Nottinghamshire County Council

Health and Wellbeing Board

Wednesday, 02 July 2014 at 14:00

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

AGENDA

1	Appointment of Chair To note the appointment by the County Council on 15 May 2014 of Councillor Joyce Bosnjak as Chair of the Health and Wellbeing Board.	
2	Appointment of Vice-Chair.	
3	Minutes of the last meeting held on 7 May 2014	3 - 8
4	Apologies for Absence	
5	Declarations of Interests by Members and Officers:- (see note below) (a) Disclosable Pecuniary Interests (b) Private Interests (pecuniary and non-pecuniary)	
6	Membership of the Health and Wellbeing Board	9 - 10
7	Clinical Commissioning Groups Five Year Plans 2014-19	11 - 14
8	Better Care Fund - Revised Process	15 - 28
9	Local Nature Partnership - Presentation by Councillor Martin Suthers and Helen Ross.	
10	Air Quality and Health - delivering longer, healthier lives in Nottinghamshire County	29 - 56
11	Progress on Health & Wellbeing Delivery Plan	57 - 60

12	Health and Wellbeing Implementation Group Report	61 - 76
13	Chair's Report	77 - 80
14	Work Programme	81 - 86

Notes

(1) Councillors are advised to contact their Research Officer for details of any Group Meetings which are planned for this meeting.

(2) Members of the public wishing to inspect "Background Papers" referred to in the reports on the agenda or Schedule 12A of the Local Government Act should contact:-

Customer Services Centre 0300 500 80 80

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

Councillors or Officers requiring clarification on whether to make a declaration of interest are invited to contact Paul Davies (Tel. 0115 977 3299) or a colleague in Democratic Services prior to the meeting.

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

(5) This agenda and its associated reports are available to view online via an online calendar - http://www.nottinghamshire.gov.uk/dms/Meetings.aspx

Nottinghamshire County Council

minutes

Meeting	HEALTH AND WELLBEING BOARD
Date	Wednesday, 7 May 2014 (commencing at 2.00 pm)

Membership
Persons absent are marked with an 'A'

COUNTY COUNCILLORS

Joyce Bosnjak (Chair)
Kay Cutts MBE
Kate Foale
Muriel Weisz
Jacky Williams

DISTRICT COUNCILLORS

Jim Aspinall – Ashfield District Council
Simon Greaves – Bassetlaw District Council
A Jenny Hollingsworth – Gedling Borough Council
A Pat Lally – Broxtowe Borough Council
A Debbie Mason – Rushcliffe Borough Council
A Tony Roberts MBE – Newark and Sherwood District Council
A Phil Shields – Mansfield District Council

OFFICERS

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

CLINICAL COMMISSIONING GROUPS

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

LOCAL HEALTHWATCH

	Joe Pidgeon	-	Healthwatch Nottinghamshire

NHS ENGLAND

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

NOTTINGHAMSHIRE POLICE AND CRIME COMMISSIONER

Paddy Tipping	-	Police and Crime Commissioner

SUBSTITUTE MEMBERS IN ATTENDANCE

Councillor John Clarke	-	Gedling Borough Council
Councillor David Staples	-	Newark and Sherwood District Council
Tracy Madge	-	NHS England
John Tomlinson	-	Public Health Department
Jon Wilson	-	Adult Social Care and Health Department

OFFICERS IN ATTENDANCE

Paul Davies	-	Democratic Services
Peter Gaw	-	Children, Families and Cultural Services
Cheryl George	-	Public Health
Nicola Lane	-	Public Health
Cathy Quinn	-	Public Health
Penny Spring	-	Public Health

MINUTES

The minutes of the last meeting held on 5 March 2014 having been previously circulated were confirmed and signed by the Chair.

APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Debbie Mason, Councillor Tony Roberts, Dr Paul Oliver, Dr Chris Kenny, David Pearson and Helen Pledger.

DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS

Dr Mansford indicated that the Draft Primary Care Strategy affected all the GP members of the Board.

NHS ENGLAND DRAFT PRIMARY CARE STRATEGY FOR DERBYSHIRE AND NOTTINGHAMSHIRE 2014-19

Tracy Madge introduced the work being undertaken by the NHS England Area Team on the draft Primary Care Strategy for Derbyshire and Nottinghamshire, and on the Team's successful bid to the Prime Minister's Challenge Fund. A number of pilots had been developed, including seven day services through locality hubs, access via e-mail and Skype, telecare, and joining up services between GPs and hospitals. In reply to questions, Tracy Madge indicated that some use of Skype and telecare had already started, and all the pilots would be operational by the autumn. She was asked about implications for the workforce and for patients with complex needs, and replied that the five year Primary Care Strategy included a workforce plan, and that GPs would have more time to pro-actively manage patients with complex needs because some services would be provided by nurses.

She explained that co-commissioning of primary care would relate only to general practice, and that commissioning of dentistry and optometry would remain with NHS England. Asked about proposals for GPs' premises, she stated that while the relevant policy was awaited, the intention was to prioritise premises which were in the most need, and to form links with partners. Board members raised concerns about NHS Property Services in this regard, and it was agreed that the Chair would express these concerns to NHS Property Services.

There was discussion about the distribution of the pilots around the county, with the assurance being given that there was activity across the county to support the Primary Care Strategy. Tracy Madge indicated that communication of the Strategy was being developed by NHS England in coordination with CCGs' communication leads. While Board members expressed other concerns about the Strategy and its context, there was support for the direction of travel.

RESOLVED: 2014/021

(1) That the development of the Primary Care Strategy and Challenge Fund and its alignment to the wider health and social care plans be noted.

(2) That the implementation of the Strategy alongside the wider health and social care implementation plans be endorsed.

(3) That the Chair write to NHS Property Services to express the Board's concerns about delays in relation to GP surgery premises.

REDUCING AVOIDABLE INJURIES IN CHILDREN AND YOUNG PEOPLE

Penny Spring and Cheryl George gave a presentation about reducing accidental injuries in children and young people. They pointed out that accidental injuries were the leading or second cause of death in age groups from 1 to 19 years old. A draft strategy had been developed by a Multi-agency Strategic Partnership, to be formally launched in June. The three themes of the strategy would be home safety, road safety and leisure time.

In discussion, Board members supported proposals to reduce speed limits around schools, and reflected on potential difficulties in enforcement. They suggested the

use of youth councils and social media to encourage the engagement of young people.

RESOLVED: 2014/022

(1) That the report be noted.

(2) That the Avoidable Injuries Strategy for Nottingham and Nottinghamshire be endorsed.

(3) That the Health and Wellbeing Implementation Group monitor delivery of the Strategy on behalf of the Health and Wellbeing Board.

WINTERBOURNE PROJECT UPDATE REPORT

Jon Wilson introduced the report on the work being undertaken in Nottinghamshire to respond to the Winterbourne View recommendations. There were currently 55 patients with learning disabilities in inpatient settings. The report identified the types of setting to which they would transfer.

RESOLVED: 2014/023

(1) That the report and the progress being made to commission suitable care and accommodation for people currently placed in hospital settings be noted.

(2) That a further report be presented in July 2014 giving more financial details around the pooled budget, including cost pressures going forward, and the strategy for people with behaviours which challenge services.

LIBRARIES AND COMMUNITY LEARNING AND HEALTH AND WELLBEING – ROLE, IMPACT AND POTENTIAL

Peter Gaw gave a presentation about Library and Community Learning Services, and their contribution to health and wellbeing. Board members recognised the value of these services in combatting loneliness, encouraging healthy eating and making new technology accessible to older people. Joe Pidgeon pointed out that Healthwatch Action Points were being established in some libraries.

RESOLVED: 2014/024

That the contribution and potential contribution made by the Library Service and Community Learning Service towards the Health and Wellbeing Strategy be noted.

WORK PROGRAMME

RESOLVED: 2014/025

That the work programme be noted.

The meeting closed at 4.20 pm.

CHAIR

Nottinghamshire County Council

Report to Health and Wellbeing Board

2 July 2014

Agenda Item: 6

REPORT OF CORPORATE DIRECTOR, POLICY, PLANNING AND CORPORATE SERVICES

MEMBERSHIP OF THE HEALTH AND WELLBEING BOARD

Purpose of the Report

1. To note the Board's membership.

Information and Advice

2. The membership of the Health and Wellbeing Board is:

   County Councillors Joyce Bosnjak, Kate Foale, Martin Suthers, Muriel Weisz and Jacky Williams

   District Council Representatives: Councillors Jim Aspinall, Simon Greaves, Pat Lally, Debbie Mason, Tony Roberts, Phil Shields and (subject to confirmation) Henry Wheeler

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

   Corporate Director of Children, Families and Cultural Services: Anthony May

   Director of Public Health: Dr Chris Kenny

   Clinical Commissioning Groups: Dr Jeremy Griffiths, Dr Mark Jefford, Dr Judy Jones, Dr Steve Kell, Dr Guy Mansford, and Dr Paul Oliver

   Local Healthwatch: Joe Pidgeon

   Police and Crime Commissioner: Paddy Tipping

   NHS England: Helen Pledger

Other Options Considered

3. None.

Statutory and Policy Implications

4. 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 membership be noted.

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

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

Constitutional Comments

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

Background Papers

None.

Electoral Division(s) and Member(s) Affected All

Nottinghamshire County Council

Report to Health and Wellbeing Board

2ND July 2014

Agenda Item: 7

REPORT OF CLINICAL LEAD, NHS NEWARK AND SHERWOOD CLINICAL COMMISSIONING GROUP

CLINICAL COMMISSIONING GROUP FIVE YEAR PLANS 2014-19

Purpose of the Report

1. To introduce presentations from each of the three Nottinghamshire "Units of Planning", that set out the updated content of the Clinical Commissioning Group's five year strategies.

Information and Advice

2. As part of the new approach to planning, NHS Commissioners are required to plan for transformation of services on a five year basis. Five year strategies must drive decisions to ensure high quality and sustainable services for citizens, and each strategy should include the first two years of operational delivery plans set out in in detail; so that patients, their carers and key stakeholders can be satisfied that progress is being made against longer term transformational aims.

3. To develop the strategies and supporting plans, Clinical Commissioning Groups in Nottinghamshire have configured themselves in to three "Units of Planning" (mid, north, and south Nottinghamshire) and it is these that determine the footprint for strategic health and social care planning.

4. Emerging thinking from the two year plans and five year strategies was first presented to the Health and Wellbeing Board on 5 March 2014, as part of the over-arching engagement process. The Board considered the fit with the direction of travel at this stage of development strategies/plans in relation to the content of the Health and Wellbeing Strategy. The Board requested that further updates be provided as detail evolved. Particular note was made of the requirement to make greater reference to District Councils.

5. The original timetable for development and assurance of plans was as follows;
   - First submission of plans; 14 February 2014
   - Submission of final two year operational plans and draft five year strategic plan; 4 April 2014
   - Submission of Final 5 year plan (with years one and two fixed on 4 April 2014 submission) ; 20 June 2014

6. Recent guidance from NHS England (dated 4 June 2014) has requested re-submission of operational plans for 2014/15 and 2015/16 to enable them to better reflect changes resulting from assurance conversations and also to incorporate refinements to financial and Better Care Fund Plans. Re-submission is required by 20 June 2014, which remains the date for final submission of 5 year plans

7. The plans that will be presented to the Health and Wellbeing Board take due consideration of all appropriate stakeholder engagement undertaken at Unit of Planning level, and also reflect the outcome of NHS England assurance conversations, the Health and Wellbeing Strategy and other key local planning policy and guidance.

Statutory and Policy Implications

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

RECOMMENDATION/S

1) The Health and Wellbeing Board is asked to consider and make further comment on the updated content of the strategies/plans that will be presented to the meeting.

Dr Mark Jefford
Clinical Lead
NHS Newark and Sherwood Clinical Commissioning Group

For any enquiries about this report please contact: Lucy Dadge, Director of Transformation NHS Newark and Sherwood/Mansfield and Ashfield. Lucy.Dadge@mansfieldandashfieldccg.nhs.uk

Constitutional Comments [SLB 20/06/14]

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

Background Papers and Published Documents

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

- None

Electoral Division(s) and Member(s) Affected

- All

Nottinghamshire County Council

Report to the Health and Wellbeing Board

2 July 2014

Agenda Item: 8

REPORT OF THE CLINICAL LEAD, NHS NOTTINGHAM NORTH AND EAST CCG

BETTER CARE FUND – REVISED PROCESS

Purpose of the Report

1. To inform the Health and Wellbeing Board of the revised assurance processes for Better Care Fund plans.

2. To seek approval for the Board to delegate approval of the assurance plans within the required timeframes.

Information and Advice

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

4. At its meeting on 5 February 2014, the Board considered the draft BCF plans before their submission to the NHS England Area Team. Subsequent discussions determined that there was scope to strengthen the narrative section of the submission. This was carried out with the agreement of the local planning groups, and the updated draft plans were submitted 14 February 2014, following consultation with the Chair and Vice Chair of the Board.

5. At an exceptional meeting of the Health and Wellbeing Board (HWB) on 2 April 2014, the Board considered the final BCF plans and approved their submission to the NHS England Area Team on 4 April 2014.

6. Since this submission, there have been national changes to the BCF assurance process and further information is required. In summary, the recent changes are:

    a. Aligning the requirements of BCF plans with the requirements for business plans
    b. Improved understanding of the assumptions around acute provider activity
    c. Development of local risk pooling arrangements with providers
    d. Reduced number of performance metrics to simplify performance monitoring

e. 2014/15 to be used as an index year with performance-related payments applying to activity in 2015/16 (with the 70% 'achievement' threshold)
f. The establishment of BCF Programme Boards at national and regional levels to ensure consistent methodologies are followed for regional assurance and tighter governance

7. The revised timescales for BCF plans are as follows:

a. By **20 June 2014** a ministerial letter confirming that the BCF will go ahead. This was still awaited at the time of writing the report.
b. By **1 July 2014,** new guidance published on BCF assurance with new templates.
c. By **1 August 2014**, each HWB area to resubmit their BCF assurance templates.
d. By **30 September 2014,** the regional and national assurance process will be completed.

Reason/s for Recommendation/s

8. To meet the Department of Health requirement for the HWB to approve the plans before submission.

Statutory and Policy Implications

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

Implications for Service Users

10. It is expected that integrated systems will improve the service user journey and experience. Information on existing service provision has been gathered by the local planning groups and the impact of resource redirection ascertained to ensure that the impact on service users is not detrimental.

Financial Implications

11. The financial implications are outlined in the Nottinghamshire BCF plan.

Equalities Implications

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

Legal Implications

13. The Care Act facilitates the establishment of the BCF by providing a mechanism that will allow the sharing of NHS funding with local authorities to be made mandatory. The wider powers to use Health Act flexibilities to pool funds, share information and staff are unaffected. Ongoing engagement will be necessary as well as an Equalities Impact Assessment with regard to how monies are spent.

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

RECOMMENDATION/S

That the Board:

1. Notes the requirement to resubmit the Nottinghamshire BCF plan according to the revised process and timelines.

2. Approves the delegation of authority to approve the BCF assurance plan to the Chief Executive of Nottinghamshire County Council (as chair of the Nottinghamshire BCF Working Group) in consultation with the co-chair of the BCF Working Group, and the Chair and Vice-Chair of the HWB.

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

For any enquiries about this report please contact:

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

Constitutional Comments (SG 24/06/2014)

15. By virtue of its Terms of Reference, the Health and Wellbeing Board has responsibility for discussion of all issues considered to be relevant to the overall responsibilities of the Board, and to perform any specific duties allocated by the Department of Health. The proposals in this report fall within the remit of the Board.

Financial Comments (KAS 24/06/14)

16. The financial implications are contained within the Nottinghamshire BCF Plan.

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.

- Letter from NHS England dated 4 June 2014. Publications Gateway Reference: 01685. (now superseded with the deadlines and requirements outlined above)
- Letter from NHS England and Adult Directors of Social Services (ADASS) dated 20 May 2014.
- Nottinghamshire Better Care Fund plans accessible online: http://www.nottinghamshire.gov.uk/caring/yourhealth/developing-health-services/health-and-wellbeing-board/bettercarefund/ [last accessed 24 June 2014]

Electoral Division(s) and Member(s) Affected

All

20 May 2014

Dear Colleague

We are writing to update you about a regional leadership group we are co-chairing, which is supporting the implementation of a number of policy matters affecting health and local government partners across the East Midlands.

Representatives from NHS England, PH England, and ADASS, supported by LGA and DH regional advisers have come together to offer their collective expertise and leadership across the health and wellbeing programme across the East Midlands.

This group has recently been involved in steering the BCF assurance process for the East Midlands, and is engaged in a range of policy developments such as Winterbourne View, the development of Health and Wellbeing Boards and the introduction of the Care Bill.

We have developed some terms of reference having considered the type of support that is likely to be needed during 2014/15.

However we would like to seek some feedback from your perspective and our draft terms of reference are attached at Appendix 1.

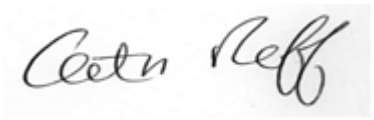
While we recognise traditionally we have hosted regional networks for leaders in similar roles (HWB Board Chairs/Directors of Adult Social care etc.), and that there is an ongoing need for these networks, we also recognise that the system we are now working within requires more joint leadership across a range of organisations/roles. Our regional health and wellbeing development programme therefore also needs to operate on this basis.

We are particularly keen to hear your views about how we can offer more peer support and joint sector led improvement across the region and how best to target regional development events to those topics that would support you most effectively in your local leadership role(s).

We have also been looking at how we can provide more consistent and timely communication across both NHS and local government in key areas of joint working, so thoughts on what would improve this from your point of view would also be very helpful.

We look forward to hearing from you.

Yours Sincerely,



Cath Roff

Regional Lead for ADASS

Strategic Director: Adults, Health and Housing, Derby City Council

Cath.roff@derby.gov.uk

01332 643550

Dr David Sharp

Director (Leicestershire and Lincolnshire Area)

NHS England

david.sharp5@nhs.net

0113 824 9507

Enc. Appendix One Proposed Terms of Reference

APPENDIX ONE

PROPOSED TERMS OF REFERENCE FOR THE EAST MIDLANDS HEALTH AND WELLBEING PROGRAMME LEADERSHIP GROUP

Context

There is a broad and complex set of policy developments targeted to improving health and wellbeing outcomes involving the NHS, Local Government and many other agencies/partners on a local, regional and national basis. This work requires a high level of relationship management, communication and coordination across agencies, at all tiers.

Leaders in the East Midlands have a joint commitment to respond effectively to this agenda and have established a regional leadership group focusing on the health and wellbeing programme as a whole in order to do this.

The East Midlands Health and Wellbeing Programme Leadership Group recognises their role is concerned with supporting local level leadership and relationship management to flourish, respecting the requirements placed on agencies in terms their individual channels of communication and governance arrangements.

Purpose of the Group

To provide expertise and leadership to the development and delivery of a coordinated health and wellbeing programme, so that the citizens of the East Midlands* benefit from improved outcomes, with the whole system working together successfully to achieve this.

**For this purpose, the local authority areas covered and referred to as the East Midlands are Lincs, Rutland, Leics, Leicester City, Notts, Nottingham City, Derbys, Derby City, Milton Keynes, and Northants)*

Terms of Reference

Develop, lead and implement a jointly agreed health and wellbeing programme , at the regional level, covering the following core areas:

- Support the development of health and wellbeing boards as local system leaders
- Promote joint sector led improvement, including through peer support/review
- Promote the further integration of health and care including via the implementation of the Better Care Fund
- Ensure engagement with the programme of work being led by ADASS on the implementation of the Care Bill

- Provide regional level assurance as required, for example:
    - safeguarding vulnerable people, including the Winterbourne View recommendations
    - the development and implementation of local BCF plans
    - the implementation of the Care Bill
    - joined up working in support of challenged health and care economies
- Support local agencies to improve integrated planning through annual and medium term planning cycles (e.g. 2-5 year plans for health and care economies)
- Support regional and local partners to maximise the opportunities for integrated prevention, by making every contact count, and to reduce health inequalities
- Share intelligence across agencies
- Manage communication channels, especially those affecting the constituent agencies operating within health and wellbeing boards
- Influence national developments and represent the East Midlands nationally
- Provide expertise and infrastructure to support regional health and wellbeing learning events
- Ensure regional awareness, and take up, of a range of national resources such as, advisory offers, toolkit, best practice, training/development opportunities
- Showcase local innovation
- Offer mutual support and expertise in trouble shooting
- Manage and target regional level resources to the priorities noted above, including when additional coordinated support is needed within specific parts of the region.
- Plan future priorities and resource needs for the programme on an annual basis.
- Relate to national bodies for communication purposes, etc as appropriate.

Core Membership

NHSE

- NHSE Regional HWB Lead

Local Government

- LA Chief Executive Regional HWB Lead
- Regional Lead for ADASS

PHE

- Centre Director, PHE East Midlands

Advisors as core members:

- Regional representative (s) from the Association of Directors of Public Health
- Deputy Director (Midlands and East) Department of Health
- East Midlands Regional LGA Adviser

By Invitiation

Officers in support of regional delivery as required (e.g. ADASS officer, HWB officer, Care Bill Implementation officer, PHE officer). Other expert advisers/partners as required from local, regional or national teams.

Frequency of Meetings

Routine meetings will be held bi-monthly at a neutral venue close to regional transport links. Urgent business e.g. panel meetings for regional assurance or troubleshooting, by arrangement with co-chairs as needed.

Chairing

Co-chairing has been agreed by arrangement between the regional leads for NHSE and ADASS

Quoracy

4 members of the group, including one co-chair

Administrative and Officer Support

Administrative support to the meetings provided by NHSE including production of minutes. Officer support to the meetings provided by the HWB Board regional adviser.

Publications Gateway Reference: 01685

Quarry House
Quarry Hill
Leeds
LS1 7UE

To: Regional Directors and
Clinical Leads - Clinical Commissioning Groups
Accountable Officers - CCGs
cc: National Directors
Area Directors
Regional Directors of Operations and Delivery
Regional Directors of Finance
Area Directors of Finance

4 June 2014

Dear colleague

Resubmission of operational plans

Following discussions over the past few weeks, we have agreed that we should ask for resubmission of operational plans for 2014/15 and 2015/16. This is to enable the plans to better reflect changes as a result of assurance conversations and changes being made to financial and Better Care Fund (BCF) plans.

This letter outlines the process for resubmission and sets out the key dates for commissioners. We expect Regional and Area Teams to be working with commissioners (CCGs and direct commissioners) to ensure that the plans collected as part of this resubmission represent the most robust set of plans possible. Where plans are not changed, original plans will stand.

Operational Plans

Following submission of these plans on 4 April 2014 and recent assurance discussions, resubmissions should focus on the following areas:

- Activity plans, particularly on elective activity plans to ensure they deliver the RTT standards, and on non-elective plans to ensure they are compatible with BCF plans. Changes by commissioners to the provider/commissioner return should be explicitly agreed with providers.
- IAPT plans where CCGs are just missing the 3.75% ambition, many due to rounding, and also where plans are under ambitious or unrealistic compared to current performance.
- Dementia, similarly to IAPT, where plans are unambitious or unrealistic compared to current performance.

Unify will re- open on **Monday 9 June 2014** for the resubmission of operational plans.

Better Care Fund

Revised BCF plans were submitted on 4 April and have been subject to an assurance process led by Area Teams together with Local Government regional peers. While the assurance process has demonstrated some improvement on the draft plans submitted in February, it has also shown that further work is required on many local plans, particularly around the metrics and finance data, and on the extent of provider engagement in the planning process. In light of this, Ministers confirmed that no BCF plans would be formally signed off in April and that further time should be taken for CCGs and Councils, working with Health and Wellbeing Boards (HWBs), to refine their plans during June.

In addition to resolving issues with the completeness and robustness of data submitted, there are a number of areas on which further information is required from CCGs and HWBs in order to ensure a rigorous assurance process ahead of any plans being recommended for sign off. This includes providing a more detailed breakdown of planned investments and savings, clarification on the impact of the BCF on total emergency admissions, and agreement on the consequential impact on the acute sector. It will be particularly important to demonstrate that adequate savings will be achieved to manage the risk of unplanned activity.

Further guidance and a data collection template will be issued by the end of the week along with clarification on next steps and timetable, with the data required by **27 June**.

Finance

CCGs are asked to submit their most up- to-date financial plans for the period 2014/15 – 2018/19 and submit these to the following email address by **20 June**: NHSCB.financialperformance@nhs.net

Updated templates were issued on Tuesday 3 June. These include a requirement for additional information on the non-elective marginal rate and update the 2013/14 carried forward surplus (where applicable).

The 2013/14 carried forward has been changed in the following circumstances:

- Where the surplus has decreased or a deficit increased between M9+ and M13, the bought forward value has been changed to reflect this.
- Where CCG in deficit has reduced the deficit between M9+ and M13, the bought forward value has been changed to reflect this.
- Where a CCG in deficit at M9+ has moved to a surplus position at M13, the bought forward value has been changed to reflect a breakeven position.
- The position for CCGs in surplus at M9+ increasing the surplus at M13 remains unchanged in that the brought forward surplus value is the M9+ value.
- The change to the bought forward surplus must not have a detrimental effect on drawdown.

Please also complete the additional information requirement on the 2014/15 contracts tab with any other changes agreed with the relevant Area Team and Region.

All but a handful of CCGs have already loaded budgets into ISFE, and the majority of the loaded budgets are consistent with the latest submitted finance plans on 1 May. Could all CCGs please ensure that budgets are loaded and agreed to latest plans by 9 June. This will enable CCGs and the national team to report the financial position at month 2 accurately.

Particular focus should be given in plans to the following:

- Ensuring that the drawdown of prior year surpluses in 2014/15 is minimised.
- Ensuring that investment in Mental Health services does not reduce in absolute cash terms from 2013/14 levels and that plans are in place to make progress towards parity of esteem for 2014/15, including the financial settlements between CCGs and providers.
- Developing greater consistency between financial plans and the Better Care Fund, with regards to the distribution of funds and financial benefits.
- Ensuring that plans are phased appropriately, and match the budgets that will be initially loaded.
- Updating contract information to reflect agreements with providers and the subsequent impact of the Better Care Fund.

<u>Timescale</u>

The deadline for uploading finance budgets for 2014/15 is **Monday 9 June 2014**.

The deadline for re-submission of finance plans, outcome ambitions, NHS Constitution, quality premium and other related measures is **Friday 20 June 2014**.

The deadline for the activity measures (elective, non elective, outpatients) and the Better Care Fund information is **Friday 27 June 2014**.

The date for submission of five year strategic plans remains unchanged at **20th June.**

Yours sincerely,

Sarah Pinto-Duschinsky
Director of Operations & Delivery

Ann Johnson
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Nottinghamshire County Council

Report to Nottinghamshire County Health and Wellbeing Board

2 July 2014

Agenda Item: 10

REPORT OF DIRECTOR OF PUBLIC HEALTH

Air Quality and Health: delivering longer, healthier lives in Nottinghamshire County

Purpose of the Report

1. To advise the Board about the public health significance of good air quality and the adverse health impact of long term exposure to air pollution

2. To highlight the benefits achievable across a number of key public health priorities by joint stakeholder action on air quality, and the synergies associated with public health action on obesity, cardiovascular and respiratory health.

3. To request the Board to:

a. endorse the inclusion of a chapter on air quality in the Joint Strategic Needs Assessment
b. exercise oversight with Nottingham City Health and Wellbeing Board of the work of the Nottinghamshire Environmental Protection Working Group, by raising the profile of the health impacts of poor air quality, and securing partner engagement to the review and subsequent implementation of the Nottinghamshire Air Quality Improvement Strategy
c. receive a draft of the Nottinghamshire Air Quality Improvement Strategy for review and comment at a future meeting.

Information and Advice

Summary

4. Recent national air pollution events have raised public awareness that air quality remains an important and relevant public health issue.

5. Long term exposure to air pollution is harmful at levels well below current air quality targets. The scientific evidence for the health impacts of air pollution has developed substantially in recent years. For many aspects of air pollution there is now a high degree of certainty about the scale and likely mechanisms for adverse impacts.

6. In Nottinghamshire County the main threat to health from poor air quality arises from anthropogenic particulate air pollution and gases.

7. For the population of Nottinghamshire County in 2010, the scale of impact on death rates of long term exposure to man-made particulate air pollution was equivalent to 430 deaths or a loss of 4270 life-years.

8. Air pollution disproportionately affects the health of the vulnerable and most deprived in society.

9. The Nottinghamshire Environmental Protection Working Group comprises officers from district councils and Nottingham City Council, each of which has statutory duties related to air quality management. The group is engaging partners to review the local Air Quality Improvement Strategy. A Joint Strategic Needs Assessment (JSNA) chapter is being developed which will support the review of the Air Quality Improvement Strategy.

10. A number of achievable actions have been identified which local authorities can take with their partners to improve air pollution and health.

11. The oversight and raised profile that the Nottinghamshire County and Nottingham City Health and Wellbeing Boards can provide would bring renewed focus to the collaborative working that is needed for the development of the Nottinghamshire Air Quality Improvement Strategy and for the realisation of improvements in public health.

Health Impacts of Air Pollution

12. The high air pollution event experienced across the UK in the spring of 2014 again raised public awareness that air quality remains an important and relevant public health issue.

13. In Nottinghamshire County the main air quality hazard arises from anthropogenic fine particulate matter[1] (which are small enough to float in air and are inhaled deep into the lungs) and gases (including NO_2, SO_2, O_3 and some volatile compounds).

14. Much of this pollution comprises products of combustion or incomplete combustion (e.g. soot, benzene-based carcinogens) or friction (e.g. silica, heavy metals, rubber, bitumen). In urban areas, road transport is responsible for up to 70% of the harm associated with air pollution.

15. Evidence of the impacts of air quality on health has developed substantially over recent years. Since 2005 when current EU air pollution limits were set, the scientific understanding of the health effects of everyday air pollution has advanced with the publication of several thousand epidemiological, laboratory and toxicological studies. As a result, there is a high degree of certainty and precision about many of the population effects of even low levels of air pollution. For example:

[1] Particulate matter are categorised according to their size in micrometres (thousandths of a millimetre). Roughly speaking, $PM_{2.5}$ are approximately 2.5 micrometres in diameter. To put this in context, consider that the breadth of an average human hair is in the order of 100 micrometres.

- Studies confirm that there is no safe level of exposure to particulate air pollution. It is toxic well below current EU & UK limits (REVIHAAP, 2013)

- Long term exposure to everyday air pollutants contributes to the development of cardiovascular disease, stroke, lung cancer, respiratory disease, and asthma

- The lower the levels of air pollution, the better the cardiovascular and respiratory health of the population will be, both long- and short-term (WHO Factsheet on outdoor air pollution)

- The impact of air quality on mortality is most closely associated with concentrations of ambient or background $PM_{2.5}$. (HRAPIE, WHO, 2013). Reductions in population exposure to air pollution yield appreciable benefit in terms of increased life expectancy (COMEAP, 2010). Every 10 $\mu g/m^3$ decrease in long term exposure of $PM_{2.5}$ there is associated with an increase in life expectancy of about 7 months (Pope et al, 2009)

- Road transport is responsible for up to 70 per cent of air pollutants in urban areas (King's Fund, 2013). It is frequently the most deprived in society who experience the greatest impact, through occupying housing closest to main transport routes. Many studies have shown excess health risks in proximity to roads (REVIHAAP, 2013)

- Improving air quality could have an enormous impact on health. The health impacts of air pollution are greater than the risks of passive smoking and transport accidents added together (Department of Health 2010).

16. Important conclusions to draw from this are that the health impacts of air pollution make it a significant public health problem (irrespective of whether local air quality targets are being met), and that there is good evidence for how air pollution causes or contributes to disease processes which lead to premature deaths. The burden of death and ill-health arising from this is experienced across the whole population, but it falls disproportionately on those living in environments close to main transport routes.

17. Public Health England has included an indicator in the Public Health Outcome Framework relating to air quality. The indicator is a summary measure of the impact on death rates of long term exposure to man-made particulate air pollution. It can be expressed in different ways, which are described in detail in Appendix 1. The indicator underlines the scale of the health impact and the fact that it is modifiable.

18. Appendix 2 provides a map illustrating current levels of $PM_{2.5}$ across Nottinghamshire County and Nottingham City.

The role of Local Authorities

19. Nottinghamshire County Council and Nottingham City Council have renewed responsibility for public health following the government's 2012 health and social care reforms and the creation of local Health and Wellbeing Boards to establish and promote health priorities.

20. Historically local authorities had a major role in protecting public health from introducing drainage, sanitation and clean water to reducing air pollution from domestic fires and industrial activity. Local Authorities were instrumental in the success of the Clean Air Acts that were introduced following the Great Smog of London in 1952, which is estimated to have caused and brought forward the deaths of over 12,000 people in London alone. Unlike the smogs of the 19th and 20th centuries, today's air pollution is almost invisible, but remains deadly.

21. Unitary and lower tier local authorities have spent the last 15 years developing, implementing and revising air quality strategies and air quality action plans to reduce air pollution from these 'invisible' pollutants. Further essential reductions in pollutants are proving difficult to achieve.

22. Appendix 3 identifies Local Air Quality Management objectives, and provides maps of the Local Air Quality Management Areas in Nottinghamshire County and Nottingham City.

Joint Action on Air Pollution

23. There are a range of evidence based and achievable actions which improve air quality and health outcomes (e.g. The Kings Fund, 2013). Action can be taken at a number of levels and, in some cases, overlaps significantly with those to increase physical activity, decrease obesity and improve cardiovascular and respiratory health. For example:

- Nearly 80 per cent of car trips under five miles could be replaced by walking, cycling or using public transport (Cabinet Office Strategy Unit 2009).
- Promote active travel among local authority staff, and work with major local employers across all sectors to do the same (King's Fund, 2013).
- Improve street environments to prioritise place over cars by increasing perceptions of safety, quality of life and 'walkability' (King's Fund, 2013).
- Inform susceptible individuals (the elderly, those with existing heart disease and respiratory disease) of the risks of air pollution, how to take avoiding action and how to use air pollution forecasts (American Heart Association)
- Organise 'eco-driving' training for taxi-drivers to encourage more fuel-efficient driving, and reduce idling at taxi ranks (Kilbane-Dawe, 2012)
- Replace boilers with the least polluting models (Kilbane-Dawe, 2012)
- Ensure that new buildings are air quality neutral (Kilbane-Dawe, 2012)

- Make full use of local authority powers to regulate types of traffic and traffic flows to ensure that they are fully contributing to public health strategies and goals (King's Fund, 2013).

24. Prioritising action in this way delivers benefits across the agendas of local authorities and clinical commissioners, and to the following Public Health and NHS Outcome indicators.

Indicator (Framework)	Description
1.10 (PHOF)	Rate of people killed and seriously injured on the roads, all ages, per 100,000 resident population
1.16 (PHOF)	Percentage of people using outdoor space for exercise/health reasons
2.06i (PHOF)	Percentage of children aged 4-5 classified as overweight or obese
2.06ii(PHOF)	Percentage of children aged 10-11 classified as overweight or obese
2.12 (PHOF)	Percentage of adults classified as overweight or obese
2.13i (PHOF)	Percentage of adults achieving at least 150 minutes of physical activity per week in accordance with UK CMO recommended guidelines on physical activity
3.01 (PHOF)	Fraction of all-cause adult mortality attributable to long-term exposure to current levels of anthropogenic particulate air pollution
3.06 (PHOF)	Percentage of NHS organisations with a board approved sustainable development management plan
4.04i (PHOF)	Age-standardised rate of mortality from all cardiovascular diseases (including heart disease and stroke) in persons less than 75 years of age per 100,000 population
4.07i (PHOF)	Age-standardised rate of mortality from respiratory disease in persons less than 75 years per 100,000 population
2.3i and 2.3ii (NHS OF)	Reducing time spent in hospital by people with long-term conditions i Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults) ii Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s

25. Action on air quality is required at multiple levels including at district, city and county level, and will build on work which is already taking place. Local authorities work with developers and planners to ensure developments within their area consider air quality and incorporate design features, mitigation or alternative provision to reduce or minimise emissions that may affect air quality or climate change. For example, work is ongoing in Mansfield to change district heating

boilers from coal to gas, and use ground-source heat-pump systems in some blocks of flats which will reduce emissions. In Pleasley, working together with planning colleagues, proposed new houses have been laid out on short side streets so their gable ends are to the main road, to reduce the impact of NO_2.

26. Nottinghamshire County Council, as the highway authority for most of Nottinghamshire's road network outside the Nottingham City boundary, has identified and is implementing a range of measures to reduce emissions from road transport throughout Nottinghamshire. These are reported in the Local Transport Plan that is produced jointly with Nottingham City Council. An excerpt of the range of activity underway is provided in Appendix 4 for Nottinghamshire County and Nottingham City.

27. It must be noted however, that the measures detailed in the Local Transport Plans will not be sufficient on their own to solve the air pollution/air quality challenge faced in Nottinghamshire County.

28. Although regulatory activity does control polluting emissions, the collective benefits of small changes in the actions, life and travel choices of individuals will also have a significant impact on air pollution and on the health of those individuals.

The role of the Health and Wellbeing Board

29. Prioritising action on air quality would significantly improve the public health outcomes of people in Nottinghamshire County and Nottingham City. This requires effective joint working across Nottingham City Council, Nottinghamshire County Council and all district councils in Nottinghamshire. Departments including environmental health, transport, housing, planning, and public health all have a role to play.

30. The Nottinghamshire Environmental Protection Working Group (NEPWG) is about to review the local Air Quality Improvement Strategy. The membership of NEPWG includes representatives from Ashfield District Council, Bassetlaw District Council, Broxtowe Borough Council, Gedling Borough Council, Mansfield District Council, Newark and Sherwood District Council, Nottingham City Council, Rushcliffe Borough Council. The NEPWG are seeking engagement from partners including public health, transport and planning, at district, county and city levels. This joint approach is critical to the long term success of the strategy and its implementation. A JSNA chapter on Air Quality is being developed which will support the review of the Air Quality Improvement Strategy.

31. The Health and Wellbeing Boards in both local authority areas are requested to exercise oversight of the work of the NEPWG. This includes raising the profile of

the health impacts of air quality, and securing partner engagement to the review of the Nottinghamshire Air Quality Improvement Strategy.

Reasons for Recommendations

32. Air quality is a significant determinant of health. Mortality associated with air quality features in the Public Health Outcomes Framework.

33. Oversight by the Health and Wellbeing Board will bring additional momentum and focus to the work of the Nottinghamshire Environmental Protection Working Group and the local authority partners it represents.

Statutory and Policy Implications

34. 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.

35. Actions to improve air quality are in line with the principles of sustainability and will have long term benefits for the environment as well as positive impacts on health and wellbeing.

RECOMMENDATION/S

1) To note the public health significance of good air quality and that the adverse health impact on our residents of long term exposure to air pollution is modifiable.

2) To exercise shared oversight with the Nottingham City Health and Wellbeing Board of the work of the Nottinghamshire Environmental Protection Working Group, in order to raise the profile of the health impacts of air quality, and to secure partner engagement to the review and subsequent implementation of the Nottinghamshire Air Quality Improvement Strategy.

3) To endorse the inclusion of a chapter on air quality in the JSNA.

4) To receive a draft of the Nottinghamshire Air Quality Improvement Strategy for review and comment at a future meeting.

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Constitutional Comments (SG 20/06/14)

36. The proposals in this report fall within the remit of the Health and Wellbeing Board.

Financial Comments (KAS 11/06/14)

37. There are no financial implications contained within the 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.

Buck, D. and Gregory, S. *Improving the public's health: A resource for local authorities* , The King's Fund 2013

Review of Evidence of the Health Aspects of Air Pollution (REVIHAAP) - Technical Report, World Health Organisation Office for Europe, 2013

Air Quality - Environmental Audit Committee Memorandum, Department of Health, 2010, Available at http://www.publications.parliament.uk/pa/cm200910/cmselect/cmenvaud/229/229we28.htm, accessed 02.05.2014

The Mortality Effects of Long-Term Exposure to Particulate Air Pollution in the United Kingdom, Committee on the Medical Effects of Air Pollutants (COMEAP)

C. Arden Pope III, Ph.D., Majid Ezzati, Ph.D., and Douglas W. Dockery, Sc.D. *Fine-Particulate Air Pollution and Life Expectancy in the United States*, New England Journal of Medicine, 2009;360:376-86.

Henschel, S. and Chan, G. *Health risks of air pollution in Europe (HRAPIE): New emerging risks to health from air pollution – results from the survey of experts*. WHO Regional Office for Europe, 2013.

Brook, R.D. et al. *Particulate Matter Air Pollution and Cardiovascular Disease : An Update to the Scientific Statement From the American Heart Association*, Journal of the American Heart Association, Circulation 2010, 121:2331-2378.

Gowers, A.M. et al. Estimating Local Mortality Burdens associated with Particulate Air Pollution, Public Health England, 2014

Kilbane-Dawe, I. *14 Cost Effective Actions to Cut Central London Air Pollution*, Par Hill Research Ltd. Science, Environment and Policy Research. Available at http://www.rbkc.gov.uk/pdf/air_quality_cost_effective_actions_full_report.pdf, accessed 02.05.2014

Cabinet Office Strategy Unit, *An Analysis of Urban Transport.* 2009. Available at http://webarchive.nationalarchives.gov.uk/+/http:/www.cabinetoffice.gov.uk/media/308292/urbantransportanalysis.pdf, accessed 02.05.2014

Electoral Division(s) and Member(s) Affected

- 'All'

APPENDIX 1: Public Health Outcome Indicator 3.01 – explanation and derivation

Public Health England has included an indicator in the Public Health Outcome Framework which is the "Fraction of mortality attributable to particulate air pollution". It is a measure which relates to the impact of air pollution on death rates. In the Public Health Outcomes Framework it is expressed as the percentage of all adult deaths which scientific data indicate are attributable to long term exposure to man-made particulate air pollution. By this measure, in Nottinghamshire County, air pollution is responsible for 5.3% of all adult deaths.

Another way of framing this evidence is to say that long term exposure to air pollution is responsible for 430 deaths in Nottinghamshire County. This is helpful for alerting people to the general scale of the problem, but obscures the fact the harmful effect of air pollution is actually experienced more widely than this.

A further approach, still based on the same evidence, is to say that long term exposure to air pollution in Nottinghamshire County is responsible for the loss of 4270 life-years each year across the population. Framing the scale of impact in this way underpins the point that the burden of air pollution is experienced across the whole population (not just 430 individuals), i.e. there are many residents whose lives are shortened through long term exposure to air pollution.

Derivation
Recent research suggests that the effect of long-term exposure to air pollution on mortality is most closely associated with current background levels of particulate pollution ($PM_{2.5}$).

Public Health England, in their report "Estimating local mortality burdens associated with particulate air pollution"[2] sets out the estimation of the impact of man-made particulate air pollution ($PM_{2.5}$) on death rates and life-years lost, for local authorities across the UK.

Attributable Fraction
Definition: the proportion of deaths estimated as due to long-term exposure to anthropogenic particulate air pollution.

Using research on the increased risk of mortality due to particulate air pollution, and the estimated background concentrations of man-made $PM_{2.5}$ in local areas, this measure gives the percentage of all deaths for that area that are attributable to long-term exposure to current levels of man-made particulate air pollution.

Attributable deaths
Definition: long-term exposure to anthropogenic particulate air pollution is estimated to have an effect on mortality risks equivalent to the number of attributable deaths.

We can quantify the impact of air pollution by considering the number of deaths that would occur in an area if air pollution were the sole cause of death. Measured in this

[2] http://www.hpa.org.uk/Publications/Environment/PHECRCEReportSeries/PHECRCE010/

way, the impact on death rates is equivalent to 150 deaths in Nottingham City and 430 deaths in Nottinghamshire County in 2010.

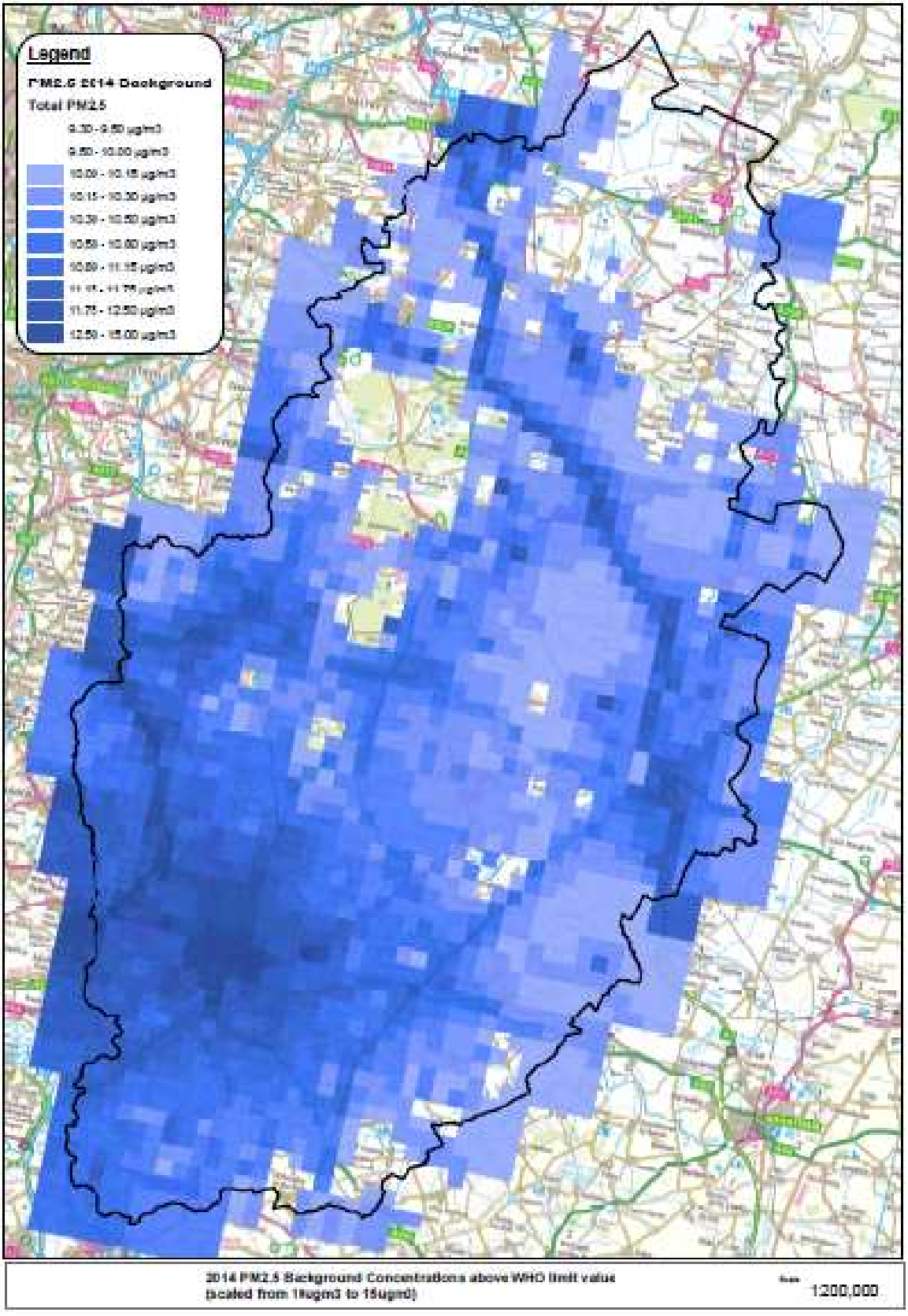
In reality, air pollution is likely to be a contributory factor to the deaths of a larger number of individuals exposed to the pollution over the long term, rather than being solely responsible for a death.

Associated life-years lost
Definition: the years of life lost to the population due to increased mortality risk attributable to long term exposure to particulate air pollution.

Another way to quantify the impact is in terms of the total number of years of life that are lost across the local population each year through people dying early due to air pollution.

This measure gives an estimate of how many more years of life would have been lived by the population if air pollution had not been present. For Nottinghamshire County there were an estimated 4,270 life years lost and for Nottingham City, an estimated 1,559 life years lost in 2010.

APPENDIX 2: 2014 $PM_{2.5}$ Background Concentrations above the WHO limit value, Nottinghamshire County & Nottingham City.



APPENDIX 3: Local Air Quality Management

The Environment Act 1995 Part IV introduced the requirement for a National Air Quality Strategy (NAQS) and the concept of Local Air Quality Management (LAQM). The Strategy has to include statements on “standards relating to the quality of air” and “objectives for the restriction of the levels at which particular substances are present in the air”.

Section 82 of the Environment Act 1995 requires Local Authorities (District Councils and Unitary Authorities, but not County Councils) to review the air quality in their area and assess whether prescribed Air Quality Objectives (AQOs) will be achieved by the specified attainment dates for each pollutant of concern. The objectives are stated in the NAQS and enacted through the Air Quality (England) Regulations 2000 (as amended).

Excerpt from the National Air Quality Objectives detailing the common pollutants

Pollutant	Applies to	Objective	Concentration measured as	Date to be achieved by and maintained thereafter
Nitrogen dioxide	UK	200 μg/m^3 not to be exceeded more than 18 times a year	1 hour mean	31 December 2005
	UK	40 μg/m^3	annual mean	31 December 2005
PM_{10}	UK	50 μg/m^3 not to be exceeded more than 35 times a year	24 hour mean	31 December 2004
	UK	40 μg/m^3	annual mean	31st December 2004
$PM_{2.5}$	UK (except Scotland)	25 μg/m^3 (target)	annual mean	2020
	Scotland	12 μg/m^3 (limit)	annual mean	2020
Sulphur dioxide	UK	125 μg/m^3 not to be exceeded more than 3 times a year	24 hr mean	31 December 2004
	UK	350 μg/m^3 not to be exceeded more than 24 times a year	1 hr mean	31 December 2004
	UK	266 μg/m^3 not to be exceeded more than 35 times a year	15 min mean	31 December 2005

The 2000 Regulations provide that 'achievement or likely achievement of the Air Quality Objectives is to be determined by reference to the quality of the air at locations which are situated outside of buildings… … and where members of the public are regularly present.'

The Strategy requires that '… Local Authorities should have regard to those locations where members of the public are likely to be regularly present and are likely to be exposed over the averaging period of the objective.'

Examples of where the Air Quality Objectives should/should not apply.

Averaging Period	***Objectives should apply at***	***Objectives should generally not apply at***
Annual mean	All locations where members of the public might be regularly exposed. Facades of residential properties, schools, hospitals, libraries	Building facades of offices or other places of work. Gardens of residential properties. Kerbside sites or locations where public exposure is likely to be short term.
24-hour mean, 8-hour mean	All locations where the annual mean objective would apply. Gardens of residential properties.	Kerbside sites or any other location where public exposure is expected to be short term.
1-hour mean	All locations where the annual mean and 24 and 8-hour mean objectives apply. Kerbside sites (e.g. pavements of busy shopping streets). Those parts of car parks, bus stations and railway stations etc. which are not fully enclosed, where the public might reasonably be expected to spend 1-hour or more. Any outdoor locations to which the public might reasonably be expected to spend 1-hour or longer.	Kerbside sites where the public would not be expected to have regular access.
15-mean	All locations where members of the public might reasonably be exposed for a period of 15 minutes or longer	

Air Quality Management Areas

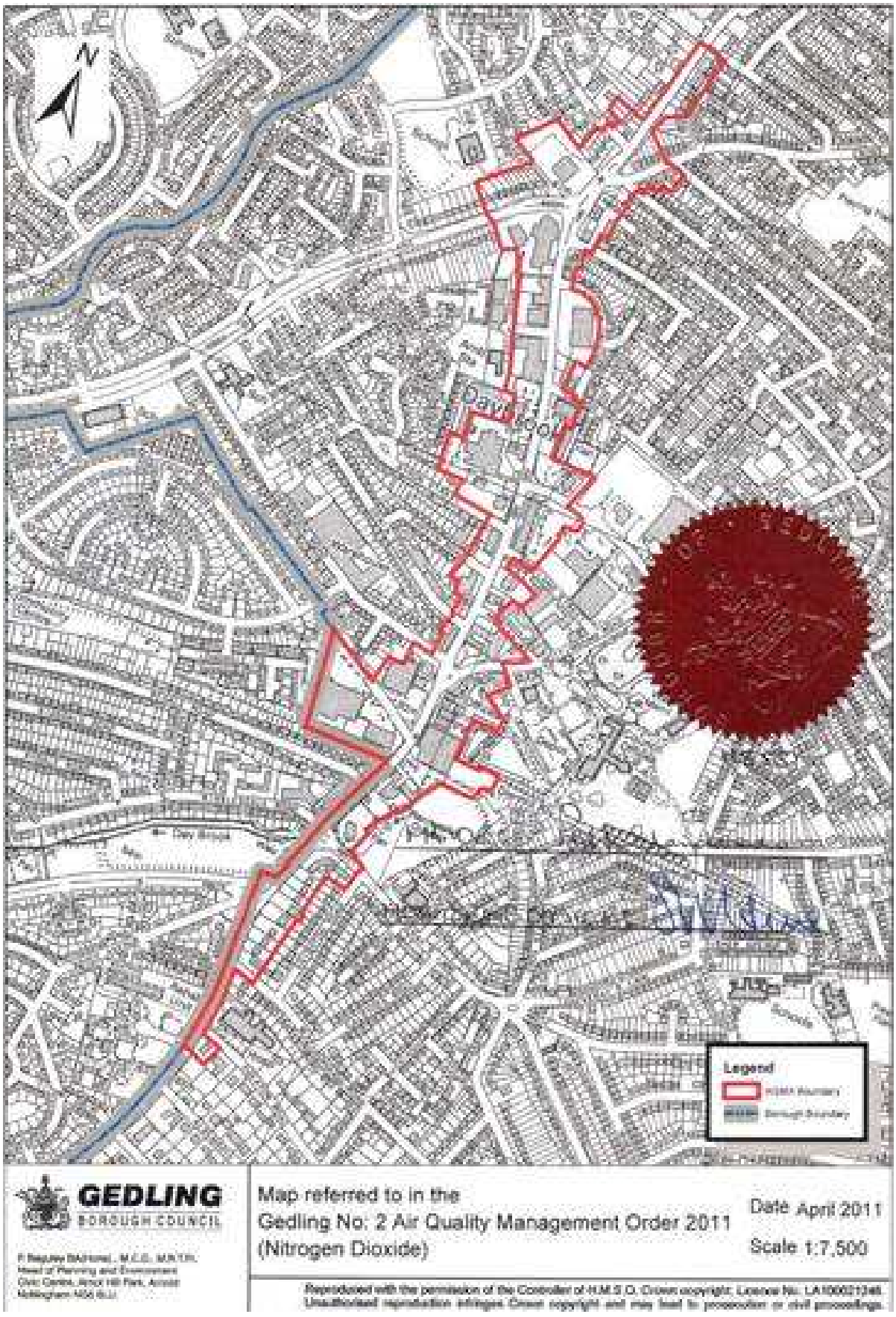
Where it is determined that an Air Quality Objective will not be achieved by the specified date (or where after the given date an AQO is not being achieved), Section 83 of the Environment Act 1995 requires Local Authorities to designate Air Quality

Management Areas (AQMAs) by order and; to formulate and publish corresponding Air Quality Action Plans (AQAPs).

There are currently 10 designated Air Quality Management Areas in Nottinghamshire. All the areas arise due to nitrogen dioxide from road traffic and thus occur at the City and County's major roads and junctions.

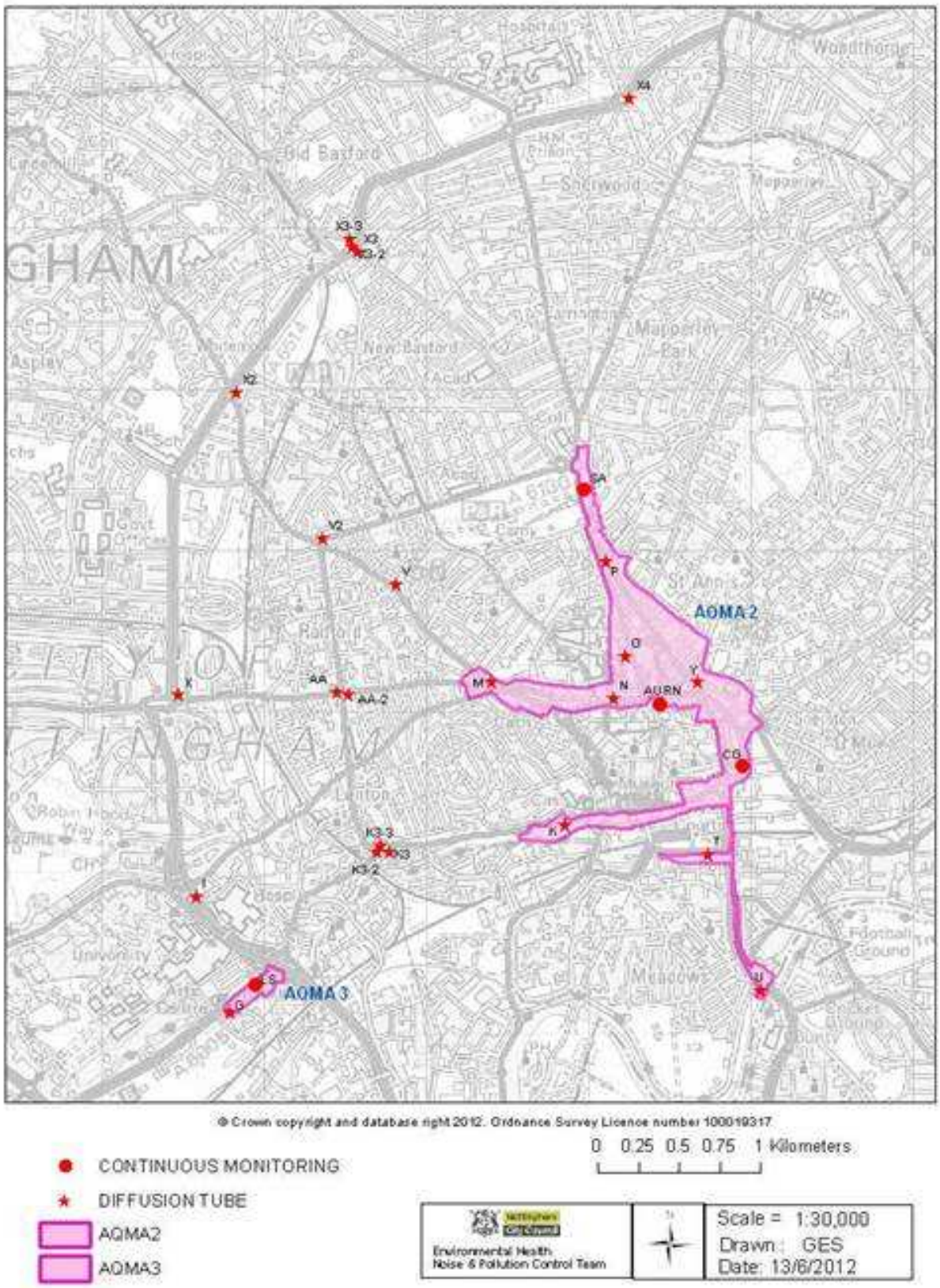
Broxtowe Borough Council Air Quality Management Areas

Gedling Borough Council Air Quality Management Areas

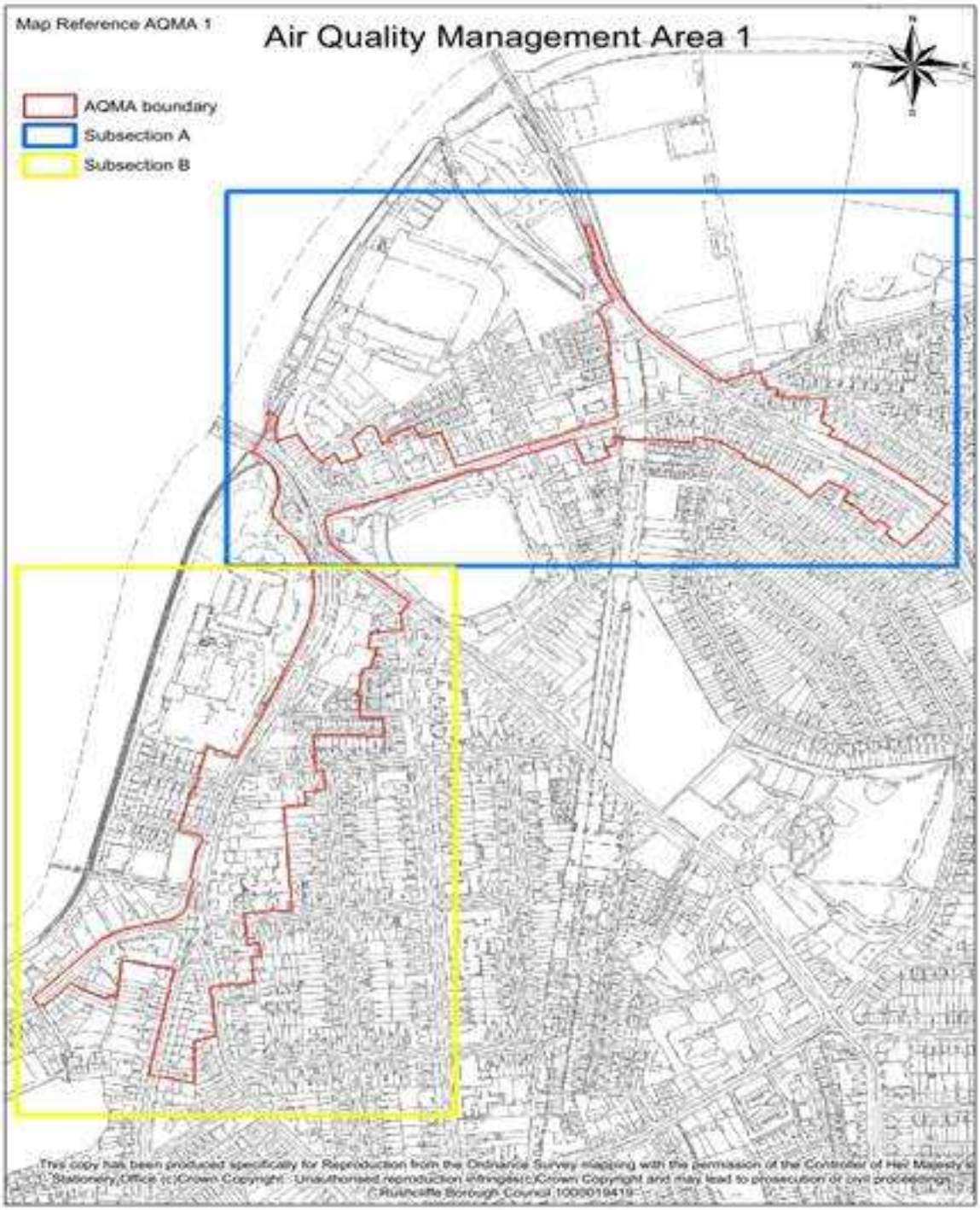


Nottingham City Council Air Quality Management Areas

Air Quality Management Areas and monitoring sites 2011



Rushcliffe Borough Council Air Quality Management Areas (less Stragglethorpe jnctn)



Air Quality Action Plans

Throughout the LAQM Review and Assessment process, local road traffic has been identified as the major source of the measured/predicted exceedences of the nitrogen dioxide annual mean AQO.

Consequently the Air Quality Action Plans (AQAP) have been incorporated into the Local Transport Plan (LTP). The aim of AQAP is to improve air quality and reduce areas of exceedence. It contains a description of measures to be taken and dates by which it is hoped they will be achieved.

The AQAP relating to the current AQMAs were produced in June 2010 and are part of the current LTP – 'Nottingham City Council's Local Transport Plan 3: 2011 – 2026 Strategy' (LTP 3).

Nottingham City Council's Local Transport Plan can be found at the following web address which also has links to associated documents and pages:

www.nottinghamcity.gov.uk/transportstrategies

Nottinghamshire County Council's Local Transport Plan can be found at the following web address which also has links to associated documents and pages

http://www.nottinghamshire.gov.uk/travelling/travel/plansstrategiesandtenders/local-transport-plan/ltp3/

Air Quality Strategy

Whilst only four local authorities have declared Air Quality Management Areas, local authorities are keen to ensure that they work together in a co-ordinated manner to manage and, where possible, improve local air quality. Furthermore, government guidance recommends all local authorities whether or not they have any AQMAs within their area, to devise local air quality strategies to improve air quality and minimise the effects of global warming and climate change.

With this in mind the emission inventory and results of a survey undertaken across Nottinghamshire of attitudes and what people and businesses might be prepared to do to improve air quality were used to help establish an air quality framework agreed by all the local authorities and partner organisations (the Environment Agency, the Health Protection Agency and Primary Care Trusts) in Nottinghamshire to ensure effective consultation and co-operation.

Recent developments in the evidence and other technological advances, together with recent organisational changes to the former HPA and PCTs, mean that the strategy now requires revision. The current Nottinghamshire's Air Quality Improvement Strategy 'A breath of fresh air' may be found in the download section at:-

http://www.nottinghamcity.gov.uk/article/23015/Air-Quality

APPENDIX 4: Current Activities to address Air Quality, Incorporated into the Local Transport Plan

Nottingham City: Current sustainable transport activities to improve Air Quality by supporting modal shift to sustainable alternatives:

At a strategic level:

- Development of an integrated public transport network through the delivery of NET Phase 2 providing Lines 2 and 3 of the tram with associated park and ride due to open in late 2014 along the the south and south-west corridors of the conurbation serving key destinations including NUHT QMC campus, University of Nottingham and NG2 Business Park.
- Implementation of the UK's first Workplace Parking Levy for businesses with 11 or more parking spaces which encourages businesses and commuters to adopt more sustainable travel options.
- Delivery of £15million Local Sustainable Transport Fund programme across the Nottingham urban area

The Nottingham urban area Local Sustainable Transport Fund programme 2011/12 – 2014/15 comprises 4 areas of activity:

A: Smartcard development and integrated ticketing: Establishment of a smartcard retail network across the conurbation is on track for completion in 2014 including a network of onstreet ticket vending machines located at NET stops, city centre bus stops, local centres and key locations across the conurbation along with a network of Payzone outlets at 175 shops and improved Kangaroo website. Also providing funding for half price travel deal for job seekers and access to college.

B: Community Smarter Travel Hubs and liveable neighbourhoods: Community Smarter Travel Hubs offer new way of engaging with local people, community groups and businesses to promote travel options. A network of five Community Smarter Travel Hubs has been established with dedicated Travel Coordinators to directly engage with communities to respond to barriers to travel and providing advice on smarter choices, e.g. how to save money on travel, save time, get healthy, learn new skills including volunteering opportunities and gain employment. This project is a joint venture with Nottingham City Public Health part funding the Travel Coordinator posts. A programme of 20mph limits is being implemented across the City to create a network of low speed residential roads more conducive to walking and cycling along with safer routes to school schemes;

C: Creating a low carbon transport network including WorkSmart sustainable travel business support programme through the GNTP Business Club services: EcoStars accreditation scheme (see below; investment in electric local ink buses (see below); cycle infrastructure development; Citycard Cycle Club (see below); and City Car Club (launched this month);

D: Active Travel Partnerships to deliver a community-wide walking and cycling programme to encourage uptake of walking and cycling - see below.

Specific transport projects which are directly improving air quality:

- Roll out of Ecostars programme with employers in the Nottingham urban area to promote eco-driving and greener fleets, has supported over 50 organisations (LSTF funding)
- Electric link bus network – 8 currently in service, a further 20 buses to be launched in June 2014. By end of 2015 will have 56 EVs in the locallink fleet = largest electric bus fleet in Europe (LSTF, LTP, and Green Bus Funding)
- Kick-starting investment in EV infrastructure by providing a network of EV charging points at park and ride sites and rail station and working with the Plugged in Midlands partnership to encourage employers to install EV charging points at their worksites – (LTP and Plugged in Midlands funding)

Examples of Local Sustainable Transport Fund initiatives to increase active travel

- Established a network of Citycard Cycle and Cycle Hubs: 12 Citycard cycle hubs have been introduced at all Park and Ride sites, bus and rail stations and key points across the city centre. Citycard holders can access these secure own bike parking facilities for free using their Citycard. The Citycard Cycle Hire scheme provides 400 hire bikes and docking stations providing to promote sustainable travel for residents, commuters and tourists. Improvements to the hire scheme using mobile phone bookings are now being rolled out.
- Community-wide cycling programme to encourage uptake of cycling by providing a programme of events, support, advice and training through Smarter Travel Hubs, schools, colleges, universities workplaces including:
    - free one to one and group cycle training;
    - a programme of community rides;
    - regular Cycle Centres providing a range of cycle services in communities;
    - high profile annual active travel events calendar (attended by over 12,000 people in 2013) including Light Night, Cycle Live, Milk race and European Mobility Week;
    - Bikeability, Lifecycle and active travel programmes in primary and secondary schools; and
    - continuation of the Ucycle programme in universities and FE colleges.

Future activities – include delivery of Cycle City Ambition Plan including package of infrastructure improvements to deliver a transformational change in the way citizens are able to travel around the City by bike comprising:

- North – south and east - west cross city cycle corridors
- A network of cross city centre cycle routes
- Investment in off road routes through parks and green spaces including River Leen corridor
- Investment in our neighbourhood cycle facilities

(This is subject to capital funding bid through the D2N2 Strategic Economic Plan)

A bid for £1.180 million has also been submitted to the Department for Transport for continuation of Local Sustainable Transport Fund activities working with communities and the business sector with a focus on access to employment for 2015/16 complemented by a £1million bid for capital funding for small-scale sustainable travel infrastructure through the D2N2 Local Enterprise Partnership. The outcome of these funding bids is expected in July 2014.

Nottinghamshire County Council: Highways Division Activity on Active Travel

1. Background

The County Council Highways division undertakes a variety of programmes that encourage more healthy, active travel including an annual programme of 'smarter choices' activities as well as infrastructure improvements. These programmes aim to reduce congestion by encouraging people to travel sustainably through:

- Promotion of active and sustainable travel (e.g. production of cycling leaflets and acting as a signpost to local, regional and national walking and cycling travel planning websites)
- Travel planning (e.g. residential travel plans as part of new developments, workplace and school travel plans)
- Grants for small scale capital projects for businesses that develop voluntary travel plans
- Development control (e.g. working with planning authorities to minimise the impacts of development and ensure that walking and cycling facilities are provided)
- Infrastructure improvements to improve access to local services on foot and bicycle (e.g. crossing facilities, footway improvements, cycle routes and safety improvements to encourage walking and cycling such as 20mph speed limits outside schools).

In addition to the above, in 2013/14 the County Council also set up two enhanced pilot programmes aimed at reducing congestion through encouraging more walking, cycling (and bus use) which are detailed below.

2. Enhanced targeted travel planning

A programme of County Council funded personalised and workplace travel planning was undertaken during 2013/14. The objective of the travel planning was to reduce car use for short, local, journeys (up to five miles) by promoting awareness of sustainable travel options, such as walking, cycling and passenger transport. The travel planning was undertaken in the Mansfield, Sutton in Ashfield and Worksop areas. These locations were selected due to the fact that they have:

- High levels of people travelling short distances to work by car
- Congestion hotspots on the local road network
- Higher than average levels of obesity and poor health
- High frequency bus services
- Existing good pedestrian access to local services/workplaces
- Existing under-used cycle facilities.

2.1 Workplace travel planning

Workplace travel planning was undertaken at ten business parks (encompassing over 200 businesses) in the Mansfield and Worksop areas. The project included meetings with management to ensure corporate 'buy-in' and established travel planning forums/clubs on each of the business parks to help ensure the work is sustained beyond the life of the initial project. Information on walking, cycling and bus facilities was provided to all staff; followed by travel clinics at each business park

delivering individually tailored travel advice, cycle maintenance sessions, the offer of training, and incentives such as subsidised bus tickets.

Walking, cycling and bus infrastructure improvements on routes to the business parks have been identified and, where possible, will be delivered during 2014/15 to encourage sustainable journeys.

Existing travel habits have been surveyed and post-project surveys will be undertaken later in 2014 which will be used to evaluate the success of the project.

2.2 Personalised travel planning

Personalised travel planning was undertaken with approximately 12,000 households in the Mansfield Woodhouse, Sutton in Ashfield and Worksop areas (approximately 5,000 in Mansfield Woodhouse; 3,000 in Sutton in Ashfield; and 4,000 in Worksop). The project included introductory written information on the programme to all the households followed shortly by a visit from a travel advisor to discuss existing travel habits, the different travel options available (and their benefits) and to discuss what travel information on these options the household may like to receive. A tailored travel information pack with the requested details, along with travel incentives such as subsidised bus tickets, was then provided to each household.

A full evaluation of the project was undertaken with participants including travel behaviour surveys before and after the programme was undertaken. Whilst the data is still being analysed the results show that the personalised travel planning was very successful in reducing single occupancy car trips on both work and shopping trips.

Amongst those who participated:

- Single occupancy car journeys to work decreased by 18% (from 68% to 50% of all trips).
- Walking journeys to work increased by 2% (from 11% to 13% of all trips)
- Cycling journeys to work increased by 3% (from 2% to 5% of all trips)
- Bus journeys to work increased by 7% (from 6% to 13% of all trips)
- Train journeys to work increased by 1% (from 1% to 2% of all trips)
- Car sharing journeys to work increased by 6% (from 7% to 13% of all trips)

At a more local level:

- In Mansfield Woodhouse walking journeys to work increased by 3% but cycling journeys to work decreased by 1%
- In Sutton in Ashfield walking journeys to work increased by 2% and cycling journeys to work increased by 5%
- In Worksop walking journeys to work increased by 4% and cycling journeys to work increased by 7%.

2.3 Future programmes

Given the success of the programmes in reducing single occupancy car use it is planned to undertake personalised travel planning in the Gedling area (locations to be determined) during the 2014/15 financial year. This is to complement the work being undertaken to address the Air Quality Management Area along the A60 in Daybrook.

A Local Sustainable Transport Fund (LSTF) bid has also been made to extend the personalised and workplace travel planning undertaken in Mansfield and Worksop to a further 40,000 households and approximately 29,000 employees. A decision on the bid will be made in July 2014 and if the bid is successful the programme would be delivered in 2015/16.

3. Smarter travel co-ordinators

In 2012 the County Council submitted a successful joint Local Sustainable Transport Fund (LSTF) bid with Nottingham City Council for the Greater Nottingham area. The LSTF bid aims to improve the local economy whilst reducing carbon emissions (e.g. by reducing congestion and improving access to work by increasing the numbers of journeys made on foot, cycle and bus).

The County Council has facilitated the employment of smarter travel co-ordinators in the Broxtowe and Gedling districts to support the Greater Nottingham LSTF activities by working with local communities to encourage more walking and cycling, particularly on work journeys. The co-ordinators brief includes the development and management of an annual programme of events and interventions, marketing campaigns, and developing a network of local volunteer smarter travel champions to help ensure the project is sustained in the longer term.

The two posts are being funded from local developer contributions secured through the planning process. The Broxtowe co-ordinator is provisionally contracted for one year (with the possibility of extending it to March 2015 if Broxtowe Borough Council can secure additional funding), whilst the Gedling co-ordinator is contracted up to the end of March 2015.

END OF APPENDICES

Nottinghamshire County Council

Report to the Health and Wellbeing Board

2 July 2014

Agenda Item: 11

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

PROGRESS REPORT ON THE HEALTH AND WELLBEING STRATEGY DELIVERY PLAN

Purpose of the Report

1. To provide the Health and Wellbeing Board with an overview of progress in developing the Health and Wellbeing Strategy Delivery Plan as an internet based resource.

2. To seek approval from the Board for the plan to restructure the supporting structures to deliver the Health and Wellbeing Strategy.

3. To seek agreement that the Delivery Plan should be presented in September 2014.

Information and Advice

4. The Health and Wellbeing Strategy 2014-17 for Nottinghamshire was approved by the Health and Wellbeing Board in March 2014.

5. The Strategy was developed following a public consultation during 2013.

6. The consultation feedback showed that people wanted a clear and accessible strategy document which has been developed. These principles are also being applied to the Delivery Plan to ensure that it is web based and easy to access and simple to navigate.

7. The strategy document provides the vision of the Health and Wellbeing Board to improve health and wellbeing in Nottinghamshire, including four ambitions - to give everyone a GOOD START; for people to LIVE WELL; that people COPE WELL and that commissioners and service providers WORK TOGETHER to improve health and wellbeing through twenty priority areas.

8. The health and wellbeing priorities within the Strategy have been identified through the Joint Strategic Needs Assessment (JSNA) and are the areas where

the Health and Wellbeing Board can have the biggest impact to achieve its ambitions.

9. The Health and Wellbeing Implementation Group (HWIG) was given the task of developing a Delivery Plan for the Health and Wellbeing Strategy to oversee implementation.

10. The Group has considered the Strategy and proposes that an internet based Delivery Plan be developed and which is easy to access through a public facing welcome page, but which offers an opportunity to access more detail as required.

11. It is proposed that the Delivery Plan will be published on the Nottinghamshire County Council website linked to the Health and Wellbeing Board page.

12. The proposed structure of the Delivery Plan will be demonstrated at the Health and Wellbeing Board meeting and will broadly include:

- Welcome page with general information about the Strategy
- Links to the JSNA and Health and Wellbeing Board
- An overview of the 20 priorities
- Outcome measures
- For each priority:
    - Why it is a priority - including local and national evidence
    - The current picture and evidence to inform action plans
    - How the Health and Wellbeing Board can add value
    - Outcome measures to be used to monitor success
    - A detailed action plan for the three year life of the Strategy identifying lead groups/organisations, partner agencies & linked plans and strategies
    - Case studies using members of the public to demonstrate the impact of the Health and Wellbeing Strategy

13. The information outlined will be available by clicking through 'layers' to offer the viewer more detail as they navigate through the pages.

14. In considering the Delivery Plan, HWIG considered the current structures which support the Board to deliver the Strategy and monitor performance and delivery. There have historically been a number of integrated commissioning groups which have been the vehicles of delivery for integrated work plans and strategies. Most of these groups were established prior to the changes resulting from the Health and Social Care Act and do not necessarily reflect the current systems or the Health and Wellbeing Strategy. In order to ensure that the Health and Wellbeing Strategy can be delivered, it is proposed that a review of the supporting structures take place, to be completed during July 2014.

15. The Health and Wellbeing Implementation Group is conscious that this review will delay the development of the Delivery Plan but feels that it is essential to ensure the appropriate supporting structures are in place to guarantee delivery. If approved, the complete Delivery Plan will be presented to the Health and Wellbeing Board along with revised supporting structure in September 2014.

16. From December 2014, the Board will receive individual reports for each of the twenty priority areas, following a schedule of reporting to spread these through the year. These reports will provide background information for each area and identify exceptions of good or under performance against the actions identified. These will be presented through the lead partnership group for that priority.

17. More detailed reports will be presented to the Health and Wellbeing Implementation Group who will monitor performance in more detail on behalf of the Health and Wellbeing Board.

18. An annual report will be presented to the Health and Wellbeing Board outlining progress towards each of the actions identified within the plans. HWIG will monitor progress and operational delivery on a more regular basis and highlight any issues which require Board approval or support.

19. The structure of the Health and Wellbeing Strategy, with the twenty priority areas, offers an ideal opportunity for Health and Wellbeing Board members to take a lead on a particular area. Leads or 'champions' could be taken from Board members and take account of any specific interests or areas of work being undertaken.

Statutory and Policy Implications

20. 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

21. There are no financial implications in this report.

RECOMMENDATION/S

1) That the Board approves the proposed structure for the Health and Wellbeing Delivery Plan.

2) That the Board supports the review and restructuring of supporting structures, to align with and ensure delivery of, the Health and Wellbeing Strategy.

3) That the Board receives the final Delivery Plan and associated structures at the September 2014 meeting.

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Constitutional Comments (LM 09/06/14)

22. The Health and Wellbeing Delivery Plan and Health and Wellbeing Strategy fall within the terms of reference of the Health and Wellbeing Board.

Financial Comments (KAS 19/06/14)

23. There are no financial implications contained within 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 County Council Health and Wellbeing internet page: http://www.nottinghamshire.gov.uk/caring/yourhealth/developing-health-services/health-and-wellbeing-board/

- Our strategy for Health and Wellbeing in Nottinghamshire 2014 – 2017

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

Electoral Division(s) and Member(s) Affected

- All

Nottinghamshire County Council

Report to the Health and Wellbeing Board

2 July 2014

Agenda Item: 12

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

HEALTH AND WELLBEING IMPLEMENTATION GROUP REPORT

Purpose of the Report

1. This report provides a summary of progress made by the Health and Wellbeing Implementation Group. It describes achievements made by a range of integrated commissioning groups, and the review of the Joint Strategic Needs Assessment and Health and Wellbeing Strategy.

Information and Advice

2. The Health & Wellbeing Implementation Group is responsible for managing the work programme on behalf of the Health and Wellbeing Board and assisting the Board to fulfil its statutory duties. It ensures the delivery of the Health & Wellbeing Strategy through monitoring and holding integrated commissioning groups to account for delivery against their commissioning action plans.

3. With the publication of the new Health & Wellbeing Strategy, an annual report will be presented to the Health and Wellbeing Board outlining progress towards each of the actions identified within the action plans. The Health and Wellbeing Implementation Group monitors progress and operational delivery on a more regular basis and highlights any issues which require Board approval or support.

4. The group has met three times since the last report. The main items considered were:
    - Review of Health & Wellbeing Strategy
    - Delivery of current priorities
    - Ongoing review of the Joint Strategic Needs Assessment and Pharmaceutical Needs Assessment
    - Improving engagement in the work of the Board

Key Achievements

Review of the Health & Wellbeing Strategy

5. The group has overseen the review of the Health & Wellbeing Strategy and acted as the editorial group to produce the final document, which was subsequently agreed by the Health & Wellbeing Board in March 2014.

Delivery of the Health & Wellbeing Strategy

6. The main purpose of the Health & Wellbeing Implementation Group is to translate decisions from the Health & Wellbeing Board into practice. This follows the requested process of 'you said, we did and the outcome was'.

7. An overview of progress made against Health and Wellbeing Board decisions is included as **Table One**.

8. The group has recently held a wider engagement group to determine new performance and reporting mechanisms to underpin the delivery of the new Health & Wellbeing Strategy. (This is described further in the report titled **Progress Report on the Health & Wellbeing Delivery Plan** which is also on the agenda for this meeting.) This will form the basis of future reports to the Health & Wellbeing Board.

Joint Strategic Needs Assessment

9. There has been significant progress since the last update to the Board on the development of the Joint Strategic Needs Assessment (JSNA). **Appendix One** lists the JSNA topics which have been refreshed and approved by the Health & Wellbeing Implementation Group or the Children's Trust since November 2013. A further 21 topics or summaries are due for refresh this calendar year.

10. The JSNA has been migrated to the new Local Information System, Nottinghamshire Insight. All the completed JSNA topics listed in Appendix One can be accessed via http://jsna.nottinghamcity.gov.uk/insight/Strategic-Framework/Nottinghamshire-JSNA.aspx.
    A steering group has been established to oversee the programme of development for Nottinghamshire Insight, which will report progress to the Health & Wellbeing Implementation Group.

11. Further development plans for the JSNA during the coming year include strengthening involvement from voluntary and community sector and reviewing the prioritisation process for JSNA topic refreshes. A full report regarding the JSNA will be presented to the Health & Wellbeing Board in September.

Pharmaceutical Needs & Services

12. Work is progressing well with the review of the Pharmaceutical Need Assessment. A draft consultation document is due to be completed by August for consultation during the Autumn. The final document will be prepared for Approval by the Health & Wellbeing Board by 1 April 2015.

13. With its responsibility for the Pharmaceutical Needs Assessment and under the new Pharmaceutical regulations, NHS England includes Health & Wellbeing Boards in the consultation relating to applications for new or amended

Pharmaceutical Services. In order to respond in a timely manner, the Board has delegated this duty to the Health & Wellbeing Implementation Group. The responses are reviewed and signed off by the Chair of the Health & Wellbeing Board to ensure member involvement.

14. The working group for the Health & Wellbeing Implementation group has considered three applications up to June 2014 and responses have been submitted to NHS England reflecting a local assessment of pharmaceutical need based on evidence in the Pharmaceutical Needs Assessment and local information from the census.

Engagement work

15. Health Watch has presented regular reports to the group, outlining the development of processes and work programme. This discussion has helped share evidence and insight and helped link up existing quality feedback process, such as Quality Surveillance processes and Council complaints processes.

16. The Health & Wellbeing Implementation Group has maintained engagement with a wider set of key stakeholders including district councils, police, probation fire and rescue. Discussion of Health & Wellbeing issues raised through the work of the integrated commissioning groups helps to explore health and wellbeing issues from all perspectives.

17. The Group has maintained oversight of the Health & Wellbeing Board Stakeholder Network. It has lead and reviewed programmes, explored feedback and agreed a work programme for the coming year.

18. The Stakeholder Network held in February 2014 attracted around 80 delegates and focussed on Psychological Health and Wellbeing. A summary of the event is attached as **Appendix Two.**

19. Further Stakeholder Network events have been agreed. These will take place in November 2014 with a focus on Homelessness and February 2015 to explore the subject of Cancer.

20. An event was held in June 2014 to begin to explore the relationship between the Health and Wellbeing Board and the voluntary and community sector. A report of the event will be presented to the Health and Wellbeing Board in September 2014.

21. Whilst the Better Care Fund has been lead through an independent working group, the Health & Wellbeing Implementation group has kept up-to-date on developments and plans to ensure seamless delivery of the fund and Health and Wellbeing Strategy on behalf of the Board.

Future Programme

22. The Health & Wellbeing Implementation Group will prioritise the following actions over the next 3 to 6 months.

a. Oversee the continual refresh of the Joint Strategic Needs Assessment
b. Review structures to support delivery of the strategy, if supported by the Board
c. Monitor progress of the delivery of the Health and Wellbeing Strategy
d. Review outputs of the Stakeholder Network Programme to feed into future events and report back to the Board
e. Review of the Local Outcomes Framework to reflect the revised Health & Wellbeing Strategy
f. Maintain close links with the Better Care Fund working group and it's achievements

Statutory and Policy Implications

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

24. There are no financial implications in this report.

RECOMMENDATION/S

The Health & Wellbeing Board is asked to:

1) Note the content of the report.

2) Endorse the work programme for the Health and Wellbeing Implementation Group to deliver the Health and Wellbeing Strategy.

Anthony May
Corporate Director, Children, Families and Cultural Services

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Constitutional Comments (LM 09/06/14)

25. The Health and Well Being Delivery Plan and Health and Well Being Strategy fall within the terms of reference of the Health and Well Being Board.

Financial Comments (KAS 19/06/14)

26. There are no financial implications contained within the 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 County Council Health and Wellbeing internet page: http://www.nottinghamshire.gov.uk/caring/yourhealth/developing-health-services/health-and-wellbeing-board/

- Our strategy for Health and Wellbeing in Nottinghamshire 2014 – 2017

Electoral Division(s) and Member(s) Affected

- All

Table One: Delivery of the Health & Wellbeing Strategy

HWB Said	We Did	The Outcome/Progress
Obesity (June 2013) That the use of earmarked obesity resources in 2012/13 be endorsed to develop the identified programme to plug gaps which have been identified, In particular the development of targeted children & the adult weight management pathways & the service redesign of the adult exercise referral schemes to ensure they are fit for purpose for April 2013 inwards. That a full action plan be developed to ensure the issues in this report come to fruition.	Developed a framework for tackling excess weight as part of the Obesity Integrated Commissioning Group. This framework provides a co-ordinated and comprehensive approach through the prevention, identification, treatment and management of excess weight. A plan is set out to support individuals across the life-course through working in and with communities, taking an evidence-based approach, building upon existing successes and creating new opportunities to meet gaps in local need to tackle excess weight. Undertaken a procurement exercise to tender for Tiers 1,2 & 3 obesity prevention and weight management services Set up a working group consisting on Environmental Health and Trading Standards Officers along with Public Health officers to identify actions to increase healthier food choices in out of home provision. This includes the mapping of fast food outlets across all the districts and the development of a merit scheme for food businesses to sign up to.	Most districts have mapped the location of hot food takeaway outlets against the location of schools. Rushcliffe Borough Council have developed and are piloting a 'merit scheme' that will encourage food businesses to provide healthier options and use healthier catering practices. This is to be rolled out to the rest of the County during 2014. Obesity and weight management services for adults, children and young people in each district of the County are currently out to tender. It is hoped to have the new service in place by 1 October 2014. The healthy eating, physical activity and weight management aspects of the countywide workplace health programme have been supported.
Tobacco Control (September 2012) That approval be given to the hosting of a workshop/seminar & development of a full action plan to agree how the actions contained in the report will be delivered &	Develop an action plan as part of the Strategic Tobacco Alliance Group. Supported 6,858 people to stop smoking	Joint City/County strategy is being developed which will be implemented through the Nottinghamshire Strategic Tobacco Alliance Group (STAG). Supported a reduction in smoking prevalence

monitored.		to 19.4%
	CQUIN (Commissioning for Quality & Innovation) implemented at SFHT.	Supported a 4% reduction from 26% to 21.5% in year 1.
	Invited 20 organisations to sign up to the Community Declaration on Tobacco including district/borough councils, CCGs & acute trusts.	*Action plans and tool kit are being developed to the declaration within organisations.*
	Continued to provide brief intervention training to staff from CCGs, health, local government, dental & voluntary organisations.	1,279 people have been trained to provide brief intervention training (2013/14).
	Maintained & developed a dedicated tobacco control website with advice to individuals wishing to stop smoking, information about smoking & illicit tobacco & resources for teachers & professionals.	1,098 website visits, of which 1,043 were unique (Nov 2013-Jan 2014).
	Funding of £91K secured through realignment of PH grant to reduce illicit tobacco supply.	Funding to appoint 2 full time officers & provide resources to work on illicit tobacco enforcement.
	Local campaigns to support national campaigns such as Stoptober in October 2013 through the County Council.	319 quitters referred to local services as a result of Stoptober (target 300). 2,875 registrations from Nottinghamshire through national Stoptober website. 728 unique page views in Nottinghamshire to Stoptober website.
Cancer (November 2012) That the promotion of the key prevention measures for cancer be endorsed.	Commence liaisons with Cancer Screening Programme Boards for cervical, bowel and breast cancer, to monitor and facilitate take up across the County.	Public health oversight of local uptake, and coordination between PH England, CCGs and Local Authority facilitated.

That the promotion of the National Awareness & Early Detection Initiative (NADEI) locally, especially the awareness of key symptoms among local residents be endorsed.	Planning for Health and Wellbeing Programme Board event on cancer for February 2015. Public health membership in the NUH Pathway programme board, seeking to bring together the workings of the five separate tumour site groups. High level action plan proposed by NUH for new consolidated approach to progress. SFHT participation. The Cancer Strategic Commissioning group providing supportive oversight for the NHS Right Care 'Deep Dive' analysis on CCGs cancer outcome and spend analysis. Forecasts for 2014/15 of anticipated increases in cancer service have been established and agreed with the Trusts' Commissioners	Key speakers being secured. Clear strategic action being established through the acute trust's lead providing a key local delivery mechanism for DH's 2011 'Improving Outcomes: A Strategy for Cancer'. Establishing shared local action across the agencies. Appropriately commissioned cancer services for 2014/15, and planning for 15/16 forecasts to commence.
Domestic Violence (January 2013) That approval be given for the Domestic Violence Strategy Group to develop a costed plan of action to address the challenges identified in the report	Each Clinical Commissioning Group's (CCG) Clinical Cabinet has been briefed on Identification and Referral to Improve Safety (IRIS) and Multi Agency Risk Assessment Conference (MARAC) 3 CCGs have agreed to establish new mechanisms for engaging in the MARAC process. Nottinghamshire Domestic Abuse JSNA has been produced in 2014	IRIS implementation has begun in Mansfield Ashfield CCG and Nottingham West CCG Newark and Sherwood CCG has agreed to implement IRIS Bassetlaw CCG has declined IRIS 21 out of 28 GP practices in Mansfield & Ashfield CCG have signed up to MARAC (June 2014) MARAC administrators have implemented a revised process for specifically communicating with General Practice (June

	A comprehensive Domestic Violence Service Review has been completed in partnership with the Police and Crime Commissioner	2014) The DV Review and JSNA will now form the evidence base for re-procurement of services in 2015
Children's mental health & emotional wellbeing in Nottinghamshire (November 2013) The board approved actions to improve mental health & emotional wellbeing of children & young people in Nottinghamshire.	A full review of the Children and Adolescent Mental health Services pathway has been undertaken.	A new model of service delivery is currently out for consultation.
Sexual Health (March 2013) A detailed action plan be developed for Sexual Health utilising a Health & Wellbeing Workshop.	A workshop was held for the Board in July 2013 to agree priority areas for development. The Sexual Health Strategic Commissioning Group is finalising a detailed action plan that will deliver the sexual health priority of the Health and Wellbeing Strategy. A Service Development Group has been formed to review & develop integrated sexual health services in south Nottinghamshire. The SEXions service has been extended to Mansfield & Ashfield.	Agreed areas for development have been considered in longer-term planning wherever possible in the context of budget pressures. A sexual health needs assessment for North Nottinghamshire is underway. Service provision across primary and secondary care is going to be reviewed and mapped to ensure it meets needs. An integrated service specification has been developed for sexual health services in south Nottinghamshire. Sex & relationships education being offered to young people in & out of school settings, with chlamydia screening also being offered from 2014/15.
Dementia (September 2011) The Shadow Board noted a report outlining progress to date on services for people with dementia.	A requirement to train all relevant staff has been included in contracts with NHS providers.	All relevant staff within NHS service providers, care homes & home care staff offered training.

Recommendations included: • Raising public awareness of dementia • Good quality early diagnosis, support and treatment for people with dementia and their carers • Implement the carers strategy for dementia carers	Compass workers commissioned (linked to Carers Strategy) to support carers of people with dementia. Implementation of national CQUIN (Commissioning for Quality & Innovation) to ensure people over 75 admitted to general hospitals are assessed for the risk of dementia.	Compass workers will be in place in September 2014. Acute hospitals are required to assess people aged over 75 who are admitted as an emergency for dementia. In 2013/14 NUH and Sherwood Forest Hospitals referred 403 people to their GP for a specialist dementia diagnosis.
Substance misuse (November 2011) That the Clinical Commissioning Groups and the County, Borough and District local authorities actively consider how they could commission services differently to address the substance misuse needs of local residents. That links with the Nottingham City Substance Misuse Partnerships be pursued to ensure the agenda is joined up as far as possible across the County/City boundary. That District and Borough Local Authorities consider how they could use licensing regulations to address the issues raised in the report.	The decision was taken to serve notice on current substance misuse treatment providers and undertake a whole system tender process. An extensive consultation process was undertaken during July – September 2013. The system was redesigned as an outcome focussed system. The tender went live in March 2014; evaluation of bids submitted was completed on 1st June. Collaborative working is taking place with Nottingham City Crime and Drugs Partnership where appropriate Working with district licensing colleagues to develop a licensing toolkit	The outcome of the evaluation process is awaiting approval by the Public Health Committee. The preferred bidder will be contacted on 12th June 2014. Nottinghamshire County and Nottingham City Councils were successful in securing Home Office support as a Local Alcohol Action Area (LAAA). This is a 12 month project, which has prioritised: • Improving alcohol related data collection from hospital Emergency Departments (ED) • Working in partnership with Drinkaware to deliver a media campaign targeting 18-29 year olds. The work of the LAAA and data collection in the ED will be explored to consider how this data can be used to inform license appeal decisions

Appendix One

JSNA topic refresh: progress since November 2013		
JSNA chapter	**JSNA section**	**Refresh date**
Children and Young People	Maternity and Early Years	Completed June 2014
Children and Young People	Breastfeeding and Healthy Start	Completed June 2014
Children and Young People	Child oral health	Completed June 2014
Children and Young People	Emotional health and well-being	Completed June 2014
Children and Young People	Teenage pregnancy	Completed June 2014
Children and Young People	Excess weight	Completed June 2014
Children and Young People	Experience of maternity services	Due 2014
Children and Young People	Disability	Due 2014
Children and Young People	Transitions	Due 2014
Children and Young People	Health of looked after children	Due 2014
Children and Young People	Health needs of young offenders	Due 2014
Children and Young People	Sexual health	Due 2014
Adults	**Domestic abuse**	**COMPLETED MARCH 2014**
Adults	**Sexual violence**	**DUE 2014**
Adults	**Communicable diseases**	**DUE 2014**
Adults	**Sexual health**	**DUE 2014**
Adults	**Substance misuse: alcohol and drugs**	**DUE 2014**
Older people	Excess winter deaths	COMPLETED MARCH 2014
Older people	Dementia	COMPLETED MARCH 2014
Older people	Mobility and falls (incl Physical activity)	DUE 2014
Older people	Loneliness	DUE 2014
Older people	End of Life Care	DUE 2014
Cross cutting themes	**Road Safety**	**COMPLETED SEPT 2013**
Cross cutting themes	**The People of Nottinghamshire: population, demography & wider determinants**	**COMPLETED MARCH 2014**
Cross cutting themes	**Housing**	**DUE 2014**
Cross cutting themes	**Carers (adults and OP)**	**DUE 2014**
Cross cutting themes	**Tobacco control**	**DUE 2014**
Cross cutting themes	**Executive summary**	**DUE 2014**
Cross cutting themes	**CCG/District overview**	**DUE 2014**
Cross cutting themes	**Diet and nutrition**	**DUE 2015**
Cross cutting themes	**Obesity**	**DUE 2015**
Cross cutting themes	**Physical activity**	**DUE 2015**

Appendix Two

Nottinghamshire Health and Wellbeing Board Stakeholder Network

Summary of event held on 11 February 2014

Psychological wellbeing

Around 70 people attended the event which was opened by Councillor Joyce Bosnjak.

Professor Mike Cooke, Chief Executive of Nottinghamshire Healthcare Trust then lead an overview of psychological wellbeing locally and nationally. Dr Lucy Morley gave an overview of issues specific to young people, Dr Ola Juniard presented issues specific to ageing, particularly depression and dementia and Professor Patrick Callaghan outlined the links between physical and mental health.

The group then split into 5 discussion groups to covering:

- Mental health workers and the police pilot in Nottinghamshire
- Suicide Prevention - A strategy to reduce avoidable harm
- Links between physical and mental health
- Loneliness and Resilience
- Children and Adolescent Mental Health Service pathways

The main points from each of the groups were:

Mental health workers and the police pilot in Nottinghamshire

Chief Inspector Kim Molloy spoke about the impact of mental health on Police services, and about plans for two “triage cars”, each with a police officer and a mental health (MH) nurse.

Issues for the Police included:

- The impact on the Police workforce through stress related issues, on crime and on resources.
- Because the Police work 24 hours a day, they were often the last resort for help, even where this was not appropriate.
- A significant proportion of offenders were substance misusers and/or had a mental health problem.
- There was an 11% increase in calls relating to mental health during the last year.
- The custody suite was the wrong location for people who were not criminals.
- Section 136 of the Mental Health Act gave the power to detain people.

Triage cars had been trialled successfully in Leicestershire. In Nottinghamshire, the pilot would comprise two cars, each staffed by a police officer and a mental health nurse, operating from 9.00 to 13.00. If successful, the pilot would be extended to longer hours and more vehicles. The cars would be called to an incident with a mental health dimension. Often an incident occurred because an individual had failed to take their medication. The teams would seek to avoid admission to hospital

or a custody suite, with the MH nurse being well positioned to decide whether sectioning would be appropriate.

Points made during discussion included the ability of individuals to play one agency off against another, and therefore the benefits of joined-up working. People with mental health problems were more likely to be victims compared with the general population. MH nurses were based at the Mansfield custody suite on a pilot basis. The Government would like this extended nationally. In Lancashire, people with mental health difficulties carried an emergency card with contact details of friends or next of kin.

Suicide Prevention - A strategy to reduce avoidable harm

Susan March lead a discussion on suicide prevention giving an overview of the national strategy which does not currently include self-harm.

A suicide prevention strategy for Nottinghamshire and Nottingham City was being developed and would include self-harm.

Assisted suicide would not be included in the local strategy.

There are also measures within the Public Health Outcomes Framework relating to suicide and self-harm. The Framework included reducing deaths from suicide & providing more support for people who are bereaved or affected by suicide.

It was noted that there were areas which worked well locally such as local referral routes and some partnerships had been established, for example food banks had a vulnerable person panel which can feed into the MASH (Multi Agency Safeguarding Hub).

Links between physical and mental health

The group discussed the psychological support needs for people who have long term physical health conditions and carers, including the specifics of coping with cancer. The importance of links between health practitioners and community voluntary sector support was stressed, particularly with regard to people coping with social stressors such as debt, unemployment and domestic violence. The role of self-care was highlighted.

There was an awareness of psychological support services but concerns raised that they were not timely enough. The group discussed what is meant by 'Early Intervention' in mental health support, and agreed that this means 'as early as possible' and could include support for children and young people as well as picking up on problems early in adults. There was discussion about the needs of homeless people and other people living 'chaotic lives', but also a recognition that there is isolation experienced by the majority of people with long term conditions or older people.

Loneliness and Resilience

There were suggestions about working with partners to reach isolated older people such as pharmacies, refuse collections & meals at home as well as trusted professionals such as GPs or district nurses.

There may be issues if relaying on older people to make the first contact or where people remain mobile as they may not be in receipt of services but may be isolated. The importance of supporting people following a bereavement was recognised before loneliness sets in.

There are projects within the county which are looking at connecting communities. There are also initiatives in other areas which could be considered for local application.

Local facilities are important to allow people to meet & for groups to be run.

Children and Adolescent Mental Health Service pathways

The Group discussed the importance of starting early to deal with physical & emotional health in schools and also the need to include parents and families.

The group discussed the situation locally & highlighted the following gaps:

- Support for the transition to secondary school
- Children centres dealing with mothers/parents pre-birth
- Suicide prevention services & those dealing with bereavement
- PHSE profile to be raised to enable young people to be better able to care for themselves, particularly around relationships.
- Parenting role models, particularly where they are lacking at home
- Skilling up non-skilled parents & linking generations
- Getting services to work together e.g Children's Centre, health visitors & school nurses.
- Linking healthy schools & healthy workplaces
- Mapping of services to avoid duplication & identify gaps
- More mentors for young people to show what can be done.
- Education of parents in social media

Notes of the table discussions will be sent to:

- Nottinghamshire Health & Wellbeing Board & Health & Wellbeing Implementation Group
- CAMHS Integrated Commissioning Group
- Older People's Integrated Commissioning Group
- Nottinghamshire Dementia Strategic Initiative Group
- Nottinghamshire and Nottingham City Suicide Prevention Steering Group

The next meeting will be held on Monday 9 June 2014

Nicola Lane

Nottinghamshire County Council

Report to the Health and Wellbeing Board

2 July 2014

Agenda Item: 13

REPORT OF THE CHAIR OF THE HEALTH AND WELLBEING BOARD

CHAIR'S REPORT

Purpose of the Report

1. To provide members with information on issues relevant to the Health and Wellbeing Board.

Information and Advice

2. **Care and Support Act Consultation**

   The draft regulations and guidance for the Care and Support Act were published on 6 June 2014. A consultation on the elements which will come into effect in 2015/16 will run from 6 June to 15 August 2014. A consultation on other elements will follow.

   Further information and details of how to respond to the consultation is attached as Appendix 1.

3. **Peer challenge**

   The Health and Wellbeing System Improvement Programme is calling for councils and their systems to take part in their fully subsidised peer challenge programme.

   An expression of interest is being considered on behalf of the Health & Wellbeing Board to assist the board's learning and development.

   These challenges are free to councils and health and wellbeing boards. They involve a bespoke team of peers, working on site, for four days to explore how the council and its partners are working together to deliver successful health outcomes through their health and wellbeing board (HWB), their new public health and local Healthwatch responsibilities.

4. **Working with CCGs**

   The Chair wishes to gain a greater understanding around the work of CCGs and what is important to health. Board members are asked to consider if they would like the Chair to attend their CCG clinical executive groups or governing bodies, to

assist broader discussions to take place within CCG's around the role of the Health and Wellbeing Board.

Statutory and Policy Implications

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

RECOMMENDATION/S

1) That the report be noted.

Councillor Joyce Bosnjak
Chairman of Health and Wellbeing Board

For any enquiries about this report please contact:

Nicola Lane, Public Health Manager. Tel: 0115 977 2130. Email: nicola.lane@nottscc.gov.uk

Constitutional Comments

6. This report is for noting only.

Financial Comments (KAS 19/06/14)

7. There are no financial implications contained within the 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

Appendix 1

CARE AND SUPPORT ACT CONSULTATION
INFORMATION FOR HEALTH AND WELLBEING BOARDS

Overview

The draft regulations and guidance for the Care and Support Act were published on June 6th, for consultation between June 6th and August 15th.

https://www.gov.uk/government/consultations/updating-our-care-and-support-system-draft-regulations-and-guidance

This consultation is only for the elements that come into effect in 2015/16, (consultation on the cap on care costs etc. which come into effect in 2016/17 will be planned at a later time).
There was a regional event in the East Midlands on June 9th, primarily for adult social care audience. This was the first of several planned events by DH/ADASS/LGA to engage in the regions. Presentation slides from this event will follow.

The regulations and guidance documents are quite lengthy but the chapter headings will help you navigate to the sections you might wish to review in more depth. The guidance broadly covers duties and guidance relating to themed areas such as:

- Wellbeing
- Prevention
- Personalisation
- Integration
- Carers
- Info, advice, advocacy
- Assessment and eligibility (new national eligibility thresholds proposed/defined)
- Transitions
- Specific matters relating to Prisoners
- Market development
- Safeguarding
- Continuity of care when people move between authority boundaries.

There are a series of consultation questions which can be used to structure feedback in each chapter, general comments can also be submitted and are welcomed during the consultation. Following consultation final documentation will be published in October.

Engaging with Health and Wellbeing Boards

Boards will wish to be aware of this consultation and how to respond, and will wish to ensure NHS partners, other agencies and the public are aware of the consultation.
As a starting point HWB Board officers should contact their DASS to understand how the local adult social care team are engaged with the consultation and the local approach being taken to engagement to make sure there is coordination in terms of messaging with partners and the public. Your DASS will also have information about the local implementation plan and key milestones for this in your LA.

HWB Boards will wish to consider in particular the impact of the proposals on:

- Services users and carers
- Commissioning strategy for prevention
- How the proposals relate to the local joint health and wellbeing strategy and the better care fund plan
- The potential impact on the service model(s) and costs of providing adult social care support and any risks this presents. (this is subject to some national modelling work across a number of LAs, a process which your DASS will already be engaged with)

Please consider this item for your next scheduled HWB board meeting/development session, or if there are no scheduled meetings of the Board within the consultation period, discuss with your DASS how to actively engage the Board in other ways, and support them with briefing materials.

Additional Materials/Information

There are 11 fact sheets to support the consultation documents which can be accessed at this link

https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets

An easy read version is available at this weblink

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/317822/Care_Act_easyread.pdf

How to respond to the Consultation

Click here to Respond online

Or respond via Email:

careactconsultation@dh.gsi.gov.uk

Or write to:

Care and Support consultation team
Department of Health
Room 313B, Richmond House
79 Whitehall
London
SW1A 2NS

Briefing note by: Cheryl Davenport Cheryl.davenport@leics.gov.uk 0116 305 4212, June 10, 2014

Nottinghamshire County Council

Report to Health and Wellbeing Board

2 July 2014

Agenda Item: 14

REPORT OF CORPORATE DIRECTOR, POLICY, PLANNING AND CORPORATE SERVICES

WORK PROGRAMME

Purpose of the Report

1. To consider the Board's work programme for 2014/15.

Information and Advice

2. The County Council requires each committee, including the Health and Wellbeing Board to maintain a work programme. The work programme will assist the management of the committee's agenda, the scheduling of the Board's business and forward planning. The work programme will be updated and reviewed at each pre-agenda meeting and Board meeting. Any member of the Board is able to suggest items for possible inclusion.

3. The attached work programme has been drafted in consultation with the Chair and Vice-Chair, and includes items which can be anticipated at the present time. Other items will be added to the programme as they are identified.

Other Options Considered

4. None.

Reason/s for Recommendation/s

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

Statutory and Policy Implications

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

RECOMMENDATION/S

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

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

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

Constitutional Comments (HD)

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

Financial Comments (PS)

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

Background Papers

None.

Electoral Division(s) and Member(s) Affected

All

	Health & Wellbeing Board (HWB)	HWB Workshop (closed sessions)
2 July 2014	**CCG 5 year Strategies** (CCG Leads) • **South Notts** • **Mid Notts** • **Bassetlaw** **Health & Wellbeing Implementation Group report** (Anthony May/ Cathy Quinn) **Progress on the Health & Wellbeing Delivery Plan** (Anthony May/ Cathy Quinn) **Local nature partnership - presentation** (Cllr Suthers/Helen Ross) **Air Quality** (Jonathan Gribbin) **Chairs report** (Cllr Bosnjak)	
3 September 2014	**Health & Wellbeing Delivery Plan** (Anthony May/ Cathy Quinn) **Director of Public Health Annual Report** (Chris Kenny) **JSNA annual summary** (Chris Kenny) **Health Watch Annual Report** (Joe Pidgeon) ***Encompass Pilot*** *(Steve Edwards/Paul McKay) TBC* ***Choice Policy*** *(Caroline Baria/Vicky Bailey) TBC* ***Care Act*** *(Jane North/Sue Batty) TBC*	

	Voluntary and Community Sector Network Report (Joyce Bosnjak) – For Information Only **Workplace Health Report** (Penny Spring) – For Information Only **WinterBourne Update** (John Wilson) – For Information Only	
1 October 2014	**Health Inequalities** (Penny Spring) **Child & Adolescent Mental Health report** (Kate Allen) **Mental Health Concordat** (Karen Glynn/Sue Batty) **Annual Immunisation report** (NHS England) **Annual Screening report** (NHS England) **Community Infection Prevention & Control** (Jonathan Gribbin) **Better Care Fund report** (Jon Wilson) ***Health Scrutiny and the Health & Wellbeing Board*** *(TBC)*	
5 November 2014		Care Act TBC
3 December 2014	**Excess Winter Deaths** (Mary Corcoran) **Breast Feeding** (Kate Allen) **Health & Wellbeing Strategy report** (Anthony May/ Cathy Quinn)	
7 January 2015		Budget Consultation and the Health & Wellbeing Board TBC

4 February 2015	**Dental Public Health & Fluoridation** (Kate Allen) **Approval of the Pharmaceutical Needs Assessment** (Cathy Quinn) **Health & Wellbeing Strategy report** (Anthony May/ Cathy Quinn) **Health & Wellbeing Implementation Group report** (Anthony May/ Cathy Quinn)	
4 March 2015		Health Inequalities TBC
1 April 2015	***Follow up report on Healthy Child Programme and Public Health Nursing for Children and Young People*** *(Kate Allen) TBC* **Health & Wellbeing Strategy report** (Anthony May/ Cathy Quinn) **Better Care Fund report** (Jon Wilson)	
May 2015	***No Meeting due to elections***	
3 June 2015	**Health & Wellbeing Strategy report** (Anthony May/ Cathy Quinn)	