Nottinghamshire County Council

Health and Wellbeing Board

Wednesday, 04 March 2020 at 14:00

County Hall, West Bridgford, Nottingham, NG2 7QP

AGENDA

Notes

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

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

Customer Services Centre 0300 500 80 80

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

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

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

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

Nottinghamshire County Council

minutes

Meeting	HEALTH AND WELLBEING BOARD
Date	Wednesday, 8 January 2020 (commencing at 2.00 pm)

Membership
Persons absent are marked with an 'A'

COUNTY COUNCILLORS

Steve Vickers (Chair)
Joyce Bosnjak
A   Glynn Gilfoyle
Francis Purdue-Horan
Martin Wright

SUBSTITUTE MEMBERS (COUNTY COUNCILLORS)

Jim Creamer for Glynn Gilfoyle

DISTRICT COUNCILLORS

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

SUBSTITUTE MEMBERS (DISTRICT COUNCILLORS)

John Wilmott for David Walters

OFFICERS

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

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CLINICAL COMMISSIONING GROUPS

        David Ainsworth   Nottinghamshire CCGs

A   Idris Griffiths   -   Bassetlaw Clinical Commissioning Group

        Dr Jeremy Griffiths   -   Rushcliffe Clinical Commissioning Group (Vice-Chair)

LOCAL HEALTHWATCH

        Sarah Collis   -   Healthwatch Nottingham & Nottinghamshire

NOTTINGHAMSHIRE POLICE AND CRIME COMMISSIONER

        Kevin Dennis

OFFICERS IN ATTENDANCE

Geoff Hamilton	-	Senior Public Health and Commissioning Manager
Lucy Hawkin	-	Public Health and Commissioning Manager
Louise Lester	-	Consultant in Public Health
Jo Marshall	-	Public Health and Commissioning Manager
Kay Massingham	-	Public Health and Commissioning Manager
Catherine Pritchard	-	Consultant in Public Health
Edward Shaw	-	Public Health and Commissioning Manager
Martin Gately	-	Democratic Services Officer

OTHER ATTENDEES

Dr Agnes Belencsak	-	Screening and Immunisation, Public Health England
Allan Reid	-	Oral Health Consultant, Public Health England
Leanne Riley	-	Screening and Immunisation, Public Health England
Oliver Glover	-	F2 Doctor
Kate Whittaker	-	Public Health Support Officer
Andy White	-	Public Health Support Officer

<u>MINUTES</u>

The minutes of the last meeting held on 4 December 2019 having been previously circulated were confirmed and signed by the Chairman.

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APOLOGIES FOR ABSENCE

The following apologies had been received: Colin Pettigrew, Corporate Director, Councillor Glynn Gilfoyle, (other reasons) Councillor David Walters, Ashfield District Council (medical) and Idris Griffiths, Bassetlaw CCG.

DECLARATIONS OF INTEREST BY BOARD MEMBERS AND OFFICERS

None.

CHAIRS' REPORT

The Chairman highlighted the following topics from his report:
The NHS Targeted Lung Health Checks Programme in Mansfield and Ashfield, which involves Primary care identifying smokers and ex-smokers for lung cancer risk assessment and smoking cessation. The programme may detect other respiratory diseases, and those not registered with a GP will miss out on the programme. In other areas of the countries similar schemes have been proven to improve longer term outcomes.

Jonathan Gribbin undertook to bring to a future meeting information on the food environment. Mr Gribbin confirmed that while information on hygiene status was generally available, information on the content of food was more variable.

RESOLVED: 2020/001

That:

1) The contents of the report be noted, and any actions required by the Board in relation to the issues raised be considered.

POPULATION SCREENING PROGRAMMES IN NOTTINGHAMSHIRE

Louise Lester, Consultant in Public Health, Dr Agnes Belencsak, Screening and Immunisation Lead, Derbyshire and Nottinghamshire, Public Health England and Leanne Riley, Screening and Immunisation Manager, South Yorkshire & Bassetlaw, Public Health England introduced the report and made a detailed presentation regarding screening. Members heard that screening was a way of detecting the early signs of disease in people without any symptoms. The primary purpose being to reduce the risk of poor health outcomes. Screening results are presumptive and do not give a diagnosis.

Although service performance in Nottinghamshire is good, there is a variation in uptake and coverage within the county generally associated with more deprived communities and underserved populations.

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Sarah Collis from Healthwatch queried how communities who don't take up screening are engaged with, and gave the example of support to deaf people with cancer – who may have low levels of health literacy. Louise Lester confirmed that while pictographic and video information was available it was not locally available in British Sign Language.

Councillor Sue Shaw raised the issue of low uptake of bowel cancer screening, possibly due to some people finding the nature of the test abhorrent. It was important the new Faecal Immunochemical Test (FIT) is made available to all as this is simpler and more accurate than the older Faecal Occult Blood test.

Ms Collis indicated that, before funding cuts, Healthwatch had used a publicly displayed 'giant bowel' to promote bowel cancer screening. Dr Belencsak undertook to feed back the concerns raised by Board Members to NHS England & Improvement. Ms Collis requested that further work be carried out on understanding why people do not attend screening (e.g. language barriers) and what can be done about it. What does good practice look like? Ms Collis was keen for the voluntary sector to be engaged in increasing uptake.

Councillor Amanda Fisher asked if any further communication takes place with people who do not respond to an offer of screening. Is the reason for not accepting the offer of screening recorded? Councillor Fisher suggested that pharmacies could also have a useful role to play in encouraging people to undertake screening.

Councillor Joyce Bosnjak enquired if there is a correlation between low uptake of screening and low uptake of healthchecks. Ms Lester agreed to investigate how Clinical Commissioning Groups in South Yorkshire & Bassetlaw are incentivised to improve uptake.

David Ainsworth suggested using the principle of 'Making Every Contact Count' in promoting uptake (e.g. use of Primary Care Networks, the Department of Work & Pensions). Dr Jeremy Griffiths requested a strategy to address inequalities in uptake.

RESOLVED: 2020/002

That:

1) The arrangements, achievements and challenges relating to the local screening programmes in Nottinghamshire be considered.

2) The following additional actions were identified: better working with communities who don't take up screening via a coherent strategy; improved access to information for groups with low levels of health literacy e.g. information in British Sign Language for the deaf community; the delivery of screening in alternative settings.

3) Health and Wellbeing Board Members will promote local and national screening messages to their staff and service users, especially those from under-served

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communities, and to engage with future initiatives to increase uptake and address inequalities.

APPROVAL OF JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) CHAPTER: TOBACCO CONTROL

Catherine Pritchard, Consultant in Public Health, and Jo Marshall, Public Health and Commissioning Manager introduced the report. Members heard that smoking during pregnancy was still a major health inequality. In addition, half of regular smokers will be killed by their addiction due to a smoking related illness.

Members raised concerns regarding illegal tobacco being sold at 'pocket money' prices and the high prevalence of young people smoking e-cigarettes (e.g. in Mansfield) which are a public health risk since they cause conditions such as 'popcorn lung,' as well as using tobacco as a means of smoking marijuana. In addition, concerns were raised regarding reductions in funding for smoking cessation services.

Jonathan Gribbin recognised that the smoking cessation service had not performed at the required level and knew that many residents had received an unsatisfactory service. The current smoking cessation service is being replaced by a new Integrated Wellbeing Service. This will include stop smoking services in addition to weight management services, healthy eating support, physical activity, and Alcohol Identification & Brief Advice.

RESOLVED: 2020/003

That:

1) The Tobacco Control Joint Strategic Needs Assessment (JSNA) chapter be approved.

2) The identified themes in appendix 2 that emerged from Tobacco CLeaR workshop held on 3 December 2019 be considered, and further information be presented to the Health and Wellbeing Board on Wednesday 4 March 2020.

APPROVAL OF JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) CHAPTER: ORAL HEALTH

Kay Massingham, Public Health and Commissioning Manager and Allan Reid, Oral Health Consultant Public Health England introduced the report. Members heard that although oral health of the population has improved over time, there is still a socio-economic gradient in oral health for children and adults. Only 29% of children receiving free school meals had good oral health, compared to 40% of those not eligible. Certain groups of adults were also identified as having particularly poor oral health.

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Interventions to improve oral health included improved oral hygiene, improved diet, access to fluoride and regular attendance at the dentist.

Councillor Fisher queried which schools participated in the supervised toothbrushing scheme that was part of the Oral Health Promotion service, run via Nottinghamshire Healthcare NHS Foundation Trust. Ms Massingham explained that the intervention took place in schools targeted on the basis of oral health need in local children. She undertook to provide information on the participating schools.

Sarah Collis raised concerns regarding dental care in residential homes, such as difficulties with taking elderly people with dementia to the dentist. Mr Reid confirmed that oral health was not always high on the agenda of residential care homes.

Members highlighted the importance of the early introduction of children to the dentist as a friend and the need for oral health to be embedded in Primary Care Networks. The need for GP training was also recognised.

RESOLVED 2020/004

That:

1) The new Oral Health Joint Strategic Needs Assessment (JSNA) chapter be approved.

JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) CHAPTER: CANCER, SUPPLEMENTARY APPENDIX FOR BASSETLAW

Geoff Hamilton, Senior Public Health and Commissioning Manager introduced the report. Members were reminded that in January 2019, the Health and Wellbeing Board approved a JSNA chapter on cancer. This outlined the current position in relation to cancer across Nottinghamshire, including local incidence, mortality and survival. A list of cancer services in Bassetlaw, and the views of service users, is now available as a supplementary appendix. The document has been endorsed by the Doncaster and Bassetlaw Cancer Programme Board.

RESOLVED: 2020/005

That:

1) The Nottinghamshire Cancer Joint Strategic Needs Assessment (JSNA) Chapter supplementary appendix for Bassetlaw be approved.

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UPDATE ON THE NOTTINGHAMSHIRE PHARMACEUTICAL NEEDS ASSESSMENT 2018-21 AND OUTLINE OF INITIAL PLANS FOR THE 2021-24 REFRESH

Lucy Hawkin, Public Health and Commissioning Manager introduced the report. Members heard that the Pharmaceutical Needs Assessment (PNA) describes the availability of pharmaceutical services in Nottinghamshire and assesses whether these services meet the needs of the population. It provides NHS England with information to support decisions about new and altered pharmaceutical services.

Periodic supplementary statements are prepared where there are changes to pharmaceutical services that do not need a complete review of the PNA. The next full review of the PNA is due to be published by April 2021. A multi-agency steering group will support the development of this work.

RESOLVED: 2020/006

That:

1) The Supplementary Settlement to the Pharmaceutical Needs Assessment 2018-2021 for the period April 2019 until September 2019 be approved.

2) The next supplementary statement for the period October 2019 to March 2020 be presented to the Health and Wellbeing Board for approval in July 2020.

3) The planned approach to the 2021-24 Pharmaceutical Needs Assessment refresh be approved with a more detailed paper outlining a project plan being presented to the Board in mid 2020.

WORK PROGRAMME

Melanie Brooks requested that a workshop on employment and health & wellbeing be held later in the year.

Dr Jeremy Griffiths suggested a future workshop on health inequalities.

RESOLVED: 2020/007

That:

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

The meeting closed at 15:58

CHAIR

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Nottinghamshire County Council

REPORT OF THE CHAIR OF THE HEALTH & WELLBEING BOARD

CHAIR'S REPORT

Purpose of the Report

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

Information

2. **The merger of Clinical Commissioning Groups in Nottingham and Nottinghamshire**

Clinical Commissioning Groups in Nottingham and Nottinghamshire (excluding Bassetlaw) were given permission to merge by NHS England & NHS Improvement during October 2019.

The new organisation, named NHS Nottingham & Nottinghamshire Clinical Commissioning Group, will be established on 1 April 2020. NHS Bassetlaw Clinical Commissioning Group is not included within the merger and remains a separate organisation.

An engagement exercise in Summer 2019 consulted a variety of stakeholders on the proposed merger. The proposal was widely supported by a range of health system partners and local GPs. Benefits of the merger highlighted by partners included the opportunity to have a single commissioner to provide a more consistent approach to service planning, contracting and delivery.

NHS Nottingham & Nottinghamshire Clinical Commissioning Group will have an overall budget of £1.5 billion, 420 full time equivalent members of staff and 135 GP practices. It will oversee approximately 1,100,000 patients.

3. **Funding allocations for the Rough Sleeping Initiative (2020-21)**

The Ministry of Housing, Communities & Local Government (MHCLG) has announced allocations of a £112 million Rough Sleeping Initiative fund to provide local support for those living on the streets.

The Rough Sleeping Initiative was first announced in March 2018 to make an immediate impact on the rising levels of rough sleeping. This round of funding combines the Rough Sleeping Initiative and Rapid Rehousing Pathway into a single funding programme.

Nottinghamshire's funding application to the Ministry of Housing, Communities & Local Government has been successful. £1.37m will be made available to continue and enhance the services in place across the county to tackle rough sleeping. Mansfield District Council were also awarded an additional £310,000 for a Housing-First based project.

These services include the Street Outreach Team (which includes social workers and a Band 6 nurse), navigators working with prison leavers, hospital and mental health ward patients, 40 additional supported housing bed spaces in Ashfield and Mansfield, and tenancy sustainment support to access all tenure types.

The Street Outreach Team engage with approximately 70 individuals each month and since April 2019 have secured accommodation for 75 individuals. The team's work is benefitting from recent enhancements with additional health services made available.

From Friday 6 December 2019, a weekly nursing drop-in session has run alongside a Change, Grow, Live (CGL) drop-in session in Worksop. The first session was attended by 10 individuals.

It is intended that nursing sessions will be made available in Ashfield and Newark, and discussions are ongoing about making the quarterly Street Health events available to these areas. Two Band 6 Community Psychiatric Nurses (CPNs) within the Millbrook Crisis Team are specialising in rough sleeping, providing a flexible and responsive service Monday to Friday (8am to 8pm), accepting direct referrals from the Street Outreach Team.

4. **Funding to support victims of domestic abuse, and their children, within safe-accommodation (2020-21)**

In November 2019, the Ministry of Housing, Communities & Local Government (MHCLG) announced a £15 million fund (for 2020-21) to support survivors of domestic abuse and their children within safe-accommodation.

Refuges and other forms of specialist accommodation-based services play a vital role in providing safe places and support for survivors and their children to rebuild their lives away from the threat of abuse. In some cases, this requires survivors to move to another area and rebuild their lives in a new community.

Nottinghamshire County Council's public health division led a countywide partnership bid for £500,000 to deliver safe accommodation services in 2020-21. In February 2020, confirmation was received that this funding application had been successful.

The application secures refuge provision across the county and enhances the provision funded by Nottinghamshire County Council (£174,852). There will now be 40 family units / 206 beds available across the county.

A selection process was undertaken to identify potential delivery partners in December 2019. This assured the authority that the bid included all partners who were able to deliver high quality, cost effective services.

The bid identified a new role for Nottinghamshire County Council: coordinating and monitoring the safe accommodation services provided across the county. A new Safe Accommodation Steering Group will be established to monitor the commissioned or grant-funded services. This

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group will be linked to the district / borough council led activity and housing services to develop a more coordinated approach to addressing the accommodation needs of domestic abuse survivors and their children.

This new process is to align with the future MHCLG intention to introduce a new statutory duty which will require upper tier local authorities *"to assess the need for and commission support for victims and their children within safe-accommodation"*. The duty will be funded from April 2021, subject to future spending review discussions.

5. **Better Care Fund reserves funding for Dementia**

Funding from Better Care Fund (BCF) reserves will provide 12 months funding to support developments to improve the quality of care for people living with dementia within the Nottinghamshire Integrated Care System boundary. The proposal supports the delivery of objectives of the Nottingham & Nottinghamshire Integrated Care System's Dementia Steering Group. It also supports delivery of actions within Nottinghamshire County Council's Dementia Declaration action plan.

6. **Childhood obesity call to action in Bassetlaw**

Bassetlaw's childhood obesity call to action took place on Friday 17 January with partners from across education, physical activity, the NHS, community sector and the public taking part. The agreed priorities for joint action included:
- Education for children and families about portion control and healthy eating
- Emotional wellbeing of parents
- Increasing physical activity in the school day
- Communicating the offer of activity for children and families with all needs including low cost and no cost options
- Promoting healthy lifestyles in all policy and service decisions.

7. **'Refill' campaign in Bassetlaw**

A 'Refill' campaign has launched in Bassetlaw which includes businesses via the North Nottinghamshire bid. Organisations with a tap are encouraged to register as a site on the 'Refill' app. In it hoped that encouraging the refilling of reusable water bottles by tap will lead to improved hydration and health, greater footfall, and a reduction in single use plastics.

8. **Tackling Period Poverty**

The Department for Education has launched a new scheme to provide free period products for all schools and colleges. There is a wide range of products available for schools and colleges to select from, including sustainable and eco-friendly products. Once products are delivered, school and college leaders will decide how they make products available to learners in a way that maximises support and minimises stigma. Guidance is available which explains how the products can be ordered and how to access and implement the scheme effectively. See also: news release

PAPERS TO OTHER LOCAL COMMITTEES

9. **Domestic abuse services**

Adult Social Care & Public Health Committee
3 February 2020

INTEGRATED CARE SYSTEMS AND INTEGRATED CARE PROVIDERS

A GOOD START IN LIFE

20. **Access to child and mental health services in 2019**

The Education Policy Institute (EPI) has published its annual report on access to child and adolescent mental health services (CAMHS). This report examines access to specialist services, waiting times for treatment, and provision for the most vulnerable children in England. It looks at the proportion of referrals to CAMHS that are rejected, waiting times to assessment, and treatment for accepted referrals. It also describes mental health provision for certain groups of vulnerable young people (i.e. those with conduct disorder or difficulties, those in contact with the social care system, and those transitioning from CAMHS to adult mental health services).

21. **Skins in the game: a high stakes relationship between gambling and young people's health and wellbeing?**

The Royal Society of Public Health (RSPH) has published a report revealing that young people consider gambling to be an increasingly normal part of their lives. The report identifies that a majority of young people see purchasing a loot box (58%) and taking part in skin betting (60%) as forms of highly addictive gambling. To protect the health and wellbeing of young people, the RSPH is calling on the Government to update current gambling and gaming legislation, ensuring that both loot boxes and skin betting are fully legally defined and recognized as forms of gambling.

22. **Technology and mental health**

The Royal College of Psychiatrists has published *Technology use and the mental health of children and young people*. This report explores the use of technology among children and young people and its impact on mental health. It also provides practical guidance and makes recommendations, including a number aimed at the Government and technology companies. See also: news release

23. **Young people's mental health**

The Centre for Mental Health has published *Trauma, challenging behaviour and restrictive interventions in schools*. This review of literature on the impact of seclusion, restraint and exclusion on children's mental health finds evidence that the use of restrictive interventions can make the problems they seek to resolve worse by creating a circle of trauma, challenging behaviour, restriction and psychological harm.
See also: news release

24. **Children's mental health services**

The Children's Commissioner has published *The state of children' mental health services*. This third annual briefing sets out the provision of Children & Young People's Mental Health Services. It also looks ahead to assess whether current Government plans go far enough to meet demand. This year's briefing shows that while the NHS has made tangible progress in the provision of mental health services for children, the current system is still far away from adequately meeting all the needs of the estimated 12.8% of children in England with mental health problems. See also: news release

25. **Children and young people's emotional wellbeing**

The Local Government Association has published *Building resilience: how local partnerships are supporting children and young people's mental health and wellbeing*. This report sets out the findings of research looking at how local government and its partners can work most effectively

together to deliver a coherent and joined-up offer of support for children and young people's mental health.

26. Young people's mental health and wellbeing research

Healthwatch has published research on the mental health and wellbeing of young people. This report outlines more than 20,000 young people's views about their experiences of mental health support. The key findings suggest young people would like their mental health support to include better education and communication; more options for treatment and personalised care; and opportunities for peer support with others who have a mental health condition.

27. Healthy social media

The Mental Health Foundation has published *Healthy Social Media*. This report presents the social media experiences of young people and other stakeholders that attended an 'engage' event in May 2019 and offers their recommendations on how to maintain a healthy social media life in regard to body image.

28. MenB vaccination programme evaluation

A study by Public Health England has confirmed the success of a vaccine for meningococcal disease (MenB). The study shows the vaccination programme for MenB has reduced cases of meningitis and septicaemia (blood poisoning) in young children by almost two-thirds.

29. Increasing vaccination uptake

The Local Government Association has published *Increasing uptake for vaccinations: maximising the role of councils*. This report contains examples of how local authorities can make residents aware of the importance of vaccination and counter any misinformation that is available.

HEALTHY & SUSTAINABLE PLACES

30. How work affects health

The Health Foundation has published *What the quality of work means for our health*. This presents new analysis exploring changes in the labour market and what they mean for health inequalities. The research shows that 36% of UK employees report having a low-quality job, and that people in low-quality jobs are much more likely to have poor health and twice as likely to report their health is not good. This paper argues that to improve health, quality of work needs to be addressed. See also: news release

31. Economic influence of the NHS

The King's Fund has published *The economic influence of the NHS at the local level*. As the biggest employer in England and a significant economic force in local communities, the NHS has a unique opportunity to influence the wellbeing of the population it serves. This article aims to help people working in the NHS to understand the level of economic influence their organisations can have and the benefits this can bring to local populations.

32. Cities Outlook 2020: Holding our breath

This report examines the impact of poor air quality within cities.

33. New Local Government Network Leadership Index: January 2020

The New Local Government Network Leadership Index is a quarterly survey sent to all chief executives, council leaders and mayors in the UK. It provides insight into the levels of confidence on key issues affecting local government. This publication highlights poor air quality as a 'top concern' for local authorities.

34. NICE guidelines on the quality of indoor air in residential buildings

The National Institute for Health & Care Excellence (NICE) has published guidelines on the quality of indoor air in residential buildings. It aims to raise awareness of the importance of good air quality in people's homes and how to achieve this. Specific actions are included for local authorities, healthcare professionals, architects, designers, builders and developers.

35. The inside story: Health effects of indoor air quality on children and young people

The Royal College of Paediatrics & Child Health and the Royal College of Physicians have published *The inside story: health effects of indoor air quality on children and young people*. This report presents evidence linking indoor air pollution to a range of childhood health problems including asthma, wheezing, conjunctivitis, dermatitis and eczema. It makes recommendations for improving indoor air quality. See also: news release

36. HIV in the UK

Public Health England has published *HIV in the UK: towards zero HIV transmissions by 2030, 2019 report*. This report shows that HIV transmission in the UK has continued to fall. This report also focuses on five strategies that are key to future HIV control and prevention: HIV testing policies; Clinical Care and Treatment as Prevention (TasP); notification of partners of persons newly diagnosed with HIV (Partner Notification); Pre-exposure prophylaxis (PrEP); and HIV prevention services for people who inject drugs. See also: news release

37. Survey of people living with HIV

Public Health England has published *Positive voices: The National Survey of People Living with HIV: findings from the 2017 survey*. Positive Voices is a nationally representative survey of patients attending HIV specialist care in England and Wales. The survey includes patient-reported outcome data on satisfaction with HIV specialist services and GP services, met and unmet health and social care needs, health-related quality of life and wellbeing, prevalence of comorbidities and lifestyle risk behaviours, stigma and discrimination, and housing, employment and finances.

38. The state of the nation: Sexually Transmitted Infections in England

This report, published by Terence Higgins Trust and the British Association for Sexual Health & HIV, calls for the Government to implement a new sexual health strategy, including the need for immediate steps to be taken on the threat of drug-resistant Sexually Transmitted Infections. The report shows that someone is diagnosed with a Sexually Transmitted Infection every 70 seconds.

39. Community-centred public health

Public Health England has published *Community-centred public health: taking a whole system approach*. This suite of resources for use by local authority, NHS and voluntary / community sector decision makers are designed to improve the effectiveness and sustainability of action to build healthy communities and improve population health.

HEALTHIER DECISION MAKING

40. **Health matters: stopping smoking – what works?**

This edition of H*ealth Matters* focuses on the range of quit smoking routes that are available and the evidence for their effectiveness. Two-thirds of smokers say they want to quit but most try to do so unaided, which is the least effective method. Smokers who get the right support are three times as likely to quit successfully.

41. **Health Matters: Physical activity**

One in three adults live with a long-term health condition and they are twice as likely to be among the least physically active. This edition of *Health Matters*, published by Public Health England, focuses on the benefit of physical activity for the prevention and management of long-term conditions in adults.

42. **Physical activity policies for cardiovascular health**

The European Heart Network, in collaboration with the WHO European Office for the Prevention & Control of Noncommunicable Diseases, has published *Physical activity polices for cardiovascular health*. The report reviews the role of physical activity in preventing and treating cardiovascular diseases across Europe. See also: news release

43. **The parkrun practice initiative**

In 2018, the Royal College of General Practitioners (RCGP) and parkrun UK launched the parkrun practice initiative to promote the social prescribing of physical activity through participation in local 5k parkrun events. More than 16% of practices in the UK have registered to become a parkrun practice.

WORKING TOGETHER TO IMPROVE HEALTH & CARE SERVICES

44. **Health and social care to support people with learning disabilities**

The National Institute for Health Research(NIHR) has published *Better health and care for all*. This review brings together NIHR-funded research for health and social care services for people with learning disabilities. It features 23 recent studies with important findings for those who commission, deliver, work in and use these services which range from qualitative research on user experience to randomised trials of complex new services. Many of these studies involved people with learning disability and family carers in the research and in delivering some of the interventions.

45. **Pharmacy Advice campaign**

A new Pharmacy Advice Campaign has launched to encourage the public to visit community pharmacies for advice on minor illnesses. The campaign highlights that minor health concerns, such as coughs, colds and aches and pains, can be treated by pharmacists. It runs until 22 March 2020. See also: campaign resources

46. **Improving healthcare through collaborative communities**

The Health Foundation has announced a new £2.1m programme for partnerships developing collaborative communities where people, families, health care professionals and researchers

work together to improve health care. The Common Ambition programme will support up to five ambitious teams across the UK to work towards a shared aim: to build sustainable change across health care through collaboration between recipients of services and those who deliver them. The Health Foundation will be inviting partnerships between the voluntary and community sector and the NHS to apply for this funding opportunity in February 2020.

GENERAL

47. **Population health management**

NHS England & NHS Improvement have published *Population health management: Understanding how integrated care systems are using population health management to improve health and wellbeing*. This document briefly summarises four case studies: identifying and supporting people with poor housing and poor health (Blackpool); using data to identify frailty (Leeds); seeing the link between physical and mental health (Bournemouth); and targeted support for communities with poorer outcomes (Berkshire West).

48. **Healthwatch England annual report**

Healthwatch England has published *Guided by you: Healthwatch England annual report 2018-19*. This annual report to Parliament summarises the work of Healthwatch England between 2018 and 2019.

49. **QualityWatch: Quality and inequality**

Research undertaken by QualityWatch, a joint Nuffield Trust and Health Foundation programme, finds that people living in the most deprived areas of England experience a worse quality of NHS care and poorer health outcomes than people living in the least deprived areas. These include spending longer in A&E and having a worse experience of making a GP appointment.

50. **Coronavirus (COVID-19) public information campaign**

The Department of Health & Social Care has launched a UK-wide public information campaign to advise the public on how to slow the spread of coronavirus and reduce the impact on NHS services. Government and NHS information will appear on radio, in print media, and on social media. The latest information and advice is available online.

51. **Cold Weather Plan for England**

The Cold Weather Plan for England aims to raise professional and public awareness of the health impacts of cold temperatures. The 2015 edition of the plan remains in place until further notice although links within the document have recently been updated.

52. **Heatwave monitoring**

Public Health England has published *Heatwave mortality monitoring report: summer 2019*. This report presents data from the surveillance of excess mortality during periods of heatwave during 2019. The summer of 2019 saw three heatwaves which resulted in an estimate of 892 excess deaths.

53. **Beyond parity of esteem: achieving parity of resource, access and outcome for mental health in England**

The British Medical Association have published a report which outlines findings about the state of mental health in England and recommendations for improvements. Key findings from the report include:

- Under a third of children with mental health problems in England can access the care they need
- Those with a severe mental illness in England on average die 15 to 20 years earlier than the general population
- Suicide is the leading cause of death among young people in the UK aged 20–34 years, and for men in the UK aged under 50.

54. **Championing mental health**

Public Health England launched a new *Every Mind Matters* film during the FA Cup third round weekend. All 32 FA Cup third round fixtures over the weekend were delayed by one minute whilst a new film narrated by His Royal Highness, The Duke of Cambridge was played before the matches. This encouraged football fans to 'Take A Minute' to start taking action to look after their mental health and that of their family and friends.

55. **Determinants of mental health**

The Centre for Mental Health's Commission for Equality in Mental Health Commission has published *Briefing 1: Determinants of mental health*. This briefing finds that mental health inequalities are closely linked to wider injustices in society. It explores actions that can be taken to reduce mental health inequalities, from communities and local services to national policies. These include action to reduce income inequality, housing insecurity and poor working conditions as well as changes to education and the provision of early years support to families. See also: news release

56. **Gambling and mental health**

The National Mental Health Director has written to the heads of top gambling firms demanding urgent action to tackle betting- related ill health following reports that gambling companies continue to nudge losing punters into more betting. See also: news release

57. **Mental health funding**

NHS Providers has published *Mental health funding and investment*. This briefing looks at the financial and investment challenges facing mental health providers including their current financial position, the impact of stigma on investment in mental health provision, how mental health services are commissioned, contracted and paid for, the transparency and governance of funding flows. It also outlines a number of solutions to financial problems that mental health trusts face. See also: news release

58. **Loneliness annual report**

Loneliness is a leading factor affecting poor health across every age. The Department for Digital, Culture, Media & Sport has released its first annual report on loneliness. This describes the progress made in the first year since the Government's loneliness strategy was published in 2018. The report is measured against 60 policy commitments. This includes the specific

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commitment of a loneliness measure in the Public Health Outcomes Framework which will allow local authorities to compare loneliness outcomes.

59. **Reducing loneliness and isolation**

The Department of Health & Social Care has published *Evidence scope: loneliness and social work*. This was commissioned by the Chief Social Worker for Adults to examine the role of social workers in preventing and reducing loneliness and isolation.

60. **The Troubled Families Programme (England)**

This House of Commons Library Briefing Paper is a description of the design, policy debate, outcomes and results of the troubled families programme in England. This is a targeted family intervention programme run by local authorities.

CONSULTATIONS AND RESEARCH

61. **The English local government public health reforms: An independent assessment**

This report, commissioned by the Local Government Association, assesses the success of the 2013 reforms to public health in England. These reforms saw the responsibility for many aspects of public health move from the NHS to the local authority. It involved the transition of staff and services and required the formation of new relationships to ensure public health was embedded within local government services.

62. **Top 20 public health achievements of the 21st century**

The Royal Society for Public Health has released a list of the public health interventions and achievements that have taken place during the first 20 years of the 21st century.

63. **Are self-reported health inequalities widening by income?**

The Journal of Epidemiology & Community Health has published *Are self-reported health inequalities widening by income? An analysis of British pseudo birth cohorts born, 1920-1970*. This research paper explores differences in self-reported health between the poorest and richest income groups between 1920 and 1970 for those aged 30-59 years. Few UK studies have analysed health inequalities by income (education, social class and employment are more frequently used). It was found that for those born between 1968-1970, there were greater self-reported health inequalities between the poorest and richest income groups compared to the inequalities between those in the 1920-1922 cohort, where the self-reported health scores for the poorest and richest income groups were closer together. The paper concludes that inequalities in self-reported health at the same age by household income have increased over time. This is likely to result in a greater future demand for health care, especially those from poorer income groups who are least likely to be able to manage their health in later age.

64. **UK poverty**

The Joseph Rowntree Foundation has published *UK Poverty 2019-20*. This report examines the nature and scale of poverty in the UK and how it affects people. It highlights how poverty has changed in society and looks at the impact of work, the social security system and housing. It also shows how carers and people with disabilities are affected by poverty.

65. **Older adults: cost-effective commissioning**

Public Health England have published the *Older Adults' NHS and Social Care Return on Investment Tool* and accompanying documents. The report marks a review of a project to look at economic evidence for interventions that can improve the health of older people. It includes nine new interventions based on the strength of economic evidence and the feasibility of modelling. It is believed these interventions would produce a positive return on investment when considering the value of health improvement.

Other Options Considered

66. None.

Reasons for Recommendation

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

Statutory and Policy Implications

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

Financial Implications

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

RECOMMENDATION

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

Councillor Steve Vickers
Chairman of the Health & Wellbeing Board
Nottinghamshire County Council

For any enquiries about this report please contact:

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

Constitutional Comments (AK 19/02/2020)

70. The matters in this report fall within the remit of the Health & Wellbeing Board.

Financial Comments (DG 19/02/2020)

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

Background Papers and Published Documents

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

- None

Electoral Division(s) and Member(s) Affected

- All

Nottinghamshire
County Council

UPDATE FROM THE NOTTINGHAM & NOTTINGHAMSHIRE INTEGRATED CARE SYSTEM

Purpose of the Report

1. To provide a presentation on the work of the Nottingham & Nottinghamshire Integrated Care System and for the Health & Wellbeing Board to comment on progress to date.

Information

2. David Pearson CBE (Independent Chair) and Dr Andy Haynes (Executive Lead) of the Nottingham & Nottinghamshire Integrated Care System are visiting the Boards and Committees of partner organisations to gain an understanding of the priorities for each partner.

3. An overview of progress to date will be provided and views from members will be sought on how to ensure a co-ordinated approach between the Integrated Care System and Health & Wellbeing Board.

Reason/s for Recommendation/s

4. The recommendation aims to support continued co-ordination between the Nottingham & Nottinghamshire Integrated Care System and Health & Wellbeing Board.

Statutory and Policy Implications

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

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

RECOMMENDATION

1) To receive a presentation on the work of the Nottingham & Nottinghamshire Integrated Care System and for the Health & Wellbeing Board to comment on progress to date.

David Pearson CBE
Independent Chair of the Nottingham & Nottinghamshire Integrated Care System

For any enquiries about this report please contact:

Dr Andy Haynes
Executive Lead
Nottingham & Nottinghamshire Integrated Care System

Joanna Cooper
Assistant Director
Nottingham & Nottinghamshire Integrated Care System
Telephone: 0115 977 3577
Email: joanna.cooper@nottscc.gov.uk

Constitutional Comments (EP 18/02/20)
7. The Health & Wellbeing Board are the correct body to consider the content of this report.

Financial Comments (DG 19/02/2020)
8. There are no direct financial implications arising from this report.

Background Papers and Published Documents

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

- None

Electoral Division(s) and Member(s) Affected

- All

Nottinghamshire County Council

NOTTINGHAM & NOTTINGHAMSHIRE INTEGRATED CARE SYSTEM'S APPROACH TO POPULATION HEALTH MANAGEMENT

Purpose of the Report

1. To provide a presentation on Nottingham & Nottinghamshire Integrated Care System's approach to population health management and for the Health & Wellbeing Board to comment on progress to date.

Information

2. Amanda Robinson (Programme Manager) will provide the Health & Wellbeing Board with a presentation on Nottingham & Nottinghamshire Integrated Care System's approach to population health management.

3. Views from members will be sought on how to ensure a co-ordinated approach between the Nottingham & Nottinghamshire Integrated Care System and Health & Wellbeing Board.

Reason/s for Recommendation/s

4. The recommendation aims to support continued co-ordination between the Nottingham & Nottinghamshire Integrated Care System and Health & Wellbeing Board.

Statutory and Policy Implications

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

Financial Implications

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

RECOMMENDATION

1) To receive a presentation on the Nottingham & Nottinghamshire Integrated Care System's approach to population health management and for the Health & Wellbeing Board to comment on progress to date.

Amanda Robinson
Programme Manager
Nottingham & Nottinghamshire Integrated Care System

For any enquiries about this report please contact:

Sandra Pooley
Project Coordinator
Nottingham & Nottinghamshire Integrated Care System
Telephone: 07775 825 651
Email: sandra.pooley@nhs.net

Constitutional Comments (EP 18/02/2020)
7. The Health & Wellbeing Board are the correct body to consider the content of this report.

Financial Comments (DG 19/02/2020)
8. There are no direct financial implications arising fromt his report.

Background Papers and Published Documents

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

- None

Electoral Division(s) and Member(s) Affected

- All

Nottinghamshire
County Council

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2019

Purpose of the Report

1. To inform the Health & Wellbeing Board of the publication of the 2019 Director of Public Health Annual Report and seek participation in implementing the recommendations from that report.

2. To update the Health & Wellbeing Board on progress relating to the recommendations in the 2018 Director of Public Health Annual Report.

Information and Advice

3. The enclosed report is the independent Annual Report of the Director of Public Health (DPH) for the year 2019. This report was approved for publication by Nottinghamshire County Council's Policy Committee on 15 January 2020.

4. The DPH Annual Report is a statutory requirement but the content and structure of the report is something to be decided locally.

5. The Association of Directors of Public Health, together with the Faculty of Public Health, has published guidance about the production of the independent Annual Report. This identifies the Annual Report as an important means by which Directors of Public Health can identify key issues, flag up problems, report progress and thereby serve their local populations. It is also a resource to inform stakeholders of priorities and recommend actions to improve and protect the health of the communities they serve.

6. The 2019 DPH Annual Report focuses on the topic of health and work. This topic was selected because participation in 'good work' is a dominant factor which shapes the health of the population. Aside from securing an income (critically important as it is), the benefits of work to individuals and communities extend much further: 'good work' provides the potential for positive social interaction and connectedness, purpose, and the capacity for developing human potential and creativity. Numerous academic studies provide evidence of the benefits that these bring to health and wellbeing, and the adverse impacts of worklessness.

7. This year, the DPH Annual Report focuses on some of what can be done to ensure that more people in Nottinghamshire enjoy these benefits. However, this opportunity is not only for individuals and their families. The opportunity extends to the organisations which employ them, and the wider economy, because a workforce which participates in good work and enjoys good

health and wellbeing is associated with increased productivity, and contributes to growth which can benefit everyone in Nottinghamshire.

8. The report emphasises how supporting the best start in life, including tackling adversity in childhood, remains the best investment to positively influence a child's future prospects at school, when entering the workforce, and throughout life. Additionally, flexible employment practices are an important mechanism to support parents / carers to remain in the workforce and create opportunities to further develop inclusive routes to employment.

9. The report underlines that a healthy workforce is good for employees, businesses and the local economy. Through Nottinghamshire County Council's Wellbeing at Work programme, organisations of any size can access free support for improving the health and wellbeing of their workforce.

10. Long-term health conditions or disability may impact an individual's ability to secure and maintain work. Managing long term conditions at work is therefore an important consideration for employers. There are many potential benefits to employers and employees of arrangements which secure the participation and skills of people with disabilities. Nevertheless, employment support in Nottinghamshire is often found to be fragmented, difficult to navigate and may not be targeted to those in most need of support.

11. The report closes by setting health, wellbeing, prosperity and economic dynamism in the context of the natural environment, fairness, and the resilience and safety of our communities.

12. The publication of the DPH Annual Report sets out clearly the opportunity and need to improve health and work outcomes for the county. Through its recommendations, it suggests a high-level programme of work that stakeholders across Nottinghamshire can work towards.

13. Annex 1 to the report contains an update on progress against the recommendations contained in the previous year's Annual Report on prevention of violence.

Implementation of recommendations

14. The recommendations in the report have been designed to complement the actions developed by the Health & Wellbeing Board and partners at the *Employment and Health & Wellbeing: Improving Lives in Nottinghamshire* workshop held on 18 October 2019. These actions were subsequently agreed as recommendations at the Health & Wellbeing Board meeting on 4 December 2019.

15. Health & Wellbeing Board members are encouraged to actively plan how these recommendations can be taken forward within their own organisations and consider how they can support the DPH Annual Report recommendations, such as hosting a care leaver traineeship or working with local schools to support the skills development of young people. Further guidance on taking forward each recommendation is available on request from Public Health.

16. Nottinghamshire County Council is progressing this agenda through its Corporate Working Group on employment and health, and the development of an employment and health strategy for the organisation. This addresses many of the recommendations within the DPH Annual Report that are within its control. For example, the Wellbeing at Work programme is being

relaunched on a web platform to enable easier access for businesses; traineeships are being developed for care leavers; the development of a pathway which articulates the employment offer is underway; and progress has begun to ensure that Nottinghamshire County Council can meet its commitment to become a Disability Confident Leader.

17. A Health & Work workshop for Health & Wellbeing Board members is planned for Summer 2020. This will provide an opportunity to review progress with partners and work through challenges together.

18. The DPH Annual Report also contains recommendations that require engagement from wider partners and work has begun to encourage this. Public Health England have committed to working with Nottinghamshire County Council as part of the Health, Work & Inclusive Growth East Midlands High Level Strategic Multi-Partner Group to develop and test metrics to more effectively measure health need and outcomes using economic and employment data. In addition, the Local Enterprise Partnership will be encouraged to take part in the development of a strategic delivery framework for employment support and to reflect on this in their future commissioning.

19. Health & Wellbeing Board members are encouraged to use their influence with wider partners to ensure the report and its recommendations have the widest possible reach.

Other Options Considered

20. None.

Reason for Recommendations

21. Preparation of the DPH Annual Report is a statutory duty and it is the responsibility of Nottinghamshire County Council to publish it. This report provides the opportunity for the Health & Wellbeing Board to receive the DPH Annual report, to promote it amongst stakeholders, and to reiterate the partnership commitment to action on this agenda which was agreed at the Health & Wellbeing Board meeting on 4 December 2019.

Statutory and Policy Implications

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

Financial Implications

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

Implications in relation to the NHS Constitution

24. In line with the values of the NHS Constitution, the DPH Annual Report highlights work undertaken across organisational boundaries to protect and improve the health and wellbeing

of the County's population. The recommendations within the Annual Report are not just for Nottinghamshire County Council but for other agencies, including Clinical Commissioning Groups.

RECOMMENDATIONS

1) That Health & Wellbeing Board members receive and comment on the 2019 DPH Annual Report.

2) That Health & Wellbeing Board members agree to contribute towards implementing the recommendations contained within the 2019 DPH Annual Report where applicable.

3) That Health & Wellbeing Board members note the progress on implementing the recommendations within the 2018 DPH Annual Report.

Jonathan Gribbin
Director of Public Health
Nottinghamshire County Council

For any enquiries about this report please contact:

William Brealy
Public Health Executive Officer
Nottinghamshire County Council
Telephone: 0115 977 4587
Email: william.brealy@nottscc.gov.uk

Constitutional Comments (AK 19/02/2020)
25. The report falls within the remit of the Health & Wellbeing Board's terms of reference.

Financial Comments (DG 19/02/2020)

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

Background Papers and Published Documents

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

- Faculty of Public Health and Association of Directors of Public Health, Guidance on production of DPH Annual Report, October 2016: http://www.adph.org.uk/wp-content/uploads/2013/08/DPH-Annual-Report-guidelines.pdf

Electoral Division(s) and Member(s) Affected

- All

Nottinghamshire County Council

DIRECTOR OF PUBLIC HEALTH'S
ANNUAL REPORT
2019

Health
& Work

Contents

Foreword

The environments in which we grow, live, and work exert the greatest influence on how many of us get to enjoy good health and for how long. Ensuring that the influence of social, economic and physical environments are positive must remain central to any concerted effort to improve the health and wellbeing of people in Nottinghamshire.
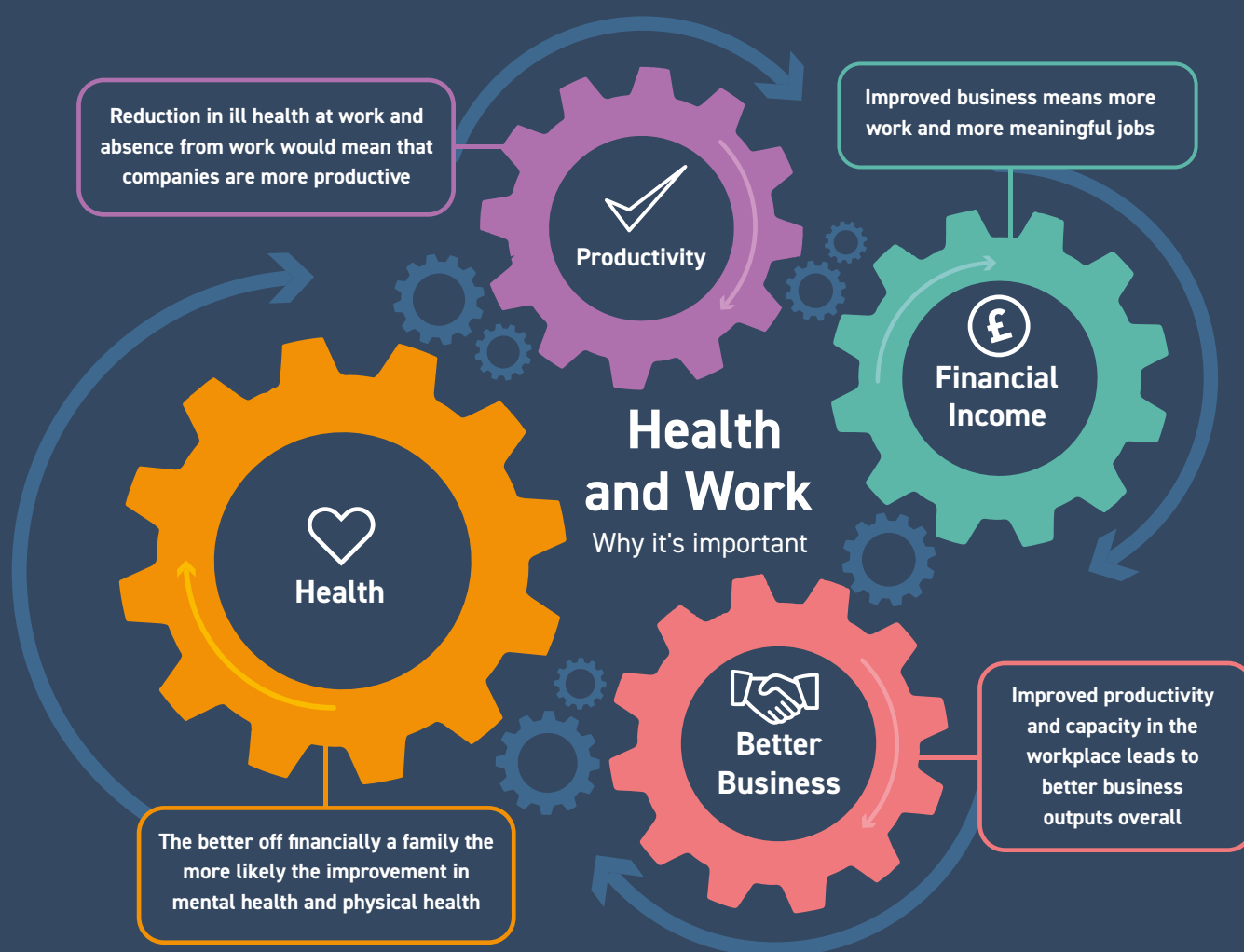
Amongst these influences, participation in 'good work' is a dominant factor shaping our health. Aside from securing an income (critically important as it is), the benefits of work to individuals and communities extend much further: 'good work' provides the potential for positive social interaction and connectedness, purpose, and the capacity for developing human potential and creativity. Numerous academic studies provide evidence of the benefits that these bring to health and wellbeing and the adverse impacts of worklessness.

This year my report focuses on some of what can be done to ensure that more people in Nottinghamshire enjoy these benefits. But the opportunity in this is not only for individuals and their families. The opportunity extends to the organisations which employ them and the wider economy because a workforce which participates in good work and enjoys good health and wellbeing is associated with increased productivity and contributes to growth which can benefit everyone in Nottinghamshire.

Jonathan Gribbin,
Director of Public Health

The Opportunity for Nottinghamshire

Reduction in ill health at work and absence from work would mean that companies are more productive

Improved business means more work and more meaningful jobs

Productivity

Financial Income

Health and Work

Why it's important

Health

Better Business

Improved productivity and capacity in the workplace leads to better business outputs overall

The better off financially a family the more likely the improvement in mental health and physical health

Health and work – why it matters

Work is generally good for both mental and physical health. There is a strong link between worklessness and poor health; being out of work can be both a cause and a consequence of poor physical or mental health. Conversely, being in work has a strong positive influence on health, through its provision of income, social interaction, a core role, identity and purpose. For people who have been out of work, securing employment is linked to improved physical and mental health and improved self-esteem.

Health as an asset

Good health is a resource for people, and is essential for a thriving society and economy. Improving health across the whole population represents an opportunity to strengthen communities and the economy.

If we were able to take positive steps to address presenteeism (attending work whilst ill) and absenteeism due to poor health, up to £100 billion annually would be saved across the UK economy.[1] Supporting improved mental wellbeing could save around £15 billion per year in mental ill-health costs linked to presenteeism.[2] Within the NHS alone, reducing lost productivity due to ill-health to the average levels experienced in other public sector organisations would save around £500 million a year.[3]

The health and wellbeing of their workforce is an important consideration for employers of any size. Good working environments are linked to improved productivity and staff retention. Another consideration for all employers is that although today's workforce is living longer, it is spending many of those later years in poor health. Taken together with economic and welfare changes requiring people to work for longer, this means that more working age adults are now living with one or more long-term health condition. There is increasing understanding that providing effective adaptations and flexible support in the workplace and through healthcare services can make all the difference in enabling people with a health condition or disability to secure and retain a good job.

Health and financial benefits of moving individuals into employment in Nottinghamshire

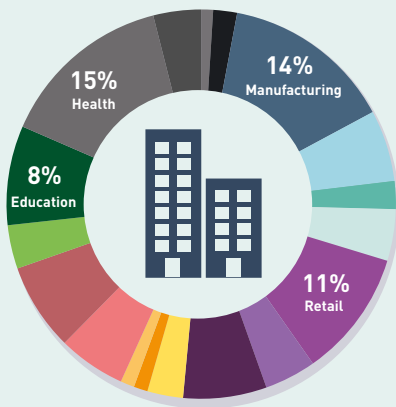With combined costs in Nottinghamshire from worklessness and sickness absence amounting to over **£1.24 Billion annually**

Every person moving from worklessness into employment would save...

£12,035
Per person
over a 1 year period

£540
To local authorities

£85
For the NHS

£11,410
To Government

Source: PHE 2019 & ONS 2018
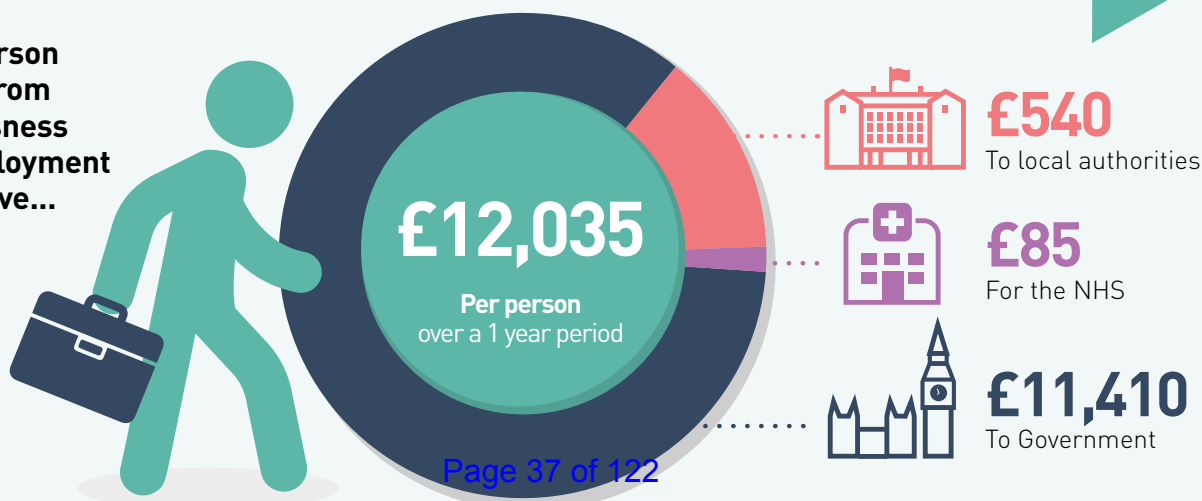
Nottinghamshire businesses by sector and size

15% Health

14% Manufacturing

8% Education

11% Retail

Number of Employees	Micro (0-9)	Small (10-49)	Medium (50-249)	Large (250+)
Number of Businesses	26,220	4,300	905	110

Productivity growth over the past 10 years

Nottinghamshire

20%

East Midlands

21%

England

25%
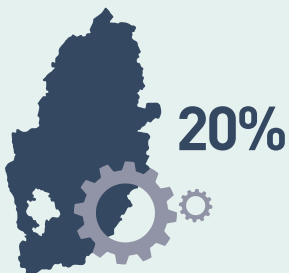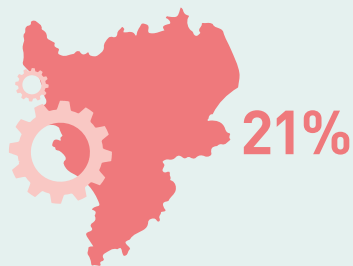
Nottinghamshire employment, unemployment and economic inactivity

391,200 people
aged 16+ in work

75.4%
16-64 employment rate

5.7%
unemployment rate

19.9%
economically inactive rate

30% of those economically inactive are long-term sick and claim Employment Support Allowance

Unemployed people:

Those who are not working but have been looking for work in the past 4 weeks or are waiting to start a job in the next 2 weeks

Economically inactive people:

Those not employed who have not been seeking work within the last 4 weeks and/or are unable to start work within the next 2 weeks

Health-related worklessness:

Those with the inability to work as a result of a long-term health condition

Source: NOMIS 2019

The Nottinghamshire Economy – Opportunities and Challenges

Strengths and Assets

The health of the population is the primary resource on which this report is focussed. But it would be remiss to overlook that Nottinghamshire is a county brimming with other strengths and resources. Known for its historical and sporting heritage, Nottinghamshire is home to creative and thriving businesses which have helped reshape the economy following post-industrial decline and attract some of the top talent in research, innovation and creativity.

Underpinning further development there is an abundance of potential sites for housing and for new or growing employers. Recent government announcements have signalled fresh investment for our town centres and high streets. Potential future investment in rail infrastructure and highways represent a catalyst for further growth and opportunity.

Demographics

Increasing life expectancy together with the age profile of the population means that the number of people in work who are aged 50 to 64 has grown from 7 million to 9 million over the last decade.[4] There is a pressing need to consider the design of work, to address the changing needs of workers across the life course and to sustain productivity.

Nottinghamshire has a slightly higher proportion of older adults compared to national average. Based on authoritative demographic forecasts, this pattern is likely to be amplified over the next decade when many in this group will be reaching retirement age.[5] The number of older people in this group and those after them who enjoy good health and independence will be influenced by the measures we take now.

To sustain a growing economy and an ageing population, Nottinghamshire will need to attract working age adults who want to stay, develop their careers and raise their families. Alongside working age adults who can contribute their skills to business and commerce, Nottinghamshire will also need to attract and retain a workforce who can deliver high quality health and social care to the population of older people.

The Opportunity for Nottinghamshire

The health and wellbeing of people in all our communities underpins further improvements in productivity. Ensuring that everyone has the opportunity to participate in this aligns with the national Improving Lives Programme which makes the case that "a country that works for everyone needs to help ensure that all who can work or undertake meaningful activity have the chance to do so. And that the right care and support is in place to enable all to thrive in work throughout their working lives".

In this annual report I identify some of the actions we can take now to realise a vision for growth, prosperity and aspiration that applies to individuals, families, communities and businesses in Nottinghamshire.

First Steps and Preparation for Working Life

School readiness

69.7% of children are school ready in Nottinghamshire compared to **71.5%** in England

Parents engaged in work

5% (13,400) of households in Nottinghamshire have both parents out of work compared to **6.7%** in England.

Educational attainment

45.2% of children achieved a 9-5 pass in English and Maths in Nottinghamshire compared to **39.9%** in England

Transition to work

6.0% (970) of 16-17 year olds not in education, employment or training in Nottinghamshire compared to **6.0%** in England

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Some of the strongest influences on life chances, including employment, relate to our early years. Loving, secure relationships with parents, together with the quality of the home learning environment, support a child's emotional wellbeing, brain development, language development, ability to learn, and capacity to develop and maintain good relationships with others. Positive early experiences that support a child's physical, social and intellectual development, and influence children's readiness to start school and learn, will impact on their life chances as adults. In their early years, during statutory education and at the transition to their working lives, there are opportunities to improve the life chances of children and young people, especially amongst those who will otherwise be most vulnerable to poor outcomes.

Early Years

Parental worklessness is significantly associated with adverse outcomes for children, including poorer academic attainment and not being in education, employment and training (NEET).[6] Many organisations in Nottinghamshire working with young children exercise an important role in supporting parents towards employment, education or training. Nottinghamshire's Child Poverty strategy identifies employment and skills as an important building block and outlines a range of commitments from partners.

At present there are nearly 13,400 households with dependent children in Nottinghamshire in which there is no adult in employment. [7] The evidence tells us that an approach that is solely focused on getting parents back into work is unlikely to significantly benefit their children. Other factors that children and their families face need to be addressed alongside worklessness, including substance misuse, mental ill-health or being a teenage parent. The Family Nurse Partnership is an example of a programme which integrates an explicit focus on employment into the support it delivers. The programme delivers to nationally evidenced standards and helps young parents to secure training and work opportunities.

Case Study - Family Nurse Partnership (FNP) in practice:

The Family Nurse Partnership (FNP) programme is a nationally evidenced home visiting service providing ongoing, intensive support to first-time teenage mothers and their babies (plus fathers and other family members, with mother's permission). Structured home visits are delivered by highly trained Family Nurses and start in early pregnancy, continuing until the child's second birthday. FNP is a preventive programme and has the potential to transform the life chances of the children and families in our society, helping to improve social mobility and break the cycle of intergenerational disadvantage.

Family nurses use programme materials and methods to enable young mothers (and fathers) to achieve three main aims:

1. To improve their pregnancy outcomes, so that their baby has the best start in life

2. To improve their child's health and development by developing their parenting knowledge and skills

3. To improve parents' economic self sufficiency, by helping them to achieve their aspirations (such as employment or returning to education).

Although **17%** of clients In Nottinghamshire have no GCSEs, more than a third of all clients are in education, employment or training by the time they leave the programme.

Enabling parents with young children to enter the workforce requires family-friendly, flexible employers and access to high quality funded childcare. According to Timewise's Flexible Jobs Index 2019, only 15% of jobs are advertised flexibly but 87% of people want to work flexibly. Alongside offering flexible working opportunities to potential employees there is a need for high quality funded childcare that will enable parents to take up employment opportunities. Nottinghamshire County Council is establishing a multi-agency, strategic 'Best Start' Group to ensure every child in Nottinghamshire has the best possible start in life, beginning in pregnancy and across their early years. It will recognise the importance of the first 1001 days in supporting child development, school readiness and the life-long impact on health, wellbeing and prosperity. This includes an aim to increase access to, and uptake of, quality childcare for some two year olds and all three and four year olds whose parents work. The group should give consideration to the impact that parental access to flexible working, childcare and employment opportunities can have on long-term outcomes for children. It should also contribute to the development of a strategic framework for inclusive employment which addresses the whole life course.

Statutory Education

Educational attainment is a strong indicator of life chances, so it is important that no child is left behind at the beginning of their school life. Schools have a powerful influence on a child's health, creating protective factors (e.g. coping with stress and overwhelming emotions) which mitigate the adverse impact of risk factors. They can prepare young people for further education or employment by helping them to understand the options available to them and by developing the skills and experience they need to gain the most from these opportunities.

Nationally there is recognition that our statutory education system fails to sufficiently prepare our children and young people to enter the workforce. The introduction of the Gatsby Benchmarks for schools and colleges has the potential to help to support all young people (including those with special educational needs) to gain better employment skills and to access high quality careers advice.

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The Gatsby Benchmarks

Benchmark	Description
1. A stable careers programme	Every school and college should have an embedded programme of career education and guidance that is known and understood by pupils, parents, teachers and employers.
2. Learning from career and labour market information	Every pupil, and their parents, should have access to good-quality information about future study options and labour market opportunities. They will need the support of an informed adviser to make best use of available information.
3. Addressing the needs of each pupil	Pupils have different career guidance needs at different stages. Opportunities for advice and support need to be tailored to the needs of each pupil. A school's careers programme should embed equality and diversity considerations throughout.
4. Linking curriculum learning to careers	All teachers should link curriculum learning with careers. For example, STEM subject teachers should highlight the relevance of STEM subjects for a wide range of future career paths.
5. Encounters with employers and employees	Every pupil should have multiple opportunities to learn from employers about work, employment and the skills that are valued in the workplace. This can be through a range of enrichment activities including visiting speakers, mentoring and enterprise schemes.
6. Experiences of workplaces	Every pupil should have first-hand experiences of the workplace through work visits, work shadowing and/or work experience to help their exploration of career opportunities and expand their networks.
7. Encounters with further and higher education	All pupils should understand the full range of learning opportunities that are available to them. This includes both academic and vocational routes and learning in schools, colleges, universities and in the workplace.
8. Personal guidance	Every pupil should have opportunities for guidance interviews with a careers adviser, who could be internal (a member of school staff) or external, provided they are trained to an appropriate level. These should be available whenever significant study or career choices are being made. They should be expected for all pupils but should be timed to meet their individual needs.

The introduction of the Gatsby Benchmarks reflects the government's recognition of the value which employers themselves can bring to young people's development and employment prospects.

Educational, employment and business sector partners are already working closely together to explore how they can better develop the employability of young people in Nottinghamshire. Examples include the East Midlands Chamber of Commerce's recent introduction of a free membership scheme for secondary schools to encourage links with businesses, and the skills and employability summit hosted by Nottinghamshire County Council in Mansfield and Ashfield which has provided an excellent vehicle to ensure that the skills required in local places are nurtured.

Recommendation: Working with Enterprise Coordinators, schools in Nottinghamshire can improve the work readiness, ambition and aspiration of young people by engaging with businesses, further and higher education using the Gatsby Benchmarks.

10.5%

of all pupils in Nottinghamshire have a special educational need or disability compared to **14.8%** of all pupils in England

Source: Department for Education 2018

A pragmatic but more rigorous approach is needed to track whether school-based programmes are effective for all of our young people including those in groups which are more vulnerable. Tracking the uptake of work experience opportunities is one way that partners can be informed about equity of access for our young people with additional needs. There are opportunities through the Virtual School (for children in care) and special education needs and disabilities (SEND) Triennial Review for children to encourage and track access to work experience opportunities for these groups. Learning from local experience suggests that for those with disabilities and special educational needs, expectation and aspiration for employment must be embedded as the norm, from as early as the primary school setting.

Transition to working lives

Once secondary school education is complete, and a young person is ready to transition to work or workforce-based training, they should have access to the right support and opportunities to enable them to do this. Without this considerable evidence suggests that being unemployed when young leads to a higher likelihood of long-term 'scarring' in later life in terms of lower pay, high unemployment, fewer life chances and poorer health.[8]

There are a range of programmes which provide support options for young people in their move into employment, some of which are shown on the next page.

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Inclusive routes to employment

Open market job with adjustments	Gaining a job with an employer who is confident in how they can adapt the work to the needs of the worker
Traineeships	Allows people without the qualifications needed for an apprenticeship to work towards them at college and in the workplace
Apprenticeships	Inclusive apprenticeships represent an opportunity for people who are not able to gain the mandatory grades in Maths and English required to gain an apprenticeship
Employment support programme	An end to end programme which takes people who are not working and supports them to understand what they want to do, works with them to apply for jobs and works with the employer to make adjustments
Supported employment	A workplace which has additional funding to employ large numbers of people with additional needs who require workplace adaptations
Supported internships	An unpaid scheme for people with an Education Health and Care Plan to gain long term work experience with an employer who has multiple job opportunities available

Despite these opportunities, there remain a range of barriers to securing good employment. A particular challenge for young people in counties is access to good transport options. Longer travel times, reduced public transport provision and costs of car travel have been noted as social mobility issues which impact on choices for work, training and education.

The Local Transport Plan supports delivery on County Council priorities for economic development and health and wellbeing through a specific objective to improve access to employment and training opportunities. Work includes an annual programme of integrated transport infrastructure improvements (including walking, cycling and public transport improvements), as well as delivery of personal travel planning with a range of audiences.

Personalised travel planning is a long-established behavioural change mechanism to help address congestion and increase healthy, active lifestyles by making people more aware of their travel choices as well and enabling them to make such journeys. This also helps people to access and stay in work and training by providing them with the skills (e.g. through targeted training) and means (e.g. through providing subsidised bus travel, or bicycle/moped loans) to enable them to access opportunities. The programme has delivered targeted work with jobseekers, residents and school leavers in Nottinghamshire.

Available evidence on the experience and outcomes of young people with special educational needs or of care leavers suggests that there is significant room for improvement. For both groups a lack of formal qualifications required to progress to apprenticeships (usually GCSE Maths and English) has been identified as an issue. This has been recognised nationally,

and inclusive apprenticeships (for people with SEN) and traineeships (for care leavers and young people more generally) have been recently introduced. Turning these into real opportunities will require their effective promotion and, for those to whom they are targeted, support in applying for and taking them up.

There is no commonly understood single view about how many of these opportunities are available in Nottinghamshire, nor of how many of our young people have the potential to benefit from each of them. However the number of care leavers not in employment, education or training and the number of adults with learning disabilities not in work suggests that there is a mismatch between these programmes and the underlying need.

Work to address these challenges is ongoing. One example is that Nottinghamshire County Council is working with businesses to create opportunities for traineeships specifically targeted to care leavers.

Recommendation: Building on the strong support secured from local businesses, Nottinghamshire County Council should work with employers to develop traineeships for care leavers

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For young people with education health and care plans, Nottinghamshire has secured funding to create supported internships. As set out by the Department for Education, "a supported internship is a study programme specifically aimed at young people aged 16 to 24 who have a statement of special educational needs or an Education Health and Care plan, who want to move into employment and need extra support to do so. Supported internships are structured study programmes based primarily at an employer. They are intended to enable young people with learning difficulties and/or disabilities to achieve sustainable, paid employment by equipping them with the skills they need for work through learning in the workplace. Internships normally last for a year and include unpaid work placements of at least six months.

Wherever possible, they support the young person to move into paid employment at the end of the programme. Although similar in aims to a traineeship or apprenticeship, supported internships differ in key ways. Young people on supported internships are expected to require a higher level of support than a trainee or apprentice, and to be offered workplace support in the form of a job coach, as well as support for their non-workplace learning. A key difference to traineeships is that interns are expected to need a longer programme than a trainee,

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care leavers

Nottinghamshire County Council were in contact with aged 19, 20 or 21 in 2018. Of these **44%** were known to be in education, employment or training. This compares with **51%** of care leavers in England.

Source: Department for Education 2019

for whom the maximum programme length is six months, before they are ready to progress to an apprenticeship or other sustainable employment."[9] James' story, as described on the next page, provides an insight into the value and possibilities of this kind of opportunity.

More effective joint working between educational establishments, local employers, the D2N2 Local Enterprise Partnership and a range of other partners will allow us to fully articulate the needs of young people leaving school for employment and develop a clear and consistent set of options to meet this need. This can best be progressed as part of the development of wider strategic delivery framework to improve access to employment across the life course.

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Case Study - Supported Internships

James started at Landmarks Specialist College with no specific vocational aim but knew he wanted to gain employment. Throughout his first year James worked hard to develop his employability and functional skills in order to prepare for work. James undertook a Supported Internship at Sainsbury's in Mansfield where he worked hard to develop his confidence and communication skills with the support of a Job Coach who accompanied him to work two days per week. James initially needed prompts and support but became able to carry out tasks such as re-stocking the fruit and vegetable isle with minimal support. James has also been working on travelling independently and hopes to take his driving test before leaving college at the end of the academic year.

The manager of Sainsbury's in Mansfield said "James is a very nice young man, always smiling and very polite to customers. I have no worries with how he is working, and I know he always works very hard. He is a pleasure to have here as a colleague and he seems very happy and fits in well".

After the end of his time at Landmarks, James secured a paid position at Sainsbury's and recently passed his driving test. He will also be returning as a Duke of Edinburgh ambassador to support learners on the DofE programme.

16

A Healthy
Workforce

Manage
Stress

Regular
Exercise

Work Life
Balance

Healthy
Diet

Every £1 spent on workforce health promotion initatives delivers a return on investment of between £1 and £4

Source: Employee Assistance Professionals Association 2019

With about 363,000 people engaged in employment, many of whom spend one third of their life at work, the workplace environment provides a significant opportunity for positively influencing health in Nottinghamshire. Developing the opportunity involves a proactive approach on the part of employers and employees which builds on the idea of 'good work'. Taking a wellbeing at work approach brings benefits for employers as well as employees, and both sustains and increases the prosperity of the local economy.[10] But for some organisations, developing their own approach to this can be challenging. Nottinghamshire County Council's Wellbeing at Work scheme provides a straightforward way for organisations to improve the health and wellbeing of their workforce and to be recognised for doing so.

Good work

Ensuring that everyone can participate in good work benefits employees through their health and wellbeing and our local economy through increased productivity. But 'good work' includes a range of factors and has been defined in various ways. Most of these focus on fair pay, job progression and work life balance. More recently narratives around health and mental wellbeing are becoming integral to how we view good work as a society.

Public Health England's definition of good work demonstrates the multiple factors which positively impact on health and wellbeing. Work which supports healthy living incorporates a living wage, lasting security, provision of relevant training and development, and conditions and patterns of work which promote good health and work-life balance.

A plethora of legislative requirements enshrined within the Health and Safety at Work etc Act 1974 help to ensure good working conditions. The enforcement of this legislation is dependent on the type of workplace and is mostly undertaken by the Health and Safety Executive and local authorities.

These statutory duties are well established and I do not intend to describe them here.

The authoritative Global Burden of Disease study highlights the wider opportunity available to people in Nottinghamshire.[11] It identifies that more than one third of the disease and disability which impacts the quality of life and health of employees and erodes productivity is the result of causes which are avoidable. Much of this relates to tobacco, diet and physical inactivity; other contributory factors include harmful levels of drinking and substance misuse. Addressing these risk factors may not be a statutory duty but doing so is of benefit to the individual and wider society.

The Nottinghamshire Wellbeing at Work programme

Sustaining a healthy workforce requires action both with individuals and at the level of the overall environment in which they work. This requires employers to look beyond the statutory duties placed on them and their employees and to consider wider arrangements which create a productive health-promoting environment. Some organisations already have a mature or developing approach to this and, amongst these organisations, some are involved in the Wellbeing at Work scheme offered by Nottinghamshire County Council to organisations in the county. The scheme helps organisations develop a comprehensive approach to health at work.

"The Wellbeing at Work programme has provided a mechanism for Gedling Borough Council to promote health and wellbeing messages to staff and to provide physical and wellbeing activities at lunchtime including Pilates, Mindfulness and fitness sessions in the park. We have also engaged the commissioned services including Let's Talk Wellbeing, Everyone Health and SmokefreeNotts to deliver staff drop in sessions. The services have also attended our annual staff health fair."

Gedling Borough Council

Wellbeing @ Work

Nottinghamshire County Workplace Health Award Scheme

The Wellbeing at Work programme is designed to enable organisations to take an incremental, stepped approach to developing a sustainable health-promoting culture and work environment. As part of this stepped approach, the programme comprises four levels of award ranging from bronze to platinum which recognise and celebrate the measures taken by an organisation.

These stages focus on: Health Promotion & Information by signposting services and resources; Health Development promoting local and national campaigns to raise the profile of healthy choices; Enabling & Increasing Access to local wellbeing services to promote training and learning platforms and link to local wellbeing services; Policy & Culture Change where organisations improve workplace culture to improve employee wellbeing.

The programme is free and open to any organisation in Nottinghamshire that wishes to be recognised for their work to improve the health and wellbeing of their workforce. It is grounded in the evidence about what is needed to improve health and wellbeing outcomes in the workplace and is consistent with the national 'Change for Life' and 'One You' programmes. By addressing the most significant risk factors for ill-health and loss of independence, it enables employers to invest in their local communities whilst sustaining and improving the productivity of their own organisation.

The Wellbeing at Work programme also aligns closely with other free, open access services for people in Nottinghamshire who want to make healthy changes. These services are commissioned by Nottinghamshire County Council to provide support relating to:

- Overweight and healthy eating
- Physical inactivity
- Mental wellbeing
- Alcohol and substance use
- Smoking

Recommendation: Employers should consider programmes such as Wellbeing at Work to improve the health and wellbeing of their workforce and the productivity of the local economy

Case study – Wellbeing at Work

Rushcliffe Borough Council first signed up to the Wellbeing at Work scheme in March 2015 and have since achieved Bronze, Silver and currently working towards Gold. Rushcliffe have recognised for a long time now how important workplace health and wellbeing is for employees and have been very active in providing support and information, however signing up to the Wellbeing at Work scheme has helped in the following way:

- Recruitment of Workplace Health Champions internally who work together to deliver health initiatives
- Access to free training for the Workplace Health Champions
- Networking opportunities with like-minded businesses and sharing of ideas
- Providing a framework to follow to ensure we deliver across all wellbeing health strands

Promoting and developing wellbeing at work

Raising awareness can be a first step on a behaviour change journey. For instance, taking tobacco as an example, 15.4% of adults in Nottinghamshire smoke. The resultant cost to Nottinghamshire businesses due to sick leave and lost productivity is over £119 million per year. Of this, it is estimated that around £44.5 million a year is lost from smoking breaks.[12] Employers have the opportunity to start to address this by raising awareness amongst their staff and by supporting national campaigns.

£119.6m

Of potential wealth is lost from the local economy in Nottinghamshire each year as a result of lost productivity due to smoking

Source: ASH Ready Reckoner 2019

Enabling access to services

Let's stay with tobacco as an example to illustrate the value and relevance to employers of a wellbeing at work approach. There is a need to shift the conversation from smoking as a clinical burden to smoking cessation as a productivity opportunity to which Nottinghamshire County Council is committed by funding free smoking cessation services. Employers should view this as an opportunity to support employees wanting to reduce the harmful impact of tobacco and should sign post workers, and if possible, provide time for workers to access locally commissioned services. Smoking impacts on the health of our workforce and the chance of a person quitting smoking increases by 34% when a co-worker quits. Such interventions within a workplace are found to be effective at supporting people to quit.[13]

Nottinghamshire County Council will launch its new Integrated Wellbeing Service in April 2020. The new provider will integrate the service with Wellbeing at Work to engage with businesses and encourage access to stop smoking support and other healthy lifestyles support for employees.

£44.5m

estimated cost of smoking breaks to Nottinghamshire businesses

£37.1m

estimated annual cost of smoking to the Nottinghamshire NHS

Source: ASH Ready Reckoner 2019

Policy and culture

The development of policy and culture are important levers for embedding wellbeing at work in an organisation. Workplace health should be prioritised by senior members of staff with named workplace champions. The Tobacco Control Declaration has provided a practical, step by step approach to becoming free from the harms of tobacco. Any organisation can participate in the declaration.

In addition to tackling smoking, the promotion of mental health represents a significant opportunity for many workplaces.

Around 16% of the adult population of Nottinghamshire have experienced a Common Mental Disorder.[14] An important first step is developing a supportive work environment which does not stigmatise someone who discloses a mental health condition. Thriving at Work; The Stevenson / Farmer review of mental health and employers drew on the accounts of over 200 employers, people with mental health problems and leading experts in mental health and work.[15] Their report sets out core principles and standards that all employers should commit to as detailed as items 1-6 in the table below.

The Stevenson Farmer Review of Mental Health and Employers

An estimated 300,000 people in the UK lose their job every year because of a mental health problem. Many might have remained in employment if they had been given the right support. A key recommendation of the Stevenson-Farmer review is that all employers, regardless of size or industry, should adopt six core standards that lay the basic foundations for an approach to workplace mental health.

1. Produce, implement and communicate a mental health at work plan
2. Develop mental health awareness among employees
3. Encourage open conversations about mental health and the support available when employees are struggling
4. Provide employees with fulfilling work, over which they have control and purpose
5. Promote effective people management
6. Routinely monitor employee mental health and wellbeing

The rollout of the Stevenson Farmer review recommendations has been recognised by the Midlands Engine as a local priority to increase productivity. [16] A consortium has been established to work across the Midlands Engine geography on the Mental Health Productivity Pilot which will develop and test innovative interventions that seek to:

a) mitigate and reduce sickness levels and the impact of reduced productivity for business due to employee absence, or employees working with mental health conditions without appropriate support,

b) reduce the numbers of employees who leave employment due to mental illness, and

c) support an increase in employee mental wellbeing.

**Poor mental health at work
costs the UK economy between**

£74 billion & £99 billion
per year

Lost output

**Cost to
employers/self
employed**

NHS costs
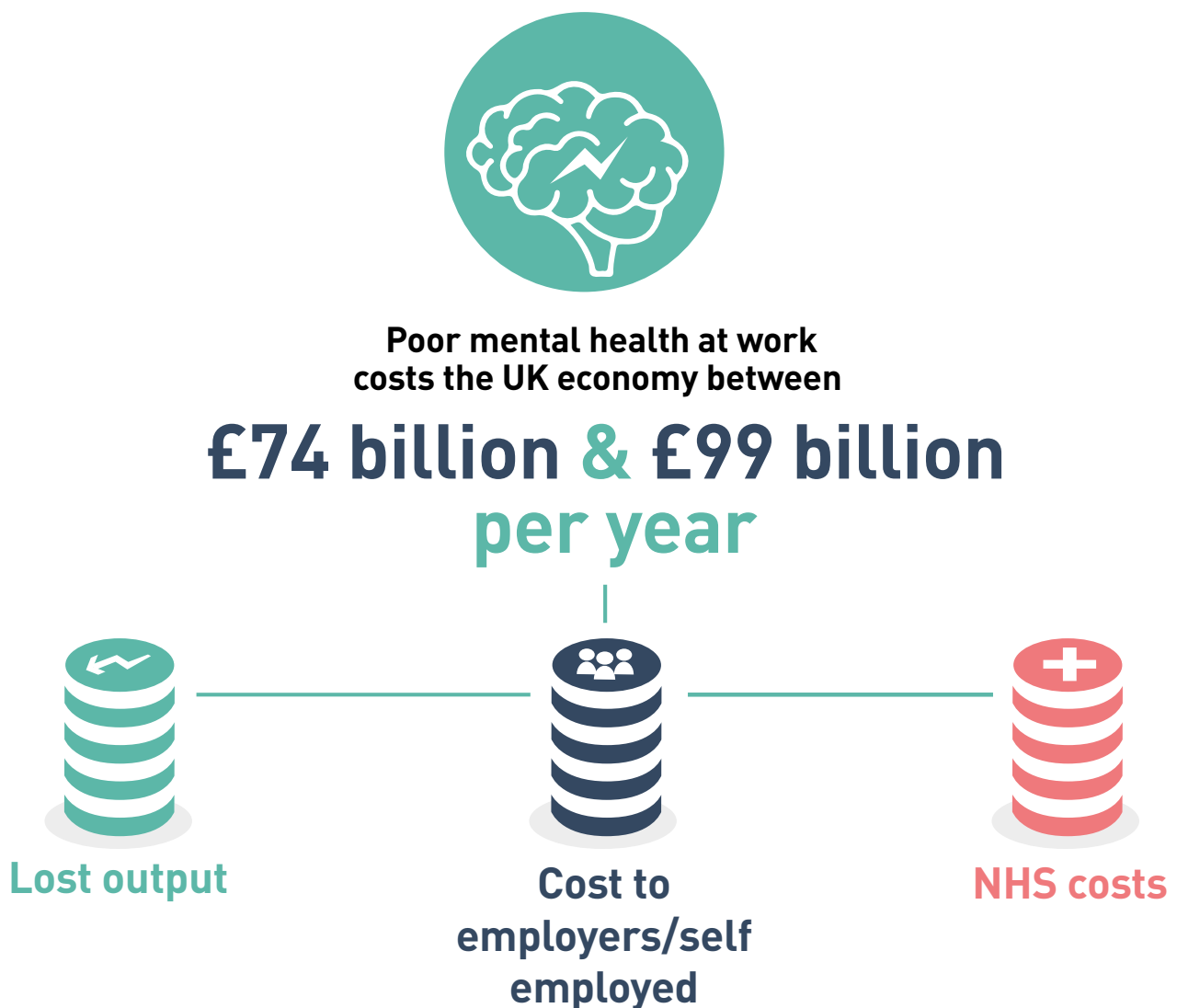
Source: Stevenson / Farmer 2017

Work and Long-Term Conditions

1 in 3

adults in the working age population have a long term health condition

Good support

for people in work with a long term condition can help them to keep their job

Leading contributors to long term sickness absence and health related worklessness are mental health and musculoskeletal disease

Caring responsibilities impact on work and family life

- 1 in 7 workers in the UK are juggling work and care

- Flexible working approaches are needed to help people juggle work with caring

The workforce in the UK is ageing

- 1 in 5 workers in the UK do not expect to retire until they are over 70

- Flexible working and job design are needed to enable people to remain active and productive in the workforce later in life

Source: PHE 2019, Carers UK 2019 & Department for Work and Pensions 2015

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For many people, it is a quiet assumption that our health will remain good throughout our working life and will allow us to get on with doing the things that matter to us, including doing a job that is meaningful, rewarding and provides financial security. Being at work is often treated as a sign that we are healthy, productive and taking part in the economy.

But we know that one in three employees in the UK has a long-term condition. For many, this condition or the obstacles created by organisations and wider society make it harder to come to work and to be productive. For some people, work is the cause of a health condition or exacerbates one. For significant numbers of working age adults, their health condition impacts to such an extent that they are unable to secure or maintain a job.

For many residents facing health-related barriers to maintaining or securing work, the right support would make all the difference. Securing work is particularly important for individuals with a health condition or disability, not only because it promotes full participation in society and independence, but also because it can promote recovery and rehabilitation, and lead to improved health outcomes and a better quality of life.[17]

The national Improving Lives Programme has set out a compelling vision and makes the case that

"a country that works for everyone needs to help ensure that all who can work or undertake meaningful activity have the chance to do so. And that the right care and support is in place to enable all to thrive in work throughout their working lives".

To achieve this goal, we know from emerging evidence that there are three key components which are needed to provide the most effective support to maintain work or return to work.[18]

Nottinghamshire residents who have been unable to work due to an illness or disability for at least a year (Employment Support Allowance, ESA)

27,857
ESA claimants in Nottinghamshire

Of those, the main reason for their claim is:

50%
(13,929)
stress & anxiety

11.4%
(3,176)
musculoskeletal

Source: DWP 2019
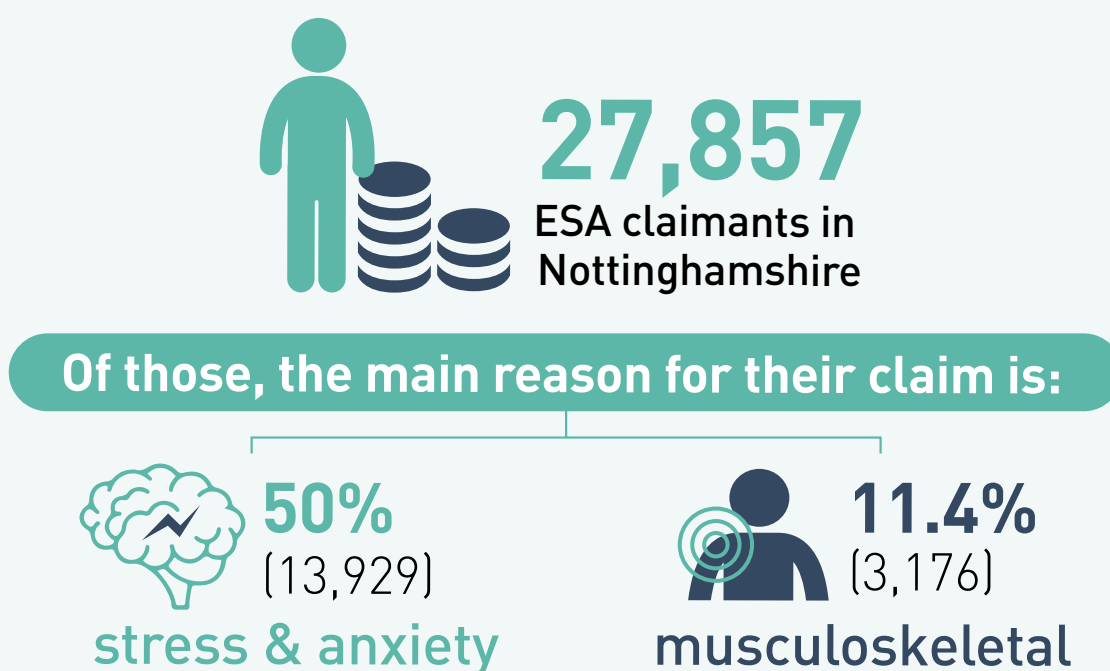
The three components of effective return to work support

1. **Employer-focussed modifications in the work environment** - flexible working hours, duties or change to physical working environment.

2. **Health-focussed interventions** – 'work as a health outcome', health professionals supporting improvement of mental and physical health.

3. **Co-ordinated case management or employment support** - facilitating effective links between healthcare and the workplace.

In this context we use the term 'employment support' to refer to any service commissioned to support people to secure or maintain employment. Employers, healthcare professionals and employment support agencies each have a role in supporting individuals to secure and maintain good employment. This chapter explores these three elements in more detail and identifies important gaps in the current Nottinghamshire provision which need attention.

Percentage of working age residents in Nottinghamshire claiming Employment Support Allowance

Area	%
England	5.4%
Nottinghamshire	6.1%
Mansfield	8.6%
Ashfield	7.7%
Bassetlaw	6.5%
Newark and Sherwood	6%
Gedling	5.5%
Broxtowe	5.1%
Rushcliffe	3.2%

Source: PHOF 2018

25
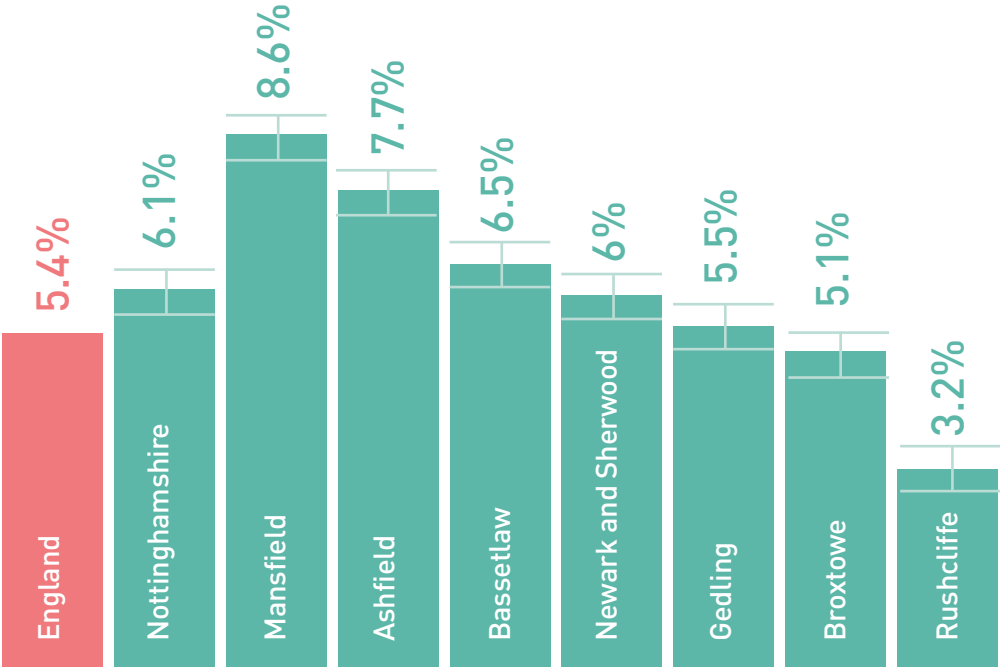
The employer's role in managing health conditions at work

Employers are increasingly recognising the value which employees and wider stakeholders place on the active promotion of the health and wellbeing of the workforce, including those with health conditions. Establishing a strong corporate reputation for this involves developing a supportive culture which does not stigmatise anyone who discloses their health condition. A third of employees with a health condition have not discussed it with their employer and it has been found, for example, that individuals with musculoskeletal (MSK) conditions will often experience worsening health, presenteeism and negative impacts on productivity through embarrassment or fear of being penalised at work if they were to discuss their condition with their manager.[19]

There are now a wide range of evidence-based employer focussed resources, freely available, which provide credible expert advice, information and support. A few examples are highlighted below.

Business in the Community	Business in the Community has partnered with Public Health England to produce a comprehensive, online resource to help every organisation support the mental and physical health and wellbeing of its employees. These include: • Mental health • Musculoskeletal health • Physical activity, healthy eating, healthier weight • Drugs, alcohol and tobacco • Sleep and recovery • Suicide prevention • Crisis management in the event of a suicide • Domestic abuse
Macmillan Managing Cancer in the Workplace	Around three quarters of cancer survivors under the age of 50 will return to work, but only a third of survivors over 50 will do the same. Improving support for people living with cancer to return to work would make a significant contribution to their health and wellbeing outcomes and the economy. Macmillan found that most people who were employed prior to a cancer diagnosis want to return to work when they are ready and able. They offer Managing Cancer in the Workplace factsheets[20], and the Macmillan at Work programme, which provides expert training, consultancy, information and support for employers.

Local feedback suggests that many employers are unaware of the information and support available to them, and some employers find employment support programmes difficult to navigate and engage with. An initiative developed in Bassetlaw provides a great example of the progress that employers can make working in partnership with local community and public sector. Whilst further work between partners would be needed to help develop the integration, accessibility and visibility of the range of good support and guidance that is available currently, a reasonable first step would be the development of an employment support page on the Notts Help Yourself website. This would provide a live resource signposting both residents and employers to available support.

Case Study – Worksop Works

Emerging from the new Worksop Town Commission, the 'Worksop Works' initiative has enabled the NHS and its partners to work with Cerealto, which employs hundreds of local people, to deliver inclusive employment training for managers. The training supports managers to recruit and support employees who live with long-term conditions. Sponsored by Cerealto, 50 places have been offered on the session which is jointly delivered by the NHS-led 'Working Win' programme, the Department for Work & Pensions, D2N2 Building Better Opportunities and Bassetlaw District Council's economic development team.

The role of healthcare professionals

"Working can be considered a health outcome in itself reflecting how well we are supporting individuals to adapt to or recover from their health challenges. The majority of health-related worklessness is not inevitable and with the right advice and support, many individuals can achieve their working potential"

2019 Healthcare Professionals' Consensus Statement on Health and Work

Health professionals have a key role in supporting their patients to secure the benefits of employment. This extends beyond medical care and fit note certification. The 2019 Healthcare Professionals' Consensus Statement on Health and Work outlines 4 principles which are relevant for all health and care professionals, and their patients.[21]

We will work together, as individual organisations and collaboratively, to enable every health and care professional to:

1. Understand the health benefits of good work, and the long-term effects of avoidable health related worklessness

2. Have the skill to incorporate discussions about working in the context of a health outcome with patients in their care, as appropriate to the health or disability of that individual

3. Feel supported to understand and interact with the wider health and work system employers, occupational health services and other bodies that have a role in assisting individuals who are not working for health-related reasons

4. Recognise their own role to support healthy and safe working environments, looking after their own health and wellbeing and those of their colleagues.

In support of these principles the 'Work as a Health Outcome' (WAAHO) programme is a vocational rehabilitation approach being led by national partners.[22] It aims to support health care professionals to better understand and support their patients with health and work issues. The programme offers e-learning modules for health care practitioners as well as a standardised training package (delivered by the regional work and health champion) to healthcare professionals working across NHS Trusts to give them skills and confidence to discuss the benefits of work in their routine clinical practice.[23] GP specialist registrar schemes in Nottinghamshire have the opportunity to access the same training which has benefitted schemes in other areas across the East Midlands.

Supporting people with long-term conditions to stay in work involves a mix of employer adaptions, specialist employment support, and effective medical care which is oriented to work as a health outcome. An acknowledged weakness of existing programmes is the relatively limited role they secure from healthcare professionals in promoting positive employment outcomes, and the lack of specialist employment support roles which can work effectively across both health and employment sectors. Notable exceptions to this include the embedding of employment advisers within

Recommendation: Primary Care Networks and GP specialist registrar training schemes should incorporate professional development on 'promoting work as a health outcome' (such as that available from Public Health England's 'Work as a Health Outcome' clinical champion) in Protected Learning Time events (PLTs) and GP training

Improving Access to Psychological Therapies (IAPT) provision, and the Individual Placement and Support programme (IPS) described later in this chapter.

The new GP contract is an opportunity to strengthen the role of primary care doctors in supporting access to work. There are opportunities to expand the primary care workforce through the 'Additional Roles Reimbursement Scheme', which can expand the multi-disciplinary team in primary care.

This will result in social prescribing navigators and allied health professionals (AHPs) being employed by every primary care network. AHPs could include First Contact Physiotherapists, Occupational Therapists and Physician Associates. The national Work and Health Unit (a cross-government unit, jointly sponsored by the Department for Work and Pensions and the Department of Health and Social Care) is preparing the way for the use of the fit note in their consultations.[24] This will add capacity to primary care to engage in positive health and work conversations and support the delivery of vocational rehabilitation initiatives at scale.

Social prescribing is an NHS funded initiative to provide better support for people engaging with primary care. With the help of a link worker, individuals are supported to identify what matters to them and how these personalised goals might be met by engaging with groups and activities of interest to them. With appropriate training and development of local systems, link workers can provide an additional opportunity to connect individuals with effective employment support provision.

Recommendation: Primary Care Networks should ensure that social prescribing link workers and first contact practitioners take account of work as a health outcome and are equipped to refer people into employment support

The Role of Employment Support

There is a range of support available in Nottinghamshire, which helps people to seek and secure employment. Tailored condition-specific support, and support beyond recruitment are known to be important in helping people to overcome health barriers to finding paid work. These support individuals not only to get a job, but to maintain it.

The Individual Placement and Support programme (IPS) is a good example of tailored support, which is underpinned by a strong evidence base. It is an employment support service integrated within community mental health teams for people who experience severe mental health conditions. No one apart from the service user is given a say in whether or not the individual is 'ready', or whether a particular work outcome is 'appropriate'. It works on a 'place and train' model which supports the employee and employer in the real-world workplace environment. A review of 15 randomised control trials found a 36 percentage point improvement in competitive employment outcomes for participants receiving IPS type versus traditional interventions.[25] The evidence increasingly points towards the effectiveness of 'supported employment' based on a place and train approach involving intensive pre and post-employment support to the employee and employer.

The 8 principles of Individual Placement and Support

1. Everyone who wants to work is eligible for employment support
2. Employment specialists and clinical teams are located together
3. Competitive employment is the primary goal
4. Job search is consistent with individual preferences
5. Job search is rapid beginning in a month
6. Support is time unlimited and individualised to employee and employer
7. Welfare benefits advice supports the person through the transition from benefits to work
8. Employer engagement

Case study – 'M', as recounted by their IPS employment advisor

"M is computer programmer who was off work after a particularly difficult episode of bipolar disorder. IPS became involved through a case conference led by her community psychiatric nurse.

I had a one-to-one meeting with M where we looked at her employment history, training and skills etc. Out of this conversation we built a vocational profile. M is a highly experienced Senior Web Designer and had been undertaking large scale projects. Her current role was far from challenging, but her domestic situation was becoming fraught with escalating debt. She was travelling to work via three buses involving approximately four hours travel per day. With the vocational profile in place and knowledge of her travel and domestic situation, I began to get a stronger sense of what is available and how the whole system of recruitment functions in M's highly specialised, competitive area of work.

Addressing the distance she had to travel was a central issue. M accepted that upwards of twenty hours of travel per week was excessive and a source of stress. Her debt could be relieved somewhat by saving on travel. I helped her contact Step Change, a debt advice/management service, and M said she felt a burden had been lifted and that it was more manageable than she first thought.

After 3 weeks of effort, M landed a role with a more local company. We discussed disclosure of her health condition. I explained that I would advocate on her behalf if she wished, but she was happy to speak up for herself.

At the most recent appointment, M reported a sense of stability and that domestically, things were once more manageable with Step Change acting on her behalf making her debt more bearable.

Employment support in Nottinghamshire

Currently, employment support for people with health and complex social needs comes from a range of national, regional, local and micro programmes. Even so, detailed mapping and stakeholder engagement has shown that there are systematic issues which limit the impact of these programmes.

Commissioning and delivery are fragmented with multiple employment programmes, support offers, providers and commissioners operating more or less independently. As a result some programmes may be duplicating if not actively competing with one another. It is unclear whether people are always aware of the support to which they are entitled and whether people are always enabled into the support most suitable for their needs. The landscape is difficult for employers too, who are likely to be approached by a range of employment support providers requesting their participation.

There is some evidence that services commissioned to provide employment support are inadvertently incentivised to prioritise work with those closest to gaining employment, rather than furthest from the labour market and in greater need of support. Added to this, there is a lack of agreed metrics to monitor need and demonstrate outcomes. Commissioner and provider organisations do not routinely share performance metrics with local partners, leading to missed opportunities for local scrutiny and targeted action.

A crucial first step for Nottinghamshire is the development of a strategic delivery framework for employment support which identifies where investment will have the biggest impact. Without this, it seems likely that provision will continue on a fragmented basis, and it will remain unclear whether good outcomes or value for money are being achieved for Nottinghamshire.

Recommendation: Through a partnership of local councils and other key stakeholders in Nottinghamshire, a task and finish group should be set up to develop a strategic delivery framework which will act as a guide to prioritise future investment. The framework should identify need amongst key groups, the evidence of what works and gaps in current delivery across the whole life course and for people who are furthest from the workforce.

Recommendation: Nottinghamshire County Council should develop a single narrative and pathway for the range of employment support the Council provides, to improve engagement with employers and other partners.

Recommendation: Public Health England should work with partners to develop an analytical approach bringing together health status with economic and employment data, to better understand which groups face specific health-related barriers to employment and would benefit from support.

Inclusive Employment –
Overcoming Barriers to Work

England employment rate – 75.6%

7%

People with Learning Disabilities

7%

People experiencing severe mental health problems

27%

People starting treatment for drug or alcohol misuse

Employment rate (England) of groups experiencing health-related or complex social barriers to employment

Care Leavers

20-25%

People leaving prison

64%

Families in temporary accommodation

55%
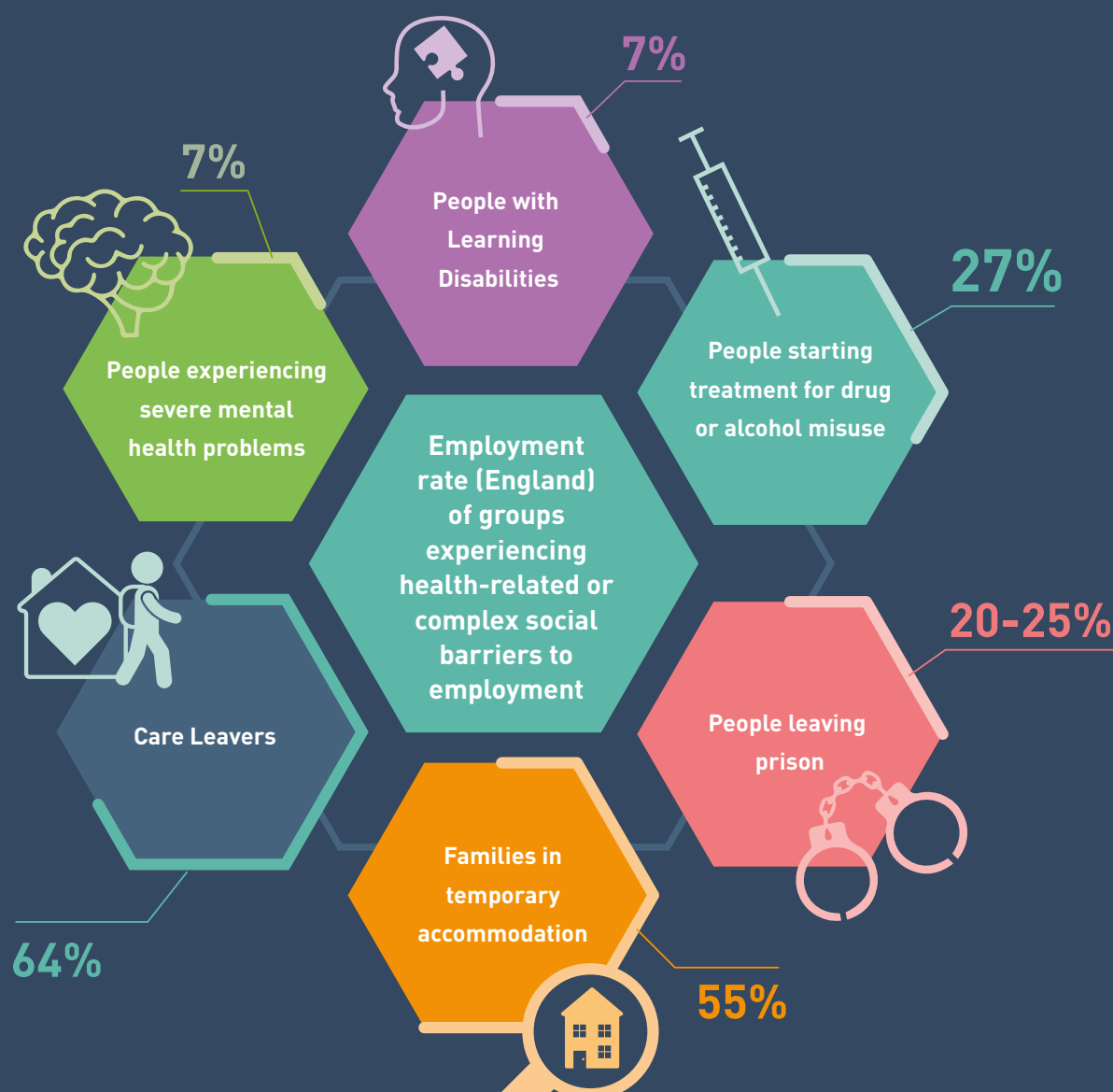
Source: ASCOF 2017/18, Centre for Mental Health 2019, Shelter 2018, Department for Education 2019 & PHE 2019

Connecting people with learning disabilities to jobs

The barriers to work faced by people with a disability of any sort vary from person to person but can be multiple and complex. Some barriers may be directly linked to a health condition which impacts a person's capability and capacity in a particular role. For some people, the progression or treatment of a health condition may have disrupted education. Others experience increased challenges relating to stigma, and sometimes self-stigma which discourages them from turning their abilities into employment outcomes. In other instances, people experience barriers which arise from arrangements and expectations which it may be in everyone's interest to review and adapt.

Some people find that some additional support enables them to overcome challenges and barriers such as these and to turn their ambitions into employment. The main learning disability employment support provision in the local area is Nottinghamshire County Council's i-Work service which has supported more than two hundred people with learning disabilities into employment.[26]

Specialist providers such as i-Work have knowledge and skills which should be shared with specialist providers of employment support and through the development of a practitioner led network.

We know that at present i-Work does not have the capacity to meet the current demand for its services. In the longer term we must look at a new model for delivering and securing inclusive employment, this will take time to understand, articulate and put into practice.

Partners from educational establishments, local employers, the D2N2 Local Enterprise Partnership and Nottinghamshire County Council should share collective knowledge about the needs of people with learning disabilities and complex social needs and feed this into the development of a strategic delivery framework.

Case Study – i-Work

B attended a local college and had completed work experience at a Food Production Factory. College provided a job coach to support travel and throughout the day on work experience.

On completing his college course, the factory offered B a job as a Production Operative. The college also referred B to iWork to provide in-work support.

iWork staff met with B, the employer and college to ensure a smooth transition and to find out what adjustments and support were required. The employer was very supportive and gave B the option to commence working 3 days per week, with the option to increase their hours later.

iWork staff attended an induction week with B, observing difficulties with completing paperwork, noting B's anxiety that others would notice his difficulties . iWork continued to provide support during working hours by phone and text communication. iWork identified that that B would sometimes miss some of the employer's communications and become stressed and anxious. Sometimes B had to leave the factory floor because he felt "about to pop". At these times iWork liaised with the employer who was then better able to communicate certain changes. This three-way liaison became the foundation for effective support, enabling B and the employer to communicate well.

Complex social challenges

The complex and multi-faceted social challenges experienced by some people is also reflected in the barriers to work which they face. Amongst the diverse groups and circumstances, the employment data for some is very sparse (e.g. for survivors of domestic abuse). For other groups, we know much more.

A national review by Dame Carol Black found that alcohol misuse may be a cause or a consequence of unemployment and is a predictor of unemployment and future job loss.[27] People who are in work when they start alcohol treatment tend to maintain employment and have better chances of successful completion. But few who are unemployed when they enter treatment go on to secure work during or after treatment. This highlights the critical role for support that is multi-faceted and is reflected in the way that alcohol and substance misuse outcomes for Nottinghamshire County are framed more holistically than the rather narrow, clinically oriented national measures of successful completion.

Homelessness may result from loss of employment, or from work which is chronically precarious or remunerated at levels insufficient to meet essential living costs. Being homeless presents an additional barrier to staying in work. Even when temporary accommodation can be accessed, it may be far from the place of work making it uneconomic to stay in employment and exacerbating a loss of confidence and erosion of self-esteem.

Accordingly, people with complex social barriers can benefit from support to gain employment. One such local programme is Building Better Opportunities, which is delivered by a partnership of providers and co-financed by the National Lottery Community Fund and European Social Fund (ESF).

We do not know the numbers of people with complex social needs seeking employment in Nottinghamshire so it is hard to accurately estimate the potential need for services such as Opportunity and Change. However, as with i-Work, current demand appears to outpace supply. Furthermore, we do not yet know the full range of interventions which are effective in enabling people with complex social needs to win and keep employment. Public Health and employment support commissioners will need to keep under review the findings of the ongoing pilot into the delivery of IPS provision to people experiencing substance misuse to understand whether this should be considered for Nottinghamshire.

To close the gap between the Nottinghamshire and English average, we would need to support:

Source: ASCOF 2017/18

36 more adults in secondary mental health care into employment

111 more adults with learning disabilities into employment
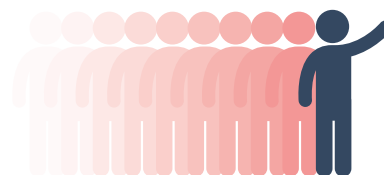
Case Study - 'Opportunity and Change'

Opportunity and Change, is one strand of the Building Better Opportunities programme which, supports people with multiple and complex needs, including some of the most socially isolated and marginalised people in our local communities, to move towards employment, education and training. By engaging in a holistic range of one-to-one and group support, training and therapeutic interventions, individuals broaden their social networks, increase self-confidence and motivation, learn new skills and improve their health and wellbeing. A selection of group-based therapeutic interventions are available to help participants overcome barriers relating to mental health, housing, domestic abuse, substance misuse, and offending. One example is Equine Assisted Therapy.

Equine Assisted Therapy is a ten week programme involving care for horses and horsemanship alongside opportunities for self-care and self-management of emotions. Working with the horses, participants engage in experiential learning about how they can change the way they behave with the horse to get a positive reaction from the horse.

"When I first came I was scared of horses so I said I'd just sit and watch. Within 20 minutes I was walking around with a horse even though I was scared of them. My psychologist said she's never seen such a massive change – it was like 2 weeks and the change was massive. So now I don't take any medications at all. Nothing. None at all. Since I've been to the horses I've had nothing - no depression, no anxiety. I don't wake up in the night no more, I don't have any night terrors which was a big problem for a few years. All of them are gone."

Watch the video here: **https://www.youtube.com/watch?v=_Rr2IjiSZzw&feature=youtu.be**

As part of developing a strategic delivery framework, providers already delivering services for vulnerable individuals with complex social needs should engage in the development of a common data collection on employment needs and outcomes. The Local Industrial Strategy (LIS) provides an opportunity for the collective Nottinghamshire commitment to this agenda to be strengthened at a strategic level to provide the framework in which this can be achieved. Local Industrial Strategies are coproduced by Local Enterprise Partnerships in conjunction with national government. They should set out clearly defined priorities for how cities, towns and rural areas will maximise their contribution to UK productivity by allowing places to make the most of their distinctive strengths. Nationally the government has described the need for Local Industrial Strategies to ensure better coordination of economic policy at the local level and ensure greater collaboration across boundaries. Influencing the LIS for our local area therefore represents a unique and vital opportunity.[28]

Recommendation: The D2N2 Local Enterprise Partnership should build on its strong commitment to health and wellbeing within the developing Local Industrial Strategy, by supporting a streamlined and integrated approach to commissioning employment support for those furthest from the labour market.

Opportunities for good work

Widening access to the benefits of good work requires new work opportunities as well as people who can fill them. Many initiatives focus on supply-side initiatives which seek to develop the employability of individuals. Relatively little attention and resource is applied to shaping the employment landscape to encourage the development of appropriate opportunities. This does not involve the creation of jobs which is neither economically viable nor indicated as a need. Instead we need to ensure that every job in the labour market is shaped to be an inclusive employment opportunity.

Doing so benefits existing employees as well as potential employees who experience barriers to employment.[29] But it is also employers who benefit from the access which this gives them to the largely untapped resource comprising people with suitable skills who are living with a disability or complex social need. By bringing more of these people into the workforce, or enabling them to stay in the workforce, employers can access and appeal to new talent, increase employee retention and, by becoming more inclusive, enhance their appeal to new customers.[30]

Nottinghamshire employers should be encouraged to take meaningful steps to ensure their job vacancies are recruited to in a way which provides inclusive opportunities for all. Some examples of such steps include:

- be explicit about being open to employing people with barriers to employment through signing up to the **Disability Confident Scheme** which will be included in the new government Get Ahead scheme.[31]

- ensure jobs are created which address the tasks required and not the people required. This gives an opportunity to consider **job carving or job design.**

- ensure recruitment practices means all jobs are considered for part time or flexible working, and selection procedures enable all residents to showcase their talents (for example considering **work trials** in place of interviews)

- make use of national support to make adaptations in the workplace for example the '**fit for work' resources**, **BiTC toolkits**, and **Access to work scheme**

- engage with local inclusive employment support when looking for employees for example **i-Work** and Individual Placement and Support (IPS) schemes in **Nottinghamshire** and Bassetlaw

- work with nationally commissioned local employment support schemes such as **Building Better Opportunities** and **Better Working Futures** when looking for employees.

- consider if vacancies, at all levels of the organisation, could become opportunities for **apprenticeships**, **traineeships** or **supported internships**.

Recommendation: Nottinghamshire County Council, as part of their work towards Disability Confident Leader status, should collate and share best practice on inclusive employment and health for Nottinghamshire employers.

Afterword

For some people, the clear links between work and the wellbeing of so many of us provide reason enough for turning the recommendations into action. For others, it is the link between the health of people in Nottinghamshire and our productivity and economic prospects as a county. Others will be motivated by the opportunities here because our participation and experience of work is an overarching driver of other inequalities. Although we may identify differences of policy and approach, many of us will agree that all of these - wellbeing, economic

growth and fairness - comprise essential parts of the mental picture we can paint of a thriving Nottinghamshire.

A picture like this helpfully reminds us that health, or work or the economy are not sufficient ends in themselves but serve a broader vision of what it means to thrive. I would like to leave you with one such picture – or, at least, the broad structure of it. It proposes what a sustainable economy looks like, capturing a range of aspects. It underlines the need to pursue all of these aspects in the round.

Prosperity

Does the local area produce wealth and create jobs?

Dynamism and opportunity

Is the area entrepreneurial and innovative, does it have the skills set necessary to drive future growth?

Inclusion and equality

Is everyone benefiting from economic growth, where are there still challenges? Is the gap between richest and poorest narrowing?

Health, wellbeing and happiness

Are people healthy and active, leading fulfilling lives which provide individual prospects?

Resilience and sustainability

Is the economy having a neutral impact on the natural environment and is the built environment creating resilient places that people want to live in?

Community trust and belonging

Is there a lively and creative culture life? Do people feel safe and engage in community activities?

Source: Grant Thornton 2019

Looking at these indices you will identify some of the links between them. In last year's report I described the links between wellbeing and violence and the ways that investing in health contribute to making Nottinghamshire a safe place for everyone. In this report I have explored some of the ways that improving health and wellbeing supports productivity and inclusion. In the coming year, my team will be undertaking work which highlights the links between improving health and environmental sustainability. Each of these provides an example of how a rigorous consideration of health and wellbeing enhances the impact of policy and decision-making in matters which, on the face of it, do not present themselves as related to wellbeing.

Therefore, my final recommendation is that organisations of all sorts identify the links between health and wellbeing and the challenges they face – and of how addressing the former can contribute to the latter. Many organisations are doing just that. If you would like to explore the potential benefits of this for your organisation, please contact me at **director.publichealth@nottscc.gov.uk** .

Summary of Recommendations

1	Working with Enterprise Coordinators, schools in Nottinghamshire can improve the work readiness, ambition and aspiration of young people by engaging with businesses, further and higher education using the Gatsby Benchmarks
2	Building on the strong support secured from local businesses, Nottinghamshire County Council should work with employers to develop traineeships for care leavers
3	Employers should consider programmes such as Wellbeing at Work to improve the health and wellbeing of their workforce and the productivity of the local economy
4	Primary Care Networks and GP specialist registrar training schemes should incorporate professional development on 'promoting work as a health outcome' (such as that available from Public Health England's 'Work as a Health Outcome' clinical champion) in Protected Learning Time events (PLTs) and GP training
5	Primary Care Networks should ensure that social prescribing link workers and first contact practitioners take account of work as a health outcome and are equipped to refer people into employment support
6	Through a partnership of local councils and other key stakeholders in Nottinghamshire, a task and finish group should be set up to develop a strategic delivery framework which will act as a guide to prioritise future investment. The framework should identify need amongst key groups, the evidence of what works and gaps in current delivery across the whole life course and for people who are furthest from the workforce.
7	Nottinghamshire County Council should develop a single narrative and pathway for the range of employment support the Council provides, to improve engagement with employers and other partners.
8	Public Health England should work with partners to develop an analytical approach bringing together health status with economic and employment data, to better understand which groups face specific health-related barriers to employment and would benefit from support.
9	The D2N2 Local Enterprise Partnership should build on its strong commitment to health and wellbeing within the developing Local Industrial Strategy, by supporting a streamlined and integrated approach to commissioning employment support for those furthest from the labour market.
10	Nottinghamshire County Council, as part of their work towards Disability Confident Leader status, should collate and share best practice on inclusive employment and health for Nottinghamshire employers.

Annex 1: update on progress against recommendations from 2018 Annual Report on Prevention of Violence

Recommendation	Update on progress
18/1 Police, health and voluntary sector stakeholders should incorporate the identification and support of past and potential victims of violence in services for high-risk groups	**Leading body:** Safer Nottinghamshire Board (SNB). **Progress:** The County was successfully awarded funding alongside Nottingham City to develop the Violence Reduction Unit (VRU) in 2019. The VRU are completing a Joint Needs Assessment in 2019/20 to identify the needs and support for victims and perpetrators which will inform a County/City action plan. **Outcomes:** Evidence base will be shared across the County, gaps will be identified, funding will be focused to areas of highest need.
18/2 County Council Public Health Team should pilot work to empower services users to exercise increased control by equipping frontline staff to enquire about experience of childhood adversity	**Leading body:** NCC Public Health **Progress:** Funding and implementation of the 'Routine Enquiry about Childhood Adversity' (REACh) programme. Staff delegates from 8 organisations across the public care and protection system have been recruited. There are another 4 services to be recruited and 53 training places to fill meet the total of 900 training places which will run until April 2020. Implementation leads in each organisation will receive a further six months post-training support to ensure a sustainable implementation and integration into the existing services. **Outcomes:** REACh will evaluate improved service users' engagement with services and changing demand for services. The independent evaluation by Liverpool John Moores University will produce an interim Evaluation Report in January 2020.
18/3 Community Safety Partnership and A&E departments should ensure data from A&E departments is routinely shared and is used to improve community safety	**Leading body:** Safer Nottinghamshire Board (SNB) **Progress:** SNB continues to bring together data from the police, Community Safety Partnerships (CSPs) and health partners in order to improve community safety. This aggregated data is being applied to the hospital emergency information to improve each organisation's response to alcohol related violence. Alongside these developments in April 2020 the hospital's emergency care dataset will also be able to include fuller information on the causes of injuries including identifying factors assessed as the influential causes of the injury. **Outcomes:** This work will contribute to and be further shaped by the newly established Nottingham and Nottinghamshire Violence Reduction Unit (Autumn 2019) as it develops the leadership and strategic coordination role of the local response to serious violence.
18/4 Reduce knife crime in Nottinghamshire through piloting and rigorous evaluation of Public Health approaches	**Leading body:** NCC Public Health/ Nottinghamshire Violence Reduction Unit (VRU) **Progress:** Councillors approved use of the Public Health grant to co-fund a targeted youth work programme for high-risk individuals. Nottinghamshire has made a successfully bid for additional funding to establish a Violence Reduction Unit across the City and County. This funding will enable the development of public health approach to violence and a Joint Strategic Needs Assessment of violence reduction. **Outcomes:** New targeted interventions for high-risk young people. A clear statement of the need and about the evidence of what works in violence reduction to guide future investment and activity.

Recommendation	Update on progress
18/5 Ensure all frontline staff working with children, young people and families have opportunity to access training that will equip them with skills to recognise and respond appropriately to ACEs in young people	**Leading body:** NCC Public Health. **Progress:** Public Health has provided input on Adverse Childhood Experiences (ACE) and their impact on the 'What's New in Safeguarding' updates training, available to all frontline staff and was attended by 507 delegates during 2018/19. An on-line learning module on ACE's is now available on the Nottinghamshire Safeguarding Children Board (NSCB) learning platform for all staff in organisations registered with Safeguarding Children Procedures. This was accessed by 337 staff since its launch in March 2019 to end of October 2019 and has evaluated very positively. **Outcomes:** The children and young people workforce is trained to recognise ACE's
18/6 Improve resilience of young people by evaluating and improving schools-based resilience programmes in Nottinghamshire	**Leading body:** NCC Public Health. **Progress:** The resilience building programmes delivered by Each Amazing Breath CIC, 'Take 5 at School' programme and Young Minds 'Academic Resilience Programme' has funded engagement with a total of 60 Nottinghamshire schools. The evaluation is being provided by Nottinghamshire County Council Education Psychology Services. An interim evaluation was completed in June 2019 with early qualitative findings; Schools staff and pupils/students for both programmes said that it was a positive and enjoyable experience, identified positive changes in psychological wellbeing and coping skills. The Take 5 programme emphasised ownership and was inclusive; the Academic Resilience Approach emphasised staff wellbeing and learning and engagement. **Outcomes:** The resilience programmes aim to develop inner resources for self-awareness, self-confidence, self-esteem and self-efficacy; provide early identification of and intervention of children with emotional mental health and wellbeing difficulties; and improved relationships and sense of belonging. Attendance and achievement are also being monitored and evaluated.
18/7 Reduce incidence and impact of cyberbullying through schools-based work with Schools Health Hub (SHH) and the Tackling Emerging Threats to Children team (TETC).	**Leading body:** NCC Public Health and the TECT/SHH team **Progress:** The specialist worker role supporting schools with cyber-bullying has been extended to 2021. The websites are being widely promoted which aim to provide key information on a range of Public Health issues including cyber – bullying. The monthly averages for both website usage/views per page over the last year, (1st January 2019 – 30th November 2019), are noted in the table below:

Monthly averages	Health for Kids	Health for Teens
Average number of users per month	74	104
Average number of page views per month	116	210

The impact and effectiveness of the websites is being evaluated as part of the 'You're Welcome' exercise where young people carry out reviews for Health for Teens and parents/carers review the relevant sections for the Heath for Kids website. There is currently an interim report available on findings to date and a final report ready by July 2020.

Outcomes: Children and young people can recognise signs of being bullied and be aware of what action to take to access support and address the issue.

Recommendation	Update on progress
18/8 Schools Health Hub (SHH) and Tackling Emerging Threats to Children (TETC) teams should support schools to deliver evidence based appropriate Personal, Social, Health & Economic education (PSHE)	**Leading body:** Public Health and the TECT/SHH team **Progress:** Completion of assessment of gaps and needs. The teams are now preparing a package of support for schools for the implementation of Department of Education Relationship & Sex Education (RSE) guidance. Education provision of RSE is compulsory for all Secondary schools Countywide from September 2020, and Relationship Education for primary schools. Within this agenda signs of abuse, Child Sexual Exploitation (CSE), bullying, and understanding what a 'healthy' relationship is will be covered. **Outcomes:** Schools independently and confidently delivering quality assured PSHE/RSE sessions including information to ensure children and young people understand and can recognise signs of grooming, signs of an unhealthy relationship including domestic violence and emotional abuse and be aware of what action to take.
18/9 Reduce the incidence of suicide and self-harm in Nottinghamshire by prioritising the highest impact interventions set out in the Notts Suicide Prevention Framework for Action	**Leading body:** NCC Public Health **Progress:** Public consultation on an updated Suicide Prevention Strategy and Action Plan was completed on 7th August. The Nottinghamshire Suicide Prevention Group adopted the strategy in October. NHS England has provided funding to initiate postvention bereavement support for those bereaved by suicide across the Nottinghamshire ICS footprint during 2019/20. It is anticipated that around 260 referrals for postvention bereavement support will be made in 2019/20, based on the previous year's rate of suicide deaths. In September promotion as part of World Suicide Prevention Day enabled an NCC social media campaign reach c305K people with twelve posts. Real Time Surveillance has commenced. **Outcomes:** Reducing the number of suicides in the County. The most recent available data shows mortality by suicide in Nottinghamshire decreased between 2017 (72) and 2018 (47) and this decrease was seen across all districts. Source: Suicides in the UK: 2018 registrations, Office for National Statistics.
18/10 Reduce the incidence and impact of mental health problems through widespread promotion of 'Every Mind Matters' self-care guide	**Leading body:** NCC Public Health/Integrated Care System Nottingham and Nottinghamshire (ICS) Mental Health Prevention Workstream **Progress:** The promotion of 'Every Mind Matters' campaigns through workplace health schemes; promotion during Mental Health Awareness week 2019; and the community and voluntary sector providers accessing the Public Health Commissioned service which delivers Mental Health and Suicide Prevention awareness and training. **Outcomes:** In Feb 2019 a contract for Mental Health and Suicide Prevention awareness and training commenced; between July and September 160 people participated in the training from a wide range of community and voluntary sector groups and providers.
18/11 Increase the number of people able to access social prescribing interventions to help recover from mental health problems	**Leading body:** NCC Public Health/ICS Mental Health Prevention Workstream. **Progress:** A countywide, community asset-based approach to reduce social isolation and loneliness has been launched. This Community Friendly Nottinghamshire is focusing engagement in the areas of identified need, helping communities to come together to act on shared visions, enhancing neighbourhoods and overcoming concerns. **Outcomes:** Community Friendly Nottinghamshire, currently funded by Public Health Grant for 2 years 2019-20, has recently adopted a community development approach called "Community Organising". This approach will enable more people, citizens and the wider workforce, to be trained facilitating greater reach and impact. A monitoring approach for "Community Organising" is being developed.

Recommendation	Update on progress
18/12 Reduce the impact of self-harm by ensuring that every A&E department provides NICE compliant assessment and interventions for every individual admitted following self-harm	**Leading body:** NCC Public Health **Progress:** Self-harm audit at Nottingham University Hospital (NUH) is complete. The audit is being reviewed by clinical experts from Nottinghamshire Healthcare NHS Foundation Trust before circulating more widely to the Suicide Prevention Group. **Outcomes:** Following clinical review the findings of the audit at NUH will be reviewed by Nottinghamshire Suicide Prevention Steering Group to identify follow-up actions.
18/13 Improve the response to domestic violence and abuse (DVA) by promoting awareness and training to help communities professionals and specialist services to respond appropriately	**Leading body:** NCC Public Health and Domestic and Sexual Abuse Executive. **Progress:** A new prevention, promotion and training service contract has been developed to be accessible to all partners and professionals working on the domestic abuse agenda in the County. The contract will be awarded in December 2019 with a launch date of April 2020. In addition, the new survivor information cards and posters in ten languages are being circulated by the specialist provider Equation including information cards for men and the LGBT population. A targeted "Help a friend" campaign has been delivered and the National Women's Aid Federation England pilot 'Change That Lasts' will continue through to 2021. **Outcomes:** The breadth of professionals trained (including Domestic and Sexual Abuse practitioners, family support workers, housing officers); other professionals briefed (including GPs, Magistrates), all contributing to improving knowledge and skills and referrals enabling improved support in DVA situations.
18/14 Reduce the incidence of domestic violence by improving early intervention and prevention for example by working with the Tackling Emerging Threats to Children (TETC) team to enhance prevention activity in schools and other settings.	**Leading body:** NCC Public Health and Domestic and Sexual Abuse Executive. **Progress:** In addition to the initiatives highlighted in recommendation 18/8 and 18/13, support to develop early intervention work and prevention has been enhanced with resourcing an initiative to support Children Affected by Domestic Abuse (CADA) using the Public Health grant **Outcomes:** Schools and family workers taking up the opportunities and developing their knowledge, awareness and skills in engaging with domestic abuse. This is being assessed through formal training evaluation assessments.
18/15 CCGs should make specialist provision for the therapeutic support of victims and survivors, both children and adults, especially in relation to sexual abuse	**Leading body:** Domestic and Sexual Abuse Executive and Office of the Police and Crime Commissioner **Progress:** Discussions between the Office of the Police and Crime Commissioner (OPCC) and the NHS Clinical Commissioning groups have agreed on pilot service models. In addition, the OPCC has commissioned a specialised provider to prepare a Nottinghamshire sexual abuse needs assessment report. **Outcomes:** Following completion of the needs assessment, Autumn 2019, the OPCC will look to make the commissioning decisions. A Nottinghamshire model for the specialist therapeutic support will be sought, to be commissioned as part of CCG mental health services budgets.

Recommendation	Update on progress
18/16 Evaluate the Nottinghamshire Integrated Offender Management pilot and review other national and international evidence to reduce the risk of re-offending by perpetrators.	**Leading body:** Domestic and Sexual Abuse Executive **Progress:** The evaluation report was completed in August 2019 outlining fourteen recommendations. These recommendations include for the Domestic Violence and Abuse Integrated Offender Management (DVA IOM) teams to be maintained and function in a multi-agency manner and to be co-located. The recommendation is also for the Independent Domestic Violence Advocates (IDVAs) to continue as an integral part of the programme. **Outcomes:** The final evaluation will be tabled at the Executive meeting in December 2019 and future developments agreed.
18/17 Secure funding to expand programmes for working with young people, including young people that harm.	**Leading body:** NCC Public Health and Domestic and Sexual Abuse Executive **Progress:** As highlighted in 18/14, Funding accessed from Public Health reserves. **Outcomes:** Specialised, preventative work with vulnerable young people developed
18/18 Health and Wellbeing Board (HWB) partners should write to Ministers and local MPs to alert them to the cost of harmful drinking to communities in Nottinghamshire and the evidence about the beneficial impact of Minimum Unit Pricing (MUP) for residents and communities	**Leading body:** Health and Wellbeing Board **Progress:** In July the Health & Wellbeing Board held an alcohol themed workshop around the eight points alcohol ICS plan. The focus concentrated on the role board members can do within their own organisations championing alcohol as a public health concern. Further work is required to mobilise HWB partners to advocate for the beneficial impact of MUP. **Outcomes:** Local actions which demonstrate leadership and commitment to reducing alcohol-related ham in Nottinghamshire were identified, including the opportunities for Board members to take on a role as 'Alcohol Champions' within their own organisations.
18/19 Ensure that local licensing policy is fully informed by public health intelligence about the full extent of the local impact of alcohol	**Leading body:** NCC Public Health **Progress:** The intelligence team have provided data to the District Councils' for informing alcohol licencing decisions. **Outcomes:** District Councils are informed on the local impact of alcohol
18/20 Public Health commissioned services should include the delivery of Alcohol Identification and Brief Advice (IBA), targeting individuals who are drinking at levels presenting a risk to health	**Leading body:** NCC Public Health, ICS and Alcohol Pathway Group **Progress:** An alcohol IBA training model and implementation plan in partnership with the Nottinghamshire Alcohol Pathways Group has been established. Public Health has commissioned Change, Grow, Live (CGL) to deliver this alcohol identification and brief advice (IBA) training. CGL have recruited a training post to engage organisations across the ICS and train professionals within these organisations. **Outcomes:** The train the trainer approach has been implemented amongst a breadth of the targeted audiences. Alcohol Champions are being established within organisations in order to sustain the training capacity longer term. Health and Wellbeing members discussed at the September alcohol workshop their role in supporting the delivery of the IBA.

Annex 2: References and Notes

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29 For example flexible working may benefit employees who gain a health condition or become a parent, and the promotion of Disability Confident may encourage existing disabled employees to disclose - improving their attendance and mental wellbeing in the workplace.

30 The 'purple pound' is a term used to describe the spending power of disabled people and their families. Estimates from the Department for Work and Pensions state that the 'purple pound' is worth around £212 billion to the national economy a figure Nottinghamshire business' should not ignore. With three quarters of disabled people and their families leaving a shop or business because of poor customer service or lack of disability awareness, employing staff with disabilities is surely a good first step to changing both culture and service delivery. (Department for Work and Pensions (2014) High street could be boosted by £212 billion 'purple pound' by attracting disabled people and their families [Press Release] Available from: **https://www.gov.uk/government/news/high-street-could-be-boosted-by-212-billion-purple-pound-by-attracting-disabled-people-and-their-families [Accessed 4th December 2019].**

31 'See Potential' is being wound down and moved across into a new wider campaign called 'Get Ahead'. This will be targeted at employers with a much wider remit around recruitment, diversity and inclusion as well as employing people from challenging backgrounds and 'Disability Confident'.

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DIRECTOR OF PUBLIC HEALTH'S
ANNUAL REPORT
2019

Health
& Work

Nottinghamshire
County Council

W nottinghamshire.gov.uk
E director.publichealth@nottscc.gov.uk
T 0115 977 5781

Public Health, County Hall,
Nottinghamshire NG2 7QP

D&P/12-19/8306

	Report to the **Health & Wellbeing Board**
Nottinghamshire **County Council**	
	4 March 2020
	Agenda Item: 8

REPORT OF THE CORPORATE DIRECTOR FOR ADULT SOCIAL CARE & HEALTH

BETTER CARE FUND PERFORMANCE AND PROGRAMME UPDATE (QUARTER 3, 2019/20)

Purpose of the Report

1. This report sets out progress to the end of Quarter 3 against the Nottinghamshire Better Care Fund (BCF) budgets and performance targets.

2. It requests that the Health & Wellbeing Board approve the Quarter 3 national Better Care Fund return (shown in Appendix 1) which was submitted to NHS England on 24 January 2020.

Information and Advice: Performance Update and National Reporting

3. Performance against the BCF performance metrics and financial expenditure and savings continues to be monitored bi-monthly through the BCF Finance, Planning and Performance Sub-Group and bi-monthly through the BCF Steering Group.

4. This performance update includes delivery against the six key performance indicators, the financial expenditure and savings, scheme delivery, and risks to delivery for Quarter 3 2019/20.

5. The frequency of national reporting on BCF performance to NHS England has changed in 2019/20 and Quarter 3 is the first instance of this in this financial year. All local BCF partners developed and agreed the Quarter 3 BCF National Return at Appendix 1 that was submitted to NHS England by the deadline of 24 January 2020. Due to timings and in line with established practice, the National Return is now submitted to the Health & Wellbeing Board for retrospective approval.

6. Quarter 3 2019/20 performance metrics are shown in Table 1 below.

Table 1: Performance against BCF performance metrics

Ref'	Indicator	2019/20 Target	2019/20 Actual	RAG and trend	Key issues and mitigating actions
BCF 1	Total non-elective admissions (NEA) in to hospital (general & acute), all-age	72,855 Year to M9	74,798 Year to M9	**Amber** ⇔	

Total non-elective admissions in to hospital (general & acute), all ages for HWB population (MAR proxy data)

Nottingham and Nottinghamshire Clinical Commissioning Groups:

There are several non-elective Quality, Innovation, Productivity & Prevention (QIPP) schemes in place for Clinical Commissioning Groups in Mansfield and Ashfield, and Newark & Sherwood, which focus on admission avoidance for the frail elderly, those with Ambulatory Care Sensitive (ACS) conditions and patients on an end of life pathway. The End of Life and High Intensity Service Users schemes are currently delivering above plan. However, the Frailty Scheme and the workstream to address ACS conditions (Integrated Rapid Response Service) are behind schedule in terms of the impact they were intended to deliver.

A deep dive into non-elective admissions has occurred and findings have been fed into the local demand avoidance (south Nottinghamshire) and drivers of demand (mid Nottinghamshire) groups. These groups are responsible for mobilizing and monitoring

schemes aimed at reducing non-elective demand at both acute trusts. As demand has continued to rise over winter the analysis is being refreshed to investigate whether there are new themes that can form the basis of 2020/21 plans.

East Midlands Ambulance Service (EMAS) has mobilized a non-injury falls pathway which will be aligned with the Call for Care falls pathway to reduce the number of patients who fall being conveyed to hospital unnecessarily. A non-conveyance program is in place and EMAS have appointed a non-conveyance lead to facilitate this work. Call for Care is now live across all of Nottinghamshire, ensuring a two-hour response for those at risk of hospital admission.

The new 111 Clinical Assessment Service (CAS) went live in October 2019. This will result in more calls to 111 receiving clinical triage to reduce the risk of attendance at A&E and/or admission to hospital.

Mid Nottinghamshire:

'Drivers of Demand' is commissioned by the Nottingham & Nottinghamshire Integrated Care System in response to the growing non-elective demand being seen across the county.

The analysis indicated there is no single reason for the increasing demand, and that several factors may be contributing. Nine key areas were identified, including:

1. Community Services Review
2. GP Demand and Impact of Drivers of Demand
3. IRRS Model Development
4. Review of DOS and link to 111
5. Streaming to PC24 and NEMS Capacity Confirmation
6. GP Cover and the amalgamation of the GP Duty Cover into Newark Hospital, and potential to explore the opportunity to replicate in Sherwood Forest Hospital
7. Intervention for Drugs and Alcohol related conditions (included in action 3 IRRS model)
8. East Midlands Ambulance Service Conveyance Rates
9. Care Homes.

Action plans have been implemented for some of these areas whilst others still need further resources and data before starting. One of the action plans that has been implemented is Care Homes; this has already shown a positive impact on reducing the number of NEAs

					North Nottinghamshire: Bassetlaw Hospital continues to see an increase in A&E attendances and subsequent admissions to hospital this year. The Clinical Commissioning Group invested considerably for this year's emergency / unplanned activity both in the hospital and to introduce the Call for Care model in Bassetlaw, and to utilize health and social care data / predictive analytics tools already used in Mid and South Nottinghamshire. The Clinical Commissioning Group will continue to work with all partners in efforts to minimize the increase in activity. At the end of Quarter 2, emergency admissions were slightly over plan by 81 admissions (1.2%).
BCF 2	Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	572	See graph	Amber ⇔	 Permanent admissions of older people to residential and nursing care homes, per 100,000 population Monitored by Nottinghamshire County Council's Adult Social Care & Health Department. Please note that admissions reporting has a time input-lag factor for each calendar month (e.g. admissions at the very end of the calendar month will not be reflected until the following month) which is why the previous month's admissions rates usually increase upon revision for the next monitoring report. The data is provisional (with ratified national data published annually).
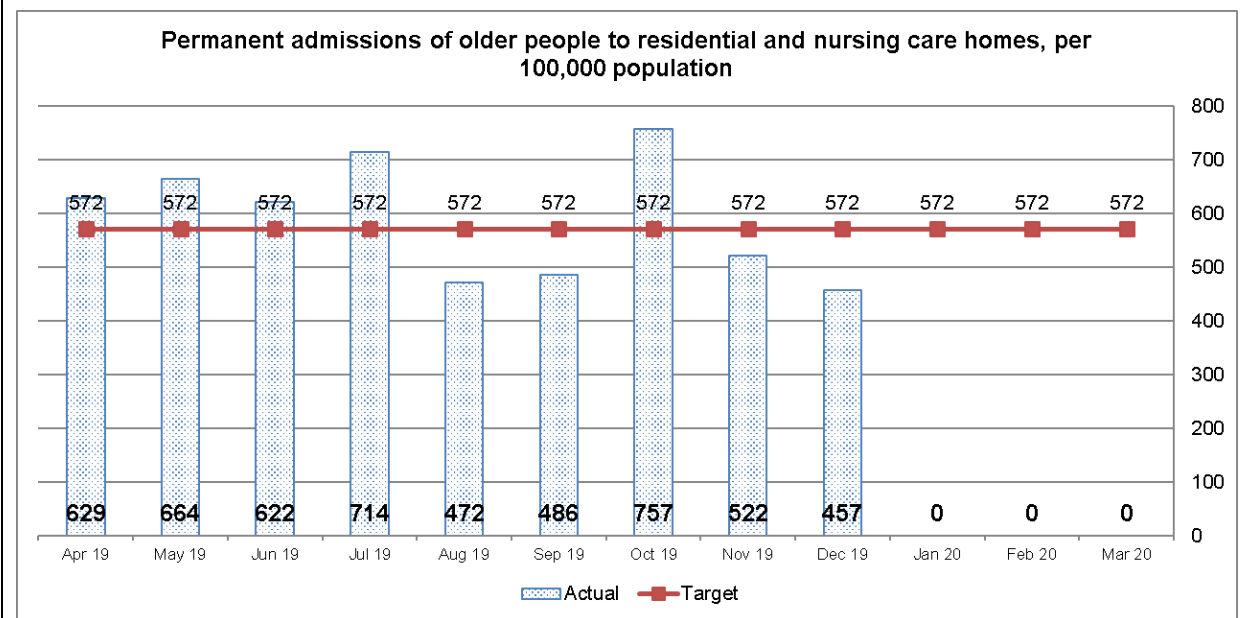
					Headlines: • 34% of admissions are to nursing care and 66% are to residential care. • Admissions for the current year are now over target (741 against a year-to-date target of 720). • Last year there was a total of 979 admissions. This year's admissions could potentially exceed 1,000. • Average number of admissions per month is currently 85 (against a monthly target of 80). • Numbers of admissions have remained consistent over the last few years. • Admissions are highest in Bassetlaw, lowest in Ashfield and Mansfield. This indicator is likely to be higher than target by year end. Currently the County Council benchmarks within the top end of the average banding across other councils nationally and regionally. As data comes in for the winter period however the situation potentially becomes more volatile as an increased number of people present with more critical needs, meaning results for these indicators may change. It is becoming increasingly difficult to maintain this target on track. As an increasing number of older people with a range of needs require support, a more strategic approach with partners to developing options for older people is required to ensure that people are not being placed in residential care that could have been avoided / delayed. A BCF workstream has been established with partners to consider options for a more integrated Housing Options Pathway and development of a continuum of housing options suitable for people as they age, from mainstream housing through to supported. Having a greater range of suitable housing alternatives available will enable social care to support more people at home for longer and thereby reduce / delay the need for residential care. The number of new admissions is monitored against a target of 80 per month. Admissions into long-term care are avoided where possible through scrutiny of all requests for placements by Team Managers / Group Managers to ensure that all alternative options to promote a person's independence have been explored.
BCF 3	Proportion of older people (65+) who were still at home 91 days after discharge from hospital into a	83%	85%	**Green** ⇧	Reablement services support people to regain their independent living skills and confidence following a period of ill-health, which often has required a stay in hospital. This is good for people's health and wellbeing, and in turn reduces the need for health and social care and support services. This indicator (except for 10 jointly managed social care and health beds in Bassetlaw) captures the outcomes for people receiving

reablement /
rehabilitation service

social care (directly delivered and externally contracted) home and accommodation based reablement services. Reasons for people not remaining at home after reablement, include being admitted to long-term residential or nursing care, being re-admitted to hospital or having deceased.

Proportion of older people who were still at home 91 days after discharge from hospital into reablement / rehabilitation services

This indicator is on a positive upward trend due to successful delivery of key transformation projects to increase capacity in the County Council's services and sustain or improve outcomes that help people remain living at home. This quarter, the target has been exceeded.

Included in this indicator are short-term reablement services, including:
- START: Nottinghamshire County Council's Short Term Assessment & Reablement Service provided in a person's own home (e.g. to help them regain their independence following a stay in hospital)
- Home First Response Service: a short-term, rapid-response service provided by the independent sector which can support people to remain at home in a crisis or return home from hospital as quickly as possible
- Social care assessment and reablement units: an assessment and reablement

					service delivered in an accommodation-based setting following a stay in hospital. In this period, out of the 682 older adults who received a reablement service on discharge from hospital, 587 people were still at home 91 days after. Figures show Nottinghamshire benchmarks as having a higher than average number of people not completing their reablement due to being re-admitted to hospital very soon after the reablement team starts to work with them. Nottinghamshire County Council is working with health colleagues in hospitals to understand the reasons for this.
BCF 4	Delayed transfers of care (delayed days) from hospital per 100,000 population (average per month)	39/day	54/day	Amber ⇧	A&E Delivery Boards in Bassetlaw, Mid Nottinghamshire and Greater Nottingham are responsible for the local urgent and emergency care systems and activity. There is a disconnect between the Delayed Transfers of Care (DToC) indicators required within the NHS Constitutional Standards and managed by A&E Delivery Boards, and the DToC indicator outlined in the Better Care Fund. Clinical Commissioning Groups are reporting that performance is in line with the NHS target of delays below 3.5% of monthly occupied bed days. **Nottingham and Nottinghamshire Clinical Commissioning Groups:** Nottingham DToC rates are beginning to decrease from a high of 3.81% in June 2019 to 2.84% in September 2019.

This equates to 1,217 delayed bed days in September 2019 which is a decrease of 311 from August 2019. Bed day delays are attributed to the NHS (86.1%), Social care (9%) and joint (4.9%).

Issues contributing to the change in DToC rates and delayed bed days include:
- Inclusion of patients that are in community beds.
- Increase in complexity and dependency of patient (e.g. bariatric patients who require two or more carers or specialist equipment).
- Increase in housing and homelessness discharge issues, particularly relating to complex needs such as wheelchair access or patients' eligibility to public resource.

Actions being taken to improve performance include:
- Coding queries being reviewed by the CCG data analyst teams.
- CCG working with partners to carry out a review of discharge pathways for homeless patients.
- Incorporating new specialist homeless discharge navigators.
- Developing an integrated homeless health pathway to enable proactive care planning and scoping potential for interim beds.

Delayed Transfers of Care per day

Mid Nottinghamshire:

As part of the Mid Nottinghamshire response to the level of DToCs it has been agreed that the HFID will now focus on discharge to assess and non-weight bearing pathways. In addition, the following actions have been undertaken:
- A weekend discharge pilot has improved the level of discharges over the weekend.
- A joint pilot combining the community and acute therapy teams is currently taking place to share learning and improve processes around discharge.
- The over 21 and 7-day patient process is fully embedded and has resulted in a reduction in length of stay for these cohorts of patients.
- A visit to Luton & Dunstable (a top DToC performer) to look at opportunities that system partners could adopt to improve timely discharges.

North Nottinghamshire:

Bassetlaw Hospital's share of the total DToC position has decreased significantly over the past year and comparing to the Nottinghamshire County Council total rate per 100,000 population at about 1/3 of the total. The Integrated Discharge Team will continue to work with Nottinghamshire County Council colleagues and community care providers to ensure delays are kept to a minimum.

The Bassetlaw Call for Care service went live on 29 July 2019. Call for Care is the urgent care navigation service commissioned to deliver a two-hour response for people in Bassetlaw to prevent an avoidable hospital admission or support timely discharge from the Emergency Department. In Quarter 2, Nottinghamshire County Council delays at Doncaster & Bassetlaw Teaching Hospitals, averaged at 2.2 days delayed per day.

Countywide:

Excellent social care performance continues to be sustained across the county on this indicator; benchmarking shows that for social care delays Nottinghamshire County Council is consistently one of the top performing authorities in the country. The latest available data shows delays due to social care at a rate of 0.1 compared to a target of 0.7. Joint delays (where responsibility is shared with Health) are also performing better than target at a rate of 0.2 against a target of 0.55.

BCF funded hospital-based social workers, integrated care teams, integrated patient / service user information systems, Home First and reablement services (START) have

all made a positive contribution to reducing or eliminating delays for social care reasons.

BCF 5	Percentage of users satisfied that the adaptations met their identified needs	95%	99%	**Green** ⇧											

	Q1			Q2			Q3		
	DFGs completed	No of customers satisfied	% satisfied	DFGs completed	No of customers satisfied	% satisfied	DFGs completed	No of customers satisfied	% satisfied
Bassetlaw	21	21	100%	20	20	100%	43	43	100%
Total North Notts	**21**	**21**	**100%**	**20**	**20**	**100%**	**43**	**43**	**100%**
Ashfield	14	14	100%	15	15	100%	30	30	100%
Mansfield	21	21	100%	14	14	100%	14	14	100%
Newark & Sherwood	19	19	100%	14	14	100%	23	23	100%
Total Mid Notts	**54**	**54**	**100%**	**43**	**43**	**100%**	**67**	**67**	**100%**
Broxtowe	14	14	100%	5	4	80%	9	9	100%
Gedling	17	16	94%	25	25	100%	26	25	96%
Rushcliffe	9	9	100%	11	11	100%	17	17	100%
Total South Notts	**40**	**39**	**98%**	**41**	**40**	**98%**	**52**	**51**	**98%**
Overall customer satisfaction	99.1%			99.0%			99.4%		

BCF 6	Permanent admissions of older people (aged 65 and over) to residential and nursing care	11%	16%	**Amber** ⇧	*Please note, this target has been halved from 22% (green indicator) in 2018/19.* *This local admissions indicator measures the number of admissions to long-term residential or nursing care direct from a hospital setting where the service user did not have access to any reablement type activity beforehand. Positive progress has been*

| | homes directly from a hospital setting per 100 admissions | | | made on this indicator last year with a year-end out turn of 14%. This is in line with system partner plans for increasing numbers of people to be discharged from hospital either directly home, or into a short-term reablement service prior to having an assessment. This avoids the need for people to make decisions about their future longer-term care and support needs whilst still in hospital (known as Discharge to Assess).

Percentage of admissions into care homes direct from hospital by month 2019/20

The target for this indicator has been set at a challenging 11% for 2019/20 to build on last year's positive performance. At the end of quarter 2 however 18% of admissions came direct from hospital. The year to October shows a positive reduction down to 16%. Work is underway to check the data and reasons for performance deteriorating so that an improvement action plan can be put in place. |

7. Expenditure is on plan in Quarter 3 2019/20 as shown in tables 2 and 3 below.

Table 2: Quarter 3 2019/20

Contributing partner	Nottinghamshire Clinical Commissioning Groups (CCGs)	Nottinghamshire County Council	Total
£'000s			
Payments made into pooled budget	£41,444,753	£29,459,118	£70,903,870
Payments received from pooled budget	£25,355,740	£45,548,130	£70,903,870
Total spend to period 9	£25,355,740	£45,548,130	£70,903,870
Under/(over) spend to period 9	£0	£0	£0

Table 3: Quarter 3 2019/20 Nottinghamshire County Council

£'000s	Planned Spend	Spend	Variance
Protecting Social Care	£13,461,400.26	£13,461,400.26	£0.00
Carers	£1,001,111.86	£1,001,111.86	£0.00
Care Act Implementation	£1,626,500.58	£1,626,500.58	£0.00
Winter Pressure	£2,645,302.50	£2,645,302.50	£0.00
Improved Better Care Fund	£19,863,119.25	£19,863,119.25	£0.00
Disabled Facilities Grant (District / Borough Councils)	£6,950,696.00	£6,950,696.00	£0.00

8. The BCF Finance, Planning and Performance sub-group monitors all risks to BCF delivery on a quarterly basis and highlights those scored as a high risk to the Steering Group. The Steering Group has agreed the risks on the exception report as being those to escalate to the Health & Wellbeing Board (table 4).

Table 4: Risk Register

Risk id	Risk description	Residual score	Mitigating actions
BCF005	There is a risk that acute activity reductions do not materialize at required rate due to schemes not delivering the intended outcomes, and / or unanticipated cost pressures and / or impact from patients registered to other CCGs not within or part of Nottinghamshire's BCF plans.	12	• Regular monitoring through BCF Steering Group and BCF Finance, Planning and Performance subgroup as well as local governance forums. • Mid Notts Alliance Oversight Board, A&E Board and Better Together Proactive and Urgent workstream leads providing substantial focus.

BCF009	There is a risk that the available workforce does not meet the volume or skills required for the scale of transformation required or the future system needs.	9	• Monthly monitoring through A&E Delivery Boards, System Resilience Group and Transformation Boards. • Workforce development plan in place, including a succession plan. • Discussion with regional workforce teams to facilitate long term recruitment and development planning. Review recruitment and retention plans (annual). • Reduce scale of services and/or phase delivery to accommodate extend recruitment timescales. • Use of locum staff to bridge gaps.
BCF012	There is a risk that the target for the BCF2 metric (care home admissions) will not be met at year end and that this will not be known until late in-year due to how data is reported (retrospectively amended).	9	Admissions are monitored monthly and are approved by Group Managers at regular panel meetings on a district basis. There is a recognized lag in the recording of admissions onto the system, and staff are regularly encouraged to ensure that updates happen as soon as possible. This issue and the lack of a pattern in terms of the numbers of monthly admissions can make it difficult to predict if the number of admissions will be on target by year end.
BCF014	There is a risk that the DToC target will not be met.	16	CCGs and A&E Delivery Boards are pursuing several schemes to address the ongoing challenge to reduce NHS Delayed Transfers of Care as outlined in the performance indicator section of this report.
BCF016	There is a risk that the target for BCF3 (reablement 91 days) of 83% will not be met.	12	This indicator is monitored at the Performance Board and the Older Adults Interventions Board. There is an action plan in place to address issues with specific districts and service providers.

Other options

9. None.

Reasons for Recommendations

10. To ensure the Health & Wellbeing Board has oversight of progress with the Better Care Fund plan and can discharge its national obligations for reporting.

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. At month 9, the 2019/20 annual Better Care Fund Pooled Budget of £92.2m is forecast to break-even.

Human Resources Implications

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

Legal Implications

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

RECOMMENDATION

1) That the Health & Wellbeing Board approve the Quarter 3 National Better Care Fund return (shown in Appendix 1) which was submitted to NHS England on 24 January 2020.

Melanie Brooks
Corporate Director: Adult Social Care & Health
Nottinghamshire County Council

For any enquiries about this report please contact:

Paul Brandreth
Better Care Fund Programme Coordinator
Telephone: 0115 97 73856
Email: paul.brandreth@nottscc.gov.uk

Constitutional Comments (CEH 20/02/2020)

15. The Health & Wellbeing Board is the appropriate body to consider the contents of this report.

Financial Comments (OC 19/02/2020)

16. At month 9, the 2019/20 annual BCF Pooled Budget of £92.2m is forecast to break-even.

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

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

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

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

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

- 2018/19 Progress Update and Approval for the Use of the BCF Care Act Allocation (Recurrent and Reserve), the Improved BCF, and the Winter Pressures Grant 2019/20 – report to Health & Wellbeing Board on 6 March 2019

- 2019/20 Better Care Fund Policy Framework, Department of Health & Social Care, 10 April 2019

- Quarterly reporting from Local Authorities to the Department of Health & Social Care in relation to the Better Care Fund, Quarter 4 Return, 18 April 2019

- 2018/19 Better Care Fund Performance – report to Health & Wellbeing Board on 5 June 2019

- Better Care Fund Planning Requirements for 2019-20, Department of Health and Social Care, Ministry of Housing, Communities and Local Government, and NHS England, 18 July 2019

- 2019/20 First Quarter Better Care Fund Performance and Programme Update – report to Health & Wellbeing Board on 4 September 2019

- Retrospective Approval of the 2019-2020 Better Care Fund (BCF) Planning Template Submission – report to Health & Wellbeing Board on 6 November 2019

Electoral Divisions and Members Affected

- All

Appendix 1.

Better Care Fund Template Q3 2019/20

2. Cover

Version 1.1

Health and Wellbeing Board:	Nottinghamshire

Completed by:	Paul Brandreth

E-mail:	paul.brandreth@nottscc.gov.uk

Contact number:	0115 977 3856

Who signed off the report on behalf of the Health and Wellbeing Board:	Melanie Brooks, Corporate Director, ASC&H Notts CC

Complete	
	Pending Fields
2. Cover	0
3. National Condition & s75	0
4. Metrics	0
5. HICM	0
6. Integration Highlights	0
7. WP Grant	0

	Cell Reference	Checker
Health & Wellbeing Board	C19	Yes
Completed by:	C21	Yes
E-mail:	C23	Yes
Contact number:	C25	Yes
Who signed off the report on behalf of the Health and Wellbeing Board:	C27	Yes
Sheet Complete:		Yes

3. National Conditions

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

		Checker
Sheet Complete:		Yes

4. Metrics

	Cell Reference	Checker
Non-Elective Admissions performance target assessment	D12	Yes
Residential Admissions performance target assessment	D13	Yes
Reablement performance target assessment	D14	Yes
Delayed Transfers of Care performance target assessment	D15	Yes
Non-Elective Admissions challenges and support needs	E12	Yes
Residential Admissions challenges and support needs	E13	Yes
Reablement challenges and support needs	E14	Yes
Delayed Transfers of Care challenges and support needs	E15	Yes
Non-Elective Admissions achievements	F12	Yes
Residential Admissions achievements	F13	Yes

	Cell Reference	Checker
Reablement achievements	F14	Yes
Delayed Transfers of Care achievements	F15	Yes

Sheet Complete:		Yes

5. High Impact Change Model

	Cell Reference	Checker
Chg 1 - Early discharge planning - Q3 19/20 (Current)	D15	Yes
Chg 2 - Systems to monitor patient flow - Q3 19/20 (Current)	D16	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams - Q3 19/20 (Current)	D17	Yes
Chg 4 - Home first/discharge to assess - Q3 19/20 (Current)	D18	Yes
Chg 5 - Seven-day service - Q3 19/20 (Current)	D19	Yes
Chg 6 - Trusted assessors - Q3 19/20 (Current)	D20	Yes
Chg 7 - Focus on choice - Q3 19/20 (Current)	D21	Yes
Chg 8 - Enhancing health in care homes - Q3 19/20 (Current)	D22	Yes
Red Bag Scheme - Q3 19/20 (Current)	D27	Yes
Chg 1 - Early discharge planning - If Q3 19/20 mature or exemplary, Narrative	F15	Yes
Chg 2 - Systems to monitor patient flow - If Q3 19/20 mature or exemplary, Narrative	F16	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams - If Q3 19/20 mature or exemplary, Narrative	F17	Yes
Chg 4 - Home first/discharge to assess - If Q3 19/20 mature or exemplary, Narrative	F18	Yes
Chg 5 - Seven-day service - If Q3 19/20 mature or exemplary, Narrative	F19	Yes
Chg 6 - Trusted assessors - If Q3 19/20 mature or exemplary, Narrative	F20	Yes
Chg 7 - Focus on choice - If Q3 19/20 mature or exemplary, Narrative	F21	Yes
Chg 8 - Enhancing health in care homes - If Q3 19/20 mature or exemplary, Narrative	F22	Yes
Red Bag Scheme - If Q3 19/20 no plan in place, Narrative	F27	Yes
Chg 1 - Early discharge planning - Challenges and Support needs	G15	Yes
Chg 2 - Systems to monitor patient flow - Challenges and Support needs	G16	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams - Challenges and Support needs	G17	Yes
Chg 4 - Home first/discharge to assess - Challenges and Support needs	G17	Yes
Chg 5 - Seven-day service - Challenges and Support needs	G18	Yes
Chg 6 - Trusted assessors - Challenges and Support needs	G19	Yes
Chg 7 - Focus on choice - Challenges and Support needs	G20	Yes
Chg 8 - Enhancing health in care homes - Challenges and Support needs Page 98 of 122	G21	Yes

Red Bag Scheme - Challenges and Support needs	G27	Yes
Chg 1 - Early discharge planning - Milestones / impact	H15	Yes
Chg 2 - Systems to monitor patient flow - Milestones / impact	H16	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams - Milestones / impact	H17	Yes
Chg 4 - Home first/discharge to assess - Milestones / impact	H18	Yes
Chg 5 - Seven-day service - Milestones / impact	H19	Yes
Chg 6 - Trusted assessors - Milestones / impact	H20	Yes
Chg 7 - Focus on choice - Milestones / impact	H21	Yes
Chg 8 - Enhancing health in care homes - Milestones / impact	H22	Yes
Red Bag Scheme - Milestones / impact	H27	Yes

Sheet Complete:	Yes

6. Integration Highlights

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

Sheet Complete:	Yes

7. Winter Pressures Grant

	Cell Reference	Checker
Brief narrative on progress in delivering the Winter Pressures Grant spending plan	B8	Yes
Indication whether the planned spend for the Winter Pressures Grant is on track	C10	Yes
Where "NOT ON TRACK", please indicate actions being planned or in place to get back on track	C11	Yes
Have acute hospital trusts continued to be involved in the delivery of the Winter Pressure Grant plan?	C13	Yes
Please describe how this involvement is being ensured	C14	Yes

Sheet Complete:	Yes

3. National Conditions & s75 Pooled Budget

Selected Health and Wellbeing Board: Nottinghamshire

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

Better Care Fund Template Q3 2019/20

4. Metrics

Selected Health and Wellbeing Board: | Nottinghamshire

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

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

Metric	Definition	Assessment of progress against the metric plan for the quarter	Challenges and any Support Needs	Achievements
NEA	Total number of specific acute (replaces General & Acute) non-elective spells per 100,000 population	Not on track to meet target	SOUTH: At planning stage the main local Acute provider identified a coding and counting change that inflated the 19/20 plan. In-year the expected increase in activity volume has not been seen, resulting in significant underperformance against submitted activity plan volume. MID NOTTS: - Drivers of Demand was a piece of work commissioned by the ICS in response to the growing non-elective demand being seen across Nottinghamshire. - The analysis indicated that there was no single reason for the increasing demand, but that several factors may be contributing to the rising demand. 9 areas were identified and included front door streaming, care home admissions, EMAS non- conveyancing. - Some action plans have been implemented for some of these areas whilst others still need further resources and data before starting.	MID NOTTS: Streaming and Care Homes have shown positive results in a short period of time. SOUTH: Activity below plan.

			NORTH: Bassetlaw Hospital continues to see an increase in A&E attendances and subsequent admissions to hospital this year. The CCG invested considerably for this year's emergency / unplanned activity both in the hospital, to introduce the Call for Care model for Bassetlaw and to utilize health and social care data/predictive analytics tools already used in Mid and South Nottinghamshire. The CCG will continue to work with all partners to try and minimize the increase in activity. At end of November 2019 year-to-date emergency admissions are slightly over plan by 198 admissions (2.1%).	
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	Not on track to meet target	Work is underway with partners via the BCF to develop a greater range of housing options and pathways for older adults.	This is slightly above target and the Council is seeing more OA with complex requiring residential/nursing care. The most common age of admission to LTC is 85, and the average length of stay is 2.19 years. Latest benchmarking shows that NCC is performing better than regional and national averages.
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	On track to meet target	Development of a joint countywide commissioning plan with health and District Councils is required to identify population needs and a more strategic approach to the putting in place the right integrated models to support both admission avoidance and timely discharge.	On track with the Council's strategy, both the number of people receiving reablement on discharge from hospital and the percentage at home 91 days after reablement have increased this year. More people are now receiving reablement in their own home from START and HFRS services.
Delayed Transfers of Care	Average Number of People Delayed in a Transfer of Care per Day (daily delays)	Not on track to meet target	SOUTH: Focus is on delivering the HICM effectively as described in tab 5. MID NOTTS:	Countywide: Positive social care performance has been sustained. SOUTH: Improvements have been

				- HFID will now focus on discharge to assess and non-weight bearing pathways. Full support from SFHFT required to ensure progress. - The "hub" is now stood down from a system perspective but remains in place to serve an internal SFHFT purpose. NORTH: There has been an increase in the number of days delayed in November 2019 to 129 days delayed, with the main increases seen for the Patient / Family Choice reason followed by increases in Housing delays & Care Package in Home Delays. April to November 2019 average days delayed equals to 2.4 days delayed per day, up from 2.2 days delayed per day from April to October.	seen in October and November 2019, however, high performance in the early part of the year may mean it is difficult to get back on target for the remainder of the year. MID-NOTTS: - A weekend discharge pilot has improved the level of discharges over the weekend. - A joint pilot combining the community and acute therapy teams is currently taking place to share learning and improve processes around discharge. - The over 21 and 7-day patient process is fully embedded and has resulted in a reduction in LOS for these cohorts of patients. - Visited Luton & Dunstable (top DTOC performer) to look at opportunities that system partners could adopt to improve timely discharges. NORTH: Bassetlaw Hospital's share of the total DToC position has decreased significantly over the past year. The Integrated Discharge Team will continue to work with County Council colleagues and community care providers to ensure delays are kept to a minimum, and the Bassetlaw Call for Care service went live on the 29th July. Call for Care is the urgent care navigation service commissioned to deliver a two-hour response for people in Bassetlaw to prevent an avoidable hospital admission or

					support timely discharge from the Emergency Department.

5. High Impact Change Model

Selected Health and Wellbeing Board:	Nottinghamshire

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

Milestones met during the quarter / Observed Impact — Please describe the milestones met in the implementation of the change or describe any observed impact of the implemented change

		Q3 19/20	Narrative		
			If 'Mature' or 'Exemplary', please provide further rationale to support this assessment	Challenges and any Support Needs	Milestones met during the quarter / Observed impact
Chg 1	**Early discharge planning**	Established		South: There has been an increase in community bed requests and a waiting list for patients that are termed 'enhanced'. Greater focus is required to support P1 (pathway one) - home care and reablement. Mid: SFHFT have been working to embed the Nerve-centre beds e-module. A review of the SFHFT HFID (home first integrated discharge) hub was undertaken, which has identified the	South: Emergency admissions have a predicated discharge date set within 48hrs of being admitted and are identified as being a "simple" or "supported discharge". 250+ supported discharges delivered weekly. DTOC currently 3.1% and is low in comparison to previous winter months. Average median length of stay post Medically Stable for Discharge @ 1.2days.

| | | | | need for a more visible presence on the wards to physically review the patients and identify ones that can be supported via D2A. This review has led to the daily HFID hub being stood down as staff cannot attend both. The workstream is still pursuing how we can support patients with non-health needs and is exploring a pooled budget which can be accessed should patients be delayed in hospital for reasons such as a broken boiler at home. System calls have taken place when the system has experienced pressures and A&E Delivery Board has reviewed performance and flow each month.

North: Efficient Phase 2b Interoperability implementation, further development of joint integrated health and social care IT systems. Further integration of other agencies e.g. housing to work in a more integrated way with Social Care and Rapid Response within the Emergency Department. 6-day working practice to be evaluated across DBTH to identify further development e.g. cover of ED on Saturdays. | Joint DTOC coding Standard Operating Procedure continues across all organisations.
Front Door Discharge team work holistically (trained through CityCare competencies framework) and refer direct to START - County Social Care Home First Response Service 7-day service to bridge capacity of Homecare and START. Intensive Support at Home pilot commenced 18 November 2019 which provides overnight wrap-around support.
25 High Impact Actions to deliver an Integrated Discharge Function agreed and being implemented by Q4 19/20. This includes enhanced system leadership, streamline discharge and decision processes, review of pathways, workforce and systems.
Mid: The Home First Integrated Discharge (HFID) work stream which went live in May 2019 has now focused in on delivering D2A and NWB pathways. On 14/01/20 and 16/01/20 a small MDT made up of Acute and Community therapy along with a social worker will visit Ward 33 rehab ward at KMH and review all patients who have had a LOS of 5 days and use a pull approach to take the patient home where a full assessment of need will be undertaken. For those patients identified as suitable for D2A but can't go home a database of reason for delay will be captured and evaluated to identify gaps.
North: Interoperability Phase 2a Implemented, weekly length of stay informs the Long LOS patient tracking list on NHSi, also introduced the Fracture scheme pathway. Call 4 Care service implemented to aid hospital admission avoidance via ED. Social Care staff role now integrated within ED and aligned with Rapid Response worker role. |

					6-day working practice now embedded across DBTH. Voluntary sector reps now sit and work alongside the Integrated Discharge Team staff.
Chg 2	**Systems to monitor patient flow**	Established		South: Dashboard and systems to monitor flow in place; currently a manual process across the system. Mid: A key piece of work is the ICS demand & capacity work which has been delayed. Internal bed modelling work has taken place at SFHFT to provide a seasonal bed model requirement. The system's Surge & Escalation plan details triggers for identifying increased demand and bottlenecks together with actions at each OPEL level. The System OPEL status is monitored daily and a consolidated report is sent out to all system partners and NHSE/I for both information and action. System calls are held every Monday afternoon and further calls are already in place each working day, if required. The latter are cancelled on the day if the System is deemed to not require the call. Social care has produced a demand and capacity function which has allowed the system to have sight of available resource. The system winter plan will become a system seasonal plan, which will account for seasonal fluctuations in demand and capacity which is key to patient flow. North: Increased demand for Intermediate care beds leading to unnecessary DTOC waits. All Intermediate Care referrals now have joint assessment by primary and secondary care to identify Homefirst with the information being captured to influence further development and system capacity needs.	South: All system partners now have access to nerve centre on their laptops via VDI apps, giving staff direct access to NUH data to view and edit. Interoperability project at NUH complete to automate Assessment and Discharge Notices for County Social Care. Plans for City Social Care underway. Care Home Bed capacity system is complete with all care homes signed up through NHS England. Mid: SFHFT have been working to embed the Nerve-centre beds e-module. A review of the SFHFT discharge hub was undertaken, which has identified the need for a more focussed meeting; this will be picked up as part of the HFID project. The work stream has also commenced conversations with Local Authority partners to identify discharge pathways for 'non-health delays' e.g. (hoarding, broken boilers etc) to reduce delays in this area. System calls have taken place when the system has experienced pressures & A&E Delivery Board has reviewed performance and flow each month. North: Regular Trust Flow meetings are held weekly to highlight obstacles and pressures on the system and problem solve. Implementation of Phase2b to aid real time patient updates across DBTH from wards to IDT. Regular attendance at the morning IDT meetings by multiple agencies to aid communication/decision making e.g. MH/LD and NHFT staff and hospital ward staff.

| Chg 3 | Multi-disciplinary/multi-agency discharge teams | Established | | South: Challenges to maintain the reduction of DSTs in hospital to <15%. Work progressing with stroke to reduce the requests for DSTs and mental health patients. Commissioning decision needed to explore increasing community stroke beds and reduce DTOCs. Implementing D2A into acute mental health wards to support patient flow. Ensuring right services are in place to support stroke patients.
Mid: Mid-Notts system partners have refreshed the 19/20 Home First Integrated Discharge and the Integrated Rapid Response Service (IRRS) PIDs. This is where the system partners have agreed to deliver D2A in Q4 and mobilise an integrated rapid response service (IRRS). The IRRS will include community, social care and acute colleagues working in a more integrated way in ED and on the wards.
North: Develop greater links with Care homes. Challenge around navigation of housing pathways both council and private and access to temporary accommodation. More integrated working with Housing colleagues to identify gaps in service. Increased level of joint work with Bassetlaw District Council Housing. Use of Assistive technology minor equipment via Bassetlaw District Council to sustain and assist people to avoid hospitalisation. | South: Weekly long patient stay review in place by senior partners.
Transfer Action Groups within NUH across the Divisions are in place.
Transfer Action groups also in place within community bedded facilities.
Main delay reasons reported daily from the acute trust.
Mid: Community providers, Social Care and the Acute Trust have come together as an ICP to deliver a single integrated discharge team in ED, community facing admission avoidance and D2A pathways. All partners are now members on the weekly urgent care system call and provide a demand & capacity OPEL dashboard for system visibility. System providers work collaboratively with elements of integration, despite there being no single organisational structure.
North: 3rd Sector are now working in a joint approach with Bassetlaw District General Hospital/Integrated Discharge Team, Community Health and Social care to facilitate quality discharge to reduce readmission and reduce the need for statutory services. Introduction of the Therapy Flow Coordinator which further integrates Health & Social Care including working closely with Community colleagues across the patient pathway this includes supporting the coordination of the Intermediate care pathway. Working more closely with Housing around hospital discharges and the use of discharge accommodation. |

Chg 4	**Home first/discharge to assess**	Established		South: Increased demand for home care package as part of Home First. National support from team would be welcomed; extended and challenging length of stay for discharge of patients with no recourse to public funding e.g. failed asylum seekers. National staffing shortage for home care and qualified staff. Mid: By utilising ICS transformation funds system partners have been able to strengthen the resource needed to support more people in the community and improve flow within the acute. Within Q4 the Mid Notts system will deliver D2A and provide a community integrated assessment of people in their own home to understand their individual needs. This will follow a personalisation approach to wrap care around people unique to them and away from a hospital setting. D2A pathways were developed by the Alliance (now ICP) partners and approved by Transformation Board and will be implemented in Q4. North: Challenge with capacity within community homebased provider services to provide Homefirst response resulting in patients being transferred to bed based Intermediate care. START service capacity and Home First Response Service capacity and Fracture scheme pathway capacity. Ongoing engagement with stakeholders to review/monitor the pathways.	South: Weekly supported discharge target of 250 has been consistently achieved. Mid: An assessment workshop has been completed with over 20 stakeholders in Nov 2019 which designed the model to deliver D2A agreed next steps. The "hub" is now stood down from a system perspective but remains in place to serve an internal SFHFT purpose. The over 21 and 7-day patient process is fully embedded and has resulted in a reduction in LOS for these cohort of patients. Home First ethos continues to be embedded with supporting materials for setting expectations. North: No DSTs are completed within the hospital setting, assessments are completed via the Short-Term Nursing Beds pathway, beds at external residential settings are funding by the CCG with MDT involvement as part of the assessment process. Intermediate Care and Assessment beds now located at Westwood RH since the closure of another unit. Implementation of the use of an Occupational Therapist within the Home First Response initial discharge package service has reduced ongoing packages of care and in some cases reduced the need for an ongoing POC.
Chg 5	**Seven-day service**	Established		South: Workforce change to support 7-day services. Whilst some services are in place to support 7-day working it is recognised there are gaps. Challenging to provide a 7/7 service across the IDF requires recurrent funding.	South: IDT provide the service 6 days a week (includes Sunday). Home First group looking at how to get to a 7-day integrated discharge function across the system. County Social Care have a rota system in place to cover weekend

				Mid: D2A will be implemented in Q4 which is intended to provide a seven day a week service and support the wards improve advance planning of discharges. The SFHFT discharge policy is in final draft and promotes seven day working in line with community and social weekend services. North: Only able to complete referrals for POC and care home placements over 5 days, so weekend referrals remain a challenge. Acute trust to develop and support 7 day working within the IDT. START service re-design is now underway linked to potential 7-day referral service.	working. Work on-going to develop 7/7 service for IDT in NUH. Business case development to increase IDF (NUH and community providers). Mid: As a system we are already displaying examples of mature & exemplary. Call for Care community service operates over the weekend, along with transport providers, hospital social care teams. This will be further enhanced through the implementation of IRRS and D2A. NORTH: With the introduction of Interoperability Phase 2a function of electronic referrals via the wards and IDT, referrals can now be made to the IDT on a 24-hour, seven day a week basis, which aids the efficacy of response from the IDT. IDT can now refer to other services linked hospital discharge e.g. START and HFRS.
Chg 6	**Trusted assessors**	Established		South: Recruitment challenges in NUH for Trusted Assessor at NUHT. Mid: Within the D2A pathways Mid Notts will promote a Trusted Assessor principle to enable patients to be discharged sooner and not have to wait for multi agencies to visit the patient on the wards. This will be done by SFHFT identifying complex patients who are MFFD and referring into a SPA for D2A. One member of the D2A team will visit the ward and acting on behalf of system partners will discharge the patient where safe to do so for further assessment of their individual needs in their own home. Once this is in place and evaluated then the status will move to 'Mature' or 'Exemplary'. North: Continue to embed the trusted assessor model with local care homes; ongoing presence at the Bassetlaw Care Home forum events. Development ongoing to widen the	South: Trusted Assessment model is being developed as part of the IDF work. Review of Transfer of Care (TOC) underway that will include specifics around 'enhanced' / challenging cohort of patients. Mid: System partners continue to work closely and as collaboratively as possible; all system partners attend the 21 and 7-day LOS meetings. Once the D2A pathways are implemented the Trusted Assessor approach will be fully embedded. North: Bassetlaw hospital IDT operate a trusted assessor model of work using a multi-agency staff group using a single assessment/referral document which is accepted by other community bed-based providers and OOA providers.

				trusted Assessor role with ED across health and social care staff.	
Chg 7	**Focus on choice**	Established		South: Continual support for staff when implementing the discharge policy. Implementation challenges in the community. Continual review and support for staff. Mid: The revised discharge policy is still in final draft and this will need to be embedded for mid-Notts to declare a 'Mature' status. Patient Choice focus & distribution of letters is more robust and promoted by the Integrated Discharge Advisory Team (IDAT) within SFHFT. North: The IDT focus on choice is an integral part of the discharge discussion at all stages, however there is no formal Choice Protocol in place. Patient Choice Protocol is currently being reviewed with plans to approve by both organisations and work across all DBTH sites. This will include letters to be given to patients/relatives with clear guidance regarding expectations for discharge.	South: Review of policy anticipated as part of the IDF work and Excellence and Discharge Programme. Joint approach of social worker and ward staff to implement the policy, reinforcing collective message and consistency. Mid: The SFHFT discharge policy is in final draft form and waiting final sign off and implementation across SFHFT. An STP-wide patient leaflet is distributed to patients upon admission to SFHFT. This enables early discharge conversations and forms the basis on which patient choice conversations will take place moving forwards. It will be supported by the discharge policy and sets patient, family and carers expectations in terms of timeframes /circumstances someone can expect to remain in the Acute Trust. The revised DToC guidance around interim care has been implemented by Mid-Notts partners and a key element of this is the change from Acute Trust attributable DToCs to Social Care attributable DToCs for declined offers of care home placements when home-based POC are not available. This will ensure that the relevant organisation will be able to positively influence the DToC solutions for these patients. North: Within DBTH a Discharge Passport is given to all patients who are admitted to hospital, providing relevant information regarding the hospital admission and discharge process pathways. The content of the passport is currently being reviewed to reflect new developments linked to discharge pathways.
Chg 8	**Enhancing health in care homes**	Established		South and Mid: Enhanced Health in Care Homes Framework - priority of National	Mid and South: Implementation progress against the 7 core elements and 18 sub elements of the

| | | | | 'Ageing Well' programme and NHS Long term plan delivery. Work is underway to understand the system approach to the national Ageing Well programme. This is to ensure appropriate system governance to support the effective delivery of Ageing Well. PCNs identified as the 'drivers' of change through the network contract DES and service specifications are at different levels of maturity and development. There is a risk of overburden/disengagement, delivery of 7 service specification over the next 4-5 years. EHCH delivery in year 2020/21 is reliant upon co-design and delivery with Community Services via NHS standard contract. Consultations ongoing regarding community services contract and service specifications. Final Specs and infrastructure to support delivery expected March 2019 for delivery from April 2020 - limited 'lead in' time. EHCH Draft service specification metrics published by NHSEi are not fully aligned to wider programmes of work, reporting and data collection to evidence complimentary interventions impact.

North: The 3 Primary Care Networks in Bassetlaw are at different development stages and as part of this development there is the need for consistent GP links with Bassetlaw care homes to reduce ED presentation/GP appointments, increase and maintain the health and well-being of residents within care homes. Ongoing Development of the links between DBTH and the Primary Care Networks strategy of specific GPs and Community Nursing linked to care homes. | Enhanced Health in Care Homes framework has been benchmarked. Progress is variable but positive when compared regionally and nationally. Ageing Well, including EHCH is included within our Nottingham and Nottinghamshire ICS 5-year strategic plan.
North: Bassetlaw CCG holds a care home forum twice yearly to influence and inform care home development, linked to hospital admission avoidance and facilitating hospital discharge. |

Hospital Transfer Protocol (or the Red Bag scheme)

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

		Q3 19/20 (Current)	If there are no plans to implement such a scheme, please provide a narrative on alternative mitigations in place to support improved communications in hospital transfer arrangements for social care residents.	Challenges	Achievements / Impact
UEC	**Red Bag scheme**	Established		Feedback received that: 1) Red bags are not being returned to the Care Homes from the hospital. 2) Care Homes are not using the bags frequently enough. Support is not required at this stage.	South and Mid: - Reinforced lost bag protocol at SFHFT. - Comms planned to re-promote the red bags scheme. - Review of red bags to be undertaken. - Red bag scheme in operation across the South. North: The Red Bag scheme has been fully implemented in Bassetlaw care homes. The scheme provides continuity of care and aims to reduce length of stay by ensuring a smooth and effective transfer from the hospital back to the care homes.

Selected Health and Wellbeing Board: Nottinghamshire

Remaining Characters:	16,173

Integration success story highlight over the past quarter:

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

The Nottinghamshire Health and Care Portal is a system designed to improve information sharing across health and care organisations throughout the county. It is a read only view of information held across systems and organisations that allows staff involved in the provision of Direct Care to view other patient data held in another system without needing full access. Information is currently shared into the portal by Nottingham University Hospitals (NUH) Trust, Sherwood Forest Hospitals Trust, Nottinghamshire Healthcare Foundation Trust (Mental Health information only) and GPs from Mid-Notts, South Notts and Nottingham City.

Adult Social Care frontline staff were granted access to this portal and this was launched on 30 August 2019 after extensive training; a total of 625 staff have been formally trained and approximately 880 staff have access to the portal now. We are monitoring usage on a weekly basis to ensure that usage increases, and we share the different ways that staff are using the information, to help others try it out and gain the benefits. By the end of December 35% of ASC staff had used the portal.

Benefits to NCC Service Users:

- Staff have an increased level of knowledge regarding their health needs. The ability to confirm diagnosed conditions, prescribed medication, test results and hospital appointments means staff are better able to allocate care that meets their needs and is at the correct level.

- Cases can be correctly triaged to the correct team when service users are initially referred to NCC. Staff in the Adult Access Service are able to see more information about someone to know what the correct solution for their needs is.

- Access to more information can lead to a quicker progression of cases. Staff frequently comment that it can be frustrating to wait for staff at Health organisations to become available to pass on the correct information which may cause delays. E.g. waiting for GPs to write back with the information for DFG applications.

- NCC staff are likely to have to ask fewer questions of a service user, who will not get as frustrated at having to repeat information which they have already told other professionals involved in their care.

Benefits to NCC Staff

- Staff have increased confidence that they're making correct decisions and that the care they are allocating to a service user is meeting their needs.

- Improved knowledge about a service user helps staff be able to know where to correctly direct them as they know what is suitable.

- Checking the portal in advance of visits, to gather relevant information and check that a social care referral is appropriate, has led to staff finding out that service users have been admitted to hospital or have died. These have prevented wasted visits and awkward conversations.

- Staff can use the portal to check that things they have arranged have been completed correctly. E.g. GP appointments, GP home visits.

- Information that is gathered from the portal that enables time savings includes:

 • GP information – prevents needing to ring GP and wait for them to be available

- Discharge Letters – if patients do not have their discharge letter following a stay in hospital, having access to them in the portal prevents needing to ask multiple questions to find out the information that is included.
- Hospital admissions –confirmation of which hospital a person is in, and which ward means quicker locating of someone, and bypassing of hospital admissions lines.

Where this example is relevant to a scheme / service type, please select the main service type alongside or a brief description if this is "Other".	
Scheme/service type	Other (or multiple schemes)
Brief outline if "Other (or multiple schemes)"	The Portal is accessed by all frontline ASC staff whether they work in younger adults or older adults assessment teams, Start Reablement, Notts Enabling Service, Adult Access Service, hospital discharge teams etc. Therefore, the benefits are impacting all services.

Where this example is relevant to progressing a particular Enabler for Integration (from the SCIE Integration Logic Model), please select the main enabler alongside.	
SCIE Enablers list	3. Integrated electronic records and sharing across the system with service users

Better Care Fund Template Q3 2019/20
7. Winter Pressures Grant

Selected Health and Wellbeing Board: | Nottinghamshire |

Please provide a brief narrative on progress made towards delivering the Winter Pressures Grant spending plan (as expressed within the BCF planning template 2019-20)
All of the planned services funded by the WPG are on track to deliver on activity levels and outcomes by year end. This has supported the Council sustaining one of the lowest numbers of social care delayed discharges in the country. The WP plan included an increase in Homefirst Rapid Response Service which supports people home from hospital, additional Social Work and Occupational Therapy staff to support discharge planning (including in Mental Health) and flow through health and social care intermediate care services, additional preventative services based in hospital, as well as additional packages of homecare and residential and nursing care placements.

Please indicate whether the planned spend for the Winter Pressures Grant is on track	On Track

Have local acute hospital trusts continued to be involved in delivery of the Winter Pressures Grant including any changes in the use of the grant as compared to 2018-19?	Yes

Nottinghamshire
County Council

REPORT OF THE SERVICE DIRECTOR, CUSTOMERS GOVERNANCE AND EMPLOYEES

WORK PROGRAMME

Purpose of the Report

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

Information

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

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

Other Options Considered

4. None.

Reason/s for Recommendation/s

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

Statutory and Policy Implications

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

RECOMMENDATION/S

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

Marjorie Toward
Service Director – Customers, Governance and Employees

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

Constitutional Comments (HD)

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

Financial Comments (NS)

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

Background Papers

None.

Electoral Division(s) and Member(s) Affected

All

Work programme: 2020-21

Report title	Purpose	Lead officer	Report author(s)
WORKSHOP: Wednesday 5 February 2020 (1.30pm)			
'Giving Children the Best Start'	To shape the development of a new multi-agency Best Start Strategy and Best Start Strategic Partnership. Related to the 'A good start in life' ambition of the Nottinghamshire Joint Health & Wellbeing Strategy.	Colin Pettigrew	Irene Kakoullis / Mandy Stratford / Kerrie Adams / Helena Cripps
MEETING: Wednesday 4 March 2020 (2pm)			
Chair's report	An update by Councillor Steve Vickers on local and national issues for consideration by Health & Wellbeing Board members to determine implications for Board matters.	Councillor Steve Vickers	Edward Shaw
Update from the Nottingham & Nottinghamshire Integrated Care System	To provide a presentation on the work of the Nottingham & Nottinghamshire Integrated Care System and for the Health & Wellbeing Board to comment on progress to date.	David Pearson CBE / Dr Andy Haynes	Joanna Cooper
Nottingham & Nottinghamshire Integrated Care System's approach to population health management	To provide a presentation on Nottingham & Nottinghamshire Integrated Care System's approach to population health management and for the Health & Wellbeing Board to comment on progress to date.	Amanda Robinson	Sandra Pooley
The Director of Public Health's Annual Report 2019: Health & Work	To inform the Health & Wellbeing Board of the publication of the 2019 Director of Public Health Annual Report and seek participation in implementing the recommendations from that report. To update the Health & Wellbeing Board on progress relating to the recommendations in the 2018 Director of Public Health Annual Report.	Jonathan Gribbin	William Brealy
Better Care Fund performance and programme update (quarter 3, 2019-20)	To set out progress to the end of Quarter 3 against the Nottinghamshire Better Care Fund (BCF) budgets and performance targets.	Melanie Brooks	Paul Johnson / Paul Brandreth

Report title	Purpose	Lead officer	Report author(s)
WORKSHOP: Wednesday 1 April 2020 (1.30pm)			
None			
MEETING: Wednesday 6 May 2020 (2pm)			
Chair's report	To include updates on: • The Integrated Wellbeing Service • The All Age Substance Misuse Treatment & Recovery Service.	Councillor Steve Vickers	Edward Shaw
Approval of Joint Strategic Needs Assessment work programme (2020-21)		Jonathan Gribbin	Amanda Fletcher / Lucy Hawkin
Annual report from the Healthy & Sustainable Places Coordination Group	An update on the priorities within the 'healthy & sustainable places' ambition of the Joint Health & Wellbeing Strategy, including progress in implementing the health in all policies approach.	Jonathan Gribbin	Dawn Jenkin / Edward Shaw
Giving Children the Best Start	A summary of the workshop on Wednesday 5 February 2020.	Colin Pettigrew	Irene Kakoullis / Kerrie Adams
Approval of Joint Strategic Needs Assessment chapter: Children & Young Peoples' Emotional and Mental Health		Jonathan Gribbin	Rachel Clark
Breastfeeding	Review of progress in implementing breastfeeding friendly places and actions to increase availability in future. Related to the 'A good start in life' ambition.	Colin Pettigrew	Kerrie Adams / Tina Bhundia
Public Health Outcomes Framework		Jonathan Gribbin	William Brealy / David Gilding
WORKSHOP: Wednesday 3 June 2020 (1.30pm)			
'Health & Work'		Melanie Brooks	Dawn Jenkin

OFFICIAL

Report title	Purpose	Lead officer	Report author(s)
MEETING: Wednesday 1 July 2020 (2pm)			
Chair's report		Councillor Steve Vickers	Edward Shaw
Wellbeing at Work Scheme		Jonathan Gribbin	Catherine Pritchard / Lindsay Price
Nottinghamshire Tobacco Declaration	Update on implementation of the Nottinghamshire Tobacco Declaration across all Health & Wellbeing Board partner organisations.	Councillor Steve Vickers	Catherine Pritchard / Lindsay Price
Pharmaceutical Needs Assessment Supplementary Statement (quarter 1 and quarter 2, 2020-21)		Jonathan Gribbin	Amanda Fletcher / Lucy Hawkin
Better Care Fund update (a year-end report for 2019-20; establishing a plan for 2020-21)		Melanie Brooks	Paul Johnson / Paul Brandreth
WORKSHOP: Wednesday 2 September 2020 (1.30pm)			
To be confirmed			
MEETING: Wednesday 7 October 2020 (2pm)			
Chair's report		Councillor Steve Vickers	Nicola Lane
Better Care Fund performance and programme update (quarter 1, 2020-21)		Melanie Brooks	Paul Johnson / Paul Brandreth
WORKSHOP: Wednesday 4 November 2020 (1.30pm)			
To be confirmed			

OFFICIAL

Report title	Purpose	Lead officer	Report author(s)
MEETING: Wednesday 2 December 2020 (2pm)			
Chair's report		Councillor Steve Vickers	Nicola Lane
Better Care Fund performance and programme update (quarter 2, 2020-21)		Melanie Brooks	Paul Johnson / Paul Brandreth
WORKSHOP: Wednesday 6 January 2021 (1.30pm)			
To be confirmed			
MEETING: Wednesday 3 February 2021 (2pm)			
Chair's report		Councillor Steve Vickers	Nicola Lane
WORKSHOP: Wednesday 3 March 2021 (1.30pm)			
To be confirmed			
MEETING: Wednesday 31 March 2021 (2pm)			
Chair's report		Councillor Steve Vickers	Nicola Lane
Better Care Fund performance and programme update (quarter 3, 2020-21)		Melanie Brooks	Paul Johnson / Paul Brandreth
WORKSHOP: Wednesday 9 June 2021 (1.30pm)			
To be confirmed			
MEETING: Wednesday 7 July 2021 (2pm)			

OFFICIAL

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Report title	Purpose	Lead officer	Report author(s)
Chair's report		Councillor Steve Vickers	Nicola Lane
Better Care Fund update: 2020-21 year-end report and establishing the 2021-22 plan		Melanie Brooks	Paul Johnson / Paul Brandreth