update](#)
Report for Full Council
21 September 2017
6. [Public Health Performance and Quality Report for Contracts Funded with Ring-Fenced Public Health Grant](#)
7. [Planning for Discharge from Hospital](#)
8. [Adult Social Care and Health Consultation](#)
Reports to Adult Social Care and Public Health Committee
9 October 2017
9. [Sherwood Forest Hospitals Winter Plans](#)
10. [NUH Winter Plans](#)
11. [Bassetlaw Hospital Update](#)
12. [East Midlands Ambulance Service - Performance Information](#)
Reports to Health Scrutiny Committee
10 October 2017
13. [Update on Key Trading Standards Matters](#)
Report to Communities and Place Committee
9 November 2017
14. [Updated Adult Social Care Strategy](#)
Report to Adult Social Care and Public Health Committee
13 November 2017
15. [Bassetlaw Hospitals Winter Plan](#)
Report to Health Scrutiny Committee
21 November 2017

A GOOD START

16. [Mental ill-health among children of the new century.](#)
National Children's Bureau and UCL Institute of Education
The briefing summarises the prevalence of mental health problems among children taking part in the Millennium Cohort Study and shows that while the majority of 3-14-year-olds in the UK are not suffering from mental ill-health, a substantial proportion experience significant difficulties.
Additional links: [NHS England news report](#) | [BBC News report](#)

17. [Neglected Minds: A report on mental health support for younger people leaving care](#)

Barnardo's

This report highlights that two thirds of care leavers identified as having mental health needs were not receiving any help from a statutory service. It also found that one in four had faced a mental health crisis since leaving care. Barnardo's wants clinical commissioning groups to invest more in services specifically aimed at meeting the needs of young people leaving care, such as embedding a mental health worker within leaving care teams.

18. [Mental health support for young people in care](#)

The Social Care Institute for Excellence has published a [series of resources](#) aimed at improving the emotional wellbeing and mental health support for looked after children and young people, care leavers, those on Special Guardianship Orders and those who are adopted. People who work with these young people, commissioners of care services and others working with children will find the resource informative and insightful.

19. [Young people's mental health services](#)

The Education Policy Institute has published [Access and waiting times in children and young people's mental health services](#). This report includes the results of a freedom of information request to providers of specialist child and adolescent mental health services to explore access and waiting times for young people.

20. [Children's voices: a review of evidence on the subjective wellbeing of children with mental health needs in England](#)

The Children's Commissioner for England

This report summarises the published qualitative evidence on the subjective wellbeing of children with mental health needs and draws out key findings from the evidence, identifying important gaps. The Commissioner has also published [Briefing: children's mental healthcare in England](#). This briefing, sent to all MPs, sets out the Commissioner's concerns around the lack of access to mental health support services for children.

21. [Tackling childhood obesity](#)

One year on from the publication of the childhood obesity plan, Public Health England has announced it will consider the evidence on [children's calorie consumption](#) and set the ambition for the calorie reduction programme to remove excess calories from the foods children consume the most. In addition, the Department of Health has announced £5 million of funding for a new [Obesity Policy Research Unit](#) to provide resources for long term research into childhood obesity. Also, the Obesity Health Alliance has published a [report card](#) assessing progress during the first year of the childhood obesity plan.

22. [National Child Measurement Programme: changes in children's body mass index between 2006 to 2007 and 2015 to 2016](#)

Public Health England

This report explores trends in obesity, overweight, excess weight and underweight prevalence as well as changes in mean body mass index over time. It includes trends within socioeconomic and ethnic groups to determine whether existing health inequalities are widening or becoming smaller.

23. [Developing support and services for children and young people with a learning disability, autism or both](#)

NHS England

This document provides guidance for commissioning support and services for children and young people with autism. It describes what good services and support look like.

24. [Review of children and young people's mental health services: phase one report](#)

Care Quality Commission

This first report from the review examines the quality and accessibility of mental health services for children and young people and summarises the current state of knowledge from inspection reports, a review of recent policy and evidence, and engagement with experts? In particular, it confirms the difficulties children and young people have in accessing appropriate support for their mental health concerns from a fragmented system.

LIVING WELL

25. [Preventing heart attacks and strokes](#)

The NHS and Public Health England (PHE) have announced a new drive to save lives by [preventing heart attacks and strokes brought on by cardiovascular disease](#). Analysis suggests that there is an opportunity to prevent more than 9,000 heart attacks and at least 14,000 strokes over the next 3 years with better detection and management of: high blood pressure; high cholesterol and atrial fibrillation. PHE and NHS England have written to all 44 STPs, drawing attention to the prevention opportunity in their local areas, and sharing with them the data for their individual STPs.

26. [Combating the 'super-size' snack culture](#)

NHS England has announced hospitals will get financial incentives in 2018/19 if they implement new guidelines to reduce obesity, diabetes and tooth-decay. The guidelines include 80% of confectionery stocked do not exceed 250Kcal, 75% of pre-packed sandwiches and savouries contain 400kcal or less, and 80% of drinks stocked must have less than 5g of added sugar per 100ml.

27. [Professionals trained to help smokers quit](#)

Public Health England (PHE) has confirmed that nearly 40,000 healthcare professionals have been trained to [offer quit smoking advice](#) as part of a drive to make the NHS smoke-free by 2019. In support of the plan, PHE is urging all NHS frontline staff to take advantage of free online training to help them give 'very brief advice on smoking' (VBA). The evidence shows that giving VBA to patients makes them 68% more likely to quit if they're offered stop smoking medication.

28. [2nd Atlas of Variation in risk factors and healthcare for liver disease](#)

NHS England

This is intended for clinicians, commissioners, practitioners and policy makers, the atlas is intended to raise the profile of liver disease and the variations across England in risk factors, healthcare services and outcomes. The rate of people dying early from liver disease in some parts of England is almost eight times higher than others.

29. [Tobacco control policy overview](#)

House of Commons Library

The Government's new tobacco control plan was published in 2017, and seeks to reduce smoking overall and target inequality in smoking rates. This briefing paper provides a summary on the tobacco control plan/policies and smoking cessation services.

30. [Moving more, ageing well](#)

UKactive

This report highlights the need for innovative solutions for keeping older people active and independent that could save billions of pounds in NHS and social care costs by preventing disease. It recommends that teaching health and social care professionals such as pharmacists and Meals on Wheels staff to deliver exercise interventions could be key to curtailing the UK's growing ageing crisis.

31. [Cardiovascular disease prevention: action plan](#)

Public Health England

Highlight of work carried out 2016/17 and an overview of PHE's major initiatives on cardiovascular disease in 2017 to 2018 including an ROI tool and accompanying report for CVD prevention, support the implementation of the NHS Diabetes Prevention Programme, use of the new technologies to provide information and applications to improve their cardiovascular health and wellbeing, review of evidence/case studies on CVD prevention.

32. Alcohol, drugs and tobacco commissioning

Public Health England has published the annually updated [alcohol, drugs and tobacco commissioning support pack](#) for local authorities. The pack will help local authorities to develop joint strategic needs assessment and local joint health and wellbeing strategies which effectively address public health issues relating to alcohol, drug and tobacco use.

COPING WELL

33. [Mental health at work: The business costs ten years on.](#)

The Centre for Mental Health

This report finds that mental health problems in the UK workforce cost employers almost £35 billion last year. The largest part of this business cost is in the form of reduced productivity among people who are at work but unwell: or 'presenteeism'. This costs businesses twice as much as sickness absence relating to poor mental health.

34. [Prevention concordat for better mental health: planning resource.](#)

Public Health England

This guidance document has been developed to help local areas put in place effective arrangements to promote good mental health and prevent mental health problems. It does so by offering a 5-part framework of focus for effective planning for better mental health. It also highlights a range of actions and interventions that local areas can take to improve mental health and tailor their approach.

35. Mental health at work

The charity, Business in the Community has published [Mental health at work report 2017: national employee mental wellbeing survey findings 2017](#). This report sets out the results from the second National Employee Mental Wellbeing Survey which highlights some improvement in attitudes towards mental health in the workplace although less than a quarter (24%) of managers have received any training in mental health.

36. [Thriving at work: the Stephenson/Farmer review of mental health and employers](#)

Department for Work and Pensions

This report outlines the result of an independent review of mental health and employers. It sets out what employers can do to better support all employees, including those with mental health problems to remain in and thrive at work. It includes a detailed analysis that explores the cost of poor mental health to UK businesses and the economy as a whole.

37. [NHS England and charity join forces to encourage older people to seek help with mental health problems](#)

NHS England has published new guidance to help identify the signs of anxiety and depression in people aged 55 and older. [Mental health in older people](#) has been published to support [Age UK's YouGov research](#) which has shown nearly half of adults aged 55 and older have experienced depression or anxiety, with more than a third saying they did not know where to go for help. Following [World Mental Health day](#) in October) NHS England and Age UK have called on GPs to help spot the signs of mental health.

38. [Improving healthcare access for people with learning disabilities](#)

Public Health England

This suite of guidance outlines how social care staff can help people with learning disabilities get better access to medical services. It provides practical tips as well as links to further information and useful resources.

39. [Enabling People with Dementia to Remain at Home: A Housing Perspective](#)

Housing LIN

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

40. [Making the economic case for investing in actions to prevent and/or tackle loneliness: a systematic review](#)

London School of Economics

A systematic review of evidence for The Campaign to End Loneliness around loneliness experienced by older people found that interventions fall into three broad groups: befriending, face to face and telephone services; participation in social and healthy lifestyle activities; and signposting/ navigation services. Economic evidence for these interventions is mixed but modelling suggests that signposting / navigation services can generate a positive return on investment of £2 to £3 per £1 invested over five years.

WORKING TOGETHER

41. [Workplace health needs assessment](#)

Public Health England

A health needs assessment can be a useful and straightforward way to gather anonymous information about the health of a company's workforce, and provide a baseline of data against which to track progress. This document provides practical advice for employers on workplace health and a tool for carrying out workplace health needs assessments.

42. Providing accountable care

The National Association of Primary Care has published [Providing accountable care: comparing the delivery of Primary Care in the UK and USA through accountable care systems and organisations](#) (pdf). This report summarises some of the debate by system leaders within the UK and US around the accountable care system. Based on a symposium held in May 2017, it also describes some of the future challenges and possible solutions.

43. [Getting into shape: delivering a workforce for integrated care.](#)

Reform

This paper makes recommendations designed to build a workforce for integrated care. It highlights cultural factors that divert trainees away from high-need specialities and describes barriers preventing some staff from utilising all their skills. It also provides details of reform to the funding and training systems.

44. [Scrutiny: the new assurance? A good governance discussion document?](#)

Good Governance Institute

As collaboration and partnership working need to become more streamlined, more strategic and more effective, organisations spending public monies should be constantly redefining their roles and responsibilities, searching for constant improvement. This paper looks at scrutiny across a number of organisations, as all four home nations are seeking better outcomes by the alignment of health, social care and other funders and providers.

45. Leading transformational change

NHS England has published [Leading large scale change: a practical guide](#). This document aims to help those involved in seeking to achieve transformational change in complex health and care environments. It has a number of different resources which can be used according to local needs and circumstances. It has been designed to be interactive, offering links to useful, external sources.

46. NHS partnering

The Health Foundation has published [Partnerships for improvement: ingredients for success. How good are NHS organisations and the wider system at achieving the potential benefits of partnering?](#) The idea of partnerships and collaboration across organisational boundaries is at the heart of NHS reforms in England. This report focuses on five different partnering arrangements, as well as interviews with national leaders, and draws learning to help inform and guide policymakers and providers.

47. [The Impact on Health of Homelessness: a guide for local authorities](#)

The Local Government Association

The information and ideas in this briefing aim to support local authorities in protecting and improving their population's health and wellbeing, and reducing health inequalities, by tackling homelessness and its causes.

48. Housing and health

The Health Foundation has published [Infographic: how does housing influence our health?](#) This infographic seeks to advance the recognition of the important links between housing and health. It also aims it helps support those working across housing, health, social care and other key areas such as planning to realise the vital contribution that they make in enabling good health and wellbeing.

49. [Homelessness projections: Core homelessness in Great Britain \(2017\)](#)

Crisis

This summary report is the first part of a two-part study examining the current and projected levels of different categories of homelessness, defined as 'core' and 'wider' homelessness. The figures set out in this report examine current levels of core homelessness, their projected levels until 2041, factors driving these and the potential impact of policy measures to address the issue.

50. [Costs and outcomes of improving population health through better social housing: a cohort study and economic analysis](#)

International Journal of Public Health

This study aimed to determine the impact of warmth related housing improvements on the health, well-being, and quality of life of families living in social housing. The study concluded that warmth-related housing improvements may be a cost-effective means of improving the health of social housing tenants and reducing health service expenditure, particularly in older populations.

51. [Home from hospital How housing services are relieving pressure on the NHS](#)

National Housing Federation

This report looks at the increase in delays in discharging people from hospital, and shows how housing services are offering solutions that are relieving pressure on the NHS. It features a number of case studies that demonstrate how housing services are successfully reducing delays in discharging people from hospital and preventing unnecessary hospital admissions.

52. [What happens when people leave hospital and other care settings? Findings from the Healthwatch network](#)

Healthwatch

This briefing brings together a summary of the experiences over 2000 people have shared with local Healthwatch during the last two years relating to leaving hospital and other care settings. Although there are many positive experiences, the briefing highlights that there is still significant work to be done to ensure discharge is a good experience for everyone.

53. [Sustainability and transformation plans and partnerships](#)

House of Commons Library

This briefing explores how the STP plans were developed, their funding and accountability arrangement as well as research and debate surrounding the content and implementation of these plans.

54. [How the people of Nottinghamshire are benefiting from joined up working](#)

Nottinghamshire STP ([Sustainability and Transformation Plans](#)) is looking to make extensive use of IT to tackle areas such as improving access to information for both staff and patients, ensuring health professionals are able to share information and to resolve the issue of patients having to repeatedly give the same information to different people. Read about how the [Nottinghamshire STP](#) is using assertive technology to share information and helping to improve services.

55. [System Transformation and Care Homes: A discussion document Good Governance](#)

Institute and Care England

A discussion paper, developed through a literature review and desktop review of all 44 STPs, identifies the gaps in the STP process and how care homes can fill these gaps. Opportunities

are illustrated through case studies from three of the vanguard sites – Airedale and Partners, Gateshead Care Home Project and Sutton Homes of Care.

56. [What happens when people leave hospital and other care settings? Findings from the Healthwatch network.](#)

Healthwatch

This briefing brings together a summary of the experiences over 2000 people have shared with local Healthwatch during the last two years relating to leaving hospital and other care settings. Although there are many positive experiences, the briefing highlights there is still significant work to be done to ensure discharge is a good experience for everyone.

57. [Health Watch annual report](#)

Healthwatch England has published its [fifth annual report 2016-17 Speak Up](#). This report feeds back from the public about the support they have received from NHS and social care services. It reports that whilst many people are getting the support they need, there is great variation in the availability and quality of these services across the country.

58. [Prevention in action: How prevention and integration are being understood and prioritised locally in England.](#)

British Red Cross

This report highlights that local authorities in England need to do more in their areas to provide services that prevent, reduce or delay the need for care and support. The report also identified shortcomings in plans for integrating health and social care. It also provides a national picture of local developments and focuses areas of good practice.

59. [Bridging the gap between health and housing: a united approach in South Wales.](#)

Housing LIN

With housing and health increasingly integrating to respond more effectively to citizens' needs, this new Housing LIN Cymru case study puts the spotlight on Caerphilly-based housing association United Welsh. It explains their new wellbeing partnership, Wellbeing 4U, and highlights how it is drawing from housing expertise to improve the patient and GP experience across 25 surgeries in Cardiff and Barry.

60. [Funding social care](#)

The Voluntary Organisations Disability Group has published [True costs: why we cannot ignore the failure in social care funding](#). This report sets out the pressures facing voluntary sector organisations supporting disabled people. It identifies the three key challenges as an increasing demand for services; rising costs of providing services and workforce recruitment and retention problems.

61. [How does the NHS in England work? An alternative guide.](#)

Kings Fund

An animation which explain how the NHS is structured in a series of diagrams.

62. [Making sense of social prescribing](#)

Social Prescribing Network

This guide provides an introduction to social prescribing and outlines the features of different models. It also highlights the key factors for successful social prescribing schemes.

63. [Prevention in action: How are prevention and integration being implemented?](#)

Red Cross

This report finds that local authorities in England must do more in their areas to provide services that prevent, reduce or delay the need for care and support. It also identifies shortcomings in plans for integrating health and social care.

64. [Britain's demographic challenge: implications of the UK's rapidly increasing population](#)

CIVITAS

This report looks at the scale of the growing population of the UK, sets it in historical and international context and considers the challenges that it will present. It considers the implications including the need for new hospitals, schools, roads, jobs and leisure facilities.

65. [Public health: everyone's business?](#)

NHS Providers

This report uses interviews with health leaders from a range of trusts and other parts of the service to help gain a better understanding of NHS providers' role in shaping and delivering public health and care.

[10 High Impact Actions: New consultation types "askmyGP" in Nottinghamshire & South Yorkshire](#)

NHS England

NHS England has released a video case study in which a GP/Managing Partner at Larwood and Bawtry Primary Care Home in Nottinghamshire and South Yorkshire speaks about the impact of recently introducing online consultations in to his practice. This case study is one of a collection of ways to improve workload and improve care through working smarter, not harder.

HEALTH INEQUALITIES

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

Public Health England

This document aims to support local action to tackle health inequalities. It helps local partners identify what specific interventions could measurably improve outcomes. It is also accompanied by a slide set. It is aimed at: local authority leaders; chief executives other senior officers and councillors; Directors of Public Health; public health specialists and health service commissioners.

GENERAL

67. [Local health data](#)

Public Health England has published the 2017 update of Local Health. The Local Health tool allows users to map data and provides spine charts and reports for small areas including CCGs. Users can also define their own geographies and add their own data.

CONSULTATIONS

68. **Healthwatch consultation - Looking to the future**

Healthwatch England has published a consultation Shaping our future: our strategy for 2018 – 2023. This document is the result of an invitation to the public and health professionals to share their views on what the primary job of Healthwatch England and local Healthwatch should be over the next five to ten years. It sets out their views on the issues that National and local Healthwatch groups should focus on to help make health and social care services work better for people.

Closing date for the consultation is 3 January 2018

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

Other Options Considered

69. None.

Reason/s for Recommendation/s

70. N/A

Statutory and Policy Implications

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

Financial implications

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

RECOMMENDATION/S

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

Councillor John Doddy
Chair of Health and Wellbeing Board

For any enquiries about this report please contact:

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

Constitutional Comments (LMc 23.11.2017)

73. The Health and Well Being Board is the appropriate body to consider the content of the report and that members consider whether there are any actions they require in relation to the issues contained within the report.

Financial Comments (DG 24.11.2017)

74. The financial implications are contained within paragraph 72 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

4 October 2017**Agenda Item: 9**

REPORT OF CORPORATE DIRECTOR, RESOURCES WORK PROGRAMME

Purpose of the Report

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

Information and Advice

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

Other Options Considered

4. None.

Reason/s for Recommendation/s

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

Statutory and Policy Implications

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

RECOMMENDATION/S

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

Jayne Francis-Ward
Corporate Director, Resources

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

Constitutional Comments (HD)

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

Financial Comments (NS)

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

Background Papers

None.

Electoral Division(s) and Member(s) Affected

All

Health and Wellbeing Board & Workshop Work Programme

| | Health & Wellbeing Board (HWB) |
|-----------------|---|
| 10 January 2018 | <p>Director of Public Health Annual Report (Barbara Brady/Kay Massingham)</p> <p>Ambition 2: Health & Sustainable places - Physical Activity (Illana Freestone/John Wilcox)</p> <p><i>Better Births Maternity update (Kate Allen/Jenny Brown) TBC</i></p> <p><i>Care leavers support (Steve Edwards/Amanda Collinson) TBC</i></p> <p>Ambition 2: Health & Sustainable places - Nottinghamshire Air Quality Strategy for approval (Jonathan Gribbin/Bryony Lloyd)</p> |
| 7 February 2018 | <p>WORKSHOP: GOVERNANCE ARRANGEMENTS TO SUPPORT DELIVERY OF THE JOINT HEALTH & WELLBEING STRATEGY</p> <p>Councillor Doddy/Barbara Brady</p> |
| 7 March 2018 | <p>Pharmaceutical Needs Assessment 2018-2020 (Jonathan Gribbin/Kristina McCormick)</p> <p>Ambition 2: Health & Sustainable places - Crisis Care concordat. Update & evaluation to date (Clare Fox/Katy Dunne)</p> |
| 25 April 2018 | |
| 6 June 2018 | <p>Ambition 1: A good start - Young People's Health Strategy (Kate Allen/Tina Bhundia)</p> |
| 4 July 2018 | |

