Nottinghamshire County Council

Health and Wellbeing Board

Wednesday, 04 March 2015 at 14:00

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

AGENDA

12	Work Programme	153 - 156

Notes

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

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

Customer Services Centre 0300 500 80 80

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

Councillors or Officers requiring clarification on whether to make a declaration of interest are invited to contact Paul Davies (Tel. 0115 977 3299) or a colleague in Democratic Services prior to the meeting.

(4) Councillors are reminded that Committee and Sub-Committee papers, with the exception of those which contain Exempt or Confidential Information, may be recycled.

(5) This agenda and its associated reports are available to view online via an online calendar - http://www.nottinghamshire.gov.uk/dms/Meetings.aspx

Nottinghamshire County Council

minutes

Meeting	HEALTH AND WELLBEING BOARD
Date	Wednesday, 4 February 2015 (commencing at 2.00 pm)

Membership
Persons absent are marked with an 'A'

COUNTY COUNCILLORS

Joyce Bosnjak (Chair)
Richard Butler
Kay Cutts MBE
Stan Heptinstall MBE
Muriel Weisz

DISTRICT COUNCILLORS

	Jim Aspinall	-	Ashfield District Council
A	Simon Greaves	-	Bassetlaw District Council
	Jacky Williams	-	Broxtowe Borough Council
	Henry Wheeler	-	Gedling Borough Council
	Debbie Mason	-	Rushcliffe Borough Council
	Tony Roberts MBE	-	Newark and Sherwood District Council
A	Phil Shields	-	Mansfield District Council

OFFICERS

A	David Pearson	-	Corporate Director, Adult Social Care, Health and Public Protection
	Anthony May	-	Corporate Director, Children, Families and Cultural Services
	Dr Chris Kenny	-	Director of Public Health

CLINICAL COMMISSIONING GROUPS

Dr Jeremy Griffiths	-	Rushcliffe Clinical Commissioning Group
Dr Steve Kell OBE	-	Bassetlaw Clinical Commissioning Group (Vice-Chairman)
Dr Mark Jefford	-	Newark & Sherwood Clinical Commissioning Group
Dr Guy Mansford	-	Nottingham West Clinical Commissioning Group
Dr Paul Oliver	-	Nottingham North & East Clinical Commissioning Group
Dr Judy Underwood	-	Mansfield and Ashfield Clinical Commissioning Group

LOCAL HEALTHWATCH

Joe Pidgeon	-	Healthwatch Nottinghamshire

NHS ENGLAND

Vacancy	-	North Midlands Area Team, NHS England

NOTTINGHAMSHIRE POLICE AND CRIME COMMISSIONER

Chris Cutland	-	Deputy Police and Crime Commissioner

SUBSTITUTE MEMBERS IN ATTENDANCE

Tracy Madge	-	NHS England

OFFICERS IN ATTENDANCE

Kate Allen	-	Public Health
Paul Davies	-	Democratic Services
Claire Grainger	-	Healthwatch, Nottinghamshire
Jonathan Gribbin	-	Public Health
Nicola Lane	-	Public Health
Rebecca Larder	-	South Nottinghamshire Director of Transformation
Libby Lomas	-	Public Health
Catherine Munro	-	Labour Group Research Assistant
Lindsay Price	-	Public Health
Cathy Quinn	-	Public Health
Michelle Welsh	-	Labour Group Research Officer

PEER REVIEW

The Chair introduced the members of the peer review team who were observing the meeting as part of their review of the Board from 3 to 6 February 2015.

MINUTES

The minutes of the last meeting held on 3 December 2014 having been previously circulated were confirmed and signed by the Chair.

MEMBERSHIP

Councillor Richard Butler had been appointed to the Board in place of Councillor Martin Suthers, for this meeting only. Tracey Madge reported that Helen Pledger had left NHS England.

APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Simon Greaves and David Pearson.

DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS

None.

NHS ENGLAND FIVE YEAR FORWARD VIEW

Steve Kell introduced a summary of the NHS England Five Year Forward View, which had been published in October 2014. The Forward View was a vision of how the NHS and partner organisations should develop over the next five years, rather than a detailed plan. Various models were proposed in the Forward View, which local communities might wish to adopt according to local circumstances.

Board members discussed the Forward View, with the conclusion that there would be benefit in discussing the local implications through a workshop. Dr Kell pointed out that there was a national implementation group, of which he was a member. Comments during the discussion included:

- The emphasis on prevention was welcomed.
- Co-commissioning brought the potential for conflicts of interests.
- Much would be achieved locally through the integration commissioning plans, and the different models which they offered.
- There was a need to break down the barriers between providers, and put the focus on the public.

RESOLVED: 2015/001

That the report on the NHS Five Year Forward View be noted, and it be the topic for a future workshop, the timing of which would depend on progress made by the national implementation group.

NHS ENGLAND RESTRUCTURING

Tracey Madge gave a presentation on the current organisational alignment and capability programme in NHS England. Nottinghamshire would now come under the North Midlands Area Team, along with Derbyshire, Staffordshire and Shropshire. At the same time, there would be a new focus on commissioning, including co-commissioning of the general practice contract. Posts in the new team were being filled. Helen Pledger, the representative of NHS England on the Board, had left.

It was pointed out that Bassetlaw CCG came under the Yorkshire and Humberside Area Team. It was also commented that NHS England should be active in its specialised commissioning role which linked with services commissioned by other organisations, for example obesity or sexual health services. Ms Madge indicated that the current reorganisation would not have a substantial effect on specialised commissioning. Board members believed that the focus should be on the patient, who was generally more interested in outcomes than who commissioned a service. Ms Madge believed that a move to full co-commissioning would be a natural step for CCGs, which would be the local contact for the public on health matters.

RESOLVED: 2015/002

That the presentation on the reorganisation at NHS England be noted.

SOUTH NOTTINGHAMSHIRE TRANSFORMATION PROGRAMME PARTNERSHIP COMPACT

Guy Mansford and Rebecca Larder introduced the compact which had been developed by the South Nottinghamshire Partnership, and invited the Board to endorse it. The compact set out the ambition of twelve partner organisations to create a sustainable and high quality health and social care system in South Nottinghamshire. Comments made during discussion of the compact included:

- What would the performance measures be? – The Board was informed that these were currently being developed.

- It was important for organisations to work together in this way, despite the pressures on budgets.

- There was a need to reflect the three transformation programmes in the Board's supporting structures, and in the County Council's operations.

- The role of Health Education England should be kept in mind, in shaping where people wanted to work, and ensuring that organisations did not poach staff from each other.

- There was a risk that actions in one part of the system could act adversely on other parts. The Board could have a role in asking organisations to account for their actions.

- The contribution of district councils should be recognised.

RESOLVED: 2015/003

That the South Nottinghamshire Transformation Programme Partnership Compact be endorsed.

LOCAL AUTHORITY COMMISSIONING OF COMPREHENSIVE SEXUAL HEALTH SERVICES FROM APRIL 2016

Jonathan Gribbin introduced the report on the rationale and preparation for the re-procurement of sexual health services commissioned by the County Council. He referred to the interdependencies with services commissioned by others, and the need for the new contracts to be more effective. He responded to questions and comments.

- GPs provided some sexual health services, and wished to continue with this. Joint commissioning with Public Health could be considered, and would reflect a patient's overall pathway. – Jonathan Gribbin stated that joint work with CCGs would be

welcomed where possible. He indicated that there were no plans to reduce GPs' provision of sexual health services.

- It was unfortunate that the timing for re-commissioning sexual health services did not link with the timetable for the transformation programmes. However commissioning should keep open the possibility of integration in the future. Professional boundaries should be overcome to make the system more patient focused. – Jonathan Gribbin stated that it was intended to future-proof arrangements.

- It was important to give service users a choice in the way they could access services. – This was recognised, including the preference of some service users to travel to access services.

- Schools should take a greater role in sexual health education. As more schools became academies, health prevention work with students had become patchy. – Anthony May pointed out that the local authority had little influence over schools (whether academies or not) in this regard. Parents and governors were well placed to put pressure on schools.

- The C-Card scheme was excellent, and should be extended, for example in schools. Young people might not be aware of the resources available.

- In view of the national shortage of GPs, more use could be made of pharmacists, for example. Commissioning by NHS England was part of the overall picture. Commissioning sexual health services should be built into transformation programmes. – Jonathan Gribbin stated that NHS England would be involved in drafting the service model.

The Chair thanked the Board for their comments, which would be included in the consultation responses. She indicated that the Clinical Congress would also be consulted.

RESOLVED: 2015/004

1) That the report on the County Council's commissioning of sexual health services and its relevance to the Board's priority to reduce rates of sexually transmitted infections and unplanned pregnancy be noted.

2) That comments made at the Board meeting be included in the consultation responses.

CHAIR'S REPORT

The report updated the Board on a number of matters.

RESOLVED: 2015/005

That the report be noted.

WORK PROGRAMME

RESOLVED: 2015/006

That the work programme be noted.

The meeting closed at 4.30 pm.

CHAIR

Nottinghamshire County Council

Report to the Health and Wellbeing Board

4 March 2015

Agenda Item: 4

REPORT OF THE INDEPENDENT CHAIR FOR THE NOTTINGHAMSHIRE SAFEGUARDING ADULTS BOARD

NOTTINGHAMSHIRE SAFEGUARDING ADULTS BOARD

Purpose of the Report

1. The purpose of this report is to update the Health and Wellbeing Board on the work and progress of the Nottinghamshire Safeguarding Adults Board during the financial year 2013/14.

Information and Advice

2. The Nottinghamshire Safeguarding Adults Board (NSAB) is the multi-agency group of senior managers from key organisations responsible for developing and implementing Nottinghamshire's strategy to safeguard adults at risk. We are committed to preventing and reducing the incidence of abuse and neglect of people in need of care and support and to improving the outcomes for people when abuse or neglect has occurred.

3. This year the membership of NSAB has been strengthened further with the addition of the Chief Executive of Healthwatch as an associate member.

4. Much of the work of the Board in 2013/14 was targeted in two key areas; firstly, to ensure that the Board is "fit for purpose" to undertake the requirements of the Care Act 2014 which place adult safeguarding on a statutory footing as of 1st April 2015 and, secondly, to begin the work to understand and embed a "Making Safeguarding Personal" (MSP) approach to adult safeguarding which seeks to put the service user at the centre of all we do.

Making Safeguarding Personal (MSP)

5. During 2013/14 Nottinghamshire took part in a national MSP project whereby locally two teams were asked to approach safeguarding cases with an outcomes focus, working much closer with the person at risk to understand what he/she wants. The results of the pilot were fed back into the national project and the learning was used to inform the subsequent review of our policies and procedures. We have improved the way we consult service users, carers and their representatives and involved service users in the delivery of training.

6. Adult Social Care, Health and Public Protection have supported the temporary secondment of the Group Manager, Access and Safeguarding, to work one day per week with the Local Government Association (L.G.A) to support the national roll out of the MSP agenda.

Policy Review

7. NSAB has carried out a review of its multi-agency safeguarding procedures jointly with Nottingham City Adult Safeguarding Partnership Board. This work has been overseen by our Quality Assurance Sub Group. The revised procedures were published on 7th October 2013. The documents have been streamlined, providing a thorough overview of what staff need to do, either to raise a concern or make a referral about a vulnerable adult who is at risk of significant harm, abuse or neglect in Nottingham City or Nottinghamshire. This information is now in one document, the Multi-Agency Safeguarding Vulnerable Adults Procedure. Additional information to consider and support agencies raising a concern or making a referral, including guidance on legislation, links to domestic violence and possible indicators of abuse, is contained within the Multi-Agency Safeguarding Vulnerable Adults Guidance.

8. Additionally Nottinghamshire has reviewed its Safeguarding Adults Procedures following a referral. Our new procedures adopt a MSP approach which is person led and outcome focused and which puts the individual at the heart of the process. The revised procedures were published in July 2014 and Nottinghamshire is one of the first Local Authorities to adopt this approach which is advocated by the Care Act 2014.

Serious Case Reviews

9. The Serious Case Review Sub Group considers cases of death or serious harm to vulnerable adults where abuse or neglect is known or suspected to be a factor. The Chief Operating Officer for Newark and Sherwood Clinical Commissioning Group is the Chair.

10. The group ensures that cases of death or serious harm that involve abuse or neglect are thoroughly reviewed. Its aim is to find out why things went wrong and then to ensure that lessons are learned and shared across agencies.

11. On 8th October 2013 NSAB commenced a serious case review, SCR F 13, jointly with the Nottinghamshire Safeguarding Children's Board, following the death of an 18 year old woman who was detained under Section 3 of the Mental Health Act in an independent hospital. The review focused on the effectiveness of transition arrangements from children's to adult services and involved a number of statutory and non-statutory organisations. An independent expert was commissioned to author the final overview report which was approved at an extra-ordinary meeting of NSAB on 22nd May 2014. NSAB is monitoring the implementation of recommendations and action plans arising from this review.

Partnership Board

12. The Nottinghamshire Safeguarding Adults Partnership Board is a broad group of organisations, service users and carers that have an interest in adult safeguarding. The Partnership Board meets twice yearly and provides for a two way flow of information between NSAB and those organisations and individuals who are able to contribute to the safeguarding agenda.

13. Our two events for the year 2013/14 focused on the Multi-Agency Safeguarding Hub (MASH) and the Care Act 2014. At our November meeting attendees received presentations and updates on the progress of the MASH and were able to provide valuable feedback as to what was working well and importantly what needed to improve. In May 2014 attendees were updated on the requirements of the Care Act and implications for safeguarding adults.

Annual Report 2013/14 – Key Facts and Figures

14. As in previous recent years NSAB has produced an annual report which is clear, concise, free from jargon and accessible to members of the general public. The annual report, which is available on our website at www.safeguardingadultsnotts.org contains statistical and qualitative data on the performance of the Board and adult safeguarding. Some of the headline data is set out below.

Referrals

15. In 2013/14, the upward trend in safeguarding referrals made to Nottinghamshire County Council continued with a total of 4,751 referrals being received. This is an increase of 560 referrals (13%) on 2012/13.

Referrals which led to Assessment

16. The statistical returns provided to central government concentrate on those referrals which were assessed as requiring a safeguarding response and which led to a safeguarding assessment. In Nottinghamshire, 1,006 of the 4,751 referrals received in 2013/14 went on to assessment. Whilst the number of referrals remains on an upward trend the actual number, and percentage, of those which required a safeguarding assessment has reduced from 1,441 (34.4%) in 2012/13 to 1,006 (21.2%) in 2013/14. Part of the reason for this has been the role of the MASH in scrutinising and prioritising referrals. 41% of all referrals received by the MASH which don't meet safeguarding thresholds have been diverted to other service areas to provide a more appropriate response. This has allowed the County Council and its partners to focus its safeguarding resources on those referrals where there is the greatest risk of harm and which require a safeguarding response.

Next Steps - The Care Act 2014

17. The Care Act 2014 places adult safeguarding on a statutory footing and Local Authorities are required to have safeguarding arrangements in place by 1st April 2015. This includes a Safeguarding Adults Board which has a membership consisting of the Local Authority, Police, Clinical Commissioning Groups and "any other persons who the Safeguarding Adults Board considers appropriate". The Safeguarding Adult Board has a "strategic role which is greater than the sum of the operational duties of the core partners" and its objective is "to help and protect adults in its area by co-ordinating and ensuring the effectiveness of what each member does". The Board will have 3 core duties which it must carry out. It must publish a strategic plan, publish an annual report and conduct any Safeguarding Adult Reviews.

18. NSAB was created in April 2008 and is well placed to undertake the statutory requirements of the Care Act 2014. The Board is well supported by senior representatives from the core agencies and many others. Over the years it has published annual reports, produced strategic plans and been proactive in undertaking and learning from Serious Case Reviews/Safeguarding Adult Reviews. The Board has more recently embraced the MSP philosophy which underpins much of the Care Act Statutory Guidance and leads the way in its implementation.

Other Options Considered

19. This report is for information only and there are no other options considered.

Reasons for Recommendations

20. This report is to update the Health and Wellbeing Board on the work carried out by NSAB.

Statutory and Policy Implications

21. 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

1 That the Health and Wellbeing Board note the contents of this report and the work of the Nottinghamshire Safeguarding Adults Board.

ALLAN BREETON
Independent Chair of the Nottinghamshire Safeguarding Adults Board

For any enquiries about this report please contact:
Claire Bearder, Group Manager, Safeguarding Adults
Tel: 0115 977 3168 Email: Claire.Bearder@nottscc.gov.uk

Constitutional Comments (LMC 09/02/15)

22. The report is for noting only.

Financial Comments (KAS 05/02/15)

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

Background Papers and Published Documents

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

- Nottinghamshire Safeguarding Adults Board Annual Report 2013-14

Electoral Divisions and Members Affected

- All

Nottinghamshire County Council

Report to the Health and Wellbeing Board

4 March 2015

Agenda Item: 5

REPORT OF THE CLINICAL LEAD FOR NHS NOTTINGHAM WEST CCG

URGENT AND EMERGENCY CARE

Purpose of the Report

1. This report gives background information about the current issues for urgent care to support presentations which will be made to the Board by each of the three Nottinghamshire Planning Units.

Information and Advice

2. Urgent and emergency care refers to healthcare services available to people who need medical advice, diagnosis and or treatment quickly and unexpectedly. This may include accident and emergency (A&E), walk in and minor injury units and illness services.

3. There were 21.8 million attendances at England's A&E departments in 2013/14. While attendances at major departments have risen only in line with population increases since 2004, attendances at minor departments (e.g. minor injury units) have risen at a faster rate.

4. Demands on A&E have been increased as a result of an aging population with increasingly complex needs. Many people also present at A&E as a trusted service when they are unsure of and unable to navigate the variety of services provided outside of hospital.

    - Older adults are most likely to attend A&E, and are most likely to arrive by ambulance. Of working age adults, those aged 20-24 have the highest rate of attendance at A&E.

    - Around 40% of patients attending A&E are discharged requiring no treatment at all.

    - Up to 50% of 999 calls requiring an ambulance to be dispatched could be managed at the scene.

5. A&E is a trusted brand and continues to provide a very responsive service with an average wait for treatment nationally of only 50 minutes with most patients being treated within four hours.

National Targets

6. There are a variety of measures of performance for Accident and Emergency in England, including average time to treatment, average time spent in A&E and percentage of patients

spending less than four hours in A&E. The national target is for 95% of patients to be seen within four hours of at arriving at A&E.

7. The number and percentage of patients spending over four hours in A&E has risen in recent years. In 2014 there were far higher rates of patients spending over four hours in A&E than in previous years in England. Between October and December 2014 92.6% of patients were seen within 4 hours.

8. Nationally average time from arrival to treatment has remained stable in recent years.

National Reviews

9. There have been a number of national reviews which have been undertaken of urgent and emergency care including the Keogh Review which was launched in January 2013 to undertake a comprehensive review of the NHS urgent and emergency care system in England. The initial proposals from the review identify five key areas for success:

   - Provide better support for people to self-care
   - Help people with urgent care needs to get the right advice in the first place, first time
   - Provide highly responsive urgent care services outside of hospital so people no longer choose to queue in A&E
   - Ensure that those people with more serious or life threatening emergency care needs receive treatment in centres with the right facilities and expertise in order to maximise chances of survival and a good recovery
   - Connect all urgent and emergency care services together so the overall system becomes more than just a sum of its parts.

10. The requirement to redesign urgent care services was reinforced in the NHS Five year Forward View published in 2014. This calls for the introduction of new models of care across a range of services including urgent care.

Current Position

11. Clinical Commissioning Groups are responsible for commissioning urgent and emergency care including A&E and ambulance services. They are accountable to NHS England for the delivery of the associated performance and quality targets.

12. Performance is monitored nationally through reports made to government on a regular basis depending on the level of escalation in each area of the country.

13. Locally Systems Resilience Groups (or equivalent) oversee the performance of the local health and social care system including urgent care. Within Nottinghamshire these are based on the three planning units of South Notts, Mid Notts and Bassetlaw.

14. There has been increasing pressure on emergency care across England recently which has resulted in a number of Trusts declaring major incidents in order to cope with the demands seen over the Christmas period 2014.

15. As a result of these issues there has been increased political and media scrutiny of the NHS urgent care system highlighting issues such as the availability and uptake of alternatives to A&E, like NHS 111, pharmacy GP and social care services.

16. Each planning unit in Nottinghamshire, North (Bassetlaw) Mid and South Nottinghamshire, has been asked to present their position on urgent care and outline local action being taken to address the pressures.

Statutory and Policy Implications

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

1. That the Board receive the presentations from each of the planning units.

Dr Guy Mansford
Clinical Lead for NHS Nottingham West CCG

For any enquiries about this report please contact:
Nicola Lane, Public Health Manager
Nicola.lane@nottscc.gov.uk
Tel: 0115 977 2130

Constitutional Comments (SLB 19/02/2015)

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

Financial Comments (DG 20/02/2015)

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

Background Papers and Published Documents

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

Electoral Divisions and Members Affected

- All

Nottinghamshire County Council

Report to the Health and Wellbeing Board

4 March 2015

Agenda Item: 6

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

BETTER CARE FUND PLANS TO REDUCE NON ELECTIVE ADMISSIONS

Purpose of the Report

1. To obtain approval for the proposed amendments to the trajectories for non-elective admissions.

Information and Advice

2. All Health and Wellbeing Boards were required to submit a plan to reduce emergency, or non-elective, admissions as part of the Better Care Fund (BCF) plan, with national guidance indicating a reduction of at least 3.5% was required.

3. Clinical Commissioning Groups (CCGs) were required to determine a level of ambition for improving the delivery of integrated services that will lead to a reduction in the number of people admitted to hospital for unplanned treatment. CCGs will then be measured on the extent to which they achieve the "trajectory" of improvement from the current baseline to the planned future position resulting from the improved integration of services.

4. The Nottinghamshire BCF was approved by the Health and Wellbeing Board in August 2014 and set out a plan to reduce non-elective admissions by 3.7% across the County, with separate plans for each CCG with varying levels of ambition.

5. The national planning guidance "The Forward View into action: Planning for 2015/16" provides the opportunity for CCGs to revise the non-elective trajectories submitted in September 2014.

6. The policy guidance on revising the plans to reduce non-elective admissions has been emerging and we believe is in recognition of the national trend of an increase in emergency admissions, resulting in the original trajectories being very challenging to achieve in the context of the external pressures relating to demography and illness.

7. CCGs have reconsidered trajectories taking into account 2014/15 actual performance and forecast outturn for the year.

8. The Health and Wellbeing Board is required to sign-off all amendments to the trajectories in their strategic oversight role of the Better Care Fund plans.

9. CCGs are currently considering whether to revise their non-elective admissions plans, which are due to be submitted to NHS England on 27th February and will therefore be tabled for consideration at the Health and Wellbeing Board meeting on 4th March.

Reason/s for Recommendation/s

10. To review the revisions to CCG non-elective admission trajectories in accordance with national guidance.

Statutory and Policy Implications

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

Financial Implications

12. The financial implications are detailed in the Nottinghamshire BCF plan. The pooled budget amounts to a minimum of £59.3m in 2015/16. Revising the non-elective trajectories does not affect the performance-related element of the BCF as this is recalculated in accordance with the revised trajectory. Where CCGs elect to reduce the trajectory, there will be additional costs to be paid to the acute providers due to the increase in non-elective admissions.

Human Resources Implications

13. None

Legal Implications

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

RECOMMENDATION/S

That the Board:

1) Approves the proposed amendments to the non-elective trajectories.

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

For any enquiries about this report please contact:
Lucy Dadge, Director of Transformation
lucy.dadge@mansfieldandashfieldccg.nhs.uk / 01623 673330

Sarah Fleming, Better Care Fund Programme Manager
Sarah.fleming@mansfieldandashfieldccg.nhs.uk / 0115 9932564

Constitutional Comments (LM 23/02/2015)

15. The recommendations in the report fall within the terms of reference of the Health and Well Being Board.

Financial Comments (AGW 23/02/2015)

16. The financial implications are contained in paragraph 12.

Background Papers and Published Documents

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

- Better Care Fund plan

Electoral Division(s) and Member(s) Affected

- All

Nottinghamshire County Council

Report to the Health and Wellbeing Board

4 March 2015

Agenda Item: 7

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

BETTER CARE FUND POOLED BUDGET

Purpose of the Report

1. To obtain approval of the Better Care Fund section 75 pooled budget for 2015/16 subject to amendments proposed by the Governing Bodies of the Clinical Commissioning Groups (CCG) and the outcome of the public consultation.

2. To note programme governance for the pooled budget agreement, developed in accordance with the constitutional requirements of each party.

Background

3. It is nationally mandated that investment in the Better Care Fund (BCF) is operated under a pooled budget agreement under section 75 of the National Health Service Act (2006). This is the legislation that allows local authorities and NHS bodies to operate pooled budgets at a local level. The draft section 75 agreement will be e-mailed to Board members, and is available on request as a background paper.

4. The section 75 agreement is a legally binding partnership agreement, in this instance between the commissioners of health and social care services in Nottinghamshire County. The signatories to the agreement are Nottinghamshire County Council and the six County Clinical Commissioning Groups (CCGs), namely Bassetlaw CCG, Mansfield and Ashfield CCG, Newark and Sherwood CCG, Nottingham North and East CCG, Nottingham West CCG and Rushcliffe CCG.

5. The basis of the agreement is a national form of a model contract to administer section 75 terms, prepared by Bevan Brittan solicitors. In order to ensure local fit, both the County Council and the CCGs (acting jointly) have taken independent legal advice on the practical application in relation to the specific components of the Nottinghamshire plan. Nottinghamshire County Council has instructed its in-house legal team and the CCGs have collectively instructed Browne Jacobson.

6. The pooled budget will be hosted by Nottinghamshire County Council, with the accountable officer and named pooled budget holder (the section 151 officer) being the Council's Service

Director of Finance and Procurement who will be supported by the BCF Programme Manager.

7. A public consultation on the pooled budget arrangement is running from 16th February to 15th March 2015 in line with the legislative requirements.

Payments

8. Payments into and out of the pool will take place on a monthly basis in accordance with the payment schedule set out in "Schedule 9 – Payment Protocol" of the agreement. CCGs will contribute into the pool on the first of the month an amount equal to one twelfth of the annual sum they have agreed to contribute. On the fourth working day of the month, the County Council will pay one twelfth of the annual scheme value to CCGs, less the amount contributing to the County Council's commissioned services.

9. CCGs and the Council will pay providers directly to ensure that existing contractual payment mechanisms continue and to avoid providers receiving multiple payments from commissioners. This ensures no additional contracts are required to be set up and that no additional contract management falls to the County Council as pooled budget host.

10. For the purposes of the agreement, District and Borough Councils are a provider and payment of the Disabled Facilities Grant (DFG) allocation will be made to the pooled budget via the County Council which will receive the grant allocation from 1st April 2015. The DFG allocation will then be transferred to the District and Borough Councils for ongoing payment to contractors. Transfers to the District and Borough Councils will be made according to receipt of the grant e.g. if the entire grant is received on 1st April this will be transferred across to the District Councils in one lump sum, if the grant is received monthly it will be paid across to the District Councils monthly.

Risk sharing

11. The risk share arrangements for any overspends and management of any underspends are set out in schedule 3 of the agreement.

12. The partners have agreed that risk sharing will initially remain at the organisation or unit of planning level in line with current practice. This means that any over/under spend will be managed by CCGs in the following units of planning:
    - North Notts: Bassetlaw CCG;
    - Mid Notts: Mansfield and Ashfield CCG and Newark and Sherwood CCG;
    - South Notts: Nottingham North and East CCG, Nottingham West CCG, Rushcliffe CCG.

    It will be for the units of planning to determine apportionment of over/under spend. Nottinghamshire County Council will manage its own over/under spend. If the overspend cannot be contained within the respective organisation or unit of planning then it will be escalated to the Programme Board for a decision.

Governance and reporting

13. CCGs and the County Council are the accountable organisations with statutory responsibility for investment into the pooled budget and each has to satisfy its own statutory requirements

for investment into BCF schemes. This is supported by a County wide governance structure for monitoring progress of the BCF plans including the pooled budget.

14. The BCF Finance, Planning and Performance sub-group is responsible for providing a monthly report on the pooled budget income and expenditure. This will be reported to the BCF Programme Board monthly and include details of performance against the outcome metrics, progress with scheme delivery (as set out in the programme plan included as a background paper) and outstanding risks as recorded in the programme risk register (see background paper).

15. The sub-group will undertake a quarterly reconciliation of actual income and expenditure against plan which will take into account any delays to scheme implementation and consequent payments to providers.

16. There will be a quarterly report to the Health and Wellbeing Board in line with NHS England requirements. This will be accompanied by an exception report on scheme delivery, programme risks and delivery of the outcome metrics.

17. Any changes to planned schemes' financial values will be determined by the responsible statutory commissioner in the first instance, and will then be discussed through the programme governance structure with the Programme Board recommending changes in values to the Health and Wellbeing Board with the associated consideration of impact on overall programme delivery.

18. All organisations have agreed to share relevant information with each other's auditors to ensure transparent reporting of the BCF pooled fund. Additional external audit costs may be incurred by the County Council as the pooled budget host. If this is the case, a proposal to share costs across the partner signatories will be made to the Programme Board.

Reason/s for Recommendation/s

19. To confirm appropriate governance and reporting arrangements are in place to ensure oversight of delivery of the pooled budget by partner organisations across Nottinghamshire, and for the Health and Wellbeing Board to discharge any obligations that is may have for central reporting.

20. To meet the Department of Health expectation that a pooled budget will be in operation for the BCF in 2015/16.

Statutory and Policy Implications

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

Financial Implications

22. The financial implications are detailed in the Nottinghamshire BCF plan. The pooled budget amounts to a minimum of £59.3m in 2015/16. Subject to local and national policy developments, the agreement may be extended beyond 2015/16. This will be reported to the Health and Wellbeing Board on an ongoing basis as part of the Better Care Fund reporting process.

Human Resources Implications

23. Support will be required from Nottinghamshire County Council's finance team to administer the pooled budget in accordance with the conditions of the pooled budget. Currently this is anticipated to be met within existing resources.

Legal Implications

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

RECOMMENDATION/S

That the Board:

1) Approves the section 75 pooled budget agreement subject to amendments required by CCG governing bodies and the public consultation.

2) Notes the governance arrangements in place for the operation of the pooled budget agreement.

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

For any enquiries about this report please contact:
Sarah Fleming, Better Care Fund Programme Manager
Sarah.fleming@mansfieldandashfieldccg.nhs.uk / 0115 9932564

Constitutional Comments (SLB 12/02/15)

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

Financial Comments (KAS 12/02/15)

26. The financial implications are contained within paragraph 22 of the report.

Background Papers and Published Documents

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

- Terms of Reference for BCF Programme Board and Finance, Planning and Performance sub-group.
- Section 75 pooled budget agreement (draft)

Electoral Division(s) and Member(s) Affected

- All

Nottinghamshire County Council

Report to the Health & Wellbeing Board

4 March 2015

Agenda Item: 8

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

APPROVAL OF THE PHARMACEUTICAL NEEDS ASSESSMENT

Purpose of the Report

1. This report provides information on the development of the Pharmaceutical Needs Assessment (PNA). The PNA describes available pharmaceutical services and assesses whether they meet the health and wellbeing needs of local residents. The report asks the Health & Wellbeing Board to approve the final PNA for publication on the County Council website.

Information and Advice

2. Pharmaceutical services within Nottinghamshire are provided by:
   a. 170 community pharmacies
   b. 1 distance selling (or internet) pharmacy
   c. 17 dispensing practices
   d. 8 Dispensing appliance contractors.

3. 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 medicines reviews, health promotion and self-care services (such as smoking cessation, emergency hormonal contraception and minor ailments.)

4. The local Pharmaceutical Needs Assessment (PNA) describes available pharmaceutical services across Nottinghamshire County and ensures that these services meet the needs of the population and that they are in the correct locations to support the residents of Nottinghamshire.

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 includes an overview of the pharmacy regulations with regard to pharmaceutical needs assessment and sets out the process followed by the PNA steering group in the development of the PNA.

7. The steering group noted the complexity of the task in drawing together the relevant information on pharmaceutical services. Since the implementation of the Health & Social Care Act, the responsibility for commissioning community pharmacy services has become the responsibility of NHS England, Clinical Commissioning Groups and Local Authorities. This fragmentation of the system is viewed as a major barrier for commissioning new community pharmacy services. The Health & Wellbeing Board is well placed to provide oversight to support a coordinated approach to commissioning across a multitude of providers, including community pharmacies.

Statement of Pharmaceutical Need

8. The PNA has not identified any significant gaps in pharmaceutical services for the Nottinghamshire County population. Nottinghamshire County is well served by community pharmacies providing a range of services that correspond to local health needs. Access is good and there is a good spread of pharmacies with extended opening hours in the evening and at weekends.

9. A public consultation on services provided by pharmacies did not identify any significant issues with current provision. However, comments received indicated a development need for pharmacies around accommodating deaf clients and being more sensitive to privacy issues when dispensing prescriptions.

10. Over half of respondents to the public survey expressed an interest in additional services that could be provided by pharmacies. These include weight management, NHS Health Checks, cholesterol testing, blood pressure monitoring and pain management. However as the public survey response rate was very low, further research is needed to establish if this reflects the wider views of residents and addresses local need.

11. According to the regulations governing PNAs, the council will need to ensure the PNA is reviewed after 3 years, in 2018. However an earlier review will be carried out if there are significant changes to local need or provision that need to be re-assessed. Supplementary statements will be issued regularly to publish small changes in pharmaceutical services that are not deemed to warrant a full review of the PNA (such as changes in ownership, opening hours or change in number of pharmacies, that do not cause an significant impact on the level of pharmaceutical services or need.)

Future Community Pharmacy Services

12. The formal consultation raised some new ideas for services that pharmacies could offer. Specific reference was made for services to support older people, people living with dementia, tackling loneliness, falls prevention and bone health checks. Furthermore, older people in care homes are at a greater risk of medication errors than most other groups, and additional services could help improve patient safety for these people.

13. The widespread access to community pharmacies across Nottinghamshire County provides an opportunity to make better use of the skills and experience of this workforce to contribute to improvements in health and wellbeing. Commissioners of services may wish to explore new delivery models to utilise this resource. Commissioning of new services would need to be considered subject to further research into need, acceptability, clear evidence of benefit and value for money and improved health outcomes.

Reason/s for Recommendation/s

14. The Pharmaceutical Needs Assessment (PNA) is a statutory requirement of the Health and Wellbeing Board and the regulations require that the PNA be published by April 2015.

Statutory and Policy Implications

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

Financial Implications

16. There are no direct financial implications related to the PNA. Any plans to commission new services will need to explore financial implications and value for money.

Implications in relation to the NHS Constitution

17. The PNA supports the effective commissioning of pharmaceutical services to address local needs that are accessible to everyone who wishes to use them. It therefore supports the delivery of the NHS Constitution.

Public Sector Equality Duty implications

18. An Equality Impact Assessment was carried out to confirm that all relevant population groups had been considered in the health needs assessment.

Implications for Service Users

19. An estimated 1.6 million people choose to visit a pharmacy each day. Access to an appropriate range of pharmaceutical services across the network of community pharmacies will help support improvements in health and wellbeing.

RECOMMENDATION

1) The Health & Wellbeing Board is asked to approve the final Pharmaceutical Needs Assessment for publication on the Nottinghamshire County Council website.

Cathy Quinn
Associate Director of Public Health

For any enquiries about this report please contact: Cathy Quinn, on 0115 9772882 or cathy.quinn@nottscc.gov.uk.

Constitutional Comments (ADK 18/2/2015)

20. The Health and Wellbeing Board has authority within the Constitution to approve the recommendations in the report and is the authority responsible under statute for the PNA publication.

Financial Comments (DG 20/02/2015)

21. See note in Paragraph 16 regarding financial implications.

Background Papers and Published Documents

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

- Pharmaceutical Needs Assessment 2010 published at: http://www.nottinghamshire.gov.uk/thecouncil/plans/strategydevelopment/joint-strategic-needs-assessment/

- Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013 www.legislation.gov.uk/uksi/2013/349/pdfs/uksi_20130349_en.pdf

Electoral Divisions and Members Affected

- All

Nottinghamshire County Pharmaceutical Needs Assessment 2015

Publication Date: **April 2015**

Review Date: **April 2018**

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Nottinghamshire Pharmacy Needs Assessment 2015

1. EXECUTIVE SUMMARY

The local Pharmaceutical Needs Assessment (PNA) is a document that outlines services and ensures that pharmaceutical services across Nottinghamshire both meet the needs of the population and that they are in the correct locations to support the residents of Nottinghamshire.

The PNA became the responsibility of the Council following the Health and Social Care Act 2012 and replaces the previous PNA published by Nottinghamshire County and Bassetlaw Primary Care Trusts in 2010. Commissioners will use the PNA for commissioning of new services within community pharmacies and NHS England will use the PNA as the basis for informing decisions when applications for new pharmacies are received.

This report includes an overview of the pharmacy regulations relating to pharmacy needs assessment in addition to a review of the range of pharmaceutical services that are currently provided or may be commissioned in the future. The geographical area of the County has been divided into districts for the purpose of reviewing health needs and service provision at local level.

Pharmaceutical services are provided by Community Pharmacies, Dispensing Practices and Dispensing Appliance Contractors.

The County has 171 community pharmacies including one Distance Selling (Internet) Pharmacy. There are also 17 Dispensing practices and 8 Dispensing Appliance Contractors (DACs).

In addition to their traditional role of providing prescription medicines, community pharmacies are important providers of further health services to their communities such as medicines reviews and smoking cessation.

A comprehensive range of sources have been used to describe the health and social conditions of the district populations. This document provides details of:

- Population demographics: age, deprivation and health needs
- Public survey of pharmacy needs
- Number and location of community pharmacies, dispensing practices, DACs and the services commissioned
- Analysis of any gaps in necessary services
- Analysis of any gaps in locally commissioned services or access to services
- Impact of population changes and house building
- A description of any NHS service (or similar) which may affect pharmaceutical need
- Formal consultation on final draft PNA

Statement of pharmaceutical need
The current balance of community pharmacies, dispensing practices and Dispensing Appliance Contractors provides a comprehensive range of services to the local population. Analysis of health needs and a public consultation did not provide any evidence of a lack of provision of pharmaceutical services in existing pharmacies. Housing projections in the short to medium term (3-5 years) are not expected to increase the local population beyond current capacity.

The PNA will be reviewed in 2018 unless there are significant changes to local need or provision.

2. Introduction

Background to Pharmaceutical Needs Assessment

The Health and Social Care Act 2012 established Health and Wellbeing Boards (HWB) with defined statutory duties in every upper tier or unitary authority. The Board includes leaders from the local health and local government system who work together to improve the health and wellbeing of their local population and reduce health inequalities. Nottinghamshire County Council has its own Health and Wellbeing Board and one of their responsibilities, transferred from PCTs is the development and updating of Pharmaceutical Needs Assessments (PNAs). This PNA replaces the NHS Bassetlaw PCT and NHS Nottinghamshire County PCT Pharmaceutical Needs Assessments published in 2010. The PNA is used to inform the planning of services that can be delivered by community pharmacies to meet the health needs of the population and is used by NHS England to identify the pharmaceutical needs of the local population and to support the decision making process for pharmacy applications.

Legislative Background

The development of the PNA is covered by regulations issued by the Department of Health[1]. These regulations set out the legislative basis for developing and updating PNAs.

Each Health and Wellbeing Board must in accordance with regulations

- Assess the need for pharmaceutical services in its area
- Publish a statement of its first assessment and of any revised assessment.

Under the 2013 regulations, a person who wishes to provide NHS pharmaceutical services must generally apply to NHS England to be included on a relevant list by proving they are able to meet a pharmaceutical need as set out in the relevant PNA. There are exceptions to this, such as applications for needs not foreseen in the PNA or to provide pharmaceutical services on a distance-selling (internet or mail order only) basis.

The regulations contain the following requirements for PNAs;

- It outlines the information that must be provided
- The extent to which the PNA must take account of likely future needs

[1]Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013

- The date by which a HWB must publish their first PNA
- The circumstances in which a HWB must make a new PNA.

In particular, the regulations determine

- The pharmaceutical services to which a PNA must relate
- Which specific persons must be consulted about specific matters when making an assessment
- The manner in which an assessment is made
- Which matters a HWB must have regard to when making an assessment

2.1 Wider context

The Health and Social Care Act 2012 also amended the Local Government and Public Involvement in Health Act 2007 to introduce duties and powers for HWBs in relation to Joint Strategic Needs Assessments (JSNAs). The aim of the JSNA is to describe the health and wellbeing needs of the local community and support the reduction of inequalities. They are not an end in themselves, but a continuous process of strategic assessment for the health and wellbeing needs of the local population. They will be used to develop the local health and wellbeing strategy to determine what actions local authorities, the NHS and other partners need to take to meet needs and to improve health outcomes and address health inequalities.

The preparation and consultation on the PNA should take account of the JSNA, the Health and Wellbeing Strategy and other relevant strategies, such as the Children and Young Peoples and Families' plan, the local housing plans and the Crime and Disorder strategy in order to prevent duplication of work and multiple consultations with health groups, patients and the public. The development of PNAs is a separate duty to that of developing JSNAs as PNAs will inform commissioning decisions by NHS England, local authorities (public health services from community pharmacies) and by and clinical commissioning groups (CCGs).

2.2 PNA development in Nottinghamshire County Council

The Director of Public Health is the HWB member accountable for the development of the Nottinghamshire Pharmacy Needs Assessment. Nottinghamshire County and Nottingham City public health teams worked closely on the development of their 2 respective PNAs to ensure consistency of approach and to make effective use of scarce resources (Appendix 1a).

A working group was established to produce the document under the guidance of the steering group. The steering group was chaired by the Associate Director of Public Health (Nottinghamshire County) and had further representation from Nottinghamshire Local Pharmaceutical Committee, NHS England (Derbyshire & Nottinghamshire Area Team), NHS England (South Yorkshire and Bassetlaw Area Team), Nottingham City and

Nottinghamshire Clinical Commissioning Groups Medicines Management teams, Public Health, Communications and legal representation. Steering group terms of reference were agreed (Appendix 1b).

The steering group met at least every 2 months. They directed the work programme (Appendix 2) and agreed the activities of the group. Activities included collation of health and pharmacy data, compilation of upto date pharmacy lists and services provided (Appendix 3), a public survey on current service provision (Appendix 4) to understand public perception of pharmaceutical provision / services and the formal consultation on the draft PNA (Appendix 5). A full consultation report is available on the Nottinghamshire County Council website.

The regulations stipulate that the HWB must consult formally for a minimum period of 60 days on a draft of their PNA at least once during its development and lists the persons and organisations that must be consulted with (Appendix 5).

In accordance with the Regulations, the HWB, as a minimum, must publish a statement of its revised assessment within 3 years of the publication of this document in April 2015. In addition, the HWB will make a new assessment of pharmaceutical need as soon as is reasonably practicable sooner than this, should it identify any significant changes to the availability of pharmaceutical services that have occurred since the publication of this PNA. This will be undertaken only where, in the Local Authorities view, the changes are so substantial that the publication of a new assessment is a proportionate response.

In accordance with the Regulations, a supplementary statement explaining any significant changes to the availability of pharmaceutical services since the publication of this PNA will be issued where the change does not warrant a complete review of the PNA.

All supplementary statements will be published with the PNA on The Nottinghamshire County Council website at www.nottinghamshire.gov.uk.

An Equality Impact Assessment was carried out in order to determine whether all relevant population groups had been considered in the health needs assessment (Appendix 6).

The Health and Wellbeing Board is responsible for final approval of the PNA at the Board meeting in March 2015.

3. Overview of current pharmaceutical services provision in Nottinghamshire County

Pharmaceutical services provided by community pharmacies, dispensing practices and appliance contractors are defined by the regulations. There are 3 tiers of community pharmacy services; Essential Services, Advanced Services and Locally Commissioned Services.

3.1 Essential services

Under the community pharmacy contractual framework essential services are defined as those services or core activities that must be provided by all community pharmacy contractors. These are nationally agreed services and are not open to local negotiation. These include:

- Dispensing of medicines
- Repeat dispensing
- Disposal of waste / unwanted medication
- Promotion of healthy lifestyles (Public health)
- Signposting of patients
- Support for self-care
- Clinical governance

All of the 171 the community pharmacies in Nottinghamshire County provide these services in accordance with the requirements of the national community pharmacy contractual framework (and requirements of distance selling regulations in the case of the distance selling pharmacies).

Dispensing appliance contractors provide dispensing, repeat dispensing and meet contractual clinical governance requirements in relation to appliances only.

3.2 Advanced services

Advanced services are nationally specified. Community Pharmacies can choose whether or not to undertake advanced services. Advanced services require the premises to be accredited by NHS England. There are currently 4 advanced services; Medicines Use Review, New Medicines Service, Appliance Use Reviews and Stoma Appliance Customisation. Medicines Use Reviews and New Medicines Service are provided by community pharmacies; Appliance Use Reviews and Stoma Appliance Customisation by Dispensing Appliance Contractors.

The Medicines Use Review (MUR)

The Medicines Use Review (MUR) and Prescription Intervention Service consists of accredited pharmacists undertaking structured adherence-centred reviews with patients on multiple medicines, particularly those receiving medicines for long term conditions. National target groups have been agreed in order to guide the selection of patients to whom the service will be offered. The MUR process attempts to establish a picture of the patient's use of their medicines – both prescribed and non-prescribed. The review helps patients understand their therapy and identify any problems they are experiencing along

with possible solutions. An MUR Feedback Form will be provided to the patient's GP where there is an issue for them to consider

The New Medicines Service
The new medicines service provides support to people who are newly prescribed a medicine to manage a long-term condition, which will generally help them to appropriately improve their medication adherence. The service helps patients and carers manage newly prescribed medicines for a Long Term Condition (LTC) and make shared decisions about their Long Term Condition. It recognises the important and expanding role of pharmacists in optimising the use of medicines and increases patient adherence to treatment and consequently reduces medicines wastage. The service links the use of newly-prescribed medicines to lifestyle changes or other non-drug interventions to promote wellbeing and promote health in people with LTCs. It also promotes and supports self-management of LTCs, and increases access to advice to improve medicines adherence and knowledge of potential side-effects.

Advanced Services offered by Dispensing Appliance Contractors (DAC)
Appliance contractors (and pharmacies providing an appliance dispensing service) may also offer to provide the following advanced services:

- Stoma Appliance Customisation aims to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.

- Appliance Use Reviews aim to improve the patient's knowledge and use of any specified pharmaceutical appliance in their own home.

3.3 Locally commissioned services

Locally commissioned services are those commissioned by NHS England (also known as 'enhanced services'), Clinical Commissioning Groups (CCGs) and Local Authorities. These services are optional.

Emergency supply of prescribed medicines
The Emergency Supply Service allows patients to access an urgent supply of their regular medication where they are unable to obtain a prescription before they need to take their next dose. The service may be needed because the patient has run out of medicines, or because they have lost or damaged their medicines, or because they have left home without them. The aim of this service is to relieve pressure on urgent and emergency care services and general practitioner appointments at times of high demand. The Emergency Supply Service allows pharmacists to supply medicines at NHS expense where the pharmacist deems that the patient has immediate need for the medicines and that it is impractical to obtain a prescription without undue delay.

Palliative care drug stockists' scheme
The aim of the service is to provide easy access to Palliative Care Drugs by ensuring that there is on-demand supply of palliative care drugs from a small network of community pharmacies spread geographically across Nottinghamshire County.

Pharmacy First
The Pharmacy First minor ailments scheme offers patients the opportunity to see the pharmacist, without an appointment, and if necessary get the same medicines, for a defined range of minor problems, that their GP would have given them. It is open to patients aged 3 months and above who are exempt from prescription charges.

Locally commissioned services can be commissioned by a number of routes by NHS England, Clinical Commissioning Groups and Local Authorities. These services are optional and the pharmacies taking part in the locally commissioned services are shown in Appendix 3. See Table 3.2 for a summary of services offered in each district.

Out of Hours provision
Out of hours prescribing in Nottinghamshire is undertaken by Nottinghamshire Emergency Medical Services (NEMS) in the south of the County, North Nottinghamshire Out of Hours Service and Bassetlaw Out of Hours service in the north. There are 29 pharmacies commissioned to provide a 100 hours service within Nottinghamshire. They are open 7 days a week and are open until at least 10pm Monday to Saturday.

Out of Hours Roster
A limited out of hours roster is commissioned on Christmas Day, Boxing Day and Easter Sunday from selected pharmacies to ensure that patients are able to obtain medicines and get urgent prescriptions dispensed when other pharmacies are closed.

The opening hours (current as of January 2015 and subject to change) of all 171 pharmacies in Nottinghamshire County are shown in Appendix 7. Current opening hours can be found on the NHS Choices website.

Emergency Hormonal Contraception
Emergency contraception has the potential to reduce unintended pregnancy rates, thereby reducing the number of terminations. Equitable provision of and easier access to Emergency Hormonal Contraception via pharmacies has the potential to improve the effectiveness of this contraceptive method by reducing the time interval between unprotected intercourse and initiation of treatment. Pharmacists will supply Levonorgestrel Emergency Hormonal Contraception when appropriate to clients aged 14 years to 24 years free of charge. The Pharmacy will provide support and advice to clients accessing the service, including advice on the avoidance of pregnancy and sexually transmitted infections (STIs) through safer sex and condom use, advice on the use of regular contraceptive methods and provide onward signposting to services that provide long-term contraceptive methods and diagnosis and management of STIs.

C-Card
The C-Card Scheme is a condom distribution scheme for young people age 13 to 24 which offers access to free condoms in a wide range of places and aims to reduce both unintended conceptions and the number of Sexually Transmitted Infections (STI) & HIV. Young people aged under 13 years are not eligible for the scheme.

Chlamydia Treatment
Chlamydia is currently the commonest curable sexually transmitted disease in England. Prevalence of infection is highest in sexually active young men and women, especially those aged less than 25 years.

The pharmacist will provide one to one advice and support to young people aged 15-24 years old on the management of their sexual health, including the provision of a chlamydia testing kit. Pharmacies will signpost to other sexual health and social care services. They should also signpost to services which are c-card pickup/registration points so that young people have better access to free condoms in order reduce teenage pregnancy and STIs. The pharmacist will provide chlamydia testing kits, with explicit emphasis on the importance of return within specified time requirements and the process that will then occur for both positive and negative results.

Supervised Consumption
Pharmacists are instrumental in supporting drug users in complying with their prescribing regime, therefore reducing incidents of accidental death through overdose. Also through supervision, pharmacists are able to keep to a minimum the misdirection of controlled drugs, which may help to reduce drug related deaths in the community.

Needle Exchange
Provision of access to sterile needles and syringes and to sharps containers for return of used equipment. Where agreed locally, associated materials, for example condoms, citric acid and swabs, to promote safe injecting practice and reduce transmission of infections by substance misusers will be provided. Used equipment is normally returned by the service user for safe disposal.

Smoking Cessation / Nicotine Replacement Therapy
New Leaf Nottinghamshire is the smoking cessation service for Nottinghamshire County. The service includes support and guidance to break habits and routines and advice and provision of different treatments.

Nicotine Replacement Therapy Voucher Scheme
The voucher scheme provides patients attempting to stop smoking with vouchers which can be redeemed at pharmacies. The service is normally free to patients exempt of NHS prescription charges or for the cost of an NHS prescription. Patients normally receive up to 2 weeks supply at any one time.

3.4 Non-commissioned services offered by pharmacies

Most pharmacies provide additional services, which are either free of charge or provided for a fee depending on the service or level to which patients require advice, products or support. Pharmacies advertise these services though the pharmacies themselves and/or via websites. Each pharmacy will have its own set of criteria for a service and corresponding charge.

There is also a need to communicate the range of Essential, Advanced and Locally Commissioned Pharmaceutical Services that each Community Pharmacy is able to provide. By advertising and utilising the skills of community pharmacists significant health improvements can be made to help reduce health inequalities.

3.5 Dispensing practices

Dispensing practices provide dispensing services in rural areas where patients may have difficulty accessing a community pharmacy (though this is not always the case) and where it is not viable for a community pharmacy to operate.

There are 17 dispensing practices in Nottinghamshire.

3.6 Dispensing Appliance Contractors

Dispensing appliance contractors (DAC) are unable to supply medicines. Most specialise in supplying stoma appliances.

The PNA has considered and assessed the provision of pharmaceutical services to its population by dispensing appliance contractors that are not on its own pharmaceutical list. Analysis of prescribing data suggests that only 0.5% of the total prescription volume is dispensed by dispensing appliance contractors not on its own pharmaceutical list. The PNA therefore considers that the dispensing of prescriptions by dispensing appliance contractors not on its pharmaceutical list has no significant impact on the provision of pharmaceutical services across the County.

NHS England currently has eight dispensing appliance contractors in Nottinghamshire included on its own pharmaceutical list.

- Amcare Ltd, Newark & Sherwood
- Countywide Supplies Ltd, Newark & Sherwood
- Amcare Ltd, Rushcliffe
- Ostomart Ltd, Gedling
- Amcare Ltd, Broxtowe
- Countywide Supplies Ltd, Gedling
- Amcare Ltd, Trent House, Broxtowe
- Fittleworth Medical Ltd, Ashfield

A new contract for appliance contractors was published in April 2010, which allows appliance contractors to provide Appliance Use Reviews (AUR) and stoma appliance customisation services. Community Pharmacies who dispense appliances can also choose to provide these advanced services. NHS England will ensure that, whilst the requirement for such services is low, people who need to access these services can do so within the County boundaries.

3.7 Out of area providers of pharmaceutical services

The regulations[2] require Local Authorities (LA) to identify any pharmaceutical services that are provided outside the area of the LA, and do not contribute towards meeting the need for pharmaceutical services in the LAs area, but which have secured improvements, or better access, to pharmaceutical services within its area.

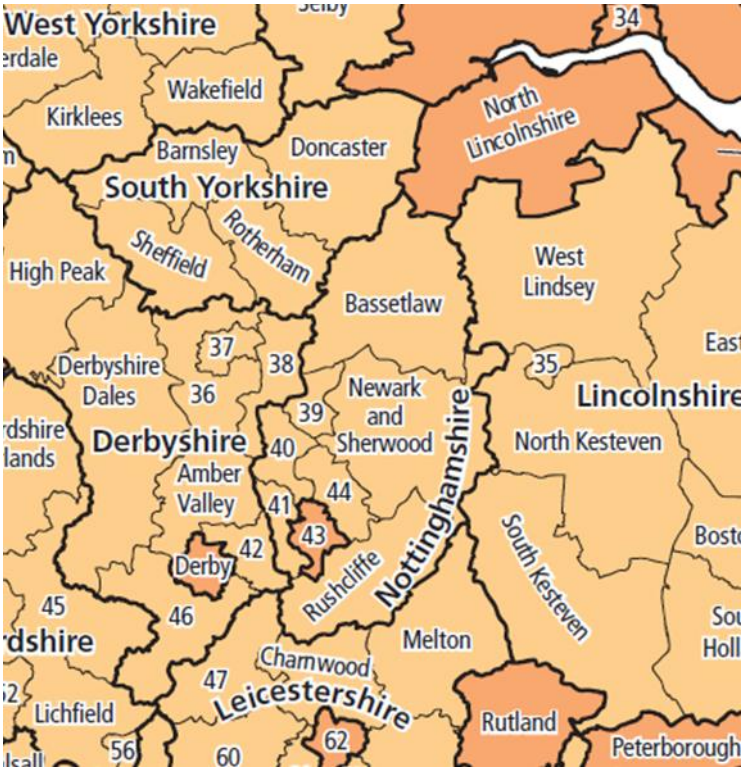
[2] Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013

To meet this requirement, consideration has been given in this assessment to pharmaceutical services provided by community pharmacy contractors on neighbouring pharmaceutical lists.

In terms of neighbouring Councils, Nottinghamshire (including Bassetlaw) has direct borders with Nottingham City, Derbyshire, Leicestershire, Lincolnshire, North Lincolnshire, Rotherham and Doncaster (Figure 3.1).

Analysis of prescribing data indicates that the number of prescriptions dispensed by pharmacies immediately beyond the County/City boundary is small (less than 5.0% of the total number of prescriptions dispensed by pharmacies) and therefore concludes that there is no significant impact on the provision of pharmaceutical services across the County. Less than 2% of prescriptions prescribed by Nottinghamshire County practices are dispensed by City pharmacies.

Figure 3.1 Nottinghamshire and surrounding Counties



3.8 Mail order / Distance selling pharmacies

Nottinghamshire County Council PNA has also considered and assessed pharmaceutical services provided to its population by mail order/distance selling pharmacies that are not on its pharmaceutical list. There is one distance selling pharmacy in Nottinghamshire County (UK Pharmacy Service, Beeston). Analysis of prescribing data indicates that the number of prescriptions dispensed by mail order/distance selling pharmacies is small (<0.01% of the total number of prescriptions dispensed) and has therefore no significant impact on the provision of pharmaceutical services across the County.

3.9 Future services

An estimated 1.6 million people choose to visit a pharmacy each day, of which 1.2 million do so for health-related reasons, such as for their medicines and advice and to buy over the counter and other healthcare products. Pharmacies provide a convenient and less formal environment for people to access readily available professional advice and support and therefore offer a useful alternative to general practice and community services.

Although there is no requirement for any new pharmacy premises in Nottinghamshire County to provide services beyond their core essential services, there are opportunities available to maximise existing and future Locally Commissioned Services.

Review of local health needs suggests that current Pharmacy services correspond with health and wellbeing priorities. However commissioners of services may wish to explore new delivery models to utilise the skills and experience of the Community pharmacy workforce to reach out to more people and help them maintain good health and wellbeing.

During the public survey and the formal consultation, specific reference was made to additional Pharmacy services. These included services in the following areas:

- weight management
- NHS Health Checks
- cholesterol testing & blood pressure monitoring
- pain management
- support for older people
- people living with dementia
- tackling loneliness
- falls prevention and bone health checks

Furthermore, older people in care homes are at greater risk of medication errors than most other groups. It is important that patients get the medicines they need when they need them and in a safe way. The Care Homes Use of Medicines Study, 2009[3] (CHUMS) report examined medication prescribing, dispensing, administration and monitoring practices across a number of care homes in England. The study findings indicate that there is a risk of medication errors in care homes and there may be scope for improvement in how medicines are dispensed administered and monitored for patients in residential care and nursing home settings (see Appendix 11 for a map of care homes and pharmacies in Nottinghamshire).

New commissioning opportunities would need to be considered subject to further research into need, acceptability, clear evidence of benefit and value for money and improved health outcomes.

3.10 The effectiveness of services provided by pharmacies

Public Health England has reviewed the effectiveness of delivering public health services in a pharmacy setting[4]. A systematic review was carried out covering the period from August 2002 and August 2012. The search focused on reviews rather than individual or primary

[3] The Care Homes Use of Medicines Study: prevalence, causes and potential harm of medication errors in care homes for older people" (CHUMS), October, 2009

[4] Consolidating and developing the evidence base and research for community pharmacy's contribution to public health: a progress report from Task Group 3 of the Pharmacy and Public Health Forum, John Newton, Chief Knowledge Officer, on behalf of Task Group 3 of the Pharmacy and Public Health Forum, December 2013

studies and included the grey literature including websites such as Department of Health, Royal Pharmaceutical Society, Pharmaceutical Services Negotiating Committee, General Pharmaceutical Council and contributions from the Pharmacy and Public Health Forum.
The review found:

Good evidence of effectiveness in a pharmacy setting for

- Stop smoking services
- Emergency Hormonal Contraception in terms of timely access, though less evidence on outcomes, i.e. reducing teenage pregnancy rates
- Chronic disease management - community pharmacists made an important contribution to the management of people with diabetes for screening, improved adherence with medicines and reduced blood glucose levels or HbA1c

Moderate quality evidence of effectiveness in a pharmacy setting for

- Methadone supervision
- Needle exchange schemes

More evidence of effectiveness in a pharmacy setting is required for

- Weight Management programmes
- Drug and alcohol misuse
- Minor ailments schemes

No reviews were available for Immunisations.
NB: recent evidence suggests inclusion of trained community pharmacists in the care of intravenous drug users attending to obtain methadone substitution treatment, improved testing and subsequent uptake of hepatitis vaccination.

3.11 Determination of localities for the PNA

Nottinghamshire County Council is one of 5 County Councils and 4 Unitary Authorities in the East Midlands. It shares boundaries with Doncaster, Rotherham, Derbyshire, Leicestershire, Lincolnshire, North Lincolnshire and Nottingham City Unitary Authority.

In accordance with the regulations, the PNA steering group considered how to assess the differing needs of the localities in the area. It concluded that the best approach was to divide Nottinghamshire into the 7 District Councils.

A summary of demographic information for the County was produced. A locality profile was developed for each of the 7 district councils (Figure 3.2) using information from the Nottinghamshire JSNA and Nottingham Insight. Nottingham City is a Unitary Authority and has its own PNA.

A public survey to seek views on pharmaceutical need was carried out between February and April 2014. The survey was provided on-line and in paper form accessible in pharmacies. Survey results were considered in the overall assessment of need.

The responses to the formal consultation were considered in the overall assessment of need.

Figure 3.2 Map of Nottinghamshire District Councils

Pharmaceutical need was assessed for each district. Other areas where community pharmacy could contribute to improving health needs in line with Local Authority priorities were also identified.

3.12 Current provision of services provided by community pharmacy by district

There are currently 171 community pharmacies across Nottinghamshire including 1 Distance Selling Pharmacy in Broxtowe. The distance selling pharmacy is not able to offer essential services on the premises. However, it does provide some public health services, and its services are available to the community on-line, it has been included with community pharmacies.

Figure 3.3 Nottinghamshire County border pharmacies

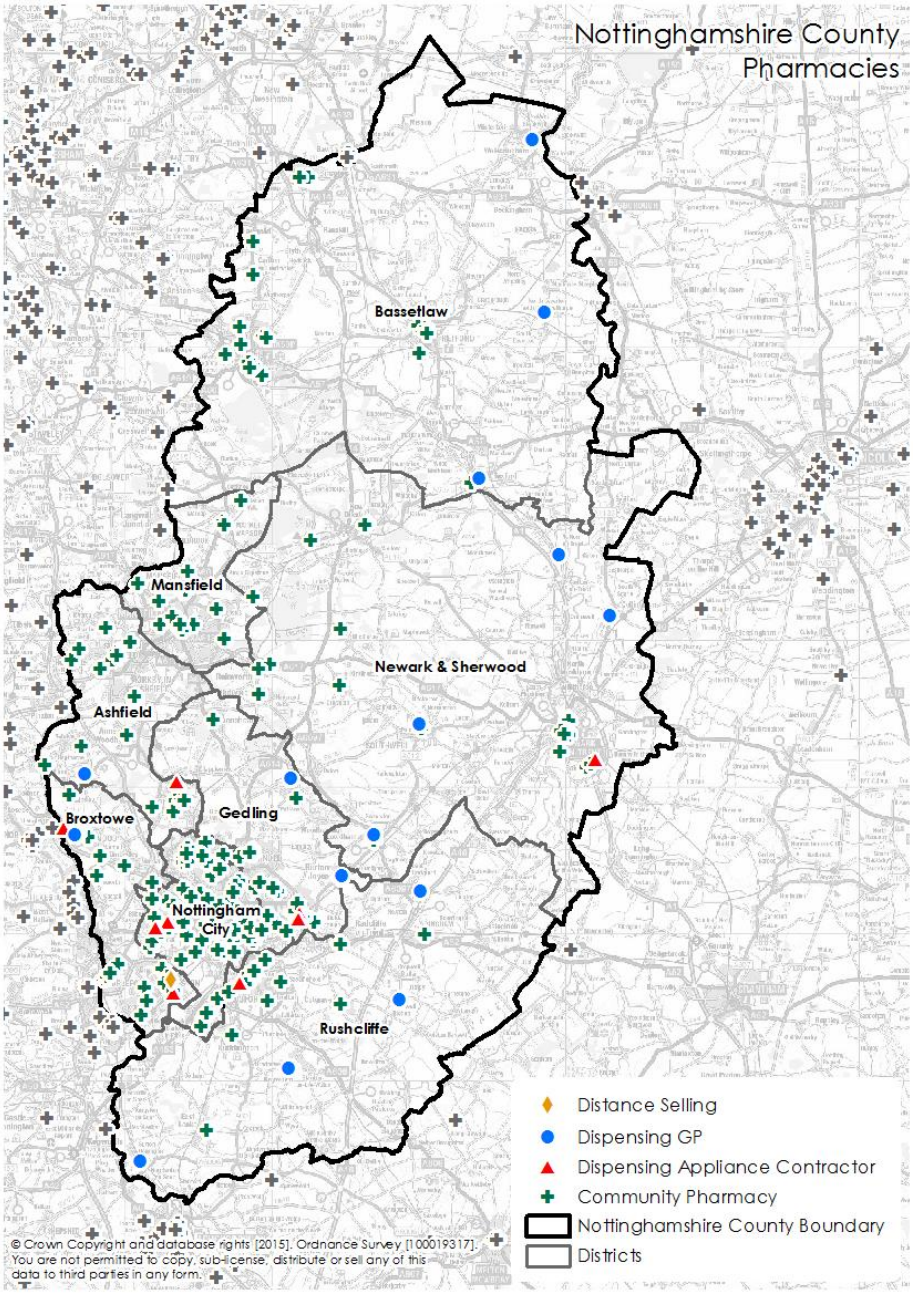


Figure 3.3 shows dispensing practices and pharmacies within Nottinghamshire and pharmacies located outside the County boundary. Dispensing practices outside the county boundaries have not been shown. Full details of Nottingham City pharmacies can be found in the Nottingham City PNA.

Table 3.1 below shows the distribution of community pharmacies by District. In addition, there are 17 dispensing practices and 8 Dispensing Appliance Contractors.

Table 3.1 Community Pharmacy Providers by District

Districts	No. Pharmacies	District Population	Pharmacies per 10,000 population [a]
Ashfield	26	120,100	2.2
Bassetlaw	24	113,200	2.1
Broxtowe	27	110,700	2.4
Gedling	22	114,100	1.9
Mansfield	24	104,700	2.3
Newark & Sherwood	27	115,800	2.3
Rushcliffe	21	111,600	1.9
County	171	790,200	2.2
England	11,495	53,865,800	2.1

*The Jayplex Pharmacy at Woodthorpe is positioned on the border of Nottingham City and Nottinghamshire County. The PNA process found that the pharmacy's postcode positions the pharmacy within NHS Nottinghamshire County. However, the pharmacy has historically been on the pharmaceutical list of NHS Nottingham City and is included in the Nottingham City PNA.
[a]Pharmacies per 10,000 population = Number of Pharmacies / District Population x 10,000

Table 3.1 shows the number of pharmacies in each district and the number of pharmacies per 10,000 population. The districts forming the Nottingham conurbation; Broxtowe, Gedling and Rushcliffe have relatively easy access to Nottingham City centre pharmacies. The catchment area for a pharmacy in these districts is therefore unlikely to be reflected by the resident population. However, the table illustrates that the resident District population has access to a minimum of 21 pharmacies within the District, and is broadly comparable with the England average of 2.1 pharmacies per 10,000 population, ranging from 1.9 to 2.3 pharmacies per 10,000 population. There is no set target for pharmacy provision across the country; the England value has been included as a guide.

A wide range of services commissioned by NHS England and by local authorities are provided by pharmacies across the County. Some services have been targeted at specific populations depending on health needs and so may not be available in every District. Some pharmacies may provide services privately to their customers; these services have not been included in the PNA. Pharmaceutical need is considered at District level. Services provided by community pharmacies in each district are shown in table 3.2. A complete list of GP practices is provided in Appendix 8.

As at April, 2015 NHS England will commission:

- Pharmacy First (Minor Ailment Scheme)
- Palliative Care Drug Stockist Scheme
- Out of Hours roster
- Emergency supply of prescription medicines service
- 100 hours service

South Yorkshire and Bassetlaw Area Team will commission (for Bassetlaw):

- Urgent Prescriptions
- Palliative Care Drug Stockist Scheme

- Out of hours roster
- 100 hour service

Nottinghamshire CCGs locally commission:

- Not dispensed scheme (excluding Bassetlaw)

Nottinghamshire County Council commissions the following services from community pharmacies:

- Stop Smoking Services (New Leaf) / Nicotine Replacement Voucher Scheme
- Emergency hormonal contraception
- Chlamydia Treatment
- C – Card (excluding Bassetlaw)
- Supervised consumption service
- Needle exchange services

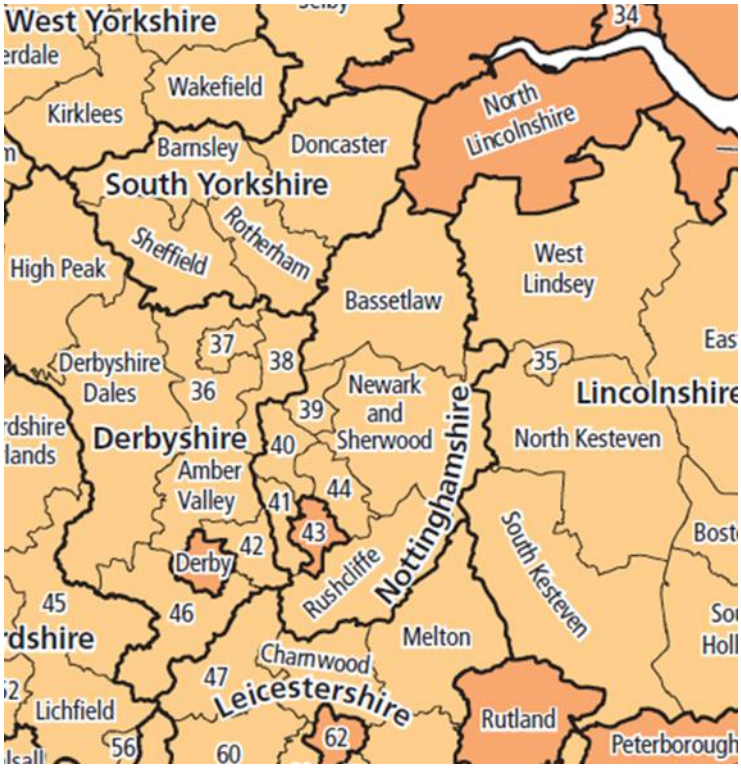
Table 3.2 Community Pharmacy Services in Nottinghamshire

Nottinghamshire County Community Pharmacy Services	Number of pharmacies commissioned	Ashfield	Bassetlaw	Broxtowe	Gedling	Mansfield	Newark & Sherwood	Rushcliffe
Pharmacy First [a]	91	19	0	26	14	11	21	0
Palliative Care [a]	16	1	3	3	1	1	5	2
Medicines Use Review [a]	166	25	24	25	22	24	27	19
New Medicines Service [a]	122	20	19	21	11	18	22	11
Emergency Supply Service [a]	104	19	1	20	12	18	20	14
100 HOUR [a]	29	2	6	2	4	7	4	4
Sexual Health / Chlamydia Treatment [b]	109	17	17	17	15	15	15	13
Emergency Hormonal Contraception [b]	147	25	13	26	19	22	24	18
Nicotine Replacement Therapy [b]	160	26	19	25	22	23	26	19
Supervised Consumption [b]	123	22	18	17	17	21	17	11
Needle exchange [b]	19	4	1	3	3	3	2	3
C-Card [b]	22	3	1	2	4	3	5	5
Smoking Cessation [b]	129	22	19	20	21	15	17	15
Total Number of Pharmacies	171	26	24	27	22	24	27	21

[a] Commissioned by NHS England, [b] Commissioned by Local Authority
Bassetlaw has 1 pharmacy offering an urgent prescription service; this has been included under the Emergency Supply Service category.

4. Nottinghamshire County demographic profile

(Taken from the Nottinghamshire County Joint Strategic Needs Assessment 2014; Nottinghamshire Insight).



Nottinghamshire covers an area of 2,160 square kilometres (835 square miles). The County Council area (excluding the City of Nottingham) is 2,085 square kilometres or 805 square miles.

- The 2012 mid-year estimate of the County's resident population is 790,173, having risen by 4,400 since the 2011 census. The population rose by 39,300 (5%) between 2001 and 2011, compared with an increase of 8.7% in the East Midlands and 7.9% in England. Newark & Sherwood had the highest increase of 8% compared with Gedling which only increased by 1.6% over the10 year period.

- The factors that drive the changes in an area's population are a combination of natural change due to births and deaths and migration.

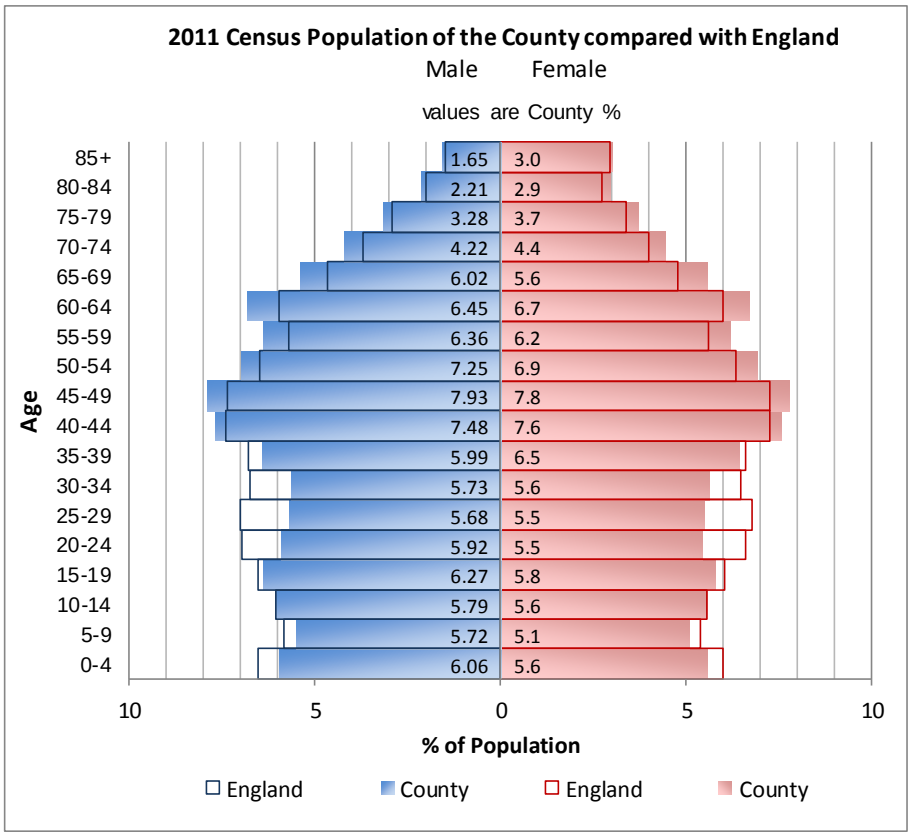
- The Mid 2012 population estimates show the County have 5.5% of its population aged under 5 years, slightly lower than regional and national proportions. Bassetlaw (5.5%) had the lowest proportion in this age group, and Ashfield and Mansfield the highest, matching the national level of 6.3%. The County has a slightly lower proportion of young people (under 25 years) and slightly higher proportion of older people (over 65 years) than the national average. Population projections to 2020 suggest it is the older population that will show the greatest increase.

- There are 7 Districts in Nottinghamshire with an average population of 113,000 people. The largest district in terms of population is Ashfield with 120,130 people and the smallest is Mansfield with 104,700. The Unitary Authority of Nottingham City (population over 300,000) is situated within the south of the County, surrounded by Hucknall (in Ashfield), Broxtowe, Gedling and Rushcliffe creating a conurbation in excess of 600,000 people.

- The population structure of the County is slightly older than England with slightly lower than average proportion of children and young people and slightly higher proportion of older people. However, it is the older population that is expected to increase at a higher rate over the next 10 years. The number of people aged 90 and over is expected to almost double, from 6,000 to 10,000 by 2021 (ONS Population Projections 2011).

- The number of births has risen in recent years from 8,766 in 2008 to 9,197 in 2012. The population pyramid (Figure 4.1) shows a small increase in the proportion of 15-19 year olds, probably due to students attending the two universities in Nottingham City.

Figure 4.1 Population of Nottinghamshire County by age and sex



Source: Office for National Statistics, 2012

- At the time of the 2011 Census, 92.6% of the County's population classed themselves as White British, with 2.9% being Other White and the remainder, 4.5%, belonging to the Black and Minority Ethnic (BME) Groups. In comparison, the East Midlands and England had significantly lower rates of the White populations, with 89.3%

and 85.4% respectively, and consequently higher rates of the BME groups (11.0% and 15.2% respectively).

- The majority of people from BME groups are concentrated in the south of the County with 75% living in Broxtowe, Gedling and Rushcliffe. Broxtowe is the most ethnically diverse district with 7.3% BME groups. Ashfield has the lowest proportion of BME groups at 2.3%.

- The age profile of BME groups is younger than the white population; particularly the mixed / multiple ethnic groups where 70% are aged under 25 years. Only 16.6% of the BME population are aged 50 and over, compared to 39% of the white population.

- Gypsy Travellers: There are significant numbers of travellers in the County, with the largest numbers being in Newark & Sherwood (estimated 256 households) and Ashfield (48 households). Recent local research suggests that travellers have higher mortality and morbidity, higher accident rates and poorer access to and uptake of health services[5].

4.1 Social and environmental context

- Nottinghamshire County is relatively affluent and deprivation levels are comparable with England. However, within Nottinghamshire there are communities with both some of the highest levels of deprivation in the country and some of the lowest levels of deprivation. The most deprived areas are Mansfield, Ashfield and Bassetlaw and the least deprived area is Rushcliffe. In Nottinghamshire there are 31 Lower Super Output Areas (LSOA)[6] in the 10% most deprived LSOA's in England (from a total of 497 LSOA's in the County). The most deprived LSOA's are concentrated in the districts of Mansfield (12 LSOA's), Ashfield (10), Bassetlaw (6) and Newark & Sherwood (3). There are 82 LSOA's in the 20% most deprived LSOA's in England.

- Nottinghamshire ranks 56th out of the 149 counties in England in the 2009 Child Wellbeing Index – higher than average for Child Wellbeing in the Country. At district level, Rushcliffe ranks highly in 19th place and Mansfield ranks lowest at 321/354 Child Wellbeing Index.

- Unemployment in the County as at October 2013 was 2.6% of the resident population aged 16-64 (using the claimant count measure). This is lower than both the rate for the East Midlands (2.9%) and for England (3.0%). The rates in the districts range from 3.6% in Mansfield to 1.5% in Rushcliffe.

- The mean annual pay for Nottinghamshire residents was £25,172 in 2013 compared to £27,737 nationally. Annual pay ranged from £19,298 in Mansfield to £34,088 in Rushcliffe (Annual survey of hours and earnings; NOMIS).

[5] Gypsy and Traveller accommodation needs assessment for the Nottinghamshire local authorities (http://www.newark-sherwooddc.gov.uk/media/newarkandsherwood/imagesandfiles/housing/Image59880.pdf)

[6] LSOA's: Lower Super Output Areas are geographical areas defined by the 2001 ONS Census designed to improve the reporting of small area statistics. They have a population of 1000-3000 people.

- 9.2% of County residents have no formal qualifications (NVQ1 and above) compared to 9.5% in England. Ashfield and Mansfield have above average proportions with no qualifications; 17% and 13.6% respectively. All other districts are above average.

- In August 2013 there were 47,390 Disability Living Allowance claimants in the County; 62% were aged 50 and over. DLA claimants account for 5.0% of the population compared to 5.8% of the England population.

- 21% of households in Nottinghamshire (excluding Nottingham City) have no car, however this figure rises substantially when car ownership levels are broken down by population groups such as all single person households (45% have no access to a car), elderly people living alone (58% have no access to a car) and lone parent families with dependent children (33% have no access to a car).

- Car ownership levels are lowest in urban districts where there are higher levels of deprivation, such as Mansfield (75%) and Ashfield (76%). Rural areas of Nottinghamshire such as Newark & Sherwood and Bassetlaw have some of the highest levels of car ownership at around 80%, however residents in these areas without a car may experience difficulties in accessing services by public transport as this is poorest in these areas

Over 90% of households in Nottinghamshire have access to an hourly bus service within 10 minutes walking distance during the day. However this is lower (just over 70%) for evenings and Sundays and in the rural districts of Bassetlaw and Newark & Sherwood the figure is just over 50% of households.

4.2 Health and wellbeing

- The 2011 Census asked two questions related to health and limited daily activity. Nottinghamshire had a slightly higher percentage of people reporting bad or very bad health in 2011 – 6.0% compared to 5.3% nationally. The people living in the districts of Ashfield, Bassetlaw and Mansfield reported significantly higher levels of poor or very poor health compared with the East Midlands. The people living in Rushcliffe reported the lowest levels of poor or very poor health in Nottinghamshire, significantly lower than national or regional average.

- The percentage of people for whom their day-to-day activities were limited a lot was significantly higher in Nottinghamshire (9.7%) compared with the East Midlands (8.7%) or England (8.3%). The people living in the districts of Ashfield, Bassetlaw and Mansfield reported significantly higher levels of long-term illness which limited day-to-day activities a lot compared with the East Midlands. Only the people living in Rushcliffe reported significantly lower levels of long-term illness which limited day-to-day activities a lot compared with the East Midlands

- The 2011 Census shows a clear link between age and ill health, with the percentage with bad health or a long term disability rising with age. [7]

- For children aged under 16 just 4.1% are limited a lot or a little in their day to day activities by a long term health problem or disability and just 0.6% report bad or very bad health. Amongst older people, this rises to 54.9% and 15.2% of over 65s..

- Poor health increases with age and follows a broadly similar pattern across all BME groups. For people over 64, 16% of white groups are in poorer health (defined as bad or very bad health) compared to 18% for non-white groups.

- Irrespective of health status, 10% of white groups and 5% of non-white groups find their daily activities to be limited a lot. This increases to 29% and 30% of older (65 and over) white and non-white groups.

4.3 Access to health care services by public transport

Nottinghamshire is a diverse mix of urban and rural communities. Transport links in the Nottingham Conurbation and in the larger towns are good. National Core Indicator data provided by the Department for Transport in 2011 showed that 87% of all households and 91% of households without a car in the County are within 15 minutes travel time of a GP surgery by public transport and 98% of households within 30 minutes travelling time. As many community pharmacies are situated close to GP practices, this is a useful proxy measure (Department of Transport 2011). Access is poorer in rural areas such as Bassetlaw and Newark & Sherwood where 60-70% of households are within 15 minutes travel time and public transport frequency is lower. For people who have difficulty accessing services, Nottinghamshire County provides a community and voluntary transport scheme to supplement the public transport network by offering services tailored to the needs of people who may have difficulty in using, or are unable to use, ordinary buses and trains (http://tata.nottinghamshire.gov.uk/). There are three acute trusts; Kings Mill Hospital in Mansfield, Bassetlaw Hospital in Worksop and Newark Hospital in Newark.

4.4 Housing plans 2014-2019

In the last full year (year ending 31/03/2014) 1,690 residential units have been completed; 6,820 in the last 5 years. A further 20,026 units are considered to be deliverable by 2018/19. The impact of these builds is considered at local district council level. As a rule of thumb, it has been assumed that the population would increase by an average of 2.3 people per dwelling (household average size, Census 2011). Therefore total population gain generated by the proposed residential units would be 46,000 residents (see table 4.1). This may be an overestimate as many of these units may be inhabited by people already living in the District.

[7] 2011 Census, Topic Note - Disability, Health and Carers
http://www.nottinghaminsight.org.uk/d/101850

Table 4.1 Net gain in residential housing units planned 2013/14-2018/19

District	Number of dwellings deliverable by 2018/19 in Strategic Plans*
Ashfield	4146
Bassetlaw	2257
Broxtowe	1693
Gedling	3712
Mansfield	980
Newark & Sherwood	4614
Rushcliffe	2624
Total	20026

*Strategic Plans are subject to review. These figures may change

Housing plans for each district are published in the Strategic Housing Land Availability Assessments (SHLAA) and other planning documents. The inclusion of a site in the SHLAA will not necessarily result in its allocation for housing or other forms of development, or indicate that planning permission will be granted. This will be determined through plan making and/or planning application process.

The impact of housing developments will be considered within each District Health Profile. For the purposes of the PNA, it has been assumed that developments with planning permission are likely to be built within the next 3-5 years and are therefore taken as a potential source of population expansion. Longer term plans will be considered in future PNAs.

4.5 Overview of findings from the public survey on needs (April 2014)

The questionnaire used in the public survey into pharmaceutical need and satisfaction is included in Appendix 4 with a full analysis of the responses. The survey was carried out as part of the needs assessment and was made available on line and in pharmacies across the County. The survey asked for people's views on their use of pharmacies, satisfaction with services and opening hours and the services they used. It also asked questions about interest in new services that could be offered in pharmacies.

There were 167 responses from County residents and 9 responses on behalf of groups or organisations. Women were more likely to respond than men; of those who responded to this question, 92 (52%) were female and 60 (34%) male; 14% were of undisclosed gender. Respondents tended to be older, 125 (71%) were aged 45 or older, perhaps reflecting the views of those who are more likely to use pharmacy based services. Only 6% were under 34 years old. 62 (37%) of respondents were limited in their daily activities due to health or disability (excluding group responses). All Districts were represented averaging 25 responses per district. The majority of respondents were white (85%); 2% stated they were from an ethnic group. 13% declined to respond to this question. Although the number of respondents was low, 58% used the services offered by the pharmacy at least once a month so the survey may reflect the views of more frequent users.

The responses were generally positive with high levels of satisfaction with customer service, services available and opening hours. This reflects the experience of NHS England which receives very few pharmacy complaints. Most respondents used the same pharmacy all or most of the time because it was either close to home or to their GP. Over three quarters of respondents were frequent users of their pharmacy (6 times a year or more). There was high awareness of some of the services such as dispensing and repeat prescriptions, home delivery services and over the counter drugs. A high proportion of respondents were also aware of advice, disposing of unwanted medicines and medicines use services. Less than half were aware of other services such as smoking cessation, sexual health services, palliative care, free medicines for minor ailments, supervised consumption and needle exchange suggesting that the respondents were either not from groups that use these services or that these services need to be promoted.

The most commonly used services were dispensing and repeat prescriptions and buying over the counter medicines. Very few respondents had ever used smoking cessation, sexual health or supervised consumption services.

Over half of respondents indicated they would be interested in a range of additional services in their pharmacy (NHS Health checks, weight management clinics, cholesterol testing, blood pressure testing, pain management and vaccinations). There was also some support for anticoagulation monitoring and alcohol brief interventions.

Although 84% were satisfied or very satisfied with opening hours, 50% expressed a desire for additional opening hours, mainly after 6pm and at weekends. The majority of respondents (80%) were aware that there were pharmacies with extended opening hours and 36% had used one. Only 24% of respondents had used NHS Choices to check opening times and locations.

There were a small number of negative comments. 11% were unhappy with the waiting time for a prescription. Three people disagreed that the quality of information leaflets was good, 3 people disagreed that information in different languages was available, 2 people thought signposting to other services was poor. In the free comment section, deaf awareness for pharmacy staff was highlighted and there were some generalised complaints about medicines not being in stock. Confidentiality was raised on several occasions, where patients were unhappy about having their address and contents of their prescription packs read out loud. The responses have been shared (anonymously) with NHS England in order that they are aware of this feedback.

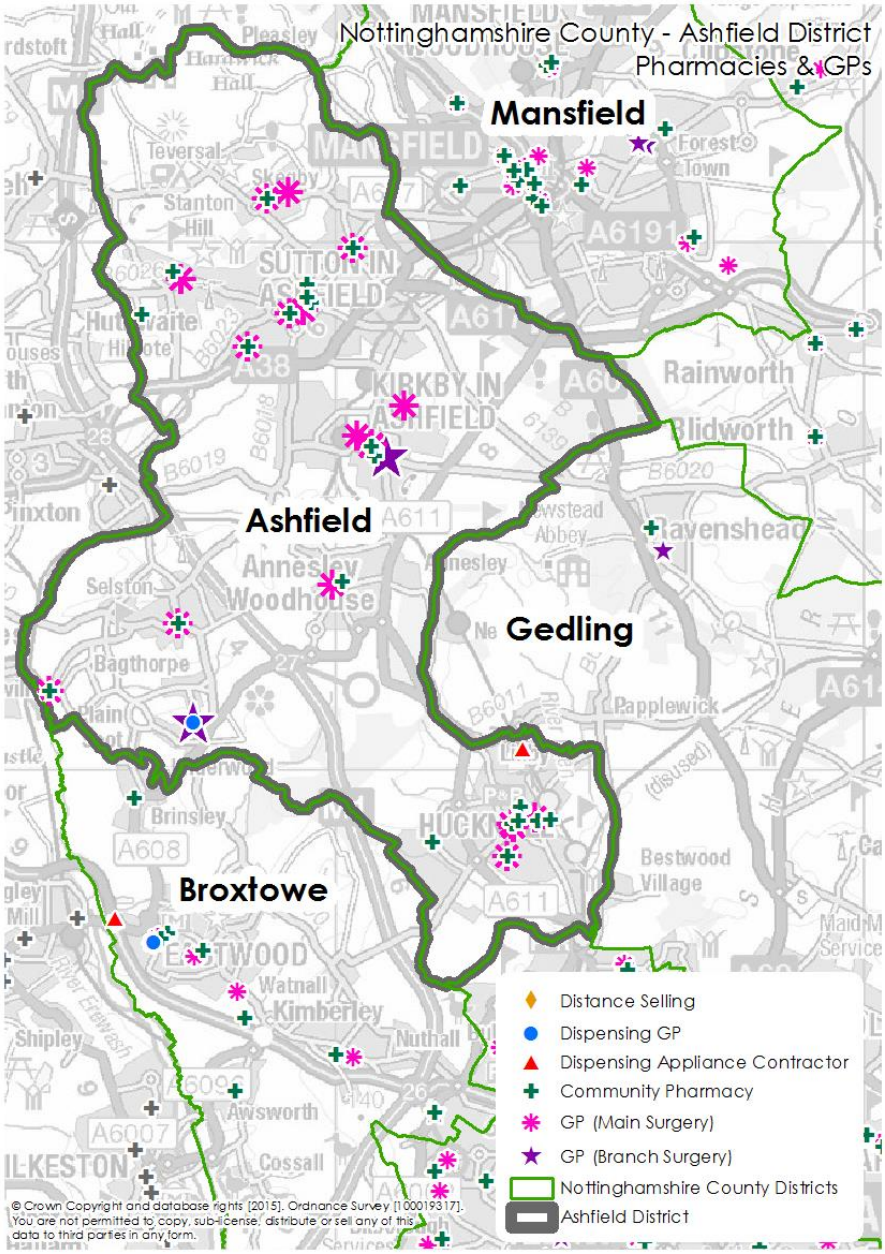
As the number of responses was very low at district level (averaging 25 per district), meaningful analysis at district level has not been possible. The survey did not reveal any gaps in services.

5. Analysis of pharmaceutical services provision by district

Nottinghamshire County has 7 district authorities which allow more detailed analysis of the issues which may impact on pharmacy provision at a local level.

5.1 Ashfield District

Figure 5.1.1 Map of pharmacies and GPs in Ashfield



Note: Pharmacies located very close to each other may overlap and be hidden on the map

Population Overview

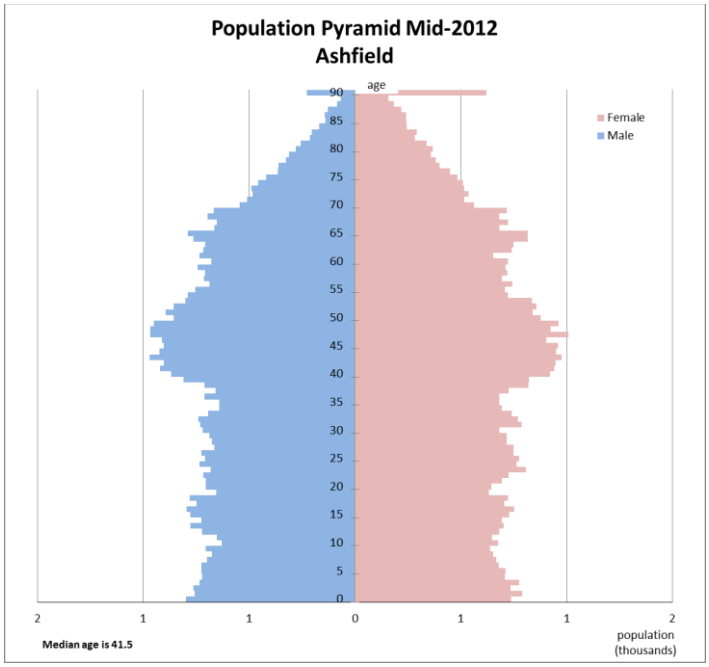
** references to County exclude Nottingham City unless specifically stated*

Ashfield is to the west of Nottinghamshire County and shares a boundary with Bolsover in Derbyshire to the west, Mansfield, Newark & Sherwood and Gedling to the east and Nottingham City to the south. The main urban centres are Hucknall in the south and Kirby in Ashfield and Sutton in Ashfield in the north.

Ashfield has 19 of the 106 practices in the County plus 2 branch surgeries and 26 of 171 pharmacies. There is 1 dispensing practice and 1 Dispensing Appliance Contractor. In June – November 2013, pharmacies in Ashfield dispensed, on average 202,451 items per month. Items were not necessarily dispensed to the District resident population.

Ashfield has a population of 120,100 (2012 Population estimate) and accounts for just over 15% of the County population. Almost two thirds (63.4%) of the population are of working age (16-64 years), comparable with the County average of 63%. In Ashfield, 97.7% of the population are White; Asian and mixed ethnicity groups make up just under 1% each and only 0.4% are Black (under 500 people). In the over 64 age group, 99.4% of the population are White.

Figure 5.1.2 Population Structure (2012)



Just under a quarter (24%) of households have no access to a car or van compared to 26% nationally and 21% across the County. The majority (86%) of households are within 15 minutes of a GP practice (as a proxy for pharmacy). All households can access a GP practice within 30 minutes (Department of Transport Statistics, 2011).

Ashfield has a slightly higher proportion of children than the County average; 6.2% compared to 5.8%. Just over 16% of the County's children under 5 years live in Ashfield.

There are 21,200 older people (over 64 years) living in Ashfield of which 2,500 are 85 years or over; 68% are women. There are 6,100 people aged 65 years and over living alone (11% of households).

In terms of health, 7.0% of the population feel their health is bad or very bad and 10.5% of the population report that their day to day activities are limited a lot. For the population aged over 64 years, 18% feel their health is bad or very bad and 32% report their day to day activities are limited a lot. Reported health and disability is higher than the County average.

Ashfield is home to 8,565 claimants of Disability Living Allowance (August 2013); 18.1% of the County total.

The teenage conception rate of 40.4 per 1000 (2010-2012) is higher than the County average of 31.1 conceptions per 1000 women age 15-17 years and ranks 37th highest district in England. Ashfield accounts for 20% of all teenage pregnancies in the County (262/1,326 conceptions between 2010 and 2012).

Smoking prevalence in Ashfield is just under 30%, significantly higher than the County average of 19.4% and, with Mansfield, has the highest prevalence in the County.

Life expectancy for men in Ashfield is 77.6 years (2010-2012) and for women, 81.7 years, the lowest Life Expectancy in the County. It is significantly lower than both England and the County for both genders.

Ashfield is relatively deprived compared to the County; 18 of the 74 (24%) Lower Super Output Areas in the district are in the most deprived 20% in England.

Current Provision

Residents of Ashfield have access to a range of pharmaceutical services commissioned to meet the needs of the district. The provision of 2.1 pharmacies per 10,000 population is the same as the County average (see table 3.1).

Table 5.1 Services commissioned from Ashfield Pharmacies

Community Pharmacy Services	Ashfield
Pharmacy First	19
Palliative Care	1
Medicines Use Review	25
New Medicines Service	20
Emergency Supply Service	19
100 Hour	2
Sexual Health / Chlamydia Treatment	17
Emergency Hormonal Contraception	25
Nicotine Replacement Therapy	26
Supervised Consumption	22
Needle exchange	4
C-Card	3
Smoking Cessation	22
Total Number of Pharmacies	26

Ashfield has 2 pharmacies open for 100 hours or more. Two are open on Sundays.

Future Developments

Ashfield housing strategy has estimated that around 4,146 houses could be built by 2018/19. The 5 largest developments (of over 100 units) will be in Hucknall, Sutton in Ashby or Kirkby in Ashfield which are well provided with pharmacies. The potential population growth would be in the region of 9,500 (8%) assuming a household average of 2.3 people per house, however, it is unlikely that all of the new builds will be taken up by new residents to the district. ONS population projections predict a 4.5% increase in Ashfield population by 2019.

Statement of pharmaceutical need

The PNA found that that pharmaceutical need in Ashfield is adequately met by the current providers of pharmaceutical services.

Pharmaceutical need will be reviewed in 2018 when the PNA is revisited or in the event of significant changes affecting need.

Rationale

Ashfield is relatively deprived with higher than average reported ill health, high smoking prevalence and lower than average life expectancy and so is likely to need access to a wide range of health services.

The map shows that there are currently 26 pharmacies within Ashfield. There are 2.2 pharmacies per 10,000 population, the same as the County average and slightly higher than the England average of 2.1 per 10,000 population. The majority of the population are within 2km of a pharmacy. The small settlement of Underwood has no pharmacy but has a dispensing practice and is within 2km of a pharmacy in neighbouring Brinsley (Broxtowe).

The advanced and locally commissioned services currently commissioned from these pharmacies are shown in table 5.1. The opening hours of these pharmacies are shown in Appendix 7.

Ashfield has good public transport infrastructure and the majority of the population are within 2km of a pharmacy and so should be able to access services easily.

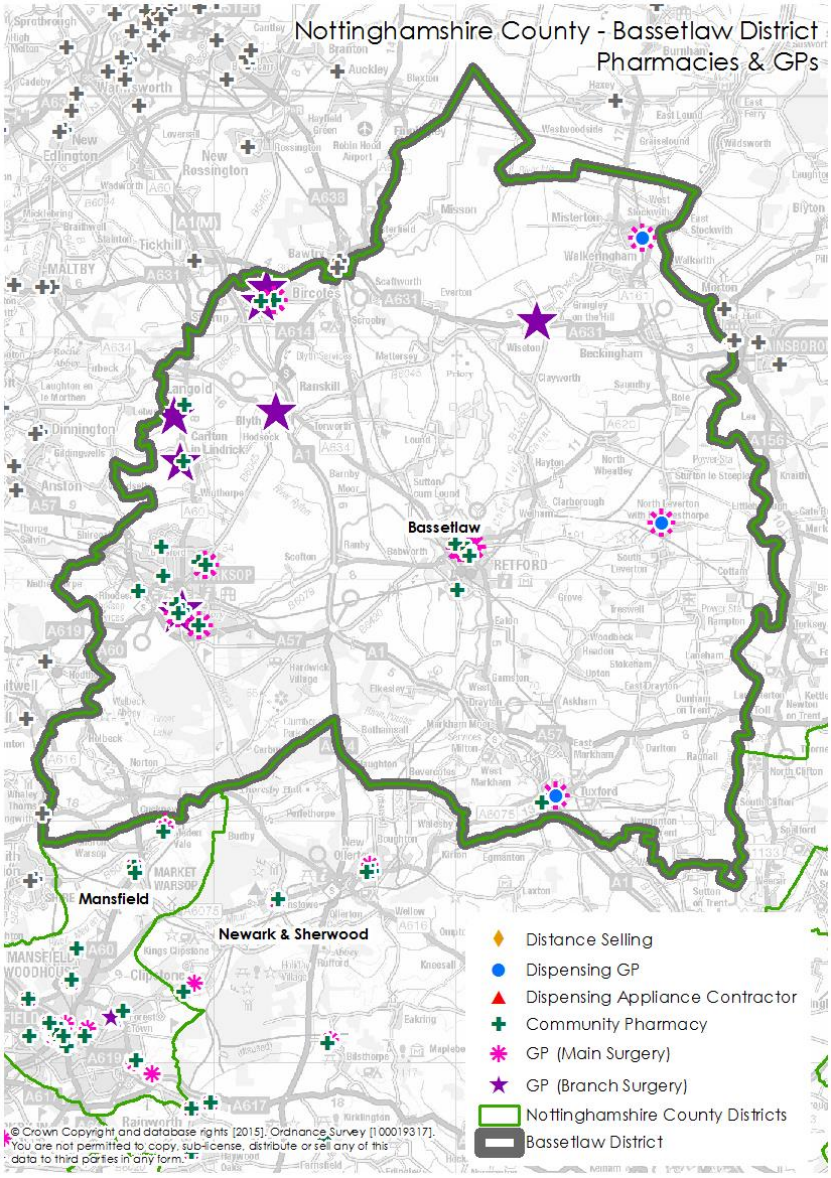
Patients with long term conditions usually have higher than average levels of pharmaceutical need and these needs are being met by a range of essential and advanced services available in pharmacies. In addition, support for lifestyle changes is met through widespread services for drug users, sexual health and smoking cessation (Appendices 9 and 10). The District has 1 of the 16 pharmacies across the County offering the Palliative Care Drug Stockist scheme for people at end of life.

The range and distribution of advanced and enhanced services meets the needs of the population.

The projected housing plans are not expected to add appreciably to the demand for services based in pharmacies over the next 3 years and current capacity should be sufficient.

5.2 Bassetlaw District

Figure 5.2.1 Map of pharmacies and GPs in Bassetlaw



Note: Pharmacies located very close to each other may overlap and be hidden on the map

Population Overview

** References to County exclude Nottingham City unless specifically stated*

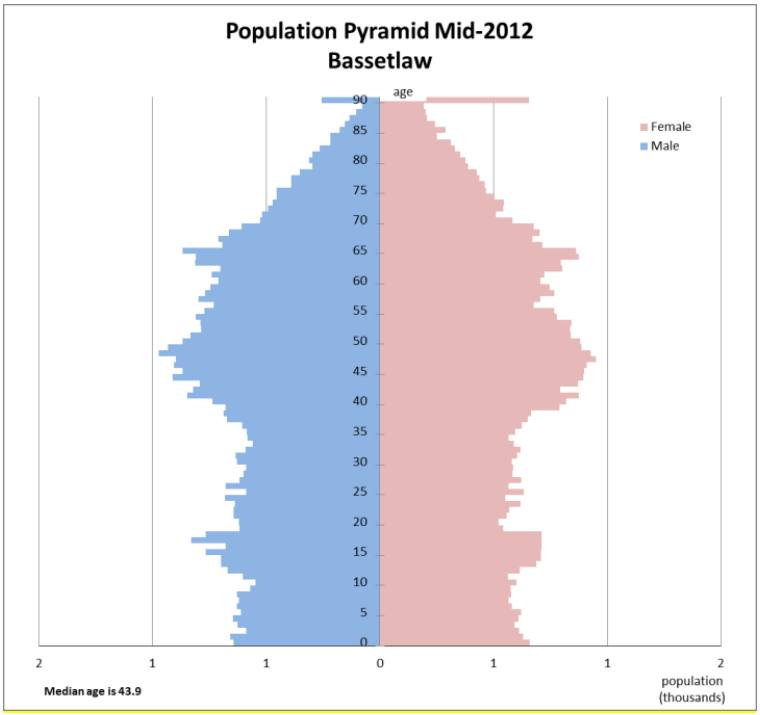
Bassetlaw is located to the north of Nottinghamshire County and shares a boundary with Doncaster and Rotherham in South Yorkshire, Bolsover in Derbyshire, Mansfield and Newark & Sherwood in Nottinghamshire, North Lincolnshire and West Lindsey in Lincolnshire. The main urban centres are Worksop in the west and Retford towards the centre of the district.

Bassetlaw has 12 of the 106 practices in the County and an additional 8 branch practices. It has 24 of the 171 pharmacies plus 4 dispensing practices. In 2012/13 pharmacies in this

area dispensed 166,900 items per month (items were not necessarily dispensed to the resident population).

Bassetlaw has a population of 113,200 (2012 population estimate) and accounts for 14.3% of the County population. Almost two thirds (62.8%) of the population are of working age (16-64 years), which is slightly under the County average of 63.0%. In Bassetlaw, 97.4% of the population are White. Asian and mixed ethnicity groups make up around 1% each (0.9% and 1.1% respectively) and 0.5% are Black (around 530 people). In the over 64 year age group, 99.3% of the population are White.

Figure 5.2.2 Population Structure



One fifth (20%) of households have no access to a car or van compared to 26% nationally and 21% in the County. The majority (74%) of households are within 15 minutes of a GP practice (as a proxy for pharmacy) by public transport or walking. Almost all households (99%) can access a GP practice within 30 minutes (Department of Transport Statistics, 2011).

Bassetlaw has a slightly lower proportion of children (aged 5 years or below) than the County average; 5.6% compared to 5.8%. 13.7% of the County's children under 5 years live in Bassetlaw.

There are 22,000 older people (over 64 years) living in Bassetlaw of which 2,700 are 85 years or over, 67% are women. There are approximately 6,200 people aged 65 years and over living alone (13% of all households).

In terms of health, 6.5% of the population feel that their health is bad or very bad and 10.2% of the population report that their day to day activities are limited a lot. For the over 64 years population, 17% feel that their health is bad or very bad and 29% report that their

day to day activities are limited a lot. Reported health and disability is slightly higher than the County average.

Bassetlaw is home to 7,745 claimants of Disability Living Allowance (August 2013); 16.3% of the County total.

The teenage conception rate of 29.5 per 1,000 (2010-2012) is lower than the County average of 31.1 conceptions per 1,000 women aged 15-17 years and 154th highest district in England. Bassetlaw accounts for 14% of all teenage pregnancies in the County (192/1,326 conceptions between 2010 and 2012).

Smoking prevalence in Bassetlaw is just under 15%, significantly lower than the County average and is in fact the lowest prevalence in the County.

Life expectancy for men in Bassetlaw is 78.6 years (2010-2012) and for women, 82.1 years. It is significantly lower than the County and national averages for both genders.

Bassetlaw is relatively more deprived compared to the County, 21 of the 70 (30%) Lower Super Output Areas in the district are in the most deprived 20% in England.

Current Provision

Residents of Bassetlaw have access to a range of pharmaceutical services commissioned to meet the needs of the district. The provision of 2.1 pharmacies per 10,000 population is the same as the County average and slightly below the England average of 2.2 per 10,000 population (see table 3.1).

Table 5.2 Services commissioned from Bassetlaw Pharmacies

Community Pharmacy Services	Bassetlaw
Palliative Care	3
Medicines Use Review	24
New Medicines Service	19
Emergency Supply Service	1
100 Hour	6
Sexual Health / Chlamydia Treatment	17
Emergency Hormonal Contraception	13
Nicotine Replacement Therapy	19
Supervised Consumption	18
Needle exchange	1
C-Card	1
Smoking Cessation	19
Total Number of Pharmacies	24

Bassetlaw has 6 pharmacies open for 100 hours or more. Eight are open on Sundays..

Future Developments

Bassetlaw housing strategy has estimated that around 2,257 houses could be built by 2018/19. The 3 largest developments (of over 100 units) will be in Carlton in Lindrick, Harworth Bircotes and Retford all of which have at least one pharmacy. The potential population growth would be in the region of 5.600 (5%) assuming a household average of 2.3 people per house, however, it is unlikely that all of the new builds will be taken up by new residents to the district. ONS population projections predict a 3.0% increase in Bassetlaw population by 2019.

Statement of pharmaceutical need

The PNA found that that pharmaceutical need in Bassetlaw is adequately met by the current providers of pharmaceutical services.

Pharmaceutical need will be reviewed in 2018 when the PNA is revisited or in the event of significant changes affecting need.

Rationale

Bassetlaw is rural in nature, with high car ownership, average levels of reported ill health, low smoking prevalence and low teenage conception rates. However, life expectancy is lower than the national average.

The map shows that there are currently 24 pharmacies within Bassetlaw. There are 2.1 pharmacies per 10,000 population, slightly lower than the county average or 2.2 per 10,000 and the same as the national average. Larger settlements are within 2km of a pharmacy or dispensing practice.

The advanced and locally commissioned services currently provided by these pharmacies are shown in Table 5.2. The opening hours of these pharmacies are shown in Appendix 7. Pharmacies open on a 2 week rota to ensure there is cover for longer hours and weekends.

Bassetlaw is very rural and some patients may have to travel upto 10km to a pharmacy and for other goods and services. However, car ownership is higher than the national average and there is good provision of pharmacies across the district and on the borders of neighbouring counties so access to pharmacies is adequate.

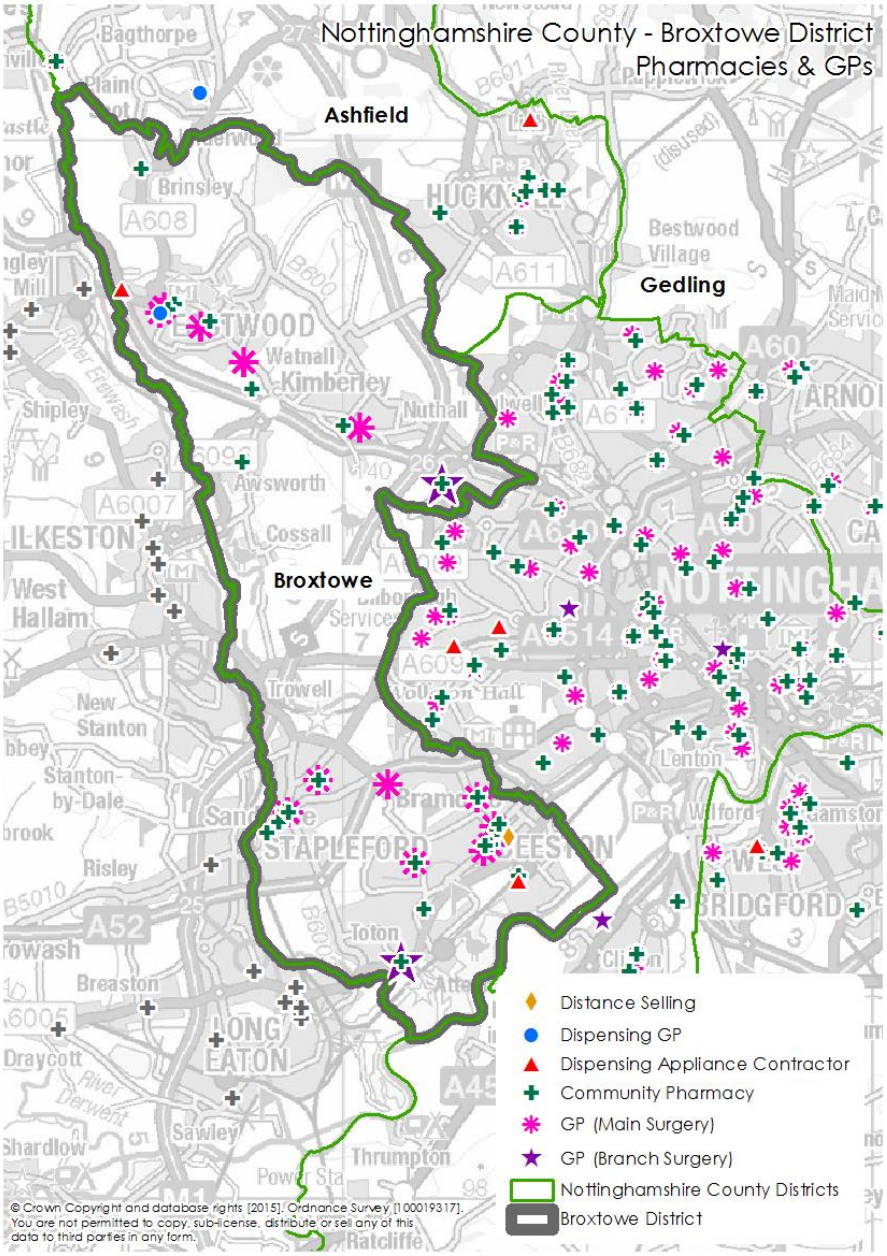
Patients with long term conditions are likely to have higher than average levels of pharmaceutical need and these needs are being met by the range of essential and advanced services available in pharmacies. In addition, support for lifestyle changes is met through widespread services for emergency contraception and nicotine replacement (Appendices 9 and 10). The District has 3 of the 16 pharmacies across the County offering the Palliative Care Drug Stockist service to support those near end of life.

The range and distribution of advanced and locally commissioned services meet the needs of the population.

The projected housing plans are not expected to add appreciably to the demand for services based in pharmacies over the next 3 years and current capacity should be sufficient.

5.3 Broxtowe District

Figure 5.3.1 Map of pharmacies and GPs in Broxtowe



Note: Pharmacies located very close to each other may overlap and be hidden on the map

Population Overview

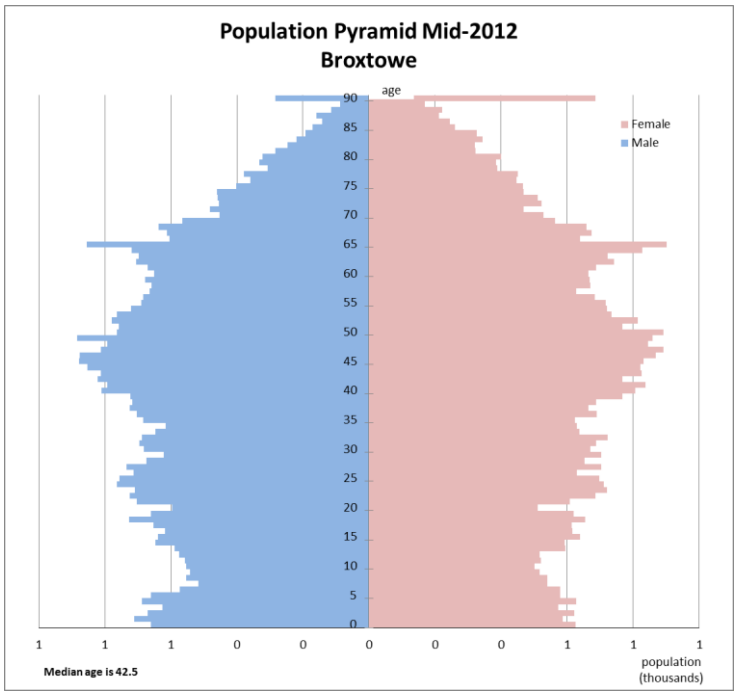
** References to County exclude Nottingham City unless specifically stated*

Broxtowe is to the west of Nottinghamshire County and shares a boundary with Nottingham City to the east, Erewash in Derbyshire to the west and Ashfield to the north. Its short southern border is the River Trent shared with Rushcliffe. The main population centres are Eastwood in the north and in the south, Beeston, which is part of the conurbation of Nottingham.

Broxtowe has 14 of the 106 practices in the County plus 2 branch surgeries and 27 of 171 pharmacies. One of the pharmacies is a distance selling pharmacy. There are 2 Dispensing Appliance Contractors and 1 dispensing practice. Between June and November 2013, pharmacies in Broxtowe dispensed 153,400 items per month (Items were not necessarily dispensed to the resident population).

Broxtowe has a population of 110,700 (2012 Population estimate) and accounts for 14% of the County population. Just under two thirds (63.9%) of the population are of working age (16-64 years), comparable with the County average of 63%. In Broxtowe, 92.7% of the population are White. Asians (4,500 people) make up just over 4% of the population, mixed ethnicity groups just under 2% and just under 1% are Black. In the over 64 years age group, 98% of the population are White.

Figure 5.3.2 Population Structure



21.6% of households have no access to a car or van compared to 26% nationally and 21% in the County. The majority (94%) of households are within 15 minutes of a GP practice (as a proxy for pharmacy) by public transport or walking. One practice is not located near a pharmacy (see figure 5.3.1) but based on the distribution of the patients, it is likely that the majority of the registered patients can access pharmacies in either Beeston or Chilwell, or on Wollaton Vale just inside the city boundary. All households can access a GP practice within 30 minutes (Department of Transport Statistics, 2011).

Broxtowe has the same proportion of children under 5 years as the County average; 5.8%. Just under 14% of the County's children aged under 5 years live in Broxtowe.

There are 21,200 older people (over 64 years) living in Broxtowe of which 2,800 are 85 years or over; 64% are women. There are 6,060 people aged 65 years and over living alone (13% of households).

In terms of health, just over 5% of the population feel their health is bad or very bad and 8.2% of the population report that their day to day activities are limited a lot. For the over 64 years population, 14% feel their health is bad or very bad and 25% report their day to day activities are limited a lot. Reported health and disability is slightly lower than the County and England averages.

Broxtowe is home to 5,560 claimants of Disability Living Allowance (August 2013); 11.7% of the County total.

The teenage conception rate of 24.2 per 1000 (2010-2012) is below the County average of 31.1 conceptions per 1000 women age 15-17 years and the district ranks 218th highest in England. Broxtowe accounts for just 10.3% of all teenage pregnancies in the County, the 2nd lowest district after Rushcliffe (137/1,326 conceptions between 2010 and 2012).

Smoking prevalence in Broxtowe is just over 15%, below the County average of 20%.

Life expectancy for men in Broxtowe is 80 years (2010-2012) and for women, 83.6 years. It is slightly higher than both England and the County for both genders.

Broxtowe is relatively prosperous compared to the County; just 4 of the 73 (5.5%) Lower Super Output Areas in the district are in the most deprived 20% in England.

Current Provision

Residents of Broxtowe have access to a range of pharmaceutical services commissioned to meet the needs of the district. The provision of 2.4 pharmacies per 10,000 population is the highest in the County (see table 3.1) and higher than the England average of 2.2 per 10,000 population.

Table 5.3 Services commissioned from Broxtowe Pharmacies

Community Pharmacy Services	Broxtowe
Pharmacy First	26
Palliative Care	3
Medicines Use Review	25
New Medicines Service	21
Emergency Supply Service	20
100 Hour	2
Sexual Health / Chlamydia Treatment	17
Emergency Hormonal Contraception	26
Nicotine Replacement Therapy	25
Supervised Consumption	17
Needle exchange	3
C-Card	2
Smoking Cessation	20
Total Number of Pharmacies	27

Broxtowe has two 100 hour pharmacies. Four pharmacies are open on Sundays.

Future Developments

Broxtowe housing strategy has estimated that around 1,693 houses could be built by 2018/19. The 7 largest developments (of over 100 units) will be in Eastwood, Chilwell, Stapleford, Beeston and Toton all of which are well provided with pharmacies. A proposed retirement village on the land vacated by Bramcote Hills golf course has not yet received planning permission. The proposed site has easy access to a Nottingham City pharmacy on Wollaton Vale (within the city boundary). If the proposed build is achieved, further assessment of need may be necessary in the 2018 PNA. The potential population growth would be in the region of 3,900 people (3.5%) assuming a household average of 2.3 people per house. However, it is unlikely that all of the new builds will be taken up by new residents to the district. ONS population projections predict a 4.8% increase in Broxtowe population by 2019.

Statement of pharmaceutical need

The PNA found that that pharmaceutical need in Broxtowe is adequately met by the current providers of pharmaceutical services..

Pharmaceutical need will be reviewed in 2018 when the PNA is revisited or in the event of significant changes affecting need.

Rationale

Broxtowe forms part of the Nottingham conurbation and is relatively urban in nature. Car ownership is slightly lower than average. Reported ill health is lower than average and smoking prevalence and teenage conception rates are low. Life expectancy is higher than the national average and the area is relatively affluent.

The map shows that there are currently 27 pharmacies within Broxtowe and 1 dispensing practice. There are 2.4 pharmacies per 10,000 population, higher than the County average (2.2 per 10,000).

The advanced and locally commissioned services currently provided by these pharmacies are shown in Table 5.3. The opening hours of these pharmacies are shown in Appendix 7.

Broxtowe has good public transport infrastructure and the majority of the population are within 2km of a pharmacy and so should be able to access services easily.

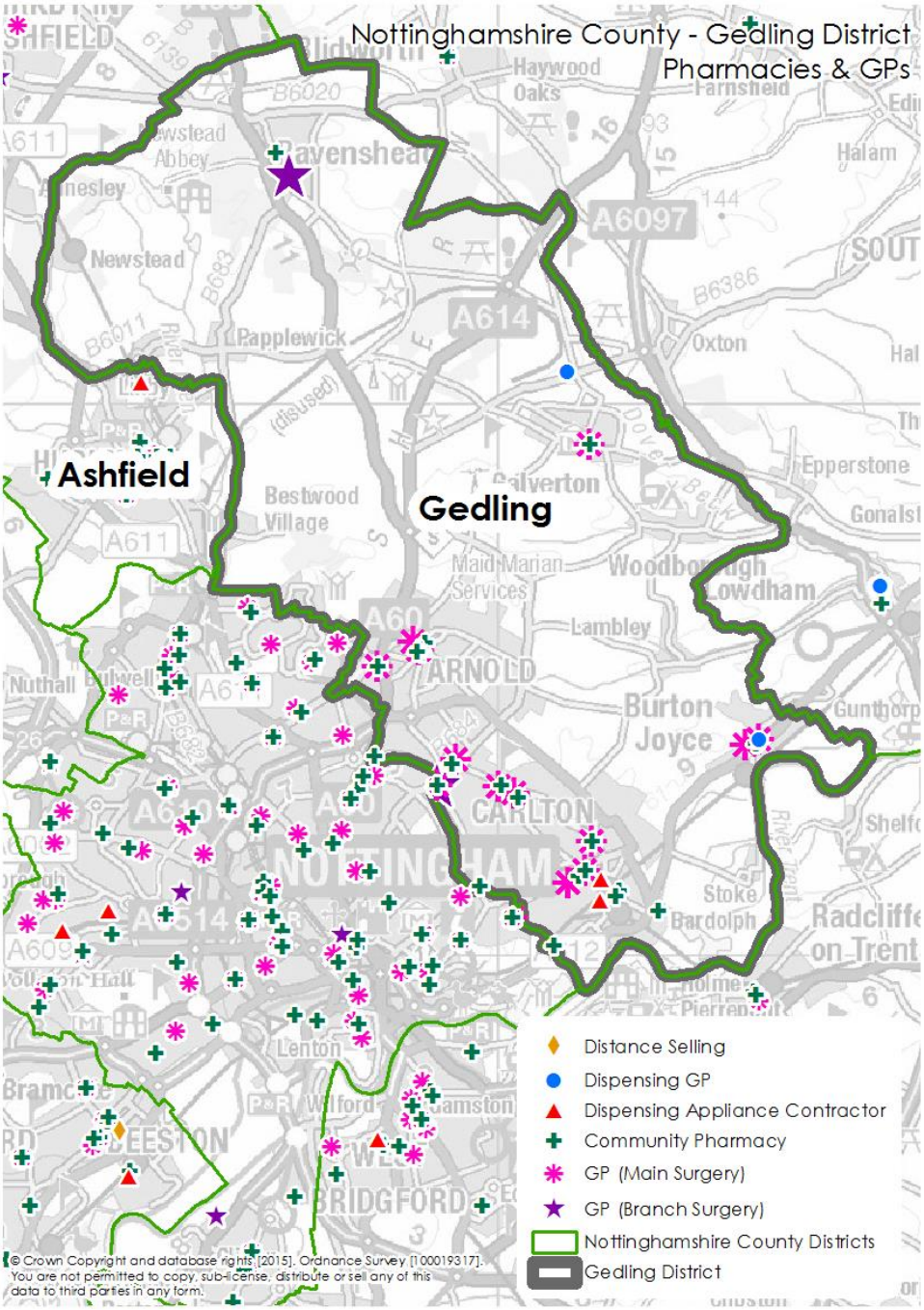
Patients with long term conditions usually have higher than average levels of pharmaceutical need and these needs are being met by the range of essential and advanced services available in pharmacies. In addition, support for lifestyle changes is met through widespread services for drug users, sexual health and smoking cessation (Appendices 9 and 10). The District has 3 of the 16 pharmacies across the County offering the Palliative Care Drug Stockist service to support those near end of life.

The range and distribution of advanced and locally commissioned services meet the needs of the population.

The projected housing plans are not expected to add appreciably to the demand for services based in pharmacies over the next 3 years and current capacity should be sufficient.

5.4 Gedling District

Figure 5.4.1 Map of pharmacies and GPs in Gedling



Note: Pharmacies located very close to each other may overlap and be hidden on the map

Population Overview

** References to County exclude Nottingham City unless specifically stated*

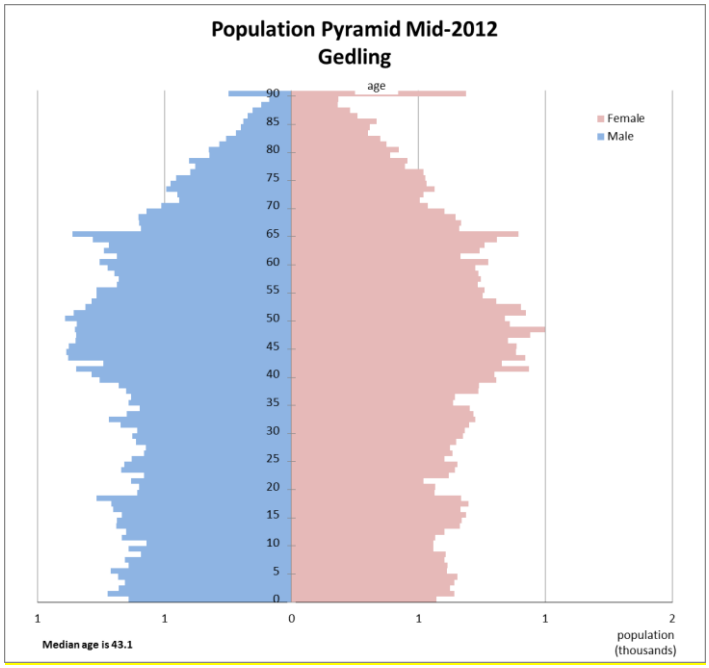
Gedling is to the east of Nottinghamshire County and shares a boundary with Ashfield to the north, Nottingham City to the west, Newark & Sherwood to the east and Rushcliffe to the south. The main urban centres are Arnold, Gedling and Carlton close to Nottingham

City and the larger villages of Burton Joyce, Calverton and Woodborough. Apart from Nottingham City, the largest nearby towns are Hucknall and Mansfield.

Gedling has 13 of the 106 practices in the County plus 2 branch practices and 22 of 171 pharmacies. There are 2 Dispensing Appliance Contractors and 2 dispensing practices. From June – November 2013, pharmacies in the Gedling area dispensed on average 159,000 items per month (Items were not necessarily dispensed to the District resident population).

Gedling has a population of 114,100 (2012 Population estimate) and accounts for just over 14% of the County population. Almost two thirds (62.8%) of the population are of working age (16-65 years), comparable with the County average of 63%. In Gedling, 93.1% of the population are White. The largest BME group is Asian (3%) followed by mixed ethnicity (2.3%). Black groups make up 1.5% of the population. In the over 64 age group, 97.6% of the population are White.

Figure 5.4.2 Population Structure



Just over one fifth (21.5%) of households have no access to a car or van compared to 26% nationally and 21% in the County. The majority (95%) of households are within 15 minutes of a GP practice (as a proxy for pharmacy) by public transport or walking. All households can access a GP practice within 30 minutes (Department of Transport Statistics, 2011).

Gedling has a similar proportion of children to the County average; 5.7% compared to 5.8%. Just over 14% of the County's children under 5 years live in Gedling.

There are 21,800 older people (over 64 years) living in Gedling of which 2,800 are 85 years or over and of these, 64% are women. There are 6,300 aged 65 years and over living alone (13% of households).

In terms of health, 5.1% of the population feel their health is bad or very bad and 8.4% of the population report that their day to day activities are limited a lot. For the over 64 years population, 13.5% feel their health is bad or very bad and 25% report their day to day activities are limited a lot. Reported health and disability is lower than the County average; indicating a relatively healthy population.

Gedling is home to 6,050 claimants of Disability Living Allowance (August 2013); 12.8% of the County total.

The teenage conception rate of 29.6 per 1000 (2010-2012) is lower than the County average of 31.1 conceptions per 1000 women age 15-17 years and also lower than the national average. Gedling accounts for 14% of all teenage pregnancies in the County (185/1,326 conceptions between 2010 and 2012).

Smoking prevalence in Gedling is around 16%, comparable to the County average.

Life expectancy for men in Gedling is 80.5 years (2010-2012) and for women, 83.1 years. Male Life Expectancy in Gedling is significantly higher than both England and the County.

Gedling is relatively affluent compared to the County; only 3 of the 77 (4%) Lower Super Output Areas in the district are in the most deprived 20% in England.

Current Provision

Residents of Gedling have access to a range of pharmaceutical services commissioned to meet the needs of the district. The provision of 1.9 pharmacies per 10,000 population is lower than the County and England average (see table 3.1).

Table 5.4 Services commissioned from Gedling Pharmacies

Community Pharmacy Services	Gedling
Pharmacy First	14
Palliative Care	1
Medicines Use Review	22
New Medicines Service	11
Emergency Supply Service	12
100 Hour	4
Sexual Health / Chlamydia Treatment	15
Emergency Hormonal Contraception	19
Nicotine Replacement Therapy	22
Supervised Consumption	17
Needle exchange	3
C-Card	4
Smoking Cessation	21
Total Number of Pharmacies	22

Gedling has 4 pharmacies open for 100 hours or more. Six are open on Sundays.

Future Developments

Gedling housing strategy has estimated that around 3,712 houses could be built by 2018/19. The majority will be in urban areas with good access to community pharmacies. Developments are also planned in Bestwood Village (386 units), Calverton (412 units) and Ravenshead (144 units). Calverton and Ravenshead both have a pharmacy and Bestwood village is within easy reach of pharmacies in Hucknall and Rise Park in the Nottingham City. The potential population growth would be in the region of 8,500 (7.5%) assuming a household average of 2.3 people per house. However, it is unlikely that all of the new builds

will be taken up by new residents to the district. ONS population projections predict a 4% increase in the Gedling population by 2019.

Statement of pharmaceutical need

The PNA found that that pharmaceutical need in Gedling is adequately met by the current providers of pharmaceutical services.

Pharmaceutical need will be reviewed in 2018 when the PNA is revisited or in the event of significant changes affecting need.

Rationale

Gedling forms part of the Greater Nottingham Conurbation, though it is relatively rural in some areas. It is relatively affluent, with high levels of car ownership, good self-reported health, low smoking prevalence and teenage conception rates and good life expectancy.

The map shows that there are currently 22 pharmacies within Gedling. There are 1.9 pharmacies per 10,000 population, slightly under the County average of 2.2 per 10,000 and the England average of 2.1 per 10,000. All the larger settlements are within 2 km of a pharmacy or dispensing practice and all residents are within 5km of a pharmacy.

The advanced and locally commissioned services currently provided by these pharmacies are shown in Table 5.4. The opening hours of these pharmacies are shown in Appendix 7.

Public transport links and high car ownership means the population have good access to existing pharmacies.

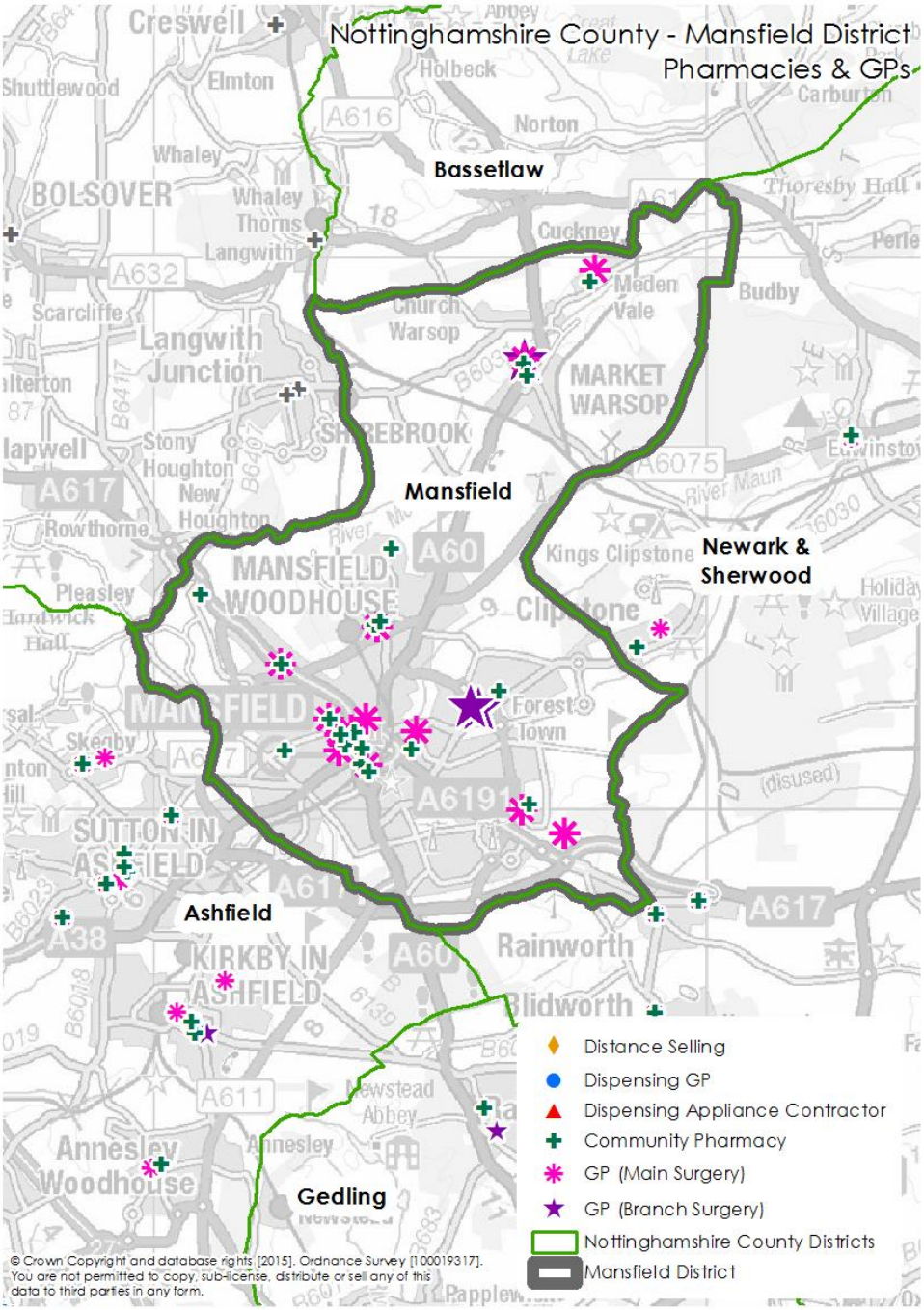
Patients with long term conditions usually have higher than average levels of pharmaceutical need and these needs are being met by the range of essential and advanced services available in pharmacies. In addition, support for lifestyle changes is met through widespread services for drug users, sexual health and smoking cessation (Appendices 9 and 10). The District has 1 of the 16 pharmacies across the County offering the Palliative Care Drug Stockist service to support those near end of life.

The range and distribution of advanced and locally commissioned services meet the needs of the population.

The projected housing plans are not expected to add appreciably to the demand for services based in pharmacies over the next 3 years and current capacity should be sufficient.

5.5 Mansfield District

Figure 5.5.1 Map of pharmacies and GPs in Mansfield



Note: Pharmacies located very close to each other may overlap and be hidden on the map

Population Overview

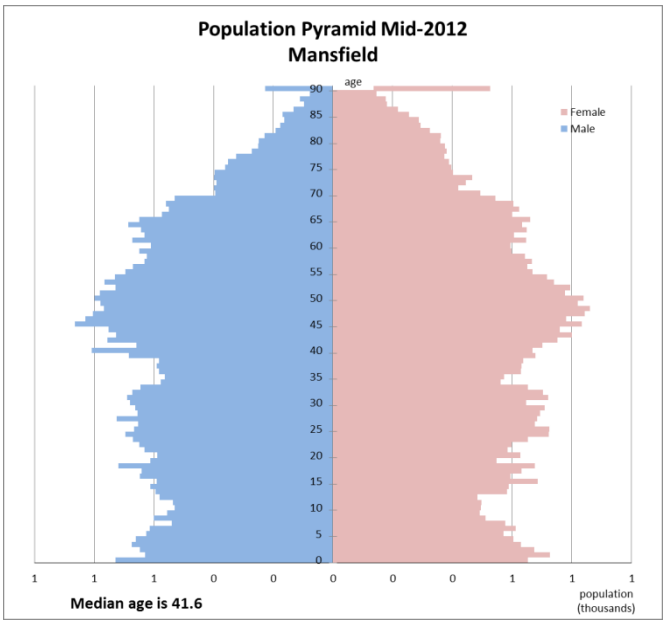
** References to County exclude Nottingham City unless specifically stated*

Mansfield is to the northwest of Nottinghamshire County and shares a boundary with Bassetlaw to the North, Newark & Sherwood to the East, Ashfield to the South and North East Derbyshire to the west. The main urban centre is Mansfield town.

Mansfield has 16 of the 106 practices in the County plus 3 branch practices and 24 of 171 pharmacies. There are no dispensing practices. In 2012/13 pharmacies in the district dispensed on average 197,301 items per month.

Mansfield has a population of 104,700 (2012 Population estimate) and accounts for just over 13% of the County population which makes it the smallest District in the County. Almost two thirds (64.1%) of the population are of working age (16-64 years), comparable with the County average of 63%. In Mansfield 97.2% of the population are white. Asian and mixed ethnicity groups make up just over 1% each and 0.4% are Black (under 500 people). In the over 64 year age group 99% of the population are White.

Figure 5.5.2 Population Structure



Just over a quarter (25.2%) of households have no access to a car or van compared to 26% nationally and 21% in the County. The majority (89%) of households are within 15 minutes of a GP practice (as a proxy for pharmacy) by public transport or walking. All households can access a GP practice within 30 minutes (Department of Transport Statistics, 2011).

Mansfield has a higher proportion of children under 5 years than the County average; 6.3% compared to 5.8%. Just over 14% of the County's children under 5 years live in Mansfield.

There are 18,500 older people (over 64 years) living in Mansfield. This is 17.7% of the population which is slightly lower than the County average of 18.9%. Of these, 2,300 are 85 years or over. 5,679 people over 64 years live alone, this equates to 12.6% of all households in the district which is similar to the national average of 12.4%.

In terms of health, 7.7% of the population feel their health is bad or very bad and 11.5% of the population report that their day to day activities are limited a lot. Both of these figures are higher than the County averages of 5.7% and 8.9% respectively. For the over 64 years population, 19% feel their health is bad or very bad and 32% report their day to day activities are limited a lot. The County averages are 14% and 25% respectively.

Mansfield is home to 8,825 claimants of Disability Living Allowance (August 2013); 18.6% of the County total. This is the highest percentage of any district in the County.

The teenage conception rate of 41.5 per 1000 (2010-2012) is higher than the County average of 31.1 conceptions per 1000 women age 15-17 years and ranks 35th highest district in England. Mansfield accounts for 18% of all teenage pregnancies in the County (241/1,326 conceptions between 2010 and 2012).

Smoking prevalence in Mansfield is just under 30%, significantly higher than the County average and, with Ashfield, has the highest prevalence in the County.

Life expectancy for men in Mansfield is 78.3 years (2010-2012) and for women 82.1 years. These figures are significantly lower than both England (79.2 and 82.7 years respectively) and the County (79.3 and 83.0 years).

Mansfield is relatively deprived compared to the County; 26 of the 66 (39%) Lower Super Output Areas in the district are in the most deprived 20% in England.

Current Provision

Residents of Mansfield have access to a range of pharmaceutical services commissioned to meet the needs of the district. The provision of 2.3 pharmacies per 10,000 population is slightly higher than County average (see table 3.1).

Table 5.5 Services commissioned from Mansfield Pharmacies

Community Pharmacy Services	Mansfield
Pharmacy First	11
Palliative Care	1
Medicines Use Review	24
New Medicines Service	18
Emergency Supply Service	18
100 Hour	7
Sexual Health / Chlamydia Treatment	15
Emergency Hormonal Contraception	22
Nicotine Replacement Therapy	23
Supervised Consumption	21
Needle exchange	3
C-Card	3
Smoking Cessation	15
Total Number of Pharmacies	24

Mansfield has 7 pharmacies open for 100 hours or more. Nine are open on Sundays.

Future Developments

Mansfield housing strategy has estimated that around 980 houses could be built by 2019/20; 540 will be in larger developments of over 100 units all of which are within reach of an existing pharmacy. The potential population growth would be in the region of 2,250 (2%) assuming a household average of 2.3 people per house, however, it is unlikely that all

of the new builds will be taken up by new residents to the district. ONS population projections predict a 2.2% increase in the Mansfield population by 2019.

Statement of pharmaceutical need

The PNA found that that pharmaceutical need in Mansfield is adequately met by the current providers of pharmaceutical services.

Pharmaceutical need will be reviewed in 2018 when the PNA is revisited or in the event of significant changes affecting need.

Rationale

Mansfield is relatively deprived with higher than average reported ill health, high smoking prevalence, high teenage pregnancy rates and lower than average life expectancy and so is likely to need access to a wide range of health services.

The map shows that there are currently 24 pharmacies within Mansfield. There are 2.3 pharmacies per 10,000 population, slightly over the County average of 2.2 per 10,000 and the England average of 2.1 per 10,000. The majority of the population are within 2km of a pharmacy and all are within 3km making them easily accessible.

The advanced and locally commissioned services currently commissioned from these pharmacies are shown in Table 5.5. Opening hours are shown in Appendix 7.

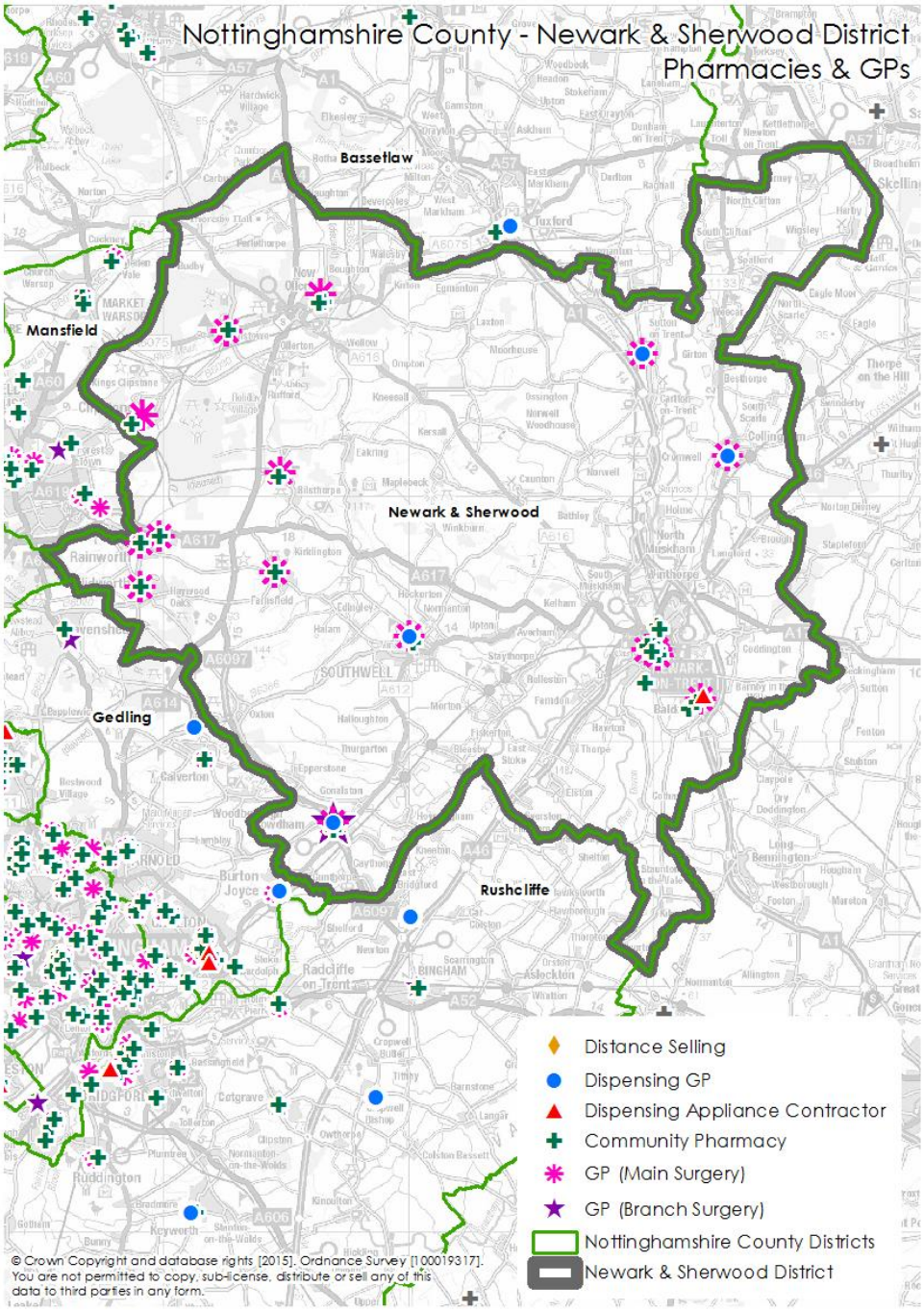
Patients with long term conditions are likely to have higher than average levels of pharmaceutical need and these needs are being met by a range of essential and advanced services available in pharmacies. In addition, support for lifestyle changes is met through widespread services for drug users, sexual health and smoking cessation (Appendices 9 and 10). The District has 1 of the 16 pharmacies across the County offering the Palliative Care Drug Stockist service to support those near end of life.

The range and distribution of advanced and locally commissioned services meet the needs of the population.

The projected housing plans are not expected to add appreciably to the demand for services based in pharmacies over the next 3 years and current capacity should be sufficient.

5.6 Newark & Sherwood District

Figure 5.6.1 Map of pharmacies and GPs in Newark & Sherwood



Note: Pharmacies located very close to each other may overlap and be hidden on the map

Population Overview

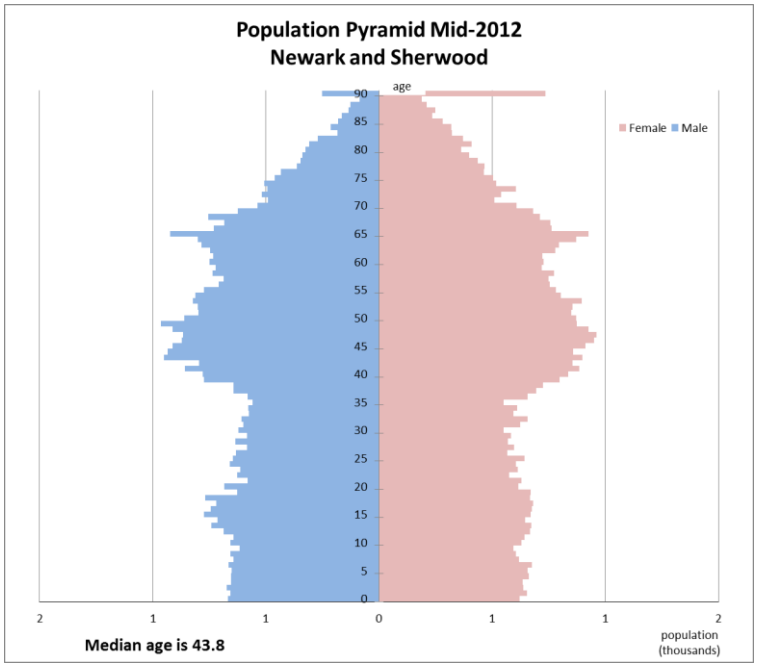
** References to County exclude Nottingham City unless specifically stated*

Newark & Sherwood is located to the north-east of Nottinghamshire County and borders on Lincolnshire to the East. Within the County, Newark & Sherwood shares boundaries with Bassetlaw, Mansfield, Gedling and Rushcliffe. The main urban centres are Newark, Ollerton and Southwell.

Newark & Sherwood has 16 of the 106 practices in the County plus one branch practice and 27 of 171 pharmacies. In addition, 4 of the practices are dispensing practices. There are 2 Dispensing Appliance Contractors. From June – November 2013, pharmacies in the Newark & Sherwood area dispensed on average 172,300 items per month. (Items were not necessarily dispensed to the District resident population).

Newark & Sherwood has a population of 115,800 (2012 Population estimate) and accounts for just under 15% of the County population. Almost two thirds (61.9%) of the population are of working age (16-64 years), comparable with the County average of 63%. In Newark & Sherwood, 97.5% of the population are White. The largest BME groups are Asian and mixed ethnicity accounting for 1% each. In the over 64 years age group, 99.4% of the population are White.

Figure 5.6.2 Population Structure



Less than one fifth (18.6%) of households have no access to a car or van compared to 26% nationally and 21% in the County. The majority (84%) of households are within 15 minutes of a GP practice (as a proxy for pharmacy) by public transport or walking. Almost all households (99%) can access a GP practice within 30 minutes (Department of Transport Statistics, 2011).

Newark & Sherwood has a slightly lower proportion of children to the County average; 5.6% compared to 5.8%. Just over 14% of the County's children under 5 years live in Newark & Sherwood.

There are 23,000 older people (over 64 years) living in Newark & Sherwood of which 2,800 are 85 years or over and of these, 68% are women. There are 6,475 people aged 65 years and over living alone (13% of households).

In terms of health, 5.6% of the population feel their health is bad or very bad and 8.9% of the population report that their day to day activities are limited a lot. For the over 64 years population, 13.9% feel their health is bad or very bad and 25% report their day to day activities are limited a lot. Reported health and disability is slightly lower than the County average; indicating a relatively healthy population.

Newark & Sherwood is home to 6,710 claimants of Disability Living Allowance (August 2013); 14.2% of the County total.

The teenage conception rate of 28.5 per 1000 (2010-2012) is lower than the County average of 31.1 conceptions per 1000 women age 15-17 years and also lower than the national average. Newark & Sherwood accounts for 15% of all teenage pregnancies in the County (201/1,326 conceptions between 2010 and 2012).

Smoking prevalence in Newark & Sherwood is around 20%, comparable to the County average.

Life expectancy for men in Newark & Sherwood is 79.3 years (2010-2012) and for women, 82.7 years. This is comparable to County and national life expectancy.

Newark & Sherwood is relatively affluent compared to the County; only 10 of the 69 (15%) Lower Super Output Areas in the district are in the most deprived 20% in England. The most deprived areas are to be found in Newark and Ollerton.

Current Provision

Residents of Newark & Sherwood have access to a range of pharmaceutical services commissioned to meet the needs of the district. The provision of 2.3 pharmacies per 10,000 population is slightly higher than the County average (see table 3.1).

Table 5.6 Services commissioned from Newark & Sherwood Pharmacies

Community Pharmacy Services	Newark & Sherwood
Pharmacy First	21
Palliative Care	5
Medicines Use Review	27
New Medicines Service	22
Emergency Supply Service	20
100 Hour	4
Sexual Health / Chlamydia Treatment	15
Emergency Hormonal Contraception	24
Nicotine Replacement Therapy	26
Supervised Consumption	17
Needle exchange	2
C-Card	5
Smoking Cessation	17
Total Number of Pharmacies	27

Newark & Sherwood has 4 pharmacies open for 100 hours or more. Five are open on Sundays.

Future Developments

Newark & Sherwood housing strategy has estimated that around 4,614 houses could be built by 2018/19, focussing on Newark and the larger principle villages. 435 dwellings will be in 3 larger developments of over 100 units all of which are within reach of existing pharmacies in Newark. The potential population growth would be in the region of 9,500

people (9.2%) assuming a household average of 2.3 people per house, however, it is unlikely that all of the new builds will be taken up by new residents to the district. ONS population projections predict a 4% increase in the Newark & Sherwood population by 2019.

Statement of pharmaceutical need

The PNA found that that pharmaceutical need in Newark & Sherwood is adequately met by the current providers of pharmaceutical services.

Pharmaceutical need will be reviewed in 2018 when the PNA is revisited or in the event of significant changes affecting need.

Rational

Newark & Sherwood is largely rural in nature. However, car ownership is high which will enable access to pharmacies and other services. It has similar levels of ill health, teenage conception and smoking prevalence to the County average, with average life expectancy.

The map shows that there are currently 27 pharmacies within Newark & Sherwood. In addition, there are 4 dispensing practices and 2 Dispensing Appliance Contractors. There are 2.3 pharmacies per 10,000 population, higher than the County average of 2.2 per 10,000 and England average of 2.1 per 10,000 populaiton. The majority of the population in the larger settlements are within 2-3 km of a pharmacy. Of the 4 dispensing practices, 3 are located close to existing pharmacies in Lowdham, Collingham and Southwell.

The advanced and locally commissioned services currently provided by these pharmacies are shown in Table 5.6. The opening hours of all pharmacies are shown in Appendix 7.

Public transport links and high car ownership mean that residents have good access to existing pharmacies.

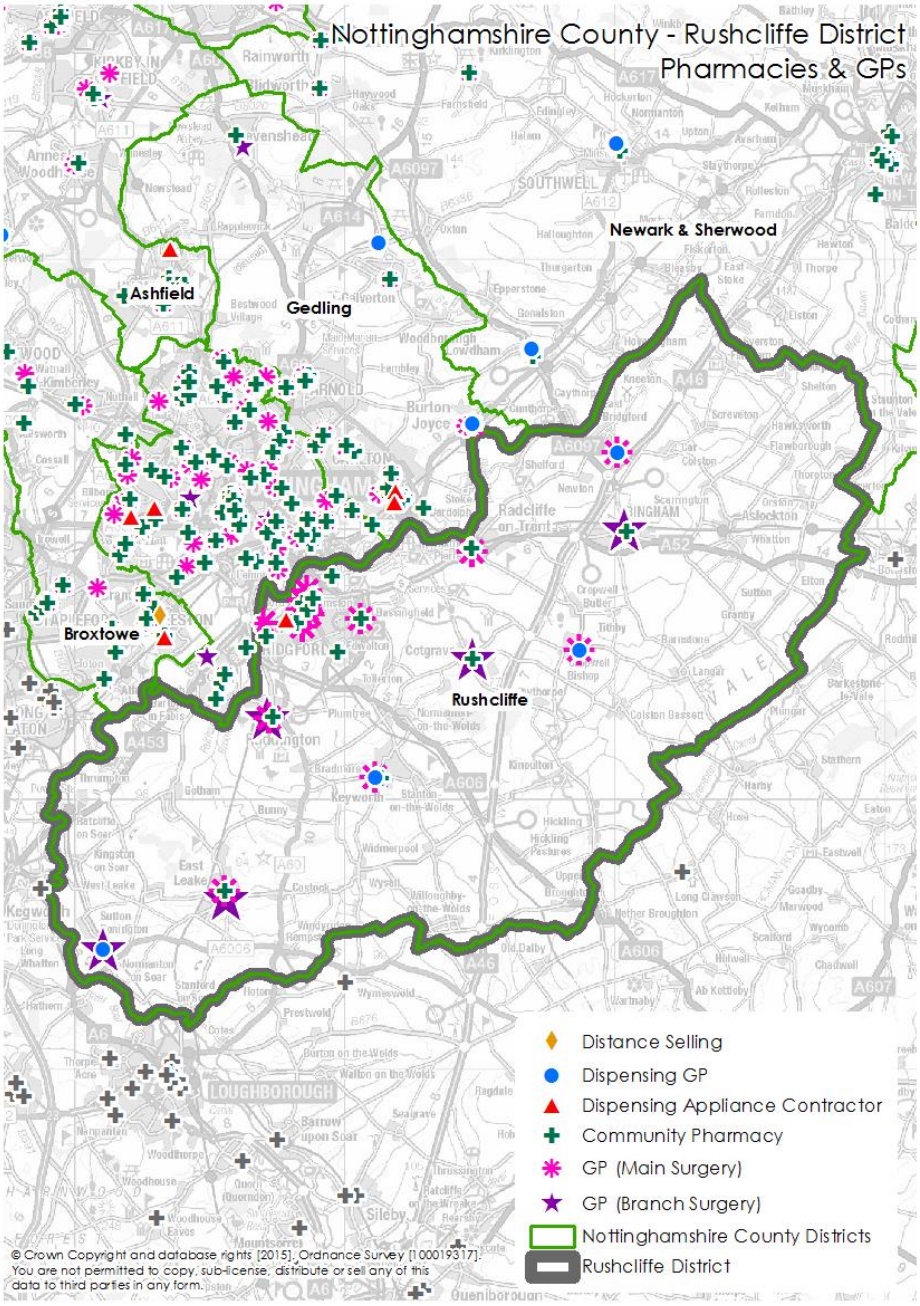
Patients with long term conditions usually have higher than average levels of pharmaceutical need and these needs are being met by the range of essential and advanced services available in pharmacies. In addition, support for lifestyle changes is met through widespread services for drug users, sexual health and smoking cessation (Appendices 9 and 10). The District has 5 of the 16 pharmacies across the County offering the Palliative Care Drug Stockist service to support those near end of life.

The range and distribution of advanced and locally commissioned services meet the needs of the population.

The projected housing plans are not expected to add appreciably to the demand for services based in pharmacies over the next 3 years and current capacity should be sufficient.

5.7 Rushcliffe District

Figure 5.7.1 Map of pharmacies and GPs in Rushcliffe



Note: Pharmacies located very close to each other may overlap and be hidden on the map

Population Overview

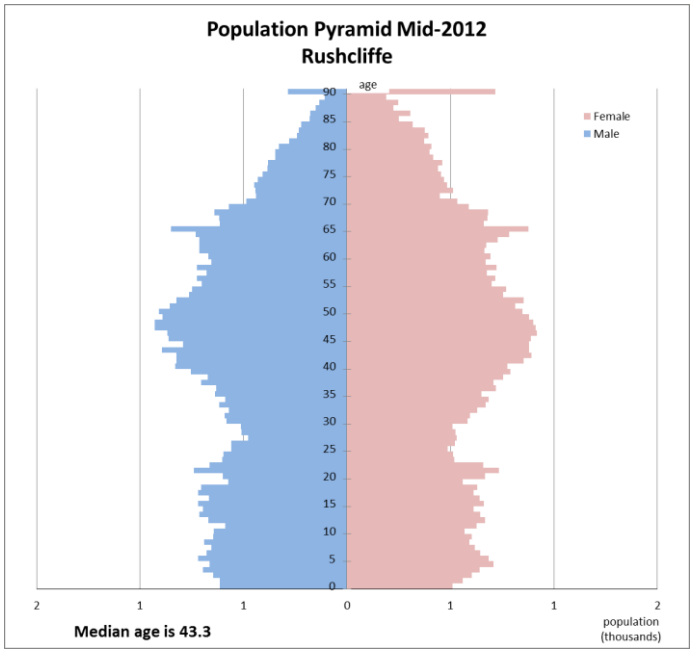
** References to County exclude Nottingham City unless specifically stated*

Rushcliffe is located to the south of Nottinghamshire County and shares borders with 6 other authorities; Leicestershire to the south, Derbyshire to the west, Nottingham City to the north and the districts of Broxtowe, Gedling and Newark & Sherwood in the County. The River Trent runs across the northern border between Rushcliffe and Nottingham City. The larger urban centres include West Bridgford, Keyworth, Kegworth, Cotgrave, Bingham and East Leake.

Rushcliffe has 16 of the 106 practices in the County plus 5 branch practices and 21 of 171 pharmacies. Five of the practices are dispensing practices. There is one Dispensing Appliance Contractor. From June – November 2013, pharmacies in the Rushcliffe area dispensed on average 108,826 items per month (Items were not necessarily dispensed to the District resident population).

Rushcliffe has a resident population of 111,600 (2012 ONS Population estimate) and accounts for just over 14% of the County population. Almost two thirds (62.1%) of the population are of working age (16-64 years), comparable with the County average of 63%. In Rushcliffe, 93.1% of the population are White. The largest BME groups are Asian (4.2%) and mixed ethnicity (1.8%). In the over 64 years age group, 97.9% of the population are White.

Figure 5.7.2 Population structure



Less than one sixth (15.1%) of households have no access to a car or van compared to 26% nationally and 21% in the County. The majority (88%) of households are within 15 minutes of a GP practice (as a proxy for pharmacy) by public transport or walking. All households can access a GP practice within 30 minutes (Department of Transport Statistics, 2011).

Rushcliffe has a slightly lower proportion of children to the County average; 5.6% compared to 5.8%. Just under 14% of the County's children under 5 years live in Rushcliffe.

There are 21,700 older people (over 64 years) living in Rushcliffe of which 3,000 are 85 years or over and of these, 66% are women. There are 5,900 people aged 65 years and over living alone (13% of households).

In terms of health, 3.7% of the population feel their health is bad or very bad and 6.2% of the population report that their day to day activities are limited a lot. For the over 64 years population, 11% feel their health is bad or very bad and 21% report their day to day activities are limited a lot. Reported health and disability is the lowest in the County.

Rushcliffe is home to 3,935 claimants of Disability Living Allowance (August 2013); 8.3% of the County total.

The teenage conception rate of 18.8 per 1000 (2010-2012) is lower than the County average of 31.1 conceptions per 1000 women age 15-17 years and also lower than the national average. Rushcliffe accounts for 8% of all teenage pregnancies in the County (108/1,326 conceptions between 2010 and 2012).

Smoking prevalence in Rushcliffe is around 15%, comparable to the County average and significantly lower than the national average (Health and Social Care Information Centre, Integrated Household Survey 2011/12).

Life expectancy for men in Rushcliffe is 80.9 years (2010-2012) and for women, 84.4 years. This is significantly higher than County and national life expectancy.

Rushcliffe is the most affluent district in the County; none of the 68 Lower Super Output Areas in the district is in the most deprived 20% in England.

Current Provision

Residents of Rushcliffe have access to a range of pharmaceutical services commissioned to meet the needs of the district. The provision of 1.9 pharmacies per 10,000 population is lower than the County average of 2.2 per 10,000 (see table 3.1).

Table 5.7 Services commissioned from Rushcliffe Pharmacies

Community Pharmacy Services	Rushcliffe
Pharmacy First	0
Palliative Care	2
Medicines Use Review	19
New Medicines Service	11
Emergency Supply Service	14
100 Hour	4
Sexual Health / Chlamydia Treatment	13
Emergency Hormonal Contraception	18
Nicotine Replacement Therapy	19
Supervised Consumption	11
Needle exchange	3
C-Card	5
Smoking Cessation	15
Total Number of Pharmacies	21

Rushcliffe has 4 pharmacies open for 100 hours or more. Five are open on Sundays.

Future Developments

Rushcliffe housing strategy has estimated that around 2,624 houses could be built by 2018/19; 323 will be in 2 larger developments of over 100 units in Bingham and West Bridgford, both of which are within reach of an existing pharmacy. The potential population growth would be in the region of 6,000 people (5.4%) assuming a household average of 2.3 people per house, however, it is unlikely that all of the new builds will be taken up by new residents to the district. ONS population projections predict a 5% increase in the Rushcliffe population by 2019.

Statement of pharmaceutical need

The PNA found that that pharmaceutical need in Rushcliffe is adequately met by the current providers of pharmaceutical services.

Pharmaceutical need will be reviewed in 2018 when the PNA is revisited or in the event of significant changes affecting need.

Rationale

Rushcliffe is the most affluent of the 7 districts. Car ownership is high, smoking prevalence and teenage pregnancy rates are lower than average and self-reported ill health is good. Life expectancy is higher than average.

The map shows that there are currently 21 pharmacies within Rushcliffe and 5 dispensing practices. There are 1.9 pharmacies per 10,000 population, slightly lower than the County average of 2.2 per 10,000 and the England average of 2.1 per 10,000 population. The larger settlements are within 3km of a pharmacy, smaller villages may be upto 5 km. However, as car ownership is high, access to pharmacies and other services is adequate. Three of the dispensing practices are in areas with no pharmacy within 3 km so offer improved access to a more limited service.

The advanced and locally commissioned services currently provided by these pharmacies are shown in Table 5.7. The opening hours of these pharmacies are shown in Appendix 7.

Patients with long term conditions usually have higher than average levels of pharmaceutical need and these needs are being met by the range of essential and advanced services available in pharmacies. In addition, support for lifestyle changes is met through widespread services for drug users, sexual health and smoking cessation (Appendices 9 and 10). The District has 2 of the 16 pharmacies across the County offering the Palliative Care drug stockist scheme.

The range and distribution of advanced and locally commissioned services meet the needs of the population.

The projected housing plans are not expected to add appreciably to the demand for services based in pharmacies over the next 3 years and current capacity should be sufficient.

6. Summary and gap analysis

The PNA has not identified any significant gaps in pharmaceutical services for the Nottinghamshire County population. Nottinghamshire County is well served by community pharmacies providing a range of services that correspond to local health needs. Access is good and there is a good spread of pharmacies with extended opening hours in the evening and at weekends.

A public consultation on services provided by pharmacies did not identify any significant issues with current provision. However, comments received indicated a development need for pharmacies around accommodating deaf clients and being more sensitive to privacy issues when dispensing prescriptions.

Over half of respondents to the public survey expressed an interest in additional services that could be provided by pharmacies. These include weight management, NHS Health Checks, cholesterol testing, blood pressure monitoring and pain management. However the public survey response rate was very low (167 responses in total) and not representative of the County population so commissioners are advised to carry out further research in this area before committing to new services. Further work needs to be done to develop more robust methods of seeking public views on services provided by pharmacies.

The formal consultation raised some new ideas for services that pharmacies could offer. Specific reference was made for services to support older people, people living with dementia, tackling loneliness, falls prevention and bone health checks. Furthermore, older people in Care Homes are at a greater risk of medication errors than most other groups, and additional services could help improve patient safety for these people.

The widespread access to community pharmacies across Nottinghamshire County provides an opportunity to make better use of the skills and experience of this workforce to contribute to improvements in health and wellbeing. Commissioners of services may wish to explore new delivery models to utilise this resource and raise awareness of existing services through advertising. Commissioning of new services would need to be considered subject to further research into need, acceptability, clear evidence of benefit and value for money and improved health outcomes.

7. List of appendices

Appendices are available as a separate document

1. PNA Process Papers
    a. Health and Wellbeing Implementation Group Project Plan Update
    b. Steering Group Terms of Reference
2. Work Plan / Communication Plan
3. List of pharmacies by District and services provided
    a. List of pharmacies and services commissioned by NHS England
    b. List of Dispensing Appliance Contractors
    c. List of pharmacies and services commissioned by Local Authorities or CCGs
4. Public Needs Survey
    a. Public Needs Survey questionnaire
    b. Results of Public Needs Survey – County
5. Formal Consultation Questionnaire
6. Equity Impact Assessment
7. Pharmacy opening hours
    a. Pharmacy Opening Hours – Nottinghamshire County Excluding Bassetlaw
    b. Bassetlaw Pharmacy Opening Hours
8. List of GP Practices in Nottinghamshire County
9. List of Sexual Health Clinics
10. List of Smoking Cessation Services
11. Map of care homes and pharmacies in Nottinghamshire County

Nottinghamshire County Council

Report to Health and Wellbeing Board

4 March 2015

Agenda Item: 9

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

LEARNING DISABILITY SELF ASSESSMENT FRAMEWORK

Purpose of the Report

1. To inform the Health and Wellbeing Board of the outcome of Nottinghamshire's Learning Disability Self-assessment as reported to the Public Health Observatory in January 2015 and to seek support from the Board regarding the future progress of work in order to improve our work in this area.

Information and Advice

2. The Joint Health and Social Care Self-Assessment Framework (SAF) replaced the *Valuing People Now* Self-Assessment which was primarily undertaken by Social Care and the Learning Disability Health Self-Assessment, primarily undertaken by Health. This is the second year that the self-assessment has been a joint health and social care assessment.

3. The Learning Disabilities Observatory, Improving Health and Lives, (IHAL) part of Public Health England administers the SAF which is signed off by NHS England and ADASS.

4. This year's SAF for the Nottinghamshire Learning Disability Partnership Board area (Nottinghamshire County) was completed by commissioners from Adult Social Care and Newark and Sherwood CCGs (the latter on behalf of the 6 county CCGs) with input from Bassetlaw CCG who also had to do their own self-assessment to feed into the South Yorkshire region.

5. Information was gathered about and directly from carers, service users, the criminal justice system, providers and district councils.

6. The SAF was consulted on before submission with the learning disability partnership board.

7. As part of this submission, there is a requirement to present the findings to the Health and Wellbeing Board before the end of March 2015.

8. The SAF requires us to rate red, amber or green, for each question with some narrative to support this. The criteria for scoring red, amber or green (RAG) was set for each question (please see link at the end of this report for detail of the RAG criteria).

9. According to the published SAF timetable there was supposed to be a Peer support Workshop organised by regional ADASS and NHS England Regional leads, in order to share, challenge and moderate submissions prior to the January deadline, however this did not happen in the East Midlands and indications suggest that it did not happen in any English region.

10. The self assessment is in a very similar format to last year making it easier to compare our assessment this year with last year. However, three questions will be completed by the IHAL based on national data sets

    - Number of health Checks undertaken. We do not know what RAG rating will be applied by IHAL to Nottinghamshire as different CCGs have varying results.
    - People with learning disabilities accessing routine screening – we do not know what RAG rating will be applied by IHAL as the criteria for RAG have not been published.
    - Mental capacity Act and deprivation of Liberty - we do not know what RAG rating will be applied by IHAL as the criteria for RAG have not been published

11. There was also one question which was asked last yr which was not asked this year about community inclusion and citizenship.

12. There were also 2 questions which carers and service users needed to rate as it was about their opinion. The questions previously had been RAG rated according to prescribed data.

13.

	2013 return	2014 return	Questions being scored by NHS England – rating for last yr.	Missing question in 2014 return (score from last yr)
Red	4	2		
Amber	8	9	3	1
Green	11	12		

14. Areas where our RAG rating has improved.

    - Offender Health –moved from red to amber. Last year NHS England had only just taken responsibility for people in custody suites and had little data regarding people in prisons. Since then they have rolled out a screening tool over the 16 prisons in Nottinghamshire so that people with a learning disability can be identified and referred to appropriate support. The use of the liaison and diversion programme means that offenders with a learning disability are more likely to be diverted to none custodial provision, including secure hospital.

    - Regular care reviews – moved from red to amber. While the number of full community care reviews of people accessing services has dropped from 77% to 73.3% this year we have included information about all the day to day activity where minor amendments are made to care packages and services are checked to ensure people's needs are being appropriately met to bring us more in line with the way other authorities rated

themselves last year. All service users in hospital have had at least one review in the last twelve months.

- Supporting people into employment – moved from amber to green. 7.2% of service users with a LD in Notts LD are in paid employment compared to East Midland Average of 4.9% and England average of 6.8%. The Council's Iworks employment support service is supporting 138 people directly in maintaining or finding work but also a further 369 people who are in work but need support on an irregular basis to ensure they maintain their employment. Nottinghamshire has facilitated innovative work placements within one of our special schools where people are given work experience placements within different departments of the NHS for 12 months.

- Transitions for people with a learning disability moving from children's to adults services. As a pilot authority for the Education Health and Care plans, resulting in the creation of a children's commissioning hub where health and social care services can be commissioned from a joint budget, together with the forming of a transitions team in adult social care (previously transitions workers sat within each CLDT but now there is a specific team and dedicated team manager), people with learning disabilities have a more joined up approach to transition. There is still work to improve in this area to ensure consistent messages around future expectations are co-ordinated across children's and adult services and therefore lead to a better experience for the young person and their carers undergoing the transition.

15. Areas where our RAG rating has gone down

- Local amenities and transport – moved from green to amber. This had originally be rated as green as there are numerous examples county wide of accessible leisure activities and transport. However, in the Partnership Board's view, some people experience difficulty in accessing the full range of services and therefore the rating should be changed to amber.

16. Key areas for action going forward

- Regular care reviews – in order to reach a green on the standard 100% of all service users receiving service would need to have had a review of their care in any 12 month period. It is unlikely that we will be able to reach green next year but we should ensure that we prioritise those who have not had a formal review for 18 months or more and those living out of county. While the majority of people will have several contacts during the year from either health or social care staff, we need to ensure that those most at risk are not missed out.

- Transitions – while we have rated ourselves green in this area against the criteria posed we feel there is still work to improve in this area to ensure consistent messages around future expectations are co-ordinated across children's and adult services and therefore lead to a better experience for the young person and their carers undergoing the transition.

- Health Action Plans – this is an area we have rated red this year and last year. While anecdotal evidence from the health facilitators suggests that a large number of patients do have health action plans, this is currently not recorded and data collated. A new

template is being developed which will be completed as part of the annual health check and feed into the HAP in future.

- Contract compliance assurance – to rate amber in this area we need to evidence that 90% or more of health and social care commissioned services for people with learning disabilities have had a full scheduled annual contract review and a quality assurance check including an unannounced visit. To reach green this needs to be 100%. Due to the large number of care homes, as well as day services, supported living services and health services we have not been able to fulfil this. It is unlikely we will be in a position to reach 100% next year as often we need to visit poor services more than once (often multiple times) during a year and therefore cannot ensure we quality audit (especially unannounced as this often requires follow up visits to gain information not instantly available) and do a contract review on all services. However, we have developed a system to risk assess contracts to ensure we monitor those we are concerned about more regularly. This may mean that some of the better services have both a formal contract review and quality visit every 2-3 years. This risk register will be further refined over the coming year in line with new CQC inspection regimes to ensure the most appropriate use of contracting and monitoring resources.

- Carer and service user feedback – rated Amber for both questions. This was very mixed for the carer perspective with some feeling that providers of services did not treat them with dignity and respect and others feeling they did. Generally the service users we asked felt they were treated with dignity and respect. Carers were also asked if they felt their needs were being appropriately met and again feedback was mixed. As these questions were new this year, the response to them was gathered as part of this SAF return with a limited number of people and therefore does not give us a true picture of what the issues may be for some carers or whether on a wide basis there would be more people satisfied than not of visa versa. Therefore we would like to develop processes aimed at gathering feedback on these two questions over the year to get a wider feedback for next year's SAF.

Statutory and Policy Implications

17. 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. The Board accepts the report.

2. The Board agrees the priorities for action as identified in paragraph 16 and supports the approach suggested.

Jon Wilson – Assistant Director, Adult Social Care, Health and Public Protection

For any enquiries about this report please contact:
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cath.cameron-jones@nottscc.gov.uk

Constitutional Comments (LMcC 24/02/15)

18. The recommendations in the report fall within the terms of reference of the Health and Wellbeing Board.

Financial Comments (KAS 12/02/15)

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

Background Papers and Published Documents

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

20. Nottinghamshire Learning Disability Self-Assessment and easy read version – available from Nottinghamshire learning Disability partnership Board website

    http://www.nottscountypb.org/default.aspx?page=27944

21. Learning Disability self-assessment guidance and RAG rating – available from the Public health observatory website:

    http://www.nottscountypb.org/

Electoral Division(s) and Member(s) Affected

22. All

Health or social care lead area	info required from health or social care?	subject	summary (please refer to self assessment for detail)	QUESTION	Current answer	er of characters in	Website	Real Life Story	
Health	health	Demographics		Data A					
Health	health	Cancer Screening		data B					
Health	health	Wider health		Data C					
Health	health	Mortality		data D					
Health	health	Observatory		Data E					
Health	health	Hospital use		Data f					
Health	health	Continuing Care		Data G					
n/a		Observatory		Data H, I and J					
n/a		Observatory		Data K, L, M					
n/a		Observatory		Data N,O					
n/a		Observatory		Data P					
health	health	QOF register	What does the QOF register ask for? Is it ALL LD or people with moderate LD etc? need wording here to match against known prevelence data	A1	LD registers for Nottinghamshire reflect prevalence as well as being stratified in the required data set, namely age, complexity (complex or profound) autism spectrum disorder and ethnicity. **GREEN**				
health	health	Screening - OBESITY/CARDIO/DIABETIES AND EPILEPSY	assume this can only be completed if data available?	A2	In Nottinghamshire we have data about the percentage of PWLD having accessed services around obesity, cardio vascular disease, diabetes, asthma, epilepsy and dysphagia. We also have the comparative data for the general population. This data can be broken down to CCG area and Individual GP Practice. This will be built into the Miquest query next year to break down into Area Teams **AMBER**				
health	health	annual health checks	% undertaken and whether registers have been validated	A3	IHAL will complete this data, however locally we would be RAG as AMBER				
health	health	HAPs	% of patients with a HAP (according to GP data gathered at Annual health checks) and evidence of them containing specific health improvement targets	a4	There is inconsistency across Nottinghamshire with regards to the number of PWLD recieving health checks. The ranges flows from 36% in Bassetlaw to 76% in Mansfield. The primary and acute LD nurses delivered health action plan training to a number of supported living providers / residential care homes for people with LD. Anecdotal evidence from the health facilitators suggest that a large number of patients do have health action plans, however, this is currently not recorded and data collated. A new template is still being developed which will be completed as part of the annual health check and feed into the HAP in future. **RED**				should the first 2 sentances of this be in answer above?

health	health	SCREENING - CERVICAL/BREAST/BOWEL	no's of people screened in LD and comparative data	a5	We are able to identify people with a learning disability that are screened against the non-learning disabled population, however, we plan to scrutinise this further throughout 2014/15. In Bassetlaw the Primary Care LD Facilitator held a health screening event. People with a LD, their families, carers and support staff were invited to attend. Nottinghamshire CCG's are aware of the people declining some screening services, some CCG's and have held a local screening event and will be looking into further actions that need to take place to improve on this. they continue to use the DVD that was disigned to expalin the importance of screening. **AMBER**				
health	health	communication between healthcare prof	Primary care communication of LD status to other healthcare proff	A6	There is no automatic process for ensuring that information regarding LD status is passed from GPs to other healthcare professionals. However, the majority of patients are known to health facilitaotors who liase with acute laison nurses in the hospitals and ensure LD status is known and appropriate support provided. LD awareness training has also been provided to county health partnership staff. An increase in sharing across System One has definitely improved communication with other teams and professionals involved. Nottinghamshire have adopted the new 5 Communication Standards, every GP and specialist dental services practice have a copy of the new communication resource. The resource is also available on the several CCG internet. **AMBER**				the communication tool have to do with communicating across health depts about the fact that someone has an LD?
health	health	LD liaison func	function and known LD activity data/formal reporting	A7	Acute liaison function in place and working to ensure transition of patients across sites and shared communication documents. Both the Acute and Primary Care LD Facilitators deliver training together. They work directly with patients through their pathways across primary and acute care. They attend the LD partnership board and better health group. In Basstetlaw the LD Facilitator also put on a LD cancer screening event in June 2014. **GREEN**				

health	health	NHS commissioned primary and community care	Access to universal services for people with LD (NOT specialist)	A8	Many of the services listed can evidence examples of reasonable adjustments and tailoring their approach to the needs of their individual patients. However it would be hard to quantify how many of these were due to a learning disability. Dentistry recently presented at the LD Partnership Board to update on developments of a new dentisrty service for LD patients. The LD Partnership will continue to work with the Area team to creat mechanisms for understanding the quality of this work. Training continues to encourage services to consider service improvements and ways to make reasonable adjustments for PWLD. **AMBER**			
health	criminal justice/offender health services		knowledge of no's of people with LD in CJS (including secure hospital where alt to prison?) - annual health checks/training etc.	A9	Evidence suggests 7% of the prison population, and a greater number in the criminal justice system have learning disabilities. East Midlands Health and Justice team are piloting an enhanced LD screening tool at HMP Foston hall and HMP Sudbury – this enhanced tool identifies broader issues – including acquired brain injury and LD as well the Asperger's spectrum: this is currently being evaluated before being rolled out across all 16 prisons, work is also arising from this to identify referral pathways. LD is also a key part of the liaison and diversion programme, where those in contact with criminal justice and where they are identified as having LD are signposted out into appropriate non custodial provision. Development required. Some developing pathways ie HMP Whatton have been funded and will be further evaluated before rolling out across region. Prisoners and young offenders with LD have had an annual health check which generates a health action plan, or are scheduled to have one in the coming 6 months **AMBER**			
social care	CHC AND CCG COMMISISONERS AND social care	% of care packages reviewed	reviews for social care and people 100% health funded and health commissioners re secure hospital reviews	B1	Reviews take place informally and formally. Informal reviews will be kept in case notes - smaller changes to care packages can be made and recorded this way. Formal reviews will be kept as Episodes and 73.3% of FACS eligible service users had a formal review and this was based on community care or OT review. Overwhelmingly reviews will take place face to face. In a small number of cases a telephone review will take place in very straightforward cases where a service user is a regular attender at a day service who will on an on-going basis raise any concerns with the local CLDT. All service users covered by the Transforming Care programme (AKA Winterbourne View) had a externally commissioned specialist (Positive Behavious Support Consultancy) who co-ordinated reviews for everyone in long-stay hospitals. A list of all NHS funded care packages is monitored and 89% of packages were reviewed either by a clinician or their named social worker in 2013/14. Person centred planning is in place for all patients and where possible providers are expected to involve patients and their families/carers in all decisions about their care. **AMBER**	1151	http://www.pbsconsultancy.net/	BT was admitted to long stay hospital in 2011. He undertook treatment including completing work with relevant professionals including; Psychology, Speech and Language Therapist and Occupational Therapy. In May 2013 he was involved in his Person-Centred Review and was found ready to move on from hospital. A supported housing placement was found and BT began transition work with his new community support provider. He moved in Sept 2013 where he has maintained his tenancy so far successfully.

social care	CHC AND CCG COMMISISONERS AND social care	contract compliance	number of contracts held and number reviewed in 13/14 (or last 12 months) - overview of contracts held and process for review	B2	The majority of Nottinghamshires health and social care commissioned services for PWLD have an annual contract and regular service reviews which are reported to the Nottinghamshire Group (a sub group of the Governing Body) and through to social care via the Service Director for Personal Care and Support in Older Adults who sits on the Nottinghamshire Group. For residential care the Council only contracts for new work with providers who have passed a checking process via an accreditation procedure. All the LD residential homes have had a Quality Audit in the last 3 years and frequency of audit is based on risk so all the homes that are rated high risk will have had their audits first. Health and social care staff can record concerns and Market Development Officers will use this information to collate issues with care providers to tackle in annual business reviews or to take more urgent compliance action immediately. **RED**			?
HEALTH	HEALTH - CCG COMMISSIONERS	MONITORING OF FOUNDATION TRUSTS	SUPPORT TO ACHIEVE FOUNDATION STATUS AND MONITORING ONCE REACHED FOUNDATION STATUS	B3	Fully compliant - we have a comprehensive awarenes of NHT works towards gaining Foundation Trust Status. **GREEN**			
SOCIAL CARE	CHC AND CCG COMMISISONERS AND social care	SAFEGUARDIN	information about the safeguarding board but also provider info required - all providers can demonstarate operating within safeguarding frameworks and have assured their board safeguarding is a priority. we are working with stuart and tina on making safeguarding personal include mr m as a trainer.	B4	The Nottinghamshire Safeguarding Adults Board (NSAB) is responsible for implementing Notts strategy. The Safeguarding Partnership has been set up in addition to the NSAB and has four standing sub-groups which contribute to the overall strategy and business plan : Communications, Training, Quality Assurance and Serious Case Review . In addition to the Board, a countywide safeguarding adult partnership has over 40 organisations, service users and carers who come together to advise the Board, participate in safeguarding developments and disseminate information across the County. Contracts ensure Providers abide by the Safeguarding Board's policies and procedures and this is checked at quality audit in relation to staff training and understanding, as well as when safeguarding alerts are received. In January 2014 the independent chair of the NSAB attended Partnership Board to update it on progress. Notts is a participant in Making Safeguarding Personal which is motivated by the need to understand what works well in supporting adults at risk of, or who have experienced, abuse or neglect. A service user from the learning disability is part of the NSAB and is developing easy read information about safeguarding. **GREEN**		http://www.nottinghamshire.gov.uk/caring/adultsocialcare/backgroundsupport/safeguardingadults/.	Mr. Y was attacked after refusing to hand over his phone to two men who had befriended him in a busy local pub. An orgnaisation funded by the Council - Smile! Stop Hate Crime (SSHC) became involved after being approached by his support worker. Mr Y told SSHC that Police did not deal with his theft very well. SSHC and Mr. Y took this up with the Police and now his case is used in Police training.

SOCIAL CARE	CHC AND CCG COMMISISONERS AND social care	training and recruitment	provider services - evidence they include people with LD in training and recruitment (need 90% to go amber - not sure how we evidence the %)	B5	In overall terms contracts with Providers state service users must be able to to influence staff recruitment and other matters that affect them directly. Service user feedback is required as part of the providers quality monitoring system and carer and SU feedback is sought by the Council when undertaking quality reviews. Carers attend Supported Living Provider Forums to ensure carer involvement in practice development - one carer attended to lead a workshop on his own experiences. All staff who work for the county council, and this will include staff working in universal services such as libraries, have mandatory induction which includes disability awareness and have regular appraisals and if required further equality awareness training is available in E-learning or audio format. **AMBER**		http://www.nottinghamshire.gov.uk/caring/adultsocialcare/somewheretolive/supportedliving/slpf/slpflanding/documents-links-presentations/?entryid168=279795	One Provider has the Recruitment Troop - a group of people supported nationally to review the recruitment processes and produced a number of tools to support a personalised recruitment process. 3 service users in Notts, supported by their family members, used these processes to form a recruitment panel when they first moved into their supported accommodation to support the management panel in choosing their support staff.
SOCIAL CARE	CHC AND CCG COMMISISONERS AND social care		Commissioners ensure providers recruitment and staff management based on dignity and respect - LD specific services and universal services	B6	To be answered by service users and carers			
SOCIAL CARE	SOCIAL CARE	STRATEGIES AND EIA		B7	The Council is committed to equality in the delivery of services and in the employment of its workforce. A list of Equality Impact Assessments and the business case attached that have been completed are available on the Council's website. Information was available on the public website of Equality Impacts considered as part of the 2013/14 Budget Proposals - 14 assessments are available that could affect service users with a learning disability. Disability is one of the protected characteristics within the EIA. The JSNA includes information about the local needs of people with a learning disability. Joint Commissioning plans are shared with the LD partnership board for annual approval of action plans and update on progress. **GREEN**		http://www.nottinghamshire.gov.uk/thecouncil/democracy/equalities/eqia/	
SOCIAL CARE	CHC AND CCG COMMISISONERS AND social care	COMMISSIONERS ENSURE PROVIDERS CHANGE PRACTICE DUE TO COMPLAINTS /WHISTLE BLOWING	EVIDENCE THAT 50%/90% OF COMMISSIONED PRACTICE & CONTRACTS REQUIRE EVIDENCE OF IMPROVED PRACTICE.	B8	Whistle blowing and complaints policies, and the requirement to deliver continuous improvement are all included in contracts for providers. Contracts also require Quality Assurance processes that include the need to seek service user feedback. As part of improving and monitoring quality of support 62 visits in 2013/14 were made to supported living providers to undertake audits, respond to specific issues and to complete Action Plans for Providers to raise quality. In residential care the Council has a referral system where a Quality Monitoring Officer can investigate if one complaint applies to other service users in the home and if so an Action Plan will be put in place for the home. Something about our complaints procedure and results (also health) **GREEN**			One external Provider has a range of processes, including using a Quality Management System, that put the Service User at the heart of processes and ensure that the Contracts Manager reviews all complaints/compliments/suggestions/comments on at least a quarterly basis to identify trends to make improvements and incorporate longer term issues into the annual Service Strategy.

SOCIAL CARE	CHC AND CCG COMMISISONERS AND social care	MCA & DOLS	N/A - will be sourced from nationally available data sets.	B9	N/A - will be sourced from nationally available data sets.			
SOCIAL CARE	CHC AND CCG COMMISISONERS AND social care	joint working	joint govenance and monitoring and formal partnerships/pooled budgets between health and social care	c1	The Council and the CCG's are working towards the implementation of a Pooled Budget in 2015/16 for patients with learning disabilities/autism who attract s117 funding. We are currently operating as an aligned budget so we can assess any potential impact of a pooled budget. Community Learning Disability Teams are integrated with staff such as Social Workers, LD Nurses and SALT working alongside each other. The Winterbourne Programme has been jointly managed throughout with Project Management being shared, a monthly Project Board and joint meetings at an operational level between social care staff, the Healthcare Trust and CCG. The Health and Wellbeing Board for Nottinghamshire includes reps from the CCG's, County Council, NHS England and Healthwatch Nottinghamshire. There is an integrated commissioning group to look at issues relating to learning disability, mental health and autism where health and social care can work together. **GREEN**		http://www.nottinghamshire.gov.uk/caring/yourhealth/developing-health-services/health-and-wellbeing-board/	
SOCIAL CARE	SOCIAL CARE + indicators	transport and amenities	people with LD having access to resonably adjusted services to help them maintain social networks changing places	c2	The Council funds a third sector organsiation to work with service users, schools, public services and wider organsiations such as supermarkets to reduce bullying and develop safer places for service users to visist. Changing places toilets are available in all areas of Nottinghamshire. Consultation events with supported living providers have taken place to further sharpen Provider's work to improve independence of service users, reduce the reliance of paid support and increase use of everyday community facilities. In the south of the county the bus operator NCT's drivers have all recently undertaken disability awareness training. **GREEN**	648	http://www.nottinghammencap.org.uk/What-We-Do/smile-stop-hate-crime.html	I use the bus. It is good. The bus stops when I stand at a bus stop. I use the number 10 bus and go to town on it. I can go on my own. The bus says out loud what the next stop is so I know when to get off. This is good as I cannot see that well and carry a stick with me. The drivers are mostly friendly.
							https://www.nctx.co.uk/customer-services/information-centre/what-accessibility-training-do-your-drivers-receive/	

SOCIAL CARE	SOCIAL CARE + indicators	arts and culture	people with LD having access to resonably adjusted services to help them participate fully	c3	Service users access arts and culture through day activities in internal and independent day services, purchased with a Personal Budget. Voluntary Groups can bid for money from the Nottinghamshire Arts Fund and the criteria includes ensuring accessibility. Access more broadly is provided across a range of voluntary and private organisations offering film, theatre, music, exhibitions etc. For example Nottingham Contemparary offers bespoke artist led workshops and free gallery talks for a broad range of groups with additional support needs. The Capital One Arena has an accessibility policy that includes 'Attitude Is Everything' who improve disabled people's access to live music by working in partnership with audiences, artists and the music industry to implement a charter of best practice. **GREEN**		http://www.nottinghamplayhouse.co.uk/your-visit/access/	My wife and I are part of an history group, we are friends of Papplewick Pumping Station we help out at events, Being members means that we get to go on trips to other steam engines. Sometimes other volunteers from the pumping station pick us up or we catch a bus and make our own way there. I like being part of this group because you get to see things that the public don't.
SOCIAL CARE	SOCIAL CARE + indicators	sports and leisure	people with LD having access to resonably adjusted services to help them participate fully loads of stuff I gave to Cath last year plus newark leisure centre stuff	c4	There are a range of resources available at Sport Nottinghamshire including practcial tips to promote equality and the IRIS Project that offers one to one support. Local district councils provide specific access to sports facilities for disable d people, including those with a learning disability. A variety of other community groups, also provide spotting activity, either to help people watch sport or take part. Nottingham Forest Football Club has a Disabled Supporters Policy that makes specific reference to learning disability. Arnold Leisure Centre has a range of accessible adjustments to enable people with disabilities to access the centre. **GREEN**		http://www.nottinghamforest.co.uk/Tickets/disabled_supporters_policy.aspx http://www.gedling.gov.uk/leisure/leisurecentres/accessibilityinformation/#d.en.33228	I have just moved to Sutton and went to watch Stags play at Mansfield FC. I couldn't go on my own so a member of staff from home took me. I find it hard to catch buses these days so we had to go in a taxi. We brought tickets on the day; we queued to buy the tickets but didn't have to wait long so I was OK. Once we had our tickets they opened a special door to let us in - I have a walking stick - so we didn't have go with everyone else pushing and shoving. They got us seats at the front so it was easy to get in without people pushing. It was great, they played ok but not great.. When the match was over we could leave through a door where there were not loads of people pushing to get out. I want to go again, it was easy to do with support and I felt safe at the ground.

SOCIAL CARE	SOCIAL CARE + indicators	employment	local and national targets met - employment activity linked to commisisoning intent for future	c5	I-Works is funded to support service users with a learning disability into employment. In 2013/14 it was working with 138 people for Intensive Support (where we work with service users out in the community), 369 for Contact Support - (where we are available to them for support, and are aware they are in employment) and 23 in Project Support - (where they attend a project we run - working towards paid employment). The Council supports a range of projects and partnerships to promote emplyment for service users. For example Project Search and the NHS: students from Foxwood Academy (school for young people with Special Educational Needs) spend a school year working within different departments in NHS hospitals (e.g. - Linen services, Outpatients, Retail catering, Cleaning, Logistics, Medical equipment, Human resources etc). We have recently been nominated for an NHS award for partnership working. We help support the students to transition into paid work and continue on job support indefinitely. 7.2% of service users with a LD in Notts LD are in paid employment compared to East Midland Average of 4.9%, England Average 6.8% and Similar Local Auth. Av 6.2%. **GREEN**	1185	http://www.nottinghamshire.gov.uk/living/jobs/support-and-advice/employment-and-disability/	GH attended I-work Cafe to learn catering skills and customer service. He gained experience in how to work in a catering environment. I-Work helped him pass his food hygiene certificate and then marketed GH to local catering retail businesses. I-Work supported GH in interview. I-Work supported the employer in the best way to work with GH. We worked with GH on site to learn the job and work routines. I-Work regularly check with GH and employer that all is in order, and visit to make sure everything is OK.
SOCIAL CARE	CHC AND CCG COMMISISONERS AND social care	effective transitions	EHC plans, pathways and involvement across health and social care	C6	There is a county-wide LA Transitions Team and it currently has a caseload of 202 young people. The Transitions Team ensure they have attendance at yr9 school review for anyone with a statement/EHC plan who may need support from adult social care in the future. This establishes the link between the young person, their family and the team. Nottinghamshire was a pilot authority for undertaking and devising EHC's. The Transitions Team will ensure there is effective tranisiton planning with the service user, family and cirlce of support as well more generally offering support to carers/families including carers assessments and young carers assessments. The Council ensures timely Community Care Assessments and Support Plans are made to establish eligibility for Adult Services and identify a personal budget and appropriate services. The Transition Team has established links with education and health as well as between adult and children's services at all levels to ensure as smooth a transition as possible. In Nottinghamshire the Children's Integrated Commissioning Hub provides co-ordination and a single point of accountability for children and young people's health and wellbeing related commissioning. It works to align and pool commissioning resources on behalf of Clinical Commissioning Groups, Public Health and NHS England. **GREEN**	1358	http://www.nottinghamshire.gov.uk/caring/adultsocialcare/backgroundsupport/becoming-an-adult/ and http://www.nottinghamshire.gov.uk/caring/yourhealth/developing-health-services/childrenscommissioning/	Miss R and her brother Mr T both have profound physical and learning disabilitlies (including significant health needs) and are cared for by their grandparents. Miss R is 18 at the beginning of 2015 and Mr T will be 17. The siblings have suffered many losses in their lives including the death of both parents, and as a result have a very close bond. One gets distressed if they are without the other for significant periods of time. Whilst work is being done to support each young person to develop their independence it is recognised that any separation, even short term, needs to be managed gradually. As a result the Transitions Social Worker has worked with the Childrens Disability Team, Childrens short breaks services, Continuing Health Care and the accredited CSE provider for the area to ensure continuing for both individuals. The CSE provider has agreed to work with both siblings so that personal

SOCIAL CARE	public health, C	Involvement in service planning and decision making	carer support/strategy/carers involved in provider service development cse evidence of co-production in LD specific and universal services ldpb, cse, provider forum and numerous carers groups	c7	Nottinghamshire has a Learning Disability Partnership Board and this is a key forum for health and social care, providers, service users and carers to meet, discuss, debate and make decisions around services. A new system for involving service users meant reps were elected by their peers who they were held more tightly accountable to. The Partnership Board will take up issues of co-production in LD and universal services. For example a carer rep was tasked by the Board to discuss with Newark District Counci putting a Changing Places toilet and hydrotherapy pool in a newly commisioned leisure centre. The Council undertook a major tender for supported living services and consulted with carers and service users over the type of services wanted and used Working Together for Change processes. The Empower and Enable project, using the Think Local Act Personal model, worked with providers, service users and a user-led organisation - Disability Notts - to find ways to support service users to be more involved in producing their Support Plan after the Personal Budget had been assessed. Current savings proposals out for consultation have been translated into easy read and made available on the Partnership Board Website. **GREEN**		http://www.disabilitynottinghamshire.org.uk/wp-content/uploads/2014/01/Strategic-Plan-A3-2014-2017-v5.pdf	We were asked to be part of the tender from the beginning. We said what we thought was a good service and what we said was included in the questions, I felt involved. The group all had their say and were supported really well and our ideas were used as well as the carers at the big meeting. We could get our ideas over to people and they listened.
							http://www.nottscountypb.org/Libraries/Local/734/Docs/2014%20Board/march%2020th%2014/5%20%20LD%20-%20What%20we%20Said%20We%20Would%20Do%2020.3.14.pdf	
							http://www.nottinghamshire.gov.uk/caring/adultsocialcare/somewheretolive/supportedliving/slpf/slpflanding/documents-links-presentations/?entryid168=279795	
SOCIAL CARE	public health, CCG and social care commissioners	Carer satisfaction rating	Carer satisfaction rating. To be answered by family carers	c8	To be answered by family carers			

SOCIAL CARE	CHC AND CCG COMMISISONERS AND social care	carers	Overall rating to be completed by IHAL (DOH)	c9	Overall rating to be completed by IHAL (DOH)			

Self Assessment element

THE RED/AMBER/GREEN ASSESSMENT FRAMEWORK MUST BE REFERRED TO TO ENSURE PROPER COMPLETION OF EACH AREA
THIS IS SIMPLY A SUMMARY TO ENSURE ALL AREAS ARE COVERED.

ALL AREAS HAVE A SPACE FOR EVIDENCE AND SERVICE USER STORIES

Where social care has been written in red as lead - I am happy to colate and input info BUT that I need info and input (and poss some help understanding requirements!) from health collegues.
IN ALL QUESTIONS specific sections of the health equalities framework or NHS/SC or PH outcomes framework are referred to.(or Winterbourne req.) - any info
you hold here - please pass on to me ASAP

		2013/14	2014/15	Notes
1	LD QOF register in primary care	LD registers for Nottinghamshire reflect prevalence as well as being stratified in the required data set, namely age, complexity (com[plex or profound) autism spectrum disorder and ethnicity. **GREEN**	LD registers for Nottinghamshire reflect prevalence as well as being stratified in the required data set, namely age, complexity (com[plex or profound) autism spectrum disorder and ethnicity. **GREEN**	
2	Screening - People with learning disability are accessing disease prevention, health screening and health promotion in each of the following health areas: Obesity, Diabetes, Cardio vascular disease and Epilepsy	In Nottinghamshire we have data about the percentage of PWLD having accessed services around obesity, cardio vascular disease, diabetes, asthma, epilepsy and dysphagia. We also have the comparative data for the general population. This data can be broken down to CCG area and Individual GP Practice. This will be built into the Miquest query next year to break down into Area Teams **AMBER**	In Nottinghamshire we have data about the percentage of PWLD having accessed services around obesity, cardio vascular disease, diabetes, asthma, epilepsy and dysphagia. We also have the comparative data for the general population. This data can be broken down to CCG area and Individual GP Practice. **AMBER**	
3	Annual Health Checks and Annual Health Check Registers	Overall 67% of annual health checks were completed county wide. 4 of the 6 CCGs increased the number of health checks undertaken **AMBER**	IHAL will complete this based on relevant data. There is inconsistency across Nottinghamshire with regards to the number of PWLD recieving health checks. The ranges flows from 36% in Bassetlaw to 76% in Mansfield. **WHITE**	R- less than 50% A- 50-69% G - over 70%
4	Health Action Plans	Anecdotal evidence from the health facilitators suggest that a large number of patients do have health action plans, however, this is currently not recorded and data collected. A new template has been devised which will be completedas part of the annual health check and feed into the HAP in future. **RED**	The primary and acute LD nurses delivered health action plan training to a number of supported living providers / residential care homes for people with LD. Anecdotal evidence from the health facilitators suggest that a large number of patients do have health action plans, however, this is currently not recorded and data collated. A new template is still being developed which will be completed as part of the annual health check and feed into the HAP in future. **RED**	R- less than 50% A- 50-69% G - over 70%

5	Screening - Comparative data of people with learning disability vs. similar age cohort of non-learning disabled population in each health screening area for cervical, breast and Bowel screening	We are able to identify people with a learning disability that are screened against the non-learning disabled population, however, we plan to scrutinise this further throughout 2013/14. A DVD explaining the importance of bowel screening has been developed for use by people with a learning disability in Nottingham. **AMBER**	IHL will complete this data, based on screening numbers. We are able to identify people with a learning disability that are screened against the non-learning disabled population, however, we plan to scrutinise this further throughout 2014/15. In Bassetlaw the Primary Care LD Facilitator held a health screening event. People with a LD, their families, carers and support staff were invited to attend. Nottinghamshire CCG's are aware of the people declining some screening services, some CCG's and have held a local screening event and will be looking into further actions that need to take place to improve on this. they continue to use the DVD that was disigned to expalin the importance of screening. **WHITE**	Numbers to inform RAG rating have not been supplied.
6	Primary care communication of learning disability status to other healthcare providers	There is no automatic process for ensuring that information regarding LD status is passed from GPs to other healthcare professionals. However, the majority of patients are known to health facilitaotors who liase with acute laison nurses in the hospitals and ensure LD status is known and appropriate support provided. LD awareness training has also been provided to county health partnership staff. **AMBER**	There is no automatic process for ensuring that information regarding LD status is passed from GPs to other healthcare professionals. However, the majority of patients are known to health facilitaotors who liase with acute laison nurses in the hospitals and ensure LD status is known and appropriate support provided. LD awareness training has also been provided to county health partnership staff. An increase in sharing across System One has definitely improved communication with other teams and professionals involved. **AMBER**	

7	Learning disability liaison function or equivalent process in acute setting	Acute liaison function in place and working to ensure transition of patients across sites and shared communication documents. Working groups have been formed to develop and identify training needs and this has been fed back to The Trust. The Acute Liaison nurses (ALN) are from different trusts and work accross different sites but work together and share good practice. The LD healthcare facilitators and the ALNs attend the Better health group LD PB sub group to ensure links are maintained and partnership working is supported accross the area. **GREEN**	Acute liaison function in place and working to ensure transition of patients across sites and shared communication documents. Both the Acute and Primary Care LD Facilitators deliver training together. They work directly with patients through their pathways across primary and acute care. They attend the LD partnership board and better health group. In Bassetlaw the LD Facilitator also put on a LD cancer screening event in June 2014. **GREEN**	
8	Reasonable adjustments in primary care	Many of the services listed can evidence examples of reasonable adjustments and tailoring their approach to the needs of their individual patients. However it would be hard to quantify how many of these were due to a learning disability. **AMBER**	Many of the services listed can evidence examples of reasonable adjustments and tailoring their approach to the needs of their individual patients. However it would be hard to quantify how many of these were due to a learning disability. Dentistry recently presented at the LD Partnership Board to update on developments of a new dentisrty service for LD patients. The LD Partnership will continue to work with the Area team to creat mechanisms for understanding the quality of this work. Training continues to encourage services to consider service improvements and ways to make reasonable adjustments for PWLD. Nottinghamshire has adopted the 5 new communicastion standards and every GP and specialist dentist has a copy of the new communication resource which is also available on CCG internet. **AMBER**	

9	Offender Health & the Criminal Justice System	Currently offender health commissioners don't yet have informed representation of the views and needs of people with learning disability or autism either in custody suites or prisons. A health needs assessment is being undertaken in Nottinghamshire police custody suites(to support the transfer of commissioning responsibility) and also refreshing soem health needs assessments in prisons to focus specifically on LD bneeds. prisoners in Notts are assessed for LD (either by health or educational teams in prison) and prison healthcare providers receive LD awareness training. When assessed as having an LD prisioners will get Annual health checks. Some prisons also have easy read info available. **RED**	Evidence suggests 7% of the prison population, and a greater number in the criminal justice system have learning disabilities. East Midlands Health and Justice team are piloting an enhanced LD screening tool at HMP Foston hall and HMP Sudbury – this enhanced tool identifies broader issues – including acquired brain injury and LD as well the Asperger's spectrum: this is currently being evaluated before being rolled out across all 16 prisons, work is also arising from this to identify referral pathways. LD is also a key part of the liaison and diversion programme, where those in contact with criminal justice and where they are identified as having LD are signposted out into appropriate non custodial provision. Development required. Some developing pathways ie HMP Whatton have been funded and will be further evaluated before rolling out across region. Prisoners and young offenders with LD have had an annual health check which generates a health action plan, or are scheduled to have one in the coming 6 months **RED**	

10	Regular Care Review	Information on every contact with service users is recorded but not collated but in the majority of cases, needs and therefore service provision will be reviewed several times during the year. Small changes to personal budgets, reflecting minor changes in need can be made without a full review. 77% of service users with a learning disability receiving services from Nottinghamshire county council had a formal scheduled review in 12/13. All reviews are face to face but data includes people in supported employment or who have had OT contact during the year for whom a formal Self Directed Support review will not have been completed but a service review from the provider will have. All service users in long stay hospitals have received a formal review in the last twelve months. **RED**	Reviews take place informally and formally. Informal reviews will be kept in case notes - smaller changes to care packages can be made and recorded this way. Formal reviews will be kept as Episodes and 73.3% of FACS eligible service users had a formal review and this was based on community care or OT review. Overwhelmingly reviews will take place face to face. In a small number of cases a telephone review will take place in very straightforward cases where a service user is a regular attender at a day service who will on an on-going basis raise any concerns with the local CLDT. All service users covered by the Transforming Care programme (AKA Winterbourne View) had a externally commissioned specialist (Positive Behavious Support Consultancy) who co-ordinated reviews for everyone in long-stay hospitals. A list of all NHS funded care packages is monitored and 89% of packages were formally reviewed either by a clinician or their named social worker in 2013/14. Person centred planning is in place for all patients and where possible providers are expected to involve patients and their families/carers in all decisions about their care. **AMBER**	based on information from other authorities last year we have raised our status from red to amber as included informal reviews. The definition of review is very unclear.

11	Contract compliance assurance	All residential care homes have had a quality audit within the last three years. Where standards were not being met, action plans were put in place and repeat visits made to ensure compliance. Ten of 16 supported living providers have been quality audited in the last 12 months with plans to complete the remaining 6 within the next six months. From April 2014, all contracted providers services will receive an annual quality review. In addition, further quality visits in response to concerns raised as well as reviews of individual service users are undertaken in residential and supported living settings. Accreditation of day service and res care. Annual review meetings are held between the CCGs and the Healthcare Trust as well as monthly contract meetings. **RED**	The majority of Nottinghamshire's health and social care commissioned services for PWLD have an annual contract and regular service reviews which are reported to the Nottinghamshire Group (a sub group of the Governing Body) and through to social care via the Service Director for Personal Care and Support in Older Adults who sits on the Nottinghamshire Group. For residential care the Council only contracts for new work with providers who have passed a checking process via an accreditation procedure. All the LD residential homes have had a Quality Audit in the last 3 years and frequency of audit is based on risk so all the homes that are rated high risk will have had their audits first. Health and social care staff can record concerns and Market Development Officers will use this information to collate issues with care providers to tackle in annual business reviews or to take more urgent compliance action immediately. **RED**	R- less than 90% A- 90-99% G - 100%
12	Assurance of Monitor Compliance Framework for Foundation Trusts	Fully compliant we have a comprehensive awareness of NHT work towards Foundation Trust status. Commissioners review Nottinghamshire Healthcare Trust's and Nottingham University Hospitals' performance against the Monitor Compliance Framework. The dashboard forms part of the monthly report to the CCG Board. **GREEN**	fully compliant - we have a comprehensive awareness of NHT works towards gaining Foundation Trust Status. **GREEN**	

13	Assurance of safeguarding for people with learning disability in all provided services and support	Nottinghamshire Safeguarding Adults Board - members- independent chair, statutory organisations, CQC & the voluntary sector. Annual reports to the H&W board, County Council elected members and the Police and Crime Commissioner. Annual audit of safeguarding arrangements using the DH SAAF. Strategic plan to focus actions. Each statutory organisation has its own internal safeguarding governance arrangements and regular feedback is provided at quarterly board meetings. A wider safeguarding Partnership of over forty organisations, service users and carers, come together to advise the Board, participate in safeguarding developments, and act as a conduit for dissemination of information across the County. All contracts require providers to work in accordance with Notts safeguarding policy and this is checked at quality audit in relation to staff training and understanding, as well as when safeguarding alerts are received. Safeguarding reports are brought to the LD partnership Board. **GREEN**	The Nottinghamshire Safeguarding Adults Board (NSAB) is responsible for implementing Notts strategy. The Safeguarding Partnership has been set up in addition to the NSAB and has four standing sub-groups which contribute to the overall strategy and business plan : Communications, Training, Quality Assurance and Serious Case Review . In addition to the Board, a countywide safeguarding adult partnership has over 40 organisations, service users and carers who come together to advise the Board, participate in safeguarding developments and disseminate information across the County. Contracts ensure Providers abide by the Safeguarding Board's policies and procedures and this is checked at quality audit in relation to staff training and understanding, as well as when safeguarding alerts are received. In January 2014 the independent chair of the NSAB attended Partnership Board to update it on progress. Notts is a participant in Making Safeguarding Personal which is motivated by the need to understand what works well in supporting adults at risk of, or who have experienced, abuse or neglect. A service user from the learning disability is part of the NSAB and is developing easy read information about safeguarding. **GREEN**	

14	Training and Recruitment - Involvement	Council contracts state that service users must be able to influence staff recruitment and other matters which affect them directly. Service user feedback is required as part of the providers quality monitoring system and carer and SU feedback is sought by the council when undertaking quality reviews. There is evidence of service users being involved in staff recruitment in the healthcare trust, a service user social enterprise group being involved in provider quality audits and in choosing their support providers as part of an established commissioning process within NCC. Service users are involved in training for LD staff around person centred approaches. The healthcare Trust have also used service users to develop training videos and undertaken awareness training across generic health services to enable better access and service delivery to people with learning disabilities. Carers have attended provider forums to share good and bad practice with a view to continuous learning and improvement. Sus are currently developing a resource pack for healthcare professionals around communication. **AMBER**	In overall terms contracts with Providers state service users must be able to influence staff recruitment and other matters that affect them directly. Some staff from Notts cc Service user feedback is required as part of the providers quality monitoring system and carer and SU feedback is sought by the Council when undertaking quality reviews. Carers attend Supported Living Provider Forums to ensure carer involvement in practice development - one carer attended to lead a workshop on his own experiences. All staff who work for the county council, and this will include staff working in universal services such as libraries, have mandatory induction which includes disability awareness and have regular appraisals and if required further equality awareness training is available in E-learning or audio format. **AMBER**	
15	Dignity and respect	The dignity challenge is a key component of social care and health contracts and providers are expected to evidence how they meet the dignity challenge as part of the quality audits. Tender applications and quality audits focus on values of providers. While this has not been specifically tied to the way providers recruit staff, it is implicit in all contracts. All NHS recruitment includes compassion, dignity and respect in the specification **AMBER**	Answered by service users and carers - whether they feel that providers of service treat them with dignity and respect. Last year this was a question for commissioners to answer about whehter they required providers to treat people with dignity and respect. **AMBER**	

16	Local Authority Strategies in relation to the provision of support, care and housing are the subject of Equality Impact Assessments and are clear about how they will address the needs and support requirements of people with learning disabilities.	NCC's wider strategy is currently out for consultation; a high level EIA has been undertaken and will be updated and published following consultation. Disability is one of the protected characteristics within the EIA. Business cases affecting the delivery of care and support services have equality impact assessments, the published ones since 2010 can be seen using the link below, new business cases are about to be released for consultation, all of which have had EIA. Health and Social Care strategy (Improving Lives in Nottinghamshire) 2009-14 . H&W strategy is currently being consulted on. The JSNA includes information about the local needs of people with a learning disability. Joint Commissioning plans are shared with the LD partnership board for annual approval of action plans and update on progress. An easy read version of the H&W strategy is being developed. NCC housing strategy for people with a learning disability was consulted on throughout it's development. **GREEN**	The Council is committed to equality in the delivery of services and in the employment of its workforce. A list of Equality Impact Assessments and the business case attached that have been completed are available on the Council's website. Information was available on the public website of Equality Impacts considered as part of the 2013/14 Budget Proposals - 14 assessments are available that could affect service users with a learning disability. Disability is one of the protected characteristics within the EIA. The JSNA includes information about the local needs of people with a learning disability. Joint Commissioning plans are shared with the LD partnership board for annual approval of action plans and update on progress. **GREEN**	
17	Commissioners can demonstrate that all providers change practice as a result of feedback from complaints, whistle blowing experience.	All providers are contractually required to have whistle blowing policies, complaints policies and deliver continuous improvement. Quality assurance processes include the need to review complaints and evaluate them in relation to service delivery. Providers are also required to seek service user views as part of their quality assurance process. Evidence of this is required in quality audits. Safeguarding concerns are brought to the attention of commissioners and CQC by staff in provider services and all providers have to evidence staff have been trained in whistle blowing procedures.	Whistle blowing and complaints policies, and the requirement to deliver continuous improvement are all included in contracts for providers. Contracts also require Quality Assurance processes that include the need to seek service user feedback. As part of improving and monitoring quality of support 62 visits in 2013/14 were made to supported living providers to undertake audits, respond to specific issues and to complete Action Plans for Providers to raise quality. In residential care the Council has a referral system where a Quality Monitoring Officer can investigate if one complaint applies to other service users in the home and if so an Action Plan will be put in place for the home. Something about our complaints procedure and results (also health)	

18	Mental Capacity Act & Deprivation of Liberty	Contracts require providers to fully comply with MCA/DOLS and have relevant policies in place. Audit checks for MCA/DOLS compliance and existence of policies and evidence of staff training for all the homes. Where deficiencies are identified, action plans are generated by the providers to improve. Guidance is given & action plans are followed up to ensure full compliance. Training has been provided by NCC and both residential and supported living provider forums have addressed the issues. Providers routinely refer for DOLs assessments. Not all providers are yet routinely embedding the MCA in all practice. **AMBER**	SAF states will be completed from national data. **WHITE**	
19	Effective Joint Working	Nottinghamshire has a joint health and wellbeing board. Integrated commissioning groups across health and social care meet on a regular basis and have joint action plans covering all service user groups with specific plans for people with learning disabilities and people with autism. Priorities are agreed by and progress against is monitored and reported to the LD partnership Board and the H&W board. The Winterbourne project is being jointly project managed by health and social care, with a joint project board meeting monthly and plans are being explored to develop pooled budgets to ensure services for people with complex needs and/or challenging behaviours are appropriately met. **GREEN**	The Council and the CCG's are working towards the implementation of a Pooled Budget in 2015/16 for patients with learning disabilities/autism who attract s117 funding. We are currently operating as an aligned budget so we can assess any potential impact of a pooled budget. Community Learning Disability Teams are integrated with staff such as Social Workers, LD Nurses and SALT working alongside each other. The Winterbourne Programme has been jointly managed throughout with Project Management being shared, a monthly Project Board and joint meetings at an operational level between social care staff, the Healthcare Trust and CCG. The Health and Wellbeing Board for Nottinghamshire includes reps from the CCG's, County Council, NHS England and Health watch Nottinghamshire. There is an integrated commissioning group to look at issues relating to learning disability, mental health and autism where health and social care can work together which feed into the H&W joint plans. **GREEN**	

20	Local amenities and transport	Transport and travel services- Currently County Wide travel training and confidence skills available to young people who are vulnerable - 140 students with an LD being travel trained currently. Support plans and contracts focus on helping people to become more independent and be able to access the community. Changing places toilets are currently available in all districts across Nottinghamshire as well as in Nottingham city. Further developments are being planned in two districts. **GREEN**	The Council funds a third sector organisation to work with service users, schools, public services and wider organsiations such as supermarkets to reduce bullying and develop safer places for service users to visist. Changing places toilets are available in all areas of Nottinghamshire. Consultation events with supported living providers have taken place to further sharpen Provider's work to improve independence of service users, reduce the reliance of paid support and increase use of everyday community facilities. In the south of the county the bus operator NCT's drivers have all recently undertaken disability awareness training. **AMBER**	Bassetlaw transport issue - Partnership baord reduced this from green to amber
21	Arts and Culture	As well as being a key area of support for people accessing social care funding, access to the local community, including arts and leisure is more universally provided for people with learning disabilities by local voluntary services as well as local business. Examples can be found across many cinemas, theatres, football clubs, etc. throughout the county a small selection of which can be seen by accessing the weblinks below. **GREEN**	Service users access arts and culture through day activities in internal and independent day services, purchased with a Personal Budget. Voluntary Groups can bid for money from the Nottinghamshire Arts Fund and the criteria includes ensuring accessibility. Access more broadly is provided across a range of voluntary and private organisations offering film, theatre, music, exhibitions etc. For example Nottingham Contemparary offers bespoke artist led workshops and free gallery talks for a broad range of groups with additional support needs. The Capital One Arena has an accessibility policy that includes 'Attitude Is Everything' who improve disabled people's access to live music by working in partnership with audiences, artists and the music industry to implement a charter of best practice. **GREEN**	

22	Sports and Leisure	Local district councils provide specific access to sports facilities for disable d people, including those with a learning disability. A variety of other community groups, also provide spotting activity, either to help people watch sport or take part. Again this is widespread across the county with some examples being shown below. Accessing sport and leisure activities is also part of general support planning. **GREEN**	There are a range of resources available at Sport Nottinghamshire including practcial tips to promote equality and the IRIS Project that offers one to one support. Local district councils provide specific access to sports facilities for disable d people, including those with a learning disability. A variety of other community groups, also provide spotting activity, either to help people watch sport or take part. Nottingham Forest Football Club has a Disabled Supporters Policy that makes specific reference to learning disability. Arnold Leisure Centre has a range of accessible adjustments to enable people with disabilities to access the centre. **GREEN**	

23	supportingnpeople with learning disabiltiies into employment	after 3 yrs of exceeding targets Nottinghamshire dropped to 7.3% of people with an LD in work in 12/13 - still exceeding the comparator average of 7.2% nationally and 5.3% in the east midlands. Plans going forward into 14/15 include the continuation of our iworks team which support people with learning disabilities into employment. Employment, voluntary work etc. is always explored within individuals support plans and providers are encouraged to maximise individuals' potential to find work. An internship scheme for Nottinghamshire young people with learning disabilities has led to employment success for four of the five participants so far. Project Search was launched in January 2012 and gives people with conditions such as Asperger's, Down's Syndrome and autism work experience opportunities at the City Hospital, Nottingham. It is an initiative involving Nottinghamshire County Council, Nottingham University Hospitals Trust and special school Foxwood Academy in Bramcote, which is funding the project. **AMBER**	I-Works is funded to support service users with a learning disability into employment. In 2013/14 it was working with 138 people for Intensive Support (where we work with service users out in the community), 369 for Contact Support - (where we are available to them for support, and are aware they are in employment) and 23 in Project Support - (where they attend a project we run - working towards paid employment). The Council supports a range of projects and partnerships to promote emplyment for service users. For example Project Search and the NHS: students from Foxwood Academy (school for young people with Special Educational Needs) spend a school year working within different departments in NHS hospitals (e.g. - Linen services, Outpatients, Retail catering, Cleaning, Logistics, Medical equipment, Human resources etc). We have recently been nominated for an NHS award for partnership working. We help support the students to transition into paid work and continue on job support indefinitely. 7.2% of service users with a LD in Notts LD are in paid employment compared to East Midland Average of 4.9%, England Average 6.8% and Similar Local Auth. Av 6.2%. **GREEN**	

24	Effective Transitions for young people	Nottinghamshire is a pathfinder site for the SEHC plans. From September 2013 all new referrals have been offered a SEHC plan and 31 families are currently working on this. A new transitions team set up within social care sits in adult services and works alongside children's services which is strengthening pathways within transition services. The new children's commissioning hub, working on behalf of all 6 CCGs, NCC and public health, will streamline commissioning and avoid duplication. Through joint working, the hub will focus on delivering the best outcomes and highest quality of service for children, young people and families whilst making the best use of available resources. **AMBER**	There is a county wide LA Transitions Team and it currently has a caseload of 202 young people. The Transitions Team ensure they have attendance at yr9 school review for anyone with a statement/EHC plan who may need support from adult social care in the future. This establishes the link between the young person, their family and the team. Nottinghamshire was a pilot authority for undertaking and devising EHC's. The Transitions Team will ensure there is effective tranisiton planning with the service user, family and cirlce of support as well more generally offering support to carers/families including carers assessments and young carers assessments. The Council ensures timely Community Care Assessments and Support Plans are made to establish eligibility for Adult Services and identify a personal budget and appropriate services. The Transition Team has established links with education and health as well as between adult and children's services at all levels to ensure as smooth a transition as possible. In Nottinghamshire the Children's Integrated Commissioning Hub provides co-ordination and a single point of accountability for children and young people's health and wellbeing related commissioning. It works to align and pool commissioning resources on behalf of Clinical Commissioning Groups, Public Health and NHS England. **GREEN**	

25	Community inclusion and Citizenship	Contracts specifically require providers to help service users engage with the community through things such as paid and voluntary work, participation in elections, develop relationships with neighbours and join community groups. Contracts also require providers to support service users to maintain contact with friends and family and in develop new friendships. Issues around community inclusion are addressed in the quality frameworks. The JSNA refers to hate crime as a concern of carers and service users which was flagged up by the partnership board. NCC fund a service dedicated to raising awareness of hate crime towards people with learning disabilities (smile stop hate crime project). **AMBER**	No similar question asked this year	

26	People with learning disability and family carer involvement in service planning and decision making including Personal budgets	service users and carers are involved in shaping tenders for new services, all commissioning plans are consulted on through the learning disability partnership board. Service users are able to do their own support planning and a tool has been developed to support them with this. All providers involve service users and carers in designing their own support and services, a requirement of the contract which is tested as part of the quality audits. Feedback from carers and service users is also included in quality audits. Service users with a learning disability are also involved in some more universal services such as the safeguarding board and the NHS Trust's Sherwood hospitals LD steering group. Feedback from big health days goes to improve universal health services for people with Learning disabilities. **GREEN**	Nottinghamshire has a Learning Disability Partnership Board and this is a key forum for health and social care, providers, service users and carers to meet, discuss, debate and make decisions around services. A new system for involving service users meant reps were elected by their peers who they were held more tightly accountable to. The Partnership Board will take up issues of co-production in LD and universal services. For example a carer rep was tasked by the Board to discuss with Newark District Counci putting a Changing Places toilet and hydrotherapy pool in a newly commisioned leisure centre. The Council undertook a major tender for supported living services and consulted with carers and service users over the type of services wanted and used Working Together for Change processes. The Empower and Enable project, using the Think Local Act Personal model, worked with providers, service users and a user-led organisation - Disability Notts - to find ways to support service users to be more involved in producing their Support Plan after the Personal Budget had been assessed. Current savings proposals out for consultation have been translated into easy read and made available on the Partnership Board Website. **GREEN**	

27	Family Carers	NCC systematically collects and analyses data pertaining to the number of carer assessments, reviews and services received by carers. The data is available by service area, age and locality. The Carers' Implementation Group (CIG) is responsible for monitoring and ensuring the successful implementation of the Integrated Commissioning Carers' Strategy and Action Plan 2013- 2014 which was fully consulted on. The CIG includes 6 carer reps who are also members of other carer groups. LD services regularly engage carers in individual support planning and there is evidence of involvement in wider service planning e.g. de-registering. **AMBER**	Answered by family carers - this is a general carer satisfaction rating rather than whether data is collected as last year. **AMBER**	
			Overall rating to be completed by IHAL (DOH)	

Nottinghamshire County Council

Report to the Health and Wellbeing Board

4 March 2015

Agenda Item: 10

REPORT OF THE CORPORATE DIRECTOR FOR CHILDREN, FAMILIES AND CULTURAL SERVICES

HEALTH AND WELLBEING IMPLEMENTATION GROUP

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 a review of the Joint Strategic Needs Assessment and delivery of the 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 the integrated commissioning groups to account for progress against their delivery plans.

3. Since the last report of the Health and Wellbeing Implementation Group which was presented in July 2014 the group has met twice. The main items considered by the Group were:

- Review of evidence relating to sexual abuse and domestic violence
- Approval of the Housing needs assessment
- Agreement of the Health & Wellbeing Strategy Delivery Plan
- Housing Delivery Plan for the Health and Wellbeing Strategy
- The role of the Group & support for the Board
- Health & Wellbeing Board Stakeholder network programme

Key achievements

Joints Strategic Needs Assessment

4. The Group has received and approved updated sections of the JSNA covering the following topics:
   i. Tobacco
   ii. Carers
   iii. Hepatitis
   iv. Sexual Violence

5. A further programme of activity is planned and is attached as Appendix 1.

Delivery of the Health and Wellbeing Strategy

6. The Group has been overseeing the delivery of the Health and Wellbeing Strategy. A baseline report was presented to the Health and Wellbeing Board in December 2014 which outlined current position and highlighted issues impacting on delivery.

7. This report gives an update on progress since December, which is limited given the short reporting period. There has been significant activity however in refining the delivery plans for each priority area. Integrated commissioning groups have been asked to refine plans to focus on partnership areas, outline key actions and to identify indicators to provide a measure of success. This report will give a brief outline of significant issues and changes since December 2014 based on the ambitions within the Strategy.

A Good Start

8. Within the priority to **work together to keep children and young people safe** the Nottinghamshire Safeguarding Children Board has prioritised the Initial Child Protection Conference (ICPC) repeat audit and the Children Sexual Exploitation audit and will undertake an audit to evidence the effectiveness of information sharing between children & adults services where there are mental health or substance misuse issues in the family. While the audit has been delayed this is still on track to be completed by March 2015.

9. A needs assessment of unplanned admissions and avoidable emergency department attendance by children and young people, to support the priority **to improve health outcomes through the integrated commissioning of children's health services** has been postponed from November 2014. It is now due to be completed by the end of February 2015 and will inform future commissioning linking integrated community children's and young people's healthcare priority on reducing hospital admissions.

10. The priority to **provide children and young people with the early help support that they need** is supported by a key action:

    - to review and refresh our common assessment approach for individual children, young people or families who need integrated early help support by developing a plan to migrate early help assessments onto Framework-i so that there is an integrated approach to case recording by December 2014.

11. There are 4 milestones for this key action, three of which are being progressed successfully including the introduction of the single assessment in Children's Social Care from April 2015, which will be based upon a consistent approach to assessment and planning across the department including early help assessments.

12. The milestone proposes to use the Framework-i system for early help case management at the point that the current version of the software is upgraded (to a version known as Mosaic). This will not take place during 2014/15; the current plan envisages the implementation by summer 2015, though further work is currently being undertaken to validate this. In the meantime, early help assessments will continue to be recording on existing systems.

Living Well

13. To support the ambition that Nottinghamshire residents live well, the strategy aims to **reduce numbers of people who are overweight or obese** as a priority and aspires that all children, young people and adults in Nottinghamshire are a healthy weight, meet the Chief Medical Officers recommendations for physical activity and adopt and maintain a healthy diet.

14. One action to support this milestone is to complete the procurement of and mobilise an integrated obesity prevention and weight management service by April 2015. This procurement exercise has now been undertaken and a preferred bidder identified. Mobilisation has been initiated and will be undertaken until the contract starts in April 2015.

15. Action has also been undertaken to sign up businesses to a Nottinghamshire healthier fast food takeaway scheme. This how been completed in Rushcliffe and roll out to other areas was started in January 2015.

16. Participation rates for in the National Childhood Measurement Scheme were published in December 2014 for the financial year 2013/14. While participation for reception aged children has increased from 2012/13 from 91.3% to 92% it remains below the national average of 94% for that age group. Participation for Year 6 has declined over the same period from 91.9% during 2012/13 to 89% during 2013/14. The scheme is important because it increases understanding of weight issues in children, it offers an opportunity to engage with children and families about healthy lifestyles and weight issues and it also helps to plan and improve local services.

17. Following the Boards endorsement of the Nottinghamshire Declaration on **Tobacco Control** all district councils and CCGs are signed up in principle subject to formal agreement through their local governing bodies. As action plans are developed within partner organisations this should support referral into stop smoking services and further reductions in smoking rates.

18. Plans to re-commission Tobacco Control Services are on target to have a new service in place by April 2016.

19. Action has been undertaken to increase uptake of the **NHS Health Check** programme. Locally 8.19% of eligible people aged 40-74 have been offered a Healthcheck. The target is 20%. There is considerable variation between practices which is being addressed directly with low performers.

20. Of those people who were offered a health check, 44.06% have received a Health Check. Again there is considerable variation between practices which is being addressed by sharing national & local marketing insight and targeted social marketing planned in the last quarter of 2014/15.

21. Of those people who have had a NHS Health Check 4.44% are found to be at high risk of cardio vascular disease. The proportion of people expected to be found high risk is 9.5%. This may be low as a result of the success in finding high risk individuals in previous years.

Coping well

22. There has been good progress against the priority **to provide services which work together to support individuals with dementia and their carers** including the launch of a new local information website for carers Dementiacarers.net

23. Work to increase awareness of **Dementia** Friends continues across partners, including the County Councils new home care provider.

24. Dementia diagnosis rates are increasing across the county. NHS England is aiming to increase the rate of diagnosis so that two thirds of people with dementia will have a diagnosis and post diagnostic support by 2015. Three CCGs exceed this target (Bassetlaw, Mansfield and Ashfield and Nottingham West), one is almost at target (Rushcliffe) and Nottingham North and East and Newark and Sherwood are working to achieve the target by the end of March.

25. Specialist Compass Workers have been commissioned to support **carers** looking after people with dementia. During November and December 2014 73 carers received support from the newly commissioned Compass Workers in Nottinghamshire.

26. There has been progress to support the priority to **provide coordinated service for people with mental ill health.** A local crisis concordat steering group has been set up to develop a delivery plan to ensure local organisations work together to prevent crises happening where possible through prevention and early intervention.

27. NHS England has also commissioned a new city and countywide Mental Health Police and Custody Diversion and Liaison Service that will identify and treat early offenders with mental health problems. The Service will be delivered by Nottinghamshire Health Care Trust from 1 April 2015.

Working together

28. There has been significant progress to deliver the **housing** priority within the Strategy. A joint assessment of the Impact of Housing on Health and Wellbeing in Nottinghamshire has been produced jointly by the seven districts and will be summarised for inclusion in the JSNA. This was presented to the Health and Wellbeing Implementation Group in January 2015 along with a Delivery Plan for the priority within the Health and Wellbeing Strategy to **ensure that we have sufficient and suitable housing, including housing related support, particularly for vulnerable people.** The Housing Delivery Plan is attached as Appendix 2.

29. A Nottinghamshire Health & Wellbeing - Housing Commissioning Group, to be chaired by the Chief Executive of Mansfield District Council has also been established and met for the first time in February 2015. This group will have lead responsibility for delivery of the housing element of the Health and Wellbeing Strategy.

30. There has been some progress against the Housing Delivery Plan. However the milestone around delivering a Winter Warmth campaign has been delayed. The districts have met with colleagues from the Better Care Fund and public health during January 2015 for initial discussions around the potential for joint working on affordable warmth and fuel poverty. Provisional ideas for a longer term integrated affordable warmth model have been proposed and all partners are due to meet in March 2015 to take suggestions forward for a County

wide affordable warmth pilot project for 15/16 involving Local Authority Energy Partnership (LAEP), CCG's and districts.

Pharmaceutical Needs Assessment and Pharmacy Applications

31. The development and publication of a Pharmaceutical Needs Assessment (PNA) is one of the statutory responsibilities of the Health & Wellbeing Board. The Health and Wellbeing Implementation Group has maintained oversight of the Pharmaceutical Needs Assessment which is being presented to the Health and Wellbeing Board for approval in March 2015.
32. The commissioning of Pharmaceutical services is the responsibility of NHS England but local Health and Wellbeing Boards are consulted in order to gain views on local need. The Nottinghamshire Health and Wellbeing Board has delegated this function to the Health and Wellbeing Implementation Group.

33. During the period April to October 2014 NHS England consulted on ten applications:

- Four distance selling pharmacy applications (no local comments submitted as no impact on local services)
- Three community pharmacies, unforeseen benefits (Two were not supported locally & applications closed with NHS England or rejected. The decision on the third application is awaited from NHS England)
- A community pharmacy, change of ownership (no objections made locally. A decision from NHS England awaited)
- A community pharmacy, no significant change relocation (no objections made. A decision from NHS England is awaited)
- A dispensing appliance contractor, change of ownership & no significant relocation (No response submitted locally as it would not impact on local people. A decision is awaited from NHS England).

34. Responses were submitted for applications where there was a potential significant change to local provision (particularly unforeseen benefits applications) and signed by the Chair of the Board. NHS England subsequently made the final decision through their Pharmaceutical Services Regulations Committee. Decisions have been notified to the Chair of the Board. None of the decisions have resulted in any significant change to local Pharmaceutical need.

Next steps

35. The Health and Wellbeing Implementation Group work programme is due for review and development.

36. The Local Government Association (LGA) Peer Challenge took place in February and the initial feedback made recommendations to review the number of priorities within the Health and Wellbeing Strategy and also to reconsider the governance and supporting structures of the Health and Wellbeing Board. A full report from the Panel is due during March 2015. A review of progress by the LGA will be undertaken within 6 months of the Peer Challenge.

37. Given the nature of the feedback from the Peer Challenge it would be timely to review the Strategy and the supporting structures of the Board, including the Health and Wellbeing Implementation Group prior to any further work being undertaken.

Statutory and Policy Implications

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

RECOMMENDATIONS

1. That the progress made in delivering the Health and Wellbeing Strategy be noted.

2. That the remit, membership and work programme for the Health and Wellbeing Implementation Group should be reviewed in light of the recommendations made by the LGA Peer Challenge.

3. That the Board considers re-prioritising the delivery of the Health & Wellbeing Strategy in line with recommendations made by the LGA Peer Challenge Panel.

Anthony May
Corporate Director, Children, Families and Cultural Services

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Tel: 0115 977 2130

Constitutional Comments (SMG 20/02/2015)

38. The proposals in this report fall within the remit of this Board.

Financial Comments (DG 20/02/2015)

39. There are no financial implications arising directly 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.

Approval of the Health and Wellbeing Strategy
Health and Wellbeing Board 5 March 2014

Health and Wellbeing Strategy Delivery Plan
Health and Wellbeing Board 3 September 2014

Health and Wellbeing Strategy Delivery Plan webpages

Delivery of the Health and Wellbeing Strategy
Health and Wellbeing Board December 2014

Electoral Divisions and Members Affected

- All

Appendix 1

JSNA work programme

	JSNA section	Approval date
Cross cutting themes & summaries		
	Exec summary	May-15
	Housing (summary)	May-15
	Health care associated infections in community settings	May-15
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	Obesity	May-15
	Physical activity	May-15
	Health Impacts of Air Quality	Jul-15
	Substance misuse: alcohol and drugs	Jul-15
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	Avoidable injury	Jul-15
	Disability	Jul-15
	Looked after children	Jul-15
Adults		
	Sexual health	Mar-15
	Suicide	May-15
	Homeless people	Jul-15
	Disability: physical and sensory impairments	Jul-15
	Long Term Neurological Conditions	Jul-15
Older people		
	Mobility and falls	Mar-15

Appendix 2

Nottinghamshire Health and Wellbeing Strategy
Housing Commissioning Group
Delivery Plan 2014 - 2016

Health & Wellbeing Priority Area:
Ensuring we have sufficient and suitable housing, including housing related support, particularly for vulnerable people.

Ambition: Coping well
Working together

Why is this a priority?

The home is a wider determinant of our health and wellbeing, throughout our life. Ensuring the population has appropriate housing will prevent many problems well in advance of the need for clinical intervention.

Affordable and suitable, warm, safe and secure homes are essential to a good quality of life yet almost 90,000 homes in Nottinghamshire do not meet these criteria. In 2012/13 over 3,000 households reported being at risk of losing their home, or homeless, and this trend is increasing. These experiences place a burden on mental health and wellbeing in particular, and can exacerbate existing health conditions.

There is insufficient affordable and good quality housing in the county to meet the needs and demands from existing and new households. The combined effects of the economy and welfare reform on reducing household income means that some people may have no choice but to live in poor quality and/or unsuitable housing; to not heat their home; to have insufficient space for healthy living; to move away from support networks and the services they need and may face homelessness.

Available estimates of the cost of the impact of poor housing conditions and homelessness on the NHS include:

- At least £600m a year; this research was based on 2001 healthcare costs[1].
- The cost of not improving energy efficiency is at least £145 million per annum[i]; locally, this figure is estimated to be over £20 million[ii]
- £2.5bn per annum is spent treating illnesses linked to poor housing[2]
- The cost of overcrowding is £21.8m per year[3].
- The cost of single homeless people using inpatient, outpatient and accident and emergency services is £85m a year[4]

[1] Building Research Establishment
[2] National Housing Federation (2010) The Social Impact of Poor Housing
[3] Building Research Establishment
[4] DH (2010) Healthcare for single homeless people)

The wider costs to society of this poor housing are estimated at some 2.5 times the NHS costs. These additional costs include: lack of educational attainment, lost income, higher insurance premiums, higher policing and emergency services costs.

What works?

Co-ordinated partnership working between local housing authorities, health and social care providers and other key stakeholders is essential, along with the need to share resources.

The priority areas that focus on the relationship between Housing and Health within the County are:

Priority 1 - Poor housing conditions – particularly the impact of falls in the home, cold and damp homes and fuel poverty, fire in the home and inadequate home security.
Priority 2 - Insufficient suitable housing – including the impact of overcrowding and lack of housing that enables people e.g. older or disabled people, to live independently.
Priority 3 - Homelessness and housing support – including the impact of homelessness on families and other crisis that may result in the loss of a home and an individual's ability to live independently.
Priority 4 - Children and young people – ensuring they have the best home in which to start and develop well. This is an emerging housing priority.

Underpinning all of the above key housing issues is the need for timely and appropriate information and advice to enable people to make informed choices on housing matters and access the services they require.

The focus of housing related activity should be on:

- Children, particularly if they are disabled; are part of the Gypsy and Traveller community; live in poverty; live in the private rented sector; live in a deprived area.
- Older people, particularly if they are disabled; have a limiting long term condition; have a mental health issue and live in the private rented sector; live in poverty; live in a rural area or a deprived neighbourhood.
- Disabled people and people with a limiting long term condition, particularly if they live in poverty; live in the private rented sector; live in a rural area or a deprived neighbourhood.
- Particular communities i.e. rural communities and BME communities living in the private rented sector, and Gypsies and Travellers.

This delivery plan should be read in conjunction with the supporting document *'An Assessment of the Impact of Housing on Health and Wellbeing in Nottinghamshire'* which can be viewed at **http://www.nottinghaminsight.org.uk/d/112956.** The delivery plan includes references to the most appropriate indicators from the Public Health Outcome Framework (**http://www.phoutcomes.info/public-health-outcomes-framework**). Some of these health indicators have a direct correlation to the housing outcomes within this plan e.g. fuel poverty, and provide direct measures of success. However, it is more difficult to show a direct link between some of the housing outcomes e.g. homelessness, and the health indicators in existence. Where this is the case, other appropriate indicators have been referenced as a means of measuring success.

Where will the Health and Wellbeing Board add value:

Local housing authorities are ideally placed to lead on housing related activities with detailed understanding of their local communities. Close working relationships already exist between housing authorities and adult social care and health. The Health and Wellbeing Board can however facilitate the development of new working relationships with Children's Services, Health and Clinical Commissioning Groups in particular. This will in turn raise the profile of county-wide housing activity and its integration with services for children, older people, disabled people and specific communities.

The responsibility for this delivery plan lies with a wide range of partners including the local housing authority, the County Council, health and social care as well as community and voluntary organisations. The success of the delivery plan and completion of the agreed actions will require closer, more integrated ways of working between these partners, including the integration of resources.

PRIORITY 1 – POOR HOUSING CONDITIONS

Outcome 1: Homes in the private sector are warm and safe

***Indicator 1a:Fuel poverty* (as defined in Public Health Outcome Framework - http://www.phoutcomes.info/public-health-outcomes-framework)**

Baseline: Nottinghamshire is statistically worse than the national average – 12.1% in Nottinghamshire compared to national average of 10.4% (2012)

Target: Aim is to reach the national average.

***Indicator 1b: Excess winter deaths* (as defined in Public Health Outcome Framework - http://www.phoutcomes.info/public-health-outcomes-framework)**

Baseline: The ratio of extra deaths from all causes that occur in the winter months compared with the expected number of deaths, based on the average of the number of non-winter deaths is higher in Nottinghamshire than nationally (16.9 compared to 16.5 respectively – 4.15iii) (Aug 2009 - Jul 2012)

Target: Aim is to reach the national average.

Milestones:

- **Milestone 1**: We will deliver a Nottinghamshire 'Winter Warmth' campaign in partnership with health, social care and housing for the period November 2014 – March 2015.
- **Milestone 2**: We will review the process of completing a Nottinghamshire Private Sector Stock Condition survey by September 2015 to determine how a new cost effective study can be completed.
- **Milestone 3**: We will deliver an integrated Nottinghamshire 'Healthy Homes' affordable warmth model in partnership with Public Health by December 2015. This will include the development of information sharing agreements and referral pathways with a view to piloting targeted assistance at the most vulnerable.

Lead: Housing Commissioning Group

Links to other plans:

Nottinghamshire Affordable Warmth Strategy

PRIORITY 2 – INSUFFICIENT SUITABLE HOUSING

Outcome 2: People are aware of their housing options and are able to live independently in a home suitable for their needs

Indicator 2a:Falls and injuries in the over 65s **(as defined in Public Health Outcome Framework - http://www.phoutcomes.info/public-health-outcomes-framework)**

Baseline: Nottinghamshire rate of emergency hospital admissions for falls injuries in persons aged 65 and over, per 100,000, is higher than the regional average (1,940 compared to 1,865)

Target: Aim is to reach the regional average

Indicator 2b: Emergency Readmissions within 30 days of discharge from hospital **(as defined in Public Health Outcome Framework - http://www.phoutcomes.info/public-health-outcomes-framework)**

Baseline: Nottinghamshire percentage of emergency readmissions within 30 days of previous hospital discharge is lower than national average (11.4% compared to 11.6%).

Target: Aim is to reduce the Nottinghamshire average

Indicator 2c: ***Health Related quality of life for older people*** **(as defined in Public Health Outcome Framework - http://www.phoutcomes.info/public-health-outcomes-framework)**

Baseline: This is a new indicator – no baseline available. To be reviewed. **Target:** To be confirmed

- **Milestone 1**: We will work with County, health and social care to develop integrated information and advice provision to enable people to consider suitable housing options by April 2015.
- **Milestone 2:** We will introduce a consistent approach to access, assessment, and delivery of home adaptations across the County by December 2015.
- **Milestone 3:** We will remodel existing and develop new supported housing schemes to increase the range of housing on offer to people with health and care needs by March 2016.

Lead: Housing Commissioning Group

Links to other plans: Older Persons Delivery Plan, Care Act 2014 implementation

PRIORITY 3 – HOMELESSNESS AND HOUSING SUPPORT

Outcome 3: People live in stable accommodation and homelessness is prevented as far as possible

Indicator 3a: Statutory homelessness (as defined in Public Health Outcome Framework - http://www.phoutcomes.info/public-health-outcomes-framework)

Baseline: The number of homeless acceptances per 1,000 households compares well to the region and nationally (1.5 compared to 1.8 and 2.4 respectively) but this may be difficult to maintain.

Target: Aim is to maintain or improve the number of households

Indicator 3b: Statutory homelessness – households in temporary accommodation (as defined in Public Health Outcome Framework - http://www.phoutcomes.info/public-health-outcomes-framework

Baseline: The number of households living in temporary accommodation per 1,000 households in Nottinghamshire compares well to the region and nationally (0.3 compared to 0.4 and 2.4).

Target: Aim is to maintain or reduce the number of households.

Indicator 3c: Rough sleeping (as defined in DCLG's annual report - https://www.gov.uk/government/statistics/rough-sleeping-in-england-autumn-2013

Baseline: The estimated number of rough sleepers in Nottinghamshire totalled 39 as stated in the DCLG statistical analysis report February 2013.

Target: Aim is to reduce the local rough sleeper count.

Indicator 3d: Domestic abuse (as defined in Public Health Outcome Framework - http://www.phoutcomes.info/public-health-outcomes-framework)

Baseline: The rate of domestic abuse incidents recorded by the police per 1000 population in Nottinghamshire is higher than regional and national rates (24.3 compared to 20.9 and 18.8 respectively).

Target: Aim is to reach the national average

Indicator 3e: People beginning drug or alcohol treatment with a housing problem (National Drug Treatment Monitoring System)

Baseline: Public Health to provide

Target: Public Health to provide

Milestones:

- **Milestone 1:** In partnership with CCG's and GP surgeries, we will carry out housing training with front line surgery staff with a view to targeting homelessness prevention and housing support at hard to reach groups by December 2015.
- **Milestone 2:** We will work with private landlords to develop private rented sector offers to enable households at risk of homelessness to access alternative settled housing by December 2015
- **Milestone 3:** Working in partnership with health and social care, develop hospital discharge schemes and protocols to reduce unnecessary hospital admissions and ensure timely discharge by December 2015.

Lead: Housing Commissioning Group (homeless families)

Links to other plans: 'Assessment of the health needs of single homeless people', Nottinghamshire County Council July 2013

PRIORITY 4 – CHILDREN AND YOUNG PEOPLE

Outcome 4: Children and young people have the best home in which to start and develop well

Indicator 4a: Child poverty (as defined in Public Health Outcome Framework - http://www.phoutcomes.info/public-health-outcomes-framework)

Baseline: The percentage of all dependent children living in relative poverty in Nottinghamshire compares well to the region and nationally (17% compared to 18.4% and 20% nationally)

Target: Aim is to maintain or reduce the local percentage.

Indicator 4b: School readiness (as defined in Public Health Outcome Framework - http://www.phoutcomes.info/public-health-outcomes-framework)

Baseline: The percentage of all eligible children to achieve school readiness in Nottinghamshire compares well to the region and nationally (56.6% compared to 49.8% and 51.7% respectively.
Target: Aim is to increase this percentage locally.

Indicator 4c: Hospital admissions injuries in children (as defined in Public Health Outcome Framework - http://www.phoutcomes.info/public-health-outcomes-framework)
Baseline: The rate of hospital admissions of children per 10,000 resident population in Nottinghamshire compares well with the region and nationally (85.2 compared to 86.8 and 103.8 respectively)
Target: Aim is to reduce the rate of admissions locally

Indicator 4d: Child development at 2-2.5 years (as defined in Public Health Outcome Framework - http://www.phoutcomes.info/public-health-outcomes-framework)
Baseline: To be confirmed
Target: To be confirmed

- **Milestone 1:** We will carry out County-wide review of baseline research to identify the scale of impact of the home and housing circumstances (including overcrowding) on the health and wellbeing of children and young people, and child poverty by March 2016.

Lead: Housing Commissioning Group
Links to other plans: The Children, Young People and Families Plan 2014-2016

[i] The 'Real Cost of Poor Housing' Building Research Establishment
[ii] Estimated Figures produced by Richard Davies from Marches Energy Action. A 2012 AgeUK report calculated the cost of cold related ill-health to the NHS across England as £1.36 billion. This was pro-rata'd based on numbers of households in each local authority district to give an estimate of the local costs.

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- Disabled people and people with a limiting long term condition, particularly if they live in poverty; live in the private rented sector; live in a rural area or a deprived neighbourhood.
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PRIORITY 1 – POOR HOUSING CONDITIONS

Outcome 1: Homes in the private sector are warm and safe

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Baseline: Nottinghamshire is statistically worse than the national average – 12.1% in Nottinghamshire compared to national average of 10.4% (2012)

Target: Aim is to reach the national average.

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Lead: Housing Commissioning Group

Links to other plans:

Nottinghamshire Affordable Warmth Strategy

PRIORITY 2 – INSUFFICIENT SUITABLE HOUSING

Outcome 2: People are aware of their housing options and are able to live independently in a home suitable for their needs

Indicator 2a:Falls and injuries in the over 65s **(as defined in Public Health Outcome Framework - http://www.phoutcomes.info/public-health-outcomes-framework)**

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Baseline: Nottinghamshire percentage of emergency readmissions within 30 days of previous hospital discharge is lower than national average (11.4% compared to 11.6%).

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- **Milestone 3:** We will remodel existing and develop new supported housing schemes to increase the range of housing on offer to people with health and care needs by March 2016.

Lead: Housing Commissioning Group

Links to other plans: Older Persons Delivery Plan, Care Act 2014 implementation

PRIORITY 3 – HOMELESSNESS AND HOUSING SUPPORT

Outcome 3: People live in stable accommodation and homelessness is prevented as far as possible

Indicator 3a: Statutory homelessness (as defined in Public Health Outcome Framework - http://www.phoutcomes.info/public-health-outcomes-framework)

Baseline: The number of homeless acceptances per 1,000 households compares well to the region and nationally (1.5 compared to 1.8 and 2.4 respectively) but this may be difficult to maintain.

Target: Aim is to maintain or improve the number of households

Indicator 3b: Statutory homelessness – households in temporary accommodation (as defined in Public Health Outcome Framework - http://www.phoutcomes.info/public-health-outcomes-framework

Baseline: The number of households living in temporary accommodation per 1,000 households in Nottinghamshire compares well to the region and nationally (0.3 compared to 0.4 and 2.4).

Target: Aim is to maintain or reduce the number of households.

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Target: Aim is to reach the national average

Indicator 3e: People beginning drug or alcohol treatment with a housing problem (National Drug Treatment Monitoring System)

Baseline: Public Health to provide

Target: Public Health to provide

Milestones:

- **Milestone 1:** In partnership with CCG's and GP surgeries, we will carry out housing training with front line surgery staff with a view to targeting homelessness prevention and housing support at hard to reach groups by December 2015.
- **Milestone 2:** We will work with private landlords to develop private rented sector offers to enable households at risk of homelessness to access alternative settled housing by December 2015
- **Milestone 3:** Working in partnership with health and social care, develop hospital discharge schemes and protocols to reduce unnecessary hospital admissions and ensure timely discharge by December 2015.

Lead: Housing Commissioning Group (homeless families)

Links to other plans: 'Assessment of the health needs of single homeless people', Nottinghamshire County Council July 2013

PRIORITY 4 – CHILDREN AND YOUNG PEOPLE

Outcome 4: Children and young people have the best home in which to start and develop well

Indicator 4a: Child poverty (as defined in Public Health Outcome Framework - http://www.phoutcomes.info/public-health-outcomes-framework)

Baseline: The percentage of all dependent children living in relative poverty in Nottinghamshire compares well to the region and nationally (17% compared to 18.4% and 20% nationally)

Target: Aim is to maintain or reduce the local percentage.

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Target: Aim is to increase this percentage locally.

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Target: Aim is to reduce the rate of admissions locally

Indicator 4d: Child development at 2-2.5 years (as defined in Public Health Outcome Framework - http://www.phoutcomes.info/public-health-outcomes-framework)
Baseline: To be confirmed
Target: To be confirmed

- **Milestone 1:** We will carry out County-wide review of baseline research to identify the scale of impact of the home and housing circumstances (including overcrowding) on the health and wellbeing of children and young people, and child poverty by March 2016.

Lead: Housing Commissioning Group
Links to other plans: The Children, Young People and Families Plan 2014-2016

[i] The 'Real Cost of Poor Housing' Building Research Establishment
[ii] Estimated Figures produced by Richard Davies from Marches Energy Action. A 2012 AgeUK report calculated the cost of cold related ill-health to the NHS across England as £1.36 billion. This was pro-rata'd based on numbers of households in each local authority district to give an estimate of the local costs.

Nottinghamshire County Council

Report to the Health and Wellbeing Board

4 March 2015

Agenda Item: 11

REPORT OF THE CHAIR OF THE HEALTH AND WELLBEING BOARD

CHAIR'S REPORT

Purpose of the Report

1. To provide members with information on issues relevant to the Health and Wellbeing Board.

Information and Advice

Health and Wellbeing Board Peer Review

2. Thank you to everyone who contributed to the Peer Challenge which took place 3 - 6 February 2015. The panel were really impressed with our honesty & openness and made some really positive suggestions about how we can continue to improve the work of the Board.

A full report is expected within 2 – 3 weeks and will be circulated as soon as it's available.

Child and Family Poverty Strategy

3. The Nottinghamshire Child and Family Poverty Strategy has been refreshed to reflect updated data on child poverty levels in Nottinghamshire and changes in the way that public services are funded and delivered. A revised action plan has been produced along with revised governance and performance management arrangements. Further information can be found on Nottinghamshire County Council website at:

   http://www.nottinghamshire.gov.uk/caring/childrenstrust/developmentwork/childpoverty/

4. This item can be included in a future workshop or lunchtime session to ensure the Board has adequate oversight of the area of child and family poverty.

Information received

Get Walking Week

5. Nottinghamshire Area Ramblers have been in touch to promote a national Get Walking Week from 2 to 10 May 2015. It encourages people to take up walking as a way of improving their health. Local groups are being coordinated to offer a programme of walks of varying distance from very easy to moderate.

Please raise this initiative within your own organisations.

For further information contact Keith Wallace of Nottinghamshire Area Ramblers: keith.wallace@mansfieldramblers.org.uk

Update on policy and guidance

There have been a number of policies and guidance documents issued which are aimed at health and wellbeing boards. The following is a summary of those which may be of interest to Board members:

6. **Tackling the causes and effects of obesity**
   Local Government Association (LGA)
   The LGA is calling on government to help people live healthier lives and tackle the harm caused by obesity by reinvesting a fifth of existing VAT raised on sweets and sugary drinks and of the duty raised on alcohol in preventative measures to support an environment and a culture where a balanced and healthy diet is the norm and appropriate physical activity is available to everyone.

7. **NICE local government briefing: tobacco**
   National Institute for Health and Care Excellence
   The briefing summarises recommendations for local authorities and partner organisations on tobacco. It has been updated to include additional information on smokeless tobacco cessation in South Asian communities, tobacco harm-reduction approaches to smoking and smoking cessation in secondary care.

8. **Promoting youth-friendly mental health and wellbeing services**
   The Mental Health Foundation
   This is one of a series of guides to support the mental wellbeing of young people aged 16-25. It has been written to help services address the specific needs of this age group and tackle some of the barriers which prevent them from accessing traditional mental health services.

9. **Mental health and policing**
   The NHS Confederation Mental Health Network and Association of Chief Police Officers
   The briefing highlights emerging good practice to deliver improved care for people in mental health crisis.

10. **Smoking prevalence in young people**
    Public Health England
    The figures are estimates of youth smoking rates for every local authority, ward and local NHS level, based on factors known to predict smoking in young people. The data aims to help local organisations to respond to high levels of smoking within their areas.

11. **Funding to get people home from hospital and prevent admissions**
    The Department for Communities and Local Government, and the Department of Health have announced new funds will be made available for councils to get people home from hospital more quickly and stop people from being admitted in the first place. The new funding will be allocated to 87 councils through ring-fenced grants for social services immediately, weighted

towards areas with significant demand for home care packages who have not previously received additional funding this winter.

12. **Improving young people's health and wellbeing**
    Public Health England
    The Framework has been developed as a resource to enable local areas in the delivery of their public health role for young people. It poses questions for councillors, health and wellbeing boards, commissioners, providers and education and learning settings to help them support young people to be healthy and to improve outcomes for young people.

13. **Transforming care for people with learning disabilities next steps**
    Department of Health, NHS England, Local Government Association, Association of Adult Social Services, and the Care Quality Commission
    The report sets out a series of ways in these organisations intend to improve the quality of life of those with learning disabilities by substantially reducing the number of people placed in hospital, reducing the length of time those admitted spend there, and enhancing the quality of both hospital and community settings.

14. **Community centred approaches to health and well-being**
    Public Health England
    This guide outlines a 'family of approaches' for evidence-based community-centred approaches to health and wellbeing. It presents the work undertaken in phase 1 of the project and provides a guide to the case for change, the concepts, the varieties of approach that have been tried and tested and sources of evidence.

15. **Homelessness report**
    The Joseph Rowntree Foundation
    This is a five year (2011-2016) study that provides an independent analysis of the impact on homelessness of recent economic and policy developments in England. The key areas of interest are the homelessness consequences of the post-2007 economic recession and the housing market downturn.

16. **Investing in children's mental health**
    The Centre for Mental Health
    This report examines the costs and the benefits of a range of interventions to prevent or treat some of the most common mental health conditions that affect children and young people. It finds that there is a wide range of interventions for conduct disorder, anxiety, depression and ADHD that not only improve children's mental health but also lead to economic benefits including future savings in public spending. The report concludes that under-investment in children's mental health support is a false economy.

17. **Comprehensive Services for Complex Needs: A summary of the evidence**
    Revolving Doors Agency and Centre for Mental Health
    The report shows that some of the most excluded and disadvantaged people in society can be effectively helped through better, more targeted support. It assesses the evidence for three programmes designed to work directly with people facing multiple and complex needs: multisystemic therapy; wraparound; and the link worker model. It shows these programmes can address important issues such as crime and homelessness, while improving clients' wellbeing.

Consultations

18. **Health & Wellbeing consultations**
Nottinghamshire County Council have the following open consultation relating to health and wellbeing:
    a. Better Care Fund Pooled Budget Agreement for 2015/16
    b. C card scheme
    c. NHS Healthcheck Outreach programme
    d. Proposed remodelling of PH nursing service 5-19 years
    e. Tobacco control
    f. Nottinghamshire Wellbeing@Work workplace award scheme
    g. Pilot school health & wellbeing survey
    h. 20 mph speed limits outside schools
    i. Sexual health Integrated service model (to start 5 March 15)

    All consultations can be found at:
    http://www.nottinghamshire.gov.uk/thecouncil/democracy/have-your-say/consultations/

19. **Partnership arrangements between NHS bodies and local authorities**
The Department of Health has begun an open consultation seeking views on bringing NHS England's primary medical care functions into local authorities and health bodies' partnership arrangements. The proposed amendments set out in NHS Bodies and Local Authorities Partnership Arrangements (Amendment) Regulations 2015 Public Consultation will make it possible for pooled budgets to include funding for primary medical care which will encourage greater integration across community health, social care and primary care.
The consultation period runs until the 8 March 2015.

Statutory and Policy Implications

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

RECOMMENDATION

1) That the report be noted.

Councillor Joyce Bosnjak
Chairman of Health and Wellbeing Board

For any enquiries about this report please contact:

Nicola Lane, Public Health Manager. Tel: 0115 977 2130. Email: nicola.lane@nottscc.gov.uk

Constitutional Comments

14.This report is for noting only and no constitutional comments are required.

Financial Comments

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

Background Papers and Published Documents

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

- None

Electoral Divisions and Members Affected

- All

Nottinghamshire County Council

Report to Health and Wellbeing Board

4 March 2015

Agenda Item: 12

REPORT OF CORPORATE DIRECTOR, POLICY, PLANNING AND CORPORATE SERVICES

WORK PROGRAMME

Purpose of the Report

1. To consider the Board's work programme for 2015.

Information and Advice

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

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

Other Options Considered

4. None.

Reason/s for Recommendation/s

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

Statutory and Policy Implications

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

RECOMMENDATION/S

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

Jayne Francis-Ward
Corporate Director, Policy, Planning and Corporate Services

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

Constitutional Comments (HD)

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

Financial Comments (NS)

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

Background Papers

None.

Electoral Division(s) and Member(s) Affected

All

Health and Wellbeing Board & Workshop Work Programme 2014 - 16

	Health & Wellbeing Board (HWB)	HWB Workshop (closed sessions)
1 April 2015	**Peer Challenge** (Anthony May / Cathy Quinn) ***Health Scrutiny, Healthwatch and the Health & Wellbeing Board*** *TBC* ***Annual Statement of Assurance for Health Protection*** *(Jonathan Gribbin) TBC* **Health & Wellbeing Strategy report** (Anthony May/ Cathy Quinn) **Update on Leaving Hospital Policy** (6 month update requested at HWB 1.10.14) **Autism Self-Assessment** (Cath Cameron Jones) **Ashfield Health Village** date TBC (Judy Underwood/Andrea Brown- Mansfield & Ashfield CCG) **Chair's Report:** • **Adolescent Health Strategy** • **CAMHS update**	***Help Yourself website demonstration*** (Penny Spice)
May 2015	***No Meeting due to elections***	
3 June 2015	**Breast Feeding** (Kate Allen) ***TBC*** **Excess Winter Deaths** (Mary Corcoran) **Better Care Fund report** (Jon Wilson) ***Public Health Committee Annual Summary*** *(TBC)* ***Follow up report on Healthy Child Programme and Public Health Nursing for Children and Young People*** *(Kate Allen) TBC*	

Health and Wellbeing Board & Workshop Work Programme 2014 - 16

1 July 2015		
September 2015	**Dental Public Health & Fluoridation** (Kate Allen)	