Nottinghamshire County Council

Health and Wellbeing Board

Wednesday, 05 June 2019 at 14:00

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

AGENDA

1	To note the appointment by Full Council on 16 May 2019 of Councillor Steve Vickers as Chairman for the 2019-20 municipal year.	
2	Election of Vice-Chairman	
3	To note County Councillor membership of the Health and Wellbeing Board for the 2019-20 municipal year as follows: Councillors Joyce Bosnjak, Glynn Gilfoyle, Francis Purdue Horan, Steve Vickers and Martin Wright.	
4	Minutes of the last meeting held on 6 March 2019	3 - 10
5	Apologies for Absence	
6	Declarations of Interests by Members and Officers:- (see note below) (a) Disclosable Pecuniary Interests (b) Private Interests (pecuniary and non-pecuniary)	
7	Chair's Report	11 - 26
8	Bassetlaw Integrated Care Partnership and the Better in Bassetlaw Place Plan 2019-2021	27 - 46
9	Community Resilience and a Whole Family Approach	47 - 52

Notes

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

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

Customer Services Centre 0300 500 80 80

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

Councillors or Officers requiring clarification on whether to make a declaration of interest are invited to contact 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

Nottinghamshire County Council

minutes

Meeting	HEALTH AND WELLBEING BOARD
Date	Wednesday, 6 March 2019 (commencing at 2.00 pm)

Membership
Persons absent are marked with an 'A'

COUNTY COUNCILLORS

Dr John Doddy (Chair)
Glynn Gilfoyle
Stuart Wallace
Muriel Weisz
Martin Wright

DISTRICT COUNCILLORS

A	Tom Hollis	-	Ashfield District Council
A	Susan Shaw	-	Bassetlaw District Council
	Lydia Ball	-	Broxtowe Borough Council
	Henry Wheeler	-	Gedling Borough Council
A	Debbie Mason	-	Rushcliffe Borough Council
	Neill Mison	-	Newark and Sherwood District Council
A	Andrew Tristram	-	Mansfield District Council

OFFICERS

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

CLINICAL COMMISSIONING GROUPS

A	Dr Nicole Atkinson	-	Nottingham West Clinical Commissioning Group
A	Dr Thilan Bartholomeuz	-	Newark and Sherwood Clinical Commissioning Group
	Idris Griffiths	-	Bassetlaw Clinical Commissioning Group
	Dr Jeremy Griffiths	-	Rushcliffe Clinical Commissioning Group

			(Vice-Chair)
A	Dr James Hopkinson	-	Nottingham North and East Clinical Commissioning Group
A	Dr Gavin Lunn	-	Mansfield and Ashfield Clinical Commissioning Group

LOCAL HEALTHWATCH

Jane Laughton - Healthwatch Nottingham & Nottinghamshire

NHS ENGLAND

A Oliver Newbould - North Midlands Area Team, NHS England

NOTTINGHAMSHIRE POLICE AND CRIME COMMISSIONER

A Kevin Dennis

OTHER COUNCILLORS IN ATTENDANCE

Councillor Helen Hollis

OFFICERS IN ATTENDANCE

Martin Gately	-	Democratic Services
Nicola Lane	-	Public Health
Sarah Quilty	-	Public Health
Susan March	-	Public Health
Stephanie Morrissey	-	Public Health
James Wheat	-	Public Health
Jane O'Brien	-	Public Health

OTHER ATTENDEES

Eric Kelly	-	Bassetlaw CCG

MINUTES

The minutes of the last meeting held on 9 January 2019 having been previously circulated were confirmed and signed by the Chairman.

APOLOGIES FOR ABSENCE

Apologies for absence had been received from Idris Griffiths, Bassetlaw CCG, Hazel Buchanan Greater Notts CCG, Councillor Susan Shaw, Bassetlaw District Council and Councillor Andrew Tristram, Mansfield DC. Councillor Steve Vickers replaced Councillor Martin Wright for this meeting only. Councillor Helen Hollis replaced Councillor Tom Hollis as the Ashfield District Council representative.

DECLARATIONS OF INTEREST BY BOARD MEMBERS AND OFFICERS

None.

CHAIRS' REPORT

Councillor Doddy highlighted the recent campaign by Public Health England to encourage cervical screening. The death of Jade Goody from cervical cancer resulted in a national increase in take up at the time due to the publicity. The take up rate in Nottinghamshire is 77%, which is below the national target of 80%. People with learning disabilities are amongst the poorest take up in the UK.

Councillor Doddy also mentioned the 'Let's Live Well in Rushcliffe' social prescribing initiative which combats social isolation and anxiety. Dr Griffiths indicated that he was happy for an executive summary about this initiative to come to a future meeting of the Health and Wellbeing Board for consideration.

RESOLVED: 2019/007

That:

1) The content of the report be noted and consideration be given to any actions required.

HEALTH AND WELLBEING BOARD ACTIONS IN DEVELOPING PUBLIC MENTAL HEALTH PREVENTION

Councillor Doddy explained that the last workshop had focused on preventive aspects and parity of mental health with physical health. Susan March introduced the report and presented the potential actions which would help promote good mental health. The actions included signing up to the Prevention Concordat for Better Mental Health, supporting Mental Health Awareness Week, Every Mind Matters and First Aid Training. Commitment to the actions should be shown at future meetings, with 5-10 minutes devoted to this at the beginning of each Board.

Jane Laughton stated that she would take the actions to the Healthwatch Board for consideration.

RESOLVED: 2019/008

That:

Essential:
Than the Health and Wellbeing Board and individual partners considers and approves the following practical local actions to demonstrate leadership and a commitment in the prevention of mental health problems and the promotion good mental by;

1) Signing up to the The Prevention Concordat for Better Mental Health to increase the focus on the prevention of mental health problems and the promotion of good mental health at a local level.

2) Signing up to the Time to Change campaign to support ending stigma and discrimination around mental health

Desirable:

3) Raising Mental Health awareness during Mental Health awareness week from the13th to 19th of May 2019, by promoting Every Mind Matters within your partner organisations
4) Utilising links with schools to support the mental health resilience programmes for children and young people
5) Undertaking Mental Health First Aid training to increase the number of mental health first aiders within each partner organisation
6) At all future HWB meetings, all HWB members offer a commitment to report back to the HWB on the progress in their organisation and local area, in implementing these actions.

IMPLEMENTATION OF THE NOTTINGHAMSHIRE TOBACCO DECLARATION

Cath Pritchard, Consultant in Public Health, introduced the report and explained that the Health & Wellbeing Board signed up to the tobacco declaration in 2014, and although the number of people smoking has decreased, smoking is still a major cause of ill health, particularly in deprived areas.

Councillor Doddy observed that 10% of women still smoked during pregnancy.

Eric Kelly queried to what extent work was taking place to prevent children from smoking in the first place. Colin Pettigrew replied that innovative work was taking place in schools via the ASSIST peer mentoring programme in schools.

RESOLVED: 2019/009

That:

1) Board Members continue to drive implementation within their own organisations ensuring sign up to the Wellbeing@Work Scheme, if this is not already in place.
2) Board Members, or a member of their organisation, attend a planning meeting to share good practice.
3) A further update be presented in 12 months to demonstrate progress across the partnership.

APPROVAL OF REFRESHED JSNA CHAPTER – LEARNING DISABILITY

James Wheat, Public Health, introduced the report and stated that 51% of the learning disability population are living in their own home, and 58.5% have received GP health checks which exceeds local and national averages.

James Wheat explained that the SEND chapter would address childhood learning disability. The recommendations in the chapter will be taken forward by a partnership group and included in the Adult Social Care Strategy.

RESOLVED: 2019/009

That**:**

1. the Health and Wellbeing Board learning disability Joint Strategic Needs Assessment (JSNA) Chapter be approved.

APPROVAL OF THE JSNA CHAPTER – AVOIDABLE INJURIES IN CHILDREN

Stephanie Morrissey, Public Health, introduced the new report on the JSNA chapter on avoidable injuries in children. This chapter looks at avoidable injuries on the road, at home and during leisure. Nottinghamshire is similar to the England average, there is a decline in the numbers of killed or seriously injured (KSI) 0-15 – though Ashfield has the highest KSI rate. Members heard that the cost of safety equipment in homes was often one of the biggest barriers to improvement in deprived communities.

RESOLVED: 2019/0010

That:

1) the Nottinghamshire Avoidable Injuries in Children and Young People Joint Strategic Needs Assessment (JSNA) Chapter be approved.

APPROVAL OF THE JSNA CHAPTER – SELF-HARM

Jane O'Brien, Public Health, introduced the report following the Health and Wellbeing Board in 2018. Members heard that self-harm was a behaviour, not a mental illness and affects all ages – though it is common in 11-25s. It is largely a hidden issue and not all suicide is preceded by self-harm.

Members supported the resilience work within schools, but also raised concerns about waiting times to access services.

RESOLVED: 2019/0011

That:

1) the Nottinghamshire Self-Harm Joint Strategic Needs Assessment (JSNA) Chapter be approved.

APPROVAL OF THE REFRESHED JSNA CHAPTER – DOMESTIC ABUSE

Gill Oliver, Public Health, introduced the report which reflected local and national changes regarding domestic abuse, including changes to legislation. Domestic abuse

represents 20% of violent crime, and between July 2017 and June 2018, there was a 14.4% increase in reporting.

RESOLVED: 2019/0012

That:

1) the refreshed Nottinghamshire Domestic Abuse Needs Assessment (JSNA) be approved.

BETTER CARE FUND PERFORMANCE

Joanna Cooper presented a report of Quarter 3 performance for 2018/19, during which time, four of the six key measures were below target, mostly as a result of winter pressures. There are measures in place to address the issues, identifying those people who use services most often and looking at ways to better meet their needs.

Members heard that although the formal guidelines for the BCF had not yet been published the BCF was expected to continue. A draft plan has been prepared for 2019/20 and will be brought to a future meeting for approval once the national guidance is issued.

RESOLVED: 2019/0013

That:

1) the Q3 2018/19 national quarterly performance report be approved.

2018/19 PROGRESS UPDATE AND APPROVAL FOR THE USE OF THE BCF CARE ACT ALLOCATION (RECURRENT AND RESERVE), THE IMPROVED BCF AND WINTER PRESSURES GRANT 2019/20

Sue Batty, Service Director, Adult Social Care and Health gave an update on the Care Act allocation of the BCF, the Improved BCF and winter pressures grant have been used and some of the benefits of this. Nottinghamshire County Council is one of the top performers for avoiding delayed transfers of care due to social care, and is leading on the use of technology to share information across health and care and has invested in a Homefirst Rapid Response Service that is supporting more people to be able to go home quickly after a stay in hospital. The Board also approved the plan for use of next year's Winter Pressure's grant 2019/20.

RESOLVED: 2019/0014

That:

1. Overall progress with the projects and schemes supported to date by the Better Care Fund Care Act Recurrent and Reserve Allocations, the Improved BCF and the Winter Pressures Grant in 2018/19 be noted.

2. The plan summarised in the table below within the 2019/20 Better Care Fund Care Act Reserve Allocation, the Improved BCF and the Winter Pressures Grant be approved.

3. The delegation of authority to the Corporate Director of Adult Social Care and Health in consultation with the Chair and Vice Chair to act on behalf of the Board, should the issuing of the revised national guidance require adjustments to the plan be approved.

BCF Reserve

Nottingham/Nottinghamshire Integrated Care System Programme	£89,876

Improved BCF

Meeting adult social care needs	Adult Social Care Strategic Transformation Programmes – to continue to deliver the savings set out at paragraph	£1,954,331

Winter Pressures Grant

Increased temporary social care staffing to enable effective hospital discharge planning, including provision of seven-day services and support for people with mental health needs leaving hospital	Additional Occupational Therapy staffing to support appropriate referrals to START re-ablement and homecare, sharing learning on ways to minimise risk in planning initial packages of support in hospitals and the community.	£136,846
	Additional Social Worker staffing in district community mental health teams to support earlier mental health discharge planning	£159,651
	Additional Social Worker and Community Care Officer staffing to support increased winter demand for assessment and discharge planning	£270,598
	Additional staffing to support the commissioning and purchasing of care and support packages	£147,910
Expansion of Reablement provision – a range of short-term services are focused on supporting people to regain their skills and confidence	Additional Occupational Therapy and Community Care Officer capacity (Short–Term Independence Service)	£63,402
	Promoting Independence Workers in START re-ablement service	£71,769

Ensuring adequate brokerage services – this helps manage the allocation of community packages, such as homecare, to providers who have capacity in the right geographic location	Additional brokerage support capacity to enable community services such as homecare to be put in place quickly for people needing it e.g. as part of hospital discharge planning	£26,455
Expansion of capacity in the County's available community-based care provision, such as home care and prevention services	Increased capacity in the Homefirst Rapid Response Service to provide fast short term support for people leaving hospital as well as at home to avoid a hospital admission	£833,000
	Additional Occupational Therapy capacity to district teams and the younger adults' reviewing team e.g to ensure appropriate equipment is used to avoid the need for two homecare workers on calls	£45,616
	Co-Production Development Workers	£79,365
Additional domiciliary care packages (not reablement)	Packages of community care to meet increased demand	£1,346,194
Additional placement capacity in nursing or residential care home (not reablement)	Residential and Nursing Care Home placements to meet increased demand	£1,346,194
Moved from BCF Reserve to support additional packages and placements		-£1,000,000
TOTAL		**£3,527,000**

WORK PROGRAMME

The Chairman indicated that a future workshop might focus on alcohol issues. In addition, mental health updates would be added to the work programme.

The meeting closed at 15:50

CHAIR

Nottinghamshire County Council

Report to Health and Wellbeing Board
5 June 2019

Agenda Item: 7

REPORT OF THE CHAIR OF THE HEALTH AND WELLBEING BOARD

CHAIR'S REPORT

Purpose of the Report

1. An update by Councillor Steve Vickers on local and national issues for consideration by Board members to determine implications for Board matters.

Information

2. **National Clean Air Day 20 June 2019 – good news!**
It's National Clean Air Day on 20th June, an annual day aiming to raise awareness on the importance of clean air and what people can do to both reduce their contribution to air pollution and reduce their exposure to it. On and before the Clean Air Day, the County Council and partners will be using social media and other publicity to share messages about the opportunities available in the county to enable residents to make choices that help improve air quality. This is also an opportunity to showcase the good work we are already doing across the Health & Wellbeing Board. Examples of this include:

In **Nottinghamshire County Council:**

- Transport infrastructure programmes to enable more walking and cycling; capacity improvements to address journey time delay; bus improvements by improving journey times and reliability of services
- The Travel Choice programme to encourage more walking and cycling in the county through personalised travel planning in households, with school leavers, job seekers and businesses.
- Ultra-Low Emission Vehicles programme which so far has installed 9 electric vehicle charging points at various locations across the county. Grants are also available to businesses to help towards sustainable travel improvements.
- Retrofitting older polluting buses that travel through air quality management areas.
- **The Nottinghamshare** car share scheme.
- Council buildings heated by gas or biomass rather than by coal boilers.

Borough Councils develop joint action plans (which are reviewed annually) to tackle the issues air quality issues related to transport. Further information can be found in the 'Air Quality Progress Reports' on the Gedling Borough Council and Rushcliffe Borough Council and Broxtowe Borough Council websites respectively.
Rushcliffe Borough Council are trialling a walking bus scheme to be launched in Ruddington on Clean Air Day.

Ashfield District Council are part of the Go ultra-low project working with Nottingham City Council. As part of this electric vehicle charging points are being installed in the district.

Broxtowe Borough Council has two fully electric buses operating in their area which will complete their first year of service in June 2019. Funding has been secured by Nottinghamshire County council for 4 more.

Mansfield District Council is in the process of undertaking an Air Quality Review. Initial results show that levels of nitrogen dioxide have decreased across all 15 sites where air quality impact of traffic emissions is monitored.

Gedling Borough Council has has been running the ECO Stars Fleet Recognition Scheme across Gedling and across the conurbation since 2012. There are currently approx. 112 members operating over 7500 vehicles in the Nottingham Urban Area including EMAS which were the 100th member. The council also have an air quality policy in the adopted 2018 Local Development Plan .This refers developers to a planning guidance note which has been used to secure mitigation on development.

Members of the Health and Wellbeing Board are asked to note the good work already in place and consider whether they could be adopted or adapted within their own organisations and to continue to support air quality initiatives across the County.

3. **Award winning "life-changing" Nottinghamshire Warm Homes on Prescription scheme**
A scheme to deliver affordable warmth to those in need has won a regional award for its work helping low income residents with cold-sensitive health conditions.

The Nottinghamshire Warm Homes on Prescription scheme, won the 'collaborative working' accolade in the 2019 Building Communities Awards, which celebrates excellence in the housing community.

The project, which has been hailed "excellent" by residents involved, aims to prevent unplanned admissions to hospital as well as improving overall health for residents with long term health conditions made worse by cold living conditions, particularly respiratory diseases and those at risk of heart attack, stroke and falls.

Health workers, council officers and GPs work with partners including Age UK, Nottingham Energy Partnership, and Nottinghamshire fire service to identify residents in need. Subsequently, a range of actions are then taken to achieve affordable warmth for the householder, including both heating and insulation works and income maximisation, benefits checks and fuel switching. The scheme is hosted by Newark and Sherwood District Council but is a collaboration which includes District, Borough and County Councils and is primarily funded through the Better Care Fund. Councillor Bruce Laughton, chairman of Newark and Sherwood District Council's homes and communities committee, said: "The Warm Homes on Prescription project is making a real difference to the health and well-being of some of the most vulnerable residents. This award is testament to the dedication and passion of the project team to improve the lives of residents and provide them with the support to keep safe and warm, for some at a critical time for their health."

Residents have described the project as "life changing" and making a "huge difference to our daily lives".

Hosted by procurement consortium EEM Ltd, the Building Communities Awards recognise the professionalism, excellence and innovation of the East Midlands' construction and housing sectors.

For more information contact John Shiel john.shiel@nottscc.gov.uk t: 0115 9772957.

4. **Gedling Borough Council adopts a Menopause at Work Policy**
The purpose of this new policy is to provide managers and team members with information about what menopause is and identify how the organisation can respond in practical and positive ways to ensure women experiencing symptoms of menopause can be supported within the workplace.

   Its main objectives are:
   - To inform of causes and symptoms of menopause
   - To identify specific roles of a manager to effectively support employees within their team who are experiencing the symptoms of menopause to foster an environment in which employees can openly and comfortably engage in discussions about menopause and to ensure that women suffering with menopause symptoms feel confident to ask for support and reasonable adjustments
   - To identify links to other relevant local policies and organisational support that exist to help support women who are experiencing the menopause
   - To identify channels of support

   For more information contact: David Archer, Service Manager Organisational Development – david.archer@gedling.gov.uk.

5. **Nottingham & Nottinghamshire ICS Mental Health Strategy**
The all age Nottingham and Nottinghamshire mental health strategy has been published, following work involving Nottinghamshire Healthcare, CCGs, hospitals and Local Authorities, as well as the third sector, service users, carers and other partners, including the police and housing.

   The Strategy builds on the many positive aspects of services provided in the area and the improvements already being made in support of NHS England's Five Year Forward View for Mental Health and the NHS Long Term Plan.
   The Strategy will be presented to the Health and Wellbeing Board in the Autumn for further consideration.

6. **Bassetlaw ICP Bulletin**
Edition 5 of the Integrated Care Partnership bulletin, which includes updates about the Primary Care Networks, mental health themed 'system perfect week', the local 'Miles in May initiative and other Bassetlaw health and wellbeing news is available on the Better in Bassetlaw Website.

7. **Improvements to Worksop Town Centre – feedback request**
   Worksop Town Commission is a group of local stakeholders spanning business, local government, police and health to drive improvements to the town centre. The feedback of local residents, workers and stakeholders is key to this. As such, views are invited via the following link: https://www.placestandard.scot/start/worksop-resident-visitors-workers.

   If Board members could the link share with service users and the public, even better, as this data will be critical to improving the community around the town.

8. **ICT Health and Integration update**
   Nottingham University Hospitals (NUH)
   On 25th April NCC and NUH successfully went live with Electronic Referrals to social care. This means sending information directly from the NUH ICT systems into NCC's social care system. This builds on the rollout of similar work at Sherwood Forest Hospital Trust last summer.

   Previously the process involved NCC employees manually typing the information from one system into another to create the new referral to social care. The new system has reduced the time spent by staff typing in the same information across systems and allows referrals to be sent at weekends and bank holidays without delay.

   The next steps will be to share more patient information changes and updates between the systems to help save more time and improve the discharge process for patients leaving hospital with social care support.

   Nottinghamshire Health and Care Portal (NHCP)
   The Nottinghamshire Health and Care portal has been set up to share patient information for all organisations involved in supporting the health and care needs of Nottinghamshire citizens.

   Finalisation of legal documents means NCC pilot users of the NHCP (Rushcliffe Older Adults Team) now have access to GP data for all South and Mid Nottinghamshire GP practices. This adds to the existing Hospital data from NUH and SFHT alongside some mental health data from Nottinghamshire Healthcare Trust.

   Wider roll out of the portal to Adult Social Care teams will take place over the summer. This will also then be followed by Social Care information being added in the portal later in the year.

   The portal allows staff across all health and care organisations to have access to the information they need, to make faster and more informed decisions for the people the care for across Nottinghamshire.

   For more information about either ICT integration project contact rosie.gilbert@nottscc.gov.uk

PROGRESS FROM PREVIOUS MEETINGS

9. **Mental health updates**
   At the meeting in March Board members agreed a number of actions to improve mental health in Nottinghamshire. Following a workshop in February all partners agreed to sign up to the Prevention Concordat for Better Mental Health and the Time to Change campaign, to increase the number of mental health first aiders and to report back on progress at each meeting.

   I will be asking each Board member to give a brief update on progress in their organisation during the meeting on the actions to monitor progress.

10. **Let's Live Well in Rushcliffe Evaluation**
    The full evaluation of Let's Live Well in Rushcliffe has been completed by Nottingham Trent University. The evaluation involved a multi-method approach compiling three different studies. A patient survey study (at baseline, 4 & 8 months to assess the extent to which the LLWiR impacts upon health, wellbeing and service usage. A GP & Nurse survey assessing their perceptions and experiences of the programme and an interview study with the beneficiaries, co-production members and other key stakeholders.

    The report demonstrated sustained improvements in quality of life, reduced primary and secondary care usage and demonstrated a full return on investment within 12 months of the intervention. The GP / Nurse survey highlighted the positive perceptions of the service highlighting its value and the high levels of confidence in referring, some highlighted that further feedback to the referrer would be preferable. Finally, the interviews with beneficiaries highlighted the valued extra time and space that staff were able to commit and the relationship built improved their likelihood of meeting their goals.

    If you would like further information or a copy of the report, please email Alex Julian ajulian@rushcliffe.gov.uk

11. **Nottinghamshire Spatial Planning and Health Framework 2019-2022**
    A refresh of the Nottinghamshire Planning and Health Framework (2019 -2022) is now completed and brings together the Spatial Planning for Health and Wellbeing for Nottinghamshire (2016) and Planning and Health Engagement Protocol (2017) into a single guidance document.

    The Framework sets out key steps that provides guidance on addressing the impact of a proposal or statutory local development plans on the health and wellbeing of the population and sets out good practice to ensure health requirements are met across Nottinghamshire. It has been developed in collaboration with partners involved in the health and planning functions from across both the county and districts.

    The framework has been used by District Planning authorities in the development and implementation of local plans. A successful Planning and Health workshop was undertaken by Rushcliffe Borough Council to apply it for local use with similar workshops planned with other districts as well as partners within NHS infrastructure and Estates.

    For more information contact Nina Wilson Principal Planning Officer: nina.wilson@nottscc.gov.uk or Jenny Charles Jones - Public Health & Commissioning Manager: jenny.charles-jones@nottscc.gov.uk

12. **Strength and balance classes**
    As part of the Public Health and Adult Social Care falls prevention programme, Everyone Health is now delivering 21 ENGAGE falls prevention exercise classes across the County. The classes involve both seated and standing exercise specifically designed to challenge balance and strength and reduce participants risk of falling by making them stronger, improving mobility and confidence.

    Classes are delivered by trained local exercise practitioners, both freelance and staff from district leisure providers and take place in leisure centres, community venues and retirement/sheltered housing. Classes are also being delivered in 6 care homes and the latest development is in 3 day centres.

    There is more information, including a short video about the classes on the Nottinghamshire County Council website.

    For more information contact Stephanie Morrissey e: stephanie.morrissey@nottscc.gov.uk

13. **Nottinghamshire Success in securing Rough Sleeping Initiative Funding!**
    A wrap-around service providing support for rough sleepers in Nottinghamshire has been awarded £450,000.

    The Rough Sleeping Initiative (RSI) funding from the Ministry of Housing Communities Local Government, will see a multi-professional service with Nottinghamshire County Council working alongside the seven district and borough councils, Framework Housing Association and Change, Grow, Live - the provider of substance misuse treatment and recovery service in Nottinghamshire.

    The new service will provide effective support to ensure the underlying issues around homelessness are tackled and appropriate accommodation is sought for rough sleepers. It will also look at providing access to mental health, substance misuse, social care and clinical support.

    As a result of the RSI funding there is now an opportunity for greater integration between services to address the wider health and social care needs of vulnerable adults who are rough sleeping. This work will also link with the development of the Nottinghamshire Supported Housing Strategy and support the evidence base for District and Borough Council local housing strategies.

    See also Nottingham Evening Post article.

    For more information contact John Shiel e: john.sheil@nottscc.gov.uk

PAPERS TO OTHER LOCAL COMMITTEES

14. **The NHS Long Term Plan**

15. **Autism Joint Strategic Needs Assessment and Self-Assessment Framework Actions**
    Reports to Adult Social Care and Public Health Committee
    4 March 2019

16. **Road Safety Around Schools**
    Report to Children & Young People's Committee
    18 March 2019

17. **Public Health Performance and Quality Report for Contracts Funded with Ring-Fenced Public Health Grant 1 October 2018**
18. **Substance Misuse – New Psychoactive Substances (NPS)**
19. **Domestic Abuse Support Services Procurement**
20. **Update on the Integrated Care Providers as part of the two Integrated Care Systems in Nottinghamshire**
    Reports to Adult Social Care and Public Health Committee
    1 April 2019

21. **PCC's Update Report - to January 2019**
22. **Police and Crime Plan (2018-21) - Theme 2 - Helping and Supporting Victims**
    Reports to Nottinghamshire Police and Crime Panel
    1 April 2019

23. **Road Safety Around Schools**
    Report to Policy Committee
    24 April 2019

24. **Nottinghamshire Early Years Improvement Plan**
25. **Young People's Service - Alternative Service Delivery Model Options Appraisal and Remodelling of the Young People's Service**
26. **Provision, Achievements and Progress of the Children in Care Council and Participation of Children and Young People Looked After 2018-19**
27. **Adoption Service Update June 2018 to March 2019**
28. **Child Sexual Exploitation Mid-Year Update 2018-19**
    Reports to Children and Young People's Committee
    29 Apr 2019

NATIONAL GUIDANCE AND INFORMATION

A GOOD START IN LIFE

29. **First 1000 days of life**
    Health and Social Care Committee
    This report calls for the Government to produce a long-term, cross-Government strategy for the first 1000 days of life, setting demanding goals to reduce adverse childhood experiences, improve school readiness and reduce infant mortality and child poverty. The report also calls for the Government's Healthy Child Programme to be revised, improved and given greater impetus.

30. **International comparisons of health and wellbeing in adolescence and early adulthood.**
    Nuffield Trust and Association for Young People's Health
    This report compares young people's health measures over time, comparing the UK to 18 other high-income countries. It finds young people in the UK are making healthier life choices for

themselves than before, but are more likely to die from asthma or have a poor quality of life from long-term conditions compared to counterparts in other high-income countries.

31. **Keeping kids safe: improving safeguarding responses to gang violence and criminal exploitation**
Children's Commissioner
This in-depth study looks at children who are members of gangs and how they can be kept safe. It makes a number of recommendations, including some for implementation within the NHS. It is accompanied by a technical report The characteristics of gang-associated children and young people (pdf) which provides information on the scale of gang associated children and young people identified by statutory services.

32. **Breaking the cycle of youth violence**
Local Government Association.
This report includes case studies.

33. **Child sexual exploitation: prevention and intervention**
Public Health England
This report summarises the emerging evidence from the UK on the issue of child sexual exploitation. It provides practice examples to support local public health leaders to establish a public health framework for prevention and intervention.

34. **Early access to mental health support**
Children's Commissioner
This report examines spending on "low-level" mental health support for children in England. "Low-level" mental health services are preventative and early intervention services for treating problems like anxiety and depression or eating disorders. The report shows there were wide variations between areas in how much funding is available: the top 25% of local areas spent at least £1.1 million or more, while the bottom 25% spent £180,000 or less.

35. **#NewFilters to manage the impact of social media on young people's mental health and wellbeing**
All Party Parliamentary Group on Social Media and Young People's Mental Health and Wellbeing. This is the first national enquiry specifically examining the impact of social media on the mental health and wellbeing of young people which ran from April 2018 to January 2019. The report explores the positive and negative impacts of social media, as well as putting forward recommendations to protect young social media users from potential health harms.

36. **The NHS Long Term Plan: briefing for the children's and young people's sector.**
National Children's Bureau
This briefing summarises the changes proposed by the NHS Long Term Plan, with a focus on those commitments in the plan most relevant to children and young people.

37. **National Evaluation of the Troubled Families Programme 2015-2020**
Ministries for Housing, Communities and Local Government,
These reports detail findings from the evaluation of the Troubled Families Programme 2015 to 2020. The Programme aims to improve outcomes for families transform local services and provide savings for the taxpayer. The national evaluation of the programme looks at how well the programme is achieving those aims. This is the fourth evaluation update and it brings

together findings from the latest analysis of national and local datasets, a cost benefit analysis, case study research, staff survey research and a follow up family survey.

38. **Guidelines on physical activity, sedentary behaviour and sleep for children under 5 years of age.**
World Health Organisation
The guidelines aim to provide recommendations on the amount of time in 24-hours that young children, under 5 years of age, should spend being physically active or sleeping for their health and wellbeing, and the maximum recommended time children should spend on screen-based sedentary activities or time restrained.

HEALTHY & SUSTAINABLE PLACES

39. **Bridging the health and housing gap**
Housing LIN
This video looks at how Extra Care Housing has great potential to reduce the pressure on hospitals by offering temporary, supported accommodation that encourages independence and recovery, while also offering patients an experience of an alternative living environment.

40. **Reframing the conversation on the social determinants of health**
Health Foundation.
This briefing presents the main findings from research commissioned by the Health Foundation, and carried out by the FrameWorks Institute, analysing public understanding, expert opinion and media narrative around health in order to develop more effective approaches to communicating evidence.

41. **Delivering the vision of a 'Smokefree Generation'**
All Party Parliamentary Group on Smoking and Health
This report sets out recommendations from the All Party Parliamentary Group on Smoking and Health for the Green Paper on prevention currently in development. It highlights measures the Government should take to deliver the vision of a smokefree generation.

42. **Vaping in England: an evidence update February 2019**
Public Health England
This document provides an annual update of Public Health England's e-cigarette evidence review. It focuses on vaping prevalence and characteristics of e-cigarette use in adults and young people, and e-cigarette use in English stop-smoking services.

43. **Beyond the high fence: from the unheard voices of people with a learning disability, autism or both.**
NHS England
This document sets out views of people with a learning disability and autistic people who are, or have been, in hospital, setting out what more needs to happen to improve quality of care and support people to make a successful return to their communities.

44. **Social prescribing: applying All Our Health**
Public Health England
This resource supports health professionals prevent ill health and promote wellbeing as part of their practice. It includes guidance on understanding local needs and measuring impact. It also recommends actions that managers and staff holding strategic roles can take.

45. **Improving outdoor air quality and health: review of interventions.**
Public Health England
This document reviews the evidence for practical interventions to reduce harm from outdoor air pollution. It provides local practitioners and policy-makers with an indication of the broad range of interventions that can be used to address different problems and which of those interventions may be worth considering further due to their potential health benefits. The report outlines principles for strategies and the future design and evaluation of interventions.

46. **Living longer: caring in later working life.**
Office for National Statistics
This article examines the interplay between caring and working in later life in the UK. It examines the differences between men and women who work and care, and how who is being cared for drives the number of hours a carer provides and their ability to work.

47. **Tackling inequalities faced by Gypsy, Roma and Traveller Communities.**
Women and Equalities Committee
This report finds there has been a persistent failure by national and local policy makers to tackle long standing inequalities facing Gypsy, Roma and Traveller communities in any sustained way. These communities have the worst outcomes of any ethnic group across a range of areas, including education, health, employment, criminal justice and hate crime.

48. **Reframing the conversation on the social determinants of health**
Healthcare Financial Management Association
This briefing presents the main findings from research commissioned by the Health Foundation, and carried out by the FrameWorks Institute, analysing public understanding, expert opinion and media narrative around health in order to develop more effective approaches to communicating evidence.

49. **Supporting young parents to reach their full potential**
Local Government Association
This document contains case studies showing how local councils, sometimes working in collaboration with CCGs, can make a difference to young parents and ensure they get the help they need.

50. **The State of Ageing in 2019**
Centre for Ageing Better.
This report provides a snapshot of ageing today and in the future. It uses publicly available data to give a snapshot of what life is like for people aged 65 and older and investigates the prospects for people currently in their 50s and 60s looking across four crucial areas: work and finances, housing, health and communities.

51. **Living longer: caring in later working life**
Office for National Statistics
This article examines the interplay between caring and working in later life in the UK. It examines the differences between men and women who work and care, and how who is being cared for drives the number of hours a carer provides and their ability to work.

52. **Autism – overview of UK policy and services**
House of Commons Library
This briefing provides an overview of policies and services for people with autism, primarily in England.

53. **Dementia 2020 challenge: 2018 review phase 1**
Department of Health and Social Care
This report summarises the views of stakeholders on the progress of the challenge on dementia so far and sets out revised actions for the final 2 years of the challenge.

54. **A vision for prevention: priorities for the Government's green paper on health prevention**
Centre for Mental health
This document summarises the key areas where prevention can make a difference in relation to mental health and wellbeing.

55. **Prevention before cure: prioritising population health**
BMA
A policy paper which contains a suggested framework for a cross government approach to prioritising population health. The framework outlines four areas that should be considered: addressing the social determinants that influence health; increased and sustained funding for public health; prioritising prevention through the health service; and effective regulation to tackle key-drivers of public health

56. **Shaping healthy places: exploring the district council role for health**
Local Government Association
This publication presents case study examples showing how district councils have improved the health of their local areas.

57. **Substance misuse and mental health support**
Public Health England has published the following case studies relating to substance misuse and mental health support:
- Making substance misuse and mental health support more inclusive – explains how a service for young people in North Yorkshire works with other agencies to focus on all their emotional wellbeing, substance misuse and mental health needs
- Mental health and substance misuse: joined-up services – explains how joining up mental health, alcohol and drug misuse services in a Derby hospital provided better support for people with addiction and mental health problems

WORKING TOGETHER TO IMPROVE HEALTH & CARE SERVICES

58. **2019-2020 Better Care Fund: policy framework**
Dept of Health and Social Care and the Ministry of Housing, Communities & Local Government
This document sets out the agreed way in which the Better Care Fund will be implemented in financial year 2019 to 2020 to support councils and NHS organisations to jointly plan and deliver local services.

59. **Integrating Better: new resources on health and social care integration**
Social Care Institute for Excellence

The webinar introduces a new guide which captures common features of good practice of integration between health, social care and the voluntary and community sector. Topics included in the guide include leadership for integration, promoting self-care, supporting care closer to home and care and support in a crisis.

60. **Primary care networks explained**
King's Fund
This briefing examines how primary care networks will be formed, funded and held accountable. It also looks at what differences the networks will make for patients.

61. **What the long term plan means for system working**
NHS Providers
This briefing addresses he commitments set out in the long term plan and analyses what they mean for providers within a system context under six key themes: the future of system working, legislative change, governance and accountability, regulation, finances and population health and integration. The briefing is part of a series on the progress of STPs.

GENERAL

62. **Public health indicators**
Quality Watch has examined five public health indicators to see how the quality of public health services has changed in recent years. The five indicators are obesity, smoking, substance misuse (drugs and alcohol), sexual and reproductive health, and immunisations. They present a national view of the health of the population in order to measure the impact of system reforms, funding cuts, and wider societal factors.

63. **Public health transformation six years on: partnership and prevention**
Local Government Association
This is the LGA's Public Health Annual Report for 2019. It provides a snapshot of public health based on eight case studies. It also considers information from other recent case studies and reports produced by the LGA on topics of health, integrated care and wellbeing.

64. **Feeling the squeeze: the local impact of cuts to public health budgets in England**
This report aims to highlight the impact of cuts to public health budgets through assessing whether changes to public health funding reflect local population health needs, and by exploring the impact these cuts have on the delivery of public health services locally.

CONSULTATIONS

65. **Reducing childhood obesity**
The Department of Health and Social Care has launched a consultation on how the government can reduce children's exposure to advertising for products high in fat, salt and sugar on TV and online in order to reduce children's over consumption of these products.

The consultation closes on June 10th.

66. **CCG merger consultation**
The six CCGs in Nottingham and Nottinghamshire have been working in closer alignment since the area became one of the first-wave of Integrated Care Systems (ICSs) nationally in 2017

(Nottingham West, Nottingham North & East, Mansfield & Ashfield, Newark & Sherwood, Rushcliffe & Nottingham City CCGs).

The CCGs are now starting to form a joint leadership team and will be beginning a wider internal reorganisation during the summer of this year.

The next stage in this evolution is the proposed formal merger of all six existing CCGs into one single strategic commissioning organisation within the Nottingham and Nottinghamshire ICS. This is the recommended model in the recently published NHS Long Term Plan and will complement wider changes to NHS services as well as local transformation with the roll out of Primary Care Networks.

Reducing the number of CCGs will unlock significant savings in the administration and management costs for the NHS, helping to protect patient services and maximising the amount of taxpayer investment in the NHS reaching front-line patient care.

There will be a formal consultation with all local GPs as well as wider stakeholders about formal proposals to merge the CCGs. A timeline and full consultation document are available on: **www.nottinghamnortheastccg.nhs.uk/nhs/ccgs-merger**

It is important to note that some elements of the existing arrangements will continue into the new approach. These include:

- The new CCG will remain a clinically-led organisation and clinicians (including GPs, nurses and Allied Health Professionals) will continue to participate in decision-making and transformational change
- Local people, clinicians and stakeholders will continue to be involved and engaged in commissioning decisions
- There will be clear mechanisms in place to ensure that commissioning managers operating at a more strategic level do not lose local knowledge or sight of locality and population-based needs
- Relationships with healthcare providers, including the voluntary sector, will be maintained and continually strengthened
- Some resources will be prioritised and ring-fenced certain in accordance with specific locality and population need, in particular, deprived communities
- Focus will continue on maintaining existing good, or improving provider performance, as well as addressing more challenging provider performance elsewhere in the county
- Nursing and Allied Health Professions will play an essential role in the leadership and coordination of care services, and their voice will be reflected both within integration plans and across the system architecture as it develops.

As a key stakeholder for the CCGs Health and Wellbeing Board members are asked to comment on this proposed merger via the online survey https://www.surveymonkey.com/r/ProposedCCGMerger by Monday June 17th.

Other Options Considered

67. This report is an update on local and national developments relating to health and wellbeing.

Reason/s for Recommendation/s

68. To identify potential actions to improve health and wellbeing in Nottinghamshire.

Statutory and Policy Implications

69. 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

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

RECOMMENDATION/S

1) That members of the Board comment on and consider the content of this report in relation to the Joint Health and Wellbeing Strategy for Nottinghamshire.

2) Members of the Board consider whether initiatives to improve air quality in Nottinghamshire could be adopted or adapted within their own organisations and continue to support air quality initiatives across the County.

3) That all Board members provide a verbal update on progress in signing up to the Prevention Concordat for Better Mental Health, the Time to Change Campaign and the number of mental health first aiders within their organisation at the meeting to demonstrate commitment to and implementation of actions agreed at the March 2019 meeting.

Councillor Steve Vickers
Chairman of Health and Wellbeing Board

For any enquiries about this report please contact:

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

Constitutional Comments (SLB 24/05/2019)

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

Financial Comments (DG 23/05/2019)

72. There are no specific financial implications arising out of 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 and Wellbeing Board Actions in Developing Public Mental Health Prevention Approaches in Nottinghamshire
Report to Nottinghamshire Health and Wellbeing Board
6 March 2019

Electoral Division(s) and Member(s) Affected

- All

Nottinghamshire County Council

Report to Nottinghamshire Health and Wellbeing Board

5th June 2019

Agenda Item: 8

REPORT OF THE CHIEF OFFICER OF BASSETLAW CCG

BASSETLAW INTEGRATED CARE PARTNERSHIP AND THE 'BETTER IN BASSETLAW PLACE PLAN 2019-2021'

Purpose of the Report

1. This report supports the presentation on the Bassetlaw Integrated Care Partnership (ICP) and the 'Better in Bassetlaw Place Plan 2019-2021', to be delivered to the Health and Wellbeing Board.

2. It is recommended that the Board consider the developments to the Bassetlaw Place Plan and potential opportunities to work together to improve health and wellbeing in Nottinghamshire.

Information

3. Bassetlaw Integrated Care Partnership is a partnership of chief executives and senior leaders from BCVS (Bassetlaw Community and Voluntary Service), Bassetlaw District Council, Bassetlaw NHS CCG, Doncaster and Bassetlaw Hospitals NHS Trust, Healthwatch, Nottinghamshire County Council, Nottinghamshire Healthcare NHS Foundation Trust and three Primary Care Networks. The board meetings are chaired by the Director of BCVS.

4. The ICP will deliver improvement in experiences, health and wellbeing for Bassetlaw citizens by 2021, through simpler, integrated, responsive and well understood services which ensure people get the right support at the right time. Its plans for doing this are set out in the 'Better in Bassetlaw Place Plan 2019-2021', which was approved by the board in February 2019 is available at the ICP's website at www.betterinbassetlaw.co.uk

5. The Place Plan describes the priorities and work streams of the ICP, and how they align to the Nottinghamshire Health and Wellbeing Strategy, and the South Yorkshire and Bassetlaw Integrated Care System (ICS).

6. The Place Plan will be presented to the Board at the meeting. Slides for the presentation are attached as Appendix 1 for reference.

Other Options Considered

7. Not applicable

Reason/s for Recommendation/s

8. It is recommended that the Board consider potential opportunities to work collaboratively to improve health and wellbeing in Nottinghamshire.

Statutory and Policy Implications

9. 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

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

Public Sector Equality Duty implications

11. 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.

RECOMMENDATION/S

1) It is recommended that the Board consider the developments to the Bassetlaw Place Plan and potential opportunities to work together to improve health and wellbeing in Nottinghamshire.

Idris Griffiths
Chief Officer, Bassetlaw NHS Clinical Commissioning Group

For any enquiries about this report please contact: nicole.chavaudra@nhs.net

Nicole Chavaudra
Programme Director, Bassetlaw Integrated Care Partnership.

Constitutional Comments (SB 24/05/2019)

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

Financial Comments (DG 23/05/2019)

13. There are no specific 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.

- 'None' or start list here

Electoral Division(s) and Member(s) Affected

- Bassetlaw

#Better in Bassetlaw

Bassetlaw Integrated Care Partnership

Update for Health and Wellbeing Board, June 2019

BCVS Bassetlaw Community and Voluntary Service

Bassetlaw District Council — North Nottinghamshire —

healthwatch Nottingham & Nottinghamshire

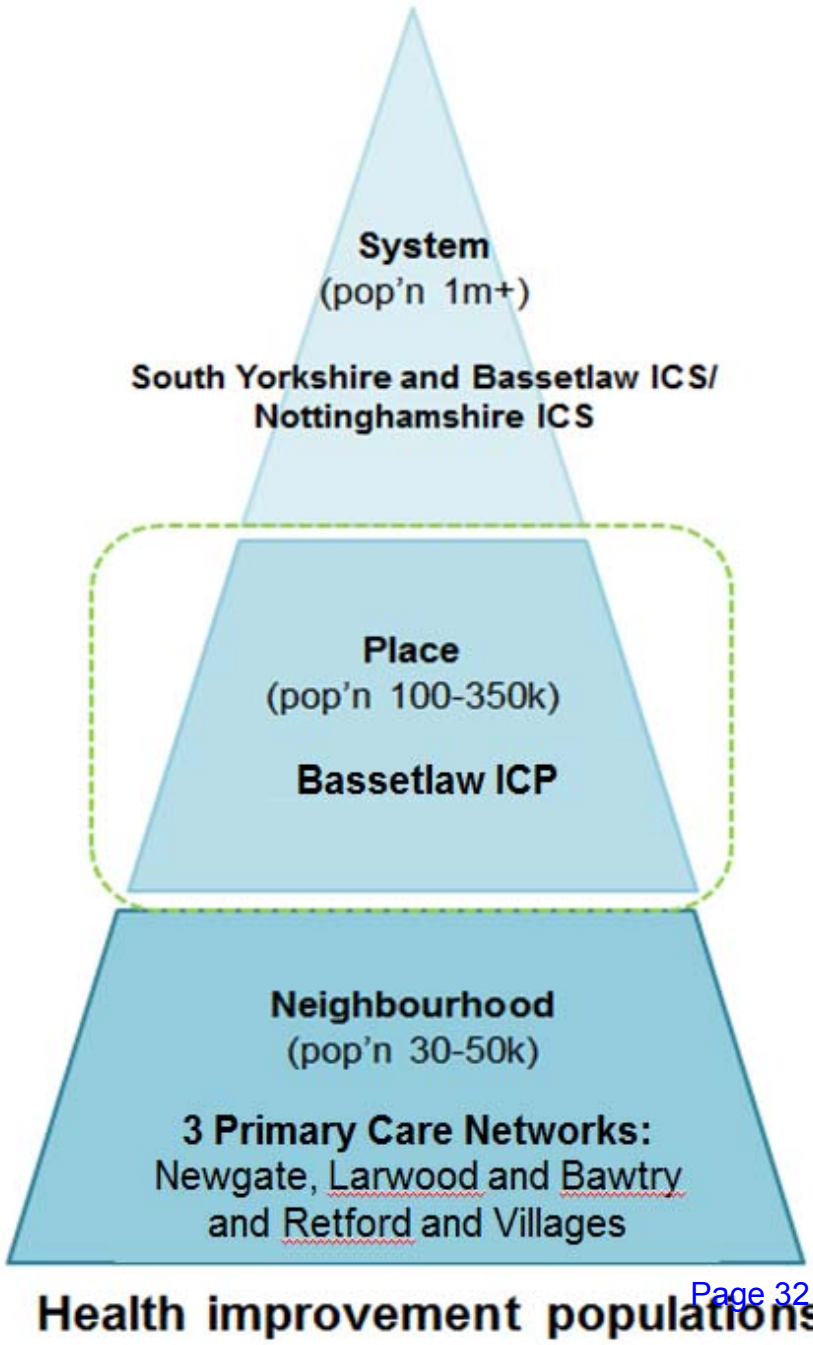
NHS Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

NHS Nottinghamshire Healthcare NHS Foundation Trust

Nottinghamshire County Council

NHS Bassetlaw Clinical Commissioning Group

Bassetlaw Primary Care Homes



The ICP:

- will deliver improvement in experiences, health and wellbeing for Bassetlaw citizens by 2021, through simpler, integrated, responsive and well understood services which ensure people get the right support at the right time;

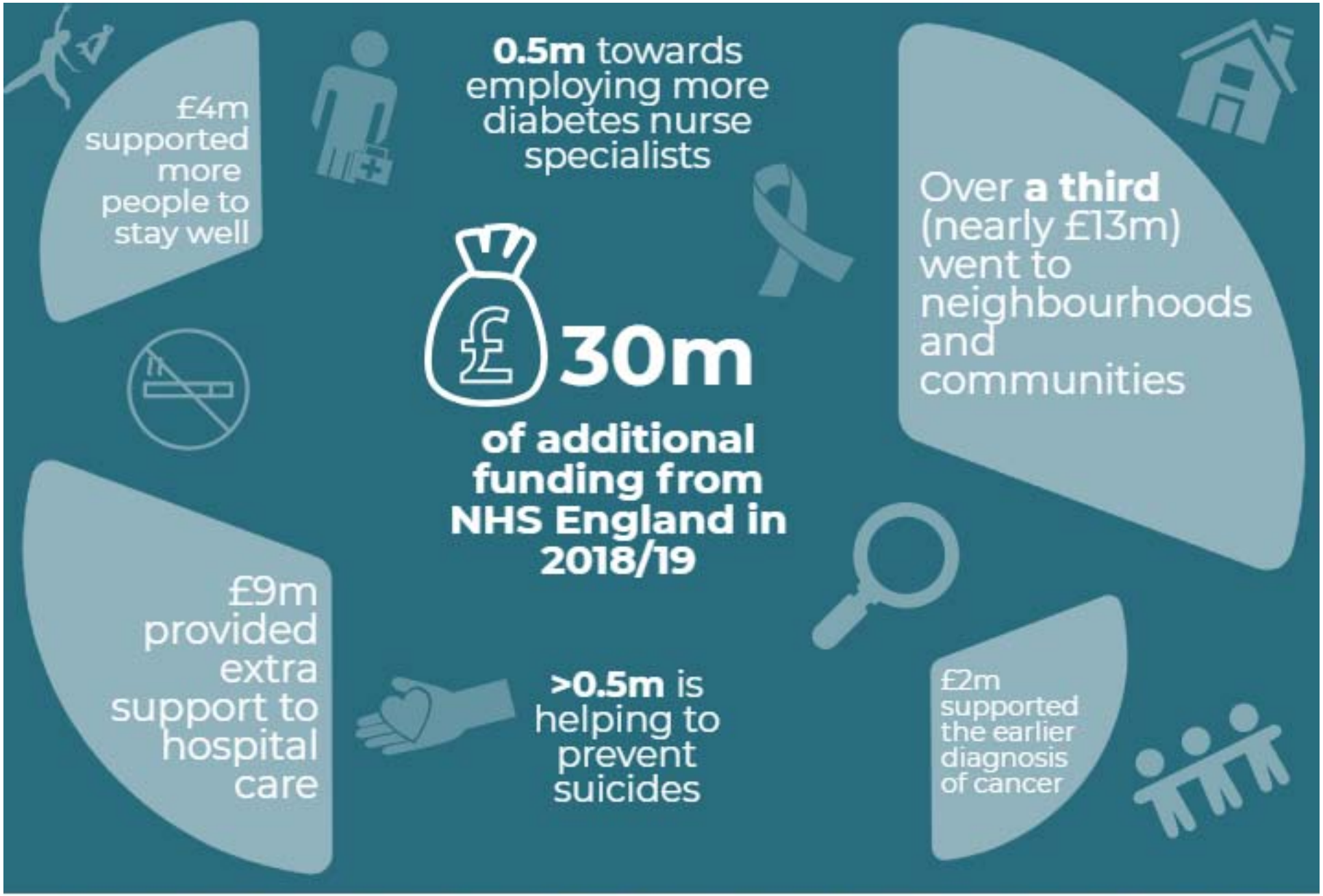
- is a partnership of chief executives and senior leaders from BCVS (Chair), Bassetlaw District Council, Bassetlaw NHS CCG, Doncaster and Bassetlaw Hospitals NHS Trust, Healthwatch, Nottinghamshire County Council, Nottinghamshire Healthcare NHS Foundation Trust and three Primary Care Networks.

South Yorkshire and Bassetlaw: An Integrated Care System

May 2019

Since becoming an ICS…

- We have invested over £1m into our Local Maternity System to improve care for all mothers and babies. 85% of women now have a Personalised Care Plan
- We have new pathways for lower GI, prostate and lung cancers – helping to diagnose and treat people earlier and improve overall outcomes
- A new, perinatal mental health service has been established across Doncaster, Rotherham and Sheffield
- We became a national exemplar in reducing out of area placements in adult mental health services
- We are providing extended access GP appointments, at evenings and weekends, for 100% of our patients
- We have 21 clinical pharmacists, 135 trainee nurse associates and 825 care navigators supporting primary care services across the region


£4m supported more people to stay well
0.5m towards employing more diabetes nurse specialists
Over a third (nearly £13m) went to neighbourhoods and communities
£30m
of additional funding from NHS England in 2018/19
£9m provided extra support to hospital care
>0.5m is helping to prevent suicides
£2m supported the earlier diagnosis of cancer

Since becoming an ICS ...

569 MILLION REASONS

Over 14,000 people shared their views on purchasing over the counter medicines.

@SYBhealthcare

Over 2500 people with long term physical or mental health problems are being supported to find or stay in employment.

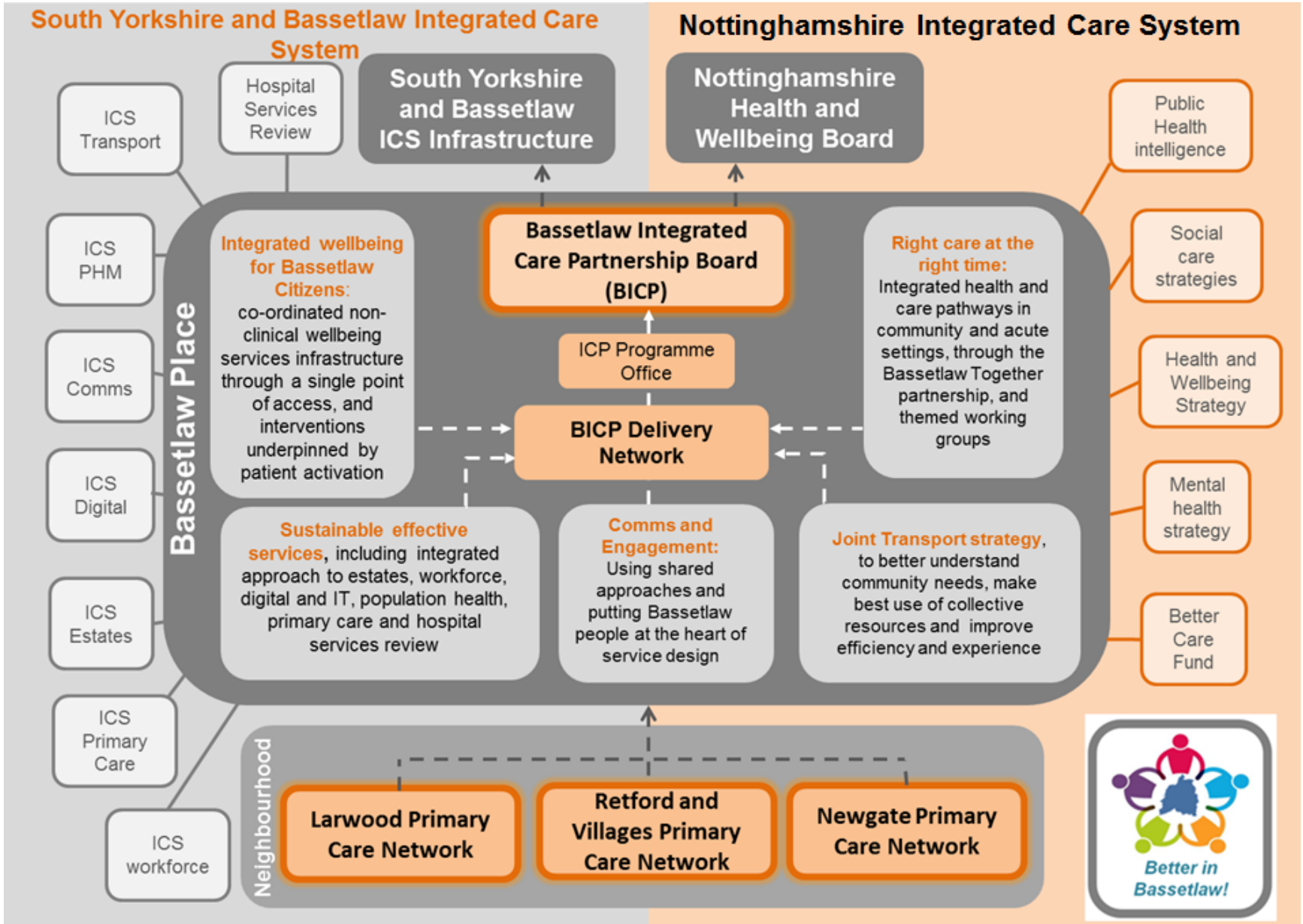
Video case studies highlight our new ways of working:
www.youtube.com/SYBintegratedcaresystem

We have created a Travel and Transport Group to advise on the impacts of service transformation

Our Citizens' Panel celebrated its' first birthday in January 2019 and we have face to face conversations with around 100 members of the public every month

Top media Tweet earned 1,337 impressions

Did you know the AHP workforce is our third largest staff group? We held our first AHP Council last month with nominated reps coming together to see how the thousands of highly qualified and dedicated AHPs can better support our health and care services to deliver the best care
pic.twitter.com/pSeXXs0Q2o


South Yorkshire and Bassetlaw Integrated Care System
Nottinghamshire Integrated Care System
ICS Transport
Hospital Services Review
South Yorkshire and Bassetlaw ICS Infrastructure
Nottinghamshire Health and Wellbeing Board
Public Health intelligence
ICS PHM
Social care strategies
ICS Comms
Health and Wellbeing Strategy
ICS Digital
Mental health strategy
ICS Estates
Better Care Fund
ICS Primary Care
ICS workforce
Bassetlaw Place
Integrated wellbeing for Bassetlaw Citizens: co-ordinated non-clinical wellbeing services infrastructure through a single point of access, and interventions underpinned by patient activation
Bassetlaw Integrated Care Partnership Board (BICP)
ICP Programme Office
BICP Delivery Network
Right care at the right time: Integrated health and care pathways in community and acute settings, through the Bassetlaw Together partnership, and themed working groups
Sustainable effective services, including integrated approach to estates, workforce, digital and IT, population health, primary care and hospital services review
Comms and Engagement: Using shared approaches and putting Bassetlaw people at the heart of service design
Joint Transport strategy, to better understand community needs, make best use of collective resources and improve efficiency and experience
Neighbourhood
Larwood Primary Care Network
Retford and Villages Primary Care Network
Newgate Primary Care Network
Better in Bassetlaw!

http://www.betterinbassetlaw... | NHS England » Primary care n... | NHS England » Resources for ... | Bassetlaw Integrated Care ...

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Better in Bassetlaw!

HOME ABOUT US NEWS & RESOURCES WELLBEING IN BASSETLAW

Better In Bassetlaw Place Plan 2019-2021

Find out more here >

Bassetlaw Integrated Care Partnership

The purpose of the Bassetlaw Integrated Care Partnership is **to deliver improvement in experiences, health and wellbeing for Bassetlaw citizens, through simpler, integrated, responsive and well understood services which ensure people get the right support at the right time.** This will support local people to stay well in their own homes and communities so everyone can be better in Bassetlaw.

MORE ABOUT US

#Better in Bassetlaw

Local priorities

Integrated support for the wellbeing of Bassetlaw citizens, including community-based, person-centred approaches, encompassing welfare, housing, social activities, employment and health support

Providing the right support at the right time, through integrated health and care pathways in community and acute settings

Joined-up communications and engagement, using shared approaches and putting Bassetlaw people at the heart of service design

Joint Transport strategy, to better understand community needs, make best use of collective resources and improve efficiency and experience.

Sustainable and effective services, enabled by an integrated workforce, digital and estates infrastructure and making the best use of the Bassetlaw £.

Integrated Support for the Wellbeing of Bassetlaw Citizens

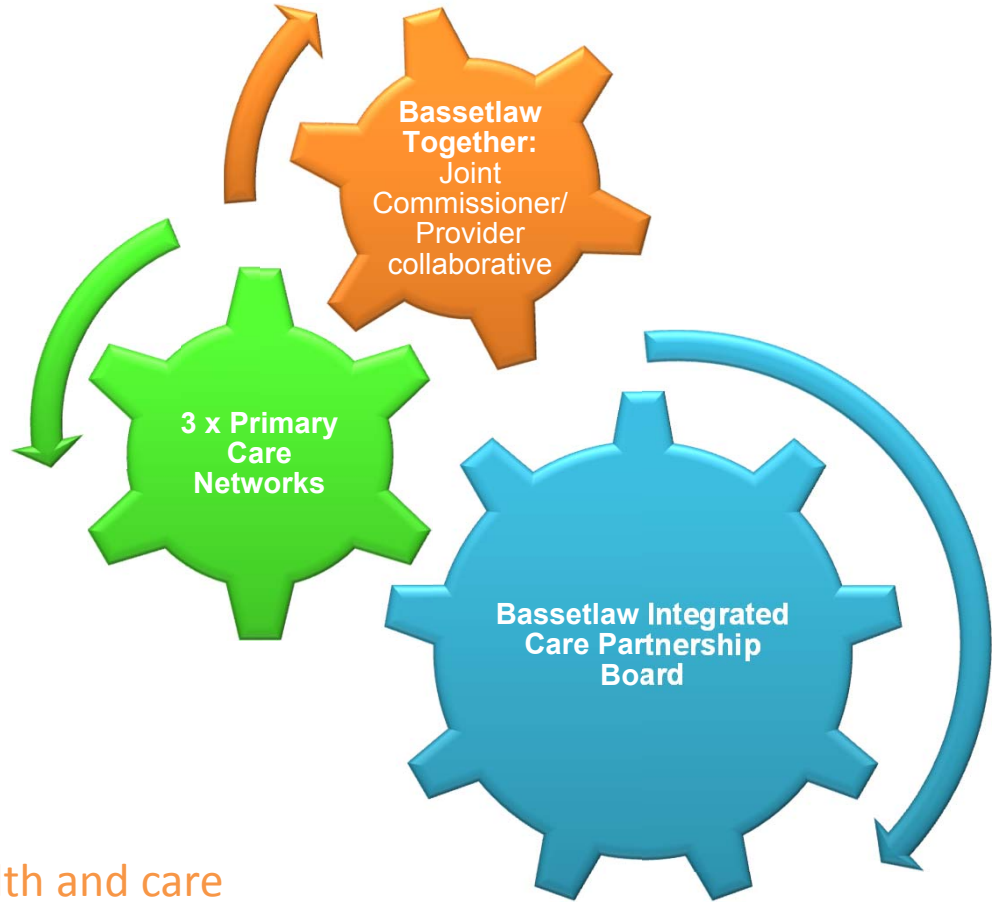
- Engaging local people with Healthwatch – '*what makes the biggest difference to wellbeing, and how should it be accessed?*';
- Insights have informed the development of a model for a single route and referral to non-clinical health and wellbeing support in the community – self-care and patient activation so people have the **knowledge, skills and confidence to manage their own health better** *;
- Promoting physical activity and connecting people - 'Miles in May' *;
- Harworth*.

* Healthy, sustainable places
* Healthier decision making
* Working together to improve health and care services

Providing the Right Support at the Right Time

Development of Bassetlaw Together * – progressive commissioner/ provider collaborative, designing new pathways for:

- Mental health;
- Urgent and intermediate care;
- Dementia and frailty;
- Children and young people's wellbeing*
- And others….



*Working together to improve health and care services

*A good start in life

Communications and Engagement

- Comms and engagement network;
- Partnership bulletin and website – www.betterinbassetlaw.co.uk;
- Shared campaigns – vaping, flu, ED;
- Initiating and collating engagement insights;
- Collaborative partnership model implementation and training across partners

Bassetlaw Integrated Care Partnership: Bulletin

Better in Bassetlaw!

ISSUE 4 FEBRUARY 2019

Better in Bassetlaw: 'Miles in May'

SPECIAL POINTS OF INTEREST

- 'Miles in May'
- Better in Bassetlaw Place Plan launched
- Transport engagement
- Acronym quiz

INSIDE THIS ISSUE

'The 'Miles in May' is a cross-Bassetlaw Integrated Care Partnership (ICP) project involving the NHS, local authorities, voluntary sector, schools and business to encourage as many local people, teams and organisations to complete 26 miles – the equivalent of a marathon – throughout the month of May. Linked to Mental Health Week, which this year has a focus on body image, the initiative seeks to promote the benefits of physical activity for wellbeing, mental and physical health.

Bassetlaw benefits from fantastic resources, from parks, trails and village walks, to a range of sporting and physical activity groups for all abilities and needs. 'Miles in May' will encourage people to enjoy all that Bassetlaw has to offer.

The scheme will launch at the end of February—please promote with your teams and service users so we can get Bassetlaw moving more together. Look out for the initiative and visit www.betterinbassetlaw.co.uk

26 miles

Better in Bassetlaw MILES IN MAY 2019

Bassetlaw's Place Plan is launched

The Integrated Care Partnership's 'Better in Bassetlaw: Place Plan 2019-2021' sets out how partners will work together to **deliver improvement in experiences, health and wellbeing for Bassetlaw citizens by 2021, through simpler, integrated, responsive and well understood services.**

The plan describes the priorities for health and wellbeing including:

- Integrated support for the wellbeing of Bassetlaw citizens,
- Providing the right support at the right time
- Joined-up communications and engagement
- Joint Transport strategy
- Sustainable and effective services.

To view or print the plan, visit www.betterinbassetlaw.co.uk

Better in Bassetlaw: Place Plan 2019-2021

BCVS · Bassetlaw District Council · healthwatch Nottingham & Nottinghamshire · NHS Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust · NHS Nottinghamshire Healthcare NHS Foundation Trust · Nottinghamshire County Council · NHS Bassetlaw Clinical Commissioning Group · Bassetlaw Primary Care Homes

PAGE 1

*Working together to improve health and care services

Bassetlaw Transport Strategy

- Better understanding the relationship between transport and wellbeing* from ethnographic approaches with communities – more to follow;
- Using partnership and influence to shape bus routes and services;
- Link with parish councils via transport summit;
- Joint bids to Better Care Fund for ‘infokioks’;
- Independent travel training, and better use of voluntary sector

Colleagues from Nottinghamshire County Council and the NHS spend time in Mattersey Thorpe to learn about the community

* Healthy, sustainable places

Sustainable, Effective Services

- Making best use of the Bassetlaw £;
- Workforce Strategy;
- Digital and IT;
- Estates;
- Population Health Management and population segmentation approaches.

*Working together to improve health and care services

*A good start in life

Pupils learn about careers in health and care

Measuring success

Bassetlaw Integrated Care Partnership Outcomes Framework								
Indicator	*Target*	*Benchmark*	*Actual*	*YTD*	*Trend*	*Trend Interpretation*	*Frequency*	*Period*
A. Reduced Health and Wellbeing Inequalities								
i.(a) The gap in under 75 Standardised mortality ratios for deaths from Cancer from National Rate		0.0	17.1			ow / downward trend is bette	3 year pooled	2015 17
i. (b) The gap in under 75 Standardised mortality ratios for deaths from Respiratory Disease from National Rate		0.0	3.5			ow / downward trend is bette	3 year pooled	2015 17
i. (c)The gap in under 75 Standardised mortality ratios for deaths from Cardiovascular Disease from National Rate		0.0	1.0			ow / downward trend is bette	3 year pooled	2015 17
ii. Income deprivation		14.6%	13.7%			Lower is better	Annual	2015 16
iii. Number long term unemployed supported back into work (contact made with DWP, awaiting response)							Annual	
iv. Number of healthy options takeaways providers available in Bassetlaw (data available, awaiting response)							Annual	
v. (a) Children in Reception Year classified as obese		9.50%	11.80%			ow / downward trend is bette	Annual	2017 18
v. (b) Children in Year 6 classified as obese		20.10%	22.90%			ow / downward trend is bette	Annual	2017 18
vi. Healthy life expectancy at birth (Males)		79.6	78.7			Higher / Upward trend is bette	3 year pooled	2015 17
vi. Healthy life expectancy at birth (Females)		83.1	81.9			Higher / Upward trend is bette	3 year pooled	2015 17
vii. % children in out of work families (Nottinghamshire)		4.20%	3.5%			Lower is better	Census	2011 12
viii. Child Poverty (Children in low income families (under 16s))		16.8%	15.8%			ow / downward trend is bette	Annual	2015 16
ix. Child development at age 5		60%	57.9%			Higher is better	Annual	2013 14
x. GCSE achievement (5A*-C inc. Eng & Maths)		58%	68.1%			High / Upward trend is better	Annual	2015 16
xi. % households living in fuel poverty		11.1%	11.4%			ow / downward trend is bette	Annual	2016 17
xii. Overcrowded households (at least 1 room too few)		4.8%	2.2%			Lower is better	Census	2011 12
xiii. Homelessness (Statutory homelessness: rate per 1,000 households)		2.4	1.0			ow / downward trend is bette	Annual	2017 18
xiv. Reduced social isolation (TBC - work in progress to establish information flows)								
B. Improved health and wellbeing outcomes								
i. Number of people attending activities supported by Active Communities team (meeting 1st April)	30189		9,177	28,247		Higher is better	Quarterly	2018 19
ii. General health bad or very bad		5.49%	6.74%			Lower is better	Census	2011 12
iii. Low birth weight of term babies		2.82%	3.03%			ow / downward trend is bette	Annual	2017 18
iv. Obese adults		61.3%	66.4%			ow / downward trend is bette	Annual	2016 17
v. Percentage of adults binge drinking on heaviest drinking day (NCC level)		16.5%	15.9%			Lower is better	4 year pooled	2011 - 14
vi. Std Rate of hospital admissions due to (excessive) alcohol consumption (narrow definition)		632	744			ow / downward trend is bette	Monthly	2017 18
vii. Smoking Prevalence		14.9%	19.6%			ow / downward trend is bette	Annual	2017 18
viii. Healthy eating adults		57.4%	55.8%			High / Upward trend is better	Annual	2016 17

Questions and feedback?

Nicole Chavaudra

Programme Director – Bassetlaw Integrated Care Partnership

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Bassetlaw Integrated Care Partnership

#Better in Bassetlaw

Nottinghamshire County Council

Report to Health and Wellbeing Board

05 June 2019

Agenda Item: 9

REPORT OF THE CHAIR OF THE HEALTH AND WELLBEING BOARD

COMMUNITY RESILIENCE AND A WHOLE FAMILY APPROACH

Purpose of the Report

1. To advise Board members of the outcomes and proposed recommendations of the Community Resilience Health & Wellbeing workshop held on 24th April 2019:
   - To agree principles for community asset-based support and social prescribing across Primary Care Networks in Nottinghamshire
   - Endorsing a community organising approach as a critical component for delivering the stronger & resilient communities priority within the Joint Health and Wellbeing Strategy with the intention that partners incorporate this approach when developing new arrangements for social prescribing.
   - Board partners support the promotion and development of Notts HelpYourself as a primary resource to help people find information about community-based assets within health & care in Nottinghamshire.

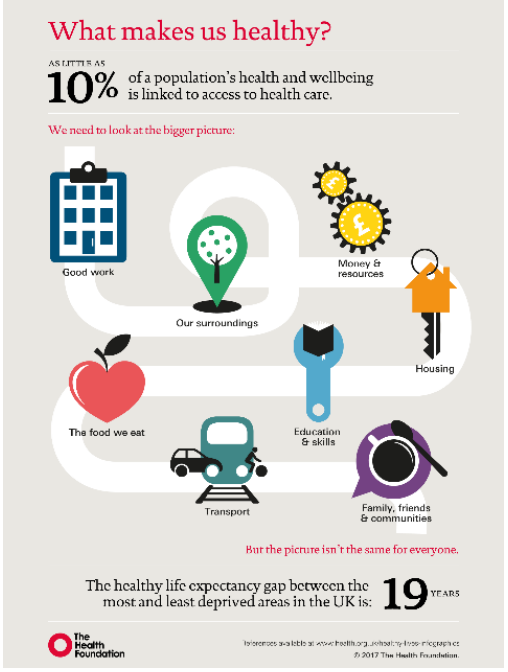
Information

Background

2. Stronger and resilient communities is a new priority for the Health and Wellbeing Board within the Healthy and Sustainable Places ambition of the Joint Health and Wellbeing Strategy. It links strongly with other priorities within the ambition such as physical activity, mental health, the food environment, jobs, skills and employment, compassionate communities supporting people at the end of life and spatial planning.

3. Promoting and supporting communities to be resilient is about equipping them with the tools to confidently and creatively use their assets to develop local solutions which address local challenges such as improving the communities physical, behaviour and social health to withstand, adapt to and recover from adversity.

4. ‘Community’ as a term is often used as shorthand for the relationships, bonds, identities and interests that join people together or give them a shared stake in a place, service, culture or activity.



5. Distinctions are often made between communities of place or geography and communities of interest, identity or affinity, as strategies for engaging people may vary accordingly. Nevertheless, communities are dynamic and complex, and people’s identities and allegiances may shift over time and in different social circumstances.

6. The Board has recognised the impact of community on health and wellbeing as illustrated by the Health Foundation infographic ‘What makes us healthy’ which estimates that up to 90% of health and wellbeing is attributable to wider factors such as work, travel, food and relationships.

7. Securing the best health outcomes requires partners to address the community-level factors which improve health and wellbeing. Community life, social connections and having a voice in local decisions are all factors that have a vital contribution to make to health and wellbeing. These community determinants build resilience helping to provide some protection during difficult periods and influence health related behaviour.

8. All communities have health assets that can contribute to the health and wellbeing of its members. Health assets can include:
   - the skills, knowledge, social competence and commitment of individual community members
   - friendships, inter-generational solidarity, community cohesion and neighbourliness
   - local groups and community and voluntary associations, ranging from formal organisations to informal, mutual aid networks such as babysitting circles
   - physical, environmental and economic resources
   - assets brought by external agencies including the public, private and third sector

9. Working with disadvantaged communities also has the potential to improve health and wellbeing and reduce health inequalities, supporting the delivery of the vision of the Health and Wellbeing Board within the current Joint Health and Wellbeing Strategy.

10. Developing strong and resilient communities to support each other is not a new concept. However, as government resources reduce and demand for services increases, the need for community resilience does become greater. The engagement of all partners including formal health and care services provides an opportunity for involving communities to improve their health themselves by involving them through co-production in service design and pathways of care, medical and non-medical.

<u>Workshop findings</u>

11. At the workshop on 24th April 2019 the Board and partners considered the importance and impact of supporting communities to be resilient. It was proposed that communities be empowered to build on their strengths and needs to develop socially connected situations with

accessible systems which foster community cohesion, a whole family approach and promote individual responsibility. The background paper setting out the context for the workshop is attached as Appendix A.

12. Table discussions identified that the role of communities in improving health and wellbeing, including mental health is significant and a stronger recognition of this by all partners is a key component to success. Feedback identified:
    - The benefits of understanding the power of community influences in developing local solutions which tackle isolation and loneliness, poor physical health and declining mental health.
    - The importance of a family-based approach which considers all age groups
    - The importance of the role of the Health and Wellbeing Board in influencing and encouraging all partners to adopt a community asset-based approach that includes social prescribing with a shared view of the components required to make it effective and sustainable
    - The NHS Plan has a commitment to increasing access to social prescribing across the population, but this must be supported by a commitment to develop community health assets
    - The importance of defining common principles for how partners adopt effective approaches which empower people to take control of their own health and wellbeing.
    - That a consistent, holistic approach to connecting people to community groups and statutory services for practical and emotional support should be supported by a community organising approach to build capacity and empower to build resilience
    - A consistent approach would build competency across partner agencies, standardise good practice and reduce a postcode lottery effect.
    - The benefits of motivating communities and individuals by promoting a community organising approach to helping individuals and communities to help themselves and increase people's control over their own health and lives.
    - There should be a primary, trusted source of information of community based assets through the Notts Help Yourself service.

13. Workshop discussions identified potential co-ordinated approaches to promoting community resilience through a community motivation/organising approach which the Board and its partners could take forward. These include:
    - Partners agree to a community centred approach identifying common principles as outlined below
    - Helping people to develop a collective way to act together for the common good of the whole community
    - Putting the wellbeing, development and progress of people first
    - Building on existing resources/assets if that is what the community wants and needs
    - Use the communities as a starting point and moving at their pace according to need
14. Given the requirement within the NHS Long Term Plan to implement social prescribing across England there should be a common set of principles for social prescribing in Nottinghamshire to ensure consistency and capacity through local communities to meet the demands of the proposed services.

15. Through the workshop the Board recognises the importance of a coordinated and community centred approach to promote community resilience which can be applied across the Board partnership, including through the social prescribing services within the Nottingham and

Nottinghamshire and South Yorkshire and Bassetlaw Integrated Care Systems and wider NHS.

16. Drawing on and increasing the strengths and capacities of local communities by enabling local community and voluntary to receive and support social prescribing referrals which provides meaningful opportunities for individuals to develop friendships, a sense of belonging and builds knowledge, skills and confidence requires support to help to set up sustainable community networks and groups where gaps in local service provision are identified.

17. Based on the findings of the Board a common set of principles for community centred approaches that include social prescribing which are not just community-based, but about mobilizing assets within communities, promoting equity, and increasing people's control over their health and lives can be agreed and should iinclude:

- Using non-clinical methods
- using participatory approaches, such as community members actively involved in design, delivery and evaluation
- reducing barriers to engagement
- utilising and building on the local community assets
- collaborating with those most at risk of poor health
- changing the conditions that drive poor health
- addressing community-level factors such as social networks, social capital and empowerment
- increasing people's control over their health

18. These should be developed collaboratively with all partners including voluntary and community sector organisations to develop:
    - A person centred approach which focuses on individual needs but recognises whole families and family relationships
    - Flexibility to meet individual needs regarding time and location
    - A focus on collaborative relationships with people in different sectors
    - A funding commitment for social prescribing and community development to ensure capacity to receive referrals and assure that services and community groups are appropriately qualified to deal with vulnerable people (physical and mental health first aid trained, insured, food safety etc)
    - Promotion of effective and evidence-based health and wellbeing support and reduced health inequalities within a community setting through non-clinical methods and services
    - Identification and addressing of barriers to engagement and enable people to play an active part in their care, increasing people's control over their health and lives
    - Understanding, utilisation and building on the assets within local communities
    - A simple referral process to social prescribing with clear criteria which can be extended across health and care services

Other Options Considered

19. Options were presented and considered during the Board workshop on 24th April 2019

Reason/s for Recommendation/s

20. The Health and Wellbeing Board recognise the importance of supporting community resilience as a dynamic process and its role in ensuring that the Board links its actions which aim to strengthen communities by encouraging whole community/family approaches and importantly its links to health and care transformation agendas.

Statutory and Policy Implications

21. 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

22. There are no financial implications arising from this report

RECOMMENDATION/S

1. The principles be agreed for community asset-based support and social prescribing across Primary Care Networks in Nottinghamshire outlined in paragraphs 17 and 18 of this report.

2. That the Board endorses a community organising approach as a critical component for delivering the stronger & resilient communities priority within the Joint Health and Wellbeing Strategy with the intention that partners incorporate this approach when developing new arrangements for social prescribing.

3. Board partners support the promotion and development of Notts HelpYourself as a primary resource to help people find information about community-based assets within health & care in Nottinghamshire.

Councillor Steve Vickers
Chair of Health and Wellbeing Board

For any enquiries about this report please contact:

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Constitutional Comments (SLB 24/05/22019)

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

Financial Comments (DG 13/05/2019)

24. There are no specific 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 matters: community-centred approaches for health and wellbeing
Public Health England February 2018

Social prescribing and community-based support: Summary guide
NHS England

Electoral Division(s) and Member(s) Affected

- 'All' or start list here

See also Chair's Report items:
44. Social prescribing: applying All Our Health
48. Reframing the conversation on the social determinants of health
54. A vision for prevention: priorities for the Government's green paper on health prevention

Nottinghamshire County Council

Report to the Health and Wellbeing Board

05 June 2019

Agenda Item: 10

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

2018/19 BETTER CARE FUND PERFORMANCE

Purpose of the Report

1. This report sets out progress to date against the Nottinghamshire Better Care Fund (BCF) plan and requests that the Health and Wellbeing Board:

    1.1. Approve the Q4 2018/19 national quarterly performance report.

Information and Advice

Performance Update and National Reporting

2. Performance against the BCF performance metrics and financial expenditure and savings continues to be monitored monthly through the BCF Finance, Planning and Performance sub-group and the BCF Steering Group.

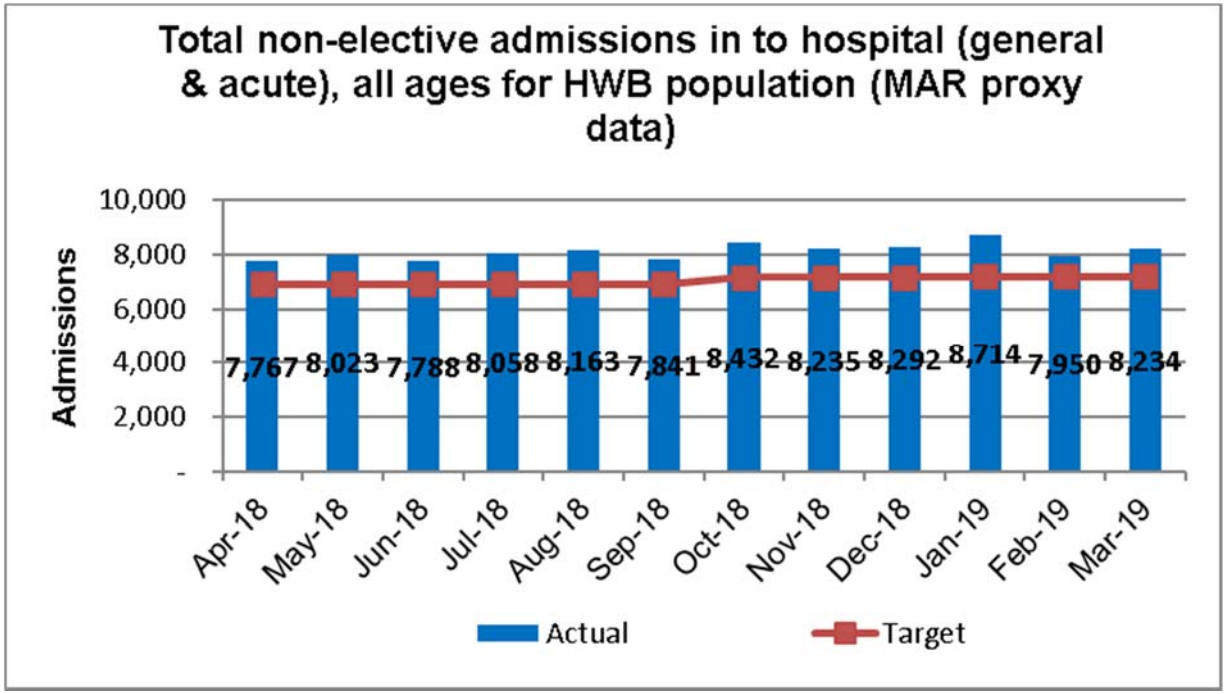
3. The performance update includes delivery against the six key performance indicators, the financial expenditure and savings, scheme delivery and risks to delivery for Q4 2018/19.

4. This update also includes the Q4 2018/19 national quarterly performance template submitted to the NHS England Better Care Support Team for approval by the Board.

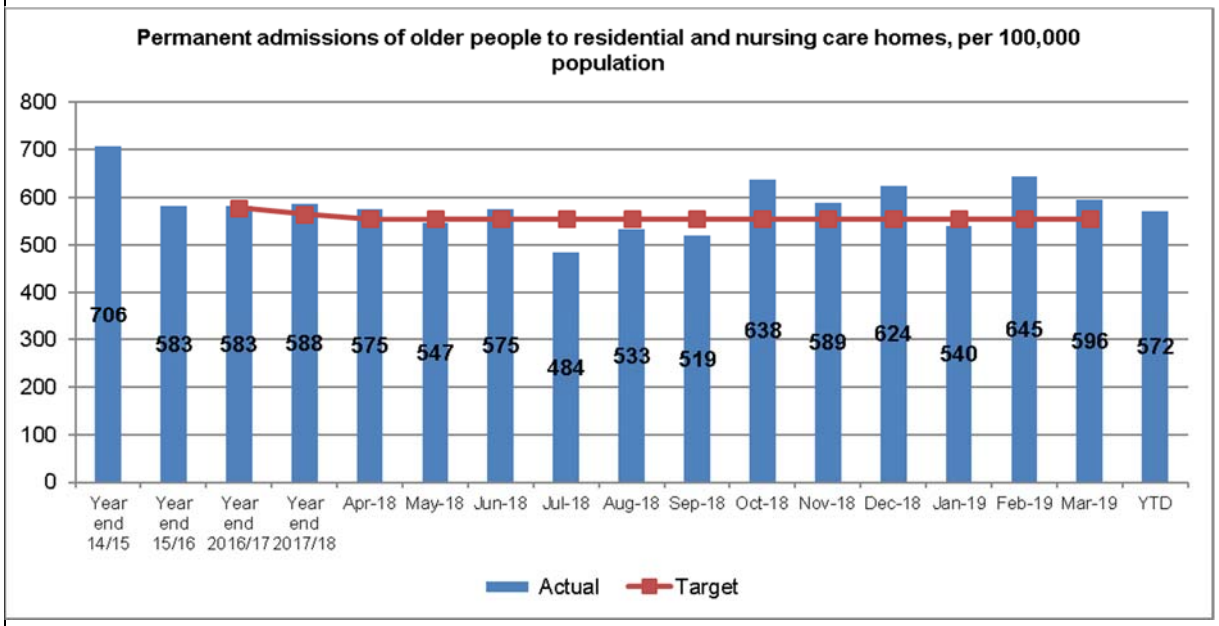
5. Q4 2018/19 performance metrics are shown in Table 1 below.

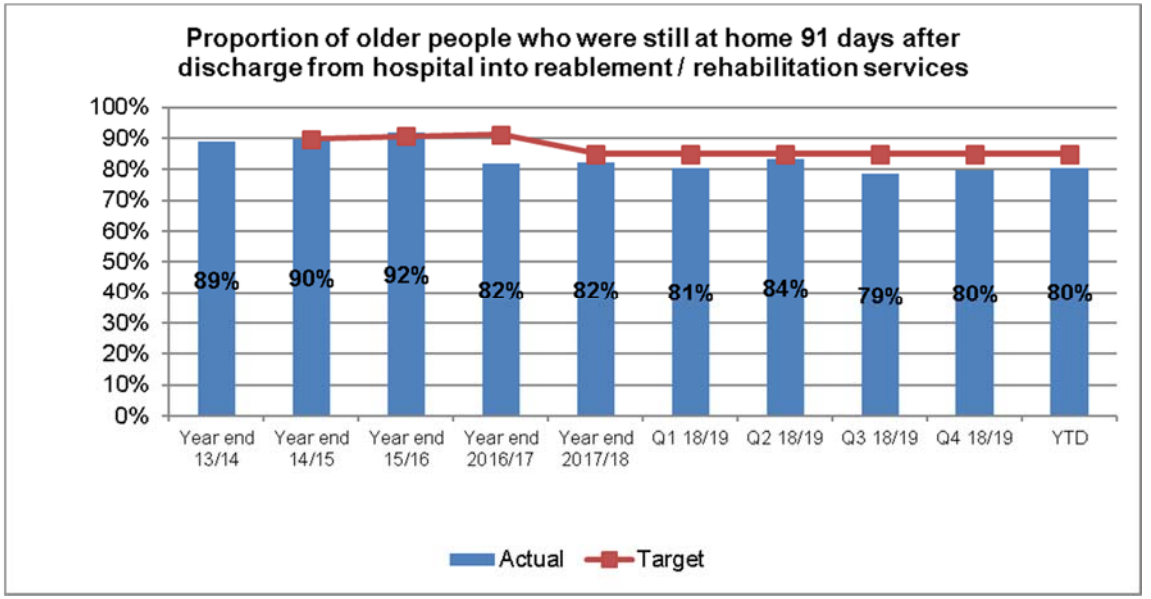
    5.1. Two indicators are on track.
    5.2. Four indicators are off track and actions are in place.

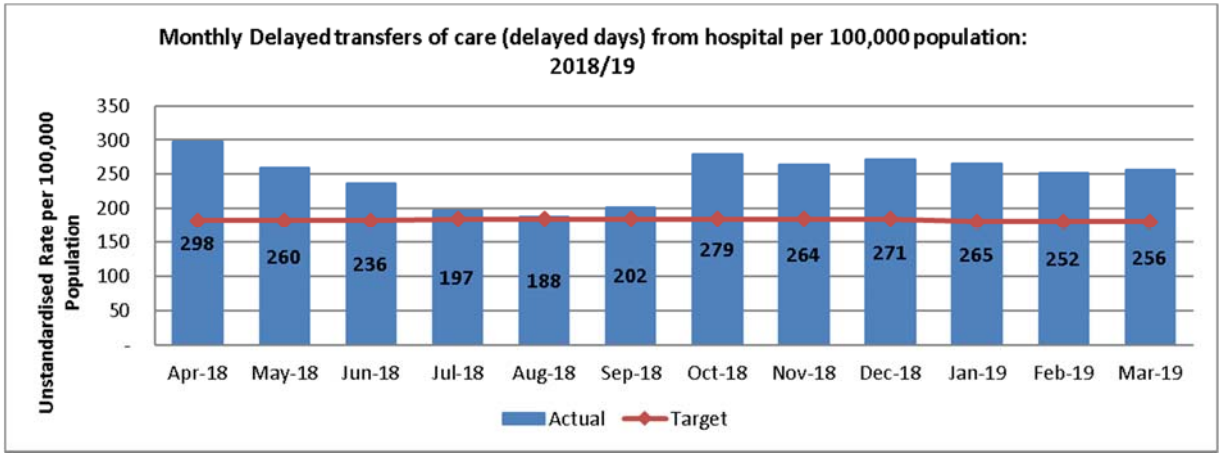
Table 1: Performance against BCF performance metrics

REF	Indicator	2018/19 Target	2018/19 Actual	RAG and trend	Key issues and mitigating actions
BCF 1	Total non-elective admissions in to hospital (general & acute), all-age	21,583 Q4	24,898 Q4	Red ⇔	 **South:** Paediatric admissions for South Nottinghamshire CCGs are 58.6% higher than the agreed contractual plan with NUH in the year-to-date to January. In this same period, general surgery activity is 28.6% and respiratory activity is 20.4% above the contractual plan agreed with NUH. Year-to-date to January 2019, South Nottinghamshire CCGs are exceeding the CCG operating plans for non-elective admissions with a zero-day length-of-stay by 20.9%. A key driver is paediatric patients aged 0-4 years with a step change in admissions clearly seen from December 2017. This issue has been raised formally with NUH through the contractual process. Projects are in place to support admission avoidance: Care Co-ordination is predominantly focused on the reduction of readmission and

					identification of patients with 5 or more long-term conditions. The scheme will build on existing Primary Care Networks to embed a consistent care co-ordination approach to admission avoidance by identifying care gaps and utilising evidence-based interventions. A performance dashboard has been developed for Commissioners to monitor outputs from services, onward referral services and linkages to commissioned community activity. A project will also focus on high volume service users who are frequent attenders to urgent care services. The project will focus on three main categories of patients – frailty, long-term conditions, and mental health/alcohol – and will encompass social prescribing, care gap analysis as well as health coaching in some locality areas. Locality Leads have also been identified and regularly review Ambulatory Care-Sensitive emergency admissions and implement actions at a PCN/Locality level. **Mid Notts:** At M10 Year on year there has been a 3.0% growth in total non-elective spells for Mid-Notts. However, 0-day LoS non-elective spells have grown by 10.6%. Analysis indicates that this is attributable to the growth in Ambulatory Emergency Care (AECU) activity and is expected in-line with provider and CCG transformation plans to increase this activity. It is also in keeping with the NHS Long Term Plan ambitions for one third of emergency admissions to be discharged on the same day. Mid Notts are now achieving this target. Work is taking place across both mid-Notts and the ICS to reduce activity at the front door, for example the EMAS non-conveyance group, the Proactive Care Homes Service and the Acute Home Visiting service. The mid-Notts CCGs review levels of high activity at individual practice level and manage with practices as appropriate. QIPP schemes are monitored closely and additional schemes are developed where possible. This has included extending the current COPD scheme to include further cohorts of patients and a scheme which will proactively manage those at risk of deterioration in care homes (Significant Seven). A new A&E 'pull team' is continuing into Q4 and there is evidence of benefits of community staff working with hospital staff in A&E to discharge patients home with support. The second trial of in-hours GP cover in A&E to support the pull team and PC24 has taken place and is currently being evaluated outcomes for these pilots are expected in time for the next update report. **North:**

					Admissions for pneumonia, COPD, heart failure, urology and sepsis are all higher than planned and higher than last year. Additional work is been undertaken regarding respiratory conditions as part of the Urgent Care Board as a task and finish group led by the Chief Nurse, with a deep dive into the diagnosis data being carried out. Emergency readmissions within 30 days of discharge are also significantly higher than planned. Further analysis is being undertaken on the admission diagnosis to understand where the main increases lie.
BCF 2	Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	555	572	Amber ⇧	 - Monitored by Nottinghamshire County Council ASCH&PP and the Older Adults Delivery Group. - Admissions' reporting has a time input lag factor for each calendar month, for example, admissions at the end of the calendar month will likely not be input in time and therefore the figure requires revision. This means that the previous months admissions rates will usually increase upon revision the next month. - This data is provisional (national data published annually). - Long term admissions to residential or nursing care have increased slightly this year as the council faces increased demand from people with complex needs. Improvement actions include: - All requests for placements are considered by Team Managers/Group Managers to ensure that all alternative options to promote the person's independence have been

					explored. - Promoting Independence Meetings are being rolled out across Older Adults Services. These are meetings of peers to reflect on cases and share new ideas on how to promote people's independence and manage risk. Dashboard local performance information enables teams to have up-to-date information to support them driving their own continuous improvement. - A Strategic Commissioning Programme is underway to develop alternative services that have an evidence base for reducing the use of residential care. This includes, Housing with Care, Short Term Assessment and Re-ablement Apartments and Assistive Technology.
BCF 3	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	85%	80%	**Red** ⇔	 To have met the additional 5% required to achieve the target for this year would have, in terms of numbers of people, required an additional 20-30 people to have still been at home 91 days after a re-ablement intervention. The main reasons for not reaching 85% were: - In line with the Adult Social Care Strategy to maximize people's independence, re-ablement at is now being offered to more people with higher, multiple complex needs. This reduces the proportion of people for whom it is fully successful. - The Council's directly provided (Short Term Assessment and Re-ablement Team (START) service visits people in their own homes and has an outcome of 89% at year-end for this indication. People with higher needs, however, may require accommodation based re-ablement, for example provided in residential care home

					setting for which outcomes are naturally lower. - Data is not yet been collected from all the right services. Improvement actions include: - Actions to automate data collection from the correct set of services. - Work with other LAs to benchmark, seeking ways to improve service outcomes and set realistic yet ambitions future targets. - Major project underway to increase re-ablement capacity across both home and accommodation-based services to enable more people to be re-abled.
BCF 4	Delayed transfers of care (delayed days) from hospital per 100,000 population (average per month)	542.2 Q4	772.8 Q4	**Red** ⇔	 **South:** There are several key actions that are currently being taken to improve the performance of this metric, namely: - Work to reduce LOS in hospital. - Review of community bed capacity. - A joint health and social care review of homecare in Nottingham City seeking to address issues of insufficient homecare capacity to take cases in a timely way at point of discharge. - Work to implement Phase 3 of the Integrated Discharge function, which includes elements operating 7-days across the system. - The development of a Countywide Care Home Bed capacity system. **Mid Notts:** - The rollout of the care home capacity tracker is underway in Mid-Notts, along with Red Bags for Care Homes, both of which are designed to reduce Length of Stay and

					DToCs. - Collaborative working continues to take place across Nottinghamshire, for example, the D2A lead from Greater Nottinghamshire is working collaboratively with the Emergency Care Network Manager in mid-Notts to address OOA (out of area) patients and differing discharge pathways. - SFHFT continue to drive #Longstaywednesday – a scheme whereby the Deputy COO & an MDT group visit all 3 bedded SFHFT sites & review all patients with a stay of 21+ days. - The discharge policy at SFHFT is under revision and when ratified and embedded will support a reduction in DToCs with regards to patient choice, and not allowing patient choice to include staying in hospital longer than is clinically necessary. - The CCG has begun to work with SFHFT to explore Multi-Agency Discharge Events (MADE) and whether the Mid-Notts system will benefit from these sessions locally. - Social Care colleagues are now attending daily hub meetings. - SFHFT has gone live with the Nerve Centre E- Beds module - embedded during Q4. - SFHFT are recording the Estimate Date of Discharge (EDD) at all 3 sites. Internal weekly reporting is in place to show the % of patients with an EDD, by ward, and the % of patients discharged on their EDD, by ward. **North:** North Nottinghamshire was successful with its bid to NHS Digital to roll out the sharing of records technology already in place in Mid Nottinghamshire.
BCF 5	Percentage of users satisfied that the adaptations met their identified needs	95%	tbc	tbc	
BCF 6	Permanent admissions of older people (aged 65 and over) to residential and nursing care homes directly from a hospital setting per 100 admissions	22%	14%	**Green** ⇧	

					 Extremely positive progress has been made on this indicator. This is in line with increasing numbers of people being discharged from hospital prior to having an assessment and needing to make decisions about their future longer-term care and support needs (known as Discharge to Assess models). National work suggests that there is scope for further reductions in future years. Research undertaken by the Institute for Public Care, (2018 'Reducing Delays in Hospital Transfers of Care for Older People) projects that the numbers of people moving into permanent residential care as a new admission following a hospital episode should, following some form of rehabilitation, be very low at less than 4% of all new hospital admissions. Those people who cannot go directly home from hospital for their re-ablement, are moved into short term beds (e.g. Discharge to Assess, Rehabilitation beds) and increasingly the emphasis will need to include monitoring the outcomes of these services in terms of numbers of people who return to their own home.

6. Expenditure was on plan for 2018/19, except for a £49k overspend in the Handy Person Adaptation Service as shown in Table 2 below. This overspend was met by the main Adult Social Care Department budget.

Table 2: 2018/19 BCF Expenditure

	Planned Spend	**Spend**	**Variance**
Nottinghamshire Clinical Commissioning Groups (CCGs)	£32,129,147	£32,129,147	£0
Protecting Social Care	£17,057,413	£17,057,413	£0
Carers	£1,268,544	£1,268,544	£0
Care Act Implementation	£2,060,996	£2,060,996	£0
Improved Better Care Fund	£21,590,371	£21,590,371	£0
Disabled Facilities Grant (District and Borough Councils)	£6,441,437	£6,490,434	-£48,997
TOTAL	£80,547,909	£80,596,905	-£48,997

7. The BCF Finance, Planning and Performance subgroup monitors all risks to BCF delivery on a quarterly basis and highlights those scored as a high risk to the Steering Group. The Steering Group has agreed the risks on the exception report as being those to escalate to the HWB (Table 3).

Table 3: Risk Register

Risk id	**Risk description**	**Residual score**	**Mitigating actions**
BCF005	There is a risk that acute activity reductions do not materialize at required rate due to schemes not delivering the intended outcomes, and/or unanticipated cost pressures and/or impact from patients registered to other CCG's not within or part of Nottinghamshire's BCF plans.	16	- Monthly monitoring through BCF Steering Group and BCF Finance, Planning and Performance subgroup as well as local governance forums. - Mid Notts Alliance Oversight Board, A&E Board and Better Together Proactive and Urgent workstream leads providing substantial focus.
BCF009	There is a risk that the available workforce does not meet the volume or skills required for the scale of transformation required or the future system needs.	9	- Monthly monitoring through A&E Delivery Boards, System Resilience Group and Transformation Boards. - Workforce development plan in place, including a succession plan. - Discussion with regional workforce teams to facilitate long term recruitment and development planning. Review recruitment and retention plans (annual). - Reduce scale of services and/or phase delivery to accommodate extend recruitment timescales. - Use of locum staff to bridge gaps.

BCF012	There is a risk that the target for the BCF2 metric (care home admissions) will not be met at year end and that this will not be known until late in-year due to how data is reported (retrospectively amended).	9	-All requests for placements are considered by Team Managers/Group Managers to ensure that all alternative options to promote the person's independence have been explored. - Promoting Independence Meetings are being rolled out across Older Adults Services. - A Strategic Commissioning Programme is underway to develop alternative services that have an evidence base for reducing the use of residential care. - Retrospective data amendment and the lack of a pattern in terms of the numbers of monthly admissions, can make it difficult to predict if the number of admissions will be on target by year end. The NCC Performance Team will work with managers to identify if there are any sustainable improvements to data predictions.
BCF014	There is a risk that the DTOC target will not be met in 2018/19.	16	Further action is needed to review issues such as housing, weekend discharge and liaison with A&E Delivery Boards.
BCF016	There is a risk that the target for BCF 3 (reablement 91 days) of 85% will not be achieved at year end.	12	This indicator is monitored at both the NCC Performance Board and the Older Adults Interventions board. There is an action plan in place to address issues with specific districts and service providers.

8. The Q4 2018/19 national report was submitted to NHS England on 18 April pending HWB approval (Appendix 1). Due to the timing of the report, the content for Nottinghamshire County was prepared and agreed by the BCF Finance, Planning and Performance sub-group and approved by the BCF Steering Group. If the HWB requests amendments to the report, the quarterly report will be resubmitted to the NHS England Better Care Support Team.

9. Further national reporting is due on a quarterly interval with dates to be confirmed.

Other options

10. None.

Reasons for Recommendations

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

Statutory and Policy Implications

12. 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 where 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

13. The £80.5m BCF allocation for 2018/19 is fully spent.

Human Resources Implications

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

Legal Implications

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

RECOMMENDATIONS

That the Board:

1. Approve the Q4 2018/19 national quarterly performance report.

Melanie Brooks
Corporate Director, Adult Social Care and Health, Nottinghamshire County Council

For any enquiries about this report please contact:
Paul Brandreth, BCF Programme Coordinator
E: paul.brandreth@nottscc.gov.uk
T: 0115 97 73856

Constitutional Comments (KK 23/05/2019)

16. The proposal in this report is within the remit of the Health and Wellbeing Board

Financial Comments (OC 14/05/2019/2019)

17. The financial implications are within the table below and detailed through-out this report.

Q4 Pooled Budget 2018/19 £'000s	**Planned Spend**	**Actual Spend**	**Variance**
Nottinghamshire Clinical Commissioning Groups	£32,129,147	£32,129,147	
Protecting Social Care	£17,057,413	£17,057,413	£0
Support for Carers	£1,268,544	£1,268,544	£0
Care Act Implementation	£2,060,996	£2,060,996	£0
Improved Better Care Fund	£21,590,371	£21,590,371	£0
Disabled Facilities Grant (District and Borough Councils)	£6,441,437	£6,490,434	-£48,997
Total	£80,547,909	£80,596,905	-£48,997

Background Papers and Published Document

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

Government Act 1972.

Better Care Fund: Proposed Allocation of Care Act Funding – report to Adult Social Care and Health Committee on 12 September 2016

Better Care Fund Performance and 2017/19 Plan – report to Health and Wellbeing Board on 28 June 2017

Integration and Better Care Fund planning requirements for 2017-19, Departments of Health, and Communities and Local Government, 3 July 2017

Proposals for the Use of the Improved Better Care Fund – report to Adult Social Care and Public Health Committee on 10 July 2017

Approval for the Use in In-Year Improved Better Care Fund Temporary Funding – report to Adult Social Care and Public Health Committee on 13 November 2017

Better Care Fund: 2017/18 Progress Update and Approval for the Use of the BCF Care Act Allocation and the Improved BCF 2018/19 – report to Health and Wellbeing Board on 7 March 2018

Better Care Fund Performance (2017/18) – report to Health and Wellbeing Board on 6 June 2018

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 and 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

Electoral Divisions and Members Affected

All.

See also Chair's Report items:

58. 2019-2020 Better Care Fund: policy framework.

Appendix 1

Better Care Fund Template Q4 2018/19
2. National Conditions & s75 Pooled Budget

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	

Confirmation of s75 Pooled Budget			
Statement	**Response**	**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:**	**If the answer to the above is 'No' please indicate when this will happen (DD/MM/YYYY)**
Have the funds been pooled via a s.75 pooled budget?	Yes		

Better Care Fund Template Q4 2018/19

Metrics

Selected Health and Wellbeing Board: Nottinghamshire

Challenges Please describe any challenges faced in meeting the planned target
Achievements Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics
Support Needs Please highlight any support that may facilitate or ease the achievements of metric plans

Metric	Definition	Assessment of progress against the planned target for the quarter	Challenges	Achievements
NEA	Reduction in non-elective admissions	Not on track to meet target	NORTH: M1-M11 = 640 admissions over plan. Emergency Care over performance is both activity and casemix complexity driven. Admissions for pneumonia, COPD, heart failure, urology and sepsis are all	NORTH: Additional work is been undertaken regarding Respiratory conditions as part of the Urgent Care Board as a task and finish group led by the Chief Nurse.
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	Not on track to meet target	Managing admissions to care homes continues to present a challenge as the Council faces increased demand from people with more critical needs. This year over the winter period the level of	Permanent admissions to LTC continue to be monitored by the Senior Leadership Team on a monthly basis and all new admissions are checked and approved at panel meetings by Group Managers.
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Not on track to meet target	Short term reablement support is now offered to people with more critical needs. This has meant that the target of 85% is extremely challenging. The percentage still at home after 91 days has	Reablement services supporting hospital discharge have expanded this year following implementation of the Home First Response Service and increased capacity within START. More people are
Delayed Transfers of Care	Delayed Transfers of Care (delayed days)	Not on track to meet target	NORTH: Delayed Transfers for NCC residents at Bassetlaw Hospital has been on a downward trend throughout the year.	NORTH: Data sharing technology between Bassetlaw Hospitals Emergency Department and the Council was implemented in November 2018.

4. High Impact Change Model

Selected Health and Wellbeing Board:	Nottinghamshire
Challenges	Please describe the key challenges faced by your system in 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
Support Needs	Please indicate any support that may better facilitate or accelerate the implementation of this change

		Q4 18/19 (Current)	Challenges	Milestones met during the quarter / Observed impact
Chg 1	**Early discharge planning**	Established	North: Interoperability Phase 1 now established with positive feedback from ward staff utilising the system. Benefits analysis of the Phase 1 implementation is ongoing, further work required with IDT and ED staff group. Mid: The Home First Integrated Discharge work stream has experienced further delays and has not yet gone live. The ambition for the project now is to go live in Q1 19/20. There is evidence that patients are not being referred to Social Care early enough, and that there are some inappropriate referrals being made. This is being addressed between Social Care & SFHFT colleagues. Conversations with Primary Care indicate that elective discharge planning does not happen in Primary Care robustly. South: Increase in P2&3 bed requests. Previous agreement to progress the Lancashire model, but now due to funding this is unable to be progressed at the moment. Greater focus required to support P1 - home care.	North: IDT (Health and Social care professionals) now provide services on a Saturday. Community services have attended the daily IDT meetings since the beginning of January with a recent review to maximise effectiveness. A weekly Length of Stay review has been introduced to support current winter pressures. The monthly Length of Stay meeting will continue with themes identified to escalate. Ongoing discussions with voluntary sector regarding interfacing with wards to support discharge planning. Following a Quality Improvement Event for Trauma and Orthopaedics, subsequent workshops identified a pilot to facilitate/expedite the pathway for patients with fractured necks of femur. This is currently being evaluated. Social Care staff for ED now part of and based within the Integrated Discharge Team. An electronic Bed Management System has been introduced on each ward at Bassetlaw Hospital which indicates and updates the Estimated Discharge Date. Mid: The Discharge Policy is in final draft for partner sign off and end May 19 implementation. HFID "live" assessment day completed by all partner agencies which will result in a report for further discussion and action.

				South: - Emergency admissions have a predicated discharge date set within 48hrs of being admitted and are identified as being a “simple” or “supported discharge”. - 250+ supported discharges weekly. DTOC currently 3.2% and is low in comparison to previous winter months. - Average length of stay post Medically Stable for Discharge @ 2.2days. - Joint DTOC coding Standard Operating Procedure continues across all organisations. - Red bag scheme in operation across the South. - Front Door Discharge team work holistically (trained through Citycare competencies framework) and refer direct to START and Leivers accept “Transfer of Care” form for admission to Leivers Court. - County Social Care Home First Response Service 7-day service to bridge capacity of Homecare and START.
Chg 2	**Systems to monitor patient flow**	Established	North: EMS Plus Licence is being reviewed by DBTH, potential that the EMS Plus system will no longer be used, currently awaiting further information. Transport issues effecting discharge, they are logged and formally and escalated for solution. Mid: A key piece of work is the STP demand & capacity work which has been delayed. Internal bed modelling work has taken place at SFHFT to provide a seasonal bed model requirement. The system's Surge & Escalation plan details triggers for identifying increased demand and bottlenecks together with actions at each OPEL level. Social care has produced a demand and capacity function which has allowed the system to have sight of available resource. The system winter plan will become a system seasonal plan, which will account for seasonal fluctuations in demand and capacity which is key to patient flow. South: Dashboard and system flow in place, but currently a manual process across the system. Access for system partners to care home bed system in a timely manner is required to improve visibility of capacity and flow.	North: Discharge Coordinators feedback from all wards during IDT morning meetings. Demand management, escalations plans in place to increase external bed/care options to reduce DToC when the hospital is on high alert. During winter pressures, there is now a weekly LOS review. IDT lead reps attend a daily operational flow meeting. There is a live web-based portal system which details all the available care home beds in the Bassetlaw Health and Social Care system. Care homes update the system on a regular daily basis, with information available to the CCG, Social Care, acute and community staff. The system supports a more rapid discharge into the care home sector. A Bed Management System has now been introduced with plans to roll out to Doncaster Royal Infirmary and Mexborough Hospital which will further improve system flow. Demand for intermediate care beds has outweighed capacity which has led to the introduction of winter pressure beds across the Bassetlaw PLACE. The EMS Plus Escalation system is used to identify capacity to support patients across the system and identify need for escalation to senior managers. Mid: SFHFT have been working to embed the Nervecentre beds e-module. A review of the SFHFT discharge hub was

				undertaken, which has identified the need for a more focussed meeting. This will be picked up as part of the HFID project. The work stream has also commenced conversations with Local Authority partners to identify discharge pathways for 'non-health delays' e.g. (hoarding, broken boilers etc) to reduce delays in this area. System calls have taken place when the system has experienced pressures & A&E Delivery Board has reviewed performance and flow each month. South: - County Social Care Team now have access to nerve centre on their laptops via VDI apps, giving staff direct access to NUH data to view and edit. - Phased plans to further roll out remote access to Nerve Centre across the community. - Interoperability project at NUH underway to automate Assessment and Discharge Notices for County Social Care. Delivery timescales now confirmed with phase 1/wave 1 w/c 22/4, phase 1 wave 2 Sept 19. - Care Home Bed capacity system is progressing with all care homes signed up through NHS England, work now needed to progress getting all homes live on the system and access for partners.
Chg 3	**Multi-disciplinary/multi-agency discharge teams**	Established	Countywide Summary: All three acute health systems meet the 'established' criteria, some aspects of 'mature' and have plans to further develop and improve their multi-agency discharge arrangements. North: Develop greater links with Care homes. Develop acute community interface with the 3 Primary Care Networks (Homes) in Bassetlaw with the aim of 'pulling patients' through their discharge pathway. Community involvement with daily IDT morning triage meetings to review and pull out patients from the wards to discharge directly back into the community to receive Rehab at home. Community involvement in daily ward rounds presence in ED to reduce hospital admission. Mid: Mid-Notts have a jointly written PID for 19/20 where system partners have agreed to mobilise an	North: 3rd Sector are now working in a joint approach with BDGH/IDT, Community Health and Social care to facilitate quality discharge to reduce readmission and reduce the need for statutory services. Mid: Social Care are attending the SFHFT discharge hub. Social Care have delivered a demand & capacity OPEL dashboard for system visibility. Home First Response service is in place. The NECS Care home bed tracker & Trusted Assessor will also provide additional insight & support to existing collaborative working nature of the Mid-Notts system. System providers work collaboratively with elements of integration, despite there being no single organisational structure. South: - Weekly long patient stay review in place by senior partners.

			integrated rapid response service (IRRS) which will include community, social care and acute colleagues working in a much more integrated way in ED and on the wards. South: Challenges to maintain the reduction of DSTs in hospital to <15%. Work progressing with stroke to reduce the requests for DSTs and mental health patients. Commissioning decision needed to explore increasing community stroke beds and reduce DTOC.	- Transfer Action Groups within NUH across the Divisions are in place.
Chg 4	**Home first/discharge to assess**	Established	North: START are now accepting referrals from all teams and health staff via a trusted assessor model which may result in a reduced START service response time. There is a need to develop an agreed home first pathway for intense rehabilitation from base wards as Rapid Response is only commissioned for front door transfers. Mid: We continue to remain at Plans in Place (Although we are already meeting some of the established & mature criteria) due to the slippage of the Home First Integrated Discharge scheme which has a Home First philosophy and in which specific pathways are identified to support care delivery outside of the acute setting. South: Increased demand for home care package as part of Home First. For D2A, increased prevalence of flu, diarrhoea is affecting community bed capacity. Maintain utilisation of community capacity.	North: The Fact Find document is used to facilitate the discharge to assess model, to make direct referrals as part of timely hospital discharge where the community care assessment is then completed external to the hospital site, e.g. START services and Assessment beds at James Hince Court. There is an established discharge to assess framework in place to support the discharge of patients who may require assessment for CHC funding. START no longer use RAG rating status which allows staff to refer patients directly. Several care homes are now accepting the trusted assessment for transfer which negates the need for care home staff to attend the hospital. No DSTs are completed on the hospital setting, assessments are completed via the Short-Term Nursing Beds pathway, beds at external residential settings are funding by the CCG with MDT involvement as part of the assessment process. Mid: A "live" assessment workshop has been completed by partners with an expected report and further actions to be agreed regarding next steps. The "hub" will be revised and a visible system (similar to the front-end flow room) is to be established across April and May. The over 21 and 7-day patient process is under review and a proposal is drafted. South: - Weekly supported discharge target of 250 has been consistently achieved. - Home First ethos being embedded and leaflet developed. - Reduction in medically safe for transfer around 130. - Reduction in daily DTOCs to 3.1%. - Trusted Assessment in place - further phase 2 training

				being planned. - Winter resilience funding used to support Home First / D2A.
Chg 5	**Seven-day service**	Established	North: IDT staff currently work over 6 days and cover bank holidays, plan to review IDT 7 day working requirements linked to capacity and demand. Care Home communication is ongoing with regards to accepting referrals/decision making for patients over 7 days. Emergency Department cover over 7 days by Social Care staff. Mid: HFID did not go live in Q4 & this is intended to support improvements in advance planning of discharges. Improvements will better enable the home care providers more notice in re-starting POC over weekends. The new Home First Response Service funded by social care can respond within 24 hours providing capacity is available. There have been challenges around the content of the SFHFT discharge policy around generic board & ward rounds taking place consistently over weekends. South: Workforce change to support 7-day services. Whilst some services are in place to support 7-day working it is recognised there are gaps.	North: The Social care and health staff in the IDT currently provide a 6-day service which is being presently being evaluated. Positive results have already been reported regarding LOS and the efficiency of the discharge pathway. All current new posts have 7-day working as part of their contract. Home First Response service accept referrals over 7 days. START service development is ongoing with regards to the provision of a 7-day service linked to accepting referrals. Mid: As a system we are already displaying examples of mature & exemplary. Call for Care community service operates over the weekend, along with transport providers, hospital social care teams. South: - IDT provide the service 6 days a week (includes Sunday). - Home First group looking at how to get to a 7 day integrated discharge function across the system. - County Social Care have a rota system in place to cover weekend working. - Work ongoing to develop 7/7 service for IDT in NUH.
Chg 6	**Trusted assessors**	Established	North: Systemwide development approach required, for ward/IDT staff/Residential care. Continue to monitor and improve. Continue to embed the trusted assessor model with local care homes. Mid: There continues to be no appetite locally for the utilisation of a single form, or for health to assess on behalf of Social Care, but partners continue to review opportunities to streamline working processes moving forwards. Some health organisations assess on behalf of other health organisations e.g. IDAT for CFC & vice versa. On this basis we are unlikely to be able to commit to	North: This is an ongoing development to move from some care providers to all care providers/Care homes being signed up the Trusted assessor model. Bassetlaw hospital IDT operate a trusted assessor model of work using a multi-agency staff group using a single assessment/referral document which is accepted by other community bed-based providers and OOA providers. Mid: System partners continue to work closely and as collaboratively as possible, Social Care have been attending the SFHFT discharge hub at the request of SFHFT.

			achieving Mature of Exemplary. The TA pilot has ended with little robust evidence available to support the commissioning of this post on a substantive basis due to low referral numbers. South: Recruitment challenges in NUH for Trusted Assessor at NUHT.	South: Trusted assessor scheme being led by Nottinghamshire County Council on behalf of the Integrated Care System through BCF funding until March2019. Pilot at Sherwood Forest Hospital now finished and evaluation due to be shared with SFHT and wider system partners in April 19. NUH recruitment was unsuccessful in September / October 2018, and decision made not re-recruit due to BCF funding ending in March.
Chg 7	**Focus on choice**	Established	North: The IDT focus on choice is an integral part of the discharge discussion at all stages, however there is no formal Choice Protocol in place. Mid: The revised discharge policy is not currently in place and this will need to be embedded for mid-Notts to declare a 'Mature' status. Pt. Choice focus & distribution of letters isn't robust without this being in place. HFID not currently live to be able to capture full discharge pathways in the discharge policy. Not all the homes who are signed up to the NECS care home bed tracker are keeping their information/details updated which is key to the success of the programme. The CCG is working with Notts CC care home contract leads to address this. South: Continual support for staff when implementing the discharge policy. Implementation challenges in the community.	North: Within DBTH a Discharge Passport is given to all patients who are admitted to hospital, providing relevant information regarding the hospital admission and discharge process pathways. The content of the passport is currently being reviewed to reflect new developments linked to discharge pathways. Mid: The SFHFT discharge policy is in final draft form & will be embedded in May 2019. Patient Choice will be a strong focus of this document. An STP-wide patient leaflet is distributed to patients upon admission to SFHFT. This enables early discharge conversations and forms the basis on which patient choice conversations will take place moving forwards. It will be supported by the discharge policy & sets patient & family expectations in terms of timeframes/circumstances someone can expect to remain in the acute trust. Work is actively taking place between SFHFT & Social Care partners to improve the uptake of interim care offers within the SFHFT patient cohort. Notice letters are sent out to patients where appropriate. The NECs care home bed tracker has proceeded at pace in Notts & this will enable patients, families & carers to make faster decisions around care home selections. The revised DToC guidance has been considered by mid-Notts partners and will be applied to DToCs from 01 April 2019. A key element of this is the change from acute trust attributable DToCs to Social Care attributable DToCs for declined offers of care home placements when home-based POC are not available. This will ensure that the relevant organisation will be able to positively influence the DToC solutions for these patients.

				South: - Training programme in place since October 2018; training included as part of Excellence and Discharge Programme. - New joint approach of social worker and ward staff to implement the policy, reinforcing collective message and consistency. - Review of policy in April 2019.
Chg 8	**Enhancing health in care homes**	Established	North: The 3 Primary Care Networks in Bassetlaw are at different development stages and as part of this development is the need for consistent GP links with Bassetlaw care homes to reduce ED presentation/GP appointments, increase health and well-being within care homes etc. Mid: CQC status of homes is variable. South: Enhanced care service to care homes in County. Review of service for Nottingham City who decommissioned their enhanced service from 1 April 2018. Need to monitor if any impact, i.e. increased ED activity.	North: Bassetlaw CCG holds care home forums twice yearly to influence and inform care home development, linked to hospital admission avoidance and facilitating hospital discharge; these forums also offer joint training sessions. The local authority quality market management team continually work with local Residential/Nursing care homes to raise standards and the quality of care within those homes, through announced and un-announced audit visits. Mid: Care Home admissions continue to be low as per the target for mid-Nottinghamshire & this was part of the feedback from the Senior A&E Consultant at the mid-Nottinghamshire A&E Delivery Board winter de-brief session. The 111 service will go live with offering the Call for Care Non-injury Falls Pathway to patients - previously this has only been available to EMAS, which will reduce unwarranted urgent care system activity & offer greater support to care homes. SFHFT are part of the Frailty network & a work stream is in place to strategically address frailty from A&E throughout patient flow areas & to amalgamate all projects which will impact on frailty e.g. Significant 7. Notts Healthcare Trust Proactive Care Homes & NEMs colleagues are undertaking RESPECT Training this week. Bi-monthly meetings between the EoL Head of Service & The CCG Care Homes Lead take place to ensure alignment of work programmes. South: - STP Urgent & Emergency Care Group agreed to prioritise 'frequent activity' in all areas, which includes care homes. - Spot purchase care home bed framework and escalation being operationalised, to provide additional community bed capacity in times of escalation and greater community

				bed demands. - ED activity in care homes has reduced.

		Q4 18/19 (Current)	Challenges	Achievements / Impact
UEC	**Red Bag scheme**	Established	Mid: No new challenges identified, however the project team will be meeting to monitor for unintended consequences & to undertake a PDSA review of the rollout to date. South: Ongoing work to ensure repatriation of red bags to care homes following the death of a resident in hospital.	North: The Red Bag scheme has been fully implemented in Bassetlaw care homes. The scheme provides continuity of care and aims to reduce length of stay by ensuring a smooth and effective transfer from the hospital back to the care homes. Mid: Bags have been rolled out to all care homes & engagement work has been completed. No reports of lost bags to date. Positive feedback from A&E & EMAS colleagues that bags are being utilised across mid-Notts. South: Red bag scheme rolled out across Greater Nottingham care homes on 02.10.2017. All frail older patient care homes aware and engaging with project. Many using the red bag as well as all the accompanying paperwork such as CARES escalation record.

Better Care Fund Template Q4 2018/19

5. Income and Expenditure

Selected Health and Wellbeing Board: Nottinghamshire

Income

	2018/19	
Disabled Facilities Grant	£ 6,441,437	
Improved Better Care Fund	£ 21,590,371	
CCG Minimum Fund	£ 52,516,100	
Minimum Sub Total		£ 80,547,908

	Planned	Actual		
CCG Additional Fund	£ -	Do you wish to change your additional actual CCG funding?	No	
LA Additional Fund	£ -	Do you wish to change your additional actual LA funding?	No	
Additional Sub Total	£ -			£ -

	Planned 18/19	Actual 18/19
Total BCF Pooled Fund	£ 80,547,908	£ 80,547,908

Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2018/19	

Expenditure

	2018/19
Plan	£ 80,547,909

Do you wish to change your actual BCF expenditure?	No

Actual	£ 80,547,909

Better Care Fund Template Q4 2018/19

6. 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	Partners agreed this at our annual BCF evaluation event.
2. Our BCF schemes were implemented as planned in 2018/19	Agree	Majority of programme delivered as planned, some rephasing of initiatives in year.
3. The delivery of our BCF plan in 2018/19 had a positive impact on the integration of health and social care in our locality	Agree	BCF programme evaluated positively.
4. The delivery of our BCF plan in 2018/19 has contributed positively to managing the levels of Non-Elective Admissions	Agree	Avoided admissions attributable to initiatives across the system including BCF schemes, however challenges remain.
5. The delivery of our BCF plan in 2018/19 has contributed positively to managing the levels of Delayed Transfers of Care	Agree	Reductions in DToCs in summer, increase in winter. Management of levels of DToCs is attributable to initiatives across the system including BCF schemes.
6. The delivery of our BCF plan in 2018/19 has contributed positively to managing the proportion of older people (aged 65 and over) who were still at home 91 days after	Agree	Short term reablement support is now offered to people with more critical needs. This has meant that the target of 85% is extremely challenging. The percentage still at home after 91 days has been consistently reported at around 80% this year, 5% under target.

discharge from hospital into reablement/rehabilitation services		
7. The delivery of our BCF plan in 2018/19 has contributed positively to managing the rate of residential and nursing care home admissions for older people (aged 65 and over)	Agree	Maintenance of levels of residential care is attributable to initiatives across the system including BCF schemes.

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 2018/19.	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes
Success 1	2. Strong, system-wide governance and systems leadership	Nottingham/Nottinghamshire and Bassetlaw/South Yorkshire were both chosen to be among the first areas in the country to develop Integrated Care Systems (ICS). These provide greater opportunities to manage local services and invest in what is known to work best for local people; such as focusing on preventing illnesses and providing more services near to where people live, or improved identification of people at risk of stroke - resulting in the prevention of 44 strokes and avoidance of 12 potential deaths in Nottingham/Nottinghamshire. The Notts ICS has also been chosen as 1 of 3 national pilot sites for a joint approach to assessments, support plans and reviews - integrating budgets and care around individuals.
Success 2	3. Integrated electronic records and sharing across the system with service users	ICT solutions have facilitated the electronic sharing of social care service user information with health professionals in 2 NHS Trusts. This is saving administrative resources and improving response times and the quality of referrals from health to social care.

9. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2018/19.	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges
Challenge 1	1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)	Demographic trends are driving increases in both the number and complexity of cases. This coupled with reducing national allocations of funding in Local Government is exerting financial pressures on the system to match capacity.
Challenge 2	6. Good quality and sustainable provider market that can meet demand	Difficulties recruiting and retaining staff to key posts is a challenge for both acute and community health providers, as well as social care. There are significant difficulties recruiting enough homecare staff to meet demand.

Better Care Fund Template Q4 2018/19

7. Narrative

Selected Health and Wellbeing Board: Nottinghamshire

Remaining Characters:	18,784

Progress against local plan for integration of health and social care

In Nottinghamshire we have maintained our ambition for a strong BCF plan across our Health and Wellbeing Board footprint. Performance against all BCF metrics continues to be monitored monthly to ensure timely actions where plans are off-track. There continues to be a high level of commitment from partners to address performance issues e.g. daily discussions within hospitals to facilitate timely discharges, the development of transfer to assess models to reduce long term admissions to care homes, District Authority alignment with Integrated Discharge Teams to ensure housing needs of patients are addressed prior to discharge and avoid unnecessary delays.

The 6 CCGs continue to work with local authority, District and Borough Councils, acute, mental health and community trusts and the community and voluntary sector in their 3 units of planning to ensure service transformation with a focus on reducing non-elective admissions and attendance, and care home admissions. Plans to accelerate improvement in trajectories are forecast to deliver further improvements as projects and programmes mature and transfer of investment and resources to primary and community setting manages demand more appropriately.

Remaining Characters:	19,118

Integration success story highlight over the past quarter

In accordance with a Nottingham Trent University evaluation of the conditions required to produce best performance, Integrated Care Teams consisting of Social Workers, Community Care Officers, District Nurses, Fast Track Nurses and Urgent Reponse Clinical Advisors are now being co-located in shared offices. This has proved really successful because it means that social care workers and health staff can quickly swop notes on the cases that are coming through, sharing information from each other's systems and discussing the appropriate action to be taken in an integrated way. Case studies show that this new way of working supports people to stay living at home during a crisis, rather than having to be moved into an short-term residential care placement. This is better for the person themselves and can prevent a short-term admission turning into a longer-term placement.

Better Care Fund Template Q4 2018/19

8. Additional improved Better Care Fund: Part 1

Selected Health and Wellbeing Board:	Nottinghamshire
Additional improved Better Care Fund Allocation for 2018/19:	£ 10,026,024

Section A

Distribution of 2018/19 Additional iBCF funding by purpose

At Q1 18/19, it was reported that your additional 2018-19 iBCF funding would be allocated across the three purposes for which it was intended as follows:	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
(Percentages shown in these cells are automatically populated based on Q1 18/19 return):	55%	16%	29%

A1) Do you wish to revise the percentages provided at Q1 18/19 as shown above? Please select "Yes" or "No" using the drop-down options:	Yes

	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	If submitting revised figures, percentages must sum to 100% exactly
A2) If you have answered 'Yes' to Question A1, please enter the revised amount for each purpose as a percentage of the additional iBCF funding you have been allocated for the whole of 2018/19. If the expenditure covers more than one purpose, please categorise it according to the primary purpose. You should ensure that the sum of the percentage figures entered totals to 100% exactly. If you have not designated any funding for a particular purpose, please enter 0% and do not leave a blank cell. If you have answered "No" to Question A1, please leave these cells blank.	58%	14%	28%	100%

Successes and challenges associated with additional iBCF funding in 2018/19

Success 1	Success 2	Success 3

A3) Please use the options provided to identify your 3 key areas of success associated with the additional iBCF funding during 2018/19. Hover over this cell to view the comment box for the list of options if the drop-down menu is not visible. Aside from "Other", please do not select an option more than once.	Reducing DTOC	Prevention	Health and social care integration
A4) If you have answered Question A3 with 'Other', please specify. Please do not use more than 50 characters.			
A5) You can add some brief commentary on your key successes if you wish. Please do not use more than 200 characters.	Reablement (START) and Home First services, along with integrated discharge teams, contributed to maintaining social care DTOCs within the top-10 lowest levels in the country.	BCF-supported prevention/early intervention/enabling services (NES, Connect, Moving Forward & Brighter Futures) helped to maintain and develop the independence of approximately 9,250 service users.	Several IT projects are enabling data sharing, shared record viewing, system integration and data analytics across health and social care.

Challenge 1	Challenge 2	Challenge 3

A6) Please use the options provided to identify your 3 key areas of challenge associated with the additional iBCF funding during 2018/19. Hover over this cell to view the comment box for the list of options if the drop-down menu is not visible. Aside from 'Other', please do not select an option more than once.	Workforce – recruitment	Tackling DTOC	Managing demand
A7) If you have answered Question A6 with 'Other', please specify. Please do not use more than 50 characters.			
A8) You can add some brief commentary on your key successes if you wish. Please do not use more than 200 characters.	Temporary budget allocations and short planning timescales exacerbate difficulties with recruitment within a tight labour market.	DTOCs for health reasons are above target and challenging due to admissions increases.	Rising demographic led demand for packages of support for people with very complex needs.

Section B

At Q1 18/19 it was reported that your additional iBCF funding would be used to support the following initiatives/projects in 2018/19

	Initiative / Project 1	Initiative / Project 2	Initiative / Project 3	Initiative / Project 4	Initiative / Project 5	Initiative / Project 6	Initiative / Project 7	Initiative / Project 8	Initiative / Project 9	Initiative / Project 10
Project title (automatically populated based on Q1 18/19 return):	Meeting demand in younger adults' services	New models of social care provider services required to implement Home First and Discharge to Assess	National Living Wage increases and inflation for Fair Price for Care	Social care assessors in hospital integrated discharge services	Innovation through ICT solutions - sharing information across health and social care organisations	Additional capacity to quality assure and meet increasing demand in statutory/safeguarding work	Prevention services to build community resilience and offer early interventions (Brighter Futures, Connect, Co-Production, Moving Forward)	Independence building services to offer and develop alternative low and no cost community provision (Notts Enabling Service)	Improving the quality of care home and home care provision (Quality & Market Management Team)	Improving the management of demand and risk by offering appropriate early interventions (3-Tier Model)
Project category (automatically populated based on Q1 18/19 return)	1. Capacity: Increasing capacity	3. DTOC: Reducing delayed transfers of care	16. Stabilising social care provider market - fees uplift	3. DTOC: Reducing delayed transfers of care	7. Integration	12. Protection	11. Prevention	11. Prevention	12. Protection	5. Managing Demand
B1) If a project title is shown in either of the two rows above, use the drop-down options provided or type in one of the following options to report on progress to date: Planning stage In progress: no results yet In progress: showing results Completed Project no longer being implemented	In progress: showing results	In progress: showing results	In progress: showing results	In progress: showing results	In progress: showing results	In progress: showing results	In progress: showing results	In progress: showing results	In progress: showing results	In progress: showing results

Better Care Fund Template Q4 2018/19

9. Additional improved Better Care Fund: Part 2

Selected Health and Wellbeing Board:	Nottinghamshire
Additional improved Better Care Fund Allocation for 2018/19:	£ 10,026,024

Section C

	a) The number of home care packages provided in 2018/19 as a result of your addition iBCF funding allocation	b) The number of hours of home care provided in 2018/19 as a result of your additional iBCF funding allocation	c) The number of care home placements for the whole of 2018/19 as a result of your additional iBCF funding allocation

C1) 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 2018-19. The figures you provide should cover the whole of 2018-19. Please use whole numbers with no text, if you have a nil entry please enter 0 in the appropriate box.	395	0	84
C2) If you have not increased the number of packages or placements, please indicate **the main area** that you have spent the **addition iBCF funding allocation** for 2018/19. Hover over this cell to view the comment box for the list of options if the drop-down menu is not visible.			
C3) If you have answered C2 with 'Other', please specify. Please do not use more than 50 characters.			

Section D

Metrics used locally to assess impact of additional iBCF funding 2018/19

	Metric 1	Metric 2	Metric 3	Metric 4
Metric (automatically populated based on Q1 18/19 return):	Sustain DToCs attributable to social care at or below 0.7.	Increased numbers of service users reabled following a period of acute care.	Increased numbers of service users able to maintain independence by using prevention services.	Reduced number of Care and Support Assessments (CASAs) to mitigate the predicted increased number of people who receive long term care packages.

D1) Additional Metric Name **If the cell above is blank, you can provide details of an additional metric. If you did not submit any metrics at Q1 18/19, please ensure you have provided details of at least one metric. You can provide details of up to 5 metrics in total based on your combined Q1 18/19 and Q4 18/19 returns e.g. if you submitted 3 metrics at Q1 18/19, you can submit an additional 2 metrics.** Please do not use more than 100 characters to describe any additional metrics.				
D2) If a metric is shown in either of the two rows above, use the drop-down menu provided or type in one of the categories listed to indicate which of the following categories the metric primarily falls under. Hover over this cell to view the comment box for the list of categories if drop-down options are not visible.	DTOC/Discharge	DTOC/Discharge	Prevention/Early intervention/Signposting	Prevention/Early intervention/Signposting
D3) If you have answered D2 with 'Other', please specify. Please do not use more than 50 characters.				
D4) If a metric is shown above, use the drop-down options provided or type in one of the following options to report on the overall direction of travel during the reporting year: Improvement No change Deterioration Not yet able to report	Improvement	Improvement	Improvement	Improvement

Nottinghamshire County Council

Report to Health and Wellbeing Board

5 June 2019

Agenda Item: 11

REPORT OF DIRECTOR OF PUBLIC HEALTH

NOTTINGHAMSHIRE AIR QUALITY STRATEGY

Purpose of the Report

1. The purpose of this report is to obtain Health and Wellbeing Board support for the Nottinghamshire Air Quality Strategy 2019-2029.

Information and Advice

2. Poor air quality is the largest environmental risk to public health in the UK. It shortens lives and reduces quality of life, particularly amongst the most vulnerable, the young and old, and those living with health conditions. There are 1000s of cases of respiratory and other diseases contributing to 217 years lived in disability per 100,000 residents, and 609 years of life lost per 100,000 residents in Nottinghamshire[1] that can be attributed to air pollutants. There are no safe levels of air pollution and any reduction will have a positive impact on local health & wellbeing. We can reduce this health impact and burden through coordinated action to reduce local emissions.

3. This new Nottinghamshire Air Quality Strategy 2019-2029 follows on from the previous air quality strategy for the county ["A Breath of Fresh Air"] developed in 2008 through the Nottinghamshire Environmental Protection Working Group (NEPWG). The issue of the impact of air pollution on health and wellbeing was previously brought to the attention of the Board in 2014 resulting in the development of a JSNA chapter. The new strategy was developed in 2018-2019 by a task and finish group comprising local Public Health, Environmental Health, Planning and Transport officers from Nottinghamshire including Nottingham City building on consultation and development work across system partners to refresh the strategy in 2016 through NEPWG.

4. The strategy is intended to cross local authority and other geographical boundaries to cover the whole of Nottinghamshire and Nottingham City as air pollution emitted in one area can affect people residing in neighbouring areas, and pollution is also emitted as people and goods move across and between areas. The strategy is structured with a vision, aims, objectives and cross cutting principles using an evidence-based framework which considers the NICE guidance and quality standard on air quality, Public Health England guidance and the national Clean Air Strategy 2019 and the NHS Long Term Plan. It is also in line with 2016 policy guidance in relation to the Environment Act 1995 which recommends that local authorities work together to develop local air quality strategies. The strategy period is proposed over 10

[1] Vs 205 years lived in disability per 100,000 & 525 per 100,000 in England. Estimated rate in 2017 from the Global Burden of Disease Study.

years to align with Local Development Plans, but would be reviewed periodically as new evidence develops and local circumstances change.

5. This Air Quality strategy is aligned with the Nottinghamshire Health and Wellbeing Strategy 2018-2022 Ambitions, as action to improve air quality will help children have a good start in life and help achieve healthy and sustainable places. It also needs to be enacted through healthier decision making and will help reduce the burden on health and care services. Action on air quality is also aligned with the specific priorities of increased physical activity (through active travel) and utilising the planning system to improve health and wellbeing. Action on air quality also has wider co-benefits including those associated with mental wellbeing, economic development and climate change mitigation.

6. The Nottinghamshire Health and Wellbeing Board can play an important leadership role in ensuring that improving air quality is a high priority issue and all board organisations contribute to the delivery of the strategy. Table 1 lists a range of actions that board member organisations can make measurable improvement in, in relation to the Air Quality Strategy objectives.

Table 1 Example Actions that Nottinghamshire Health and Wellbeing Board members can make measurable improvements in to contribute to the Nottinghamshire Air Quality Strategy

Strategic Objective	Organisations	Action
1. **Place making and Development for Good Air Quality**	County Council	• Ensuring air quality considerations are incorporated into minerals plans and development management procedures. • Working with planning authorities on transport related mitigations to air quality issues in relation to residential and commercial development. • Providing Public Health Advice in relation to air quality in the planning process. • Encouraging transfer to lower emission vehicles through the provision of electric vehicle charging infrastructure and promotional activities (for residents and businesses).
	District and Borough Councils	• Ensuring air quality considerations are incorporated into local plans and development management procedures. • Ensuring sustainable transport opportunities are integrated within plan–making and development proposals. • Encouraging transfer to lower emission vehicles through the provision of electric vehicle charging infrastructure and promotional activities (for residents and businesses).
	NHS England CCGs/ICSs	• Ensuring NHS sites are planned to have minimal impact on local air quality.
	Healthwatch	• Advocate the development of places that have improve air quality and protect high risk groups from the health effects of air pollution.

2. **Enable the Shift to Zero and Low Emission Transport & Reduce Emissions**	County Council	• As transport authority, prioritise infrastructure improvements and transport service and system developments that enable shift to zero and low emission forms of transport. • Encourage and enable staff to travel to and from and at work by zero and low emission transport. • Transition to zero and low emission vehicle fleets. • Incentivise zero and low emission vehicle fleets through contracts. • Support the shift to zero and low emission forms of transport through the public health grant and through public health policy and technical advice.
	District and Borough Councils	• Equip and enable Environmental Health teams to monitor road vehicle emissions and lead on related action. • Encourage and enable staff to travel to and from and at work by zero and low emission transport. • Encourage and enable staff during their work duties to travel by zero and low emission transport. • Transition to zero and low emission vehicle fleets. • Incentivise zero and low emission vehicle fleets through contracts.
3.	NHS England CCGs/ICSs	• Encourage and enable staff to travel to and from work by zero and low emission transport. • Enable and encourage patients and visitors to travel to and from NHS sites by zero and low emission transport. • Require NHS Trusts and other providers to transition to zero and low emission vehicle fleets in line with the NHS Long Term Plan. • Incentivise zero and low emission vehicle fleets through contracts.
	Healthwatch	• Encourage and enable staff to travel to and from and work by zero and low emission transport. • Encourage and enable staff during their work duties to travel by zero and low emission transport. • Advocate low and zero emission transport for patients.
	Police and Crime Commissioner	• Encourage and enable staff to travel to and from and at work by zero and low emission transport. • Encourage and enable non-reactive staff during their work duties to travel by zero and low emission transport. • Support the police to transition to zero and low emission vehicle fleets.

		• Incentivise zero and low emission vehicle fleets through contracts.
4. **Reduce, Minimise and Prevent Emissions from Industrial, Commercial, Agricultural and Domestic Sources and activity**	County Council	• Move to zero and low emission energy sources and invest in energy efficiency for facilities, buildings and premises. • Provide public health advice to environmental permitting pertaining to air quality impact.
	District and Borough Councils	• Through Environmental Health regulate, inspect and enforce action that ensures compliance with environmental permits. • Through Environmental Health enforce legislation to minimise emissions from commercial and domestic fuel. • Move to zero and low emission energy sources and invest in energy efficiency for facilities, buildings and premises. • Facilitate energy efficiency measure in social housing and enable residents to have alternatives to polluting solid fuel.
	NHS England CCGs/ICSs	• Support NHS sites to phase out heating from coal and oil duel in line with the NHS Plan. • Move to zero and low emission energy sources and invest in energy efficiency in NHS buildings.
	Police and Crime Commissioner	• Move to zero and low emission energy sources and invest in energy efficiency for facilities, buildings and premises.
5. **Engagement and Communication for Behaviour Change**	County Council	• Enable residents to make informed choices about their travel and transport and infrastructure improvements. • Support health and care staff to advise their clients and patients about air pollution risk. • Ensure social care staff working with high risk groups are aware of air pollution risk and advice. • Ensure public health initiatives that enable people to be more active, promote active travel.
	District and Borough Councils	• Support awareness raising, and behaviour change campaigns to staff and the public.
	NHS England CCGs/ICSs	• Ensure front line staff that work with high risk groups in primary, community and secondary care can provide advice on what to do when air quality is poor.
	Healthwatch	• Help raise awareness for high risk groups on what people can do if they are concerned about air pollution.

Other Options Considered

7. No other options were considered.

Reason/s for Recommendation/s

8. Although we know air pollution places a significant burden on the health and wellbeing of Nottinghamshire residents it is not an explicit priority in the Health & Wellbeing Strategy 2018-2022. The Health & Wellbeing Board is well placed to oversee and lead on action around air quality in Nottinghamshire. It is therefore recommended that local action on air quality is monitored through the board's structures. This should not be a significant administrative burden as a specific air quality governance group will be established to coordinate and monitor the detailed action in the strategy. But a reporting mechanism back to the Health and Wellbeing Board will be beneficial to help unblock any issues as well as celebrate successes.
9. The organisations that make up the board can make a significant contribution to air quality as described in table 1. Therefore, board members should ensure that where relevant corporate, departmental and service plans are aligned with the air quality strategy.

Financial Considerations

10. The recommendations of this report will be financed through existing resources.

Statutory and Policy Implications

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

RECOMMENDATION/S

1. To endorse the Nottinghamshire Air Quality Strategy 2019-2029.
2. To ensure that delivery of air quality strategy is aligned with the delivery of the Nottinghamshire Health and Wellbeing Strategy and is monitored through the Healthy and Sustainable Places group.
3. For Health and Wellbeing Board members to ensure that their organisations are delivering actions that contribute to deliver the Air Quality Strategy.

For any enquiries about this report please contact:

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Constitutional Comments (AK 13/5/2019)

12. The recommendation falls within the remit of the Health and Wellbeing Board by virtue of its terms of reference.

Financial Comments (DG 13/05/2019)

13. There are no specific financial implications arising from this report.

Background Papers and Published Documents
Nottinghamshire Environmental Protection Working Group (2008). A Breath of Fresh Air for Nottinghamshire. An Air Quality Improvement strategy for the next Decade
Nottinghamshire Health & Wellbeing Board, July 2014. Report of the Director of Public Health. Air Quality and Health: delivering longer, healthier lives in Nottinghamshire County,
Nottinghamshire Joint Strategic Needs Assessment (2015) Air Quality Chapter
See additional references in the Nottinghamshire Air Quality Strategy document.
Electoral Division(s) and Member(s) Affected
All.

See also Chairs Report items:
2. National Clean Air Day 20 June 2019 – good news!
45. Improving outdoor air quality and health: review of interventions.

Nottinghamshire

Air Quality Strategy

2019-2028

Contents

1. Foreword - Why do we need an Air Quality Strategy to reduce air pollution?

Clean air is one of the most basic requirements for us all to live and work, and is essential for our good health and wellbeing, and for the natural environment. Although there has been a reduction in air pollution since the 1970s, poor air quality is still the largest environmental risk to public health in the UK. It shortens lives and reduces quality of life, particularly amongst the most vulnerable, the young and old, and those living with health conditions. There are 1000s of cases of respiratory and other diseases and an estimated 630 deaths a year in the Nottingham City and Nottinghamshire County areas together that can be attributed to air pollutants. It is also important to recognise that air pollution also damages ecosystems and wildlife.

We aim to improve air quality further in Nottinghamshire through this strategy as there are no safe levels of air pollution and any reduction will have a positive impact on public health. In fact, our modelling shows that reducing levels of exposure to the main pollutants in the county and city would in time generate significant reductions in related morbidity and mortality and reduction in costs to the local health and care system. Importantly this would also improve the quality of life and wellbeing of 1000s of local people helping them to meet their potential and live fulfilling lives. Reducing air pollution will also contribute to protecting the climate as polluting emissions also often contain greenhouse gases. There are also other significant co-benefits such as health improvement through more active travel economic opportunities related to the development and utilisation of zero and low emission technologies.

Our vision is for all of Nottinghamshire residents and visitors to have clean air that allows them to lead healthy and fulfilling lives. We aim to reduce the average levels of the main pollutants and reduce the proportion of disease and death caused by air pollution. To order to do this it is crucial that we all contribute to tackling air pollution, and local authorities, and partner organisations provide strong leadership so that we improve the quality of the air we all breathe, every minute of every day and establish systems and places for clean air for future generations.

2. Vision, aims, objectives and principles

2.1. Our Vision

For all of Nottinghamshire residents and visitors to have clean air that allows them to lead healthy and fulfilling lives.

Modelling shows that the rate of years of life lost attributable to air pollution has decreased in the county and the city since the early 1990s, but the rate of years lost to disability attributable to air pollution remains at a similar level (appendix 2). However, there is no known safe level of exposure below which there is no risk of health effects (1), and air pollution continues to have a significant impact on health in the city and county.

It is estimated that 5.7% of all adult deaths (equivalent to more than 410 deaths) in Nottinghamshire County (i.e. excluding the City of Nottingham), and 6.3% (2) of all adult deaths (equivalent to 146 deaths) in Nottingham City, were attributable to long term exposure to human-made particulate air pollution based on 2016 figures. When the effects of NO_2 are included the number of attributable deaths is estimated to increase to more than 450 in Nottinghamshire County and 181 in Nottingham City. Deaths attributable to air pollution are higher than those related to alcohol consumption and road traffic accidents combined (table 1). This demonstrates the need and importance of working towards our strategic vision.

Table 1 Comparison of deaths attributable to human-made air pollution, smoking and deaths related to alcohol consumption, Nottinghamshire County and Nottingham City.

Area	Deaths attributable to human-made air pollution	Deaths attributable to smoking	Deaths related to alcohol consumption	Deaths (deaths including serious injury) caused by road traffic accidents
Nottinghamshire County	450	3928*	405¥	28α (314)
Nottingham City	183	1408	153¥	5α (111)

*Estimate based on 1/3 of deaths attributable for 2015-2017, PHE Tobacco Control Profiles, **http://www.tobaccoprofiles.info/profile/tobacco-control**

¥ Estimates for 2017, PHE Local Alcohol Profiles for England, 4.01 Alcohol-related mortality (persons) http://fingertips.phe.org.uk/profile/local-alcohol-profile

α Reported casualties by severity, by local authority area, Great Britain, 2017 https://www.gov.uk/government/statistical-data-sets/ras30-reported-casualties-in-road-accidents#table-ras30008

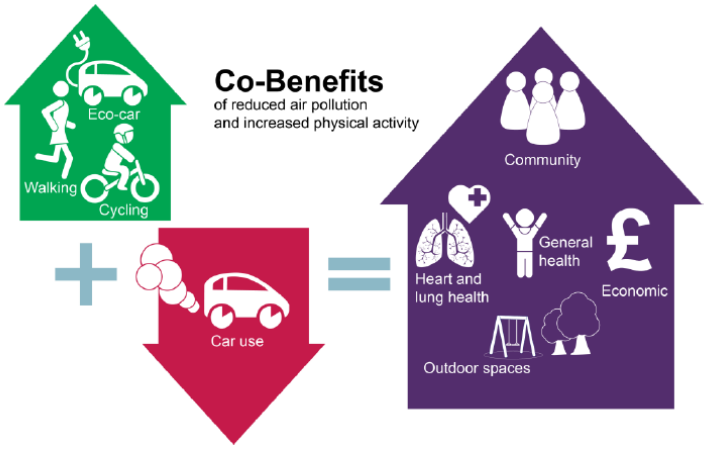
Our modelling shows that lowering levels of pollution would enable people to live more healthy lives. For example, if areas of the city and county where residents are exposed to higher levels of air pollution, had lower levels of pollution over the next 10 years; there would be significant health benefits and lives saved. This would include 1000s of fewer cases of asthma, coronary heart disease, chronic obstructive pulmonary disease, diabetes, and lung cancer over the next 10 years and related improvements in quality of life. In addition, there would be over 1500 fewer deaths associated with these conditions, and a reduction in £160M associated with treating and caring for people with these conditions in the local health and care system (appendix 3).

Our vision for clean air aligns with the ambition in governments national Clean Air Strategy to protect the nation's health and the government's plan (3) and forthcoming strategy for reducing vehicle emissions (4). Other important national plans such as the NHS Long Term Plan has recognised the action needed on air quality (5).

Implementation of this strategy will also have local system-wide co-benefits (figure 1). For example, shifting towards local and zero emission transport will enable more physical activity through active travel as part of integrated transport systems and help reduce local congestion. Other co-benefits include connecting people in their communities through better design of place, and improvements in overall environmental quality, noise reduction, greater road safety and carbon-reduction for climate change mitigation (1).

The local economy can also benefit from the action set out in this strategy. People prefer to live, and employers are likely to prefer to establish businesses, in places which are clean and support a healthy workforce. Innovation in clean energy and technologies presents opportunities for the UK economy (6).

Figure 1 Example Co-Benefits of Improving Air Quality (Public Health England)



2.2. Aims

This strategy aims to reduce the two key pollutants that are known to impact on human health – nitrogen dioxide and particulate matter. This action will also reduce the impact of these pollutants on the local environment and local ecosystems and reduce the impact of other pollutants which are emitted and produced by the same causes.

• **AIM 1: To reduce average concentrations of nitrogen dioxide and particulate matter in Nottinghamshire (which will ultimately lead to a reduction in air quality management areas in Nottinghamshire).**
• **AIM 2: To reduce the estimated proportion of disease and deaths attributable to air pollution (encompassing particles, nitrogen dioxide and other air pollutants).**

Aim 1 is in line with the 2018 legislation to reduce national emissions for particulate matter and nitrogen dioxide (and 3 other pollutants) (7). It is also aligned with the national Clean Air Strategy 2019 aim to reduce $PM_{2.5}$ concentrations in all areas of the UK over the next decade (4).

As described in appendix 5, air quality management areas (AQMAs) are designated when levels of pollutants in local area are above the UK limits. Reducing the average concentrations of these key pollutants will subsequently lead to less areas requiring an AQMA and reduce the number of AQMA in the city and county area. The Local Air Quality Action Plans for these AQMA in Nottingham and Nottinghamshire are therefore a key component in the delivery of

this strategy in terms of reducing health risk and impact in the most polluted areas. The role of AQMA will evolve and develop as the government makes changes to modernise the local air quality management (LAQM) system as intended in the Clean Air Strategy.

2.3. Strategic Objectives

The strategic vision and aims will be delivered through action under the following strategic objectives. These strategic objectives are aligned with the evidence base for action to improve air quality set out by the National Institute of Health and Care Excellence (NICE) (8) and the action set out in the national strategic documents:

• **STRATEGIC OBJECTIVE 1: Place Making and Development for Good Air Quality**
• **STRATEGIC OBJECTIVE 2: Enable the Shift to Zero and Low Emission Transport to Reduce Emissions**
• **STRATEGIC OBJECTIVE 3: Reduce, Minimise and Prevent Emissions from Industrial, Commercial, Agricultural and Domestic Sources and activity**
• **STRATEGIC OBJECTIVE 4: Engagement and Communication for Behaviour Change**

2.4. Strategic Objective 1. Place making and Development for Good Air Quality

The local planning system has the potential to positively impact on air quality as part of its aim to contribute to sustainable development. This can be through the system's role in promoting healthy and safe communities, sustainable transport, achieving well-designed places and facilitating the sustainable use of minerals as set out in the 2018 National Planning Policy Framework (NPPF) (9).

The NPPF states that planning policies and decisions should contribute to national air quality objectives and local air quality plans. Planners should consider air quality at the plan making stage to ensure a strategic approach and limit the need for issues to be reconsidered when determining individual applications. It is envisaged that by securing reasonable emission mitigation on schemes, where appropriate, cumulative impact effects, arising from overall development can be minimised.

The new approach provides greater clarity and consistency for developers, which should help to speed up the planning process. Guidance has been developed through the East Midlands Air Quality Network which can aid this process (10) and several authorities are progressing Supplementary Planning Documents covering the issue. The Nottinghamshire Spatial Planning and Health Framework 2019-2022 (11) is also useful in this regard and sets out the rationale for the role of spatial planning and placemaking in the health of the population, and a protocol for incorporating health considerations into planning policy and development control.

Public Health England's guidance on air quality interventions states that planning should aim to improve air quality and other health outcomes through the co-implementation of a mix of various measures that provide/improve green and active travel infrastructure, prioritise road safety, provide public transport and discourage travel in private cars. This should be done together with policies focussing on reducing the emissions of vehicles that have the highest potential to be effective at reducing emissions. (6).

We will achieve strategic objective 1 by:

a) Incorporating air quality considerations into Local Plans.

b) Ensuring sustainable transport opportunities are integrated within plan–making and development proposals.

c) Working with developers to reduce the impact of new residential, commercial minerals and waste developments on air quality.

d) Encouraging transfer to lower emission vehicles through the provision of electric vehicle charging infrastructure and promotional activities (for residents and businesses) in line with strategic objective 2.

2.5. Strategic Objective 2. Enable the Shift to Zero and Low Emission Transport & Reduce Emissions

As described in appendix 1, a significant proportion of emission of nitrogen oxides and particulate matter in Nottinghamshire comes from road transport, and this has a significant impact on local air quality. Reducing emissions from these sources is a key part of the government's air quality strategy and local transport strategies (3) (4) (12) (13). It is therefore essential that we work to reduce emissions from vehicles through local action. Transport teams within both Nottingham City Council and Nottinghamshire County Council will lead on this by ensuring air quality is a material consideration within the development of Local Transport Plans. Other parts of the public sector also have a significant role in this objective. The local Integrated Care Systems should lead on action within the NHS to reduce emissions from all related vehicles as set out in the NHS long term plan (5).

We will seek to encourage local residents, businesses and organisations (including public sector organisations) to move to zero and low emission transport options by making people more aware of their travel choices (particularly low-emission options) and providing infrastructure and training to enable people to make such journeys and reduce emissions from transport.

We will achieve strategic objective 2 by:

a) Developing and delivering coordinated integrated programmes of measures to address journey time delay including:

- Infrastructure improvements to encourage more people to walk, cycle or use public transport more often.
- Encouraging and enabling people to make more sustainable travel choices (e.g. through travel planning and training) as part of objective 4.
- Targeted capacity improvements to address journey time delay (e.g. traffic signal improvements).

b) Encouraging transfer to lower emission vehicles through the provision of electric vehicle charging infrastructure including in new developments in line with objective 1, and promotional activities (for residents, businesses, and public transport operators).

c) Effective management of the highways networks, including planned and unplanned disruption on the highways network caused by street works, incidents and other activities.

d) Working with operators to provide appropriate public transport services.

e) Ensuring the regular exchange of information between transport planners, health and air quality colleagues relating to both air quality information and traffic information.

f) Working with freight operators and organisations, passenger transport operators (e.g. bus, rail and taxi), and public sector transport operators and fleet commissioners to hasten the transition to the operation of zero and low emission vehicles and establish appropriate routes, delivery routines and driver practices to minimise congestion and pollution.

2.6. Strategic Objective 3. Reduce, Minimise and Prevent Emissions from Industrial, Commercial, Agricultural and Domestic Sources and activity

Industrial (including commercial) and domestic burning/combustion including commercial waste and domestic nuisance fires, cause most of the particulate matter pollution and a significant amount of the emissions of nitrogen oxides as described in appendix 1. Agricultural sources are the predominant sources of ammonia and all these sources contribute to emission of volatile organic compounds which react with other pollutants to form secondary pollutants such as ozone and particles (4).

This strategic objective will be partly delivered by the regulatory activity of the Environment Agency and local authority Environmental Health teams to reduce, minimise and prevent emissions from these sources to reduce their impact on local air quality. This work will evolve as the new local air quality framework emerges as proposed in the Clean Air Strategy (4).

We will achieve strategic objective 3 by:

a) Ensuring through regulation, inspection and enforcement action that industrial, commercial and agricultural activities comply with Environmental Permits applicable to emissions to air from their industry.

b) Enforcing existing (e.g. smoke control orders) and any new legislation that minimises emissions from commercial and domestic solid fuel combustion.

c) Encouraging and facilitating increased energy efficiency and use of renewable/sustainable energy sources and supplies across sectors.

d) Identifying and implementing strategies and measures that reduce or prevent emissions that adversely affect health and ecosystems.

2.7. Strategic Objective 4 – Engagement and Communication for Behaviour Change

It is important that people have access to the correct information about local air pollution and related risks to health in their area in the short and longer term. We will seek to raise awareness amongst local residents, households, businesses and organisations of local air pollution and the ways in which they can reduce their exposure.

We will put particular emphasis on protecting those at higher risk, including children, pregnant women, the elderly, and people with long term conditions as recommended by NICE (14). We will utilise the tools that have been proposed in Public Health England 'Improving people's health' strategy 2018 (15) and the Clean Air Strategy 2019. There is a role for local Public Health teams and the Integrated Care Systems to lead on this to ensure it is implemented locally.

Importantly we want to help people understand what they can do to improve their health and local air quality. Examples of some of the things that can be done are set out in appendix 3.

We will achieve strategic objective 4 by:

a) Raising awareness amongst higher risk groups on how to reduce the exposure and the impact of air pollution on their health.

b) Ensuring that health and care workers that come into regular contact with high-risk groups are aware of the advice they should give and what to do when air quality is poor, and that this is actioned.

c) Providing clear coordinated messages on the risk of air pollution and what individuals and organisations can do to reduce their contribution to local air pollution.

d) Aligning air quality messaging and behaviour change with other programmes which have mutual benefits such as promoting walking and cycling for physical activity and/or to address localised congestion.

e) Promoting involvement in local, national and international awareness raising campaigns at an individual and organisational level.

2.8. Cross cutting principles of the Strategy

The following cross cutting principles will be followed to enable the effective delivery of the strategy:-

- ***Ensure our approaches reduce health inequalities.***

People living in the most deprived, particularly urban areas of England have significantly higher air pollution levels (PM_{10} and NO_2) than those living in the least deprived neighbourhoods (16). The related research found that the 20% most deprived areas of the East Midlands which includes parts of Nottingham City and the county districts (appendix 4). It is therefore important that our planned actions do not exacerbate these inequalities and those related to air pollution and higher risk groups. For example, by shifting pollution from one area to another, or reducing in less polluted areas more than in areas with a greater need (17). But our actions should in fact strive to reduce inequalities related to air pollution.

- ***Use PHE's air pollution hierarchy in prioritizing intervention.***

This approach set out in Public Health England's 2019 review of interventions set's out how a system or department/service area should first prioritise prevention to reduce or eliminate emissions, over mitigation to reduce concentrations of pollutants, over avoidance to avoid individuial being exposed without addressing the cause of the pollution (6).

- ***Take a health in all policies approach.***

Health in All Policies (HiAP) is an approach to public sector policies that systematically and explicitly takes into account the health implications of the policy decisions local authorities and other organisations take. It targets the key social determinants of health; looks for synergies between health and other core objectives and the work we do with partners; and tries to avoid causing harm with the aim of improving the health of the population and reducing inequity (18). This is therefore important in relation to air quality. For example in organisational transport or energy policy there should be a consideration of the impact on air quality and not just economic or operational efficiency.

- ***Base our approaches on evidence and learn through evaluation.***

There is a growing evidence base for modelling air pollution risk, and modelling intervention effectiveness and impact. We will use the available tools and those that are available in the future to ensure that our approaches are as effective and cost effective as possible. We will learn from approaches in other areas of the country and learn from our local interventions through undertaking effective evaluation.

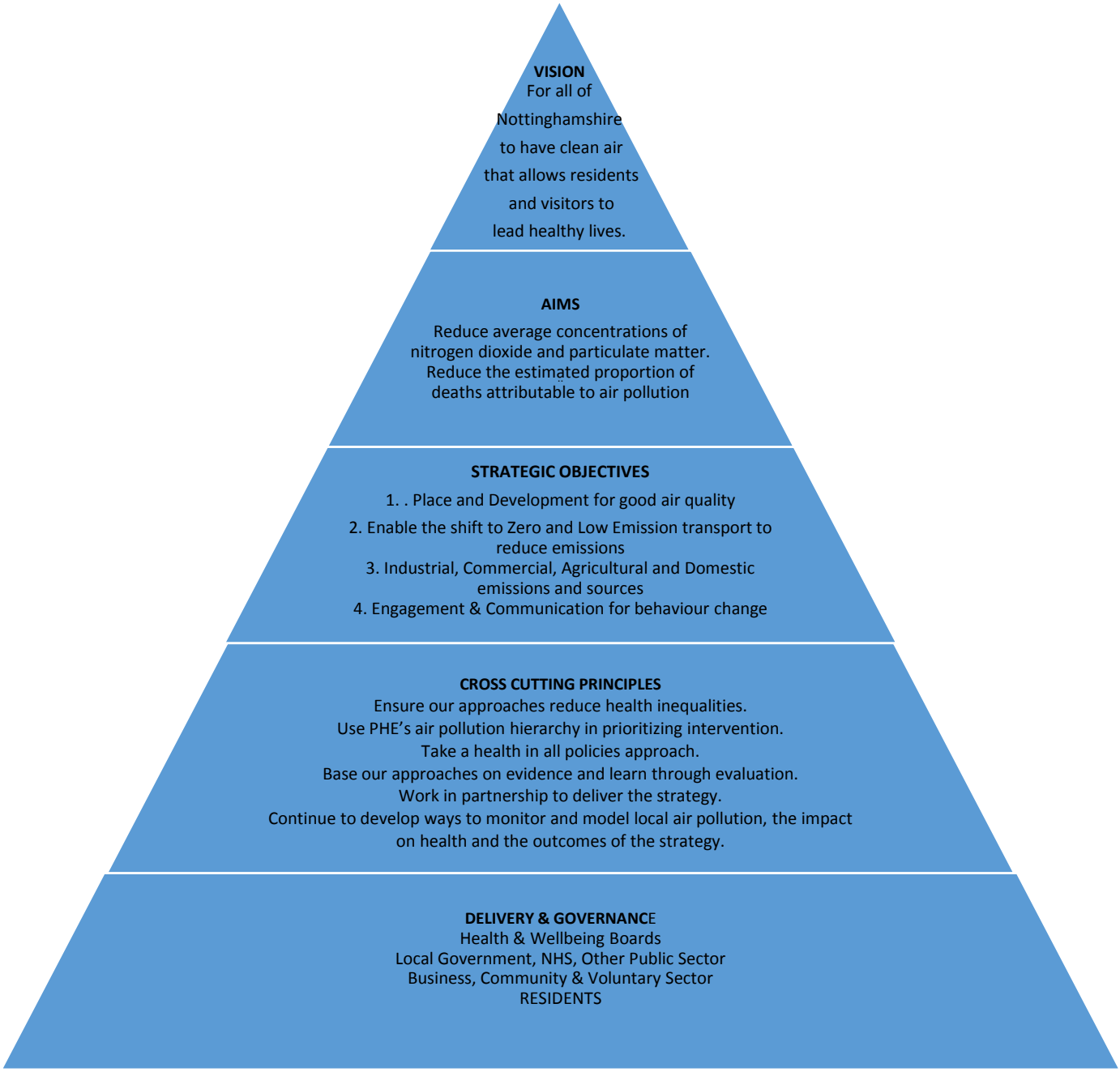
- ***Work in partnership to deliver the strategy.***

It is clear that air quality cannot be addressed by one organisation or sector alone. In order to utilise all local levers it is essential that all organisations consider their impact upon air quality. This includes the need to work across organisational boundaries to ensure that policies in one authority do not negatively transfer causes of air pollution or the pollution itself to neighbouring authorities. The need to work collaboratively has been highlighted as a policy objective in the national Clean Air Strategy.

- ***Continue to develop ways to monitor and model local air pollution, the impact on health and the outcomes of the strategy.***

The Clean Air Strategy has set out a new vision of the local air quality management system and improving national monitoring and reporting of air quality issues. We will work collectively in the longer term to adapt our local monitoring to this new regime and develop our local intelligence on air quality and health to better plan and deliver our air quality interventions.

Figure 2 Air Quality Strategy Summary



3. Delivery and Governance

Delivery of the strategy aims and objectives requires leadership across several organisations and strategies and plans in the health & wellbeing, transport, planning, environmental health, public health and health & care sectors in the Nottinghamshire and Nottingham City areas.

It is proposed that the Health and Wellbeing Boards will provide local system leadership on the air quality agenda.

Figure 3 Local Strategies and Plans aligned with this Air Quality Strategy

A strategy oversight group will be formed comprising a core of Environmental Health, NHS, Planning Policy, Public Health, Transport Planning representative of Nottingham City and Nottinghamshire. This group will meet once or twice a year to consider local air quality monitoring and modelling data, progress of any specific air quality delivery work streams and aligned strategy and the evidence base of effective interventions for improving air quality.

This purpose of the group will be to:

- Review progress of the delivery against the strategy aims and objectives.
- Ensure current programmes and projects are joined up in the local system for impact.
- Capitalise on new opportunities for strategic action on air quality.
- Review the partnership impact of implementation of changes to the local air quality management system.
- Coordinate and share local air quality modelling and monitoring at a strategic level.
- Identify and influence other strategic workstreams with co-benefits for air quality.

- Oversee the Joint Strategic Needs Assessment for Air Quality for both areas.

Review the strategy on a 5 year cycle to take into account longer term changes in air quality and evidence for the partnership action required to continue to make improvements.

Appendix 1 Local Air Pollution

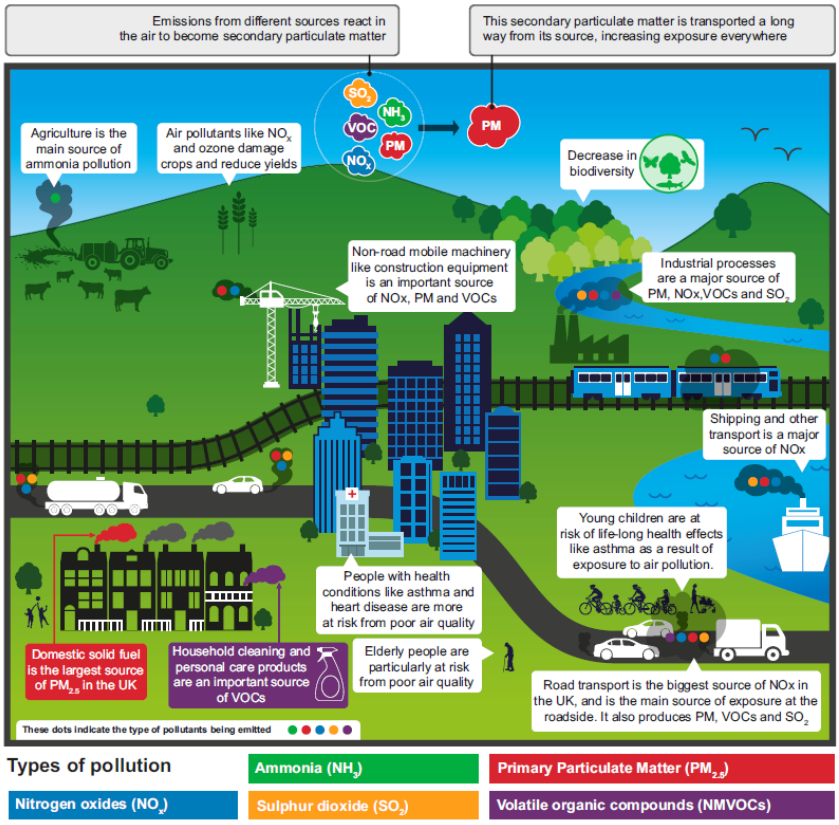
What is air pollution?

1. Sources of air pollution

Air pollution is defined as a mixture of gases and particles that have been emitted into the atmosphere by natural and human-made processes.

There are a range of pollutants as shown in Figure 1. The combustion of fossil and carbon based fuels such as coal, oil, gas, petrol/diesel and wood burning are the most significant sources of the key pollutants of concern to local authorities, and also emit carbon dioxide, a key greenhouse gas.

Figure 4 the sources of air pollutants and their effects (Source: DEFRA, 2018)



The pollutants we are most concerned about locally, because of their health effects, are:

- **Nitrogen oxides (Nitrogen dioxide (NO_2) and Nitrogen oxide (NO))**
- **Particulate matter (microscopic particles - PM_{10}, $PM_{2.5}$ and smaller)**

a. Nitrogen Oxides

Nitrogen dioxide (NO_2) and nitrogen oxide (NO) (known together as Nitrogen Oxides or NO_x) are released into the atmosphere when fuels are burned (for example, petrol or diesel in a car engine or natural gas in a domestic central heating boiler). NO_x emissions from burning fossil fuels are mainly as NO, but some sources can release a lot of NO_2.

Road transport produces 34% of the NO_x in the air, and 80% near roadsides in the UK. Diesel vehicles are a particularly significant source of NO_2 and contribute 90% of the roadside emissions in the UK (3). Because of this road transport and particularly diesel vehicles are the main local sources of concern for NO_x pollution locally. Other important sources of NOx emissions in the UK are power stations and refineries that use fossil fuels (22%), domestic and industrial combustion (19%), and other transport such as rail and shipping (17%) (4).

Nitrogen dioxide pollution[1] is a problem at several locations in Nottingham City and elsewhere in the county and there are currently (March 2019) five declared AQMAs resulting from nitrogen dioxide emissions due predominantly from road transport. These AQMAs range in size from a few streets adjacent to the localised issues) to the whole of Nottingham City following amendment to the city's previous AQMA2 (although it should be noted that the air quality exceedances are only on specific roads in the City, not the whole of the City). Each of these AQMAs has an associated Local Air Quality Action Plan and local authorities report on the status of AQMA and changes in local air quality monitoring and factors that affect local air quality in Annual Status reports. Given the breaches of air quality objectives beyond 2020 in Nottingham City predicted by DEFRA, Nottingham City was also required to conduct a detailed assessment and plan to address the air quality issues in the City (19).

Table 2 Local Air Quality Management Areas in Nottinghamshire

AQMA	Description	Date Declared	Pollutants of concern
Broxtowe	Next to the M1 motorway in Trowell.	01/02/2006	Nitrogen dioxide NO_2
Gedling	Land adjacent to a stretch of the A60 Mansfield Road	01/04/2011	Nitrogen dioxide NO_2
Nottingham City (AQMA 2)	The whole of the city's administrative area	09/01/2019	Nitrogen dioxide NO_2
Rushcliffe*	An area encompassing the vicinity between the A60/Wilford Lane junction to Lady Bay Bridge (including land south of Trent Bridge) in West Bridgford.	01/09/2005	Nitrogen dioxide NO_2
Rushcliffe*	Land adjacent to the A52 at Stragglethorpe	01/10/2011	Nitrogen dioxide NO_2

* Rushcliffe AQMAs are under review in 2019 as No_x levels are below the threshold

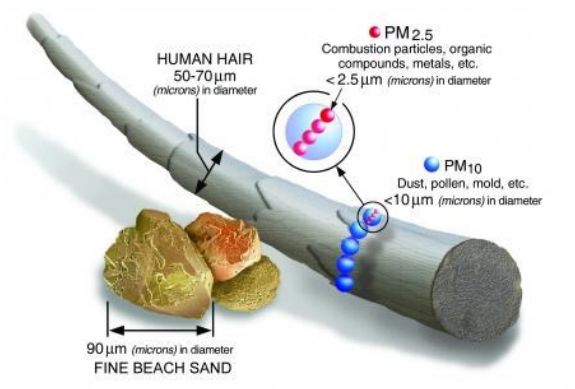
b. Particulate matter

Particulate matter is the term for a mixture of solid particles and liquid droplets found in the air. Some particles, such as dust, dirt, soot, and smoke, are large or dark enough to be seen with the naked eye. Others are so small they can only be detected using an electron microscope. They are classified by size such as PM_{10} or $PM_{2.5}$ or smaller.[2]

[1] See appendix 1 for a description of pollutants and their impact.

[2] PM_{10} (particles of ≤ 10µm (micrometres) diameter) or $PM_{2.5}$ (particles of ≤ 2.5µm diameter)

Figure 5 Size of Particulate Matter



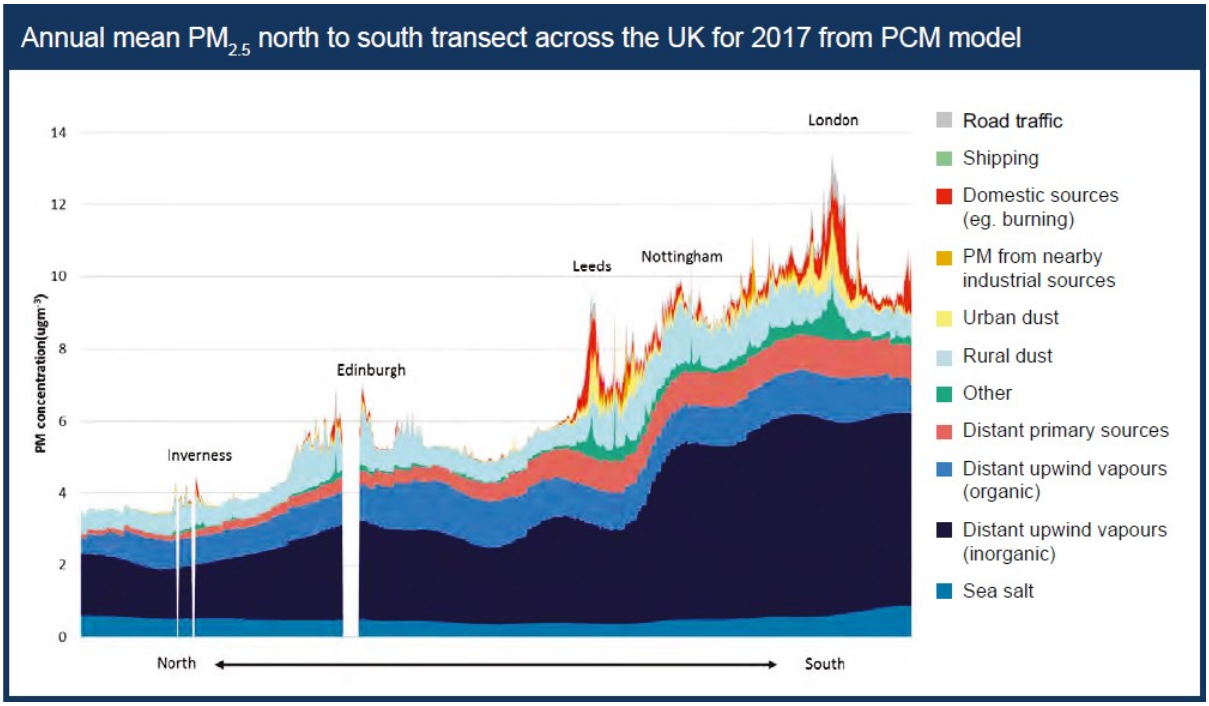
(Source: US Health Protection Agency)

Particulate matter consists of a wide range of chemical compounds and materials from natural sources such as pollen, sea spray and desert dust; and human made sources such as from fires, engine vehicle exhausts (particularly diesel engines) soot from vehicle exhausts, dust from tyres and brakes, as well as emissions from industry. It is also formed by reactions between other pollutants and in the air e.g. ammonia from agriculture. In the UK 38% comes from burning wood and coal in domestic open fires and stoves, 16% from industrial combustion, 12% from road transport and 13% from solvents and industrial processes, with the remainder comprising mainly 'secondary' particles. Natural and human made particulate matter can travel long distances such as from other parts of the UK and Europe (4).

Monitoring and modelling indicates there are locations in Nottingham City and Nottinghamshire where concentrations of small particulate matter[3] ($PM_{2.5}$) exceed, or potentially exceed, the WHO annual mean guideline of 10 ug/m^3 (20). On the ground these levels are particularly clustered around urban and residential areas due to the role of domestic and industrial burning. Also around the main road networks across the county, particularly where roads are busy or congested.

As well as explicit local emissions from roads and households etc.; it should be recognised that pollution is brought into the local area by the wind from further away. This background pollution is from a variety of sources as shown in figure 4 and combines with local sources in areas with a pollution challenge (4). This shows the important role that national policy and actions or inaction of other local authorities and agencies can influence our local air quality. It is therefore vital that there is multi-agency strategic response across Nottinghamshire.

Figure 6 Background sources of PM2.5 particulate matter pollution (Source: DEFRA Clean Air Strategy, 2019)



c. Other pollutants

Other pollutants such as ammonia and sulphur dioxide are also of concern in terms of their impact on the environment and human health. The main source of sulphur dioxide is the combustion of fuels containing sulphur e.g. oil and coal. There is already national regulation to control and minimise its emission. Ammonia is more problematic as it is generated by a wide range of essential agricultural activity and is a precursor to the formation of secondary particle formation, and can be significant contributor to overall particle concentrations.

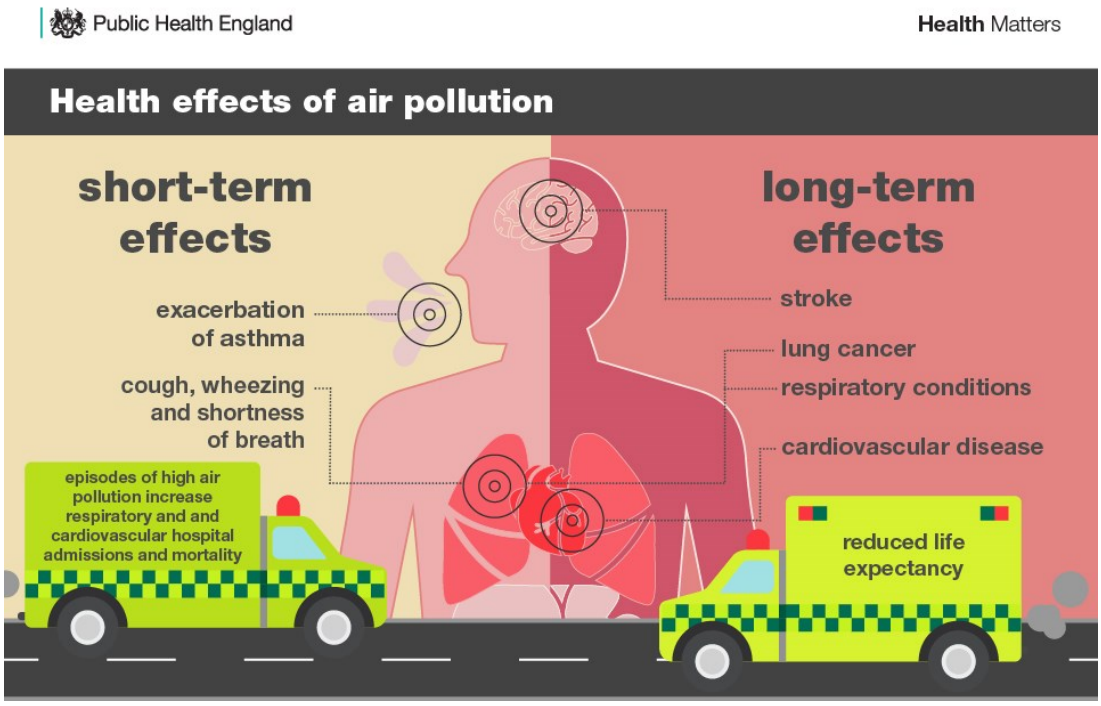
2. Health impact and cost of air pollution

It is known that harm to human health can occur at very low levels of pollution, and that there is currently no known safe level of exposure below which there is no risk of health effects (1). Air pollution is associated with a number of short and long-term adverse health impacts which can contribute to reduced life expectancy (see figure 2). It can negatively affect the development of babies during pregnancy and normal lung function growth of children and contributes towards asthma and other breathing and lung conditions. It is recognized as a contributing factor in the onset of cardiovascular disease and lung cancer, and there is growing evidence for its associations with dementia, low birthweight and type 2 diabetes (1).

Fine ($PM_{2.5}$) and ultrafine ($PM_{0.1}$)[3] particulates can cause these problems because they are so small that they can be drawn into the lungs and can pass into the bloodstream. Once there it is transport around the body and can be deposited in body issues and interfere and affect the body's metabolic processes. As particulate matter is made up of a range of different chemical compounds and materials it can affect the body's processes in different ways. Every year, it is estimated that long term exposure to man-made air pollution in the UK has an annual effect equivalent to 28,000 to 36,000 deaths (21).

[3] $PM_{0.1}$; particles that are less than 0.1 µm in diameter

Figure 7 Health effects of air pollution (source: Public Health England a, 2018)



Air pollution can be harmful to all people, but some people are more affected because they live in more polluted areas or are more susceptible to the harmful effects of air pollution. Groups that are more vulnerable include children and older people, pregnant women, and those with heart and lung conditions. People living in the most deprived, particularly urban areas of England have significantly higher air pollution levels (PM_{10} and NO_2) than those living in least deprived neighbourhoods (16). People that are from these groups and live in more polluted places such as near busy roads are particularly affected.

The care and treatment costs associated with these diseases place a significant burden on national and local health and care systems. The total NHS and social care cost due to $PM_{2.5}$ and NO_2 combined in 2017 was estimated to be £42.88 million, increasing to £157 million when diseases are included where there is currently less robust or emerging evidence for an association. Between 2017 and 2025, the total cost to the NHS and social care of air pollution for where there is more robust evidence for an association, is estimated to be £1.60 billion for $PM_{2.5}$ and NO_2 combined increasing to £5.56 billion when other diseases for which there is currently less robust evidence for an association are included (22). The broader costs to the UK economy of death and disability associated with air pollution are estimated to be £20 billion per year (23).

In addition to care and treatment costs, air pollution impacts on productivity in people of working age. It has been estimated using 2012 pollution levels that poor air quality cost the economy £2.7 billion though its impact on productivity (24).

3. Air quality guidelines, objectives & management

There are international guidelines for a range of air pollutants including particulate matter and nitrogen dioxide set by the World Health Organization (WHO) which are based on scientific evidence (25). In the UK there are air quality objectives which have been in line with EU air quality limits (table 1). The 2019 UK Clean Air Strategy set an ambition to meet the WHO annual mean limit guideline for particulate matter of 10 µg/m^3. The Secretary of State for Environment, Food and Rural Affairs has responsibility for meeting the limit values in England

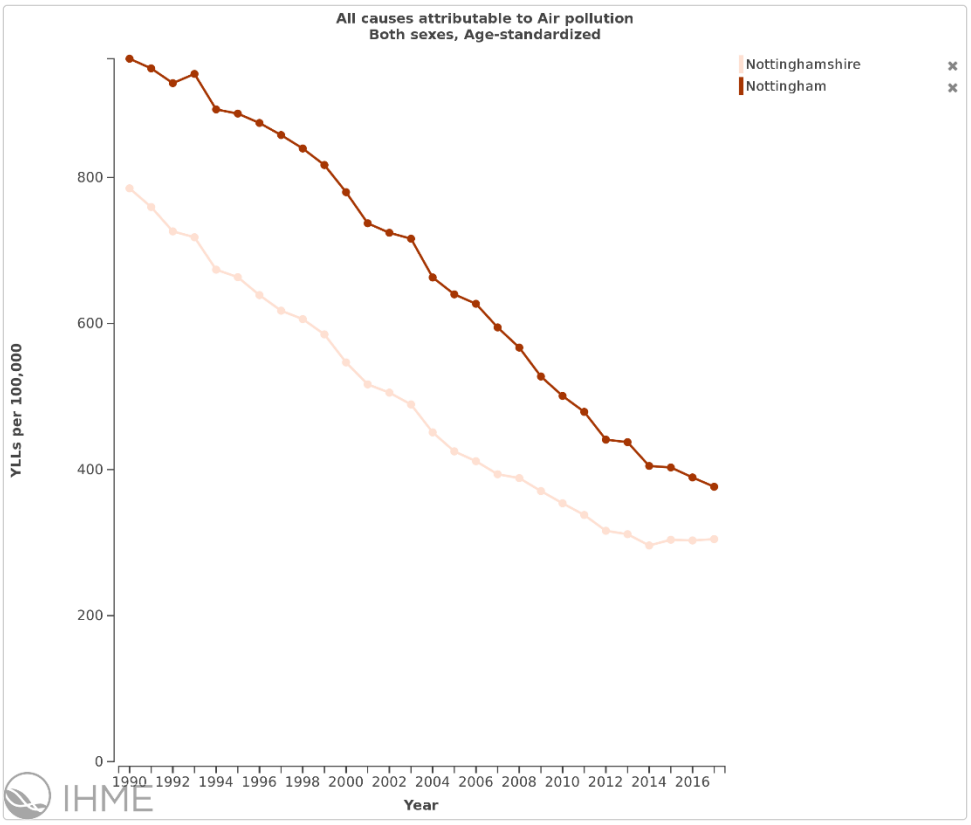
and the Department for Environment, Food and Rural Affairs (Defra) co-ordinates assessment and air quality plans for the UK as a whole.

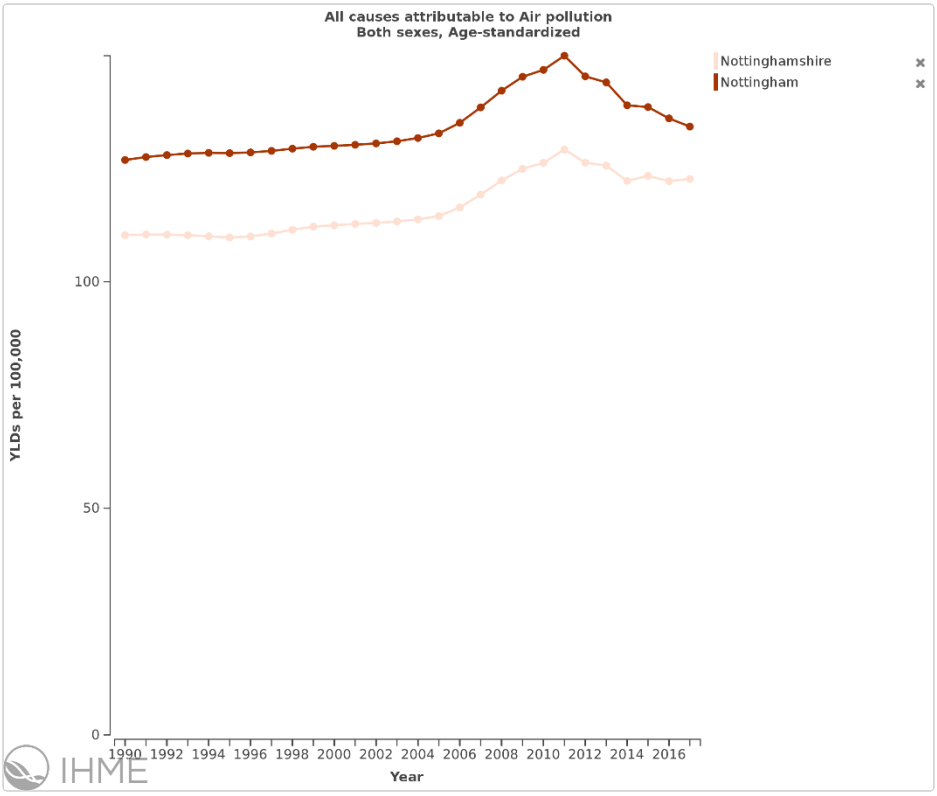
It is the responsibility of local authorities to monitor and review air quality in their areas as part of the current Local Air Quality Management framework (LAQM). This is led by local environmental health teams in the District, Borough and the City Councils. If local air quality assessments identify a location where the UK objectives are not likely to be achieved, it must declare an Air Quality Management Area (AQMA) which is managed through a plan. (For more information on the LAQM see appendix 2).

Table 3 UK Air Quality Objectives for Particulate matter and Nitrogen Dioxide

Pollutant	Region	Objective/ European Obligation
Course Particulate matter (PM_{10})	World Health Organisation Guideline	24 hour mean - 50 µg/m3 Annual mean – 25 µg/m3
	UK Objective/ EU Directive Limit	24 hour mean - 50 µg/m3 Annual mean – 40 µg/m3
Fine Particulate matter ($PM_{2.5}$)	World Health Organisation Guideline	24 hour mean – 25 µg/m^3 Annual mean – 10 µg/m^3
	UK Objective/ EU Directive Limit	Annual mean - 25 µg/m^3
	UK Clean Air Strategy 2019	Annual mean - 10 µg/m^3
Nitrogen dioxide	World Health Organisation Guideline	1 hour mean - 200 µg/m^3 Annual mean - 40 µg/m^3
	UK Objective/ EU Directive Limit	1 hour mean - 200 µg/m^3 Annual mean - 40 µg/m^3

Appendix 2 Modelled trend in Years of Life lost and Years lived I disability in Nottingham & Nottinghamshire (source: Global burden of Disease)





Appendix 3 Modelled reductions in morbidity, mortality and health and care costs from reducing population exposure from higher to lower levels of pollution

Table 4 Estimated reduction in mortality and morbidity in Nottingham & Nottinghamshire over 10 years if residents exposed to high levels (≥12.3 µg/m^3) of particulate matter ($PM_{2.5}$) in 2017 were exposed to lower levels (<12.3 µg/m^3)$^{\Sigma}$ over the next decade (Source: Local analysis using PHE 2018 air pollution healthcare costs tool)

	Adults (aged 19 or older)						Children (age 18 or younger)	
Local authority	**Coronary heart disease $^{\alpha}$**	**COPD**	**Stroke**	**Diabetes**	**Lung cancer**	**Deaths$^{\beta}$**	**Asthma**	**Diabetes**
Ashfield	367	211	94	374	9	115	112	4
Bassetlaw	406	222	100	437	10	125	97	4
Broxtowe	480	264	124	485	13	151	122	3
Gedling	475	260	129	433	12	144	132	4
Mansfield	309	164	82	316	7	97	78	2
Newark and Sherwood	444	246	126	401	11	123	103	3
Rushcliffe	419	228	112	426	10	113	116	3
Nottinghamshire	**2,900**	**1,595**	**768**	**2,871**	**72**	**868**	**759**	**22**
Nottingham	**1,796**	**1,049**	**480**	**1,938**	**47**	**546**	**433**	**11**

$^{\alpha}$ For diseases, the numbers represent how many fewer residents would have the disease in 2027 if all residents lived in low PM2.5 pollution areas - as opposed to the situation in 2017.
^{B} The number of deaths is the average, annual number of deaths avoided between 2017 and 2027 if all residents lived in low PM2.5 pollution areas - as opposed to the situation in 2017.

$^{\Sigma}$ High and low levels are set by the model.

Table 5 Costs avoided in $PM_{2.5}$ scenario- 2017 alone

Local Authority	2027 costs avoided
Ashfield	£ 1,817,085
Bassetlaw	£ 1,966,194
Broxtowe	£ 2,288,375
Gedling	£ 2,241,058
Mansfield	£ 1,477,093
Newark and Sherwood	£ 2,111,683
Rushcliffe	£ 2,043,450
Nottinghamshire	**£ 13,944,938**
Nottingham	**£ 8,850,224**

Table 6 Cumulative costs avoided in $PM_{2.5}$ scenario- total over all years, 2017 to 2027

Local Authority	Cumulative costs avoided, 2017- 2027
Ashfield	£ 11,359,017
Bassetlaw	£ 12,028,504
Broxtowe	£ 13,986,104
Gedling	£ 13,949,322
Mansfield	£ 9,249,141
Newark and Sherwood	£ 12,299,652
Rushcliffe	£ 12,743,424
Nottinghamshire	**£ 85,615,165**
Nottingham	**£ 54,638,311**

Table 7 Estimated reduction in mortality[β] and morbidity in Nottingham & Nottinghamshire over 10 years if residents exposed to high levels (≥20.5 µg/m³)[Σ] of nitrogen dioxide (NO_2) in 2017 were exposed to lower levels (<20.5 µg/m³)[Σ] over the next decade (Source: Local analysis using PHE 2018 air pollution healthcare costs tool)

	Adults (age 19 or older)		Children (aged 18 or younger)	
Local authority	**Diabetes[α]**	**Lung cancer**	**Asthma**	**Diabetes**
Ashfield	158	2	19	
Bassetlaw	114	0	0	
Broxtowe	201	2	15	
Gedling	221	2	0	
Mansfield	137	3	16	
Newark and Sherwood	51	1	17	
Rushcliffe	115	1	16	
Nottinghamshire	**998**	**11**	**83**	**7**
Nottingham	**1168**	**12**	**55**	**6**

[α] The numbers represent how many fewer residents would have the disease in 2027 if all residents lived in low NO_2 pollution areas - as opposed to the situation in 2017.
[B] The modelling suggested no quantifiable effect on deaths or other disease groups cause by NO_2 pollution

[Σ] High and low levels are set by the model.

Table 8 Costs avoided in NO_2 scenario- 2017 alone

Local Authority	2027 costs avoided
Ashfield	£265,245
Bassetlaw	£182,338
Broxtowe	£327,405
Gedling	£ 376,529
Mansfield	£226,568
Newark and Sherwood	£88,828
Rushcliffe	£193,351
Nottinghamshire	**£1,660,264**
Nottingham	**£1,983,298**

Table 9 Cumulative costs avoided in NO_2 scenario- total over all years, 2017 to 2027

Local Authority	Cumulative costs avoided, 2017- 2027
Ashfield	£1,619,635
Bassetlaw	£739,368
Broxtowe	£1,914,146
Gedling	£ 1,787,357
Mansfield	£1,350,475
Newark and Sherwood	£470,483
Rushcliffe	£1,154,999
Nottinghamshire	**£ 9,036,464**
Nottingham	**£11,160,602**

Appendix 4 Most deprived electoral wards in Nottingham and Nottingham with estimated higher levels of Pollution

Research by Fecht et al published in 2015 found that the most deprived fifth of areas[4] in the East Midlands had significantly higher mean PM_{10} and NO_2 air pollution concentrations ($\mu g/m^3$) than the most affluent fifth. These are the wards in Nottingham and Nottingham that contain areas which fall within this definition.

Ward Name	Local Authority
Abbey Hill, Carsic, Central & New Cross, Hucknall North, Hucknall South Hucknall West, Huthwaite & Brierley, Leamington, Skegby, Stanton Hill & Teversal, Summit	Ashfield
Carlton, East Retford East, East Retford North, Harworth, Worksop East, Worksop North East, Worksop North West	Bassetlaw
Chilwell West, Eastwood Hilltop, Eastwood St Mary's, Stapleford North	Broxtowe
Bestwood St Albans, Calverton, Cavendish, Coppice, Ernehale, Netherfield	Gedling
Brick Kiln, Broomhill, Bull Farm and Pleasley Hill, Carr Bank, Ladybrook, Market Warsop, Newgate, Oak Tree, Penniment, Portland, Racecourse Ransom Wood, Warsop Carrs, Woodhouse, Woodlands, Yeoman Hill	Mansfield
Castle, Devon, Edwinstowe & Clipstone, Ollerton, Rainworth South & Blidworth	Newark and Sherwood
Aspley, Basford, Berridge, Bestwood, Bilborough, Bridge, Bulwell, Bulwell Forest, Clifton North, Clifton South, Dales, Leen Valley, Mapperley, Radford and Park, Sherwood, St Ann's, Wollaton East and Lenton Abbey, Wollaton West	Nottingham

[4] For the deprivation the research used LSOA level income domain from the Index of Multiple Deprivation 2004 as the area-level socioeconomic indicator". The wards listed in the table have one or more LSOA in the top 2 deciles of scores for this domain in the East Midlands.

Appendix 5 Local Air Quality Management Process

Since December 1997 each local authority with responsibility for environmental protection in the UK has had a duty to carry out a review and assessment of air quality within their rea. This process involves measuring several key air pollutants and trying to predict if they will change in the next few years.

The aim of this process is to ensure that the national air quality objectives are achieved throughout the UK and by doing so protect of people's health and the environment.

If a local authority determines that the objectives are not likely to be achieved, it must declare an Air Quality Management Area (AQMA).

The decision to declare an AQMA considers:

- the exposure of human populations and/or ecosystems to pollutants through measurement and modelling
- the relative contributions to these exposures from source sectors
- the impact that air pollution will have on human health and the environment

Throughout the UK many local authorities have declared AQMAs, however, many more have not found this necessary. In local authority areas with lower levels of road transportation, industrial emissions and domestic heating emissions and the objective pollutant concentrations have not been breached the local authority need not declare an AQMA. In these local authority areas the work to monitor and review air quality, as well as improve it, continues. In all areas intervention and monitoring is intended to ensure the air quality levels either remain below the objective values or improve. If the pollutant concentrations start to rise for any reason then the local authority has a duty to reconsider its position and give proper consideration to the declaration of an AQMA.

Local authorities ensure that air quality remains safe by engaging with local industry; regulating potentially polluting industries; ensuring air quality is a material consideration through the planning process; and by encouraging active travel options, which include walking, cycling and the use of low emission vehicles amongst others.

As there are different air quality issues in Nottingham City and each Nottinghamshire District and Borough, below you will find a link to each council website where you can search for air quality assessments and related plans and policies to reduce air pollution.

Ashfield District Council

Bassetlaw District Council

Broxtowe Borough Council

Gedling Borough Council

Mansfield District Council

Newark and Sherwood District Council

Nottingham City Council

Rushcliffe Borough Council

Appendix 6 How to get involved

Residents and businesses living or working in Nottinghamshire can improve the air quality in the area by taking simple measures. One of the most effective changes that can be made is to use more sustainable forms of transport and reduce dependency on the private car.

Below are some of the actions that we could all take.

- Use Public Transport – To use all means of public transport whenever possible e.g. buses, trams and trains. You can find your best journey options at: rail – http://www.nationalrail.co.uk/; bus and rail – https://www.traveline.info/ and **http://www.triptimes.co.uk/;** and the tram timetable at **http://www.thetram.net/**. Within Nottinghamshire, further information to help people and businesses with journey planning and advice can be found at http://www.nottinghamshire.gov.uk/travelchoice; and within the Nottingham conurbation further information can be found at **http://www.thebigwheel.org.uk/** .

- Use Park and Ride – There are a number of Park and Ride sites within Nottinghamshire, which serve the tram and bus services. The locations of these can be found at **http://beta.nottinghamcity.gov.uk/transport-parking-and-streets/public-transport/park-and-ride/**

- Reduce the use of your car – Car sharing schemes – The County and City councils fund a car share scheme which can be found at https://liftshare.com/uk/community/nottinghamshare#join . The website helps people find others who are undertaking similar journeys so that they can car share. Businesses are also able to produce their own car share database including through the nottinghamshire website.

- Go electric – The County and City Councils are currently developing a local network of electric vehicle charging infrastructure. Grants are also available to businesses in Nottinghamshire (including the City) for vehicle charging infrastructure.

- Make sure your car is as efficient as possible by having regular maintenance checks on your vehicle and ensuring that the tyres are properly inflated and aligned. The way you drive your car also has an impact on fuel efficiency and emissions, driving tips to reduce fuel consumption can be found at http://www.energysavingtrust.org.uk/transport/driving-advice

- Cycle more – Use the extensive cycle routes that are available throughout the Nottinghamshire. Maps of cycle routes in the county and city are available at http://www.nottinghamshire.gov.uk/travelchoice; and maps of cycle routes in the city are available at **http://www.nottinghamcity.gov.uk/cycling**. The national cycling charity Sustrans also provides cycling information at **http://www.sustrans.org.uk/**

- Walk more - Walk short distances rather than drive, this also has the benefit of improving your health. More information can be found at http://www.nottinghamshire.gov.uk/travelchoice; and at http://www.nottinghamcity.gov.uk/transport-parking-and-streets/rights-of-way-walking-and-cycling/walking-in-nottingham/

- Forget the garden bonfire – do not have bonfires at all. Compost all garden waste and recycle rubbish rather than burn it. Many councils offer a waste collection services (some free of charge).

- Burn smokeless fuel – Large parts of Nottinghamshire are 'smoke control areas', therefore you cannot emit smoke from a chimney unless you are burning an authorised fuel or using an exempt appliance. Further information on suitable fuels and exempt appliances can be found at **https://smokecontrol.defra.gov.uk/index.php**. Appliances should be kept in good working order to ensure that they are working efficiently and it is advised that you contact your local council to determine whether or not you are in a smoke control area.

- Maintain boilers - Ensure that boilers are serviced regularly and kept in good working order. If a boiler needs replacing then purchase one that has a low NOx emission rating. Make your house more energy efficient so that you need to use your boiler less to heat your home.

Further information on garden bonfires, smokeless fuel and boilers is available from your local district, borough, or the city council.

1. Reducing emissions

Business success depends on many things; including the cost of energy to heat and light buildings and power ICT, manufacturing of goods and provision of services, haulage/fuel to transport and the distribution of goods and services. The health and wellbeing of staff is arguably a business's most valuable asset.

To remain competitive it is vitally important to minimise costs and maximise productivity. To run and grow a successful business at economically challenging times isn't simply a case of cutting back, it's about efficiency and productivity; using less energy to heat and light buildings; power processes; getting more miles per pound; minimising the depreciation costs of assets; and promoting health and well-being in the work force to maximise productivity and minimise absence.

Air pollution affects both workers' own health and that of their family, and time off work from illness or caring for family can have a major impact on productivity, business resilience and the ability to respond to opportunities and risks (24).

Therefore, considering the air pollution impact of your business activities and investing in technology that reduces energy/fuel use and increases efficiency and productivity is obviously good for your business.

2. Making a business case for sustainability

'Mounting evidence shows that sustainable companies deliver significant positive financial performance, and investors are beginning to value them more highly.' (26) '

A good example of a business's approach to sustainability, and the benefits it brings, is at:

http://www.energysavingtrust.org.uk/about-us/corporate-social-responsibility

and how the Energy Savings Trust could help your business:

http://www.energysavingtrust.org.uk/business

4. References

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Nottinghamshire County Council

Report to the Health and Wellbeing Board

5 June 2019

Agenda Item: 12

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

NOTTINGHAMSHIRE PHARMACEUTICAL NEEDS ASSESSMENT 2018-21 SUPPLEMENTARY STATEMENT

Purpose of the Report

1. To seek approval for the publication of a supplementary statement to update the Pharmaceutical Needs Assessment 2018-2021 for Nottinghamshire based on changes to services from October 2018 to March 2019.

Information

2. The Pharmaceutical Needs Assessment 2018-2021 (PNA) for Nottinghamshire was published in April 2018 following approval by the Health and Wellbeing Board in March 2018.

3. The PNA describes available pharmaceutical services across Nottinghamshire County and assesses whether these services meet the needs of the population.

4. Pharmaceutical services include contracted 'essential services' such as providing prescription medicines and safe disposal of medicines. In addition, community pharmacies are important providers of supplementary health services to their communities such as medicine reviews, health promotion and self-care services (such as emergency hormonal contraception and minor ailments).

5. The PNA also provides NHS England with robust and relevant information to support decisions around new and altered pharmaceutical services. The Health & Wellbeing Board is included in the consultation for these pharmacy applications.

6. The PNA is governed by Regulations issued by the Department of Health. These Regulations require that periodic supplementary statements are prepared and published where there are changes to pharmaceutical services which do not warrant a complete review of the PNA.

7. The first supplementary statement based on changes to services from April to end of September 2018 was published in October 2018.

8. Changes to pharmaceutical services in Nottinghamshire from October 2018 until the end of March 2019 are summarised in Appendix 1.

9. The majority of the changes relate to changes to supplementary hours which are those offered by pharmacies over and above the core hours required i.e. 40 hours per week.

10. The PNA does not identify any significant gaps in pharmaceutical services for the Nottinghamshire County population and these changes do not impact on that assessment.

Pharmacy applications

11. In addition to these changes, there has also been an application made to NHS England to merge two pharmacies in Beeston. The Health and Wellbeing Board is consulted on such applications.

12. The PNA recognises that for this area current provision meets existing and planned needs for the local population and it is reported that through merging there will be no loss in types of services offered. A response was submitted by the Chair, on behalf of the Health and Wellbeing Board to that effect.

Other Options Considered

13. An assessment of need was undertaken during the preparation of the PNA 2018-21.

Reason/s for Recommendation/s

14. The Pharmaceutical Needs Assessment is a statutory responsibility of the Health and Wellbeing Board. Supplementary statements are a requirement to update the assessment where changes do not warrant a refresh of the PNA.

Statutory and Policy Implications

15. 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

16. There are no financial implications arising from the contents of this report.

RECOMMENDATION/S

1. That the Health and Wellbeing Board approves the Supplementary Statement to the Pharmaceutical Needs Assessment 2018-2021 for the period from October 2018 to March 2019.
2. That the next supplementary statement for the period April 2019 to September 2019 is presented to the Health and Wellbeing Board for approval in January 2020.

Jonathan Gribbin
Director of Public Health

For any enquiries about this report please contact:
Lucy Hawkin
Public Health and Commissioning Manager
e: lucy.hawkin@nottscc.gov.uk

Constitutional Comments (CEH 01/05/2019)

17. The recommendation falls within the remit of the Health and Wellbeing Board under its terms or reference.

Financial Comments (DG 01/05/2019)

18. There are no financial implications arising from the contents of this report.

Background Papers and Published Documents

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

Nottinghamshire Pharmaceutical Needs Assessment
Nottinghamshireinsight.org.uk

Approval of the Pharmaceutical Needs Assessment
Report to the Health and Wellbeing Board
March 2018

Pharmaceutical Needs Assessments: Information Pack for Local Authority Health and Wellbeing Boards
Department of Health and Social Care
May 2013

Electoral Division(s) and Member(s) Affected

- All

Appendix 1

Nottinghamshire Health & Wellbeing Board

Nottinghamshire Pharmaceutical Needs Assessment 2018 - 2021
Supplementary Statement October 2018 - March 2019 (Q3-Q4)

The information contained in this supplementary statement supersedes some of the information provided in the original Pharmaceutical Needs Assessment 2018-2021 for Nottinghamshire and should be read in conjunction with that document.

Statement Number	Date of issue	Date of effect	Pharmacy Name and address	Details of change	Other details
1		26/10/2018	Well Pharmacy, 47 Sherwood Avenue, Newark, NG24 1QH	Change of hours **From:** Sat: 8.30am–1pm **To:** Sat: 9.00am–1pm	Master source held incorrect Saturday opening hours.
2		01/12/2018	Manor Pharmacy, Ashfield Medical Centre, King Street, Sutton-in-Ashfield, NG17 1AT	Combined change of ownership and relocation **From**: WR Evans Healthcare Ltd at 38 Low Street, Sutton-in-Ashfield, Nottinghamshire, NG17 1DG **To:** PCT Healthcare Limited at Ashfield Medical Centre, King Street, Sutton-in-Ashfield, Nottinghamshire, NG17 1AT	

3		12/12/2018	Vantage Vale Chemist, 66 Vale Road, Colwick, NG4 2EB	Change of supplementary hours **From**: Mon-Fri: 6pm-6.15pm **To:** Wed: 12.30pm-12.45pm Fri: 1pm–2pm Change of core hours **From:** Mon-Fri: 9am-1pm / 2pm-6pm **To:** Mon & Tue: 8.30am-5.30pm Wed: 8.30am-12.30pm Thur: 8.30am-5.30pm Fri: 8.30am-1pm / 2pm-6pm	Hours discrepancy picked up.
4		29/12/2018	Jhoots Pharmacy, 1 Robin Hood Walk, Newark, NG24 1XH	Change of supplementary hours **From:** Mon: 8am-8.30am / 12pm-3pm Tue–Thur: 8am-8.30am / 12.30pm-3.30pm Fri: 8am-8.30am / 12.30pm-3pm Sat: 1pm-5.30pm **To:** Mon-Fri: 8.30am-9am / 1pm-2pm / 6pm-6.30pm Sat: nil Change of core hours **From:** Mon: 8.30am-12.30pm / 3pm-6.30pm Tue-Thur: 8.30am-12.30pm / 3.30pm-6.30pm Fri: 8.30am-12.30pm / 3pm-6.30pm Sat: 9am-1pm **To:** Mon-Fri: 9am-1pm / 2pm-6pm Sat: nil	

5		04/01/2019	Abbey Pharmacy, 63 Central Avenue, Beeston, NG9 2QP	Change of supplementary hours **From:** Nil **To:** Fri: 6pm-6.30pm	Hours discrepancy picked up.
6		17/01/2019	Grewal Pharmacy, 38-40 Chilwell Road, Beeston, NG9 1EJ	Change of supplementary hours **From:** Mon: 1pm-2pm / 5.30pm-7pm Tue-Thur: 1pm-2pm / 5pm-7pm Fri: 1pm-2pm / 5.30pm-7pm Sat: 1pm-3pm **To:** Mon: 8.45am-9am / 1pm-2pm / 5.30pm-6.30pm Tue & Wed: 8.45am-9am / 1pm-2pm / 5pm-6pm Thur: 8.45am-9am / 1pm-2pm / 5pm-6pm Fri: 8.45am-9am / 1pm-2pm / 5pm-6.30pm Sat: 1pm-3pm	
7		28/01/2019	Well Pharmacy, 81 Bramcote Lane, Chilwell, NG9 4ET	Change of supplementary hours **From:** Mon, Tue, Thur & Fri: 5pm-6.30pm Wed: 5pm-7.45pm **To**: Mon-Fri: 5pm-6.30pm	
8		10/02/2019	Jhoots Pharmacy, 1 Robin Hood Walk, Newark, NG24 1XH	Change of supplementary hours **From:** Mon-Fri: 8.30am-9am / 1pm-2pm / 6pm-6.30pm **To:** Mon-Fri: 1pm-2pm	

9		01/03/2019	Whistlers Pharmacy, Beaumond Chambers, London Road, Newark, NG24 1TN	Change of supplementary hours **From:** Mon-Fri: 8.45am-9am / 1pm-1.30pm Sat: 8.45am-1pm **To:** Mon-Fri: 8am-9am / 1pm-1.30pm Sat: 9am-1pm	Change following opening hours audit

Nottinghamshire County Council

Report to Health and Wellbeing Board

5th June 2019

Agenda Item: 13

REPORT OF THE CHAIR OF THE HEALTH AND WELLBEING BOARD

DEVELOPMENT OF LOCAL STRATEGIES FOR THE NOTTINGHAM AND NOTTINGHAMSHIRE AND BASSETLAW AND SOUTH YORKSHIRE INTEGRATED CARE SYSTEMS

Purpose of the Report

1. To ensure members of the Health and Wellbeing Board are aware of the themes in the NHS's Long Term Plan that are relevant to the work of the Board.

2. To agree receipt of a further report to the Board in September to enable members of the Health and Wellbeing Board to contribute to the development of the local strategies for both Nottingham and Nottinghamshire and Bassetlaw and South Yorkshire.

Information

3. As noted at the meeting of the Health and Wellbeing Board on 9th January 2019 and 6th March 2019, on 7th January 2019, the Government and NHS leaders published the Long Term Plan for the NHS.

4. The Long Term Plan (LTP) sets out the strategy for the NHS for the next ten years and was requested by the Government in response to the announcement of additional funding for the NHS in June 2018.

5. The LTP was drawn up by people who know health and care the best: frontline staff, patients groups, and national experts. A link to the full Long Term Plan is included below.

6. Following the publication of the LTP, each local area, led by its Integrated Care System (ICS) has been asked to draw up a local strategy, reflecting the local priorities and focus areas, in order to implement the national plans.

7. Based on the detailed information within the LTP itself, the historical system working and other initial work to develop local strategies to refresh the original Sustainability and Transformation Plan, both ICSs have started to develop their local system strategies and are keen to ensure that the Health and Wellbeing Board are able to contribute to this development.

8. During the development of these two local strategies, careful regard will be given to the Joint Strategic Needs Assessment and also the Joint Health and Wellbeing Strategy.

9. Selected key commitments from the Long Term Plan that are particularly relevant to the work of the Health and Wellbeing Board include:
    a. Urgent and Emergency Care
        9.a.i. Enable NHS 111 to book directly into GP practices, as well as refer on to community pharmacies who can support urgent care and promote patient self-care and self-management.
        9.a.ii. Ensure carers understand the out-of-hours options that are available to them and have appropriate back-up support in place when they need it.
        9.a.iii. Be part of a national network of community first responders and defibrillators, supported by educating the general public about how to respond to out-of-hospital cardiac arrest.
        9.a.iv. Deliver urgent response, recovery support and reablement (step up and step down care) within two days of referral by flexible teams working across primary care and local hospitals, developed to meet local needs, including GPs, allied health professionals, district nurses, mental health nurses, therapists and reablement teams.
    b. Proactive Care
        9.b.i. Expand neighbourhood teams to comprise a range of staff such as GPs, pharmacists, district nurses, community geriatricians, dementia workers and AHPs such as physiotherapists and podiatrists joined by social care and voluntary sector.
        9.b.ii. Upgrade NHS support to all care home residents who would benefit by rolling out the Enhanced Health to Care Homes model. This will ensure stronger links between primary care networks and their local care homes supported by a consistent team of healthcare professionals including named general practice support.
        9.b.iii. Increase support for people to manage their own health. This will start with diabetes prevention and management, asthma and respiratory conditions, maternity and parenting support, and online therapies for common mental health problems.
        9.b.iv. Through social prescribing widen, diversify and increase the range of support available. Link workers within primary care networks will work with people to develop tailored plans and connect them to local groups and support services.
    c. Mental Health
        9.c.i. We will invest up to £30 million extra on meeting the needs of rough sleepers, to ensure that the parts of England most affected by rough sleeping will have better access to specialist homelessness NHS mental health support, integrated with existing outreach services.
        9.c.ii. Mental health support for children and young people will be embedded in schools and colleges.
        9.c.iii. Together with local authority children's social care and education services as well as expert charities, we will jointly develop packages to support children with autism or other neurodevelopmental disorders including attention deficit hyperactivity disorder (ADHD) and their families, throughout the diagnostic process.
        9.c.iv. Models such as crisis houses and acute day care services, host families and clinical decision units can also prevent admission. The NHS will work hand in hand with the voluntary sector and local authorities on these alternatives and ensuring they meet the needs of patients, carers and families.
    d. Prevention
        9.d.i. Provide a targeted support offer and access to weight management services in primary care for people with a diagnosis of type 2 diabetes or hypertension with a BMI of 30+ (adjusted appropriately for ethnicity), where we know we can have a significant impact on improving health, reducing health inequalities and reducing costs

9.d.ii. Expand the Diabetes Prevention Programme to tackle health inequalities, with a significantly higher take up from Black, Asian and Minority Ethnic (BAME) groups than the general population

9.d.iii. Improve the effectiveness of approaches such as the NHS Health Check, and working with voluntary sector partners, community pharmacists and GP practices will also provide opportunities for the public to check on their health through tests for high blood pressure and other high risk conditions

9.d.iv. Adapt the smoking cessation model for expectant mothers, and their partners, and a new smoke-free pregnancy pathway including focused sessions and treatment

9.d.v. Support people in contact with NHS services to quit smoking based on a proven model

9.d.vi. Provide a new universal smoking cessation offer as part of specialist mental health services for long term users of specialist mental health, and in learning disability services

9.d.vii. Through actions taken in relation to healthy weight and smoking prevention, establish a framework to support primary care networks and Local Authority services including education, to improve identification of children, young people and adults at risk of cancer

10. Throughout the period between now and the expected completion of the local system strategies in the Autumn, colleagues from the two Integrated Care Systems will be keen to receive suggestions and information from members of the Health and Wellbeing Board in order to support the development of the two strategies.

11. Members of the Board are invited to propose how best to capture and share these suggestions.

12. It would also be useful for the draft strategies to be shared at the September meeting of the Board in order to receive further comments at that stage.

Other Options Considered

13. In order to ensure that members of the Health and Wellbeing Board are fully engaged with the development of the local system plans, it was considered essential to bring this report to the Board – no other options were considered.

Reason for Recommendation/s

14. To ensure that the Health and Wellbeing Board is fully appraised of the development of the local system strategies and have had the opportuninty to contribute to their development.

Statutory and Policy Implications

15. 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

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

Implications in relation to the NHS Constitution

17. In line with the expectations in the NHS Constitution at Principle 5 to work across organisational boundaries and in partnership with other organisations, this report creates an opportunity to collaboratively shape the emerging strategy for health and care in Nottinghamshire. This report and associated actions also ensure that the NHS is accountable to the populations it serves, in line with Principle 7 of the Constitution.

RECOMMENDATIONS

1. That the Health and Wellbeing Board considers further areas of the work of the Board that might be relevant to the emerging local strategies for Nottingham and Nottinghamshire and Bassetlaw and South Yorkshire and agrees how these would be shared with the ICS teams.

2. That the Health and Wellbeing Board receives a further report at the September 2019 meeting that summarises the local strategies at that point for further comment.

Councillor Steve Vickers
Chair of the Nottinghamshire Health and Wellbeing Board

For any enquiries relating to this report please contact:

Alex Ball, Director of Communications and Engagement, Nottingham and Nottinghamshire Integrated Care System and Clinical Commissioning Groups
e: alex.ball1@nhs.net

Helen Stevens, Associate Director Communications and Engagement, South Yorkshire and Bassetlaw Integrated Care System
e: helen.stevens11@nhs.net

Constitutional Comments (SLB 24/05/2019)

18. Nottinghamshire Health and Wellbeing Board is the appropriate body to consider the content of this report. If the Board resolves that any actions are reqired it must be satisfied that such actions are within the Boards's terms of reference.

Financial Comments (DG 23/05/19)

19. There are no specific 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.

- The NHS Long Term Plan: https://www.longtermplan.nhs.uk/
- June 2018 Funding announcement for the NHS: https://www.gov.uk/government/news/prime-minister-sets-out-5-year-nhs-funding-plan
- Report to the Nottingham and Nottinghamshire Integrated Care System re Engagement on the Long Term Plan, Item 7: http://www.stpnotts.org.uk/media/1737342/icsboardagendapapers20190509.pdf
- Report to the Nottingham and Nottinghamshire Integrated Care System re the emerging strategy for the local area, Item 9: http://www.stpnotts.org.uk/media/1737342/icsboardagendapapers20190509.pdf
- Report to the Joint Committee of CCGs re the South Yorkshire and Bassetlaw engagement approach to the Long Term Plan : https://www.healthandcaretogethersyb.co.uk/application/files/1115/5066/8512/JCCCG_Public_Meeting_agenda_and_papers_-_27_February_2019.pdf

Electoral Division(s) and Member(s) Affected

- All

Nottinghamshire County Council

Report to Health and Wellbeing Board

5 June 2019

Agenda Item: 14

REPORT OF THE SERVICE DIRECTOR, CUSTOMERS GOVERNANCE AND EMPLOYEES

WORK PROGRAMME

Purpose of the Report

1. To consider the Board's work programme for 2019/20.

Information

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

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

Other Options Considered

4. None.

Reason/s for Recommendation/s

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

Statutory and Policy Implications

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

RECOMMENDATION/S

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

Marjorie Toward
Service Director – Customers, Governance and Employees

For any enquiries about this report please contact: Martin Gately, x 72826

Constitutional Comments (HD)

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

Financial Comments (NS)

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

Background Papers

None.

Electoral Division(s) and Member(s) Affected

All

Health and Wellbeing Board Work programme 2019

Report title	Brief description of item	Lead officer	Report author(s)
3 July 2019 *WORKSHOP*			
Healthy & sustainable places ambition - alcohol	Identifying opportunities to reduce alcohol related harm & support cultural change		Amanda Fletcher/Hazel Buchanan
September 2019 *MEETING *			
Better Care Fund Performance Report	Board to approve performance report for Q1 for submission to NHS England.	Melanie Brooks	Paul Brandreth
Approval of JSNA chapters • First 1001 days • Early years • Health & homelessness		Jonathan Gribbin	Helena Cripps Irene Kakoullis Nick Romillly
Healthy & sustainable places ambition - feedback from workshop: alcohol	To agree actions arising from Board workshop in July.	Councillor Steve Vickers	Amanda Fletcher/Hazel Buchanan
October 2019 *WORKSHOP*			
Good start ambition – School readiness	Joint workshop with Children & Families Alliance	Colin Pettigrew	Irene Kakoullis/Kerrie Adams
November 2019 *MEETING*			
Approval of JSNA chapters • Oral health • Children & young people with disabilities & SEND			Allan Reid (PHE) James Sinclair
Health protection – anti microbial resistance	Setting out current issues around AMR & identification of support & actions for HWB members.	Jonathan Gribbin	Geoff Hamilton
Feedback from October workshop – Children's workshop	To agree actions to improve school readiness in Nottinghamshire		
Looked after Children	Identifying potential partnership actions to support this groups of children & young people	Councillor Sue Shaw	Helena Cripps/Kathryn Higgins
Nottingham & Nottinghamshire ICS – mental health strategy	Presentation of the mental health strategy for the ICS		Julie Hankin Nicole Chavaudra
JSNA progress & development in Nottinghamshire	Update on progress in delivering & developing the JSNA.	Jonathan Gribbin	Amanda Fletcher/Lucy Hawkin

December 2019 *WORKSHOP*			
Health & Sustainable places Ambition – jobs, skills & employment	To identify opportunities to improve both health and prosperity through work.	Councillor Steve Vickers	Dawn Jenkin
January 2020 *MEETING*			
Health protection update – screening	Update on local screening programme & opportunities for the HWB to support & promote to improve uptake.	Jonathan Gribbin	Geoff Hamilton
Health & Sustainable places Ambition – ASD	Agreement of partnership actions arising from the recent refresh of the JSNA Chapter for autism	Councillor Steve Vickers	Anna Oliver/Gill Vasilevskis
Good Start ambition – breastfeeding	Review of progress in implementing breast feeding friendly places & actions to increase availability in future.	Colin Pettigrew	Kerrie Adams/Ann Berry
Healthier Decision Making ambition – update	Update on progress in implementing health in all policies approach	Jonathan Gribbin	Nicola Lane
Approval of Supplementary Statement for Pharmaceutical Needs Assessment 2018-22	Supplementary statement to confirm amendments to the PNA for Q2 of 2019/20. For approval for publication by HWB.	Jonathan Gribbin	Lucy Hawkin
March 2020 *MEETING*			
Nottinghamshire tobacco declaration	Update on implementation of the Nottinghamshire Tobacco Declaration across all HWB partner organisations	Councillor Steve Vickers	Cath Pritchard/Lindsay Price
iBCF Plan 2019/20	Update on progress & approval for the use of the BCF Care Act allocation & the Improved Better Care Fund	Melanie Brooks	Sue Batty

Papers from previous meetings

9 January *MEETING*			
Director of Public Health Annual Report	Consider contents of report & implications for HWB & JHWS	Jonathan Gribbin	Kay Massingham
Approval of JSNA Chapter: • Sexual Health • Cancer	Presentation of new/refreshed JSNA chapters for approval.	Jonathan Gribbin	Matt Osbourne Sue Coleman Anna Oliver

• Autism			
6 February *WORKSHOP*			
Healthy & Sustainable Places Ambition – mental health	To identify potential Board actions to deliver the mental health priority including suicide prevention.	Jonathan Gribbin	Dawn Jenkin/Susan March
6 Mar 2019 *MEETING *			
Better Care Fund Performance Report	Board to approve performance report for submission to NHS England.	David Pearson	Joanna Cooper
iBCF Plan 2019/20	Update on progress & approval for the use of the BCF Care Act allocation & the Improved Better Care Fund	Melanie Brooks	Sue Batty
Healthy & sustainable places – mental health	Feedback from the workshop in February & agreement of actions to deliver mental health priority of the Health & Wellbeing Strategy.	Councillor Steve Vickers	Dawn Jenkin/Susan March
Ambition 2: healthy & sustainable places - tobacco declaration	Review of progress made by partners in implementing the Nottinghamshire Tobacco Declaration/integrated approach (HWB Sept 18)	Councillor Steve Vickers	Cath Pritchard
Approval of JSNA Chapter: • Learning disabilities • Children's avoidable injuries • Self-harm • Domestic abuse	Presentation of new/refreshed JSNA chapters for approval	Jonathan Gribbin	James Wheat Stephanie Morrissey Susan March/Jane O'Brien Gill Oliver
24 April 2019 *WORKSHOP*			
Healthy & Sustainable Places/Good Start ambitions - Resilient communities/whole family working	To identify health & wellbeing issues & opportunities for the HWB to build healthy & resilient communities utilising the whole family approach.		Cathy Harvey/Rachel Miller
5 June 2019 *MEETING *			
Better Care Fund Performance Report	Board to approve performance report for Q4 for submission to NHS England.	Melanie Brooks	TBC
Healthy & Sustainable Places ambition – feedback from workshop: resilient communities/while family approach	To agree partnership actions arising from the Board workshop in April 2018.	Councillor Steve Vickers	Cathy Harvey/Rachel Miller

Approval of Supplementary Statement for Pharmaceutical Needs Assessment 2018-22	Supplementary statement to confirm amendments to the PNA for Q4 of 2018/19. For approval for publication by HWB.	Jonathan Gribbin	Lucy Hawkin
Working together ambition - Bassetlaw Integrated Care Partnership	Update on progress from South Yorkshire & Bassetlaw to identify opportunities to influence integration agenda.	Idris Griffiths	Ainsley MacDonnell
Healthy & Sustainable Places Ambition – air quality	Approval of an air quality strategy & agreement to actions for partner organisations to support delivery & drive improvements in air quality.	Councillor Steve Vickers	Dawn Jenkin/John Wilcox
Development of local strategies for the Nottingham and Nottinghamshire and Bassetlaw and South Yorkshire Integrated Care Systems		Councillor Steve Vickers	Alex Ball
~~ICS Clinical Services Strategy **PRESENTATION ONLY?**~~	~~To update the Board on the developing Strategy and identify potential impact on the Health & Wellbeing Strategy~~ **DEFERRED**	~~TBC~~	~~Duncan Hanslow~~