

Health and Wellbeing Board

Wednesday, 09 November 2016 at 14:00

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

AGENDA

- | | | |
|----|--|---------|
| 1 | Minutes of the last meeting held on 5 October 2016 | 3 - 8 |
| 2 | Apologies for Absence | |
| 3 | Declarations of Interests by Members and Officers:- (see note below)
(a) Disclosable Pecuniary Interests
(b) Private Interests (pecuniary and non-pecuniary) | |
| 4 | Nottinghamshire Safeguarding Children Board Annual Report 2015-16 | 9 - 12 |
| 5 | Update on the Nottinghamshire and South Yorkshire and Bassetlaw Sustainability and Transformation Plans - Presentation by David Pearson | |
| 6 | Autism Self Assessment Framework | 13 - 18 |
| 7 | Report from Health and Wellbeing Implementation Group and Update on Delivery of Health and Wellbeing Strategy | 19 - 30 |
| 8 | Nottinghamshire Health and Wellbeing Strategy | 31 - 38 |
| 9 | Chair's Report | 39 - 54 |
| 10 | Work Programme | 55 - 58 |

Notes

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

Customer Services Centre 0300 500 80 80

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

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

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

Meeting **HEALTH AND WELLBEING BOARD**

Date **Wednesday, 5 October 2016 (commencing at 2.00 pm)**

Membership

Persons absent are marked with an 'A'

COUNTY COUNCILLORS

A Joyce Bosnjak (Chair)
Reg Adair
Kay Cutts MBE
Muriel Weisz
Jacky Williams

DISTRICT COUNCILLORS

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

OFFICERS

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

CLINICAL COMMISSIONING GROUPS

	Dr Jeremy Griffiths	-	Rushcliffe Clinical Commissioning Group (Vice-Chair)(in the Chair)
	Dr Mark Jefford	-	Newark & Sherwood Clinical Commissioning Group
A	Dr Gavin Lunn	-	Mansfield and Ashfield Clinical Commissioning Group
A	Dr Guy Mansford	-	Nottingham West Clinical Commissioning Group
A	Idris Griffiths	-	Bassetlaw Clinical Commissioning Group
	Dr James Hopkinson	-	Nottingham North & East Clinical Commissioning Group

LOCAL HEALTHWATCH

Michelle Livingston - Healthwatch Nottinghamshire

NHS ENGLAND

A Oliver Newbould - North Midlands Area Team, NHS England

NOTTINGHAMSHIRE POLICE AND CRIME COMMISSIONER

Kevin Dennis

ALSO IN ATTENDANCE

Dr Thilan Bartholomeuz - Newark and Sherwood CCG

OFFICERS IN ATTENDANCE

Kate Allen	-	Public Health
Helena Cripps	-	Public Health
Paul Davies	-	Democratic Services
Nicola Lane	-	Public Health

MINUTES

The minutes of the last meeting held on 7 September 2016 having been previously circulated were confirmed and signed by the Chair.

MEMBERSHIP

It was reported that this would be Dr Mark Jefford's last meeting as a member of the Board. Dr Jefford was thanked for his contribution. Dr Thilan Bartholomeuz would be Newark and Sherwood CCG's new representative on the Board.

Idris Griffiths had been appointed in place of Phil Mettam as Bassetlaw CCGs representative, but had given apologies for this meeting.

Dr James Hopkinson was welcomed to his first meeting as a member of the Board.

APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Joyce Bosnjak, Barbara Brady, Idris Griffiths, Dr Gavin Lunn, Councillor Debbie Mason, Dr Guy Mansford, Councillor Andrew Tristram and Councillor Henry Wheeler.

DECLARATIONS OF INTEREST BY BOARD MEMBERS AND OFFICERS

None.

SUSTAINABILITY AND TRANSFORMATION PLAN UPDATE

David Pearson gave a presentation to update the Board on the preparation of the Nottinghamshire Sustainability and Transformation Plan (STP). During September, there had been workshops to explain the Plan to stakeholders. The Plan's priorities and the steps required to enable them had been revised. Further work was required to develop detailed information plans, and develop governance arrangements and resources to support the Plan. The deadline for submission to NHS England remained 21 October 2016. After a period for NHS England to assure the Plan, the Plan was expected to be published in November.

Board members discussed the presentation and David Pearson responded to points raised.

- Some concern was expressed about the priority for technology enabled care, given that the people requiring care and their carers may not be technically minded. - In response, the concern was acknowledged, but it was recognised that technological solutions could provide greater independence, and enable carers in their role or give them with reassurance.
- Asked about the communication strategy for the Plan, it was explained that some aspects of the Plan would require public consultation. It was acknowledged that the benefits of the Plan would require communication.
- What were the Plan's implications for staff? - It was explained that the integrated Workforce Development Strategy and Plan would address numbers of staff, and their location and training needs.
- Was there a risk that work on the Plan might mean that present day priorities were overlooked? - Board members were assured that this was not the case, although the risk was acknowledged. The Plan was taking account of present and future needs.
- What were the relationships with neighbouring Plans? What consideration was there of communities living close to Plan borders? - The closest relationship was with South Yorkshire and Bassetlaw STP, where each of the Plans had associate representation on the other's Board, and there had been some consideration of the Nottinghamshire STP's impact on Bassetlaw. Links with the other neighbouring plans were more limited.
- Would the Plan contain relevant metrics, with a balance of measuring primary and secondary care outcomes? - The draft Plan covered both. One of the issues being worked on was that some outcomes were measured differently in Mid Nottinghamshire and South Nottinghamshire.

There would be a further update on the STPs at the next Board meeting, although it was unlikely that Plans would be published by then.

RESOLVED: 2016/058

That the update on the Nottinghamshire Transformation Plan be noted.

TIMELINE OF SERVICES FOR CHILDREN

Colin Pettigrew gave a presentation on services for children and young people. In terms of the context, 20.5% of the total population was aged under 18, and 17% of them were living in poverty. Education services were provided by 340 schools, of which an increasing proportion were academies. In August 2016, 772 children were looked after, 808 subject of a Child Protection Plan, and 1,118 subject of a Child in Need Plan. Services to children and young people might be commissioned or directly provided, and were universal or targeted at children with particular needs. Key priorities were managing demand with fewer resources, strengthening partnerships and promoting integration, capitalising opportunities for innovation, and managing services in a changing policy landscape. Kate Allen referred to the work of the Schools Health Hub from early 2017.

Asked about children with disabilities, it was indicated that approximately 1.2% of Nottinghamshire children had a statement of Special Educational Needs or Education, Health and Care Plan. Children with disabilities were living longer and with more complex conditions.

In reply to a question about academies, Colin Pettigrew pointed out that schools had been self-managed to a considerable degree before the introduction of academies. He stated that children's achievement related more to good leadership and the quality of teaching than to the governance arrangements at a school. Schools recognised that children with better health and wellbeing achieved better results which led to better employment opportunities after school. It was explained that the Schools Health Hub would provide a service to all schools, and could provide model policies for Personal, Social, Health and Economic education (PSHE) and monitor outcomes (depending on the services which the school contracted).

In response to the discussion, Colin Pettigrew suggested that the Board might wish to consider for its work programme children leaving care, the Special Educational Needs and Disabilities review, transition between children's and adults' services (particularly for children with special educational needs and disabilities) and family resilience.

RESOLVED: 2016/059

That the presentation be received.

YOUNG PEOPLE'S HEALTH STRATEGY FOR NOTTINGHAMSHIRE

Kate Allen and Helena Cripps introduced the report to update on implementation of the Young People's Health Strategy. In response to the feedback from young people, priorities for the future were the development of a young people's health website and young people friendly health services. An engagement workshop with young people was planned for December 2016.

In response to a point raised during discussion, it was explained that the new website would be clear about what young people should do if there was a crisis. Board members emphasised the value of the new website being linked to GP practice websites and Futures. It was pointed out that Healthwatch had a worker who

specialised in engaging hard to reach young people who might be helpful in relation to the Strategy.

RESOLVED: 2016/060

- 1) That the progress made in relation to the implementation of the Young People's Health Strategy be noted.
- 2) That a Health and Wellbeing Board engagement event focused on the Young People's Health Strategy be supported.

CHAIR'S REPORT

Board members noted that several items in the Chair's report related to young people's health, and that the Stoptober quit smoking campaign had been launched.

RESOLVED: 2016/061

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

WORK PROGRAMME

RESOLVED: 2016/062

That the work programme be noted, with the possible inclusion of items on children leaving care, the Special Educational Needs and Disabilities review, transition between children's and adults' services (particularly for children with special educational needs and disabilities) and family resilience; and that the obesity paper due in January 2017 should include exercise provision.

The meeting closed at 3.50 pm.

CHAIR

9 November 2016**Agenda Item: 4****REPORT OF INDEPENDENT CHAIR, NOTTINGHAMSHIRE SAFEGUARDING
CHILDREN BOARD
NOTTINGHAMSHIRE SAFEGUARDING CHILDREN BOARD ANNUAL
REPORT 2015/16****Purpose of the Report**

1. To inform Members of the content of the Nottinghamshire Safeguarding Children Board's Annual Report 2015/16, which is available as a Background Paper.

Information and Advice

2. National statutory guidance, 'Working Together to Safeguard Children 2015', notes the requirement for the Chair of each Local Safeguarding Children Board to publish an annual report on the effectiveness of safeguarding in the local area. This report should recognise achievements and the progress that has been made in the local authority area as well as providing a realistic assessment of the challenges that still remain and the action being taken to address them. The report should include lessons from reviews undertaken within the reporting period.
3. The Annual Report should be made available to the Chief Executive and Leader of the Council, the local Police and Crime Commissioner, and the Chair of the Health and Wellbeing Board.
4. The Nottinghamshire Safeguarding Children Board (NSCB) Annual Report 2015/16 is in a new shorter format designed to make it more accessible. It includes links to relevant documents already published on the NSCB website which provide further information.
5. The report outlines changes that have been made to the way the NSCB operates. New strategies have been developed to guide the work of the Board and its partners in relation to: child neglect; children exposed to parental substance misuse and/or mental ill health; and child sexual exploitation. Steps have been taken to improve information sharing processes with a review of the Safeguarding Children Information Management Team (SCIMT) leading to the relocation of the team within the Multi Agency Safeguarding Hub (MASH). A new NSCB website has been developed which provides easier access to information about multi-agency training, policies/procedures and resources for professionals, parents and carers and children and young people
6. During 2015/16 the NSCB has delivered a wide ranging programme of multi-agency training courses and seminars. These events have covered core safeguarding practice and specialist subject areas such as Fabricated or Induced Illness (FII). NSCB multi-agency training events have been attended by over 2,300 staff working with children and

families during the year - 500 more training places than the previous year. The offer of E-learning modules available to partner organisations has also been broadened with additional modules and easier access. Over 4,500 staff have completed E-learning modules during the year on safeguarding subjects including awareness of abuse and neglect, child sexual exploitation and safe sleeping for babies.

7. A key responsibility for the Board is to commission and undertake serious case reviews according to the criteria set out in national statutory guidance and LSCB regulations. The reviews are used to identify learning and to improve practice. During 2015/16 five serious case reviews were commissioned and these are ongoing and at various stages of completion. Themes regarding the effectiveness of safeguarding practice identified from two reviews completed during the year (IN14 & JN15), are included within the report.
8. The Child Death Overview Panel (CDOP) has conducted reviews into expected and unexpected child deaths in Nottinghamshire in line with statutory guidance. During the course of the year 50 children died in Nottinghamshire and the panel conducted 37 reviews following the completion of other processes (e.g. Inquests). The panel identified actions to prevent future deaths, in particular, safer sleep for babies, early identification and response to sepsis and GP's responses to weight loss and abdominal pain in children.
9. Multi-agency audits were undertaken and their findings reported to the Board regarding Initial Child Protection Conferences (ICPCs) and adult and children's services joint working. All audits identified areas of good practice in addition to areas for improvement. Full details of the recommendations and impact of the audits are included in the report.
10. The report includes a summary of the various inspections that have been carried out during 2015/16 involving NSCB partner agencies. The findings from those inspections and action taken by the Board are detailed.
11. The report concludes by setting out areas identified for development through the NSCB learning and improvement framework and verified at a 'Meeting the Challenge' event involving NSCB members. A new NSCB Business Plan (2016/18) has been agreed which captures the key areas of work for the Board including the focus on vulnerable children groups, performance monitoring and the effectiveness of multi-agency working in relation to child protection enquiries such as strategy discussions and child protection conferences.

Other Options Considered

12. As this is a report for noting it is not necessary to consider other options

Reason/s for Recommendation/s

13. The report is for noting only.

Statutory and Policy Implications

14. 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 content of the Nottinghamshire Safeguarding Children Board's Annual Report 2015/16, which is available as a Background Paper, be noted.

Chris Few

Independent Chair, Nottinghamshire Safeguarding Children Board

For any enquiries about this report please contact:

Steve Baumber/Hilary Turner

NSCB Business Manager

T: 0115 977 3935

E: steve.baumber@nottscb.gov.uk

hilary.turner@nottscb.gov.uk

Constitutional Comments (LM 28/10/16)

12. The report is for noting only.

Financial Comments (KS 21/10/16)

13. 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 Safeguarding Children Board's Annual Report 2015/16

<http://www.nottinghamshire.gov.uk/media/115868/nscb-report-15-16-annual.pdf>

Electoral Division(s) and Member(s) Affected

All

See Chair's report

- Item 18: Children in need of help or protection

9 November 2016**Agenda Item: 6****REPORT OF CORPORATE DIRECTOR, ADULT SOCIAL CARE, HEALTH
AND PUBLIC PROTECTION****AUTISM SELF ASSESSMENT FRAMEWORK****Purpose of the Report**

1. To inform the Health and Wellbeing Board of the outcome of Nottinghamshire's Autism self-assessment as reported to the Public Health Observatory in September 2016.
2. It also seeks Board support for a proposal for partner organisations to appoint an Autism Champion.

Information and Advice

3. The Adult Autism Strategy 'Fulfilling and Rewarding Lives' was published in 2010 and was revised in 2014, leading to the release of 'Think Autism' the updated national strategy. Corresponding refreshed statutory guidance was also released in 2015.
4. The Department of Health, in conjunction with the Public Health Observatory release regular self-assessments to local authorities to complete in partnership with local Health and Criminal Justice System partners to monitor progress and achievements with improved compliance.
5. In September 2016, after a 24 month pause, the Department of Health released the fourth Autism self-assessment. As with previous years, changes have been made to the questions. This has limited the opportunity for direct comparisons with previous submissions but the format is sufficiently similar to identify overall trends.
6. The Autism self-assessment is broken into 7 themes which are subdivided into more detailed questions. The themes are:
 - Planning
 - Training
 - Diagnosis
 - Care and Support
 - Housing and Accommodation
 - Employment

- Criminal Justice System

7. The questions required Nottinghamshire partners to rate how well they are meeting key areas of service provision as identified within the statutory guidance using a combination of yes/no answers and rating against a red (falling short of statutory requirements), amber (room for improvement) or green (meeting statutory requirements) rating scale.
8. Of the 31 questions requiring a rating to be applied of green, amber or red, Nottinghamshire rated itself as green on 9, amber for 20 and red for 1. A further question asking when Nottinghamshire would be able to meet NICE recommended waiting times [QS51] could not be rated, as insufficient data was available to allow an informed judgement to be made. This is because while diagnosis data is collected regarding diagnoses secured through the City Asperger's team (which already meets NICE guidance waiting times), this information is not currently available for people diagnosed through other routes. A link to the full report is available in **appendix 1**.
9. The themes of the self-assessment were also discussed in depth with a number of carers and experts by experience, to capture the experiences of those with Autism living in Nottinghamshire and using the services. These discussions provided first hand insights into where service provision is effective and where further improvements are required. In total conversations were held with 2 adults with autism and a learning disability; 2 adults with autism but without a learning disability; a family carer of two adults with autism and a learning disability; and a carers' support group, where the majority of those cared for were young adults in full time education and transitioning between Children's and Adults' social care services.
10. Table 1 below compares the current and the previous Autism self-assessment submissions for Nottinghamshire. Due to the total number of questions changing between assessment years, the results are also presented as percentages to enable a comparison of Nottinghamshire's performance over time.

Table 1 Nottinghamshire Autism Self-assessment comparative summary of performance

Rating	2014	2016
Green	6 (26%)	9 (29%)
Amber	13 (57%)	20 (65%)
Red	4 (17%)	1 (3%)
Blank	0 (0%)	1 (3%)
Total	23 (100%)	31 (100%)

11. The goal for the next 12 months will be to consolidate this progress by continuing to build on the developments to date, enabling a greater proportion of the amber ratings to become green and the removal of any red ratings.
12. The cross cutting nature of the self-assessment requires input from a range of organisational partners including colleagues from within:
 - Transport, Children's, Transitions and Adults teams within NCC
 - Clinical Commissioning Groups (CCG)
 - the NHS Trust
 - Probation Services

- The Police
- District and Borough Councils particularly around their Housing responsibilities

It is proposed that each partner organisation identifies a named Autism Champion to facilitate both the completion of future years self-assessments and most importantly, broader partnership collaboration to help Nottinghamshire improve services for people with Autism and increase statutory compliance.

Green - areas of strength:

13. Nottinghamshire identified a number of service areas that are being delivered well, with all these areas being rated as green, as follows:

Strategic Planning

- Key documents such as the JSNA, H&W strategy and market position statement address the needs of people with autism specifically. A refresh of the existing JSNA is being undertaken to ensure up to date information is used to inform service planning.

Employment

- The Council's in-house employment support service (I-work) has an employment strategy for people with learning disabilities and or Autism and they have been trained in autism support.
- The Council's Transitions Team consider employment and further education options for all young people they work with. Schools and colleges are also incorporating employment in their transitions planning.
- 'Autism R Us' is a Community Interest Company (CIC) instigated by ASCH&PP in 2015 in partnership with Portland College and with the assistance of a Department of Health grant. The CIC is now self-sustaining and largely self-led. The young adults get paid for their contributions in delivering autism specific training.
- 'Project Search' is an employment scheme delivered in partnership with Foxwood Academy. Students spend their final year at the academy in workplace training and then paid employment, again supported by NCC I-work throughout the placement.

Care and Support

- The Customer Services Centre has staff trained in autism awareness and they have worked closely with the Asperger's team to ensure appropriate signposting and support services are available for people who may not be eligible for social care services.
- Nottinghamshire's contracted advocacy provider staff have basic awareness training as standard and many have specialist autism training.
- The digital information and advice offer for Nottinghamshire, www.nottshelpyourself.org.uk has integrated a number of adaptations to make the website more accessible for people with autism and ensure it is compliant with the Accessible Information Standard.

Amber - areas requiring some improvement:

14. Nottinghamshire has a number of broad areas where progress has been made but further work is still required. The main areas are outlined below.

Data collection

- As a County, information regarding the numbers of adults receiving support is recorded but it is not comprehensive. Further improvements can be made with regards to sharing data across the CCGs, NHS Trust (provider arm) and Social care; as well as sharing information on the number of children with diagnoses of autism between Children's and Adult social care services. More rigorous processes for data capture and dissemination will enable improved accuracy when forecasting future demand and planning holistic service developments to better meet the needs of adults with autism.

Training

- A multiagency three tier training plan exists which identifies what training is required for various staff groups which has been developed with Nottingham City Council and a service user engagement group. Health and Wellbeing Board partner organisations have engaged in some of the training made available to date. The first tier of this (basic awareness e-learning training) has been completed and fully rolled out to Council staff and made available for free to partner organisations via www.nottshelpyourself.org.uk or by accessing the Council's digital learning resource 'Learning Pool'. Emphasis on publicising this offer and encouraging partner organisations to embed autism training into their standard equality training will be a focus going forward.
- There is a shared CCG and Social Care non-recurrent training budget of £60,000 to support the roll out of the Autism training agenda. The next 12 months will see a continued focus on delivering the second and third tiers, (which are more in-depth training options targeting front line staff) within the Council and with partner organisations across the county. Colleagues from within the county CCGs and Social Care are exploring ways to commission shared training that can be accessed by individuals with autism as well as professionals as it is known that the most impactful training has both experts by experience and professional staff in the audience.

Diagnostic pathways

- Nottinghamshire has an established diagnostic pathway that is delivered by NHS Trust colleagues. However, it is recognised that this would benefit from further refinement and increasing capacity. By aligning the NHS Trust and social care elements more closely, it is anticipated that a smoother more responsive and holistic pathway will evolve, resulting in a better experience for adults with autism but no learning disability undergoing a diagnostic assessment. This would also better support those requiring on-going, post diagnostic support from allied social care and NHS Trust services. This is already a Health and Wellbeing priority and initial conversations are underway between CCG commissioners, Social Care commissioners and the current provider to progress this piece of work.

Housing

The needs of people with autism are recognised within housing strategies alongside other vulnerable groups but are not specifically identified.

Stakeholder engagement

- Nottinghamshire has an established learning disability and autism partnership board with representation from providers, carers, service users, police, CCGs, The NHS Trust and social care. We have carer, service user and provider representation from the autism community on this board, however it is still more learning disability focussed so work is

underway to establish a sub group of people with autism and no learning disability who are currently not represented well on the board. There are many opportunities for closer working with stakeholders, particularly experts by experience and their carers, to co-produce improved services for people with autism, where delivery is co-ordinated across countywide partner organisations.

Red - areas requiring improvement:

Crisis support

15. There was only one area of the self-assessment which was identified as an area requiring improvement. This related to the availability of crisis support services for adults with autism but without a learning disability. The County does not currently offer a fast response service for this group of people. A one year pilot is being negotiated with the Intensive Community Assessment and Treatment Team (ICATT) to respond to people in crisis who have autism without a learning disability. County CCG commissioners are aiming for this service to go live in January 2017. This action will result in Nottinghamshire being either fully or partially compliant with every recommendation identified within the autism strategy statutory guidance.

Statutory and Policy Implications

16. 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.

Crime and Disorder Implications

17. There is a recommendation within the Autism Strategy that all public services explicitly address autism awareness within general equality and diversity training. There is a specific concentration on the importance of this within the Criminal Justice System.

Financial Implications

18. There is a non-recurrent training budget of £60,000 available to support the roll out of the autism training agenda across Nottinghamshire.

Public Sector Equality Duty implications

19. The delivery of the autism strategy is a statutory duty under the Autism Act (2009) which aims to ensure equality of access to all services for people with autism.

RECOMMENDATION/S

1. That the Board accepts the report and the notes the progress made to date to improve Nottinghamshire's compliance with the national autism strategy and statutory guidance.

2. That the Board supports a proposal for each partner organisation to have a named Autism Champion to facilitate partnership collaboration to help Nottinghamshire continue to improve services for people with Autism and increase statutory compliance requirements.

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

For any enquiries about this report please contact:

Laura Chambers
Strategic Commissioning Manager
0115 933 2563
laura.chambers@nottsccl.gov.uk

Constitutional Comments (LM 28/10/16)

20. The recommendations within the report fall within the Terms of Reference of the Health and Wellbeing Board.

Financial Comments (KAS 01/11/16)

21. The financial implications are contained within paragraph 17 of 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.

Appendix 1 – [Link to Nottinghamshire's 2016 Autism Self-assessment](#)

Electoral Division(s) and Member(s) Affected

All

See Chair's report:

- Item 37: Positive behaviour support organisational and workforce development framework

9 November 2016

Agenda Item: 7

REPORT OF THE CORPORATE DIRECTOR OF ADULT SOCIAL CARE HEALTH & PUBLIC PROTECTION

REPORT FROM THE HEALTH AND WELLBEING IMPLEMENTATION GROUP AND UPDATE ON THE DELIVERY OF THE HEALTH & WELLBEING STRATEGY

Purpose of the Report






1. This report provides a further progress report from the work of the Health and Wellbeing Implementation Group (HWIG) following the report being presented to the Health and Wellbeing Board in January 2016. This report gives an outline of the progress made in delivering the 7 strategic actions of the Health and Wellbeing strategy for 2014-2017 which was agreed by the Board to be the focus for feedback.

Information and Advice

Background

2. The Health & Wellbeing Strategy was refreshed in 2013 and approved by the Health and Wellbeing Board in 2014. The Strategy runs from 2014 until 2017. The Strategy includes a vision for the Health and Wellbeing Board and the key ambitions to achieve its vision: A Good Start, Living Well, Coping Well, and Working Together.
3. The monitoring of the 7 strategic actions are based on a combination of process measures using action/delivery plans and measurable targets/outcomes, (based on measures from the Public Health Outcome framework). Work is on-going with integrated commissioning group leads to define measurable outcomes and setting levels of tolerance which still remains work in progress.
4. The appendix gives a summary of the 7 Strategic actions progress using the traffic light rating system as a visual cue to the progress and performance of the actions. The appendix covers the top line of the delivery action plan covering 'Outcome Indicator', 'The measure/metric description', 'Target value/measure', 'Current value/measure' and 'RAG' status symbol'. The Integrated commissioning group leads assign the traffic light rating for red, amber and green or RAG status symbols as part of the oversight required by the Health and Wellbeing Implementation Group.

5. The meaning behind the traffic light system and the rating for red, amber and green or RAG status definition symbols are summarised in the table below. **Red**, there is usually a change that has to be made because the strategic action is experiencing a problem which means the agreed plan in terms of time or scope needs to be adjusted. **Amber** there is a problem encountered that, while disruptive, is probably still within the tolerances of the strategic action delivery plan. **Green** means there is low risk or the strategic action is on schedule and still able to meet original objectives as planned.
6. Table shows the Key to the Strategic Actions progress and RAG status symbols.

	Completed – work has been successfully completed to deadline
	On schedule – work has started and is meeting milestones
	Happening but behind schedule – work has started, activity is not meeting milestones, but is expected to by the deadline if adjustments are made
	Behind or not happening – work has not started when scheduled or has started but activity is not meeting or unlikely to meet its milestones
	No information received

7. Strategic Action 2: Develop a Partnership agreement to tackle child sexual exploitation in Nottinghamshire in conjunction with the Nottinghamshire Safeguarding Children's Board and Strategic Action 6: Facilitate a joint approach to crisis support including work around the crisis care concordat to maximise resources to support individuals in the community. These strategic actions continue to be supported via delivery action plans overseen by the integrated commissioning group leads. Further updates are scheduled to report to the Board in the autumn following earlier presentations this year.
8. Strategic actions Highlights: these outline the successes and achievements that have being made to implement the key milestones within the strategic action delivery plans. These have been achieved in a variety of ways with support from health, social, voluntary care and district council partners. Working together to improve health and wellbeing of Nottinghamshire residence and to achieve the ambition and the vision of the Health and Wellbeing strategy.
- Strategic action 1:** *Breastfeeding Friendly places initiative.* Whereby organisations have signed up to being breastfeeding friendly adopting a positive friendly approach including providing a welcoming clean and comfortable environment for breastfeeding mums. Consequently, as of early March 2016 Gedling District Council has six venues accredited as breastfeeding friendly with further accreditation visits scheduled. The initiative was fully supported by board members in the Health and Wellbeing Board meeting held in June.
 - Strategic action 2:** *Develop a Partnership agreement to tackle child sexual exploitation in Nottinghamshire in conjunction with the Nottinghamshire Safeguarding Children's Board.*

In Nottinghamshire County CSE is co-ordinated through the CSE cross-authority group (CSECAG). A strategy and action plan drives the work within the City and County and is divided into the different areas of governance such as prepare, prevent (CSE), protect and pursue.

A significant amount work under these key areas for example under 'prepare' there has been a significant amount of work by Children's Social Care (CSC) to improve data collection. The police have been working regionally to develop an East Midland problem profile but the development of local data production is still needed. A concerns network (Operation Striver) has also been set up to address this.

Under 'Prevent' the training strategy has been key; a core Nottinghamshire Safeguarding Children's Board (NSCB) e-learning course has been completed by 1,298 professionals. 148 have attended NSCB face-to-face training and agencies will also have trained staff within their own organisations. E-learning for parents has also continued to be promoted and a further 496 parents completed the course. During 2015/16, the Pintsize Theatre continued to tour secondary schools with 'LUVU2' with a further seven schools signed up, 112 pupils and 426 professionals engaged with the play and workshop. For 2016/17 a scheme for primary schools is being launched for 10/11 year olds to produce a radio commercial about sexting. By the end of 2016 4000 taxi drivers will have been trained by district councils and police colleagues on spotting vulnerabilities in children and adults.

Under 'Protect' agencies are making strides in identifying children who are demonstrating signs of CSE and referring them to CSC for support or protection. Those who are considered most at risk are considered at CSE strategy meetings of which there were 122 initial meetings during 2015/16. Participation by children and adults at these meetings continue to be a priority.

The 'Pursue' element of the work involves the police continuing to work to achieve convictions as well as to disrupt activity by potential or actual offenders. Specialist support to children has predominantly been provided by Barnardo's but from the 1st July this service transferred to the Children's Society and the service has expanded to include specialist therapeutic support.

- c. **Strategic action 3:** *Implement the Nottinghamshire Children's Mental Health and Wellbeing Transformation Plan to develop a greater prevention and early intervention approach.* A Children and Young People's Mental Health Executive has been established locally to drive delivery of the strategy and to ensure that risks and issues to effective strategy delivery and proactively managed. This partnership group involves representation from commissioner and provider agencies

The Nottinghamshire Children's Mental Health and Wellbeing Transformation delivery plan progress is to focus on three key areas: Procurement of an online counselling service; establishment of a Schools Health Hub to provide advice and guidance and information in relation to policy development, Personal Social Health Education (PSHE) planning, training (including signposting to existing training and services) for school staff, together with quality assured, evidence-based health promotion interventions; Publication of a website aimed at children and young people, encompassing information about a wide range of health issues but focussing on emotional health and wellbeing.

- d. **Strategic action 4:** Nottinghamshire County and Nottingham City on the Tobacco Control Declaration. It reinforces current tobacco control work in the County to support the vision of a smoke free generation for Nottinghamshire. Thus far 22 key partner organisations have signed the Declaration underpinned by their commitment to implement and develop action plans. For example several organisations are reviewing their Smoke free policies with Nottinghamshire County Council taking the lead on this initiative.

The Tobacco Control Declaration next steps will be to extend into schools, universities, colleges and any remaining public organisations. In addition to align its work with Nottinghamshire Wellbeing@Work scheme to secure the involvement of private and voluntary sector organisations.

- e. **Strategic action 5:** *Facilitate a joint approach across the Health and Wellbeing partners to planning to maximise benefits leading to the use of Health Impact Assessments.* During December 2015 and January 2016 discussions were held with local planners to ensure that there was a shared understanding of spatial planning and health, identifying how planners and health colleagues should work together in the future and to discuss what actions were needed. Consequently, the Nottinghamshire Planning for Health and Wellbeing guidance document has been developed so that all Districts could adopt it as part of their Local Plans to ensure that health was given consideration during the planning process.
- f. **Strategic action 6:** *Facilitate a joint approach to crisis support including work around the crisis care concordat to maximise resources to support individuals in the community.*

There is on- going work in the development of a 24/7 Crisis Service and Crisis House across Mid-Nottinghamshire and Bassetlaw Clinical Commissioning Groups (CCGs). Mid Notts commissioners are working with the Nottinghamshire Healthcare Trust to look at the existing provision and are developing plans for improvements. For example the Street Triage service whereby dedicated Police Officers and Community Psychiatric nurses respond to people in mental distress is now recurrently funded by City and County Clinical Commissioning Groups. Locally there have being no children detained in a police cell under Section 136. The reduction in Section 136 detentions will continue to be monitored.

However, the effectiveness of the mental health crisis pathway is compromised by the increase of demand on Mental Health inpatient beds, delay in Mental Health inpatient discharges and the use of Mental Health inpatient beds outside of Nottinghamshire. Mental Health strategies have been commissioned to undertake some systems modelling work with the Nottinghamshire Healthcare Trust to include looking at inpatient provision.

- g. **Strategic action 7:** *Extend integrated working to include Housing so that support for vulnerable people is assessed collectively and delivered by the appropriate agency.* A health and housing commissioning group has been formed to take forward over the next 12 months the priorities within the Housing Delivery Plan (2016). In addition, work has been undertaken to progress the Nottinghamshire Memorandum of Understanding between housing, health and social care to ensure clarity and a shared commitment to joint working.

9. The Joint Strategic Needs Assessment (JSNA) - Another area for consideration:
The Joint Strategic Needs Assessment (JSNA) is the bedrock of information and intelligence from a number of sources that cover health and wellbeing of the Nottinghamshire population in its broadest terms.
10. The JSNA development work on its website the 'Nottinghamshire Insight' is completed: upgrades to hardware and software have been implemented and a new homepage has been launched as well as new theme pages, both of which are aimed at making it easier for the user to find what they want.
11. A programme to promote Nottinghamshire Insight is underway taking the form of user workshops aimed at a range of users including: Health and Wellbeing Board members, officers from Nottinghamshire County Council and District Councils, CCG analysts, CCG managers and wider partners including the voluntary and community sector.
12. A review of the topics covered by the JSNA is underway to ensure the JSNA reflects current priority issues, identifies and addresses gaps, aligns with commissioning arrangements and has clear ownership across all the topic chapters. A topic review for the Children and Young People's section of the JSNA has already taken place in 2015 and a revised set of topics agreed with the Children's Trust. The current review covers the Cross-cutting, Adults and Older People's sections of the JSNA. Once the topic review is completed, topics will be prioritised for refresh and incorporated into the JSNA plan where the changes will be implemented as topics are due to be updated.
13. The Health & Wellbeing Implementation Group (HWIG) are routinely consulted regarding final approval of JSNA topics. All completed JSNA topics are routinely made available to HWIG via the Nottinghamshire JSNA, which can be accessed [here](#), in order that members have the opportunity to view each topic and raise any comments prior to approval.

Topics which have been completed are as follows:

(Click to open report from Nottinghamshire Insight):

- a. [Loneliness](#)
- b. [Suicide Prevention](#)

Reason for Recommendation

14. The report is an update for noting only, on the progress of the strategic actions undertaken by the integrated Commissioning groups/ leads and overseen by the Health & Wellbeing Implementation Group.

Statutory and Policy Implications

15. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health 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

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

David Pearson

Corporate Director of Adult Social Care, Health & Public Protection

For any enquiries about this report please contact:

Constitutional Comments (SG 18/12/15)

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

Financial Comments (KS 21-10-16)

17. 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 Divisions and Members Affected

All





Performance Summary of the Health and Wellbeing 7 Strategic Actions 2016/17.

The Strategy Says:		Strategic Actions Number	Outcome Indicator	Measure/metric	Target value/measure	Current value/measure	Lead	RAG
A GOOD START		1: Implement breastfeeding friendly place initiatives across Health and Wellbeing Board partners	Improve rates of breastfeeding initiation and continuation by implementing breastfeeding friendly place initiatives.	Breastfeeding continuation, measured at 6 to 8 weeks.	To achieve an increase in breastfeeding continuation on the baseline of 39.8% in 2014/15 (<i>Source Public Health Outcome Framework</i>).	Breastfeeding prevalence for 2015/16 reported by the provider, Nottinghamshire Healthcare Trust is 40.1 %. However, we await the Public Health Outcome Framework (PHOF) published figures later this year, as PHOF measures breastfeeding in the resident population, whereas the provider has worked with the GP registered population.	Public Health Helena Cripps & District Leads	
				Number of breastfeeding friendly venues / organisations accredited.	Number of breastfeeding friendly venues / organisations to be base-lined across Quarter 1(April-June period) and Quarter 2(July- September period) and target	As of Quarter 1 (April-June period) there are 7 breastfeeding friendly venues accredited		

Performance Summary of the Health and Wellbeing 7 Strategic Actions 2016/17.

The Strategy Says:	Strategic Actions Number	Outcome Indicator	Measure/metric	Target value/measure	Current value/measure	Lead	RAG
	COPING WELL				re-set for Quarter 3 (October- December period) and Quarter 4 (January – March period).		
		2: Develop a Partnership agreement to tackle child sexual exploitation (CSE) in Nottinghamshire in conjunction with the Nottinghamshire Safeguarding Children's Board.	Improve Identification of CSE	Linked to the CSE Multi-agency Work Plan 2016-2017	Linked to the CSE Multi-agency Work Plan 2016-2017	Linked to the CSE Multi-agency Work Plan 2016-2017 in conjunction with the Nottinghamshire Safeguarding Children's Board.	NCC Lead Terri Johnson Children Service Manager Safeguarding (strategic)
			Improve Response to CSE				
			Monitor at risk of CSE via Bedfordshire data monitoring toolkit				
		3: Implement the Nottinghamshire Children's Mental Health & Transformational Plan to develop a greater prevention and early intervention approach such as the use of a single, unique brand	Improve emotional health and wellbeing of Nottinghamshire children and young people	A dataset is being developed as a key priority will align to the new national Mental Health Services Minimum Dataset.	A dataset is being developed as a key priority will align to the new national Mental Health Services Minimum Dataset.	From April 2016, and the plan is for the full performance framework to be reportable from quarter one (April-June) 2016-17	Lucy Peel Programme Lead Children and Young People's Mental Health and Wellbeing

Performance Summary of the Health and Wellbeing 7 Strategic Actions 2016/17.

The Strategy Says:		Strategic Actions Number	Outcome Indicator	Measure/metric	Target value/measure	Current value/measure	Lead	RAG
		identity for young people's health, improved access to better information and novel delivery mechanism for support.						
LIVING WELL	WORKING TOGETHER	4: Health and Well Being partners to implement their agreed actions for the Nottinghamshire County and Nottingham City on the Tobacco Control Declaration	A reduction in the number of people who smoke across Nottinghamshire County	Adult Smoking Prevalence	18.5%	17.5% *awaiting new national targets for adult smoking prevalence. Locally this target has been met	Public Health Helen Scott Martin Levers	
				Smoking In Pregnancy	11%	14.5% *awaiting new national targets for smoking in pregnancy. Locally have not met the target. A general decline in prevalence from 17.2% since the target was set in 2010.	As above	
				Children's Smoking Prevalence- Regular smokers (current smokers)	12%	5.3% (7.4%) *awaiting new national targets for children's prevalence, only recently receive children's smoking prevalence locally. Locally the 12% target has been achieved.	As above	
				Number of organisations agreed to sign up to the Tobacco Declaration	18 in 2015	21	As above	

Performance Summary of the Health and Wellbeing 7 Strategic Actions 2016/17.

The Strategy Says:		Strategic Actions Number	Outcome Indicator	Measure/metric	Target value/measure	Current value/measure	Lead	RAG
LIVING WELL								
				% actually signed Tobacco Control Declaration	61% in April 2015	93%	As above	▶
				% High level support of the Tobacco Control Declaration	50% in April 2015	81%	As above	▶
				% with a working group for the Tobacco Control Declaration	17% in April 2015	29%	As above	▶
				% with an agreed action plan for the Tobacco Control Declaration	6% in April 2015	63%	As above	▶
		5: Facilitate a joint approach across the Health and Wellbeing partners to planning to maximise benefits leading to the use of Health Impact.	4.2 Develop closer working relationships between planners and health to support healthy lifestyles	Development of a spatial planning and health document for adoption by Districts – April/May 2016 Development of an engagement protocol for planners and health colleagues (Sept 2016)	Draft spatial planning for health and wellbeing in Nottinghamshire out for consultation (March 2016) Draft Health Impact Assessment developed and piloted on the Mansfield Local Plan.	The Spatial Planning and Health document is being endorsed by all Districts.	Public Health Anne Pridgeon NCC Planning Nina Wilson	▶






Performance Summary of the Health and Wellbeing 7 Strategic Actions 2016/17.

The Strategy Says:		Strategic Actions Number	Outcome Indicator	Measure/metric	Target value/measure	Current value/measure	Lead	RAG
	WORKING TOGETHER	6: Facilitate a joint approach to crisis support including work around the crisis care concordat to maximise resources to support individuals in the community.	Linked to Crisis Concordat Mental Health Action Plan	Linked to Crisis Concordat Mental Health Action Plan	Linked to Crisis Concordat Mental Health Action Plan	Linked to Crisis Concordat Mental Health Action Plan	Public Health Susan March Clinical Commissioning Group Lead Claire Fox Interim Head of Mental Health Commissioning	▶
		7: Extend integrated working to include Housing so that support for vulnerable people is assessed collectively and delivered by the appropriate agency.	Homes in private sector are warm & safe	Linked to the Housing Delivery Plan 2016 lead by the Housing & Health Commissioning Group	Linked to the Housing Delivery Plan 2016 lead by the Housing & Health Commissioning Group	Linked to the Housing Delivery Plan 2016 lead by the Housing & Health Commissioning Group	Beverley Smith Chief Executive Strategic Lead – Housing & Health Commissioning Group	▶
			People are aware of their housing options and are able to live independently in homes suitable for their needs				Jill Finnesey District Leads	
			People live in stable accommodation and homelessness is prevented as far				Rob Main District Leads	

Performance Summary of the Health and Wellbeing 7 Strategic Actions 2016/17.

The Strategy Says:	Strategic Actions Number	Outcome Indicator	Measure/metric	Target value/measure	Current value/measure	Lead	RAG
		as possible					
		Children and young people have the best home in which to start and develop well				John Sheil District Leads	

Table shows the Key to the Strategic Actions progress and RAG status symbols

	Completed – work has been successfully completed to deadline.
	On schedule – work has started and is meeting milestones.
	Happening but behind schedule – work has started, activity is not meeting milestones, but is expected to by the deadline if adjustments are made.
	Behind or not happening – work has not started when scheduled or has started but activity is not meeting or unlikely to meet its milestones.
	No information received

09 November 2016

Agenda Item: 8

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

NOTTINGHAMSHIRE HEALTH AND WELLBEING STRATEGY

Purpose of the Report

1. This report provides the Health and Wellbeing Board an overview of the current Health and Wellbeing Strategy which is due for refresh in 2017.
2. It recommends that:
 - The Strategy is refreshed when the Sustainability and Transformation Plans for Nottinghamshire are agreed to best utilise the Board's partnership approach
 - The Strategy is refreshed to reflect the Marmot Principles and address health inequalities
 - That the Board's Strategic Actions, agreed after the peer challenge, are refreshed in the interim.

Information and Advice

Background

3. The current [Health and Wellbeing Strategy](#) for Nottinghamshire was agreed in March 2014 for the period 2014 to 2017.
4. The current Strategy was agreed following an extensive consultation across the county based on an inclusive approach resulting in a range of priorities.
5. The current Strategy is based on 4 ambitions for the people of Nottinghamshire:
 - a. To give everyone a good start
 - b. To encourage living well
 - c. To enable coping well
 - d. To encourage and allow working together
6. To achieve these ambitions the Strategy includes 20 priorities which are listed in Appendix 1.
7. In 2015 the Health and Wellbeing Board took part in a Local Government Association peer review programme which scrutinised all aspects of the Board, including the Health and Wellbeing Strategy.
8. The peer challenge panel suggested that the Health and Wellbeing Board concentrate its efforts on health and wellbeing priorities to which the partnership could add value.

9. In considering this the Board agreed that the Strategy should remain in place, monitored by the Health and Wellbeing Implementation Group and the Board would focus on a number of annual strategic actions:

Table 1: Health and Wellbeing Board Annual Strategic Actions agreed September 2015

Objective	Action
Improve uptake of breastfeeding, particularly in the Ashfield, Bassetlaw, Gedling, Mansfield and Newark and Sherwood districts.	Implement the Breast Feeding Friendly places Initiative across all HWB partners.
Improve Children and Young People's Mental Health and Wellbeing across Nottinghamshire.	Develop a partnership agreement to tackle child sexual exploitation in Nottinghamshire, in conjunction with the Nottinghamshire Safeguarding Children's Board. Implement the Nottinghamshire Children's Mental Health and Wellbeing Transformation Plan to develop a greater prevention and early intervention approach, such as the use of a single, unique brand identity for young people's health, improved access to better information and novel delivery mechanism for support.
Reduce the number of people that smoke in Nottinghamshire.	Health and wellbeing partners to implement their agreed actions for the Nottinghamshire County and Nottingham City Declaration on Tobacco Control.
Develop healthier environments to live and work in Nottinghamshire.	Facilitate a joint approach across Health and Wellbeing partners to planning to maximise benefits, leading to the use of Health Impact Assessments.
Ensure crisis support (inc. housing) is available for people with mental health problems living in the community.	Facilitate a joint approach to crisis support (including work around the crisis care concordat) to maximise resources to support individuals in the community.
Ensure vulnerable people living in the community can access the housing support they need.	Extend integrated working to include Housing so that support for vulnerable people is assessed collectively and delivered by the most appropriate agency.

10. Since both the Health and Wellbeing Strategy and the strategic actions were agreed there has been a change in the landscape locally and nationally. In December 2015 the Government announced a new approach to delivering health and social care through the development and implementation of Sustainability and Transformation Plans (STP).
11. The STPs for Nottinghamshire and Bassetlaw and South Yorkshire were submitted in October 2016. The STPs set out how local services will evolve and become sustainable over the next five years – ultimately delivering the [NHS Five Year Forward View](#) vision of better health, better patient care and improved NHS efficiency.

12. Delivering the STPs will require the combined efforts of partners across health and social care including the Health and Wellbeing Board so it will be essential the Health and Wellbeing Strategy and STPs are aligned to ensure a consistency across the County and realise the potential synergy of the partnership approach which is the fundamental strength of the Health and Wellbeing Board.
13. It is therefore proposed that the agreement of a refreshed Strategy be delayed until the latter half of 2017.

The Health and Wellbeing Strategy refresh

14. Following the Peer Review in 2015, work has been undertaken on the Strategy to implement the recommendations. A refresh of the Strategy will offer an opportunity to focus the efforts of the Board on priorities requiring a partnership approach to which the Board can add value.
15. These priorities should overlap with those priorities within the STPs to ensure consistency, coherence and commitment across the partners. It may also provide an opportunity to coordinate with other work streams such as the Community Empowerment and Resilience Programme to draw together these initiatives, which all have a significant impact on health and wellbeing and ensure a coherent approach.
16. Alignment of the Health and Wellbeing Strategy with the STPs will also offer an opportunity to utilise the governance structures in place and being established to support their delivery. This will avoid duplication and offer synergy across the health and care system.
17. This approach would also allow an opportunity for joint public and partner consultation, again promoting a coherent and coordinated approach across health and social care work programmes maximising resource locally.
18. Given the Board's aspiration to address health inequalities in Nottinghamshire the priorities can also be identified based on the recommendations in the Marmot report to specifically impact on health inequalities which were:
- To give every child the best start
 - To enable children, young people and adults to maximise their capabilities and have control over their lives
 - To create fair employment and good work for all
 - To ensure a healthy standard of living for all
 - To create and develop healthy and sustainable places and communities
 - To strengthen the role and impact of ill-health prevention

Next steps

19. During the period leading up to the refresh of the Health and Wellbeing Strategy the Board has an opportunity to review and refocus on a number of annual strategic actions.
20. Table 1 shows the Strategic Actions agreed following the peer challenge in September 2015. These have been reviewed and leads have requested that the actions around child sexual exploitation, spatial planning, crisis support and integrating housing should remain as strategic actions for the Board.

21. In addition to these actions the following actions have been proposed:

Making Every Contact Count

22. Making Every Contact Count (MECC) uses the millions of day-to-day contacts that organisations and people have with other people to support them in making positive changes to their physical and mental health and wellbeing, by offering consistent and concise healthy lifestyle advice.
23. A MECC interaction takes a matter of minutes and is structured to fit into and complement existing professional clinical, care and social contacts. Using the MECC approach across health, care and partner organisations could potentially have a significant impact on the health of our local population.
24. **For organisations** MECC means providing their staff with the leadership, environment, training and information they need.
25. **For staff** MECC means having the competence and confidence to deliver healthy lifestyle messages, to encourage people to change their behaviour, and to direct them to local services that can support them.
26. **For individuals** MECC means seeking support and taking action to improve their own lifestyle by eating well, maintaining a healthy weight, drinking alcohol sensibly, exercising regularly, not smoking and looking after their wellbeing and mental health.
27. A joint approach to implementing MECC supported by the Health and Wellbeing Board has the potential to deliver improvements in the health and wellbeing of the local population. Developing the workforces of Board partners will be key to successful implementation of this programme, as well as supporting the implementation of the Declaration on Tobacco control and the Wellbeing@ Work programme.

Transitions for children and young people with SEND

28. The Health and Wellbeing Board considered the new Nottinghamshire Transitions Protocol and Pathway at its July 2016 meeting and committed to supporting its implementation.
29. The success of the protocol requires the commitment of all partners to ensure more effective preparation for adulthood, for young people with SEND. The Health and Wellbeing Board has an important role in ensuring that this happens, through the monitoring of the protocol and through partnership strategies such as the SEND Integrated Commissioning Strategy.
30. Partners represented on the Health and Wellbeing Board will champion the protocol within their own organisations to raise awareness and ensure its effective implementation.
31. In agreeing these annual actions the Board will be able to focus on a number of specific objectives which will deliver benefits to health and wellbeing during the next 12 months.

Impact on health inequalities

32. The Health and Wellbeing Board aspires to reduce health inequalities in Nottinghamshire. The refresh of the Health and Wellbeing Strategy would offer an opportunity to consider specific outcomes to support this aspiration.

Other Options Considered

33. Options will be considered during the refresh of the Health and Wellbeing Strategy to maximise the opportunity to improve health and wellbeing in Nottinghamshire.

Reason/s for Recommendation/s

34. The Health and Wellbeing Strategy is due for refresh. This approach gives an opportunity to coordinate with other work streams to maximise efficiency and ensure a consistent approach.

Statutory and Policy Implications

35. 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 Board approve the delay in the refresh of the Health and Wellbeing Strategy until the latter half of 2017 following the agreement of the STPs.
- 2) The refresh of the Strategy be based on the principles of the Marmot report to reduce health inequalities and focus on outcomes to support the STPs utilising the partnership approach of the Health and Wellbeing Board.
- 3) The Board agree the refreshed annual actions as a focus for the Board's attention pending a full review of the Health and Wellbeing Strategy:
 - i) Child sexual exploitation
 - ii) Spatial planning
 - iii) Mental health crisis support
 - iv) Integrating housing within health and care
 - v) Implementing MECC
 - vi) Implementing the transitions protocol and pathway

David Pearson

Corporate Director Adult Social Care, Health and Public Protection

For any enquiries about this report please contact:

Nicola Lane

Public Health and Commissioning Manager

T: 0115 977 2130

E: nicola.lane@nottscc.gov.uk

Constitutional Comments (LM 01/11/16)

36. The recommendations in the report fall with the Terms of Reference of the Health and Wellbeing Board.

Financial Comments (KS 21/10/16)

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.

[Nottinghamshire Health and Wellbeing Strategy 2014 - 2017](#)

[Implementation of the Health and Wellbeing Board Peer Challenge Findings](#)

Paper to Nottinghamshire Health and Wellbeing Board September 2015

Electoral Division(s) and Member(s) Affected

All

				Strategic Priority 2014-17
A GOOD START				Work together to keep children and young people safe
				Improve children and young people's health outcomes through integrated commissioning of services
				Close the gap in educational attainment
				Provide children and young people with the early help support that they need
				Deliver integrated services for children and young people with complex needs or disabilities
				Reduce the number of people who smoke
	LIVING WELL		WORKING TOGETHER	Reduce the number of people who are overweight and obese
				Improve services to reduce drug and alcohol misuse
				Reduce sexually transmitted disease and unplanned pregnancies
				Increase the number of eligible people who have a NHS Health Check
	COPING WELL			Improve the quality of life for carers by providing appropriate support for carers and the cared for
				Supporting people with learning disabilities and Autistic Spectrum disorders
				Support people with long term conditions
				Support older people to be independent safe and well
				Provide services which work together to support individuals with dementia and their carers
				Improving services to support victims of domestic abuse
				Provide coordinated services for people with mental ill health
				Ensure we have sufficient and suitable housing, including housing related support, particularly for vulnerable people
				Improve workplace health and wellbeing
				Improve access to primary care doctors and nurses

Appendix 1.
2014 – 2017 Nottinghamshire Health and Wellbeing Strategy Priority actions

9 November 2016**Agenda Item: 9****REPORT OF THE CHAIR OF THE HEALTH AND WELLBEING BOARD****CHAIR'S REPORT****Purpose of the Report**

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

Information and Advice**PROGRESS FROM PREVIOUS MEETINGS****2. Nottinghamshire Dementia Framework for Action 2016-2020**

The Nottinghamshire Dementia Framework for Action was approved at the May Health and Wellbeing Board. As a result organisations are being asked to review their dementia plans to take into account the recommendations in the Framework. Responsibility for ensuring that CCGs review their plans is being overseen by the Mental Health Clinical Leads Commissioning Group.

Members of the Health and Wellbeing Board are to continue to encourage their organisations to become [Dementia Friends](#) and where appropriate, share their plans through the [Nottinghamshire Dementia Action Alliance](#)

New guidance is expected on dementia focusing on post-diagnostic care and support following the publication of the [NHS Planning Guidance 2017-2019](#).

An action plan for implementation of the Framework has been shared with the Health and Wellbeing Implementation Group which includes a communications plan. Visits have been made to various local groups to promote the Framework and get feedback including the Dementia Action Alliance and carers groups.

A newsletter is attached for information and circulation.

For more information on the Dementia Framework please contact the new Public Health lead Susan March: susan.march@nottsccl.gov.uk

3. **Caring for Carers HWB Stakeholder Network Event**

This event took place at Edwinstowe House on 12 October 2016 and was attended by around 70 people from a wide range of organisation as well as local carers. There was an introductory presentation followed by table discussions focussed on young carers, information and advice, planning support for carers in the future and carer friendly communities.

A full report of the event is being prepared and will be presented to the Health and Wellbeing Board at a future meeting.

For more information contact Penny Spice on 077 939 77751 or email penny.spice@nottsc.gov.uk

4. **Healthy Child and Public Health Nursing contract award**

The contract to provide an integrated [Healthy Child and Public Health Nursing Programme](#) for 0-19 year olds from 1st April 2017 has been awarded to Nottinghamshire Healthcare NHS Foundation Trust. This new service will bring together care provided from Health Visitors and School Nurses as well as the Family Nurse Partnership Programme (for first time teenage mums) and the National Childhood Measurement Programme (which measures and weighs children at Reception and in Year 6).

Public health practitioners will support all children, young people and families. They will work in locally based Healthy Families teams which means they can better know and support families. Healthy Families teams will have the knowledge and skills to work with all children and young people from the age of 0 to 19. Children, young people and families will receive care from this service from before birth to their late teens and will receive the support they need, when they need it, regardless of where they live in Nottinghamshire.

For more information contact Helena Cripps, telephone: 0115 9772159 or email: helena.cripps@nottsc.gov.uk

5. **Future in Mind local transformation plan**

In September the Board heard about children's emotional health and wellbeing. Since that meeting a local transformation plan has been developed which brings together the previous plans for Nottingham and Nottinghamshire and details progress, together with future priorities and planned actions.

The [Future in Mind local transformation plan](#) for children's mental health for Nottingham and Nottinghamshire has been agreed with NHS England and is also aligned with the local STP.

For more information contact Lucy Peel e: lucy.peel@nottsc.gov.uk t: 0115 97 73139.

PAPERS TO OTHER LOCAL COMMITTEES

6. [Update on progress with arrangements to integrate health and social care in mid-Nottinghamshire](#)

7. [Update regarding new extra care schemes in Bassetlaw](#)

Reports to Adult Social Care and Health Committee
10 October 2016

8. [Nottingham University Hospitals and Sherwood Forest Trust Merger – update](#)
9. [Children and young people’s mental health and wellbeing](#)
Reports to Joint Health Scrutiny Committee
11 October 2016
10. [Child sexual exploitation \(CSE\) and children missing from home and care: annual report 2015/16](#)
11. [Tackling child poverty in Nottinghamshire](#)
Reports to Children and Young People's Committee
17 October 2016

A GOOD START

12. Children’s oral health

Public Health England has announced the launch of a [Children’s Oral Health Improvement Programme Board](#). The Board’s ambition is that “every child grows up free from tooth decay as part of every child having the best start in life”. Coinciding with the launch of the board is the publication of an oral health promotion module of the Healthy Child Programme (HCP), which will sit on Health Education England’s e-learning for Healthcare website. The interactive resource is aimed at the early year’s workforce including health visitors, nurses and the child health team.

13. [Nursing in schools: how school nurses support pupils with long-term health conditions](#).

National Children’s Bureau

This report follows a survey completed by one in eight of the school nurses working in England, which found that 90% said high workloads and limited time and resources challenged their ability to support children with long-term health needs. Nearly four-in-ten school nurses work across ten or more schools, and these nurses are significantly less confident in providing help to pupils with serious health conditions compared to those working in fewer schools.

14. [Lightning review: school nurses - children’s access to school nurses to improve wellbeing and protect them from harm](#)

Children’s Commissioner

This report finds that school nurses spend twice as much time on paperwork than on direct work with children in schools which potentially reduces their capacity to identify children at risk of neglect or abuse. The research also identified evidence that time pressures meant that the school nurse role in supporting and promoting child health and wellbeing, mental health, healthy relationships and sex education was being compromised.

15. [Childhood obesity plan: PHE’s role in implementation](#)

Public Health England (PHE)

This policy paper outlines Public Health England's priority for reducing the proportion of overweight children leaving primary school. Two of PHE’s main contributions will be through implementing a sugar reduction programme and reviewing the nutrient profile model which categorises food according to its nutrient value.

Additional link: [PHE press release](#)

16. [**School and mental health pilot project rolled out to help more young people**](#)

A [pilot scheme that brings schools and mental health workers together](#) is being rolled out across the country to help more children and young people. The Mental Health Services and Schools Link Pilot is testing having a named single point of contact in 255 schools, across 22 areas, to improve joint working between schools and health services. Funded jointly by the Department for Education and NHS England, the scheme will mean that children and young people have better access to local, specialist mental health provision, and that support is consistent across services.

17. **Additional £25 million for mental health services for children and young people**

The Government is allocating [an extra £25 million to accelerate plans for improving mental health services for children and young people](#). This will help to cut waiting times for treatment, reduce waiting list backlogs and minimise the length of stay for those in inpatient care. The funding will ensure that by 2020 an extra 70,000 children and young people will be able to access services. NHS England is launching [six new pilot sites across the country to test new and improved ways to run these services](#).

18. [**Children in need of help or protection**](#)

National Audit Office

This report finds that the Department of Education (DfE) has recognised since 2010 that child protection services are not good enough but its subsequent response has not yet resulted in better outcomes. Spending on children's social work including on child protection, varies widely across England and is not related to quality. Neither the DfE nor authorities understand why this spending varies.

LIVING WELL

19. [**Supporting self-management: a guide to enabling behaviour change for health and well-being using person and community-centred approaches**](#)

Department of Health with the Health Foundation & Nesta

This guide outlines how the science of behaviour can help people to self-manage their health and wellbeing. It is written for people who support those living with long-term conditions, or those who help people avoid these conditions using person- and community-centred approaches.

20. [**Spreading change: a guide to enabling the spread of person-and-community-centred approaches for health and wellbeing**](#)

Department of Health with the Health Foundation & Nesta

This guide outlines how behavioural science can help spread the take-up of person and community-centred approaches to health and wellbeing. The guide uses the EAST framework to organise ideas and examples. The core message of EAST is that if you want to encourage behaviour, you should make it easy, attractive, social and timely. It features a number of low-tech, pragmatic and manageable activities which can increase the spread of person and community-centred health and wellbeing programmes.

21. [Public health successes and missed opportunities: Trends in alcohol consumption and attributable mortality in the WHO European Region, 1990–2014.](#)

World Health Organisation Regional Office for Europe

This report highlights the trends in alcohol consumption and related mortality systematically for all countries in the WHO European Region. The data shows big differences between countries and underlines opportunities for countries to introduce policies to reduce the burden of alcohol-attributable mortality.

22. [Fiscal policies for diet and the prevention of non-communicable diseases.](#)

The World Health Organisation (WHO)

This new report finds that an increase of at least 20% in the retail price of sugary drinks will result in proportional reductions in consumption of sugary drinks. The report also finds that subsidies used to reduce retail prices of fresh fruits and vegetables by 10–30% can increase the consumption of fruit and vegetables. The report includes studies from across the world from countries who have introduced these policies.

COPING WELL

23. [Alcohol and drugs joint strategic needs \(JSNA\) resource pack](#)

Public Health England (PHE)

This is an annual update to help local areas develop joint strategic needs assessments and local joint health and wellbeing strategies that effectively address public health issues relating to alcohol and drug use.

24. [Growing older in the UK: a series of expert-authored briefing papers on ageing and health.](#)

British Medical Association

This report focuses on how the health and life chances of older people of this and future generations are harmed by holes in the safety net of health, social and other welfare services. Across the report's six chapters it identifies how older people's health and that of their carers is affected from experiences throughout their lives as far back as childhood. The report also pinpoints established links between patients' social circumstances that influence the quality of their lives significantly.

25. **New dementia awareness films published**

New films by Health Education England aim to improve dementia diagnosis and care through greater awareness. [Finding Patience](#) supports a culturally appropriate approach to the dementia pathway. It aims to improve early diagnosis and support for people within African Caribbean communities by improving awareness amongst both health and care professionals, and those within the community. Focusing on dementia in care homes, [Finding Patience – The Later Years](#) raises awareness of how dementia can affect people differently. It encourages health and care professionals to reflect on the care they provide and calls for person-centred care that focuses on the individual, not the condition.

26. [Inequalities in mental health, cognitive impairment and dementia among older people](#)

Institute of Health Equity

This report focuses on inequalities in the experience and prevalence of poor mental health, cognitive impairment and dementia and the impact of social isolation, lack of mental stimulation and physical activity, before and after retirement, and in later old age. If

finds that these issues can exacerbate the risks of poor mental health, cognitive impairment and dementia in later life and are experienced disproportionately by people in lower socio economic groups. It also provides a brief summary of life course social determinants that increase the risk of poor mental health, early onset of cognitive decline and the symptoms of dementia.

27. [**Harnessing social action to support older people**](#)

Nuffield Trust

This research report presents the findings of an evaluation of seven social action projects designed to use volunteers to offer support to older people, improve their wellbeing and increase their capacity to live independently. The projects were funded from the Reducing Winter Pressures Fund. The report describes the projects; the challenges faced in setting up services; the impact of these projects on subsequent hospital use; and the experience that older people, volunteers and NHS staff had with the projects.

28. [**New units for mums with mental ill health**](#)

NHS England is preparing to invest in three [new inpatient units](#) for mums with serious mental ill health to help them to stay with their babies. The new Mother and Baby Units (MBUs) will be in East Anglia: Cambridgeshire, Norfolk and Suffolk; the North West: Cumbria and Lancashire; and the South West: Cornwall, Devon and Somerset. Expanding capacity in mother and baby units is a key element of NHS England's transformation programme for perinatal mental health services as part of integrated pathways of care.

29. [**The national confidential inquiry into suicide and homicide by people with mental illness. making mental health care safer: annual report and 20-year review. October 2016.**](#)

University of Manchester

This annual report assesses the progress on safety in mental health care across the UK. It provides the latest figures on events and highlights the priorities for safer services. This year's report highlights acute care, economic adversity and recent migrants.

Additional link: [BBC news report](#)

30. [**Mental health at work report 2016**](#)

Business in the Community (BITC)

This report urges employers to recognise the scale of poor mental health in the workplace and take significant steps to reduce the risk of their workplace being a contributor. Employers have a duty of care to their employees to respond to mental ill health just as they would to a physical illness.

31. [**Mental health for employers toolkit**](#)

Business in the Community (BITC) partnered with Public Health England

This is a free, online toolkit to help every organisation support the mental health and wellbeing of its employees. It will help employers take positive actions to build a culture that champions good mental health and provides a greater understanding of how to help those who need more support.

32. [**Supporting staff mental wellbeing case study**](#)

NHS Employers has published a case study from East Midlands Ambulance Service NHS Trust who recognised from staff feedback that there were a number of areas for

[improvement in mental wellbeing](#) across the trust. The case study sets out the actions the trust took. The trust now plans to launch other staff support networks such as disability and BME to continue to supporting its staff.

33. **[The impact of traumatic events on mental health](#)**

Mental Health Foundation

Published to coincide with World Mental Health Day, this guide aims to explain how the impact of traumatic events can lead to more serious mental health problems such as post-traumatic stress disorder (PTSD) and depression.

34. **Developing mental health services for veterans in England**

NHS England has [published a report into the findings from national campaign on NHS veterans' mental health services](#). The aim of the work was to give people a say in how services are delivered and feedback included improving awareness of where veterans can go to get help. The findings will help inform improvements to current NHS veterans' mental health services and shape future services that will be in place from April 2017.

35. **[Is mental health crisis care in crisis?](#)**

NHS Confederation Mental Health Network

This briefing explores the gap between the policy around mental health crisis care and reporting on the ground. It includes case study examples which show that by operating as a whole system, local areas are developing new ways of working in mental health crisis care.

36. **[Recovering quality of life for users of mental health services](#)**

The University of Sheffield has launched a new Patient Reported Outcome Measure (PROM) Recovering Quality of Life (ReQoL) for users of mental health services. ReQoL has been developed by a team at the School of Health and Related Research (SchARR) to assess the quality of life for those experiencing mental health difficulties. The questionnaire can be used in helping to decide what support or services people receive and also to measure and improve the quality of care that service users receive.

Additional link: University of Sheffield press release

37. **[Positive behaviour support organisational and workforce development framework](#)**

Health Education England (West Mids) and British Institute of Learning Disabilities (BILD)

This framework is intended for all services in the West Midlands that provide support across the life span for people with intellectual disabilities and /or autism that may sometimes show behaviours of concern. It supports the embedding of Positive Behaviour Support (PBS) approaches across the six West Midlands learning disability NHS Trusts.

WORKING TOGETHER

38. **[NHS Operational Planning and Contracting Guidance 2017 – 2019](#)**

NHS England and NHS Improvement

For the first time, the guidance covers two financial years, to provide greater stability, underpinned by a two-year tariff for NHS patients and a two-year NHS Standard Contract. A range of additional measures to help the NHS deliver on the commitments of the Five Year Forward View have also been announced, including: new incentives worth more than £100m to help tackle unnecessary delays in discharging patients from hospital;

incentives to reduce people attending A&E with mental health problems and further steps to ensure the sustainability of general practice.

39. **[The economics of housing and health: the role of housing associations](#)**

This report, based on work commissioned by the National Housing Federation from The King's Fund and the New NHS Alliance, looks at the economic case for closer working between the housing and health sectors. The authors demonstrate how housing associations provide a wide range of services that produce health benefits, which can both reduce demand on the NHS and create social value. The report concludes that there is no one piece of economic analysis that will persuade health providers or commissioners to work with or commission housing associations. However, the case studies in the report illustrate the economic benefits that housing association can provide.

40. **[Mental health and housing: potential economic benefits of improved transitions along the acute care pathway to support recovery for people with mental health needs](#)**

Housing Learning and Improvement Network

This brief paper identifies the possible opportunities for releasing resources from inpatient care and re-investing them in alternative support services, either provided or supported by housing associations. In order for this to take place and the savings to be realised, NHS commissioners would need to develop alternative forms of community-based services while maintaining existing infrastructure.

41. **[Integrating home adaptations for better health and wellbeing outcomes](#)**

PHE commissioned Care and Repair England to produce a series of briefings to inform the local integration of home adaptations into commissioning for better health and wellbeing outcomes.

42. **[Making difficult decisions: commissioning healthcare in changing times](#)**

NHS Clinical Commissioners

This report aims to support CCGs in making decisions about prioritisation of resources and changes to local services. It sets out factors that can enable CCGs to successfully command the confidence of the public, patients, local politicians and other key stakeholders when making changes. It draws on both academic research and practical insight from commissioners, patient groups and NHS England.

43. **[The state of health care and adult social care in England 2015/16](#)**

Care Quality Commission (CQC)

This annual report provides an overview of health and social care in England looking at the trends, highlighting examples of good and outstanding care, and identifying factors that maintain high-quality care. It finds that most services provide people with good care, but variation exists. Some care services are closing, increasing pressure on other services including GPs and hospitals. The report highlights that the sustainability of the adult social care market is approaching a tipping point.

Additional links: [CQC press release](#) | [Health Foundation](#) | [BBC News report](#)

44. **[Follow-up to Parliamentary and Health Service Ombudsman \(PHSO\) report on unsafe discharge from hospital](#)**

House of Commons Public Administration and Constitutional Affairs Committee (PACAC)

The inquiry found that the discharge failures identified by the May 2016 PHSO report are not isolated incidents but examples of problems that patients, relatives and carers are experiencing more widely. The committee identified a need for more data to be gathered on the scale and impact of these discharge failures. It identified a lack of integration between health and social care is preventing seamless discharge processes, coordinated around the patient's needs.

45. [Community pharmacy forward view](#)

Written jointly with Pharmacy Voice, this document sets out the ambitions for community pharmacies to enhance and expand personalised care, support and wellbeing services offered by the sector. The paper also argues for fuller integration with other local health and care services and highlights the role of the community pharmacy in being the facilitator of personalised care for patients with long-term conditions and in being a neighbourhood health and wellbeing hub.

46. [Health in All Policies: a manual for local government](#)

Local Government Association

This manual brings together the arguments for a Health in All Policies approach with practical suggestions for development at the local level. It aims to help councils to review their policy development and practice across the board, with the ultimate objective of improving health and wellbeing outcomes for the people they serve.

47. [Understanding sustainability and transformation](#)

NHS Confederation

This briefing discusses the policy context, development to date, the timetable for further development and implementation, as well as the key messages from local political, commissioning and provider leaders on how the sustainability transformation plans process could most helpfully develop in the coming months.

48. [Quick guide: discharge to assess](#)

Department of Health in partnership with NHS England and other key stakeholders

This quick guide aims to support local health and social care systems to reduce the time people spend in hospital, at the point that they no longer need acute care. It provides practical tips and advice to commissioners and providers on discharge to assess (D2A) models, including best practice from across the country.

49. [New care models: Emerging innovations in governance and organisational form](#)

King's Fund

This report looks at the different approaches being taken by multispecialty community provider (MCP) and primary and acute care system (PACS) vanguards for contracting, governance and other organisational infrastructure. It focuses on developments at five sites: Dudley; Sandwell and West Birmingham (Modality Partnership); Salford; Northumberland; and South Somerset (Symphony Project).

50. [Understanding quality in district nursing](#)

The Kings Fund

District nursing services play an important role in helping people to maintain their independence. Our new report looks at what constitutes 'good' district nursing care and the impact of a growing demand–capacity gap. An associated slide set presents our

framework for good-quality care, and in a new blog Anna Charles reflects on the challenges of assessing quality in this sector.

51. [**Moving from the margins: the challenges of building integrated local services**](#)
This discussion paper has been produced jointly by Collaborate and Turning Point and it presents seven key insights for building integrated public services. It argues that local integrated services should be at the heart of strategies for social renewal and public service reform.
52. [**Funding a healthy future: the health and care deficit diagnosed**](#)
Chartered Institute of Public Finance & Accounting (CIPFA) and Public Finance
This collection of essays examines the future of health and social care in the face of an ageing population, financial constraints and Brexit. This is the fourth in a series of papers designed to stimulate discussion on key public finance and policy issues.
53. [**A mandate from the government to Health Education England: 2016 to 2017**](#)
Department of Health
The mandate reflects strategic objectives around: workforce planning, health education and training and development. It looks at how the healthcare workforce can be developed to improve care for patients through education and training.
54. [**The new Integrated governance handbook 2016**](#)
Good Governance Institute
This report examines governance between organisations which has not yet been widely adopted to date. There is now a need for whole health and social care economy systems that not only deliver but demonstrate accountability for public funds.
55. [**Healthwatch annual report 2015-16 - Every voice matters: putting people at the heart of care.**](#)
Health watch England
This report outlines the ways in which the Health watch network has worked with people from across the country to inform how services are being improved. In 2015/16, the 152 local Health watch across England engaged over 380,000 people to find out their views about health and social care, and helped to signpost a further 220,000 people to the right place for their needs.
56. [**12 Steps to embedding social value priorities in health and care commissioning**](#)
Social Enterprise UK
This report details the difference social value can make in health and care commissioning, and shares learning for other commissioning authorities to make the most of social value. It presents the initial findings from the Social Value Programme, a three-year programme bringing together local CCGs, local authorities, Health and Wellbeing Boards and the voluntary, community and social enterprise organisations in twelve areas across England.
57. **Health in all policies approach**
Public Health England has published documents which bring together the arguments for a [Health in All Policies approach](#), together with a set of practical examples of implementation from the UK and around the world. The documents aim to help local government improve local wellbeing and growth through its multiple functions, service areas and partnership working.

GENERAL

58. [Stay Well This Winter 2016 campaign](#)

Public Health England (PHE) has launched this year's Stay Well This Winter campaign with a national flu vaccination programme for children and people who are aged 65 or over, or who have a long term health condition. From November 2016, the campaign will focus on preparedness to help ease the pressure on accident and emergency services during the winter period. NHS England will be encouraging people to seek advice from pharmacists at the first sign of a winter ailment, make sure that they have their prescription medicines before the Christmas period, and keep their homes warm.

CONSULTATIONS

59. [Mental health of adults in contact with the criminal justice system: draft guidance](#)

This draft guidance seeks to improve the assessment, treatment and prevention of mental health problems in adults. When the guideline is finalised, it will apply to anyone who comes into contact with the English criminal justice system, including time spent serving a community or prison sentence, and any probationary periods. It highlights the need for all staff working within the criminal justice system to receive training to recognise and respond to mental health problems.

Comments and feedback are currently being sought on this draft guidance until **18 November 2016**.

Other Options Considered

60. To note only

Reason/s for Recommendation/s

61. N/A

Statutory and Policy Implications

62. 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) To note the contents of this report.

Councillor Joyce Bosnjak
Chair of Health and Wellbeing Board

For any enquiries about this report please contact:

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

Constitutional Comments (LM 28/10/16)

63. The report is for noting.

Financial Comments (KS 21/10/16)

64. 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

Dementia Framework for Action 2016-2020



Autumn 2016

Welcome to this update about the Nottinghamshire Dementia Framework for Action. We want to let you know what it is about, what we hope to achieve from it and what's happening now.

What is the Dementia Framework?

The Dementia Framework is a plan to improve care for people with dementia, building on the stakeholder event held in November, meetings with carers and people with dementia, and the [Prime Minister's Challenge 2020](#). So how will this bring about improvements?

There are 5 main areas.

- Reducing Risk and Raising Awareness
- Making sure people have a diagnosis
- Improving care after diagnosis
- Supporting carers
- Dementia Friends and Dementia Friendly Communities

What does the Health and Wellbeing Board hope to achieve?

The Health and Wellbeing Board aims to find out what Nottinghamshire needs to improve in health and wellbeing and develop plans to achieve this.

Members include County and District Councillors, Chief Clinical officers from NHS Clinical Commissioning Groups and Healthwatch.

The Board has made improving care for people with dementia a priority and the new Framework sets out the main areas they would like to improve over the next 4 years.

Each organisation has been asked to decide on which actions they can contribute to and to write their own plans.

What's happening now?

- Clinical Commissioning Groups and other organisations are reviewing their dementia plans to make sure that people receive a diagnosis, have a care plan and to better integrate health and social care
- All members of the Health and Wellbeing Board are to continue to encourage their organisations to become Dementia Friends
- Some new guidance is expected on dementia focusing on post-diagnostic care and support (NHS Planning Guidance 2017-19)

Reducing Risk and Raising Awareness



There is something family and friends can do to reduce the risk of getting dementia, and that is to adopt a healthier lifestyle, especially increasing physically activity, of whatever kind. Essentially 'What's good for the heart is good for the brain'

www.nhs.uk/oneyou

What did people with dementia and carers say?

"Excellent referral to Adult Social Care – given a card with a name on it – so helpful to know who to contact"

"My GP Practice is very good – they know I'm a carer."

"The Citizens Advice Bureau was fantastic – gave us lots of financial advice"

"After diagnosis people think someone will contact them and tell them what to do, they wait for a call"

"The ophthalmologist spoke too quickly and was too impatient"

"Carers have to persist"

Carers

**Health and Wellbeing Board
Stakeholder Network
1.30pm – 4.30pm on Wednesday 12
October 2016
at Edwinstowe House, High Street,
Edwinstowe, Nottinghamshire, NG21
9PR**

Caring for Carers

Come and find out about:

- support for young carers
- developing carer friendly communities
- reviewing carers' services
- sustaining future support for carers

<http://nottinghamshire-healthandwellbeing-carers-event.eventbrite.com>



- Extra funding from the Better Care Fund has been put into the Compass service, this is now £307k [Page 54 of 58](#)
- Local CCGs and Nottinghamshire County Council have allocated a further £30k for carers unable to access COMPASS.

9 November 2016**Agenda Item: 10**

REPORT OF CORPORATE DIRECTOR, RESOURCES WORK PROGRAMME

Purpose of the Report

1. To consider the Board's work programme for 2016/17.

Information and Advice

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

Other Options Considered

4. None.

Reason/s for Recommendation/s

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

Statutory and Policy Implications

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

RECOMMENDATION/S

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

Jayne Francis-Ward
Corporate Director, Resources

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

Constitutional Comments (HD)

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

Financial Comments (NS)

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

Background Papers

None.

Electoral Division(s) and Member(s) Affected

All

Health and Wellbeing Board & Workshop Work Programme

	Health & Wellbeing Board (HWB)
7 December 2016	<p><i>Update on merger of Sherwood Forest & Nottingham University Hospitals</i> (Peter Homa/Peter Herring) TBC</p> <p>Strategic Action 2 Child Sexual Exploitation update (Steve Edwards/Terri Johnson)</p> <p>Update Strategic action 7 and Priority action 18 – housing(Rob Main/Jill Finnessey) & Excess Winter Deaths among Older People in Nottinghamshire update (Joanna Cooper)</p> <p>BCF Q2 quarterly report (Joanna Cooper)</p> <p>Update on the Crisis Care Concordat (Susan March/Shelagh Cunningham)</p> <p>Chair's report: Inspire (Fiona Anderson)</p>
4 January 2017	<p>Obesity & active transport (Anne Pridgeon)</p> <p>Update Bassetlaw Accountable Care & Strategic Plans (Idris Griffiths)</p> <p><i>Update on Nottinghamshire & SYB STPs</i> (David Pearson/Joanna Cooper/ Idris Griffiths)</p> <p>Director of Public Health Annual Report (Kay Massingham/Barbara Brady)</p> <p>Chair's report:</p>
1 February 2017	<p>Safeguarding Adults Annual Report (Stuart Sale/Allan Breeton)</p> <p>The role of community pharmacy (Nick Hunter LPC)</p> <p>Developing family resilience (Colin Pettigrew/Chris Jones)</p> <p>Substance misuse services (John Tomlinson//Lindsay Price/Tristan Poole)</p> <p>Update on spatial planning requested at May 2016 meeting (Anne Pridgeon)</p>

Health and Wellbeing Board & Workshop Work Programme

1 March	<i>Update on Nottinghamshire & SYB STPs</i> (David Pearson/Joanna Cooper/ Idris Griffiths) BCF Q3 quarterly report (Joanna Cooper)
29 March	Approval of BCF Plan for 2017/18 (Joanna Cooper)
26 April	<i>Update on Nottinghamshire & SYB STPs</i> (David Pearson/Joanna Cooper/ Idris Griffiths) Wellbeing@Work update (Lindsay Price)
June	Tobacco Declaration Annual update (John Tomlinson) Transitions between children's and adult's services especially for those with SEND &/or accessing CAMHS (Colin Pettigrew/Chris Jones) BCF Q4 quarterly report (Joanna Cooper)
July	<i>Update on Nottinghamshire & SYB STPs</i> (David Pearson/Joanna Cooper/ Idris Griffiths)

Items to be allocated to future meetings:

- SEND review (discussed at HWB October 2016 meeting)
- Support to care leavers (discussed at HWB October 2016 meeting)