

6 November 2013**Agenda Item: 9****REPORT OF THE CORPORATE DIRECTOR OF ADULT SOCIAL CARE
HEALTH AND PUBLIC PROTECTION****HEALTH AND WELLBEING IMPLEMENTATION GROUP REPORT****Purpose of the Report**

1. This report provides a summary of progress made by the Health and Wellbeing Implementation Group. It describes achievements made by a range of integrated commissioning groups, and the review of the Joint Strategic Needs Assessment and Health and Wellbeing Strategy.

Information and Advice

2. The Health and Wellbeing Implementation Group is responsible for managing the work programme on behalf of the Health and Wellbeing Board and assisting the Board to fulfil its statutory duties. It ensures the delivery of the Health and Wellbeing Strategy through monitoring and holding integrated commissioning groups to account for delivery against their commissioning action plans.
3. There are a number of groups that report to the Health and Wellbeing Implementation Group as follows:
 - a. JSNA, Strategy and Outcomes Group
 - b. Health Protection Strategy Group including housing and workplace health
 - c. Integrated commissioning groups covering:
 - i. Children Trust Board
 - ii. Adult Social Care and Health – including older people, learning disability, mental health and autism and carers
 - iii. Public Health – including adult substance misuse, obesity, Strategic Tobacco Alliance and sexual health

Key Achievements of the Integrated Commissioning Groups

4. The main purpose of the Health and Wellbeing Implementation Group is to translate decisions from the Health and Wellbeing Board into practice. This follows the requested process or 'you said, we did and the outcome was'.
5. Each integrated commissioning group has identified up to three key actions for each commissioning area, which have been prioritised for joint action under the Health and Wellbeing Board. Achievement of these is monitored and reported through the implementation group meetings.
6. Total activity is too vast to include in this report, so a summary of key achievements only are listed as **Table One**.

Table one: Summary of Key Achievements

HWB Said	We Did	The Outcome/Progress to date
<p>Domestic Violence (January 2013) That approval be given for the Domestic Violence Strategy Group to develop a costed plan of action to address the challenges identified in the report</p>	<p>Each Clinical Commissioning Group's (CCG) Clinical Cabinet has been briefed on Identification and Referral to Improve Safety (IRIS) and Multi Agency Risk Assessment Conference (MARAC). 6 CCGs have agreed to establish new mechanisms for engaging in the MARAC process.</p> <p>3 CCGs – Bassetlaw, N&S and Nottingham West support the implementation of IRIS subject to finance and identifying leads.</p> <p>Mansfield and Ashfield CCG have established a Clinical Lead GP, commissioned a provider for IRIS and have hosted a Protected Learning Time event on domestic violence and MARAC.</p>	<p>IRIS implementation has begun (October 2013) in Mansfield and Ashfield CCG.</p> <p>8 out of 31 GP practices in Mansfield & Ashfield CCG have signed up to MARAC (Sept 2013)</p> <p>MARAC administrators agreed to implement a revised process for specifically communicating with General Practice (August 2013)</p>
<p>Cancer (November 2012) That the promotion of the key prevention measures for cancer be endorsed.</p> <p>That the promotion of the National Awareness & Early Detection Initiative (NAEDI) locally, especially the awareness of key symptoms among local residents be endorsed.</p>	<p>Gained the Local Medical Committee's (LMC) approval and the distribution of the Primary Care leaflet for supporting the promotion of the Cancer Two Week Wait pathway.</p> <p>An impact assessment on the latest NAEDI lung and bowel cancer campaigns on local services has been undertaken.</p> <p>Forecasts for 2013/14 of anticipated increases in cancer service have been established and agreed with the Trusts' Commissioners.</p>	<p>GPs have this patient information leaflet uploaded on their IT systems and use it to support them in discussing with the patient their choice of the Two Week Wait referral pathway.</p> <p>Changes in activity levels resulting from the campaigns identified for commissioners and providers. Additional endoscopic provision requirement identified in response to the sharp increase in demand experienced with the bowel campaign.</p> <p>Appropriately commissioned cancer services for 2013/14.</p>

HWB Said	We Did	The Outcome/Progress to date
<p>Health and Wellbeing Boards and Children, Young People & Families (November 2012)</p> <p>That the Board support the view that the Children's Trust Board should revise its focus & membership so that it becomes the lead integrated commissioning group for health & wellbeing services for children & families.</p> <p>That the Board support the Children's Trust to develop the next Children, Young People's & Families Plan. This new plan should reflect the Trust's revised role & the forthcoming Children & Young People's Health Outcomes Strategy, and be aligned to the Health & Wellbeing Strategy.</p> <p>That the CCG clinical leads consider whether it would be helpful for one or more of them to take a lead role in the children's services agenda, working with the Corporate Director for Children's, Families & Cultural Service.</p>	<p>Membership has been changed and terms of reference amended to reflect the changes agreed.</p> <p>The Children, Young People's and Families Plan is under development and will be completed early in 2014 once the revised Health and Wellbeing Strategy has been agreed.</p> <p>There is an active CCG Clinical Lead representative on the Children's Trust Board.</p>	<p>The Children's Trust Board is now the lead commissioning body.</p> <p>A Children, Young People and Families Plan will be agreed early in 2014 which will be aligned to the Health and Wellbeing Strategy.</p> <p>There is CCG engagement and representation on the Children's Trust Board providing feedback to and from CCG's to inform commissioning decisions.</p>

HWB Said	We Did	The Outcome/Progress to date
<p>Tobacco Control (September 2012)</p> <p>That approval be given to the hosting of a workshop/seminar & development of a full action plan to agree how the actions contained in the report will be delivered & monitored.</p>	<p>Developed an action plan as part of the Strategic Tobacco Alliance Group.</p>	<p>An Action Plan was implemented that built on existing work resulting in the following successes:</p> <p>Tobacco Insight work has been completed and the key findings and recommendations presented to the Nottinghamshire Strategic Tobacco Alliance Group.</p> <p>Since initiation of the Steps to Go Smokefree initiative in April 2013, 12 pledges have been made. All 12 people requested a referral to local stop smoking support services.</p> <p>Between July 1st 2012 and June 30th 2013 – 2,121 people have been trained in Brief Intervention skills</p> <p>Sherwood Forest Hospitals are being supported to reduce smoking at time of delivery (SATOD) rates through communications and resources including the purchase of carbon monoxide monitors for midwives.</p> <p>Following on from the presentation to the Children Families and Cultural Services senior team several initial meetings have taken place with key teams to look at options to join up work around young people and tobacco control, specifically Brief Intervention training, Steps to Go Smokefree and raising the profile of tobacco control</p> <p>A joint paper has been submitted to County and City Corporate Leadership Teams outlining proposals for smokefree local authorities.</p>

<p>Obesity (June 2013)</p> <p>That the use of earmarked obesity resources in 2012/13 be endorsed to develop the identified programme to plug gaps which have been identified, In particular the development of targeted children & the adult weight management pathways & the service redesign of the adult exercise referral schemes to ensure they are fit for purpose for April 2013 inwards.</p> <p>That a full action plan be developed to ensure the issues in this report come to fruition.</p>	<p>There is a consultation running between September and December 2013 to shape future obesity prevention and weight management services.</p> <p>A Framework for Action on Tackling Excess Weight and an associated action plan has been developed and is due for sign off by the Obesity Integrated Commissioning Group in December 2013.</p>	<p>Services will be commissioned which meet local need in the most efficient and cost effective way possible.</p> <p>Targeted action will be undertaken across the county to meet identified need though a partnership approach.</p>
HWB Said	We Did	The Outcome/Progress to date
<p>Mental Health and Emotional Wellbeing (March 2012)</p> <p>That the intention to develop a local Mental Health Strategy & associated plan of action to support the achievements of the six national objectives for mental health & emotional wellbeing be endorsed.</p>	<p>Current consultation regarding health and social care services for people with mental health illnesses.</p> <p>Mental Health Utilisation Board review discharge of patients no longer requiring in patient services.</p> <p>Resources transferred from NHS to local government to fund supported living accommodation across Nottinghamshire.</p> <p>Remodelled countywide support service for people with mental ill-health commenced in 2012.</p>	<p>Services will be commissioned which meet local need in the most efficient and cost effective way possible.</p> <p>66 people discharged across City & County in 2012/13.</p> <p>Range of properties to be opened including some with 24/7 staffing by end of 2013.</p> <p>Support available to enable people to live independently, avoid relapse & need for more intensive health & social care services.</p>

HWB Said	We Did	The Outcome/Progress to date
<p>Dementia (September 2011)</p> <p>The Shadow Board noted a report outlining progress to date on services for people with dementia.</p>	<p>£1.5m additional funding secured. Older People's Integrated Commissioning Group agreed to invest in Mental Health Intermediate Care Services & Dementia Memory Assessment Service.</p> <p>Implementation of revised GP guidelines & additional social care support for people who are newly diagnosed.</p> <p>Increased use of assistive technology to support independence.</p> <p>Dementia Quality Mark developed as part of quality monitoring process for independent sector care.</p> <p>Implementation of national CQUIN (Commissioning for Quality & Innovation) to ensure people over 75 admitted to general hospitals are assessed for the risk of dementia.</p>	<p>Improved countywide coverage of Mental Health Intermediate Care Services, providing alternatives to hospital and long term care home admissions.</p> <p>Improved early diagnosis & support for people with dementia.</p> <p>Additional Just Checking units purchased & allocated.</p> <p>Audits undertaken of 105 care homes with 32 successfully achieving the Dementia Quality Mark.</p> <p>Early diagnosis of dementia and appropriate care offered. Sherwood Forest Hospitals reporting CQUIN. Nottingham University Hospitals to report from Quarter 3.</p>

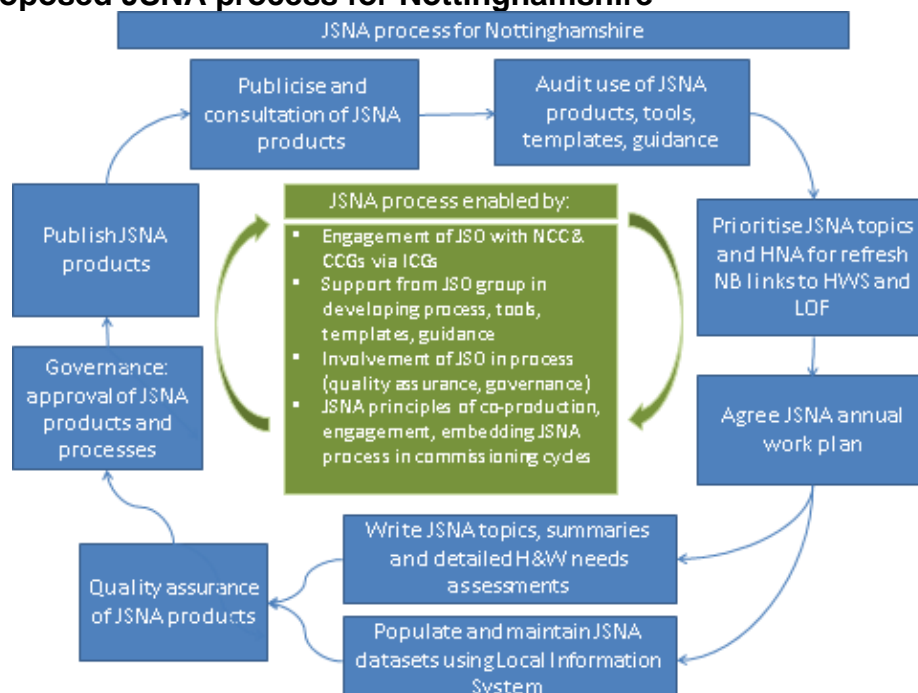
7. The Health and Wellbeing Board has also started to consider its role in integration and promoting partnership working. Whilst formal reports are yet to be presented to the Health and Wellbeing Board, Board members have been involved in areas of work such as:

Initiatives	Outcomes/progress
Participation in a national health and social care programme improving the transition from children's to adult services involving reviews of people with learning disability &/or autism aged 15-25 living in or out of county or in high cost children's placements.	Personal centred support plans developed for five people and work underway to bring them back home to Nottinghamshire with more cost effective, local services.
Carers Strategy Group established reporting to the Older Peoples Integrated Commissioning Group & has agreed a revised strategy & joint investment plan, including additional investment from health.	More carer breaks & personal budgets provided to support carers in 2013/14.
Work to improve services for frail elderly people: <ul style="list-style-type: none"> • Frail Elderly Programme • Community Programme • Assistive Technology Led by multi-agency clinically led groups.	Design and implementation of integrated pathways and services to help people avoid the need for residential or hospital care.

Review of the Joint Strategic Needs Assessment and Health & Wellbeing Strategy

8. Alongside the work of the integrated commissioning groups, work has continued on reviewing the Joint Strategic Needs Assessment and Health and Wellbeing Strategy.
9. An overall process for the Joint Strategic Needs Assessment (JSNA) has been mapped and an outline version is presented below. The JSNA process includes robust quality assurance and governance arrangements. Each JSNA topic will be approved by either Health and Wellbeing Implementation Group or the Children's Trust Board. An annual summary of the JSNA will be provided to the Health and Wellbeing Board for approval. Topics which have been recently updated have been added to the JSNA webpages.
10. Work is currently taking place with integrated commissioning groups (and other partnership groups) to gain ownership of relevant areas of the JSNA and review the rolling programme of refresh to fit with commissioning cycles.
11. In addition to the JSNA topics and summaries, the JSNA process will deliver a range of JSNA products, including a data repository and document library which will be delivered via a Local Information System, Nottinghamshire Insight. Nottinghamshire Insight is currently under development and migration to the new site should be achieved by December 2013.

Figure 1: Proposed JSNA process for Nottinghamshire



12. A plan to refresh the Health and Wellbeing Strategy through a county wide consultation was agreed in June 2013. The Board will consider the second version of the Strategy at a workshop in December 2013 for final agreement in March 2014.
13. NHS England now includes Health and Wellbeing Boards in the consultation relating to applications for new or amended Pharmaceutical Services. In order to respond in a timely manner, it is suggested that the Board delegates responsibility to the Health and Wellbeing Implementation Group. The process will involve a recommendation from the JSNA, Strategy and Outcomes Group which considers the application on the Board's behalf. The Chair of the Health and Wellbeing Board will also be consulted in preparation of the response, to ensure member involvement.
14. The group has considered two applications up to October 2013 and responses have been submitted to NHS England reflecting a local assessment of pharmaceutical need based on evidence in the Pharmaceutical Needs Assessment and local information from the census.

Engagement work

15. A Stakeholder Network has been established to provide a mechanism for stakeholders to inform local policy. To date there have been three events which have included an introduction to the work of the Board, housing, and the impact of education and children's services on health and wellbeing. An event will be held on 30 October 2013 which will focus on integration. Attendance at these events has been good with an average attendance of around 55 people per event. Feedback has welcomed an opportunity to engage with the Health and Wellbeing Board.
16. The Health and Wellbeing Strategy is currently being refreshed and the consultation of the Health and Wellbeing Strategy took place between June and September 2013. The

consultation included seven events in each district across the county as well as opportunities to feedback online, via a Freepost address and through main libraries. Around 167 people attended the events and the consultation attracted 268 responses in addition to feedback from the events.

17. Links are being developed with Healthwatch Nottinghamshire and updates have been provided to the Health and Wellbeing Board through the Board member and to the Health and Wellbeing Implementation Group. Further updates will be provided to the Health and Wellbeing Implementation Group on a quarterly basis. Healthwatch were also actively involved in all of the consultation events for the Health and Wellbeing Strategy.

Future Programme

18. The Health and Wellbeing Implementation Group will prioritise the following actions over the next 3 to 6 months.

- a. Future work with Healthwatch Nottinghamshire
- b. Development of Integration Transformation Fund subgroup
- c. Refresh and approval of the revised Health and Wellbeing Strategy through joint workshop with Health and Wellbeing Board
- d. Oversight of the continual refresh of the Joint Strategic Needs Assessment
- e. Monitoring of progress of integrated commissioning groups and delivery of the Health and Wellbeing Strategy
- f. The development of the 2014 Stakeholder Network Programme
- g. Review of the Local Outcomes Framework to reflect the revised Health and Wellbeing Strategy

Statutory and Policy Implications

19. 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

The Health and Wellbeing Board is asked to:

- 1) Note the content of the report.
- 2) Endorse the work programme for the Health and Wellbeing Implementation Group to deliver the Health and Wellbeing Strategy.
- 3) Delegate authority to the Health and Wellbeing Implementation Group in consultation with the Chair of the Board to respond to consultations on new and amended Pharmaceutical Services.

David Pearson

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For any enquiries about this report please contact:

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Constitutional Comments (LM 24/10/13)

20. The recommendations in the report fall within the terms of reference of the Health and Wellbeing Board to promote and encourage integrated working including joint commissioning in order to deliver cost effective services and appropriate choice.

Financial Comments (ZKM 13/10/13)

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

Background Papers

Progress report for The Obesity Strategy Integrated Commissioning Group – Health and Wellbeing Implementation Group 1 February 2013

Progress report for the Nottinghamshire Cancer Strategic Commissioning Group – Health and Wellbeing Implementation Group 1 February 2013

Progress report for the Safer Nottinghamshire Board Domestic Violence Strategy and Performance Group – Health and Wellbeing Implementation Group 23 May 2013

Progress report for the Nottinghamshire Older People's Integrated Commissioning Group – Health and Wellbeing Implementation Group 23 May 2013

Progress report for the Nottinghamshire Mental Health, Learning Disabilities and Autism Integrated Commissioning Group - Health and Wellbeing Implementation Group 23 May 2013

Progress report for the Strategic Tobacco Alliance Group – Health and Wellbeing Implementation Group 9 August 2013

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

Electoral Division(s) and Member(s) Affected

All