

Health and Wellbeing Board

Wednesday, 28 June 2017 at 14:00

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

AGENDA

- 1 To note the appointment by the County Council on 25 May 2017 of Councillor Dr John Doddy as Chairman of the Health and Wellbeing Board
- 2 Election of Vice-Chairman
- 3 Minutes of the last meeting held on 26 April 2017 3 - 6
- 4 Membership and Terms of Reference 7 - 10
- 5 Apologies for Absence
- 6 Declarations of Interests by Members and Officers:- (see note below)
(a) Disclosable Pecuniary Interests
(b) Private Interests (pecuniary and non-pecuniary)
- 7 Health and Wellbeing Board Annual Report 11 - 28
- 8 Nottingham and Nottinghamshire Sustainability and Transformation Plan 29 - 32
- 9 Update on Vanguards – Presentation by Nikki Pownall (Nottingham City CCG), Stephen Shortt (Rushcliffe CCG) and Dawn Atkinson (Mansfield and Ashfield CCG)
- 10 Better Care Fund Performance and 2017-19 Plan 33 - 54

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12	Work Programme	73 - 76

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, 26 April 2017 (commencing at 2.00 pm)**

Membership

Persons absent are marked with an 'A'

COUNTY COUNCILLORS

Joyce Bosnjak (Chair)
Chris Barnfather
A Kay Cutts MBE
Muriel Weisz
Jacky Williams

DISTRICT COUNCILLORS

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

OFFICERS

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

CLINICAL COMMISSIONING GROUPS

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

LOCAL HEALTHWATCH

Michelle Livingston - Healthwatch Nottinghamshire

NHS ENGLAND

A Oliver Newbould - North Midlands Area Team, NHS England

NOTTINGHAMSHIRE POLICE AND CRIME COMMISSIONER

Kevin Dennis

OFFICERS IN ATTENDANCE

Paul Davies	-	Democratic Services
Nicola Lane	-	Public Health
Lindsay Price	-	Public Health
John Tomlinson	-	Public Health

MINUTES

The minutes of the last meeting held on 29 March 2017 having been previously circulated were confirmed and signed by the Chair.

MEMBERSHIP

It was reported that Councillor Chris Barnfather had been appointed in place of Councillor Reg Adair, for this meeting only.

APOLOGIES FOR ABSENCE

Apologies for absence were received from Dr Nicole Atkinson, Councillor Kay Cutts, Idris Griffiths, and Councillors Neill Mison, Susan Shaw and Andrew Tristram.

DECLARATIONS OF INTEREST BY BOARD MEMBERS AND OFFICERS

None.

APPROACHES TO DISEASE PREVENTION: PUTTING THE BUILDING BLOCKS IN PLACE

John Tomlinson and Lindsay Price introduced the report on work to prioritise disease prevention by aligning three existing work streams: Making Every Contact Count (MECC), the Tobacco Control Declaration and the Wellbeing@Work workplace health scheme. They responded to questions and comments from Board members.

It was explained that Board members could help by encouraging their organisation to implement the programmes after they had signed up to them. Developing and following an action plan was important. It was observed that conversations with service users might be difficult, and might identify a number of health and wellbeing issues to be addressed. In response, it was acknowledged that conversations could be difficult.

However, resources were available to help, including on-line training materials. Experience showed that service users were often more receptive to the messages from such a discussion than might be expected. It was pointed out that lessons could be learned from organisations both locally and further afield which were successfully implementing the programmes. In Rushcliffe CCG, MECC formed part of the vanguard.

It was suggested that the programmes might be extended to voluntary organisations and faith groups.

RESOLVED: 2017/016

That the integrated approach to disease prevention be supported.

RELATIONSHIP BETWEEN THE SAFER NOTTINGHAMSHIRE BOARD AND THE HEALTH AND WELLBEING BOARD

Kevin Dennis and Barbara Brady introduced the report which proposed stronger links between the Safer Nottinghamshire Board and Health and Wellbeing Board. Both Boards shared priorities such as substance misuse, domestic violence and crime and the fear of crime. The forthcoming refresh of the Health and Wellbeing Strategy gave an opportunity to identify synergies and gaps.

During discussion, attention was drawn to a project in Ashfield providing early intervention and crisis support, and the benefits arising from this approach. A similar project was referred to in Gedling.

RESOLVED: 2017/017

- 1) That the report be noted.
- 2) That the move to establish stronger links with the Safer Nottinghamshire Board on shared agendas be supported.
- 3) That collaborative working be supported on these key pieces of work:
 - Review of the analytical products and support arrangements for the Safer Nottinghamshire Board
 - Development of a Nottinghamshire Community Safety Strategy
 - Integrated Working Project

CLINICAL COMMISSIONING GROUPS' ANNUAL REPORTS 2016/17

Clinical Commissioning Groups are required to include in their annual reports a review of their contribution to delivery of the Health and Wellbeing Strategy. Draft content in relation to this was circulated for the CCGs in Nottinghamshire. Board members felt that more could be said about the CCGs' contribution, including the various vanguards and district based health and wellbeing groups. There was also interest in how outcomes from Board meetings were shared within CCGs.

RESOLVED: 2017/018

That the draft content for the Clinical Commissioning Groups' annual reports be noted.

CHAIR'S REPORT

In introducing the report, the Chair indicated that the Better Care Fund planning guidance had still to be issued. She also drew attention to the Assist project.

RESOLVED: 2017/019

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

WORK PROGRAMME

The Chair referred the possibility of the next Board meeting on 7 June being cancelled, in light of the recently announced General Election on 8 June.

RESOLVED: 2017/020

That the Board's work programme be noted.

The meeting closed at 3.20 pm.

CHAIR

28 June 2017**Agenda Item: 4**

REPORT OF THE CORPORATE DIRECTOR, RESOURCES TERMS OF REFERENCE AND MEMBERSHIP

Purpose of the Report

1. To note the membership and terms of reference of the Health and Wellbeing Board.

Information and Advice

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

County Councillors

Joyce Bosnjak
Dr John Doddy
Glynn Gilfoyle
Gordon Wheeler
Martin Wright

District Councillors

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

Officers

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

Clinical Commissioning Groups

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

Local Healthwatch

Michelle Livingston	-	Healthwatch Nottinghamshire
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NHS England

Oliver Newbould	-	North Midlands Area Team, NHS England
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Nottinghamshire Police and Crime Commissioner

Kevin Dennis

3. The County Council on 25 May 2017 established the Board with the following terms of reference:
 - i) To prepare and publish a joint strategic needs assessment.
 - ii) To prepare and publish a joint health and wellbeing strategy based on the needs identified in the joint strategic needs assessment and to oversee the implementation of the strategy.
 - iii) Discretion to give Nottinghamshire County Council an opinion on whether the Council is discharging its statutory duty to have due regard to the joint strategic needs assessment and the health and wellbeing strategy.
 - iv) To promote and encourage integrated working including joint commissioning in order to deliver cost effective services and appropriate choice. This includes providing assistance and advice and other support as appropriate, and joint working with services that impact on wider health determinants.
 - v) To discuss all issues considered to be relevant to the overall responsibilities of the Health and Wellbeing Board, and to perform any specific duties allocated by the Department of Health.

Other Options Considered

4. None.

Reason/s for Recommendation/s

5. To inform the Board of its membership and terms of reference.

Statutory and Policy Implications

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

RECOMMENDATION

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

Jayne Francis-Ward
Corporate Director, Resources

For any enquiries about this report please contact:

Paul Davies, Democratic Services
T: 0115 977 3299

Constitutional Comments

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

Financial Comments (NS 6/6/17)

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

Background Papers and Published Documents

None.

Electoral Division(s) and Member(s) Affected

All.

28 June 2017**Agenda Item: 7****REPORT OF THE CHAIR OF THE HEALTH AND WELLBEING BOARD****HEALTH AND WELLBEING BOARD ANNUAL REPORT****Purpose of the Report**

1. To give members of the Board a summary of the work of the Board over the last year and to start to outline plans for the future.

Information and Advice

2. The Shadow Health and Wellbeing Board was established in 2011. It assumed its responsibilities as a formal Board in April 2013.
3. Attached as Appendix 1 is a first annual report of the work of the Board which reviews progress made during 2016/2017 and sets the context for that work.
4. The annual report describes the positive impact the Board has had to date including the innovative work to integrate housing with health and care, which has been recognised nationally. The impact of the Young People's Health Strategy should also be noted. As a result of work originating from the Board we have improved services to support our young people through a variety of text and online support services.
5. Looking forward as the newly appointed Chair of the Board I welcome the opportunity to refresh the Health and Wellbeing Strategy.
6. The Health and Wellbeing Strategy is one of the statutory responsibilities of the Health and Wellbeing Board and provides a framework to improve health and wellbeing by working together – both within the Board and with its wider partners.
7. It has been widely acknowledged that an integrated approach to the challenges facing health and care will be essential. In Nottinghamshire we have built a good foundation for a joint approach and refreshing the Strategy will be an opportunity to build on that.
8. The refresh will need to align with the Sustainability and Transformation Plans for Nottinghamshire (The Nottingham and Nottinghamshire Sustainability and Transformation Plan and the South Yorkshire and Bassetlaw Sustainability and Transformation Plan). There are clear opportunities to work as a partnership across the Board and with our wider partners to support the prevention and integration agendas.

9. Issues identified within the STPs such as smoking, obesity, mental health and wellbeing, physical activity and alcohol misuse have been key priorities for the Health and Wellbeing Board. The Board has previously focussed on sign up to the Nottinghamshire Tobacco Declaration – more than 90% of organisations represented on the Board have now signed up and are making progress towards implementation.
10. The work that has also taken place to fully integrate health into spatial planning decisions has also been recognised nationally and is in position to deliver benefits to mental and physical health.
11. The Board has also identified the impact of housing on physical and mental health which has also been recognised within the local STPs.
12. These are key issues to improve health and wellbeing which the Board has been instrumental in developing and could continue to drive alongside the STPs to offer the maximum impact of our collective efforts.
13. A consultation document is being prepared which will identify issues which will improve health and wellbeing and which require a collaborative partnership approach to succeed. It will consider the local STPs and identify areas where the Board can add value.
14. It also aims to identify other areas which could potentially be out of the scope of the STPs but which could impact on health and wellbeing in Nottinghamshire.
15. It is intended that all aspects of the consultation document will be supported by evidence within the JSNA.
16. It is intended that the consultation document for the refresh of the Health and Wellbeing Strategy will be presented to the September Board meeting for consideration.

Other Options Considered

17. Annual report for noting only.

Reason/s for Recommendation/s

18. Board to note

Statutory and Policy Implications

19. 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 first Annual Report for the Nottinghamshire Health and Wellbeing Board.

Councillor John Doddy
Chair of the Nottinghamshire Health and Wellbeing Board

For any enquiries about this report please contact:

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

Constitutional Comments (LMcC 13.6.17)

20. The Report is for noting only.

Financial Comments (DG 15.06.2017)

21. The report is for note only, there are no financial implications.

Background Papers and Published Documents

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

None

Electoral Division(s) and Member(s) Affected

All

Nottinghamshire Health and Wellbeing Board Annual Report 2016

Forward

Welcome to this, the first annual report of the Nottinghamshire Health and Wellbeing Board.

The Health and Wellbeing Board is built on a partnership approach which we have seen strengthened, to the point where we believe it is the strongest it has ever been in Nottinghamshire.

This report reviews the Board's activities during 2016 but also includes an overview of the findings of the peer challenge which took place in 2015 to give some context to what's happened more recently. The peer challenge gave us an opportunity to reflect what we do and how we do it so that we can improve the way we work and sharpen our focus.

We have seen a number of changes to the Board over the last year and would like to thank Dr Paul Oliver, Dr Judy Jones, Dr Steve Kell, Phil Mettam, Councillor Tony Roberts, Dr Chris Kenny, Dr Mark Jefford and Joe Pidgeon for their contributions – without the dedication, commitment, enthusiasm, openness and honesty of the Board members it would not be the success it has become. We would also like to remember our colleague Councillor Martin Suthers who sadly passed away in 2016. Martin chaired the shadow board when it was established in 2011 and was an active and passionate Board member until his death.

As well as the Board members we recognise that it would be impossible to achieve anything without the support and efforts of our wider partners across health and care, public services, the voluntary sector and beyond. Thank you to everyone who has been involved in the Board meetings, workshops and stakeholder network events, including colleagues in the City who we have worked with on a number of joint projects. We look forward to continuing our efforts to make health and wellbeing everyone's business and welcome anyone who would like to join us in doing that.

We have challenging times ahead of us but hope, with the continued dedication and support of the Board members and our partners, that we can continue to improve the health and wellbeing of the people of Nottinghamshire.

Nottinghamshire Health and Wellbeing Board

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

We will do this by providing the most efficient and effective services.'

1. Background to the Nottinghamshire Health and Wellbeing Board

Health and Wellbeing Boards (HWBs) were introduced as statutory committees of all upper tier local authorities under the Health and Social Care Act 2012.

The Nottinghamshire Health and Wellbeing Board was established in shadow form in May 2011 and assumed its full role in April 2013 when the Act was effective.

Health and Wellbeing Boards are intended to improve the health and wellbeing of the people in their area; reduce inequalities and promote the integration of services.

2. Membership of the Board

The core membership of Health and Wellbeing Boards was set out in the Health and Social Care Act and must include a minimum membership of:

- one local elected representative nominated by the leader or the mayor of the local authority, or in some cases by the local authority
- a representative of the local Healthwatch organisation
- a representative of each local clinical commissioning group whose area is within or partly within, or coinciding with the local authority area
- the local authority director for adult social services
- the local authority director for children's services
- the director of public health for the local authority

Other members can be appointed to the Board by the local authority or Health and Wellbeing Board itself.

In Nottinghamshire the Board has invited representatives from each of the 7 district councils within the county, the police and crime commissioner and NHS England's regional team. A list of current members of the Board is attached as [Appendix 1](#).

3. Key responsibilities of the Health and Wellbeing Board

The Board has a number of statutory functions:

- To prepare a Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy
- To prepare and maintain a Pharmaceutical Needs Assessment (PNA)
- A duty to encourage integrated working between health and social care commissioners
- To encourage close working between commissioners of health-related services, such as housing and many other local government services and commissioners of health and social care services

3.1 The Joint Strategic Needs Assessment

The Board oversees the development of the [Nottinghamshire Joint Strategic Needs Assessment](#) which provides a picture of the current and future health and wellbeing needs of

the people of Nottinghamshire. During 2016 three new topics were added to the JSNA Child Poverty was added to the Children and Young People's chapter, Suicide Prevention to the adults' chapter and loneliness to older people.

The format of the Nottinghamshire JSNA is being improved to make it more accessible, interactive and relevant to help partners to understand the needs of the local population in commissioning services. Wider partners from the voluntary and community sector have been involved in this process to make it easier to use and relevant.

3.2 The Health and Wellbeing Strategy

The Health and Wellbeing Board must produce a Health and Wellbeing Strategy to address the needs identified in the JSNA.

The first formal **Health and Wellbeing Strategy** for Nottinghamshire was agreed by the Board in 2014 and identified a vision which frames all of the work the Board undertakes: *'We want to work together to enable the people of Nottinghamshire to live longer, be healthier and have a better quality of life especially in the communities with the poorest health. We will do this by providing the most efficient and effective services.'*

To support this vision the Strategy identified 4 ambitions; to give everyone **a good start**; for people to **live well**; for people to **cope well** and for services to **work together**.

In order to deliver these ambitions and in line with the feedback from the public consultation 20 priorities were agreed and are listed in [Appendix 2](#).

In February 2015 the Health and Wellbeing Board took part in the Local Government Association's Peer Challenge Programme. As a result of recommendations made by the Peer Challenge Panel the Board agreed to delegate responsibility for monitoring delivery of the Strategy to the Health and Wellbeing Implementation Group as much of the work was in progress and did not need additional support through the Board to succeed.

The Board agreed to focus on a smaller number of short term actions, all of which need a partnership approach to ensure delivery – utilising the unique strength of the Health and Wellbeing Board. The Board agreed to focus on:

- Improving uptake of breastfeeding by implementing the Breast Feeding friendly places initiative
- Improving Children and Young People's Health and Wellbeing by:
 - Implementing the Nottinghamshire Children's Mental Health and Wellbeing Transformation Plan
 - Developing a partnership agreement to tackle child sexual exploitation in Nottinghamshire in conjunction with the Nottinghamshire Safeguarding Children's Board
- Reducing the number of people in Nottinghamshire who smoke by implementing the Nottinghamshire Tobacco Declaration
- Developing healthier environments to live and work in Nottinghamshire by facilitating a joint approach to spatial planning
- Ensuring crisis support is available for people with mental health problems through a joint approach
- Ensuring vulnerable people living in the community can access the housing support they need by extending integrated working to include housing

3.3 The Pharmaceutical Needs Assessment

In addition to the JSNA the Board is also responsible for producing a **Pharmaceutical Needs Assessment (PNA)**. A PNA is an assessment of the needs for pharmaceutical services in the local area, making sure that services meet the needs of the population and are in the correct locations to support residents. The current PNA was agreed in 2015 and found that current services met need. It is due to refresh in 2018.

3.4 Encouraging integration

The Board has been working to encourage integration. In Nottinghamshire this has meant challenging people to work differently, encouraging collaboration, integration and cooperation to resolve issues through a partnership approach.

One way that this is being achieved is through the **Better Care Fund (BCF)** which is intended to drive closer integration between services to improve outcomes for patients, service users and carers. The Fund is set up as a single pooled budget so that NHS and local government work closely together in a partnership to contribute an agreed level of resource into the pooled budget, which is then used to commission or deliver health and social care services.

In Nottinghamshire a BCF plan has been developed between the six Nottinghamshire CCGs and Nottinghamshire County Council. The County Council host the pooled budget and money is jointly managed by all the parties under the terms of a 'section 75' agreement signed in March 2015.

All BCF schemes are focused on the BCF national conditions and metrics including:

- Seven day working
- GP access
- Community care coordination
- Support for carers
- Reablement/rehabilitation services
- Transformation programme
- Protecting social care services
- Disabled facilities grant
- Care Act implementation

The Board received regular reports on progress on the implementation of the schemes during 2016 including:

- 1,938 fewer non-elective admissions than planned in 2015
- 28 fewer people than planned being permanently admitted to care homes in 2015/16
- 92% of people remaining at home 91 days after local community reablement services in 2015/16
- 2,011 fewer days than planned on delayed hospital discharges between October 2015 and March 2016
- 38 fewer admissions to care homes directly from hospital (Apr-Dec 2015)

The Comprehensive Spending Review in November 2015 confirmed that the BCF will continue into 2016/17 and partners have committed to continuing to work together to implement BCF plans.

In December 2015 as part of the NHS Planning Guidance Sustainability and Transformation Plans (STPs) were announced which required NHS organisations and local authorities across England to work together to develop 'place-based plans' for the future of health and care services in their area. There are 2 plans across Nottinghamshire, one covering Nottingham and Nottinghamshire and another for South Yorkshire and Bassetlaw. The Health and Wellbeing Board have been briefed regularly during the development of the plans during 2016 in preparation for supporting their delivery following agreement in 2017.

3.5 Encouraging closer working

The Health and Wellbeing Board continues to build relationships between partners and develop an understanding of the local architecture of health and care organisations. Board members have worked to understand the range of commissioned services and their interdependencies through discussions at the Board meetings and at more in depth workshops on specific topics including the wider determinants of health such as housing, air quality and the environment and how a partnership approach can influence their impact on health and wellbeing.

The Board highlighted concerns about workforce through a number of discussions which resulted in a joint County/City workshop to identify issues including managing winter pressures, seven day services, use of agency staff, quality of care and disparity of pay across health and social care.

Following the workshop an action plan was agreed by both the Nottinghamshire and Nottingham City Health and Wellbeing Boards supported by the Local Education and Training Council. As a result of the issues raised, workforce has been identified as a theme within the Nottingham and Nottinghamshire Sustainability and Transformation Plan.

The Board has received a report on the Nottinghamshire County Council's Community Empowerment and Resilience Programme and particularly welcomed the work to raise the profile of voluntary and community organisations in Nottinghamshire and their role in improving health and wellbeing.

Following a presentation to the Health and Wellbeing Board Nottinghamshire Fire and Rescue Service held a joint county/city Summit to discuss utilising the fire and rescue service to improve health and wellbeing in Nottinghamshire. This is in line with national developments through the Chief Fire Officers Association and Public Health England. These discussions identified a number of opportunities for collaboration through the STPs and resulted in a consultation to extend the Safe and Well checks undertaken by crews to include issues such as smoking cessation, mental health and winter warmth. These extended checks are due to be implemented in April 2017.

The Board continues to welcome the support of a wide range of organisations locally from education, public services, community and voluntary organisations and local businesses, recognising that *health and wellbeing is everyone's business*. A HWB Network has been established which meets 3 or more times a year to discuss partnership approaches to issues. During 2016 the Network met to consider:

- Young people's health and wellbeing
- Tobacco
- Carers

These events have resulted in improved understanding across partners of specific topic areas, developments to the JSNA and collaborative work plans and improved understanding of partners' purpose and potential to support the Health and Wellbeing Strategy.

The Board has also hosted partnership workshops to consider:

- Partnerships working between housing health and care
- Health inequalities

4. Key activities and achievements in 2016

In line with its ambition to offer Nottinghamshire residents a good start and following advice from colleagues in Public Health about rates of breastfeeding in Nottinghamshire the Board decided to champion breastfeeding across the County by making their premises breastfeeding friendly and encouraging partners to do the same. The breastfeeding friendly places scheme supports the implementation of Nottinghamshire and Nottingham City's Breastfeeding Framework for Action 2015 to 2020, agreed by the Health and Wellbeing Board in 2015.

After a discussion in February 2016 the Health and Wellbeing Board recognised the importance of a system wide approach to child sexual exploitation (CSE). All partner organisations agreed to promote **child sexual exploitation** awareness training to their staff and the newly established 'Concerns Network' raising the profile of the issue in order to identify cases at an early stage.

In August 2016 an audit was undertaken by the three Integrated Sexual Health Service providers focusing on the systems and processes in place in these services to identify young people at risk of or experiencing CSE. The audit findings were shared with the Sexual Health Strategic Advisory Group and Nottinghamshire Child Sexual Exploitation Cross-Authority Group. Following the audit, each provider developed an action plan to further strengthen the identification of CSE.

The Health and Wellbeing Board has been instrumental in instigating a review of mental health services for children and young people which has resulted in the delivery of the **Nottinghamshire Children's Mental Health and Wellbeing Transformation Plan** which has delivered improvements in CAMHS. The Board also initiated a Young People's Health Strategy which has delivered a number of young people friendly on-line and text services including [ChatHealth](#) and the [Health for Teens](#) website. Work to improve children and young people's health continues through the Children's Integrated Commissioning Hub overseen through the Health and Wellbeing Board.

Led by Nottinghamshire County Council's Public Health team the Board signed up to the **Nottinghamshire Tobacco Declaration** and member organisations continue to work towards developing and implementing action plans to support the Board's priority to reduce the number of people who smoke in Nottinghamshire. The partnership approach of the Board has been key in achieving sign-up to the Declaration.

In 2016 the Nottinghamshire Health and Wellbeing Board initiated a ground breaking piece of work to integrate health into planning processes. After a partnership workshop facilitated by the Town and Country Planning Association an innovative document **Spatial Planning** for the Health and Wellbeing of Nottinghamshire has formally been adopted by one of the district councils and is being used by others. A planning and health engagement protocol is being developed ready for approval by the Health and Wellbeing Board early in 2017. The aim is to

make sure that health is one of the considerations for planning applications to encourage physical activity and active transport as well as encouraging healthier takeaway food options, work coordinated and driven by colleagues in Public Health

The Nottinghamshire Health and Wellbeing Board has had a number of discussions around mental health and following a presentation in February 2016 recognised the importance of care for people having a mental health crisis. The Board has supported a **Crisis Concordat** action plan which has been developed across Nottingham and Nottinghamshire by a large number of partner organisations including health, the police, fire and rescue, local government and the voluntary sector. This has delivered a number of benefits including training for front line staff, reduction in the number of people detained under s136 being held in police cells and the development of mental health crisis support through the 111 service.

There has been significant developments in **integrating housing with health and care** services locally. Following the improved profile of housing locally this has also been picked up as a chapter of the Nottingham and Nottinghamshire STP. Additional capacity is being secured to drive this agenda in 2017 following a successful bid to the Pioneer Fund ensuring that Nottinghamshire is leading the way in integrating housing with health and care.

5. The Health and Wellbeing Board influencing policy and strategy

The Board has maintained oversight of a number of frameworks for action, work programmes and partnership activity, supporting the vision and ambitions within the Health and Wellbeing Strategy. Examples of these are given in [Appendix 3](#).

The Board has also considered and commented on:

- The [Director of Public Health's annual report 2015/16](#)
- The [Adults Safeguarding Boards Annual report](#)
- The [Nottinghamshire Safeguarding Children's Annual report](#)
- The [annual summary of the work of Nottinghamshire County Council's Public Health Committee](#)
- The [Nottingham and Nottinghamshire](#) and [South Yorkshire and Bassetlaw](#) STPs

6. The Health and Wellbeing Board's Governance and structures

The Peer Challenge Panel highlighted the complexities of the governance arrangements for the Health and Wellbeing Board and its associated supporting structures. Work began to review the governance and supporting structures, recognising the position of the Health and Wellbeing Implementation Group in delivering the Health and Wellbeing Strategy on behalf of the Board. The announcement and subsequent development of the STPs and their associated governance structures has resulted in a 'pause' in this process however. Recognising the overlap with the STP, the partners involved in its delivery and the potential synergy in areas of the remit it has been timely to wait to make any further changes, pending the development of the STP and the governance required for their delivery.

7. Future plans and activities

The Board will continue to influence and lead on the delivery of health and social care. Its role as a strategic partnership will continue to be important in delivering improvements given the financial challenges which face health and social care.

The STPs will be finalised early in 2017. Once this has been completed the Board will be focussing its attention on refreshing the Health and Wellbeing Strategy, to maximise its impact

in delivering improvements to health and wellbeing and reducing health inequalities. This refresh will consider the needs identified by the JSNA as well as the ambitions of the STPs and the recommendations within the Director of Public Health's annual report.

In November 2016 the Board reviewed its annual actions and agreed to focus on:

- Child sexual exploitation
- Spatial planning
- Mental health crisis support
- Integrating housing within health and care
- Implementing Making Every Contact Count (MECC)
- Implementing the transitions protocol and pathway

Following a decision made by the Nottinghamshire County Council's Policy Committee at the end of 2016, Nottingham City and Nottinghamshire Healthwatch organisations will merge in 2017. The membership of both Health and Wellbeing Boards will be maintained and may present more opportunities for cooperation and collaboration.

2017 promises to be another busy year. Please keep in touch by watching the [website](#), joining the Stakeholder Network [Linkedin group](#), attending stakeholder [events](#) and supporting the Board's aim to improve health and wellbeing in Nottinghamshire.

Appendix 1: Board members

COUNTY COUNCILLORS

Joyce Bosnjak
Kay Cutts
Jacky Williams
Muriel Weisz
Reg Adair

DISTRICT COUNCILLORS

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

COUNTY COUNCIL OFFICERS

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

CLINICAL COMMISSIONING GROUPS

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

LOCAL HEALTHWATCH

Michelle Livingston

NHS ENGLAND

Oliver Newbould	Nottinghamshire/Derbyshire Area Team, NHS England
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NOTTINGHAMSHIRE POLICE AND CRIME COMMISSIONER

Kevin Dennis

Duties

1. To prepare and publish a joint strategic needs assessment.
2. To prepare and publish a joint health and wellbeing strategy based on the needs identified in the joint strategic needs assessment and to oversee the implementation of the strategy.

3. Discretion to give Nottinghamshire County Council an opinion on whether the Council is discharging its statutory duty to have due regard to the joint strategic needs assessment and the health and wellbeing strategy.
4. To promote and encourage integrated working including joint commissioning in order to deliver cost effective services and appropriate choice. This includes providing assistance and advice and other support as appropriate, and joint working with services that impact on wider health determinants.
5. To discuss all issues considered to be relevant to the overall responsibilities of the Health and Wellbeing Board, and to perform any specific duties allocated by the Department of Health.

Appendix 2: Nottinghamshire Health and Wellbeing Strategy 2014-17 Priority actions

Appendix 2: Nottinghamshire Health and Wellbeing Strategy 2014-17				
A GOOD START			WORKING TOGETHER	Work together to keep children and young people safe
				Improve children and young people's health outcomes through the 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
	LIVING WELL			Reduce the number of people who smoke
				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 Healthcheck
		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 Conditions
				Support people with long term conditions
				Supporting older people to be independent, safe and well
				Providing 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
				Ensuring we have sufficient and suitable housing, including housing related support, particularly for vulnerable people
				Improving workplace health and wellbeing
		Improving access to primary care doctors and nurses		

Appendix 3: Policy and Strategy considered by the Health and Wellbeing Board

- Supporting the [Nottinghamshire and Nottingham City's Breastfeeding Framework for Action 2015 to 2020](#)
- Approving and adopting the [Young People's Health Strategy](#)
- Approval of the [Nottinghamshire Children and Young People's Mental Health and Wellbeing Transformation Plan](#)
- Signing up to the Nottinghamshire Tobacco Declaration
- Promotion of the [Wellbeing@work Scheme](#)
- Approval of the [Nottinghamshire Dementia Framework for Action 2016-2020](#), including promoting [Dementia Friends](#) and Dementia Friendly Communities
- Agreed the [Falls Pathway – Thinking Falls: Taking Action](#)
- Approval of the [Spatial Planning for the Health and Wellbeing of Nottinghamshire](#) document
- Support for the [Local Digital Roadmap for Nottinghamshire](#)
- Endorsement of the [Nottinghamshire Housing Delivery plan](#)
- Endorsement of the [Nottinghamshire Transitions Protocol](#)

Nottinghamshire Health and Wellbeing Board

What's happened?

A good start

A **Young People's Health Strategy** has been developed specifically for young people in Nottingham and has delivered a website offering tailored advice for young people as well as a number of texting and on-line counselling services.

To help the identification of **child sexual exploitation** and to help protect children and young people, on-line training has been made available. 4,000 taxi drivers had also been trained by January 2017. There is now a therapeutic support service for children who have been abused or sexually exploited.

The Board has agreed a Transformation Plan for Young People's mental health services and there are now **integrated services for mental health and the Healthy Child Programme and Public Health Nursing** are available in Nottinghamshire. CAMHS waits have improved and are now around 6 weeks for community CAMHS. There is also a crisis resolution and home treatment service available for young people in mental health crisis which is achieving its target of assessing young people in the community within 4 hours of referral.

Around 40% of women are breastfeeding at 6-8 weeks. 79 venues in Nottinghamshire were accredited as **breastfeeding** friendly by March 2017 and all HWB partners are committed to implement breastfeeding friendly strategies.

Living well

29 organisations are signed up to the **tobacco** declaration which means all of their employees and visitors benefit from a smoke free environment and smokers have support to help them quit. Children's play areas and a range of family events are smoke free like the Robin Hood Festival and Gedling Carnival.

15,692 people aged 40-74 in Nottinghamshire were offered an **NHS Health Check** in 2016/17 helping to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes or dementia.

Nottinghamshire has agreed a ground breaking protocol for including health in **planning** decisions to make healthy takeaway food available as well as increasing opportunities for physical activity like walking and cycling.

Coping well

Dementia diagnosis rates between 67.4 and 78.3% (above target of 66%) and more than 80% of patients have had a care plan review in the last 12 months. Countywide framework for action has been agreed to help improve services for people in Nottinghamshire.

153 social care staff trained in **autism** awareness to help them make adjustments for people with the condition. A new protocol has been agreed to help young people with special educational needs and disabilities move between children's and adult services.

The Board agreed a new falls pathway in 2016 to support **older people** to be independent, safe and well. Rate of falls in Nottinghamshire is 2007 per 1000,000 population and is better than the England rate of 2125.

Working together

28 organisations signed up to the **Wellbeing@work** scheme with 2 achieving their platinum award in 2016. The Wellbeing@Work Scheme incorporates tobacco and alcohol use, emotional wellbeing, healthy weight, protecting health (domestic violence, sexual health, healthchecks and immunisations

28 June 2017

Agenda Item: 8

REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE, HEALTH AND PUBLIC PROTECTION, NOTTINGHAMSHIRE COUNTY COUNCIL

NOTTINGHAM AND NOTTINGHAMSHIRE SUSTAINABILITY AND TRANSFORMATION PLAN

Purpose of the Report

1. The purpose of this report is to:
 - set out the approach that has been taken to communicating, listening and receiving feedback on the Nottingham and Nottinghamshire Sustainability and Transformation Plan (STP) that was published in November 2016
 - present a summary of the feedback
 - outline the response of the STP Leadership Board to this feedback

Information and Advice

Approach

2. The draft STP was based on previous conversations with local people, including the development of the Health and Wellbeing strategies for Nottingham City and Nottinghamshire County, and work already underway through specific initiatives such as our local NHS Vanguard programmes, which have been testing new ways of working and delivering care. As there were restrictions on sharing the draft Plan in advance of publication, we were not able to talk openly about the draft STP public before it was published.
3. The draft STP was made available to the public on the STP website and Partner organisation websites on 24th November 2016. This included the full plan and appendices, as well as a summary plan intended for a more general audience.
4. The first phase of talking to the public about the STP took place between November 2016 and February 2017 and involved asking for comments and feedback on the STP, the overall direction of travel and the five priority areas. This was done by holding four public events at a range of venues and times across the City and County, hosted by Healthwatch, and by inviting written comments by e-mail or letter. 395 people attended the events and we received 69 written responses.
5. Events were held as follows:
 - 24th January Nottingham Forest Football Ground (10-12am)
 - 9 February Newark Town Hall (6-8pm)

- 10 February Mansfield library (2-4pm)
 - 22 February Nottingham City Council Chamber (5-7pm)
6. We also shared the draft Plan at a range of other local events, such as a Nottingham University Hospitals NHS Trust public Members' event and a specific STP event for voluntary and community sector organisations. Partner organisations made staff aware of the STP through newsletters and on their intranet, and many staff attended the public meetings.
7. At the events feedback was requested around these three questions:
- What do you think about the plan?
 - What else could we be doing?
 - Any other comments or feedback
8. All feedback was captured and sent to Public Health for independent analysis of the raw data into themes. The feedback and the response of the STP Leadership Board form the content of two reports that were published on 12th June 2017 on the STP website www.stpnotts.org.uk. These reports are the STP Feedback Summary ([link](#)) and the STP Full Feedback Report ([link](#)). Copies of the report were sent to the people who attended the STP events and provided written feedback.

Other options

9. None.

Reasons for Recommendations

10. To ensure the HWB has oversight of progress with the STP.

Statutory and Policy Implications

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

Financial Implications

12. None.

Human Resources Implications

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

Legal Implications

14. None

RECOMMENDATIONS

That the Board:

1. Note the contents of the report.

David Pearson

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

For any enquiries about this report please contact:

Jane Laughton, Associate, STP Team

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0115 9773577

Constitutional Comments (LMcC 13.6.17)

15. The report is for noting only.

Financial Comments (DG 15.06.2017)

16. There are no financial implications as per paragraph 12.

Background Papers and Published Documents

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

Electoral Divisions and Members Affected

- All

28 June 2017

Agenda Item:

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

BETTER CARE FUND PERFORMANCE AND 2017-19 PLAN

Purpose of the Report

1. This report sets out progress to date against the Nottinghamshire Better Care Fund (BCF) plan and requests that the Health and Wellbeing Board:
 - 1.1. Approve the Q4 2016/17 national quarterly performance report.
 - 1.2. Approve the approach to the allocation of Improved Better Care Fund resource. The BCF plan will follow for approval in September once planning guidance has been published and the Improved Better Care Fund allocations will be confirmed at this time. If the planning guidance requires an adjustment to this approach, then we will respond appropriately with delegated authority for the Corporate Director ASCH&PP in consultation with the Chair and Vice Chair to act on behalf of the Board in this matter.
 - 1.3. Approve the direction of travel for Nottinghamshire BCF Graduation with delegated authority for the Corporate Director ASCH&PP in consultation with the Chair and Vice Chair to act on behalf of the Board in this matter.

Information and Advice

Performance Update and National Reporting

2. Performance against the BCF performance metrics and financial expenditure and savings continues to be monitored on a monthly basis through the BCF Finance, Planning and Performance sub-group and the BCF Steering Group.
3. The performance update includes delivery against the six key performance indicators, the financial expenditure and savings, scheme delivery and risks to delivery for Q4 2016/17.
4. This update also includes the Q4 2016/17 national quarterly performance template submitted to the NHS England Better Care Support Team for approval by the Board.
5. Q4 2016/17 performance metrics are shown in Table 1 below.
 - 5.1. Two indicators are on track
 - 5.2. Four indicators are off track and actions are in place

Table 1: Performance against BCF performance metrics

REF	Indicator	2016/17 Target	2016/17 (to date)	RAG and trend	Trend	Summary of mitigating actions
BCF1	Total non-elective admissions in to hospital (general & acute), all-age, per 100,000 population	19,707 Q4	22,333 (proxy) Q4	R ↑		A&E Improvement Plans are in place in the three planning units. These plans form part of Winter Plans.
BCF2	Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	578.9	583	A ↓		Target not achieved but 2016/17 baseline maintained.
BCF3	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	91.2%	80.04% YTD	R ↓		Additional services included in performance monitoring. The START service are maintaining performance at 91.4% (as measured in 2015/16).
BCF4	Delayed transfers of care (delayed days) from hospital per 100,000 population (average per month)	1,101.5 Q4	756.28 Q4	G ↑		Growth at NUH relates to an increase in health DTOCs and occurred as NUH switched from a paper based system to using Nerve Centre as the method of coding with social care colleagues in July. An action plan is in place to address this.
BCF5	BCF5: Question 32 from the GP Patient Survey: In the last 6 months, have you had enough support from local services or organisations to help manage long-term health condition(s)	65.4%	64.4% (July)	R ↔		This indicator is reported as part of a suite of indicators to measure citizen experience. A review of metrics is taking place to inform planning for 2017/19 plans.
BCF6	Permanent admissions of older people (aged 65 and over) to residential and nursing care homes directly from a hospital setting per 100 admissions of older people (aged 65 and over) to residential and nursing care homes	34%	22.9%	G ↑		

6. Reconciliation of Q4 2016/17 spend is complete. Expenditure is broadly on target with some in year slippage. An underspend of £1,777,420 materialised in 2016/17:
- 6.1. £1,600,815 in the Care Act allocation. Spend will be carried forward to 2017/18 to be spent within this ring-fenced element of the fund. The Adult Social Care and Health Committee have approved recommendations at their meeting on 12 September 2016. Schemes and details on when funding will be transacted are contained within this report.
 - 6.2. £191,000 in scheme D (support to social care). The underspend was reallocated to scheme C (reducing non-elective admissions) within the 2016/17 financial year.
 - 6.3. £176,604 in scheme O (support for carers). Spend will be carried forward to 2017/18 to be spent within this ring-fenced element of the fund.
7. The BCF Finance, Planning and Performance subgroup monitors all risks to BCF delivery on a quarterly basis and highlights those scored as a high risk to the Steering Group. The Steering Group has agreed the risks on the exception report as being those to escalate to the HWB (Table 2).

Table 2: Risk Register

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

8. As agreed at the meeting on 7 October 2015, the Q4 2016/17 national report was submitted to NHS England on 31 May pending HWB approval (Appendix 1). Due to the timing of the report, the content for Nottinghamshire County was prepared and agreed by the BCF Finance, Planning and Performance sub-group and approved by the BCF Steering Group. If the HWB requests amendments to the report, the quarterly report will be resubmitted to the NHS England Better Care Support Team.
9. Further national reporting is due on a quarterly interval with dates to be confirmed.

Better Care Fund 2017-19

10. The Better Care Fund Policy Framework for 2017-19 has been published but we are awaiting detailed planning guidance. The submission timetable will be published as soon as

publication dates are clear – it is anticipated that the 2017-19 plan will be approved at the September Board.

11. The Spending Reviews of 2015 and 2017 identified new money for adult social care in the form of the "improved" Better Care Fund. This new element of the Better Care Fund is to be paid directly to local authorities for adult social care - amounting to £2.6bn by the end of the Parliament. In Nottinghamshire the grant will provide an additional £64.13m over three years - with £16.06m in 2017/18, £21.56m in 2018/19 and £26.51m in 2019/20. The additional money announced is temporary.
12. The Council has developed proposals for allocation of the additional funding from a series of discussions with senior managers in Adult Social Care and Health, as well as members of the Corporate Leadership Team, within a challenging timescale. At a high level these have been discussed with key partners in health and the lead Members of the new administration, following the local elections in May.
13. The proposed plans for the additional money have been based on:
 - the need to meet the grant conditions
 - maintaining and improving performance of adult social care services
 - meeting targets in the Improved BCF and the High Impact Change Model
 - dealing with some of the current resource and performance risk areas
 - reducing dependence on Council reserves next year
 - offsetting some very challenging savings targets.
14. Planning for use of the additional money has also taken into account the principles of the Council's Adult Social Care Strategy, as well as ongoing work to support current programmes focused on the transformation of social care provision and the delivery of savings targets identified over the last few years. The Adult Social Care Strategy seeks to manage demand and cost by:
 - promoting independence and wellbeing
 - ensuring value for money, and
 - promoting choice and control.
15. The Adult Social Care Strategy has sought to provide a legal and ethical framework for delivering sustainable savings in response to unprecedented reductions in central government funding. It is intended to protect support for people with the highest long term needs and lowest incomes, while encouraging other people to be more independent through offering alternatives to social care support or short term support to enable a return to independence. The County Council is approaching a savings target of £100 million from its adult social care budget (from 2011/12-2019/20).
16. Table 3 below summarises the proposals for the allocation of the existing Improved Better Care Fund and the new element of the Improved Better Care Fund in 2017/18. This amounts to £16.06m for 2017/18. A number of the areas of activity with funding requests will also have funding requirements in the following 2 years that the temporary funding is available.
17. The Board are requested to approve the approach to the allocation of Improved Better Care Fund resource prior to the approval of the BCF Plan at the September meeting to ensure that resources are deployed as soon as possible; the Adult Social Care and Public Health Committee will approve the specific expenditure and establishment of posts at their July

meeting. The posts identified in the table below will be funded from the Improved Better Care Fund for the next 3 years (unless otherwise stated), during which time the Council would reasonably anticipate further national announcements on the future of adult social care funding.

Table 3: Improved Better Care Fund

Activity	Description/rationale	Approximate funding requirement 2017/18
Enhanced capacity to support Team Managers to meet new statutory obligations and staff to undertake complex care assessments, and capacity to undertake a review of the assessment and care management structure.	<p>An additional 4 peripatetic FTE Team Managers across the county will create the capacity to support managers with growing areas of responsibility e.g. DoLs authorisations, Safeguarding audit work and the new competency framework.</p> <p>Enhanced staffing capacity is required to meet statutory duties relating to areas of work where there is increasing demand and pressures on current staffing due to the complexity of work involved. These are Community Deprivation of Liberty Safeguards, Care and Treatment Reviews, increased safeguarding referrals and investigations, and Advanced Mental Health Practitioner assessments. This constitutes 9.3 FTE Social Workers, 2 FTE AMHPs and 2 0.5 FTE Team Manager posts.</p> <p>Temporary funding over a two year period will also enable a review of resources, capacity, pressures and activity to inform a future structure for the whole of assessment and care management staffing.</p>	<p>£384,000 (pro rata. Full year effect £768,000)</p> <p>£40,000 (pro-rata. Full year effect £80,000)</p>
Demand in younger adults' services	This is a known budget pressure, resulting from increased demand for care and support services. There is a demographic pressure related to people with complex health and social care needs being supported to live independently in the community.	£3.368m (Full year effect)
Implementation of safeguarding audits	Capacity is required to support new work to be introduced as a result of the independent safeguarding audit review. This constitutes 1 FTE Designated Adult Safeguarding Manager, and 1 FTE Business Support Officer.	£40,000 (pro rata. Full year effect £80,000)
Enhanced staffing capacity in the Adult Access Service	To support transformation at the point of contact with the Council, especially development of the 3 tier model. The aim of this model is to resolve enquiries at the earliest possible stage by connecting people to existing community resources or short-term support that avoids or delays the need for long-term packages of care. This requires 1 Advanced Social Work Practitioner, 1 Social Worker and 2 Community Care officers.	£123,000 (pro rata. Full year effect £262,000)
Immediate capacity at Adult Access Service to support auto-scheduling work	The proposal is for 2 Community Care Officers in Adult Access Service to absorb general work and allow additional capacity to support auto-scheduling.	£33,000 (pro rata. Full year effect £66,000)

Activity	Description/rationale	Approximate funding requirement 2017/18
Pressures on transport budget	An appropriate budget for service user transport is required to allow people to access services that help them to remain at home and in their communities, e.g. day services, respite care. Historically there has not been sufficient funding to meet need.	£478,000 (Full year effect)
Continued investment in prevention services	These are a critical component of the Adult Social Care Strategy. Currently services are supported via the Public Health grant, however the outcomes of the services are more closely aligned to adult social care priorities, and do not meet the conditions for expenditure from Public Health. The funding proposal relates to Notts Help Yourself (£7,700), Connect service (£200,000), ASCH Co-production team (£206,000) and Moving Forward (£800,000).	£1.214m (Full year effect)
Strategic change programmes to deliver social care in line with the Adult Social Care Strategy and the Sustainability and Transformation Plan	<p>There are a number of posts agreed at previous committees in order to support the implementation of current savings programmes and transformation plans in adult social care. In 2017/18 the Adult Social Care budget includes £6.8m of recurrent permanent savings; the current savings target by 2019/20 is £16.84m. These posts are essential to delivery of these savings and closing the Council's long term funding gap. The posts include frontline social work practitioners, finance officers and project and programme management capacity supporting the transformation of adult social care. The funding for all the current posts is £2.4m in 2017/18 but the intention is to fund these posts, for the most part, from the Improved Better Care Fund in 2017/18. The posts are temporary and are subject to review, as they are aligned to the delivery of a range of savings projects.</p> <p>In addition, there is some funding required in areas that support savings and transformation in adult social care, including the system review to align the Council's information systems.</p>	£2.0m
Increased social work capacity based at hospitals due to increased demand	To maintain and increase permanent social work assessment and management capacity to support hospital discharge and 'ward linked cluster' models across the county. This includes posts that Clinical Commissioning Groups are no longer planning to fund. This funding will provide a social presence in emergency departments and weekend working, and will have an impact on the high profile issue of Delayed Transfers of Care with the aim of keeping these to the minimum.	<p>£782,130 (total for county)</p> <p>South - £396,000 Mid - £200,500 North - £185,000)</p>
New Models of Care –new types of social care services required	There is a need to increase capacity on a permanent basis to allow both older and younger adults to have more access to reablement services. This will help service users to have access earlier to support to	<p>£1.45m</p> <p>(£950,000 per annum - required for START re-</p>

Activity	Description/rationale	Approximate funding requirement 2017/18
to support Home First, Discharge to assess models	<p>regain or gain independence, will reduce the number of people who require hospital admission and ensure that more people are able to leave hospital in a more timely fashion.</p> <p>This proposal will support Home First and Discharge to Assess models that require rapid response health and social care services to enable people to leave hospital and return home or if not possible, go to a short or long term residential placement to have their health and social care and support needs assessed. This will support people to maximise their independence and prevent the need for admissions.</p>	ablement to be able to meet existing unmet demand from hospitals and the community and provide same/next day response including weekends, and £500,000 for Notts Enabling Service and Brighter Futures – promoting independence for vulnerable people)
Implementation of an Information Technology project to improve exchange of information and speed up decision making and processes across health and social care	An exploratory joint countywide IT project has devised a simple way of accessing key information for health and social care professionals from each other's systems. For example, to establish if there is existing GP input or a social care and support package in place. This can be used to speed up the work of staff in Emergency Departments and Discharge Teams and shows high potential for significant savings of staff time e.g. sharing up-to-date information on a person's progress through hospital and predicted date of discharge. The funding would be required for 3 years.	£345,000 (Full year effect)
National Living Wage increases and inflation relating to the social care market	This is a known budget pressure, relating to ensuring sustainability and stability of the social care market.	£5.645m (Full year effect)
Capacity in the Quality and Market Management team	This is to deal with quality issues relating to home care, residential and nursing home care and safeguarding concerns. It constitutes 4 Quality Development Officers.	£80,000 (pro rata. Full year effect £160,000)
Increased capacity in Strategic Commissioning to provide oversight of Direct Payments	This would enable capacity in the oversight and delivery of Direct Payments (DP) and would enable monitoring of the effective use of Direct Payments to ensure value for money, and to prevent the need for significant annual recoups. This constitutes 2 DP Quality Development Officers and 1 DP Co-ordinator on a permanent basis, with an additional Commissioning Officer from 2018/19.	£80,546 (pro rata. Full year effect £159,471)

BCF Graduation

18. The Government's Spending Review 2015 set out that "areas will be able to graduate from the existing Better Care Fund (BCF) programme management once they can demonstrate that they have moved beyond its requirements, meeting the government's key criteria for devolution."

19. It is the Government's ambition that all areas will be able to work towards graduation from the BCF to be more fully integrated by 2020, with areas approved in waves as they demonstrate maturity and progress towards greater integration. The BCF Policy Framework for 2017-19 outlined the graduation criteria with a deadline for expressions of interest by 28th April 2017 for a small number of advanced areas (6-10).
20. Graduation will mean that there will be reduced planning and reporting requirements and greater local freedoms to develop agreements appropriate to a more mature system of health and social care integration. This will include a bespoke support offer for areas that graduate, in addition to them no longer being required to submit BCF plans and quarterly reports.
21. Discussions have taken place at an officer level to determine whether Nottinghamshire meets the graduation criteria and advice was sought from the regional Better Care Manager at NHS England.
22. Officers have determined that Nottinghamshire meets the requirements, and were advised by our regional Better Care Manager that our expression of interest would be strengthened by making a joint proposal for graduation with the Nottingham City BCF.
23. Tentative discussions have taken place between officers in Nottingham and Nottinghamshire who advise that a joint graduation with Nottingham fits with the strategic direction of travel in south Nottinghamshire through the work taking place with the Greater Nottingham Health and Care Partners.
24. Due to the impending deadline, an officer expression of interest was made for Nottingham and Nottinghamshire BCF graduation with the caveat that this was subject to member approval and further information about the graduation process.

Other options

25. None.

Reasons for Recommendations

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

Statutory and Policy Implications

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

Financial Implications

28. There was in year variance on the financial plan that the HWB have approved. A full year underspend of £1.777m was reported for 2016/17: £1.601m in the Care Act allocation, and £0.177m to support carers. Spend will be carried forward to 2017/18 to be spent within these ring-fenced element of the fund.
29. Table 3 shows the full allocation of the original and the additional Improved Better Care Fund money for 2017/18. These schemes will be monitored in year alongside the Better Care Fund schemes.

Human Resources Implications

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

Legal Implications

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

RECOMMENDATIONS

That the Board:

1. Approve the Q4 2016/17 national quarterly performance report.
2. Approve the approach to the allocation of Improved Better Care Fund resource. The BCF plan will follow for approval in September once planning guidance has been published and the Improved Better Care Fund allocations will be confirmed at this time. If the planning guidance requires an adjustment to this approach, then we will respond appropriately with delegated authority for the Corporate Director ASCH&PP in consultation with the Chair and Vice Chair to act on behalf of the Board in this matter.
3. Approve the direction of travel for Nottinghamshire BCF Graduation with delegated authority for the Corporate Director ASCH&PP in consultation with the Chair and Vice Chair to act on behalf of the Board in this matter.

David Pearson

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

For any enquiries about this report please contact:

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0115 9773577

Constitutional Comments (SMG 20/6/2017)

32. The Board has responsibility for discussing all issues considered to be relevant to the overall responsibilities of the Health and Wellbeing Board, and to perform any specific duties allocated by the Department of Health. The proposals outlined in this report fall within the remit of this Board.

Financial Comments (KAS 20/06/2017)

33. The financial implications are contained within paragraphs 28 and 29 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.

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

Electoral Divisions and Members Affected

- All.

Appendix 1

Q4 2016/17	
Health and Well Being Board	Nottinghamshire
completed by:	Joanna Cooper
E-Mail:	joanna.cooper@nottscc.gov.uk
Contact Number:	01159773577
Who has signed off the report on behalf of the Health and Well Being Board:	TBC

Budget Arrangements

Have the funds been pooled via a s.75 pooled budget?	Yes
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National Conditions

The Spending Round established six national conditions for access to the Fund.																
Please confirm by selecting 'Yes', 'No' or 'No - In Progress' against the relevant condition as to whether these have been met, as per your final BCF plan.																
Condition	Q1 Submission Response	Q2 Submission Response	Q3 Submission Response	Please Select (Yes or No)	If the answer is 'No', please provide an explanation as to why the condition was not met within the year (in- line with signed off plan) and how this is being addressed?											
1) Plans to be jointly agreed	Yes	Yes	Yes	Yes												
2) Maintain provision of social care services	Yes	Yes	Yes	Yes												
3) In respect of 7 Day Services - please confirm:																

i) Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate	Yes	Yes	Yes	Yes	
ii) Are support services, both in the hospital and in primary, community and mental health settings available seven days a week to ensure that the next steps in the patient's care pathway, as determined by the daily consultant-led review, can be taken (Standard 9)?	Yes	Yes	Yes	Yes	
4) In respect of Data Sharing - please confirm:					
i) Is the NHS Number being used as the consistent identifier for health and social care services?	Yes	Yes	Yes	Yes	
ii) Are you pursuing Open APIs (ie system that speak to each other)?	Yes	Yes	Yes	Yes	
iii) Are the appropriate Information Governance controls in place for information sharing in line with the revised Caldicott Principles and guidance?	Yes	Yes	Yes	Yes	
iv) Have you ensured that people have clarity about how data about them is used, who may have access and how they can exercise their legal rights?	Yes	Yes	Yes	Yes	
5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional	Yes	Yes	Yes	Yes	
6) Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans	Yes	Yes	Yes	Yes	
7) Agreement to invest in NHS commissioned out-of-hospital services	Yes	Yes	Yes	Yes	
8) Agreement on a local target for Delayed Transfers of Care (DTOC) and develop a joint local action plan	Yes	Yes	Yes	Yes	

Plan, forecast, and actual figures for total income into, and total expenditure from, the fund for each quarter to year end (in both cases the year-end figures should equal the total pooled fund)

Income

Previously returned data:

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Annual Total	Pooled Fund
Please provide , plan , forecast, and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£14,026,504	£14,026,507	£14,026,507	£14,026,506	£56,106,024	£56,106,024
	Forecast	£14,026,504	£14,026,507	£14,026,507	£14,026,506	£56,106,024	
	Actual*	£14,026,504	£14,026,505	£14,026,507	-		

Q4 2016/17 Amended Data:

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Annual Total	Pooled Fund
Please provide, plan, forecast and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£14,026,504	£14,026,507	£14,026,507	£14,026,506	£56,106,024	£56,106,024
	Forecast	£14,026,504	£14,026,507	£14,026,507	£14,026,506	£56,106,024	
	Actual*	£14,026,504	£14,026,505	£14,026,507	£14,026,508	£56,106,024	
Please comment if there is a difference between the forecasted / actual annual totals and the pooled fund	N/A						

Expenditure

Previously returned data:

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Annual Total	Pooled Fund
Please provide , plan , forecast, and actual of total income into the fund for each quarter to year end (the year figures should equal the	Plan	£14,026,504	£14,026,507	£14,026,507	£14,026,506	£56,106,024	£56,106,024
	Forecast	£12,467,762	£12,124,184	£17,466,983	£14,047,095	£56,106,024	

total pooled fund)	Actual*	£12,467,762	£12,124,184	£17,466,983	-
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Q4 2016/17 Amended Data:

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Annual Total	Pooled Fund
Please provide, plan, forecast and actual of total expenditure from the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£14,026,504	£14,026,507	£14,026,507	£14,026,506	£56,106,024	£56,106,024
	Forecast	£12,467,762	£12,124,184	£17,466,983	£14,047,095	£56,106,024	
	Actual*	£12,467,762	£12,124,184	£17,466,983	£14,047,095	£56,106,024	
Please comment if there is a difference between the forecasted / actual annual totals and the pooled fund							
Commentary on progress against financial plan:	Below plan with internal approval for carry forward of £1.37m Care Act Implementation funding to 2017/18. This is due to underspends on staffing as not all staff were in post at the start of the year. This will be retained within the pooled fund. All other elements are anticipating full spend for 2016/17						

National and locally defined metrics

Non-Elective Admissions	Reduction in non-elective admissions	
Please provide an update on indicative progress against the metric?	No improvement in performance	
Commentary on progress:	Overall performance below target and deteriorated on Q3.	
Delayed Transfers of Care	Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)	
Please provide an update on indicative progress against the metric?	On track to meet target	
Commentary on progress:	Overall performance on track.	

Local performance metric as described in your approved BCF plan	Permanent admissions of older people (aged 65 and over) to residential and nursing care homes directly from a hospital setting per 100 admissions of older people (aged 65 and over) to residential and nursing care homes	
Please provide an update on indicative progress against the metric?	On track to meet target	
Commentary on progress:	Overall performance on track and continual improvement on placements remaining under target.	
Local defined patient experience metric as described in your approved BCF plan	GP Patient Survey, Q32: In the last 6 months, have you had enough support from local services or organisations to help you to manage your long-term health condition(s)? Please think about all services and organisations, not just health services.	
If no local defined patient experience metric has been specified, please give details of the local defined patient experience metric now being used.		
Please provide an update on indicative progress against the metric?	No improvement in performance	
Commentary on progress:	Latest survey data shows no change in performance. This metric is measured alongside satisfaction with Disabled Facilities Grants and Friends and Family test data which are on plan.	
Admissions to residential care	Rate of permanent admissions to residential care per 100,000 population (65+)	
Please provide an update on indicative progress against the metric?	On track for improved performance, but not to meet full target	
Commentary on progress:	Overall performance on track and continual improvement on placements remaining under target.	
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	
Please provide an update on indicative progress against the metric?	No improvement in performance	
Commentary on progress:	Overall performance below target. New data collection methodology in place for 16/17 and discrepancies are being addressed with individual service areas.	

Year End Feedback on the Better Care Fund in 2016-17

Part 1: Delivery of the Better Care Fund		
Please use the below form to indicate what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes.		
Statement:	Response:	Comments: Please detail any further supporting information for each response
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Agree	Partners agreed this at our 2016/17 evaluation event.
2. Our BCF schemes were implemented as planned in 2016/17	Agree	Majority of programme delivered as planned, some rephasing of initiatives in year.
3. The delivery of our BCF plan in 2016/17 had a positive impact on the integration of health and social care in our locality	Agree	BCF programme evaluated positively.
4. The delivery of our BCF plan in 2016/17 has contributed positively to managing the levels of Non-Elective Admissions	Agree	Avoided admissions attributable to initiatives across the system including BCF schemes, however challenges remain.
5. The delivery of our BCF plan in 2016/17 has contributed positively to managing the levels of Delayed Transfers of Care	Agree	Reductions in DTOCs seen over the year. Reductions attributable to initiatives across the system including BCF schemes.
6. The delivery of our BCF plan in 2016/17 has contributed positively to managing the proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	Agree	Funding has enabled performance levels to be maintained. A wider scope of services has been included in the measurement of this metric for 2016/17.
7. The delivery of our BCF plan in 2016/17 has contributed positively to managing the rate of residential and nursing care home admissions for older people (aged 65 and over)	Agree	Reductions in care home admissions seen over the year. Reductions attributable to initiatives across the system including BCF schemes.

Part 2: Successes and Challenges
Please use the below forms to detail up to 3 of your greatest successes, up to 3 of your greatest challenges and then categorise each success/challenge appropriately

8. What have been your greatest successes in delivering your BCF plan for 2016-17?	Response - Please detail your greatest successes	Response category:
Success 1	<ul style="list-style-type: none"> o Good progress on this domain. o Good stakeholder engagement and clinical buy in. o Processes and systems in place for sharing information for health direct care. 	7. Digital interoperability and sharing data
Success 2	<ul style="list-style-type: none"> o Work in development and mid Nottinghamshire Better Together Vanguard leading nationally on this area. o Risk stratification tools embedded in practice. o Providers are engaged at a local level. For example, the Integrated Care Board in North Nottinghamshire has tasked providers with working together to develop a system wide outcome focussed falls pathway for 16/17. o A better understanding of what funding is spent on. 	9. Sharing risks and benefits
Success 3	<ul style="list-style-type: none"> o HWB engagement is good. o Relationships between commissioners improved and has led to the development of other initiatives. o Information sharing across units of planning to spread best practice within Nottinghamshire and scale up initiatives. o Strong governance in place which received substantial assurance from internal audit. o Patient engagement and evaluation of services embedded in commissioning. o Better understanding of stakeholder work areas, e.g. housing and health – this is leading to more collaboration, for example in Mid Notts one of the district councils' housing team is in-reaching to the hospital to facilitate discharge and this is linking to STP housing and environment workstream. o Links in place between BCF and relevant workstreams. 	2. Shared leadership and governance
9. What have been your greatest challenges in delivering your BCF plan for 2016-17?	Response - Please detail your greatest challenges	Response category:
Challenge 1	<ul style="list-style-type: none"> • Further develop relationships with providers and district councils to ensure that information is understood and filters through these organisations. 	2. Shared leadership and governance
Challenge 2	<ul style="list-style-type: none"> • Further progress needed on procurement processes to enable smaller providers to engage fully in the developing market. It was recognised that as we scale up initiatives, this increases the risk of excluding providers. 	9. Sharing risks and benefits
Challenge 3	<ul style="list-style-type: none"> • Work to evaluate outcomes at a programme / pathway level is needed with reference to the impacts on health and care commissioners and providers. 	5. Evidencing impact and measuring success

Additional Measures

1. Proposed Metric: Use of NHS number as primary identifier across care settings

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
NHS Number is used as the consistent identifier on all relevant correspondence relating to the provision of health and care services to an individual	Yes	Yes	Yes	Yes	Yes	Yes
Staff in this setting can retrieve relevant information about a service user's care from their local system using the NHS Number	Yes	Yes	Yes	Yes	Yes	Yes

2. Proposed Metric: Availability of Open APIs across care settings

Please indicate across which settings relevant service-user information is currently being shared digitally (via Open APIs or interim solutions)

	To GP	To Hospital	To Social Care	To Community	To Mental health	To Specialised palliative
From GP	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Shared via interim solution	Shared via interim solution	Shared via interim solution
From Hospital	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Shared via interim solution	Shared via interim solution	Shared via interim solution
From Social Care	Not currently shared digitally	Shared via interim solution	Shared via Open API	Shared via interim solution	Shared via interim solution	Not currently shared digitally
From Community	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Shared via interim solution	Shared via interim solution	Shared via interim solution

From Mental Health	Not currently shared digitally	Not currently shared digitally	Shared via interim solution	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally
From Specialised Palliative	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Shared via interim solution	Not currently shared digitally	Shared via interim solution

In each of the following settings, please indicate progress towards instillation of Open APIs to enable information to be shared with other organisations

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
Progress status	Installed (not live)	Installed (not live)	Installed (not live)	Unavailable	In development	In development
Projected 'go-live' date (dd/mm/yy)	01/10/17	01/10/17	N.A	N.A	N.A	N.A

3. Proposed Metric: Is there a Digital Integrated Care Record pilot currently underway?

Is there a Digital Integrated Care Record pilot currently underway in your Health and Wellbeing Board area?	Pilot currently underway
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4. Proposed Metric: Number of Personal Health Budgets per 100,000 population

Total number of PHBs in place at the end of the quarter	881
Rate per 100,000 population	108
Number of new PHBs put in place during the quarter	791
Number of existing PHBs stopped during the quarter	3
Of all residents using PHBs at the end of the quarter, what proportion are in receipt of NHS Continuing Healthcare (%)	13%
Population (Mid 2017)	815,368

5. Proposed Metric: Use and prevalence of Multi-Disciplinary/Integrated Care Teams

Are integrated care teams (any team comprising both health and social care staff) in place and operating in the non-acute setting?	Yes - throughout the Health and Wellbeing Board area
Are integrated care teams (any team comprising both health and social care staff) in place and operating in the acute setting?	Yes - throughout the Health and Wellbeing Board area

Narrative

Please provide a brief narrative on overall progress, reflecting on performance in Q4 16/17 and the year as a whole. A recommendation would be to offer a narrative around the stocktake themes as below:

Highlights and successes

What would you consider to be your most significant area of success, or development since the last quarter? What has contributed to this improvement?

Challenges and concerns

Does the information on National Conditions and Supporting metrics point to any issues or areas of improvement? Are there any new anticipated challenges for the coming quarter?

Potential actions and support

What actions could be taken and what support could be offered to address performance challenges and capitalise on successes for subsequent quarters?

Highlights and successes

In Nottinghamshire we have maintained our ambition for a strong BCF plan across our Health and Wellbeing Board footprint. Performance against all BCF metrics continues to be monitored monthly to ensure timely actions where plans are off-track. There continues to be a high level of commitment from partners to address performance issues e.g. daily discussions within hospitals to facilitate timely discharges, the development of transfer to assess models to reduce long term admissions to care homes, District Authority alignment with Integrated Discharge Teams to ensure housing needs of patients are addressed prior to discharge and avoid unnecessary delays. At Q4, 2 performance metrics are on plan, and 4 off plan (non-elective admissions, reablement, care home admissions (with baseline maintained) and GP patient satisfaction survey – we additionally measure satisfaction with Disabled Facilities Grants and Friends and Family test data which are on plan).

The 6 CCGs continue to work with local authority, District and Borough Councils, acute, mental health and community trusts and the community and

voluntary sector in their 3 units of planning to ensure service transformation with a focus on reducing non-elective admissions and attendance, and care home admissions. Plans to accelerate improvement in trajectories are forecast to deliver further improvements as projects and programmes mature and transfer of investment and resources to primary and community setting manages demand more appropriately.

Challenges and concerns

Data sharing is a key strand to our Local Digital Roadmap and Sustainability and Transformation Plan. Additional funding is being sought to support implementation of the plan.

Our bid to become an Integrated Personal Commissioning early adopter has been approved by NHS England and work is underway to develop the approach.

Potential actions and support

Support from NHS England is needed to access BCF data to support monitoring of non-elective admissions at a local level.

28 June 2017**Agenda Item: 11****REPORT OF THE CHAIR OF THE HEALTH AND WELLBEING BOARD****CHAIR'S REPORT****Purpose of the Report**

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

Information and Advice**2. Sexual health – Notts academic posters at national conference**

I am pleased to report that Sally Handley who works in the Public Health Division is the lead author for two academic e-posters accepted for the BASHH Conference 2017 (British Association for Sexual Health and HIV).

The first poster relates to [Chlamydia Screening](#) and sets out how Nottinghamshire piloted a National Chlamydia Screening Programme Chlamydia Care Pathway (NCSP CCP) tool to support strategic multi-agency understanding of chlamydia screening and detection rates, looking in detail at each of the seven stages of the pathway. It was particularly important for Nottinghamshire County and has informed actions that are set out in a chlamydia screening action plan to improve the chlamydia detection rate which has been falling year on year below the national detection rate. The poster sets out the importance of effective collaboration between commissioners and providers and how the pathway tool was applied as a system enabler to support a planned approach to improve outcomes.

The second poster is a summary of a research project undertaken as part of Masters in Public Health (International Health) in 2015 titled: [Teens and Sexting: a public health concern?](#) The research looked at sexual messaging (sexting) which has become the norm of peer-to-peer communication among young people. At the time of the study little was known about the nature of public health messages provided on sexting. There were concerns as to the negative impact sexting has on young people's health and wellbeing. The study sought to understand the nature of information and advice on sexting available online for children, young people and adults.

A document analysis looked at online resources from national agencies involved in promoting the welfare of children and young people.

The research found that there was a wealth of information and advice available and the nature of information and advice was consistent across agencies. The study found that harm reduction could be strengthened, through a multi-agency commitment to promote inclusive, cross curricular on line safety and healthy peer relationship messages.

For more information contact Sally Handley, Senior Public Health and Commissioning Manager e: sally1.Handley@nottscc.gov.uk t: 0115 9772445.

3. **Healthwatch Nottinghamshire update - April 2017**

The Healthwatch service for Nottinghamshire is changing, aiming to build capability and become a more influential and effective collective voice of the public, facilitating targeted improvements in health and social care design and provision. The future strategy targets five key areas of improvement:

- Using innovative engagement approaches to be more representative of all of local communities with more of a focus on the voice of the 'seldom heard'
- Building a profile and influence through a clear and understood purpose that adds value by developing more effective partnerships and a Network of Networks
- Building capability and maximising resources, including a increasing volunteer base, to release greater capacity to deliver core functions as well as priority projects
- Collecting and using data more systematically, including Identifying and demonstrating the impact of activity in ways that are more meaningful to stakeholders
- Augmenting expertise and reach by growing contracted income and using that to reinvest in sustainability

Healthwatch Nottinghamshire and Healthwatch Nottingham have entered discussions with a view to becoming a single merged organisation by April 2018. Since Healthwatch was established there have been a number of posts shared between the county and city organisations. It is planned that the merger of the organisations will deliver further economies of scale, enabling more efficient use of resources, allowing Healthwatch to have a greater impact and reflecting the emerging changes in service delivery across the county and city.

4. **Carers Update**

Health and Wellbeing Workshops for Carers

A total of 7 Health and Wellbeing Workshops for Carers, provided by Inspire, took place in libraries across the county, one in each district, during March and April 2017.

These workshops were organised as an initial pilot, as part of an initiative to support unpaid carers with their mental health and wellbeing and covered topics including the caring role, healthy lifestyle, wellbeing and mindfulness.

Participants are asked to complete a questionnaire to measure their wellbeing at the start of workshop course, and again 2 weeks later, to measure improvements to their wellbeing. The scores from the questionnaires returned showed that carers felt some improvement in their wellbeing.

Feedback comments from participants gathered by Inspire were very positive and included:

- "given me hope"
- "made me more positive about myself"
- "made me think more about the positives of being a carer and coping strategies"

In addition to Health and Wellbeing workshops, Inspire also provided four 'taster' sessions of their community learning courses linked to health and wellbeing for carers. Most of those attending the taster sessions have since booked onto the full community learning course.

As a result of the success of these events more workshops and other carer learning are being planned for later this year.

Carer Information Booklet

A new booklet has been produced to provide information to carers. The booklet is a revision of the previous carers information 'pack', and has been developed with the CCGs. The booklet contains all relevant information for carers, including details of how to get a carer's assessment, and other support available.

Copies have already been distributed to adult care teams across the county, GP practices, libraries and various voluntary sector organisations. There is also an electronic version of the booklet which is accessible from the [Nottinghamshire Help Yourself](#) and [county council's](#) websites.

For more information about carer's contact Dan Godley e: dan.godley@nottscg.gov.uk t: 0115 977 4596

5. Recognition of innovation in commissioning

In January we heard about the innovative work undertaken by the Children's Integrated Commissioning Hub (CICH) being part of a winning entry for an award for collaborative commissioning from the Health Care Supply Association (HCSA).

I am pleased to share that the community services procurement project that the CICH work was part of was recently shortlisted for another award – the Improving Value Through Innovative Financial Management or Procurement category of the Health Service Journal (HSJ) Value in Healthcare Awards on 24/05/17. The entry didn't win but it was a great achievement to be shortlisted as it was a big event with a very high standard of entries. The shortlist and winners can be viewed here: <https://value.hsj.co.uk/resources/shortlist-2017>

The award submission reflected the approach adopted by the CICH to both commissioning for outcomes and co-production for the development and procurement of the Integrated Community Children and Young People's Healthcare (ICCYPH) service and Children in Care Nursing service. Children's services represented around 30% of the value within the £247.38m community services project which achieved savings to the Nottinghamshire Clinical Commissioning Groups of £12.04m across the 10 community lots.

6. Healthwatch Insight report – LGBT experience of health and care

Healthwatch Nottingham and Nottinghamshire have published a report looking at the experience of health and care services from the LGBT community (Lesbian, Gay, Bisexual, Trans).

The report, which is made up of 76 responses from people across Nottinghamshire, highlights that there is more to be done to ensure everyone in Nottinghamshire receives respectful care, with over a third of people commenting that their experiences of health care services had been affected by sexual orientation and/or gender reassignment.

As part of the project people were asked to share with what impact their experiences of health care services had on them. Of the 31 negative experiences, almost 2 in 5 people felt that it had a negative impact on them with 26% identifying specifically how this impacted on their emotional health, with many left feeling anger and despair.

Healthwatch will be working with providers and commissioners to ensure that the experience which have been shared as part of this project are noted and addressed.

For more information contact Nathan Hutchinson e: nathan.hutchinson@healthwatchnottinghamshire.co.uk

7. Integrated Personal Commissioning (IPC)

IPC is a partnership programme between NHSE and the Local Government Association. The overall goals of the programme are that:

- People with complex needs and their carers have better quality of life
- Prevention of crises in people's lives that lead to unplanned hospital and institutional care
- Better integration and quality of care

Nottinghamshire are early adopters of IPC and have signed a Memorandum of Understanding with NHSE for 2017/18 to embed the IPC operating model.

The IPC operating model is characterised by five key shifts in the model of care, underpinned by a number of specific service components. These include: a proactive co-ordination of care; building community capacity and peer support; care and support planning; increasing choice and control through personal or integrated budgets and personalised commissioning, moving away from 'one size fits all'. Together these drive improved outcomes for citizens, the system and the tax payer.

In Nottinghamshire the first group of people being offered IPC is children and adults with complex needs who are joint funded by health and social care to meet their needs, with a focus on young people preparing for adulthood. Early learning is that when more resource is put into joint support planning, people gain control over their lives, achieve better outcomes at reduced cost.

There is a [YouTube video](#) which show's Mark's Story and a [presentation](#) available to share with colleagues who might be interested. You can also find more information about IPC through [NHS England](#).

For more information contact Debbie Draper e: debbie.draper@rushcliffeccg.nhs.uk

PROGRESS FROM PREVIOUS MEETINGS

8. Healthy Family Teams

A new service has been introduced for children, young people and families bringing together care provided by health visitors, school nurses, the Family Nurse Partnership Programme (for first time teenage mums) and the National Childhood Measurement Programme.

There are 20 new locally based 'Healthy Family Teams' formed across the County offering children, young people and families the care they need from before birth to their late teens when they need it, regardless of where they live in Nottinghamshire. Each Healthy Family Team contains a mix of public health practitioners and support staff with a range of skills who work together to support children and young people in line with the Department of Health's Healthy Child Programme.

A [stakeholder briefing](#) is available as well as a [leaflet for children and families](#). Contacts for district service leads are included in the stakeholder briefing.

PAPERS TO OTHER LOCAL COMMITTEES

9. [System Working to Improve Emergency Care](#)
10. [Integrated Community Children and Young People Health Service Programme](#)
11. [Workforce Challenges - Improving Recruitment of the Medical Workforce to the East Midlands](#)
Reports to Joint City/County Health Scrutiny Committee
18 April 2017
12. [Integrated Commissioning Carers Strategy Update](#)
13. [Evaluation of Hospital Winter Discharge Arrangements and Planning for 2017/18](#)
Papers to Adult Social Care and Health Committee
18 April 2017
14. [Police and Crime Plan Theme 3 - Focus on Priority Crime Types and those local areas most affected by Crime and Anti-Social Behaviour](#)
Paper to Nottinghamshire Police and Crime Panel
24 April 2017
15. [Integration of Health and Social Care in South Nottinghamshire - Transformation Programme Update](#)
16. [Performance Update for Adult Social Care and Health](#)
Papers to Adult Social Care and Public Health Committee
12 June 2017
17. [Introduction to Health Inequalities](#)
Paper to Health Scrutiny Committee
13 June 2017
18. [County CAMHS Looked After and Adoption Team - service provision and developments 2016-17](#)
Paper to Children and Young People's Committee
19 June 2017

A GOOD START

19. [Childhood obesity: follow up](#)
This follow-up report on childhood obesity in the UK argues that the government needs to take more robust action to tackle the impact of deep discounting and price promotions on the sales of unhealthy food and drink. In relation to the child obesity plan, the committee welcomes the measures announced on sweetened beverages but highlights that greater action on several key areas could make the strategy more effective overall. The committee will continue to follow up how the money from the sweetened drinks levy is distributed.
20. [Sugar reduction: achieving the 20%](#)

This report sets out guidelines for all sectors of the food industry on how to achieve a 20 per cent sugar reduction across the top nine categories of food that contribute most to intakes of children up to the age of 18 years.

21. **The Best Start: the future of children's health: valuing school nurses and health visitors in England**

RCN

This report shows that there has been a decline in the number of school nurses and an emerging trend of reductions in the health visiting workforce. It outlines the context to the changes being made to these services, and to the workforce.

22. **The State of Child Health: STP**

The Royal College of Paediatrics and Child Health

The RCPCH has undertaken a review of Sustainability and Transformation Plans from a child health perspective.

23. **Vaccine uptake in under 19s: Quality Standards**

NICE

This quality standard covers increasing vaccine uptake among children and young people aged under 19 in groups and settings that have low immunisation coverage. It describes high-quality care in priority areas for improvement.

24. **Poverty and child health: views from the frontline**

RCPCH

This report is based on a survey of more than 250 paediatricians and provides an insight into the reality of life for UK children living in poverty. The report looks at a number of areas including food insecurity; poor housing; and worry, stress and stigma and their effect on the health of children. [Read a summary here.](#)

25. **Hungry holidays: a report on hunger amongst children during school holidays**

All Party Parliamentary Group on Hunger and Food Poverty

This report presents the results of a short inquiry conducted between February and April. It explores the extent and causes of hunger amongst children during school holidays.

26. **Adolescent obesity and related behaviours: trends and inequalities in the WHO European Region, 2002-2014**

World Health Organisation

This report presents the latest trends in obesity, eating behaviours, physical activity and sedentary behaviour from the health behaviour in school-aged children (HBSC) study, and highlights gender and socioeconomic inequalities across the WHO European Region.

27. **Focus on: emergency hospital care for children and young people**

Quality Watch

This report draws on emergency hospital admissions data and finds that the number of babies and young children admitted to hospital in an emergency has grown by almost a third over the past decade. The analysis reveals that many children are being admitted to hospital for conditions like asthma and tonsillitis – admissions that could potentially have been avoided with better care and support out of hospital. The report raises questions about where children and young people can access high quality treatment outside of the hospital emergency care setting.

28. Children and young people's mental health: the role of education.

The House of Commons Education and Health Committees

The Committees found that financial pressures are restricting the provision of mental health services in schools and colleges. It calls on the Government to commit sufficient resource to ensure effective services are established in all parts of the country. It also calls for strong partnerships between the education sector and mental health services.

29. #StatusOfMind

Royal Society of Public Health and the Young Health Movement

The report examines the positive and negative effects of social media on young people's health and includes a league table of social media platforms according to their impact on young people's mental health. YouTube tops the table as the most positive with Instagram and Snapchat coming out as the most detrimental to young people's mental health and wellbeing.

Additional link: [BBC news report](#)

30. Mental Health in schools

From September 2017, a new [Wellbeing Award for Schools](#), presented by the National Children's Bureau (NCB) and Optimus Education Ltd, will recognise outstanding work being done to promote mental health and wellbeing within school communities across England.

31. Teenage drinking and the role of parents and guardians: findings from Drinkaware Monitor 2016.

Drinkaware

This survey of young people aged 13-17 provides a picture of young people's drinking behaviour, parents/guardians' awareness of their children's drinking, and the effects of parents/guardians' drinking behaviour and attitudes on those of their children.

LIVING WELL

12. Health matters: obesity and the food environment

Public Health England

The latest edition of Health Matters which looks at how councils and partners can help small food outlets and schools offer healthier food to reduce obesity levels.

The increasing consumption of out-of-home meals - that are often cheap and readily available - has been identified as an important factor contributing to rising levels of obesity.

Linked to this document are 2 case studies:

Box Chicken – providing healthy competition to fast food outlets

A pilot fast food takeaway project, providing a healthy alternative to fried chicken, for schools and the local community.

Gateshead: planning document to limit the proliferation of takeaways

In Gateshead, a Supplementary Planning Document (SPD), supported by an integrated public health policy, has been used successfully to control the proliferation of takeaways in areas with high levels of child obesity.

32. Reducing the sales of sugary drinks in hospital shops

The NHS is stepping up its campaign against obesity, diabetes and tooth decay by announcing that sugary drinks will be banned in hospital shops beginning from next year

unless suppliers voluntarily take action to cut their sales over the next twelve months. WH Smith, Marks & Spencer, Greggs, the SUBWAY(r) brand, Medirest, ISS and the Royal Voluntary Service are the leading suppliers who have pledged to cut sales. Remaining retailers are now being urged to join them.

Additional link: [BBC News report](#)

33. [Five-a-day](#)

A new survey commissioned by Diabetes UK to promote its 'Food you love' healthy eating campaign in Diabetes Week (11 June to 17 June) has found that 66% of adults eat [three or fewer portions of fruit and/or vegetables a day](#), well below the recommended five portions and 46% won't eat any fruit at least three days a week. The survey also found that three quarters of the public don't know what constitutes a recommended portion of vegetables, and two thirds of people weren't able to identify a portion of fruit.

34. [Physical inactivity and sedentary behaviour report 2017](#)

This report finds that more than 20 million adults in the UK are physically inactive and estimates that this increase risk of heart disease may cost the NHS £1.2 billion annually. The report provides an overview of the levels of physical inactivity and sedentary behaviour in adults across the UK.

35. [Exercise interventions for cognitive function in adults older than 50: a systematic review with meta-analysis](#)

British Journal of Sports Medicine

This paper examines whether physical exercise is effective in improving cognitive function in people over 50. It concludes that people should be encouraged to undertake some form of exercise which includes both aerobic and resistance exercise of at least moderate intensity on as many days of the week as feasible, in line with current exercise guidelines.

36. [Urban green space interventions and health: a review of impacts and effectiveness](#)

World Health Organisation

This report aims to fill the knowledge gap on the benefits of urban green spaces. It outlines the results of an evidence review and an assessment of local case studies on urban green space interventions, and finds that increasing or improving urban green space can deliver positive health, social and environmental outcomes for all population groups, particularly among lower socioeconomic status groups. It highlights the need to include health and equity outcomes more fully in studies on green space interventions in future.

37. [Sexually transmitted infections: condom distribution schemes](#)

This guidance recommends that condoms should be more widely available to reduce the rates of sexually transmitted infections and that local authorities should consider providing free condoms through pharmacies, sexual health charities and universities.

38. [The "BabyClear" programme helped pregnant women stop smoking in North East England](#)

NATIONAL INSTITUTE FOR HEALTH RESEARCH Signal

This is an expert commentary of a study evaluating carbon monoxide measurement undertaken by midwives for all pregnant women at booking. It was designed to help implement NICE guidance and improve identification of pregnant smokers with the aim of helping them quit.

39. NHS Health Check Programme Rapid Evidence Synthesis

RAND

This evidence synthesis focused on the delivery, experience, uptake, attendance and health outcomes of NHS Health Check programme. It produced a descriptive quantitative synthesis and a thematic qualitative synthesis of the data.

40. The cost-effectiveness of population Health Checks: have the NHS Health Checks been unfairly maligned

Journal of Public Health

This study is the first to use observed data on the effectiveness of the Checks to consider whether they represent a cost-effective use of limited NHS resources. The analysis suggests that the significant health and cost-saving benefits from even a modest reduction in mean BMI, coupled with the low costs of the Checks, combine to result in a potentially highly cost-effective policy.

41. A supported web-based programme helps people lose weight in the short term

National Institute for Health Research Signal

The NHS needs low-cost weight loss programmes to tackle the burden of obesity-related disease. This NIHR research showed that the web programme, with phone or email support from nurses, had a modest benefit and was probably cost-effective. It represents one option that could be offered to patients.

42. Modelling the implications of reducing smoking prevalence: the public health and economic benefits

Tobacco Control

This study predicted that achieving a smoking prevalence of 5% by 2035 would result in the avoidance of 100,00 new cases of smoking-related diseases over 20 years, which includes 35,9000 cases of cancer compared to current trends of smoking prevalence. Furthermore, this could save the NHS £67million in 2035 alone.

43. Counselling services help expectant mothers quit smoking

National Institute For Health Research Signal

This high quality Cochrane review included 102 relevant trials in which the researchers had high confidence. It suggests that psychosocial interventions can help pregnant women quit, but that health education alone is not sufficient.

44. Use of e-cigarettes

Action on smoking and health (ASH)

This data is taken from its annual Smokefree GB survey which finds that an estimated 2.9 million adults in Great Britain currently use electronic cigarettes. Approximately 1.5 million vapers are ex-smokers whilst 1.3 million continue to use tobacco alongside their e-cigarette use. The most common reasons given by e-cigarette users for switching from tobacco were to help them stop smoking entirely and to save money.

45. Smoking and tobacco: applying All Our Health

PHE

Evidence and guidance to inform healthcare professionals and maximise their contribution to reducing harm from smoking and tobacco.

46. Tobacco packaging design for reducing tobacco use

Cochrane database of systematic reviews

This review found from the available evidence that standardised packaging may reduce smoking prevalence but did not find any evidence suggesting standardised packaging may increase tobacco use.

47. How the tobacco industry responded to an influential study of the health effects of secondhand smoke

BMJ

This article documents the tobacco industry's attempts to refute the Hirayama study which showed an association between passive smoking and lung cancer, by producing a credible alternative study.

48. Mapping patterns and trends in the spatial availability of alcohol using low-level geographic data: a case study in England 2003–2013

University of Sheffield

A new study published in the International Journal of Environmental Research and Public Health has found that alcohol is more easily available to buy in the most deprived areas compared to less deprived postcodes. Mapping patterns and trends in the spatial availability of alcohol using low-level geographic data: a case study in England 2003–2013 raises concerns about the availability of alcohol, especially in deprived areas which are more affected more by alcohol-related health problems.

49. Anytime, any place, anywhere? Addressing physical availability of alcohol in Australia and the UK

Institute of alcohol studies

Shorter hours of sale for alcohol could ease the pressure on ambulances, emergency departments, hospitals and the police, suggests a study of licensing laws in Australia and the UK. This is the key finding from a new report published today by the Institute of Alcohol Studies (UK) and the Foundation for Alcohol Research and Education FARE (Australia). Anytime, Anyplace, Anywhere? compares and assesses alcohol licensing policies in Australia and the UK and offers a series of recommendations on how to reduce and prevent alcohol-related harm based on shared learnings. This is the first comparative study of alcohol availability policies in these two countries, which share similar drinking cultures.

50. Drug safety testing at festivals

The Royal Society for Public Health (RSPH) is calling on festivals where drug use is common to provide testing facilities as standard, where festival-goers can take any substances of concern in their possession to establish their content and strength. RSPH believes the move will help minimise the risk of serious health harm as a result of recreational drug use.

51. European Drug Report 2017: Trends and Developments

European Monitoring Centre for drugs and drug addiction

This report presents a top-level overview of the drug phenomenon in Europe, covering drug supply, use and public health problems as well as drug policy and responses. Together with the online Statistical Bulletin, Country Drug Reports and Perspectives on Drugs, it makes up the 2017 European Drug Report package.

52. Contribution of risk factors to excess mortality in isolated and lonely individuals: an analysis of data from the UK Biobank cohort study

Lancet Public Health

Data from the UK Biobank suggest that social isolation is associated with overall excess mortality and death attributable to neoplasms and circulatory diseases. Most of the excess mortality among socially isolated and lonely people could be attributed to adverse socioeconomic conditions, an unhealthy lifestyle, and lower mental wellbeing. Public health policies addressing these issues might reduce this excess.

COPING WELL

53. Mental health patients set to benefit from pioneering new digital services

NHS England announced new funding that will allow seven mental health trusts to pioneer world-class digital services to improve care for patients experiencing mental health issues. This will include, for the first time, all key professionals involved in a patient's care having access to real-time records; from triage and initial assessment, through to admissions or referrals, as well as transfer between services and follow up care. The trusts will also develop remote, mobile and assistive technologies to empower patients to manage their conditions and enable family and carers to provide the best possible support.

54. Dementia-friendly housing charter

This charter aims to help housing professions better understand dementia and how housing, its design and supporting services can help improve and maintain the wellbeing of people affected. Free registration is required in order to access the charter.

55. Turning Up the Volume: unheard voices of people with dementia

The Alzheimer's Society

This report brings together views of more than 3,500 people with dementia, carers and the public on what it is like to live with dementia. The information is taken from a series of in-depth interviews and face-to-face and online surveys. It provides an insight into the gap between the things that people living with dementia need to live well and their day-to-day reality.

56. The impact on housing problems on mental health

Shelter

This report reveals that over the last five years, one in five adults suffer mental health problems due to housing pressures. The research also surveyed the experiences of 20 GPs who highlighted the number of patients diagnosed with anxiety or depression directly due to housing issues and that GPs required greater help to support patients with housing problems.

57. Surviving or Thriving? The state of the UK's mental health

Mental Health Foundation

The document presents the results of a survey amongst its panel members in England, Scotland and Wales which aimed to understand the prevalence of self-reported mental health problems. It concluded that current levels of good mental health are low; collective mental health is deteriorating; and the experience of poor mental health, while touching every age and demographic, is not evenly distributed.

58. Mental health and community providers - lessons for integrated care

NHS Confederation

This briefing looks at how mental health and community provider organisations are exploring the multi-speciality provider model and how it can drive the delivery of integrated mental and physical healthcare.

59. [**Mental health and new models of care: lessons from the vanguards**](#)

This report draws on recent research from vanguard sites in England, conducted in partnership with the Royal College of Psychiatrists. It finds that where new models of care have been used to remove the barriers between mental health and other parts of the health system, local professionals see this as being highly valuable in improving care for patients and service users. It concludes that there remains much to be done to fully embed mental health in integrated care teams, primary care, urgent and emergency care pathways, and population health.

60. [**Social care and mental health forward view: ending out of area placements.**](#)

Centre for Mental Health

This is the first of a new series of briefings in the 'We need to talk about social care' series. It highlights how Bradford Metropolitan District Council has reduced out of area placements and use of local private sector hospitals down to zero over the past two years.

61. [**Guidance for commissioners of primary care mental health services for deaf people**](#)

Joint Commissioning Panel for Mental Health in partnership with SignHealth

This guidance sets out key messages commissioner's need to embrace when commissioning mental health services in order to improve deaf people's access to these services. This guide should be of value to: CCGs and local authorities; health and wellbeing boards and service providers across secondary and tertiary services.

62. [**Preventing violence, promoting peace: a toolkit for preventing interpersonal, collective and extremist violence**](#)

King's Fund

This toolkit brings together evidence on the prevention of all types of violence including interpersonal violence (child maltreatment, intimate partner violence, sexual violence, elder abuse and youth violence), collective violence (including war and gang violence) and violent extremism. It focuses largely on how to prevent individuals and groups from developing violent behaviours rather than the costly process of dealing with violence and its consequences.

WORKING TOGETHER

63. [**The power of place – Health and Wellbeing Boards in 2017**](#)

Shared Intelligence/Local Government Association

This is the fourth report for the Local Government Association reviewing the history of health and wellbeing boards and their effectiveness. The most important trend identified from this year's research was a focus of a number of boards on the wider determinants of health and the emergence of a place leadership role for some Boards.

64. [**What is social care and how does it work?**](#)

The Kings Fund

A range of content, including a series of short videos on what social care is, how it's provided and paid for, and how it works with the NHS and other services.

65. [**Bite-sized social care: Social care, the NHS and other services**](#)

King's Fund

This short video explains the importance of different services working together to provide care.

66. [Integration and Better Care Fund policy framework 2017 to 2019](#)

This document sets out how health, social care and other public services will integrate and provides an overview of related policy initiatives and legislation. It includes the policy framework for the implementation of the statutory Better Care Fund in 2017 to 2019 and also sets out our proposals for going beyond the Fund towards further integration by 2020.

67. [Next steps on the NHS five year forward view](#)

This document reviews the progress made since the launch of the NHS Five Year Forward View in October 2014 and sets out a series of practical and realistic steps for the NHS to deliver a better, more joined-up and more responsive NHS in England.

68. [Integration 2020: scoping research](#)

This research was commissioned by the Department of Health to inform the development of the integration standard and the next phase of plans to integrated health and social care. The integration standard would enable the collection of qualitative and quantitative data to measure the progress and performance within local areas. This report presents the findings of scoping research and engagement to better understand what integrated health should look like by 2020; testing out the integration standard and how feedback and support should be used to develop the standard.

69. [Health and housing: building the evidence base](#)

This paper for Kent Surrey Sussex Academic Health Science Network concludes that housing and related services can promote integrated care, save the NHS money and improve the patient experience. It suggests that closer working between the NHS and the housing sector can help reduce hospital admissions and emergency department visits, speed up the discharge of older patients, and maintain the independence of older people.

70. [Living better for less with technology enabled housing](#)

Housing LIN

The web resource, developed by ADASS' Housing Policy Network and supported by the Local Government Association (LGA) and Housing Learning and Improvement Network (LIN), explains how commissioners can help those needing care live better lives at home by utilising new technology.

71. [A shared understanding: Localising the integration of housing and health in Nottingham through a Memorandum of Understanding](#)

Housing LIN

This case study looks at how Nottingham City attempted to embed housing as the third vertex of local health and social care integration through the development of a local memorandum of understanding.

72. [Fuel Poverty Assessment Tool](#)

Joseph Rowntree Foundation

This fuel poverty assessment tool is designed to help front-line home energy efficiency assessors and fuel poverty programme workers to calculate whether a resident is living in fuel poverty. Based on the information you input about the household circumstances and

property details, it calculates the impact of different interventions on the level of fuel poverty to help assessors understand which could be the most cost-effective measures.

73. [Integration and the development of the workforce](#)

This working paper reveals how integration of the fields of health and social care will require organisations to break down traditional barriers in how care is provided. It details how workforce development plays a crucial role in successful integration. Please note that free registration is required in order to download this publication.

74. [Up to six million people set to benefit from more clinical pharmacists in GP surgeries](#)

Patients across England are set to benefit from more convenient trips to the GP with the announcement by NHS England of new, surgery-based clinical pharmacists to help with routine medication and treatment, and provide quicker clinical advice for patients.

75. [NHS and social care funding – three unavoidable challenges](#)

The Health Foundation

This briefing on NHS and social care finances explores the funding issues currently facing health and social care. It summaries the evidence and offers commentary on the options that need to be considered so these services can meet the public's future needs.

76. [Implementing shared decision making in the NHS: lessons from the MAGIC programme](#)

BMJ

This review summarises the MAGIC programme for adopting shared decision making, and details the common challenges associated with implementation. Key messages include the fact that skills and attitudes are more valuable than specific tools, and that organisation support is vital.

77. [Social value in procurement](#)

New Local Government Network

The Public Services (Social Value) Act 2012 requires commissioners in public authorities to have regard to economic, social and environmental well-being when buying public services. Public bodies are now encouraged to make social value a consideration and look for providers who can also deliver value to the local community for minimal or no additional cost. This report summarises the discussions hosted by NLGN which explored the challenges posed by the Social Value Act.

78. [Leading across the health and care system](#)

King's Fund

This paper offers those who are leading new systems of care guidance on how to address the challenges they face. It draws on the Fund's work on new care models, sustainability and transformation plans, and accountable care organisations. It is also informed by the experience of people who have occupied system leadership roles and draws on case studies from research and organisational development work.

79. [Access to general practice: progress review](#)

House of Commons Committee of Public Accounts

This report looks at patient access to general practice services during core hours. It expresses concerns over rolling out extended access without a full understanding of issues in the variation in patient experience in accessing services. The report also raises concerns

surrounding the workforce supply in general practice and how this will impact on plans to roll out extended hours.

80. Integrating health and social care

House of Commons Committee of Public Accounts

This report investigates the Better Care Fund and concludes that it has missed its objectives to reducing emergency admissions and delayed transfers of care. The report strongly criticises the implementation of the Better Care Fund and argues that the focus on integration should be shifted towards the STP process.

81. Celebrating good care, championing outstanding care

CQC

This report shares a collection of short case studies of good practice shown by care providers that are rated good or outstanding overall. It also features the views of some people responsible for care quality and what they do to drive improvement.

82. Proposals for a health-creating economy

UK Health Forum

This report sets out the Forum's view that the UK must continue to be an international leader on global non-communicable diseases prevention through engagement at home and abroad with global institutions, governments, the public sector, civil society and commercial operators. This position will in turn lead to savings to the NHS through reduced avoidable demand on services.

83. Social prescribing: less rhetoric and more reality: a systematic review of the evidence

University of York Centre for Reviews and Dissemination

This systematic review assesses the effectiveness of social prescribing programmes relevant to the NHS setting. It concludes that although social prescribing is being advocated as method of linking patients in primary care with sources of support within the community to help improve their health and well-being, current evidence fails to provide sufficient detail to judge either success or value for money.

84. Integrating health and social care

House of Commons Committee of Public Accounts

This report finds the Better Care Fund and failed to achieve its objectives of saving money, reducing emergency admissions to hospitals and reducing the number of days people remain in hospital unnecessarily. The Committee found the Fund was "little more than a ruse to transfer money from health to local government to paper over the funding pressures on adult social care".

85. Health and social Care integration.

New Local Government Network

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

86. The return of investment for preventive healthcare programmes

RAND Corporation

This report outlines the divers of successful workplace health promotion programmes, provides an overview of health and wellbeing interventions offered by pharmaceutical companies, and develops a framework to analyse the return on investment of such projects, applying it to GSK's P4P programme

87. [Social prescribing: from rhetoric to reality.](#)

King's Fund

The Kings Fund has published presentations from an event which explored the range of benefits of social prescribing, as well as how best to measure and evaluate the impact and outcomes. Pioneering local areas shared their approach, challenges and achievements, and provided practical resources for commissioners and practitioners to develop schemes in their own locality.

88. [Health and work infographics](#)

Public Health England in partnership with The Work Foundation

The thirteen infographics are intended to help public health practitioners, local authorities and policy makers to make the case and inform planning on embedding health, work and worklessness within and across these issues.

HEALTH INEQUALITIES

89. [Public Health England business plan](#)

Public Health England (PHE) has published its [Annual business plan 2017 to 2018](#). The plan outlines the main steps and actions PHE will be focusing on over the next year to protect and improve the public's health and reduce health inequalities. It also describes how PHE will deliver the second year of the strategic plan 'Better outcomes by 2020'.

90. [Health inequalities assessment toolkit](#)

National Institute for Health Research

This toolkit has been designed by the Collaboration for Leadership in Applied Health Research and Care North West Coast to help projects ensure that all activities contribute to reducing health inequalities.

GENERAL

91. [The long-term sustainability of the NHS and adult social care](#)

Select Committee on the long term sustainability of the NHS

This report into the sustainability of the health and care system in England heavily criticises the failure of successive governments in effectively planning for the long-term future of the system. The committee argues that a new political consensus on the future of the health and care system is needed and that this should emerge as a result of government-initiated cross-party talks. It also recommends that budgetary responsibility should be held at a national level by the Department of Health and that the recommendations of the Dilnot Commission should be implemented. The report also raises concerns on public health budget cuts and the lack of long-term workforce planning within the system.

92. [Using Brexit to tackle non-communicable diseases and improve the health of the public](#)

UK Health Forum

This briefing provides an overview of the public health challenges and opportunities in relation to non-communicable diseases post Brexit. It examines EU laws, regulations and policies to determine their impact on health and highlights potential risks to health and potential improvement which can be made as a result of Brexit for protecting and improving the health and wellbeing of the public.

93. Healthier, fairer, safer: the global health journey 2007-2017

World Health Organisation

This independent report reflects on the trends, achievements and challenges in global health over the past decade. It discusses the role of WHO in dealing with such issues as the rise of non communicable diseases, leaps in life expectancy, and emerging threats like climate change and antimicrobial resistance.

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

CONSULTATIONS

Other Options Considered

94. To note only

Reason/s for Recommendation/s

95. N/A

Statutory and Policy Implications

96. 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 John Doddy
Chair of Health and Wellbeing Board

For any enquiries about this report please contact:

Nicola Lane
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T: 0115 977 2130
nicola.lane@nottscg.gov.uk

Constitutional Comments (LMcC 13.6.17)

97. The report is for noting only.

Financial Comments (DG 15.06.2017)

98. There are no financial implications as per paragraph 12.

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

28 June 2017**Agenda Item: 12**

REPORT OF CORPORATE DIRECTOR, RESOURCES WORK PROGRAMME

Purpose of the Report

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

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 Work Programme

	Health & Wellbeing Board (HWB)
6 September	<p>Approval of draft BCF Plan 2017/18 & 2018/19 (Joanna Cooper)</p> <p>Update on Crisis Care Concordat in Nottinghamshire (Clare Fox)</p> <p>Nottinghamshire Air Quality Strategy for approval (Jonathan Gribbin/Bryony Lloyd)</p> <p>Child Sexual Exploitation update on progress (Steve Edwards/Terri Johnson)</p> <p><i>Refresh of the Health & Wellbeing Strategy</i> (Barbara Brady)</p> <p>Substance misuse services (John Tomlinson/Lindsay Price/Tristan Poole)</p> <p>SEND Strategic Action Plan (Colin Pettigrew/Chris Jones)</p> <p>Chair's reports:</p> <ul style="list-style-type: none"> Family service return on investment report (Laurence Jones)
4 October	<p>Connected Notts update (Andy Evans)</p> <p>Sustainability and Transformation Plans update & accountable care organisations (David Pearson/ Joanna Cooper)</p> <p>Care leavers support (discussed at October 2016 meeting) (Steve Edwards/Natasha Wrzesinski)</p> <p><i>Housing progress report</i> (John Sheil) TBC</p>
1 November	<p>Better Births Maternity update (Kate Allen/Jenny Brown)</p> <p>Health protection assurance update (Jonathan Gribbin/Sally Handley)</p> <p>Addressing clinical variation in primary care (Jeremy Griffiths)</p>
6 December	Loneliness - feedback from engagement groups neighbourhood outreach pilot (Laura Chambers)

