

Health and Wellbeing Board

Wednesday, 07 September 2016 at 14:00

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

AGENDA

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|----|--|---------|
| 1 | Minutes of the last meeting held on 13 July 2016 | 3 - 8 |
| 2 | Apologies for Absence | |
| 3 | Declarations of Interests by Members and Officers:- (see note below)
(a) Disclosable Pecuniary Interests
(b) Private Interests (pecuniary and non-pecuniary) | |
| 4 | Children and Young People's Mental Health and Wellbeing Transformation Plan | 9 - 16 |
| 5 | Sustainability and Transformation Plan Update - Presentation by David Pearson | |
| 6 | Development of Integrated Workforce Development Strategy & Plan - Progress Report | 17 - 26 |
| 7 | Showcase on Rushcliffe New Care Model for Health - Presentation by Dr Jeremy Griffiths, Kamaljeet Pentreath and Helen Griffiths | |
| 8 | Better Care Fund Performance, 2016-17 Plan and Update | 27 - 46 |
| 9 | Chair's Report | 47 - 60 |
| 10 | Work Programme | 61 - 64 |

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, 13 July 2016 (commencing at 2.00 pm)**

Membership

Persons absent are marked with an 'A'

COUNTY COUNCILLORS

Joyce Bosnjak (Chair)
Alan Bell
Reg Adair
Kay Cutts MBE
Jacky Williams

DISTRICT COUNCILLORS

A	Jim Aspinall	-	Ashfield District Council
A	Susan Shaw	-	Bassetlaw District Council
	Dr John Doddy	-	Broxtowe Borough Council
	Henry Wheeler	-	Gedling Borough Council
	Debbie Mason	-	Rushcliffe Borough Council
A	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

A	Dr Jeremy Griffiths	-	Rushcliffe Clinical Commissioning Group (Vice-Chair)
A	Dr Mark Jefford	-	Newark & Sherwood Clinical Commissioning Group
	Dr Gavin Lunn	-	Mansfield and Ashfield Clinical Commissioning Group
	Dr Guy Mansford	-	Nottingham West Clinical Commissioning Group
A	Phil Mettam	-	Bassetlaw Clinical Commissioning Group
	Vacancy	-	Nottingham North & East Clinical Commissioning Group

LOCAL HEALTHWATCH

Michelle Livingston - Healthwatch Nottinghamshire

NHS ENGLAND

Oliver Newbould - North Midlands Area Team, NHS England

NOTTINGHAMSHIRE POLICE AND CRIME COMMISSIONER

A Kevin Dennis

ALSO IN ATTENDANCE

Jim Anderson	-	Bassetlaw District Council
Dawn Atkinson	-	Mid Nottinghamshire CCGs
Wayne Bowcock	-	Nottinghamshire Fire and Rescue Service
Lisa Bromley	-	Bassetlaw CCG
Bryn Coleman	-	Nottinghamshire Fire and Rescue Service
David Staples	-	Newark and Sherwood District Council
Sam Walters	-	Nottingham North and East CCG

OFFICERS IN ATTENDANCE

Louise Benson	-	Children, Families and Cultural Services
Lucy Dadge	-	Programme Director, Nottinghamshire STP
Paul Davies	-	Democratic Services
Nicola Lane	-	Public Health
Kay Massingham	-	Public Health
Catherine O'Byrne	-	Children, Families and Cultural Services

MINUTES

The minutes of the last meeting held on 8 June 2016 having been previously circulated were confirmed and signed by the Chair.

MEMBERSHIP

It was reported that Councillor Alan Bell had been appointed in place of Councillor Muriel Weisz, for this meeting only. Councillor Neill Mison had been appointed as the representative from Newark and Sherwood District Council, in place of Councillor Peter Duncan.

APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Jim Aspinall, Kevin Dennis, Dr Jeremy Griffiths, Dr Mark Jefford, Councillor Neill Mison and Councillor Susan Shaw.

DECLARATIONS OF INTEREST BY BOARD MEMBERS AND OFFICERS

None.

UPDATE ON SUSTAINABILITY AND TRANSFORMATION PLAN AND VANGUARDS

David Pearson, Sam Walters, Dawn Atkinson and Lisa Bromley gave a presentation to update the Board on the preparation of the Sustainability and Transformation Plans (STPs) for Nottinghamshire and South Yorkshire and Bassetlaw. They explained the work so far to shape the draft plans, which were now being discussed at national level, prior to final submission in October. In South Nottinghamshire, gastroenterology was an example where work was under way to create a consistent pathway for patients. Dawn Atkinson gave an update on the Better Together programme for integrating health and social care in Mid Nottinghamshire. In Bassetlaw, the five transformational priorities were urgent and emergency care, elective care and diagnostics, children's and maternity services, cancer and mental health and learning disability.

RESOLVED: 2016/045

That the presentation to update the Board on the Sustainability and Transformation Plans be received.

JOINT HEALTH AND WELLBEING BOARDS SUMMIT ON ROLE OF FIRE AND RESCUE SERVICE IN IMPROVING HEALTH AND WELLBEING

Wayne Bowcock introduced the report which summarised the findings of the summit held on 27 April 2016. The summit, organised jointly by the County and City Health and Wellbeing Boards, had discussed how the Nottinghamshire Fire and Rescue Service could contribute to improving health and wellbeing. The summit had identified a number of priorities, and it was now proposed to set up a project group to develop an action plan.

In discussion, Board members agreed that the summit had been productive. They asked about the possible integration of fire and rescue and ambulance services. Mr Bowcock explained that the Police and Crime Bill put a duty on emergency services to collaborate. This would build on existing collaboration between fire and rescue and ambulance services.

RESOLVED: 2016/046

- 1) That the establishment of a project group chaired by a senior officer from the Nottinghamshire Fire and Rescue Service to develop an action plan for work across the county and city based on the themes identified by the summit be endorsed.
- 2) That representation for the project group be identified through existing structures and networks and that the representation should include representatives from health, local government and service providers for Nottingham City and Nottinghamshire County.
- 3) That the action plan referred to in (1) above to identify key deliverables be presented for consideration by the Nottinghamshire and Nottingham City Health and Wellbeing Boards by October 2016.
- 4) That the Nottinghamshire Fire and Rescue Service's offer to provide support to individuals with mental illness, building specifically on their role in the hoarding

framework locally, advising and supporting people with hoarding disorder in Nottinghamshire be welcomed.

NOTTINGHAMSHIRE TRANSITIONS PROTOCOL AND PATHWAY

Louise Benson and Catherine O'Byrne introduced the report on the multi-agency transitions protocol to support young people with special educational needs and disabilities from aged 13 into adulthood. The protocol and pathway had been positively received by Ofsted, and now each of the partner organisations would be asked to endorse them.

In reply to questions and comments, they explained that the voluntary sector was part of the protocol. They indicated that the number of children to be covered by the protocol would run into thousands. It was recognised that implementing the protocol would be challenging, but organisations in Nottinghamshire had a good record of making the most of the resources available. One possible way of sharing information was through the "wikis" or personal websites which young people could set up.

RESOLVED: 2016/047

- 1) That the Transitional Protocol be endorsed.
- 2) That organisations represented on the Board adopt the guidelines set out in the protocol and assist with its implementation.

ANNUAL SUMMARY OF THE WORK OF THE PUBLIC HEALTH COMMITTEE

Barbara Brady and Kay Massingham introduced the report on the work of the County Council's Public Health Committee over the last year. During discussion, Board members queried the NHS Health Checks programme, and referred to the overlapping responsibilities of organisations concerned with health and wellbeing. It was explained that the STP gave an unprecedented opportunity to overcome cultural differences and break down the barriers between organisations. The Board could provide democratic and clinical leadership for this work.

RESOLVED: 2016/048

That the annual report on the work of the Public Health Committee be noted.

CHAIR'S REPORT

The Chair drew particular attention to the King's Fund report on the benefits of gardening for health, and referred to the value of social prescribing. Board members referred to numbers of patients in their areas who already benefited from social prescribing.

RESOLVED: 2016/049

That the Chair's report be noted.

WORK PROGRAMME

RESOLVED: 2016/050

That the work programme be noted.

The meeting closed at 4.00 pm.

CHAIR

7 September 2016**Agenda Item: 4****REPORT OF THE CORPORATE DIRECTOR, CHILDREN, FAMILIES AND
CULTURAL SERVICES AND THE INTERIM DIRECTOR OF PUBLIC HEALTH****CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND WELLBEING
TRANSFORMATION PLAN****Purpose of the Report**

1. The purpose of this report is to update the Health and Wellbeing Board on the implementation of the Nottinghamshire Children and Young People's Mental Health and Wellbeing Transformation Plan.

Information and AdviceProgress to date

2. In December 2015, the Health and Wellbeing Board received an update on the development of a five year transformation plan for children and young people's mental health. The plan was developed as required by NHS England in order to deliver the recommendations from a national taskforce report into children and young people's mental health, *Future in Mind* (March 2015, Department of Health), and to deliver the findings of the Nottinghamshire child and adolescent mental health services (CAMHS) pathway review that was undertaken in 2013/14. To support delivery of the plan, an additional £1.5m of national monies was made available to the six Nottinghamshire clinical commissioning groups (CCGs) in order to fund a community eating disorder service for children and young people, and to build capacity and capability in the workforce supporting children and young people's emotional and mental health and wellbeing. CCGs hold the commissioning responsibility for community CAMHS, with NHS England responsible for commissioning inpatient CAMHS.
3. The plan outlines a range of priority actions to be delivered under the following themes:
 - a. Promoting resilience, prevention and early intervention: acting early to prevent harm, investing in early years and building resilience through to adulthood.
 - b. Improving access to effective support – a system without tiers: changing the way services are delivered to be built around the needs of children, young people and families.
 - c. Care for the most vulnerable: developing a flexible, integrated system without barriers.

- d. Accountability and transparency: developing clear commissioning arrangements across partners with identified leads.
 - e. Developing the workforce: ensuring everyone who works with children, young people and their families is excellent in their practice and delivering evidence based care.
4. A summary of the plan can be found as Appendix 1. Implementation of the plan is overseen locally by the multi-agency Children and Young People's Mental Health Executive, which reports through the Children's Trust Board into the Health and Wellbeing Board, as per national requirements. Quarterly monitoring reports are also submitted to NHS England.
5. Key achievements in delivering the plan to date include the following:
- a. Access to CAMHS is now through a single point of access, thus streamlining the referral process. An options appraisal is currently being undertaken to establish whether access would be further improved by closer working with the Early Help Unit.
 - b. A primary mental health function has been established in order to provide consultation, advice and training to universal services including schools and GPs. This is intended to ensure that children and young people receive the right support as early as possible, and to improve the interface between CAMHS and universal services. All posts within the team have been recruited to, and the team will become operational from September 2016.
 - c. Additional funding has been released to CAMHS in order to increase capacity within the service. A recruitment plan is in place and the majority of posts have already been successfully recruited to.
 - d. CAMHS Tier 2 (District Emotional Health and Wellbeing Teams) and Tier 3 (Specialist Community CAMHS) have been integrated and now form the ONE Community CAMH Service. The teams operate across the same three localities as the local authority's social care and family services, thus facilitating easier joint working and alignment of services. Accuracy of data reporting has been a challenge in the early months of 2016/17 due to the migration of Tier 2 cases onto the same case recording system as Tier 3. Data cleansing work has now been completed, and performance reports are being prepared by Nottinghamshire Healthcare NHS Foundation Trust, which going forward will provide an accurate picture of demand for the service, and the timeliness with which the service is provided, as well as impact of the service. Data currently available (from contract monitoring dated 8 August 2016) shows that the average wait from referral to treatment across all CAMH services, was 9.61 weeks, with 64% of young people being treated within 8 weeks of referral. There is however variation across teams.
 - e. A pilot Crisis and Intensive Home Treatment Service for young people in mental health crisis was established in January 2016. The service is now fully staffed and has been offering crisis assessments in the community and in acute hospital settings, in-reach support to acute hospital and tier 4 (inpatient mental health) settings, and intensive home treatment to those young people deteriorating into crisis. Stakeholder feedback has been extremely positive in the first quarter. This particularly relates to the weekend provision the service offers, which includes shared care for young people supported by the Community Eating Disorder Service who require input around mealtimes, and young people supported by the

looked after children team whose needs escalate over the weekend period. The service is being evaluated this autumn to assess whether the delivery model is effective and to inform future service provision.

- f. A specialist therapeutic service for children and young people who have experienced sexual abuse and/or exploitation has been commissioned. The Children's Society was awarded the contract and service delivery has commenced.

Current Priorities

- 6. In terms of the national requirement to develop a Community Eating Disorder Service, a pilot service was already in place in Nottinghamshire and the *Future in Mind* monies have enabled this service to be mainstreamed. The team is multi-disciplinary and provides a wide range of evidence based interventions. A pilot is underway with the Crisis Team to provide intensive home treatment including meal support over weekends. The service will be evaluated this summer to ensure the appropriate model that is compliant with the access and waiting time standards, is in place by March 2017.
- 7. Other priorities within the plan for 2016/17 include focussing on the early intervention strand of *Future in Mind*, as well as support for vulnerable groups and focusing on accountability and transparency:
 - a. Commissioning an online counselling service.
 - b. Implementation of programmes to develop academic resilience in schools.
 - c. Implementation of the young people's health website and schools health hub.
 - d. Improving the information provided to children, young people, families and professional referrers about referral pathways for CAMHS, including what the service offers and what needs it will address.
 - e. Development of a multi-agency workforce development offer in relation to emotional and mental health.
 - f. Implementation of the recommendations from the health needs assessment into looked after children and care leavers, which will incorporate recommendations in relation to mental health provision.
 - g. Implementation of the performance framework for children and young people's mental health.

Future Developments

- 8. In July 2016, the implementation guidance for the *Five Year Forward View for Mental Health* was published. This includes a chapter clarifying the priorities for children's mental health which are expected to be delivered by 2021. The guidance sets the following expectations:
 - a. Local areas should have expanded, refreshed and republished their local transformation plans by 31 October 2016, detailing how the extra national funds committed will be utilised to improve access to services in each year to 2020/21.

- b. By 2021, 95% of children and young people requiring community-based eating disorder services will receive evidence-based treatment within one week (urgent cases) or four weeks (routine cases).
- c. By 2021, inpatient stays for children and young people will be for the minimum length possible and will be as close to home as possible. Inappropriate use of beds in paediatric and adult wards will be eliminated. Collaborative commissioning plans between CCGs and NHS England should be developed by December 2016 in support of this.
- d. By 2021, the NHS-funded community services workforce will be expanded with additional therapists and supervisors so that greater numbers of children and young people are able to access evidence-based interventions in a timely manner. This expansion should include 24/7 crisis resolution and liaison mental health services which are appropriate for children and young people.
- e. CCGs and providers should ensure that joint agency plans are in place by December 2016 for ensuring the continuity of professional development of existing staff, for example training through the Children and Young People's Improving Access to Psychological Therapies (CYP-IAPT) programme.
- f. That the year-on year growth in CCG baseline allocations identified for children and young people's mental health is invested in delivering the priorities outlined above. In addition to this, local agencies should work together to ensure best use of existing as well as new resources, so that all available funds are used to support improved outcomes.
- g. That as data collection through the Mental Health Services Dataset improves, a number of potential activity and outcomes metrics will become available, to monitor the impact of transformation activity on outcomes for children and young people.

Work has commenced to incorporate these requirements within the current transformation plan, ahead of re-publication by the end of October 2016 as required.

Other Options Considered

9. None. This report is for noting only.

Reason/s for Recommendation/s

10. This report is for noting only.

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 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.

Safeguarding of Children and Adults at Risk Implications

Implications for Service Users

The transformation plan will improve outcomes for children and young people experiencing mental health difficulties.

RECOMMENDATION/S

- 1) That Members of the Board note the progress in implementing the Children and Young People's Mental Health Transformation Plan.
- 2) That Members of the Board are invited to comment on the report and to discuss the future developments.

Dr Kate Allen
Consultant in Public Health

For any enquiries about this report please contact:

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E: lucy.peel@nottsccl.gov.uk

Constitutional Comments (SLB 30/08/2016)

13. This report is for noting only.

Financial Comments (KS 31/08/2016)

14. There are no financial implications contained within the report.

Background Papers and Published Documents

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

Nottinghamshire Children and Young People's Mental Health Strategy 2015-2020

Nottinghamshire CAMHS Pathway Review update to Children and Young People's Committee, 12 January 2015

Future in Mind. Department of Health. March 2015.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

Five Year Forward View for Mental Health.

Electoral Division(s) and Member(s) Affected

All.

See Chairs report items:

- 5: Texting Service for Young People
- 12 & 13: Papers to Children & Young People's Committee
- 22: Dream it, try it, Live it – healthy behaviours for young people
- 23: Best start in life: promoting good emotional wellbeing and mental health for children and young people.



What we want to achieve:

- more young people to have good mental health, including those in vulnerable groups such as children looked after, children subject to child protection plans, children with disabilities and young offenders
- more children and young people with mental health problems to recover
- more children and young people to have a positive experience of care and support
- fewer children and young people to suffer avoidable harm
- fewer children and people to experience stigma and discrimination

Our commitment to children, young people and families:

- We will support children and young people to be actively involved in the design, delivery and evaluation of children and young people's mental health services
- We will provide clear information about the range of services available, so that children, young people and families know who does what and how to access help
- We will commission and provide services in a joined up way, so that money is spent well, on evidence based interventions
- We will monitor the effectiveness of services as we strive for continuous improvement
- We will support and encourage the education, training and development of the local workforce
- We will value mental health equally with physical health

Update July 2016

- Children and Young People's Mental Health Executive continuing to oversee progress against the plan
- Nottinghamshire Healthcare NHS Foundation Trust have mobilised the integrated Community CAMHS model, including a CAMHS Single Point of Access and a Primary Mental Health Worker function.
- Evaluation has started on the CAMHS Crisis Resolution and Home Treatment model. Stakeholder feedback is welcome via CAMHSCrisisTeam@nottshc.nhs.uk
- The Children's Society has been commissioned to provide a specialist therapeutic service for children and young people who have experienced sexual abuse and/or exploitation.

Our priorities for 2015-2017:

- Promoting Resilience, Prevention and Early Intervention
 - Provide better information for children and families about how to help themselves and when to seek support
 - Develop online or telephone support for young people who need emotional support
 - Increase the numbers of children and young people able to take part in programmes to build resilience in schools
- Improving Access to Effective Support
 - Have one community child and adolescent mental health service (CAMHS) rather than two separate services, with more practitioners working in it, so children do not have to wait so long to get the support they need
 - Introduce Primary Mental Health Workers to provide advice, consultation and guidance to schools and GPs about children's mental health issues
 - Set up a crisis team to respond quickly to young people who have a mental health crisis
 - Improve the access arrangements for CAMHS so that children in need of support get prompt access to the right service
- Care for the most vulnerable
 - Develop specialist support for children who have been sexually abused and/or exploited
 - Review services for children and young people with learning disabilities and neurodevelopmental disorders
- Accountability and transparency
 - Make sure that we get the most out of the money that is spent on children's mental health and wellbeing, and that services are making a difference to children and young people's lives
- Developing the workforce
 - Improve and make more training available to professionals working with children, young people and families where there are emotional or mental health difficulties.

7 September 2016**Agenda Item: 6****REPORT OF THE CHAIR OF THE HEALTH AND WELLBEING BOARD****DEVELOPMENT OF INTEGRATED WORKFORCE DEVELOPMENT
STRATEGY & PLAN – PROGRESS REPORT****Purpose of the Report**

1. To provide an update on work to date on the development of an integrated workforce development strategy and plan for Nottinghamshire, including regional and local governance structures in response to the national planning guidance and the outcomes of the joint County and City Health and Wellbeing Boards workshop in November 2015.

Information and Advice

2. The national planning guidance for 2016/17 set out the requirement for geographical footprints to develop Sustainability and Transformation Plans (STP) to demonstrate a shared vision for future service delivery models and the level of ambition for transformation of the health of the population.
3. The need to bring together the Greater Nottingham and Mid Nottinghamshire transformation footprints to deliver a Nottinghamshire-wide STP supported the drive for an integrated approach to planning and developing the future workforce across the county.
4. Since November we have been working on scoping and shaping an integrated approach to workforce development and re-design and developing the partnerships and governance structures we will need to successfully develop and deliver a workforce fit for the future.
5. The following recommendations were agreed by the City and County Health and Wellbeing Boards following the November workshop and are reflected in the STP and workforce delivery programme:
 - a. The need for a strategic workforce development plan to maximise opportunities for joint working and joint training
 - b. Working together on reducing reliance on agency staff
 - c. A shared strategy to influence Higher Education Institutions to respond to our needs
 - d. To develop implementer sites for the Holistic Worker role
 - e. To promote health and social care careers
 - f. Development of an integrated leadership programme to deliver cultural change

- g. Working together on prevention skills (e.g. Making Every Contact Count) and improving wellbeing at work
6. The shape and scope of the integrated workforce development, leadership and organisational development strategy are described in the Workforce Transformation Mandate (attached) that was approved by both the Greater Nottinghamshire Partner Board and the Mid-Nottinghamshire Alliance Board and agreed as the basis for the STP submission. This sets out a future vision of the future workforce as follows:
- a. A sustainable, affordable workforce with the right skills, knowledge and capacity working in partnership to deliver new models of care designed around the needs of our citizens
 - b. A workforce with the confidence to work in partnership with others and lead and deliver service improvement and change
 - c. A workforce with positive attitudes and behaviours to deliver and sustain transformed services.

Strengthened & Aligned Governance Arrangements

- 7. Lyn Bacon, CEO of Nottingham Citycare and Chair of Nottinghamshire Local Workforce Action Board (previously the Local Education & Training Council) has been confirmed as the Executive Sponsor for Workforce, Leadership & Organisational Development as part of the STP governance infrastructure.
- 8. Dedicated programme manager support for workforce at a senior level (1.6 WTE) across greater and mid-Nottinghamshire is now in place (since June) and working as part of the programme management office resource.
- 9. Nottinghamshire workforce governance arrangements have been reviewed in light of the delivery requirements and in line with national Health Education England (HEE) requirements.
- 10. The new Local Workforce Action Board (LWAB) replaces the former Local Education & Training Council (LETC) and will have its first meeting on 16th August. This will be co-chaired by Lyn Bacon and Jane Johnson of HEE. It is embedded as part of STP governance structures.
- 11. The Board will have a very different membership to the LETC including Care Quality Commission and NHS Improvement and will have four key objectives:
 - a. A comprehensive baseline of the NHS and social care workforce within the STP footprint and an overarching assessment of the key issues that the relevant labour markets(s) present. *This will describe the workforce case for change.*
 - b. A scenario based, high level workforce strategy that sets out the workforce implications of the STP's ambitions in terms of numbers and skills, including leadership development.
 - c. A workforce transformation plan focused on what is needed to deliver the service ambitions set out in the STP.
 - d. An action plan that proposes the necessary investment in workforce required to support STP delivery, identifying sources of funds to enable its implementation.

12. We have put in place a revised supporting structure to the new Local Workforce Action Board to ensure wide engagement and delivery.

- a. The Nottinghamshire Workforce Transformation Delivery Group (WTDG) will oversee the development and delivery of the LWAB programme of work and will manage a series of standing sub groups and task & finish groups as needed. Nicky Hill, Director of HR at NUH is chairing this group with Julian Eve, Associate Director of Learning & Development from Nottinghamshire Healthcare as Vice Chair.
 - i. WTDG has set up a Pharmacy Workforce Task & Finish Group to identify and address the challenges being faced by this key professional group if national and local changes to ways of working are to be achieved.
 - ii. A review of the role of the Primary Care Staff Education & Training Group is taking place to ensure we develop the capacity and capability in primary care and general practice in particular to deliver our service models of the future.
- b. We have also set up a Nottinghamshire Human Resources Collaborative that will bring together HR expertise to agree consistent approaches to employment and deployment challenges presented by new ways of working and models of care. Clare Teeney, Director of Workforce at Nottinghamshire Healthcare is chairing this group with Lynn Robinson, Human Resources Business Partner at Nottingham City Council as Vice Chair.
 - i. Key projects being delivered by this group include:
 - Reducing reliance on use of agency staff
 - Building the supply of flexible workforce
 - Joint approaches to learning and development
- c. The Workforce, Education, Learning & Development Group is continuing to oversee delivery of the 16-17 work programme and investment plan. Key projects include:
 - i. Oversight of STP workstreams and projects
 - ii. Roll out of the Holistic Worker programme
 - iii. Establishment of a rotational training programme for nursing
 - iv. Development of the peer support worker role
 - v. Introduction and piloting of the Associate Nurse new role
 - vi. Roll out of specialist skills for community staff
- d. Julian Eve has been identified as the lead for organisational development across the system and the approach has been agreed by WTDG. We have a workshop planned for 14th September to bring together OD leads to take forward this work. We are accessing support from the National Leadership Academy and the East Midlands Leadership Academy.
- e. Detailed work is underway to ensure we have available the information we need about our current workforce and the future supply of health and social care professionals.
- f. We are working with colleagues from the community and voluntary sector to engage them in our programmes of work in order to ensure their workforce development needs are identified and included in our plans

- g. We have had discussions with Public Health England to shape the roll out of prevention, early intervention and self-help skills and will be working with them to learn from and build on previous programmes of work such as Making Every Contact Count.

Sustainability and Transformation Plan

13. Workforce, leadership and organisational development is recognised as a key enabler to delivery of the STP in Nottinghamshire. It describes how our staff will need to work in a more integrated way, in teams designed around the care needs of our citizens (e.g. multi-disciplinary teams in primary care), with strong relationships and partnerships that cross organisational and sector boundaries. New models of care will require the development and implementation of new roles, new skills and new ways of working as well as co-location of, and access to, staff from different sources together with the ability to deploy staff more flexibly to where their skills are needed.
14. The integrated workforce plan will take account of the development needs of the whole workforce including enhancing the skills of citizens, families, carers and communities for self-care and prevention; volunteers and the third sector, and staff employed by organisations commissioned to deliver health and care services in the private and public sector.
15. HR colleagues will work in partnership to address shared shortages of key roles and skills to minimise competition within our boundaries and review policies and practices to minimise barriers to flexible employment and deployment.
16. The workforce work programme will also co-ordinate activities with the vanguards, pioneers and other local initiatives to ensure there is a coherent and integrated approach across the whole transformation agenda. Our strategic approach has been structured into four key strands to clarify roles, responsibilities and expertise that will be needed to develop and deliver the workforce mandate:
 - a. **Strategy 1: Develop a population/place-based approach to workforce redesign** (creation of new roles, skills and ways of working; including integrated teams, primary care workforce, advanced practice, independent prescribing, use of pharmacists, physician associate, associate nurse)
 - b. **Strategy 2: Facilitate the deployment and movement of staff across the system through collaborative HR approaches** (including implementation of Carter Review recommendations)
 - c. **Strategy 3: Embed a systematic approach to prevention and lifestyle behaviour change by rolling out prevention and early intervention skills across the workforce** (including 'Making Every Contact Count')
 - d. **Strategy 4: Organisational development to support system effectiveness**
17. The STP recognises the need to build both capacity and capability across the system:
 - a. Improving the supply of people who want to work in Nottinghamshire by attracting young people, volunteers, support staff and professional staff
 - b. Reducing the demand for staff by developing new ways of working and giving citizens and staff new skills

- c. More effective use of existing staff through productivity improvements, supporting staff health and wellbeing, use of technology
 - d. Building system effectiveness through improved collaboration, partnership working and mind set shift to systems thinking.
18. Feedback on the workforce section of the STP requested the following areas to be included in the next submission (due at the end of September) and we have included a brief summary of the work that will be taking place to ensure these requirements are met:
- a. The need to develop a costed workforce plan within 3 months
Over the next few weeks a small task and finish group will be undertaking a deep dive into the workforce baseline data that will formulate the Nottinghamshire integrated workforce plan. Together with the modeling work, this will enable us to test out a range of workforce redesign scenarios and look at the costs of those. These options will be available to be included in the September submission and will provide the basis for more detailed work as the service models are designed and agreed.
 - b. A requirement to address high acute agency use and build the required community workforce
As mentioned above, this will be led by the HR Collaborative using learning and expertise from a range of current work at local and regional levels. This will also inform the development of appropriate recruitment and retention strategies for the 'hard to fill' posts and an agreed approach to workforce wellbeing to reduce sickness related agency usage.
 - c. A requirement to explain how we will address medical retention issues
The NUH and Sherwood merger workforce plan will be considering this and it is anticipated that there may be an improvement in the attractiveness of careers in the new organisation. The modelling will support the consideration of alternative and support roles, together with new ways of working, to reduce the demand for medical staff. We also need to develop strategies to improve the retention of local medical graduates and other doctors in training to encourage them to develop their careers in Nottinghamshire.
 - d. Resources
Our approach will be to release capacity across the system to enable people with expertise and enthusiasm to lead and contribute to the development and delivery of the work programme. We will explore all available resources at national, regional and local levels and maximize our access to these.
19. Nottingham and Nottinghamshire have the benefit of a number of vanguards that have been awarded national funding, a proportion of which will be invested in workforce re-design and development. Local Workforce Action Board has been allocated £300,000 by the Health Education England Five Year Forward View Programme Board and this will be used to support delivery of the four key strategic areas outlined above.

Statutory and Policy Implications

20. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users,

sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

RECOMMENDATIONS

1. The Health and Wellbeing Board is asked to note the progress made on establishing the Nottinghamshire-wide workforce mandate/strategy aligned to the Nottinghamshire STP objectives and aspirations and the governance arrangements now in place to ensure delivery of an integrated workforce development and re-design strategy and plan.
2. The Board is asked to note the alignment of the planned programme of work with the outcomes of the joint Health and Wellbeing Boards workshop in November 2015 and acknowledge their assurance that the planned programme of work will deliver those recommendations.

Lyn Bacon

CEO Nottingham Citycare CIC

Chair, Nottinghamshire Local Workforce Action Board & Executive Sponsor

For any enquiries about this report please contact:

Jackie Hewlett-Davies

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Constitutional Comments (SLB 10/08/2016)

1. This report is for noting only.

Financial Comments (KS 10/08/2016)

- 2 There are no financial implications contained within the report.

Background Papers and Published Documents

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

See Chairs report item:

- 59: Supporting integration through new roles and working across boundaries

Electoral Division(s) and Member(s) Affected

All.

GREATER NOTTINGHAM & MID NOTTINGHAMSHIRE HEALTH AND CARE PARTNERS MANDATE FOR WORKSTREAM: WORKFORCE																
EXECUTIVE SPONSOR: Lyn Bacon		PROGRAMME DIRECTOR: Jackie Hewlett-Davies & Charlotte Lawson														
CLINICAL LEAD: TBC																
<p>NATIONAL CONTEXT</p> <p>NHS England has confirmed that every health and care system needs to come together to create its own ambitious local blueprint for accelerating implementation of the Five Year Forward View. System Sustainability and Transformation Plans (STPs) will cover the period between October 2016 and March 2021, and will be subject to formal assessment in July 2016 following submission in June 2016. These Plans will become the single application process for being accepted onto programmes with transformational funding from 2017/18 onwards.</p> <p>The recent review into hospital productivity by Lord Carter (Feb 2016) set out a range of recommendations relating to workforce, HR and OD. This includes the development of a national people strategy to enable transformation change to be planned and delivered more effectively in trusts that could offer system wide opportunities to improve productivity and efficiency.</p> <p>LOCAL CONTEXT</p> <p>Commissioners and providers, from health and social care, across Greater Nottingham and Mid Nottinghamshire have come together to co-ordinate a Nottinghamshire Sustainability & Transformation Plan. The population is increasing and ageing; citizens want a new more holistic model of care which supports the maintenance of independence wherever possible and provides more joined up care that is closer to home when needed; the current reactive and bed based model of care is no longer financially viable.</p> <p>There is a rationale to develop one integrated workforce development and transformation strategy across Nottinghamshire to support delivery of the 2 transformation programmes, vanguards and other service change initiatives. This will provide clarity to strategic partners on key priorities, challenges and investment (or disinvestment) of available resources and allow employers to focus their efforts on one workforce plan to be used many times. A system-wide approach will help to minimise competition between Nottinghamshire employers for shortage skills and to bring capacity into the county rather than recycling staff within our boundaries.</p> <p>THE CASE FOR CHANGE</p> <p>The partners are ambitious to create a profoundly different system with the attributes of an accountable care system, which will improve health and wellbeing, deliver integrated person centred care that meets the needs of local citizens within the available financial envelope. The partners have agreed that successful collaborative working and whole system solutions are required if Greater Nottingham and Mid Nottinghamshire are not to fall drastically short of its ambition and in so doing undermine the continuation of sustainable health and social care services into the future.</p> <p>To achieve this, our staff need to work in a more integrated way in teams designed around the care needs of our citizens with strong relationships and partnerships that cross organisational boundaries. New models of care will require new roles, new skills and new ways of working as well as co-location of staff from different agencies and the ability to deploy staff more flexibly to where their skills are needed.</p> <p>HR colleagues need to work in partnership to address shared shortages of key roles and skills to minimise competition within our boundaries and review policies and practices to minimise barriers to flexible employment and deployment.</p> <p>We have workforce shortages in key areas including acute medical care, urgent and emergency care, general practice and adult nursing with high use of agency staff which is expensive and detrimental to high quality patient care. We need to focus on working differently in a number of key priority areas including Primary Care, Mental Health, Home Care, Residential & Care Homes, Urgent & Emergency Care</p>	<p>SYSTEM APPROACH</p> <p>The workforce development & OD strategy will be integrated across the whole Nottinghamshire geography and organisationally agnostic, developed and designed around the needs of confirmed population segments and models of care.</p> <p>SCOPE</p> <p>The scope of this workstream is to develop, plan and deliver an integrated workforce development and organisational development strategy which supports the overall delivery of the Greater Nottingham Health and Care Partners programme and the Mid Nottinghamshire Better Together programme. This will be captured in the system wide Nottinghamshire Sustainability and Transformation Plan. The workforce workstream will also co-ordinate activities with the vanguards, pioneers and other local initiatives to ensure there is a coherent and integrated approach across the whole transformation agenda.</p> <p>The workstream will support the development of collaborative approaches to HR and employment practices where these will enable more flexible deployment of staff and reduce competition between employers for shortage skills and staff groups.</p> <p>The workstream will address workforce development at two levels:</p> <ul style="list-style-type: none">- Roles, skills and ways of working to deliver new models of care- Building capacity and capability across the system to lead and deliver transformational change <p>The workstream will work in close partnership with colleagues from Health Education England and East Midlands Leadership Academy to ensure alignment between programmes of work, governance and assurance arrangements.</p> <p>The workstream will take account of the development needs of the whole workforce including enhancing the skills of patients, families, carers and communities for self-care and prevention, volunteers and the third sector, staff employed by organisations commissioned to deliver health and care services in the private and public sector.</p> <p>The workstream will incorporate the following areas of work:</p> <ul style="list-style-type: none">- Workforce Transformation – new roles, skills and ways of working: integrated teams, primary care workforce, advanced practice, independent prescribing, use of pharmacists, physician associate, associate nurse- Organisational Development – system capacity, capability and behaviours; new models of partnership working between care givers and receivers, shared decision making- Collaborative HR Approaches – recruitment, retention, deployment solutions, secondment agreements, talent management & succession planning, harmonisation of HR policies, TU & Prof Body engagement- Workforce intelligence, modelling and analysis: demand & supply data, modelling of options including affordability, population based approach to workforce planning- Workforce Productivity – more effective use of our existing workforce: improved use of technology, e-rostering systems, reducing cost of agency staff, reducing sickness absence, motivated and engaged workforce															
	<p>VISION</p> <p>The vision for Greater Nottingham is: <i>A sustainable, high quality health and social care system for everyone that improves the health and wellbeing of the local population</i></p> <p>The vision for Mid Nottinghamshire is: <i>“Care, which imposes the patient’s perspective as the organising principle of service delivery and makes redundant old supply-driven models of care provision. Integrated care enables health and social care provision that is flexible, personalised, and seamless.” (Lloyd and Wait, 2005)</i></p>		<p>ACTIVITIES AND DELIVERABLES (to include early wins)</p> <table><tr><th>Activities</th><th>Timescale</th></tr><tr><td>Establish system-wide governance infrastructure including new Workforce Transformation Group & links to LETC (first workshop 24/2)</td><td>March 2016</td></tr><tr><td>Establish Notts HR Collaborative & develop work programme – first meeting 22/2</td><td>March 2016</td></tr><tr><td>Secure dedicated programme resource & agreement with HEE on access to support</td><td>March/April 2016</td></tr><tr><td>Identify project leads for each of the five workforce programme areas of work</td><td>May/June 2016</td></tr><tr><td>Establish baseline of current workforce, vacancies, shortages. Identify what data we need</td><td>April 2016</td></tr></table>		Activities	Timescale	Establish system-wide governance infrastructure including new Workforce Transformation Group & links to LETC (first workshop 24/2)	March 2016	Establish Notts HR Collaborative & develop work programme – first meeting 22/2	March 2016	Secure dedicated programme resource & agreement with HEE on access to support	March/April 2016	Identify project leads for each of the five workforce programme areas of work	May/June 2016	Establish baseline of current workforce, vacancies, shortages. Identify what data we need	April 2016
	Activities	Timescale														
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Establish baseline of current workforce, vacancies, shortages. Identify what data we need	April 2016															

DESIRED FUTURE STATE <ul style="list-style-type: none">- A sustainable, affordable workforce with the right skills, knowledge and capacity working in partnership to deliver new models of care designed around the needs of our citizens- A workforce with the confidence to work in partnership with others and lead and deliver service improvement and change- A workforce with positive attitudes and behaviours to deliver and sustain transformed services	Identify and agree workforce productivity metrics and establish baseline	May/June 2016
	Develop Organisational Development roadmap & development programmes aligned to New Systems of Care workstream milestones including systems leadership & improvement approach	April/May 2016
	Draft integrated workforce strategy document & work programme sign off at LETC	May 2016
RESOURCES <p>Executive Lead: Lyn Bacon, CEO Nottingham Citycare and Chair of Notts Local Education & Training Council (LETC)</p> <p>Dedicated resources have been agreed in Greater & Mid Notts to lead and deliver the workstream as part of the core PMO</p> <p>1WTE workforce programme lead in each of the transformation programme geographies 1WTE Organisational Development Project Manager</p> <p>Specific support from Communications and Engagement team for staff engagement & communications with trade unions Specific support from Finance colleagues with regard to the Workforce Productivity strand of work</p> <p>The workstream will need to work in close partnership with colleagues from Health Education England and East Midlands Leadership Academy:</p> <p>Workforce Transformation – Amanda Battey, Locality Partnership Manager Specific support will be required from HEE to support the Workforce Intelligence, Modelling and Analysis strand – To be agreed Access to EMLA Systems Leadership resources and programmes</p>	BENEFITS (quantifiable clinical and financial) <p>Reduction in use of high cost agency staff through productivity gains, reduction in sickness absence, more efficient utilisation of existing staff, improved retention (achievement of 3% cap on agency spend)</p> <p>Reduction in HR back office costs through collaborative activity on recruitment, flexible deployment of staff between organisations and other initiatives to be agreed through the HR network</p> <p>Support to organisations to implement Carter productivity recommendations including HR initiatives to create a positive working environment and implement talent management and succession planning processes</p> <p>Good quality workforce intelligence in central system to enable modelling, analysis and benchmarking across Nottinghamshire and against other systems Better quality workforce information to enable forward planning and commissioning of new roles, education and training</p> <p>New roles and ways of working will release capacity of clinicians to focus on where they add most value More flexible workforce deployment to where skills are needed – improved use of e-rostering systems</p> <p>More resilient staff and teams</p> <p>Improved skills across the system to lead and deliver change and to innovate</p>	
GOVERNANCE <p>Oversight of the delivery of the workstream will be through the Nottinghamshire Local Education and Training Council (LETC) or successor body, chaired by Lyn Bacon.</p> <p>The LETC will provide regular updates on progress through the governance structure of the Greater Nottinghamshire & Mid Nottinghamshire transformation boards and through the governance arrangements for the Nottinghamshire STP as required.</p> <p>The workstream will work with the newly established Nottinghamshire Workforce Transformation Group to develop and deliver the workforce development and OD strategy and report in accordance with programme requirements.</p>	ASSURANCE <p>Internal Assurance Nottinghamshire Local Education & Training Council (LETC) or successor body will oversee development and delivery of the strategy and work programme and report through local transformation governance structures for Greater Nottingham and Mid Nottinghamshire and STP reporting arrangements.</p> <p>External Assurance Nottingham and Nottinghamshire Health & Wellbeing Boards Health Education England Governing Body will provide support and guidance to ensure alignment with wider workforce transformation and development programmes The workstream will comply with reporting requirements of NHS England via the STP governance structures and other system regulators as required</p>	
RISK <p>See table below. To be reviewed at first meeting of Nottinghamshire Workforce Transformation Delivery Group 13th May 2016.</p>	ENGAGEMENT <p>Citizen engagement: Existing structures will be used wherever possible: Citizen’s Advisory Group, Stakeholder Reference Group, Lay members on LETC</p> <p>Stakeholder engagement: Staff and trade union engagement will be a critical requirement for this workstream and this will be agreed with the Communications workstreams. Clinical engagement will be through existing reference groups wherever possible.</p>	

Risk Ref	Risk Description	Initial Risk Rating			Mitigations	Current Risk Rating		
		Likelihood	Consequence	Score		Likelihood	Consequence	Score
1	There is a risk that Nottinghamshire does not have a robust 5 year workforce development strategy that is signed up to by all partners leading to a failure to achieve the ambition for service transformation	4	5	20	Partner Board agreement of need for integrated workforce development strategy and mandate to Nottinghamshire LETC to oversee delivery of a system-wide strategy. Early work underway on development and delivery of whole system transformational change schemes to support sustainability in the short-term in the absence of a System Strategy	3	3	9
2	There is a risk that decisions on future workforce roles, locations and ways of working in integrated teams is challenged by trade unions and/or professional regulatory bodies leading to delay / non delivery of anticipated benefits	3	5	15	Early engagement with TU & PB colleagues in co-design and consultation potential future workforce design models	2	4	8
3	There is a risk that individual organisations develop and implement workforce plans that are detrimental to the system level ambitions for the shape, size and cost of the future workforce leading to shortages of key staff groups and skills where they are needed to deliver new care models	4	5	20	HR Collaborative Group being developed to identify opportunities to work collectively on key HR and workforce areas and to have honest conversations about managing resource across the system	3	4	12
4	There is a risk that we lose key staff groups that are business critical to achievement of our transformation ambitions due to unhappiness about the proposed models as they are very mobile and sought after by others	3	5	15	HR Collaborative to develop system wide retention strategies to identify potential risk areas and manage. Staff communication and engagement plans to be developed with Comms workstream	3	4	12
5	There is a risk that we are unable to resolve indemnity concerns for employment of different types of staff in integrated teams and in new locations, particularly employment risks to general practice as small businesses leading to inability to implement new ways of working and new roles on a sustainable basis	3	4	12	We need to seek national advice in order to have a consistent approach to this across the system to ensure employment risks are understood and managed for the individual professionals involved and the employers so they have assurance and are willing to take up new posts	3	4	12
6	There is a risk that there is a lack of system wide capacity and capability to lead and deliver change programmes which will result in delays to the delivery / non delivery of the strategy	4	4	16	Workforce workstream has included OD as a key area of work in its programme. Detailed work has been completed on an OD strategy for Mid Notts that we can use as a starter for 10 to inform this work. There is support for a Notts-wide approach to this.	3	3	9
7	There is a risk that there will be insufficient resource available to invest in the new roles and new skills required by the workforce to achieve the new ways of working and future workforce models leading to delays to the delivery / non delivery of the strategy	3	4	12	Nottinghamshire LETC to work with Health Education England to develop appropriate resourcing strategy for delivery. LETC to explore alternative, external opportunities to access resource	3	4	12
8	There is a risk that the design of the new models of care is delayed leading to difficulties in designing the new workforce models and failure to have skills and roles in place to deliver	3	5	15	Ensure early discussions about potential models of care are fed into the workforce workstream to enable work to begin as early as possible	3	3	9

[Type text]

Risk Ref	Risk Description	Initial Risk Rating			Mitigations	Current Risk Rating		
		Likelihood	Consequence	Score		Likelihood	Consequence	Score
9	There is a risk that the new workforce models and ways of working do not deliver the anticipated cost reductions leading to the new system remaining outside the financial envelope available	4	4	16	Work with HEE and Finance colleagues to have early access to workforce and financial modelling to understand the design options available within the financial envelope	3	3	9
10	There is a risk that the required changes in behaviours will be difficult to achieve in the timescale needed leading to a failure to deliver the transformation plans particularly in primary care	4	5	20	Develop system wide approach to engagement and investment in development opportunities as part of OD plans	3	4	12

7 September 2016

Agenda Item: 8

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

BETTER CARE FUND PERFORMANCE, 2016/17 PLAN AND UPDATE

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 Q1 2016/17 national quarterly performance report.
 - 1.2. Note the amendments to the 2016/17 BCF plan.
 - 1.3. Approve the Disabled Facilities Grant (DFG) proposals from the BCF Programme Board:
 - 1.3.1. that the budgets proposed by the seven district councils for mandatory and discretionary disabled facilities grants be approved.
 - 1.3.2. that the funding for the county Handyperson Adaptation Service (HPAS) be partially met from the County Better Care Fund Disabled Facilities Grant allocation. The amount of each district's contribution to be based on their percentage of the overall fund.
 - 1.3.3. that the supplementary DFG schemes outlined be approved.
 - 1.4. Approve the updated Terms of Reference for the BCF Programme Steering Group

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 Programme Board.
3. The performance update includes delivery against the six key performance indicators, the financial expenditure and savings, scheme delivery and risks to delivery for Q1 2016/17.
4. This update also includes the Q1 2016/17 national quarterly performance template submitted to the NHS England Better Care Support Team for approval by the Board.
5. Q1 2016/17 performance metrics are shown in Table 1 below.
 - 5.1. 4 indicators are on track
 - 5.2. 3 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 rating and trend
BCF1	Total non-elective admissions in to hospital (general & acute), all-age, per 100,000 population	19,743	21,457 Q1 proxy	R ↑
BCF2	Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	578.9	131 YTD	G ↓
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%	81.88% Q1	R ↓
BCF4	Delayed transfers of care (delayed days) from hospital per 100,000 population (average per month)	1,115.8 Q1	1,032 Q1	G ↓
BCF5	Percentage of users satisfied that the adaptations met their identified needs	75%	100% Q1	G ↔
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% YTD	R ↔
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%	29.6% Q1	G ↓

- Reconciliation of Q1 2016/17 spend is complete. Expenditure is broadly on target with some in year slippage. A full year underspend of approximately £770k is expected for 2016/17 on the Care Act Implementation element. This is due to underspends on staffing as not all staff were in post at the start of the year. A carry forward is requested for this amount. All other elements are anticipating full spend for 2016/17.
- 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 Programme Board. The Programme Board 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	12	Monthly monitoring of non-elective activity by BCF Finance, Planning

Risk id	Risk description	Residual score	Mitigating actions
	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.		and Performance subgroup and Programme Board (currently only for activity in Nottinghamshire CCGs). Weekly oversight by System Resilience Groups.
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 System Resilience Group 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 Q1 2016/17 national report will be submitted to NHS England on 9 September 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 via email by the BCF Programme Board. 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:

9.1. Quarter 2 - 25 November 2016 (HWB report due December 2016)

9.2. Quarter 3 - 24 February 2017 (HWB report due March 2017)

9.3. Quarter 4 - 24 May 2017 (HWB report due June 2017)

National policy update

10. Following the approval and submission of the BCF 2016/17 in April 2016, further submissions of the plan were required in June and August as part of the national calibration process. As agreed at the April 2016 Board meeting, this decision was delegated to the Corporate Director, Adult Social Care, Health and Public Protection (as Chair of the BCF Programme Board) in consultation with the Chair and Vice-Chair of the Health and Wellbeing Board. The amendments made are outlined in Table 3; there were no material changes to the submission.

Table 3: nationally proposed amendments to BCF 2016/17 plans

Change
The Non-Elective Admissions activity values have been updated following the final '16/17 Shared NHS Planning' submission.
Updated Secondary Uses Service (SUS) 15/16 Actual figures (mapped from CCG data) provided as support to the final '16/17 Shared NHS Planning' submission.
Locally reported actual Q4 15/16 Non-Elective Admissions data is now included.
Residential Admissions Planned 15/16 rate has been amended to show the rate as calculated by using the numerator and denominator shown in the table.

Population data has been updated from 2012 based projections to 2014 based projections following the publication of the 2014 based Subnational Population Projections (SNPP). This affects the Delayed Transfers of Care (DTOC) rates and Residential Admissions rates.
Actual Q4 15/16 DTOC data replaces the previous forecast figure.
SUS 15/16 FOT figures have been removed as SUS 15/16 Actual figures are now included.
Inclusion of table detailing 'Summary of BCF Expenditure from Minimum CCG Contribution'
Funding categories amended to be consistent with 2015/16 categories.

11. It is anticipated that further guidance on the BCF post March 2017 will be issued in the autumn following NHS planning guidance.

Disabled Facilities Grants

12. The report presented to the Board in April 2016 advised that the allocation for Disabled Facilities Grants (DFG) had been increased for 2016/17. The budget for 2015/16 for Nottinghamshire was £3.204m, with the 2016/17 figure increased to £5,475,413, representing an increase of some 71%. On behalf of the Board the BCF Programme Board have overseen the development of plans in line with the requirements for BCF and DFGs.

13. The BCF Programme Board recommend:

13.1. That the budgets proposed by the seven district councils for mandatory and discretionary disabled facilities grants be approved.

13.2. That the funding for the county Handyperson Adaptation Service (HPAS) be funded in part from the County Better Care Fund Disabled Facilities Grant allocation in 2016/17 and consideration be given to fully funding HPAS in 17/18 following a review (subject to the national continuation of the BCF). The amount of each district's contribution to be based on their percentage of the overall fund or as identified by the district.

13.3. That funding for schemes in each district be approved as outlined in Table 4. Full business cases have been reviewed by the BCF Finance, Planning and Performance subgroup to ensure that BCF and DFG conditions have been met. Plans for the remaining funds will be developed.

Table 4: Proposals for other DFG spend

Theme	Schemes	Value	BCF metrics / national conditions	DFG criteria	Recommendations
Community Schemes	Gedling New Pool Hoist Arnold Leisure Centre	£5000	Yes / No	No	Not recommended Doesn't clearly meet BCF national conditions. Doesn't meet DFG criteria.
	Gedling Richard Herrod Centre Accessible Toilet Upgrade Project	£5000			
	Gedling Country Park Changing Places Room	£25,000			
	Retford Changing Place Facility	£24,000			

Assistive Technology	Ashfield stove guards	£20,000	Yes	Yes	Not recommended The case for change and need is not clear.
	Ashfield Life line and other technologies	£10,000	Yes	Yes	Recommended in principle All schemes need to ensure that they link in with existing provision and demonstrate that they are doing something over and above existing provision.
	Broxtowe Assistive Solutions Home Lending scheme	£46,490			
	Rushcliffe Independent Living Assistance Scheme	£12,000			
	Newark and Sherwood Assisted Technology: Private Sector Lifeline Service	£50,000			
Warm Homes on Prescription	Ashfield	£74,256	Yes	Yes	Recommended in principle Evaluation to consider return on investment
	Newark and Sherwood	£70,000			
	Mansfield	£65,000			
Extracare housing	Gedling	£50,000	Yes	Yes	Recommended in principle Queries around the benefits to be delivered, and match funding
Relocation assistance	Ashfield	£10,000	No	Yes	Not recommended This could be funded within DFG guidance for those meeting criteria
Off plan grants	Ashfield	£55,000	No	No	Not recommended
	Mansfield	£50,000	No	No	

14.A summary of the proposed spend is shown in Table 5.

Table 5: Proposals for DFG spend

District	Budget	Mandatory DFGs	Discretionary DFGs	HPAS	Other spend	Total	Remaining Funds
Ashfield	850,782	657,069	0	24,457	84,256	765,782	85,000
Bassetlaw	917,848	750,000	110,000	26,905	-	893,858	23,990
Broxtowe	676,714	556,714	50,000	23,510	46,490	676,714	-

Gedling	820,019	615,719	100,000	25,535	50,000	791,254	28,765
Mansfield	1,126,129	650,000	325,000	27,976	75,000	1,077,976	48,153
Newark and Sherwood	858,511	500,000	175,000	30,511	120,000	820,296	33,000
Rushcliffe	520,855	408,855	70,000	30,000	12,000	512,855	
HWB Total	5,770,858	4,145,31	830,000	188,894	387,746	5,546,735	218,908

2016/17 Governance

15. Both the BCF Programme Board and the BCF Finance, Planning and Performance subgroups have reviewed and amended their Terms of Reference. The Terms of Reference for the BCF Programme Steering Group are attached as Appendix 2 for approval.

Other options

16. None.

Reasons for Recommendations

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

Statutory and Policy Implications

18. 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

19. There is in year variance on the financial plan that the HWB have approved. A full year underspend of approximately £770k is expected for 2016/17 on the Care Act Implementation element. This is due to underspends on staffing as not all staff were in post at the start of the year. A carry forward is requested for this amount. All other elements are anticipating full spend for 2016/17.

Human Resources Implications

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

Legal Implications

21. 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 Q1 2016/17 national quarterly performance report.
2. Note the amendments to the 2016/17 BCF plan.
3. Approve the Disabled Facilities Grant proposals from the BCF Programme Board:
 - 3.1. that the budgets proposed by the seven district councils for mandatory and discretionary disabled facilities grants be approved.
 - 3.2. that the funding for the county Handyperson Adaptation Service (HPAS) be partially met from the County Better Care Fund Disabled Facilities Grant allocation. The amount of each district's contribution to be based on their percentage of the overall fund.
 - 3.3. that the supplementary DFG schemes outlined be approved.
4. Approve the Terms of Reference for the BCF Programme Steering Group.

David Pearson

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

For any enquiries about this report please contact:

Joanna Cooper Better Care Fund Programme Manager

Joanna.Cooper@nottscc.gov.uk / Joanna.Cooper@mansfieldandashfieldccg.nhs.uk

0115 9773577

Constitutional Comments (SLB 10/08/2016)

22. Health and Wellbeing Board is the appropriate body to consider the content of this report.

Financial Comments (MM 26/08/2016)

23. The financial implications are contained within paragraph 19 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

Electoral Divisions and Members Affected

- All.

See Chairs report item:

- 60: Better Care Fund: updated operating guidance

Appendix 1

Q1 2016/17	
Health and Well Being Board	Nottinghamshire
completed by:	Joanna Cooper
E-Mail:	joanna.cooper@nottscc.gov.uk
Contact Number:	0115 9773577
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
--	-----

National Conditions

Condition (please refer to the detailed definition below)	Please Select ('Yes', 'No' or 'No - In Progress')	If the answer is "No" or "No - In Progress" please enter estimated date when condition will be met if not already in place (DD/MM/YYYY)	If the answer is "No" or "No - In Progress" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed:
1) Plans to be jointly agreed	Yes		
2) Maintain provision of social care services	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		
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		
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	
ii) Are you pursuing Open APIs (ie system that speak to each other)?	Yes	
iii) Are the appropriate Information Governance controls in place for information sharing in line with the revised Caldicott Principles and guidance?	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	
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	
6) Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans	Yes	
7) Agreement to invest in NHS commissioned out of hospital services, which may include a wide range of services including social care	Yes	
8) Agreement on a local target for Delayed Transfers of Care (DTOC) and develop a joint local action plan	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

Q1 2016/17 Amended Data:

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Annual Total	Total BCF pooled budget for 2016-17 (Rounded)
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	-	-	-	-	

Please comment if one of the following applies: - There is a difference between the	N/A
--	-----

planned / forecasted annual totals and the pooled fund - The Q1 actual differs from the Q1 plan and / or Q1 forecast	
---	--

Expenditure

Q1 2016/17 Amended Data:

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Annual Total	Total BCF pooled budget for 2016-17 (Rounded)
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	£14,026,504	£14,026,507	£14,026,507	£13,256,506	£55,336,024	
	Actual*	£12,467,762	-	-	-	-	
Please comment if one of the following applies: - There is a difference between the planned / forecasted annual totals and the pooled fund - The Q1 actual differs from the Q1 plan and / or Q1 forecast	Below plan due to pending internal approvals for Care Act and DFG spend.						
Commentary on progress against financial plan:	A full year underspend of approximately £770k is expected for 2016/17 on the Care Act Implementation element. This is due to underspends on staffing as not all staff were in post at the start of the year. A carry forward is requested for this amount. All other elements are anticipating full spend for 2016/17. Reconciliation complete						

National and locally defined metrics

Non-Elective Admissions	Reduction in non-elective admissions	
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 below target but improved on Q4.	

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 to meet 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.

Additional Measures

1. Proposed Measure: 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 Measure: 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	Not currently shared digitally	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 Measure: 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
---	--------------------------

Other Measures: Measures (4-5)

4. Proposed Measure: Number of Personal Health Budgets per 100,000 population

Total number of PHBs in place at the end of the quarter	49
Rate per 100,000 population	6
Number of new PHBs put in place during the quarter	10
Number of existing PHBs stopped during the quarter	1

Of all residents using PHBs at the end of the quarter, what proportion are in receipt of NHS Continuing Healthcare (%)	100%
Population (Mid 2016)	810,551

5. Proposed Measure: 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 Q1 16/17. Please also make reference to performance across any other relevant areas that are not directly reported on within this template.

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 Q1, three performance metrics are on plan, and three off plan (non-elective admissions, reablement, 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.

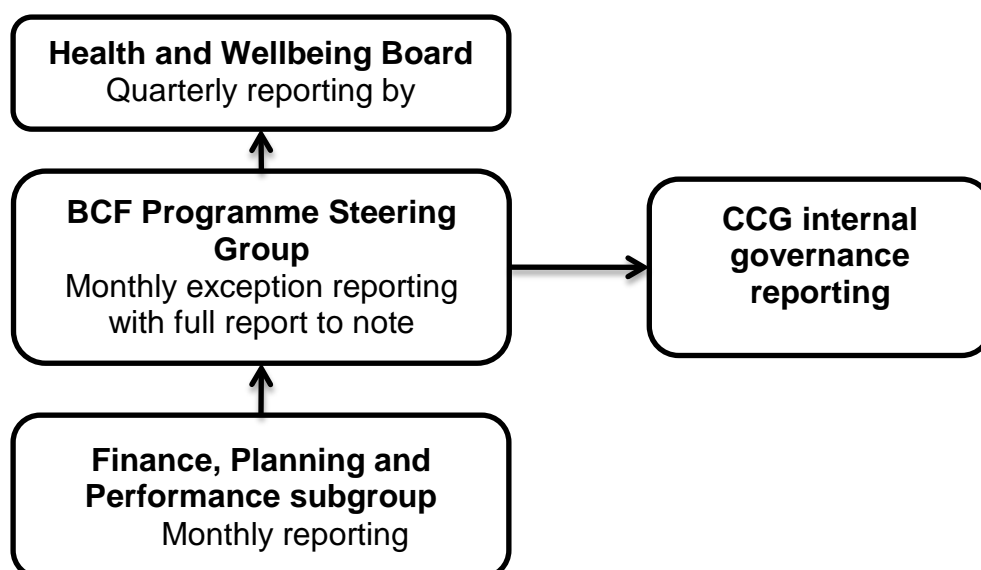
Plans for the use of funds carried over from 15/16 and use of DFG funding during 16/17 will be formally approved in Q2.

**Nottinghamshire Better Care Fund
Programme Steering Group
Terms of Reference**

1.	<p>Purpose</p> <p>The purpose of the Better Care Fund (BCF) Programme Steering Group is to provide system leadership to ensure delivery of the BCF plan to improve outcomes for the people of Nottinghamshire.</p> <p>The Programme Steering Group reports to the Health and Wellbeing Board, with the main focus being upon delivery assurance and proactive performance management of the agreed County-wide plan.</p> <p>The Programme Steering Group will also be instrumental in creating the evidence base and sharing best practice for successful integration leading to best possible outcomes for the population of Nottinghamshire within available resources.</p>
2.	<p>Responsibilities</p> <p>The principal duties of the Programme Steering Group are:</p> <p>Strategy and Planning</p> <ul style="list-style-type: none"> • In accordance with mandated planning cycles, oversee the development of the BCF plan for Nottinghamshire, achieving sign-off by all statutory commissioners and providers of health and social care, and wider local authority and local council support as appropriate for best outcomes. • Recommend the approved plan, (and subsequent amendments) to the Health and Wellbeing Board. • Identify actions required to implement amendments to the BCF plan, arising from future changes in national and local policy. Report to the Health and Wellbeing Board on the context and benefits of any such amendments, in advance of implementation. • Recommend for approval to the Health and Wellbeing Board changes to current schemes and additional schemes to be included in the BCF, having fully assessed delivery risk and providing delivery confidence assurance. • Ensure that any changes to current schemes and additional schemes have been approved through local governance processes. • Encourage integration across health and local government to achieve additional benefits to commissioning and delivery of health and social care, e.g. improved outcomes or efficiency. • Champion local planning units as appropriate, in support of Integrated Care Pioneer site status. • Ensure that there is alignment between the strategic intent of the Nottingham and Nottinghamshire, and South Yorkshire and Bassetlaw Sustainability and Transformation Plans, and the execution of the BCF. <p>Performance and finance monitoring</p> <ul style="list-style-type: none"> • Receive and scrutinise updates on delivery of the programme plan with regard to scheme delivery and outcome metrics from the Finance, Planning and Performance subgroup, escalating to the Health and Wellbeing Board outcomes that are off target together with recommendations for action at local planning unit level. • Direct and oversee the Finance, Planning and Performance sub-group to develop and operate a pooled budget and associated operating rules that delivers the agreed qualitative and quantitative outcomes of the BCF plan • Scrutinise an annual review of the pooled budget within 3 months of financial year end as per section 20.1 of the section 75 agreement. Within 20 days of the review, ensure a joint annual report documenting matters in Clause 20 of s75 relating to the operation of the agreement and provision of the services is completed.

3.	Membership
	<p>The membership of the group is:</p> <ul style="list-style-type: none"> • Corporate Director, Adult Social Care, Health and Public Protection (Chair) • Clinical Commissioning Group Clinical Lead (nominated as Vice Chair) • Service Directors, Adult Social Care and Health • Service Director, Finance and Procurement, Nottinghamshire County Council • Chief Operating Officers / Directors of Finance / Clinical Lead CCG Representatives from each of the planning units to represent all organisations within that planning unit • Strategy/Planning/Transformation Directors from NHS provider organisations • Senior Representatives from each District and Borough Council • Representative from North Midlands NHS England • Representative of the Director of Public Health • Better Care Fund Programme Manager <p>Other officers will be invited to join the meeting as required.</p> <p>Citizen representation and communications and engagement input will be through constituent organisations' business as usual and transformation programme arrangements as appropriate.</p> <p>All named leads and deputies will be of sufficient seniority to have authority to meet the responsibilities set out in section 2.</p>
4.	Reporting
	<p>The Programme Steering Group will receive a finance and performance report monthly which includes planned and actual income and expenditure of the pooled budget. A reconciliation report of the pooled budget will be received quarterly.</p> <p>The group will report to the Health and Wellbeing Board quarterly on performance, finance, scheme delivery and risks to delivery on an exception basis.</p> <p>There is an expectation that delivery against the BCF plan will be reported monthly to the appropriate forum within each commissioning organisation as determined by that organisation.</p> <p>The flow of reporting is shown in Figure 1 below.</p>
5.	Frequency
	The meeting will take place on a bi-monthly basis, with additional meetings if required.
6.	Quoracy and Attendance
	There should be one representative from each planning unit present at 100% of meetings, and if key decisions in relation to reporting to the Health and Wellbeing Board are required for expediency without full quoracy being possible at meetings, a formal process of electronic approval will be instigated allowing a minimum of 48 hours for circulation of relevant information for consideration.
7.	Authority
	Members of the group act on behalf of their constituent organisations and report to their governing forums and the Health and Wellbeing Board. Recommendations of the Programme Steering Group shall be made unanimously where feasible. Where unanimity is not reached all recommendations will reflect the differing views of the partner organisations.
8.	Chair and Deputy
	The Chair will be the Corporate Director for Adult Social Care, Health and Public Protection. The Deputy Chair will be a CCG Clinical Lead.
9.	Date of next review
	These terms of reference were agreed in July 2016 by the BCF Programme Board (now BCF Programme Steering Group) and will be reviewed on an annual basis or sooner subject to national and local policy developments in relation to the BCF.

Figure 1: reporting structure



Current membership:

Organisation	Representation
Nottingham North East CCG	Sam Walters Jonathan Bemrose Parm Panesar
Bassetlaw CCG	Phil Mettam Therese Paskell
Rushcliffe CCG	Vicky Bailey Stephen Shortt
Mansfield and Ashfield CCG / Newark and Sherwood CCG	Amanda Sullivan Sarah Bray
Nottingham West CCG	Vicky Bailey
Nottingham University Hospitals Trust	Sameedha Rick-Mahadkar
Sherwood Forest Hospitals Foundation Trust	Philip Harper
Nottinghamshire Healthcare Foundation Trust	Matt Sandford
Doncaster and Bassetlaw Hospitals Trust	David Purdue
Nottinghamshire County Council	David Pearson Chair Caroline Baria Ainsley Macdonnell Paul McKay Sue Batty Nigel Stevenson Barbara Brady
NHS England	Simon Frampton
East Midlands Ambulance Service	Paul St Clair
BCF Programme Office	Joanna Cooper
Rushcliffe Borough Council	David Mitchell
Gedling Borough Council	Sam Palmer
Mansfield District Council	Bev Smith
Broxtowe Borough Council	David Gell

Organisation	Representation
Newark and Sherwood District Council	Andy Statham
Bassetlaw District Council	David Armiger
Ashfield District Council	Craig Bonar

7 September 2016**Agenda Item: 9****REPORT OF THE CHAIR OF THE HEALTH AND WELLBEING BOARD****CHAIR'S REPORT****PURPOSE OF THE REPORT**

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

INFORMATION AND ADVICE

2. [Merger of Sherwood Forest and Nottingham University Hospitals](#)
A temporary website has been set up to inform the public about the merger of the acute trusts in Nottinghamshire. The name for the new Trust will be Nottinghamshire University Hospitals.
3. **Expanding Extra Care housing**

The Board has previously heard about Extra Care housing for people aged 65 and over. An Extra Care scheme offers people the independence of having their own bungalow or flat, along with the peace of mind of having experienced on site care staff available twenty four hours a day. As such it offers a real and cost effective alternative to long term residential care for many people and their partners.

To improve choice for older people and reduce unnecessary admissions into residential care, the Council has plans in place to create a minimum of 160 new Extra Care places across Nottinghamshire by March 2018. The Council has allocated £12.65m of capital funding and so far, 4 new Extra Care schemes have been opened, which together have created 82 new Extra Care places: St Andrews in Gedling; Bilsthorpe Bungalows in Bilsthorpe; Poppy Fields in Mansfield and Darlison Court in Ashfield.

Work continues with the Council's partners to develop additional new Extra Care. Building is currently underway on a further two new schemes; Bowbridge Rd scheme in Newark and a scheme being developed on the site of the former General Hospital site in Mansfield).

More information is available on the [internet](#) or via Rebecca Croxson: rebecca.croxson@nottsc.gov.uk T: 0115 9772189 or M: 07887 452295.

4. Sustainability and transformation plan newsletter

The second edition of the [Nottingham and Nottinghamshire Sustainability and Transformation Plan \(STP\) newsletter](#) is now available.

If you would like to be added to the mailing list for future editions please contact Joanna Cooper: joanna.cooper@nottsc.gov.uk

PROGRESS FROM PREVIOUS MEETINGS

5. [Texting Service for Young People](#)

A new texting service has been set up to help young people in Nottinghamshire access health advice. The ChatHealth text service allows young people to confidentially ask for help about a range of issues or to make an appointment with a school nurse.

6. **ASSIST Smoking Prevention in Schools Programme**

Following on from previous briefings by the ASSIST programme, the Board was keen to be kept updated on the roll out of the initiative to targeted schools in Nottinghamshire. A report was taken to the [Children's Trust Board](#) in July providing further detail on the great progress being made.

For more information or if you can help with making links with local schools contact the ASSIST Coordinator, Sarah Marlow on 0115 9773001/07342 066254 or email sarah.marlow@nottsc.gov.uk

PAPERS TO OTHER LOCAL COMMITTEES

7. [Performance update for Adult Social Care & Health](#)

Report to Adult Social Care & Health Committee
13 June 2016

8. [Update On Progression of Service Redesign Projects Within the Adult Mental Health Directorate Of Nottinghamshire Healthcare Trust](#)

Reports to Joint Health Scrutiny Committee
14 June 2016

9. [Pohwer – mental health advocacy](#)

Report to Joint Health Scrutiny Committee
14 June 2016

10. [Community safety update](#)

11. [Update on the work of the community and voluntary sector team](#)

Reports to Community Safety Committee
14 June 2016

12. [Children and young people's mental health and wellbeing transformation plan](#)

13. [Integration of educational psychology service and schools and families specialist services into the support to schools service](#)

Reports to Children & Young People's Committee
20 June 2016

14. [Selection process for social care providers to join the mid- Nottinghamshire 'Better Together' Alliance](#)
15. [Transformation programme – integration in south and north Nottinghamshire](#)
Reports to Adult Social Care & Health Committee
11 July 2016
16. [Transforming care for people with learning disabilities and/or autism spectrum disorders](#)
Report to Joint Health Scrutiny Committee
12 July 2016
17. [Update on progress with arrangements to integrate health and social care in mid- Nottinghamshire](#)
Report to Policy Committee
13 July 2016
18. [Nottinghamshire review of arrangements for special educational needs and disability - interim report](#)
Report to Children & Young People's Committee
18 July 2016
19. [Community safety update](#)
20. [Update on the work of the community and voluntary sector team](#)
Report to Community Safety Committee
19 July 2016
21. [Commissioning working together](#)
Joint Regional Overview and Scrutiny Committee
8 August 2016

A GOOD START

22. [Dream It, Try It, Live It - Healthy behaviors for young people](#)
Royal Society of Public Health in partnership with the Youth Health Movement
This campaign has been launched to challenge young people to adopt at healthy behaviours and raise awareness of health related issues at the same time. Volunteers aged 16-21 will be pushing out messages to their peers across a variety of different platforms covering topics such as sport, fitness, mental wellbeing and healthy eating.
23. [Best start in life: promoting good emotional wellbeing and mental health for children and young people](#)
Local Government Association
Tackling mental illness in children should begin before they are born, at a time when expectant mothers can suffer mental health problems, this report suggests. It says that early interactions and experiences directly affect how a child's brain develops and concludes it is vital that intervention is made at this critical stage to reduce the chances of mental illness developing in children.

24. [**The Child's Obesity Strategy: how our young people would solve the childhood obesity crisis**](#)

Royal Society of Public Health with the Youth Health Movement and Slimming World

The report shares what young people have to say about some of the ideas that the government think will help to solve the obesity epidemic, and reveal what teenagers would do if they were in charge. The young people identify a number of steps which could be taken by food manufacturers, retailers, Government and others to help tackle childhood obesity.

Additional link: [Royal College of Paediatrics and Child Health press release](#)

25. [**Childhood obesity plan**](#)

Public Health England

This document outlines the government's plan for action to reduce childhood obesity by supporting healthier choices. These include encouraging industry to cut the amount of sugar in food and drinks and supporting primary school children to eat more healthily and stay active. In relation to this report, the government has also published [Soft Drinks Industry Levy: 12 things you should know](#).

The Nottinghamshire Tackling Excess Weight Steering Group will review this document against the local strategy & implementation plans & report back.

26. [**Ad brake: primary school children's perceptions of unhealthy food advertising on TV**](#)

National Centre for Social Research and Cancer Research UK

This report calls for a change in policy on the marketing of unhealthy foods to children. It argues that more needs to be done to break the link between exposure to television advertising and consumption of unhealthy foods, which can contribute to children becoming overweight or obese and thereby increase their risk of developing future cancers if they remain overweight. This study and other evidence supports the case for a pre-watershed ban of unhealthy food television advertising in the UK.

LIVING WELL

27. [**Taking a new line on drugs**](#)

Royal Society for Public Health (RSPH) and the Faculty of Public Health (FPH)

This paper calls for a holistic public health-led approach to drugs policy rather than one reliant on the criminal justice system. Key recommendations include; transferring lead responsibility for UK illegal drugs strategy to the Department of Health, and more closely aligning this with alcohol and tobacco strategies; the provision of universal Personal, Social, Health and Economic (PSHE) education in UK schools, with evidence-based drugs education as a mandatory, key component; the creation of evidence-based drug harm profiles to supplant the existing classification system in informing drug strategy, enforcement priorities, and public health messaging; the decriminalising of personal use and possession of all illegal drugs diverting those whose use is problematic into appropriate support and treatment services instead.

28. [**Sugar and public health**](#)

Parliamentary Office of Science and Technology (POST)

This briefing summarises the health risks associated with eating a diet high in sugar and outlines the policy options that might best enable people to limit their sugar consumption.

29. **Physical Activity and Lifestyle announced as a clinical priority by the RCGP**
Royal College of General Practitioners
The RCGP has announced that physical activity and lifestyle will be a clinical priority for the next three years. The new three-year programme aims to support GPs and their teams who deal with 90% of NHS patient contacts to help manage their patient's physical health, with the aim of ultimately reducing long-term pressure on the health service.
30. **PHOENIX: public health and obesity in England - the new infrastructure examined: final report**
The PHOENIX project examined the impact of structural changes to the health and care system in England on the functioning of the public health system, and on the approaches taken to improving the public's health. This is the fifth and final report of the project and it incorporates the findings of the case study research alongside the national surveys of directors of public health and councillors who lead on public health issues.
31. **Health matters: getting every adult active every day**
This resource is for health professionals and local authorities and it focuses on the benefits of making more people physically active. It highlights the recommendations for physical activity from the UK Chief Medical Officers' guidelines as well as toolkits and campaigns which can help to promote behaviour change.
32. **Creating a culture of physical activity in Sheffield**
Public Health England
Published as part of a public health issues series. This Sheffield-wide strategy aims to make Sheffield the most active city in the UK by 2020. Currently, 30% of the population in Sheffield are inactive, doing less than 30 minutes of physical activity per week. MoveMore aims to create a meaningful improvement in the health, wellbeing and quality of life of everybody living in the city.
Additional links: [PHE Public Health Matters](#) [PHE Beat the Street case study](#)
33. **Statistics on alcohol, England, 2016**
Health and Social Care Information Centre
This statistical report presents a range of information on alcohol use and misuse drawn together from a variety of sources. It aims to present a broad picture of health issues relating to alcohol use and misuse in England and covers topics such as drinking habits and behaviours among adults (aged 16 and over) and school children (aged 11 to 15); drinking-related ill health and mortality; affordability of alcohol; alcohol-related admissions to hospital; and alcohol-related costs.
34. **Keep on caring: supporting young people from care to independence**
This cross-government strategy aims to transform support for young people leaving care. It looks at how to improve services, support and advice for care leavers. It makes recommendations for local and national government, and wider sectors of society.
35. **Use of e-cigarettes in public places and workplaces**
Public Health England has published two advice documents to inform evidence-based policy making around e-cigarettes:
- [Use of e-cigarettes in public places and workplaces: advice to inform evidence-based policy making](#) - sets out five principles to guide the development of evidence-based

policies that maximise the potential for e-cigarettes to improve public health while managing the risks

- [Report of PHE stakeholder 'conversation' on use of e-cigarettes in enclosed public places and workplaces](#) - explains how the stakeholder group was formed and the five principles in the framework came to be drafted and adopted.

Additional link: [PHE press release](#)

36. [**Use of e-cigarettes in public places and workplaces**](#)

Public Health England

This new framework helps organisations create e-cigarette policies that will support smokers to quit and stay smokefree, while managing any risks specific to their setting. It acknowledges that workplace environments vary greatly and there is no one-size-fits-all approach; a factory or warehouse is a very different setting to a nursery school, with different considerations to make. It sets out five important principles for an approach based on our current knowledge of e-cigarettes.

37. [**Local tobacco control profiles for England: August 2016 data update**](#)

Public Health England

These profiles have been designed to help local government and health services to assess the effect of tobacco use on their local populations. They will inform commissioning and planning decisions to tackle tobacco use and improve the health of local communities. This update includes smoking prevalence figures from the Annual Population Survey (APS).

38. [**Sexually transmitted infections: annual data tables**](#)

Public Health England

Latest figures show continued increases in sexually transmitted infections (STIs) among gay men and sustained high rates in young people. In 2015 there were 434,456 STIs reported in England; 54,275 of which were among gay, bisexual or other men who have sex with men, a 10% increase since 2014. Chlamydia was the most commonly diagnosed STI, accounting for 46% of diagnoses (200,288 cases), followed by genital warts (68,310 cases).

39. [**Local action to mitigate the health impacts of cars**](#)

Faculty of Public Health (FPH)

This report calls for a major shift away from cars in favour of walking, cycling and public transport (known as active travel). It provides practical advice, based on best practice, to help local authorities design towns and cities that encourage active travel. It is endorsed by the Chartered Institute of Environmental Health, Chartered Institute for Waste Management and Partnership for Active Travel, Transport and Health.

COPING WELL

40. [**Integration briefing 3: Innovation in home adaptations: a fresh chance.**](#)

Care & Repair England/Public Health England

This briefing considers how the substantial increase in national funding for home adaptations offers opportunities to improve integration and meet performance targets, particularly reducing delayed transfers of care. It explains the connections between Disabled Facilities Grant finance, this year's new Better Care Fund policy framework and the interests of public health and the NHS.

41. [**Mental Health in primary care**](#)

Mind

This report presents the current issues around providing mental health support in primary care; identifies what mental health support in primary care should provide and makes recommendations for commissioners on how to achieve better mental health support in primary care. It includes case studies from across the country highlighting schemes which have improved the lives of patients with mental health issues.

42. [**Evidencing the impact of and need for Acting Up**](#)

The Mental Health Foundation

This report looks at a programme introduced in Northern Ireland in 2011 which offers opportunities for older adults to get involved in creative activities, specifically the performing arts. This report builds on a limited but emerging evidence base regarding the impact of creative arts activities on the mental and physical wellbeing of older adults which can lead to significant improvements in memory, problem solving and physical and mental wellbeing.

43. [**Better mental health for all: A public health approach to mental health improvement**](#)
Faculty of Public Health/Mental Health Foundation

This report focuses on what can be done individually and collectively to enhance the mental health of individuals, families and communities by using a public health approach. It is intended as a resource for public health practitioners to support the development of knowledge and skills in public mental health. It presents the latter from the perspective of those working within public health, giving valuable interdisciplinary perspectives that focus on achieving health gains across the population.

44. [**Increased mental health services for those arrested**](#)

The Department of Health has announced that an extra 12 million pounds will be spent over the next two years to expand services that make mental health assessments available to those arrested. The funding will see a roll out of liaison and diversion services in police custody suites and criminal courts across England. This money will help people with mental ill health, learning disabilities or autism get the right care in the right place, supporting work between the police and the NHS.

45. [**Implementing the five year forward view for mental health.**](#)

NHS England

This report details how new funding, pledged in response to the Five Year Forward View for Mental Health, rising to £1bn a year by 2020/21 in addition to the cumulative £1.4bn already committed for children, young people and perinatal care, will be made available for CCGs year on year. It also shows how the workforce requirements will be delivered in each priority area and outlines how data, payment and other system levers will support transparency.

46. [**The missing millions: In search of the loneliest in our communities**](#)

The Housing Learning and Improvement Network (LIN)

This report has been published to support commissioners and services to identify people experiencing or at risk of loneliness in older age. Divided into three main sections, the first is aimed at commissioning teams, including those who provide research and data analysis to help inform and prioritise commissioning decisions. The second section is focused mainly at service designers and providers, and the third is targeted at helping front line workers and volunteers prepare for and engage in constructive dialogue with older people experiencing loneliness, in ways that can bring about positive change.

47. [Health & digital: reducing inequalities, improving society. An evaluation of the widening digital participation programme.](#)

Tinder Foundation

This reports on a 3 year programme aiming to help people improve their digital health. It reveals that of those involved 21% were making fewer calls or visits to their GP and 6% were making fewer trips to accident and emergency. As a result of the Widening Digital Participation programme, 59% of learners reported feeling more confident to use online tools to manage their health, 65% felt more informed and 52% said they felt less lonely, with 62% saying they felt happier as a result of social contact, an important indicator for overall wellbeing.

48. [World class stroke care is achievable: Latest quarterly Sentinel Stroke National Audit Programme results \(SSNAP\)](#)

Royal College of Physicians

This report relates to patients admitted between January and March 2016 and includes named hospital results for the entire inpatient care pathway. It highlights that twenty five stroke services scored an overall 'A' score for the quality of care they provide for patients. The report also provides commissioning level reports which give population-based results for every clinical commissioning group. It includes every CCG outcome indicator set measure and results for each key indicator of care measured on SSNAP.

49. [Improving dementia reviews: Harrogate and Rural District Clinical Commissioning Group](#)

NHS Confederation

This case study explains how the CCG and Foundation Trust worked with local GP practices to improve the system for routine dementia reviews. Reviews are now shared between the trust and GPs; patients are seen alternately by their GP and the memory clinic.

50. [Dementia Atlas / NHS Health Check Dementia Pilots](#)

Department of Health

This interactive map of England allows people to make comparisons about the quality of dementia care in their area, on issues such as prevention, diagnosis and support. This week also sees the launch of the new NHS Health Check Dementia Pilots. Public Health England is working with Alzheimer's Research UK and Alzheimer's Society to extend the dementia risk reduction component of the NHS Health Check to all 40-64-year-olds at sites in Birmingham, Bury, Manchester City and Southampton City.

Additional link: [DH press release](#)

51. [Finding Patience – the later years \(person centred dementia care\)](#)

Health Education England

This new film highlights the importance of person-centred care in enabling people in care homes to live well with dementia. It continues to follow Patience and her family, who we were introduced to in the film 'Finding Patience' as she moves into a care home. The film explores the challenges faced by staff and demonstrating what good quality person-centred care looks like.

52. [**Dementia Evidence Toolkit**](#)

London School of Economics and Political Science

This toolkit is for commissioners, care providers, people working in health and social care and people with dementia and their families. It contains a searchable database with information on over 1345 research studies on interventions for people living with dementia and their carers. It also incorporates summaries of the research findings for some of the main care and treatment interventions.

Additional link: [National Institute for Health Research press release](#)

53. [**Patient Activation Measure – 37 areas to lead rollout of tool to deliver person-centred care**](#)

People with long-term conditions in 37 areas across England will be able to access the Patient Activation Measure tool which captures the extent to which people feel engaged and confident in taking care of their health and wellbeing. Thirty seven bids have been confirmed from organisations who wish to implement the measure which will allow professionals tailor support to better meet patient needs.

54. [**Learning disabilities core skills education and training framework**](#)

Health Education England

The framework is designed to help improve the care health and social care staff deliver to people with learning disabilities. It sets out core skills and knowledge that are common and transferable across different types of service provision. It also provides guidance and standards for the delivery of training to develop required skills and knowledge, and achieve desired learning outcomes.

55. [**NICE Shared Learning: Middlesbrough affordable warmth partnership**](#)

NICE

Middlesbrough Affordable Warmth Partnership works collaboratively with several organisations to deliver a winter warmth programme of support to vulnerable people throughout the winter months. A team of delivery partners including: Cleveland Fire Service; Age UK; Volunteering Matters; Middlesbrough Council's Staying Put Agency and Middlesbrough Foodbank provide a range of support including: emergency heating; boiler repairs; benefits advice and a befriending service.

56. [**Building bridges, breaking barriers - integrated care for older people**](#)

Care Quality Commission

This report looks at how well care for older people is integrated across health and social care, as well as the impact on older people who use services and their families and carers. This review enabled the CQC to independently assess the current state of integrated care within fieldwork sites, to develop and pilot tools and methods to support future reviews of coordinated care and to inform CQC's approach to the new models of care that are emerging.

WORKING TOGETHER

57. [**New care models and prevention: an integral partnership**](#)

NHS Confederation, NHS Clinical Commissioners, NHS Providers and Local Government Association

This report presents five case studies to highlight how vanguards have sought to address the health and wellbeing gap and the impacts seen so far. It finds that a reduction in emergency admissions for the over-65s, fewer delayed transfers of care, and GPs able to

dedicate more time to frail older patients are among some of the early achievements of pioneering prevention initiatives taking root across the country.

58. **[Health and wellbeing boards explained](#)**

The Kings Fund

This briefing document examines the roles and functions of health and wellbeing boards, focusing on the role that health and wellbeing boards could play in emerging policy developments such as integrated commissioning and place-based systems of care.

59. **[Supporting integration through new roles and working across boundaries](#)**

King's Fund

Commissioned by NHS Employers and the Local Government Association, this report looks at the evidence on new roles and ways of spanning organisational workforce boundaries to deliver integrated health and social care. The report includes examples of integrated schemes from across the country.

Additional link: [Kings Fund press release](#)

60. **[Better Care Fund: updated operating guidance](#)**

NHS England

The guidance sets out the legislation underpinning the Better Care Fund, the accountability arrangements and funding, the reporting and monitoring requirements for 2016/17, and the role of the BCF support team in supporting delivery. It also outlines how progress against plans will be monitored and what the escalation process will look like.

61. **[Breaking barriers: Building a sustainable future for health and social care](#)**

This review recommends the creation of a new central government department for communities and wellbeing, which will help manage integrated budgets. The report also calls on NHS England and the Local Government Association to agree a joint framework to devolve control of primary and community services.

62. **[Supporting the development of community pharmacy practice within primary care](#)**

New NHS Alliance

This report makes several suggestions including a recommendation that directors of public health, CCG leads, GPs and community pharmacy representatives should create a local plan to support community pharmacies in delivering a consistent public health message and associated services to their catchment population.

63. **[Delayed discharges and hospital type: evidence from the English NHS](#)**

The Centre for Health Economics

This report investigates how delayed discharges vary by hospital type and the extent to which such differences can be explained by demography, casemix, the availability of long-term care and hospital governance. It finds that a greater local supply of long-term care (care home beds) is associated with fewer delays. Hospitals which are Foundation Trusts have fewer delayed discharges whereas mental health trusts have more delayed discharges than acute trusts but a smaller proportion of them are attributed to the NHS.

64. **[Stepping up to the place: integration self-assessment tool.](#)**

LGA in association with NHS Confederation, ADASS and NHS Clinical Commissioners

This tool is designed to support local health and care leaders through health and wellbeing boards to critically assess their ambitions, capabilities and capacities to integrate services to

improve the health and wellbeing of local citizens and communities. It focuses on the key elements and characteristics needed for successful integration.

65. [Department of Health strategic statement for social work with adults in England 2016—2020](#)

Department of Health

This independent report sets out what the department of health is doing and will do in the future to raise the standing and status of the social work profession, through its continuing reform programme.

66. [Local empowerment: how to achieve a sustainable health service](#)

Localis

This report recommends that local areas should negotiate health devolution deals directly with the government to empower local leaders to drive integration, transformation and financial sustainability in their local health and care economies. It argues that much more NHS funding should be raised and controlled locally with local NHS and local government leaders devolved total control of their entire local health budget. Correspondingly local areas should be increasingly free of central government control and direction, with greater local flexibilities.

67. [A healthier life for all: the case for cross-government action](#)

Health Foundation and the All-Party Parliamentary Health Group

This comprehensive, accessible collection of essays sets out the current and emerging threats to health and wellbeing and what we know about what works to address them. The collection concludes that addressing the wider determinants of health is critical to ensuring the prosperity and wellbeing of British society as well as easing pressure on the NHS. The essays support the view that a more proactive approach to tackling poor health across all policy areas is urgently needed, to help ensure individuals, families and communities can thrive.

68. [Impact of the Spending Review on health and social care First Report of Session 2016—17](#)

House of Commons Health Committee

The Committee was concerned in the shift in resources, especially from public health, health education, transformation and capital budgets, making it far more difficult to achieve the ambitions set out in the Forward View. The Committee also examined the likely impact of the spending review on social care services and the government's commitment to achieve parity of esteem for mental health

Additional links: [BBC News report](#) [NHS providers](#)

HEALTH INEQUALITIES

69. [Inequalities experienced by children across the UK accessing the right care, at the right time, in the right place](#)

Royal College of Nursing

This publication highlights how the health care inequalities experienced by children are influenced by getting the right care at the right time and in the right place. It sets out the current policy context across the UK, spotlights some key areas and concludes with recommendations on the actions needed by all governments across the UK.

GENERAL

70. [Care vanguards](#)

A GP from the Sutton CCG has published a blog on the [NHS England](#) website explaining how the work of the Sutton Home of Care vanguard, part of the national new care models programme is benefitting patients and making communication easier between clinicians.

71. [Five big issues for the NHS after the Brexit vote](#)

The King's Fund

This briefing paper examines implications for the NHS and social care services, which after the Brexit vote are now faced with a period of significant economic and political uncertainty at a time when these services are already coping with increasing operational and financial pressures.

72. [Looking into the future of health and care](#)

The King's Fund is launching a series of [short essays](#) that take a step back from the challenges currently facing the NHS to explore a range of hypothetical scenarios for the future of health and care. What if antibiotics stopped working? What if every patient in the NHS had their genome mapped? What if people owned their own health data? The aim of the series is to encourage new thinking and debate about possible future scenarios that could fundamentally change health and care.

73. [A healthier life for all: the case for cross-government action](#)

The Health Foundation and the All-Party Parliamentary Health Group

The report is a collection of essays setting out the current and emerging threats to health and wellbeing and what we know about what works to address them. The collection concludes that addressing the wider determinants of health is critical to ensuring the prosperity and wellbeing of British society as well as easing pressure on the NHS. The essays support the view that a more proactive approach to tackling poor health across all policy areas is urgently needed.

CONSULTATIONS

Other Options Considered

74. To note only

Reason/s for Recommendation/s

75. N/A

Statutory and Policy Implications

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

RECOMMENDATION/S

- 1) To note the contents of this report.

Councillor Joyce Bosnjak
Chair of Health and Wellbeing Board

For any enquiries about this report please contact:

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

Constitutional Comments

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

Financial Comments

78. There are no financial implications contained with the report.

Background Papers and Published Documents

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

None

Electoral Division(s) and Member(s) Affected

All

7 September 2016**Agenda Item: 10**

REPORT OF CORPORATE DIRECTOR, RESOURCES WORK PROGRAMME

Purpose of the Report

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

Information and Advice

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

Other Options Considered

4. None.

Reason/s for Recommendation/s

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

Statutory and Policy Implications

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

RECOMMENDATION/S

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

Jayne Francis-Ward
Corporate Director, Resources

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

Constitutional Comments (HD)

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

Financial Comments (NS)

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

Background Papers

None.

Electoral Division(s) and Member(s) Affected

All

Health and Wellbeing Board & Workshop Work Programme

	Health & Wellbeing Board (HWB)
5 October 2016	<p>Young People's Health Strategy (Kate Allen/Andy Fox) <i>update from paper to HWB Oct 2015</i></p> <p>Update on collaboration with NFRS including hoarding (Wayne Bowcock/Bryn Coleman)</p> <p><i>Update on Nottinghamshire & SYB STPs (David Pearson/Joanna Cooper/ Phil Mettam)</i></p> <p>Presentation – timeline of services for children (health and local authority) (Colin Pettigrew/Derek Higon)</p> <p>Chair's report: Update on falls pathway implementation (Gill Oliver/Frankie Cook)</p>
9 November 2016	<p>Update on merger of Sherwood Forest & Nottingham University Hospitals (Peter Homa/Peter Herring)</p> <p><i>Learning disability & autism self-assessments (Cath Cameron-Jones)TBC</i></p> <p><i>Update on Nottinghamshire & SYB STPs (David Pearson/Joanna Cooper/ Phil Mettam)</i></p> <p>Chair's report: Update on dementia framework (Gill Oliver)</p>
7 December 2016	<p>Strategic Action 2 Child Sexual Exploitation update (Steve Edwards/Terri Johnson)</p> <p>The role of community pharmacy (Nick Hunter LPC)</p> <p>Update Strategic action 7 and Priority action 18 – housing(Rob Main/Jill Finnessey) & Excess Winter Deaths among Older People in Nottinghamshire update (Joanna Cooper)</p> <p>BCF Q2 quarterly report (Joanna Cooper)</p> <p>Update on the Crisis Care Concordat (Susan March/Shelagh Cunningham)</p> <p>Chair's report: Inspire (Fiona Anderson)</p>
4 January 2017	<p>Wellbeing@Work update – tbc</p>

Health and Wellbeing Board & Workshop Work Programme

	<p>Substance misuse services (John Tomlinson//Lindsay Price/Tristan Poole)</p> <p>Update on spacial planning <i>requested at May 2016 meeting</i> (Anne Pridgeon)</p> <p>Update Bassetlaw Accountable Care & Strategic Plans (Phil Mettam)</p> <p><i>Update on Nottinghamshire & SYB STPs (David Pearson/Joanna Cooper/ Phil Mettam)</i></p> <p>Chair's report:</p>
February 2017	
March	<p><i>Update on Nottinghamshire & SYB STPs (David Pearson/Joanna Cooper/ Phil Mettam)</i></p> <p>BCF Q3 quarterly report (Joanna Cooper)</p>
April	Approval of BCF Plan for 2017/18 (Joanna Cooper)
May	<i>Update on Nottinghamshire & SYB STPs (David Pearson/Joanna Cooper/ Phil Mettam)</i>
June	<p>Tobacco Declaration Annual update (John Tomlinson)</p> <p>BCF Q4 quarterly report (Joanna Cooper)</p>
July	<i>Update on Nottinghamshire & SYB STPs (David Pearson/Joanna Cooper/ Phil Mettam)</i>