

Health and Wellbeing Board

Wednesday, 10 January 2018 at 14:00

County Hall, West Bridgford, Nottingham, NG2 7QP

AGENDA

1	Minutes of the last meeting held on 6 December 2017	3 - 8
2	Apologies for Absence	
3	Declarations of Interests by Members and Officers:- (see note below) (a) Disclosable Pecuniary Interests (b) Private Interests (pecuniary and non-pecuniary)	
4	Director of Public Health Annual Report 2017 and Update on Progress and Recommendations from 2016	9 - 72
5	Update on the Leaving Care Service and Partnership Strategy for Looked After Children and Care Leavers in Nottinghamshire 2018-21	73 - 92
6	Nottinghamshire Health and Wellbeing Priority Physical Activity Priority	93 - 106
7	Nottinghamshire Local Maternity Transformation - Better Births	107 - 112
8	Chair's Report	113 - 118
9	Work Programme	119 - 128

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>

Meeting **HEALTH AND WELLBEING BOARD**

Date **Wednesday, 6 December 2017 (commencing at 2.00 pm)**

Membership

Persons absent are marked with an 'A'

COUNTY COUNCILLORS

Dr John Doddy (Chair)
Glynn Gilfoyle
Martin Wright

Muriel Weisz

DISTRICT COUNCILLORS

A	Amanda Brown	-	Ashfield District Council
	Jim Anderson	-	Bassetlaw District Council
	Lydia Ball	-	Broxtowe Borough Council
	Debbie Mason	-	Rushcliffe Borough Council
A	Neill Mison	-	Newark and Sherwood District Council
	Andrew Tristram	-	Mansfield District Council

OFFICERS

A	David Pearson	-	Corporate Director, Adult Social Care, Health and Public Protection
	Colin Pettigrew	-	Corporate Director, Children, Families and Cultural Services
	Barbara Brady	-	Interim Director of Public Health
	Paul McKay	-	Deputy Director, Adult Social Care and Public Health

CLINICAL COMMISSIONING GROUPS

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

- | | | | |
|---|--------------------|---|--|
| A | Dr James Hopkinson | - | Nottingham North and East Clinical Commissioning Group |
| A | Dr Gavin Lunn | - | Mansfield and Ashfield Clinical Commissioning Group |

LOCAL HEALTHWATCH

Michelle Livingston - Healthwatch Nottinghamshire

NHS ENGLAND

A Oliver Newbould	-	North Midlands Area Team, NHS England
Dr Agnes Belensczak		NHS England

NOTTINGHAMSHIRE POLICE AND CRIME COMMISSIONER

A Kevin Dennis

OFFICERS IN ATTENDANCE

Martin Gately	-	Democratic Services
Nicola Lane	-	Public Health
Sue Coleman	-	Public Health
Jonathan Gribbin	-	Public Health
Jo Marshall	-	Public Health

OTHER ATTENDEES

Vanessa McGregor	-	Public Health England
Charlotte Bee	-	Public Health England
John Kemp	-	Alzheimer's Society

MINUTES

The minutes of the last meeting held on 4 October 2017 having been previously circulated were confirmed and signed by the Chairman.

APOLOGIES FOR ABSENCE

Apologies for absence were received from Kevin Dennis, Chief Executive, Police and Crime Commissioner's Office and Dr James Hopkinson, Nottingham North and East CCG. In addition, Councillor Weisz replaced Councillor Bosnjak for this meeting only.

DECLARATIONS OF INTEREST BY BOARD MEMBERS AND OFFICERS

None.

NOTTINGHAMSHIRE SAFEGUARDING CHILDREN BOARD ANNUAL REPORT

Colin Pettigrew presented the report. Mr Pettigrew explained that as of April 2019 there would be a requirement to make arrangements on a different footprint. Because of the tendency for Bassetlaw residents to look towards Sheffield for services, Bassetlaw children will need to be removed from the data. There will also need to be an examination of pathways (e.g. into the QMC).

- Further to the recent publicity on stillbirths, Members heard that a new board would be set up to address this issue.
- The number of reviews stands at 58 because not all reviews are necessarily completed the same year as the child's death.
- The Nottinghamshire Safeguarding Children Board has been judged to be good of OFSTED – although it is difficult for OFSTED to inspect a partnership.
- It would be beneficial for the independent chairing of the Board to continue.
- It had not yet been determined if clinical pathways in Bassetlaw would be examined.

RESOLVED: 2017/041

That the content of the Nottinghamshire Safeguarding Children Board's Annual Report 2016/17 be endorsed.

Health Protection Update

Jonathan Gribbin, Consultant in Public Health, Dr Vanessa McGregor and Dr Agnes Belenczak, NHS England presented the Health Protection Update. Health Protection relies on close working between a number of organisations, and includes some of the highest impact interventions, but does not have a high profile. Dr Belenczak explained that while the Cervical Screening service's performance is good, the 14 day target is not being met due to a shortage of screeners. There is a need to make sure that the resulting delay does not put patients at risk. Dr McGregor explained that arrangements are in place for additional staff to assist in the response to a disease outbreak, and a Health Protection Response Group has been set up. There is variation in the uptake of immunisation, particularly the second MMR dose, as well as the pre-school booster.

- The Chairman pointed out that some aspects of antibiotic resistance are outside our control, for instance, in Greece antibiotics are available over the counter.
- The attendees agreed that a structured involvement of Patient Participation Groups would be a good way of spreading health protection messages, and particularly dispelling myths about antibiotics.
- Although flu vaccination uptake for vulnerable groups is at 45%, Members wondered if there might be benefits from an even earlier commencement of planning. Members were reassured that NHS England will be working all year round on flu vaccinations – when they have intelligence they set to work.

- Dr Griffiths suggested that a strategic review of communications policy should take place, particularly in light of the large number of myths that people still believe about flu.
- Members were informed that the take-up of flu vaccine by essential staff in Bassetlaw was high – 85%.
- Dr Bartolomeuz raised the issue of social deprivation, cancer screening and the links to HPV vaccination – reminder letters should be sent out to the defaulters in the same way that they are for chlamydia screening. Attendees agreed that this would be a suitable subject for a pilot project.
- While sexual health was outside of the scope of this report, chlamydia was a red outlier, and should be placed on the future work programme for the board.

RESOLVED: 2017/042

That the outcomes and arrangements (including the matters highlighted in the February 2016 Board report) for protecting the health of the local population against communicable disease and environmental threats be considered and other required actions* identified.

- 1) Structured involvement of Patient Participation Groups in the dissemination of public health messages
- 2) A strategic review of communications relating to the promotion of flu vaccine uptake
- 3) A pilot project on social deprivation and cancer screening
- 4) The inclusion of sexual health issues (particularly Chlamydia) on the future work programme of the Board.
- 5) Health Protection update to feature regularly on the Board's agenda.

SECOND NOTTINGHAMSHIRE JOINT HEALTH AND WELLBEING STRATEGY

The Chairman introduced the Nottinghamshire Joint Health and Wellbeing Strategy 2018-2022. The vision for which is to work together to enable the people of Nottinghamshire, from the youngest to the oldest, to live happier and healthier lives in their communities, particularly where the need is greatest. The strategic ambitions are to give everyone a good start in life, to have healthy and sustainable places, to enable healthier decision-making, and working together to improve health and care services. The strategy goes before Policy Committee on 20th December.

- Dr Griffiths indicated that there was an argument for considering how the strategy penetrates the school population, the voluntary sector and significant employees

RESOLVED: 2017/043

That:

- 1) The second Nottinghamshire Joint Health and Wellbeing Strategy be supported by Health and Wellbeing Board members and recommended to Policy Committee for approval
- 2) The publication alongside the strategy of the report which summarises the consultation findings and the changes taken in response be agreed.

BETTER CARE FUND PERFORMANCE AND UPDATE ON THE IMPROVED BETTER CARE FUND

Joanna Cooper introduced the report on the Better Care Fund. The Board heard that the delayed transfer of care target (DTC) is being missed by 20-60 days per month, but significant improvements have been made on last year's figures. Paul McKay stated that DTC performance needs to be seen as a system – and we are the seventh best within the system. While performance is better than anticipated, coding is key, and people should not be waiting in an acute setting if they are medically fit to be transferred.

- Councillor Shaw requested further details on the accessibility the Falls Co-ordinator project. Paul McKay to provide.
- Councillor Weisz gave an example regarding a resident who had been improperly housed following a double-amputation and, was effectively trapped in his house. Paul McKay asked for the specifics regarding this incident to be passed to him outside of this Board meeting.

RESOLVED: 2017/044

That:

1. The Q2 2017/18 national quarterly performance report be approved.
2. The process for the in-year use of Improved Better Care Fund temporary funding be noted.

CHAIR'S REPORT

The Chairman introduced his report, and drew the Board's attention to the award winning work on Nottinghamshire Warm Homes on Prescription.

- Michelle Livingston, Healthwatch indicated that Healthwatch's new national director was moving the organisation into a statutory framework. In addition, the new national director would be attending this region's meeting next week. Further updates will follow.

RESOLVED: 2017/045

That the contents of the report be noted.

WORK PROGRAMME

RESOLVED: 2017/046

Dr Griffiths suggested that the work programme address where the need is greatest on health inequalities.

The meeting closed at 3.52 pm.

CHAIR

10 January 2018**Agenda Item: 4****REPORT OF THE DIRECTOR OF PUBLIC HEALTH****DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2017 AND UPDATE ON
PROGRESS ON RECOMMENDATIONS FROM 2016****Purpose of the Report**

1. To inform the Health and Wellbeing Board of the publication of the 2017 Director of Public Health (DPH) Annual Report and seek participation in implementing the recommendations from that report.
2. To update the Health and Wellbeing Board on progress relating to the recommendations in the Annual Report to 2016.

Information and Advice

3. The attached report at Annex A is the independent Annual Report of the Director of Public Health for the year 2017. This report was submitted to Nottinghamshire County Council's Policy Committee for approval to publish on 20 December 2017.
4. The DPH Annual Report is a statutory requirement. In general the statutory responsibilities of the DPH are designed to match exactly the corporate public health duties of their local authority. The exception is the Annual Report on the health of the local population. The DPH has a duty to write a report whereas the authority's duty is to publish it (section 73B (5) and (6) of the Health Act 2006 inserted by section 31 of the Health and Social Care Act 2012). 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. In it, they state that the annual report is the DPH's professional statement about the health of local communities, based on sound epidemiological evidence, and interpreted objectively. The report should be useful for both professionals and the public. The annual report is also identified as an important vehicle by which DsPH can identify key issues, flag up problems, report progress and thereby serve their local populations. It will also be a key resource to inform stakeholders of priorities and recommend actions to improve and protect the health of the communities they serve. It will be a tool for advocacy as well as a statement of needs, current priorities and action and continuing progress. It can also be a valuable process for internal reflection and team prioritisation as well as external engagement and awareness raising.

6. Last year's report by the Nottinghamshire DPH focused on two of the recommendations in the 2010 Marmot review of health inequalities, and this year's report has focused on another two of those recommendations, covering healthy childhood and economic wellbeing.
7. Chapter 1 sets the scene by outlining how health fits in with the Council's new Plan and also introducing the Local Government Association Manual "Health in All Policies", which is intended to help local authorities integrate health within decision-making. The report recommends adoption of this document by all local authorities in Nottinghamshire.
8. Chapter 2 looks at how the conditions in which people are born and grow as children can influence their health in later life. The report describes how the Council and its partners contribute to improved health in children, through the universal Healthy Child Programme, the County Council's Family and Parenting Strategy, and targeted initiatives such as the Family Nurse Partnership supporting teenage parents. It identifies areas for improvement related to smoking in pregnancy, breastfeeding rates, and improved school readiness, and recommends actions relating to these.
9. Chapter 3 describes recent research showing how adverse experiences in childhood link to poor health outcomes and how this is linked again to the social gradient described in the Marmot report. The report recommends training for healthcare, education and policing staff in how to recognise and appropriately respond to signs of abuse and other types of trauma in children & young people, partnership work to address the consequences and break the cycle of adverse childhood experience, and support for work to improve resilience among young people.
10. Chapter 4 moves beyond childhood to look at employment and its influence on health. Marmot objectives are to improve access to work and reduce unemployment, make it easier for people disadvantaged in the labour market to obtain and keep work, and improve the quality of jobs. The chapter outlines some of the activities currently underway to address health in the workforce in Nottinghamshire, including programmes to address pathways to work for people with complex needs and how employee wellness programmes can contribute to addressing sickness absence. The report recommends development or extensions of related activities.
11. Chapter 5 returns to the concept of health inequalities and explores the inverse care law: how those who are most in need of medical care are least likely to receive it. The chapter uses the example of cancer incidence, diagnosis and outcomes, to illustrate this. The report recommends action by CCGs and commissioners of screening programmes to ensure that equity of access and outcomes is addressed. The Chapter also references the importance of public expenditure which is fairly distributed in national terms, in ensuring that the wider determinants of health can be equitably addressed, referring back to analysis undertaken by East Midlands Councils and previously reported to Policy Committee.
12. Chapter 6 concludes the report, signposts readers to other sources of information, and collates all of the report's recommendations.
13. The recommendations within the Annual Report are not just for the Council, but for other agencies, including those represented on the Health and Wellbeing Board. Alongside the Annual Report for 2017, an update has been prepared reporting on progress against the recommendations in the 2016 Annual Report. This report came to Health and Wellbeing Board for information in January 2016. The Update on progress document is attached at Annex B.

14. The update covers a period until November 2017. It was compiled with contributions from a number of organisations, including the County Council, District Councils, and NHS Clinical Commissioning Groups. Members of the Health and Wellbeing Board may be interested to read the update, as it shows what other organisations are doing in response to the recommendations.
15. A similar Update report will be prepared with regard to recommendations in the 2017 Annual Report and contributions will be requested from relevant partners in due course.

Other Options Considered

16. Preparation of the DPH Annual Report is a statutory duty. It is the responsibility of the County Council to publish it. Another option would be not to bring the report to the Health and Wellbeing Board, but that would miss the opportunity for the document to be formally shared with the Health and Wellbeing Board partners, or to update the Health and Wellbeing Board partners on progress made against recommendations.

Reason/s for Recommendation/s

17. Publication of the DPH Annual Report presents an opportunity to inform partners and the public of Public Health activities being undertaken, and to secure support from partners for contributions to this agenda. As one of the purposes of the report is to inform stakeholders of priorities and recommend actions to improve and protect the health of the communities they serve, it is appropriate for the report to be brought to the Health and Wellbeing Board in order to engage key stakeholders. Depending on the focus of the report, some Health and Wellbeing Board partners may also have a role to play in implementing recommendations.

Statutory and Policy Implications

18. 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

19. Design and print costs and staff time involved in preparing the report form part of the Public Health divisional running costs, which are met from within the Council's allocation of Public Health grant.

Implications in relation to the NHS Constitution

20. 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 the

Council, but for other agencies, including those represented on the Health and Wellbeing Board.

RECOMMENDATION/S

- 1) Health and Wellbeing Board Members receive and comment on the DPH Annual Report for 2017.
- 2) Health and Wellbeing Board Members agree to contribute towards implementing the recommendations contained within the 2017 report where applicable.
- 3) Health and Wellbeing Board Members note the update on progress on implementing the recommendations from the previous 2016 DPH Annual Report.

Barbara Brady
Interim Director of Public Health

For any enquiries about this report please contact: Kay Massingham, Public Health Executive Officer, kay.massingham@nottscc.gov.uk, tel 0115 9932565.

Constitutional Comments (LMc 15.12.17)

21. The Health and Well Being Board is the appropriate body to consider the contents of the report

Financial Comments (DG 15.12.17)

22. The financial implications are contained within paragraph 20 of this report.

Background Papers and Published Documents

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

- Nottinghamshire County Council, Report to Policy Committee, 20 December 2017, Director of Public Health Annual Report 2017
- Nottinghamshire County Council, Director of Public Health's Annual Report 2016: Healthy people, healthy communities

Electoral Division(s) and Member(s) Affected

- All



Nottinghamshire
County Council



Director of Public Health's

Annual Report 2016 – Update on progress



Page 13 of 128

Healthy People,
Healthy Communities

Update on progress



Introduction

Director of Public Health - Annual Report - Annex 2017

My 2016 Annual Report focused on how the physical environment in which we live and work affects our health, and the effects of our own choices and behaviour, such as smoking, eating a poor diet, using drugs or alcohol, and not being physically active. The report contained recommendations about encouraging cycling and walking, improving the food environment, and using planning powers to improve the physical environment with the aim of improving health. There were also recommendations on supporting community capacity and resilience to help people in communities tackle challenges affecting their health and wellbeing. Encouraging changes in behaviour was addressed through recommendations to deliver Making Every Contact Count, offer targeted health checks, and reduce variation in the identification and care of patients with diabetes.

The following pages provide an update on activity undertaken to implement these recommendations during 2017.



Barbara Brady
Interim Director of Public Health
for Nottinghamshire
November 2017

2016 DPH Annual Report Recommendation

Continue to invest in safe walking and cycling infrastructure developments linking people to jobs, training and services (including the development and delivery of a joined up, safe and well connected cycle network across the County).

Actions for:

County Council, District Councils

Progress to end September 2017

NCC has secured £2.15m of D2N2 LEP Local Growth Funds, to develop cycling infrastructure.

District Councils are developing cycling trails and investing in complementary facilities such as improved cycling parking and secure cycle shelters at their facilities.

Some examples are listed below:

In Rushcliffe, projects have been developed with partner organisations and developers building on the work that has already been carried out in developing the pedestrian and cycle network in West Bridgford and Rushcliffe. These include prevention of cycle crime, improving accessibility and linkages to the six key rural settlements in Rushcliffe and encouraging cycling and walking, leading to healthier lifestyles and reduced traffic pollution.

Secure cycle shelters have been provided at Rushcliffe Arena, Holme Pierrepont Country Park and Cotgrave and Stragglethorpe pocket park and ride sites, as well as improved cycle parking in the six settlements and signage improvements.

Bike shelters have been installed at Newark Sports and Fitness Centre to encourage cycling to/from the centre, which is located close to the Sustrans cycle track NCN 64. Newark and Sherwood District Council also reports ongoing work with Nottinghamshire County Council /Via in connection with D2N2 funded Newark Cycling Strategy Improvements.

District Councils are also supporting provision of footpaths and cycling provision within their local plans. Mansfield Council supports the provision of footpaths and cycling provision in relation to development proposals via the existing Local Plan.

In Gedling, Policy LPD 58 (Cycle Routes, Recreational Routes and Public Rights of Way) is being put in place in emerging Local Planning Document.

Gedling Borough Council has completed feasibility work that supports the former Mineral Line between Netherfield and Gedling Country Park being open as a recreational walking and cycling route to link communities, schools and green spaces.

NCC Public Health is working with transport planners to ensure developments take into consideration population health needs, and to integrate the implementation of these developments with the Tackling Excess Weight Steering group (TEWS) plans.

Additional actions planned for the future

West Bridgford, Mansfield and Newark cycle networks will be completed by March 2018.

Arnold/Mapperley cycle network is scheduled for completion by March 2019.

In Ashfield, a Run Walk Cycle project is planned for the district. This will identify routes which need upgrading/creating and prioritise future projects/investment.

In Gedling and Mansfield, adoption of local plans will seek improvement to accessibility including public transport, walking and cycling. Adoption of plan is anticipated in summer 2018 in Gedling. Publication of draft plan is due in Spring 2018 in Mansfield.

Newark and Sherwood District Council expects to work with Via over the next 6 months to support the delivery of planned cycle network improvements described above.

2016 DPH Annual Report Recommendation

Target travel behaviour change campaigns to inform, encourage and enable people to make more walking and cycling trips more often

Actions for: County Council, District Councils

Progress to end September 2017

Nottinghamshire County Council has secured Department for Transport Access Funding for Personal Travel Planning (PTP) to complement the above infrastructure developments. £845K for work with businesses, jobseekers, residents and school leavers in Mansfield and Newark; £150K for PTP in Daybrook and West Bridgford to help address air quality issues.

In Rushcliffe, promotional activity takes place at public events - including try-it bike events, bike postcoding, route planning and Dr Bike maintenance. A programme of adult 'bikability' training, guided cycle rides and bike maintenance training is being rolled out across the borough. The Council also operates a bike to work promotional scheme for its employees. This work was covered in the Pedals Newsletter at pedals.org.uk/wp-content/uploads/2017/05/PedalsNewsletterNo105

Two Cycle centres run by Ridewise and funded by Broxtowe Borough Council in Stapleford and Beeston ran until the end of September 2017 providing cycle training/advice and led rides.

In July Broxtowe Borough Council in partnership with Nottinghamshire Police Crime Prevention team promoted 'Take Some Pride in Your Ride' at Beeston Carnival, with posters sent to schools/public places, on social media and to partners in Broxtowe.

Broxtowe Cycling Quest has been promoted through the summer by Broxtowe Borough Council and Ridewise. The Cycling Quest consists of 8 routes in the Borough for families and individuals to download and follow with a set of questions. The aim is to get people out on their bikes with friends and family.

Other promotional activity in Broxtowe includes a promotional stand in Eastwood on 6 September - Stage Four of the Tour of Britain and promotion of cycle to work day on 13 September to the public/partners and employees at Broxtowe Borough Council.

In Gedling, targeted work continues with 'Everyone Health' to deliver guided walks in key sites e.g Gedling Country Park. Gedling Council-promoted 'walk leaders' continue to prove successful locally in attracting local people to start walking in the area. The Cycle to Work Scheme is also actively promoted and used locally.

Mansfield Council supports the efforts to reduce car usage via the use of travel plans within new developments. Rushcliffe Council also works with developers to include modal change promotion within travel plans.

Newark and Sherwood District Council encourages staff to walk or cycle to work following a move to new premises in town location. Secure cycle storage, showers, changing rooms, drying facilities and lockers are provided at Castle House. A Cycle to Work scheme was introduced Sept 2017 with the benefits of walking/cycling/ being active regularly promoted to staff via a staff wellbeing facebook page.

Additional actions planned for the future

Travel planning activity is scheduled as follows: Mansfield 2018/19; Newark 2019/20; Daybrook 2019/20 and West Bridgford 2018/19.

In Ashfield, promotional activity is anticipated e.g. Promote Cycle to work, Schools Active Travel, One You Walking campaign.

In Broxtowe there will be on-going promotion of cycling routes, trails, cycle security and other sustainable travel options at events and in public places (such as Libraries, Leisure Centres) until the end of March 2018.

Mansfield DC anticipates ongoing requirement for travel plans within major developments.

Newark and Sherwood District Council plans further external promotion of Active 10 initiative in October with follow up in the Spring of 2018.

2016 DPH Annual Report Recommendation

Continue to protect, increase and improve green space particularly in our most deprived communities and to improve access to open and green space for local residents

Actions for:

County Council, District Councils

Progress to end September 2017

NCC Public Health works together with the County Council Planning division to ensure District Council Planning Authorities adopt the Planning and Health protocol. This incorporates these issues in its rapid Health Impact Assessment (HIA)/checklist for Planning and Health. The Protocol has so far been formally adopted by Mansfield, Gedling and Rushcliffe Councils.

In Ashfield, several green space improvement projects were completed including Milton Rise open space, Titchfield Park and Butler's Green (all Hucknall) 2016, and Acacia Avenue Recreation Ground, Annesley, August 2017.

Broxtowe District Council is working towards Green Flag awards for its open spaces. Broxtowe District has also secured funding to improve footpaths in green spaces and improve play areas. A play area refurbishment at Smithurst Road Giltbrook has been completed.

Rushcliffe has a new Borough wide playing pitch strategy (referenced in the Leisure Strategy) which will safeguard sports pitches and secure future investment. To ensure that the new strategy is robust it is important to understand the current supply and demand for facilities. This involves a process of information gathering from a number of sources including desktop research and a range of consultation

exercises which will help to add a richness of local knowledge and check and challenge to the findings. The second phase of consultation is underway focusing on neighbouring local authorities, Sports England and the CCG.

In Gedling, LPD Policy 20 (Protection of Open Space) and LPD 18 (protecting and Enhancing biodiversity) are being put in place in an emerging Local Planning Document.

External funding was obtained and new play area and trim trail installed at Ley Street in Netherfield. Warren Action Group was supported to obtain external funding for a new multi-use games area on Muirfield Rec.

Gedling Council has funded a new parkrun at Bestwood Country Park, after funding both an adult and junior parkrun at Gedling Country Park in previous years.

Mansfield Council has recently adopted a Parks and Open Spaces Strategy which outlines a Green Space Standard for access and quality across the District. Part of the vision is to improve and maintain high quality green spaces and many parks are supported by Friends Groups which provide opportunities for community cohesion.

Use of parks and open spaces to support healthier lifestyles is also encouraged and a specific objective states that Mansfield Council will work with public health, education and local communities to tackle poor health and obesity.

Newark and Sherwood District Council playparks went Smokefree in summer 2015 – there is a voluntary ban in place, and links with local schools who designed the signs.

Green Flag awards have been received for 4 District Council sites and 1 Newark Town Council site. Improvement projects have been implemented at Sconce & Devon Park, Vicar Water Country Park and Sherwood Heath Local Nature Reserve (LNR).

A voluntary ban on smoking in play areas was adopted by Bassetlaw DC Cabinet 5th September 2017 following consultation with both the public and other key stakeholders. Results from the consultations showed levels of support for the voluntary ban of over 90%.

Adoption of healthy options in park concessions is included in Bassetlaw DC Parks and Play Policy agreed by Bassetlaw DC Cabinet 5th September 2017.

Green spaces in Bassetlaw are being maintained to encourage people to use the sites for activities such as football, golf, bowling, cricket and health walks.

Bassetlaw DC has worked with the Dogs Trust on a pilot project aiming to help reduce dog fouling within parks in addition to promoting healthy lifestyles for both humans and pets. The pilot has involved creating a number of walks within one of BDC parks which have adequate waste bins along the routes to encourage their use. Initial results have shown good local support for the walks and potential indications regarding

reducing dog fouling along the routes.

Bassetlaw Parks & Open Spaces have over the past year organised seven events during the school holidays on the skate parks with Extreme Wheels who put on roadshows to encourage young people to take part in activities such as BMX riding and skateboarding.

Additional actions planned for the future

Further improvements in Ashfield are planned to Warwick Close open space, Kirkby (within one of five priority areas in Ashfield) and to play areas at the Oval and Ashfields Estate, all by March 2018.

A new open space at Halls Lane Giltbrook will be transferred to Broxtowe Borough Council in early 2018. This includes footpath routes. New open spaces at Smithurst Road Giltbrook are expected to be created by Autumn 2018

The Rushcliffe playing pitch strategy will cover a 10 year timescale from 2017-2027 (with an interim update after 5 years).

Adoption of Gedling plan is anticipated in summer 2018. Policies will be implemented through determining planning applications (weight to be given to policies increases following adoption).

Gedling Council is working jointly with Sports Nottinghamshire to develop a Healthy Lifestyles Strategy for the Borough.

A key Objective within the Mansfield Draft Local Plan seeks to promote health and wellbeing by ensuring everyone has access to a good range of good quality green space, green corridors, cycle trails, leisure and community facilities and well planned green infrastructure. (Publication Local Plan Spring 2018)

Mansfield plans to implement the newly adopted Parks & Open Spaces Strategy – with immediate effect.

NSDC will approach family friendly licensed premises to join in with Smokefree playparks. Follow up spring 2018.

NSDC plans to renew Vicar Water Country Park play area (April 2019)

NSDC aims to retain all Green Flags (July 2018)

Bassetlaw reports that the next period will also see a Family fun day organised for the October school holiday within Langold Country Park with lots of activities for younger children which will be free of charge. This allows everyone to be involved with the activities on the day.

Bassetlaw play sites are also being developed using funding from local developments, for both District Council and Parish Council play sites.

2016 DPH Annual Report Recommendation

All public sector organisations should provide healthy food for staff and visitors in line with what the NHS is doing

Actions for: Public Sector organisations

Progress to end September 2017

Some Council premises are signed up to the Healthy Options Takeaway (HOT) merit scheme. Other district and borough councils have been contacted.

At Rushcliffe Borough Council, catering includes healthy options buffets and vegetarian alternatives. An annual Nutrition & Hydration awareness week is held as part of the Workplace Health Award scheme.

Gedling Council doesn't have a canteen facility but does run a very successful Health Fare that promotes (and provides)

healthy food choices / options along with nutritional advice throughout the day event.

Mansfield District Council is silver accredited for Work Place Health and as part of this includes nutrition and diet advice within a programme of activities. Healthy options are available in the Civic Centre Café.

Kelham Hall Ltd (who provided food at previous Newark and Sherwood DC HQ) was awarded the HOT merit. The new District Council offices do not have food provision.

Additional actions planned for the future

As part of working towards the Gold Health award, Rushcliffe Council expects Borough owned or operated food concessions will have a healthy food offer as a default position in future procurement.

Nutrition and Hydration Week planned in Rushcliffe 12-16 March 2018

Mansfield District Council aims to maintain silver accreditation – ongoing

MDC will be encouraging and supporting other local organisations to become Work Place Health Accredited - ongoing

Café 1920 at National Civil War Centre in Newark has been approached regarding HOT merit. Follow up due October 2017. It is also planned to follow up with Rumbles cafe at Sconce and Devon Park to get them merited to extend availability of healthy food options. Follow up in October 2017.

2016 DPH Annual Report Recommendation

Continue to increase the proportion of fast food businesses who take part in the Nottinghamshire Healthy Options Takeaway (HOT) merit scheme

Progress to end September 2017

NCC Public Health leads the development of the HOT merit scheme working with District Council Environmental Health Officers. The aim is for all districts to sign up a minimum of 12 businesses.

As of 31 July 2017, 125 businesses were signed up to HOT with a distribution across the districts as follows:

Ashfield	46
Bassetlaw	12
Broxtowe	3
Gedling	8
Newark & Sherwood	9
Mansfield	23
Rushcliffe	25

District Councils report active monitoring, follow up and promotion of the scheme within their areas. For example, Bassetlaw DC promoted the scheme on line with a video and ran a promotional campaign. Gedling Members and officers are continuing to promote the scheme and its merits as a part of all food premises inspections and visits through the year.

Additional actions planned for the future

Individual districts will continue to promote the scheme.

Rushcliffe has set a target to add another 12 businesses by the end of March 2018.

Broxtowe has scheduled follow-up visits with 15 premises, and identified another 6 food businesses as potential sign ups – initial visits to be held by end December 2017

Gedling plans a targeted approach with a number of retailers who the Council feel could benefit from the scheme.

Newark and Sherwood DC is following up with three outlets who have expressed interest in joining the scheme. Other premises will be revisited, who have expressed an interest but not completed the self-assessment.

NSDC will continue to use a mapping tool to identify and focus on outlets in areas of deprivation and high levels of obesity.

New digital self-assessment form should make it easier for businesses to sign up.

2016 DPH Annual Report Recommendation

- ▶ Ensure that planning applications for new developments prioritise the need for both adults and children to be physically active as part of their daily life
- ▶ Work with developers to promote active travel and ensure that developments are appropriately designed
- ▶ Work with developers to provide new green, safe, accessible and pedestrian-only spaces and to improve the quality of existing green spaces
- ▶ Utilise planning powers to restrict the number of fast food outlets in line with NICE guidelines
- ▶ Encourage house builders to use the Building for Life 12 government endorsed industry standard for well-designed houses and neighbourhoods.
- ▶ Encourage housing developers to up to the Building Research Establishment (BRE) Home Quality Mark (HQM) scheme.

Actions for: District Councils

Progress to end September 2017

Districts are addressing some of these elements through section 106 agreements and through negotiation with developers for provision within new development.

Ashfield District Council reports:

- ▶ Engagement with developers through each individual planning application and S106 contributions.

Gedling Borough Council reports:

- ▶ Policy LPD 35 (Safe, Accessible and Inclusive Development) being put in place in emerging Local Planning Document.
- ▶ Policy LPD 54 (Fast Food Takeaways) will restrict fast food outlets close to schools and seek to prevent unacceptable concentrations of outlets. Policy being put in place in emerging Local Planning Document.
- ▶ Policy LPD 37 (Housing Type, Size and Tenure) and supporting text refers to Lifetime Homes and latest Government technical Standards

- ▶ Adopted ACS Policy 10 Design and Enhancing Local Identity. Supporting text encourages improvements in environmental performance and energy efficiency but there is no specific reference to HQM Scheme.

Mansfield District Council has worked with Public Health Nottinghamshire County Council and the Town & Country Planning Association to look at building healthy places. This is an area of special interest to the Nottinghamshire Health and Wellbeing Board and Public Health which have championed the role of planning and health and well-being, as a key priority of the Nottinghamshire Health and Wellbeing Strategy, to develop healthier environments within local health communities. There was a joint workshop which brought together a range of disciplines from health to planners and developers to gain their collective perspective on building healthy places. The project reinforced the need to bring together

and develop ways of working between Planning Authorities, Public Health and Developers. The round table discussion encouraged listening and networking to encourage the dialogue about spatial planning and its important role.

Newark and Sherwood District Council reports:

- ▶ All major housing developments are making an appropriate contribution to green space provision, improvement and maintenance, either on-site or via off-site commuted payments.
- ▶ The District Council seeks through the policies of the plan to promote sustainable transport. This includes through travel plans and the promotion of well-designed schemes.
- ▶ The District Council has not at this time agreed to utilise planning powers to restrict fast food outlets.
- ▶ NSDC aims to encourage the highest standard in the delivery of new development; however this has to be done within the context of scheme viability.

Bassetlaw has identified a lead Officer and actions in BDC Health and Wellbeing Plan 2017/2020 to progress these recommendations.

Additional actions planned for the future

Ashfield District Council:

Implementation of elements as part of forthcoming policies within the Local Plan and consideration of the Council's adopted Supplementary Planning Document Design Guide

Gedling Borough Council – adoption of Local Planning Document anticipated in summer 2018. Policies to be implemented through determining planning applications (weight to be given to policies increases following adoption). Timescale on-going.

Mansfield District Council: As part of preparing the site selection criteria to select the Preferred Local Plan sites for residential development, consideration will be given to how new development can contribute to local residents living healthier and more active lifestyles. For example sites that can potentially contribute to enhancing green infrastructure linkages within the district are favoured as it encourages residents to walk and cycle rather than use the car – Spring 2018. The Publication of the Local Plan will itself be subject to a Health Impact Assessment – Spring 2018

Adoption and implementation of the New Local Plan for Bassetlaw – proposed adoption 2019.

2016 DPH Annual Report Recommendation

- ▶ Endorse the "Spatial Planning for Health and Wellbeing of Nottinghamshire" document
- ▶ Secure support for the Nottinghamshire 'Planning and Health Engagement Protocol'.

Actions for: District Councils

The Protocol has so far been formally adopted by Mansfield, Gedling and Rushcliffe Councils.

Rushcliffe reports use of the document and protocol in order to assist in the determination of planning applications, and when drawing up planning policies for the development of land.

In Gedling, the Cabinet approved the Health & Wellbeing Checklist for use in Local Plan policy preparation and determining major planning applications. The Borough Council also responded positively to the consultation on the Planning and Health Engagement Protocol (17th January 2017).

Ashfield District Council has developed a new validation list, presented to planning committee on Thursday 28 September 2017 for approval. It also requires health impact assessments (HIA) on larger housing schemes.

Newark and Sherwood District Council has not formally endorsed the Spatial Planning document however through the work of the Council's Planning teams is addressing its aims.

NSDC works closely with the NHS on strategic and site specific planning matters including participation at the Mid Notts Local Estates Forum. It is the Council's approach to engage the CCG as early as possible in major development schemes.

In Bassetlaw, a lead Officer and action are identified in BDC Health and Wellbeing Plan 2017/2020 to progress. This is also referenced in the Council Plan 2017/20.

Additional actions planned for the future

Mansfield plans to implement with immediate effect, both the 'Spatial Planning for the Health & Wellbeing of Nottinghamshire, Nottingham City and Erewash' Protocol and the engagement protocol.

In Gedling, policies will be implemented through determining planning applications. Timescale on-going.

Health is a golden thread running through Ashfield District Council's submitted plan. The protocol has not yet been endorsed by Cabinet as it was not considered urgent as the Council is already doing a lot of the actions.

Bassetlaw DC will seek to endorse the elements of the protocol where they align with the council's wider strategies.

2016 DPH Annual Report Recommendation

Continue to support the voluntary and community sector in order to improve health and wellbeing

Actions for: Local Councils

Progress to end September 2017

The Voluntary and Community Sector (VCS) is represented on the 'Sustainability and Transformation Plan (STP) workstream for prevention, self-care and independence.

Examples of district council activity:

Bassetlaw Council has an annual grant scheme to fund voluntary, community and social enterprise organisations. In 2016/17 this supported a range of activities in the VCS, including for children and young people, older people, and vulnerable groups. Activities improving health and wellbeing included support for organisations tackling drug and alcohol addiction, homelessness and bereavement.

In partnership with Voluntary Action Broxtowe, Nottinghamshire County Council and Citizens Advice Broxtowe, the first Broxtowe Community and Voluntary Sector community conference was held on 9th March 2017, entitled 'Reach Out and Connect'. An outcome from the conference was to create a South Broxtowe Community Forum (complements the forum in the north of Broxtowe). The first meeting was held on 18th May 2017. A follow up conference in Broxtowe titled "Working Together" was scheduled for 19 September 2017.

In Rushcliffe, the Council has a service level agreement with Rushcliffe CVS to deliver the volunteer centre as part of its contribution to promote the five ways to wellbeing.

There is joined up working with both Mansfield & Ashfield CVSs around the Health & Well Being Agenda eg Get up and Go Events, Self Help UK, Older Person Group, Dementia Action Alliance, Walking Groups, Social Prescribing.

Ashfield also has a START- partnership project with Sport Nottinghamshire to develop community projects to increase activity.

Mansfield promotes physical activity within the community; supports local sports clubs to develop, improve and become sustainable; provides cooking and nutrition education to community groups and schools.

Gedling Council in this area and sees this as the area for continual effort and energy, for example:

- ▶ Men in Sheds – the group has increased their attendance by socially isolated older men – Council supported and promoted.
- ▶ The Arnold Mental Health Be Friending Service (Arnold Methodist Church) – Council supported and promoted providing essential community support to the most vulnerable in the area (with support from Nottinghamshire County Council co-production team to strengthen community capacity and create resilience)
- ▶ The Council has asset transferred Eagle's Nest Community Centre in Arnold which is now a community hub seeking to address social isolation amongst vulnerable local people

- ▶ The Beacon Project has been supported and a new community hub opened in Killisick offering local health and wellbeing service
- ▶ A new support group for parents with autistic children, 'The Complete Puzzle' has been offered advice and start-up funding and is now opened in Bestwood Village.
- ▶ Gedling Homes was supported to establish Dementia Memory Cafés in Mapperley and Netherfield.

The Gedling Community Development Partnership brings together commissioned community workers to ensure community resources and capacity is built to full effect in Gedling.

Newark and Sherwood District Council reports two events with Self Help UK – on diabetes awareness and cancer awareness. The diabetes event led to Diabetes UK looking into forming a local support group.

NSDC also provides ongoing support to community groups to develop community engagement programmes such as Petanque clubs, Friends of Groups, Dementia Friends through NSDC grant aid support and Section 106 investments as appropriate.

There is weekly monitoring of local media and social media accounts for sharing information via the councils' Active4Today websites and social media channels.

NSDC supports joined up activities with the Sports Development Team at Active4Today such as Larks in the Park programme (circus skills, hooping for fitness, sports challenges). Halloween lantern walks, fitness trails, bird watching walks, fungi walks etc. The parks also benefit from continued support for park-based volunteer groups. Active4Today also work in partnership with N&S CVS to undertake older people's work delivery, encouraging them to stay active, attend local groups and socialise with others.

Newark and Sherwood has an Arts Development fund which supports a varied programme of arts and creative activities for older people across the district, targeting local charities such as MIND and Reach and the Dukeries Workshop, Men in Sheds, Live at Home and dementia support groups. Also targeted rural villages such as Bilsthorpe and Clipstone, and groups in need such as our homeless families, Syrian families, and low-income families.

Additional actions planned for the future

Bassetlaw District Council will support a range of voluntary organisations delivering activities around health and wellbeing in 2017/18.

Constitute Mansfield and Ashfield Dementia Action Alliance (Autumn 2017)

Mansfield DC will review the current Active Volunteers Policy.

Gedling plans to support the community to develop a Mental Health Crisis Café. Gedling is also considering options for a community and voluntary hub to work alongside other statutory partners at the Civic Centre/Jubilee Depot site in Arnold.

In future, Gedling plans to roll out a programme of community asset transfer of community centres to develop community hubs promoting well-being in local neighbourhoods.

Continued support for Newark and Sherwood parks-based volunteer groups.

Establish community priorities in the western area of Newark and Sherwood district to identify priority community projects.

2016 DPH Annual Report Recommendation

Enhance social prescribing and related initiatives to help individuals and communities to tackle challenges affecting their health and wellbeing and reduce social isolation

Actions for: HWB partners

Progress to end September 2017

Rushcliffe CCG is currently developing a Social Prescribing model. NCC Public Health has input into the model's development to ensure physical activity and mental health early prevention is considered.

The 12 month social prescribing pilot will involve working with communities to grow resources to meet health and wellbeing needs and build a network of supported health coaching and volunteer roles.

As part of being a registered site for Enhanced Primary Care, Rushcliffe CCG is required to deliver systematic self-care support for people with COPD (chronic obstructive pulmonary disease), diabetes and with 3 or more long term conditions.

Rushcliffe Council is contributing to the social prescribing model as part of the pilot project. Related activities in Rushcliffe include supporting projects via the Healthy Lives Healthy Futures Fund and promoting health related initiatives via the Rushcliffe Reports newsletter for residents.

Bassetlaw CCG has been commissioning a social prescribing scheme locally for 2 years. It has proved extremely successful both in terms of patients' own self-assessment against the Independent Living Star, and in terms of a reduction in the use of statutory primary care services. The target group to date has been those over 65, particularly those at risk of social

isolation. All the GP practices within Bassetlaw are signed up to and are referring into the scheme. The benefits of participating in the scheme seem to be being maintained, with a number of patients engaging in the activities on an ongoing basis, and some even becoming volunteers themselves.

Another aim of the scheme was to "grow" the voluntary sector i.e. increase capacity in order to provide ongoing support to referred patients.

Following referral, information is fed back to the patient's GP on what the agreed plan is.

The social prescribing team is now an integrated part of the integrated neighbourhood management teams in Bassetlaw and is also involved in the emergent primary care home mode.

Direct feedback from patients and from GPs is almost universally positive and it is an approach which it has been identified has potential across a wide range of other target groups.

Bassetlaw District Council reports engagement with the GP social prescribing scheme through the Council's Leisure Management Trust. An outreach scheme to develop seated exercise programmes and falls prevention activity has been developed.

Bassetlaw District Council is also working to engage with service resistant adults – Blue Light Project operational since January 2017. The project has 9 referrals, a part time worker in post and over 100 partner staff trained.

There are initiatives to develop social prescribing in other parts of Nottinghamshire. In Newark and Sherwood, Newark MIND is involved in a bid for social prescribing activity.

Other activities to address social isolation and social exclusion have been reported specifically, as follows:

- ▶ An Age Friendly pilot project in partnership with Nottinghamshire County Council has been launched in Beeston wards of Broxtowe to reduce social isolation.
- ▶ The Mansfield Museum has set up 'dementia café' events which aim to reduce isolation and loneliness for those with dementia and their carers too.
- ▶ As part of working with Framework to deal with rough sleepers, Mansfield Council is working with Dear Albert who specialise in mutual aid facilitation, peer mentoring and making recovery from drugs/alcohol more visible by bringing together existing resources.
- ▶ In Mansfield the Sanctuary Café aims to reduce use of primary care and A&E by people in crisis including those with mental health, drug and alcohol issues, by providing alternative support.

Additional actions planned for the future

A social prescribing pilot launched at the end of October 2017 in three practices across Rushcliffe. After three months the pilot will be rolled out to all 12 practices. The pilot will run for 12 months until the end of September 2018. Evaluation will be conducted mid-year to inform decisions on continuation.

Bassetlaw CCG is considering extending the age range, and accepting referrals for certain mental health conditions.

In Bassetlaw, the number of people completing the referral pathway will be reported at the end of the year. Further falls prevention activity is planned before the year end.

Bassetlaw will work to secure external funding to continue this activity.

Gedling Council will be exploring funding opportunities with partners for implementing a social prescribing model in Gedling.

Mansfield Council plans to Implement the Lighthouse Scheme - working in partnership with the Lighthouse who provides comprehensive support to people that are wanting to change their chaotic lives away from substance misuse.

Working in partnership Mansfield Council will fund the provision of a winter shelter during severe weather and implement the Men in Sheds project to enable men who are in need of peer support to have somewhere to go and develop gardening skills but also have someone to talk to.

2016 DPH Annual Report Recommendation

The development of community capacity, empowerment and resilience should be a key component of the next version of the Joint Health and Wellbeing Strategy.

Actions for: Health and Wellbeing Board

Progress to end September 2017

The refresh of the Health and Wellbeing Strategy was planned, including identification of timeframes, stakeholder analysis, and development of a consultation draft. Vibrant and Supportive Communities is identified as an element of the new strategy within the consultation draft.

Additional actions planned for the future

Stakeholder consultation from 6th September to 3rd November 2017. Dedicated HWB session to receive results of consultation 8th November 2017. Final Health and Wellbeing Strategy to be signed off in January 2018.

2016 DPH Annual Report Recommendation

Protect resources which enable the ongoing delivery of activities related to diet and exercise, alcohol and tobacco use.

Actions for: County Council, NHS Partners

Progress to end September 2017

Forward budget plans for use of Public Health grant enable ongoing delivery of activities related to diet, exercise, alcohol and tobacco use. Contractual arrangements are currently in place for delivery of Obesity Prevention and Weight Management Services, Substance Misuse Services and Tobacco Control.

Additional actions planned for the future

Intentions for future Public Health services commissioned by the County Council are due to be considered by the Adult Social Care and Public Health Committee of the County Council in early 2018.

Gedling Borough Council has led an innovative Expression of Interest to Sport England's Families Fund in partnership with Ashfield, Mansfield and NCC Public Health. If successful, inactive families from lower socio-economic backgrounds, many of which who are engaged in the Troubled Families programme, will be empowered to become more active. The learning and evaluation by Nottingham Trent University will inform future commissioning.

2016 DPH Annual Report Recommendation

All those organisations represented on the Nottinghamshire HWB Board have an implementation plan that secures the delivery of Making Every Contact

Count to include:

- ▶ Identification of a Board Level Public Health Champion with responsibility for MECC
- ▶ Inclusion of MECC in the mandatory training programme for all appropriate frontline staff.
- ▶ Working with local Health Education providers to include MECC in local graduate and post-graduate training programmes for relevant staff.

Actions for: HWB Partners

Progress to end September 2017

Health and Wellbeing Board received a paper on Approaches to Disease Prevention to support a wellbeing approach combining Making Every Contact Count (MECC), the Tobacco Declaration and the Wellbeing@Work scheme. Following on from this, a PH Wellbeing Operational Group was established to formulate a collaborative approach, communications strategy and resources. An online training programme was identified supporting a range of training options.

Promoting Wellbeing, Independence and Self Care Steering Group has been established, covering Nottingham City and Nottinghamshire County. A Sub Group was established to coordinate and link MECC into the wider Promoting Independence agenda (MECC plus)

Support is provided to the CCGs to help measure the quality improvement plans that encourage care providers to continually improve the health and wellbeing of their staff and service users.

All local hospitals, through support from PHE, have completed a self-assessment which has enabled them to reflect on and evaluate how they embed health and wellbeing across their organisations.

Some districts report individual participation in the MECC plan. Gedling Borough Council has a Cabinet Member for Health, Housing and Wellbeing and a Director post with health and wellbeing as a significant part of their portfolio, who together with a small dedicated team, provide input into the action plan. The Gedling Health and Wellbeing Delivery Group coordinates delivery of local partnership at a district level. At Mansfield District Council, health has been included within corporate priorities and specific priority areas in line with the Nottinghamshire Health and Wellbeing Strategy will be featured in service plans.

Additional actions planned for the future

Identification of opportunities will include MECC in Health Education England programmes and local Health Literacy programmes.

Identification of Board level champions will form part of the Health and Wellbeing Strategy refresh due by January 2018.

Significant stakeholders identified from the Steering Group work will form a peer network.

A workshop was planned for the 29th November regarding how MECC can be taken forward in an organisation and how training and support can be provided to organisations.

2016 DPH Annual Report Recommendation

GP practices target those on their patient lists eligible for the appropriate health check that are most likely to be at high risk (5 yearly NHS Health Check for those aged 40- 74).

Actions for: GP Practices

Progress to end September 2017

Nottinghamshire County Council Public Health is using commissioning levers to incentivise practices to prioritise those most likely to be at high risk, overseeing implementation of new IT system to underpin this. Monitoring elements of the new system were configured and live by end September.

All practices have been issued with the 2017-18 Locally Commissioned Public Health Service (LCPHS) contract and updated health check service specification. New IT system to support practice targeting of at-risk groups is live (except Bassetlaw practices planned to go live April 2018).

Rushcliffe CCG identifies that one of the changes in the new service specification relates to all health checks including a HbA1C blood test as standard to support the identification of pre-diabetes.

Overall in Rushcliffe, the number of offers made reduced this year, in line with many other mature programmes across England such as the National Diabetes Prevention Programme (NDPP), but the proportion of uptake of those offers made has increased. This may be in part to do with the following:

- a) Practices have become more proactive (with the help of CCG and Public Health input)
- b) Increased use of text message reminders
- c) Inclusion of health check uptake in CQC inspection criteria
- d) Top tips in health check newsletters

As well as providing the comparative data for practices Bassetlaw CCG has focussed on identifying patients at risk of diabetes and providing interventions, both through in house structured education sessions and joining the National Diabetes Prevention Programme. In the first few months following the launch of that programme 175 completed referrals have been made.

Additional actions planned for the future

PH and Connected Notts to advocate development of Yorkshire IT systems to ensure seamless interface with Connected Notts health check system by April 2018.

PH to monitor impact of high risk incentivisation by end December 2017 in order to plan for 2018-19 contracts.

Practices are continuing to undertake the above and this is being monitored

2016 DPH Annual Report Recommendation

GP practices systematically and consistently invite relevant individuals from their patient lists for annual Learning Disability health checks.

Actions for: GP Practices

Progress to end September 2017

Practices are commissioned under an enhanced service by NHS England to deliver the following:

"This Enhanced Service is designed to encourage practices to identify all patients aged 14 and over with learning disabilities, to maintain a learning disabilities 'health check' register and offer them an annual health check, which will include producing a health action plan."

PHE Learning Disability Profile (2013/14) showed that 1995 people (52%) of those 18+ years with a LD in Nottinghamshire accessed a GP health check. A Parity of Esteem Task & Finish group has been set up to develop a Framework for Action with the aim of improving LD health check uptake. Parity of Esteem action plan was in place by Sept 2017.

In addition to this, Rushcliffe practices are being commissioned on a short term basis to have an increased focus on increasing uptake of the four NHS Cancer Screening Programmes (Abdominal Aortic Aneurysm, bowel, breast and cervical) in people who have

learning disabilities. It is recognised that this group have low take up and the project aims to engage GP practices in promoting the screening and embed processes in order to influence future GP Practice activity.

Bassetlaw Practices receive direct comparison data with their peers and discuss approaches for different groups within that cohort, have an agreed template for review completion and have received facilitation and hands on training. In 16/17 there was an 83% completion rate (489/588) but still some variation in practice scores which is addressed individually with them.

Additional actions planned for the future

Potentially, could see improvement in the uptake of LD health checks by April 2018.

ASCH has started work on an Adult Learning Disability JSNA chapter which will identify health needs and service gaps.

2016 DPH Annual Report Recommendation

CCGs and GP practices should reduce variation for the identification and care of patients with diabetes, with the aim of all practices achieving at least the national average.

Actions for: CCGs, GP practices

Progress to end September 2017

All the CCGs and NHS England monitor and provide data to practices highlighting variation and promoting best practice in diabetes care with the aim of ensuring that all patients access the same high standards of care.

CCGs have encouraged all practices to participate in the annual National Diabetes Audit to enable benchmarking and identify unwarranted variation.

CCGs address variations in quality of care through service improvement and enacting clinical network recommendations.

This recommendation – and the one below – has been included in the STP: in Mid-Notts this sits with the Diabetes Working Group and in Greater Nottingham it sits with the Primary Care – Long Term Conditions Group.

Rushcliffe CCG includes personalised care planning as part of the long term conditions care standard for people with diabetes. Rushcliffe CCG is also part of the Diabetes Prevention Programme where over 300 patients have been identified at high risk of developing type 2 diabetes.

Bassetlaw CCG has a Locally Enhanced Service to provide in house pre-diabetic education and support the launch of the National Diabetes Prevention Programme.

Additional actions planned for the future

CCGs / NHS England to continue to monitor practice variation in diabetes care and provide feedback on best practice.

The work is ongoing and any milestone deadlines are set by the STP timeline.

Review results of the annual National Diabetes Audit to identify areas for improvement.

Notts South working group has developed a Diabetes Management Plan for Patients with Diabetes to support them in managing their own care – this is due to be rolled out by October.

Rushcliffe CCG has a target for 2017/18 to refer 337 patient to the Diabetes Prevention Programme and 397 patients have been referred to date.

Bassetlaw CCG is increasing the provision of structured education for patients who have diabetes in the second half of 2017/18, with an incentive scheme to support completed referrals. All practices complete the national diabetes audit.

2016 DPH Annual Report Recommendation

A similar approach to identification and care of patients is rolled out across the other long term conditions that contribute most to ill health and demand for the use of NHS and care services.

Actions for: CCGs

Progress to end September 2017

Standardised case finding and Personalised Care Planning is in place across all practices within Rushcliffe CCG. This is supported by systematic and standardised operational procedures and clinical system templates.

Additional actions planned for the future

CCGs / NHS England to continue to monitor practice variation in long term conditions care and provide feedback on best practice.

The work is ongoing and any milestone deadlines are set by the STP timeline.



Director of Public Health's
Annual Report 2016
Update on Progress





Nottinghamshire
County Council



Director of Public Health's

Annual Report

2017



Investing in the Future:
making a healthy start

Contents

Foreword	1
Chapter 1: Background	2
Chapter 2: A good start in life	4
Chapter 3: Adverse childhood experiences	12
Chapter 4: Economic wellbeing: fair employment and good work for all	18
Chapter 5: The inverse care law and the role of the NHS	25
Chapter 6: Conclusions and recommendations	29
Annex: References	31

Acknowledgements

To all members of the Nottinghamshire County Council Public Health team, without whom this report would not be possible.

Investing in the Future: Making a Healthy Start

Page 38 of 128

Foreword

Director of Public Health - Annual Report 2017

When I meet groups or make presentations to forums across the county, people are often surprised to hear that as little as 10% of the health and wellbeing of our local population is linked to health care access - things like GPs and hospital services.

As I approach the end of my career, I think about my own personal journey. I started working in the NHS at the age of 18. My early years were spent providing care and clinical interventions to patients in order to 'cure' them or help them to enjoy a better quality of life, living with their chronic ill health. I had relatively little understanding, at that stage, of how social and economic factors impacted on health. I remember reading the Penguin edition of the Black Report* in 1982. This report demonstrated that, although overall health had improved since the introduction of the welfare state, there were widespread health inequalities, and that the main cause of these inequalities was economic inequality. By health inequalities, I mean inequalities that are preventable, arising from unjust differences in the health status experienced by certain population groups, shaped by social, environmental and economic conditions. So, on reading the Black Report, I was shocked and surprised at the extent of these. My insight and understanding really started to grow then, and with this, my enthusiasm for Public Health.

The Marmot Report 'Fair Society, Healthy Lives'¹ has further developed our knowledge and understanding of health inequalities, in particular what needs to be done to address those inequalities. For this reason, my last report as Nottinghamshire DPH will focus on reducing health inequalities through two areas: giving every child the best start in life and on economic wellbeing.

The Health and Social Care Act 2012 requires all Directors of Public Health to produce an independent report on the health of their local population. The local authority, in this instance Nottinghamshire County Council, is required to publish it. This report has been written to demonstrate progress so far but also to identify where further opportunities lie to make a real and significant difference to the health and wellbeing of our Nottinghamshire residents.



Barbara Brady
Interim Director of Public Health
for Nottinghamshire
November 2017

* The report showed that the death rate for men in social class V was twice that for men in social class I and that gap between the two was increasing, not reducing as was expected.

Chapter 1: Background

Since last year's report, Nottinghamshire County Council has published its strategic plan, "Your Nottinghamshire, Your Future 2017-2021". The plan has four ambitions

- ▶ A great place to bring up your family
- ▶ A great place to fulfil your ambition
- ▶ A great place to enjoy your later life
- ▶ A great place to start and grow your business

Although none of these ambitions makes explicit reference to health, the reality is that there could be significant health gain if these were taken forward in a way that sought to improve health and reduce health inequalities, as all 4 ambitions involve the social and economic determinants of health.

A recent publication by the Local Government Association, *Health in all Policies*, a manual for local government² makes the case for local government to take into account the health implications of the decisions they make. This builds on our understanding that little as 10% of the health and wellbeing of our local population is linked to health care access. So we need to secure as much health gain from issues that are often not seen as 'Health', a good example of this is transport. The potential health gain if all government implemented this would

be significant and so it's something I am keen to see embedded across our County. That's why I am starting with the recommendation below:

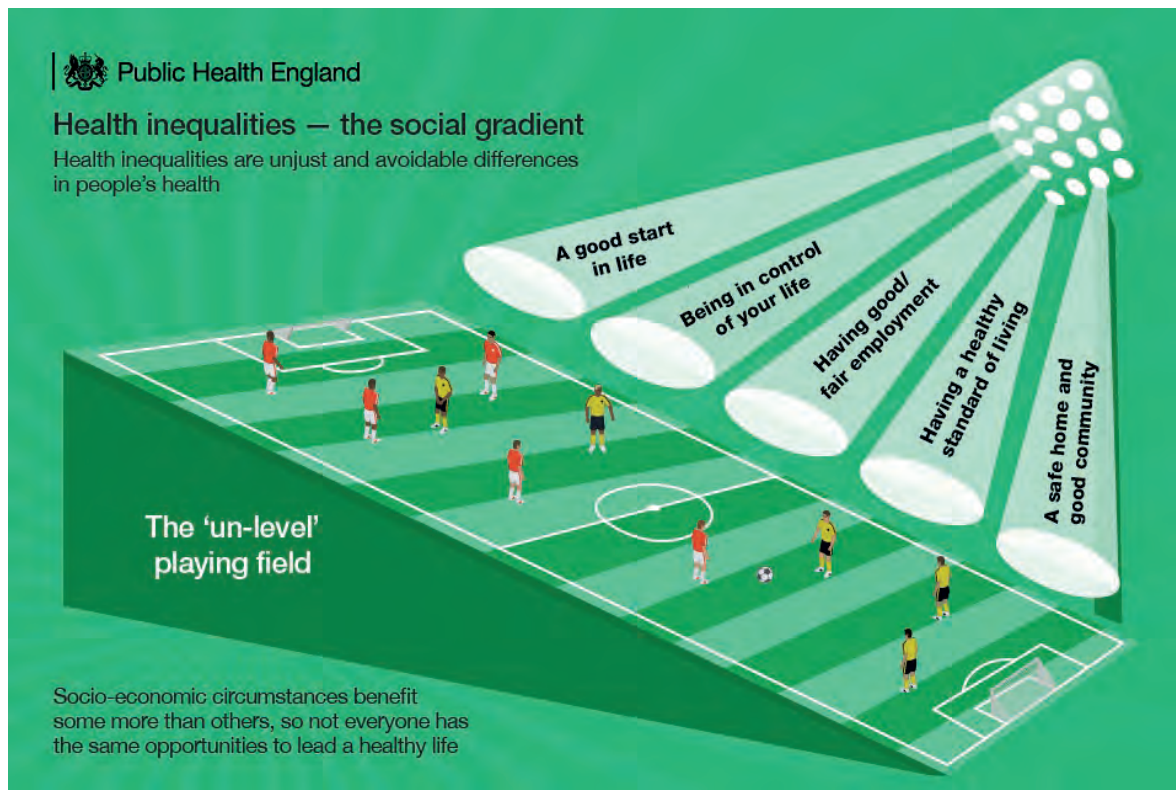
Recommendation: All local authorities within Nottinghamshire adopt and implement Health in All Policies

In last year's Annual Report, I started by explaining the difference between life expectancy – the number of years a person can expect to live – and healthy life expectancy – how long a person can expect to live in "good" health – and then showed how some communities within the County have poorer levels of health than others.

Differences in people's health was the key message behind the Marmot report, "Fair Society, Healthy Lives" first published in 2010. This report referred to the 'social determinants of health' - a term used to describe the social, economic and environmental conditions in which people are born, grow, live, work, and age, which shape and drive health outcomes. Because these are not the same for everyone, there is an "un-level playing field" as shown in the picture opposite.



Figure 1: The 'un-level' playing field



Source: *Public Health England, 2017.*³

Children growing up in areas of greatest socio-economic need often have worse outcomes throughout their lives, from educational attainment through to employment prospects, which in turn affect their physical and mental wellbeing. Everyone should have the opportunity to make choices that support good health, regardless of where they live.

In the next chapter, we will look at how the conditions in which people are born and grow as children can influence their health in later life.

Being able to make investments in the future health of our population relies on there being sufficient public resources to do so. A recent report to Nottinghamshire County Council by East Midlands Councils considered the "un-level playing field" in terms of resources available, citing Government

statistics that demonstrated that in 2015/16 (the last year for which figures are available) the East Midlands region had the third lowest level of public expenditure on services, in total and per head of population. It also had the third lowest level of public expenditure on health care and the third lowest level of public expenditure on education.⁴

Although total public expenditure has been falling everywhere, expenditure in the East Midlands has remained consistently below the England average. If the UK public expenditure per head is indexed at 100, the East Midlands has just 91, compared to 104 in the North East and 103 in the North West. Chapter 5 of this report will look in more detail at the issue of equity, including fair distribution of resources.

Chapter 2: Giving every child the best start in life

The foundations for virtually every aspect of human development – physical, intellectual and emotional – are laid in early childhood. What happens in the early years of a child's life, starting in the womb, has a profound impact on a child's future, with life-long effects on many aspects of health and wellbeing – from obesity, heart disease and mental health, to educational achievement and economic status.

The first 1001 days, from conception to age 2 are widely recognised as a vital time in the life of a child.⁵ Pregnancy is a critical period when a mother's physical and mental health can have a lifelong impact on the child. Maternal stress, diet and alcohol or drug misuse can place a child's development at risk, while a happy, healthy and safe pregnancy will contribute towards the new baby having the best start in life.

Positive early experiences, which support a child's physical, social and cognitive development, strongly influence how ready a child is to learn, to start school and in turn, how well they do at school. This will affect their life chances and their wellbeing in adulthood.⁶ Sensitive and attuned parenting at this time has a significant impact on the baby's developing brain and in promoting secure attachment and bonding. All parents want to be the best parent they can be for their child, but for some, the transition to parenthood can be a challenging time, and there are many factors which can adversely affect parents' ability to provide safe, responsive care to their baby. The skills, confidence and ability of new parents to offer that 'best start in life' for their child can be affected by⁷:

- ▶ Economic and social issues
- ▶ Own poor experience of being parented/adverse childhood experience (This topic is explored further in Chapter 3)
- ▶ Cycle of poor aspiration
- ▶ Exposure to domestic violence
- ▶ Alcohol and substance misuse
- ▶ Mental health problems
- ▶ Poor relationship between parents

It is therefore important to provide interventions and support to families facing difficulties, in order to help them to provide the best start in life for their child.



The Marmot Report, Fair Society, Healthy Lives, outlines the policy objective of giving every child the best start in life, recommending that we:

- ▶ Increase investment in early years.
- ▶ Support families to develop children's skills, by:
 - Giving priority to pre and postnatal interventions, such as intensive home-visiting programmes, that reduce adverse outcomes of pregnancy and infancy
 - Providing paid parental leave in the first year of life with a minimum income for healthy living
 - Providing routine support to families through parenting programmes, children's centres and key workers, delivered to meet social need via outreach to families
 - Developing programmes for the transition to school
- ▶ Provide good quality evidence-based early years education and childcare, working to increase the take-up by children from disadvantaged families

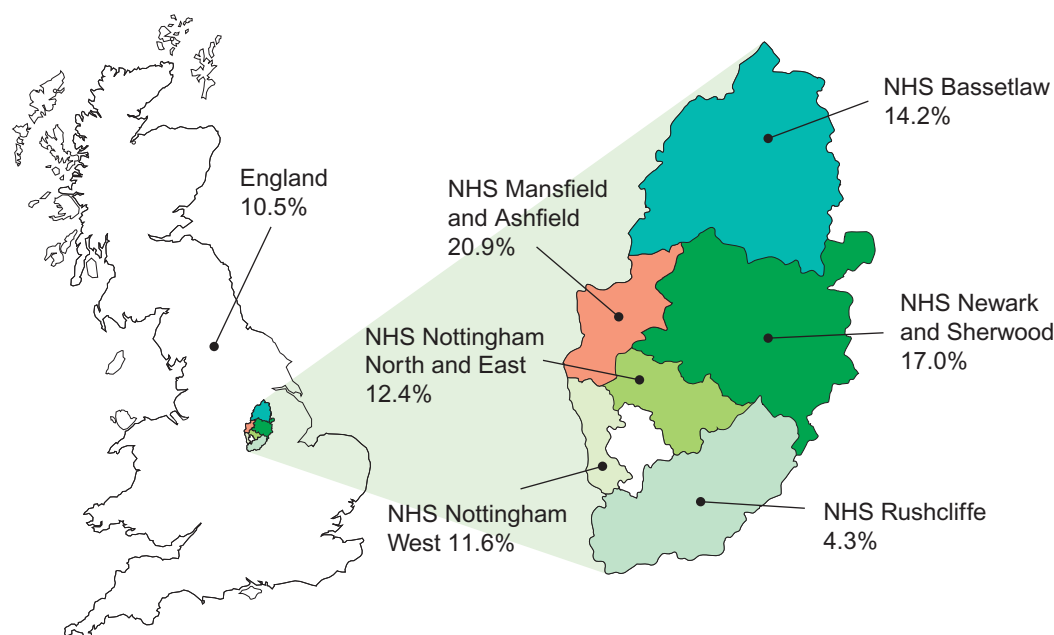
Some of these recommendations relate to national policies, while other need action at both a national and local level. This chapter highlights work already underway and makes recommendations for further actions.

Interventions to improve outcomes of pregnancy and infancy for local children and families

We have approximately 8,650 births in our county every year. Although the proportion of pregnancies leading to the delivery of babies with low birth weight and stillbirths is lower than the average for England, there are significant differences in rates across the County. There are higher rates in Mansfield (7.9%), Bassetlaw (7.6%) and Ashfield (7.4%), compared to an average of 6.7% for Nottinghamshire (figures from Public Health Outcomes Framework, 2013-15). Low birth weight is associated with a greatly increased risk of death in the first year of life as well as serious illness and lifelong disability, along with greater risk of developing learning and behavioural difficulties, lower educational attainment and lower socio-economic status as adults. The risk of having a baby with low birth weight is more common for mothers living in poverty, those who smoke in pregnancy, have poor mental health, poor nutrition, are younger and do not access services early.

Smoking in pregnancy is of particular concern, 14.5% of our mothers are smokers when their babies are delivered compared with 10.5% nationally (2016-17), with more pregnant women smoking in areas of greater need. The map overleaf identifies the variation in smoking rates at time of delivery across Nottinghamshire. Data show that babies born to mothers that smoke in pregnancy weigh on average, 200g less than babies born to non-smokers (ONS 2016).⁸

Figure 2: Map showing Percentage of Women Smoking at time of delivery, by Nottinghamshire NHS Clinical Commissioning Group (CCG) compared to England 2016/17



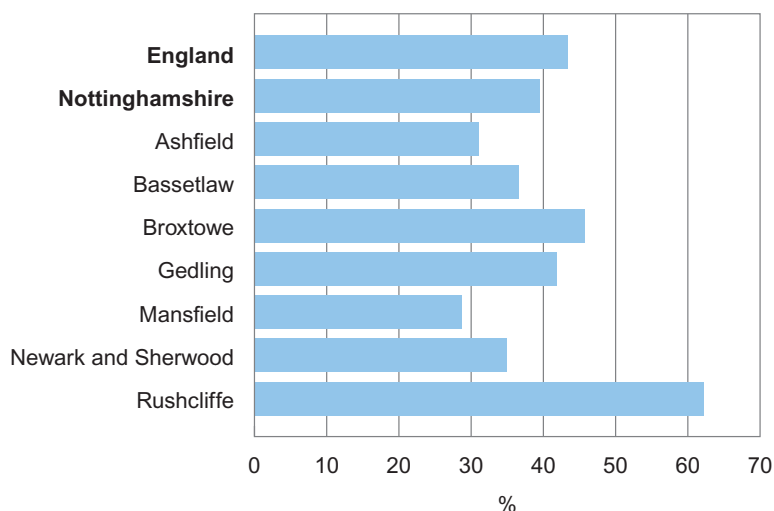
Source: Public Health Outcomes Framework, accessed July 2017

Smoking in pregnancy is a local priority for action highlighted in the *NCC Tobacco Declaration action plan 2017-2018*. In addition to commissioning services to support women to stop smoking in pregnancy, promotion of smoke free homes and clear advice about the danger that other people's tobacco smoke poses to the pregnant woman and the baby are key features of the plan.

Recommendation: Implement the actions related to smoke free homes, pregnancy and children in the Nottinghamshire Tobacco Declaration Action Plan 2017-18

Breastfeeding has significant benefits for both mother and child, promoting a strong emotional bond between them. This in turn leads to improved physical and emotional health for both, and improved later cognitive, linguistic, and social skills of the baby. In the longer term it has a protective factor against obesity and cardiovascular disease later in life. In 2014/15 69% of mothers initiated breastfeeding in Nottinghamshire compared with a national average of 74.3%.⁹ In Nottinghamshire as elsewhere, children born to mothers living in areas of greatest need are less likely to be breastfed. The rate of mothers maintaining breastfeeding at 6-8 weeks also differs across our County, as shown in the chart opposite.

Figure 3: Breastfeeding rates at 6-8 weeks by District within Nottinghamshire and compared to Nottinghamshire and England averages, 2014-15



Source: *Public Health Outcomes Framework*, accessed July 2017

Increasing the numbers of mothers who initiate and sustain breastfeeding is a priority for us. This is being delivered through the implementation of *Breastfeeding, A Framework for Action, Nottinghamshire County and Nottingham City 2015-2020*. We are committed to ensuring that local mothers have the opportunity to breastfeed in convenient locations, reducing barriers and tackling negative perceptions. We have introduced a Countywide initiative, 'Breastfeeding Friendly Places', to promote breastfeeding in accredited venues including cafés, health centres, children's centres and retail outlets. Each District/Borough Council is promoting the initiative and accrediting venues in their own localities.

Figure 4: Breastfeeding friendly logo, Nottinghamshire

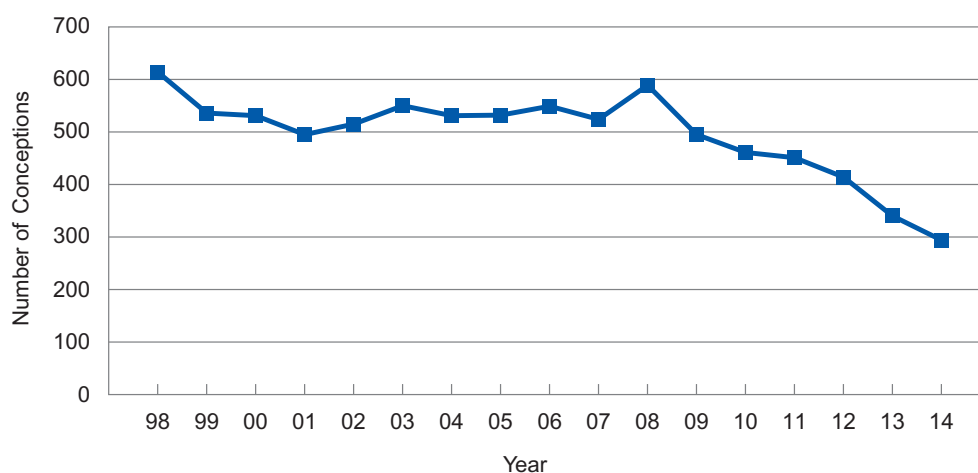


Recommendation: Continue to implement Breastfeeding: A Framework for Action, Nottinghamshire County and Nottingham City 2015-2020, including increasing the number of breastfeeding friendly accredited venues in all local communities

Young parents, particularly teenage mothers, often experience significant challenges in their lives; their health and that of their babies is likely to be worse than average. They are less likely to finish their education, less likely to find employment and are more likely to be living in poverty. These factors all impact on their ability to provide their child with the best start in life.

The number of teenage pregnancies in Nottinghamshire has reduced significantly in recent years, from 614 conceptions in 1998 to 271 conceptions in 2015, a drop of 56.3%. Figure 1 shows the trend in Nottinghamshire for numbers of teenage conceptions (aged 15-17). Whilst this reduction as a whole is in line with the national trend, local areas of greater socio-economic need continue to have rates that are higher than the national average.

Figure 5: Trends in number of Teenage Conceptions amongst women aged 15-17 in Nottinghamshire 1998-2014



Source: *Public Health Outcomes Framework*, accessed July 2017



In order to give babies of teenage and other vulnerable young parents the best start in life, the Family Nurse Partnership Programme (FNP) provides an intensive home visiting programme for first time young mothers in the county. Provided by highly trained 'Family Nurses', the programme aims to transform the life chances of children and families most in need, helping to improve social mobility and break the cycle of intergenerational disadvantage. Our FNP works with many organisations to support young women and their babies through some of the most challenging times of their lives.

Recommendation: Conduct an audit to measure the impact of the FNP locally

The Healthy Child Programme (HCP) is the core service delivering evidence-based public health services to our children, young people and families. All families are entitled to receive this holistic programme of care and universal health and development reviews, which start in the antenatal period and can continue until a young person reaches 19 years of age. This national programme supports parents and families to ensure that problems that may impact on their child's immediate or long term health and wellbeing are addressed early before problems escalate. Our HCP is commissioned by Nottinghamshire County Council as part of the 'Healthy Families Programme' delivered by locality-based Healthy Family Teams.

Figure 6: Healthy Child Programme Pregnancy to Age 2



Source: Public Health England, 2016

Recommendation: Review the impact of the Healthy Families Programme to ensure it contributes to addressing health inequalities

Parenting programmes, early years education and childcare

Providing parents with the support they need and ensuring access to high quality childcare and early years education is a significant contributor to a child's early life experience.

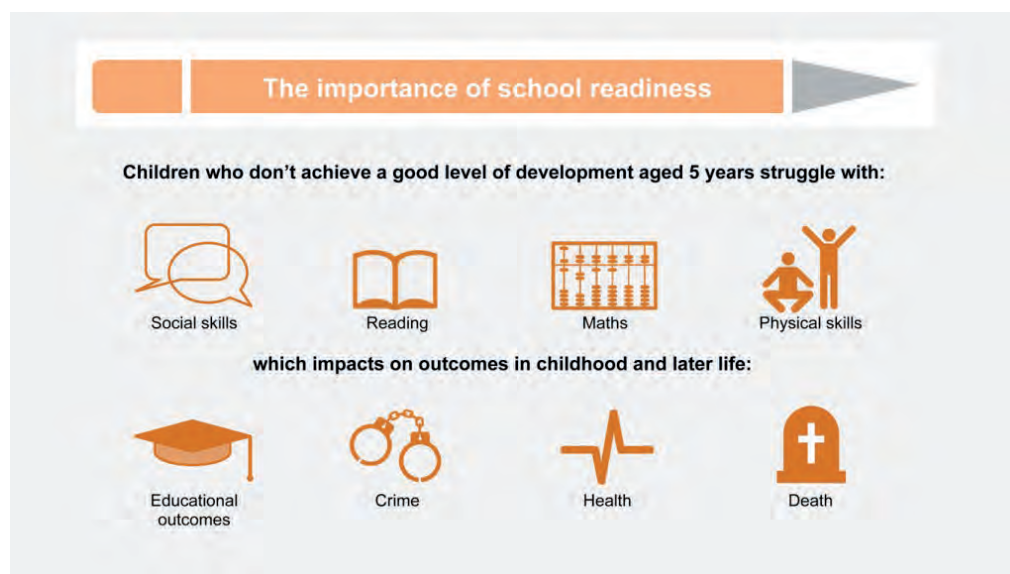
Ensuring a co-ordinated, consistent and multi-agency approach to family and parenting support is crucial in making sure that families are safe, happy, secure, and can reach their full potential.¹⁰

Since all families are different and need different levels of support at different times, it is important that we provide a range of options, including targeted options for families with young carers, teenage parents, foster carers and kinship carers to meet their individual needs. Families where parents have learning disabilities and those with chaotic and complex lives may require specialised and ongoing support. At times families may need help with issues such as domestic violence, substance misuse and mental health, which can have devastating effects on families' lives. Chapter 3 in this report looks in more detail at the effects of these kinds of adverse experiences on children.

Our Family and Parenting Strategy (2015-2017) aims to meet the needs of families effectively, by employing a range of methods, from universal information to specialised outreach approaches. Support services are provided in a variety of ways: including by the Family Service – which leads on the delivery of the 'Supporting Families' agenda, by the Healthy Families Programme and through school-based provision, and third sector provision. Families can also look online for information to support them with parenting, access to childcare and early years' education information via the 'Nottinghamshire Help Yourself' website (www.nottshelpyourself.org.uk). Development of the website is overseen by a partnership between health services, the voluntary sector and Nottinghamshire County Council, bringing together information and advice in one place so families can easily find out about services available to them locally.

Early Years education, and school readiness - We want to ensure that all young children and their families are able to reach their potential. This is achieved by ensuring that they access high quality, integrated early childhood services that prepare them for school and narrow the attainment gap between the most disadvantaged children and their peers. Educational attainment is one of the main markers for wellbeing throughout the life-course, so it is important that no child is left behind at the beginning of their school life.¹¹

Figure 7: Improving School Readiness



Source: Public Health England, 2015

Investing in high quality early care and education also has economic benefits for society as a whole. For every £1 invested in good quality early care and education, taxpayers save up to £13 in future costs. For every £1 spent on early years education, £7 would need to be spent to have the same impact in adolescence.¹²

The percentage of our children 'ready for school' is lower than the England average. **Table 1** shows that children in receipt of free school meals within

Nottinghamshire are even less likely to be ready for school than their more affluent peers. In order to address this, we are focussing on ensuring that there are sufficient early education/childcare places to meet the needs of local families. This follows the government announcement to increase the current 15 hours of entitlement to free childcare for 3 to 4 year olds, to 30 hours for children of working parents, whilst protecting free childcare places for eligible two year olds.

Table 1: School Readiness amongst children in Nottinghamshire 2015/16

Indicator	England	Nottinghamshire
% of children achieving a good level of development at the end of reception	69.3	67.0
% of children in receipt of <u>free school meals</u> achieving a good level of development at the end of reception	54.4	47.5

Source: Public Health Outcomes Framework, accessed July 2017

Recommendation: Review the multi-agency Early Years Improvement Plan for Nottinghamshire to ensure that every child, regardless of where they live, has the opportunity to be ready for school

Chapter 3: Adverse Childhood Experiences

Events in our childhood can have a profound effect on our adult lives. Studies aimed at understanding the consequences of childhood trauma in the United States developed the concept of Adverse Childhood Experiences (ACEs). Types of trauma usually measured include:

- Physical abuse
- Emotional abuse
- Sexual abuse
- Witnessing domestic violence in the home
- Substance misuse by adults in the home
- Losing a parent through divorce or separation
- Losing a parent through imprisonment
- Losing a parent through bereavement.

Each one of these different types of negative experience during childhood is counted as one “ACE”. Studies have shown a reliable association between higher numbers of reported ACEs and poor mental and physical health in adulthood.

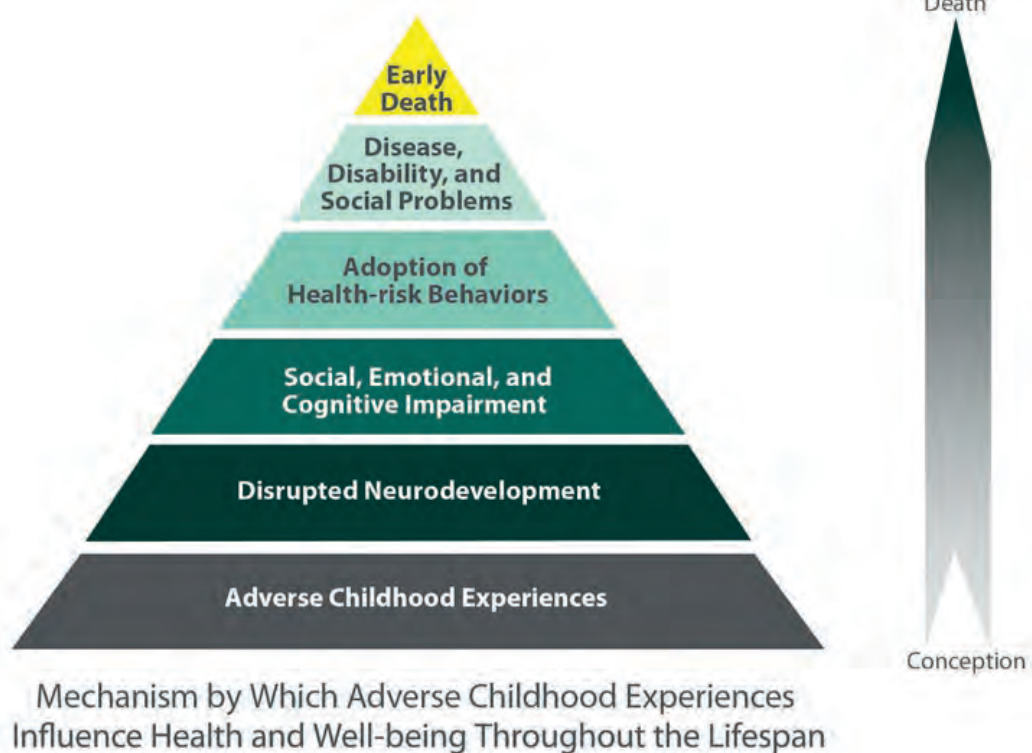
Box 1: Reporting four or more ACEs is strongly associated with a higher risk of:

Adolescent pregnancy
Alcoholism and alcohol abuse
Cancer
Chronic obstructive pulmonary disease (COPD)
Depression
Diabetes
Early initiation of smoking
Early initiation of sexual activity
Financial stress
Illegal drug use
Incarceration
Ischemic heart disease
Liver Disease
Miscarriage
Poor academic achievement
Poor work performance
Sexual and domestic violence
Sexually transmitted disease
Smoking
Suicide Attempts^{13 14 15}

This relationship is not set in stone. There are many examples of people who had extremely traumatic childhoods but nevertheless lead healthy and happy adult lives. As with the relationship between smoking and cancer, it is a matter of increased risk, not of biological certainty. Not everyone who smokes will get cancer and not everyone who has cancer developed it because they smoked. However, smoking significantly raises the probability of developing certain cancers later in life. In the same way, ACEs predispose people to higher than average levels of mental and physical health problems in adulthood.

The mechanism by which ACEs affect our brains, and therefore our lives, is now becoming better understood. The diagram below shows how adverse childhood experiences can affect health and wellbeing throughout a person's life.

Figure 8: The ACE Pyramid



Source: *Public Health Wales*¹⁶

Early childhood

A baby is highly sensitive to its surroundings, and requires consistent physical and emotional care from its parents. If those parents are not able to control emotions of frustration and stress (which are commonly associated with caring for a very young baby) then they may increase their child's distress instead of reducing it. Babies who have been exposed to prolonged stress in this way can be unable to soothe themselves, and have difficulty managing their own emotions as teenagers and adults.¹⁷

Inadequate or inconsistent nurturing in early childhood can also affect the ability to form and maintain relationships in later life.¹⁸

Fight or flight

Frightening experiences, such as physical or sexual abuse, put a child's mind and body into a kind of emergency survival mode. This state is often referred to as "fight or flight", and combines a high level of mental alertness (to quickly identify danger) with physical changes that prioritise blood supply to the muscles and other essential organs. In our evolutionary past, this enabled all of a person's bodily resources to be concentrated upon living through perilous situations. But although fight or flight may be an appropriate response to being confronted by a dangerous animal, it can be very harmful if this instinct is constantly triggered during sensitive stages of development.^{19 20}

In fight or flight mode, longer term priorities are ignored by both the body and mind. Blood supply is diverted away from the gut and towards the muscles, since digestion is less of an immediate priority than escape. The mind focuses

only on the immediate threat, and will not be likely to give any thought to the longer-term consequences of actions. When constantly triggered therefore, this state can lead to physical and mental stress, poor absorption of nutrients, inability to plan ahead or concentrate (on schoolwork, for example). Prolonged physical and mental stress can also lead to premature ageing of vital bodily systems such as the heart, liver and digestive system.²¹

Inequalities

Some types of ACEs appear to be evenly distributed across the socio-economic spectrum, but others are unevenly clustered. Parental imprisonment and early death are significantly more likely to occur in low-income families, meaning that children in these families have a higher likelihood of being exposed to ACEs than their peers.²² The negative effects of those ACEs make it harder for these children to break the cycle of poverty. Women have also been found to be more likely to report multiple ACEs than men.²³ ACEs should therefore be seen as a factor in perpetuating inter-generational social and economic disadvantage. Preventing ACEs, and reducing their harmful after-effects, is an urgent public health priority.

Recommendation: All healthcare, education and policing staff in Nottinghamshire should receive regular training in how to recognise and appropriately respond to signs of abuse and other types of trauma in children & young people. The ACE model should be used as a way of thinking about the impact of childhood trauma on psychological, physical and social health for both professional and public audiences

Prevalence of ACEs in Nottinghamshire

There are currently no studies of the prevalence of ACEs within the population of Nottinghamshire. However, a number of surveys have been done in other parts of the UK, and there is no obvious reason to think that their results would be radically different from the local picture.

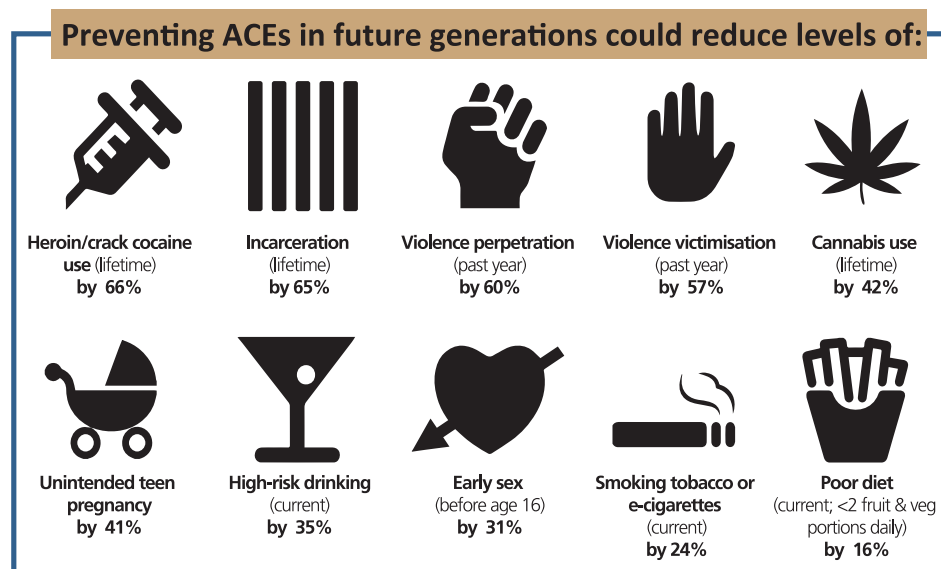
Several recent surveys, undertaken at regional and national levels, have demonstrated that almost half of adult respondents (43.1-47%) have experienced at least one ACE. These surveys also found that 8.3-13.6% of the general population have experienced more than four ACEs. Experience of multiple ACEs was found to be significantly more common in areas of greatest need. Adults in the lowest income group were found to be three times more likely than average to report four or more ACEs.^{24 25}

Applying these averages to the local population would suggest that (based upon the most recent population estimates for the county of 646,625 people over the age of 18yrs in mid-2016²⁶) approximately 291,000 Nottinghamshire adults are likely to have experienced at least one ACE, and that over 64,000 will have experienced more than four.

Preventing ACEs

The case for preventing ACEs is both moral and economic. Individuals who have experienced multiple ACEs are more likely to commit violence against others²⁷, as well as being disproportionate users of health and social services.²⁸

Figure 9: Preventing ACEs



Source: Public Health Wales

Research on ACE prevention is still developing, although studies and professional experience in preventing certain types of ACE (e.g. domestic violence, physical and sexual abuse) is relatively well established. In some cases this learning may be more widely applicable. Related, some Public Health services for adults are focused on some particular issues associated with ACE (e.g. domestic violence, substance misuse). Although these services primarily work with adults, where the adults are also parents, the services may also have positive impacts on children in terms of helping to prevent and / or reduce the impacts of ACE.

Recommendation: All agencies should work together to prevent ACEs in order to reduce health and social inequalities, and to address the root causes of a significant proportion of police call-outs, A&E attendances and benefits dependence in Nottinghamshire

Changing the way that people and professionals view the impacts of childhood trauma, such as anti-social behaviour, is a key part of effectively tackling ACEs in our community. Encouraging communities, schools and police forces to become more "trauma-informed" both increases the likelihood that ACEs will be identified and reported early, and reduces the risk that young people will be punished for behaviour that is often symptomatic of problems at home. Punishment which does not take into account the root causes of behaviour can embed a vicious cycle of negative experiences for a child which is very difficult for them to escape from. However, such cycles can still be broken by positive trauma-informed engagement. From nursery onwards, this approach firstly entails replacing the common "What did you do?" reaction to undesirable conduct

with a more empathic "Why did you do it?" enquiry.^{29 30}

Recommendation: Develop trauma-informed professional practice in schools, policing and healthcare in Nottinghamshire, in order to begin to break the ACE cycle for affected children

Preventing ACEs may be achievable through universal school and family programmes aimed at promoting non-violent conflict resolution, parenting skills and positive mental health.³¹ However, partly because outcomes for universal programmes are harder to measure, the evidence base is better for targeted programmes with high-risk families.³² A local example of such a programme in our area is the Family Nurse Partnership (FNP), which supports young first-time mothers.^{33 34}

"It is brilliant, it is like having two extra Mums that you can go to and talk to and go 'Something has happened; what do I do?'" – Service user evaluation of the FNP service.³⁵

More information about the FNP programme was given in the previous chapter.

Building resilience

ACEs are a significant risk factor for a whole range of negative health outcomes. However, there are also protective factors, both on a community and an individual level, which can be promoted to prevent traumatic experiences and to supply individuals who have already experienced them with the necessary tools to live happy and healthy lives. Having at least one positive nurturing relationship with an adult (not necessarily a parent) has been identified as a significant factor in promoting young people's resilience against the toxic effects of ACEs.³⁶

Teachers, mentors, foster carers or extended family members are all capable of taking on this role.

There are a variety of programmes, from the local to the international, being implemented in schools and communities designed to support the development of resilience against traumatic experiences.³⁷ In Nottinghamshire, these programmes fall under the heading of "Emotional Mental Health and Wellbeing", and include targeted interventions in high-risk schools. There are two services running in Nottinghamshire. Each Amazing Breath delivers the resilience programme 'Take Five' in schools across Mansfield/Ashfield, Newark/Sherwood and Bassetlaw, and Young Minds provides an academic resilience programme across Broxtowe, Rushcliffe and Gedling.^{38 39}

Recommendation: Continue to invest in programmes that a) support at-risk parents and families to reduce the likelihood of ACEs, and b) provide positive mentorship and resilience-building for young people in order to mitigate the effects of ACEs that they may have suffered



Chapter 4: Economic Wellbeing: fair employment and good work for all

Employment and wellbeing are connected in many ways. Employment provides a source of income, which influences housing conditions, the food people eat, the activities they take part in, how they travel, the life choices they have and to some degree the hardships people face. Other characteristics of work – activity, social interaction and identity – are beneficial to our physical and mental health.⁴⁰ Conversely, unemployment is associated with negative health impacts, such as increased likelihood of depression – 1 in 7 men develop clinical depression within six months of losing their job.⁴¹

Employment can however also have negative impacts on the health of employees, for example through physical health impacts from manual labour, or mental health implications of stressful work environments. Leading causes of work absence are musculoskeletal harm and mental health problems.⁴²

The Marmot report contained three objectives with regard to economic wellbeing:

- 1) **Improve access to good jobs and reduce long-term unemployment across the social gradient.** Because being employed is protective of health, whereas being unemployed is harmful to health, a key action to improve health is to get people in to work
- 2) **Make it easier for people who are disadvantaged in the labour market to obtain and keep work.** Those who are disadvantaged in the labour market find it difficult to find roles which are suitable and adaptable to their health and social care needs
- 3) **Improve quality of jobs across the social gradient.** Jobs need to be sustainable and offer a minimum level of quality to include not only a decent living wage but also opportunities for in-work development, the flexibility to enable people to balance work and family life, and protection from those adverse working conditions that can damage health. The quality of jobs are generally lower in roles with lower salaries and impact those most economically disadvantaged



Reduce long term unemployment

Table 2: Economic activity in Nottinghamshire compared to East Midlands and Great Britain averages, 2016/17

	Nottinghamshire	East Midlands	Great Britain
Economically active (percentage of population age 16-64 employed or actively seeking employment)	79.5%	78.1%	78.0%
• In employment (percentage of population age 16-64)	75.6%	74.7%	74.2%
• Unemployed and seeking work (% of economically active)	4.9%	4.2%	4.7%
Economically inactive (percentage of population age 16-64 unable to work)	20.5%	21.9%	22.1%
• Unable to work due to long term sickness (% of economically inactive)	29.9%	23.8%	22.1%
• Workless households (% of households with at least one family member aged 16-64 and no-one is economically active)	15.7%	14.9%	15.1%

Source: Office for National Statistics, Annual Population Survey, April 2016 – March 2017

According to the D2N2 LEP, unemployment levels measured by Job Seekers Allowance (JSA) have been falling since 2012, but unemployment has fallen more rapidly amongst younger people and more slowly amongst older age groups. Prolonged periods of unemployment can lead to other issues compounding labour market exclusion, such as mental health issues and alcohol problems.⁴³ Some actions in the health and care system, such as services to help people recover from substance misuse, contribute to addressing some of these factors.

Children from families who experience hardship such as poverty or disability have a reduced chance of acquiring good qualifications at school, having academic support at home, aspiring to be successful, and are less likely to find a good job. Preventing families from becoming workless can prevent this cycle of hardship and help provide adolescents with a healthy work ethic. The Family Nurse Partnership is a local Public Health programme which aims to transform the life chances of children and families most in need, helping to improve social mobility and break the cycle of intergenerational disadvantage. More information about this service can be found in Chapter 2.

Helping people from disadvantaged groups to find work

Table 2 above showed that economic inactivity is proportionately less in Nottinghamshire than in the East Midlands or nationally. However, the ONS figures also show that a much higher proportion of the economically

inactive population is unable to work due to long term sickness in Nottinghamshire. Local data from the Public Health outcomes framework also shows the gap in employment rates for people with long term health conditions and with learning disabilities are worse than East Midlands and England averages, as set out in Table 3 below.

Table 3: Gaps in employment rates for Nottinghamshire compared to East Midlands and England averages, 2015/16

	Nottinghamshire	East Midlands	England
Gap in employment rates for those with long term health conditions compared to those without	36.1	31.8	29.6
Gap in employment rate for people with learning disability compared to those without	71.0	70.9	68.1

Source: Public Health Outcomes Framework, accessed September 2017

Nationally, although over the last five years, there has been an increase in the proportion of people with disabilities and long term health conditions who are employed^{44 45}, disabled people are still less likely to be in employment than non-disabled people.

These data suggest there is more that can be done locally to support those who are disabled, who have long term conditions and learning disabilities to enter the work place and stay in work.

Evidence shows that getting people back into work and helping them 'be well' in work can help to reduce the economic impact of sickness, absence and long term economic inactivity. Spending on these schemes provides more than £3 in benefits to society for every £1 spent over five years.⁴⁶

In parts of Nottinghamshire, there are some pilot activities currently being developed. A social prescribing

model is being used to develop a "Fit for Work" offer – in which individuals are referred to health trainers. The health trainers will then either support individuals back into work, or help prevent absence from work. The D2N2 Local Enterprise Partnership recently commissioned research to scope some health and wellbeing pilot projects, aiming to reduce dependency on health related benefits and support people towards work. Potential activities being scoped include maximising personal budgets for employment outcomes, holistic support programmes that address multiple barriers, job matching opportunities for people with limited work capability or specific barriers / disabilities, and improving access to supported work and work trials.

Recommendation: Evaluate the outcomes of the fit for work pilot and use the learning from this in the development of future related activity

As well as the local activity described above, there are nationally recognised schemes with pathways to work for people with complex needs, such as the Building Better Opportunities programme funded through European Social Fund and the Big Lottery Fund. This programme operates in the D2N2 area through the Opportunity for Change project⁴⁷. It offers support for people who are homeless, misusing substances, having mental health issues, experiencing domestic abuse or are current or ex-offenders, with the aim of helping them resolve their complex needs and become socially and economically included through access to education, training and employment.

Nottinghamshire could develop a similar system-wide model, which takes account of the added complexity of local structures and the economic variations within the County. This would bring benefits both to health and wellbeing from being in work, as described previously, as well as addressing the wider and more complex needs of individuals. Learning from successful programmes nationally recognises the need for holistic approaches addressing housing, substance misuse and mental health, in parallel to skills development and pre-employment engagement.

Recommendation: Work collaboratively with partners to develop a system-wide model to address pathways to work for people with complex needs in Nottinghamshire

Quality of jobs across the social gradient

Workers with fewer skills and qualifications are likely to be the lowest paid and to experience poorer working conditions. Work can exacerbate or cause ill health, such as musculoskeletal disorders, stress, depression or anxiety.⁴⁸ Job stress, job insecurity and lack of job control are strongly related to poorer long-term physical and mental health outcomes, increasing the risk of cardiovascular disease⁴⁹, hypertension, depression and unhealthy behaviours. Workers in lower-skilled occupations are also those under most potential “threat” from automation. In the medium term, this could have a significant impact on health and wellbeing. Addressing this would require a longer term approach to improving skills levels to help lift people into higher skilled occupations.

In 2015/16 nationally, the most commonly-reported impairments were those that affect mobility, lifting or carrying at 52% and reporting a mental health impairment at 22%. There are approximately 140 million work days lost to sickness absence every year. Workplace injuries, ill health, sickness absence and worklessness cost the British economy £100 billion a year.⁵⁰

Our County has a lower proportion of senior managers and a higher proportion of employees in routine and manual labour occupations, in manufacturing and in construction, than the national and regional averages, as shown in Table 4 overleaf.

Table 4: Employment by occupation for Nottinghamshire compared to East Midlands and Great Britain (Apr 2016-Mar 2017)

	Nottinghamshire	East Midlands	Great Britain
Group 1-3	41.0%	41.1%	45.5%
1. Managers, Directors And Senior Officials	9.6%	10.0%	10.7%
2. Professional Occupations	18.4%	17.4%	20.4%
3. Associate Professional & Technical	12.7%	13.6%	14.2%
Group 4-5	22.6%	21.0%	20.7%
4. Administrative & Secretarial	11.5%	9.7%	10.2%
5. Skilled Trades Occupations	11.0%	11.2%	10.4%
Group 6-7	14.9%	16.5%	16.7%
6. Caring Leisure and other service occupations	8.6%	9.5%	9.1%
7. Sales and customer service occupations	6.1%	7.0%	7.5%
Group 8-9	21.5%	121.4%	17.1%
8. Process plant and machine operatives	8.7%	8.6%	6.3%
9. Elementary occupations	12.7%	12.7%	10.7%

Notes: % is a proportion of all persons age 16+ in employment

Source: Office for National Statistics, annual population survey, 2016

The local labour market segmentation is reflected in the local sickness absence statistics. Nationally, the routine and manual occupations group has the highest level of sickness absence in most categories and the most absence

overall. This is a larger group in the Nottinghamshire workforce than average, and Nottinghamshire also has higher levels of sickness absence when compared to the East Midlands region and the national average.



Table 5: Sickness absence for Nottinghamshire compared to East Midlands and England averages, 2013 – 2015

	Nottinghamshire	East Midlands	England
Proportion of employees who were absent at least one day in the previous week	2.9%	2.3%	2.2%
Proportion of working days lost due to sickness absence	1.9%	1.4%	1.3%

Source: Public Health Outcomes Framework, accessed August 2017

Most common causes of long-term sickness absence among routine manual workers are severe medical conditions followed by back pain, musculoskeletal injuries, stress and mental health problems.⁵¹ Among non-manual workers the most common causes of sickness absence are stress, severe medical conditions, mental health problems, musculoskeletal injuries and back pain.

Employee wellness programmes can help to reduce sickness absence and have been found to return between £2 and £10 for every £1 spent.⁵² The Nottinghamshire Wellbeing@Work offer supports employers, including County and District Councils, to signpost staff to local wellbeing programmes including fitness, mental wellbeing walks and exercise groups tailored to those with physical impairments. These activities can potentially prevent illnesses or the exacerbation of existing illnesses, which could help prevent long term absence from work. This creates savings for central and local government, mainly through reduced costs associated with homelessness, crime, benefits, and health care.

Businesses as responsible employers can do much to support their own employees. The changing nature of work, where individuals make investments in their own skills development, means that labour may be more mobile in the future. With an increasingly mobile labour market, it will be even more important for employers to attract staff by offering a compelling working environment to support employee health, wellbeing and work-life balance.

By embedding better health in the workplace, employers can address⁵³:

Staying Healthy: Ensuring that work places are healthy and encourage healthy behaviours, such as good diet, physical activity, low social alcohol consumption and smoking. Helping to reduce repetitive physical strain and facilitating healthy work interactions reducing stress and supporting good mental health

Preventing poor health: Planning adaptations and work organisation to prevent further exacerbation of existing long term conditions, and facilitating the return of workers absent due to sickness

Reducing poor health: Once an illness has a recurrent effect on the worker, reviewing their long term work style, routine and role to see if there is a better way to support health needs whilst also keeping them within employment and sustaining the benefit from their skills and experience. Dealing with this in a timely way increases the likelihood of successful return to work

Employers' ability to recruit and retain staff: Enabling businesses to benefit from the skills, experience and expertise of existing and prospective staff by offering an attractive and supportive working environment, which values employees' health and wellbeing and increases their opportunities for work-life balance.

Recommendation: All public sector partners should provide Wellbeing@Work type schemes for their staff

Recommendation: Continue to increase the proportion of local employers who participate in Wellbeing@Work type schemes

Recommendation: Employers should make maximum use of schemes to support the adaptation of workplaces in response to employees' health needs, such as the Access to Work scheme or their own in-house occupational health service



Chapter 5: Health Inequalities and the role of the NHS

Both in this year's and last year's reports explored factors that influence and shape health and health inequalities along with what needs to be done to address them. However, for some of our citizens, disease, frailty or ill health will develop and they will need to use health and/or care services.

The 'Inverse care law' was first described in 1971 by Dr Julian Tudor Hart, a GP in South Wales. He said that "the availability of good medical care tends to vary inversely with the need for the population served."⁵⁴ In other words, those who most need medical care are least likely to receive it. On the other hand, those with least need of health care tend to use health services more (and more effectively).

In recognition of this, the Health Service Act 2006 (as amended by the Health and Social Care Act 2012), introduced for the first time legal duties to reduce health inequalities, with specific duties on Clinical Commissioning Groups (CCGs) and NHS England. These include the requirement that they have regard to the need to reduce inequalities between patients in **access** to health services and the **outcomes** achieved. The Governing Boards of the CCGs need to be confident that this responsibility is discharged effectively. Similarly the Health Scrutiny Committee will scrutinise the extent to which health inequalities are being addressed.

For some this has introduced some confusion between equity and equality. There is a common misconception that equity and equality mean the same thing and the terms are often used interchangeably, but that's not true. Whilst the two words sound similar, the difference between them is crucial.

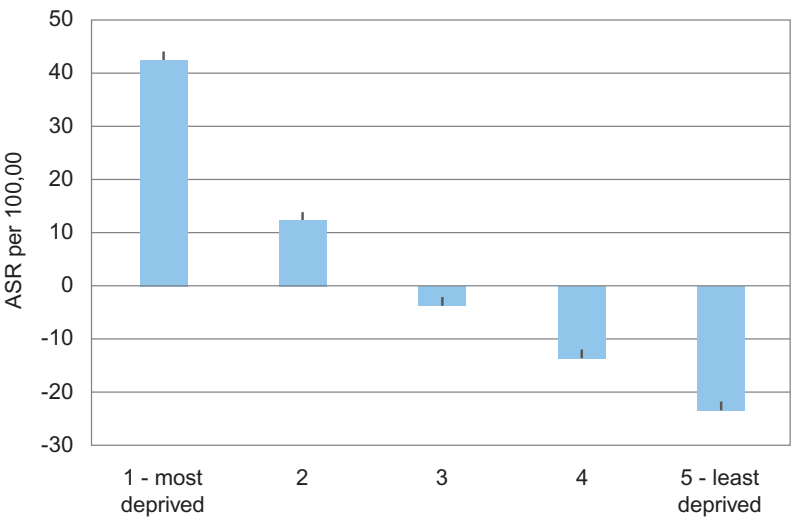
Equity involves trying to understand and give people what they need to enjoy full, healthy lives. Equality, in contrast, aims to ensure that everyone gets the same things in order to enjoy full, healthy lives. Like equity, equality aims to promote fairness and justice, but it can only work if everyone starts from the same place and needs the same things.

To explain the Inverse Care Law a little more, I have selected national cancer statistics as an illustration.

Cancer is a disease caused by normal cells changing so that they grow in an uncontrolled way. There are more than 200 different types of cancer. An individual's risk of developing cancer depends on many factors, including age, lifestyle, socio-economic status, occupation and genetic make-up.

The incidence of all cancers in England varies according to geography. Areas of greatest socio-economic need typically have higher incidence of all cancers, whereas the least deprived areas have the lowest incidence. The graph below is of the incidence of cancers. Incidence of all cancers in the areas of greatest socio-economic need is much higher than the England average, whereas incidence of all cancers in areas of least socio-economic need is much lower.

Figure 10: Incidence of all Cancers, England (2006-2010) by deprivation (fifths) using age standardised rates

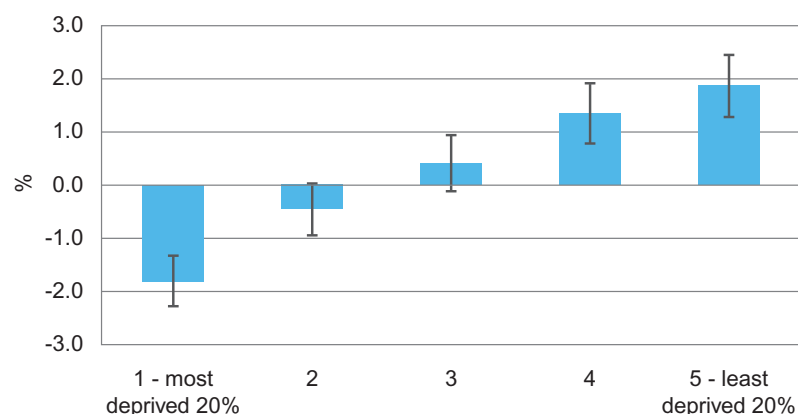


Source: *National Cancer Intelligence Network / Public Health England*⁵⁵

The second graph opposite shows the percentage of cancers diagnosed at an early stage, compared to the England national average. Generally an early diagnosis of cancer facilitates better cancer outcomes. The earlier the diagnosis the more treatment options are available and the 'late-effects' from

the treatments are more limited. The graph shows that people living in the areas of greatest socio-economic need are less likely to have an early diagnosis, whereas people living in areas of least need are more likely to have an early diagnosis.

Figure 11: Percentage of cancer diagnoses at an early stage, local authorities grouped by deprivation (fifths), for cancers diagnosed in 2015

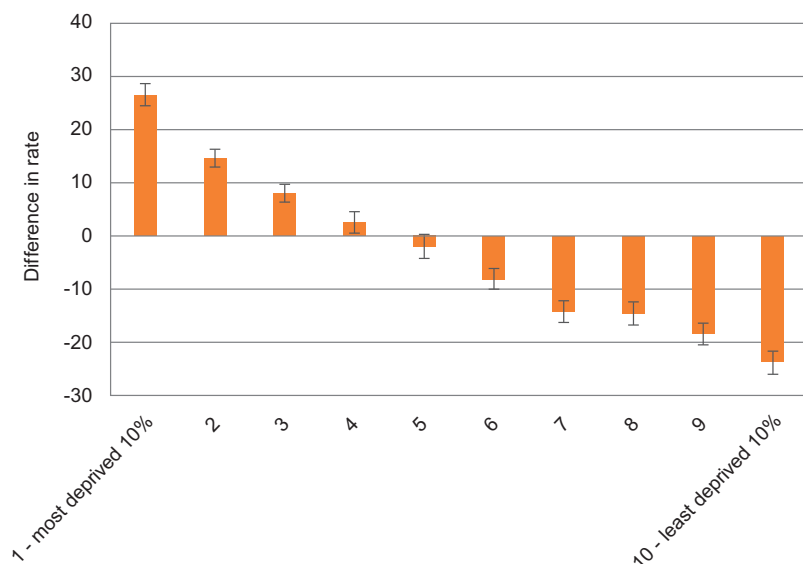


Source: Public Health Outcomes Framework, accessed August 2017

Late diagnosis is associated with increased likelihood of early death from cancers. The third graph (Figure 12 below) shows that early death rates for all cancers in the areas of greatest need are higher than the England average, whereas early death rates in the areas of least need are lower.

Put simply, people living in the areas of greatest need are more likely to have a diagnosis of cancer, they are less likely to be diagnosed early, and are more likely to die early from the cancer.

Figure 12: Early death rate for all cancers by deprivation (tenths), 2013-15



Source: Public Health Outcomes Framework, accessed August 2017

Although the cancer statistics are not available on a local level, there is no reason to suppose that Nottinghamshire would be different to other areas on this issue.

Some of these differences may be attributed to geographical factors such as levels of rurality, and differences in health service provision. The majority of this geographical difference, however, are likely to be attributed to differences among population group themselves.

Recommendation: CCGs should undertake health equity audits to ensure that equity of access and outcomes are addressed in services

In England there is considerable variation in uptake of screening that helps to identify cancers early. Uptake is often worse in communities of lower socio-economic status and among other disadvantaged groups including people with personal disabilities. Black and Minority Ethnic communities often have lower uptake too.⁵⁶

Recommendation: Commissioners of screening programmes should undertake health equity audits and where necessary identify ways to increase uptake

Another aspect of equity, mentioned right at the beginning of this report, is having sufficient funds to be able to make investments in the future health of our population. From 2011/12 until 2015/16, public expenditure on services has fallen in the East Midlands as is the general trend nationally. However, it has remained consistently below the England average (£579 per head lower than the England average in 2015/16). This spend includes expenditure on health, transport, economic affairs, education and social protection.⁵⁷

As I have drawn out in my report, health is impacted by wider issues than just healthcare services – earlier chapters of this report linked social determinants of health associated with employment and education. For this reason, a fair level of public expenditure matters in terms of protecting and improving the health of our County's residents.

Recommendation: Use Public Health evidence to support regional work to present the case to national Government for equity in public investment for Nottinghamshire and the East Midlands

Chapter 6: Conclusions and Recommendations

Chapter 4 of this report considered the relationship between health and economic wellbeing. I remember my own history lessons from school days. It was probably my first exposure to the idea of public health. During the Boer war (1899-1902) 40-60% of volunteers to the army, mainly from working class backgrounds were rejected on medical grounds. In some towns nearly all young men were turned away.⁵⁸ The impact of this was significant in shaping the role of the state in improving population health as the argument was made that a *malnourished and unhealthy nation could not rule the biggest empire in the world*. Although many years have passed since then, the evidence still demonstrates the strong relationship between the health and wellbeing of our residents and the strength of our local economy. In Chapter 4, we showed the percent of working days lost of sickness absence in Nottinghamshire compared to England and the East Midlands – just imagine the extra productivity if this were addressed, as well as the improved quality of life for individuals.

For those of you who would like further information on the health of the people of Nottinghamshire, I would advise you to look at the following resources:

- ▶ The Joint Strategic Needs Assessment (JSNA) provides a picture of the current and future health and wellbeing needs of the population. This is available at <http://jsna.nottinghamcity.gov.uk/insight/Strategic-Framework/Nottinghamshire-JSNA.aspx>.
- ▶ The Public Health Outcomes Framework is a set of desired outcomes and the indicators that help us understand how well public health is being improved and protected. Information related to Nottinghamshire is available at <http://www.phoutcomes.info/>

I hope you have found this year's annual report an interesting read. The table below summarises all of the recommendations made in this report.



Summary of Recommendations:

All Local authorities within Nottinghamshire adopt and implement Health in all Policies.

Implement the actions related to smoke free homes, pregnancy and children in the Nottinghamshire Tobacco Declaration Action Plan 2017-18.

Continue to implement Breastfeeding: A Framework for Action, Nottinghamshire County and Nottingham City 2015-2020, including increasing the number of breastfeeding friendly accredited venues in all local communities.

Conduct an audit to measure the impact of the Family Nurse Partnership locally.

Review the impact of the Healthy Families Programme to ensure it contributes to addressing health inequalities.

Review the multi-agency Early Years Improvement Plan for Nottinghamshire to ensure that every child, regardless of where they live, has the opportunity to be ready for school.

All healthcare, education and policing staff in Nottinghamshire should receive regular training in how to recognise and appropriately respond to signs of abuse and other types of trauma in children & young people. The Adverse Childhood Experience (ACE) model should be used as a way of thinking about the impact of childhood trauma on psychological, physical and social health for both professional and public audiences.

All agencies should work together to prevent adverse childhood experiences (ACEs) in order to reduce health and social inequalities, and to address the root causes of a significant proportion of police call-outs, A&E attendances and benefits dependence in Nottinghamshire.

Develop trauma-informed professional practice in schools, policing and healthcare in Nottinghamshire, in order to begin to break the ACE cycle for affected children.

Continue to invest in programmes that

- a) support at-risk parents and families to reduce the likelihood of ACEs, and
- b) provide positive mentorship and resilience-building for young people in order to mitigate the effects of ACEs that they may have suffered.

Evaluate the outcomes of the fit for work pilot and use the learning from this in the development of future related activity.

Work collaboratively with partners to develop a system-wide model to address pathways to work for people with complex needs in Nottinghamshire.

All public sector partners should provide Wellbeing@Work type schemes for their staff.

Continue to increase the proportion of local employers who participate in Wellbeing@Work type schemes.

Employers should make maximum use of schemes to support the adaptation of workplaces in response to employees' health needs, such as the Access to Work scheme or their own in-house occupational health service.

Clinical Commissioning Groups should undertake health equity audits to ensure that equity of access and outcomes are addressed in services.

Commissioners of screening programmes should undertake health equity audits and where necessary identify ways to increase uptake.

Use Public Health evidence to support regional work to present the case to national Government for equity in public investment for Nottinghamshire and the East Midlands.

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Director of Public Health's
Annual Report 2017



10 January 2018**Agenda Item: 5****REPORT OF THE CORPORATE DIRECTOR OF CHILDREN, FAMILIES &
CULTURAL SERVICES****UPDATE OF THE LEAVING CARE SERVICE AND PARTNERSHIP STRATEGY
FOR LOOKED AFTER CHILDREN AND CARE LEAVERS IN
NOTTINGHAMSHIRE, 2018-21****Purpose of the Report**

1. To provide an update on the work of the Leaving Care Service, which provides advice, support and guidance to young people over the age of 18 who have left the care of the Local Authority.
2. To provide an update on the Partnership Strategy for Looked After Children and Care Leavers in Nottinghamshire for the period 2018-21.

Information and Advice

3. Most young people are referred to the Leaving Care Service from the Looked After Children's (LAC) team. Many will have been in care for a substantial period of their childhood, but a growing number are coming into care in their mid-teens. Many will have had childhoods characterised by repeated intervention from social care and multiple carers within their own families. Many of these children display very challenging behaviours and are ill equipped for independence and adult life.
4. As a very vulnerable cohort of young people, looked after children and care leavers fall within the Health & Wellbeing Board's ambition to "*give everyone a good start in life*", within the second Nottinghamshire Joint Health and Wellbeing Strategy; this is particularly in relation to improving life chances, keeping children and young people safe and ensuring that these young people are happy and healthy.
5. Young people may receive services from the Leaving Care Service from the age of 18 to 21 years. Where the young person remains in education or require support related to training or employment, support from the Leaving Care Service extends up to 25 years of age.
6. The current establishment of the service is 13 full-time equivalent (FTE) Personal Advisers (PAs) and 2 FTE Achievement Advisers who provide specialist advice regarding education, employment and training, though they are not social work qualified. The Service is split into two teams, Leaving Care North (based at Meadow House) and Leaving Care South (based at Sir John Robinson Way). The Service has two social work qualified Team Managers and a social work qualified Service Manager who works part-time.

7. As at 14 November 2017, the Service are currently supporting 313 young people¹.

Transitional Personal Adviser Pilot

8. There is growing concern that many young people coming out of care are ill prepared for adulthood and so are more likely to be socially excluded in many areas of independent life. Young people coming out of residential care are most likely to be at risk and so need extra support to make sure they are ready and able to leave care successfully.
9. Following approval at Children and Young People Committee on 18 September 2017, a “Transitional Personal Advisor” pilot programme was introduced to provide intensive support for children in residential care preparing for adulthood. This pilot was agreed initially on a 12-month basis, on an invest-to-save basis.
10. Three experienced Personal Advisers were identified to provide intensive support to a small group of young people aged 16 and 17 to support their planned migration from residential care into semi supported accommodation before the age of 18 years. 13 young people have been identified so far, 8 of whom have begun to develop their independence plans. The pilot began in mid-September and the initial progress review is due in May 2018.
11. The Transitional Personal Advisers (TPAs) have the time and flexibility to work around the young person. They will make contact at weekends, work later to support young people after college, and support with practical tasks, such as preparing a meal.
12. The TPAs are able to build positive relationships with the young people through intensive contact as well as working more imaginatively and creatively.
13. However, the Leaving Care Service continues to face the challenge of meeting increased demand:
 - There has been an increase in the number of children who are looked after in Nottinghamshire by 69% from 2009 (490 children) to 2016 (830 children), compared with a 16% increase nationally (from 2009 with 60,900 children to 2016 70,440 children);
 - There has been a 28% rise in the last 3 years for those care leavers aged 19-21 eligible for support according to the DfE definition in Nottinghamshire (from 235 care leavers reported in 2013, to 300 care leavers in 2016), compared with a 3% decrease nationally (27,220 care leavers in 2013 to 26,340 care leavers in 2016);
 - There is a further 13.5% increase in care leavers for Nottinghamshire for recently published figures for 2016/17 (from 300 young people in 2016 to 342 young people in 2017);
 - The complexity of cases has also increased with:
 - Care leavers not in education, employment or training due to illness or disability rising from 10% (25 young people) to 18% (55 young people) in the last 3 years;
 - 37% of Nottinghamshire care leavers (111 out of 300 care leavers) were admitted into care aged 16+, compared with 14% of children coming into care within this age group nationally.

¹ This cohort represents the number of young people who are open to the Leaving Care Service; this is not the same as the cohort of young people who are eligible for leaving care support under the DfE definition

14. This has impacted upon the number of young people entitled to support from the Leaving Care Service. In order to meet increasing demand, caseloads of Personal Advisors have increased, which means the support young people are receiving is less focussed and task oriented support.
15. The capacity of the Service to assess and address need and provide support is limited. The service was last reviewed in 2013 and the establishment has not increased in line with demand. Despite the considerable efforts and sustained commitment of practitioners, services are currently demand or crisis led.
16. Many of the young people have experienced extensive trauma and disruption throughout much of their childhood, and preparation for adulthood is not given sufficient priority.
17. CAMHS support ends for looked after children at age 18 and there are no statutory services for those care leavers over the age of 18 who have mental health needs but do not meet the criteria or threshold for adult services. This makes the needs of young people complex, which the Personal Advisors have to support. This group of young people, who are growing in numbers and levels of need, have the greatest levels of need and complexity of all children and young people. They have persistently experienced a substantial loss of support at this critical point in their young lives.
18. The current transfer point (at 18 years) between the Looked after Children (LAC) Service and the 18+ services is not appropriate and represents too big a step for many young people. Transfer arrangements do not currently reflect the reality that transitions take time to develop knowledge, skills and trust in the support services.
19. Efforts by managers and staff to respond to needs are currently welcomed by young people but some feel abandoned having reached a 'cliff edge' at the point they leave care. Failure to adequately support young people leaving care will incur increased cost to the welfare state and impact upon adult services and health provision as this group of young people transition into adulthood.
20. As a consequence of the above challenges and increased demand, a review of the service is underway that will lead to the establishment of an improved Leaving Care Service to begin working with children when they reach the age of 16.

Audit Activity

21. The work of the team is subject to the Department's Quality Management Framework. In Quarter 2 2017/18, all 7 cases from the Leaving Case Service that were audited by managers across the Department were graded as 'Good'. A recent diagnostic review of the Leaving Case Service identified that the current audit tool did not focus sufficiently on outcomes for children leaving care and so a revised audit tool is being developed.

Accommodation

22. As at 14 November 2017, 92% of the young people open to the Leaving Care team were reported to be in suitable accommodation at their last birthday.
23. Young people's accommodation needs vary when they leave care, from those who need an additional period of intensive support through to those who move to their own tenancies or university accommodation.

Staying Put

24. The Staying Put Scheme allows for young people to remain living with their former foster carers post 18 years for as long as the two parties want the arrangement to continue. During this financial year, 38 young people over the age of 18 years have been able to Stay Put with their foster carers. Of these, there are 20 current placements plus 4 young people whose placement converted to Shared Lives through Adult Social Care and Health.
25. Of those remaining placements, only 1 ended in an unplanned way – the rest moved on to their own accommodation or university. This type of arrangement is extremely positive for young people in terms of outcomes. Placement stability needs to be a key focus for all involved in fostering and planning for looked after children.

Supported Accommodation

26. Care leavers continue to access accommodation through the Supported Accommodation Provision (SAP) model through the Family Service. The team have built up excellent links with the SAP team and we ensure that a Leaving Care Team Manager attends each weekly allocation and problem solving meeting. These meetings include the managers of all the Supported Accommodation Projects.
27. Whilst many young people do very well in this core and cluster accommodation model, there are some young people who have very challenging needs and require more intensive support. For example, 'TL', a young woman aged 18 who has moved into supported accommodation through the SAP model. Due to her mental health issues and significant self-harm, the Leaving Care Service are financing additional support from the housing provider to support TL over weekend periods.

Custody

28. There are 9 young people in custody, with 6 currently sentenced for offences ranging from sexual assault to arson. These young people are amongst the most troubled of our care leavers and we ensure that contact is maintained. This is particularly important when there are no relatives visiting.
29. The team sends a representative to the Ministry of Justice Regional Care Leavers group, which has been set up to ensure that prisons have a greater awareness of the needs of care leavers – a particularly vulnerable group within the prison population.

Education, employment and training

30. Of the 313 young people working with a Personal Adviser, 170 or 54.3% are in some form of education, employment or training (EET). This continues to be a challenging area of work given the educational experiences of many children in care. Where young people have already disengaged with education it is very difficult to re-engage them as adults. Issues such as lack of confidence, poor literacy skills and school moves will impact on motivation and ability to engage in post 18 EET.
31. The Virtual School has identified 16 to 18 year-olds as an area for development and a new Virtual School partnership approach will aim to support better outcomes for our care leavers.²

² The Virtual School, based within the Education, Learning & Skills Division, is responsible for monitoring and tracking the educational outcomes of looked after children

32. The Achievement Advisers' work focuses on those young people who are not in employment or training. These young people often have multiple issues and are usually claiming benefits. The benefit system and claims process can be complicated and rigorous. As a result, many of our most vulnerable young people will find it very difficult to meet certain requirements and will be the subject of sanctions. The team has built up excellent working relationships with the Department for Work and Pensions, and joint training events have been held to increase knowledge about the needs of care leavers within local Job Centre offices so that young people are supported more appropriately.

Mental Health and Emotional Wellbeing

33. Many care leavers have significant mental and emotional wellbeing issues, which impact on their daily lives. Access to support from adult mental health services is based on strict eligibility criteria, medical models of mental illness, and mostly assumes voluntary engagement and participation in any support offered. There is no fast track for early assessment by adult services for care leavers, and where young people live outside of the county, there are additional barriers to accessing assessment and support.
34. There are a growing number of care leavers who have significant emotional and mental health issues but who do not meet the criteria for adult services. These are young people who may have significant self-harming behaviour, have Asperger's or autistic traits or have a childhood diagnosis of other behaviour disorders or learning needs that impact on daily life, such as Attention Deficit Disorder.
35. CAMHS support ends for looked after children at 18 and there are no statutory services for those care leavers over the age of 18 who have mental health needs but do not meet the criteria or threshold for adult services. This is a gap in provision highlighted by the growing number of young people who are displaying significant emotional and mental health problems.

Future Challenges

36. The Children and Social Work Act 2017 introduces the following duties to the Local Authority in respect of children in care and care leavers:
- The application of corporate parenting principles to care and pathway planning³
 - A requirement for the local authority to publicise its local offer for care leavers;
 - The right to support and advice for all care leavers up to the age of 25 years, including those in custody.
37. A Partnership Strategy for Looked After Children & Care Leavers for the period 2018-21 has therefore been drafted in collaboration with key partners, which include health commissioners, health providers, education, police, housing and children's social care. The Strategy is attached as Appendix 1.
38. As corporate parents for all looked after children and care leavers in Nottinghamshire, we want to provide our children and young people with the best possible start in life. As they prepare for adulthood, we want to inspire our young people to fulfil their own ambitions and dreams. For this reason, we have continued to integrate our strategy for our looked after

³ The local authority has a duty under the Children Act 1989 to safeguard and promote the welfare of the looked after child and to "act as good corporate parents".

children and care leavers, to ensure the best possible support is provided as they reach adulthood.

39. Through this renewed Partnership Strategy, we want to deliver a genuine, multi-agency, child-centred strategy, accepting that there is more to do to ensure that all partners are accountable for outcomes. We want to make best possible use of our collective resources to achieve our shared ambitions. In collaboration with key partners, we want to use our collective commitment to give every looked after child strong foundations and support to thrive in adulthood.
40. Our *draft* vision for looked after children and care leavers is a simple one, and one that has been shaped by the children and young people we look after⁴:

We want our children and young people to have everything that good parents want and provide for their children. We will give our children strong roots of stability, love, encouragement, positive relationships and healing from past harm. We will give our children wings of resilience, ambition, aspirational goals and practical and emotional support into successful adulthood

41. Underpinning our vision are six ambitions that reflect the high aspirations and expectations that we, as corporate parents, have for every looked after child and care leaver:
- Looked after children and care leavers are safe and feel safe;
 - Looked after children and care leavers experience good physical, emotional and mental health & wellbeing;
 - Looked after children and care leavers fulfil their potential;
 - Looked after children and care leavers make a positive contribution to their communities;
 - Looked after children and care leavers have a successful transition to adulthood;
 - Looked after children and care leavers achieve sustained and fulfilling employment & economic independence.
42. It is proposed that new governance arrangements are created, in order to establish a governance model that ensures that all partners recognise and act on their responsibilities and our shared ambitions for looked after children and care leavers.
43. It is proposed that a “Looked After Children & Care Leavers Partnership Board” - a multi-agency group of senior officers - will be responsible for planning, reviewing and developing all aspects of our work with looked after children and care leavers, and providing support and challenge across the partnership. The Partnership Board will be responsible for developing and monitoring an annual ‘Delivery Plan’, identifying the key actions, timescales and intended outcomes across all partner members. The Board will hold its inaugural meeting in January 2018.

Other Options Considered

44. No other options have been considered

⁴ The draft vision and ambitions are still subject to change pending the closure of the consultation period

Reason/s for Recommendation/s

45. Operational and strategic activity in relation to Looked After Children and Care Leavers aligns with the ambition, *“to give everyone a good start in life”*, within the second Nottinghamshire Joint Health and Wellbeing Strategy.

Statutory and Policy Implications

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

Safeguarding of Children and Vulnerable Adults Implications

47. The strategy and action plan seek to strengthen support and practice which will ensure looked after children and care leavers continue to be safeguarded.

Implications for Service Users

48. Looked after children and care leavers will benefit from improved services and multi-agency working aimed at improving outcomes.

RECOMMENDATION/S

- 1) That Members of the Health & Wellbeing Board consider whether there are any additional actions they require in relation to the issues contained within the report
- 2) That Members of the Health & Wellbeing Board provide feedback on the vision and ambitions of the draft Partnership Strategy for Looked After Children and Care Leavers in Nottinghamshire, 2018-21
- 3) That Members of the Health & Wellbeing Board agree to receive the final Partnership Strategy for Looked After Children and Care Leavers in Nottinghamshire in 3 months' time, including recommendations regarding the role of the Board in the enactment of the Strategy and its ambitions

Colin Pettigrew

Corporate Director, Children, Families & Cultural Services

For any enquiries about this report please contact:

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Safeguarding Assurance & Improvement

Children, Families & Cultural Services

Page 79 of 128

Constitutional Comments (SLB 19/12/2017)

49. Health and Wellbeing Board is the appropriate body to consider the content of the report. If Committee resolves that any actions are required it must be satisfied that such actions are within the Committee's terms of reference.

Financial Comments (SS 20/12/2017)

50. There are no financial implications arising directly from this report.

Background Papers and Published Documents

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

- Increase in the establishment of Personal Advisor Posts – Report to Children and Young People's Committee on 18 September 2017
- Draft Partnership Strategy for Looked After Children and Care Leavers in Nottinghamshire, 2018-21 – Report to Children and Young People's Committee on 18 December 2017

Electoral Division(s) and Member(s) Affected

All

A Partnership Strategy for Looked After Children & Care Leavers in Nottinghamshire 2018-21

DRAFT

Foreword

Nottinghamshire County Council (NCC) is the corporate parent of all looked after children in Nottinghamshire. These are **our** children, and we are ambitious for them.

Collectively, we care **about** them, as well as care **for** them.

As with any good parent, we want to provide our children and young people with the best possible start in life. As they prepare for adulthood, we want to inspire our young people to fulfil their own ambitions and dreams. For this reason, we have integrated our strategy for our looked after children *and* care leavers, to ensure the best possible support is provided as they reach adulthood.

In collaboration with key partners, which include health, education, police, housing and children's social care, we will use our collective commitment to give every looked after child strong foundations and support to thrive in adulthood.

We will give all our looked after children both 'roots and wings' to become grounded and successful adults. As corporate parents, we demand collectively that looked after children and care leavers:

- **are safe, and feel safe**
- **enjoy good health and wellbeing**
- **have high aspirations and fulfil their potential**

Our ambitions exceed our statutory roles and responsibilities, and our vision has been

shaped by the children and young people we look after. They are at the heart of everything we do as a Council and we expect all partners to share this commitment to look after children and care leavers.

We will deliver a genuine, multi-agency, child-centred strategy, accepting that there is more to do to ensure that all partners are equally accountable for all outcomes. We want to make best possible use of our collective resources to achieve our shared ambitions.

Where it is safe to do so, we will support our children to remain with their families. When this is not possible, we are committed to providing family-based placements wherever possible – a place that our young people can call home. At all times, we will support the stability of children's education and ensure that those young people who have special educational needs receive the additional support they need to succeed.

We will carefully plan the journey into adulthood for all looked after children and young people, to ensure there is no 'cliff edge' once young people reach 18 years of age. We will offer all children in care who are aged 13+ work experience, and care leavers will be offered apprenticeships and employment.

This strategy builds on the Looked After Children and Care Leavers' Strategy 2015-2018 and sets out our shared vision and ambition of how this will be achieved.

< signatories of partnership representatives >

Page 82 of 128

Our Vision

We want our children and young people to have everything that good parents want and provide for their children.

We will give our children strong roots of stability, love, encouragement, positive relationships and healing from past harm.

We will give our children wings of resilience, ambition, aspirational goals and practical and emotional support into successful adulthood.

Our Ambitions

As corporate parents, we have high aspirations and expectations that every looked after child and care leaver:

- **is safe and feels safe**
- **experiences good physical, emotional and mental health & wellbeing**
- **fulfils their potential**
- **makes a positive contribution to their communities**
- **has a successful transition to adulthood**
- **achieves sustained and fulfilling employment & economic independence**

Building on Previous Successes

Looked After Children & Care Leavers Strategy 2015-18

Following a good Ofsted judgment of Children's Social Care in May 2015, further improvements have been made throughout the lifetime of the 2015-2018 Looked After Children & Care Leavers Strategy. These address the areas for development identified by Ofsted in 2015, recognising that there were areas that required improvement within the Leaving Care Service.



Key achievements include:

- care leavers now routinely receive important health information;
- pathway plans are more specific regarding actions and timescales, and are regularly reviewed by the service;
- management information is now used to identify care leavers who are missing, at risk of sexual exploitation, misusing substances or offending, in order to better understand their needs and allocate additional resources;
- implementing, monitoring and reviewing a 16+ accommodation strategy;
- strengthened the governance arrangements for the leaving care service;

Other significant achievements include:

- the piloting of transitional personal advisors (PAs) who are appropriately supporting more young people into semi-independent living;
- a dedicated practice consultant who now supports pathway planning; practice development is improving the quality of plans for looked after children and care leavers;
- a new, nationally-recognised supported accommodation model which is ensuring more young people are suitably housed;
- the virtual school ensures that looked after children are better supported in schools; outcomes have improved as a result, with no looked after children excluded permanently and good attendance has been sustained;
- ensuring that the virtual school is now collecting, reviewing, monitoring and strategically using termly data on individual children and young people's progress, attendance and engagement, to identify children and young people at risk of failing to achieve their potential. This enables the virtual school to target additional resources and challenge where they are most needed for children and young people from 0–16 years of age.

Nottinghamshire partners are on a journey of continuous improvement and whilst the strategic outcomes have facilitated progress in a number of key areas, it is recognised that there is more to do, and that further progress can be made if partners work differently and better together around the shared vision.

LAC and Care Leavers are safe and feel safe

We will:

- embed a nurturing culture which builds resilience in children and young people across all services, settings and partners;
- prepare our children and young people for adulthood by allowing them to take risks in a safe environment;
- support children and young people to remain in contact with their birth family and community wherever it is safe to do so, providing appropriate support when needed;
- support permanence through appropriate use of court processes;
- ensure that young people have access to an independent advocate;
- provide every care leaver with the opportunity to 'stay put' or have regular contact with foster carers and/or children's homes as they move towards adulthood.

LAC and Care Leavers experience good physical, emotional and mental health & wellbeing

We will:

- make timely referrals which are followed up, including for Education, Health and Care Needs Assessments where special educational needs are complex, significant and long-term;
- undertake meaningful health assessments with children and young people;
- undertake a health needs assessment for all care leavers;
- ensure that children and young people understand their health histories and assessments;
- support carers to develop their understanding and awareness of physical, emotional and mental health needs of young people;
- work with GPs to ensure that they are aware of care leavers registered with their practice;
- ensure that CAMHS consultation is available for providers of 16+ supported accommodation;
- ensure that all children and young people with emotional and mental health needs receive effective support until age 24 if required;
- ensure that children and young people are provided with information and advice about maintaining good physical, emotional and mental health, including information about local services in their area.

LAC and Care Leavers fulfil their potential

We will:

- ensure all children and young people have aspirational education targets supported by bespoke, outcome-based plans for successful adulthood;
- extend the reach of the virtual school into early years and post 16 settings, as well as to previously looked after children in all settings;
- provide opportunities for our children to have new experiences, and access to enriching opportunities to broaden horizons;
- ensure schools provide access to independent information, advice and guidance for all looked after children and young people and those who have been previously looked after;
- aim to reduce offending behaviour and support young people to avoid criminalisation;
- support designated teachers in schools to ensure that our children, including adopted children and those with Special Educational Needs, meet their full potential.

LAC and Care Leavers achieve sustained and fulfilling employment & economic independence

We will:

- offer work experience and work placements, within an appropriate bespoke curriculum pathway plan, that supports children and young people to aspire to and access the most appropriate route into future education, employment or training from Year 9 onwards;
- explore opportunities to exempt care leavers from council tax and maximise their income;
- provide initial work experience from Year 9, leading into work placements and employment from 16 years. This is to ensure that all LAC and care leavers have opportunities for learning and developing the appropriate skills that will support them in their future careers.

LAC and Care Leavers make a positive contribution

We will:

- encourage all children and young people to participate in the children in care council, to enable their voice to shape our services;
- encourage and support young people in care to access the Duke of Edinburgh scheme;
- encourage and support young people in care to access cadet training programmes;
- encourage and support children and young people to join a uniformed organisation;
- encourage and support children to engage in or lead community activities, in schools, with carers and through the broader partnership.

LAC and Care Leavers have a positive transition to adulthood

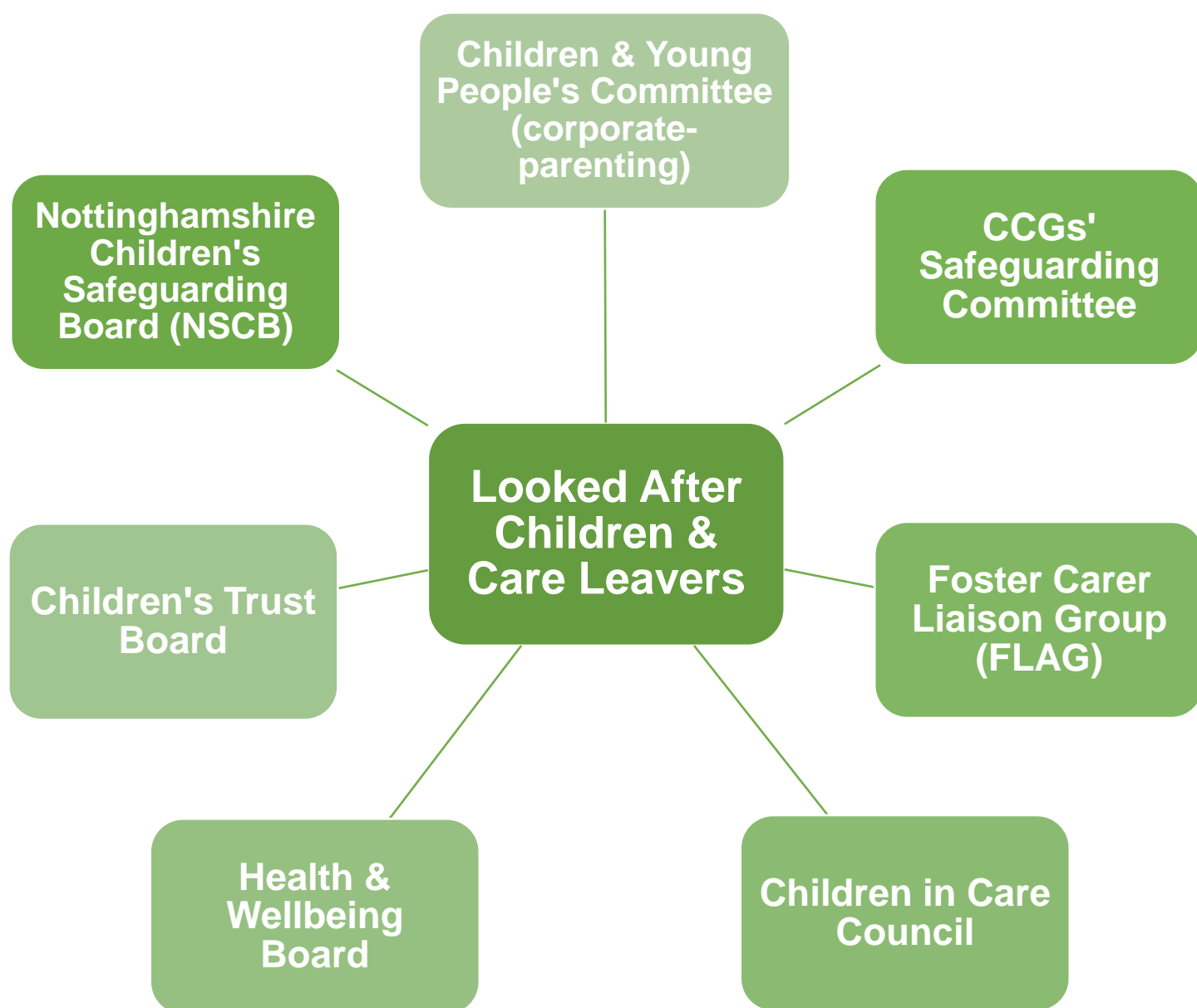
We will:

- ensure that placements prepare and plan for children's independence and transition to adulthood;
- extend the personal adviser offer to all looked after young people aged 16 years or above;
- increase multi-agency support in planning for adulthood, building on shared pathway plans from age 14 years onwards, underpinned by high quality independent information advice and guidance;
- promote independent challenge and scrutiny, by continuing the involvement of the IRO to care leavers.

Governance

This renewed vision and strategy is driven by an aspiration that all agencies working with children and young people will take ownership of their responsibility for those who are in care or leaving care.

The diagram below illustrates the range of agencies involved with children and young people in care in Nottinghamshire.



LAC & Care Leavers Partnership Board

New governance structures will be created to ensure that all partners recognise and act on their responsibilities and our shared ambitions for looked after children and care leavers.

The Service Director of Education, Learning and Skills will Chair a multi-agency group (**‘LAC and Care Leavers Partnership Board’**) of senior officers responsible for planning, reviewing and developing all aspects of our work with looked after children and care leavers, and providing support and challenge across the partnership. This Board’s Vice-Chairs will be the Service Director for Youth, Families & Social Work, Service Director for Commissioning & Resources and Consultant in Public Health & Children’s Commissioning.

Key consultative stakeholder groups include: Primary Trust Board, Governors Education Trust Board, Foster Liaison Advisory Group, Virtual School Trust Group, the Service Improvement Forum, the Children in Care Council, the Children & Young People’s Committee, the Children’s Trust, the Nottinghamshire Children’s Safeguarding Board and staff across the Children and Young People’s Department.

The views of children and young people in care are expressed through the Children in Care Council and its various sub-groups. Feedback is also achieved via participation activity that forms part of our quality assurance framework, as well as via Independent Reviewing Officers.

Other important local strategies and projects which impact on this Strategy include:

- [Youth Homelessness Strategy 2012-15](#)
- Accommodation Strategy
- Placement Commissioning Strategy
- Children in Care Health Action Plan and Outcomes Framework (including care leavers)
- [Closing the Gap Strategy 2014-16](#)
- Nottinghamshire SEND Commissioning Strategy 2017-19
- Nottinghamshire’s SEND Strategic Action Plan

Monitoring, Evaluation & Reporting

The monitoring, evaluation and reporting arrangements will be underpinned by robust and comprehensive data gathering and analysis across all partners. All partners will use data to monitor that appropriate actions are being taken, which are likely to improve outcomes and make best use of available resources.

Many of the improvements identified in this renewed strategy are not expensive, because they are more about a change of culture. All partners will use outcomes from monitoring to evaluate the effectiveness of actions taken and will report improved outcomes and areas for further development to the LAC & Care Leavers Partnership Board. The Board will use these evaluations to hold all partners to account for implementing additional actions to address the areas for further improvement.

The LAC and Care Leavers Partnership Board will report to the Children and Young People's Committee, as corporate parents for all looked after children and care leavers in Nottinghamshire. The Partnership Board will be held to account by the Children's Trust Board and, through this, by the Health & Wellbeing Board. Independent oversight and scrutiny affecting the safety of all children and young people in Nottinghamshire is the responsibility of Nottinghamshire Children's Safeguarding Board.

The Children in Care Council will provide scrutiny and challenge for the work of the LAC & Care Leavers Partnership Board, to ensure that the voice of children and young people shapes and informs all actions.

The LAC & Care Leavers Partnership Board will also oversee a number of operational groups established to deliver the renewed 2018-2021 strategy, including:

- The service improvement forum for the health of children in care;
- The virtual school trust board;
- LAC service development group;
- Vulnerable Children Educational Commissioning.

Appendices

Delivery Plan

A range of action plans

Post 16 Education Strategy

Health Framework

CSC Data dashboards

04 January 2018**Agenda Item: 6****REPORT OF DIRECTOR OF PUBLIC HEALTH****NOTTINGHAMSHIRE HEALTH AND WELLBEING STRATEGY PHYSICAL
ACTIVITY PRIORITY****Purpose of the Report**

1. The purpose of this report is to obtain Health and Wellbeing Board approval and agreement on the actions that the Board can influence under the Physical Activity Priority of the 2018-2022 Health and Wellbeing Strategy.

Information and Advice**Health Wellbeing Strategy context**

2. The Health and Wellbeing Board endorsed the second Nottinghamshire Health and Wellbeing Strategy on the 6th December 2017. This strategy contains 4 Strategic Ambitions including:
 - To have healthy & sustainable places.

This strategic ambition has 13 priorities for action including increasing physical activity.

What is physical activity and physical inactivity?

3. The World Health Organisation defines physical activity as any bodily movement produced by skeletal muscles that requires energy expenditure – including activities undertaken while working, playing, carrying out household chores, travelling, and engaging in recreational pursuits. The term "physical activity" should not be confused with "exercise", which is a subcategory of physical activity that is planned, structured, repetitive, and aims to improve or maintain one or more components of physical fitness. Beyond exercise, any other physical activity that is done during leisure time, for transport to get to and from places, or as part of a person's work, has a health benefit. Further, both moderate and vigorous-intensity physical activity improve health (World Health Organisation , 2017).
4. The UK has Physical Activity Guidelines (Department of Health, 2011) which recommend how much people should do to benefit their health at different ages and also to limit sedentary behaviour which has been found to be detrimental to health independent of physical activity (summarised in Appendix 1).

Why Addressing Physical Inactivity is important

5. Physical activity is included as a priority for action because physical inactivity is the fourth largest cause of disease and disability in the UK and is estimated to cost the UK £7.4bn a year (Public Health England, 2014).
6. There is strong evidence that investing in physical activity can be cost saving to the health and social care system, and help reduce sickness and absence from work, and increase productivity. Being physically active is also positive for mental wellbeing, and is one of the five ways to wellbeing (New Economics Foundation, 2011). Physical activity can get people outside and connecting with their local environment and community, reducing social isolation and increasing social capital (Public Health England, 2014). Sport is often used as an effective intervention to reduce crime and antisocial behaviour and reduce reoffending (Sport England, 2017). There are broader benefits of cycling and walking as forms of sustainable active travel, which are carbon neutral and do not contribute to pollution and air quality issues.
7. The greatest gains in health and wellbeing and return on investment come from focusing resources on increasing physical activity in those who are the least active (Cabinet Office, 2015). It is therefore important that this is the focus of our local approach.
8. National data suggests that only 21% of boys and 16% of girls aged 5 to 15 years achieve the recommended 60 mins of physical activity per day to benefit their health (Public Health England, 2014). Being physically active is required for healthy child development, can help children maintain a healthy weight, and can be beneficial to academic performance.
9. In Nottinghamshire, 34.8% of adults do not do the recommended 150 mins of moderate physical activity per week to benefit their health; and 22.0% of adults are inactive (Public Health England, 2017) (do less than 30 mins/week). This ranges from 17.4% of inactive adults in Rushcliffe to 27.7% in Mansfield (Public Health England, 2017). Local analysis of data from the Active Lives survey shows that inactivity levels are also higher in Nottinghamshire in people from lower socioeconomic groups and people with limiting illness or a disability.
10. Physical activity levels in the population decline with age in adulthood, and sedentary behaviour increases, but this is not an inevitable effect of aging (McNally, 2017). It is beneficial for people mentally, physically and socially, and the need for social care reduces if people stay active in later life.

Strategic Drivers for Physical Activity

Sporting Futures and Towards an Active Nation

11. The Government's Strategy, Sporting Future (Cabinet Office, 2015) has set five outcomes for sport and physical activity which are being taken forward by Sport England in the Towards An Active Nation Strategy (Sport England, 2016):
 - a. Improved physical health
 - b. Improved mental health

- c. Individual development
- d. Social and community development
- e. Economic development

Cycling and Walking Investment Strategy

12. In April 2017 the Government published a Cycling and Walking Investment Strategy (Department for Transport, 2017) which sets out how the Government will invest to increase cycling and walking by 2040 through:
- Better Safety – A safe and reliable way to travel for short journeys
 - Better Mobility – More people cycling and walking – easy, normal and enjoyable.
 - Better Streets – Places that have cycling and walking at their heart.

Getting Active Together Nottinghamshire Strategy

13. As discussed at the March 2017 Health and Wellbeing Board, Active Notts (formerly Sport Nottinghamshire) has been leading on the development of a Nottinghamshire and Nottingham City Physical Activity and Sport Strategy: - *Getting Active Together Nottinghamshire*. This strategy will be finalised in early 2018 following consultation on the final draft document. The strategy vision and priorities have been developed with a range of partners across the public, private, community and voluntary sector. The final draft vision for the strategy is:

“to make physical activity the norm for the people who live and work in our communities by ensuring everyone can easily take part, volunteer and engage in sport and activity as part of their everyday life”

14. To achieve this vision we need to change the culture and system that exists for physical activity based on insight into the barriers and motivations of people that are the least active in our communities. This should be used to redesign service commissioning and provision so that it enables physical activity in these groups; ensuring the place in which people live provides what is needed to generate sustainable physical activity behaviour change; recruit, develop and retain the physical activity workforce; and attract external funding to develop services, facilities and infrastructure.
15. We will address health inequalities and focus our support on the people who need our help the most. Across Nottinghamshire this is people with a limiting illness or disability. Our insight and analysis identifies differing physical activity behaviours and local needs across Nottinghamshire, hence a local, place based approach to increasing physical activity and reducing inactivity will be required. This is in line with the place based approach in the Health & Wellbeing Strategy.
16. We will give all children and young people a foundation of competence and enjoyment so they can positively engage in physical activity and sport during their childhood and beyond. We also need to keep people involved in physical activity and sport, supporting them through the key transitional stages in their lives.

Local Transport Plan and Cycling Strategy Delivery Plan

17. The Nottinghamshire Local Transport Plan (LTP) sets out the County Council's overarching transport strategy for Nottinghamshire and is supported by a number of more in-depth strategies detailing how the LTP will be delivered (Nottinghamshire County Council, 2017). The County Council has therefore developed the Cycling Strategy Delivery Plan to complement the LTP in the delivery of both local and national objectives. The Delivery Plan is a long-term strategy and sets out how the County Council, working with a number of local and national partners and stakeholders, aim to make cycling improvements that will deliver the LTP's goals and objectives.
18. It is recognised that there are some excellent existing examples of physical activity partnerships and initiatives across Nottinghamshire. This strategy seeks to build on and share this good practice across the county.

Health & Wellbeing Board as a system leader for change

19. The Government's Strategy, Sporting Future (Cabinet Office, 2015) and Sport England strategy: Towards An Active Nation (Sport England, 2016) both recognise the important role that Health and Wellbeing Boards can play in local system change to develop their areas as physically active, healthy and sustainable places.
20. The Board can play an important role in leading on delivery of priorities within the Nottinghamshire physical activity and sport strategy: Getting Active Together.

In order to do this the Board should deliver the following objectives:

- i. Undertake and share "Insight mapping" and utilise behaviour change principles to shape local services and places for physical activity

Although we have some understanding of which groups are the most inactive, analysis of available survey data suggests this varies across the county. The evidence base and national strategies advocate the need to take a place based "customer insight" approach to shaping local services, facilities, infrastructure to enable the least active to be more active.

This can be achieved by Service Areas in each District which contribute to physical activity, working with Active Notts and County Council Public Health, to undertake analysis to identify the most inactive groups and communities. This should then be followed with *action research* working with the identified most inactive groups and communities to further understand barriers and motivations to solutions to increase physical activity levels which will then shape collective plans and services for physical activity. The findings of this work should then be shared and made available to all partners online such as via the Nottinghamshire Insight website. This will also shape and form the Joint Strategic Needs Assessment for Physical Activity.

- ii. Embed the principles of Active Design within policy and local plans for employment and residential development

These principles and guidance developed by Sport England and Public Health England (Sport England, 2015) listed in Appendix A set out practical measures that Planning Authorities and other Public Sector organisations responsible for facilities, can implement to develop the right conditions and environments for individuals and

communities to lead active and healthy lifestyles. District and Borough Councils should ensure that their Planning Departments utilise this guidance working with Public Health to ensure that Planning Policy and Development Management is systematically facilitating improvements that enable physical activity.

iii. Implement physical activity within workplace wellbeing plans and active travel within workplace travel plans

The 'Wellbeing @ Work' programme is currently being refreshed and this will be used as the opportunity to promote physical activity in the workplace. Each Health & Wellbeing Board organisation should take the opportunity to lead by example and actively deliver physical activity in the 'Wellbeing @ Work' programme within its own organisation. Health & Wellbeing Board organisations should also lead on developing active and healthy travel through developing workplace travel plans.

iv. Develop ways to ensure green and open space is used to its full potential to enable people to be active

Having easily accessible parks and open space is associated with meeting physical activity levels and being less likely to be overweight (Public Health England, 2014). It is therefore important that these important assets are used effectively as part of the intervention mix to increase physical activity, especially in areas with lower than average activity levels. This will be achieved by considering the use and role of parks and open spaces in communities for physical activity in line with local community needs.

v. Work together to ensure programmes to get children and young people to be more active are focused on building competence and enjoyment

Evidence indicates (Sport England, 2016), that children and young people are more likely to develop physical activity habits if interventions are focused on building competence and enjoyment in order to develop a positive attitude and build resilient habits. What this is depends on the child and could be winning, spending time with parents or being free to run around with friends. Local Councils and Active Notts, should work with Schools and Academies and Physical Activity Providers to ensure there are opportunities for the most inactive children and young people to be active across the county.

vi. Work together to develop walking and cycling initiatives and infrastructure programmes

Walking and cycling are two of the most accessible and sustainable ways in which people can be physically active. Most, if not all, the HWB Board organisations have aspirations to deliver walking and cycling improvements to encourage residents to be more active, and to help enable them access jobs, services and leisure opportunities. Consequently, many are in the process of developing such improvements both on the highway and as part of leisure activities.

Board organisations should work together on annual basis to plan developments and coordinate funding opportunities to increase levels of cycling and walking in Nottinghamshire. This will be coordinated by County Council Transport Strategy and Public Health.

vii. Deliver physical activity brief intervention and commissioning in health and social care

A report was prepared for the East Midlands Clinical Senate in 2015 (Batt, 2015) which set out the importance of physical activity in treatment as well as being a preventative

measure. NHS and social care commissioners and service leads should take forward these recommendations to deliver physical activity brief intervention, and incorporate physical advice, signposting and provision in service delivery and commissioning, for the least active groups. This will mean NHS commissioners understanding the importance of physical activity in the services they commission, and including physical activity advice and provision in the service specifications for relevant health conditions. This will mean front line staff in relevant services having the skills and mandate to offer physical activity brief intervention, and be able to signpost patients to self-help and local opportunities to be active.

viii. Contribute to a Countywide Programme of physical activity for older people

Falls and fall-related injuries are a common and serious problem for older people. People aged 65 and older have the highest risk of falling, with 30% of people older than 65 and 50% of people older than 80 falling at least once a year. The human cost of falling includes distress, pain, injury, loss of confidence, loss of independence and mortality. Falling also affects the family members and carers of people who fall. Falls are estimated to cost the NHS more than £2.3 billion per year.

Interventions aimed at reducing rates of falls are able to show one of the swiftest returns on investment of any of the public health interventions (Public Health England, 2017). Nottinghamshire Public Health and Adult Social Care are leading the development of a Physical Activity programme aimed at physically inactive older people aligned with Falls Prevention and Musculoskeletal Care Pathways working with Everyone Health the Provider of Obesity Prevention Services, Clinical Commissioning Groups and Local Authorities. This involves engaging community providers of existing exercise provision, offering training opportunities in evidence based strength and balance exercises, disseminating self-help guides, and developing referral pathways. All partners should contribute by linking up all older peoples physical activity initiatives under this programme, ensuring service areas working with older people are aware of this development, and signpost at risk older people into these opportunities.

Monitoring and Governance

21. The intended outcome of this work is a reduction in the proportion of inactive adults in Nottinghamshire below the current 22.0% of adults. This is be monitored using data from the national Active Lives survey which is a postal and online survey of 500 persons age 16 years and older from each Lower Tier Local Authority. The results are published by Sport England and Public Health and the data is available for local analysis. Work is currently underway to finalise a local targets in the reduction of inactive adults which can be used in the Health and Wellbeing Strategy and other local strategies as required.
22. There is currently no way of monitoring physical activity levels in children under 16 years. A new national survey is in development which should provide local authority level data and statistics which could be used to monitor local prevalence in the future.
23. The achievement of the overall Getting Active Together Nottinghamshire strategy will be monitored by the Active Nott's Board. The Nottinghamshire Health & Wellbeing Board will have a significant role through leading on the actions described in this report.

24. If the Board agrees these actions they will be incorporated into action plans aligned with the Getting Active Together strategy and progress will be reported to the Health & Wellbeing Board via mechanisms to be agreed at the February 2018 Board Workshop.

Other Options Considered

25. These recommendations were developed from the proposed actions set out in the Health & Wellbeing Strategy consultations. These were then refined and developed by the report authors in discussion with District and Borough Council officers with responsible relating to health & wellbeing and physical activity.

Reason/s for Recommendation/s

26. To ensure that the Health & Wellbeing Board is able to effectively lead and influence strategic work in Nottinghamshire to increase physical activity levels.

Financial Considerations

27. Delivery of these priorities will require officer time from all agencies to reshape policy and services. In addition some commissioning and service budgets will need refocusing to prioritise groups and communities with the highest levels of physical inactivity. There will be opportunities through this work programme for all partners to work together to access funding through the health, sport & physical activity, transport and economic development, and charitable sectors, working with local communities to coordinate place based solutions for physical inactivity.

Statutory and Policy Implications

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

RECOMMENDATION/S

- 1) To deliver the objectives set out under paragraph 20 which describe areas of policy and service delivery the Health & Wellbeing Board can influence to reduce physical inactivity and develop Nottinghamshire as a more physically active place for health & wellbeing:
 - Undertake and share “Insight mapping” and utilise behaviour change principles to shape local services and places for physical activity.
 - Embed the principles of Active Design within policy and local plans for employment and residential development.

- Implement physical activity within workplace wellbeing plans and active travel within workplace travel plans.
- Develop ways to ensure green and open space is used to its full potential to enable people to be active.
- Work together to ensure programmes to get children and young people to be more active are focused on building competence and enjoyment.
- Work together to develop walking and cycling initiatives and infrastructure programmes.
- Deliver physical activity brief intervention and commissioning in health and social care.
- Contribute to a Countywide Programme of physical activity for older people.

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Constitutional Comments (SLB 20/12/2017)

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

Financial Comments (DG 20/12/17)

30. The financial implications are contained within paragraph 27 of this report.

Background Papers and Published Documents

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

Nottinghamshire Health and Wellbeing Board. 29th March 2017. Excess Weight, Physical Activity and Wellbeing: Current and Future Opportunities for Funding from Sports England – Presentation by Ilana Freestone, Sport Nottinghamshire.

Nottinghamshire Health and Wellbeing Board. 6^h December 2017. Second Nottinghamshire Joint Health & Wellbeing Strategy.

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Electoral Division(s) and Member(s) Affected

All.

See also Chair's Report:

Item 13: [Active people, healthy places](#)

Item 14: [Physical Activity: A Social Solution](#)

Appendix 1 Summary of the UK Physical Activity Guidelines

For further information visit <https://www.gov.uk/government/publications/uk-physical-activity-guidelines>

Early Years Under 5 Years

- Children of pre-school age who are capable of walking unaided should be physically active daily for at least 180 minutes (3 hours), spread throughout the day.*
- All under 5s should minimise the amount of time spent being sedentary (being restrained or sitting) for extended periods (except time spent sleeping).

Children and Young People aged 5 to 18 Years

- All children and young people should engage in moderate to vigorous intensity physical activity for at least 60 minutes and up to several hours every day.
- Vigorous intensity activities, including those that strengthen muscle and bone, should be incorporated at least three days a week.
- All children and young people should minimise the amount of time spent being sedentary (sitting) for extended periods.

Adults aged 19 to 64 Years

- Adults should aim to be active daily. Over a week, activity should add up to at least 150 minutes (2½ hours) of moderate intensity activity in bouts of 10 minutes or more – one way to approach this is to do 30 minutes on at least 5 days a week.
- Alternatively, comparable benefits can be achieved through 75 minutes of vigorous intensity activity spread across the week or combinations of moderate and vigorous intensity activity.
- Adults should also undertake physical activity to improve muscle strength on at least two days a week.
- All adults should minimise the amount of time spent being sedentary (sitting) for extended periods.

Adults aged 65 years and over

- Physical activity gain some health benefits, including maintenance of good physical and cognitive function. Some physical activity is better than none, and more physical activity provides greater health benefits.
- Older adults should aim to be active daily. Over a week, activity should add up to at least 150 minutes (2½ hours) of moderate intensity activity in bouts of 10 minutes or more – one way to approach this is to do 30 minutes on at least 5 days a week.
- For those who are already regularly active at moderate intensity, comparable benefits can be achieved through 75 minutes of vigorous intensity activity spread across the week or a combination of moderate and vigorous activity.
- Older adults should also undertake physical activity to improve muscle strength on at least two days a week.

- Older adults at risk of falls should incorporate physical activity to improve balance and co-ordination on at least two days a week.
- All older adults should minimise the amount of time spent being sedentary (sitting) for extended periods.

Appendix 2 Ten Principles of Active Design from Sport England Active Design. Planning for health and wellbeing through sport and physical activity (October 2015)

The Ten Principles of Active Design:

1. Activity for all

Neighbourhoods, facilities and open spaces should be accessible to all users and should support sport and physical activity across all ages.

Enabling those who want to be active, whilst encouraging those who are inactive to become active.

2. Walkable communities

Homes, schools, shops, community facilities, workplaces, open spaces and sports facilities should be within easy reach of each other.

Creating the conditions for active travel between all locations.

3. Connected walking & cycling routes

All destinations should be connected by a direct, legible and integrated network of walking and cycling routes. Routes must be safe, well lit, overlooked, welcoming, well-maintained, durable and clearly signposted. Active travel (walking and cycling) should be prioritised over other modes of transport.

Prioritising active travel through safe, integrated walking and cycling routes.

4. Co-location of community facilities

The co-location and concentration of retail, community and associated uses to support linked trips should be promoted. A mix of land uses and activities should be promoted that avoid the uniform zoning of large areas to single uses.

Creating multiple reasons to visit a destination, minimising the number and length of trips and increasing the awareness and convenience of opportunities to participate in sport and physical activity.

5. Network of multifunctional open space

A network of multifunctional open space should be created across all communities to support a range of activities including sport, recreation and play plus other landscape features including Sustainable Drainage Systems (SuDS), woodland, wildlife habitat and productive landscapes (allotments, orchards). Facilities for sport, recreation and play should be of an appropriate scale and positioned in prominent locations.

Providing multifunctional spaces opens up opportunities for sport and physical activity and has numerous wider benefits.

6. High quality streets and spaces

Flexible and durable high quality streets and public spaces should be promoted, employing high quality durable materials, street furniture and signage.

Well designed streets and spaces support and sustain a broader variety of users and community activities.

7. Appropriate infrastructure

Supporting infrastructure to enable sport and physical activity to take place should be provided across all contexts including workplaces, sports facilities and public space, to facilitate all forms of activity.

Providing and facilitating access to facilities and other infrastructure to enable all members of society to take part in sport and physical activity.

8. Active buildings

The internal and external layout, design and use of buildings should promote opportunities for physical activity.

Providing opportunities for activity inside and around buildings.

9. Management, maintenance, monitoring & evaluation

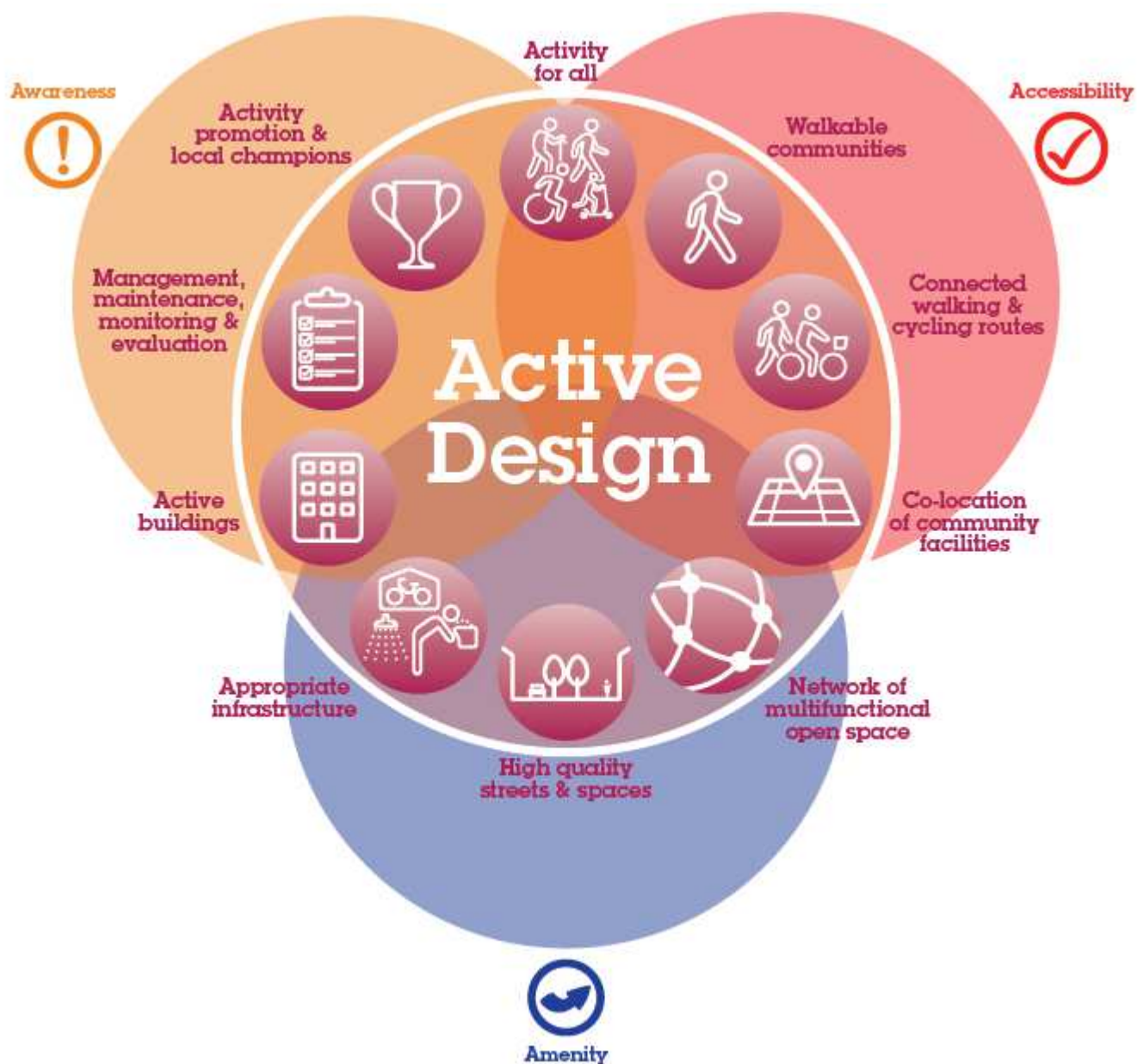
The management, long-term maintenance and viability of sports facilities and public spaces should be considered in their design. Monitoring and evaluation should be used to assess the success of Active Design initiatives and to inform future directions to maximise activity outcomes from design interventions.

A high standard of management, maintenance, monitoring and evaluation is essential to ensure the long-term desired functionality of all spaces.

10. Activity promotion & local champions

Promoting the importance of participation in sport and physical activity as a means of improving health and wellbeing should be supported. Health promotion measures and local champions should be supported to inspire participation in sport and physical activity across neighbourhoods, workplaces and facilities.

Physical measures need to be matched by community and stakeholder ambition, leadership and engagement.



10th January 2018**Agenda Item: 7****REPORT OF NOTTINGHAMSHIRE CLINICAL COMMISSIONING GROUPS****NOTTINGHAMSHIRE LOCAL MATERNITY TRANSFORMATION – BETTER BIRTHS****Purpose of the Report**

1. To brief members of the Health and Wellbeing Board on the Nottinghamshire Maternity Transformation Plan, which was submitted to the National Maternity Board on 30th October 2017.
2. To discuss how the Health and Wellbeing Board can contribute towards the implementation of the Nottinghamshire Maternity Transformation Plan,
3. Highlight the fact that this plan does not cover Bassetlaw CCG, since Bassetlaw CCG is part of the South Yorkshire and Bassetlaw STP and Local Maternity System.

Information and Advice

4. In February 2016 *Better Births* was published, setting out the Five Year Forward View for NHS Maternity Services in England. The report stated:

‘Our vision for maternity services across England is for them to become safer, more personalised, kinder, professional and more family friendly; where every woman has access to information to enable her to make decisions about her care; and where she and her baby can access support that is centred around their individual needs and circumstances.

And for all staff to be supported to deliver care which is women centred, working in high performing teams, in organisations which are well led and in cultures which promote innovation, continuous learning and break down organisational and professional boundaries.’

5. *Better Births* also recognised that realisation of the vision could only be achieved through locally led transformation, suitably supported at regional and national levels. A timeline was set for all local areas to adhere to as follows:
 - By March 2017, establish a Local Maternity Systems (LMS), to design and deliver maternity services across boundaries, where appropriate. The Local Maternity System (LMS) is expected to be coterminous with the STP footprint and involve all commissioners and providers of maternity services, as well as service users in the local area.

- By October 2017, establish a shared vision and a complete a transformation plan, outlining how *Better Births* will be implemented the end of 2020/21. The Local Maternity Transformation Plans will state how the LMS will deliver the following by the end of 2020/21:
 - Improved choice and personalisation of maternity services so that:
 - ✓ All pregnant women have a personalised care plan
 - ✓ All women are able to make choices about their maternity care, during pregnancy, birth and postnatally.
 - ✓ Most women receive continuity of the person caring for them during pregnancy, birth and postnatally.
 - ✓ More women are able to give birth in midwifery settings (at home and in midwifery units).
 - Improved safety of maternity care so that by 2020/21 all services:
 - ✓ Have reduced rates of stillbirth, neonatal death, maternal death and brain injury during birth by 20% and are on track to make a 50% reduction by 2030.
 - ✓ Are investigating and learning from incidents, and are sharing this learning through their Local Maternity Systems and with others.
 - ✓ Are fully engaged in the development and implementation of the NHS Improvement Maternity and Neonatal Quality Improvement programme.
6. Clinical Commissioning Groups (CCGs) are the main commissioners of NHS maternity services across the country. In Nottinghamshire, in line with the STP footprint, a Nottinghamshire LMS Transformation Board is in place covering Mansfield & Ashfield, Newark & Sherwood, Nottingham North & East, Nottingham West, Rushcliffe and Nottingham City CCGs. Bassetlaw CCG is part of the South Yorkshire and Bassetlaw LMS. The LMS Transformation Board has overseen production of the Nottinghamshire Plan, which has been co-produced with local service users and maternity staff. The Plan is based on the following four considerations:
- a. An understanding of the local population and its needs for maternity services.**
 The local Joint Strategic Needs Assessment (JSNA) brings together relevant information, with the latest needs assessment for maternity care and relevant other service areas, e.g. mental health, weight management. In order to ensure that services truly meet the people they serve, the LMS has considered the population profile, geographical and socio-economic factors, e.g. health inequalities, disability, transport and the needs of culturally diverse communities.
- b. An analysis of the gap between current service provision and the vision set out in *Better Births***
 Nottinghamshire LMS has completed a thorough benchmarking exercise, including robust engagement and consultation with service users and staff, to ensure an honest and accurate assessment of the current position.
- c. Alignment with other local plans**
 Nottinghamshire LMS must ensure that the strategic vision and objectives are aligned to the overall delivery of the STP. It will also be important to ensure that there is a coherent strategic vision between the local Maternity Transformation Plan, local Health and Wellbeing Strategies and other key plans.

d. The financial case for change

This should include an assessment of overall affordability, transition and recurrent costs, assumptions about savings and how maternity transformation will contribute to the STP's financial balance.

The Local Maternity Transformation Plan sets out the vision and priorities for maternity services in Nottinghamshire for March 2021, detailing how this will lead to improved outcomes and mapping what needs to be done to implement this vision.

7. This mapping includes:

- A clear statement from both a service and service user perspective on how services will be different once the Plan is implemented.
- Actions and milestones, with responsible owners.
- Processes to ensure delivery, monitoring, assurance and evaluation.
- Interdependencies with other work streams of the STP.
- Workforce development required to deliver the model of care.
- Description of how the Plan was co-produced with mothers and families (service users) and staff and how they will be involved in implementation.
- Outline of how key messages and updates will be communicated to stakeholders and the public.

8. Nottinghamshire LMS Vision

As a LMS, we aim to ensure that women, their babies and families can:

- Access consistently safe and high quality services during pregnancy, birth and postnatally
- Choose from a range of providers that can support and meet their individual needs
- Be assured that these services will work collaboratively, reduce variation and improve outcomes
- Have good experiences of care in a location that is as close to home as possible

9. Nottinghamshire LMS Priorities

From the data and feedback we have gathered and considered whilst compiling this Plan, it is clear that there are many areas identified as priorities for improvement in Nottinghamshire and that if addressed, would make the most difference to women, their families and babies in Nottinghamshire.

Delivery of the Plan depends on a substantially improved information technology system being in place to deliver interoperability, together with a maternity workforce configuration (and skill mix) and adequate systems of payment in place to support service transformation. These enablers are fundamental to delivering our priorities, which are to:-

- Improve access to maternity services by 12 weeks and 6 days (with a medium term aim of access by 10 weeks, as recommended by NICE) and across the maternity pathway

- Improve identification and support for women with mental health needs
- Improve the support and experiences of women with complex social needs. This includes pregnant women experiencing homelessness, domestic abuse, substance misuse issues or who have learning difficulties, are very young, are migrant or asylum seekers and/ or who have difficulties with written and spoken English.
- Improve continuity of carer in the antenatal and postnatal period
- Improve patient choice in maternity care.
- Improve women's experience of maternity services.
- Improve access to screening and vaccination.
- Reduce rates of smoking in pregnancy and Smoking At Time of Delivery(SATOD)
- Increasing rates of home birth and midwifery led care
- Reduce the rate of stillbirth, neonatal and maternal deaths and brain injuries that are caused during or soon after birth.
- Reduce infant mortality rates
- Improve postnatal care in all settings
- Increase rates of breastfeeding initiation and continuation.

10. Nottinghamshire LMS Model / Local Maternity Offer

Our local maternity offer and the Nottinghamshire vision for maternity care is summarised on page 49 of the Local Maternity Transformation Plan, see electronic link to full plan.

NHS England (NHSE) and the Regional and National Maternity Transformation Board will oversee implementation of the Nottinghamshire Local Maternity Transformation Plan.

11. Next Steps

There is a requirement by NHSE to resubmit the Plan on 31st January 2018, having addressed any points raised through feedback following submission of the Plan in October 2017. The LMS Transformation Board will oversee implementation of the Plan through regular reporting from the five workstreams established to lead on different elements and actions. In addition, some resource has been made available to CCGs/the STP to fund programme management support for this process and plans are being developed to ensure there is capacity to deliver this.

Other Options Considered

- 12.**None. Development and implementation of Better Births and the Local Maternity Transformation Plan are requirements for CCGs and service providers.

Reason/s for Recommendation/s

- 13.**To ensure the Health and Wellbeing Board has oversight of the Local Maternity Transformation Plan and endorse the content of this report

Statutory and Policy Implications

- 14.**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

15. There are no immediate financial implications. However, improving maternal health and wellbeing and maximising the quality of local maternity services will lead to reductions in complications of pregnancy, fewer neonatal and infant deaths and fewer cases of brain injury in babies, with a linked reduction in the considerable associated costs to families, the health service and society as a whole.

RECOMMENDATION/S

- 1) Consider the content of this report and the Local Maternity Transformation Plan.
- 2) Provide comments regarding the content and consider how the HWB can contribute towards the implementation of the Nottinghamshire Maternity Transformation Plan.
- 3) Decide whether the Board wishes to consider the South Yorkshire and Bassetlaw Maternity Transformation Plan.

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Constitutional Comments (LMc 15.12.17)

16. Health and Wellbeing Board is the appropriate body to consider the contents of this report.

Financial Comments (DG 15.12.17)

17. The financial implications are contained within paragraph 14.

Background Papers:

Nottinghamshire Local Maternity Services (LMS) Local Transformation Plan

10 January 2018

Agenda Item: 8

REPORT OF THE CHAIR OF THE HEALTH AND WELLBEING BOARD**CHAIR'S REPORT****Purpose of the Report**

1. An update by Councillor John Doddy, Chair of the Health and Wellbeing Board on relevant local and national issues.

Information and Advice**2. Hospital to Home Prevention and Discharge Scheme**

This pilot has been jointly funded via the Rushcliffe MCP Vanguard and Nottinghamshire County Council. The purpose of the scheme is to reduce the impact and demand on acute healthcare services and to ensure that patients who are deemed medically fit for discharge (with a specific housing need preventing discharge) have access to the appropriate housing provision in the community. The scheme will also focus on prevention and will work within the community with a view to averting hospital admission where possible.

Four housing and health coordinators will be appointed with three of these members based in the community and employed by the district councils (Gedling, Rushcliffe and Broxtowe) focussing on preventing admission and one based within the Integrated Discharge Team within NUH with a view to facilitating discharge. Handyman services providing minor adaptations to homes will also form a key part of the scheme and a full evaluation will also be conducted.

We are hoping the scheme will go live in January / February once a full complement of staff have been appointed and will run for 12 months.

If you have any specific queries please do not hesitate to contact Hazel Wigginton Programme Manager for Service Integration e: hazel.wigginton@nottshc.nhs.uk

PAPERS TO OTHER LOCAL COMMITTEES

3. [Extension of Falls Prevention Project](#)
4. [Public Health Performance and Quality Report for Contracts Funded with Ring-Fenced Public Health Grant](#)
5. [Use of Public Health General Reserves to March 2019](#)
Papers to Adult Social Care and Public Health Committee
11 December 2017
6. [Troubled Families Programme in Nottinghamshire - six-month update](#)
7. [Nottinghamshire Early Years Improvement Plan 2015-17](#)

8. [Joint Health and Wellbeing Strategy for Nottinghamshire
Director of Public Health 2017 Nottinghamshire Annual Report](#)
9. [Director of Public Health 2017 Nottinghamshire Annual Report - APPENDIX](#)
10. [Updated Adult Social Care Strategy](#)
Papers to Policy Committee
20 December 2017

A GOOD START IN LIFE

11. [Smoking, Drinking and Drug Use among Young People in England 2016](#)

NHS Digital

The survey report presents information on the percentage of pupils who have ever smoked, tried alcohol or taken drugs and on their regular use.

12. [UK Poverty 2017](#)

Joseph Rowntree Foundation

This report examines poverty rates in the UK, and looks at how figures have changed over the past two decades. It finds that poverty rates among children and pensioners have risen to 16 per cent for pensioners and 30 per cent for children.

HEALTHY & SUSTAINABLE PLACES

13. [Active people, healthy places](#)

Local Government Association

The aim of this report is to share good practice and help decision-makers consider how their council can deliver on this agenda in the best way for local people and communities.

14. [Physical Activity: A Social Solution](#)

UK active

Drawing on data from over 1.8m people across 651 leisure facilities, over the past two years, this report takes an unprecedented look at the economic impact of public leisure on the wellbeing of wider society, including on health, improved educational attainment, and reduced levels of crime.

15. [Carers](#)

House of Commons Library

This briefing paper provides information about the number of carers in the UK and the issues they face. It also explains the rights, benefits and support available to carers as well as previous Government policy on caring.

16. [Building a Britain for the future: understanding the Industrial Strategy white paper](#)

NHS Confederation

On 27 November 2017 the Government published its industrial strategy. This briefing explains the Industrial Strategy's aims and objectives, why it matters for the NHS and how the health service can play a part locally in and thus benefit from, realising the strategy. This briefing will be of interest for: NHS chief executives; chairs and non-executive directors, commissioners; workforce; transformation; innovation and public health.

17. The efficacy of public health spending

This briefing examines the spending, access and cost-effectiveness of four areas of public health spending in the UK: smoking, physical health, obesity and alcohol.

18. Calling Time: addressing ageism and age discrimination in alcohol policy, practice and research

International Longevity Centre

This report examines ageism and age discrimination in alcohol policy, practice and research. It also contains research on age discrimination legislation and policy in the UK and includes examples of positive practice.

19. Movement into employment: return on investment tool.

Public Health England

This tool provides guidance to help local commissioners estimate the benefits of moving an individual from worklessness into employment. The accompanying report explains how the tool was constructed and its main findings. The results can be used to help CCGs and local authorities make the case for greater investment in health and work interventions.

20. Good growth for cities 2017

PWC

The Demos-PwC Good Growth for Cities Index measures the current performance of a range of the largest UK cities (including Nottingham) and all Local Enterprise Partnership areas in England, against a basket of ten indicators based on the views of the public and business as to what is key to economic success and wellbeing.

21. Care and support for older people

The First Secretary of State and Minister for the Cabinet Office has announced that the government will publish a green paper on [care and support for older people](#) by summer 2018. The paper will set out plans for how government proposes to improve care and support for older people and tackle the challenge of an ageing population.

Additional link: [Healthwatch press release](#)

22. Enhanced health in care homes: learning from experiences so far

The King's Fund

This report draws on published literature about joining up and co-ordinating care homes and health services. It also draws on interviews with a range of providers, local authorities and CCGs. It aims to help care homes and NHS providers (including GPs), local authorities and CCGs who are thinking through how to join up and co-ordinate services locally and how to manage the complexities involved.

23. ADHD: A Lifetime Lost, or a Lifetime Saved

ADHD Foundation

This report looks at the impact of ADHD and what must be done to achieve equity for these particularly vulnerable children, so they might be able to reach their exceptional potential as they progress into adulthood.

24. Protect against STIs

Public Health England

PHE has launched a new sexual health campaign to encourage condom use by young adults in order to reduce the rates of sexually transmitted infections. The campaign is the first

government sexual health campaign in 8 years. To coincide with the launch of the campaign, a new YouGov survey of 2,007 young people reveals current attitudes towards condom use and what prevents them from using protection.

25. Inequalities in later life

Centre for Ageing Better

The main report examines the disparities in health, financial security, social connections and housing faced by older people and how the negative impacts of these accumulate for those who are worse off. The accompanying insight report outlines the implications of the findings on policy and practice.

26. Dancing in time

Public Health England

This case study aims to improve the health and wellbeing of community-dwelling older adults. The programme follows an 8 week contemporary dance programme with a focus on modifying factors that can contribute to falls.

HEALTHIER DECISION MAKING

27. Healthy people, healthy planet

Organisation for Economic Co-operation and Development

This document, produced to inform the 2017 meeting of the G7 Ministers of Health, provides a broad overview of the main policy issues and some of the policy actions that G7 Health authorities can put in place to improve population health, while at the same time decreasing the human footprint on the environment.

28. Public health: everyone's business?

NHS Providers

This report uses 12 interviews with health leaders from a range of trusts and other parts of the service to help gain a better understanding of NHS providers' role in shaping and delivering public health and care.

29. Reaching Out: Influencing the wider determinants of health

New Local Government Network (NLGN)

To improve their effectiveness, the research recommends that central government should invest £65m into Health and Wellbeing Boards.

WORKING TOGETHER TO IMPROVE HEALTH & CARE SERVICES

30. Heartbeats on the high street: how community pharmacy can transform Britain's health, wealth and wellbeing.

Res Publica (think tank)

The report highlights the unique role and "social capital" of community pharmacy. It argues they can become vital institutions of localism, care and social reform. It makes a series of recommendations for the Government, CCGs, STPs, local authorities and local pharmaceutical committees to reduce social inequality and increase economic savings.

31. Autumn Budget 2017: what it means for health and social care.

King's Fund, Nuffield Trust and Health Foundation

This briefing examines the recent budget and what it means for health and social care.

32. Developing an integration scorecard: a model for understanding and measuring progress towards health and social care integration.

Social Care Institute for Excellence

This document sets out a framework for what good health and social care integration looks like and proposes metrics for measuring progress towards the government's ambition of full integration.

33. Innovation in housing, care and support

NHS Confederation mental health network

With homelessness increasing at an estimated cost to the public sector of £1 billion per year, as well as well-reported pressures on mental health services, there is an emerging consensus that collaborations between organisations to provide care and support in residential settings have the potential to improve patient outcomes. This briefing contains four case studies on innovative support and care services delivered through collaborations between housing and healthcare providers.

CONSULTATIONS

34. Government proposals on children and young people's mental health

Ways for schools and colleges to support pupils' mental health are set out in a green paper, as well as plans for new mental health support teams.

The government has published proposals to improve mental health support for children and young people in England. Over £300 million has been made available to fund them.

The government is asking people for their views on the planned measures, which are set out in a green paper. The measures include:

- encouraging every school and college to have a 'designated senior mental health lead'
- setting up mental health support teams working with schools, to give children and young people earlier access to services
- piloting a 4-week waiting time for NHS children and young people's mental health services

The consultation on the green paper will run for 13 weeks until 2 March 2018.

Other Options Considered

35. None

Reason/s for Recommendation/s

36. To ensure the HWB is well informed about local and national issues.

Statutory and Policy Implications

37. 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

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

RECOMMENDATION/S

- 1) To note the contents of this report and consider whether there are any actions required in relation to the issues raised.

Councillor John Doddy
Chairman of Health and Wellbeing Board

For any enquiries about this report please contact:

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

Constitutional Comments (SLB 20/12/2017)

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

Financial Comments (DG 20/12/17)]

2. The financial implications are contained within paragraph 28 of this report.

Background Papers and Published Documents

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

- None

Electoral Division(s) and Member(s) Affected

- All

10 January 2018**Agenda Item: 9**

REPORT OF CORPORATE DIRECTOR, RESOURCES WORK PROGRAMME

Purpose of the Report

1. To consider the Board's work programme for 2017/18.

Information and Advice

2. The County Council requires each committee, including the Health and Wellbeing Board to maintain a work programme. The work programme will assist the management of the committee's agenda, the scheduling of the Board's business and forward planning. The work programme will be updated and reviewed at each pre-agenda meeting and Board meeting. Any member of the Board is able to suggest items for possible inclusion.
3. The attached work programme has been drafted in consultation with the Chair and Vice-Chair, and includes items which can be anticipated at the present time. Other items will be added to the programme as they are identified.

Other Options Considered

4. None.

Reason/s for Recommendation/s

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

Statutory and Policy Implications

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

RECOMMENDATION/S

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

Jayne Francis-Ward
Corporate Director, Resources

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

Constitutional Comments (HD)

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

Financial Comments (NS)

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

Background Papers

None.

Electoral Division(s) and Member(s) Affected

All

Health and Wellbeing Board & Workshop Work Programme

	Health & Wellbeing Board (HWB)
10 January 2018	<p>Director of Public Health Annual Report (Barbara Brady/Kay Massingham)</p> <p>Ambition 2: Health & Sustainable places - Physical Activity (Illana Freestone/John Wilcox)</p> <p>Better Births Maternity update (Kate Allen/Jenny Brown)</p> <p>Care leavers support (Steve Edwards/Natasha Wrzesinski)</p> <p>Chair's Report (Nicola Lane)</p>
7 February 2018	<p>WORKSHOP: GOVERNANCE ARRANGEMENTS TO SUPPORT DELIVERY OF THE JOINT HEALTH & WELLBEING STRATEGY</p> <p>Councillor Doddy/Barbara Brady</p>
7 March 2018	<p>Pharmaceutical Needs Assessment 2018-2020 (Jonathan Gribbin/Kristina McCormick)</p> <p>Crisis Care concordat – update & evaluation to date (Clare Fox/Katy Dunne)</p> <p>Ambition 2: Health & Sustainable places - Nottinghamshire Air Quality Strategy for approval (Dawn Jenkin)</p>
25 April 2018	
6 June 2018	Young People's Health Strategy (Kate Allen/Tina Bhundia)
4 July 2018	

Items to be allocated to future meetings:

- Social prescribing report (follow up from Stakeholder Network event March 17)

Meetings are held between 2pm to 4pm in the Council Chamber at County Hall

Page 121 of 128

20 December 2017

Health and Wellbeing Board & Workshop Work Programme

Papers are published on the NCC website via the Council diary 8 days before the meeting:

http://www.nottinghamshire.gov.uk/home/your_council/councillorsandtheirrole/councildiary-view.htm

H&W Board	Agenda published	Final reports to Dem Services	Pre-agenda meeting	Pre-agenda papers circulated	Draft reports to Dem Services
6 December	28 November 2017	27 November 2017	1pm on 16 November	9 November	8 November
10 January 2018	2 January 2018	29 December 2017	1pm on 14 December	7 December	6 December
7 February 2018 CLOSED WORKSHOP	30 January 2018	29 January 2018	18 January	11 January	10 January
7 March 2018	27 February 2018	26 February 2018	1pm on 15 February	8 February	7 February
25 April 2018	17 April 2018	16 April 2018	1pm on 29 March	22 March	21 March
6 June 2018	29 May 2018	25 May 2018	1pm on 17 May	10 May	9 May
4 July 2018	26 June 2018	25 June 2018	1pm on 14 June	7 June	6 June

Previous Agendas

4 May 2016	<p><i>(Presentation)JSNA Nottinghamshire Insight demonstration Kristina McCormack</i></p> <p>(Report) Children's Public Health Nursing – commissioning plans (Helena Cripps/Kerrie Adams)</p> <p>(Report) Healthwatch Nottinghamshire – financial challenges (Joe Pidgeon/Jez Alcock)</p> <p>(Report)Dementia Update Gill Oliver/ Jane Cashmore – top of the agenda please</p> <p>(Report) Strategic action 7 and Priority action 18 – housing(Rob Main/Jill Finnessey) & Excess Winter Deaths among Older People in Nottinghamshire update (Joanna Cooper)</p> <p>(Report) Strategic action 5 - Building a healthier environment (Barbara Brady/Anne Pridgeon) follow up to workshop</p>
8 June 2016	<p><i>District representatives pre-meet</i></p> <p>Page 122 of 128</p>

Health and Wellbeing Board & Workshop Work Programme

	<p>Digital Roadmap for Nottinghamshire (Andy Evans) Tobacco Declaration update (John Tomlinson) Strategic Action 1 Breastfeeding update (Kerrie Adams/Helena Cripps)</p> <p>Sustainability transformation plan (Lucy Dadge/Joanna Cooper)</p> <p>(Report) Strategic action 7 and Priority action 18 – housing(Rob Main/Jill Finnessey) & Excess Winter Deaths among Older People in Nottinghamshire update (Joanna Cooper)</p> <p>(Report) Outcomes from the Joint Summit on the role of Nottinghamshire Fire & Rescue in improving health & wellbeing. (Wayne Bowcock & John Buckley)</p> <p>Chair's report:</p> <ul style="list-style-type: none"> • Rushcliffe CCG annual report
<p>13 July 2016 (To be held at Mansfield Civic Centre)</p>	<p><i>Pre-meeting demonstration – Help Yourself Website (John Stronach) TBC</i></p> <p><i>NHS Five Year Forward View – updates on new models of care, Vanguard & transformation from CCGs (Rebecca Larder/Dawn Atkinson) requested at March 2016 meeting</i></p> <p><i>Annual report of Public Health Committee (Kay Massingham/Barbara Brady)</i></p> <p><i>Nottinghamshire multi agency transitions protocol for children & young people with disabilities (Fiona Simpson/Derek Higton)</i></p> <p><i>Nottinghamshire Fire and Rescue Summit Report (Wayne Bowcock)</i></p>
<p>7 September 2016</p>	<p><i>Presentation: Showcase on Rushcliffe New Care Model for Health (Tracey Madge/ Elizabeth Kaufmann)</i></p> <p><i>CYP Mental Health and Wellbeing Transformation Plan (Kate Allen/ Lucy Peel) TBC</i></p> <p><i>Update on workforce (Lyn Bacon)</i></p> <p><i>BCF Q1 quarterly report (Joanna Cooper)</i></p>

Health and Wellbeing Board & Workshop Work Programme

<p>5 October 2016</p>	<p><i>Young People's Health Strategy (Kate Allen/Andy Fox) update from paper to HWB Oct 2015</i></p> <p><i>Update on collaboration with NFRS including hoarding (Wayne Bowcock/Bryn Coleman)</i></p> <p><i>Update on Nottinghamshire & SYB STPs (David Pearson/Joanna Cooper/ Idris Griffiths)</i></p> <p><i>Presentation – timeline of services for children (Colin Pettigrew/Natasha Wrzesinski)</i></p> <p><i>Chair's report:</i></p> <ul style="list-style-type: none"> <i>Update on falls pathway implementation (Gill Oliver/Frankie Cook)</i>
<p>9 November 2016</p>	<p><i>Update on Nottinghamshire & SYB STPs (David Pearson/Joanna Cooper/Idris Griffiths)</i></p> <p><i>Learning disability & autism self-assessments including proposal to develop pathway for support to adults with Asperger's & ADHD (Cath Cameron-Jones/Laura Chambers)</i></p> <p><i>Update report from Health & Wellbeing Implementation Group (David Pearson/Jenny Charles Jones)</i></p> <p><i>Nottinghamshire Safeguarding Children Board Annual report (Steve Baumber/Chris Few)</i></p> <p><i>Nottinghamshire Health & Wellbeing Strategy update (Nicola Lane/David Pearson)</i></p> <p><i>Chair's report:</i></p> <ul style="list-style-type: none"> <i>Update on dementia framework for Action requested at May 2016 meeting (Gill Oliver)</i>
<p>7 December 2016</p>	<p><i>STP updates - full briefing on Nottingham & Nottinghamshire & South Yorkshire & Bassetlaw plans (David Pearson/Idris Griffiths)</i></p> <p><i>Director of Public Health Annual Report (Kay Massingham/Barbara Brady)</i></p> <p><i>Update Strategic action 7 and Priority action 18 – housing(Rob Main/Jill Finnessey)</i> <i>including Excess Winter Deaths among Older People in Nottinghamshire update (provided by Gill Oliver)</i></p> <p><i>BCF Q2 quarterly report (Joanna Cooper)</i></p>
<p>4 January 2017</p>	<p><i>Update on merger of Sherwood Forest & Nottingham University Hospitals (Peter Homa/Peter Herring)</i></p>

Health and Wellbeing Board & Workshop Work Programme

	<p><i>Obesity & active transport (Anne Pridgeon)</i></p> <p><i>Strategic Action 2 Child Sexual Exploitation update (Steve Edwards/Terri Johnson)</i></p> <p><i>Update on the Crisis Care Concordat (Claire Fox/Shelagh Cunningham)</i></p> <p><i>Chair's report:</i></p> <ul style="list-style-type: none"> <i>Bid for homelessness funds (Laura Chambers)</i>
1 February 2017	<p><i>Safeguarding Adults Annual Report (Stuart Sale/Allan Breeton)</i></p> <p><i>The role of community pharmacy (Nick Hunter LPC)</i></p> <p><i>Developing family resilience (Colin Pettigrew/Chris Jones) - Presentation</i></p> <p><i>Update on Nottinghamshire & SYB STPs (David Pearson/Joanna Cooper/ Idris Griffiths) - Presentation</i></p> <p><i>Strategic Action – Child Sexual Exploitation update (Steve Edwards/Terri Johnson)</i></p>
1 March 2017	<i>** MEETING CANCELLED **</i>
29 March 2017	<p><i>Update on Nottinghamshire & SYB STPs (David Pearson/Joanna Cooper/ Idris Griffiths)</i></p> <ul style="list-style-type: none"> <i>initial feedback on listening exercises for Nottingham & Nottinghamshire</i> <p><i>BCF Q3 quarterly report (Joanna Cooper)</i></p> <p><i>Update on spatial planning requested at May 2016 meeting (Liann Blunston)</i></p> <p><i>Excess Weight, Physical Activity and Wellbeing: Current and Future Opportunities for Funding from Sports England – Presentation by Liann Blunston,</i></p> <p><i>Chair's report:</i></p> <ul style="list-style-type: none"> <i>DSA strategy (Gill Oliver)</i> <i>Report of young people's health strategy celebration event (Tina Bhundia/Helena Cripps)</i> <p><i>Insight</i></p>
26 April	<p><i>Wellbeing@Work update (Lindsay Price)</i></p> <p><i>Tobacco Declaration Annual update (John Tomlinson)</i></p>

Health and Wellbeing Board & Workshop Work Programme

	<p><i>Strategic action for 2017 – Making Every Contact Count (John Tomlinson/Lindsay Price/TLP)</i></p> <p><i>Relationship between Safer Notts Board and the Health & Wellbeing Board (Barbara Brady/Vicky Cropley)</i></p> <p><i>CCG Annual Report (Dr Jeremy Griffiths/Lynne Sharp)</i></p> <p><i>Chair's report:</i></p> <ul style="list-style-type: none"> <i>Summary of social prescribing event (Susan March)</i>
28 June	<p><i>BCF Q4 quarterly report (Joanna Cooper)</i></p> <p><i>STP Public Feedback report (Joanna Cooper)</i></p> <p><i>HWB annual report (Councillor Doddy/Nicola Lane)</i></p> <p><i>Chair's report</i></p>
6 September	<p><i>Approval of draft BCF Plan 2017/18 & 2018/19 (Joanna Cooper)</i></p> <p><i>Update on Crisis Care Concordat in Nottinghamshire (Clare Fox) Confirmed</i></p> <p><i>Child Sexual Exploitation update on progress (Steve Edwards/Hannah Johnson) Report & presentation</i></p> <p><i>Refresh of the Health & Wellbeing Strategy (Barbara Brady)</i></p> <p><i>SEND Strategic Action Plan (Colin Pettigrew/Chris Jones) STAY. Report & presentation</i></p> <p><i>Chairs reports:</i></p> <ul style="list-style-type: none"> <i>Family service return on investment report (Laurence Jones)</i>
4 October	<p><i>Connected Notts update (Andy Evans)</i></p> <p><i>Sustainability and Transformation Plans update & accountable care organisations (David Pearson/ Joanna Cooper)</i></p> <p><i>Housing progress report (John Sheil)</i></p> <p><i>Chair's report:</i></p>

Health and Wellbeing Board & Workshop Work Programme

	<ul style="list-style-type: none"> • <i>NSCB annual report (Steve Baumber)</i>
1 November	Workshop: Joint Health & Wellbeing Strategy 2018-2022
6 December	<p>Nottinghamshire Joint Health & Wellbeing Strategy 2018-2022 (Barbara Brady/Nicola Lane)</p> <p>NSCB Annual Report (Steve Baumber/Chris Few)</p> <p>Health protection assurance update (Jonathan Gribbin/Sally Handley)</p> <p>Better Care Fund update (Joanna Cooper)</p> <p>Chairs report (Nicola Lane)</p>

