

Health and Wellbeing Board

Wednesday, 04 December 2019 at 14:00

County Hall, West Bridgford, Nottingham, NG2 7QP

AGENDA

- | | | |
|---|--|---------|
| 1 | Minutes of the last meeting held on 6 November 2019 | 3 - 10 |
| 2 | Apologies for Absence | |
| 3 | Declarations of Interests by Members and Officers:- (see note below)
(a) Disclosable Pecuniary Interests
(b) Private Interests (pecuniary and non-pecuniary) | |
| 4 | Chair's Report | 11 - 30 |
| 5 | Developing a Health and Work Approach in Nottinghamshire | 31 - 58 |
| 6 | Joint Strategic Needs Assessment Progress and Development | 59 - 68 |
| 7 | Work Programme | 69 - 74 |

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:-

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

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

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

Meeting **HEALTH AND WELLBEING BOARD**

Date **Wednesday, 6 November 2019 (commencing at 2.00 pm)**

Membership

Persons absent are marked with an 'A'

COUNTY COUNCILLORS

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

DISTRICT COUNCILLORS

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

OFFICERS

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

CLINICAL COMMISSIONING GROUPS

A	Dr Nicole Atkinson	-	Nottingham West Clinical Commissioning Group
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- | | | | |
|---|------------------------|---|--|
| A | Dr Thilan Bartholomeuz | - | Newark and Sherwood Clinical Commissioning Group |
| A | Nicole Chavaudra | - | Bassetlaw Clinical Commissioning Group |
| A | Nina Ennis | - | NHS Greater Nottingham Clinical Commissioning Group |
| | Idris Griffiths | - | Bassetlaw Clinical Commissioning Group |
| | Dr Jeremy Griffiths | - | Rushcliffe Clinical Commissioning Group (Vice-Chair) |
| A | Dr James Hopkinson | - | Nottingham North and East Clinical Commissioning Group |
| A | Dr Hilary Lovelock | - | Mansfield and Ashfield Clinical Commissioning Group |

LOCAL HEALTHWATCH

- | | | | |
|---|--------------|---|--|
| A | Sarah Collis | - | Healthwatch Nottingham & Nottinghamshire |
|---|--------------|---|--|

NOTTINGHAMSHIRE POLICE AND CRIME COMMISSIONER

- | | |
|---|--------------|
| A | Kevin Dennis |
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OFFICERS IN ATTENDANCE

- | | | |
|-----------------|---|--|
| Paul Johnson | - | Service Director – Strategic Commissioning and Integration |
| Irene Kakoullis | - | Group Manager for Early Childhood Services |
| Geoff Hamilton | - | Public Health |
| Nicola Lane | - | Public Health |
| Nick Romilly | - | Public Health |
| Edward Shaw | - | Public Health |
| Martin Gately | - | Democratic Services |

OTHER ATTENDEES

- | | | |
|--------------------|---|---------------------------------|
| Dr Ajanta Biswas | - | Healthwatch |
| Dr Vivienne Weston | - | Nottingham University Hospitals |

MINUTES

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

APOLOGIES FOR ABSENCE

Dr Ajanta Biswas of Healthwatch replaced Sarah Collis for this meeting only.
Permanent changes of membership – Dr Hilary Lovelock replaced Dr Gavin Lunn, NHS Mansfield and Ashfield CCG, and Nina Ennis Associate Director of Joint Commissioning and Planned Care NHS Greater Nottingham CCG replaced Andrea Brown.

DECLARATIONS OF INTEREST BY BOARD MEMBERS AND OFFICERS

None.

CHAIRS' REPORT

The Chairman highlighted that arrangements are in place with partner organisations to support the uptake of the flu vaccination. A good response is anticipated from partner organisations, and some of these have considerable workforces.

The Chairman indicated that an inclusive employment event had taken place in Bassetlaw on 18th October 2019. The event was sponsored by Cerealto, which is a large employer in Worksop.

A Manifesto for Children - the Children's Commissioner has called on Britain's political parties to include a six-point plan in their manifestoes to transform the lives of children.

Members requested that the Public Health England Strategy be supplied to them.

RESOLVED: 2019/028

That:

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

ANTIMICROBIAL RESISTANCE

Dr Vivienne Weston, Consultant Microbiologist and Community Infection Doctor at Nottingham University Hospitals NHS Trust, introduced the report, the purpose of which was to raise awareness of the issues associated with anti-microbial resistance, highlight national and local action that has taken place to help address antimicrobial resistance, as well as identifying how Health and Wellbeing Board Members can support the antimicrobial resistance agenda.

Antimicrobial resistance is a natural biological phenomenon but is increased by various factors such as inappropriate use of antimicrobial medicines, poor infection control practices and global spread through trade and travel. Failure to manage this risk could see increases in hospital admissions and lengths of stay, costs of treatment and premature mortality.

Dr Weston stated that there was increasing inappropriate use of antibiotics, particularly against self-limiting and viral infections. Antibiotics have previously been used in farming to promote growth, but this has now been addressed in this country. Sepsis is the commonest type of gram-negative infections.

In addition, Nottingham University Hospitals (NUH) has won a national award around the treatment and diagnosis of UTIs (urinary tract infections). Posters and other resources have also been developed around an promoting an antibiotic amnesty (returning unused antibiotics to pharmacists) and challenging inappropriate use of antibiotics. At the moment, no Trusts have electronic prescribing, which would make it much easier to account for how many antibiotics are prescribed and intervene in a timely manner.

The key thing is to prevent infection in the first place, much liaison with domiciliary and residential care workers has taken place – although this needs to be strengthened. The goal is to encourage everyone to be antibiotic guardians.

In response to a question from Councillor Bosnjak, Dr Weston stated that there are point of care diagnostic tests to see if infections require antibiotics, and these are being trialled in Sheffield. However, the cost of tests is more expensive than issuing antibiotics, hence the need for a national strategy. Sherwood Forest Hospitals are working with NUH to address the issue of electronic prescribing.

Dr Griffiths raised concerns about the nursing home population and emphasised that communication with clinicians needs to be about influence and incentivisation.

Jonathan Gribbin raised questions regarding the funding of point of care diagnostic testing and how this has been addressed in Sheffield. He highlighted that the Joint Strategic Needs Assessment (JSNA) is an opportunity to do work of joint interest and strategic importance, and that commissioners have to be mindful of JSNA chapters.

Members requested copies of the antimicrobial resistance leaflet for their own use. Mr Gribbin undertook to ensure the Board received this by Monday 18 November (European Antibiotic Awareness Day 2019, and the start of World Antibiotic Awareness Week 2019).

The Chairman stated that antimicrobial resistance was a clear and present danger. Pharmacies have an obligation to take back unused and old medicines.

The Board thanked Dr Weston for her valuable work.

RESOLVED: 2019/029

That:

- 1) Awareness of antimicrobial resistance and infection be promoted to employees and service users, using resources from the Antimicrobial Stewardship Group.

- 2) Advice and support be provided to the Antimicrobial Stewardship Group with the delivery of antimicrobial resistance and infection prevention messages across Health and Wellbeing Board partners and their networks, specifically to underserved populations such as the homeless, Gypsy, Roma and Travellers, and those where English is not the first language.

APPROVAL OF JSNA CHAPTER: HEALTH AND HOMELESSNESS

Nick Romilly, Senior Public Health and Commissioning Manager, Public Health introduced the report, the purpose of which was to approve the Health and Homelessness Joint Strategic Needs Assessment (JSNA) chapter.

Whilst approaches to address housing supply are critically important to securing positive outcomes, these are covered within the Homelessness Strategies produced by local housing authorities. The recommendations of this JSNA therefore focus on the non-housing risk factors leading to homelessness and how these wider needs can be met.

Mr Romilly explained that Shelter's homelessness definition is quite broad – the most visible, and acute, end of the spectrum are rough sleepers, who are predominantly male. Data indicates that there are 48 people sleeping rough each night in Nottinghamshire, but these numbers need to be monitored over time. There is a requirement for a shift from reactive measures, and no one should be leaving prison or hospital and becoming homeless.

Councillor Shaw stated that in Bassetlaw some social housing had been allocated to the homeless. The Authority was always looking for more funding since it is not sustainable in some of the projects with excellent outcomes.

Idris Griffiths stated that in Bassetlaw there are individuals with multiple causes of homelessness. The solution is for the whole system to come together. People who are homeless experience worse health outcomes than the general population. The life expectancy for someone who is homeless is only 47, and homeless people are nine times more likely to commit suicide.

Dr Jeremy Griffiths said that system design should be carefully considered. Homeless people may change locality during the course of the week, making it difficult to determine which organisation should be providing services to them.

Colin Pettigrew emphasised that it is to our shame that 2% of the homeless are care leavers – no one should be leaving care and becoming homeless. Mr Pettigrew undertook to look into this. He wondered to what extent there was evidence that an aggressive stance against homelessness displaced it into other localities (e.g. crossing the bridge to be homeless in Rushcliffe).

Councillor Henry Wheeler stated that Gedling Borough Council's housing stock was all sold off in 2008, and there was therefore not enough local authority housing in the

borough. Gedling Homes is run by a Manchester company and is not properly accountable locally. Gedling Borough Council can now build 200 houses, but there is still a crisis – private landlords are asking for rents that benefits don't cover.

RESOLVED: 2019/030

That:

- 1) The Health and Homelessness Joint Strategic Needs Assessment be approved.

APPROVAL OF THE JSNA CHAPTER: EARLY YEARS AND SCHOOL READINESS

Irene Kakoullis, Group Manager for Early Childhood Services introduced the report, the purpose of which was to request the Board's approval of the JSNA Chapter – Early Years and School Readiness. This complements the JSNA chapter for 1,001 days, conception to age 2, which was approved by the Health & Wellbeing Board on 4 September 2019.

School readiness is measured by the level of development of a child when they reach Foundation Stage at school. It is related to the good start in life ambition of Nottinghamshire's Joint Health & Wellbeing Strategy.

21 priorities are included in the report. It is proposed the new Best Start Group should oversee the implementation of the recommendations, working in partnership with commissioners and providers of educational, health and wellbeing services for pre-school children and their families.

Members were urged to attend the 5th February workshop, which would focus on the 'good start in life' ambition and school readiness.

Members heard that not enough children were starting school with the range of skills they need to succeed. Educational attainment is one of the main markers for wellbeing through the life course. However, the resources to support children are not always available (e.g. for one to one care).

Councillor Tideswell commented that he had recently attended his local Surestart and was impressed by their work and enthusiasm.

Members requested that a breakdown on free childcare figures be presented at the workshop.

RESOLVED: 2019/031

That:

1. The new Early Years & School Readiness Joint Strategic Needs Assessment chapter be approved.

RETROSPECTIVE APPROVAL OF THE 2019-20 BETTER CARE FUND (BCF) PLANNING TEMPLATE SUBMISSION

Paul Johnson, Service Director, Strategic Commissioning and Integration, introduced the report, the purpose of which was to gain approval for the Nottinghamshire 2019-20 Better Care Fund planning template that was submitted to NHS England 27 September 2019.

RESOLVED: 2019/032

That:

- 1) The Nottinghamshire 2019-20 Better Care Fund planning template that was submitted to NHS England on 27 September 2019 be approved.

OUTSIDE BODIES

RESOLVED: 2019/033

That:

- 1) The list of outside bodies relevant to the remit of the Health and Wellbeing Board and the agreed approach for requesting updates in the future be considered.
- 2) No updates were currently required from either of the outside bodies.

WORK PROGRAMME

Members were further reminded that the 4th December meeting is now a Board meeting rather than a workshop.

Dr Griffiths requested that integrated wellbeing be added to the work programme, and emphasised that this would require a reasonable amount of detail.

RESOLVED 2019/0034

That:

- 1) the report be noted.

The meeting closed at 15:53

CHAIR



REPORT OF THE CHAIR OF THE HEALTH & WELLBEING BOARD

CHAIR'S REPORT

Purpose of the Report

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

Information

2. [Integrated Wellbeing Service](#)

In October 2018, the Adult Social Care & Public Health Committee approved an Integrated Wellbeing Service model that brings health behaviour change functions together into one service.

This includes:

- Stop smoking services
- Weight management services
- Healthy eating support
- Physical activity
- Alcohol Identification & Brief Advice (IBA).

Evidence suggests there are a significant number of people who have multiple risk factors such as smoking, excessive alcohol consumption, physical inactivity and a poor diet. A service is needed that addresses multiple health behavioural risk factors, rather than individual standalone behaviours delivered by separately commissioned services.

Through a rigorous procurement process, ABL Health (ABL) is the incoming provider. ABL is a community-based health and behaviour change service provider founded in 2009 with experience working with communities across the North of England. The contract is up to a maximum of nine years, comprising an initial contract term of five years with options to extend by up to four years.

Nottinghamshire residents will be able to enter the service via a single point of access, and be supported by a key worker using a 'My Story' holistic assessment tool. There will be a wider range of options to access the service including telephone, face-to-face, group support and a new digital offer. These will be available at times and locations convenient to residents. Whilst

the service is available to all Nottinghamshire residents, the IWS will target resources to areas with the greatest need and priority groups.

A key component of the Integrated Wellbeing Service model is to work with communities and local stakeholders to support the long-term co-production of local community assets across Nottinghamshire to improve public health outcomes. The service will support existing county and district council initiatives, and work with partners within communities. It will also support the roll-out of social prescribing, community asset-based development and the aims of the NHS Long Term Plan to embed prevention and reduce health inequalities.

ABL and Matthew Osborne (Health Improvement Principal) will be in contact with representatives from across the health & social care system to ensure that appropriate referral pathways are in place and that future development is underpinned by effective partnership working. In the meantime, the Public Health service are working closely with its current providers (i.e. Everyone Health, Smokefree Life Nottinghamshire) to ensure continuity of services and a smooth transition to the Integrated Wellbeing Service.

It is proposed that a series of launch events will be held across all the districts / boroughs to meet the new provider and further establish partnerships with the wider community.

For further information, please refer to the Adult Social Care & Public Health Committee papers of [8 October 2018](#) and [11 November 2019](#).

Please contact Matthew Osborne (matthew.osborne@nottscg.gov.uk) in the event of any queries.

3. [**All Age Substance Misuse Treatment & Recovery Service**](#)

In October 2018, the Adult Social Care & Public Health Committee agreed that:

- Procurement could take place for a new model of an All Age Substance Misuse Treatment & Recovery Service which combined all three separate services
- A competitive dialogue approach would be used for the procurement process
- Contract length would be up to eight years, with a contract start date of 1 April 2020 (service mobilisation beginning 1 October 2019).

Through the completion of a successful competitive dialogue procurement process, the successful provider is Change, Grow, Live (CGL). CGL have considerable experience delivering adult and young people's substance misuse services nationally and are the incumbent provider within Nottinghamshire.

CGL will be responsible for the whole substance misuse pathway and have incorporated a family-based model, as specified in the tender, to support individuals in recovering from substance misuse. The new vision for the service will be to support individuals and tackle inter-generational substance misuse through a family-based approach. Although this has been commissioned through one service, there will be different age-appropriate interventions for adults and young people.

The rationale for taking an all age approach are:

- Consistent emphasis on recovery across all ages of those accessing the substance misuse services
- Improving transition arrangements from young person into adult substance misuse services which are more person-centred and integrated; transition will take place when the young person is ready to transition into an adult provision rather than when they reach their 18th birthday
- Ability to track and keep in touch with young people who have previously accessed young people substance misuse service as they become adults
- Enables assessment and co-ordination of intergenerational and whole family substance misuse support
- Easier for professionals to refer into one service, particularly if a family approach to tackling substance misuse is required
- Consolidation into a single service creates potential for service efficiencies, and improved consistency of approach to quality, clinical governance and supervision arrangements
- A focus on prevention and early intervention with an emphasis on young people to prevent substance misuse into adulthood.

The six-month mobilisation period for the new service will take place from 1 October 2019 until the end of March 2020. The commissioner and provider will be co-producing overarching service outcomes and key performance indicators, which will evolve over the lifetime of the contract in line with emerging local needs and national substance misuse policy.

For further information, please refer to the Adult Social Care & Public Health Committee papers of [8 October 2018](#) and [7 October 2019](#).

4. [Local authority health profiles 2019](#)

Public Health England has published *Local Authority Health Profiles 2019*. The profiles include data on a range of health and wellbeing indicators for local populations.

Health profiles are available online for [Ashfield](#), [Bassetlaw](#), [Broxtowe](#), [Gedling](#), [Mansfield](#), [Newark & Sherwood](#), [Rushcliffe](#), and [Nottinghamshire](#). A summary of the datasets used is available in appendix 1.

The following summary applies to the county of Nottinghamshire:

- The health of people in Nottinghamshire is varied compared with the England average
- 15.6% (21,740) of children live in low income families
- Life expectancy for women is lower than the England average.

Health inequalities:

- Life expectancy is 9.3 years lower for men and 7.7 years lower for women in the most deprived areas of Nottinghamshire than in the least deprived areas.

Child health:

- In Year 6, 19.0% (1,613) of children are classified as obese, better than the average for England
- Levels of smoking in pregnancy are worse than the England average
- Levels of GCSE attainment (average attainment 8 score) are better than the England average.

Adult health:

- The rate for alcohol-related harm hospital admissions is 670*, worse than the average for England; this represents 5,531 admissions per year (* rate per 100,000 population)
- The rate for self-harm hospital admissions is 197*, worse than the average for England; this represents 1,538 admissions per year (* rate per 100,000 population)
- The estimated levels of physically active adults (aged 19+) are better than the England average
- The estimated levels of excess weight in adults (aged 18+) are worse than the England average
- The rates of new sexually transmitted infections, and new cases of tuberculosis, are better than the England average
- The rates of statutory homelessness, and under 75 mortality rate from cardiovascular diseases, are better than the England average.

5. [Indices of deprivation 2019](#)

Nottinghamshire County Council has produced an update on the latest Indices of Deprivation figures for Nottinghamshire following the recent release on 26 September 2019 by the Ministry of Housing, Communities & Local Government.

Deprivation can be viewed in a variety of forms to obtain an insight into a particular area or neighbourhood. The English Indices of Deprivation therefore measure relative deprivation in small areas across England, called Lower-layer Super Output Areas (LSOAs). This is based on seven distinct domains of deprivation, which include income, employment, education, health, crime, barriers to housing and services, and living employment.

Supplementary indexes include the Income Deprivation Affecting Children Index and Income Deprivation Affecting Older People Index.

Key findings for Nottinghamshire include:

- Nottinghamshire is ranked 101 out of 151 amongst upper tier local authorities in England (1 being the most deprived and 151 being the least deprived)
- Nottinghamshire is ranked 9 out of 26 shire counties in England
- Mansfield is ranked in the top 20% of the most deprived districts / boroughs in England
- Rushcliffe is ranked in the top 3% of the least deprived districts / boroughs in England
- 31 of the Nottinghamshire neighbourhoods at Lower-layer Super Output Area level are in the most deprived (worst 10%) in England; in comparison to the 2015 Indices of Deprivation which identified 25 of Nottinghamshire's neighbourhoods as being amongst the most deprived (worst 10%) in England
- Nottinghamshire's rank in the Income Deprivation Affecting Children Index in England is 98 out of 151
- Nottinghamshire's rank in the Income Deprivation Affecting Older People Index in England is 110 out of 151
- Nottinghamshire's overall change in ranking in the main IMD index is -2 between 2015 and 2019.

See also: [English indices of deprivation 2019](#) and [House of Commons Library](#)

6. Personal wellbeing in the UK: April 2018 to March 2019

The Office for National Statistics has published the latest estimates of personal wellbeing in the UK by local authority, region and country level. Personal wellbeing is made up of four measures: overall life satisfaction, the feeling that the things done in life are worthwhile, happiness, and anxiety.

The latest survey indicates there was little change in personal wellbeing measures in the UK for the year ending March 2019, apart from a slight improvement in average happiness ratings (from 7.52 to 7.56 out of 10).

7. Tobacco CLear workshop: Tuesday 3 December 2019

The Tobacco CLear improvement workshop is planned for the afternoon of Tuesday 3 December 2019. Invitations have been sent to partners across Nottinghamshire, including Nottingham.

This workshop will provide an opportunity to bring partners together to discuss a range of local tobacco control efforts, and reinforce efforts and priorities. It will also allow work on tobacco control to be comparted over time and against others.

The CLear process will support the development of:

- A strategic approach for tobacco control
- A framework for action across Nottingham and Nottinghamshire.

Please contact Jo Marshall (jo.marshall@nottsc.gov.uk) in the event of any queries.

See also: [Health & Wellbeing Board report: Implementation of the Nottinghamshire tobacco control declaration \(6 March 2019\)](#)

8. Funding obtained to support people with serious mental illness to quit smoking

In England, 40.5% of adults with a serious mental illness are smokers which is more than twice the rate of the general population. People with severe mental ill health are three times more likely to smoke but typically do not access conventional smoking cessation services, thus contributing to widening health inequalities and reduced life expectancy.

Smoking contributes to the general poor physical health of individuals with severe mental ill health. Studies show that people with disorders such as schizophrenia die on average 20–25 years earlier than those without severe mental ill health, and smoking is the most important modifiable risk factor for this health inequality. Approximately 2,500 individuals are known to have serious mental illness across Nottinghamshire and Nottingham. This means that approximately 1,000 people living with a serious mental illness are current smokers.

Across the Nottingham & Nottinghamshire Integrated Care System area, Nottinghamshire County Council's public health division has been successful in obtaining funding from the East Midlands Cancer Alliance. The funding will be used to build capacity within community mental health teams using a 'train the trainer' approach. There is evidence that smoking cessation programmes which are tailored for this group of smokers can be effective and should be provided by mental health and tobacco control services within the community. This work will have a predicted reach of 250 smokers across Nottinghamshire Healthcare Foundation Trust inpatient and community services.

9. Nottingham and Nottinghamshire Joint Local Transformation Plan for Children and Young People's Emotional and Mental Health (2016-21)

Nottinghamshire and Nottingham's joint local transformation plan for children and young people's emotional mental health and wellbeing has been assured by NHS England & NHS Improvement.

The Future in Mind programme (NHS England and Department of Health, 2015) provided Nottinghamshire and Nottingham with the challenge to develop a whole-system approach to emotional wellbeing and mental health in order to deliver a fundamental change to better support children, young people and families. The commitments in the NHS Long Term Plan (2019) further strengthen this drive for closer working across the system.

This local transformation plan covers all parts of Nottinghamshire and outlines the vision for achieving fundamental positive change by 2021. It aims to provide every child, young person and family with the tools they need to grow their emotional wellbeing and resilience, and ensure that those needing specialist support receive it when they need it. The plan has been informed and influenced by the views of local young people and families.

Key priorities between 2019-21 include:

- Improving access to support around emotional health and support for more children and young people through the development of mental health support teams in schools.
- Improving transition and increasing the support available to young adults through developing a comprehensive 0-25 offer
- Increasing access to support for Looked After Children and Care Leavers via a responsive and dedicated service
- Reviewing delivery models in urgent and crisis care to ensure it is consistent with regional and national models of best practice, and using this learning to further improve local care.

Please contact Katharine Browne (katharine.browne@nottscc.gov.uk) in the event of any queries.

10. Promotion of accessible leisure facilities within Gedling

Gedling Borough Council has published footage online to promote their accessible leisure facilities and sessions. This includes two members of the public talking about their positive experience in using physical activity to recover from a period of ill health.

PROGRESS FROM PREVIOUS MEETINGS

11. **Healthy & Sustainable Places Coordination Group**

The Healthy & Sustainable Places Coordination Group met on 17 September 2019. This included the following items:

- A presentation on 'Our approach to Neighbourhoods' from Newark & Sherwood District Council, on behalf of the Mid Nottinghamshire Integrated Care Provider
- A report on physical activity
- A report on the food environment
- Presentations on the structure and governance of Integrated Care Systems, Integrated Care Providers and Primary Care Networks
- The future work programme and development of a delivery framework.

PAPERS TO OTHER LOCAL COMMITTEES

12. [Update on the work of Futures Group](#)

Report to Policy Committee
16 October 2019

13. [A strategy for improving educational opportunities for all](#)

Report to Children & Young People's Committee
14 October 2019

14. [Nottinghamshire childcare sufficiency assessment 2019](#)

Report to Children & Young People's Committee
14 October 2019

15. [Nottinghamshire Safeguarding Children Partnership annual report 2018-19](#)

Report to Children & Young People's Committee
14 October 2019

16. [Improving the emotional health of Looked After Children](#)

Report to Children & Young People's Committee
14 October 2019

17. [Public Health performance and quality report For contracts funded with ring-fenced Public Health Grant 1 April 2019 to 30 June 2019](#)

Adult Social Care & Public Health Committee
7 October 2019

18. [County Council response to Government consultation: advancing our health prevention in the 2020s](#)

Adult Social Care & Public Health Committee
7 October 2019

19. [Substance Misuse Service and New Psychoactive Substances](#)

Adult Social Care & Public Health Committee
7 October 2019

20. [Use of Public Health reserves](#)

Adult Social Care & Public Health Committee
7 October 2019

21. [Progress report on Budget, Savings and Improving Lives Portfolio](#)

Adult Social Care & Public Health Committee
7 October 2019

22. [Ageing Well Services: Progress And Future Priorities](#)

Adult Social Care & Public Health Committee
7 October 2019

23. [The Nottingham & Nottinghamshire Integrated Care System Five-Year System Plan](#)

Adult Social Care & Public Health Committee
7 October 2019

24. [Integrated Wellbeing Service](#)

Adult Social Care & Public Health Committee
11 November 2019

INTEGRATED CARE SYSTEMS AND INTEGRATED CARE PROVIDERS

25. [Bulletin](#)

Bassetlaw Integrated Care Partnership
October 2019

26. [Board papers](#)

Nottingham & Nottinghamshire Integrated Care System
6 November 2019

A GOOD START IN LIFE

27. [Childhood obesity](#)

The Department of Health & Social Care has published *Time to solve childhood obesity: an independent report by the Chief Medical Officer*. The Chief Medical Officer calls for action across industry and the public sector to help the government reach its target of halving childhood obesity by 2030. It sets out a range of recommendations for the government, which are supported by 10 principles.

28. [Children and young people's wellbeing](#)

The Department for Education has published *State of the Nation 2019: children and young people's wellbeing*. This report evaluates wellbeing in children and young people, including: statistics on the wellbeing of children and young people in England; wider indicators on their happiness with their relationships, self-reported health and experiences with school; and an in-depth analysis of psychological wellbeing in teenage girls.

See also: [press release](#)

29. [Young people's future health](#)

The Health Foundation has published *A healthy foundation for the future: the final report from the Young people's future health enquiry*. This final report sets out the range of factors that are putting the UK's 12-24 year olds at risk of ill-health in later life. It explores whether young people currently have the building blocks for a healthy future; what support and opportunities young

people need to secure these building blocks; the main issues that young people face as they become adults; what this means for their future health, and what policy action is needed.

See also: [press release](#)

30. [Safeguarding children](#)

The National Children's Bureau has published *Safeguarding early adopters: developing the learning on multi-agency safeguarding arrangements*. This report disseminates the learning from 17 projects across the country which developed new and innovative approaches to multi-agency child safeguarding arrangements.

HEALTHY & SUSTAINABLE PLACES

31. [Preventing serious violence](#)

Public Health England and the Home Office have published *Preventing serious violence: a multi-agency approach*. This is aimed at helping local partners to take a public health approach and work together to prevent serious violence.

32. [Age friendly communities](#)

Heriot-Watt University has published *Place-Age, Place-Making with Older Adults: Towards Age-Friendly Cities and Communities*. This book presents the findings from a study to explore how older adults experience ageing across diverse urban, social and cultural contexts and identified implications for the delivery of Age-Friendly Cities and Communities.

33. [Health Matters: Rough Sleeping](#)

Public Health England has published *Health Matters: rough sleeping*. This latest edition of Health Matters focuses on the scale of rough sleeping in England, the causes and consequences of rough sleeping (including the links with poor physical and mental health, prevention and effective interventions) and relevant calls to action.

34. [Rough sleeping: briefing paper](#)

The House of Commons Library has published *Rough sleepers: access to services and support (England)*. This provides an overview of the support and services that are available for rough sleepers and the challenges rough sleepers can face in accessing them.

35. [Rough Sleeping Grant awarded to 6 projects](#)

Public Health England has awarded £1.9 million of Department of Health & Social Care funding to six projects to test and evaluate models with the aim of improving access to health services for those who are currently, or at risk of, sleeping rough who are also experiencing mental ill-health and drug and alcohol dependency. The funding has been awarded to projects based in Lambeth, Portsmouth, Westminster, Newcastle, West Sussex and Leeds. The models aim to support individuals to access the specialist care they need through a range of methods, including specialist care teams working on the street and in day centres and hostels. Learning from these models will help inform national policy and local commissioning of health and support services.

36. [Government response to committee report on sexual health](#)

The government has responded to the recommendations made in the Health & Social Care Select committee report into sexual health by agreeing with the principle recommendation to draft a new sexual and reproductive health strategy for England. Public Health England will work with the Department for Health & Social Care, NHS England & NHS Improvement, local government and other stakeholders in its development.

37. [Environmental health inequalities in Europe](#)

The World Health Organisation has published *Country profiles on environmental health inequality: a supplement to environmental health inequalities in Europe*. This report is supplement to the second assessment report on environmental health inequalities (published in June 2019) and presents country profiles on environmental health inequalities related to housing conditions, basic services, urban environments and transport, work settings and injuries.

38. [Healthy ageing](#)

Public Health England and the Centre for Ageing Better have published *A consensus on healthy ageing*. This statement sets out a vision for making England the best place in the world to grow old giving everyone the opportunities and support they need to have a healthy and good quality later life, and making the best use of the strengths, skills and experience of older people.

39. [Indoor climate: impact on health](#)

The RAND Corporation has published *Poor indoor climate, its impact on child health, and the wider societal costs*. This report presents the findings of a project looking at the impact of the indoor climate on human health, and in particular on children's health, and estimates the overall societal costs related to this. It will be of interest to policy-makers in the fields of public health, housing and education, as well as a broader spectrum of readers.

40. [Spatial planning and health: Getting Research Into Practice \(GRIP\)](#)

The Getting Research Into Practice (GRIP) initiative aims to help local authority public health and planning teams to influence the planning process in an evidence-based way by ensuring that improvements in health and wellbeing underpin all local plans and the design of development projects. This study explores the opportunities and challenges of applying the principles of Public Health England's [Spatial planning for Health: an evidence review](#).

41. [Benefits of co-operative and community led housing](#)

The Wales Co-operative Centre and Nationwide Foundation have published *Assessing the potential benefits of living in co-operative and / or community led housing*. This research has found that that residents experience improved mental wellbeing, happiness and skills development from living in co-operative and community-led housing schemes.

42. [NHS impact: health and wealth](#)

NHS Providers has published: *The NHS driving the nation's health and wealth*. This infographic shows how the NHS influences local communities and the nation's economic growth and productivity.

HEALTHIER DECISION MAKING

43. [Stoptober 2018: campaign evaluation](#)

Stoptober is an annual event to encourage smokers to quit for 28 days in October, with the aim of stopping smoking permanently. Public Health England have published a report which measures the impact of Stoptober in 2018. It aims to assess the scale of the campaign (reach and visibility), the degree to which people engage with different elements of Stoptober, and actions and behaviours generated by the campaign.

44. [Ageing cohort of drug users](#)

The Department of Health & Social Care has published a response to the Advisory Council on the Misuse of Drugs (ACMD) report entitled *Ageing cohort of drug users*. This document outlines the work underway to address each of the recommendations made in the report.

45. [UK drugs policy](#)

The Health & Social Care Select Committee has published *Drugs policy*. The Committee recommends a radical change in approach to UK drugs policy, moving from the current criminal justice approach to a health approach, with responsibility for drugs policy moving from the Home Office to the Department of Health & Social Care. It also encourages the Government to consult on the decriminalisation of drug possession for personal use from a criminal offence to a civil matter.

46. [UK alcohol clinical guidelines](#)

Public Health England is beginning work to develop the first UK-wide clinical guidelines for alcohol treatment. The guidelines will develop a clear consensus on good practice and help services implement interventions for alcohol use disorders. The guidelines will also improve the quality of service provision by having a detailed framework for service providers to support service delivery and staff training, as well as being a reference point for national regulatory bodies when inspecting alcohol treatment. The guidelines are intended to be published by the end of 2020.

47. [Supporting people affected by alcohol](#)

The Local Government Association has published *Helping to support and transform the lives of people affected by alcohol*. This report includes case studies of successful services which engage with people affected by alcohol.

48. [Evaluating the economic impact of minimum unit pricing in Scotland](#)

This study looks at the impact of minimum unit pricing (MUP) for alcohol which came into effect in Scotland in 2018. It specifically relates to the economic impact of MUP across the alcoholic drinks industry in Scotland.

WORKING TOGETHER TO IMPROVE HEALTH & CARE SERVICES

49. [NHS Choices Framework](#)

The Department of Health and Social Care has published *The NHS Choice Framework: what choices are available to me in the NHS?* This document, aimed at patients, sets out patients'

rights to choice in healthcare, where to find information to help choose, and how to complain if choice is not offered. The entitlements to choice set out in this guide reflect those in the [NHS Constitution for England](#).

50. [Personalised care](#)

NHS England has produced a series of factsheets relating to personalised care. These provide an introduction to what personalised care is and the work that NHS England is doing. They cover areas such as personal health budgets, supported self-management, social prescribing and professional development.

51. [NHS Winter Pressures - Help Us, Help You campaign](#)

Public Health England, in conjunction with NHS England & NHS Improvement, have launched the *Help us, Help you* campaign. This aims to help the public understand how they can stay well this winter and access appropriate services. It also aims to raise awareness around eligibility for free flu jabs. Campaign materials are available to support partners in sharing campaign messages. See also: [campaign resources](#)

52. **The Cold Weather Fund**

The Government has announced a £10m Cold Weather Fund, to accommodate and support people at risk of or experiencing rough sleeping during the winter period, with the aim of alleviating winter pressures. The funding must support integrating working to deliver the Homelessness Reduction Act 2017 (e.g. homeless hospital discharge schemes that support safe, timely transfers of care and reduce the risk of hospital readmission). NHS colleagues will need to contact their local housing authority to make a proposal which can be made at any point during the winter period. For further information, please email: england.dtoc@nhs.net

53. [State of health and adult social care](#)

The Care Quality Commission (CQC) has published *The state of healthcare and adult social care in England 2018/19*. This report sets out the CQC's assessment of the state of care in England in 2018/19. It uses data from CQC inspections and ratings, along with other information, including that from people who use services, their families and carers, to inform CQC judgements of the quality of care. The report indicates that quality ratings have been maintained overall but people's experience of care is determined by whether they can access good care when they need it. See also: [press release](#)

54. [Adult social care: the Government's ongoing policy review and anticipated Green Paper](#)

The House of Commons Library has published *Adult social care: the government's ongoing policy review and anticipated green paper (England)*. This considers the Government's ongoing review of social care policy, in particular how it is funded by individuals and the public sector in England.

55. [Adult Social Care Funding \(England\)](#)

The House of Commons Library has published *Adult social care funding (England)*. This examines the key funding pressures facing adult social care services in England and evidence of the impacts of these pressures on social care and health services. The paper explains the additional short-term, ring-fenced funding that has been committed to adult social care between

2016/17 and 2020/21, and outlines concerns about a social care funding gap and financial uncertainty in the future.

56. [Value of community services](#)

The Healthcare Financial Management Association has published *The values of community services: enabling system working*. This briefing is the last in a series looking at how services delivered in the community add value to both the patient and the wider health and care economy. This report looks at how community health services can enable and support system wide working.

57. [Community mental framework for older adults](#)

NHS England & NHS Improvement have published *The community mental health framework for adults and older adults*. This framework describes how the NHS Long Term Plan's vision for a place-based community mental health model can be realised, and how community services should modernise to offer whole-person, whole-population health approaches, aligned with the new Primary Care Networks.

58. [Approved mental health professionals](#)

The Department of Health & Social Care has published a *National workforce plan for approved mental health professionals*. This document is aimed at local authorities, directors of adult and children's social care, NHS mental health trusts and integrated care system workforce leads. It aims to explain the role of approved mental health professionals in mental health services in order to help with recruitment and retention.

59. [Quality of care for older people](#)

The Nuffield Trust has updated a group of indicators that particularly relate to older people to provide an overview of how older people's quality of care has changed over time. The indicators cover flu vaccination coverage, injuries due to falls, supporting older people's recovery after illness or injury, care home bed availability, admission to care homes, delayed transfers of care, emergency readmissions, and dying at home.

60. [The role of the arts in improving health and wellbeing](#)

The World Health Organisation has published *What is evidence on the role of arts in improving health and wellbeing? A scoping review*. The report reviews arts activities that seek to promote health and prevent ill health, as well as manage and treat physical and mental ill health and support end-of-life care.

61. [Primary Care Networks](#)

The Nuffield Trust has published *Primary care networks: A pre-mortem to identify potential risks*. A recent event drew together 45 GPs, local commissioners and representatives from NHS England/Improvement and the British Medical Association to undertake a 'pre-mortem' exercise to consider the threats and weaknesses of the introduction of Primary Care Networks by imagining their hypothetical failure. This paper presents six risks that could lead to the failure of primary care networks and suggests a set of recommendations and possible solutions for avoiding each of these pitfalls.

62. [Integrated Care Systems Network](#)

The NHS Confederation aims to support local areas on the journey to becoming integrated care systems by April 2021. A national network for sustainability & transformation partnership and integrated care system leaders has been developed to encourage greater collaboration, partnerships and system working.

GENERAL

63. [World Antibiotic Awareness Week \(18-22 November 2019\)](#)

World Antibiotic Awareness Week (WAAW) aims to increase awareness of antibiotic resistance as a global problem, and to promote best practices among the general public, health workers and policy-makers to avoid the further emergence and spread of antibiotic resistance.

As part of preparations for the 2019 Awareness Week this November, a group of senior leaders from across the health system including NHS England & NHS Improvement have co-signed a [letter](#), coordinated by Public Health England, that reminds commissioners and providers alike of their responsibility to contribute to this important agenda. The letter also reminds colleagues that this year's WAAW campaign is the first of a new five-year UK National Action Plan for antimicrobial resistance, which contains stretching ambitions for reducing inappropriate prescriptions; as well as controlling and preventing infections.

64. [165 new antibiotic resistant infections every day in England](#)

Public Health England's latest *English Surveillance Programme for Antimicrobial Utilisation and Resistance (ESPAUR) report* shows there were an estimated 61,000 antibiotic resistant infections in England during 2018 (a 9% rise from 2017).

Public Health England has relaunched the [Keep Antibiotics Working](#) campaign, urging people to take their doctor's, pharmacist's or nurse's advice on antibiotics. The campaign provides effective self-care advice to help people and their families feel better if they are not prescribed antibiotics. The campaign includes TV, radio and digital advertising.

Antibiotics are essential to treat serious bacterial infections such as pneumonia, meningitis and sepsis. They also help to ward off infections during chemotherapy, caesarean sections and other surgeries. However, while antibiotics are vital to treating life-threatening infections, they are frequently being used to treat less serious illnesses such as coughs, earache and sore throats that can get better by themselves.

65. [World Mental Health Day \(10 October 2019\)](#)

World Mental Health Day was held on 10 October 2019. This year focussed on suicide prevention. The following resources have been published to raise awareness:

- The World Health Organisation has published some resources on [suicide prevention](#)
- The House of Lords Library has published information on [suicide statistics and prevention strategies](#)
- The Mental Health Foundation has produced a [suicide prevention graphic](#) to help support people who may be suicidal.

66. [Interim findings of the Vaccinations & Immunisations Review \(September 2019\)](#)

The NHS Long Term Plan and *Investment and Evolution: a five-year framework for GP contract reform* committed to undertake a review of vaccination and immunisation, procurement, arrangements and outcomes in 2019. This interim report outlines the work of the Advisory Group to date prior to commencing contract negotiations with the General Practitioners' Committee England and the Pharmaceutical Services Negotiating Committee.

67. [Cold Weather Plan for England](#)

The cold weather alerting period begins on 1 November 2019. The Cold Weather Plan for England aims to raise both professional and public awareness of the health impacts of cold temperatures and is a key component of emergency planning. It provides advice for professionals, organisations and individuals to enable them to plan for and respond to cold temperatures. The 2015 edition of the plan remains in place until further notice. However, important updates to hyperlinks have been updated.

68. [Every Mind Matters](#)

Public Health England has launched England's first NHS campaign to improve mental health literacy. Every Mind matters is designed to help people take simple steps to look after their mental health, improve their mental wellbeing and support others. The new platform will enable people to create a personalised action plan recommending a set of self-care actions to deal with stress, boost mood, improve sleep and feel in control.

See also: [press release](#)

69. [Women's mental health](#)

The House of Commons Library has published a debate pack on women's mental health. Although this is aimed at Members of Parliament, it contains background information, statistics, press material and suggested further reading which may be useful for anyone interested in this topic.

70. [Extension to EU Exit Article 50 period until 31 January 2020](#)

Professor Keith Willett, EU Exit Strategic Commander and Medical Director for Acute Care & Emergency Preparedness at NHS England & NHS Improvement, has written a letter to outline how the NHS will use the extension period to review its EU Exit plans. The information for patients on the NHS website has recently been updated and explains the government's approach to ensure that medicines continue to be available. See also: [NHS website](#)

71. [Measuring health in England](#)

The Health Foundation has published *A health index for England: opportunities and challenges*. This article explores the government's proposal to make health a core measure of government success by creating a national health index for England.

CONSULTATIONS AND RESEARCH

72. **Call for website users to take part in research**

NHS England & NHS Improvement are looking for colleagues in Clinical Commissioning Group commissioning roles who use www.england.nhs.uk. A project is underway to create a new

website which better meets the needs of its users and helps them to achieve their goals more easily. With their input, volunteers will be helping the NHS to build a better digital service by means of a brief phone interview. Expressions of interest or questions can be emailed to: tom.blackwell1@nhs.net

73. An opportunity to contribute to patient record migration improvements

The NHS wish to reduce the burden on practices when GP2GP transfers fail between practices. This can result in records being printed and posted by the sending practice and being manually entered by the receiving practice. The NHS wish to hear of local experiences and the processes that Clinical Commissioning Groups have in place, to help with their research, understand how systems work and identify where improvements could be made. Feedback can be emailed to: lisa.mane1@nhs.net

Other Options Considered

74. Not applicable.

Reason/s for Recommendation/s

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

Statutory and Policy Implications

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

Financial Implications

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

RECOMMENDATION/S

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

Councillor Steve Vickers
Chairman of Health & Wellbeing Board

For any enquiries about this report please contact:

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Constitutional Comments (SS 19/11/2019)

78. The Board is the appropriate body to consider the content of this report.

Financial Comments (DG 19/11/19)

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

Background Papers and Published Documents

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

- None

Electoral Division(s) and Member(s) Affected

- All

Appendix 1: Data included within Local Authority Health Profiles 2019

New indicators include:

- GCSE attainment (average attainment 8 score)
- Violent crime, hospital admission rate for violence (including sexual violence)
- Excess winter deaths index (single year).

The following indicators have been removed:

- GCSE attainment: replaced by new measure (average attainment 8 score)
- Violent crime (violence offences per 1,000 population): replaced by hospital admission rate for violence
- Excess winter deaths index (3 years, all ages): replaced by the single year version of the indicator to remain consistent with Public Health Outcomes Framework.

Health profiles are available online for [Ashfield](#), [Bassetlaw](#), [Broxtowe](#), [Gedling](#), [Mansfield](#), [Newark & Sherwood](#), [Rushcliffe](#), and [Nottinghamshire](#). Further information is available [online](#).

Life expectancy and causes of death	
1.	Life expectancy at birth (male)
2.	Life expectancy at birth (female)
3.	Under 75 mortality rate from all causes
4.	Under 75 mortality rate from all cardiovascular diseases
5.	Under 75 mortality rate from cancer
6.	Suicide rate
Injuries and ill health	
7.	Killed and seriously injured (KSI) rate on England's roads
8.	Emergency hospital admission rate for intentional self-harm
9.	Emergency hospital admission rate for hip fractures
10.	Percentage of cancer diagnosed at early stage (experimental statistics)
11.	Estimated diabetes diagnosis rate
12.	Estimated dementia diagnosis rate
Behavioural risk factors	
13.	Hospital admission rate for alcohol-specific conditions
14.	Hospital admission rate for alcohol-related conditions

15.	Smoking prevalence in adults
16.	Percentage of physically active adults
17.	Percentage of adults classified as overweight or obese
Child health	
18.	Teenage conception rate
19.	Percentage of smoking during pregnancy
20.	Percentage of breastfeeding initiation
21.	Infant mortality rate
22.	Year 6: Prevalence of obesity (including severe obesity)
Inequalities	
23.	Deprivation score (IMD 2015)
24.	Smoking prevalence in adults in routine and manual occupations
25.	Inequality in life expectancy at birth (male)
26.	Inequality in life expectancy at birth (female)
Wider determinants of health	
27.	Percentage of children in low income families
28.	GCSE attainment (average attainment 8 score)
29.	Percentage of people in employment
30.	Statutory homelessness rate - eligible homeless people not in priority need
31.	Violent crime - hospital admission rate for violence (including sexual violence)
Health Protection	
32.	Excess winter deaths index (single year)
33.	New STI diagnoses rate (exc chlamydia aged <25)
34.	TB incidence rate

REPORT OF THE CHAIR OF THE HEALTH & WELLBEING BOARD

DEVELOPING A HEALTH AND WORK APPROACH IN NOTTINGHAMSHIRE

Purpose of the Report

1. To approve actions developed by the Health & Wellbeing Board and partners at the *Employment and Health and Wellbeing: Improving Lives in Nottinghamshire – Workshop for Action*, held on Friday 18 October 2019.
2. The outputs from the workshop have been combined with additional conversations gathered through prior stakeholder engagement. The report outlines specific actions for board members and partners to improve employment opportunities for people with health and complex social issues.

Information

3. Health and work are strongly interdependent. It is known that good work is generally good for both mental and physical health. At an individual and a collective level, work is one of the most fundamental and defining activities of humankind. But the evidence is clear that the benefits of work extend beyond bare necessities; good work is an enabler and impacts positively on quality of life, social interaction and identity.
4. There is a strong association between worklessness and poor health, as being out of work can be both the cause and the consequence of a range poor physical and mental health outcomes. Conversely, being in work can have a strong positive influence on health, protecting against social exclusion through providing an income, social interaction, a core role, identity and purpose. For people who have been out of work, securing employment is linked to improved physical and mental health, and improved self-esteem. With appropriate support, securing work is particularly important for individuals with a health condition or disability, not only because it promotes full participation in society and independence, but also because it can promote recovery and rehabilitation, and lead to improved health outcomes and a better quality of life.¹

¹ Waddell, Is Work Good for Your Health and Wellbeing.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/214326/hwwb-is-work-good-for-you.pdf

5. At a workshop on Friday 18 October 2019, the Health & Wellbeing Board and partners considered the relationship between good work and health in Nottinghamshire and how employment could be better realised for all residents. The workshop focussed on how Board members can demonstrate leadership on the issue of addressing employment and health, and play an important role in creating a new strategic approach to health and work across Nottinghamshire's employment and authorising landscape. This was with the intention of realising greater employment opportunities and outcomes for local residents for their benefit, and the benefit of Nottinghamshire's wider economy.
6. The aims of the workshop were to:
 - a. Explore the relationship between good work and health in Nottinghamshire
 - b. Understand the gaps in employment for those with health and complex social issues, and the barriers they face to employment
 - c. Identify and commit to actions to improve opportunities for employment for these groups.
7. Over 50 stakeholders from across the landscape attended including: members of the Health & Wellbeing Board; Nottingham & Nottinghamshire Integrated Care System; Bassetlaw Integrated Care Partnership; Clinical Commissioning Groups; health providers; economic development and social care services within Nottinghamshire County Council; district and borough councils; the Department for Work & Pensions; Public Health England; local employment support providers; further education providers; and the D2N2 Local Enterprise Partnership. Also in attendance were NHS England & NHS Improvement, and Public Health England's clinical champion for health and work, who attended as participants and to gain an insight into local practice.
8. The key note address was given by a young woman with health conditions who is now a Nottinghamshire County Council employee. She related her journey to employment and clearly articulated how much getting a job really mattered to her. She described an approach in which she searched for every opportunity to gain employment summarising clearly the obstacles and support she has encountered along the way. She also talked passionately about the huge impact for her health and wellbeing as a result of being in employment. She received a standing ovation for her strong and clear challenge to the system, asking how more can be done to enable people like her into employment.
9. Background presentations from the Public Health and Economic Development teams within Nottinghamshire County Council outlined the scale of the challenge locally, the evidence on the relationship between good work and health, and the barriers to employment for people with health and complex social needs. Presentations from the Department for Work & Pensions, the NHS and Nottinghamshire County Council summarised some of the support that is available locally. Bassetlaw Integrated Care Partnership provided an example of a place-based, employer-led initiative to improve inclusive employment.
10. NHS England & NHS Improvement presented alongside Public Health England's 'Work as a Health Outcome' clinical champion on the national offer of support. Feedback was requested to support the development of the national work programme at the Joint Work and Health Unit.

11. Facilitated table discussions after each series of presentations allowed partners to explore the barriers, challenges and opportunities involved in achieving the goals of increased employment for those with health conditions or disability.
12. Research evidence shows that efforts to support people with health or disability barriers into employment are most effective when multi-component support is used. This includes three key elements:
 - Health-focussed interventions (health professionals supporting improvement of mental and physical health)
 - Co-ordinated case management or employment support (facilitating effective links between healthcare and the workplace)
 - Employer-focussed modifications in the work environment (flexible working hours, duties or change to physical working environment).
13. Therefore, participants were asked to consider the potential roles for system partners via three themes:
 - Inclusive employment (the role of employers)
 - Work as a health outcome (the role of the health and social care system)
 - Employment support (the role of commissioned employment support services).
14. This report combines feedback from workshop discussions and insight from ongoing partnership engagement by Public Health with local stakeholders (commissioners, providers and the Local Enterprise Partnership) over the past six months to inform an evidence based rapid review of employment support in Nottinghamshire.
15. A summary of the key themes is provided below. Opportunities for national and local action captured during the workshop is outlined in appendix 1.

Employers' perspective

16. Inclusive employment is about ensuring all people, regardless of their needs, have the opportunities to secure a good job. This means creating job opportunities that are flexible to respond to people's additional needs and removing unnecessary barriers in recruitment and employment. Through their 'standard' recruitment practices and employment offer, employers can unknowingly exclude talented individuals with additional needs from their workplaces. There is a wide breadth of support available to employers, some of which is captured within appendix 2.
17. A perception of many workshop participants is that businesses are largely unaware of the support available to them or their staff in managing health at work, and in recruiting individuals with long-term conditions or disability. It was felt one reason for this is that the current support offer is perceived as fragmented, complex and very difficult to navigate. A key action to enable a 'Nottinghamshire employment offer' was put forward with

suggestions to use '[Notts Help yourself](#)' in the first instance with a more systematic consideration of eliminating fragmentation to follow.

18. Participants in the workshop identified anecdotal evidence from their experiences that employers of all sizes in Nottinghamshire recognise the opportunity to increase diversity and productivity in their workforce through caring for the health of their staff and adapting their recruitment approaches to be inclusive. However, there is a 'fear of the unknown' where businesses are unclear as to how far they can legally adapt their practices to support inclusive employment and what their obligations under law are.
19. Participants identified that small employers have more ability to be agile and responsive but that a perceived lack of information, advice and support was the largest barrier for them in moving towards inclusive recruitment and employment. The most frequently cited example of unmet need with small, medium and microbusinesses was a lack of access to quality occupational health advice.
20. Representatives from supported employment offers identified that very simple changes from employers could have a huge and beneficial impact (e.g. changing shift patterns or giving the opportunity for a work trial interview). However, potential adaptations are as wide-ranging as the disabilities and needs that people have, and this can be perceived as overwhelming for employers if they have to navigate this by themselves.
21. It should be noted there were relatively few employers in attendance at the workshop, and the importance of engaging with employers more widely within Nottinghamshire was highlighted.
22. Wider system challenges could also prevent opportunities being created or taken up (e.g. a real or perceived lack of appropriate accessible transport for commuting to the workplace).

Health and Social Care Perspective

23. The NHS has been developing its 'work as a health outcome' programme for a number of years. This supports clinicians to give greater weight, in their clinical practice and commissioning, to consider the impact of work on their patients' health, and the impact of their patients' health on their work. The *2019 Healthcare Professionals' Consensus Statement for Health and Work* outlines an ambition for approaching employment as a health outcome: *"Working can be considered as a health outcome in itself, reflecting how well we are supporting individuals to adapt to or recover from their health challenges. The majority of health-related worklessness is not inevitable and with the right advice and support, many individuals can achieve their working potential."*
24. Participants felt there were clear and strong opportunities to embed a greater focus on this in the health and social care workforce. Table discussions identified that although there was a wide range of local examples of excellence in clinical practice, this was not consistent or systematic. In order to deliver this opportunity there needs to be a

programme of work to bring the level of skills and capacity of the workforce in line with the ambition. The starting point was to ensure that a culture is created in which organisations understand and embed employment as an outcome aligned to both health and independence.

25. The vital role of the NHS long term plan as a driver of this culture change was highlighted. There are many opportunities included in the plan but these are not systematically presented or enabled. The opportunities for the NHS as an employer are not linked to those of the NHS as a provider, and neither are well articulated in terms of understanding how wider system partners should be engaged.
26. There is an opportunity to expand the impact of work as a health outcome through the use of newly established posts (e.g. social prescribing Link workers, and First Contact Practitioners). Feedback from tables was that enabling employment as a health outcome within these is not currently a priority for local delivery within Primary Care Networks. There is primarily a focus on those above working age and within this population on frailty and social isolation. However, there was suggestion on the tables that thought was being given to the development of a social prescribing focus for working age populations and this would pose a good opportunity to discuss health and employment.
27. The NHS Long Term Plan already includes ambitions to increase the specialist employment support for people with mental health conditions, and the number of supported internships created in NHS organisations (of which a percentage will be converted into paid employment). The ambitions around mental health specialist support are progressing well, with registered populations in all areas in Nottinghamshire now having access to employment advisors in Improving Access to Psychological Therapies services and Individual Placement & Support services. However, at present, only two NHS organisations within the Nottinghamshire Integrated Care System and Bassetlaw Integrated Care Partnership are signed-up to the [Learning Disability Programme Employment \(LDPE\) pledge](#).
28. NHS organisations are also obliged to report on the recruitment and retention of staff with disabilities through publication of [Workforce Disability Equality Standard \(WDES\)](#) plans and data.

Commissioned employment support

29. The workshop used the term 'employment support' to refer to any service commissioned with the explicit goal of supporting an individual to secure and / or maintain paid employment. As a local system, there is a range of support available to individuals and businesses which is enabling individuals to move closer to the workforce, and secure and maintain employment. There are good success stories to share and learn from locally where individuals with mental or physical health conditions, learning disabilities or complex needs (e.g. a history of homelessness and substance misuse) have been supported.

30. Feedback from the workshop highlighted that although people were aware of some of the support on offer, the vast majority were unaware of everything that was presented at the workshop, despite this being a tiny proportion of the support that is available. There is a clear need for individual offers to be better articulated and shared in a systematic way in order for a collective level of support to be made available.
31. A strong theme that emerged from the workshop was that the current offer, whilst diverse, does not provide a suitably strategic and coherent delivery framework to meet the needs of the population, local economy or employers. Participants felt strongly that the structure and authorising environment of the current system cannot demonstrably assess or address local population need. The fragmented and short-term employment outcomes of the current system were seen to be key challenges that required meaningful action.
32. As a result of the local and national fragmentation of responsibilities, commissioning and provision, and the lack of a shared coherent delivery framework, there is a lack of informative metrics for measuring need and demonstrating outcomes. Even if such metrics existed, there is no requirement for many of the commissioners or providers to share these performance metrics with local partners to enable local action or scrutiny.

Next steps for the Health & Wellbeing Board

33. This is the first time the Nottinghamshire Health & Wellbeing Board is giving detailed consideration to the topic of employment and health. Whilst the link between good work and positive health and wellbeing outcomes is well established, much of the evidence base on what is most effective and cost effective in supporting people into work is still emerging.
34. The recommendations below will have material impact for local employment support. However, it should be recognised that further work will be required to achieve a firm foundation which supports economic aspiration, prosperity, and health and wellbeing.
35. Nottinghamshire's local position is echoed nationally and in other areas of the country where significant investment has been made in the health and employment agenda. In March 2019, the National Audit Office reviewed the Department for Work & Pensions' support to help disabled people overcome barriers to work. The report expressed frustration that at a national level *"knowing what works"* is still unclear, and it reflected that the Department for Work & Pensions itself *"has recognised that it does not understand enough to frame a full implementation strategy for helping more disabled people to work."*
36. The Greater Manchester Combined Authority has described the ongoing challenges of working on an employment and health agenda with devolved budget responsibility. These include ongoing challenges on the following:
 - a. *'Ability to make local decisions around pooling budgets and matching funding streams'*. Within the initial review of existing provision in Nottinghamshire, similar issues were identified. Locally, as nationally, both commissioning and delivery is

fragmented. There are multiple employment programmes, support offers, providers and commissioners. It is not clear that people are always aware of the support that is available to them or that people are always enabled into the right support for them. It is also challenging to understand the extent to which populations needs are being effectively met.

- b. *'The fragmented approach to commissioning and defining responsibility for ownership'*. This resonated with the local experience in Nottinghamshire. Provision across Nottinghamshire to increase access and participation in the labour market for people with health and complex social needs comes from a range of national, regional, local and micro programmes. The largest of these are financed via the European Social Fund (ESF) for which the Department of Work & Pensions is the managing authority (and in the majority of cases the co-financer), with oversight provided for Nottinghamshire by the D2N2 Local Enterprise Partnership. The NHS, Nottinghamshire County Council and charitable funds also pay for programmes. It should be noted this does not include the full breadth of provision and support available.
- c. *'Developing provider expertise to work across both health and employment sectors effectively'*. Employment support is more often focussed on securing a job, with less support offered to sustain employment over the longer-term. Fewer programmes exist which provide tailored condition-specific support to help those with long-term conditions to manage a return to work (although the evidence base suggests such a tailored approach is more effective).

37. Therefore, a crucial first step for Nottinghamshire will be the development of a strategic delivery framework for employment support which will aim to fully articulate the most effective and cost effective opportunities for investment. It is well understood by local partners that without such a step, there will continue to be fragmented provision which does not achieve its potential, is not sufficiently targeted at population need, and for which meaningful health outcomes cannot be demonstrated.

38. Work is underway to secure the support of local partners, including economic development, providers, and the Local Enterprise Partnership, in developing this framework. This would take a lifecourse approach and outline the following:

- a. What are the population groups in Nottinghamshire experiencing barriers to work due to health, disability or complex social needs?
- b. What approach is most effective in supporting these population groups?
- c. What opportunities exist to secure investment to address gaps in current provision or expertise?

39. This should not detract from the range of dedicated and professional support that is currently delivered in Nottinghamshire by a wide range of organisations. Their work can be best supported and empowered through the strategic leadership which members of the Health & Wellbeing Board can bring to this agenda.

RECOMMENDATIONS

40. To approve actions developed by the Health & Wellbeing Board and partners at the *Employment and Health and Wellbeing: Improving Lives in Nottinghamshire – Workshop for Action*, held on Friday 18 October 2019.

Action	Sponsor / lead
A. A strategic delivery framework for securing inclusive employment is developed through a task and finish approach, led by Nottinghamshire County Council.	Jonathan Gribbin / Dawn Jenkin
B. A single employment support offer is developed with partners through the work of Nottinghamshire County Council's corporate working group.	Melanie Brooks / Ainsley MacDonnell
C. An employment support page is developed on Notts Help Yourself , so members of the public can be signposted to the full range of employment support in Nottinghamshire.	Melanie Brooks / Ainsley MacDonnell
D. Nottinghamshire County Council to work with Public Health England and the Health, Work & Inclusive Growth: East Midlands High Level Strategic Multi-partner Group, to develop and test metrics to more effectively measure health need and outcomes using economic and employment data.	Jonathan Gribbin / Amanda Fletcher
E. Health in all policies approach – all member organisations to commit to securing social value outcomes for local employment through their employment and procurement practices. A template to be developed through the Healthy & Sustainable Places Coordination Group.	Councillor Steve Vickers / Dawn Jenkin and District / Borough Health and Wellbeing Officers
F. All Health & Wellbeing Board membership organisations to commit to progressing best practice employment and recruitment (e.g. the Disability Confident Scheme).	Councillor Steve Vickers / Dawn Jenkin
G. The Integrated Care System's Workforce Strategy should explicitly address health and work through roles as employer and in clinical decision-making.	Melanie Brooks
H. The three Nottinghamshire Integrated Care Providers / Partnerships to increase the strategic priority of health and work, including strengthening employment support via new NHS social prescribing Link workers and First Contact Practitioners.	Idris Griffiths / Nicole Chavaudra; Thilan Bartholomeuz / David Ainsworth; Jeremy Griffiths / Fiona Callaghan

Action		Sponsor / lead
I.	Primary Care Networks to take up the offer of training by Public Health England's 'Work as a Health Outcome' clinical champion for Protected Learning Time (PLT), and GP registrar training.	Idris Griffiths / Nicole Chavaudra; Thilan Bartholomeuz / David Ainsworth; Jeremy Griffiths / Fiona Callaghan
J.	The Health & Wellbeing Board to receive a progress update, including the strategic delivery framework, by September 2020.	Jonathan Gribbin / Dawn Jenkin

Reason/s for Recommendation/s

41. The Health & Wellbeing Board recognise that health-related worklessness is a key priority in Nottinghamshire and have identified actions which have the potential to make a positive impact on residents and employees in Nottinghamshire. The overall aim is to assist more individuals with health and complex social issues to gain and maintain employment, resulting in better outcomes for the population and greater productivity for employers.

Statutory and Policy Implications

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

Financial Implications

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

Councillor Steve Vickers
Chairman of Health & Wellbeing Board

For any enquiries about this report please contact:

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Constitutional Comments (SS 19/11/2019)

1. The Board is the appropriate body to consider the content of this report.

Financial Comments (DG 19/11/19)

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

Background Papers and Published Documents

- Opportunities for action for members and wider partners to consider are included within appendix 1
- A background paper for the workshop held on Friday 18 October is included within appendix 2.

Electoral Division(s) and Member(s) Affected

- All

Appendix 1: Opportunities for consideration by wider system partners

National opportunities for action (NHS England & NHS Improvement, Public Health England, and the Joint Work & Health Unit)

The commissioning landscape

1. A simplified and streamlined approach to commissioning local support is needed which encourages joint commissioning, creates a drive for the Department of Work & Pensions to work more closely with partners at local level, resolves disconnect between national and local offers, and commissions on a need and evidence basis.
2. It is clear from local feedback that despite the range of support on offer, individuals and employers have poor awareness of available support and find it extremely difficult to access and navigate.
3. The commissioning infrastructure limits opportunities for effective delivery approaches through siloed project commissioning, with targets set against short-term training and employment outcomes, rather than long-term impact. Most funding opportunities require match funding which is increasingly unattainable at local level.

Employers - inclusive employment practice

4. Offer a clear steer for employers on their obligations and opportunities under law.
5. There has been an over-reliance on supply-side approaches which focus on developing employability for individuals, rather than understanding and shaping the employment landscape to ensure that appropriate opportunities, flexibility and support are achievable in all workplaces.

Employment as a health outcome

6. Employment as a health outcome is likely to require considerable investment in front-line culture and practice, and must consider how to resource, train and make use of the wider front-line workforce beyond GPs.
7. Delivery must be embedded within regulatory expectations, including workforce planning, health education, and primary care contract / Primary Care Network delivery.
8. The fit note culture is seen to be risk averse and focussed on 'signing people off' from work, rather than taking positive steps for a healthy return to work.

Evidence of effective interventions

9. Disseminate learning from ongoing trials early and consistently.
10. Working models of how use social prescribing can be used to best effect in securing employment outcomes.
11. Evidence based strategic leadership; showing what models of support are effective for specific cohorts and taking a life-course approach.

Understanding health need and measuring outcomes

12. Effective indicators to measure need which reflect the intersection between health and employment agendas.
13. Effective monitoring indicators which can be used across providers to allow a common dataset to assess impact.

Local opportunities for action

Share and distribute knowledge

1. Specialist providers (e.g. mental health, learning disability, homelessness, substance misuse) to share their knowledge and skills with wider workforce through informal conversations and networks.
2. All organisations to maximise use of prevention of ill-health and promotion of wellbeing through initiatives such as wellbeing@work, or the Midlands Engine Mental Health Productivity Pilot.
3. Providers of NHS self-referral programmes, such as Improving Access to Psychological Therapies (IAPT) provision and physiotherapy services, to develop links and relationships with employment specialists and Job Centre Plus.

Create a shared knowledge base

4. Develop metrics and 'shared language' for partners to utilise to discuss, monitor and collaborate on this topic. This could include Public Health England working with the Department for Work & Pensions to assess the value of Stat-Xplore data for enabling local decision making.
5. Look at opportunities and forums to share information about what your organisation provides or delivers.
6. NHS England & NHS Improvement, and Public Health England, to ensure local areas understand how they can track and utilise Improving Lives interventions including a local breakdown of the national target to get 1 million more disabled people into work.
7. Joint Work & Health Unit to ensure local areas are appraised of future commissioning intentions (e.g. 'Working Win', employment advisors in Improving Access to Psychological Therapies and Individual Placement & Support services).

Opportunities for joint working practices

8. Explore opportunities for co-location and training with health and social care provision (e.g. training to social prescribers on employment offer, co-location of Work Coaches in Primary Care Networks).
9. Joint Work & Health Unit to consider how they can enable local PH and NHS to participate meaningfully in Local Industrial Strategy, Local Enterprise Partnership and Share Prosperity Fund conversations.

**APPENDIX 2. EMPLOYMENT AND HEALTH & WELLBEING: IMPROVING LIVES IN
NOTTINGHAMSHIRE, A WORKSHOP FOR ACTION – BACKGROUND PAPER****Purpose:**

- 1) This briefing paper is to provide background information to support the Nottinghamshire County Council Health and Wellbeing Board workshop on employment and health on 18 October 2019.
- 2) The workshop aims are to:
 - a) Explore the relationship between good work and health in Nottinghamshire
 - b) Understand the gaps in employment for those with health and complex social issues and barriers they face to employment
 - c) Identify and commit to actions to improve opportunities for employment for these groups.
- 3) This workshop brings together a range of strategic leaders, commissioners and providers of employment related support, to consider how we can best support more people to secure and maintain employment in Nottinghamshire. We will specifically focus on those facing barriers to employment due to long term physical or mental health conditions, and disability.
- 4) We recognise a great breadth of good practice is being delivered by partners already in Nottinghamshire. But we feel there is an opportunity to strengthen this work by increasing visibility of the existing support offer, building relationships across sectors, and identifying high impact strategic actions to strengthen inclusive employment.
- 5) Participants are asked to read this background paper and consider commitments that their organisation, as a member of the Health and Wellbeing board, Integrated Care System/Partnership or wider system partner may wish to make to progress this agenda in Nottinghamshire.
- 6) Outcomes of the workshop will be:
 - Proposed actions for the Nottinghamshire Health and Wellbeing Board (HWB)
 - Proposed actions for the Nottingham and Nottinghamshire Integrated Care System (ICS)
 - Feedback on local support needs to NHS England/NHS Improvement (NHSE/I), Public Health England (PHE) and the Work and Health Unit (WHU)

Overview:

- 7) Health and work are strongly interdependent. We know that good work is generally good for both mental and physical health. At both an individual and a collective level, work, is one of the most fundamental and defining activities of humankind. Work is the process by which the essential prerequisites for day to day life - food, shelter and security - are obtained.¹ But the evidence is clear that the benefits of work extend beyond bare necessities - good work is an enabler, impacting positively on quality of life, social interaction, identity and a sense of contribution
- 8) There is a strong association between worklessness and poor health, where being out of work can be both the cause and the consequence of a range poor physical and mental health outcomes. And conversely, being in work can have a strong positive influence on health, protecting against social exclusion through providing an income, social interaction, a core role, identity and purpose. For people who have been out of work, securing employment is linked to improved physical and mental health and improved self-esteem. With appropriate support, securing work is really important for individuals with a health condition or disability, not only because it promotes full participation in society and independence, but also because it can promote recovery and rehabilitation and lead to improved health outcomes and a better quality of life.²
- 9) Whilst work is good for health, in a similar way, good health is an asset, essential for a thriving society and economy. Investing in and supporting good health therefore presents a significant opportunity for economic gain at local and national levels. If we were able to take positive steps to address both presenteeism and absenteeism from work due to poor health, up to £100 billion annually would be saved across the UK economy.³ From an employer perspective, the benefits of a healthy workforce are clear. Healthy staff are more productive, take less time off sick and should not need to retire early for health reasons.
- 10) We know that one in three employees in the UK has a long-term condition. For many, this condition will make it hard to come to work, and to be productive at work. In some cases work is actually the cause of a health condition, or at the least makes it worse. And for significant numbers of working age adults, their health condition impacts on life to such an extent that they find it difficult to secure or maintain a job.
- 11) The national Improving Lives Programme has set out a compelling vision and makes the case that “A country that works for everyone needs to help ensure that all who can work or undertake meaningful activity have the chance to do so. And that the right care and support is in place to enable all to thrive in work throughout their working lives” (See **Figure 1**)

¹ [adapted from Clare Bambra] Work, Worklessness and the political economy of health.

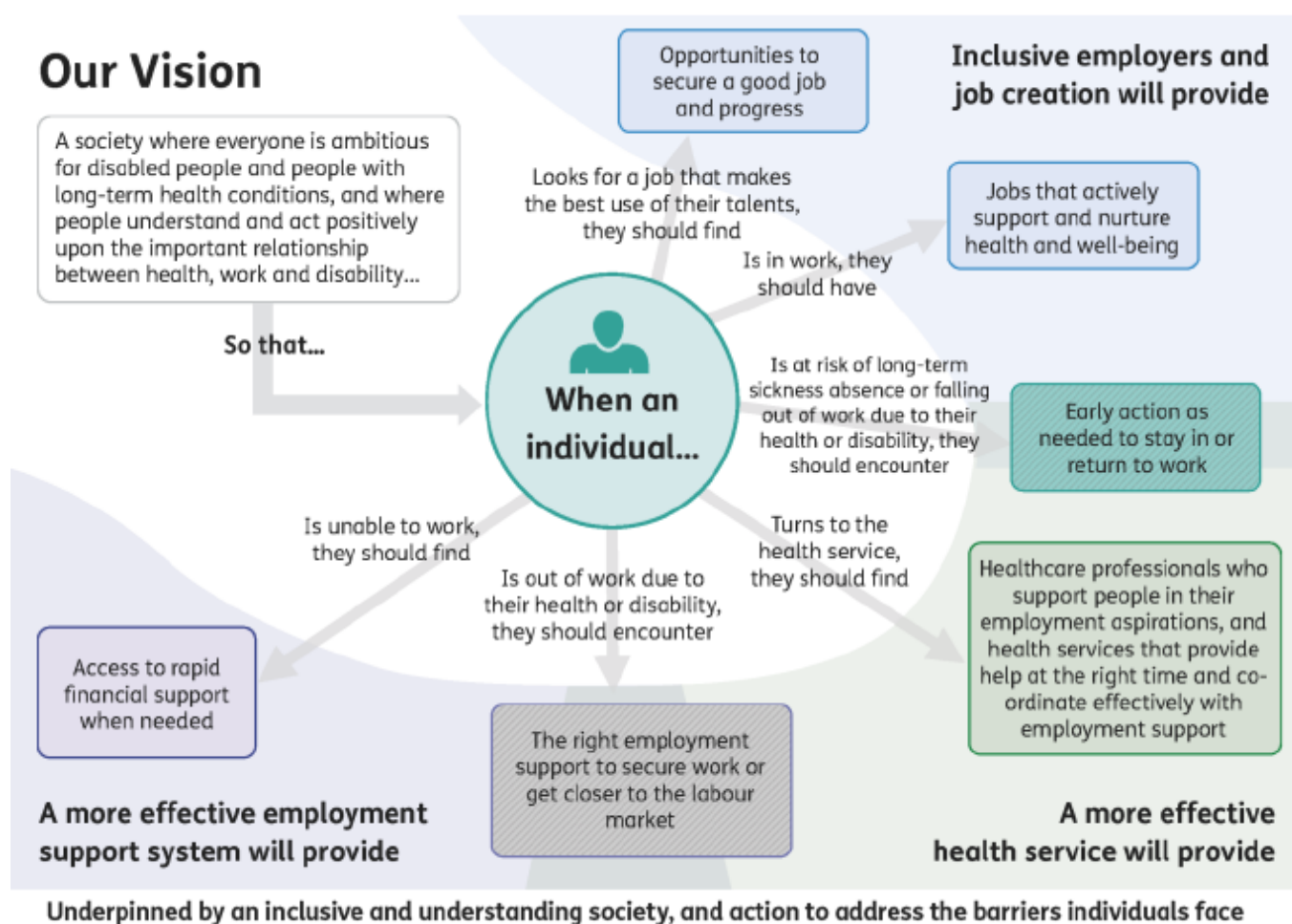
² Waddell, Is Work Good for Your Health and Wellbeing.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/214326/hwwb-is-work-good-for-you.pdf

³ PHE Health Matters: Health and Work

<https://www.gov.uk/government/publications/health-matters-health-and-work/health-matters-health-and-work>

Figure 1: The Vision of “Improving Lives The Future of Work, Health and Disability”



12) Further information on the links between health and work can be found on the **Public Health England Health Matters webpage**:
<https://www.gov.uk/government/publications/health-matters-health-and-work/health-matters-health-and-work>

Health and Work in Nottinghamshire

- 13) Nottinghamshire is a resilient and diverse County - but across its geography some areas and wards differ in their skills performance and in their life chances, inclusivity and economic growth. Areas such as Mansfield, Ashfield, Newark and Sherwood, Bassetlaw and Gedling require the greatest focus through geographical prioritisation.
- 14) The evidence tells us that people with health conditions are less likely to be in employment than the rest of the working age population. In Nottinghamshire 30,770 working age adults (6.1% of the working age population) are claiming Employment and Support Allowance (ESA) benefit due to having ill health or a disability. Of this, more than 26,000 working age adults have been in receipt of ESA for more than 12 months. We know that the two main health conditions contributing to this are mental health (including stress and anxiety) and musculoskeletal health (back pain, neck pain, arthritis etc.) Areas in the north of the County,

including Bassetlaw, Mansfield and Ashfield experience the highest levels of health related worklessness.

- 15) Disabled people remain significantly less likely to be in employment than non-disabled people. In 2015 nationally, 47.9% of working-age disabled people were in employment compared to 80.1% of working-age non-disabled people. Most disabled people are not born with a disability but acquire it during their lives. The prevalence of disability is strongly related to age: around 1 in 20 children are disabled compared with 1 in 5 working adults and 1 in 2 older people. The majority of impairments are not visible.
- 16) Disability affects a large proportion of our population. The number of 18-64-year olds predicted to have a serious physical disability in Nottinghamshire in 2017 was 11,903. Approximately one in ten adults in Nottinghamshire aged 18-64 live with moderate/severe physical disabilities. The numbers of people aged 18+ who are predicted to have a moderate or severe learning disability and therefore likely to be in receipt of services was estimated at 3,145 in 2017.
- 17) Data from February 2019 shows that 77.4% of all working age adults in Nottinghamshire were employed. However, the reality for people with disabilities and long-term conditions is significantly different. Employment for those with a long-term condition in Nottinghamshire is estimated at 65.5%. Only four percent of adults with mental health conditions on a Care Plan Approach, and just 2.8% of adults with a learning disability who are in contact with social care, were in employment in the same time period.

The Opportunity to improve employment, health and wellbeing outcomes

- 18) A wealth of guidance, advice, information and support is available to employers on managing the health of their workforce and supporting more diverse and inclusive employment. This is also set within the context of strategic drivers which are opportunities to influence commissioning and investment in inclusive employment. **Appendix 2** provides further information on national and local strategic drivers.
- 19) The workshop will allow partners to explore the barriers, challenges and opportunities involved in achieving the goals of increased employment for those with health conditions or disability. It considers the potential roles for system partners through three themes:
- Inclusive employment (the role of employers)
 - Work as a health outcome (the role of the health and social care system)
 - Employment Support (the role of commissioned employment support services)

Inclusive Employment:

- 20) **Inclusive employment** is about ensuring that all people, regardless of their needs, have the opportunities to secure a good job. This means creating job opportunities that are flexible to respond to people's additional needs and removing unnecessary barriers in recruitment and employment.
- 21) As we have seen, employment rates are substantially lower for those with long term conditions or disability. The causes of this gap are complex and multifaceted. Barriers to employment include:
- employer stigma and discrimination (and fear of this)
 - disruption to education
 - loss of confidence and impact on individual motivation
 - 'Self-stigma' which affects career aspirations, job-seeking activities and help-seeking behaviours.
 - a health-related inability to do some jobs
 - access to healthcare
 - Disclosure
 - risk of the development of comorbidities, and particularly mental health comorbidities (such as anxiety and depression) influenced by periods of being out of work.
- 22) The following barriers to self-employment for disabled people have been identified:
- Difficulties in obtaining start-up capital;
 - Fear of losing the security of regular benefit income;
 - Unhelpful attitudes of business advisers;
 - Lack of access to appropriate training and support
- 23) In addition, many long term conditions are fluctuating, meaning symptoms can be unpredictable and difficult to manage, particularly at work. This is compounded by the fact that perceived stigma can prevent many people from seeking vital help at work.
- 24) Having a population with additional needs that aspire to work and who have benefited from excellent employability skills is just part of the challenge. Employers can, through their 'standard' recruitment practices and employment offer, unknowingly exclude talented individuals with additional needs from their workplaces.
- 25) Nationally available inclusive recruitment best practice and support is available for example through the Disability Confident scheme, Access to Work, Fit for Work, and through Public Health England and Business in the Community's range of toolkits for employers. These are available for all employers to access. Over 140 locally registered organisations have signed up as Disability Confident or Committed employers, although no local organisations are registered as Disability Confident Leaders. Links are provided below to further resources:
- **Disability Confident:** <https://disabilityconfident.campaign.gov.uk/>
 - **Access to Work:** <https://www.gov.uk/access-to-work>
 - **Fit for Work:** <https://fitforwork.org/>
 - **Business in The Community toolkits:** <https://wellbeing.bitc.org.uk/tools-impact-stories/toolkits>
 - **NHS Employers interactive toolkit:** <https://www.nhsemployers.org/case-studies-and-resources/2019/09/how-to-recruit-and-support-disabled-staff-in-the-nhs-toolkit>

26) **Workshop questions:**

- What are the barriers faced by small, medium and large employers seeking to inclusively recruit, support and retain people with long term conditions or disability?
- What opportunities exist for local partners, including employers, to take action to improve inclusive employment?
- What support from NHSE/I, PHE and WHU is needed to strengthen local action?

Work as a Health Outcome – Health and Social Care perspective:

27) The 2019 Healthcare Professionals' Consensus Statement on Health and Work sets out an ambition for approaching employment as a health outcome: "Working can be considered as a health outcome in itself, reflecting how well we are supporting individuals to adapt to or recover from their health challenges. The majority of health-related worklessness is not inevitable and with the right advice and support, many individuals can achieve their working potential".

28) While a 'work first' approach has generally been adopted that prioritises job goals and work activity to help people with long-term health conditions into employment, an alternative 'health first' service has the objective of improving the health of participants as a way of improving employability. It is recommended by the National Institute for Health and Care Excellence (NICE) and has underpinned recent national programmes such as "Fit for Work".

29) The NHS has been developing its 'work as a health outcome' programme for a number of years. This supports clinicians to give greater weight, in their clinical practice and commissioning, to consider the impact of work on their patients' health, and the impact of their patients' health on their work.

30) There are a wide range of examples of excellence in clinical practice locally. These include the use of Fit notes by primary care, co-location of employment professionals in clinical practice, and the newly establishing first contact practitioners who will support patients with musculoskeletal conditions to remain in employment.

31) Nationally the Work and Health Unit is a cross-government unit, jointly sponsored by the Department for Work and Pensions and the Department of Health and Social Care. It works across government and the wider public sector to develop solutions that benefit disabled people and those who support them. The focus of its work is to improve the health and employment outcomes for disabled people and those with health conditions. Following a consultation, the Work and Health Unit published Improving lives: the future of work, health and disability. This paper sets out how the government will make and influence changes across the welfare system, the workplace and health services to see one million more disabled people in work by 2027.

<https://www.gov.uk/government/publications/improving-lives-the-future-of-work-health-and-disability>

32) There is a significant amount in the gift of Health and Social care partners. As large employers they are an asset. By reviewing recruitment practices and the employment offer, by enabling changes to the practice of frontline practitioners in health and social care, there is an opportunity to better enable our patients and service users into employment.

33) Through the emerging Integrated Care System in Nottinghamshire there is potential for significant impact on inclusive employment, both directly through the workforce we employ (for example the Health sector alone employs 44,000 people in Nottinghamshire), and indirectly through including employment support expectations in procurement and supply chains.

34) **Workshop Questions:**

- What are the challenges to incorporating employment conversations and support in the role of front-line health and care staff?
- What local opportunities exist for health and employment support partners to strengthen joint working and “health first” approaches?
- What support from NHSE/I, PHE and WHU is needed to strengthen local action?

Employment Support – Commissioned Service Perspective:

35) The term “employment support” in this context refers to any service commissioned with the explicit goal of supporting an individual to secure and/or maintain paid employment. As a local system we have a range of support available to individuals and business, which is enabling individuals to move closer to the workforce, and secure and maintain employment. We have good success stories to share and learn from, where we have locally supported individuals with mental or physical health conditions, learning disabilities, or complex needs such as a history of homelessness and substance misuse.

36) However, our initial review of existing provision has highlighted some important gaps and system issues for consideration. Locally, as nationally, both commissioning and delivery is fragmented. There are multiple employment programmes, support offers, providers and commissioners. It is not clear that people are always aware of the support that is available to them or that people are always enabled into the right support for them. It is also challenging to understand the extent to which our populations needs are being effectively met.

37) Employment support is more often focussed on securing a job, with less support offered to sustain employment over the longer term. Fewer programmes exist which provide tailored condition specific support to help those with long term conditions to manage a return to work (although the evidence base suggests such a tailored approach is more effective).

38) Evidence also tells us multi-component support is most effective in enabling a return to work for someone experiencing health barriers. This includes three key elements: health focussed interventions (health professionals supporting improvement of mental and physical health), coordinated case management (facilitating effective links between healthcare and the workplace) and modifications in the work environment (flexible working hours, duties or change to physical working environment).

39) Provision across Nottinghamshire to increase access and participation in the labour market for people with health and complex social needs comes from a range of national, regional, local and micro programmes. The largest of these are financed via the European Social Fund (ESF) for which the Department of Work and Pensions (DWP) is the managing authority (and in majority of cases the co-financer) with oversight provided for Nottinghamshire by the D2N2 Local Enterprise Partnership (LEP). The NHS, Nottinghamshire County Council and charitable funds also pay for programmes. **Appendix 1** provides brief information on the larger offers which have specific health elements that are available in Nottinghamshire. But it should be noted that this does not include the full breadth of provision and support available.

40) Any landscape will require a range of provision to meet its populations differing levels of need. It is difficult to establish, aside from anecdotally, the level of tailored and ongoing support that everyone within our population requires. However, we do know that our highly intensive 'supported employment' provision – Individual Placement and Support (IPS) and i-work report a growing demand and hold waiting lists for support. The evidence base increasingly points towards these 'supported employment' - place and train models which provide intensive pre and post-employment support to both the employee and employer.

41) **Workshop Questions:**

- What are the challenges to providing effective employment support at scale to those experiencing barriers to employment due to long term conditions or disability?
- What opportunities exist to more effectively address current gaps in employment support provision?
- What support from NHSE/I, PHE and WHU is needed to strengthen the local commissioned offer?

Recommendations

42) Draft recommendations to the Health and Wellbeing Board are suggested below. These will be reviewed and refined, following the workshop.

- i. Member organisations of the Board sign up to the Disability Confident programme.
- ii. Awareness of the Access to Work scheme and other employment support offers should be raised amongst all employers in Nottinghamshire.
- iii. Partners should develop an evidence based strategic model for employment support which will take account of gaps in existing provision and provide a template for commissioning investment.
- iv. Taking a "health in all policies" approach, member organisations of the Board should commit to embedding inclusive employment within procurement and supply chains.
- v. The feedback from the workshop on the support needed by the local system should be shared with NHSE/I, WHU and PHE partners, to inform their national work programme.

Appendix One: Overview of Nottinghamshire employment support for individuals with health conditions, disability or complex social barriers.

Building Better Opportunities (BBO) is nationally financed via ESF with co-financing from the National Lottery Community Fund. Within BBO there are three strands:

- 'Towards Work' <https://www.towardswork.org.uk/>
- 'Opportunity and Change' <https://www.doubleimpact.org.uk/how-we-help/building-better-opportunities/opportunity-and-change/>
- Money Sorted <https://moneysortedind2n2.org/>

Better Working Futures - the main national provision to help people with health conditions find and keep a job. <https://betterworkingfutures.co.uk/>

Individual Placement and Support (IPS) schemes - IPS is nationally recognised best practice intervention to support individuals with mental health difficulties who are accessing secondary care to attain their employment aspirations.
<https://www.nottinghamshirehealthcare.nhs.uk/employment-support-service>

Working Win (Bassetlaw only) the jointly commissioned NHSE and DWP health-led employment trial is a randomised control trial (RCT) testing a new employment support service for people with a health condition. <https://www.workingwin.com/>

Improving Access to Psychological Therapies (IAPT) employment advisors - Across the rest of Nottinghamshire people who attend IAPT services can access employment advisors through a pilot commissioned by NHSE/DWP through local CCG IAPT contracts.

I-work - an intensive employment support service for people with Asperger's, Autism and/or learning disabilities to gain and maintain employment. Part of NCC's supported employment offer but also supports people to find employment in the wider competitive job market.
<https://www.nottinghamshire.gov.uk/jobs-and-working/support-to-find-employment/employment-support-disability>

Nottinghamshire County Council currently has three supported employment offers:

- County Enterprise Foods
- Solutions4Data
- County Horticulture at Brook Farm

Supported internship scheme – these are structured study programmes which provide practical work experience and structured learning. Interns are primarily based at an employer and work best when linked to educational establishments. They are specifically for young people who have an Education, Health and Care Plan (EHCP).

Future Impact is a programme supported through the Life Chances Fund and works with young people aged 16-23 with special educational needs and disabilities (SEND), but who are not on EHCPs, who are at risk of not being in employment, education or training (NEET) to support them to remain in or gain education, employment or training.
<https://www.nottshelpyourself.org.uk/kb5/nottinghamshire/directory/service.page?id=pJx5CHHEI-I&newdirectorychannel=9-1-3>

Nottinghamshire County Council Growth and Economic Development are involved with a number of partnerships and programmes including D2N2 People and Skills Advisory Board, Growth Hub, Building Better Opportunities, Sector Based Work Academies, East Midlands Enterprise Gateway Skills Partnership, with the aim of harnessing the benefits of growth and providing support to those who need help to fulfil their potential.

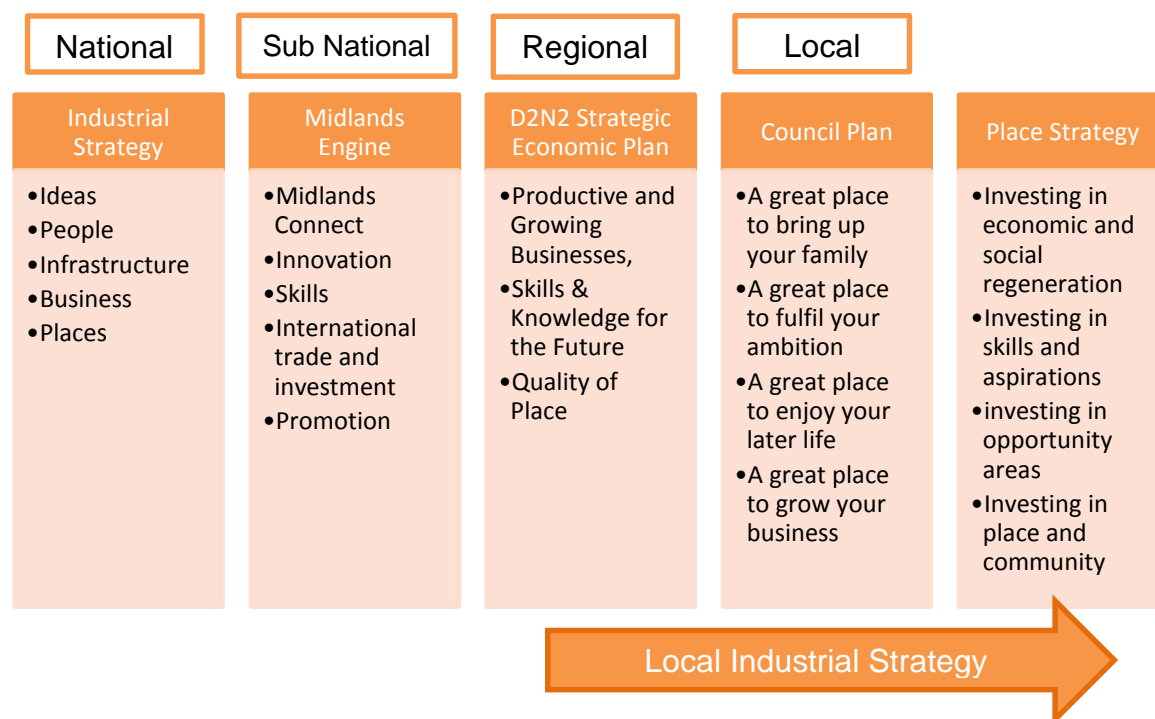
Futures are the accountable body for the ESF community grants scheme which provides small community grants of up to £10,000 for organisations to support targeted employment work with their clients. A second round of this opens 15th November 2019.

<https://www.the-futures-group.com/grants-available-for-east-midlands-community-organisations-to-support-the-unemployed-into-jobs.html>

Apprenticeships are also an important part of the local landscape.

Appendix 2: National and Local Strategic Drivers

Current Drivers



National

Industrial Strategy (Nov 2017)

The white paper *Industrial Strategy: building a Britain fit for the future* (HM Government, Nov 2017) sets out a long-term plan to boost the productivity and earning power of people throughout the UK.

The Industrial Strategy sets out four areas where Britain can lead the global technological revolution. These four Grand Challenges are in putting the UK at the forefront of the **artificial intelligence and big data revolution**; maximising the advantages for UK industry from the global shift to **clean growth**; being a world leader in shaping the **future of mobility**; and harnessing the power of innovation to help meet the needs of an **ageing society**.

This strategy is underpinned by five foundations of productivity:

- **Ideas** – seeking to build the world’s most innovative economy
- **People** – creating good jobs and greater earning power for all
- **Infrastructure** – upgrading the UK’s infrastructure to be capable to meet these other aspirations
- **Business environment** – making the UK the best place to start and grow a business
- **Places** – developing and sustaining prosperous communities across the UK.

The UK has significant economic strengths on which we can build, but we need to do more to increase our productivity and make the most of our untapped potential right across the country.

Careers strategy: making the most of everyone's skills and talents (Dec 2017)

The careers strategy is part of the government's plan to make Britain fairer, improve social mobility and offer opportunity to everyone and published in December 2017. This strategy sets out how Government will transform careers provision across the country, prioritising the people and places that need it most while raising the standard for everyone. It calls for the education, business and careers communities to come together and work in partnership.

It identifies key areas that the strategy will focus on

- **Inspiring encounters** with further and higher education, and with employers and workplaces
- **Excellent advice** and **guidance** programmes
- **Support and guidance** tailored to individual needs
- **Using data and technology** to help everyone make choices about careers

State of the Nation report on social mobility in Great Britain (2017)

Social mobility is about an individual's ability to build a good life for themselves, regardless of their background. The more social mobility there is, the less someone's destination in life depends on where they start out. The definition of Social mobility is the link between a person's occupation or income and the occupation or income of their parents. Where there is a strong link, there is a lower level of social mobility. Where there is a weak link, there is a higher level of social mobility

The State of the Nation Report concludes that fundamental reforms are needed in our country's education system, labour market and local economies to address Britain's social mobility problem. It identifies a number of recommendations that are not aimed exclusively at government but also at employers and educators, local councils and communities. The areas for focus are:

- **Parenting and the early years**
- **Schools**
- **Post 16 education**
- **Jobs, Careers and Earnings**
- **Housing**

State of the Nation Report (Nov 2017) ranked all 324 English LAs into hotspots and cold spots for every life stage from the early years through to working lives. In Nottinghamshire 6 out of our 7 districts were ranked as coldspots (worst social mobility outcomes) and 3 in the lowest 10 performing areas.

With a county as large as Nottinghamshire, there are areas of untapped potential and socio-economic challenge that were identified within the report.

Sub National Context

Midlands Engine

The Midlands Engine is a government-backed coalition of nine Local Enterprise Partnerships, local authorities, businesses and universities across the wider Midlands region – established in

late-2015 and focused on opportunities for collaborative working and strategy to boost productivity and growth in the heart of England.

The coalition has identified five core themes for the future of the Midlands economy:

- **Midlands Connect** – developing a long-term transport investment strategy;
- **Innovation** – working together through the Midlands Engine Innovation Group to improve innovation in four market-driven areas: next generation transport; medical technology and pharmaceuticals; future food processing; and energy and low carbon.
- **Skills** – improving and adapting the skills of the labour force to meet future business need and enhance productivity;
- **Finance for business** – providing the best possible support for SME business growth; and
- **Promotion** – *collaborating* to develop a regional brand to strengthen as single reputation across global markets.

The Government's March 2017 *Midlands Engine Strategy* brings together a range of committed and future capital investments across the wider region under a series of similar themes. Skills is one of the five core themes and as part of their skills strategy, they are seeking to address identified challenges in growing sector strengths, addressing skills levels, investing in the workforce, and enhancing the provision of careers advice for all.

Regional Context

D2N2 Local Enterprise Partnership

The Local Enterprise Partnership for Derby, Derbyshire, Nottingham and Nottinghamshire (D2N2) has recently published a new Strategic Economic Plan (SEP). This vision is that -

- 1 ***“by 2030, D2N2 will have a transformed high-value economy; which is prosperous, healthy and inclusive, and one of the most productive in Europe. The Strategic Economic Plan is for every business, place and person in D2N2. It is an ambitious plan. We will be the spark in the engine that powers UK growth”.***

This Plan is the economic blueprint for the D2N2 area until 2030, forming the basis for future investment decisions by the LEP and its partners. It sets a long-term vision and a plan of action for collective action to achieve that vision. It is also the strategic foundation for agreeing a Local Industrial Strategy for D2N2, in partnership with Government, to unlock new resources and enable enhanced local delivery.

This Strategic Economic Plan aims to close our persistent productivity gap; to create a stronger foundation for wages, living standards and opportunity through long term action and investment. It will benefit all communities in the D2N2 LEP area, taking a long term innovation-led approach to improving the productivity of our businesses and the prosperity of our places. It aims to promote economic resilience so our economy can navigate the uncertainties and opportunities arising from the UK's altered relationship with the European Union, and global trading partners.

The SEP identifies the following themes:

- Productive and Growing Businesses,
- Skills & Knowledge for the Future
- Quality of Place

and 12 investment priorities that will determine what they will support.

Local Industrial Strategy

The Industrial Strategy sets out the importance that Government places on local action and introduces the concept of Local Industrial Strategies (LIS). In line with the LIS Policy Prospectus (October 2018) that *'reformed and stronger Local Enterprise Partnerships will adopt a single mission: to promote productivity by delivering local Industrial Strategies.'*

The LIS is a long term plan that provides a local evidenced policy framework against which major private and public sector investment decisions can be made. It will determine the future use of local growth funding. Aligned to the Industrial Strategy, it is anticipated that the LIS will identify priorities to improve skills, increase innovation and enhance infrastructure and business growth. The D2N2 SEP is the strategic foundation for agreeing a LIS for D2N2, in partnership with Government to unlock new resources and enable enhanced local delivery.

Skills Advisory Panel

In December 2018, the Department of Education produced guidance around Skills Advisory Panels. D2N2 must establish a Skills Advisory Panel which will bring together local employers and skills providers to pool knowledge on skills and labour market needs and to work together to understand and address key local challenges. As part of the D2N2 review of Governance under the D2N2 LEP board they are in the process of establishing a People and Skills Board that's purpose is

- To develop, implement and oversee the delivery the People and Skills element of the Strategic Economic Plan and to act as the Skills Advisory Panel for D2N2.
- The Board will also lead the development of the People element of the Local Industrial Strategy for D2N2.

Local Context

Educational Opportunities

Our education system is working hard towards ensuring that aspirations and skills for employment are systematically embedded as key priorities for all our young people including those with special education needs and disability. This is articulated within Nottinghamshire County Council's Improving Educational Opportunities for All Strategy

https://consult.nottinghamshire.gov.uk/children-and-families-services/09363aca/supporting_documents/Draft%20Strategy%20for%20Improving%20Educational%20Opportunities%20for%20All%20%20190604.pdf

The employment workstream of the SEND Triennial Review will consider the evidence on how the system can provide the highest quality support that enables children and young people with SEND to thrive and prepare for adulthood, including employment.

<https://www.gov.uk/government/news/major-review-into-support-for-children-with-special-educational-needs>

Council plan

Your Nottinghamshire Your Future 2017-2021 identifies 12 commitments in the ambitious plan. It identifies that Nottinghamshire should stand out as a

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

The **Place Departmental Strategy** brings together a range of services to meet the needs and aspirations of the people of Nottinghamshire. It identifies a variety of priorities drawn from the Council Plan

A great place to bring up a family	A great place to fulfil your ambition	A great place to enjoy later life	A great place to start and grow a business
<ul style="list-style-type: none">• Families prosper and achieve their potential• Children and young people go to good schools	<ul style="list-style-type: none">• Nottinghamshire has a thriving jobs market• Nottinghamshire is a great place to live, work, visit and relax	<ul style="list-style-type: none">• People live in vibrant and supportive communities	<ul style="list-style-type: none">• Nottinghamshire is a great place to invest and do business• Nottinghamshire is a well-connected County• Nottinghamshire has a skilled workforce for a global economy

The strategy identifies four commissioning priorities of which two underpin this framework these are

- **Investing in economic and social regeneration** – work with public health on coordinated approaches to tackling substance misuse, homelessness and dependency through pathways to employment.
- **Investing in skills and aspiration** with key areas such as preparing the workforce and giving them the skills for the future, stimulate the provision of skills to meet business demand with a focus on higher level and technical skills for growing businesses and on promoting training and innovation in key sectors. Identifying skills gaps in economy and future labour shortages with a focus on upskilling of individuals in science, technology, engineering, art, mathematics, agriculture and food processing.

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) PROGRESS & DEVELOPMENT

Purpose of the Report

1. To update the Health & Wellbeing Board regarding the progress and development of the Nottinghamshire Joint Strategic Needs Assessment (JSNA) in 2019/20. This includes an annual work programme update and key outcomes following a review of the JSNA governance, process and products.
2. To request the input of Board members in proposing emerging issues of joint interest and strategic importance followed by a formal prioritisation process to determine the 2020/21 JSNA work programme.

Information

Background

3. The JSNA is a statutory responsibility of the Health & Wellbeing Board, including its development, application, access and use by wider partners. It is the process for collating an authoritative statement about the current and future health & wellbeing needs of people in Nottinghamshire, and the evidence base about what works to address these needs. This informs the Joint Health & Wellbeing Strategy (for which the local authority and Clinical Commissioning Groups are jointly and statutorily responsible) and the joint action and commissioning priorities of partner organisations. The term 'JSNA' is also frequently used to refer to the topic chapters which result from this process. The JSNA for Nottinghamshire County comprises 44 topic chapters and other supporting information which is published on [Nottinghamshire Insight](#).
4. Nottinghamshire's first JSNA was published in 2008. The Health & Social Care Act 2013, the emergence of the Nottingham & Nottinghamshire Integrated Care System and South Yorkshire & Bassetlaw Integrated Care System, and other changes to local NHS commissioning represent important changes to the context in which the JSNA is used. The JSNA process needs to adapt to properly address these arrangements.

5. The JSNA Steering Group, which is established as a sub-group of the Health & Wellbeing Board and whose role is to facilitate the JSNA on behalf of the Board, agreed a project brief in late 2018 for the Public Health & Commissioning Manager (JSNA) to review the Nottinghamshire JSNA governance, process and products in order to determine its strengths and provide suggestions to the Steering Group for any possible areas of improvement. Key outcomes from this review are incorporated in this paper with an annual work programme update.

Annual update on the JSNA work programme

6. Following the approval of the Joint Health & Wellbeing Strategy 2018-22 in December 2017, the Health & Wellbeing Board considered governance in executing its statutory duties, including the JSNA, at a workshop in February 2018. In September 2018, Board members received the following guidance about issues for consideration when approving JSNA chapters:
 - a. Is there a clear and reasonable rationale expressed in support of any conclusions drawn and interpretation made with regards to the data?
 - b. Is it clear what the issues are for the people of Nottinghamshire from each chapter topic? There may be national evidence presented but this may not reflect local needs.
 - c. Do the issues for the Nottinghamshire population identified within the chapter clearly link to the recommendations made?
 - d. Have the impacts on health and wellbeing outcomes been expressed as part of identifying what should be done next?
 - e. Does the narrative connect the commentary about health and wellbeing priorities to potential commissioning decisions and health and wellbeing outcomes?
 - f. Are recommendations sufficiently detailed and specific enough to inform an action / commissioning plan for implementation to address the issues raised?
 - g. Is strategic ownership of the recommendations clear?
7. The Health & Wellbeing Board started formally receiving JSNA chapters for approval at their November 2018 meeting. Since November 2018, a total of eleven JSNA chapters have been presented to the Board for their final approval, as described below.

2018/19 work programme:

- Substance Misuse: Young people and adults (2018)

2019/20 work programme:

- Sexual Health and HIV (2019)
- Cancer (2019)
- Autism (2019)
- Self-harm (2019)
- Avoidable injuries in children and young people (2019)
- Domestic Abuse (2019)
- Learning Disabilities (2019)

- 1001 days: From conception to age 2 (2019)
 - Health and homelessness (2019)
 - Early years and school readiness (2019)
8. The remaining 2019/20 work programme of upcoming new and refreshed JSNA chapters to be completed include:
- Oral Health (*expected completion early 2020*)
 - Tobacco (*expected completion early 2020*)
 - Children & Young People's Emotional Health & Wellbeing (*expected completion mid 2020*)
 - Children & Young People with Special Educational Needs & Disabilities (SEND) (*expected completion mid/late 2020*)
 - Dementia (*expected completion mid/late 2020*)

Key outcomes and implications from the review of the JSNA governance, process and products

Developing JSNA guidance and supporting documentation

9. A large proportion of the JSNA guidance and supporting documentation was developed in 2013 and had not been substantially reviewed or updated since this time. During 2019, consultations have been held with authors following completion of JSNA chapters to seek their feedback and ideas for improving the JSNA process and products.
10. A refresh of all JSNA guidance and supporting documents has now been completed. These were approved by the JSNA Steering Group in meetings held in June and September 2019. A full list of all updated JSNA guidance and supporting documents are detailed in Appendix 1 and are available on Nottinghamshire Insight. The JSNA Steering Group will now ensure all guidance and supporting documents are reviewed annually and the Board will be informed of any substantial changes.

JSNA Steering Group engagement

11. Due to variable attendance at the JSNA Steering Group, the terms of reference were reviewed. This focussed most notably on membership, to ensure appropriate partners are represented from across Nottinghamshire. The meeting frequency was also amended to quarterly, to ensure more regular attendance.

Involvement of the Children & Families Alliance

12. The Children & Families Alliance requested some oversight of newly approved chapters with implications for children, young people and families. Relevant chapters are being presented to the Children & Families Alliance following their approval by the Health & Wellbeing Board. This is primarily with the intention of determining how the Children & Families Alliance may be able to support any of the recommendations. A first trial of this has taken place with the *Self Harm, Domestic Abuse* and *Avoidable Injuries* chapters, all of which were approved in March 2019. This approach will be kept under review to ensure it remains appropriate and effective.

Developing JSNA related products

13. Nottinghamshire County Council's public health colleagues have been working with their respective colleagues in Nottingham City Council to align their JSNAs with the emerging Nottingham & Nottinghamshire Integrated Care System (ICS) functions and geography. Work in progress includes collaborating on the production of a suite of sample ICS JSNA products to include the *Emotional & Mental Health of Children & Young People* chapter (expected completion mid-2020) and other population health management products such as Primary Care Network Health & Care Profiles (completed in November 2019).
14. A summary infographic of a JSNA chapter was proposed to be a useful tool once a chapter has been approved to share the key findings and increase knowledge and engagement with the topic and the JSNA. A one-page infographic JSNA product was initially trialled based upon the *Sexual Health and HIV* JSNA chapter. Feedback was received from multiple partners and incorporated into the final version which can be found in Appendix 2. Infographics will now be produced for all newly approved JSNA chapters.

Developing a topic identification and prioritisation process to determine the 2020/21 JSNA work programme

15. Since November 2018, the Health & Wellbeing Board has been directly involved in the final stage of the JSNA approval process. However there is also the need for members to have a pivotal role in driving the initial development of the JSNA work programme.
16. Historically, the Health & Wellbeing Board has secured insufficiently clear and timely steer from partners about topics of joint interest and strategic importance. JSNA chapters were included in the work programme as and when lead authors advised the JSNA Co-ordinator that they were planning to write or refresh a chapter. In order to develop the 2020/21 JSNA work programme, the Health & Wellbeing Board is invited to support the development of a more senior, strategic steer regarding proposing JSNA chapters that reflect emerging issues of joint interest and strategic importance across Nottinghamshire.
17. Once emerging issues of joint interest and strategic importance have been proposed, it is intended to trial an annual prioritisation process with the JSNA Steering Group overseeing this. A draft prioritisation matrix has been developed (Appendix 3) to formally assess JSNA chapter proposals based upon various factors such as upcoming commissioning intentions, changes in national strategies, emerging issues, local priorities and areas of increasing need. Using this matrix, proposed topic ideas will be assessed by the JSNA Steering Group in March 2020 and as a result the 2020/21 work programme will be proposed.
18. Required input from the Health & Wellbeing Board in this process would be as follows:
 - a. Health & Wellbeing Board members to refer to their organisation's strategic plan and commissioning intentions to identify topics of joint interest and strategic importance, and submit these suggestions by 3 February 2020. Board members will be fully supported in this process via the two Public Health & Commissioning Managers for JSNA and Health & Wellbeing Board.
 - b. Health & Wellbeing Board members to review and approve the resultant JSNA 2020/21 work programme at their meeting in May 2020.

Other Options Considered

19. The proposal is based on the requirement to develop the current JSNA process to ensure all JSNA products are aligned to joint strategic commissioning intentions, strategies or a framework for action in order to fulfil the statutory duty.

Reason/s for Recommendation/s

20. To seek Board members approval for a new topic identification and prioritisation process to drive the future JSNA work programme, noting the respective need for Board members to input into this process.

Statutory and Policy Implications

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

Financial Implications

22. There are none arising from this report.

RECOMMENDATION/S

- 1) That Health & Wellbeing Board members input into the development of the 2020/21 JSNA work programme by referring to their organisation's strategic plan and commissioning intentions to identify topics of joint interest and strategic importance and submit these suggestions by 3 February 2020.
- 2) Health & Wellbeing Board members to review and approve the resultant JSNA 2020/21 work programme at their meeting in May 2020.

Jonathan Gribbin
Director of Public Health

For any enquiries about this report please contact:

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Constitutional Comments (SS 19/112019)

23. The Board is the appropriate body to consider the content of this report.

Financial Comments (DG 19/11/19)

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

Background Papers and Published Documents

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

- [Guidance For the Approval of Joint Strategic Needs Assessment \(JSNA\) Chapters](#)
September 2018

Electoral Division(s) and Member(s) Affected

- All

APPENDIX 1.

NOTTINGHAMSHIRE JSNA SUPPORTING DOCUMENTS AND GUIDANCE

In 2019 the Nottinghamshire JSNA guidance and supporting documents were updated or developed and signed off by the JSNA Steering Group as follows:

Documents updated:

- JSNA chapter Project Initiation Document (PID) (*approved 25 June 2019*)
- JSNA chapter full report template (*approved 25 June 2019*)
- JSNA chapter author guidance and support (*approved 25 June 2019*)
- JSNA literature request form, developed in collaboration with Nottingham City Council colleagues (*approved 25 June 2019*)
- JSNA quality review framework (*approved 18 September 2019*)
- JSNA steering group terms of reference (*approved 18 September 2019*)
- JSNA owning group guidance (*approved 18 September 2019*)

New documents:

- JSNA chapter planning template (*approved 25 June 2019*)
- JSNA chapter timeline & milestones for Health & Wellbeing Board (*approved 25 June 2019*)

Within these updated or new documents there have been no substantial changes to the overall content and layout of the JSNA chapter.

Changes have involved slight amendments to the formatting and structure to improve readability, design and consistency across chapters.

Support documents have been enhanced to hopefully improve the overall process and products. For example, owning groups having a clearer explanation of their role and a more detailed quality review framework has been developed to outline factors that contribute to a high quality JSNA chapter.

APPENDIX 2. SUMMARY INFOGRAPHIC



**Nottinghamshire
County Council**



The Sexual and Reproductive Health of Nottinghamshire (2019)

What is sexual health?

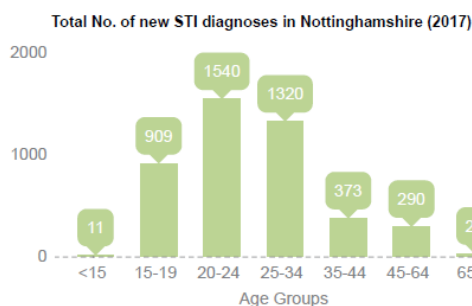
Sexual health is often viewed with stigma and only relating to sexually transmitted infections (STIs). Sexual health is a state of physical, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.

There were **4,740** diagnoses of new STI's in 2018 in Nottinghamshire. This number has **remained relatively stable** over the last few years.

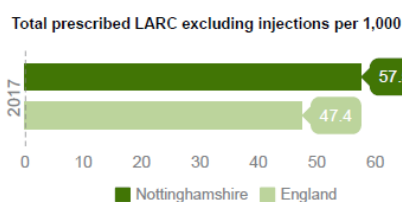


of STIs in 2017 were **chlamydia diagnoses**. Rates of chlamydia detection are lower than national and regional rates.

Young people are more likely to be diagnosed with an STI.



Nottinghamshire has **higher rates of Longer Acting Reversible Contraception (LARC)** prescriptions than the national average. There is variation across Nottinghamshire as to whether prescriptions come from sexual health services or General Practice.



Key Message

Promoting good sexual health and having effective treatment services is a **collective responsibility** across

a range of stakeholders including the Local Authority, Clinical Commissioning Groups, NHS England, primary care, pharmacies, schools and voluntary sector. **Collaboration is vital** in order to meet the needs and preferences of local people.



You can find the full Sexual Health and HIV (2019) Joint Strategic Needs Assessment (JSNA) chapter on Nottinghamshire Insight: www.nottinghamshireinsight.org.uk

APPENDIX 3.

DRAFT NOTTINGHAMSHIRE JSNA PRIORITISATION MATRIX

SCORE CRITERIA	HIGH	MEDIUM	LOW	ZERO
Impact (size) <ul style="list-style-type: none"> • Volume • Trends • Benchmarks 	Points = 9 Issue in County has high negative impact on 3 of the below factors : <ul style="list-style-type: none"> • % of County affected • Worsening prevalence or outcomes • Poor relative position of County 	Points = 6 Issue in County has moderate negative impact on 2 of the below factors : <ul style="list-style-type: none"> • % of County affected • Worsening prevalence or outcomes • Poor relative position of County 	Points = 3 Issue in County has low negative impact on 1 of the below factors : <ul style="list-style-type: none"> • % of County affected • Worsening prevalence or outcomes • Poor relative position of County 	Points = 0 Issue in County has no impact in terms of the below factors: <ul style="list-style-type: none"> • % of County affected • Worsening prevalence or outcomes • Poor relative position of County
Impact (severity)	Points = 9 Issue has significant effect on: <ul style="list-style-type: none"> • Aspects of health functioning • Long-term health or social care need • Cost to HWB commissioners and /or society 	Points = 6 Issue has moderate effect on: <ul style="list-style-type: none"> • Aspects of health functioning • Long-term health or social care need • Cost to HWB commissioners and /or society 	Points = 3 Issue has minor effect on: <ul style="list-style-type: none"> • Aspects of health functioning • Long-term health or social care need • Cost to HWB commissioners and /or society 	Points = 0 Issue has little / no effect on: <ul style="list-style-type: none"> • Aspects of health functioning • Long-term health or social care need • Cost to HWB commissioners and /or society
Impact (inequalities) <ul style="list-style-type: none"> • Effect on inequalities 	Points = 6 Likelihood of major inequalities in population	Points = 4 Likelihood of moderate inequalities in population	Points = 2 Likelihood of minor inequalities in population	Points = 0 Likelihood of no inequalities in population
Local commissioning review due	Points = 6 Local commissioning review due within a year	Points = 4 Local commissioning review due within the next 2 years	Points = 2 Local commissioning review due in 2 or more years or has just been completed	Points = 0 No specific reviews due

SCORE CRITERIA	HIGH	MEDIUM	LOW	ZERO
Significant shift in policy direction, evidence and / or guidelines, which would likely change recommendations	Points = 6 Significant shift	Points = 4 Moderate shift	Points = 2 Minor shift	Points = 0 No shift
Identified priorities <ul style="list-style-type: none"> • Strategic priorities • Stakeholder, citizen or service user views 	Points = 6 Strong evidence of serious concerns and prioritisation of this issue from stakeholders, citizens or service users	Points = 4 Some evidence of serious concerns and prioritisation of this issue from stakeholders, citizens or service users	Points = 2 Some evidence of concerns and prioritisation of this issue from stakeholders, citizens or service users	Points = 0 No evidence of stakeholder, citizens or service user concerns or prioritisation
JSNA coverage	Points = 3 No JSNA chapter written or updated in the last 4 or more years	Points = 2 JSNA produced or updated in last 2-3 years	Points = 1 JSNA produced or updated in the previous year	Points = 0 JSNA written or updated in current year
Current level of knowledge and insight into the local community health and wellbeing needs around the topic area	Points = 3 Very limited/no insight and understanding of the local picture	Points = 2 Limited insight and understanding of the local picture	Points = 1 Some insight and understanding of the local picture	Points = 0 Detailed insight and understanding of the local picture
<p>Maximum points = 48</p> <p>Chapters scoring less than 25 will be rejected. If they are more than four years old, they will be moved into the JSNA archive.</p>				

4 December 2019**Agenda Item: 7****REPORT OF THE SERVICE DIRECTOR, CUSTOMERS GOVERNANCE AND
EMPLOYEES****WORK PROGRAMME****Purpose of the Report**

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

Information

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

Other Options Considered

4. None.

Reason/s for Recommendation/s

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

Statutory and Policy Implications

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

RECOMMENDATION/S

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

Marjorie Toward
Service Director – Customers, Governance and Employees

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

Constitutional Comments (HD)

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

Financial Comments (NS)

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

Background Papers

None.

Electoral Division(s) and Member(s) Affected

All

Work programme: 2019-20

Report title	Description	Lead officer	Report author(s)
MEETING: Wednesday 4 December 2019 (2pm)			
Developing a health and work approach in Nottinghamshire	To agree actions from the <i>Employment and Health & Wellbeing: Improving Lives in Nottinghamshire</i> workshop on Friday 18 October 2019	Councillor Steve Vickers	Dawn Jenkin / Catherine O'Byrne / Nicola McCoy-Brown / Sonja Smith
Joint Strategic Needs Assessment progress and development	Update on progress in delivering and developing the Joint Strategic Needs Assessment	Jonathan Gribbin	Amanda Fletcher / Lucy Hawkin
Chair's report	To include updates on: <ul style="list-style-type: none"> Integrated Wellbeing Service Substance misuse 	Councillor Steve Vickers	Edward Shaw
MEETING: Wednesday 8 January 2020 (2pm)			
Plans to deliver the NHS long term plan in Nottinghamshire (feedback from workshop)	To agree actions from the workshop on Wednesday 2 October 2019	Jonathan Gribbin / Idris Griffiths	Alex Ball / Helen Stevens
Health protection update: Screening	Update on the local screening programme and opportunities for the Health & Wellbeing Board to support, promote and improve uptake	Jonathan Gribbin	Geoff Hamilton
Approval of Joint Strategic Needs Assessment chapter: Oral health		Jonathan Gribbin	Louise Lester / Kay Massingham
Approval of Joint Strategic Needs Assessment chapter: Tobacco		Jonathan Gribbin	Catherine Pritchard / Lindsay Price
Approval of Supplementary Statement for Pharmaceutical Needs Assessment (2018-22)	Supplementary statement to confirm amendments to the Pharmaceutical Needs Assessment for quarter 1 and quarter 2 of 2019-20 (for approval of publication by the Health & Wellbeing Board)	Jonathan Gribbin	Lucy Hawkin

Report title	Description	Lead officer	Report author(s)
Better Care Fund progress update		Melanie Brooks	Paul Johnson / Paul Brandreth
Chair's report		Councillor Steve Vickers	Edward Shaw
WORKSHOP: Wednesday 5 February 2020 (1.30pm)			
'A good start in life' ambition: Best Start workshop	Joint workshop with the Children & Families Alliance	Colin Pettigrew	Irene Kakoullis / Mandy Stratford / Kerrie Adams / Helena Cripps
MEETING: Wednesday 4 March 2020 (2pm)			
Annual report from the Director of Public Health		Jonathan Gribbin	William Brealy
'Healthy & sustainable places' ambition: Autism Spectrum Disorder	Agreement of partnership actions arising from the recent refresh of the Joint Strategic Needs Assessment chapter for autism	Councillor Steve Vickers	Anna Oliver / Gill Vasilevskis
Nottinghamshire Tobacco Declaration	Update on implementation of the Nottinghamshire Tobacco Declaration across all Health & Wellbeing Board partner organisations	Councillor Steve Vickers	Catherine Pritchard / Lindsay Price
Improved Better Care Fund plan (2020-21)	Update on progress and approval for the use of the Better Care Fund Care Act allocation and the Improved Better Care Fund	Melanie Brooks	Paul Johnson / Paul Brandreth
Annual report from the Healthy & Sustainable Places Coordination Group	An update on the priorities within the 'healthy & sustainable places' ambition of the Joint Health & Wellbeing Strategy, including progress in implementing the health in all policies approach	Jonathan Gribbin	Dawn Jenkin / Edward Shaw

Report title	Description	Lead officer	Report author(s)
Chair's report		Councillor Steve Vickers	Edward Shaw
WORKSHOP: Wednesday 1 April 2020 (2pm)			
MEETING: Wednesday 6 May 2020 (2pm)			
'A good start in life' ambition: Breastfeeding	Review of progress in implementing breastfeeding friendly places and actions to increase availability in future	Colin Pettigrew	Kerrie Adams / Tina Bhundia
Approval of Joint Strategic Needs Assessment chapter: Children & Young Peoples' Emotional and Mental Health		Jonathan Gribbin	Andrew Turvey / Rachel Clark
Public Health Outcomes Framework		Jonathan Gribbin	William Brealy / David Gilding
Approval of JSNA work programme		Jonathan Gribbin	Amanda Fletcher / Lucy Hawkin
Chair's report	To include updates on: <ul style="list-style-type: none"> Integrated Wellbeing Service Substance misuse 	Councillor Steve Vickers	Edward Shaw
WORKSHOP: Wednesday 3 June 2020 (2pm)			
MEETING: Wednesday 1 July 2020 (2pm)			
Chair's report		Councillor Steve Vickers	Edward Shaw

