

Health and Wellbeing Board

Wednesday, 08 June 2016 at 14:00

County Hall, [Venue Address]

AGENDA

- 1 To note the appointment by the County Council on 12 May 2016 of Councillor Joyce Bosnjak as Chair of the Health and Wellbeing Board.
- 2 Election of Vice-Chair.
- 3 Minutes of the last meeting held on 4 May 2016 3 - 8
- 4 Apologies for Absence
- 5 Declarations of Interests by Members and Officers:- (see note below)
(a) Disclosable Pecuniary Interests
(b) Private Interests (pecuniary and non-pecuniary)
- 6 Update on Sustainability and Transformation Plan - Presentation by David Pearson, Lead Officer for the Nottinghamshire Plan.
- 7 Nottinghamshire Local Digital Roadmap 9 - 12
- 8 Update on Nottinghamshire Housing & Health Commissioning Group Delivery Plan and Recommendations for Next Steps 13 - 32
- 9 Tobacco Control Declaration Update 33 - 42
- 10 Implementation of Breastfeeding Friendly Places 43 - 46

11	Health and Wellbeing in Secondary Schools in Ashfield - Outcome of Visits by Councillor Jim Aspinall (oral report)	
12	Better Care Fund Performance Quarter 4 2015-16	47 - 66
13	Chair's Report	67 - 76
14	Work Programme	77 - 80

Notes

- (1) Councillors are advised to contact their Research Officer for details of any Group Meetings which are planned for this meeting.
- (2) Members of the public wishing to inspect "Background Papers" referred to in the reports on the agenda or Schedule 12A of the Local Government Act should contact:-

Customer Services Centre 0300 500 80 80

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

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

- (4) Councillors are reminded that Committee and Sub-Committee papers, with the exception of those which contain Exempt or Confidential Information, may be recycled.
- (5) This agenda and its associated reports are available to view online via an online calendar - <http://www.nottinghamshire.gov.uk/dms/Meetings.aspx>

Meeting **HEALTH AND WELLBEING BOARD**

Date **Wednesday, 4 May 2016 (commencing at 2.00 pm)**

Membership

Persons absent are marked with an 'A'

COUNTY COUNCILLORS

Joyce Bosnjak (Chair)
Reg Adair
Kay Cutts MBE
Muriel Weisz
Jacky Williams

DISTRICT COUNCILLORS

	Jim Aspinall	-	Ashfield District Council
	Susan Shaw	-	Bassetlaw District Council
	Dr John Doddy	-	Broxtowe Borough Council
A	Henry Wheeler	-	Gedling Borough Council
	Debbie Mason	-	Rushcliffe Borough Council
	Tony Roberts MBE	-	Newark and Sherwood District Council
A	Andrew Tristram	-	Mansfield District Council

OFFICERS

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

CLINICAL COMMISSIONING GROUPS

Dr Jeremy Griffiths	-	Rushcliffe Clinical Commissioning Group (Vice-Chair)
Dr Mark Jefford	-	Newark & Sherwood Clinical Commissioning Group
Dr Gavin Lunn	-	Mansfield and Ashfield Clinical Commissioning Group
A Dr Guy Mansford	-	Nottingham West Clinical Commissioning Group
A Phil Mettam	-	Bassetlaw Clinical Commissioning Group
Vacancy	-	Nottingham North & East Clinical Commissioning Group

LOCAL HEALTHWATCH

Vacancy - Healthwatch Nottinghamshire

NHS ENGLAND

A Oliver Newbould - North Midlands Area Team, NHS England

NOTTINGHAMSHIRE POLICE AND CRIME COMMISSIONER

Vacancy

ALSO IN ATTENDANCE

Jez Alcock - Healthwatch Nottinghamshire
Dr James Hopkinson - Nottingham North and East CCG
Dr Nick Page - Rushcliffe CCG

OFFICERS IN ATTENDANCE

Kate Allen - Public Health
Jane Cashmore - Adult Social Care, Health and Public Protection
Joanna Cooper - Better Care Fund Programme Manager
Helena Cripps - Public Health
Lucy Dadge - Programme Director, Nottinghamshire STP
Paul Davies - Democratic Services
Nicola Lane - Public Health
Gill Oliver - Public Health
Anne Pridgeon - Public Health

MINUTES

The minutes of the last meeting held on 6 April 2016 having been previously circulated were confirmed and signed by the Chair.

APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Henry Wheeler and Andrew Tristram, Phil Mettam and Oliver Newbould.

MEMBERSHIP

It was reported that Councillor Adair had been appointed in place of Councillor Suthers, for this meeting only. Barbara Brady had joined the Board as the recently appointed Interim Director of Public Health, Oliver Newbould as the representative of NHS England and Dr Gavin Lunn as the representative of Mansfield and Ashfield CCG.

DECLARATIONS OF INTEREST BY BOARD MEMBERS AND OFFICERS

None.

DEMENTIA IN NOTTINGHAMSHIRE – FRAMEWORK FOR ACTION 2016-20

Gill Oliver, Jane Cashmore and Dr Nick Page gave a presentation to introduce the Nottinghamshire Dementia Framework for Action which was being recommended for approval by the Board. The report also summarised progress on local and national strategies. They responded to questions and comments from Board members.

- Would the framework help the transfer of information between agencies, which was essential to the functional integration of health and social care? - It was explained that the framework contained no specific actions in relation to information sharing. However services would benefit from the work of Connected Nottinghamshire to facilitate information sharing.
- An example was given of a care home where the layout presented a risk of falls to people with dementia. - It was explained that care homes experienced a loss of expertise because of staff turnover. However, around one third had achieved the dementia mark.
- How could messages to encourage brain health be disseminated? - Brain health was being piloted as an addition to the existing NHS health checks, and was an element of the Public Health England One You website. There was also the possibility of including risk reduction in dementia friends training. An active lifestyle promoted brain health, while loneliness was a significant factor in dementia.

RESOLVED: 2016/030

- 1) That approval be given to the publication of the Nottinghamshire Dementia Framework for Action 2016-20, which aims to improve services for people with dementia and their carers.
- 2) That Board member organisations use the Framework for Action to inform further development of their local dementia plans.
- 3) That the development of the plan be overseen by the county-wide Dementia and Older People's Mental Health Group.
- 4) That Board members continue to promote Dementia Friends and Dementia Friendly Communities in their organisation or local area.

INTEGRATED HEALTHY CHILD AND PUBLIC HEALTH NURSING PROGRAMME

Kate Allen and Helena Cripps introduced the report on plans to commission an integrated healthy child and public health nursing service for 0-19 year olds. The proposed service model, which would be presented to Public Health Committee on 19 May, had been developed following engagement with stakeholders, young people and other service users. They responded to questions and comments from Board members.

- Board members queried whether the proposed model might have been more integrated with children's centres and children's social care. - In response, it was explained that there would be close working with children's centres, with health visitors being based in children's centres in many cases.
- How would the success of the new model be measured? - The tender would include a rigorous outcomes framework which would be monitored by Public Health Committee.
- Would Public Health Nurses work across the whole 0-19 age range? - Within each team, there would be staff specialising in particular parts of the service. However the provider would be asked to provide a workforce transformation plan to achieve integrated working.
- How would the service deal with the transition from children's services to adults' services? - The contract would contain special requirements for this transition.
- Would the Troubled Families Programme continue? - In Nottinghamshire, this was called the Supporting Families Programme, which would continue.
- How would the service identify children who were not referred to health visitors? - There should be proactive contact with children. Every family would have a point of contact. The County Council would develop a pledge for what would be offered.

Board members noted that the proposals were a major step towards better integration. They asked for further information to a future Board meeting about the relationship between these services and other services for children and young people provided by the County Council and other organisations.

RESOLVED: 2016/031

- 1) That the information provided regarding the commissioning of children's public health nursing services as an integrated "Healthy Child and Public Health Nursing Programme" for 0-19 year olds be noted.
- 2) That the Board members share feedback on the commissioning plans outlined in the paper as key stakeholders.
- 3) That a report be presented to a future Board meeting about the relationship between these services and other services for children and young people provided by the County Council and other organisations

PLANNING HEALTHIER ENVIRONMENTS IN NOTTINGHAMSHIRE

Anne Pridgeon introduced the report which summarised the requirements for planners to work with partners to promote healthy communities and create healthy living environments. The document "Spatial Planning for the Health and Wellbeing of Nottinghamshire" had been devised for adoption by district councils as part of their local plans.

During discussion, Board members supported discussions at an early stage with CCGs and providers about the use of Section 106 monies accruing from developments. The best use of Section 106 was not necessarily building new healthcare facilities such as surgeries. From the district council perspective, planners would welcome more engagement with Health. It was hoped that the proposed protocol would be a useful tool for achieving this, and for designing health into developments.

There was also discussion about the extent to which national planning guidance limited planners' ability to refuse permission for fast food and gambling outlets.

RESOLVED: 2016/032

- 1) That the report be noted.
- 2) That the "Spatial Planning for the Health and Wellbeing of Nottinghamshire" document be approved in order that Nottinghamshire utilises the potential that the planning system can have on health.
- 3) That all district councils in Nottinghamshire be requested to endorse the "Spatial Planning for the Health and Wellbeing of Nottinghamshire" document as part of their Local Plans.
- 4) That a "Planning and Health Engagement Protocol" be developed between planning authorities, Clinical Commissioning Groups and Public Health to ensure that health is given consideration at the earliest possible stage during planning processes.

SUSTAINABILITY AND TRANSFORMATION PLAN

David Pearson gave a presentation on the Nottinghamshire Sustainability and Transformation Plan (STP), which he had been appointed to lead. The plan aimed to improve health and wellbeing and the quality of care, and achieve financial sustainability. Timescales were tight, with the first draft of the plan due by 31 May, and the second draft by 30 June.

In response to questions, David Pearson explained that all age groups were covered by the plan, and that the One Public Estate review was one of the STP work streams. Bassetlaw was an associate member of the Nottinghamshire plan, and a full member of the South Yorkshire plan. There would be cross-references between the two plans.

RESOLVED: 2016/033

That the presentation on the Nottinghamshire Sustainability and Transformation Plan be received.

CHAIR'S REPORT

RESOLVED: 2016/034

That the Chair's report be noted.

WORK PROGRAMME

RESOLVED: 2016/035

That the work programme be noted.

The meeting closed at 4.40 pm.

CHAIR

8 June 2016**Agenda Item: 7****REPORT OF THE CORPORATE DIRECTOR OF ADULT SOCIAL CARE,
HEALTH AND PUBLIC PROTECTION****NOTTINGHAMSHIRE LOCAL DIGITAL ROADMAP****Purpose of the Report**

1. To update the Board on the development of the Nottinghamshire Local Digital Roadmap.

Information and Advice

2. A key component of the Nottinghamshire Sustainability Transformation Plan (STP) is the use of technology to support the changes. In order to demonstrate “digital” enablement of the plan, each Local Digital Footprint has to produce a Local Digital Roadmap (LDR).
3. The development of the LDR is being co-ordinated by the Connected Nottinghamshire programme. The Programme Director will deliver a short presentation on the key aspects and content of the LDR.
4. Initial guidance had indicated that the LDR would require Health and Wellbeing Board sign off. This has now changed, but the plan for Nottingham and Nottinghamshire is to continue to ensure City and County Health and Wellbeing Boards are well briefed and fully supportive of the roadmap.
5. The production of a Sustainability Transformation Plan (STP) is a national requirement for each Health and Care footprint in order to demonstrate how they will meet the national ambitions for levels of care and efficiency. In support of these ambitions “The Five Year Forward View” makes a commitment that, by 2020, there would be “fully interoperable electronic health records so that patient’s records are paperless”. This was supported by a Government commitment in Personalised Health and Care 2020 that “all patient and care records will be digital, interoperable and real-time by 2020”. To demonstrate how each locally defined Digital Footprint will achieve these commitments to support the STP a Local Digital Roadmap (LDR) has to be produced and submitted along with the STP by the 30th June 2016.
6. The LDR sets out the five year vision for technology across the Footprint area and outlines how technology will support closing the; Health and Well Being Gap, Finance and Efficiency Gap and the Care and Quality Gap.

Current Position

7. The LDR development is being co-ordinated by the Connected Nottinghamshire programme. This is an already well-established programme of work that has been focusing on interoperability and the development of Integrated Digital Care Records.
8. Initial baseline assessment work has progressed well with organisations carrying out a national Digital Maturity Assessment to identify areas that require improvement. An initial draft of the LDR has been circulated to STP leads and throughout May and June will be refined to ensure alignment with the transformation plan.
9. Nottingham and Nottinghamshire are well placed to deliver the ambitions of the 2020 Paperless at the Point of Care target but significant investment is likely to be required. Recent announcements have outlined national funding that is to be set aside to support this work. An approved LDR is an essential component in the process of gaining access to these funds and demonstrating system wide support of the LDR helps strengthen the case for national sign off. The LDR will be reviewed on an annual basis and part of the Clinical Commissioning Groups (CCG) Improvement and Assessment framework as well as, over the next few years, becoming a part of the various regulation and inspection regimes across Health and Local Authorities.
10. The LDR will be approved with local Health and Care provider and Commissioner sign off and the Health and Well Being Boards will be kept up to date and receive regular updates on progress.
11. There are a large number of risks and issues associated with the delivery of the component projects that will deliver the ambitions of the LDR. These are managed currently through the Connected Nottinghamshire programme which has representation of all Health and Care organisations within the footprint area. The most significant issues relate to capacity for change within organisations and the funds to support new technical capabilities. Whilst mitigations are in place to reduce these risks currently, it is likely that these will remain the major challenges throughout the delivery of the LDR.

Next Steps

12. The LDR will be submitted by the 30th June along with the STP. With work having been underway in this area across Nottingham and Nottinghamshire for a number of years already, the LDR is really an extension of the existing digital enablement work. A large number of technology projects are already well developed and delivering new capabilities. These will not be affected by the LDR process but future years' developments will be clearer and upon sign off of the LDR the process of applying for future years' financial support is expected to begin.

Other Options Considered

13. This is a national requirement, therefore no other options have been considered.

Reason/s for Recommendation/s

14. To ensure the successful delivery of the LDR it is recognised that support from Health and Wellbeing Boards is essential.

Statutory and Policy Implications

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

RECOMMENDATION/S

1. Note the content of the paper and the work that is underway
2. Note the content of the presentation to the Health and Wellbeing Board at the meeting
3. Support the Local Digital Roadmap once it has been approved and continue to receive updates on its progress

David Pearson

Corporate Director, Adult Social Care, Health and Public Protection.

For any enquiries about this report please contact:

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Constitutional Comments (SLB 12/05/2016)

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

Financial Comments (KS 23/05/2016)

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

Background Papers and Published Documents

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

Electoral Division(s) and Member(s) Affected

All.

8 June 2016**Agenda Item: 8**

**REPORT OF THE CORPORATE DIRECTOR OF ADULT SOCIAL CARE,
HEALTH AND PUBLIC PROTECTION, NOTTINGHAMSHIRE COUNTY
COUNCIL
UPDATE ON THE NOTTINGHAMSHIRE HOUSING AND HEALTH
COMMISSIONING GROUP DELIVERY PLAN AND RECOMMENDATIONS
FOR NEXT STEPS**

Purpose of the Report

1. This report updates a previous paper presented to the Health and Wellbeing Implementation Group in January 2015 to outline progress on the Nottinghamshire Health and Wellbeing Strategy Housing Delivery Plan and October 2015 Board report on Excess Winter Deaths Among Older People in Nottinghamshire. The report also recommends next stage actions to be approved by the Health and Wellbeing Implementation Group and Health and Wellbeing Board

Summary

- 1.1 Housing Chapter for the Joint Strategic Needs Assessment (JSNA) completed in 2013.
- 1.2 The Housing Delivery Plan has been progressed and refined, overseen by the Health and Housing Commissioning Group. Key actions are outlined in this report.
- 1.3 A successful Housing and Health Scoping Event was held on 19th January 2016 reviewing partnership working between housing, health and social care and approaches to future collaboration (the Delivery Plan is included at Appendix 1).
- 1.4 The Health and Housing Commissioning Group are feeding into work around the Sustainability and Transformation Plan.
- 1.5 There are officer capacity issues affecting progress of the Housing Delivery Plan.
- 1.6 Nottingham City Council is developing a Memorandum of Understanding between Housing, Health and Social Care – it is recommended that Nottinghamshire replicates this approach building upon the current Terms of Reference of the Health and Housing Commissioning Group.
- 1.7 The 2016/17 Better Care Fund included an increased allocation in Disabled Facilities Grant funding. The Health and Housing Commissioning Group are developing options to utilise this funding.

Information and Advice

2. **Housing is a significant determinant of health.** The Health and Wellbeing Strategy seeks to address the need for “sufficient and suitable housing, including housing related support, particularly for vulnerable people”.
3. Housing in its broadest sense has an important role to play to support the delivery of a number of the Strategy’s priorities. This is primarily due to the daily contact housing providers have with residents, tenants and their families across the County covering a range of issues beyond the traditional housing management and enforcement functions.
4. Housing can potentially make a positive contribution towards many of the wider Health and Wellbeing Strategy priorities which include:
 - 4.1 Keeping children and young people safe.
 - 4.2 Improving children and young people’s health outcomes through the integrated commissioning of services.
 - 4.3 Delivering integrated services for children and young people with complex needs or disabilities.
 - 4.4 Reducing the number of people who smoke.
 - 4.5 Reduce the number of people who are overweight and obese.
 - 4.6 Improving services to reduce drug and alcohol misuse.
 - 4.7 Supporting people with learning disabilities and Autistic Spectrum Conditions.
 - 4.8 Supporting people with long term conditions.
 - 4.9 Supporting older people to be independent, safe and well.
 - 4.10 Providing services which work together to support individuals with dementia and their carers.
 - 4.11 Improving services to support victims of domestic abuse.
 - 4.12 Providing coordinated services for people with mental ill health.
5. It cannot be underestimated the role housing has to play in the health and wellbeing agenda to achieve efficiencies, savings and introduce new ways of working. Public Health England and the King’s Fund have already identified such opportunities in a recent study focussing on the role of Housing Associations/Housing Providers, which has shown that:
 - 5.1 Nearly one in three social housing residents are over 65. Housing Associations and other housing providers can support older people through, for example falls prevention; dementia champion training; programmes to reduce social isolation and healthy eating; smoking cessation and exercise.
 - 5.2 One in two social housing residents have a long term condition or disability. Housing Associations and other housing providers have a key role to play in the management of long term conditions through supporting independence and provision of services such as Extra Care Housing and support with personal care.
 - 5.3 One in four people in England experience a mental health problem each year, costing the NHS at least £14 billion a year. Housing has a role to play in offering support and accommodation to people with a mental health problem; signposting to community based mental health services and work with mental health providers to ensure treatment is provided in the most appropriate setting.

- 5.4 Housing Associations and housing providers have a role to play in reducing social isolation through interventions such as befriending; volunteering and community schemes which can reduce the pressure on NHS and social care services.

Health and Housing Commissioning Group

6. In recognition of the significant role that housing and housing related support plays in improving health related outcomes and reducing demands on acute services such as those provided by the NHS and Social Care, the Nottinghamshire Housing and Health Commissioning Group was formed in 2014. This group is chaired by Beverly Smith, Chief Executive of Mansfield District Council. The aim of the group is to drive forward an integrated health and housing agenda in line with the Health and Wellbeing Strategy and Housing Delivery Plan. The Group is accountable to the Health and Wellbeing Implementation Group (HWIG), and ultimately the Health and Wellbeing Board (HWB).

Housing Delivery Plan

7. In January 2015, the seven Nottinghamshire districts worked collaboratively through the Nottinghamshire Housing and Health Commissioning Group to produce the Nottinghamshire Housing Delivery Plan which provided key actions based around the four themes identified in the Joint Strategic Needs Assessment '*An assessment of the Impact of Housing on Health and Wellbeing in Nottinghamshire, November 2013*'. This can be viewed at <http://www.nottinghaminsight.org.uk/d/112956>.

The four identified themes are:

- 7.1 **Poor housing conditions** – particularly the impact of falls in the home, cold and damp homes and fuel poverty, fire in the home and inadequate home security.
 - 7.2 **Insufficient suitable housing** – including the impact of overcrowding and lack of housing that enables people e.g. older or disabled people, to live independently.
 - 7.3 **Homelessness and housing support** – including the impact of homelessness on families and other crisis that may result in the loss of a home and an individual's ability to live independently.
 - 7.4 **Children and young people** – ensuring they have the best home in which to start and develop well.
8. Since January 2015, the Delivery Plan has been refined to take account of changing priorities. Significantly, this included feedback from the stakeholder event held at County Council on 19th January 2016. Specifically, stakeholder feedback at the event identified the need to prioritise improvements in two areas in particular; private sector rented housing conditions and improving services for people with mental health issues. The updated Housing Delivery Plan is attached as Appendix 1.
9. The key housing milestones identified in the Housing Delivery Plan are summarised in the table below:

Housing Priority	Actions/Milestones
1) Poor housing conditions	<p>Milestone 1: Expanding the Nottinghamshire 'Warm Homes on Prescription' Pilot;</p> <p>Milestone 2: Gathering intelligence on private sector housing through the PHE/CIEH health and housing profiling toolkit.</p> <p>Milestone 3: Explore means of focussing integrated working on the removal of hazards in private sector homes in the most deprived areas to improve property condition, health outcomes, independence and quality of life</p> <p>Milestone 4: Explore the feasibility of a single point of access for housing related referrals from health and social care and other partners alongside 'awareness raising' initiatives with health colleagues regarding poor private sector housing conditions and the housing offer.</p> <p>Milestone 5: Identify key priorities within NICE Guidance for implementation to address the needs of at risk groups, and develop a corresponding action plan.</p>
2) Insufficient suitable housing	<p>Milestone 1: We will deliver, through the Better Care Fund DFG allocation, assistance and services that promote early intervention and prevention and independence at home by March 2017. This will include mandatory and discretionary disabled adaptations and a feasibility study of the Nottinghamshire Handyperson and Adaptation Service (HPAS).</p> <p>Milestone 2: We will remodel existing and develop new supported/specialist housing schemes to increase the range of housing on offer to people with health and care needs by March 2018.</p>
3) Homelessness and housing support	<p>Milestone 1: We will explore options to deliver housing training with GP surgeries and other front line health staff across the County with a view to increasing awareness of housing, targeting homelessness prevention and housing support at hard to reach groups by March 2017.</p> <p>Milestone 2: Working in partnership with</p>

	<p>health and social care, further develop hospital discharge schemes and protocols to reduce unnecessary hospital admissions and ensure timely discharge by March 2017.</p> <p>Milestone 3: Undertake a mapping exercise to establish current approaches and relationships between mental health services and housing providers in order to identify gaps in provision and knowledge.</p> <p>Milestone 4: Working in partnership with the County Council, we will review homelessness prevention pathway service provision in the County following the closure of Homelessness Prevention Services delivered by Framework.</p>
4) Children and young people	<p>Milestone 1: We will carry out County-wide review of baseline research to identify the scale of impact of the home and housing circumstances (including overcrowding) on the health and wellbeing of children and young people, and child poverty by March 2017.</p> <p>Milestone 2: We will ensure consistent approaches on the safeguarding and improvement of children and young people's health and wellbeing through the Nottinghamshire District/Borough Safeguarding Group.</p>

Housing Delivery Plan – Progress to date

10. A number of specific projects have been developed to take forward these identified actions:

10.1 **The County-wide 'Warm Homes on Prescription' Pilot** utilises GP Practices and Integrated Care/PRISM Teams to help identify and contact 'high risk' patients with long term health conditions which are made worse by living in a cold home, particularly COPD and other respiratory diseases and those at risk of heart attack, stroke and falls. A range of actions are taken to achieve affordable warmth on behalf of the householder, including commissioning heating and insulation works and income maximisation (benefits checks and fuel switching). Positive impacts on patients' health and wellbeing are anticipated, leading to cost savings to the NHS particularly around anticipated reductions in emergency admissions, readmissions and visits to A&E for these patients.

10.2 Through the **County Council's extra care programme** a number of partnerships have been formed with districts to develop new extra care housing. This has seen the development of Poppyfields in Mansfield and recently approvals have now been given

to commence the development of an extra care scheme of 60 apartments on Bowbridge Road, Newark. Early partnerships are being forged for the Bowbridge Road scheme between health (CCG and local GP practices) and social care looking at developing more integrated services and working within the scheme for residents.

11. Significant progress has been made in Mansfield with regard to **hospital discharge services** with the support of the Council's ASSIST staff at Kings Mill Hospital. This project links with the priorities of the Sustainable Transformation Fund and Better Care Fund as detailed below and provides a basis for wider roll-out of similar schemes across the County. In addition, the Disabled Facilities Grant allocation 2015/16 via the Better Care Fund affords an opportunity to link preventative initiatives e.g. 'rapid adaptation grants' and minor adaptations to such schemes to facilitate timely discharge. This approach is supported at national level as detailed in a recent blog by Jon Rouse, Director General, Social Care, Local Government and Care Partnerships, Department of Health at <https://jonrouse.blog.gov.uk/2016/04/28/good-health-begins-at-home/>. The blog states:

"We want to see more authorities integrate the provision of equipment and adaptations into hospital discharge services with rapid deployment. Get this right and the extra money could mean around 85,000 more people across the country benefitting from improved access to their property, fewer hazards, better heating and the latest technology to help them live independent, happier lives. Good health starts at home".

Moving the Housing Delivery Plan Forward

12. There is an increasing recognition of the role of housing and housing support services across the County in contributing to residents remaining independent; improving outcomes for individuals and reducing the burdens on more acute services such as those provided by Social Care and Health. For example, recent evidence from the Building Research Establishment (BRE) shows that if we were able to improve the 3.5million properties in the worst condition in England, this would save the NHS £1.4 billion per year and pay for itself in 7 years (see <https://www.bre.co.uk/filelibrary/pdf/87741-Cost-of-Poor-Housing-Briefing-Paper-v3.pdf>). The BRE study provides in-depth analysis of potential savings, including relating to removing hazards around the home and improving energy efficiency. Additional national evidence identifies cost savings as a result of other housing interventions including housing support; improved discharge services and provision of affordable housing.
13. With an increasingly elderly population and more calls on health and care services, it is more important than ever to ensure that there are effective prevention services in place, of which, effective housing and housing support is a key component. Care and Repair England's recent report '*Off the Radar: Housing Disrepair & Health Impact in Later Life*' March 2016 sets out the national picture with regard to the scale of poor housing conditions amongst older people, the resulting impact on the health and wellbeing of an ageing population, and the concentration of poor housing in the owner occupied sector. It quantifies the scale of action necessary to address housing disrepair amongst older households, identifying the benefits of targeted use of public funds for those in greatest need. <http://careandrepair-england.org.uk/wp-content/uploads/2014/12/Off-the-Radar-2016-Final.pdf>.
14. This report identifies that what is needed now is concerted, targeted action to ensure that the private homes in which older people live, particularly those on low incomes with chronic health conditions and disabilities, are made fit for purpose. Without such action, there will be

growing demands on the NHS, particularly hospitals, as it becomes increasingly difficult to discharge patients to cold, unsafe homes. Where there are good local housing solutions like there are huge benefits to individuals and potentially financial gains for the NHS and social care.

15. With this in mind, the revised Housing Delivery Plan places greater focus on private sector housing condition and safety as well as understanding the extent of these problems locally. In priority 1 of the plan, it is proposed that intelligence around private sector housing condition is improved and that the Health and Housing Profiling toolkit developed by Public Health England/Chartered Institute of Environmental Health is considered for this purpose. Mansfield District Council are at the early stages of using this profiling system with the support of Public Health colleagues with a view to targeting interventions in those areas of the district most in need. The support of the HWB to facilitate the use of this profiling method across the County will help inform local health and housing conversations and target limited resources effectively. Public Health England have also provisionally agreed to support the Board in trialling the profiling method in Mansfield initially.
16. Where local health and housing profiling identifies particular areas of need, the Housing Delivery Plan proposes in priority 1, milestone 2 that means of focussing integrated working on the removal of hazards in private sector homes in the most deprived areas is explored to improve property condition, health outcomes, independence and quality of life. Successful models include the Derby City Council 'Healthy Housing Hub' recognised by the Kings Fund and PHE plus Liverpool's 'Home Action Zones'. Housing interventions are recognised as a 'foot in the door' and offer of opportunity for engaging with some of the most vulnerable in society. These models build on this premise and have proven positive health impacts and health savings.
17. Local profiling will be further supported by the government's recently announced commitment to investigate the extent to which people's health is negatively affected by poor housing. The Department of Health will lead initial scoping work to examine local data on housing stock conditions and link this to the health of local populations. It intends to estimate the costs to health bodies and local authorities of poor housing and further strengthen links between housing, health and social care policy.
18. Implementation of the Housing Delivery Plan actions to date has resulted in stronger relationships between the health, housing and care sectors. The 'Warm Homes on Prescription' pilot has provided districts with the opportunity to work closely with local PRISM/multi-disciplinary teams and has provided a valuable 'in-let' for raising awareness of housing in its broadest sense and the local services offered.
19. Feedback from GP's and other health staff suggests however that often they are unsure where to refer patients to when they come across housing related issues. In addition, patients' housing circumstances are not considered as standard during an appointment with a GP or other health visits alongside some of the other routine questions relating to smoking for example. With a view to raising awareness of the many aspects of housing amongst health staff and ensuring there is a simplified method of referring patients with housing concerns, an additional action has been added to the Housing Delivery Plan under priority 1 to explore the feasibility of a single point of access for housing related referrals from health and social care and other partners. This could perhaps be a single telephone number that is widely promoted alongside housing related training for health staff. Successful models of

this approach can be seen in Islington with the 'Shine' telephone number as a means of channelling housing referrals from health sources.

Sustainability and Transformation Plan

20. The Health and Wellbeing Board's (HWB) Strategic Actions recognise the contribution of housing specifically through Strategic Action 7: Extend integrated working to include Housing so that support for vulnerable people is assessed collectively and delivered by the most appropriate agency. Housing also links with several of the other strategic actions as highlighted in the Housing Delivery Plan and has a wider role to play in effectively contributing to improved outcomes and reducing pressures on acute services as outlined earlier in this report.
21. Furthermore the emerging Sustainability and Transformation Plan (STP) recognises the important role of housing whilst the HWB 7 Strategic Actions identifies the key objectives of care organised around individuals and populations not institutions; preventative and proactive care enabling independence; people remaining at home where possible with hospitals and care homes only for people who need to be in these settings with a 'shift' of resources to support this; teams working together across organisational boundaries delivering integrated care; value based and sustainable care based on the real needs of populations; with health and social care providing added social value to our communities.
22. The emerging themes in the Nottingham and Nottinghamshire STP include a focus on prevention and independence and a focus on out of hospital care. Housing and housing support services are essential to realising this.
23. There are a number of factors which are seeing increased demands on local services. This includes increasing numbers of residents approaching housing services with mental health issues; the impact of homelessness and an increasing number of older people placing demands on acute services across the County. Without a radical shift to preventative services, of which housing is key, demands on acute services will continue to increase. It is therefore essential to significantly focus on prevention services.

Health & Housing Memorandum of Understanding

24. In December 2014, a range of health, housing and social care organisations signed up to a joint Memorandum of Understanding <http://www.cih.org/resources/PDF/Policy%20free%20download%20pdfs/MOU%20project%20final%20Dec%2014.pdf> which recognised the need for joint action and a shared commitment to improve health and wellbeing outcomes. At a local level, Nottingham City Council is developing a local Memorandum of Understanding with housing, social care and health to develop an approach to joint working with an action plan. The advantages of this are to ensure clarity and a shared commitment to joint working.
25. In line with the STP footprint, which now includes the City, links have been made between the Nottinghamshire Housing and Health Commissioning Group and the equivalent group at Nottingham City to align priorities where possible. It is also proposed that a health, housing and social care joint Memorandum of Understanding is developed across the County and builds upon the scoping event held on 19 January 2016, which would be led by Health and Housing Commissioning Group.

Delivery of Housing Actions & Officer Capacity

26. To deliver true integration of housing, health and social care services equitably across Nottinghamshire to meet the ambitions of the Health and Wellbeing Strategy a significant step change in direction is required with housing professionals being placed within health and social care teams. This is starting to be seen, for example through hospital discharge schemes, though currently on a more local ad hoc basis rather than a co-ordinated activity across the County.
27. Set against the above statement and to deliver the Boards ambition of 'working together' an identified blockage hindering progress of the delivery plan and wider integration of housing, health and social care is the absence of a designated co-ordinator to truly drive this agenda forward to the next step.
28. At this present time work to co-ordinate actions within the housing delivery plan and raising the profile of the health and housing agenda is being undertaken through the goodwill of districts officers. This is in addition to their existing workloads and not sustainable over the longer term. Though positive progress has been made and partnerships formed, opportunities to make a real change are being missed. It is proposed, therefore, that the Health and Housing Commissioning Group prepare a business case for consideration by the HWB on recruiting a designated 'Health, Social Care & Housing Integration Officer' to lead this agenda.
29. The Board should note that in terms of resourcing such a role, one potential funding source may be the BCF or Pioneer development funding, subject to eligibility criteria and agreement from the BCF Programme Board.
30. A local example of such a role exists in Derbyshire where public health have funded and directly employed a health and housing co-ordinator. This is resulting in significant demonstrable benefits including savings for health services and improved outcomes for individuals. The benefits of having access to an additional resource to deliver housing actions can also be seen in the progress made by the Local Authority Energy Partnership (LAEP) in supporting the districts to introduce local 'Warm Homes on Prescription' Pilots.

Better Care Fund

31. As the Board are aware, the Better Care Fund (BCF) creates a local single pooled budget to incentivise the NHS and local government to work more closely together around people, placing their wellbeing as the focus of health and care services, and shifting resources into social care and community services for the benefit of the people, communities and health and care. The BCF paper presented at the 6 April meeting advised the Board that the 2016/17 allocation for Disabled Facilities Grant had been substantially increased.
32. As such, the Health and Housing Commissioning Group has been tasked by the BCF Programme Board to identify and recommend the appropriate utilisation of this funding in order to improve health outcomes for individuals across Nottinghamshire, set against local agreements. As there is overlap in the emerging activities that could be funded through the BCF and those already within the Housing Delivery Plan, stronger co-ordination is required

between the BCF Programme Board and Health and Housing Commissioning Group to maximise the use of this funding to deliver the wider outcomes of the health, housing and social care agenda.

33. The Board will be kept up to date with developments through its quarterly BCF updates.

Planning Healthier Environments

34. As reported at the 4th May 2016 Health & Wellbeing Board public health Officers are working closely with planning colleagues across Nottinghamshire to increase awareness of the importance of addressing health as part of the planning process. Following the adoption of the "Spatial Planning for Health & Wellbeing of Nottinghamshire" officers are taking forward discussions with Local Planning Authorities on progressing implementation. Another important area of work will be the development of Planning and Health Engagement Protocols to ensure that health is fully considered as Local Plans are drawn up and applications considered.

Impact on health inequalities

None

Other Options Considered

None created.

Reason/s for Recommendation/s

To progress future collaboration between housing, health and social care to develop a Nottinghamshire Memorandum of Understanding and update the housing delivery plan.

Statutory and Policy Implications

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

Financial Implications

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

RECOMMENDATION/S

That the Board endorse:

- 1) The updated Housing Delivery Plan and activity for the next 12 months.

- 2) The progression of a Nottinghamshire Memorandum of Understanding between housing, health and social care. Memorandum to be presented to HWB/ HWIG in six months.
- 3) A report to be presented to HWB within six months covering progression of a business case for a designated officer to co-ordinate health, housing and social care activity across the County to include a monitoring and co-ordination role. Together with further exploration on the potential support for this post through the Better Care Fund (BCF) or Pioneer development funding.

David Pearson

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For any enquiries about this report please contact:

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Constitutional Comments (SLB 26/05/2016)

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

Financial Comments

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

Background Papers and Published Documents

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

Appendix 1: Housing Delivery Plan
Better Care Fund 2016/17 Plan 6 April 2016

Electoral Division(s) and Member(s) Affected

All.

Nottinghamshire Health and Wellbeing Strategy

Housing & Health Commissioning Group

Housing Delivery Plan 2016

Background

The Nottinghamshire Housing and Health Commissioning Group was formed in 2014 to drive forward an integrated health and housing agenda in line with the Health and Wellbeing Strategy. The Group is accountable to the Nottinghamshire Health and Wellbeing Board via the Nottinghamshire Health and Wellbeing Implementation Group. A Terms of Reference for the Group is included in Appendix 1.

Housing forms 1 of 20 priority areas within the Nottinghamshire Health and Wellbeing Strategy:

Health & Wellbeing Priority Area:

Ensuring we have sufficient and suitable housing, including housing related support, particularly for vulnerable people.

Ambition: Coping well
 Working together

Following the Health and Wellbeing Peer Challenge, the Board has approved a revised set of strategic priorities for 2015/16 onwards, which focus effort on targeted areas to maximise the Board's potential in delivering the Health and Wellbeing Strategy. Housing cuts across several of these strategic priorities including the following:

Health & Wellbeing Board Strategic Priorities

Objective	Rationale	Action
Ensure vulnerable people living in the community can access the housing support they need.	This supports the ' Coping Well ' and ' Working Together ' Ambitions. A joint approach will provide support to individuals in a streamlined way, and help people maintain independence.	Extend integrated working to include Housing so that support for vulnerable people is assessed collectively and delivered by the most appropriate agency.

Ensure crisis support (including housing) is available for people with mental health problems living in the community.	This supports the 'Coping Well' and 'Working Together' Ambitions. A joint approach will provide support to individuals in a streamlined way, and help people maintain independence.	Facilitate a joint approach to crisis support (including work around the crisis care concordat) to maximise resources to support individuals in the community.
Develop healthier environments to live and work in Nottinghamshire.	This supports all Ambitions. Environments that are planned to maximise health and wellbeing resources can have benefits for communities in the longer term, through encouraging physical activity, healthy eating or access to support /services.	Facilitate a joint approach across Health and Wellbeing partners to planning to maximise benefits, leading to the use of Health Impact Assessments.
Improve Children and Young People's Mental Health and Wellbeing across Nottinghamshire.	This supports the 'Living Well' and 'Coping Well' Ambitions. Enabling children of school age can improve health outcomes in later life.	Develop a partnership agreement to tackle child sexual exploitation in Nottinghamshire, in conjunction with the Nottinghamshire Safeguarding Children's Board. Implement the Nottinghamshire Children's Mental Health & Wellbeing Transformation Plan to develop a greater prevention and early intervention approach, such as the use of a single, unique brand identity for young people's health, improved access to better information and novel delivery mechanism for support.

Why is Housing a priority?

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

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

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

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

- At least £1.4b a year; this research was based on 2001 healthcare costs¹.
- The cost of not improving energy efficiency is at least £145 million per annumⁱ; locally, this figure is estimated to be over £20 millionⁱⁱ
- £2.5bn per annum is spent treating illnesses linked to poor housing²
- The cost of overcrowding is £21.8m per year³.
- The cost of single homeless people using inpatient, outpatient and accident and emergency services is £85m a year⁴

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

The *'Memorandum of Understanding to support joint action on improving health through the home'* December 2014, between key health, social care and housing organisations galvanises the work of the Housing and Health Commissioning Group and supports its priorities.

What works?

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

¹ Building Research Establishment

² National Housing Federation (2010) The Social Impact of Poor Housing

³ Building Research Establishment

⁴ DH (2010) Healthcare for single homeless people)

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

Priority 1 - Poor housing conditions – particularly the impact of falls in the home, cold and damp homes and fuel poverty, fire in the home and inadequate home security.

Priority 2 - Insufficient suitable housing – including the impact of overcrowding and lack of housing that enables people e.g. older or disabled people, to live independently.

Priority 3 - Homelessness and housing support – including the impact of homelessness on families and other crisis that may result in the loss of a home and an individual's ability to live independently.

Priority 4 - Children and young people – ensuring they have the best home in which to start and develop well. This is an emerging housing priority.

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

The focus of housing related activity should be on:

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

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

Where will the Health and Wellbeing Board add value:

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

The responsibility for this delivery plan lies with a wide range of partners including the local housing authority, the County Council, health and social care as well as community and voluntary organisations. The success of the delivery plan and completion of the agreed actions will require closer, more integrated ways of working between these partners. The potential for having a dedicated resource to progress the delivery of actions and coordinate activity between partners should be explored.

Previous Health and Wellbeing wider stakeholder events have been well received and it would perhaps be beneficial if a Housing themed stakeholder/market place event is held to involve housing providers, the voluntary sector, members of the public etc. This will build on the Housing Scoping event held earlier in January 2016 with a wider reach for all those that contribute to the housing agenda.

PRIORITY 1 – POOR HOUSING CONDITIONS**Outcome 1: Homes in the private sector are warm and safe****Milestones:**

- **Milestone 1:** We will consider the expansion of the Nottinghamshire 'Warm Homes on Prescription' model and explore additional resources to support the pilot including the Better Care Fund Disabled Facility Grant allocation.
- **Milestone 2:** We will review means of gathering local intelligence on private sector housing condition including the Public Health England/CIEH Housing and Health Profiling Toolkit to inform targeted integrated working.
- **Milestone 3:** We will explore means of focussing integrated working on removing hazards from private sector homes (privately rented and owner occupied) in the most deprived areas to improve property condition, health outcomes, independence and quality of life. Experience can be drawn from 'Healthy Home' pilots elsewhere including the Derby 'Healthy Homes' hub and Liverpool's Housing Action Zones.
- **Milestone 4:** We will explore the feasibility of a single point of access for housing related referrals from health and social care and other partners alongside 'awareness raising' initiatives with health colleagues regarding poor private sector housing conditions and the housing offer.

- **Milestone 5:** Identify key priorities within NICE Guidance for implementation to address the needs of at risk groups, and develop a corresponding action plan.

Lead: Housing & Health Commissioning Group

Links to other plans:

Nottinghamshire Affordable Warmth Strategy

Local Affordable Warmth Strategies and Private Sector Housing Renewal Strategies

PRIORITY 2 – INSUFFICIENT SUITABLE HOUSING

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

Milestones:

- **Milestone 1:** We will deliver, through the Better Care Fund DFG allocation, assistance and services that promote early intervention and prevention and independence at home by March 2017. This will include mandatory and discretionary disabled adaptations and a feasibility study of the Nottinghamshire Handyperson and Adaptation Service (HPAS).
- **Milestone 2:** We will remodel existing and develop new supported/specialist housing schemes to increase the range of housing on offer to people with health and care needs by March 2018.

Lead: Housing Commissioning Group

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

PRIORITY 3 – HOMELESSNESS AND HOUSING SUPPORT

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

Milestones:

- **Milestone 1:** We will explore options to deliver housing training with GP surgeries and other front line health staff across the County with a view to increasing awareness of housing, targeting homelessness prevention and housing support at hard to reach groups by March 2017.
- **Milestone 2:** Working in partnership with health and social care, further develop hospital discharge schemes and protocols to reduce unnecessary hospital admissions and ensure timely discharge by March 2017.

- **Milestone 3:** Undertake a mapping exercise to establish current approaches and relationships between mental health services and housing providers in order to identify gaps in provision and knowledge.
- **Milestone 4:** Working in partnership with the County Council, we will review homelessness prevention pathway service provision in the County following the closure of Homelessness Prevention Services delivered by Framework HA.

Lead: Housing & Health Commissioning Group (homeless families)

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

PRIORITY 4 – CHILDREN AND YOUNG PEOPLE

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

- **Milestone 1:** We will carry out County-wide review of baseline research to identify the scale of impact of the home and housing circumstances (including overcrowding) on the health and wellbeing of children and young people, and child poverty by March 2017.
- **Milestone 2:** We will ensure consistent approaches on the safeguarding and improvement of children and young people’s health and wellbeing through the Nottinghamshire District/Borough Safeguarding Group.

Lead: Housing Commissioning Group

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

ⁱ The ‘Real Cost of Poor Housing’ [Building Research Establishment](#)

ⁱⁱ Estimated Figures produced by Richard Davies from Marches Energy Action. A 2012 AgeUK report calculated the cost of cold related ill-health to the NHS across England as £1.36 billion. This was pro-rata’d based on numbers of households in each local authority district to give an estimate of the local costs.

8 June 2016**Agenda Item: 9****REPORT OF THE INTERIM DIRECTOR OF PUBLIC HEALTH****TOBACCO CONTROL DECLARATION UPDATE****Purpose of the Report**

1. The purpose of this report is to:
 - Update the Nottinghamshire County Council Health and Wellbeing Board on the Nottinghamshire County and Nottingham City Declaration on Tobacco Control
 - Ensure the Board and its members continue to support the ongoing work of the Declaration
 - Request that future update reports are presented to the Health and Wellbeing Implementation Group on an annual basis.

Information and Advice

2. The Health and Wellbeing Board agreed seven priority actions which includes the Declaration on Tobacco Control. Tobacco is a priority within the Health and Wellbeing Strategy including partners signing the Declaration and developing an action plan. This report gives an update on progress in delivering this priority.
3. The Nottinghamshire County and Nottingham City Declaration is an innovative development of the national Local Government Declaration on Tobacco Control, (see [October 2014 report](#) to the Health and Wellbeing Board) which will enable the whole Nottinghamshire community to be involved. It is a commitment to lead local action to tackle smoking and secure the health, welfare, social, economic and environmental benefits that come from reducing smoking prevalence through organisational action plans.

The Rationale

4. The Local Government and the Nottinghamshire Declarations reinforce existing tobacco control work in the County to reduce smoking prevalence and the harm caused by tobacco use, and supports the vision of a smokefree generation for Nottinghamshire.
5. A reduction in smoking prevalence year on year across the county would have significant benefits to the local community by:
 - Improving people's health and their quality of life, particularly in deprived wards
 - Increasing household incomes when smokers quit

- Improving the life chances of young children by reducing their exposure to second hand smoke and reducing their chances of taking up smoking
- Reducing the costs of dealing with smoking related fires
- Reducing the costs of tobacco related litter
- Reducing serious and organised crime linked to the sale of illegal tobacco

Signing the Declarations

6. On 1 October 2014 the Health and Wellbeing Board officially endorsed the Nottinghamshire County and Nottingham City Declaration on Tobacco Control (see October report to the Health and Wellbeing Board). The Nottinghamshire County and Nottingham City Declaration on Tobacco Control commits the Health and Wellbeing Board to:
 - Becoming local leaders and setting standards for tobacco control.
 - Reducing smoking prevalence and health inequalities by raising the profile of harm caused by smoking to communities.
 - Supporting the development of action plans by local organisations that have signed up to the Declaration where applicable.
 - Protecting tobacco control work from the commercial and vested interests of the tobacco industry by not accepting any partnerships, payments, gifts and services offered by the tobacco industry.
7. In addition, on 20 November 2014 at the Full County Council meeting, Nottinghamshire County Council signed the Local Government Declaration on Tobacco Control.

Update on progress

8. Periodic update reports have been submitted to the Board. The last report was in December 2015 (please refer to [December 2015 report](#) to the Health and Wellbeing Board) outlining progress since October 2014. Since then progress has been as follows:
 - All 22 members and key partner organisations have agreed to sign the Declaration. Of these:
 - 100% have actually signed the Declaration
 - 95% have high level support for the Declaration
 - 36% have established a working group
 - 23% have a draft action plan
 - 73% have an agreed action plan
 - A summary of each organisation's progress to date and progress since the last update can be found in Appendices 1 and 2.
9. The signing of the Declaration and agreement to put in place an action plan is also a pre-requisite to the Nottinghamshire Wellbeing@Work Scheme. Any organisation already signed up to the scheme is being encouraged to sign the Nottinghamshire County Declaration on Tobacco Control. Thus far, three additional organisations have signed up through the Wellbeing@Work Scheme:
 - Eaton Production International

- Thomson Reuters
- Nottingham University School of Health Sciences

10. In addition, four further organisations have signed up to the Declaration as part of the roll out of the scheme to public (phase 2) and private and voluntary (phase 3) organisations:

- Children Centres
- Notts Women's Aid
- Notts Women's Aid Integrated Services
- Life Education

Examples of actions already in progress

11. Many organisations now have agreed action plans and have started taking forward actions and looking at innovative ways to enact the Declaration, as described below:

- Several organisations have reviewed their smokefree policies and are currently taking proposed changes through their internal routes.
- Many of the District and Borough Councils are planning to team up with the NCC Trading Standards Service for training on illegal tobacco. This work is being facilitated by NCC Public Health.
- District and Borough Councils, Children's Centres and Nottinghamshire Fire and Rescue Service plan to support the 'Smokefree Summer' initiative, with the aim of making children and family events smokefree across the whole of Nottinghamshire.
- Mansfield District Council (MDC) is introducing smokefree play parks within the district as part of a Public Spaces Protection Order (PSPO). The PSPO gives Local Authorities the power to prohibit certain activities in specific areas and fine those who do not comply. There were no objections during the consultation phase and the PSPO is coming into force 1 June.
- NUH and Sherwood Forest Hospitals Foundation Trust have set up smokefree steering groups and are in the process of/planning to implement a number of actions to support the recommendations outlined in [NICE Guidance PH48: Smoking: acute, maternity and mental health services](#). The guidance aims to support smoking cessation, temporary abstinence from smoking and smokefree policies in all secondary care settings
- Nottinghamshire County Council has implemented an updated smokefree policy, offering information and support to employees wishing to quit smoking or abstain temporarily whilst at work. NCC has also created a [dedicated webpage](#) on the Declaration for organisations interested in signing up to access. In addition, NCC has made signing the Declaration part of Public Health contract requirements and is exploring ways in which this can be done for other NCC contracts.

Support for implementation

12. In order to support all of the member organisations of the Health and Wellbeing Board and key partner organisations, visits have been made/offered to the relevant organisations to offer help and support with the signing of the Declaration and development and implementation of action plans.

13. Two successful workshops have taken place since the Declaration was launched. The aim of the workshops was to share learning, share action plans and consider any future joint actions. Organisations have expressed an interest for another workshop later in the year.

Next Steps

14. Now that all HWB members and Key NHS partners have signed the Declaration, the focus will be on development and implementation of the action plans. This will be evidenced by a self-assessment template summarised in future progress reports. Public Health will offer ongoing support in relation to this.

15. Phase 2 will be extended to schools, the universities, colleges and any remaining public organisations.

16. Further close working with the Nottinghamshire Wellbeing@Work Scheme will help to secure sign up with private and voluntary sector organisations.

17. This work is being carried out in collaboration with Nottingham City Council.

Impact on health inequalities

18. Smoking is the single biggest cause of health inequalities between the richest and poorest in our communities. On average in Nottinghamshire the difference in life expectancy is 8.5 years and tobacco use contributes to half of this difference. There is no one approach to tackling tobacco use and in order to do this, a partnership approach, involving commitment and action from all local organisations must be adopted. The Nottinghamshire County and Nottingham City Declaration on Tobacco Control brings together joint working to tackle tobacco use.

Other Options Considered

19. None

Reason/s for Recommendation/s

20. Much progress has already been made since October 2014 by all organisations that made a commitment to sign up to the Declaration. This should be commended. In summary:

- All Health and Wellbeing Board members have now signed the Declaration and most have been very proactive in developing action plans.
- Many organisations have implemented actions.
- For implementation to be robust there needs to be ongoing work on the development, implementation and monitoring of action plans, with existing and future organisations.
- As part of their action plans, organisations are urged to use their influence and levers in order to encourage sign up by their local partners.

Statutory and Policy Implications

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

RECOMMENDATION/S

- 1) That the Board notes the progress on the Nottinghamshire County and Nottingham City Declaration on Tobacco Control.
- 2) That the Board and its members continue to support the ongoing work of the Declaration.
- 3) That future update reports are presented to the Health and Wellbeing Implementation Group
on an annual basis.

Barbara Brady
Interim Director of Public Health

Dr John Tomlinson
Deputy Director of Public Health

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Constitutional Comments (SLB 12/05/2016)

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

Financial Comments (KS 23/05/2016)

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

Background Papers and Published Documents

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

Appendix 1: Nottinghamshire and Nottingham City Declaration on Tobacco Control Progress Summary.

Appendix 2: Nottinghamshire and Nottingham City Declaration on Tobacco Control Progress up to beginning of May 2016.

Electoral Division(s) and Member(s) Affected

All.

**Nottinghamshire County and Nottingham City Declaration on Tobacco Control:
Progress summary**

	December 2015	June 2016
Number of organisations agreed to sign	21	22
Of these:		
% of organisations that have actually signed the Declaration	90	100
% of organisations with high level support	81	95
% of organisations with a working group	29	36
% of organisations with a draft action plan	38	23*
% of organisations with an agreed/final action plan	47	73

*Please note the percentage of organisations with a draft action plan has reduced from Dec to June due more organisations having produced an agreed/final action plan

**Nottinghamshire County and Nottingham City Declaration on Tobacco Control:
Progress up to beginning of May 2016**

	Name of organisation	Agreed to sign the Declaration	Actually signed the Declaration	High level support	Working group	Agreed action plan
HWB members						
1	Ashfield DC	✓	✓	✓	X	✓
2	Bassetlaw DC	✓	✓	✓	X	* Draft in development
3	Broxtowe BC	✓	✓	✓	✓	✓
4	Gedling BC	✓	✓	✓	✓	Draft
5	Mansfield DC	✓	✓	✓	X	✓
6	Newark and Sherwood DC	✓	✓	✓	X	✓
7	Notts County Council	✓	✓	✓	X	Draft
8	Rushcliffe BC	✓	✓	✓	✓	✓
9	NHS Bassetlaw CCG	✓	✓	✓	X	✓
10	NHS Mansfield and Ashfield CCG	✓	✓	✓	X	✓
11	NHS Newark and Sherwood CCG	✓	✓	✓	X	✓
12	NHS Notts North and East CCG	✓	✓	✓	X	* Draft in development
13	NHS Notts West CCG	✓	✓	✓	X	✓
14	NHS Rushcliffe CCG	✓	✓	✓	X	✓
15	Nottinghamshire Police (through PCC)	✓	✓	–	–	–
16	Healthwatch Nottinghamshire	✓	✓	✓	X	✓
HWB partners						
17	Doncaster and Bassetlaw NHS Foundation Trust	✓	✓	✓	✓	✓
18	Sherwood Forest Hospitals NHS Foundation Trust	✓	✓	✓	✓	✓
19	Nottingham University Hospitals	✓	✓	✓	✓	*Draft in development
20	Nottinghamshire Fire and Rescue Service	✓	✓	✓	✓	✓
21	Notts Healthcare NHS Foundation Trust	✓	✓	✓	✓	✓
22	East Midlands Ambulance Service	✓	✓	✓	X	✓

Please note boxes with dashes (-) indicate that no response has been received/not known

*Working on draft but not yet able to share

8 June 2016**Agenda Item: 10**

REPORT OF THE INTERIM DIRECTOR OF PUBLIC HEALTH

THE IMPLEMENTATION OF BREASTFEEDING FRIENDLY PLACES

Purpose of the Report

1. To provide the Health and Wellbeing Board with information regarding the implementation of breastfeeding friendly places, a key strategic action.
2. To request that Health and Wellbeing Board partners become breastfeeding friendly organisations.
3. To request that District Councils drive the implementation of breastfeeding friendly strategies across their district, in conjunction with Nottinghamshire County Council

Information and Advice

4. The World Health Organisation (WHO), UNICEF and the UK Government all recommend that babies should be exclusively breastfed for their first six months of life to achieve optimal growth, development and health.
5. Breastfeeding improves health outcomes for both mothers and children and makes a significant contribution to health at the population level. Improving breastfeeding rates has been identified as a national and local priority.
6. Babies who are not breastfed have a greater risk of developing infections, allergic diseases, insulin dependent diabetes mellitus and sudden unexpected death in infancy, while breastfeeding mothers have a reduced risk of pre-menopausal and post-menopausal breast cancer and ovarian cancer.
7. Evidence suggests that breastfeeding promotes improved cognitive development, maternal/child bonding, better mental health outcomes and reduced behavioural problems in later childhood.

Rates of breastfeeding in Nottinghamshire

8. Breastfeeding rates are measured by initiation of breastfeeding at birth and prevalence of breastfeeding at 6 to 8 weeks.
9. Initiation of breastfeeding in Nottinghamshire was 69% in 2014/15, lower than the England average of 74%.

10. Prevalence of breastfeeding in Nottinghamshire was 40% in 2014/15 compared to an England average of 44%. Breastfeeding prevalence is particularly low in Mansfield and Ashfield (30%), Newark and Sherwood (35%), Bassetlaw (37%) and Nottingham North East (39%).
11. Inequalities in breastfeeding continue, most notably in relation to age and social deprivation. There is evidence that the prioritisation of breastfeeding in recent years is starting to have some impact on breastfeeding rates locally.

Breastfeeding friendly premises

12. Breastfed babies feed frequently and need to be able to feed whenever required. Mothers, particularly younger mothers, cite fear of breastfeeding in public as a barrier to continuing to breastfeed. It is important that mothers feel comfortable and welcome to breastfeed wherever they choose.
13. The implementation of a breastfeeding friendly places initiative aims to address this and is currently being piloted in Gedling. A provider, Nottinghamshire Healthcare Trust, has been commissioned to support the rollout of the initiative across Nottinghamshire over 2016/17.
14. As part of the pilot a pathway for accreditation has been developed in conjunction with Gedling District Council in order that organisations can apply to become breastfeeding friendly. Venues are then supported with information and advice on being breastfeeding friendly. Subject to meeting defined standards venues may be accredited as a breastfeeding friendly venue.
15. Organisations that sign up to being breastfeeding friendly are asked to adopt a positive breastfeeding friendly approach, including providing a welcoming, clean and comfortable environment for breastfeeding mums, and to ensure all staff are supportive of their needs. Venues taking part display window and till stickers letting people know they are welcome to breastfeed, as well as posters and leaflets offering further information and support.
16. As of early March 2016 the Gedling pilot district has six venues accredited as breastfeeding friendly with further accreditation visits scheduled. Broad communications campaigns will coincide with breastfeeding awareness weeks in June and August 2016 and information on breastfeeding friendly venues will be available on-line.

Breastfeeding friendly employers

17. Returning to work is also cited as a barrier to starting or continuing to breastfeed however there are a number of ways women can combine breastfeeding and work with support from their employer.
18. To address this, Health and Wellbeing partner organisations are asked to implement breastfeeding friendly guidance in order to support colleagues returning to work following maternity leave who wish to continue breastfeeding or expressing milk.

Support from Health and Wellbeing Board partners

19. Health and Wellbeing Board partners are invited to support the development of district level breastfeeding friendly strategies in partnership with Nottinghamshire County Council. In addition we would welcome commitment from District Councils to drive the implementation of the developed strategy across their district.
20. The district level strategy would include a pathway for Health and Wellbeing Board partner organisations and local businesses to become breastfeeding friendly places and employers. Nottinghamshire County Council have commissioned Nottinghamshire Healthcare Trust to support the accreditation of venues as breastfeeding friendly.

Nottinghamshire County Council (NCC)

21. NCC is working towards becoming a breastfeeding friendly organisation across 2016/17, reviewing guidance and facilities for women returning from maternity leave, and supporting appropriate public facing premises to be breastfeeding friendly places. NCC will also work closely with Inspire to implement breastfeeding friendly.

Other Options Considered

22. The implementation of breastfeeding friendly places is part of a wider partnership approach to increase the initiation and continuation of breastfeeding across Nottinghamshire.

Statutory and Policy Implications

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

RECOMMENDATION/S

The Health and Wellbeing Board is asked to:

1. Note the plans to implement breastfeeding friendly places across 2016/17.
2. Health and Wellbeing Board partners to sign up to becoming breastfeeding friendly organisations.
3. District Councils to drive and monitor the implementation of breastfeeding friendly strategies across their district, in conjunction with Nottinghamshire County Council.

Barbara Brady

Interim Director of Public Health

For any enquiries about this report please contact:

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Constitutional Comments (SLB 12/05/2016)

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

Financial Comments (KS 23/05/2016)

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

Background Papers and Published Documents

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

- Health and Wellbeing Board, Breastfeeding, update on prevalence, targets, local plans and the development of a Nottinghamshire breastfeeding strategy, 02 June 2015

Electoral Division(s) and Member(s) Affected

All.

8 June 2016

Agenda Item:

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

BETTER CARE FUND PERFORMANCE

Purpose of the Report

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

- 1.1. Approve the Q4 2015/16 national quarterly performance report.

Information and Advice

Performance Update and National Reporting

2. Performance against the BCF performance metrics and financial expenditure and savings continues to be monitored on a monthly basis through the BCF Finance, Planning and Performance sub-group and the BCF Programme Board. The performance update includes delivery against the six key performance indicators, the financial expenditure and savings, scheme delivery and risks to delivery for Q4 2015/16. In addition the Q4 2015/16 national quarterly performance template submitted to the NHS England Better Care Support Team is reported for approval by the Board.
3. Q4 2015/16 performance metrics are shown in Table 2 below.
 - 3.1. Four indicators are on track (BCF1, BCF2, BCF3, and BCF6)
 - 3.2. Two indicators are off track and actions are in place (BCF4 and the BCF5 metric for support to manage long term conditions (BCF 5 is a suite of indicators, only one of which is off target))

Table 2: Performance against BCF performance metrics

Performance Metrics	2015/16 Target	2015/16 Q4	RAG rating and trend	Issues
BCF1: Total non-elective admissions in to hospital (general & acute), all-age, per 100,000 population	-	2618.94	↓	On-going development of schemes during 2015/16.

Performance Metrics	2015/16 Target	2015/16 Q4	RAG rating and trend	Issues
BCF 2: Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	657	583	G ↔	Work commencing to explore role of Care Delivery Groups in avoiding care home admissions.
BCF3: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	90.7%	91.93%	G ↔	Whilst target is being achieved, challenge remains regarding the reduction in denominator.
BCF4: Delayed transfers of care (delayed days) from hospital per 100,000 population (average per month)	4,583	3,367 15/16	A ↑	Overall figures for 2015/16 are affected by the data accuracy issues in Q1 and Q2 in particular with Sherwood Forest Hospitals NHS Foundation Trust.
BCF5: Disabled Facilities Grant: % users satisfied adaptation meet needs	75%	100%	G ↔	
BCF6: Permanent admissions of older people (aged 65 and over) to residential and nursing care homes directly from a hospital setting per 100 admissions of older people (aged 65 and over) to residential and nursing care homes	33.96%	28.05% 15/16	G ↑	

4. Reconciliation of 2015/16 spend is complete. Expenditure is below plan, and an underspend of £1,672,000 is reported in 2015/16. The underspend relates to spend on carers (£85,000) and Care Act (£1,587,000) and has arisen due to mid-year government announcements in relation to the delay in implementing Phase 2 of Care Act and a greater allocation being received in-year. Spend will be carried forward to 2016/17 to be spent within these ring-fenced elements of the fund.
5. The BCF Finance, Planning and Performance subgroup monitors all risks to BCF delivery on a quarterly basis and highlights those scored as a high risk to the Programme Board. The Programme Board has agreed the risks on the exception report as being those to escalate to the HWB (Table 3).

Table 3: Risk Register

Risk id	Risk description	Residual score	Mitigating actions
BCF005	There is a risk that acute activity reductions do not materialise at required rate due to delays in scheme implementation, unanticipated cost pressures and impact from patients registered to other CCG's not within or part of Nottinghamshire's BCF plans.	20	Monthly monitoring of non-elective activity by BCF Finance, Planning and Performance subgroup and Programme Board. Weekly oversight by System Resilience Groups.
BCF009	There is a risk of insufficient recruitment of qualified and skilled staff to meet demand of community service staffing and new services; where staff are recruited there is a risk that existing service provision is destabilised.	12	Mid Notts has undertaken work with Health Education East Midlands (HEEM) on dynamic systems modelling of workforce implications for moving to seven day services. Mid Notts will share this work with the rest of the County.
BCF 014	There is a risk that the Local Authority reduces expenditure on Adult Social Care in 2016/17 resulting in a reduction in future health and social care integration investment.	12	Ongoing leadership from BCF Programme Board. Reallocation of BCF resources where necessary/appropriate.

6. As agreed at the meeting on 7 October 2015, the Q4 2015/16 national report was submitted to NHSE on 27 May as a draft pending HWB approval (Appendix 1 – report to follow). Due to the timing of the report, the content for Nottinghamshire County was prepared and agreed virtually by the BCF Finance, Planning and Performance sub-group and approved via email by the BCF Programme Board. If the HWB requests amendments to the report, the quarterly report will be resubmitted to the Better Care Support Team.

7. Further national reporting is due on a quarterly interval. Dates are to be confirmed.

Other options

8. None

Reasons for Recommendations

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

Statutory and Policy Implications

10. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such implications

are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

11. There is in year variance on the financial plan that the HWB have approved. An underspend of £1,672,000 is reported in 2015/16; the minimum pooled fund contributions will be retained as part of the pooled fund and carried forward to be utilised as agreed with all parties.

Human Resources Implications

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

Legal Implications

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

RECOMMENDATIONS

That the Board:

1. Approve the Q4 2015/16 national quarterly performance report.

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

For any enquiries about this report please contact:

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0115 9773577

Constitutional Comments (LMcC 24/05/2016)

14. The recommendations within the report fall within the Terms of Reference of the Health and Well Being Board.

Financial Comments (KAS 23/05/2016)

15. The financial implications are contained within paragraph 11 of the report.

Background Papers and Published Documents

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

- “Better Care Fund: Guidance for the Operationalisation of the BCF in 2015-16”.
<http://www.england.nhs.uk/wp-content/uploads/2015/03/bcf-operationalisation-guidance1516.pdf>
- Better Care Fund – Final Plans 2 April 2014
- Better Care Fund – Revised Process 3 June 2014
- Better Care Fund Governance Structure and Pooled Budget 3 December 2014
- Better Care Fund Pooled Budget 4 March 2015
- Better Care Fund Performance and Update 3 June 2015
- BCF Performance and Finance exception report - Month 3 2015/16
- Better Care Fund Performance and Update 7 October 2015
- Letter to Health and Wellbeing Board Chairs 16 October 2015 from Department of Health and Department of Communities and Local Government “Better Care Fund 2016-17”
- Better Care Fund Performance and Update 2 December 2015
- 2016/17 Better Care Fund: Policy Framework
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/490559/BCF_Policy_Framework_2016-17.pdf
- Better Care Fund Performance and Update 2 March 2016

Electoral Divisions and Members Affected

- All

Appendix 1

Q4 2015/16	
Health and Well Being Board	Nottinghamshire
completed by:	Joanna Cooper
E-Mail:	joanna.cooper@nottscc.gov.uk
Contact Number:	1159773577
Who has signed off the report on behalf of the Health and Well Being Board:	To follow

Budget Arrangements

Have the funds been pooled via a s.75 pooled budget?	Yes
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National Conditions

The Spending Round established six national conditions for access to the Fund.
Please confirm by selecting 'Yes', 'No' or 'No - In Progress' against the relevant condition as to whether these have been met, as per your final BCF plan.
Further details on the conditions are specified below.
If 'No' or 'No - In Progress' is selected for any of the conditions please include an explanation as to why the condition was not met within the year (in-line with signed off plan) and how this is being addressed?

Condition	Q4 Submission Response	Q1 Submission Response	Q2 Submission Response	Q3 Submission Response	Please Select (Yes or No)	If the answer is 'No', please provide an explanation as to why the condition was not met within the year (in-
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						line with signed off plan) and how this is being addressed?
1) Are the plans still jointly agreed?	Yes	Yes	Yes	Yes	Yes	
2) Are Social Care Services (not spending) being protected?	Yes	Yes	Yes	Yes	Yes	
3) Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering?	Yes	Yes	Yes	Yes	Yes	
4) In respect of data sharing - please confirm:						
i) Is the NHS Number being used as the primary identifier for health and care services?	Yes	Yes	Yes	Yes	Yes	
ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	Yes	Yes	Yes	Yes	Yes	
iii) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	Yes	Yes	Yes	Yes	Yes	
5) Is a joint approach to assessments and care planning taking place and where funding is being used for integrated packages of care, is there an accountable professional?	Yes	Yes	Yes	Yes	Yes	
6) Is an agreement on the consequential impact of changes in the acute sector in place?	Yes	Yes	Yes	Yes	Yes	

Plan, forecast, and actual figures for total income into, and total expenditure from, the fund for each quarter to year end (in both cases the year-end figures should equal the total pooled fund)

Income

Previously returned data:

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Annual Total	Pooled Fund
Please provide , plan , forecast, and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£16,642,000	£13,438,000	£13,438,000	£15,402,000	£58,920,000	£59,303,000
	Forecast	£16,159,385	£14,531,000	£12,642,150	£14,621,465	£57,954,000	
	Actual*	£15,770,948	£14,531,000	£10,281,252	-		

Q4 2015/16 Amended Data:

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Annual Total	Pooled Fund
Please provide, plan, forecast and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£16,642,000	£13,438,000	£13,438,000	£15,402,000	£58,920,000	£59,303,000
	Forecast	£16,159,385	£14,531,000	£12,642,150	£14,621,465	£57,954,000	
	Actual*	£15,770,948	£14,531,000	£10,281,252	£17,234,800	£57,818,000	

Please comment if there is a difference between the forecasted / actual annual totals and the pooled fund	Contributions to the pooled fund were reduced in light of scheme slippage						
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Expenditure

Previously returned data:

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Annual Total	Pooled Fund
Please provide , plan , forecast, and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£16,031,000	£13,199,000	£13,823,000	£15,869,000	£58,922,000	£59,303,000
	Forecast	£14,374,000	£13,628,000	£13,772,000	£16,180,000	£57,954,000	
	Actual*	£14,328,000	£13,649,000	£10,281,252	-		

Q4 2015/16 Amended Data:

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Annual Total	Pooled Fund
Please provide, plan, forecast and actual of total expenditure from the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£16,031,000	£13,199,000	£13,823,000	£15,869,000	£58,922,000	£59,303,000
	Forecast	£14,374,000	£13,628,000	£13,772,000	£16,180,000	£57,954,000	
	Actual*	£14,328,000	£13,649,000	£10,281,252	£17,887,748	£56,146,000	

Please comment if there is a difference between the forecasted / actual annual totals and the pooled fund	An underspend of £1.672m has been realised and carried forward within the pool. This is due to slippage in Care Act and carers projects. This carry forward has been agreed by all parties
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Commentary on progress against financial plan:	Reconciliation complete
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Non-Elective Admissions

	Baseline				Plan					Actual				
	Q4 13/14	Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
D. REVALIDATED: HWB version of plans to be used for future monitoring. Please insert into Cell P8	18,148	21,005	21,032	21,504	20,836	21,517	21,588	21,938	20,925	20,925	20,929	20,935	21,385	21,418

Please provide comments around your full year NEA performance	<ul style="list-style-type: none"> • Overall performance below revised planned baseline. • This target is reported on a calendar year basis. The planned reduction was achieved for 2015.
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National and locally defined metrics

Admissions to residential Care	% Change in rate of permanent admissions to residential care per 100,000
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Please provide an update on indicative progress against the metric?	On track to meet target
	<p>Overall performance on track and continual improvement on placements remaining under target.</p> <p>Action</p> <p>The admissions targets that Group Managers work to have been reduced for the rest of the financial year and are being reviewed for 2015/16. This will ensure that we remain on target overall.</p> <p>Group Managers are reviewing admissions panel processes, which can differ between localities, in an effort to even out the number of admissions across localities and bring those localities that are not currently on target back in line.</p> <p>Work continues on the development and implementation of five new and one refurbished Extra Care schemes across the County, along with four proposed schemes. Extra Care housing is a real alternative to traditional long-term residential care and will help to deliver the NCC ambition that a greater number of older adults stay living in their own home environment safely for longer. The new schemes are scheduled to open throughout the next two years.</p> <p>Three Care & Support Centres have been identified to remain open for a longer period than was originally proposed to enable joint development of an intermediate care/ assessment / reablement type service that will ultimately lead to the implementation of an integrated Transfer-to-Assess model of</p>
Commentary on progress:	

	<p>provision. This will ensure timely discharges from hospital across the county and provide service users with the best support to enable them to return to their home, rather than entering residential care. This work is all being undertaken as part of the Better Care Fund within the three units of planning.</p> <p>NCC is sharing data with respective CCGs areas to understand and discuss patterns of permanent care admissions to discuss operational means of reducing this pro-rata their population and alongside proactive care planning within the community with their Care Delivery multi-disciplinary teams. Work is underway to embed the adult care and Health strategies around promotion of complex needs management at home and receiving rehab services as opposed to a service being prescribed as part of a hospital stay e.g. residential care.</p> <p>Additional scrutiny applied to all geographies to apply standardised practise at panels allocating funding for perm care – exploring all other options of independent living first.</p>
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Reablement	Change in annual percentage of people still at home after 91 days following discharge, baseline to 2015/16
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Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	<p>Overall performance is on target, though the denominator is reducing.</p> <p>Action Ongoing monitoring of performance for service change.</p> <p>It is proposed that internally the data reporting is split to show the outcomes achieved for this indicator by Start Reablement and Intermediate Care schemes, since the data is currently merged. This may give us more useful intelligence about how these different services are being used and the outcomes they achieve. For example, the services may be taking on a high level of people with complex needs, to facilitate speedy hospital discharge, even though these people are not likely to achieve full rehabilitation 91 days after discharge.</p>

	Work is ongoing to identify services commissioned by health with joint health and social care delivery that would be eligible to be included in the monitoring.
Local performance metric as described in your approved BCF plan / Q1 / Q2 / Q3 return	Permanent admissions of older people (aged 65 and over) to residential and nursing care homes directly from a hospital setting per 100 admissions of older people (aged 65 and over) to residential and nursing care homes
Please provide an update on indicative progress against the metric?	<p>On track to meet target</p> <p>Social Care across the county are reviewing the district panel processes, to ensure sufficient scrutiny of applications into long term care from hospital settings.</p> <p>Work continues on the development and implementation of five new and one refurbished Extra Care schemes across the County, along with four proposed schemes. Extra Care housing is a real alternative to traditional long-term residential care and will help to deliver the NCC ambition that more older adults stay living in their own home environment safely for longer. The new schemes are scheduled to open throughout the next two years.</p> <p>Three of NCC's Care & Support Centres have been identified to remain open for a longer period than was originally proposed and these CSCs are now providing Assessment beds which enable step-down care for people being discharged from hospital who do not have complex health needs but do need additional OT, physio and social care support to regain their independence and confidence. These beds support timely discharges from hospital across the county and provide service users with the best support to enable them to return to their home, rather than entering residential care.</p> <p>The % trajectory for residential is heading downwards which reflects the availability of the assessment and interim bed placements. We would expect admissions to reduce further as this facility / capacity increases. However there is no facility available for nursing care of the same nature, therefore there is no alternative but to place directly from hospital. This situation needs to be discussed further with CCGs around intentions, particularly where there are high proportions of admissions. A report has been produced and this</p>
Commentary on progress:	

	shows that areas with lower direct admissions correlate with an increased number of step-down facilities and also a higher complement of nursing care beds (in some areas). The report identifies that the average number of days for patients waiting to go into a placement from assessment notification is 18 days for nursing care and 12 days for residential care. This is now being addressed by managing capacity and flow and decision-making into step-down assessment units and considering more short-term placements for nursing care.
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Local defined patient experience metric as described in your approved BCF plan / Q1 /Q2 return	GP Patient Survey, Q32: In the last 6 months, have you had enough support from local services or organisations to help you to manage your long-term health condition(s)? Please think about all services and organisations, not just health services.
If no local defined patient experience metric has been specified, please give details of the local defined patient experience metric now being used.	

Please provide an update on indicative progress against the metric?	No improvement in performance
Commentary on progress:	<p>The methodology for this metric has changed. Work is underway to realign the target.</p> <p>This metric is measured alongside satisfaction with Disabled Facilities Grants and Friends and Family test data which are on plan.</p>

Year End Feedback on the Better Care Fund in 2015-16

Part 1: Delivery of the Better Care Fund
Please use the below form to indicate what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes

Statement:	Response:	Comments: Please detail any further supporting information for each response
1. Our BCF schemes were implemented as planned in 2015-16	Agree	Majority of programme delivered as planned, some rephasing of initiatives in year.
2. The delivery of our BCF plan in 2015-16 had a positive impact on the integration	Strongly Agree	BCF programme evaluated positively.

of health and social care in our locality		
3. The delivery of our BCF plan in 2015-16 had a positive impact in avoiding Non-Elective Admissions	Agree	Reductions in non-elective admissions seen over the year. Reductions attributable to initiatives across the system including BCF schemes.
4. The delivery of our BCF plan in 2015-16 had a positive impact in reducing the rate of Delayed Transfers of Care	Agree	Reductions in DTOCs seen over the year. Reductions attributable to initiatives across the system including BCF schemes.
5. The delivery of our BCF plan in 2015-16 had a positive impact in reducing the proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Agree	Funding has enabled performance levels to be maintained.
6. The delivery of our BCF plan in 2015-16 had a positive impact in reducing the rate of Permanent admissions of older people (aged 65 and over) to residential and nursing care homes	Agree	Reductions in care home admissions seen over the year. Reductions attributable to initiatives across the system including BCF schemes.
7. The overall delivery of our BCF plan in 2015-16 has improved joint working between health and social care in our locality	Strongly Agree	Relationships between commissioners across the footprint has improved and has led to the development of other joint initiatives.
8. The implementation of a pooled budget through a Section 75 agreement in 2015-16 has improved joint working between health and social care in our locality	Agree	Pooled fund has improved transparency of spend
9. The implementation of risk sharing arrangements through the BCF in 2015-16 has improved joint working between health and social care in our locality	Agree	
10. The expenditure from the fund in 2015-16 has been in line with our agreed plan	Strongly Agree	Expenditure in-line with plan. Plan varied in year with approval from the Health and Wellbeing Board.

Part 2: Successes and Challenges

Please use the below forms to detail up to 3 of your greatest successes, up to 3 of your greatest challenges and then categorise each success/challenge appropriately

11. What have been your greatest successes in delivering your BCF plan for 2015-16?	Response - Please detail your greatest successes	Response category:
Success 1	<ul style="list-style-type: none">o Good progress on this domain.o Good stakeholder engagement and clinical buy in.o Processes and systems in place for sharing information for direct care.o Technical solutions commissioned as part of the Principia Partners in Health MCP Vanguard.	3.Developing underpinning integrated datasets and information systems
Success 2	<ul style="list-style-type: none">o Work in development and mid Nottinghamshire Better Together Vanguard leading nationally on this area.o Risk stratification tools embedded in practice with a test site including social care data to ascertain the added value.o Providers are engaged at a local level. For example, the Integrated Care Board in North Nottinghamshire has tasked providers with working together to develop a system wide outcome focussed falls pathway for 16/17.o A better understanding of what funding is spent on.	4.Aligning systems and sharing benefits and risks
Success 3	<ul style="list-style-type: none">o HWB engagement is good.o Relationships between commissioners improved and has led to the development of other initiatives.o Information sharing across units of planning to spread best practice within Nottinghamshire and scale up initiatives.o Strong governance in place which received substantial assurance from internal audit.o Patient engagement and evaluation of services embedded in commissioning.o Better understanding of stakeholder work areas, e.g. housing and health – this is leading to more collaboration, for example in Mid Notts one of the district councils' housing team is in-reaching to the hospital to facilitate discharge.o Links in place between BCF and relevant workstreams, such as work led by System Resilience Groups.	1.Leading and Managing successful better care implementation

12. What have been your greatest challenges in delivering your BCF plan for 2015-16?	Response - Please detail your greatest challenges	Response category:
Challenge 1	<ul style="list-style-type: none"> • Further develop relationships with providers and district councils to ensure that information is understood and filters through these organisations. 	1. Leading and Managing successful better care implementation
Challenge 2	<ul style="list-style-type: none"> • Further progress needed on procurement processes to enable smaller providers to engage fully in the developing market. It was recognised that as we scale up initiatives, this increases the risk of excluding providers. 	4. Aligning systems and sharing benefits and risks
Challenge 3	<ul style="list-style-type: none"> • Work to evaluate outcomes at a programme / pathway level is needed with reference to the impacts on health and care commissioners and providers. 	5. Measuring success

New Integration Metrics

1. Proposed Metric: Use of NHS number as primary identifier across care settings

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
NHS Number is used as the consistent identifier on all relevant correspondence relating to the provision of health and care services to an individual	Yes	Yes	Yes	Yes	Yes	Yes
Staff in this setting can retrieve relevant information about a service user's care from their local system using the NHS Number	Yes	Yes	Yes	Yes	Yes	Yes

2. Proposed Metric: Availability of Open APIs across care settings

Please indicate across which settings relevant service-user information is currently being shared digitally (via Open APIs or interim solutions)

	To GP	To Hospital	To Social Care	To Community	To Mental health	To Specialised palliative
From GP	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Shared via interim solution	Shared via interim solution	Shared via interim solution
From Hospital	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Shared via interim solution	Shared via interim solution	Shared via interim solution
From Social Care	Not currently shared digitally	Shared via interim solution	Shared via Open API	Shared via interim solution	Shared via interim solution	Not currently shared digitally
From Community	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Shared via interim solution	Not currently shared digitally	Shared via interim solution
From Mental Health	Not currently shared digitally	Not currently shared digitally	Shared via interim solution	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally
From Specialised Palliative	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Shared via interim solution	Not currently shared digitally	Shared via interim solution

In each of the following settings, please indicate progress towards instillation of Open APIs to enable information to be shared with other organisations

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
Progress status	Installed (not live)	Installed (not live)	Installed (not live)	Unavailable	In	In

				ble	developm ent	developm ent
Projected 'go-live' date (dd/mm/yy)	01/10/17	01/10/17	N.A	N.A	N.A	N.A

3. Proposed Metric: Is there a Digital Integrated Care Record pilot currently underway?

Is there a Digital Integrated Care Record pilot currently underway in your Health and Wellbeing Board area?	Pilot currently underway
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4. Proposed Metric: Number of Personal Health Budgets per 100,000 population

Total number of PHBs in place at the end of the quarter	44
Rate per 100,000 population	5

Number of new PHBs put in place during the quarter	3
Number of existing PHBs stopped during the quarter	0
Of all residents using PHBs at the end of the quarter, what proportion are in receipt of NHS Continuing Healthcare (%)	100%

Population (Mid 2016)	807,355
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5. Proposed Metric: Use and prevalence of Multi-Disciplinary/Integrated Care Teams

Are integrated care teams (any team comprising both health and social care staff) in place and operating in the non-acute setting?	Yes - throughout the Health and Wellbeing Board area
Are integrated care teams (any team comprising both health and social care staff) in place and operating in the acute setting?	Yes - throughout the Health and Wellbeing Board

Narrative

Please provide a brief narrative on year-end overall progress, reflecting on the first full year of the BCF. Please also make reference to performance on any metrics that are not directly reported on within this template (i.e. DTOCs).

In Nottinghamshire we have maintained our ambition for a strong BCF plan across our Health and Wellbeing Board footprint. An extended board meeting with partners is planned in January to review our 2015/16 BCF plan using the Better Care Support Team self-assessment tool to support the development of plans for 2016/17.

Performance against all BCF metrics continues to be monitored monthly to ensure timely actions where plans are off-track. There continues to be a high level of commitment from partners to address performance issues e.g. daily discussions within hospitals to facilitate timely discharges, the development of transfer to assess models to reduce long term admissions to care homes, District Authority alignment with Integrated Discharge Teams to ensure housing needs of patients are addressed prior to discharge and avoid unnecessary delays. At Q4, five performance metrics are on plan, and one off plan (GP patient satisfaction survey – we additionally measure satisfaction with Disabled Facilities Grants and Friends and Family test data which are on plan).

Delayed Transfers of Care (DTOC) are on plan with some concern around data accuracy for Q1 and Q2 with one of our acute trusts as outlined in the Q2 update report. All trusts have been reporting in-line with the guidance since Q3. The table below shows 2015/16 plan and activity:

2015/16 target	Planned	Actual
Apr 15 – Jun15	1,151.4	550.2
Jul 15 - Sep 15	1,121.4	814.5
Oct 15 – Dec15	1,173.3	1,036.9
Jan 15- Mar 16	1,136.9	960.14

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

8 June 2016**Agenda Item: 13****REPORT OF THE CHAIR OF THE HEALTH AND WELLBEING BOARD****CHAIR'S REPORT****Purpose of the Report**

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

Information and Advice**2. ASSIST – Nottinghamshire**

The Board has previously discussed smoking and in particular to need to educate children and young people so I am keen to highlight the local ASSIST programme.

ASSIST is a smoking prevention peer support programme delivered to Year 8 pupils. It involves training influential peers to use informal opportunities outside of the classroom to highlight the dangers of smoking, the benefits of being smoke free and to encourage their peers not to take up smoking. The peer supporters are carefully selected as being the most influential students by the rest of their year group.

ASSIST is the only evidence-based smoking prevention programme with a positive impact, demonstrated through a randomised control trial across England and Wales. In Nottinghamshire the project is funded by Public Health and provided by Nottinghamshire County Council's Youth Service.

It's been a very successful start for the ASSIST project in Nottinghamshire since its launch in January 2016. To ensure maximum impact, delivery of the programme is prioritised to targeted secondary schools based on smoking prevalence in the area. It is currently up and running in four schools across the county with three more ready to begin in the new academic year. Some great feedback has been received about the programme and the way in which it is delivered, helping young people to build their confidence and learn new skills whilst delivering a potentially life changing message to their friends.

For more information or if you can help with making links with schools contact the ASSIST Coordinator, Sarah Marlow on 0115 9773001, 07342066254 or email sarah.marlow@nottsc.gov.uk

3. **Co-production Event for Carers Support Services – Wednesday 8th June 2016**

As part of Carers Week (6th – 12th June 2016), Notts CC are planning a stakeholder ‘co-production’ event, which will focus on support for carers. The aim of the event will be to explore what is working well, what’s not, and for participants to suggest improves to enable carers to be supported to continue effectively within their caring role.

The event will take place on Wednesday 8th June 2016 at Pleasley Landmark Centre, Pleasley, Mansfield.

Stakeholder participation will include: the 6 Notts CCG’s, contracted providers of homecare and other support services for carers, Notts CC social work teams, Notts CC Commissioners, voluntary sector organisations, and of course carers.

The format for the event will be based on the ‘Open Space Technology’ concept. This means that the session will be informal and based around a number of different ‘conversations’ in relation to key issues or areas of focus with regard to support for carers. Participants are encouraged to join a ‘conversation’ that they wish to be involved in, but will also have the freedom to join into other conversations as they wish. Feedback from the conversations will be recorded and analysed to identify key themes and issues which currently affect support for carers.

For more information contact Dan Godley, Market Development Officer email: dan.godley@nottscg.gov.uk or tel: (0115) 977 4596.

PAPERS TO OTHER LOCAL COMMITTEES

4. **[Economic Development Strategy – Delivery Plan and Budget 2016-17](#)**

Economic Development Committee
22 March 2016

5. **[Urgent Care Resilience Programme](#)**

Joint Health Scrutiny Committee
19 April 2016

6. **[Launch of Inspire](#)**

Culture Committee
19 April 2016

7. **[Smokefree Policy](#)**

Policy Committee
20 April 2016

8. **[Children, Young People and Families Plan 2016-18](#)**

Children and Young People’s Committee
25 April 2016

9. **[Community Safety Update](#)**

10. **[Update on the Work of the Community and Voluntary Sector Team](#)**

Community Safety Committee
26 April 2016

11. [Sherwood Forest Hospitals – Quality Improvement Plan](#)
12. [Doncaster & Bassetlaw Hospitals Trust Draft Quality Account](#)
13. [Public Health Commissioning 2015/16 and 2016/17 – Update Report](#)
Health Scrutiny Committee
9 May 2016
14. [Nottinghamshire Healthcare Trust Transformation Plans for Children and Young People – CAMHS and Perinatal Mental Health Services](#)
Joint Health Scrutiny Committee
15. [New Joint Health Overview and Scrutiny Committee](#)
County Council
12 May 2016
16. [Commissioning for Better Outcomes Peer review 2015 – update on actions](#)
17. [Extension of better Care Fund and Intermediate Care Posts](#)
18. [Update on the proposal to establish a local authority Trading company for the delivery of adult social care Services](#)
Reports to Adult Social Care and Health Committee
16 May 2016
19. [Commissioning homelessness prevention accommodation services](#)
20. [NHS health check procurement update](#)
21. [Annual report to Health and Wellbeing Board 2015/16](#)
Reports to Public Health Committee
18 May 2016

A GOOD START

22. [Children and Young People’s Mental Health: State of the Nation](#)
Centre Forum
The report highlights the problems young people face when trying to access mental health care. Services turn away, on average, nearly a quarter (23%) of children and teenagers referred to them by their GPs, teachers or others. Once a referral is accepted, young people often have to wait many months for treatment; the average of the longest waiting times was nearly ten months between referral and the start of treatment.
Additional link: [NHS Confederation press release](#)
23. [Identifying the signs of child sexual exploitation](#)
Health Education England in association with the Department of Health and NHS England
This video provides advice to support healthcare and other community staff on identifying the signs of child sexual exploitation (CSE) in vulnerable young people. While the film highlights the issue of CSE, it also provides practical advice on what to do if healthcare professionals and others suspect a patient or person in their care is at risk and makes it clear that there is a responsibility to report any activity that they think is suspicious.
24. [Ready to Listen: involving young children and their families in local decisions about health and wellbeing](#)

The National Children's Bureau

This resources has been designed to help support discussions with children aged 0-7 and their parents / carers about health and wellbeing and to support their involvement in decision making about local health structures and systems.

LIVING WELL

25. [Eatwell Guide](#)

Public Health England

The Guide says a healthy diet should now include more fruit, vegetables and starchy carbohydrates, and fewer sugary foods and drinks. It has been refreshed to reflect updated dietary recommendations, including those on sugar, fibre and starchy carbohydrates from the Scientific Advisory Committee on Nutrition (SACN) [report on Carbohydrates and Health](#) in 2015. The '5 A Day' logo has also been refreshed.

26. [Nicotine without smoke: tobacco harm reduction](#)

The Royal College of Physicians

This report aims to provide an update on the use of harm reduction in tobacco smoking, in relation to all non-tobacco nicotine products but particularly e-cigarettes. It concludes that, for all the potential risks involved, harm reduction has huge potential to prevent death and disability from tobacco use, and to hasten our progress to a tobacco-free society.

Additional links: [RCGP press release](#)

27. [Focus on public health and prevention](#)

The Nuffield Trust in conjunction with The Health Foundation

This Quality Watch survey provides a glimpse into the current state of public health services and explores the potential impact on key health outcomes. It combines quantitative data from 20 indicators across five key areas of public health with a survey and in-depth interviews with senior public health professionals.

28. [The stolen years: the mental health and smoking action report](#)

This report by ASH, endorsed by 27 health and mental health organisations, sets out recommendations for how smoking rates for people with a mental health condition could be reduced. These include improved training of healthcare staff, better access to stop smoking medication and a move towards smokefree mental health settings.

29. [A new approach to measuring drinking cultures in Britain](#)

Alcohol Research UK

This study is aimed to develop a typology of drinking culture in Britain. It identifies that drinking occurs at increasing and high risk levels in a diverse range of occasions including drinking in the home and at other people's houses, and extends well beyond caricatures of youth binge drinking in urban centres. High risk occasions are found across all age, sex and socioeconomic groups but the majority occur within those aged over 35 and of high socioeconomic status.

30. [The 3rd National Emergency Department Survey of Alcohol Identification and Intervention Activity](#)

Alcohol Research UK

This research shows that emergency departments in England have increased the level of alcohol screening for adults - with the offer of specialist support for those attending with

alcohol-related health problems and for those who frequently attend. However, it also shows that while most emergency departments attending to under-18s ask them about their drinking, few do so routinely. It concludes that this needs to improve to ensure young people are considered to be at risk of developing drink-related ill health receive the specialist support they need.

31. [Statistics on Obesity, Physical Activity and Diet - England, 2016](#)

Health and Social Care Information Centre (HSCIC)

This report presents a range of information on obesity, physical activity and diet, drawn together from a variety of sources. The report is split into four sections covering; overweight and obesity prevalence among adults and children; health outcomes, including health risks, hospital admissions and prescription drugs used for treatment of obesity; physical activity levels among adults and children and diet among adults and children, including trends in purchases, and consumption of food and drink and energy intake.

COPING WELL

32. [Fix dementia care: NHS and care homes](#)

The Alzheimer's Society

This report marks the second phase of an Alzheimer's Society campaign looking at the experiences of people with dementia in a range of health and care settings. It contains the results of a survey of care home managers and the voices of people with dementia, their families and carers. The report sets out recommendations for the government and NHS to improve the experiences of people with dementia in care homes.

Additional link: [RCGP press release](#)

33. [Practical Guide to Healthy Caring](#)

NHS England, with Carers UK, Carers Trust, Age UK, Public Health England and carers networks

This is a companion guide to the [Healthy Ageing Guide](#) and provides information and advice to older carers about staying healthy whilst caring.

34. [A report of investigations into unsafe discharge from hospital](#)

The Parliamentary Health Service Ombudsman

This report focuses on the increasing number of complaints that the service is receiving regarding people being discharged from hospital with poor planning, co-ordination and communication between hospital staff and between health and social care services. The report uses nine experiences drawn from recent complaints to highlight the problems of unsafe discharge.

Additional links: [Healthwatch](#) | [BBC News report](#)

35. [Roll out of person centred care](#)

People with long-term conditions will be supported to better manage their own health and care needs, thanks to the rollout of an evidence-based tool over the next five years. NHS England has agreed a deal which will grant nearly two million people access to more person-centred care as part of its Self-Care programme.

Local NHS organisations and their partners are being invited to apply for access to patient activation licences, which will help them assess and build their patients' knowledge, skills and confidence, empowering people to make decisions about their own health and care. [The](#)

[Patient Activation Measure](#) (PAM) is a tool which captures how engaged and confident people feel in taking care of their health and wellbeing.

36. [Bringing together physical and mental health](#)

The King's Fund

This report makes a compelling case for integrating physical and mental health care. It gives service users' perspectives on what integrated care would look like and highlights [10 areas](#) that offer some of the biggest opportunities for improving quality and controlling costs.

37. [Mental health policy in England](#)

The House of Commons library briefing

This document provides a summary of Government policy introduced under the 2010-2015 Coalition Government, and under the 2015 Conservative Government. It focuses on health policy, and so does not look in detail at wider changes that may affect people with mental health problems, such as welfare reform and social care policy.

38. [Employment in mind](#)

The Centre for Mental Health

This report explores the barriers to employment faced by ex-Service personnel, and how these can be overcome. The report finds that individual placement and support is more effective than the other main approach of getting people into work: the 'train then place' model, which involves training, development and sheltered work before placing the person in paid employment.

39. [Funding for safe places for people in mental health crisis](#)

The Government has announced its intention to provide £15 million of funding aimed at helping provide health and community based places of safety to prevent vulnerable people being held in police cells. Through local Crisis Care Concordat groups, organisations, including health trusts, local authorities and the third sector, are also able to bid for funding for new health based places of safety.

40. [Funding mental health at a local level: unpicking the variation](#)

NHS Providers

This report found that only half (52%) of providers reported that they had received a real terms increase in funding of their services in 2015/16. The report also found that there is limited confidence that funding increases will be delivered this year, with only a quarter of providers saying they were confident that their commissioners were going to increase the value of their contracts for 2016/17. The report also highlighted a lack of alignment between commissioners and providers over what it means to implement parity of esteem.

41. [Shared Lives Model: The NHS invests £1.75 million to help more people to be cared for in a family home, not a hospital](#)

This innovative, family based initiative will help more people be cared for in a family home, not a hospital. It will be done by matching a person with a carer who is able to support them in the community. People using the scheme may have a learning disability, dementia, mental health problems or other needs that require long or short-term support.

42. [Too Much Information: why the public needs to understand autism better](#)

The National Autistic Society

The report reveals how poor public understanding of autism is pushing autistic people and their families into isolation. More than 1 in 100 people are on the autism spectrum, meaning they see, hear and feel the world in a different, often more intense, way to other people. Autistic people often find social situations difficult and struggle to filter out the sounds, smells, sights and information they experience, which means they feel overwhelmed by 'too much information' when out in public.

43. [Off the radar: housing disrepair and health impact in later life](#)

This report investigates the scale of poor housing conditions amongst older people, the concentration of poor housing in the owner-occupied sector and the resulting impact on the health and wellbeing of an ageing population. It finds that 1.2 million households of those aged 65 and over are in disrepair and the report estimates that poor housing costs the NHS £1.4 billion annually.

44. [State of Caring 2016](#)

CarersUK

This annual survey of carers collects evidence on a whole range of issues affecting carer's lives. The report shows that, one year on from the implementation of the Care Act 2014, carers in England are still struggling to get the support they need to care well, maintain their own health, balance work and care, and have a life of their own outside of caring.

Additional link: [BBC News report](#)

WORKING TOGETHER

45. [Nurses, pharmacists and patient pathways: working together across primary and community care.](#)

The Royal Pharmaceutical Society and the Royal College of Nursing

This report showcases ways in which nurses and pharmacists are working together and delivering care to different groups of patients. The purpose of the report is to inspire pharmacists and nurses to make changes locally in the way that they work together.

46. [Charting progress on the health devolution journey: early lessons from Greater Manchester](#)

The Local Government Association

This report details the meeting of a group of senior leaders from health and local government who met to discuss the early lessons emerging from Greater Manchester's experience on how to turn a successful case for health devolution into an achievable strategy.

47. [Supporting patient's choices to avoid long hospital stays](#)

NHS England and partners have published the latest quick guide. This guide aims to support local health and social care systems to reduce the time people spend in hospital, when they are ready to depart and no longer need acute care, but are delayed whilst making decisions about or making arrangements for their ongoing care.

Additional link: [NHS England news report](#)

48. [The journey to integration: learning from the seven leading localities](#)

The Local Government Association

This report details the experience of seven localities in developing integrated care. It examines each against a range of factors, including care model, leadership, workforce, payment model and information flow. It concludes that it is possible to have significant impact in terms of improved health outcomes and financial sustainability, and sets out the key lessons for other localities to consider in embarking on integration themselves.

49. [Housing, social care, health and wellbeing](#)

The King's Fund

The slides are an output of a joint learning network on integrated housing, care and health and are designed to show housing associations and other organisations have a role to play with the NHS and care sector in improving and maintaining people's health.

50. [Get well soon: reimagining place-based health](#)

This report, by the Place-Based Health Commission chaired by Lord Victor Adebowole, argues that the NHS must construct a 15 year plan to shift money out of hospitals and into investment in communities. It demonstrates that the health service in its current form is not sustainable, and sets out a new plan for shifting the system to focus on preventing illness, shorten stays in hospitals and help people live independently for longer.

51. [Sustainability and transformation plan footprints](#)

This document outlines the 44 footprint areas that will bring local health and care leaders, organisations and communities together to develop local blueprints for improved health, care and finances over the next five years, delivering the NHS five year forward view.

52. [The community pharmacy offer for improving the public's health: a briefing for local government and health and wellbeing boards](#)

This briefing for councillors, senior council officers and commissioners describes the increasing role of community pharmacy in public health and explains councils' role and duties. A number of case studies are included to illustrate a variety of collaborative approaches by community pharmacies working with councils and other community partners.

53. [Building the foundations: tackling obesity through planning and development](#)

This report outlines the actions and role that councils can take in helping to prevent and reduce the prevalence of obesity. It examines the role of town planning in contributing to the public health agenda and includes examples from various local authorities around the country.

HEALTH INEQUALITIES

54. [Strategic Plan for the next four years: better outcomes by 2020](#)

Public Health England

The plan sets out how the organisation intends to protect and improve the public's health and reduce inequalities over the next four years. It also outlines actions PHE will take over the next year to achieve these aims and deliver its core functions. It builds on the Department of Health's Shared Delivery Plan, the NHS 5 Year Forward View, and 'From Evidence into Action'.

55. [An investigation into inequalities in adult lifespan](#)

The Cass Business School of the City University London

This report highlights that despite huge increases in life expectancy, the gap in lifespan between richest and poorest in society is increasing for the first time since the 1870s. The paper finds that in England and Wales, 5% of men that have attained the age of 30 are living on average to 96.0 years, 33.3 years longer than the lowest 10%.

Additional link: [BBC News report](#)

56. **[Destitution in the UK](#)**

The Joseph Rowntree Foundation

This report defines destitution in the UK, looking at how many people are affected, who they are, and the main pathways in and out of destitution. The impact of destitution on people's health is focused on, both in terms of physical health through poor nutrition and in mental health with social isolation, loneliness and stress.

57. **Alcohol consumption survey**

IPSOS Mori has published the results of a survey [Drinkaware Monitor 2015: UK adults' experience of and views on cutting down](#). The key findings provide an overview of drinking in the UK, alcohol consumption patterns, perceptions around drinking, experiences of cutting down and opportunities for cutting down and moderating.

58. **[Socioeconomic inequalities in health care in England](#)**

The University of York Centre for Health Economics

This paper reviews what is known about socioeconomic inequalities in health care in England, with particular attention to inequalities relative to need that may be considered unfair ('inequities').

59. **[English devolution deals](#)**
National Audit Office

This report argues that whilst devolution deals offer opportunities to stimulate economic growth and reform public services for local users, the arrangements are untested and government could do more to provide confidence that these deals will achieve the benefits intended. It also highlights significant accountability implications arising from the deals which central government and local areas will need to develop and clarify. These include the details of how and when powers will be transferred to mayors and how they will be balanced against national parliamentary accountability.

GENERAL

CONSULTATIONS

Other Options Considered

60. To note only

Reason/s for Recommendation/s

61. N/A

Statutory and Policy Implications

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

RECOMMENDATION/S

1) To note the contents of this report.

Councillor Joyce Bosnjak
Chair of Health and Wellbeing Board

For any enquiries about this report please contact:

Nicola Lane
Public Health Manager
T: 0115 977 2130
nicola.lane@nottsccl.gov.uk

Constitutional Comments

63. As this report is for noting only, no constitutional comments are required.

Financial Comments (NR 31/05/16)

64. 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.

None

Electoral Division(s) and Member(s) Affected

All

8 June 2016**Agenda Item: 14**

REPORT OF CORPORATE DIRECTOR, RESOURCES WORK PROGRAMME

Purpose of the Report

1. To consider the Board's work programme for 2016/17.

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: Paul Davies, x 73299

Constitutional Comments (HD)

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

Financial Comments (NS)

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

Background Papers

None.

Electoral Division(s) and Member(s) Affected

All

Health and Wellbeing Board & Workshop Work Programme

The latest template can always be found on the intranet - <http://intranet.nottscg.gov.uk/departments/chiefexecutives/democratic-services/report-writing/reporttemplates/>

	Health & Wellbeing Board (HWB)
13 July 2016 (To be held at Mansfield Civic Centre)	<p><i>Pre-meeting demonstration – Help Yourself Website (John Stronach) TBC</i></p> <p>Report from Health & Wellbeing Implementation Group (HWIG)</p> <p>NHS Five Year Forward View – updates on new models of care, Vanguard & transformation from CCGs (Rebecca Larder/Dawn Atkinson) requested at March 2016 meeting</p> <p>(Report) Outcomes from the Joint Summit on the role of Nottinghamshire Fire & Rescue in improving health & wellbeing to include an update on the Hoarding framework. (Wayne Bocock, John Buckley & John Mills)</p> <p><i>Air quality update (Jonathan Gribbin) TBC</i></p> <p>Chairs report:</p>
7 September 2016	<p><i>Learning disability & autism self-assessments</i> (Cath Cameron-Jones)TBC</p> <p><i>CYP Mental Health and Wellbeing Transformation Plan</i> (Kate Allen/ Lucy Peel) TBC</p> <p><i>The role of community pharmacy</i> (Nick Hunter - Nottinghamshire Local Pharmaceutical Committee (LPC))</p> <p>Chairs report:</p>
5 October 2016	<p>Young People’s Health Strategy (Kate Allen/Andy Fox) <i>update from paper to HWB Oct 2015</i></p> <p><i>Children and Young People’s Pathway</i> (Colin Pettigrew)</p>

Health and Wellbeing Board & Workshop Work Programme

	<p><i>Substance misuse services</i> (Lindsay Price/Tristan Poole)</p> <p>Update on falls pathway implementation (Gill Oliver/Frankie Cook)</p> <p>Update on the Crisis Care Concordat (Susan March/Clare Fox)</p> <p><i>Chairs report:</i></p>
9 November 2016	<p>Update on dementia framework for Action <i>requested at May 2016 meeting</i> (Gill Oliver)</p> <p>Chairs report:</p>
7 December 2016	<p><i>Strategic Action 2 Child Sexual Exploitation update</i> (Steve Edwards/Terri Johnson)</p> <p>Chairs report:</p>
4 January 2017	<p>Wellbeing@Work update – (TBC)</p> <p>Update on Spatial Planning <i>requested at May 2016 meeting</i> (Anne Pridgeon)</p> <p>Update on merger of Sherwood Forest & Nottingham University Hospitals (Peter Homa/Peter Herring)</p> <p>Update Bassetlaw Accountable Care & Strategic Plans (Phil Mettam)</p> <p>Chairs report:</p>