

Health and Wellbeing Board

Wednesday, 07 October 2020 at 14:00

Virtual meeting, <https://www.youtube.com/user/nottsccl>

AGENDA

- | | | |
|---|--|---------|
| 1 | Minutes of the last meeting held on 2 September 2020 | 3 - 10 |
| 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 | Chair's Report | 11 - 18 |
| 5 | COVID-19 Engagement and Communication Strategy | 19 - 26 |
| 6 | Better Care Fund Update and Retrospective Approval of the 2019-20 BCF Planning Template Submission | 27 - 50 |
| 7 | Work Programme | 51 - 62 |

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:-

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

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

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

Meeting **HEALTH AND WELLBEING BOARD**

Date **Wednesday, 2 September 2020 (commencing at 2:00 pm)**

Membership

Persons absent are marked with an 'A'

COUNTY COUNCILLORS

Tony Harper (Chair)
Joyce Bosnjak
Glynn Gilfoyle
Francis Purdue-Horan
Kevin Rostance

DISTRICT COUNCILLORS

	David Walters	-	Ashfield District Council
	Susan Shaw	-	Bassetlaw District Council
	Colin Tideswell	-	Broxtowe Borough Council
	Henry Wheeler	-	Gedling Borough Council
A	Debbie Mason	-	Rushcliffe Borough Council
	Neill Mison	-	Newark and Sherwood District Council
	Amanda Fisher	-	Mansfield District Council

OFFICERS

	Melanie Brooks	-	Corporate Director, Adult Social Care and Health
A	Colin Pettigrew	-	Corporate Director, Children and Families Services
	Jonathan Gribbin	-	Director of Public Health

CLINICAL COMMISSIONING GROUPS

David Ainsworth	NHS Nottingham and Nottinghamshire Clinical Commissioning Group
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- | | | | |
|---|-----------------------|---|--|
| | Idris Griffiths | - | NHS Bassetlaw Clinical Commissioning Group |
| A | Dr Thilan Bartolemeuz | - | NHS Nottingham and Nottinghamshire Clinical Commissioning Group |
| A | Fiona Callaghan | - | NHS Nottingham & Nottinghamshire Clinical Commissioning Group |
| | Dr Jeremy Griffiths | - | NHS Nottingham and Nottinghamshire Clinical Commissioning Group (Vice-Chair) |

LOCAL HEALTHWATCH

- | | | | |
|---|--------------|---|--|
| A | Sarah Collis | - | Healthwatch Nottingham & Nottinghamshire |
|---|--------------|---|--|

OFFICE OF THE NOTTINGHAMSHIRE POLICE AND CRIME COMMISSIONER

- | | | | |
|---|--------------|---|---|
| A | Kevin Dennis | - | Office of the Nottinghamshire Police and Crime Commissioner |
|---|--------------|---|---|

OTHER ATTENDEES

Hazel Wigginton – NHS Nottingham and Nottinghamshire Clinical Commissioning Group

Jane Laughton – Healthwatch Nottingham and Nottinghamshire

OFFICERS IN ATTENDANCE

- | | | |
|---------------|---|---|
| Edward Shaw | - | Public Health and Commissioning Manager |
| Martin Gately | - | Democratic Services Officer |

MINUTES

The minutes of the last meeting held on 24 July 2020 having been previously circulated were confirmed and signed by the Chairman.

APOLOGIES FOR ABSENCE

Dr Thilan Bartolomeuz (NHS Nottingham and Nottinghamshire Clinical Commissioning Group)

Lucy Dadge (NHS Nottingham and Nottinghamshire Clinical Commissioning Group)

Jane Laughton, Chair of Healthwatch Nottingham & Nottinghamshire substituted for Sarah Collis.

Hazel Wigginton, NHS Nottingham & Nottinghamshire Clinical Commissioning Group substituted for Fiona Callaghan.

DECLARATIONS OF INTEREST BY BOARD MEMBERS AND OFFICERS

None.

CHAIR'S REPORT

The Chairman introduced the report and highlighted the following issues: Continued outreach has taken place through the lockdown period; with over 700 people being provided with services such as food vouchers, food parcels, naloxone kits and safe storage boxes. Online alcohol 'identification & brief advice' training has been delivered to over 300 professionals from a range of services and organisations, including GP surgeries and Nottinghamshire Fire & Rescue Service.

In relation to paragraph 4 regarding the Mid-Nottinghamshire Integrated Care Partnership social prescribing link workers, Dr Jeremy Griffiths pointed out that the use of the term 'chaotic lives' was pejorative, and he hoped not to see that sort of terminology in future reports. Dr Griffiths also commented that the lockdown has seen a large upsurge in mental health problems. Dr Griffiths ~~also~~ asked that the suicide prevention guidance referenced at paragraphs 14 and 15 be shared widely with partners. **Dr Griffiths also noted the weekly COVID-19 surveillance report for Nottinghamshire has proven very useful.**

In response to questions from Councillor Shaw regarding whether all social prescribing was now back up and running; and the funding for mental health support in schools, Mr Gribbin indicated that support would be rolled out across the county, including Bassetlaw. **It was agreed that further information on Mental Health Support Teams in schools, including their implementation across Nottinghamshire, would be forwarded to Board members.** In relation to social prescribing Hazel Wigginton indicated that a task and finish group was being set up to look at how to move existing mental health support workers into social prescribing teams.

Councillor Gilfoyle requested that an 'end of term' report from Change Grow Live be placed on a future agenda. Jonathan Gribbin and the Chairman indicated that it might be necessary for the report to go to Adult Social Care and Public Health Committee first before being received by the Board.

Further to points raised by Councillor Fisher, the Chairman agreed that Board Members should be making every effort to promote flu vaccinations.

RESOLVED: 2020/018

That the following actions were identified:

- 1) Share suicide prevention guidance widely with partners.
- 2) Change Grow Live 'end of term report' to be received at a future meeting of the Board.

LOCAL OUTBREAK CONTROL: LEARNING AND NEXT STEPS

Jonathan Gribbin, Director of Public Health emphasised the strenuous efforts taking place for recovery and getting back to business as usual, and indicated that the work to address health inequalities that had been put on hold during lockdown had now restarted.

Mr Gribbin conveyed details from the Weekly COVID-19 Surveillance Report in Nottinghamshire, including the slow but steady growth of cases through July and August, with an increase in those of working age being affected – although hospitalisations are low. However, the rate in Newark and Sherwood has significantly reduced over the last few weeks from 30 per 100,00 to just 6 per 100,000. This is a reflection of the hard work and discipline shown by many residents.

The local outbreak control plan is a collective endeavour by most of the organisations represented on the Health and Wellbeing Board. The Outbreak Control Cell meets daily to review information about new cases and soft intelligence from around the county e.g. from Environmental Health Officers; and where the data indicates further investigation is required an Incident Management Team is deployed.

Mr Gribbin also informed Board Members of the learning from the Local Resilience Forum outbreak control exercise, which enabled parts of the plan which required further strengthening to be identified. The benefits of having an Environmental Health Officer embedded in the Outbreak Control Cell were emphasized. In addition, Board Members heard that the Local Resilience Forums had recently received information about 'reasonable worst-case scenarios' – this is not a prediction, but rather a scenario against which we should be testing our plans.

Councillor Mison identified public communication as a key issue, particularly in terms of combatting misinformation on social media. Mr Gribbin asked for Health and Wellbeing Board partners to ensure that positive messages were disseminated across a diverse range of media.

Dr Jeremy Griffiths raised the issue of late presentation of conditions due to much reduced attendances at primary care during the first wave of the pandemic, and also queried how health messages were being delivered to young working people. Dr Griffiths raised concerns about increased levels of flu and did not rule out the possibility of a flu pandemic.

Mr Gribbin commented that the modest current number of cases within the county were people of working age and this group were not especially vulnerable. In relation to flu vaccinations, the County Council is currently working on two fronts – working hard to see a year on year increase on the number of frontline workers who take up the opportunity of a flu vaccination, as well as a public promotion of the flu vaccine via street banners / lamp posts etc which will complement the work of the NHS.

Mr Gribbin recommended that Board Members prompt their communications colleagues, and provide sufficient resources, to allow them to develop innovative means of communication.

In response to Dr Griffiths comments regarding reduction in levels of direct face to face social care contact, Melanie Brooks, Corporate Director for Adult Social Care & Health, indicated that social care had not stopped visiting people at home, but there were a range of measures across various organisations, and policies to keep people and employees safe had been implemented. However, visiting to care homes has been restricted, though if there is a safeguarding issue, social care staff would continue to visit. Referrals to the safeguarding hub dropped during the earlier part of lockdown, but recovered during June, followed by an increase in demand never previously seen. Statutory services have been business as usual from the start, but other services e.g. involving group work and trips out, have diminished or been discontinued. It is also an absolute priority to promote flu vaccination to social care staff.

Councillor Colin Tideswell raised the issue of the large number of 'houses of multiple occupation' – east of Beeston and close to the University. Mr Gribbin agreed that such homes were a setting where we needed to be particularly vigilant. Houses of multiple occupation were also identified as a factor linked to rises in COVID-19 cases in both Newark and Bassetlaw. An incident management plan, linked to the COVID-19 Outbreak Control Plan, has been developed which specifically focusses on universities.

Councillor Joyce Bosnjak raised the issues of an individual who was diagnosed with COVID-19 four days before she died, but the death certificate listed frailty and old age as the cause of death; as well as concerns about proper communication between local and national level during local lockdown measures.

Mr Gribbin responded that there was a focus on avoiding the need for local lockdown, whether determined locally or nationally. Powers rest with the Secretary of State to instigate a local lockdown where local authorities have been too slow, and to rescind one where a local authority has gone too far.

Councillor Sue Shaw queried communications issues in relation to access to General Practitioners, particularly with regard to getting back to business as usual. There is also a need to use social media to deliver clear messages e.g. around testing stations. Jonathan Gribbin agreed that with regard to testing it was very important to get the information right first time. Idris Griffiths emphasised that while GPs are open for business, a lot of consultations are not face to face, although such a big change will take the population a long time to get used to.

Jane Laughton, Healthwatch, made reference to Healthwatch's April survey of people who are classed as vulnerable. The concern was that people were not getting the information they needed, particularly for the over 70s, many of whom did not understand whether they were at risk or not. Communications teams need to consider how they can better reach vulnerable groups.

Councillor Henry Wheeler raised the issue of vulnerable members of staff in schools, particularly in relation to them receiving the flu vaccine, and also mentioned concerns relating to safeguarding (particularly young people who have been exposed to domestic violence and drug dealing during lockdown), and the resulting increase in referrals e.g. to hospital.

Mr Gribbin responded that many vulnerable groups would be eligible for a free flu vaccination. Public Health is also increasing funding in areas which would assist children who have had adverse experiences. The Chairman asked for Colin Pettigrew, Corporate Director for Children and Families to provide a written response in relation to the issues raised by Councillor Wheeler.

RESOLVED: 2020/019

That:

- 1) Health and Wellbeing Board Members liaise with their communications teams in order to develop innovative means of communication for information relating to COVID-19 and the 2020 flu vaccination programme, and endeavour to provide them with the resources they need to do this. This includes the use of social media, but also other methods of communicating with people who may be hard to reach through digital means.
- 2) Health and Wellbeing Board members check that their organisation's business continuity plans and processes are robust, especially for services which may be involved in responding to local outbreaks

WORK PROGRAMME

The Chairman indicated that a Better Care Fund update for Quarter 4 would be provided at the next meeting.

Ed Shaw, Public Health Commissioning Manager explained that the 7 October meeting of the Board would be a full meeting of the Board rather than a workshop. The next workshop would be on 2 December.

Dr Griffiths requested feedback from the Director of Public Health on the replacement of Public Health England with the National Institute for Health Protection, and implications for the work programme.

Councillor Bosnjak requested the inclusion of an item on the impact of people delaying their access to primary care due to COVID-19.

RESOLVED: 2020/020

That:

- 1) The Board note that its work programme is currently under review.

The meeting closed at 15:55

CHAIR



REPORT OF THE CHAIR OF THE HEALTH & WELLBEING BOARD

CHAIR'S REPORT

Purpose of the Report

1. An update by Councillor Tony Harper on local and national issues for consideration by Health & Wellbeing Board members to determine implications for Board matters.

Information

[Flu vaccination campaign 2020](#)

2. The 2020 NHS flu vaccination campaign is now underway. According to Professor Chris Whitty, the chief medical adviser *"This winter more than ever, with COVID-19 still circulating, we need to help reduce all avoidable risks. Vaccinating more people will help reduce flu transmission and stop people becoming ill."*
3. It will also help to protect the NHS and care services while the country may be vulnerable to a second wave of COVID-19. More information about the NHS flu programme, including the extended eligibility groups for 2020-21, is available [online](#).

[New package to support and enforce self-isolation](#)

4. On 20 September, the Government announced a package to support and enforce self-isolation. From 28 September, people will be required by law to self-isolate when instructed by NHS Test & Trace. Those on lower incomes who cannot work from home and have lost income as a result will be supported by a payment of £500.
5. New fines for breaching self-isolation rules will start at £1,000 (in line with the penalty for breaking quarantine after international travel) but could increase to up to £10,000 for repeat offences and the most egregious breaches.

[Adult Social Care: Coronavirus Winter Plan 2020-21](#)

6. On 18 September, the Government published the Adult Social Care Coronavirus Winter Plan. This outlines the Government's ambitions for the sector and the challenges facing adult social care this winter. The plan includes key actions for national bodies (e.g. the Department of

Health & Social Care), local systems (e.g. local authorities, NHS England) and adult social care providers.

7. The plan covers four themes, including preventing and controlling the spread of infection in care settings; collaboration across health and care services; supporting people who receive social care, the workforce, and carers; and supporting the system.
8. To outline the expectations of local authorities in relation to the plan, the Minister for Care wrote to local authorities on 18 September. Key announcements within this [letter](#) include:
 - A £546m Infection Control Fund, to help with the extra costs of infection prevention and control measures, including the payment of care workers who are self-isolating in line with government guidelines.
 - Free Personal Protective Equipment for all adult social care providers and care workers until March 2021.
 - Care providers must stop all but essential movement of staff between care homes.
 - Further steps to reduce the risks of visiting in care homes (although visits are important for wellbeing, extra precautions will be needed including supervision of visitors to ensure social distancing and infection prevention and control measures are adhered to).
 - Designated 'areas of intervention' must not allow visiting except in exceptional circumstances such as end-of-life care.
 - Appointment of a Chief Nurse for Adult Social Care to provide leadership to the social care nursing workforce.
 - A new dashboard to monitor care home infections.

[Social Care Sector COVID-19 Support Taskforce report](#)

9. In response to COVID-19, a taskforce for the social care sector was commissioned, beginning its work on 15 June and completing its work at the end of August.
10. On 18 September, the Government published the final report of the taskforce. The report summarises the progress and learning from the first phase of the COVID-19 pandemic. It also includes recommendations to Government and the social care sector on the following themes:
 - Personal Protective Equipment
 - Testing
 - Flu vaccination
 - Workforce and family carers
 - Funding
 - Evidence and guidance
 - Communications
 - Clinical support
 - Movement of people between care and health settings
 - Inspection and regulation
 - Capacity, expertise and information
 - Use of data and digital
 - National, regional and local structures
 - Care home support plan
 - Adult social care action plan
 - Managing community outbreaks and the response of social care
 - Key themes emerging from the Taskforce advisory groups
 - Planning for the next phase of the pandemic.
11. A number of recommendations from specific advisory groups have also been considered. These include Black, Asian & Minority Ethnic (BAME) communities; carers; guidance, good

practice and innovation; mental health & wellbeing; old people and people affected by dementia; people with learning disabilities and autistic people; self-directed support; and the social care workforce.

First contact practitioners: physiotherapists supporting patients in primary care

12. A team of physiotherapists have been employed to work in Primary Care Networks. With one in four GP appointments used for issues relating to musculo-skeletal problems such as back pain, GP reception staff will now be able to direct patients to a physiotherapist with additional training to assess common presentations in the same way a GP might.
13. The introduction of new roles to support general practice in managing demands on workload and tackling the rising complexity and diversity of issues is part of a national drive. Other roles already in place include clinical pharmacists and social prescribing link workers.

Acute home visiting service wins national award

14. The acute home visiting service in Mid Nottinghamshire has won a Health Service Journal Award for its excellent service. The service provides early home visits to people who are housebound or too sick to travel to an appointment. Getting to patients earlier in the day means diagnosis and treatment can be started earlier, reducing the risk of deterioration. It also allows system partners to respond to requests such as equipment or home monitoring, which contributes to reduced hospital admissions. The service won the award as it showed benefits to patients, reduced pressure on GP practices for early home visits and hospital avoidance savings.

[Get Active Bassetlaw](#)

15. The Get Active Bassetlaw webpage includes a wallchart of activities for people with disabilities and long-term conditions, case studies from local people about how their physical and mental health has improved, and a range of sources to support.

Improving the early years food environment as part of the childhood obesity trailblazer programme

16. In 2019, Public Health England, the Local Government Association, and the Department of Health & Social Care invited local authorities in England to apply to become 'trailblazers', to lead innovative local actions and test existing powers to improve one or more risk factors for childhood obesity. The programme aims to share learning and best practice through a national network.
17. Nottinghamshire County Council are one of the five local authorities nationally to be selected as part of the programme. The approach in Nottinghamshire focuses on the food environment in the early years sector for children under the age of five, with an emphasis on areas with higher levels of obesity (this will initially include parts of Bassetlaw and Mansfield, but subsequently Ashfield and Newark & Sherwood).
18. The focus of the work is on making access to affordable healthy food easier, improving the quality of food provision through early years settings, and enabling parent / carers to develop good eating habits with their children.

19. As a consequence of COVID-19, the national programme and local project were paused for three months. Various workstreams have been affected, meaning the project is effectively six to eight months behind its planned progress.
20. The project has adapted to the pandemic in terms of its operational approach and in ensuring that the objectives support what communities require. Work is taking place with the Local Government Association to ensure these changes are fed into the national programme.
21. Progress has been made in a number of areas, including:
- Nutritional guidance for early years settings has been incorporated into menus and recipes from Nottinghamshire County Council's school meals service and development of a recipe bag concept is underway. The school meals supply chain will be utilised so that families can enjoy school meals at home using the same ingredients and recipes that are simple to follow.
 - 262 Early Years providers (e.g. nurseries & pre-schools) have been engaged in assessing what support they would like to improve their food offer for children. This engagement with the sector will continue through the development of a Community of Practice to help work across settings with a focus on healthy eating and food provision.
 - Two working groups have been established in the Children's Centres where initial work is focussed (i.e. Ravensdale in Mansfield, and Harworth in Bassetlaw). Engagement is taking place with local stakeholders and the community to refine and prototype food-based interventions in a co-productive way.
 - Work is underway to raise awareness of the national Healthy Start scheme which enables pregnant women and families on certain benefits to obtain vouchers for healthy foods and vitamins. A baseline for Healthy Start has been established in each district. Awareness raising of the scheme has taken place across all district / borough councils, primarily through establishing links with district / borough council health & wellbeing officers / partnerships.
22. Increased partnership working is taking place across a range of departments within Nottinghamshire County Council who form part of the project team. Next steps include:
- Further development of a 'FOOD Club' model with Family Action. The clubs utilise FareShare to redistribute excess food from wholesalers which would otherwise go to landfill. This enables families to access healthier food through existing community assets (e.g. Children's Centres in Mansfield and Harworth).
 - Working with the Soil Association to offer a Food for Life award with six early years providers so that settings have access to specialist nutritional support to raise standards of food provision and practitioner knowledge.
 - Implementing a Healthy Start promotional campaign, reflecting changes to the scheme at a national level. This will continue to increase awareness of Healthy Start and embed it within key services (e.g. maternity services, healthy family teams, children's centre services, early years settings such as nurseries and childminders).
 - Testing the school meals supply chain with three different early years settings and the recipe bag concept.
 - Deploying specialist early years nutrition e-learning to frontline practitioners across the early years sector to provide families with consistent healthy eating messages.

[World Alzheimer's Day \(21 September 2020\)](#)

23. World Alzheimer's Day is an international campaign to raise awareness and highlight issues faced by people affected by dementia. It provides an opportunity for people and organisations to demonstrate measures to help people live well with dementia. This year, the focus is on talking about dementia and encouraging people to become Dementia Friends.

[Coronavirus and renting: guidance for landlords, tenants and local authorities](#)

24. On 21 September, the Government updated the non-statutory guidance for landlords, tenants and councils in the private and social rented sectors in the context of COVID-19. The guidance for landlords and tenants, and technical guidance on eviction notices, have been updated to reflect new regulations for the possession action process.

[Local action on health inequalities: evidence reviews and briefing papers](#)

25. Public Health England have published papers to show evidence for interventions on social issues that lead to poor health, including ways to deal with health inequalities. They include examples from local areas showing interventions that have been used to improve health and wellbeing. The series includes eight evidence reviews and 14 briefing papers:

- Good quality parenting programmes and the home to school transition
- Building children and young people's resilience in schools
- Reducing the number of young people not in employment, education or training
- Adult learning services
- Increasing employment opportunities and improving workplace health
- Health inequalities and the living wage
- Fuel poverty and cold home-related health problems
- Improving access to green spaces
- Understanding the economics of investments in the social determinants of health
- Lessons from experience.

26. The National Conversation on Health Inequalities explains how local authorities can raise awareness about the need for health equity within their communities. Further information is available [online](#).

[Social care and obesity \(Local Government Association\)](#)

27. An area that places high demands on social care and exerts significant pressures on costs and resources is obesity, yet it can be overlooked. Focus to date has centred on obesity-related costs and pressures on the NHS, rather than on social care. This report is a follow up to 'Social care and obesity: a discussion paper' produced by the Local Government Association in 2013.

28. The report captures discussions held with social care and health professionals from various local authorities. It argues that by supporting healthy weight management through prevention, early intervention, and provision of appropriate social care, it is possible to improve people's health and wellbeing, pre-empt future health and social care issues, promote independence, and reduce the pressures on social care and the NHS.

[The whole society approach: making a giant leap on childhood health \(Institute for Public Policy Research\)](#)

29. This report considers the Government's obesity strategy announcement in July 2020 and how it could be used to address growing levels of health risk faced by children. The report outlines a 'whole society' approach to expand ambition from obesity to all health issues; tackle the link between childhood health and issues such as marginalisation, poverty and deprivation.

[Our place: Local authorities and the public's mental health \(Centre for Mental Health\)](#)

30. This report argues that people's mental wellbeing will play a crucial role in every aspect of recovery (including schools reopening, workers returning from furlough, and people who have been shielding) and planning for possible further spikes in infections.

[A research paper: Suicide prevention in Gypsy and Traveller communities in England \(Friends Families and Travellers\)](#)

31. This report outlines the findings of research on suicide inequalities within Gypsy and Traveller communities. The paper finds that only 5 out of 79 local suicide prevention plans in England mention Gypsy & Traveller communities, despite the fact that members of Gypsy and Traveller communities are six to seven times more likely than the general population to die by suicide.

[Hear us: the experiences of refugee and asylum-seeking women during the pandemic \(Sisters not Strangers\)](#)

32. A coalition of eight organisations surveyed more than 100 asylum-seeking women from England and Wales to hear their reflections of the COVID-19 pandemic. The survey was completed by women seeking and refused asylum, and those with leave to remain. These responses were supplemented by a survey of staff and volunteers who have been supporting asylum-seeking women since the pandemic.

Papers to other local committees

33. [Nottinghamshire Special Education Needs and Disabilities Policy](#)
Policy Committee
30 September 2020

34. [COVID-19 Situational Update](#)
COVID 19 Resilience, Recovery & Renewal Committee
15 September 2020

35. [Update report on Nottinghamshire County Council's Response to COVID-19](#)
COVID 19 Resilience, Recovery & Renewal Committee
15 September 2020

36. [Update on COVID-19 Recovery and Resilience](#)
COVID 19 Resilience, Recovery & Renewal Committee
15 September 2020

37. [COVID-19 Crisis Economic Recovery Action Plan: 2020-22](#)
COVID 19 Resilience, Recovery & Renewal Committee

15 September 2020

- 38. [Implementation of the Health Protection \(Coronavirus Restrictions \(England\) \(No 3\) Regulations 2020](#)
Adult Social Care & Public Health Committee
14 September 2020
- 39. [Local Authority Test & Trace Grant Resource Plan](#)
Adult Social Care & Public Health Committee
14 September 2020
- 40. [Public Health - Children's Integrated Commissioning Hub Staffing](#)
Adult Social Care & Public Health Committee
14 September 2020
- 41. [Adult Social Care & Public Health Recovery Plan in Response to the Coronavirus Pandemic](#)
Adult Social Care & Public Health Committee
14 September 2020
- 42. [COVID-19 Response Briefing](#)
Health Scrutiny Committee
7 July 2020

Integrated Care Systems / Integrated Care Partnerships

- 43. [Board papers](#)
Nottingham & Nottinghamshire Integrated Care System
17 September 2020

Other Options Considered

- 44. None

Reasons for Recommendation

- 45. To identify potential opportunities to improve health and wellbeing in Nottinghamshire.

Statutory and Policy Implications

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

Financial Implications

- 47. There are no financial implications arising from this report.

RECOMMENDATION

- 1) To consider whether there are any actions required by the Health & Wellbeing Board in relation to the issues raised.

Councillor Tony Harper
Chairman of the Health & Wellbeing Board
Nottinghamshire County Council

For any enquiries about this report please contact:

Edward Shaw
Public Health & Commissioning Manager | Nottinghamshire County Council
Telephone: 0115 977 4095 | Email: edward.shaw@nottscc.gov.uk

Constitutional Comments (SS 28/09/20)

48. The Health & Wellbeing Board is the appropriate body to consider the content of the report. If Committee resolve that actions are required it should ensure that such actions are within its terms of reference.

Financial Comments (DG 28/09/20)

49. There are no direct financial implications within this report.

Background Papers and Published Documents

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

- None

Electoral Division(s) and Member(s) Affected

- All

REPORT OF THE GROUP MANAGER: COMMUNICATIONS & MARKETING

COVID-19 ENGAGEMENT & COMMUNICATION STRATEGY

Purpose of the Report

1. To identify actions that member organisations of the Health & Wellbeing Board can take to strengthen communications in relation to COVID-19.

Information

2. The COVID-19 Engagement & Communication Strategy was approved by the Nottinghamshire County COVID-19 Outbreak Control Engagement Board on 28 July 2020.
3. It provides a framework for activity using the OASIS model (i.e. Objectives, Audience insight, Strategy, Implementation, Scoring) for campaign planning. This is designed to ensure that all government communications are effective, efficient and evaluated.
4. The strategy summarises the engagement and communications approach within Nottinghamshire for COVID-19. It has been developed in conjunction with multi-agency partners in an approach similar to the development of the Local Outbreak Control Plan.
5. Objectives of the strategy include:
 - Providing public confidence and reassurance through relevant, timely, accurate and accessible information, and promoting a sense of shared responsibility to prevent a local outbreak
 - Increasing awareness among local people, decision makers and stakeholders about how to receive the services and support they need in Nottinghamshire, including the NHS Test & Trace service
 - Informing and explaining to residents what they need to do to help prevent a local outbreak; in the event of a local outbreak what response they can expect from their local authority and partners; and what action they must take to respond to and mitigate the spread of infection.
6. Audiences include the general public, high-risk groups, key stakeholders and a variety of other sectors.

7. Nottinghamshire County Council will continue to work closely with partner organisations to co-ordinate activity and ensure consistent and timely communications. This intends to help prevent outbreaks and make it clear to people what they need to do when outbreaks arise.
8. Regular monitoring and evaluation will take place to review the effectiveness of the strategy. This will include learning from other local authorities and Public Health England, particularly in relation to the 'Respond' elements of the campaign.
9. A copy of the COVID-19 Engagement & Communication Strategy is included in Appendix 1.

Other Options Considered

10. None.

Reason/s for Recommendations

11. Member organisations of the Health & Wellbeing Board have an important role in communicating with the public in regard to COVID-19. Local authorities are category one responders under the Civil Contingencies Act 2004; this includes a duty to warn and inform the public about emergencies.

Statutory and Policy Implications

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

Financial Implications

13. None.

RECOMMENDATIONS

- 1) To identify actions that member organisations of the Health & Wellbeing Board can take to strengthen communications in relation to COVID-19.

Luke Barratt
Group Manager: Communications & Marketing
Nottinghamshire County Council

For any enquiries about this report please contact:

Luke Barrett
Group Manager: Communications & Marketing
Nottinghamshire County Council
Email: luke.barrett@nottscc.gov.uk

Constitutional Comments (SS 28/09/20)

14. This report falls within the remit of Health & Wellbeing Board by virtue of its terms of reference.

Financial Comments (DG 28/09/20)

15. There are no direct financial implications arising from this report.

Background Papers and Published Documents

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

- [Health & Wellbeing Board Report: COVID-19 Local Outbreak Control Plan](#) (24 July 2020)
- [Nottinghamshire County Local Outbreak Control Plan](#) (June 2020)
- [Nottinghamshire County COVID-19 Weekly Surveillance Reports](#) (July – September 2020)
- [COVID-19 contain framework](#) (17 July 2020)

Electoral Division(s) and Member(s) Affected

- All

COVID-19 LOCAL OUTBREAK CONTROL PLAN ENGAGEMENT & COMMUNICATION STRATEGY (SEPTEMBER 2020)

During the COVID-19 crisis, it has been essential that local authorities clearly communicate the impacts of the pandemic locally, provide frequent updates on the support and help available, and disseminate preventative messages and guidance to stop the spread. This applies to response and recovery communications.

On 22 May 2020, the Government announced that, as part of its national strategy to reduce infection from COVID-19, it would expect every area in England to create a Local Outbreak Control Plan (LOCP). The Local Outbreak Control Plan for Nottinghamshire, led by the Director of Public Health, was delivered by 30 June 2020.

The Local Outbreak Control Plan has been developed to ensure a 'whole place' approach, enabling agencies in Nottinghamshire to prevent, manage, reduce and suppress outbreaks of COVID-19 infection across the local area, with communities and settings working closely together.

This document sets out the strategic engagement and communications approach for Nottinghamshire. It is co-ordinated with the NHS and Local Resilience Forum partners, and designed to serve residents across the whole county. It also informs the Incident Management Plans in relation to specific areas, communities or settings affected by a local outbreak.

Communications activity will be informed by:

- The data
- Intelligence gathered from communities and notably the respective local authority including district / borough councils and other groups that are well connected, particularly for the areas impacted by an outbreak
- Guidance or instruction as set out by Government departments
- Direction from the COVID-19 Health Protection Board and COVID-19 Outbreak Control Engagement Board.

1. What is the objective?

Business objective

- To help prevent and / or contain local outbreaks.

Communication objectives

- Provide public confidence and reassurance through relevant, timely, accurate and accessible information and promote a sense of shared responsibility to prevent a local outbreak
- Increase awareness among local people / decision makers and stakeholders about how to receive services and the support they need, including test & trace, in Nottinghamshire
- Inform and explain to residents what they need to do to help prevent a local outbreak; in the event of a local outbreak what response they can expect from their local authority and partners; and what action they must take to respond to and mitigate the spread of infection.

Behaviour change objectives

Build trust, participation, consent and co-operation so that residents:

- Follow Government advice and support (e.g. social distancing, hand hygiene, wearing a mask / face covering)
- Recognise the main symptoms of coronavirus, stay at home (self-isolate) and get a test within 1-3 days of symptoms
- Follow the Hands, Face, Space principles and the Rule of Six
- Stay at home and self-isolate for 14 days if a test is positive
- Engage and co-operate with the NHS Test & Trace service.

2. What is the strategy and messaging?

The strategic communication and engagement plan offers a framework for activity using the OASIS Model (objectives, audience insight, strategy, implementation, scoring / evaluation).

The communications lead role will work closely with partner organisations and other agencies to co-ordinate activity and ensure consistent and timely communications to help **prevent** an outbreak; **explain** the plans in place including roles and responsibilities; and **respond** quickly and effectively in an outbreak—making it clear what people need to do. The Director of Public Health will be the lead spokesperson.

Prevent	Explain	Respond
<p>Amplify the national messages with a local focus, providing information and messaging to the public to promote awareness and adherence to the guidance and encourage the behaviours which will help to prevent and reduce / stop the spread of COVID-19.</p> <p>Use of established channels and a media strategy will focus on working with the local media and applying more bespoke methods using community based relationships to reach high-risk groups and those communities where English is not the first language, or where there may be issues around access / trust / low contact with public services.</p> <p>Stay at home social distancing wear a mask / face covering wash hands for 20 seconds self-isolate get tested</p>	<p>Engagement and communications activity will be developed through ongoing stakeholder engagement with all parts of the governance structure, and operational / delivery structure. This will include local communities, Councillors, faith groups, and the community & voluntary sector to explain and help everyone understand:</p> <ul style="list-style-type: none">• What people need to do, and why, to prevent a local outbreak• What data is available and what it means• How we might announce sporadic cases, a cluster of cases, a surge which may lead to an outbreak, or an outbreak which may become a major incident• Media management – local first!	<p>Messages will be issued quickly, accurately and efficiently in the event of a local outbreak.</p> <p>A media strategy and communication plans pertinent to individual incident management plans (settings, communities, geographies) will be prepared.</p> <p>The communications response will be flexible and tailored depending on the type and location / setting of the outbreak.</p> <p>Channels and messaging will be adapted to the audience, with a particular focus on ensuring high-risk, vulnerable and diverse communities are communicated with using bespoke methods.</p> <p>Statements will be led by the Director of Public Health and made available quickly to the local media.</p>

Messaging will be built on the concept of a social contract: **‘People protecting people’**. It will **encourage** the need for personal responsibility, strong emotional connection and desired behaviours; and **raise awareness** of testing, symptoms and self-isolation.

Behaviours	Get tested if you have	Contact tracing
<ul style="list-style-type: none"> • Social distancing guidelines • Washing hands regularly for 20 seconds • Wearing a face covering in public / enclosed spaces • Contact tracing – if you are told you have been in close contact with someone who has tested positive, you must isolate for 14 days to protect others. 	<ul style="list-style-type: none"> • Cough • Temperature • Loss / change in smell or taste 	<ul style="list-style-type: none"> • Why give your contacts? • What do I have to do if contacted? • Why is self-isolation important? • Support available • How to spot scams
	Testing <ul style="list-style-type: none"> • Why get tested? • Who can get tested? • How and where to get a test? • What is a test like? 	

Source: HM Government local communications planning guide (29 June 2020)

3. Audience and Channels

Audience	Channels and tools
<p>General public:</p> <ul style="list-style-type: none"> • All residents, workers and visitors (settings) in Nottinghamshire <p>High risk groups:</p> <ul style="list-style-type: none"> • Black, Asian & Minority Ethnic • Single mothers with children • 65+ year olds • 18-64 year-old workers • Clinically vulnerable • Gender <p>Key stakeholders:</p> <ul style="list-style-type: none"> • MPs, Leaders, Councillors • Faith or community leaders / influencers • Media • COVID-19 Health Protection Board • COVID-19 Outbreak Control Engagement Board (Incident Management Teams) • Government departments <p>Other sectors:</p> <ul style="list-style-type: none"> • Business • Health sector • Justice organisations • Education sector • NHS 	<ul style="list-style-type: none"> • Business owners / networks • Care Homes / networks • Clinical settings / hospitals / NHS assets • Community networks • Education providers • Faith networks • GPs bulletin • LEPs and local business networks • LA websites / social / other channels • Local Leaders, MPs, Councillors • Local media • Pharmacies networks • Police • Political networks • Trade bodies • Unions • Voluntary Groups (NCVS and others) • Notts Help Yourself website • Partnerships (including the Comms Cell) <p>Briefings webinars emails e-bulletins Interviews digital social content web intranet press releases and / or weekly media briefings Q&As Texts Videos of Director of Public Health / community influencers door knocking print signage out of home stakeholder letters radio</p>

4. What are the risks and mitigations?

Risk	Mitigation
Insufficient capacity and budget to support effective, efficient, timely and co-ordinated communications	Ensure dedicated communications resources and an expenditure budget to support the implementation of engagement and communications activity as set out in the overall Local Outbreak Control Plan communications plan. Draw on the Local Resilience Forum Communications Cell if required.
Engagement levels with Test & Trace	Communicate why this is important and what we need people to do. Give reassurance that contact details are recorded as required and secured safely. Monitor this with settings as required.
Vulnerable citizens during an outbreak not being able to access available help and support (e.g. am I in a local lockdown area? how can I access a food parcel?)	A refreshed offer through the Golden Number.
Reaching those with: <ul style="list-style-type: none"> Low levels of English Low literacy levels Low trust in services Low contact / access to services 	Bespoke engagement through trusted community contacts for communities of identity or geography, using the following principles: <ul style="list-style-type: none"> Trust messages to overcome lack of trust Translated materials (including sign language and pictograms where appropriate) Community channels (these will be different for each community and can involve door knocking, WhatsApp groups and other community networks).
Timeliness of map publication / online postcode checker	Identify a solution locally, ideally from existing systems.
Fake news	Media monitoring, including social media and google alerts.
Community tensions / finger pointing	Close working with community leaders and lead organisations; targeted community intervention and engagement (e.g. shared responsibilities); valuing diverse communities; how to report hate crime; hate crime will not be tolerated; #NottinghamTogether.
Place reputation	Prepared key lines for everything that is great about our place. Prepared lines for anything in our place that might be blamed for a local outbreak.
Access to data to feed media appetite	Attendance by communications lead at daily Outbreak Control Cell; a weekly media briefing regarding data release and what the data means.

5. Monitoring and evaluation

Regular monitoring and evaluation will take place to review:

- The effectiveness of the communications, such as how messages are delivered and received
- The effectiveness of the channels
- Learning and feedback from other local authorities and Public Health England, particularly on the 'Respond' elements of the campaign.

This will include ongoing feedback from the COVID-19 Health Protection Board and the COVID-19 Outbreak Control Engagement Board.

7 October 2020**Agenda Item: 6**

REPORT OF THE CORPORATE DIRECTOR: ADULT SOCIAL CARE & HEALTH

BETTER CARE FUND UPDATE AND RETROSPECTIVE APPROVAL OF THE 2019-20 BETTER CARE FUND PLANNING TEMPLATE SUBMISSION

Purpose of the Report

1. To approve the Nottinghamshire Better Care Fund (2019-20, quarter 4) reporting template that was submitted to NHS England & Improvement on 4 September 2020.
2. To consider the actions underway to progress the recommendations approved by the Health & Wellbeing Board on 24 July 2020, to implement the Better Care Fund review and utilise Nottinghamshire County Council's Better Care Fund reserve.

Information

The Better Care Fund (2019-20, quarter 4) report

3. The Better Care Fund (2019-20, quarter 4) reporting requirements were paused during the emergency response to COVID-19. In recognition of the disruption and reduced availability of resources caused by the pandemic, the resumed reporting requirements have been significantly reduced.
4. The reduced requirements aim to provide essential information relevant to accountability and delivery at the end of year 2019-20. Specifically, this includes:
 - Confirmation that mandatory national conditions were being met (tab 3 of the template)
 - Information to highlight a success with integrated working in quarter 4 (tab 6 of the template)
 - An overview of income and expenditure in quarter 4 (tab 8 of the template)
 - Overall year-end feedback, part 1 (tab 9 of the template).
5. The report template was agreed for submission to NHS England & Improvement by Councillor Tony Harper (Chairman of the Health & Wellbeing Board), Melanie Brooks (Corporate Director: Adult Social Care & Health), Amanda Sullivan (Accountable Officer) and Idris Griffiths (Accountable Officer), subject to formal ratification at the Health & Wellbeing Board on 7 October 2020.
6. The Better Care Fund (2019-20, quarter 4) submission is shown in full at Appendix 1.

Update on Better Care Fund recommendations

7. A Better Care Fund workshop for the Health & Wellbeing Board will take place on Wednesday 2 December 2020. This will aim to establish the vision and principles which guide the integrated approaches for health, care and housing in Nottinghamshire. Preparatory work will include engagement with people who use local services so that the voice of people with lived experience can inform the discussions.
8. Discussions are underway to scope out the focused work related to a) effective hospital discharge pathways for people who need support with housing problems, and b) more comprehensive use of assistive technology across Nottinghamshire to support health, wellbeing and independence. These were agreed at the Health & Wellbeing Board meeting on 24 July to be areas where improvements could be readily realised.
9. At the Health & Wellbeing Board meeting on 24 July, it was agreed that a new Integration Executive, and a new Housing Partnership, would be established. These would replace the Better Care Fund Steering Group to allow greater oversight for integration approaches across health and care, and greater oversight of the housing, health and care interface. Work is in progress to establish these groups. These will allow partners to share local and national practice, report on developments that are underway, discuss actions to meet gaps, and resolve any barriers that are affecting services offered to people who have complex and multi-faceted needs.
10. Sixteen short-term transformation projects were approved for funding from Nottinghamshire County Council's Better Care Fund reserve. Implementation plans for these projects are currently being developed. A monitoring framework will be established to ensure that progress is tracked, problems resolved, benefits realised and learning shared. Updates will be provided to the new Integration Executive.

Section 75 Agreement

11. Nottinghamshire County Council, NHS Nottingham & Nottinghamshire Clinical Commissioning Group and NHS Bassetlaw Clinical Commissioning Group have now completed the 2020-21 variation to the Section 75 Better Care Fund agreement. This includes a new schedule to set out the arrangements for hospital discharge which applied from March 2020 and were updated in late August, and the agreed funding profile for the Better Care Fund for this financial year.

Other options considered

12. None.

Reasons for Recommendations

13. To ensure the Health & Wellbeing Board has oversight of the Better Care Fund and can discharge its national obligations.

Statutory and Policy Implications

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

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

Financial Implications

15. The 2019-20 Better Care Fund pooled budget has been agreed as £92,221,595 after inflation. This is summarised in Appendix 1.

Human Resources Implications

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

Legal Implications

17. The Care Act facilitates the establishment of the Better Care Fund 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.

Constitutional comments (SS 28/09/20)

18. The Health & Wellbeing Board is the appropriate body to consider this report and the recommendations are within its powers.

Financial comments (OC 28/09/2020)

19. The £92,221,595 Better Care Fund allocation for 2019/20 is fully spent.

RECOMMENDATIONS

- 1) To approve the Better Care Fund (2019-20, quarter 4) reporting template that was submitted to NHS England & Improvement on 4 September 2020.
- 2) To note the actions underway to progress the recommendations approved by the Health & Wellbeing Board on 24 July 2020 and progress made to finalise the Section 75 Better Care Fund agreement.

Melanie Brooks

Corporate Director: Adult Social Care & Health
Nottinghamshire County Council

For any enquiries about this report please contact:

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Nottingham & Nottinghamshire Clinical Commissioning Group
Email: naomi.robinson2@nhs.net

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.

- 2018-19 Progress Update and Approval for the Use of the BCF Care Act Allocation (Recurrent and Reserve), the Improved BCF, and the Winter Pressures Grant 2019-20 – report to Health & Wellbeing Board on 6 March 2019
- 2019-20 Better Care Fund Policy Framework, Department of Health & Social Care, 10 April 2019
- Quarterly reporting from Local Authorities to the Department of Health & Social Care in relation to the Better Care Fund, Quarter 4 Return – 18 April 2019
- 2018-19 Better Care Fund Performance – report to Health & Wellbeing Board on 5 June 2019
- Better Care Fund Planning Requirements for 2019-20, Department of Health & Social Care, Ministry of Housing, Communities & Local Government, and NHS England, 18 July 2019
- 2019-20 First Quarter Better Care Fund Performance and Programme Update – report to Health & Wellbeing Board on 4 September 2019
- Nottinghamshire 2019-20 Better Care Fund Planning Template

Electoral Division(s) and Member(s) Affected

- All

1. Guidance

Overview

The Better Care Fund (BCF) quarterly reporting requirement is set out in the BCF Planning Requirements document for 2019-20 which supports the aims of the Integration and BCF Policy Framework and the BCF programme jointly led and developed by the national partners Department of Health (DHSC), Ministry for Housing, Communities and Local Government (MHCLG), NHS England (NHSE), Local Government Association (LGA), working with the Association of

The key purposes of the BCF quarterly reporting are:

- 1) To confirm the status of continued compliance against the requirements of the fund (BCF)
- 2) To provide information from local areas on challenges, achievements and support needs in progressing the delivery of BCF plans
- 3) To foster shared learning from local practice on integration and delivery of BCF plans
- 4) To enable the use of this information for national partners to inform future direction and for local areas to inform

BCF quarterly reporting is likely to be used by local areas, alongside any other information to help inform HWBs on progress on integration and the BCF. It is also intended to inform BCF national partners as well as those responsible for delivering the BCF plans at a local level (including clinical commissioning groups, local authorities and service providers).

BCF quarterly reports submitted by local areas are required to be signed off by HWBs as the accountable governance body for the BCF locally and these reports are therefore part of the official suite of HWB documents.

The BCF quarterly reports in aggregated form will be shared with local areas prior to publication in order to support the aforementioned purposes of BCF reporting. In relation to this, the Better Care Support Team (BCST) will make the aggregated BCF quarterly reporting information in entirety available to local areas in a closed forum on the Better Care Fund website.

Reporting on additional Improved Better Care Fund (iBCF) funding is now included with BCF quarterly reporting as a combined template. The BCST along with NHSE hosted information infrastructure will be collecting and aggregating iBCF information and providing it to MHCLG. Although collected together, BCF and iBCF information will be published separately.

The Winter Pressures Grant is pooled within the BCF and is part of the BCF plans. Q4 19/20 quarterly reporting for the BCF include a separate tab to report on the Winter Pressures Grant.

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a grey background, as below:

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the

The details of each sheet within the template are outlined below.

Checklist (2. Cover)

1. This section helps identify the data fields that have not been completed. All fields that appear as incomplete should be completed before sending to the Better Care Support Team.
2. It is sectioned out by sheet name and contains the description of the information required, cell reference for the question and the 'checker' column which updates automatically as questions within each sheet are completed.
3. The checker column will appear "Red" and contain the word "No" if the information has not been completed. Clicking on the corresponding "Cell Reference" column will link to the incomplete cell for completion. Once completed the checker column will change to "Green" and contain the word "Yes"
4. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
5. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Completed'.
6. Please ensure that all boxes on the checklist tab are green before submission.

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and

2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be submitted.

3. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

3. National Conditions

This section requires the Health & Wellbeing Board to confirm whether the four national conditions detailed in the Integration and Better Care Fund planning requirements for 2019/20 (link below) continue to be met through the quarter.

<https://www.gov.uk/government/publications/better-care-fund-planning-requirements-for-2019-to-2020>

This sheet sets out the four conditions and requires the Health & Wellbeing Board to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met with the quarter and how this is being addressed. Please note that where a National Condition is not being met, the HWB must provide an explanation.

In summary, the four national conditions are as below:

National condition 1: Plans to be jointly agreed

National condition 2: NHS contribution to adult social care is maintained in line with the uplift to CCG Minimum

National condition 3: Agreement to invest in NHS commissioned out-of-hospital services

National condition 4: Implementation of the High Impact Change Model for Managing Transfers of Care

4. Metrics

The BCF plan includes the following four metrics: Non-Elective Admissions, Delayed Transfers of Care, Residential Admissions and Reablement. Plans for these metrics were agreed as part of the BCF planning process.

This section captures a confidence assessment on achieving the plans for each of the BCF metrics.

A brief commentary is requested for each metric outlining the challenges faced in achieving the metric plans, any support needs and achievements realised.

As a reminder, if the BCF plans should be referenced as below:

- Residential Admissions and Reablement: BCF metric plans were set out and collected via the BCF Planning Template

- Non Elective Admissions (NEA): The BCF metric plan mirrors the CCG (Clinical Commissioning Groups) Operating Plan for Non Elective Admissions at a HWB footprint. These plans were made available to the local areas via the respective Better Care Managers and remain valid. In case a reminder of your BCF NEA plan at HWB level is helpful, please write to england.bettercaresupport@nhs.net

- Delayed Transfers of Care (DToC): The BCF metric ambitions for DToC are nationally set and remain the same as the previous year (2018/19) for 2019/20. The previous year's plans on the link below contain the DToC ambitions for 2018/19.

<https://www.england.nhs.uk/publication/better-care-fund-2018-19-planning-data/>

This sheet seeks a best estimate of confidence on progress against the achievement of BCF metric plans and the related narrative information and it is advised that:

- In making the confidence assessment on progress, please utilise the available published metric data (which should typically be available for 2 of the 3 months) in conjunction with the interim/proxy metric information for the third month (which is eventually the source of the published data once agreed and validated) to provide a directional estimate.

- In providing the narrative on Challenges and Support needs, and Achievements, most areas have a sufficiently good perspective on these themes by the end of the quarter and the unavailability of published metric data for one of the three months of the quarter is not expected to hinder the ability to provide this useful information. Please also reflect the metric performance trend when compared to the quarter from the previous year - emphasising any improvements.

Please note that the metrics themselves will be referenced (and reported as required) as per the standard national metrics.

5. HICM

The BCF National Condition 4 requires local areas to implement the High Impact Change Model (HICM) for Managing Transfers of Care. This section of the template captures a self-assessment on the current level of implementation, for the reported quarter, and anticipated trajectory for the future quarter, of each of the eight HICM changes and the red-b scheme along with the corresponding implementation challenges, achievements and support needs.

The maturity levels utilised on the self-assessment dropdown selections are based on the guidance available on the published High Impact Changes Model (link below). A distilled explanation of the levels for the purposes of this report is as follows:

Not yet established - The initiative has not been implemented within the HWB area

Planned - There is a viable plan to implement the initiative / has been partially implemented within some areas of the area
 Established - The initiative has been established within the HWB area but has not yet provided proven benefits / outcomes
 Mature - The initiative is well embedded within the HWB area and is meeting some of the objectives set for the area
 Exemplary - The initiative is fully functioning, sustainable and providing proven outcomes against the objectives set for the area
<https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/systems-resilience/health-and-wellbeing>
 For the purposes of the BCF in 2019/20, local areas set out their plans against the model applicable since 2017/18.
 Please continue to make assessments against this erstwhile HICM model and any refreshed versions of the HICM will be available.

In line with the intent of the published HICM model self-assessment, the self-assessment captured via BCF reporting to foster local conversations to help identify actions and adjustments to progress implementation, to understand the area's ambition for progress and, to indicate where implementation progress across the eight changes in an area varies too widely which may constrain the extent of benefit derived from the implementation of the model. As this is a self-assessment, the approaches adopted may diverge considerably from area to area and therefore the application of the model may vary.

In making the self-assessment, please ensure that a representative range of stakeholders are involved to offer an assessment that is as near enough as possible to the operational reality of the area. The recommended stakeholders include but are not limited to Better Care Managers, BCF leads from CCGs and LAs, local Trusts, Care Sector Regional Leads.

The HICM maturity assessment (particularly where there are multiple CCGs and A&E Delivery Boards (AEDBs)) may require making a best judgment across the AEDB and CCG lenses to indicatively reflect an implementation maturity for the area. The AEDB lens is a more representative operational lens to reflect both health and social systems and where there are wide variations in implementation levels between them, making a conservative judgment is advised. Where there are clear disparities in the stage of implementation within an area, the narrative section should be used to briefly indicate the stage of implementation.

Where the selected maturity levels for the reported quarter are 'Mature' or 'Exemplary', please provide supporting evidence on the features of the initiatives and the actions implemented that have led to this assessment.

For each of the HICM changes please outline the challenges and issues in implementation, the milestone achievements that have been met in the reported quarter with any impact observed, and any support needs identified to facilitate implementation.

To better understand the spread and impact of Trusted Assessor schemes, when providing the narrative for "Milestone met during the quarter / Observed impact" please consider including the proportion of care homes within the locality participating in Trusted Assessor schemes. Also, any evaluated impacts noted from active Trusted Assessor schemes including reduced hospital discharge delays, reduced hospital Length of Stay for patients awaiting care home placements, reduced hospital Length of Stay for patients awaiting care home placements, reduced hospital Length of Stay for patients awaiting care home placements.

Hospital Transfer Protocol (or the Red Bag Scheme):

- The template also collects updates on areas' implementation of The optional 'Red Bag' scheme. Delivery of this scheme is not a requirement of The Better Care Fund, but it has been agreed to collect information on its implementation locally via The BCF quarterly reporting template as a single point of collection.

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

- Where there are no plans to implement such a scheme Please provide a narrative on alternative mitigations in place to support improved communications in Hospital Transfer arrangements for social Care residents.

- Further information on The Red Bag / Hospital Transfer Protocol: The quick guide is available on the link below:

<https://www.england.nhs.uk/publication/redbag/>

Further guidance is also available on the Kahootz system or on request from the NHS England Hospital to Home team england.ohuc@nhs.net

6. Integration Highlights

Please tell us about an integration success story observed over reported quarter highlighting the nature of the service/scheme or approach and the related impact.

Where this success story relates to a particular scheme type (as utilised in BCF planning) please select the scheme type to indicate that or the main scheme type where the narrative relates to multiple services/scheme types or select "Other".

Where the narrative on the integration success story relates to progressing one of the Enablers for Integrated Care, please select the main Enabler from the drop down. SCIE Logic Model for Integrated Care:

<https://www.scie.org.uk/integrated-care/measuring-evaluating/logic-model/>

Reporting for Winter Pressures Grant is being collected alongside the BCF in a single mechanism. For this quarter, the reporting is primarily seeking narratives and confirmation on progress against the delivery of the plans set out for this

8. Income and Expenditure

The Better Care Fund 2019/20 pool constitutes mandatory funding sources and any voluntary additional pooling from LAs (Local Authorities) and CCGs. The mandatory funding sources are the DFG (Disabled Facilities Grant), the improved Better Care Fund (iBCF) grant, the Winter Pressures Grant and the minimum CCG contribution. A large proportion of

Income section:

- Please confirm the total HWB level actual BCF pooled income for 2019/20 by reporting any changes to the planned additional contributions by LAs and CCGs as was reported on the BCF planning template. Please enter the actual income from additional CCG and LA contributions in 2019/20 in the yellow boxes provided.
- Please provide any comments that may be useful for local context for the reported actual income in 2019/20.

Expenditure section:

- Please enter the total HWB level actual BCF expenditure for 2019/20 in the yellow box provided.
- Please provide any comments that may be useful for local context for the reported actual expenditure in 2019/20.

9. Year End Feedback

This section provides an opportunity to provide feedback on delivering the BCF in 2019/20 through a set of survey questions which are overall consistent with those from previous years.

The purpose of this survey is to provide an opportunity for local areas to consider the impact of BCF and to provide the BCF national partners a view on the impact across the country. There are a total of 9 questions. These are set out below

Part 1 - Delivery of the Better Care Fund

There are a total of 7 questions in this section. Each is set out as a statement, for which you are asked to select one of the following responses:

- Strongly Agree
- Agree
- Neither Agree Nor Disagree
- Disagree
- Strongly Disagree

The questions are:

1. The overall delivery of the BCF has improved joint working between health and social care in our locality
2. Our BCF schemes were implemented as planned in 2019/20
3. The delivery of our BCF plan in 2019/20 had a positive impact on the integration of health and social care in our locality
4. The delivery of our BCF plan in 2019/20 has contributed positively to managing the levels of Non-Elective Admissions
5. The delivery of our BCF plan in 2019/20 has contributed positively to managing the levels of Delayed Transfers of Care
6. The delivery of our BCF plan in 2019/20 has contributed positively to managing the proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services
7. The delivery of our BCF plan in 2019/20 has contributed positively to managing the rate of residential and nursing home admissions for older people (aged 65 and over)

Part 2 - Successes and Challenges

This part of the survey utilises the SCIE (Social Care Institute for Excellence) Integration Logic Model published on this page below to capture two key challenges and successes against the 'Enablers for integration' expressed in the Logic Model

Please highlight:

8. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logic model) in your locality
9. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logic model) in your locality

As noted above, these are free text responses to be assigned to one of the following categories from the SCIE Integration Logic Model - Enablers summarised below. Please see link below for fuller details:

[SCIE - Integrated care Logic Model](#)

1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)
2. Strong, system-wide governance and systems leadership
3. Integrated electronic records and sharing across the system with service users
4. Empowering users to have choice and control through an asset based approach, shared decision making and co-

5. Integrated workforce: joint approach to training and upskilling of workforce
6. Good quality and sustainable provider market that can meet demand
7. Joined-up regulatory approach
8. Pooled or aligned resources
9. Joint commissioning of health and social care

10. Additional improved Better Care Fund

The additional iBCF sections of this template are on sheet '10. iBCF'. Please fill these sections out if you are responsible for the additional iBCF quarterly monitoring for your organisation, or local area.

Data must be entered on a Health and Wellbeing Board level.

The iBCF section of the monitoring template covers reporting in relation to the additional iBCF funding announced at

Better Care Fund Template Q4 2019/20

2. Cover



Version 1.1

Please Note:

- The BCF quarterly reports are categorised as 'Management Information' and are planned for publishing in an aggregated form on the NHSE website. Narrative sections of the reports will not be published. However as with all information collected and stored by public bodies, all BCF information including any narrative is subject to Freedom of Information requests.
- As noted already, the BCF national partners intend to publish the aggregated national quarterly reporting information on a quarterly basis. At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.
- As in previous quarters, the BCST along with NHSE hosted information infrastructure will be collecting and aggregating the iBCF Grant information and providing it to MHCLG. Although collected together, BCF and iBCF information will be reported and published separately.
- The Winter Pressures Grant is pooled within the BCF and is part of the BCF plans. Q4 19/20 quarterly reporting for the BCF include a separate tab to report on the Winter Pressures Grant.

Health and Wellbeing Board:	Nottinghamshire
Completed by:	
E-mail:	
Contact number:	
Is the template being submitted subject to HWB / delegated sign-off?	<Please select response>
Where a sign-off has been received, please indicate who signed off the report on behalf of the HWB?	
Job Title:	
Name:	

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercaresupport@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'

Incomplete, please click on the links below to see a sheet breakdown

	Pending Fields
2. Cover	4
3. National Conditions	0
4. Metrics	12
5. HICM	27
6. Integration Highlights	0
7. WP Grant	0
8. I&E	0
9. Year End Feedback	8
10. iBCF	3

[<< Link to Guidance tab](#)

2. Cover

	Cell Reference	Checker
Health & Wellbeing Board	C19	Yes
Completed by	C21	No
E-mail	C23	No
Contact number	C25	No
Is the template being submitted subject to HWB / delegated sign-off?	C27	No
Job Title of the person signing off the report on behalf of the HWB	C29	Yes
Name of the person who signed off the report on behalf of the HWB	C30	Yes
Sheet Complete:		No

3. National Conditions

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	Cell Reference	Checker
1) Plans to be jointly agreed?	C9	Yes
2) Social care from CCG minimum contribution agreed in line with Planning Requirements?	C10	Yes
3) Agreement to invest in NHS commissioned out of hospital services?	C11	Yes
4) Managing transfers of care?	C12	Yes
1) Plans to be jointly agreed? If no please detail	D9	Yes
2) Social care from CCG minimum contribution agreed in line with Planning Requirements? Detail	D10	Yes
3) Agreement to invest in NHS commissioned out of hospital services? If no please detail	D11	Yes
4) Managing transfers of care? If no please detail	D12	Yes

Sheet Complete:	Yes
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4. Metrics

[^^ Link Back to top](#)

	Cell Reference	Checker
Non-Elective Admissions performance target assesment	D12	No
Residential Admissions performance target assesment	D13	No
Reablement performance target assesment	D14	No
Delayed Transfers of Care performance target assesment	D15	No
Non-Elective Admissions challenges and support needs	E12	No
Residential Admissions challenges and support needs	E13	No
Reablement challenges and support needs	E14	No
Delayed Transfers of Care challenges and support needs	E15	No
Non-Elective Admissions achievements	F12	No
Residential Admissions achievements	F13	No
Reablement achievements	F14	No
Delayed Transfers of Care achievements	F15	No

Sheet Complete:	No
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5. High Impact Change Model

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	Cell Reference	Checker
Chg 1 - Early discharge planning - Q4 19/20	D15	No
Chg 2 - Systems to monitor patient flow - Q4 19/20	D16	No
Chg 3 - Multi-disciplinary/multi-agency discharge teams - Q4 19/20	D17	No
Chg 4 - Home first/discharge to assess - Q4 19/20	D18	No
Chg 5 - Seven-day service - Q4 19/20	D19	No
Chg 6 - Trusted assessors - Q4 19/20	D20	No
Chg 7 - Focus on choice - Q4 19/20	D21	No
Chg 8 - Enhancing health in care homes - Q4 19/20	D22	No
Red Bag Scheme - Q4 19/20	D27	No
Chg 1 - Early discharge planning - If Q4 19/20 mature or exemplary, Narrative	F15	Yes
Chg 2 - Systems to monitor patient flow - If Q4 19/20 mature or exemplary, Narrative	F16	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams - If Q4 19/20 mature or exemplary, Narrative	F17	Yes
Chg 4 - Home first/discharge to assess - If Q4 19/20 mature or exemplary, Narrative	F18	Yes
Chg 5 - Seven-day service - If Q4 19/20 mature or exemplary, Narrative	F19	Yes
Chg 6 - Trusted assessors - If Q4 19/20 mature or exemplary, Narrative	F20	Yes
Chg 7 - Focus on choice - If Q4 19/20 mature or exemplary, Narrative	F21	Yes
Chg 8 - Enhancing health in care homes - If Q4 19/20 mature or exemplary, Narrative	F22	Yes
Red Bag Scheme - If Q4 19/20 no plan in place, Narrative	F27	Yes
Chg 1 - Early discharge planning - Challenges and Support needs	G15	No
Chg 2 - Systems to monitor patient flow - Challenges and Support needs	G16	No
Chg 3 - Multi-disciplinary/multi-agency discharge teams - Challenges and Support needs	G17	No
Chg 4 - Home first/discharge to assess - Challenges and Support needs	G17	No
Chg 5 - Seven-day service - Challenges and Support needs	G18	No
Chg 6 - Trusted assessors - Challenges and Support needs	G19	No
Chg 7 - Focus on choice - Challenges and Support needs	G20	No
Chg 8 - Enhancing health in care homes - Challenges and Support needs	G21	No
Red Bag Scheme - Challenges and Support needs	G27	No
Chg 1 - Early discharge planning - Milestones / impact	H15	No
Chg 2 - Systems to monitor patient flow - Milestones / impact	H16	No
Chg 3 - Multi-disciplinary/multi-agency discharge teams - Milestones / impact	H17	No
Chg 4 - Home first/discharge to assess - Milestones / impact	H18	No
Chg 5 - Seven-day service - Milestones / impact	H19	No
Chg 6 - Trusted assessors - Milestones / impact	H20	No
Chg 7 - Focus on choice - Milestones / impact	H21	No
Chg 8 - Enhancing health in care homes - Milestones / impact	H22	No
Red Bag Scheme - Milestones / impact	H27	No

Sheet Complete:	No
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6. Integration Highlights

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	Cell Reference	Checker
Integration success story highlight over the past quarter	B10	Yes
Main Scheme/Service type for the integration success story highlight	C13	Yes
Integration success story highlight over the past quarter, if "other" scheme	C14	Yes
Main Enabler for Integration (SCIE Integration Logic Model) for the integration success story highlight	C17	Yes
Integration success story highlight over the past quarter, if "other" integration enabler	C18	Yes

Sheet Complete:	Yes
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7. Winter Pressures Grant

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	Cell Reference	Checker
Assistive Technologies and Equipment - Expenditure	E12	Yes
Care Act Implementation Related Duties - Expenditure	E13	Yes
Carers Services - Expenditure	E14	Yes
Community Based Schemes - Expenditure	E15	Yes
DFG Related Schemes - Expenditure	E16	Yes
Enablers for Integration - Expenditure	E17	Yes
HICM for Managing Transfer of Care - Expenditure	E18	Yes
Home Care or Domiciliary Care - Expenditure	E19	Yes
Housing Related Schemes - Expenditure	E20	Yes
Integrated Care Planning and Navigation - Expenditure	E21	Yes
Intermediate Care Services - Expenditure	E22	Yes
Personalised Budgeting and Commissioning - Expenditure	E23	Yes
Personalised Care at Home - Expenditure	E24	Yes
Prevention / Early Intervention - Expenditure	E25	Yes
Residential Placements - Expenditure	E26	Yes
Other - Expenditure	E27	Yes
Hours of Care - Actual Outputs	D37	Yes
Packages - Actual Outputs	E37	Yes
Placements - Actual Outputs	F37	Yes
Beds - Actual Outputs	G37	Yes
Description of significant changes to the planned approach for the Winter Pressures Grant	B42	Yes

Sheet Complete:	Yes
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8. Income and Expenditure

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	Cell Reference	Checker
Do you wish to change the additional CCG funding?	G16	Yes
Do you wish to change the additional LA funding?	G17	Yes
Actual CCG Additional	H16	Yes
Actual LA Additional	H17	Yes
Income commentary	D23	Yes
Do you wish to change the expenditure?	E30	Yes
Actual Expenditure	C32	Yes
Expenditure commentary	D34	Yes

Sheet Complete:	Yes
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9. Year End Feedback

[^^ Link Back to top](#)

	Cell Reference	Checker
Statement 1: Delivery of the BCF has improved joint working between health and social care	C11	Yes
Statement 2: Our BCF schemes were implemented as planned in 2018/19	C12	Yes
Statement 3: Delivery of BCF plan had a positive impact on the integration of health and social care	C13	Yes
Statement 4: Delivery of our BCF plan has contributed positively to managing the levels of NEAs	C14	Yes
Statement 5: Delivery of our BCF plan has contributed positively to managing the levels of DToC	C15	Yes
Statement 6: Delivery of our BCF plan has contributed positively to managing reablement	C16	Yes
Statement 7: Delivery of our BCF plan has contributed positively to managing residential admissions	C17	Yes
Statement 1 commentary	D11	Yes
Statement 2 commentary	D12	Yes
Statement 3 commentary	D13	Yes
Statement 4 commentary	D14	Yes
Statement 5 commentary	D15	Yes
Statement 6 commentary	D16	Yes
Statement 7 commentary	D17	Yes
Success 1	C24	No
Success 2	C25	No
Success 1 commentary	D24	No
Success 2 commentary	D25	No
Challenge 1	C28	No
Challenge 2	C29	No
Challenge 1 commentary	D28	No
Challenge 2 commentary	D29	No

Sheet Complete:	No
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10. Additional improved Better Care Fund

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	Cell Reference	Checker
A1) a) Meeting adult social care needs	D13	Yes
A1) b) Reducing pressures on the NHS	E13	Yes
A1) c) Ensuring that the local social care provider market is supported	F13	Yes
A1) d) Percentages sum to 100% exactly	G13	Yes
B1) a) Actual number of home care packages	C19	No
B1) b) Actual number of hours of home care	D19	No
B1) c) Actual number of care home placements	E19	No
B2) Main area additional iBCF spend if not above	C20	Yes
B3) Main area additional iBCF spend if not above - Other commentary	C21	Yes
Sheet Complete:		No

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Better Care Fund Template Q4 2019/20**3. National Conditions**

Selected Health and Wellbeing Board:

Nottinghamshire

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

Better Care Fund Template Q4 2019/20

4. Metrics

Selected Health and Wellbeing Board:

Nottinghamshire

Challenges and Support Needs Please describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans

Achievements Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

Metric	Definition	Assessment of progress against the metric plan for the quarter	Challenges and any Support Needs	Achievements
NEA	Total number of specific acute (replaces General & Acute) non-elective spells per 100,000 population			
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)			
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services			
Delayed Transfers of Care	Average Number of People Delayed in a Transfer of Care per Day (daily delays)			

Better Care Fund Template Q4 2019/20

5. High Impact Change Model

Selected Health and Wellbeing Board:

Nottinghamshire

Challenges and Support Needs

Please describe the key challenges faced by your system in the implementation of this change, and Please indicate any support that may help to facilitate or accelerate the implementation of this change

Milestones met during the quarter / Observed Impact

Please describe the milestones met in the implementation of the change or describe any observed impact of the implemented change

		Q4 19/20	If 'Mature' or 'Exemplary', please provide	Challenges and any Support Needs	Narrative Milestones met during the quarter / Observed impact
Chg 1	Early discharge planning	Please select			
Chg 2	Systems to monitor patient flow	Please select			
Chg 3	Multi-disciplinary/multi-agency discharge teams	Please select			
Chg 4	Home first/discharge to assess	Please select			
Chg 5	Seven-day service	Please select			
Chg 6	Trusted assessors	Please select			
Chg 7	Focus on choice	Please select			
Chg 8	Enhancing health in care homes	Please select			

Hospital Transfer Protocol (or the Red Bag scheme)					
Please report on implementation of a Hospital Transfer Protocol (also known as the 'Red Bag scheme') to enhance communication and information sharing when residents move between care settings and hospital.					
		Q4 19/20	If there are no plans to implement such a scheme, please provide a narrative on alternative	Challenges	Achievements / Impact
UEC	Red Bag scheme	Please select			

Better Care Fund Template Q4 2019/20

6. Integration Highlight

Selected Health and Wellbeing Board:

Nottinghamshire

Remaining Characters:

15,319

Integration success story highlight over the past quarter:

Please give us an example of an integration success story observed over the past quarter. This could highlight system level collaborative approaches, collaborative services/schemes or any work to progress the enablers for integration (as per the SCIE logic model for integrated care). Please include any observed or anticipated impact in this example.

The BCF Steering Group agreed to commission a review of the BCF programme in July 19/20, in order to set the direction for the programme over the next 3 years. The review started in September 2019 with the following objectives :

- Seek to place the BCF programme as the driver for integration of service delivery across Nottinghamshire, responsible to the Health and Wellbeing Board.
- Confirm the relationship of the BCF and HWB to the Integrated Care Systems, to ensure that duties are clear, relevant links are in place and there is no duplication of effort.
- Maximise the effectiveness of all partner involvement (eg through refreshed membership and governance arrangements, a common understanding of the aims of the programme, a shared vision for integration, regular communications with all partners).
- Determine how to achieve greater progress with the statutory requirements and target measures placed on the BCF as well as any local aspirations for integration.

The review was completed in February 2020, with recommendations approved by the BCF Steering Group as follows :

- To develop a vision for how residents who have a range of health, housing and care needs will be supported in future by services acting in more joined up ways. This vision will be based on stories about the recent experiences that people have had with our services, where they have a range of housing, health and care needs. This will help the BCF programme become more person-centred and make it clearer how integration can improve the experience for residents.

- To agree and implement developments to improve working arrangements

across partners in three priority areas :

- Housing responses to support hospital discharge – including homelessness.
- Assistive Technology : share best practice, learn about new developments, have compatible systems, use the data more proactively
- Digital integration across partners eg automated workflows to speed up processes between OTs and DFG officers in District and Borough Councils

- To renew the governance structure and reorganise the work that we do together by replacing the BCF Steering Group with two BCF officer groups to focus on :

a)Integration of Health and Adult Social Care – to provide oversight of existing arrangements and establish a vision, strategy and work plan to expand our integrated approaches in prioritised areas of provider services and commissioning activities.

b)Housing Partnership - to provide oversight of key workstreams that are needed to coordinate action on particular issues related to housing, care and health as well as provide a communication channel for housing, health and care to discuss matters of interest as well as build trust and relationships.

- To establish a BCF business group to manage the administrative aspects of the Plan and reporting requirements across the partners.

Due to the Covid 19 emergency, the recommendations could not be approved by the Health and Wellbeing Board until July 2020. Implementation work commenced after this meeting. A workshop is in planning for the HWB to agree the vision and principles to drive integration in Nottinghamshire. This is a success story because it refreshes the ambition of the BCF Partnership in Nottinghamshire, has clarified the priorities that the member organisations will be working on together over the next few years and sets in place a practical framework that will support delivery plans.

Where this example is relevant to a scheme / service type, please select the main service type alongside or a brief description if this is "Other".

Scheme/service type

Enablers for Integration

Brief outline if "Other (or multiple schemes)"

Where this example is relevant to progressing a particular Enabler for Integration (from the SCIE Integration Logic Model), please select the main enabler alongside.

SCIE Enablers list

2. Strong, system-wide governance and systems leadership

Brief outline if "Other"

Better Care Fund Template Q4 2019/20

7. Winter Pressures Grant

Selected Health and Wellbeing Board:

Nottinghamshire

In 2019/20, the Winter Pressures Grant was planned and pooled in the BCF. Please report on the actual spend and outputs (Hours of Care, Packages, Placements and Beds) funded through the Winter Pressures Grant.

WP Grant Expenditure

Scheme Type	Planned Expenditure	Actual Expenditure (2019/20)
1 Assistive Technologies and Equipment	£ -	£ -
2 Care Act Implementation Related Duties	£ -	£ -
3 Carers Services	£ -	£ -
4 Community Based Schemes	£ -	£ -
5 DFG Related Schemes	£ -	£ -
6 Enablers for Integration	£ -	£ -
7 HICM for Managing Transfer of Care	£ -	£ 1,308,630
8 Home Care or Domiciliary Care	£ -	£ 844,394
9 Housing Related Schemes	£ -	£ -
10 Integrated Care Planning and Navigation	£ -	£ -
11 Intermediate Care Services	£ -	£ -
12 Personalised Budgeting and Commissioning	£ -	£ 208,665
13 Personalised Care at Home	£ -	£ -
14 Prevention / Early Intervention	£ -	£ 319,187
15 Residential Placements	£ -	£ 846,194
16 Other	£ 3,527,070	£ -
Winter Pressures Grant Total Spend	£ 3,527,070	£ 3,527,070

WP Grant Outputs

	Hours of Care	Packages	Placements	Beds
Total Planned Outputs	-	-	-	-
Total Actual Outputs (based on the total actual WPG spend reported above)	-	228.0	22.0	-

Please describe any significant changes to the planned approach for the use of the Winter Pressures Grant, either in terms of spend on specific schemes or on the delivery of outputs.

Please also confirm the agreement by LAs and CCGs to these changes and the involvement of local acute trusts.

The 228 is the number of NCC-commissioned home care packages only . The 22 is Care home Placement/Packages. Our package costs are recorded as a cost per week rather than number of hours per week as approaching 50% is provided through a direct payment and we commission for outcomes not hours.

Better Care Fund Template Q4 2019/20

8. Income and Expenditure

Selected Health and Wellbeing Board:

Nottinghamshire

Income

2019/20			
Disabled Facilities Grant	£	6,950,696	
Improved Better Care Fund	£	26,484,159	
CCG Minimum Fund	£	55,259,670	
Winter Pressures Grant	£	3,527,070	
Minimum Sub Total		£ 92,221,595	
Planned			
CCG Additional Fund	£	-	
LA Additional Fund	£	-	
Additional Sub Total		£ -	
Actual			
Do you wish to change your additional actual CCG funding?	No		
Do you wish to change your additional actual LA funding?	No		
Total BCF Pooled Fund		£ 92,221,595	£ -
	Planned 19/20	Actual 19/20	
Total BCF Pooled Fund	£ 92,221,595	£ 92,221,595	

Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2019/20

Expenditure

	2019/20
Plan	£ 92,221,595

Do you wish to change your actual BCF expenditure?

No

Actual

Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2019/20

Better Care Fund Template Q4 2019/20

9. Year End Feedback

Selected Health and Wellbeing Board:

Nottinghamshire

Part 1: Delivery of the Better Care Fund

Please use the below form to indicate what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes.

Statement:	Response:	Comments: Please detail any further supporting information for each response
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Agree	All partners have worked closely together to deliver the BCF Plan during a time of transformation for both commissioners and providers.
2. Our BCF schemes were implemented as planned in 2019/20	Agree	The BCF Plan has been delivered as planned.
3. The delivery of our BCF plan in 2019/20 had a positive impact on the integration of health and social care in our locality	Strongly Agree	The BCF funding has been used to deliver a wide range of services and new functionality that support integrated approaches eg. integrated care teams, sharing data across organisational boundaries, integrated approaches to hospital discharge.
4. The delivery of our BCF plan in 2019/20 has contributed positively to managing the levels of Non-Elective Admissions	Agree	There are 46 schemes funded by the BCF to reduce the level of unplanned (non-elective) admission to hospital. Our health and care system is on track to meet the target set for this year.
5. The delivery of our BCF plan in 2019/20 has contributed positively to managing the levels of Delayed Transfers of Care	Agree	There are 23 schemes funded by BCF to reduce the days of delay for people in hospital. Although days of delay categorised to "health" mean that we have not met the target for Nottinghamshire, delays categorised as "other" and "social care" have been consistently low throughout the year, with Nottinghamshire being recognised as a top performing Local Authority for this indicator.
6. The delivery of our BCF plan in 2019/20 has contributed positively to managing the proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	Agree	The availability of reablement type services to support hospital discharge has increased steadily over the last two years and this year the effectiveness of those services has increased, with a focus on services delivered in the persons own home rather than bed based reablement services. We are on track to meet the target set.
7. The delivery of our BCF plan in 2019/20 has contributed positively to managing the rate of residential and nursing care home admissions for older people (aged 65 and over)	Agree	There are 23 schemes funded by BCF to reduce the rate of older people being admitted to residential care. Nottinghamshire has consistently met all targets for this indicator since 2016/17 and was 26% under target in Q2 of 19/20. Increases have happened in the last 6 months of the year to change this general direction.

Part 2: Successes and Challenges

Please select two Enablers from the SCIE Logic model which you have observed demonstrable success in progressing and two Enablers which you have experienced a relatively greater degree of challenge in progressing.

Please provide a brief description alongside.

8. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2019/20	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes
Success 1		
Success 2		
9. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2019/20	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges
Challenge 1		
Challenge 2		

Footnotes:

Question 8 and 9 are should be assigned to one of the following categories:

1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)
2. Strong, system-wide governance and systems leadership
3. Integrated electronic records and sharing across the system with service users
4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
5. Integrated workforce: joint approach to training and upskilling of workforce
6. Good quality and sustainable provider market that can meet demand
7. Joined-up regulatory approach
8. Pooled or aligned resources
9. Joint commissioning of health and social care
- Other

Better Care Fund Template Q4 2019/20

10. Additional Improved Better Care Fund

Selected Health and Wellbeing Board:

Nottinghamshire

Additional improved Better Care Fund Allocation for 2019/20:

£ 4,979,399

Section A

Distribution of 2019-20 additional IBCF funding by purpose:

What proportion of your additional IBCF funding for 2019/20 have you allocated towards each of the three purposes of the funding?

	a) Meeting adult social care needs	b) Reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready	c) Ensuring that the local social care provider market is supported	Total: Percentages must sum to 100% exactly
A1) Please enter the amount you have designated for each purpose as a percentage of the total additional IBCF funding you have been allocated for the whole of 2019-20. If the expenditure covers more than one purpose, please categorise it according to the primary purpose. You must ensure that the sum of the percentage figures entered sums to 100% exactly. If you have not designated any funding for a particular purpose, please enter 0% and do not leave a blank cell.	57%	10%	33%	100.0%

Section B

We want to understand how much additional capacity you have been able to purchase or provide in 2019/20 as a direct result of your additional IBCF funding allocation for 2019-20. Where the IBCF has not provided any such additionality, we want to understand why this is the case.

Recognising that figures will vary across areas due to wider budget and service planning assumptions, please provide the following:

	a) The number of home care packages provided in 2019-20 as a result of your additional IBCF funding allocation	b) The number of hours of home care provided in 2019-20 as a result of your additional IBCF funding allocation	c) The number of care home placements for the whole of 2019-20 as a result of your additional IBCF funding allocation
B1) Please provide figures on the actual number of home care packages, hours of home care and number of care home placements you purchased / provided as a direct result of your additional IBCF funding allocation for 2019-20. The figures you provide should cover the whole of 2019/20. Please use whole numbers with no text. If you have a nil entry please enter 0 in the appropriate box and do not leave a blank cell.			
B2) If you have not increased the number of packages or placements (i.e. have answered question B1 with 3 zeros), please indicate the main area that you have spent your additional IBCF funding allocation for 2019-20. Hover over this cell to view the comment box for the list of options if the drop-down menu is not visible.			
B3) If you have answered question B2 with 'Other', please specify. Please do not use more than 50 characters.			

7 October 2020**Agenda Item: 7****REPORT OF THE SERVICE DIRECTOR: CUSTOMERS, GOVERNANCE AND
EMPLOYEES****WORK PROGRAMME****Purpose of the Report**

1. To consider the Health & Wellbeing Board's work programme for 2020-21.

Information

2. The County Council requires each committee, including the Health & Wellbeing Board, to maintain a work programme. The work programme will assist the management of the Board'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 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 Health & Wellbeing Board's work programme be noted, and consideration be given to any changes which the Board wishes to make.

Marjorie Toward

Service Director: Customers, Governance and Employees

For any enquiries about this report please contact:

Martin Gately
Democratic Services Officer
Nottinghamshire County Council
Telephone: 0115 977 2826

Constitutional Comments (HD)

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

Financial Comments (NS)

8. 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

WORK PROGRAMME: 2020-21

Please see Nottinghamshire County Council's website for the [papers](#), [membership](#), [work programme](#) and [strategy](#) of the Health & Wellbeing Board. Joint Strategic Needs Assessment (JSNA) chapters are available on [Nottinghamshire Insight](#).

Report title	Purpose	Lead officer	Report author(s)	Notes
MEETING: Wednesday 6 November 2019 (2pm)				
Chair's report	An update by Councillor Steve Vickers on local and national issues for consideration by Health & Wellbeing Board members to determine implications for Board matters.	Councillor Steve Vickers	Edward Shaw	
Approval of Joint Strategic Needs Assessment chapter: Health & homelessness		Jonathan Gribbin	Nick Romilly	
Approval of Joint Strategic Needs Assessment chapter: Early years & school readiness		Colin Pettigrew	Irene Kakoullis	
Health protection: Anti Microbial Resistance	Setting out current issues around Anti Microbial Resistance and identification of support / actions for Health & Wellbeing Board members	Jonathan Gribbin	Geoff Hamilton	
Approval of the Better Care Fund planning template submission (2019-20)		Melanie Brooks	Paul Johnson / Paul Brandreth	
Outside Bodies		Marjorie Toward	Keith Ford	

Report title	Purpose	Lead officer	Report author(s)	Notes
MEETING: Wednesday 4 December 2019 (2pm)				
Chair's report	An update by Councillor Steve Vickers on local and national issues for consideration by Health & Wellbeing Board members to determine implications for Board matters. To include updates on: <ul style="list-style-type: none"> Integrated Wellbeing Service Substance misuse 	Councillor Steve Vickers	Edward Shaw	
Developing a health and work approach in Nottinghamshire	To agree actions from the <i>Employment and Health & Wellbeing: Improving Lives in Nottinghamshire</i> workshop on Friday 18 October 2019	Councillor Steve Vickers	Dawn Jenkin / Catherine O'Byrne / Nicola McCoy-Brown / Sonja Smith	
Joint Strategic Needs Assessment progress and development	Update on progress in delivering and developing the Joint Strategic Needs Assessment	Jonathan Gribbin	Amanda Fletcher / Lucy Hawkin	
MEETING: Wednesday 8 January 2020 (2pm)				
Chair's report	An update by Councillor Steve Vickers on local and national issues for consideration by Health & Wellbeing Board members to determine implications for Board matters.	Councillor Steve Vickers	Edward Shaw	
Health protection update: Screening	Update on the local screening programme and opportunities for the Health & Wellbeing Board to support, promote and improve uptake	Jonathan Gribbin	Geoff Hamilton	
Approval of Joint Strategic Needs Assessment chapter: Tobacco control		Jonathan Gribbin	Catherine Pritchard / Lindsay Price	

Report title	Purpose	Lead officer	Report author(s)	Notes
Approval of Joint Strategic Needs Assessment chapter: Oral health		Jonathan Gribbin	Louise Lester / Kay Massingham	
Approval of supplementary appendix (Bassetlaw) for Joint Strategic Needs Assessment chapter: cancer		Jonathan Gribbin	Geoff Hamilton / Kay Massingham	
Approval of Supplementary Statement for Pharmaceutical Needs Assessment (2018-22)	Supplementary statement to confirm amendments to the Pharmaceutical Needs Assessment for quarter 1 and quarter 2 of 2019-20 (for approval of publication by the Health & Wellbeing Board)	Jonathan Gribbin	Lucy Hawkin	
WORKSHOP: Wednesday 5 February 2020 (1.30pm)				
'Giving Children the Best Start'	To shape the development of a new multi-agency Best Start Strategy and Best Start Strategic Partnership. Related to the 'A good start in life' ambition of the Nottinghamshire Joint Health & Wellbeing Strategy.	Colin Pettigrew	Irene Kakoullis / Mandy Stratford / Kerrie Adams / Helena Cripps	
MEETING: Wednesday 4 March 2020 (2pm)				
Chair's report	An update by Councillor Steve Vickers on local and national issues for consideration by Health & Wellbeing Board members to determine implications for Board matters.	Councillor Steve Vickers	Edward Shaw	

Report title	Purpose	Lead officer	Report author(s)	Notes
Update from the Nottingham & Nottinghamshire Integrated Care System	To provide a presentation on the work of the Nottingham & Nottinghamshire Integrated Care System and for the Health & Wellbeing Board to comment on progress to date.	David Pearson CBE / Dr Andy Haynes	Joanna Cooper	
Nottingham & Nottinghamshire Integrated Care System's approach to population health management	To provide a presentation on Nottingham & Nottinghamshire Integrated Care System's approach to population health management and for the Health & Wellbeing Board to comment on progress to date.	Amanda Robinson	Sandra Pooley	
The Director of Public Health's Annual Report 2019: Health & Work	To inform the Health & Wellbeing Board of the publication of the 2019 Director of Public Health Annual Report and seek participation in implementing the recommendations from that report. To update the Health & Wellbeing Board on progress relating to the recommendations in the 2018 Director of Public Health Annual Report.	Jonathan Gribbin	William Brealy	
Better Care Fund performance and programme update (quarter 3, 2019-20)	To set out progress to the end of Quarter 3 against the Nottinghamshire Better Care Fund (BCF) budgets and performance targets.	Melanie Brooks	Paul Johnson / Paul Brandreth	

WORKSHOP: Wednesday 1 April 2020 (2pm)

Cancelled due to the COVID-19 pandemic.

MEETING: Wednesday 6 May 2020 (2pm)

Cancelled due to the COVID-19 pandemic.

WORKSHOP: Wednesday 3 June 2020 (2pm)

Cancelled due to the COVID-19 pandemic.

Report title	Purpose	Lead officer	Report author(s)	Notes
MEETING: Wednesday 1 July 2020 (2pm)				
Cancelled due to the COVID-19 pandemic.				
MEETING: Friday 24 July 2020 (10.30am)				
Local Outbreak Control Plans		Jonathan Gribbin	Jonathan Gribbin	
Review of the Better Care Fund programme and use of Better Care Fund reserve for short-term transformation projects		Melanie Brooks	Wendy Lippmann	
Update to the Nottinghamshire Pharmaceutical Needs Assessment 2018-21, COVID-19 update on the 2021-24 refresh		Jonathan Gribbin	Amanda Fletcher / Lucy Hawkin	
MEETING: Wednesday 2 September 2020 (2pm)				
Chair's report	An update by Councillor Tony Harper on local and national issues for consideration by Health & Wellbeing Board members to determine implications for Board matters.	Councillor Tony Harper	Edward Shaw	
Local outbreak control: learning and next steps	To summarise learning that can be used to inform local outbreak control arrangements in Nottinghamshire.	Jonathan Gribbin	Edward Shaw	

Report title	Purpose	Lead officer	Report author(s)	Notes
MEETING: Wednesday 7 October 2020 (2pm)				
Chair's report	An update by Councillor Tony Harper on local and national issues for consideration by Health & Wellbeing Board members to determine implications for Board matters.	Councillor Tony Harper	Edward Shaw	
COVID-19 Engagement & Communication Strategy	To identify actions that member organisations of the Health & Wellbeing Board can take to strengthen communications in relation to COVID-19.	Luke Barrett		
Better Care Fund update and retrospective approval of the 2019-20 Better Care Fund planning template submission	To approve the Better Care Fund (2019-20, quarter 4) reporting template, note the actions underway to progress the recommendations recently approved by the Health & Wellbeing Board, and note progress made to finalise the Section 75 Better Care Fund agreement.	Melanie Brooks	Clare Gilbert / Naomi Robinson	
MEETING: Wednesday 4 November 2020 (2pm)				
Chair's report	An update by Councillor Tony Harper on local and national issues for consideration by Health & Wellbeing Board members to determine implications for Board matters.	Councillor Tony Harper		
Indirect impacts of COVID-19 on health outcomes and access to healthcare	A report from NHS Nottingham & Nottinghamshire Clinical Commissioning Group, and NHS Bassetlaw Clinical Commissioning Group, on their overall assessment of the impact of COVID-19 on the provision of healthcare and especially in terms of the impact on health inequalities.	David Ainsworth / Idris Griffiths	Simon Castle / Dr Victoria McGregor-Riley	

Report title	Purpose	Lead officer	Report author(s)	Notes
Approval of the Joint Strategic Needs Assessment work programme (2020-21)		Jonathan Gribbin	Amanda Fletcher / Lucy Hawkin	Originally due to take place on Wednesday 6 May 2020 but suspended due to COVID-19.
WORKSHOP: Wednesday 2 December 2020 (2pm)				
The review of the Better Care Fund programme: Agreeing the vision and principles to guide our integrated approaches for health, care and housing in Nottinghamshire		Melanie Brooks	Clare Gilbert	Originally due to take place on Wednesday 1 April 2020 but suspended due to COVID-19.
MEETING: Wednesday 6 January 2021 (2pm)				
Chair's report	An update by Councillor Tony Harper on local and national issues for consideration by Health & Wellbeing Board members to determine implications for Board matters.	Councillor Tony Harper		
Giving Children the Best Start	A summary of the workshop on Wednesday 5 February 2020.	Colin Pettigrew	Irene Kakoullis / Kerrie Adams	Originally due to take place on Wednesday 6 May 2020 but suspended due to COVID-19.
Breastfeeding	Review of progress in implementing breastfeeding friendly places and actions to increase availability in future. Related to the 'A good start in life' ambition.	Jonathan Gribbin	Kerrie Adams / Tina Bhundia	Originally due to take place on Wednesday 1 July 2020 but suspended due to COVID-19.
Approval of Joint Strategic Needs Assessment chapter: Children & Young Peoples' Emotional and Mental Health		Jonathan Gribbin	Rachel Clark	

Report title	Purpose	Lead officer	Report author(s)	Notes
Pharmaceutical Needs Assessment Supplementary Statement (quarter 1 and quarter 2)		Jonathan Gribbin	Amanda Fletcher / Lucy Hawkin	
WORKSHOP: Wednesday 3 February 2021 (2pm)				
MEETING: Wednesday 3 March 2021 (2pm)				
Chair's report	An update by Councillor Tony Harper on local and national issues for consideration by Health & Wellbeing Board members to determine implications for Board matters.	Councillor Tony Harper		
WORKSHOP: Wednesday 31 March 2021 (2pm)				
MEETING: Wednesday 9 June 2021 (2pm)				
Chair's report		Chair		
Pharmaceutical Needs Assessment Project Plan				The report may be submitted in September 2021.
WORKSHOP: Wednesday 7 July 2021 (2pm)				

Please note that work is underway to confirm specific deadlines for the following items.

Report title	Purpose	Lead officer	Report author(s)	Notes
Future items (dates to be confirmed)				
The return of children to school and associated health and wellbeing issues		Colin Pettigrew		Requested at the Health & Wellbeing Board meeting on Friday 24 July.
COVID-19 housing update		Melanie Brooks		Requested at the Health & Wellbeing Board meeting on Friday 24 July.
Plans to deliver the NHS Long Term Plan in Nottinghamshire	To include the strategies of the Nottingham & Nottinghamshire Integrated Care System, and the South Yorkshire & Bassetlaw Integrated Care System.	Idris Griffiths / Alex Ball	Joanna Cooper / Helen Stevens	Originally due to take place on Wednesday 6 May 2020 but suspended due to COVID-19.
Nottinghamshire's Local Offer for Care Leavers		Colin Pettigrew		Originally due to take place in Autumn / Winter 2020 but suspended due to COVID-19.
Wellbeing at Work Scheme		Jonathan Gribbin	Catherine Pritchard / Lindsay Price	Originally due to take place on Wednesday 1 July 2020 but suspended due to COVID-19.
Nottinghamshire Tobacco Declaration	Update on implementation of the Nottinghamshire Tobacco Declaration across all Health & Wellbeing Board partner organisations.	Councillor Tony Harper	Catherine Pritchard / Lindsay Price	Originally due to take place on Wednesday 1 July 2020 but suspended due to COVID-19.
Annual report from the Healthy & Sustainable Places Coordination Group	An update on the priorities within the 'healthy & sustainable places' ambition of the Joint Health & Wellbeing Strategy, including progress in implementing the health in all policies approach.	Jonathan Gribbin	Dawn Jenkin / Edward Shaw	Originally due to take place on Wednesday 6 May 2020 but suspended due to COVID-19.

Report title	Purpose	Lead officer	Report author(s)	Notes
Better Care Fund update (a year-end report for 2019-20; establishing a plan for 2020-21 / 2021-22)		Melanie Brooks	Clare Gilbert	Originally due to take place on Wednesday 1 July 2020 but suspended due to COVID-19.
Future workshops (dates to be confirmed)				
Health & Work		Melanie Brooks	Dawn Jenkin	Originally due to take place on Wednesday 3 June 2020 but suspended due to COVID-19.
Population Health Management				Originally due to take place in Autumn / Winter 2020 but suspended due to COVID-19.
Inequalities				Originally due to take place in Autumn / Winter 2020 but suspended due to COVID-19.