

## **Health and Wellbeing Board**

**Wednesday, 01 April 2015 at 14:00**

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

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### **AGENDA**

1	Minutes of the last meeting held on 4 March 2015	3 - 8
2	Apologies for Absence	
3	Declarations of Interests by Members and Officers:- (see note below) (a) Disclosable Pecuniary Interests (b) Private Interests (pecuniary and non-pecuniary)	
4	Ashfield Health Village (Presentation: Dr Judy Underwood and Andrea Brown, Mansfield and Ashfield, CCG)	
5	Learning Disability Self Assessment Framework	9 - 42
6	Autism Self-Assessment Framework	43 - 72
7	Tobacco Control	73 - 80
8	Key findings from the HWB Peer Challenge	81 - 94
9	Protocol for Relations between HWB, Healthwatch & Health Scrutiny	95 - 102
10	Health & Wellbeing Implementation Group	103 - 118
11	Chair's Report	119 - 126

### **Notes**

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

Customer Services Centre 0300 500 80 80

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

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

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

Meeting **HEALTH AND WELLBEING BOARD**

Date **Wednesday, 4 March 2015 (commencing at 2.00 pm)**

**Membership**

Persons absent are marked with an 'A'

**COUNTY COUNCILLORS**

Joyce Bosnjak (Chair)  
Kay Cutts MBE  
Stan Heptinstall MBE  
Martin Suthers OBE  
Muriel Weisz

**DISTRICT COUNCILLORS**

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

**OFFICERS**

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

**CLINICAL COMMISSIONING GROUPS**

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

## **LOCAL HEALTHWATCH**

Joe Pidgeon - Healthwatch Nottinghamshire

## **NHS ENGLAND**

Vacancy - North Midlands Area Team, NHS England

## **NOTTINGHAMSHIRE POLICE AND CRIME COMMISSIONER**

A Chris Cutland - Deputy Police and Crime Commissioner

## **SUBSTITUTE MEMBERS IN ATTENDANCE**

Councillor David Staples - Newark and Sherwood District Council

## **OFFICERS IN ATTENDANCE**

Allan Breeton	-	Nottinghamshire Adults Safeguarding Board
Teresa Cope	-	South Nottinghamshire Planning Unit
Lucy Dadge	-	Mansfield and Ashfield CCG
Paul Davies	-	Democratic Services
Ian Ellis	-	Mid Nottinghamshire Planning Unit
Stephen Firman	-	East Midlands Ambulance Service NHS Trust
Sarah Fleming	-	Better Care Fund Programme Manager
Dr Peter Homa	-	Nottingham University Hospitals NHS Trust
Nicola Lane	-	Public Health
Cathy Quinn	-	Public Health
Caroline Shaw	-	Nottingham University Hospitals NHS Trust
Sam Walters	-	Nottingham North and East CCG
Jon Wilson	-	Adult Social Care, Health and Public Protection
Bob Winter	-	East Midlands Ambulance Service NHS Trust
Peter Wozencroft	-	Sherwood Forest Hospitals NHS Foundation Trust

## **MINUTES**

The minutes of the last meeting held on 4 February 2014 having been previously circulated were confirmed and signed by the Chair.

## **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Simon Greaves, Dr Mark Jefford, Councillor Tony Roberts, and Councillor Phil Shields.

## **DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS**

None.

## **AGENDA ORDER**

The order of the agenda was changed, in order to consider the item on Urgent and Emergency Care first.

## **URGENT AND EMERGENCY CARE**

Each of the three planning units in Nottinghamshire gave a presentation on urgent and emergency care in their area, the pressures experienced during winter 2014/15 and the responses to those pressures.

The Board was informed that the national target for emergency departments was that 95% patients should be seen within four hours. Acute trusts in Nottinghamshire had not consistently achieved this. They were however aiming to meet the target by the end of March 2015, through coordinated efforts across health and social care.

Representatives of commissioners and providers participated in the discussion which followed.

### **South Nottinghamshire**

- How did NUHT allocate resources in ways which might assist the discharge of patients? - It was explained that the Trust examined which wards were under pressure on a daily basis, and allocated extra resources where appropriate. In addition, there was a six monthly review, and consideration was being given to ward managers having greater control over resources.
- What had been the impact of closing the Stapleford Walk-in Centre? - It was indicated that after the closure, monitoring had shown that the low number of patients who had used the Walk-in Centre did not go elsewhere. Currently, extended hours at some GP surgeries was under consideration.
- How difficult was it to recruit staff, and what was the cost of agency staff? - Dr Homa offered to provide this information after the meeting. The picture nationally was that it was difficult to recruit to some specialties due to a lack of training places. However, NUH was a location which did attract candidates.
- What percentage of patients should be treated in the community rather than the Emergency Department? - The percentage was in low single figures. It was important to develop a system which could deal with the variety of patients who presented at A&E.
- How much of the high level, strategic knowledge permeated the system, so that individuals realised the part they played? – It was explained that this received great attention at NUH. However, the system was complex, especially outside hospital.
- How much was delayed discharge an issue in relation to the Better Care Fund? - The Better Care Fund had the potential as a catalyst for integration and making real progress.

- Loneliness and isolation meant that people would turn to professionals for help. More could be done in the community to overcome loneliness. – It was acknowledged that more could be done to develop capacity in voluntary organisations and the community.

### **Mid Nottinghamshire and Bassetlaw**

- Scepticism was expressed, in relation to the closure of Kirkby Walk-in Centre and the use of Prime Minister's Challenge monies at Kings Mill Hospital. - It was pointed out that the pressures were system-wide. Even where walk-in centres remained, there were high numbers attending A&E. There was still scope to expand the primary care stream at Kings Mill Hospital.
- A fundamental issue was that GPs were paid by the number of registered patients, and hospitals by the work undertaken. - It was explained that despite this, there was no financial incentive for hospitals to take more emergency admissions. There was some desire to move to a more capitated budget.
- The Health and Wellbeing Board could encourage closer working by health and social care, and seek to raise the status of work in care homes and home care.
- It was suggested that more attention could be given to providing services at residential and nursing homes, with a view to avoiding the admission of residents to hospital. Reference was made to examples of care plans being ignored, resulting in admission to hospital.
- Organisations across the system could contribute to reducing hospital admissions and routing people to appropriate sources of care or treatment. This should include work with care homes, to reduce both admissions to hospital and the discharge of patients from hospital to care homes. The CCGs had supported increasing the capacity of interim care, and there should be consideration about flow across the whole system.
- It was pointed out that EMAS looked at other pathways for patients as well as A&E.
- It was acknowledged that solutions to the issues which had been discussed would take time. However, the Board was well placed to promote integration. The outcome of the peer challenge would serve to strengthen the relationships between the Board and the three planning groups.

The Chair summed up the discussion, and thanked everyone for their participation.

### **RESOLVED: 2015/007**

That the presentations on urgent and emergency care be noted.

### **NOTTINGHAMSHIRE SAFEGUARDING ADULTS BOARD**

Allan Breeton, Independent Chair of the Nottinghamshire Safeguarding Adults Board introduced the report on the Board's activities in 2013/14. He emphasised that the

Board was a strong partnership, and well placed to take on its statutory role under the Care Act. In reply to questions, he stated that the number of safeguarding referrals had increased as a consequence of Winterbourne View and training. However, he indicated that fewer referrals led to assessments. Other points during discussion were that clusters of incidents were investigated, and there was liaison with the Care Quality Commission, CCGs and NHS England; that end of life care, admission to hospital and safeguarding were all related; and that end of life care should be considered for the Health and Wellbeing Board work programme.

**RESOLVED: 2015/008**

That the report and the work of the Nottinghamshire Adults Safeguarding Board be noted.

**BETTER CARE FUND PLANS TO REDUCE NON-ELECTIVE ADMISSIONS**

Sarah Fleming introduced the report which sought the Board's approval for a reduction in the trajectories for non-elective admissions to hospital, in light of the pressures discussed earlier. Each CCG had developed a revised figure for their area, giving an overall change in the county from 3.7% to 2.9%.

**RESOLVED: 2015/009**

That the proposed amendments to the trajectories for non-elective admissions be approved.

**BETTER CARE FUND POOLED BUDGET**

Lucy Dadge and Sarah Fleming gave a presentation on the draft section 75 pooled budget agreement and the governance arrangements for the pooled budget. The draft agreement was subject to approval by CCG Boards and by the County Council's Finance and Property Committee, and to public consultation which closed on 15 March. In response to questions, they clarified the arrangements for sharing risk.

**RESOLVED: 2015/010**

- 1) That the section 75 pooled budget agreement be approved subject to amendments required by CCG governing bodies and the public consultation.
- 2) That the governance arrangements in place for the operation of the pooled budget agreement be noted.

**APPROVAL OF THE PHARMACEUTICAL NEEDS ASSESSMENT**

Cathy Quinn introduced the report about the Pharmaceutical Needs Assessment (PNA), and responded to questions and comments from Board members, which included:

- The variety of services provided at different pharmacies made it difficult for the public and GPs to know what services to expect. - It was recognised that better information about services should be available.

- An executive summary of the PNA would be useful. - This would be included.
- Every pharmacy should have a private consulting area. - That was the case at almost all pharmacies.
- How to ensure that pharmacies did not over-order medications? - Concerns about quality should be addressed to NHS England. However the Board could lend weight to expressions of concern.
- The PNA could be stronger about the contribution of pharmacies to overall health and wellbeing, and encourage pharmacies to take on wider services. – Cathy Quinn offered to work with Joe Pidgeon to strengthen the wording of section 3.9 the PNA in relation to this.

#### **RESOLVED: 2015/011**

That the final Pharmaceutical Needs Assessment be approved for publication on the County Council's website, subject to strengthening of section 3.9 in relation to future services.

#### **AGENDA**

In view of the time spent on previous items, it was agreed to postpone the Learning Disability Self Assessment Framework and Health and Wellbeing Implementation Group reports to the next meeting.

#### **CHAIR'S REPORT**

The report updated the Board on a number of matters. The Chair referred to plan for the Board to meet monthly, and suggested that as a replacement for the bi-monthly workshops, there could be a lunchtime workshop session before some Board meetings.

#### **RESOLVED: 2015/012**

That the Chair's report be noted.

#### **WORK PROGRAMME**

#### **RESOLVED: 2015/013**

That the work programme be noted.

The meeting closed at 17.10 pm.

**CHAIR**



**1 April 2015****Agenda Item: 5****REPORT OF CORPORATE DIRECTOR, ADULT SOCIAL CARE, HEALTH  
AND PUBLIC PROTECTION****LEARNING DISABILITY SELF ASSESSMENT FRAMEWORK****Purpose of the Report**

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

**Information and Advice**

2. The Joint Health and Social Care Self-Assessment Framework (SAF) replaced the *Valuing People Now* Self-Assessment which was primarily undertaken by Social Care and the Learning Disability Health Self-Assessment, primarily undertaken by Health. This is the second year that the self-assessment has been a joint health and social care assessment.
3. The Learning Disabilities Observatory, Improving Health and Lives, (IHAL) part of Public Health England administers the SAF which is signed off by NHS England and ADASS.
4. This year's SAF for the Nottinghamshire Learning Disability Partnership Board area (Nottinghamshire County) was completed by commissioners from Adult Social Care and Newark and Sherwood CCGs (the latter on behalf of the 6 county CCGs) with input from Bassetlaw CCG who also had to do their own self-assessment to feed into the South Yorkshire region.
5. Information was gathered about and directly from carers, service users, the criminal justice system, providers and district councils.
6. The SAF was consulted on before submission with the learning disability partnership board.
7. As part of this submission, there is a requirement to present the findings to the Health and Wellbeing Board before the end of March 2015.
8. The SAF requires us to rate red, amber or green, for each question with some narrative to support this. The criteria for scoring red, amber or green (RAG) was set for each question (please see link at the end of this report for detail of the RAG criteria).

9. According to the published SAF timetable there was supposed to be a Peer support Workshop organised by regional ADASS and NHS England Regional leads, in order to share, challenge and moderate submissions prior to the January deadline, however this did not happen in the East Midlands and indications suggest that it did not happen in any English region.
10. The self assessment is in a very similar format to last year making it easier to compare our assessment this year with last year. However, three questions will be completed by the IHAL based on national data sets
- Number of health Checks undertaken. We do not know what RAG rating will be applied by IHAL to Nottinghamshire as different CCGs have varying results.
  - People with learning disabilities accessing routine screening – we do not know what RAG rating will be applied by IHAL as the criteria for RAG have not been published.
  - Mental capacity Act and deprivation of Liberty - we do not know what RAG rating will be applied by IHAL as the criteria for RAG have not been published
11. There was also one question which was asked last yr which was not asked this year about community inclusion and citizenship.
12. There were also 2 questions which carers and service users needed to rate as it was about their opinion. The questions previously had been RAG rated according to prescribed data.

13.

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

14. Areas where our RAG rating has improved.

- Offender Health – moved from red to amber. Last year NHS England had only just taken responsibility for people in custody suites and had little data regarding people in prisons. Since then they have rolled out a screening tool over the 16 prisons in Nottinghamshire so that people with a learning disability can be identified and referred to appropriate support. The use of the liaison and diversion programme means that offenders with a learning disability are more likely to be diverted to non-custodial provision, including secure hospital.
- Regular care reviews – moved from red to amber. While the number of full community care reviews of people accessing services has dropped from 77% to 73.3% this year we have included information about all the day to day activity where minor amendments are made to care packages and services are checked to ensure people's needs are being appropriately met to bring us more in line with the way other authorities rated

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

- Supporting people into employment – moved from amber to green. 7.2% of service users with a LD in Notts LD are in paid employment compared to East Midland Average of 4.9% and England average of 6.8%. The Council's Iworks employment support service is supporting 138 people directly in maintaining or finding work but also a further 369 people who are in work but need support on an irregular basis to ensure they maintain their employment. Nottinghamshire has facilitated innovative work placements within one of our special schools where people are given work experience placements within different departments of the NHS for 12 months.
- Transitions for people with a learning disability moving from children's to adults services. As a pilot authority for the Education Health and Care plans, resulting in the creation of a children's commissioning hub where health and social care services can be commissioned from a joint budget, together with the forming of a transitions team in adult social care (previously transitions workers sat within each CLDT but now there is a specific team and dedicated team manager), people with learning disabilities have a more joined up approach to transition. There is still work to improve in this area to ensure consistent messages around future expectations are co-ordinated across children's and adult services and therefore lead to a better experience for the young person and their carers undergoing the transition.

#### 15. Areas where our RAG rating has gone down

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

#### 16. Key areas for action going forward

- Regular care reviews – in order to reach a green on the standard 100% of all service users receiving service would need to have had a review of their care in any 12 month period. It is unlikely that we will be able to reach green next year but we should ensure that we prioritise those who have not had a formal review for 18 months or more and those living out of county. While the majority of people will have several contacts during the year from either health or social care staff, we need to ensure that those most at risk are not missed out.
- Transitions – while we have rated ourselves green in this area against the criteria posed we feel there is still work to improve in this area to ensure consistent messages around future expectations are co-ordinated across children's and adult services and therefore lead to a better experience for the young person and their carers undergoing the transition.
- Health Action Plans – this is an area we have rated red this year and last year. While anecdotal evidence from the health facilitators suggests that a large number of patients do have health action plans, this is currently not recorded and data collated. A new

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

- Contract compliance assurance – to rate amber in this area we need to evidence that 90% or more of health and social care commissioned services for people with learning disabilities have had a full scheduled annual contract review and a quality assurance check including an unannounced visit. To reach green this needs to be 100%. Due to the large number of care homes, as well as day services, supported living services and health services we have not been able to fulfil this. It is unlikely we will be in a position to reach 100% next year as often we need to visit poor services more than once (often multiple times) during a year and therefore cannot ensure we quality audit (especially unannounced as this often requires follow up visits to gain information not instantly available) and do a contract review on all services. However, we have developed a system to risk assess contracts to ensure we monitor those we are concerned about more regularly. This may mean that some of the better services have both a formal contract review and quality visit every 2-3 years. This risk register will be further refined over the coming year in line with new CQC inspection regimes to ensure the most appropriate use of contracting and monitoring resources.
- Carer and service user feedback – rated Amber for both questions. This was very mixed for the carer perspective with some feeling that providers of services did not treat them with dignity and respect and others feeling they did. Generally the service users we asked felt they were treated with dignity and respect. Carers were also asked if they felt their needs were being appropriately met and again feedback was mixed. As these questions were new this year, the response to them was gathered as part of this SAF return with a limited number of people and therefore does not give us a true picture of what the issues may be for some carers or whether on a wide basis there would be more people satisfied than not of visa versa. Therefore we would like to develop processes aimed at gathering feedback on these two questions over the year to get a wider feedback for next year's SAF.

## **Statutory and Policy Implications**

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

## **RECOMMENDATION/S**

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

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

**For any enquiries about this report please contact:**

**Cath Cameron-Jones Commissioning Manager ASCH&PP**

**01159773135**

**[cath.cameron-jones@nottsccl.gov.uk](mailto:cath.cameron-jones@nottsccl.gov.uk)**

#### **Constitutional Comments (LMcC 24/02/15)**

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

#### **Financial Comments (KAS 12/02/15)**

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

#### **Background Papers and Published Documents**

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

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

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

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

<http://www.nottscountypb.org/>

#### **Electoral Division(s) and Member(s) Affected**

22. All



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

should the first 2 sentences of this be in answer above?

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

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

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

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

SOCIAL CARE	CHC AND CCG COMMISSIONERS AND social care	MCA & DOLS	N/A - will be sourced from nationally available data sets.	B9	N/A - will be sourced from nationally available data sets.			
SOCIAL CARE	CHC AND CCG COMMISSIONERS AND social care	joint working	joint governance and monitoring and formal partnerships/pooled budgets between health and social care	c1	The Council and the CCG's are working towards the implementation of a Pooled Budget in 2015/16 for patients with learning disabilities/autism who attract s117 funding. We are currently operating as an aligned budget so we can assess any potential impact of a pooled budget. Community Learning Disability Teams are integrated with staff such as Social Workers, LD Nurses and SALT working alongside each other. The Winterbourne Programme has been jointly managed throughout with Project Management being shared, a monthly Project Board and joint meetings at an operational level between social care staff, the Healthcare Trust and CCG. The Health and Wellbeing Board for Nottinghamshire includes reps from the CCG's, County Council, NHS England and Healthwatch Nottinghamshire. There is an integrated commissioning group to look at issues relating to learning disability, mental health and autism where health and social care can work together. <b>GREEN</b>	http://www.nottinghamshire.gov.uk/caring/yourhealth/developing-health-services/health-and-wellbeing-board/		
SOCIAL CARE	SOCIAL CARE + indicators	transport and amenities	people with LD having access to reasonably adjusted services to help them maintain social networks <b>changing places</b>	c2	The Council funds a third sector organisation to work with service users, schools, public services and wider organisations such as supermarkets to reduce bullying and develop safer places for service users to visit. Changing places toilets are available in all areas of Nottinghamshire. Consultation events with supported living providers have taken place to further sharpen Provider's work to improve independence of service users, reduce the reliance of paid support and increase use of everyday community facilities. In the south of the county the bus operator NCT's drivers have all recently undertaken disability awareness training. <b>GREEN</b>	648 http://www.nottinghammencap.org.uk/What-We-Do/smile-stop-hate-crime.html	I use the bus. It is good. The bus stops when I stand at a bus stop. I use the number 10 bus and go to town on it. I can go on my own. The bus says out loud what the next stop is so I know when to get off. This is good as I cannot see that well and carry a stick with me. The drivers are mostly friendly.	
						https://www.nctx.co.uk/customer-services/information-centre/what-accessibility-training-do-your-drivers-receive/		
SOCIAL CARE	SOCIAL CARE + indicators	arts and culture	people with LD having access to reasonably adjusted services to help them participate fully	c3	Service users access arts and culture through day activities in internal and independent day services, purchased with a Personal Budget. Voluntary Groups can bid for money from the Nottinghamshire Arts Fund and the criteria includes ensuring accessibility. Access more broadly is provided across a range of voluntary and private organisations offering film, theatre, music, exhibitions etc. For example Nottingham Contemporary offers bespoke artist led workshops and free gallery talks for a broad range of groups with additional support needs. The Capital One Arena has an accessibility policy that includes 'Attitude Is Everything' who improve disabled people's access to live music by working in partnership with audiences, artists and the music industry to implement a charter of best practice. <b>GREEN</b>	http://www.nottinghamplayhouse.co.uk/your-visit/access/	My wife and I are part of an history group, we are friends of Papplewick Pumping Station we help out at events, Being members means that we get to go on trips to other steam engines. Sometimes other volunteers from the pumping station pick us up or we catch a bus and make our own way there. I like being part of this group because you get to see things that the public don't.	

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SOCIAL CARE	SOCIAL CARE + indicators	sports and leisure	people with LD having access to reasonably adjusted services to help them participate fully loads of stuff I gave to Cath last year plus newark leisure centre stuff	c4	There are a range of resources available at Sport Nottinghamshire including practical tips to promote equality and the IRIS Project that offers one to one support. Local district councils provide specific access to sports facilities for disabled people, including those with a learning disability. A variety of other community groups, also provide spotting activity, either to help people watch sport or take part. Nottingham Forest Football Club has a Disabled Supporters Policy that makes specific reference to learning disability. Arnold Leisure Centre has a range of accessible adjustments to enable people with disabilities to access the centre. <b>GREEN</b>	<a href="http://www.nottinghamforest.co.uk/Tickets/disabled_supporters_policy.aspx">http://www.nottinghamforest.co.uk/Tickets/disabled_supporters_policy.aspx</a>	I have just moved to Sutton and went to watch Stags play at Mansfield FC. I couldn't go on my own so a member of staff from home took me. I find it hard to catch buses these days so we had to go in a taxi. We brought tickets on the day; we queued to buy the tickets but didn't have to wait long so I was OK. Once we had our tickets they opened a special door to let us in - I have a walking stick - so we didn't have to go with everyone else pushing and shoving. They got us seats at the front so it was easy to get in without people pushing. It was great, they played ok but not great.. When the match was over we could leave through a door where there were not loads of people pushing to get out. I want to go again, it was easy to do with support and I felt safe at the ground.
						<a href="http://www.gedling.gov.uk/leisure/leisurecentres/accessibilityinformation/#d.en.33228">http://www.gedling.gov.uk/leisure/leisurecentres/accessibilityinformation/#d.en.33228</a>	
SOCIAL CARE	SOCIAL CARE + indicators	employment	local and national targets met - employment activity linked to commissioning intent for future	c5	I-Works is funded to support service users with a learning disability into employment. In 2013/14 it was working with 138 people for Intensive Support (where we work with service users out in the community), 369 for Contact Support - (where we are available to them for support, and are aware they are in employment) and 23 in Project Support - (where they attend a project we run - working towards paid employment). The Council supports a range of projects and partnerships to promote employment for service users. For example Project Search and the NHS: students from Foxwood Academy (school for young people with Special Educational Needs) spend a school year working within different departments in NHS hospitals (e.g. - Linen services, Outpatients, Retail catering, Cleaning, Logistics, Medical equipment, Human resources etc). We have recently been nominated for an NHS award for partnership working. We help support the students to transition into paid work and continue on job support indefinitely. 7.2% of service users with a LD in Notts LD are in paid employment compared to East Midland Average of 4.9%, England Average 6.8% and Similar Local Auth. Av 6.2%. <b>GREEN</b>	<a href="http://www.nottinghamshire.gov.uk/living/jobs/support-and-advice/employment-and-disability/">http://www.nottinghamshire.gov.uk/living/jobs/support-and-advice/employment-and-disability/</a>	GH attended I-work Cafe to learn catering skills and customer service. He gained experience in how to work in a catering environment. I-Work helped him pass his food hygiene certificate and then marketed GH to local catering retail businesses. I-Work supported GH in interview. I-Work supported the employer in the best way to work with GH. We worked with GH on site to learn the job and work routines. I-Work regularly check with GH and employer that all is in order, and visit to make sure everything is OK.

1185

SOCIAL CARE	CHC AND CCG COMMISSIONERS AND social care	effective transitions	EHC plans, pathways and involvement across health and social care	C6	<p>There is a county-wide LA Transitions Team and it currently has a caseload of 202 young people. The Transitions Team ensure they have attendance at yr9 school review for anyone with a statement/EHC plan who may need support from adult social care in the future. This establishes the link between the young person, their family and the team. Nottinghamshire was a pilot authority for undertaking and devising EHC's. The Transitions Team will ensure there is effective transition planning with the service user, family and circle of support as well more generally offering support to carers/families including carers assessments and young carers assessments. The Council ensures timely Community Care Assessments and Support Plans are made to establish eligibility for Adult Services and identify a personal budget and appropriate services. The Transition Team has established links with education and health as well as between adult and children's services at all levels to ensure as smooth a transition as possible. In Nottinghamshire the Children's Integrated Commissioning Hub provides co-ordination and a single point of accountability for children and young people's health and wellbeing related commissioning. It works to align and pool commissioning resources on behalf of Clinical Commissioning Groups, Public Health and NHS England. <b>GREEN</b></p>	1358	<a href="http://www.nottinghamshire.gov.uk/caring/adultsocialcare/backgroundsupport/becoming-an-adult/">http://www.nottinghamshire.gov.uk/caring/adultsocialcare/backgroundsupport/becoming-an-adult/</a> and <a href="http://www.nottinghamshire.gov.uk/caring/youngpeople/developing-health-services/childrenscommissioning/">http://www.nottinghamshire.gov.uk/caring/youngpeople/developing-health-services/childrenscommissioning/</a>	<p>Miss R and her brother Mr T both have profound physical and learning disabilities (including significant health needs) and are cared for by their grandparents. Miss R is 18 at the beginning of 2015 and Mr T will be 17. The siblings have suffered many losses in their lives including the death of both parents, and as a result have a very close bond. One gets distressed if they are without the other for significant periods of time. Whilst work is being done to support each young person to develop their independence it is recognised that any separation, even short term, needs to be managed gradually. As a result the Transitions Social Worker has worked with the Childrens Disability Team, Childrens short breaks services, Continuing Health Care and the accredited CSE provider for the area to ensure continuing for both individuals. The CSE provider has agreed to work</p>
SOCIAL CARE	public health, Commissioning	Involvement in service planning and decision making	carer support/strategy/carers involved in provider service development cse evidence of co-production in LD specific and universal services ldpb, cse, provider forum and numerous carers groups	c7	<p>Nottinghamshire has a Learning Disability Partnership Board and this is a key forum for health and social care, providers, service users and carers to meet, discuss, debate and make decisions around services. A new system for involving service users meant reps were elected by their peers who they were held more tightly accountable to. The Partnership Board will take up issues of co-production in LD and universal services. For example a carer rep was tasked by the Board to discuss with Newark District Council putting a Changing Places toilet and hydrotherapy pool in a newly commissioned leisure centre. The Council undertook a major tender for supported living services and consulted with carers and service users over the type of services wanted and used Working Together for Change processes. The Empower and Enable project, using the Think Local Act Personal model, worked with providers, service users and a user-led organisation - Disability Notts - to find ways to support service users to be more involved in producing their Support Plan after the Personal Budget had been assessed. Current savings proposals out for consultation have been translated into easy read and made available on the Partnership Board Website. <b>GREEN</b></p>		<a href="http://www.disabilitynottinghamshire.org.uk/wp-content/uploads/2014/01/Strategic-Plan-A3-2014-2017-v5.pdf">http://www.disabilitynottinghamshire.org.uk/wp-content/uploads/2014/01/Strategic-Plan-A3-2014-2017-v5.pdf</a>	<p>We were asked to be part of the tender from the beginning. We said what we thought was a good service and what we said was included in the questions, I felt involved. The group all had their say and were supported really well and our ideas were used as well as the carers at the big meeting. We could get our ideas over to people and they listened.</p>

							<a href="http://www.nottscounty.org/Libraries/Local/734/Docs/2014%20Board/march%2020th%202014/5%20%20LD%20-%20What%20we%20Said%20We%20Would%20Do%2020.3.14.pdf">http://www.nottscounty.org/Libraries/Local/734/Docs/2014%20Board/march%2020th%202014/5%20%20LD%20-%20What%20we%20Said%20We%20Would%20Do%2020.3.14.pdf</a>	
							<a href="http://www.nottinghamshire.gov.uk/caring/adultsocialcare/somewheretolive/supportedliving/slpf/slpfanding/documents-links-presentations/?entryid168=279795">http://www.nottinghamshire.gov.uk/caring/adultsocialcare/somewheretolive/supportedliving/slpf/slpfanding/documents-links-presentations/?entryid168=279795</a>	
SOCIAL CARE	public health, CCG and social care commissioners	Carer satisfaction rating	Carer satisfaction rating. To be answered by family carers	c8	To be answered by family carers			
SOCIAL CARE	CHC AND CCG COMMISSIONERS AND social care	carers	Overall rating to be completed by IHAL (DOH)	c9	Overall rating to be completed by IHAL (DOH)			

#### Self Assessment element

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

ALL AREAS HAVE A SPACE FOR EVIDENCE AND SERVICE USER STORIES

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

	2013/14	2014/15	Notes
1 LD QOF register in primary care	LD registers for Nottinghamshire reflect prevalence as well as being stratified in the required data set, namely age, complexity (complex or profound) autism spectrum disorder and ethnicity. <b>GREEN</b>	LD registers for Nottinghamshire reflect prevalence as well as being stratified in the required data set, namely age, complexity (complex or profound) autism spectrum disorder and ethnicity. <b>GREEN</b>	
2 Screening - People with learning disability are accessing disease prevention, health screening and health promotion in each of the following health areas: Obesity, Diabetes, Cardio vascular disease and Epilepsy	In Nottinghamshire we have data about the percentage of PWLD having accessed services around obesity, cardiovascular disease, diabetes, asthma, epilepsy and dysphagia. We also have the comparative data for the general population. This data can be broken down to CCG area and Individual GP Practice. This will be built into the Miquet query next year to break down into Area Teams <b>AMBER</b>	In Nottinghamshire we have data about the percentage of PWLD having accessed services around obesity, cardiovascular disease, diabetes, asthma, epilepsy and dysphagia. We also have the comparative data for the general population. This data can be broken down to CCG area and Individual GP Practice. <b>AMBER</b>	
3 Annual Health Checks and Annual Health Check Registers	Overall 67% of annual health checks were completed county wide. 4 of the 6 CCGs increased the number of health checks undertaken <b>AMBER</b>	IHAL will complete this based on relevant data. There is inconsistency across Nottinghamshire with regards to the number of PWLD receiving health checks. The ranges flows from 36% in Bassetlaw to 76% in Mansfield. <b>WHITE</b>	R- less than 50% A- 50-69% G - over 70%



4	Health Action Plans	Anecdotal evidence from the health facilitators suggest that a large number of patients do have health action plans, however, this is currently not recorded and data collected. A new template has been devised which will be completed as part of the annual health check and feed into the HAP in future. <b>RED</b>	The primary and acute LD nurses delivered health action plan training to a number of supported living providers / residential care homes for people with LD. Anecdotal evidence from the health facilitators suggest that a large number of patients do have health action plans, however, this is currently not recorded and data collated. A new template is still being developed which will be completed as part of the annual health check and feed into the HAP in future. <b>RED</b>	R- less than 50% A- 50-69% G - over 70%
5	Screening - Comparative data of people with learning disability vs. similar age cohort of non-learning disabled population in each health screening area for cervical, breast and Bowel screening	We are able to identify people with a learning disability that are screened against the non-learning disabled population, however, we plan to scrutinise this further throughout 2013/14. A DVD explaining the importance of bowel screening has been developed for use by people with a learning disability in Nottingham. <b>AMBER</b>	IHL will complete this data, based on screening numbers. We are able to identify people with a learning disability that are screened against the non-learning disabled population, however, we plan to scrutinise this further throughout 2014/15. In Bassetlaw the Primary Care LD Facilitator held a health screening event. People with a LD, their families, carers and support staff were invited to attend. Nottinghamshire CCG's are aware of the people declining some screening services, some CCG's and have held a local screening event and will be looking into further actions that need to take place to improve on this. they continue to use the DVD that was disigned to expalin the importance of screening. <b>WHITE</b>	Numbers to inform RAG rating have not been supplied.

6	Primary care communication of learning disability status to other healthcare providers	<p>There is no automatic process for ensuring that information regarding LD status is passed from GPs to other healthcare professionals.</p> <p>However, the majority of patients are known to health facilitators who liaise with acute liaison nurses in the hospitals and ensure LD status is known and appropriate support provided. LD awareness training has also been provided to county health partnership staff. <b>AMBER</b></p>	<p>There is no automatic process for ensuring that information regarding LD status is passed from GPs to other healthcare professionals.</p> <p>However, the majority of patients are known to health facilitators who liaise with acute liaison nurses in the hospitals and ensure LD status is known and appropriate support provided. LD awareness training has also been provided to county health partnership staff. An increase in sharing across System One has definitely improved communication with other teams and professionals involved. <b>AMBER</b></p>	
7	Learning disability liaison function or equivalent process in acute setting	<p>Acute liaison function in place and working to ensure transition of patients across sites and shared communication documents. Working groups have been formed to develop and identify training needs and this has been fed back to The Trust. The Acute Liaison nurses (ALN) are from different trusts and work across different sites but work together and share good practice. The LD healthcare facilitators and the ALNs attend the Better health group LD PB sub group to ensure links are maintained and partnership working is supported across the area. <b>GREEN</b></p>	<p>Acute liaison function in place and working to ensure transition of patients across sites and shared communication documents. Both the Acute and Primary Care LD Facilitators deliver training together. They work directly with patients through their pathways across primary and acute care. They attend the LD partnership board and better health group. In Bassetlaw the LD Facilitator also put on a LD cancer screening event in June 2014. <b>GREEN</b></p>	

<p>Reasonable adjustments in 8 primary care</p>	<p>Many of the services listed can evidence examples of reasonable adjustments and tailoring their approach to the needs of their individual patients. However it would be hard to quantify how many of these were due to a learning disability. <b>AMBER</b></p>	<p>Many of the services listed can evidence examples of reasonable adjustments and tailoring their approach to the needs of their individual patients. However it would be hard to quantify how many of these were due to a learning disability.</p> <p>Dentistry recently presented at the LD Partnership Board to update on developments of a new dentistry service for LD patients. The LD Partnership will continue to work with the Area team to create mechanisms for understanding the quality of this work. Training continues to encourage services to consider service improvements and ways to make reasonable adjustments for PWLD. Nottinghamshire has adopted the 5 new communication standards and every GP and specialist dentist has a copy of the new communication resource which is also available on CCG internet. <b>AMBER</b></p>	
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<p>Offender Health &amp; the Criminal Justice System</p>	<p>Currently offender health commissioners don't yet have informed representation of the views and needs of people with learning disability or autism either in custody suites or prisons. A health needs assessment is being undertaken in Nottinghamshire police custody suites(to support the transfer of commissioning responsibility) and also refreshing soem health needs assessments in prisons to focus specifically on LD bneeds. prisoners in Notts are assessed for LD (either by health or educational teams in prison) and prison healthcare providers receive LD awareness training. When assessed as having an LD prisoners will get Annual health checks. Some prisons also have easy read info available. <b>RED</b></p>	<p>Evidence suggests 7% of the prison population, and a greater number in the criminal justice system have learning disabilities. East Midlands Health and Justice team are piloting an enhanced LD screening tool at HMP Foston hall and HMP Sudbury – this enhanced tool identifies broader issues – including acquired brain injury and LD as well the Asperger's spectrum: this is currently being evaluated before being rolled out across all 16 prisons, work is also arising from this to identify referral pathways. LD is also a key part of the liaison and diversion programme, where those in contact with criminal justice and where they are identified as having LD are signposted out into appropriate non custodial provision. Development required. Some developing pathways ie HMP Whatton have been funded and will be further evaluated before rolling out across region. Prisoners and young offenders with LD have had an annual health check which generates a health action plan, or are scheduled to have one in the coming 6 months <b>RED</b></p>	
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10 Regular Care Review	<p>Information on every contact with service users is recorded but not collated but in the majority of cases, needs and therefore service provision will be reviewed several times during the year. Small changes to personal budgets, reflecting minor changes in need can be made without a full review. 77% of service users with a learning disability receiving services from Nottinghamshire county council had a formal scheduled review in 12/13. All reviews are face to face but data includes people in supported employment or who have had OT contact during the year for whom a formal Self Directed Support review will not have been completed but a service review from the provider will have. All service users in long stay hospitals have received a formal review in the last twelve months. <b>RED</b></p>	<p>Reviews take place informally and formally. Informal reviews will be kept in case notes - smaller changes to care packages can be made and recorded this way. Formal reviews will be kept as Episodes and 73.3% of FACS eligible service users had a formal review and this was based on community care or OT review. Overwhelmingly reviews will take place face to face. In a small number of cases a telephone review will take place in very straightforward cases where a service user is a regular attender at a day service who will on an on-going basis raise any concerns with the local CLDT. All service users covered by the Transforming Care programme (AKA Winterbourne View) had a externally commissioned specialist (Positive Behaviour Support Consultancy) who co-ordinated reviews for everyone in long-stay hospitals. A list of all NHS funded care packages is monitored and 89% of packages were formally reviewed either by a clinician or their named social worker in 2013/14. Person centred planning is in place for all patients and where possible providers are expected to involve patients and their families/carers in all decisions about their care. <b>AMBER</b></p>	<p>based on information from other authorities last year we have raised our status from red to amber as included informal reviews. The definition of review is very unclear.</p>
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11	Contract compliance assurance	<p>All residential care homes have had a quality audit within the last three years. Where standards were not being met, action plans were put in place and repeat visits made to ensure compliance. Ten of 16 supported living providers have been quality audited in the last 12 months with plans to complete the remaining 6 within the next six months. From April 2014, all contracted providers services will receive an annual quality review. In addition, further quality visits in response to concerns raised as well as reviews of individual service users are undertaken in residential and supported living settings. Accreditation of day service and res care. Annual review meetings are held between the CCGs and the Healthcare Trust as well as monthly contract meetings. <b>RED</b></p>	<p>The majority of Nottinghamshire's health and social care commissioned services for PWLD have an annual contract and regular service reviews which are reported to the Nottinghamshire Group (a sub group of the Governing Body) and through to social care via the Service Director for Personal Care and Support in Older Adults who sits on the Nottinghamshire Group. For residential care the Council only contracts for new work with providers who have passed a checking process via an accreditation procedure. All the LD residential homes have had a Quality Audit in the last 3 years and frequency of audit is based on risk so all the homes that are rated high risk will have had their audits first. Health and social care staff can record concerns and Market Development Officers will use this information to collate issues with care providers to tackle in annual business reviews or to take more urgent compliance action immediately. <b>RED</b></p>	<p>R- less than 90% A- 90-99% G - 100%</p>
12	Assurance of Monitor Compliance Framework for Foundation Trusts	<p>Fully compliant we have a comprehensive awareness of NHT work towards Foundation Trust status. Commissioners review Nottinghamshire Healthcare Trust's and Nottingham University Hospitals' performance against the Monitor Compliance Framework. The dashboard forms part of the monthly report to the CCG Board. <b>GREEN</b></p>	<p>fully compliant - we have a comprehensive awareness of NHT works towards gaining Foundation Trust Status. <b>GREEN</b></p>	

<p>Assurance of safeguarding for people with learning disability in all provided services and support</p> <p>13</p>	<p>Nottinghamshire Safeguarding Adults Board - members-independent chair, statutory organisations, CQC &amp; the voluntary sector. Annual reports to the H&amp;W board, County Council elected members and the Police and Crime Commissioner. Annual audit of safeguarding arrangements using the DH SAAF. Strategic plan to focus actions. Each statutory organisation has its own internal safeguarding governance arrangements and regular feedback is provided at quarterly board meetings. A wider safeguarding Partnership of over forty organisations, service users and carers, come together to advise the Board, participate in safeguarding developments, and act as a conduit for dissemination of information across the County. All contracts require providers to work in accordance with Notts safeguarding policy and this is checked at quality audit in relation to staff training and understanding, as well as when safeguarding alerts are received. Safeguarding reports are brought to the LD partnership Board. <b>GREEN</b></p>	<p>The Nottinghamshire Safeguarding Adults Board (NSAB) is responsible for implementing Notts strategy. The Safeguarding Partnership has been set up in addition to the NSAB and has four standing sub-groups which contribute to the overall strategy and business plan : Communications, Training, Quality Assurance and Serious Case Review . In addition to the Board, a countywide safeguarding adult partnership has over 40 organisations, service users and carers who come together to advise the Board, participate in safeguarding developments and disseminate information across the County. Contracts ensure Providers abide by the Safeguarding Board's policies and procedures and this is checked at quality audit in relation to staff training and understanding, as well as when safeguarding alerts are received. In January 2014 the independent chair of the NSAB attended Partnership Board to update it on progress. Notts is a participant in Making Safeguarding Personal which is motivated by the need to understand what works well in supporting adults at risk of, or who have experienced, abuse or neglect. A service user from the learning disability is part of the NSAB and is developing easy read information about safeguarding. <b>GREEN</b></p>	
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<p>14 Training and Recruitment - Involvement</p>	<p>Council contracts state that service users must be able to influence staff recruitment and other matters which affect them directly. Service user feedback is required as part of the providers quality monitoring system and carer and SU feedback is sought by the council when undertaking quality reviews. There is evidence of service users being involved in staff recruitment in the healthcare trust, a service user social enterprise group being involved in provider quality audits and in choosing their support providers as part of an established commissioning process within NCC. Service users are involved in training for LD staff around person centred approaches. The healthcare Trust have also used service users to develop training videos and undertaken awareness training across generic health services to enable better access and service delivery to people with learning disabilities. Carers have attended provider forums to share good and bad practice with a view to continuous learning and improvement. Sus are currently developing a resource pack for healthcare professionals around communication. <b>AMBER</b></p>	<p>In overall terms contracts with Providers state service users must be able to influence staff recruitment and other matters that affect them directly. Some staff from Notts cc Service user feedback is required as part of the providers quality monitoring system and carer and SU feedback is sought by the Council when undertaking quality reviews. Carers attend Supported Living Provider Forums to ensure carer involvement in practice development - one carer attended to lead a workshop on his own experiences. All staff who work for the county council, and this will include staff working in universal services such as libraries, have mandatory induction which includes disability awareness and have regular appraisals and if required further equality awareness training is available in E-learning or audio format. <b>AMBER</b></p>	
<p>15 Dignity and respect</p>	<p>The dignity challenge is a key component of social care and health contracts and providers are expected to evidence how they meet the dignity challenge as part of the quality audits. Tender applications and quality audits focus on values of providers. While this has not been specifically tied to the way providers recruit staff, it is implicit in all contracts. All NHS recruitment includes compassion, dignity and respect in the specification <b>AMBER</b></p>	<p>Answered by service users and carers - whether they feel that providers of service treat them with dignity and respect. Last year this was a question for commissioners to answer about whether they required providers to treat people with dignity and respect. <b>AMBER</b></p>	



<p>Local Authority Strategies in relation to the provision of support, care and housing are the subject of Equality Impact Assessments and are clear about how they will address the needs and support requirements of people with learning disabilities.</p>	<p>NCC's wider strategy is currently out for consultation; a high level EIA has been undertaken and will be updated and published following consultation. Disability is one of the protected characteristics within the EIA. Business cases affecting the delivery of care and support services have equality impact assessments, the published ones since 2010 can be seen using the link below, new business cases are about to be released for consultation, all of which have had EIA. Health and Social Care strategy (Improving Lives in Nottinghamshire) 2009-14 . H&amp;W strategy is currently being consulted on. The JSNA includes information about the local needs of people with a learning disability. Joint Commissioning plans are shared with the LD partnership board for annual approval of action plans and update on progress. An easy read version of the H&amp;W strategy is being developed. NCC housing strategy for people with a learning disability was consulted on throughout it's development. <b>GREEN</b></p>	<p>The Council is committed to equality in the delivery of services and in the employment of its workforce. A list of Equality Impact Assessments and the business case attached that have been completed are available on the Council's website. Information was available on the public website of Equality Impacts considered as part of the 2013/14 Budget Proposals - 14 assessments are available that could affect service users with a learning disability. Disability is one of the protected characteristics within the EIA. The JSNA includes information about the local needs of people with a learning disability. Joint Commissioning plans are shared with the LD partnership board for annual approval of action plans and update on progress. <b>GREEN</b></p>	
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<p>Commissioners can demonstrate that all providers change practice as a result of feedback from complaints, whistle blowing experience.</p>	<p>All providers are contractually required to have whistle blowing policies, complaints policies and deliver continuous improvement. Quality assurance processes include the need to review complaints and evaluate them in relation to service delivery. Providers are also required to seek service user views as part of their quality assurance process. Evidence of this is required in quality audits. Safeguarding concerns are brought to the attention of commissioners and CQC by staff in provider services and all providers have to evidence staff have been trained in whistle blowing procedures.</p>	<p>Whistle blowing and complaints policies, and the requirement to deliver continuous improvement are all included in contracts for providers. Contracts also require Quality Assurance processes that include the need to seek service user feedback. As part of improving and monitoring quality of support 62 visits in 2013/14 were made to supported living providers to undertake audits, respond to specific issues and to complete Action Plans for Providers to raise quality. In residential care the Council has a referral system where a Quality Monitoring Officer can investigate if one complaint applies to other service users in the home and if so an Action Plan will be put in place for the home. Something about our complaints procedure and results (also health)</p>	
<p>Mental Capacity Act &amp; Deprivation of Liberty</p>	<p>Contracts require providers to fully comply with MCA/DOLS and have relevant policies in place. Audit checks for MCA/DOLS compliance and existence of policies and evidence of staff training for all the homes. Where deficiencies are identified, action plans are generated by the providers to improve. Guidance is given &amp; action plans are followed up to ensure full compliance. Training has been provided by NCC and both residential and supported living provider forums have addressed the issues. Providers routinely refer for DOLs assessments. Not all providers are yet routinely embedding the MCA in all practice. <b>AMBER</b></p>	<p>SAF states will be completed from national data. <b>WHITE</b></p>	

<p>Effective Joint Working</p>	<p>Nottinghamshire has a joint health and wellbeing board. Integrated commissioning groups across health and social care meet on a regular basis and have joint action plans covering all service user groups with specific plans for people with learning disabilities and people with autism. Priorities are agreed by and progress against is monitored and reported to the LD partnership Board and the H&amp;W board. The Winterbourne project is being jointly project managed by health and social care, with a joint project board meeting monthly and plans are being explored to develop pooled budgets to ensure services for people with complex needs and/or challenging behaviours are appropriately met.</p> <p><b>GREEN</b></p>	<p>The Council and the CCG's are working towards the implementation of a Pooled Budget in 2015/16 for patients with learning disabilities/autism who attract s117 funding. We are currently operating as an aligned budget so we can assess any potential impact of a pooled budget. Community Learning Disability Teams are integrated with staff such as Social Workers, LD Nurses and SALT working alongside each other. The Winterbourne Programme has been jointly managed throughout with Project Management being shared, a monthly Project Board and joint meetings at an operational level between social care staff, the Healthcare Trust and CCG. The Health and Wellbeing Board for Nottinghamshire includes reps from the CCG's, County Council, NHS England and Health watch Nottinghamshire. There is an integrated commissioning group to look at issues relating to learning disability, mental health and autism where health and social care can work together which feed into the H&amp;W joint plans.</p> <p><b>GREEN</b></p>	
<p>Local amenities and transport</p>	<p>Transport and travel services- Currently County Wide travel training and confidence skills available to young people who are vulnerable - 140 students with an LD being travel trained currently. Support plans and contracts focus on helping people to become more independent and be able to access the community. Changing places toilets are currently available in all districts across Nottinghamshire as well as in Nottingham city. Further developments are being planned in two districts. <b>GREEN</b></p>	<p>The Council funds a third sector organisation to work with service users, schools, public services and wider organisations such as supermarkets to reduce bullying and develop safer places for service users to visit. Changing places toilets are available in all areas of Nottinghamshire. Consultation events with supported living providers have taken place to further sharpen Provider's work to improve independence of service users, reduce the reliance of paid support and increase use of everyday community facilities. In the south of the county the bus operator NCT's drivers have all recently undertaken disability awareness training. <b>AMBER</b></p>	<p>Bassetlaw transport issue - Partnership board reduced this from green to amber</p>

21	Arts and Culture	<p>As well as being a key area of support for people accessing social care funding, access to the local community, including arts and leisure is more universally provided for people with learning disabilities by local voluntary services as well as local business. Examples can be found across many cinemas, theatres, football clubs, etc. throughout the county a small selection of which can be seen by accessing the weblinks below.</p> <p><b>GREEN</b></p>	<p>Service users access arts and culture through day activities in internal and independent day services, purchased with a Personal Budget. Voluntary Groups can bid for money from the Nottinghamshire Arts Fund and the criteria includes ensuring accessibility. Access more broadly is provided across a range of voluntary and private organisations offering film, theatre, music, exhibitions etc. For example Nottingham Contemporary offers bespoke artist led workshops and free gallery talks for a broad range of groups with additional support needs. The Capital One Arena has an accessibility policy that includes 'Attitude Is Everything' who improve disabled people's access to live music by working in partnership with audiences, artists and the music industry to implement a charter of best practice.</p> <p><b>GREEN</b></p>	
22	Sports and Leisure	<p>Local district councils provide specific access to sports facilities for disabled people, including those with a learning disability. A variety of other community groups, also provide spotting activity, either to help people watch sport or take part. Again this is widespread across the county with some examples being shown below. Accessing sport and leisure activities is also part of general support planning.</p> <p><b>GREEN</b></p>	<p>There are a range of resources available at Sport Nottinghamshire including practical tips to promote equality and the IRIS Project that offers one to one support. Local district councils provide specific access to sports facilities for disabled people, including those with a learning disability. A variety of other community groups, also provide spotting activity, either to help people watch sport or take part. Nottingham Forest Football Club has a Disabled Supporters Policy that makes specific reference to learning disability. Arnold Leisure Centre has a range of accessible adjustments to enable people with disabilities to access the centre.</p> <p><b>GREEN</b></p>	

<p>supporting people with learning disabilities into employment</p> <p>23</p>	<p>after 3 yrs of exceeding targets Nottinghamshire dropped to 7.3% of people with an LD in work in 12/13 - still exceeding the comparator average of 7.2% nationally and 5.3% in the east midlands. Plans going forward into 14/15 include the continuation of our iworks team which support people with learning disabilities into employment. Employment, voluntary work etc. is always explored within individuals support plans and providers are encouraged to maximise individuals' potential to find work. An internship scheme for Nottinghamshire young people with learning disabilities has led to employment success for four of the five participants so far. Project Search was launched in January 2012 and gives people with conditions such as Asperger's, Down's Syndrome and autism work experience opportunities at the City Hospital, Nottingham. It is an initiative involving Nottinghamshire County Council, Nottingham University Hospitals Trust and special school Foxwood Academy in Bramcote, which is funding the project. <b>AMBER</b></p>	<p>I-Works is funded to support service users with a learning disability into employment. In 2013/14 it was working with 138 people for Intensive Support (where we work with service users out in the community), 369 for Contact Support - (where we are available to them for support, and are aware they are in employment) and 23 in Project Support - (where they attend a project we run - working towards paid employment). The Council supports a range of projects and partnerships to promote employment for service users. For example Project Search and the NHS: students from Foxwood Academy (school for young people with Special Educational Needs) spend a school year working within different departments in NHS hospitals (e.g. - Linen services, Outpatients, Retail catering, Cleaning, Logistics, Medical equipment, Human resources etc). We have recently been nominated for an NHS award for partnership working. We help support the students to transition into paid work and continue on job support indefinitely. 7.2% of service users with a LD in Notts LD are in paid employment compared to East Midland Average of 4.9%, England Average 6.8% and Similar Local Auth. Av 6.2%. <b>GREEN</b></p>	
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<p>Effective Transitions 24 for young people</p>	<p>Nottinghamshire is a pathfinder site for the SEHC plans. From September 2013 all new referrals have been offered a SEHC plan and 31 families are currently working on this. A new transitions team set up within social care sits in adult services and works alongside children's services which is strengthening pathways within transition services. The new children's commissioning hub, working on behalf of all 6 CCGs, NCC and public health, will streamline commissioning and avoid duplication. Through joint working, the hub will focus on delivering the best outcomes and highest quality of service for children, young people and families whilst making the best use of available resources.</p> <p><b>AMBER</b></p>	<p>Transitions Team ensure they have attendance at yr9 school review for anyone with a statement/EHC plan who may need support from adult social care in the future. This establishes the link between the young person, their family and the team. Nottinghamshire was a pilot authority for undertaking and devising EHC's. The Transitions Team will ensure there is effective transition planning with the service user, family and circle of support as well more generally offering support to carers/families including carers assessments and young carers assessments. The Council ensures timely Community Care Assessments and Support Plans are made to establish eligibility for Adult Services and identify a personal budget and appropriate services. The Transition Team has established links with education and health as well as between adult and children's services at all levels to ensure as smooth a transition as possible. In Nottinghamshire the Children's Integrated Commissioning Hub provides co-ordination and a single point of accountability for children and young people's health and wellbeing related commissioning. It works to align and pool commissioning resources on behalf of Clinical Commissioning Groups, Public Health and NHS England. <b>GREEN</b></p>	
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<p>25</p> <p>Community inclusion and Citizenship</p>	<p>Contracts specifically require providers to help service users engage with the community through things such as paid and voluntary work, participation in elections, develop relationships with neighbours and join community groups. Contracts also require providers to support service users to maintain contact with friends and family and in develop new friendships. Issues around community inclusion are addressed in the quality frameworks. The JSNA refers to hate crime as a concern of carers and service users which was flagged up by the partnership board. NCC fund a service dedicated to raising awareness of hate crime towards people with learning disabilities (smile stop hate crime project).</p> <p><b>AMBER</b></p>	<p>No similar question asked this year</p>	
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<p>People with learning disability and family carer involvement in service planning and decision making including Personal budgets</p>	<p>service users and carers are involved in shaping tenders for new services, all commissioning plans are consulted on through the learning disability partnership board. Service users are able to do their own support planning and a tool has been developed to support them with this. All providers involve service users and carers in designing their own support and services, a requirement of the contract which is tested as part of the quality audits. Feedback from carers and service users is also included in quality audits. Service users with a learning disability are also involved in some more universal services such as the safeguarding board and the NHS Trust's Sherwood hospitals LD steering group. Feedback from big health days goes to improve universal health services for people with Learning disabilities. <b>GREEN</b></p>	<p>Nottinghamshire has a Learning Disability Partnership Board and this is a key forum for health and social care, providers, service users and carers to meet, discuss, debate and make decisions around services. A new system for involving service users meant reps were elected by their peers who they were held more tightly accountable to. The Partnership Board will take up issues of co-production in LD and universal services. For example a carer rep was tasked by the Board to discuss with Newark District Council putting a Changing Places toilet and hydrotherapy pool in a newly commissioned leisure centre. The Council undertook a major tender for supported living services and consulted with carers and service users over the type of services wanted and used Working Together for Change processes. The Empower and Enable project, using the Think Local Act Personal model, worked with providers, service users and a user-led organisation - Disability Notts - to find ways to support service users to be more involved in producing their Support Plan after the Personal Budget had been assessed. Current savings proposals out for consultation have been translated into easy read and made available on the Partnership Board Website. <b>GREEN</b></p>	
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27 Family Carers	<p>NCC systematically collects and analyses data pertaining to the number of carer assessments, reviews and services received by carers. The data is available by service area, age and locality. The Carers' Implementation Group (CIG) is responsible for monitoring and ensuring the successful implementation of the Integrated Commissioning Carers' Strategy and Action Plan 2013- 2014 which was fully consulted on. The CIG includes 6 carer reps who are also members of other carer groups. LD services regularly engage carers in individual support planning and there is evidence of involvement in wider service planning e.g. de-registering. <b>AMBER</b></p>	<p>Answered by family carers - this is a general carer satisfaction rating rather than whether data is collected as last year. <b>AMBER</b></p>	
		Overall rating to be completed by IHAL (DOH)	



**1 April 2015****Agenda Item: 6****REPORT OF CORPORATE DIRECTOR, ADULT SOCIAL CARE, HEALTH  
AND PUBLIC PROTECTION****AUTISM SELF ASSESSMENT FRAMEWORK****Purpose of the Report**

1. To inform the Health and Wellbeing Board of the outcome of Nottinghamshire's Autism Self-assessment as reported to the Public Health Observatory in March 2015.

**Information and Advice**

2. Following the Adult Autism Strategy 'fulfilling and Rewarding Lives' published in 2010, and the statutory guidance for health and social care published later the same year, the Department of Health has placed a responsibility on local authorities and health to work together to deliver the main objectives of the strategy. There is an annual self-assessment which has now been running for three years. Though the assessment has focussed on the key themes of the strategy, there have been significant changes in the questions from the first year and the format has also changed each year. However, it is likely that the content will remain similar next year and this will allow us to better plan ahead to ensure Nottinghamshire have data in the way the self-assessment wants it collated.
3. The self-assessment was made up of 7 broad areas:
  - Planning
  - Training
  - Diagnosis
  - Care and support
  - Accommodation
  - Employment
  - Criminal Justice System
4. Within each area there were some questions asking us to rate red (not meeting requirements), amber (room for improvement) or green (meeting requirements), some asking for a yes/no answer and some asking for figures or narrative. Of the 23 RAG questions Nottinghamshire rated six green, 13 amber and four red. Of the 12 Yes/No questions Nottinghamshire answered six yes and six no.
5. A copy of the self-assessment is attached as Appendix 1. A summary of the findings is presented below.

6. In the planning section:

- Nottinghamshire rated green, as there is a specific Joint strategic Needs assessment chapter for people with Autism and a health needs assessment has been undertaken. Nottinghamshire also rated green for transitions because The Council have an 'automatic' transition rather than parents having to refer where young people are in receipt of children's services. However, despite the green rating this is an area where improvement, particularly for people with Autism and no associated learning disability, is required to ensure that planning starts earlier. The use of the Education, Health and care plans is assisting with this.
- Nottinghamshire rated red in the planning around reasonable adjustments because general council equality policies do not specifically mention Autism as this would come under the heading of disability. Raising the profile of Autism through general policy (and awareness training) will help the implementation of reasonable adjustments to ensure equality of access for people with Autism both within general council services and within those of the wider public services and the wider community.
- Specific questions were also asked about older people, women and people from a BME background and the JSNA needs to reflect the prevalence of these groups in order to better plan services as required. Older people was an area highlighted in last year's self-assessment and training has been made available to social care teams working with people over 65 as a result.

7. In the Training section:

- Nottinghamshire rated Amber in relation to training staff within health and social care. Over the last 2 years there has been a programme of awareness training for social care staff and over 50% of those undertaking assessments have had awareness training with additional specialist training for those in mental health, learning disability and Asperger's teams. Within health secondary healthcare workers have had an e-learning module rolled out and the Nottingham City Asperger's Team (health) has delivered training across the NHS Trust.
- Nottinghamshire have appointed a training and involvement officer who is working with a group of people with Autism to become experts by experience and therefore able to deliver a personal aspect to future training. There is a multi-agency training plan being developed across health and social care, including city colleagues which will also seek to address the wider training agenda within communities and other public service areas.
- There is a specific focus within the self-assessment on training for the criminal justice system and to housing staff and The Council will engage with these agencies, as well as with older people's services to look at how training needs can be met as part of the development of the multi-agency training plan.

8. In the diagnosis section

- Nottinghamshire rated amber because although there is a published pathway for diagnosis both for people with a learning disability and autism and for those without a learning disability (often called Asperger's) it is still unclear and the process is not sufficiently mature to enable the collection of data or the tracking of an individual through the process. There is a specific referral route for Asperger's cases which are considered very complex and this is to either the city Asperger's team or occasionally Sheffield for Bassetlaw residents. There is still work to be done to ensure that the

diagnosis pathway is robust enough to ensure timely diagnosis and automatic referral for a social care assessment following diagnosis.

- Nottinghamshire rated Red for clinical support following diagnosis. While Speech and Language therapy, psychology and occupational therapy are more readily available for people with Autism and a learning disability these services are still not widely available for people with Asperger's.

#### 9. In the Care and support Section

- Nottinghamshire have rated green around the provision of advocacy and availability of carers assessments for people diagnosed with Autism.
- Nottinghamshire have rated Amber around the provision of information. Whilst there is an Infoscript specifically for people with Autism and the customer services centre staff have had autism awareness training, there is a large amount of work being undertaken to ensure we comply with The Care Act around the provision of information generally. We will take this opportunity to improve the information available and the access to that information with regards to Autism.

#### 10. In the Housing section:

- Nottinghamshire rated Amber around the inclusion of Autism in housing strategies. Nottinghamshire County council has a specific learning disability and Autism housing strategy but Autism is not specifically mentioned in district strategies, coming under the heading of disability.
- This section specifically asks if there is a policy of training at least one housing officer in autism so they can be available to help people make housing applications. Again we hope to engage with District and borough council colleagues around the training plan to ensure this happens.

#### 11. In the Employment section:

- Nottinghamshire rated green about employment support due to the work of the iworks team in helping people with Autism into work and engaging with local employers around reasonable adjustments to make this possible.
- Nottinghamshire rated Amber in relation to transitions as although employment aspirations are part of the social care assessment and therefore are often included in transitions plans, the EHC has no specific section relating to it and therefore the area may not be routinely explored.

#### 12. In the Criminal Justice System section:

- Nottinghamshire rated Amber regarding engagement with the Autism agenda as screening tools are being piloted in local prisons as part of the NHS criminal justice diversion project to ensure that people with Autism are supported appropriately if entering the criminal justice system and Nottinghamshire police are routinely represented on the learning disability and autism partnership board. We also rated Amber around appropriate adults services as while these are available for people with Autism, training is not routine for all staff.

13. The final section looked at local good practice where the following were highlighted:

- The creation of a training and involvement officer role to further the training agenda and ensure better engagement with the Autistic community.
- The change of board name following the specific inclusion of people with autism in the Learning Disability and Autism Partnership Board.
- The Nottinghamshire Asperger's Team, which, following public consultation was retained by Nottinghamshire County Council, recognising the specialist knowledge which has been created by the development of this team.
- The innovative use of assistive technology in partnership with health, namely the FLO project – a mobile phone texting service offering personalised prompts and reminders which was piloted by our Asperger's service.
- The intention to use a recent government capital grant of £18,500 to ensure that the Iworks base and at least one training venue is more autism friendly by making reasonable adjustments, mainly to replace strip lighting which can cause problems for people who have sensitivities to light, a common occurrence for people on the Autism spectrum.

14. The Health and wellbeing strategy already has priority actions around diagnosis and training which we will continue to work on. There will also be a full action plan drawn up as a result of this self-assessment so that other priorities can be identified by the Integrated Commissioning Group and worked on over the coming years.

### **Statutory and Policy Implications**

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

### **Crime and Disorder Implications**

16. There is a recommendation within the Autism strategy that all public services include Autism specifically within general equality and diversity training, there is specific concentration on the importance of this within the criminal justice system.

### **Financial Implications**

17. There is a training budget of £60,000 (one off funding) available to roll out the Autism training agenda within Nottinghamshire. However, it is hoped that additional funding will be made available by both the public and private sector in order to embed Autism awareness training across the county.

### **Public Sector Equality Duty implications**

18. The delivery of the autism strategy is a statutory duty, under the Autism Act which aims to ensure equality of access to all services for people with Autism.

## **RECOMMENDATION/S**

1. The Board accepts the report and acknowledges the progress made to date and the work still required.
2. Members of the board consider how Autism awareness training may be incorporated into their general equality training and provide a named link to enable this agenda to be furthered.
3. Members of the board consider whether a basic awareness training course would be useful for all board members. Nottinghamshire County Council would be happy to facilitate this.
4. Following training that members of the board to consider how reasonable adjustments may be made within their organisations to ensure equality of access.

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

**For any enquiries about this report please contact:**  
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**01159773135**  
[cath.cameron-jones@nottscc.gov.uk](mailto:cath.cameron-jones@nottscc.gov.uk)

### **Constitutional Comments (SLB 10/03/2015)**

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

### **Financial Comments (KAS 17/03/15)**

The financial implications are contained within paragraph 17 of the report.

### **Background Papers and Published Documents**

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

- Nottinghamshire Autism self-assessment easy read version available on the Learning disability and autism partnership board website

<http://www.nottscountypb.org/>

### **Electoral Division(s) and Member(s) Affected**

- 'All'







Public Health  
England

Protecting and improving the nation's health

## 2014 Autism Self-Assessment Framework

### Final Questions

**This copy of the questions is for reference only. It cannot be used as a method for returning the answers to the learning disabilities observatory.**

**For details about sending data to the observatory see**

**[www.ihal.org.uk/autsag201415](http://www.ihal.org.uk/autsag201415)**

## **Introduction**

**Question 1: How many Clinical Commissioning Groups do you need to work with to implement the Adult Autism Strategy in your local authority area?**

6

Bassetlaw CCG, Mansfield and Ashfield CCG, Newark and Sherwood CCG, Nottingham West CCG, Nottingham North East CCG, Rushcliffe CCG.

**Question 2: Are you working with other local authorities to implement part or all of the priorities of the strategy?**

We are working with the East Midlands Local Authority Group to share good practise and have held joint conferences for GPs and CJS. We have shared some of the specialist training across authorities and are currently working with Nottingham City on a joint training plan.

## **Planning**

**Question 1: Who is the joint commissioner/senior manager responsible for services for adults with autism? Please provide their name and contact details and who they report to.**

Cath Cameron Jones e mail: [cathcameron-jones@nottscc.gov.uk](mailto:cathcameron-jones@nottscc.gov.uk) 0115 9773135. Reports to Cherry Dunk Strategic Commissioning Group Manager

**Question 2: What is the name of the post for the joint commissioner/senior manager of responsible for services for adults with autism?**

Commissioning Manager

**Question 3: What are the responsibilities of the joint commissioner/senior manager of responsible for services for adults with autism?**

Responsible primarily for Learning Disability and Autism Social Care Services including the strategic planning of services, development and procurement of services according to need as identified in the JSNA, joint working with Health and working towards the implementation of the National Autism Strategy.

**Question 4: Is Autism included in the local JSNA?**

**We have scored ourselves:** GREEN (YES)

<http://www.nottinghaminsight.org.uk/d/100777/Download/Health-and-Social-Care/County-JSNA-Library/JSNA-Topics-and-Summaries/County-JSNA---Children-and-young-people-chapter/>

<http://www.nottinghaminsight.org.uk/d/101304/Download/Health-and-Social-Care/County-JSNA-Library/JSNA-Topics-and-Summaries/County-JSNA---Adults-and-vulnerable-adults-chapter/>

Nottinghamshire JSNA is divided into sections. The children's section does look at the prevalence of ASD and the adults section has a specific chapter on Autism from 18+. The adults section is currently being refreshed and will include specific information on the needs of people coming through transitions when looking at the needs for future services of adults with Autism.

**Question 5: Have you now started to collect data on those people referred to and/or accessing social care and/or health care and does your information system report data on people with a diagnosis of autism, including as a secondary condition, in line with the requirements of the social care framework?**

Red: data recorded on adults with autism is sparse and collected in an ad hoc way

**We have scored ourselves:** Amber: Current data recorded annually but there are gaps identified in statutory health and/or social care services data. Some data sharing exists between services

Green: An established data collection and sharing policy inclusive of primary care, health provision, adult social care, schools or local education authority and voluntary sector care providers is in place and used regularly.

Information on people accessing social care is recorded and collated however the new way of classifying service user primary need means that we lost some data around autism as the service user group went from autism or Asperger's to learning disability or mental health as an automatic transfer and the 'health conditions box' was not automatically completed which has meant this is now being done manually at review so will only be captured for those with a service. We have mitigated this issue to some extent as the Asperger's team collate data around referrals and the outcome of that referral. However, for people with autism supported

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by other teams (mental health, older people, and learning disability) this will not identify their autism. MiQuest data suggests that 4887 patients diagnosed as having Asperger's are registered with a county GP and data is collated about people with Asperger's accessing community mental health services.

**Question 6 : Do you collect data on the total number of people currently known to social care services with a diagnosis of autism (whether new or long-standing) meeting eligibility criteria for social care (irrespective of whether they receive any)**

**Yes**

The community care assessment includes an assessment of FACS eligibility and reports to show how many people are FACS eligible can be run. However, there are a few glitches with this information currently because of the way we have changed our forms over the last 12 months and are currently updating again to meet the Care Act requirements - this issue is being addressed. In addition the issues relating to changes in PSN identified in the last question apply. - Therefore the figures below are FACS eligible people who are in receipt of service so may be slightly lower than the number of FACS eligible people in total. We can no longer separately identify those with mental health issues as this is the default 'primary support need' for people with Asperger's (as oppose to people with autism and a learning disability) because there is no other suitable primary need category.

**The total number of people meeting social care eligibility criteria with autism?**  
377

**The number of people meeting social care eligibility criteria with autism who also have learning disabilities?**  
174

**The number of people meeting social care eligibility criteria with autism who also have mental health problems?**  
Unable to provide data

**The numbers assessed as having autism but not meeting eligibility criteria?**  
Unable to provide data

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**Question 7: Does your Local Joint Strategic Commissioning Plan reflect local data and needs of people with autism?**

Yes

The JSNA contains information about likely numbers of people in Nottinghamshire with Autism based on national prevalence rates and also numbers known to Social care and relates this to employment. A health needs assessment was carried out in 2010 which also references local numbers. Currently joint commissioning plans concentrate on training, diagnosis requirements, transition and keeping people out of long stay hospital highlighted as priorities in the Health and wellbeing strategy.

**What data collection sources do you use?**

**We have scored ourselves:** Amber – collection of limited data sources

Numbers are available in the JSNA and autism health needs assessment which can be found at: <http://jsna.nottinghamcity.gov.uk/insight/Strategic-Framework/Nottinghamshire-JSNA.aspx> and [www.nottinghaminsight.org.uk/d/66640](http://www.nottinghaminsight.org.uk/d/66640) Health Needs Assessment for Adults and Older Children with Autism

**Question 8: Is your local Clinical Commissioning Group or Clinical Commissioning Groups (including the support service) engaged in the planning and implementation of the strategy in your local area?**

Red: None or minimal engagement with the LA in planning and implementation.

**We have scored ourselves:** Amber: Representative from CCG and / or the support service sits on autism partnership board or alternative and is in regular liaison with the LA about planning and implementation.

Green: CCG are fully engaged and work collaboratively to implement the NHS responsibilities of the strategy and are equal partners in the implementation of the strategy at a local level.

There is an integrated commissioning group which covers mental health, autism and learning disabilities which includes the Chief operating officer from Newark and Sherwood CCGs who leads on mental health for the other county CCGs, Adult social care strategic director, commissioners from health and social care and public health. CCG commissioners are part of the Learning Disability and Autism Partnership Board in Nottinghamshire. The Health and Wellbeing strategy looks at joint priorities across health and social care include actions around Autism.

**Question 9: How have you and your partners engaged people with autism and their carers in planning?**

Red: Minimal autism engagement work has taken place.

**We have scored ourselves:** Amber: Some autism specific consultation work has taken place. Autism Partnership Group is regularly attended by one person with autism and one parent/carer who are meaningfully involved.

Green: A variety of mechanisms are being used so a cross section of people on the autistic spectrum is meaningfully engaged in the planning and implementation of the Adult Autism Strategy. People with autism are thoroughly involved in the Autism Partnership Group.

Nottinghamshire has a very robust learning disability partnership board with representation from providers, carers, service users, police, health and social care. Last year we renamed this 'Learning Disability and Autism Partnership Board' and now also have carer, service user and provider representation from the autism community. In addition, we have recently engaged a training and involvement officer who will be responsible for widening the engagement agenda outside of the partnership board as we do appreciate that this is not the vehicle for everyone and that we need to reach out into the community for wider representation.

**Question 10: Have reasonable adjustments been made to general council services to improve access and support for people with autism?**

Type of question: RAG

**We have scored ourselves:** Red: Only anecdotal examples.

Amber: There is a clear council policy covering reasonable adjustments to statutory and other wider public services which make specific reference to autism

Green: Clear council policy as in Amber and evidence of widespread implementation in relation to needs of people with autism.

Autism awareness training has been made available to customer services staff and reception staff to improve access to services for people with Autism. The council's employment support service specifically works with people with Autism. General disability equality is included in all equality impact assessments and strategic planning but there is no specific mention of Autism.

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**Question 11: In your area have reasonable adjustments been promoted to enable people with autism to access public services?**

Red: There is little evidence of reasonable adjustments in wider public services, to improve access for people with autism.

**We have scored ourselves:** Amber: There are some examples of reasonable adjustments being made to public services to improve access for people with autism, across a small range of services.

Green: There is evidence of implementation of reasonable adjustments for people with autism in a wide range of publicly provided and commercial public services

**Question 12: How do your transition processes from Children's services to Adult services take into account the particular needs of young people with autism?**

Red: No consideration of the needs of young people with autism: no data collection; no analysis of need; no training in young people's services.

Amber: Transition process triggered by parental request. Training in some but not all services designed for use by young people, and data collection on young people with autism and/education health and care (EHC) plans.

**We have scored ourselves:** Green: Transition process automatic. Training inclusive of young people's services. Analysis of the needs of population of young people, including those without education health and care (EHC) plans and specialist commissioning where necessary and the appropriate reasonable adjustments made.

**How many children with autism are currently identified and receiving assistance in the transition ages (14 to 17) in the year to the end of March 2014?**

60

**How many children with autism have been through the transition process in the year to the end of March 2014?**

15

**Question 13: How does your planning take into account the particular needs of older people with autism?**

Red: No consideration of the needs of older people with autism: no data collection; no analysis of need; no training in older people's services.

**We have scored ourselves:** Amber: Training in some but not all services designed for use by older people, and data collection on people over-65 with autism.

Green: Training inclusive of older people's services. Analysis of the needs of population of older people inclusive of autism and specialist commissioning where necessary and the appropriate reasonable adjustments made.

**Question 14: How do your planning and implementation of the strategy take into account the particular needs of women with autism?**

We have not specifically concentrated on the needs of women with Autism in our planning. Asperger's team data shows that we have referrals to the team at a ratio of 1:4 female to males which is in line with national estimates, although recent research is indicating that this may be an under representation. The role out of wider training around Autism awareness across health and social care may help to ensure that this is more readily recognised in women.

**Question 15: How do your planning and implementation of the strategy take into account the particular needs of people who have autism in BME communities?**

In the 2011 Census, 92.6% of the County's population classed themselves as White British, with 2.9% being Other White and the remainder, 4.5%, belonging to the Black and Minority Ethnic Groups. There is no evidence available nationally which indicates autism prevalence is higher in some ethnic groups than others so we would assume approximately 1% of people with Autism are from a BME background. Currently social care is working with 23 people who describe themselves as from BME communities who have autism and a learning disability. The Asperger's Team have reported that since 2008 there have worked with only two people describing themselves as from BME communities. Although numbers are low, we are committed to ensuring services are accessible across all communities in line with the principles of public service: we focus on individual need through person centred planning and we are striving to ensure that we get representation from the autistic community across all community groups.



## **Training**

### **Question 1: Have you got a multi-agency autism training plan?**

No. Nottinghamshire's Training and Involvement officer is now working on a multi-agency training plan, using the three tiered approach as recommended in the National Autism Strategy, across Nottingham City and Nottinghamshire County CCGs and local authorities. The 'Autism Learning and Development Strategy' will identify how health and social care staff will be trained and include plans to engage the private sector and other statutory services such as the police and district councils. The priority identified in the H&W strategy for 15/16 is to roll-out this training programme. We also offer training places to other authorities whenever possible.

This training plan will build on the training already delivered in Nottinghamshire via e-learning to the mental health trust and face to face awareness training and specialist day long courses offered to social care staff. In the past year we have offered out places to Milton Keynes and to Nottingham city council on the specialist training courses.

**Question 2:** Is autism awareness training being/been made available to all staff working in health and social care?

Red: Historical workforce training data available from statutory organisations on request. Not yet devised an autism training plan/strategy.

**We have scored ourselves:** Amber: Client facing staff identified as a priority. Good range of local autism training that meets NICE guidelines - and some data on take up. Workforce training data available from statutory organisations on request. Autism training plan/strategy near completion.

Green: Focus on all staff. Staff in children's services specifically included. Comprehensive range of local autism training that meets NICE guidelines and data on take up. Workforce training data collected from all statutory organisations and collated annually, gaps identified and plans developed to address. Autism training plan/strategy published.

**Specify whether Self-Advocates with autism are included in the design of training and/or whether they have a role as trainers.**

We are currently managing a new project ( a Dept. of Health funded Innovation Project) which is focused on training people with autism to become confident Experts by Experience so that they can deliver face to face training to our staff and staff in other organisations alongside co-presenters from various training agencies. It is now our intention to ensure that all courses delivered to professionals ranging from the autism awareness introductory level and above always include contributions from people on the autistic spectrum to ensure their

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perspective as recipients of services is routinely acknowledged and incorporated in staff learning programmes. Self-Advocates have also been asked to help us contribute to the design one of our introductory e-learning packages which will be offered to staff as part of the overall induction to the Equality Duty of the authority and Equal Opportunities training. Advocates are invited to attend our training courses.

**Question 3: Is specific training being/been provided to staff that carry out statutory assessments on how to make adjustments in their approach and communication?**

Red: No specific training is being offered

**We have scored ourselves:** Amber: At least 50% of assessors have attended specialist autism training.

Green: More than 75% of assessors have attended specialist autism training specifically aimed at applying the knowledge in their undertaking of a statutory assessment, i.e. applying FACs, NHS Community Care Act.

There are currently 388 social workers and community care officers currently working in Adult Social Care and Public Protection in Nottinghamshire. This year we have already trained 72 and have booked a further 25 delegates. Last year we trained 267 people in total of which a large proportion were staff which carry out assessments. We have also trained our customer service staff in order to ensure that referrals to teams which are responsible for community care assessments are conducted appropriately and directed to the appropriate team in the authority. The Autism Learning and Development Strategy in Development will acknowledge the importance of keeping social worker and community care assessor knowledge current and that courses for community care assessors are repeated at regular intervals and that they are themselves refreshed as to content so that they take account of the implications of the imminent Care Act.

**Question 4: Do Clinical Commissioning Group(s) ensure that all primary and secondary healthcare providers include autism training as part of their ongoing workforce development?**

CCGs in Nottinghamshire do not commission primary health care this is under the remit of NHS England - no specific requirement has been made for GPs to undertake training around Autism. However, in Secondary healthcare basic awareness training has been developed as an e-learning module and rolled out over the whole healthcare trust available to all 8000 employees following positive evaluation from 585 staff who accessed it as a pilot. Staff in the MH Trust has been specifically targeted for this training (it was a CQUIN in 2013/14) with positive evaluations. The trust also delivers training via the speech and language therapists

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on how to support people on the autism spectrum and 2 days specifically about Asperger's. There is a Training plan in place and this is being led by health colleagues based in Nottingham city healthcare trust which will feed into the multiagency training plan. The multi-agency training plan needs to further address the needs of GPs and the Hospital Trusts.

**Question 5: Criminal Justice services: Do staff in the local police service engage in autism awareness training?**

No

No specific autism training is received as part of standard training. Generic training around vulnerable people, specifically learning disability and mental health may refer to people with Autism and a new e-learning module around mental capacity does specifically refer to autism.

**Question 6: Criminal Justice services: Do staff in the local court services engage in autism awareness training?**

No

**Question 7: Criminal Justice services: Do staff in the local probation service engage in autism awareness training?**

No

### **Diagnosis led by the local NHS Commissioner**

**Question 1: Have you got an established local autism diagnostic pathway?**

Red: No local diagnosis service planned or established. No clear transparent pathway to obtaining a diagnosis for Adults identified and only ad-hoc spot purchasing of out of area services. NICE guidelines are not being followed.

**We have scored ourselves:** Amber: Local diagnosis pathway established or in process of implementation / sign off but unclear referral route. A transparent but out of locality diagnostic pathway is in place. Some NICE guidelines are being applied.

Green: A local diagnostic pathway is in place and accessible, GPs are aware and involved in the process. Wait for referral to diagnostic service is within three months. NICE guidelines are implemented within the model

**Does the pathway meet people with autism's needs regardless of whether or not the person meets LD criteria?**

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GP currently refer patients to the Community Mental Health Teams who receive general mental health support. If a patient presents with complex needs a request can be made to the City Asperger's team for a diagnosis, following diagnosis they will also be offered 2 X follow up group appointments. This is funded on an individual request. All young people within education will receive an Education Health and Social Care Plan. This plan supports patients through transition to the age of 24 year old. Following transition there is no specialist health service for patients with a diagnosis of Asperger's, ADHD and Autism only support via social care. Post diagnostic support is not always available. The need for a dedicated health resource for patient with Asperger's has been identified and an Option Paper has been drafted to be presented at the next Integrated Commissioners meeting.

**Question 2: If you have got an established local autism diagnostic pathway, when was the pathway put in place?**

December 2012

County GP's can refer for a general psychiatric assessment if a diagnosis is expected. Consultant psychiatrists then request funding for an assessment by the City Asperger's service, - this request is for an assessment only.

**Question 3: In the year to the end of March 2014, how many people were referred out of area for diagnosis, despite a local diagnostic pathway being in place?**

One patient was referred to a Sheffield service under patient choice

**Question 4: In weeks, how long is the average wait between referral and assessment? (Note, this should include all people referred irrespective of prioritisation streams)**

8 weeks

**Question 5: How many people have been referred for an assessment but have yet to receive a diagnosis?**

All patients received a diagnosis

**Question 6: In the year to the end of March 2014 how many people have received a diagnosis of an autistic spectrum condition?**

20

This is based on the number of request received for funding

**Question 7: How many of the people receiving a diagnosis in the year to end March 2014 had moved on to appropriate services by end September 2014?**

1

We have only received one request for treatment

**Question 8: How would you describe the local diagnostic pathway, i.e. Integrated with mainstream statutory services with a specialist awareness of autism for diagnosis or a specialist autism specific service?**

Integrated / Specialist

There is no specialist team for diagnostic assessment of autism in adults with a learning disability. Referrals are sent in the first instance to the local psychiatrist, clinical psychologist or speech and language therapist. Ideally assessments are then undertaken in a multidisciplinary context. For autism without a learning disability the GP refers to a Consultant Psychiatrist - the referral route is through adult mental health services so this would not include access to SALT or neuro-developmental services.

**Question 9: In your local diagnostic pathway does a diagnosis of autism automatically trigger an offer of a Community Care Assessment (or re-assessment if the person has already had a current community care assessment)?**

No

**Question 10: Can people diagnosed with autism access post diagnostic specific or reasonably adjusted psychology assessments?**

**We have scored ourselves Red: Availability patchy or mainly generic services, with a small number of reasonably adjusted services.**

Amber: Available everywhere. Mainly reasonably adjusted services, with some access to autism specific services (when necessary) and some generic services.

Green: All services are reasonably adjusted to provide access to post diagnostic specialist assessments. Access to autism specific services is also available when necessary.

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**Question 11: Can people diagnosed with autism access post diagnostic specific or reasonably adjusted speech and language therapy assessments?**

**We have scored ourselves** Red: Availability patchy or mainly generic services, with a small number of reasonably adjusted services.

Amber: Available everywhere. Mainly reasonably adjusted services, with some access to autism specific services (when necessary) and some generic services.

Green: All services are reasonably adjusted to provide access to post diagnostic specialist assessments. Access to autism specific services is also available when necessary.

**Question 12: Can people diagnosed with autism access post diagnostic specific or reasonably adjusted occupational therapy assessments?**

**We have scored ourselves** Red: Availability patchy or mainly generic services, with a small number of reasonably adjusted services.

Amber: Available everywhere. Mainly reasonably adjusted services, with some access to autism specific services (when necessary) and some generic services.

Green: All services are reasonably adjusted to provide access to post diagnostic specialist assessments. Access to autism specific services is also available when necessary.

**Question 13: Is post-diagnostic adjustment support available with local clinical psychology or other services?**

Yes

### **Care and support**

#### **Question 1 - Of those adults who were assessed as being eligible for adult social care services**

**how many are in receipt of a personal budget**

377

**How many have of those have a diagnosis of Autism but not learning disability**

203

**How many of those have both a diagnosis of Autism AND Learning Disability**

174

**Question 2: Do you have a single identifiable contact point where people with autism whether or not in receipt of statutory services can get information signposting autism-friendly entry points for a wide range of local services?**

**Yes**

There is a single point of access via the council's customer service centre, where staff has had specific autism training. A script has since been produced by our Asperger's team manager to enable staff to appropriately signpost to the local offer and triage referrals to the relevant teams. It is intended to test the effectiveness of this with some mystery shopping in the coming year. We have online information called infoscript which allows people to find out about what services are available for those with Autism and those affected by it in Nottinghamshire. Signposting and advice is also available from housing related support services so do not require FACs eligibility. These services offer help and support for people who are trying to maintain their own tenancy assisting with all aspects of independent living by developing relevant skills e.g. cooking, money management, and neighbour relations. There are also a range of community services offering help advice and social activities.

**Question 3: Do you have a recognised pathway for people with autism but without a learning disability to access a community care assessment and other support?**

**Yes**

Nottinghamshire County Council has a specialist Asperger's Team to whom referral are made through the customer service centre. They undertake signposting and referrals to reablement services as well as community care assessments.



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**Question 4: Do you have a programme in place to ensure that all advocates working with people with autism have training in their specific requirements?**

Type of question: RAG  
Red: No programme in place.

Amber: Programme in place, not all advocates are covered.

**We have scored ourselves:** Green: Programme in place, all advocates are covered.

Nottinghamshire has a single contract for advocacy across with POhWER. All Advocates in both POhWER and Age UK, whom they subcontract non-statutory advocacy to, have had Autism Awareness training, some of which is delivered by The National Autistic Society. All new advocates are expected to complete the general modules of the National Advocacy Qualification within 1 year of joining POhWER and are assessed on wider issues using their NVQ. A bespoke training programme has been developed to ensure that staff have the skills and knowledge to support clients from all sections of society; on-going training covering areas such as mental health, learning disabilities, autism and working with people who challenge, working with people who hear voices, working with people with physical and sensory needs. Services are tailored to the needs of the individual and all advocates are trained to use a variety of communication methods.

**Question 5: Do adults with autism who could not otherwise meaningfully participate in needs assessments, care and support planning, appeals, reviews, or safeguarding processes have access to an appropriately trained advocate?**

Red: No autism specific advocacy service available

Amber: Yes. Local advocacy services are working at becoming autism-aware.

**We have scored ourselves:** Green: Yes. There are mechanisms in place to ensure that all advocates working with adults with autism have received specialist autism training.

All people living in Nottinghamshire have access to advocates through the joint Health and Social care contract. This also covers IMCA and IMHA. All advocates are trained to work with people who cannot instruct or may lack capacity. When supporting clients in non-instructed mode, advocates are trained to look out for the following: expressions of mood and feelings; sensory activities, use of sound, touch, hearing, taste and smell; body language, gestures and vocalisations, interactions with others; relationship to the environment.

**Question 6: Can people with autism access support if they are non Fair Access Criteria eligible or not eligible for statutory services?**

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## Yes

The customer services centre can guide people towards none statutory services. Signposting and advice and support is also available from housing related support services which do not require FACs eligibility. These services offer help and support for people who are trying to maintain their own tenancy, assisting with all aspects of independent living by developing relevant skills, for example cooking, money management, and neighbour relations. There is also a range of community services which offer help, advice and social activities

### **Question 7: How would you assess the level of information about local support across the area being accessible to people with autism?**

Red: Information about support services for people with autism is either seriously incomplete or not easily accessible.

**We have scored ourselves:** Amber: There is a moderate level of information available about support services for people with autism which is either incomplete or not readily accessible to people with autism.

Green: There is readily accessible information available on all relevant support services available for people with autism.

The Asperger's information prescription site 'Infoscript' holds up to date information and we are working with a service user group to ensure that it remains relevant and accessible to the public. Infoscript displays useful information on services for people with a learning disability as well as autism. There are future plans to alter the site in order to encompass the additional requirements of the Care Act and there are plans to rename it and re launch it in a few months time. It will be renamed and there will be a specific area of the website allocated specifically to Autism/Asperger's.

### **Question 8: Where appropriate are carers of people assessed as having autism and eligible for social care support offered assessments?**

Red: Carers assessments are not consistently routinely offered

Amber: Where carers are identified in the course of assessments of people with autism, they are routinely offered carers assessments

**We have scored ourselves:** Green: Upon assessment of people with autism carers are routinely identified and offered a carers assessment. Carers can also self-identify and request a carer's assessment. Information about how to obtain a carers assessment is clearly available.

We are planning to put carer's assessments on line and re-tendering our existing carer's contracts to ensure there is a universal service to offer all carers, regardless of service user group, support, help and advice.

## **Housing & Accommodation**

### **Question 1: Does the local housing strategy specifically identify Autism?**

Red: Needs of people with Autism (as distinct from needs of people with other disabilities) not specifically mentioned in housing strategy]

**We have scored ourselves:** Amber: Suggest: Housing requirements of people with autism receive explicit consideration but not to level described in Green rating]

Green: Comprehensive range of types of housing need for people with autism considered including estimates of numbers of placements required in each category]

Nottinghamshire County Council has a Learning Disability and autism housing strategy. The district strategies include planning for the needs of all people with disabilities but do not specifically mention autism.

### **Question 2: Do you have a policy of ensuring that local housing offices all have at least one staff member who has training in autism to help people make applications and fill in necessary forms?**

**No**

District Councils are responsible for housing in Nottinghamshire. There is currently no training undertaken around autism but it is hoped that District engagement through the multi-agency training plan can address this.

## **Employment**

### **Question 1: How have you promoted in your area the employment of people on the Autistic Spectrum?**

Red: No work in this area has been provided or minimal information not applied to the local area specific to Autism. Local employment support services are not trained in autism or consider the support needs of the individual taking into account their autism. Local job centres are not engaged.

Amber: Autism awareness is delivered to employers on an individual basis. Local employment support services include Autism. Some contact made with local job centres.

**We have scored ourselves:** Green: Autism is included within the Employment or worklessness Strategy for the Council / or included in a disability employment strategy. Focused Autism trained Employment support. Proactive engagement with local employers specifically about employment people with autism including retaining work. Engagement of the local job centre in supporting reasonable adjustments in the workplace via Access to work.

Our in-house employment support service has a specific employment strategy for people with learning disabilities and or Autism. Staff from I-work, the Council's in-house supported employment service for people with learning disabilities and autism, has been trained in specific autism approaches and support. I-work engage with employers by helping them with reasonable adjustments, training them and their staff on disability and autism awareness, supporting them with employee issues and helping people with autism retain their jobs. The team works in partnership with the local Job Centres using Access to Work regularly to support people paid into work and co-hosted an event with a local job centre to engage with local employers and employment service providers, working together with large employers to access employment opportunities. I-work support individuals in transition within the benefits system and job applications and interviews as well as preparing people to work with building skills and helping with travel training.

### **Question 2: Do autism transition processes to adult services have an employment focus?**

Red: Transition plans do not include specific reference to employment or continued learning.

**We have scored ourselves** Amber: Transition plans include reference to employment/activity opportunities.

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Green: Transition plans include detailed reference to employment, access to further development in relation to individual's future aspirations, choice and opportunities available.

The Transition Team use an assessment tool that has two sections focused on Work and Employment and also continued learning to establish whether the young person is able to access and maintain work or continued education or if they would require support to do this. Schools and colleges are incorporating employment in their transitions planning and referrals are often received by I-work directly from education establishments.

*(NOT INCLUDED IN ANSWER – EHC plans do not specifically refer to employment and therefore inclusion depends on individual and also person completing EHC)*

### **Criminal Justice System (CJS)**

**Question 1:** Are the Criminal Justice Services (police, probation and, if relevant, court services) engaged with you as key partners in planning for adults with autism?

Red: Minimal or no engagement with the criminal justice services

**We have scored ourselves Amber:**

- discussions between local authority adult social care services and criminal justice service agencies are continuing;
- representatives from criminal justice service agencies sit on autism partnership board or alternative

Green: As amber, but in addition,

- people with autism are included in the development of local criminal justice diversion schemes
- representative from criminal justice services agencies regularly attend meetings of the autism partnership board or alternative
- There is evidence of joint working such as alert cards or similar schemes in operation.

A representative from the police regularly attends the partnership board and other partners sit on the Health and wellbeing Board. Links have been made with youth offending and probation around transitions, discussions regarding training are beginning to happen and there is a willingness to make closer links around this agenda.

**Question 2:** Is access to an appropriate adult service available for people on the Autistic Spectrum in custody suites and nominated 'places of safety'.

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Red: There is not reliable access to an appropriate Adult service

**We have scored ourselves:** Amber: Yes, but appropriate adults do not necessarily have autism awareness training

Green: Yes and these have all had autism awareness training

### **Local good practice**

**Question 1:** What are you doing different because of Think Autism – the update to the 2010 Adult Autism Strategy?

We have recently employed an Autism Training and Engagement Officer to take forward the training agenda across social care but also to link with health, district councils, criminal justice system and the private and voluntary sector to further autism awareness. The officer is also helping to develop a network of people with autism who we can consult with about Autism specific agenda which will form a subgroup of the Learning Disability and Autism partnership board and help drive the agenda forward.

**Question 2:** If you wish, describe briefly (up to 1500 characters) ONE initiative of your Council, relating to the provision of care for people with Autism, which you think has been successful.

A pilot scheme using NHS Flo Simple Telehealth was created in partnership with Nottinghamshire NHS Trust. 10 service users with Asperger's were selected. Daily or weekly text message reminders were sent to them to provide prompts to enable the individual to independently undertake their daily routines. This proved very successful and the Team won a Nottinghamshire NHS award for 'The most creative use of Assistive Technology 2014'. Initially the FLO messages focused on providing mealtime prompts and would alert a carer if no response was made by the service user within 3 days therefore providing a back-up system using existing informal support network. As the text messages are worded in a way that asks if an individual has undertaken a task it enables them to respond with a yes or no which can then be easily monitored by FLO lead to analyse the effectiveness and reminder prompts can be sent at an agreed time for none or negative responses. The scheme was then widened to enable prompts with all aspects of daily routines FLO will now be offered to all individuals with Asperger's who are referred to the Team as a matter of routine.. As the text messages are worded in a way that asks if an individual has undertaken a task it enables them to respond with a yes or no which can then be easily monitored by FLO lead to analyse the effectiveness and reminder prompts can be sent at an agreed time for none or negative responses

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**Question 3: Describe briefly (up to 1500 characters) the initiative of your Council, relating to the provision of care for people with Autism, which people with Autism in your area think has been most successful and helpful.**

Nottinghamshire County Council has a specialist Asperger's team set up in 2008. As part of the reorganisation of care management services for younger disabled adults forming part of their budget cuts 2014-16 it was proposed that services to people with Asperger's would be re-provided through the mental health teams but as a result of the public consultation it became obvious that this was a highly valued service by people with Autism. Muriel Weisz, chair of Nottinghamshire County Council's adult social care and health committee, said: "It has been clear from the feedback that we have received from families who have benefited from the Asperger's team's work that there is a risk that we could lose valuable specialist knowledge by disbanding it." The team has managed 650 referrals from December 2008 to December 2014 and is also been a source of advice for other councils setting up specialist teams.

**Question 4 How is your council planning to spend your Section 31 capital grant of £18,500?**

An Occupational Therapist has been out to survey a number of properties to look at reasonable adjustments to make them more accessible for people with Autism. The main agenda is to ensure we have training venues which can be used to deliver Autism awareness training by people on the spectrum and therefore need to be autism friendly. This will also allow us to 'lead by example'. However, we also have two other venues which are currently being surveyed, Brook farm, a service offering employment opportunities and also the base of our i-work team and a venue where our mental health co-production services are based. The main issue at all of the venues is lighting which is old fashioned florescent strip lighting which can be difficult for people on the Spectrum. Changes to lighting, and where required floor coverings will be undertaken in these venues.

### **Optional Self-advocate accounts of experience**

Accounts of experiences by self-advocate stories. Up to 3 stories may be added. These should be only direct accounts provided by self-advocates of experiences they have had requiring or using services. They may be descriptions of good or bad experiences. They need to be short - less than 2000 characters in total. They should not identify any actual people or organisations. For example you should replace names of work schemes with [Work Scheme] etc. All submitted accounts meeting these specifications will be published in full subject only to editing to ensure they are anonymised. Publication will group them in the

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section headings of the questionnaire so ideally you should specify which section they relate to (although obviously some may relate to more than one section).

**Question 56.01 Self-Advocate Account 1**

Type of Question: LongComment

Specify the section to which this relates

**Question 56.02 Comment: Section to which Self-Advocate Account 1 relates**

Type of Question: Comment

Specify the section to which this relates

**Question 56.03 Self-Advocate Account 2**

Type of Question: LongComment

Specify the section to which this relates

**Question 56..04 Comment: Section to which Self-Advocate Account 2 relates**

Type of Question: Comment

Specify the section to which this relates

**Question 56..05 Self-Advocate Account 3**

Type of Question: LongComment

Specify the section to which this relates

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## 12. Completion details

Which of the following types of partner were involved in the completion of this self-assessment?

60.01	Local authority adult social services	Yes
60.02	Local authority Dept of Children's services	Yes
60.03	Local education authority	No
60.04	Health and wellbeing board	Yes
60.05	Local authority public health department	No
60.06	Clinical Commissioning Group	Yes
60.07	Primary Healthcare providers	Yes
60.08	Secondary Healthcare providers	Yes
60.09	Employment service	No
60.10	Police	Yes
60.11	Probation service	Yes
60.12	Court service	Yes
60.13	Local charitable / voluntary / self advocacy / interest groups	Yes
60.14	People on the autism spectrum	Yes/No
60.15	Informal carers, family, friends of people on the autistic spectrum	Yes/No

Sign off

61.01	Director of Adult Social Services	Enter name
61.02	CCG Chief Operating Officer	Enter name



**1 April 2015****Agenda Item: 7****REPORT OF DIRECTOR OF PUBLIC HEALTH****TOBACCO CONTROL****Purpose of the Report**

1. The purpose of this report is to update the Nottinghamshire County Council Health and Wellbeing Board about the Nottinghamshire County and Nottingham City Declaration on Tobacco Control, which was endorsed by the Health and Wellbeing Board on October 1<sup>st</sup> 2014.

**Information and Advice**

2. The Nottinghamshire County and Nottingham City Declaration is an innovative development of the national Local Government Declaration on Tobacco Control, (see October report) which will enable the whole Nottinghamshire community to be involved. It is a commitment to lead local action to tackle smoking and secure the health, welfare, social, economic and environmental benefits that come from reducing smoking prevalence through organisational action plans.

**The Rationale**

3. The Local Government and the Nottinghamshire Declarations reinforce existing tobacco control work in the County to reduce adult smoking prevalence and support the vision of a smokefree Nottinghamshire.
4. A reduction in smoking prevalence year on year across the county would have significant benefits to the local economy by:
  - Improving people's health and their quality of life, particularly in deprived wards
  - Increasing household incomes when smokers quit
  - Improving the life chances of young children by reducing their exposure to second hand smoke and reducing their chances of taking up smoking
  - Reducing the costs of dealing with smoking related fires
  - Reducing the costs of tobacco related litter
  - Reducing serious and organised crime linked to the sale of illegal tobacco

**Signing the Declarations**

5. The Nottinghamshire County and Nottingham City Declaration on Tobacco Control commits the Health and Wellbeing Board to:
  - Becoming local leaders and setting standards for tobacco control.

- Reducing smoking prevalence and health inequalities by raising the profile of harm caused by smoking to communities.
- Supporting the development of action plans by local organisations that have signed up to the Declaration where applicable.
- Protecting tobacco control work from the commercial and vested interests of the tobacco industry by not accepting any partnerships, payments, gifts and services offered by the tobacco industry.

## **Update on progress**

### **6. Progress so far:**

- On October 1<sup>st</sup> 2014 the Health and Wellbeing Board officially endorsed the Nottinghamshire County and Nottingham City Declaration on Tobacco Control (see October report to the Health and Wellbeing Board).
- This committed all the organisations represented at the Board to sign the Nottinghamshire County and Nottingham City Declaration on Tobacco Control and to develop and implement an action plan to support this.
- On November 20<sup>th</sup> 2014 at the Full County Council meeting Nottinghamshire County Council signed the Local Government Declaration on Tobacco Control.
- Nottingham City Council has also signed both the Nottinghamshire County and Nottingham City Declaration on Tobacco Control and the Local Government Declaration on Tobacco Control.

## **Support for implementation**

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

- All District Councils
- All CCGs
- Nottingham University Hospitals, Sherwood Forest Hospitals Foundation Trust and Doncaster and Bassetlaw Hospital Foundation Trust.
- The Police and Crime Commissioner
- Nottinghamshire Police

### **8. Following feedback from these visits a workshop has been held for all organisations involved in order to:**

- Provide help and support with the development of action plans
- Share examples of good practice from other areas.
- Support organisations in working together.
- The workshop was attended by 19 representatives from 16 organisations.
- The workshop evaluated extremely well and a further workshop is planned for 14<sup>th</sup> July 2015.
- Following the workshop and at the request of the attendees, a dedicated page has been created on the Smokefree Notts website: [www.smokefreenotts.co.uk](http://www.smokefreenotts.co.uk)

## **Current position**

9. In order to update the Health and Wellbeing Board regarding the current progress of each organisation with the signing of the Nottinghamshire County and Nottingham City Declaration on Tobacco Control and the development and implementation of action plans, a survey has been carried out.
10. The results are as follows:
  - 100% of organisations have agreed to sign the Declaration
  - 61% have actually signed the Declaration
  - 50% have high level support for the Declaration
  - 17% have established a working group
  - 1 organisation has finalised an action plan and over half are in the process of developing an action plan.
11. A summary of each organisation's progress to date can be found in appendix 1.

## **Next Steps**

12. Ongoing support will continue for organisations already committed to the Declaration in developing and implementing action plans.
13. Phase two of the project has begun and key partners across the County have been contacted for discussions around signing the Declaration with the same offers of support. These include:
  - East Midlands Ambulance Service
  - Nottinghamshire Fire and Rescue Service
  - Healthwatch Nottinghamshire
  - Nottinghamshire Healthcare Trust
  - Schools
  - Children's Centres
  - The Universities and Colleges
14. A third phase is planned in the coming months when key organisations across the county in the wider private and voluntary sectors will be contacted with the same offer.
15. This work is being carried out in collaboration with Nottingham City Council.

## **Other options**

16. None

## **Reasons for recommendations**

17. Much progress has already been made since October by all organisations that made a commitment to sign up to the Declaration. This should be commended. In summary:
  - Many organisations have been very proactive in signing the Declaration, establishing a steering group and developing action plans.

- Attendance at the workshop was extremely good and the session itself evaluated well.
- A further workshop is planned for July 2015.
- For implementation to be robust there needs to be ongoing work on the development and implementation of action plans, with existing and future organisations.

## **Statutory and Policy Implications**

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

## **Implications for Service Users**

19. The local population of Nottinghamshire will be increasingly protected from the harms caused by tobacco.

## **RECOMMENDATIONS**

- 1) That the Board note the progress on the Nottinghamshire County and Nottingham City Declaration on Tobacco Control.
- 2) That a further update is presented to the Board in October 2015.

**Chris Kenny**  
Director of Public Health

**Report Authors:**  
**Dr John Tomlinson, Deputy Director of Public Health,**  
**Lindsay Price, Senior Public Health Manager**  
**Lucy Ball, Public Health Manager**

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## **20. Constitutional Comments (SLB 10/03/2015)**

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

## **21. Financial Comments (KAS 17/03/15)**

There are no financial implications contained within the report.

### **Background Papers and Published Documents**

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

- [Tobacco Control](#)  
Health and Wellbeing Board 1 October 2014

### **Electoral Divisions and Members Affected**

- All



## Appendix 1

### Nottinghamshire County and Nottingham City Declaration on Tobacco Control:

Progress to Date as of 10/03/15.

Name of organisation	Agreed to sign the Declaration	Actually signed the Declaration	High level support	Working group	Finalised action plan
Ashfield DC	✓	No	In the process of arranging	No	In the process of putting together a draft
Bassetlaw DC	✓	✓	In the process of arranging	No	In the process of putting together a draft
Broxtowe BC	✓	✓	In the process of arranging	✓	Draft action plan is being finalised
Gedling BC	✓	✓	-	-	-
Mansfield DC	✓	✓	✓	No	✓
Newark and Sherwood DC	✓	No	✓	No	Draft action plan is being finalised
Notts County Council	✓	✓	✓	In the process of setting up	In the process of putting together a draft
Rushcliffe BC	✓	✓	✓	In the process of setting up	Draft action plan is being finalised
NHS Bassetlaw CCG	✓	✓	In the process of arranging	No	Haven't yet started developing an action plan
NHS Mansfield and Ashfield CCG	✓	No	-	-	-
NHS Newark and Sherwood CCG	✓	-	✓	-	-
NHS Notts North and East CCG	✓	Don't know	✓	No	Haven't yet started developing an action plan.
NHS Notts West CCG	✓	✓	In the process of arranging	In the process of setting up	In the process of putting together a draft
NHS Rushcliffe CCG	✓	✓	✓	No	In the process of putting together a draft
Doncaster and Bassetlaw NHS Foundation Trust	✓	✓	✓	✓	In the process of putting together a draft action plan
Sherwood Forest Hospitals NHS Foundation Trust	✓	✓	✓	✓	In the process of putting together a draft
Nottingham University Hospitals	✓	-	-	-	-
Nottinghamshire Police	✓	-	-	-	-

Please note boxes with dashes (-) indicate that no response has been received for this question





**1 April 2015****Agenda Item: 8****REPORT OF THE CORPORATE DIRECTOR OF CHILDREN, FAMILIES &  
CORPORATE SERVICES****KEY FINDINGS FROM THE HEALTH & WELLBEING PEER CHALLENGE****Purpose of the Report**

1. This report provides a summary of the key findings of the recent health and wellbeing peer challenge, which took place between 3<sup>rd</sup> & 6<sup>th</sup> February 2015. It also describes plans to address the issues raised and identifies some early actions for delivery.

**Information and Advice**

2. The Council took part in the health and wellbeing peer challenge during the first week of February. The purpose of the peer challenge was to support the Council, its Health and Wellbeing Board, health and other partners in implementing their new statutory responsibilities.
3. The process focussed on a set of headline questions around which the preliminary review of materials, the interviews and workshops were framed. The headline questions were:
  - Is there a clear, appropriate and achievable approach to improving the health and wellbeing of local residents?
  - Is the Health & Wellbeing Board at the heart of an effective governance system? Does leadership work well across the local system?
  - Are local resources, commitment and skills across the system maximised to achieve local health and wellbeing priorities?
  - Are there effective arrangements for evaluating impacts and for underpinning accountability to the public?
4. The peer challenge team consisted of seven members with a breadth of experience and professional backgrounds. The on-site visit included one-to-one meetings with key individuals from the Council and partner agencies including NHS England, Healthwatch and Public Health England. There were also a number of group sessions which included wider stakeholders and council officers. In total, the team held over 25 interviews and 7 focus groups and attended the Health & Wellbeing Board.

## **Main findings from the challenge**

5. The Peer Challenge highlighted achievements and areas of good practice, and identified areas for further consideration. The full report is included in **Appendix One**. The main findings from the review were focussed around three key themes. These were:

### **Strategic leadership**

6. The review found that the Board's potential is appreciated and the chair is highly valued by partners. Board members were committed to the Board, and eager to make a difference. It was noted that the Board had set a firm foundation on which to deliver the health & wellbeing strategy, and examples of joint working, where the Board had acted as a catalyst, were commended.
7. Alongside the strengths, some areas were highlighted for consideration. The review found that the Board needed to reflect on its vision and be clear what this meant for Nottinghamshire people. It was also suggested that the Board focus its efforts on a reduced number of Health & Wellbeing strategic priorities, and finalise the delivery plan to ensure the Board could easily monitor and demonstrate its successes.

### **Communication & engagement**

8. The review highlighted areas of good practice, such as the stakeholder network and Board workshops; development of a common identity (logo), and circulation of post-meeting Board summaries. The panel also praised the developing culture of inclusivity and the role of Board champions in promoting strategic priorities and driving collective ownership.
9. Further areas were highlighted to help broaden engagement with partners. The need to engage more effectively with acute providers and the Voluntary & Community Sector was noted. Wider communication activity was also suggested, using the Board champions and members to communicate the value and successes of the Board.

### **Governance & support**

10. It was noted that the Board was well-placed to become a systems leader and the consultation process to develop the strategy at district & CCG level was highly valued. The draft protocol to describe the working relationships between the Board, scrutiny committees and Healthwatch was also acknowledged as good practice. The practical support provided by the Public Health team was viewed as essential to the work of the Board and was widely appreciated by the Board and its partners.
11. The panel found that there was an urgent need to review the governance structure for the Board, to streamline and simplify arrangements. This included linking the Better Care Fund and integration agenda to the core strategic priorities, and clearly articulating relationships between complementary Boards and Committees. Furthermore, the level of support should be strengthened to assist the Board and Chair in their leadership task. On-going development of the Board should also be reflected in a future development plan.
12. Overall, the review found that the key themes arising for Nottinghamshire Health & Wellbeing Board were common to many Boards around the Country. The Local Government Association has commented that no one Board has totally succeeding in its leadership task, but examples of good practice can be gathered through shared learning. The support team

will ensure that information is obtained from other well performing Boards to support Nottinghamshire in addressing the recommendations from the review.

### **Next steps and early actions**

13. An action plan is being developed to identify short, medium and long term actions. This will be developed in conjunction with the Health & Wellbeing Implementation Group, and key partners to promote shared leadership and ownership.
14. A workshop will be held on 29<sup>th</sup> April 2015 (Lakeside part 2) to allow the Board an opportunity to consider its role and progress around the Better Care Fund. This session will also provide the opportunity to test some of the developing plans from the peer challenge and look at how the Board and its partners work together in a positive manner.
15. Work will be taken forward with Board members according to an agreed timeline to implement required actions in a timely manner.
16. The Local Government Association is also offering follow up support, which the Board can take advantage of to deliver any challenging issues. This support can involve:
  - a. Hosting a further action planning workshop with the Council
  - b. Organising a workshop on specific themes or areas, involving experts or other peers as appropriate
  - c. Arranging a follow up visit at a later date to challenge the process

### **Statutory and Policy Implications**

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

### **RECOMMENDATION**

- 1) The Health & Wellbeing Board is asked to note the key findings from the peer challenge and support the actions to address improvements.

**Anthony May**  
**Corporate Director of Children, Families & Cultural Services**

**For any enquiries about this report please contact:** Cathy Quinn, on 0115 9772882 or [cathy.quinn@nottscc.gov.uk](mailto:cathy.quinn@nottscc.gov.uk).

**Constitutional Comments (SLB 19/03/2015)**

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

### **Financial Comments (DG 24/03/15)**

18. There are no financial implications in 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.

Stick with it! A review of the second year of the health and wellbeing improvement programme. Local Government Association publication February 2015. Accessible at:

<http://www.local.gov.uk/documents/10180/6101750/Stick+with+it+-+a+review+of+the+second+year+of+the+health+and+wellbeing+improvement+programme/5a54723b-d235-48c3-a499-327a29ba272b>

Local Government Association Peer Challenge programme. Information from:

[http://www.local.gov.uk/peer-challenges/-/journal\\_content/56/10180/3511124/ARTICLE](http://www.local.gov.uk/peer-challenges/-/journal_content/56/10180/3511124/ARTICLE)

### **Electoral Divisions and Members Affected**

- All

Mick Burrows  
Chief Executive  
Nottinghamshire County Council  
County Hall  
Loughborough Rd  
Nottingham NG2 7QP  
cc: Cllr. Joyce Bosnjak  
cc: Anthony May

20<sup>th</sup> March 2015

Dear Mick

### **Health and Wellbeing peer challenge, 3 – 6 February 2015**

On behalf of the peer challenge team, I would like to say what a pleasure and privilege it was to be invited into Nottinghamshire County Council to deliver a health and wellbeing peer challenge as part of the LGA's health and wellbeing system improvement programme. This programme is based on the principles of sector led improvement, i.e. that health and wellbeing boards (HWBs) will be confident in their system wide strategic leadership role, have the capability to deliver transformational change and through the development of effective strategies, drive the successful commissioning and provision of services, to create improvements in the health and wellbeing of the local community.

Peer challenges are delivered by experienced elected member and officer peers. The make-up of the peer team reflected your requirements and the focus of the peer challenge. Peers were selected on the basis of their relevant experience and expertise and agreed with you. The peers who delivered the peer challenge in Nottinghamshire were:

- Debbie Ward – Chief Executive Dorset County Council, Lead Peer
- Councillor Lesley Williams – Gloucestershire County Council
- Dr John Linnane – Director of Public Health, Warwickshire County Council
- Gill Gant - Director of Quality Assurance and Improvement, South Devon and Torbay CCG
- Andrea Lee – Deputy Director of Strategy, Department of Health
- Joanna David – Assistant Director Social Care Reform, ADASS/LGA (Care Bill Joint Office)
- Caroline Bosdet – Challenge Manager, LGA

### **Scope and focus of the peer challenge**

The LGA peer review team consisted of seven team members with a breadth of experience and professional backgrounds. In four days the peer challenge team attended 32 sessions, met with nine councillors, 22 staff and 21 partners, held over 25 interviews and seven focus groups and were in attendance at the HWB.

The purpose of the health and wellbeing peer challenge is to support HWBs and councils to implement their statutory responsibilities in health, by way of a systematic challenge through sector peers in order to improve local practice.

Our framework for the challenge consisted of four headline questions:

1. Is there a clear and appropriate and achievable approach to improving the health and wellbeing of local residents?
2. Is the Health & Wellbeing Board at the heart of an effective governance system? Does leadership work well across the local system?
3. Are local resources, commitment and skills across the system maximised to achieve local health and wellbeing priorities?
4. Are there effective arrangements for evaluating impacts and for underpinning accountability to the public?

This letter provides a summary of the peer challenge team's findings. It builds on the feedback presentation delivered by the team at the end of their on-site visit. In presenting this feedback, the peer challenge team acted as fellow local government and health officers and members, not professional consultants or inspectors. We hope this will help provide recognition of the progress Nottinghamshire Council and its HWB have made whilst stimulating debate and thinking about future challenges.

The peer challenge team acknowledge the complexity of the system and context the HWB operates within; geographically, structurally and politically, e.g.

- A population of just over 800,000 across 805 square miles
- Two tier arrangements with seven district and borough councils
- Six CCGs, three Units of Planning, three acute trusts and one mental health trust
- Council operates a Committee System and a no overall control administration
- Nottingham City Council is a separate entity

Our messages need to be read in the context of this complicated landscape and the significant progress Nottinghamshire HWB have made in spite of the difficulties this presents.

## 1. Headline messages

- HWB is valued and its potential recognised – but there is evidence that some sectors feel disengaged
- Chair of HWB – excellent feedback from partners, passion and commitment
- HWB is uniquely placed to articulate a strong unifying vision, clarity of purpose and to foster a common understanding and ownership
- You have a strong base to be more ambitious - this will need focus and a strong simplified supporting structure
- The governance structure does not support the HWB ambition to be the lead across the whole system
- Invest in the right resources to support the Board and the Chair in their leadership task
- The Vision needs to be refined to be clear what it means to the people of Nottinghamshire and to be explicit about tackling health inequality

The HWB is valued and well placed to move forward into a new stage of development. The members of the HWB have signalled clearly their commitment to the integration of health and care and the wellbeing of the people of Nottinghamshire. The HWB has promoted partnership

working and has developed to a stage on a par with the majority of other HWBs in the country (referenced by the LGA/Shared Intelligence research we shared with you).

Provider organisations felt disengaged from the HWB and the Board needs to carefully consider if it can work effectively as a system leader without their voice playing a part in both strategy development and delivery. Many Board members are both commissioners and providers. There needs to be immediate, clear and coherent action to work with providers to ensure they feel fully engaged. In addition we did not see much evidence of the involvement of the voluntary sector and would advise that engagement with this sector could usefully be strengthened.

There is respect and support for an enthusiastic and committed Chair who has the passion and vision to improve the health and wellbeing of the people of Nottinghamshire. This energy, together with the practical support from the Public Health team and the calibre and commitment of stakeholders, gives a level of confidence that the HWB has the strength and resilience to move forward to be outstanding.

Despite its many strengths and commendable assets, the HWB is not being supported as a systems leader by the currently established governance structure, which is too complex and needs to be simplified.

You are ready now to put some pace into the transformation agenda for the county. The Board will be enhanced by agreeing a compelling vision for addressing the health inequalities of the county and reflecting these in the further refinement of its priorities.

Our key message would be that if you are serious about wanting to move from being an enabler to a systems leader then you will need to invest in the appropriate support for the Chair and the Board to match this leadership task. This is the responsibility of *all* partners.

With clarity of vision and a simple and effective governance structure the HWB would be ready to put some pace behind the transformation agenda for the county. This needs to clearly focus on addressing the health inequalities of the county and would benefit from a clear engagement strategy working across communities and partners alike.

## **2. Is there a clear and appropriate and achievable approach to improving the health and wellbeing of local residents?**

### **Strengths**

- HWB acts as a catalyst and nurtures joint working e.g. CAMHS
- Your stakeholders recognise their responsibility to ensure the HWB is effective and accountable e.g. districts and clinical leads
- JSNA feeds into the Integrated Commissioning Groups
- Public Health Team is well established
- There is a programme management function

The HWB has acted as a catalyst and nurtures joint working, providing a platform for discussion and participation across the whole system. The recent example of the re-commissioning of CAMHS services demonstrates how the HWB can take a lead and demonstrate the ambition and understanding to make a difference. If it were to ensure implementation, the partnership would gain real credibility and give all partners the confidence that the HWB was much more than a good discussion forum. Your stakeholders, particularly the District/Borough Councils and CCG representatives, do recognise the collective



responsibility to making the HWB effective and acknowledge they need to strengthen participation and help drive the agenda.

The JSNA is relatively mature and there was evidence that it feeds into the work of the Integrated Commissioning Groups. The Public Health Team is well established and resourced and there is also evidence of a programme management function.

### **Areas for consideration**

- There is confusion between stakeholders and partners about how the Vision and Health and Wellbeing Strategy drive the agenda across the county and the relationship to the transformation agenda
- There is a need to reduce the number of priorities and to focus effectively on improving outcomes particularly around inequalities
- There is an opportunity to strengthen the links to the JSNA in order to underpin the Strategy and priority setting
- The Delivery Plan needs to include comprehensive simple measures to track success

There is a sense that the HWB has not yet developed a clear Vision of what it is seeking to achieve for the Nottinghamshire citizen and how it will be accountable for the public money spent. The Vision needs to be refined and to make clear what it means in terms of the people of Nottinghamshire and it needs to be owned and articulated by all stakeholders. It is important to also have a clear narrative of how transformation will be delivered and link this to the Strategy and the CCG plans.

All HWB members need to agree the desired outcomes for the population and the part they will play in achieving the shared ambitions as set out in the Health and Wellbeing Strategy. The Strategy would benefit from having a smaller number of priorities with defined outcome measures that address the needs of particular places and communities. Some quick wins and successes could demonstrate the effectiveness of the HWB and build traction.

Health inequalities had a very low visibility for the peer challenge team. Whilst tackling health inequality is implicit in the documentation the peer challenge team did not hear a clear articulation of your approach and what difference your interventions would make to the community. With the health challenges you face in particular communities and the significant difference in life expectancy in parts of the county you need a more explicit and targeted approach to tackling health inequalities that can be articulated by all partners. This is an area perhaps the HWB should lead on.

It is not clear how the JSNA is informing the strategies of all its membership organisations and the HWB could do much to ensure stronger links between the JSNA, the Strategy and its priorities. The JSNA would also be enhanced by ensuring it uses data from other sectors to enrich what is currently available.

The peer challenge team recognise that the Delivery Plan is a work in progress, but even allowing for this it needs to shape up quickly, offering a simple measure that can give a comprehensive way to track progress and demonstrate progress made because of the HWB leadership. The peer challenge team found it difficult to understand how the HWB knew what



progress it was making in terms of the Health and Wellbeing Strategy or what success looks like.

### **3. Is the Health and Wellbeing Board at the heart of an effective governance system? Does leadership work well across the local system?**

#### **Strengths**

- The Chair is fully committed and well regarded
- The HWB is well placed to move quickly to be a strong systems leader
- There is a developing culture of inclusivity e.g. districts/boroughs really appreciate full representation on the HWB
- The supporting team from Public Health is well appreciated

In the Key Messages section we have identified the strengths of the HWB Chair and the widely held respect she commands. This peer challenge was commissioned at a pivotal point for the HWB in terms of its readiness to develop as a systems leader. The HWB functions well with firm foundations to move forward. The culture of the HWB created by the Chair (both inside and outside of Board meetings) to nurture partnership working and build relationships is one that is inclusive and highly regarded. The way the consultation on the priorities was done at district level with CCG involvement was also highly valued. The seats on the HWB are greatly valued by the District and Borough Councils and have enhanced the interest in the health and wellbeing agenda across the county and a greater understanding of the wider determinants of health. This inclusivity can be further expanded to other partners. The practical support from the Public Health Team is greatly appreciated by partners.

#### **Areas for consideration**

- It is essential to clarify and simplify the governance structure
- The function and role of the HWB needs to be clearly articulated – an enabler or a driver?
- The relationship between the CCG governing bodies, Public Health Committee, Implementation Group, Children's Trust, Scrutiny and the Transformation Boards needs clarification
- A comprehensive approach to engage providers and other key partners in the workings of the HWB needs to be developed
- Public Health leadership has a great opportunity to drive new approaches to prevention across the county

There were a number of interviewees who reflected the view that the HWB had been "parachuted" into the existing partnership structures and its role and relevance was not clear. This was of particular concern in respect of well-defined and more mature partnership arrangements across Children and Adults Services. In the view of the peer challenge team it is essential that the governance structures are integrated and simplified.

Much of what exists may well have suited the circumstances two years ago but the pace and scale of the leadership challenges for the HWB requires a structure that is fit for purpose. Specifically, it would be helpful to have a clear narrative to explain the relationship of the HWB to the Public Health Committee, CCG governing bodies, Implementation Group, Children's Trust, Scrutiny and the three Transformation Boards. There was no clear link demonstrated between the BCF programme and the HWB nor evidence to support a clear link between the

Implementation Group and the HWB. It is important to ensure that engagement with partners on this board e.g. chairs of Safeguarding Boards, police and fire are strengthened. We have previously referenced providers as a key partner to engage but it is important that a comprehensive approach to engaging key partners in the work of the HWB is developed.

There needs to be an agreed purpose for the HWB, “an enabler or a driver?” The HWB has a readiness for a more strategic role, to make sense of the big picture, join things up and hold each other to account. The governance structure requires a root and branch review and what replaces it should flow from a clearly articulated function and role.

The Public Health Team has a great opportunity to lead the prevention agenda and really drive new approaches across the county, maximising its resources and expertise. This includes harnessing the contribution of the County Council in its entirety and fostering ownership of the Strategy among council officers.

#### **4. Are local resources, commitment and skills across the system maximised to achieve local health and wellbeing priorities?**

##### **Strengths**

- Evidence of strong buy in at senior level from all board members
- Emerging champion role has the potential to drive collective ownership
- HWB provides a valued platform to promote partnership working and cultural change
- JSNA is accessible and maturing well
- There is a programme to develop the capability of the HWB

There is a strong involvement in the HWB by the CCG clinical leads with good attendance, commitment and enthusiasm. The emerging champion role, where a board member champions a priority, has strong potential to drive collective ownership of the HWB priorities. However, it would be useful to consider how this role is supported and links into the surrounding governance infrastructure.

The HWB contributes well to driving the cultural change between health and local government and it is valued for the space it provides for discussion and fostering mutual understanding. It provides added value in terms of holding a broad overview, promoting partnership working and developing strong relationships. In practical terms the HWB also provides support for the Children’s Integrated Commissioning Unit.

The JSNA is maturing well and is very accessible and publicly available as a tool on the website.

The peer challenge team heard a lot about the HWB away day - Lakeside One. This was very positively received and a second away day is planned for April to address the issues raised in this peer challenge.

##### **Areas for consideration**

- Complexity and scale of the leadership task for the HWB is not matched by the right resources
- The HWB should facilitate and enable joint ownership and collective responsibility for all its members

- It is critical to promote financial transparency and understanding to maximise the totality of the public purse – ‘the Nottinghamshire £’
- Continue to invest in HWB organisational development – a responsibility of all partners

The complexity and scale of the leadership task, to support the HWB’s development into a system leader, requires an investment in the appropriate support for the Chair and the Board. This is the responsibility of the HWB. High level policy/strategic support is needed to act as the glue to hold the governance structure and the wider system together and maintain continued engagement and communication with the key stakeholders. For example dedicated executive resource could consider how the HWB will work with and support CCGs to develop Primary Care, Mental Health and community based care and improve the quality of health services across the county.

The HWB is inclusive (with the exception of the provider sector) and partners recognise that they have a collective responsibility to promote the reputation and effectiveness of the HWB. It is now timely to maximise this awareness and goodwill and actively encourage their input in the planning and preparation of the HWB. Some HWBs operate on a Co-Chair basis. The HWB may want to consider having meetings in different parts of the county to promote a greater sense of ownership and engagement among partner and stakeholders.

The HWB has generally good partner relationships and is ready to have the difficult conversations over budgets and moving money around the system. The peer challenge team acknowledge the effort put in this autumn in discussing the Council budget situation with CCGs by both the Chair and officers. However there needs to be continuing focus on developing a mutual understanding of organisational, political and policy pressures in order to develop trust between partners, such as the CCGs, who reflected that they still do not fully understand local government functions and the current financial challenges. This is an issue for most HWBs and where it works well considerable effort and resource has been in on an on-going basis.

It is important to clarify the relationship between the HWB and the Public Health Committee which oversees Public Health commissioning and the Public Health budget. Improving the transparency about budgets will help move towards a more place based approach to the public purse and pooled budget discussions around the ‘Nottinghamshire pound’.

Equally other members of the HWB would benefit from a clearer understanding of the national context for health, the future and financial challenge for the NHS and most importantly, its impact locally. The discussion at the HWB on the NHS 5 Year Forward View presented an ideal opportunity to discuss the impact of national health policy on Nottinghamshire and to highlight the opportunities for the HWB to shape the debate.

The two Lakeside development sessions for the HWB are to be applauded however we would suggest that the HWB invests in a rolling programme of development for the HWB, that is externally facilitated and on an organisational development basis.

## **5. Are there effective arrangements for evaluating impacts and for underpinning accountability to the public?**

### **Strengths**

- Stakeholder workshops are highly valued with good buy in
- Excellent Local Healthwatch leadership and participation in the HWB
- Developing communications – logo, HWB summaries

- Emerging performance management under HWIG – public Delivery Plan

The HWB has some very notable achievements to date in the area of communication and engagement; the stakeholder networks, HWB themed workshops, establishing an identity and communication of its work which is more advanced than many HWBs nationally.

The peer challenge team heard significant praise for the programme of stakeholder network events which were evidently highly valued. They are good example of the HWB demonstrating leadership.

In addition to the formal HWB meetings, themed workshops are offered for the HWB members and other invited partners. These also had good buy in and were valued by those attending. The follow up on the workshops with written up summaries were appreciated, but clear outcomes that are tracked and can be demonstrated to make a difference would strengthen a good working format going forward.

As part of its engagement and communications strategy the HWB is developing its identity and we witnessed the endorsement of a logo at the Board meeting. In addition, the accessible HWB summaries are a good practice example of community engagement and one that we would want to share with the sector. The Delivery Plan is publically accessible via the website and evidence of a commitment to develop performance management. These make a firm foundation in communications with which to move forward.

Local Healthwatch representation on the HWB is excellent. This observation reflects evidence provided to the peer challenge team but is also informed from a national perspective from the LGA's research and support programme.

#### **Areas for consideration**

- The responsibility for scrutiny needs to be clarified as there appears to be duplication
- No evidence of feedback loop to HWB to judge impact
- HWB needs to develop a clear accountability framework
- The standing of the HWB would be strengthened if it were able to define what success looks like

There is evidence of confusion around the role of scrutiny and possible duplication. There is a draft protocol with the HWB that it would be helpful to finalise and launch.

There is little evidence of a feedback loop to the HWB, or a 'golden thread' in order to judge impact of decisions made and action taken. There is a disconnect between what is actually happening on the ground through the supporting groups and the HWB and its priorities. An illustration of this is that the peer challenge team could not see clear links from the Health and Wellbeing Strategy to the Transformation Strategy and it was not clear how agenda items at the HWB reflect the work on transformation.

The complexity of the support structures and groups means that there does not seem to be anyone accountable to the HWB. For example, there was little evidence of the Implementation Group being held to account by the HWB. There is a lot of delivery happening at district level but no visible accountability for outcomes at the HWB.

The HWB through the Strategy and priorities doesn't specify required outcomes or outputs. Currently it is difficult to judge if the HWB has been successful as it doesn't articulate what good looks like.

## 6. Moving forward

In summary there needs to be clarity around the purpose, role, remit and scope of the HWB and the peer challenge team would recommend that you address the key issues set out below:

- Develop a clear strategy to allow all valued partners to be engaged
- Invest in the right resources to support the leadership task
- Revisit the Vision to ensure it reflects the needs of the people of Nottinghamshire and is explicit about tackling health inequality
- Reduce the number of the priorities, develop a clear outcomes framework to demonstrate success
- Simplify and strengthen the supporting governance structure to ensure working in “a more joined up way”
- Strengthen your “strategic influence over commissioning decisions across health, public health and social care”
- **Have the confidence to be ambitious!**

## 7. Next steps

The Council’s political leadership, senior management and members of the HWB will undoubtedly wish to reflect on these findings and suggestions before determining how to take things forward. As part of the peer challenge process, there is an offer of follow up support. In the meantime we are keen to continue the relationship we have formed with you and colleagues through the peer challenge to date. Mark Edgell, Principal Adviser (East Midlands, Yorkshire & Humber and North East) is the main contact between your authority and the Local Government Association. Mark can be contacted at (07747 636 910) [mark.edgell@local.gov.uk](mailto:mark.edgell@local.gov.uk) and can provide access to our resources and any further support.

We have identified the following areas of best practice that we would like to follow up with you and share with the sector:

- Children’s integrated Commissioning Unit
- Emerging champion role
- HWB summaries

In the meantime, all of us connected with the peer challenge would like to wish Nottinghamshire HWB every success going forward. Once again, many thanks for inviting the peer challenge and to everyone involved for their participation.

Yours sincerely,

Caroline Bosdet  
Peer Challenge Manager  
Local Government Association

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1 April 2015

Agenda Item: 9

## **JOINT REPORT OF THE CHAIR OF THE HEALTH AND WELLBEING BOARD AND CHAIR OF HEALTHWATCH NOTTINGHAMSHIRE**

### **PROTOCOL FOR RELATIONS BETWEEN HEALTH AND WELLBEING BOARD, HEALTHWATCH AND HEALTH SCRUTINY**

#### **Purpose of the Report**

1. To approve a protocol which sets out the relationships between the Health and Wellbeing Board, Healthwatch Nottinghamshire and the health scrutiny committees.

#### **Information and Advice**

2. Health and Wellbeing Board, Healthwatch and health scrutiny committees have complementary but distinct roles in securing better health and wellbeing. With the intention of avoiding overlap and duplication, a protocol has been drawn up to describe their respective roles and responsibilities (Appendix 1).
3. There are two health scrutiny committees, the County Council's Health Scrutiny Committee, which scrutinises health matters in the County Council's area, and the Joint City/County Health Scrutiny Committee, which scrutinises health matters which impact on both City and County residents.
4. Department of Health guidance (see background papers below) has clarified that the Health and Wellbeing Boards are subject to scrutiny by health scrutiny committees.
5. The protocol sets out the respective roles of the Board, Healthwatch and health scrutiny and the scope for referring issues and information between the organisations. Details of the relationship between the Public Health Committee and Health Scrutiny will be set out separately.

#### **Other Options Considered**

6. None.

#### **Reason/s for Recommendation/s**

7. To clarify relations between the Board, Healthwatch and health scrutiny.

## **Statutory and Policy Implications**

8. 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**

- 1) That approval be given to the protocol between the Health and Wellbeing Board, Healthwatch Nottinghamshire and health scrutiny.

**Councillor Joyce Bosnjak**  
**Chair of Health and Wellbeing Board**

**Joe Pidgeon**  
**Chair of Healthwatch Nottinghamshire**

**For any enquiries about this report please contact:**  
Paul Davies, Democratic Services

### **Constitutional Comments (SMG 13/02/2015)**

1. The proposals in this report fall within the remit of this Health and Wellbeing Board.

### **Financial Comments (KAS 10/02/15)**

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

## **Background Papers and Published Documents**

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

Department of Health Guidance, June 2014: Local Authority Health Scrutiny: Guidance to support Local Authorities and their partners to deliver effective health scrutiny

## **Electoral Division(s) and Member(s) Affected**

All



## **Protocol between Healthwatch Nottinghamshire, the Health Scrutiny Committee (Nottinghamshire and Joint City and County) and the Health and Wellbeing Board**

This protocol describes the working arrangements and memorandum of understanding between Nottinghamshire County Health and Wellbeing Board, Healthwatch Nottinghamshire and Health Scrutiny Committee (Nottinghamshire and Joint Nottingham City and Nottinghamshire County).

### **1. Introduction**

Nottinghamshire County Council, the NHS and local community organisations have a history of working together to improve outcomes for local people. The Health and Social Care Act has introduced some new structures and processes, and working out how best to bring these together with continuing existing arrangements can be complex. But what remains constant throughout the transition is a shared goal: to improve health, social care and wellbeing outcomes for communities. This protocol aims to help local leaders and others to understand the independent, but complementary, roles and responsibilities of council health scrutiny, local Healthwatch and the Health and Wellbeing Board.

### **2. Working Principles**

The three bodies endorsing this agreement will:

- engage in a free exchange of information, particularly around the content of their work programmes
- be committed to ensuring the quality of services provided
- meet informally on a regular basis to discuss their work with a view to eliminating any potential areas of duplication
- promote and foster an open relationship where issues of common concern are shared and challenged in a constructive and mutually supportive way or where there are potential conflicts of interest in respective roles and relationships,
- where appropriate, two or more of the bodies will work on a project or piece of work either jointly or independently. Any published material arising from the work will acknowledge the contribution of all participating bodies.
- acknowledge that each body has its own particular role and responsibilities and does not exist in a hierarchy, and that this protocol does not preclude any of the bodies from working with any other organisation to deliver their aims
- communicate in plain English in a manner likely to be understood by partners and the public

- operate in a sufficiently transparent way that an interested member of the public would be able to quickly grasp the nature and core business of the body.

### **3. Legal Responsibilities between the three bodies**

All three bodies are legally constituted and within their statutory functions there are specific legal obligations that exist between them.

- The Health and Wellbeing Board has a duty to offer membership to representatives of Healthwatch Nottinghamshire in the preparation of the Health and Wellbeing Strategy and the Joint Strategic Needs Assessment.
- The Health and Wellbeing Board has a duty to have a voting representative from Healthwatch Nottinghamshire.
- Healthwatch Nottinghamshire must appoint one person to represent it on the Health and Wellbeing Board.
- Healthwatch Nottinghamshire must provide a copy of its Annual Report to Health Scrutiny.
- Health Scrutiny has a responsibility to review and scrutinise matters relating to the planning, provision and operation of health services in Nottinghamshire and make reports and recommendations to relevant decision makers, including the Health and Wellbeing Board.
- Health Scrutiny must acknowledge and respond to referrals from Healthwatch Nottinghamshire.

### **4. Health and Wellbeing Board**

#### **Functions:**

Health and Wellbeing Boards are committees of councils with social care responsibilities and made up of councillors, directors of public health, adult social services and children's services; clinical commissioning groups, NHS England and local Healthwatch. They will collectively lead to improving health and wellbeing outcomes and reducing health inequalities for their local communities. Health and Wellbeing Boards are an executive function of the council and are responsible for identifying current and future health and social care needs.

The Health and Wellbeing Board is subject to scrutiny from the Health Scrutiny Committee. The Chair of the Health and Wellbeing Board (or other suitable representative) will attend the Health Scrutiny Committee to provide information, answer questions and explain the work of the board.

The Health and Wellbeing Board can request that an item is placed on the agenda of the Health Scrutiny Committee. The Health Scrutiny Committee will arrange to receive a full briefing on the issue and then consider whether the matter should proceed to a full Scrutiny review.

Specifically in relation to the work of the two other bodies the Health and Wellbeing board will:

- Produce a Joint Strategic Needs Assessment (JSNA)
- Produce a Health and Wellbeing Strategy (HWS)
- Will seek to ensure the effective integration of health and wellbeing services

- The Health and Wellbeing Board will engage with Healthwatch Nottinghamshire and the Scrutiny Committee in setting out draft proposals and reviewing the final draft of the JSNA and HWS.
- Will receive reports from Healthwatch Nottinghamshire
- The Health and Wellbeing Implementation Group (HWIG) will receive a quarterly update from Healthwatch Nottinghamshire

## **5. Healthwatch Nottinghamshire**

### **Functions:**

Healthwatch is the local consumer champion for health and social care representing the collective voice of people who use services and the public. It will build a local picture of community needs, aspirations and assets and the experience of people who use services, including those who are vulnerable or often unheard.

It will report any concerns about services to commissioners, providers and Health Scrutiny. It may also report those concerns directly to the CQC or to Healthwatch England for those bodies to take action. Through its seat on the Health and Wellbeing Board, Healthwatch will present information for the Joint Strategic Needs Assessment and discuss and agree with other members of the board a Health and Wellbeing Strategy. It will also present information to Healthwatch England to help form a broader national picture of health and social care.

Healthwatch Nottinghamshire, as with the Health Scrutiny Committee, receives Quality Accounts from NHS Trust provider organisations

### **Specifically in relation to the work of the two other two bodies, Healthwatch will:**

- Share its work programme with the Health and Wellbeing Board and Health Scrutiny.
- Use evidence and intelligence from the Health & Wellbeing Board to identify potential areas to add to Healthwatch work programme
- Provide relevant public opinions/experiences about services to support the development of JSNA chapters.
- Highlight concerns about services to Health Scrutiny and, where appropriate, make referrals
- As a member of the Health and Wellbeing Board, provide information and challenge from the perspective of the public, service users and carers as well as appropriate intelligence on any strategic and/or commissioning concerns.
- Work with the Health and Wellbeing Board and Health Scrutiny to provide information and comments as the public champion.
- Share its Quality Account feedback with Scrutiny Committee – also responsible for commenting on the same NHS provider trusts

## **6. Health Scrutiny (Nottinghamshire and Joint Nottingham City and Nottingham County)**

### **Functions:**

The primary aim of health scrutiny is to strengthen the voice of local people, ensuring that their needs and experiences are considered as an integral part of the commissioning and delivery of health services and that those services are safe and effective. Health Scrutiny also has a strategic role in taking an overview of how well Health and Wellbeing Boards are carrying out their duty to promote integration – and in making recommendations about how it could be improved.

Health Scrutiny is therefore the vehicle for the delivery of accountability for local health services (both commissioning and delivery), with particular responsibility for the consideration of substantial variations of service, local resolution of issues regarding substantial variations with the Health Services, and, where necessary referral to the Secretary of State for Health (where it is impossible to reach local resolution). In addition, the Health Scrutiny Committees receive for comment the Quality Accounts of various provider trust organisations. The Quality Accounts are commented on by the two Health Scrutiny Committees as follows:

Joint Health: - East Midland Ambulance Service (EMAS), Nottingham University Hospitals NHS Trust (NUH), Nottinghamshire Healthcare NHS Trust, The Treatment Centre (Circle)

Health Scrutiny Committee – Sherwood Forest Hospitals NHS Foundation Trust, Doncaster & Bassetlaw NHS Foundation Trust

All commissioners and providers of publicly funded healthcare and social care are covered by Health Scrutiny powers – this includes the Public Health functions undertaken by Nottinghamshire County Council.

In the light of the Francis Report, Health Scrutiny needs to be satisfied that they are keeping open effective channels by which the public can communicate concerns about the quality of NHS and public health services.

### **Specifically in relation to the work of the two other bodies Scrutiny Committee will:**

- Receive referrals from either Health and Wellbeing Board or Healthwatch Nottinghamshire
- Report back to the Health & Wellbeing Board on the findings of any such referrals.
- Either body may make a referral of an issue to Health Scrutiny for examination. Referrals should be made in writing to the Chairman of the relevant Health Scrutiny Committee via the lead officer for Health Scrutiny.
- Health Scrutiny does not anticipate referring matters for investigation to Healthwatch Nottinghamshire except in situations where the organisation's 'enter and view' powers may be essential in addressing the issue. This would be a matter of judgement for the committee, since instances of poor care that are discovered by the committee should be referred to the CQC (Care Quality Commission) rather than Healthwatch. It is therefore likely that referrals

to Healthwatch will be in relation to service or policy development rather than to investigate concerns about care.

- Health Scrutiny encourages Healthwatch to refer instances where its recommendations to NHS bodies have been rejected with insufficient thought or reasoning or not taken seriously.
- Joint Health Scrutiny will be attended by Healthwatch Nottingham and Healthwatch Nottinghamshire. Both local Healthwatch may work jointly on pieces of work.

## **7. Extending the Protocol**

This protocol is a living document and may be subject to change if it is agreed by the signatories.



**1 April 2015****Agenda Item: 10****REPORT OF THE CORPORATE DIRECTOR FOR CHILDREN, FAMILIES AND  
CULTURAL SERVICES****HEALTH AND WELLBEING IMPLEMENTATION GROUP****Purpose of the Report**

1. This report provides a summary of progress made by the Health and Wellbeing Implementation Group. It describes achievements made by a range of integrated commissioning groups and a review of the Joint Strategic Needs Assessment and delivery of the Health and Wellbeing Strategy.

**Information and Advice**

2. The Health and Wellbeing Implementation Group is responsible for managing the work programme on behalf of the Health and Wellbeing Board and assisting the Board to fulfil its statutory duties. It ensures the delivery of the Health and Wellbeing Strategy through monitoring and holding the integrated commissioning groups to account for progress against their delivery plans.
3. Since the last report of the Health and Wellbeing Implementation Group which was presented in July 2014 the group has met twice. The main items considered by the Group were:
  - Review of evidence relating to sexual abuse and domestic violence
  - Approval of the Housing Needs Assessment
  - Agreement of the Health & Wellbeing Strategy Delivery Plan
  - Housing Delivery Plan for the Health and Wellbeing Strategy
  - The role of the Group & support for the Board
  - Health & Wellbeing Board Stakeholder network programme

**Key achievements****Joints Strategic Needs Assessment**

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

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

### **Delivery of the Health and Wellbeing Strategy**

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

### **A Good Start**

8. Within the priority to **work together to keep children and young people safe** the Nottinghamshire Safeguarding Children Board has prioritised the Initial Child Protection Conference (ICPC) repeat audit and the Children Sexual Exploitation audit and will undertake an audit to evidence the effectiveness of information sharing between children & adults services where there are mental health or substance misuse issues in the family. While the audit has been delayed this is still on track to be completed by March 2015.
9. A needs assessment of unplanned admissions and avoidable emergency department attendance by children and young people, to support the priority **to improve health outcomes through the integrated commissioning of children's health services** has been postponed from November 2014. It is now due to be completed by the end of February 2015 and will inform future commissioning linking integrated community children's and young people's healthcare priority on reducing hospital admissions.
10. The priority to **provide children and young people with the early help support that they need** is supported by a key action:
  - to review and refresh our common assessment approach for individual children, young people or families who need integrated early help support by developing a plan to migrate early help assessments onto Framework-i so that there is an integrated approach to case recording by December 2014.
11. There are 4 milestones for this key action, three of which are being progressed successfully including the introduction of the single assessment in Children's Social Care from April 2015, which will be based upon a consistent approach to assessment and planning across the department including early help assessments.
12. The milestone proposes to use the Framework-i system for early help case management at the point that the current version of the software is upgraded (to a version known as Mosaic). This will not take place during 2014/15; the current plan envisages the implementation by summer 2015, though further work is currently being undertaken to validate this. In the meantime, early help assessments will continue to be recording on existing systems.



## Living Well

13. To support the ambition that Nottinghamshire residents live well, the strategy aims to **reduce numbers of people who are overweight or obese** as a priority and aspires that all children, young people and adults in Nottinghamshire are a healthy weight, meet the Chief Medical Officers recommendations for physical activity and adopt and maintain a healthy diet.
14. One action to support this milestone is to complete the procurement of and mobilise an integrated obesity prevention and weight management service by April 2015. This procurement exercise has now been undertaken and a preferred bidder identified. Mobilisation has been initiated and will be undertaken until the contract starts in April 2015.
15. Action has also been undertaken to sign up businesses to a Nottinghamshire healthier fast food takeaway scheme. This has now been completed in Rushcliffe and roll out to other areas was started in January 2015.
16. Participation rates for in the National Childhood Measurement Scheme were published in December 2014 for the financial year 2013/14. While participation for reception aged children has increased from 2012/13 from 91.3% to 92% it remains below the national average of 94% for that age group. Participation for Year 6 has declined over the same period from 91.9% during 2012/13 to 89% during 2013/14. The scheme is important because it increases understanding of weight issues in children, it offers an opportunity to engage with children and families about healthy lifestyles and weight issues and it also helps to plan and improve local services.
17. Following the Boards endorsement of the Nottinghamshire Declaration on **Tobacco Control** all district councils and CCGs are signed up in principle subject to formal agreement through their local governing bodies. As action plans are developed within partner organisations this should support referral into stop smoking services and further reductions in smoking rates.
18. Plans to re-commission Tobacco Control Services are on target to have a new service in place by April 2016.
19. Action has been undertaken to increase uptake of the **NHS Health Check** programme. Locally 8.19% of eligible people aged 40-74 have been offered a Healthcheck. The target is 20%. There is considerable variation between practices which is being addressed directly with low performers.
20. Of those people who were offered a health check, 44.06% have received a Health Check. Again there is considerable variation between practices which is being addressed by sharing national & local marketing insight and targeted social marketing planned in the last quarter of 2014/15.
21. Of those people who have had a NHS Health Check 4.44% are found to be at high risk of cardio vascular disease. The proportion of people expected to be found high risk is 9.5%. This may be low as a result of the success in finding high risk individuals in previous years.

### **Coping well**

22. There has been good progress against the priority **to provide services which work together to support individuals with dementia and their carers** including the launch of a new local information website for carers [Dementiacarers.net](http://Dementiacarers.net)
23. Work to increase awareness of **Dementia** Friends continues across partners, including the County Councils new home care provider.
24. Dementia diagnosis rates are increasing across the county. NHS England is aiming to increase the rate of diagnosis so that two thirds of people with dementia will have a diagnosis and post diagnostic support by 2015. Three CCGs exceed this target (Bassetlaw, Mansfield and Ashfield and Nottingham West), one is almost at target (Rushcliffe) and Nottingham North and East and Newark and Sherwood are working to achieve the target by the end of March.
25. Specialist Compass Workers have been commissioned to support **carers** looking after people with dementia. During November and December 2014 73 carers received support from the newly commissioned Compass Workers in Nottinghamshire.
26. There has been progress to support the priority to **provide coordinated service for people with mental ill health**. A local crisis concordat steering group has been set up to develop a delivery plan to ensure local organisations work together to prevent crises happening where possible through prevention and early intervention.
27. NHS England has also commissioned a new city and countywide Mental Health Police and Custody Diversion and Liaison Service that will identify and treat early offenders with mental health problems. The Service will be delivered by Nottinghamshire Health Care Trust from 1 April 2015.

### **Working together**

28. There has been significant progress to deliver the **housing** priority within the Strategy. A joint assessment of the [Impact of Housing on Health and Wellbeing in Nottinghamshire](#) has been produced jointly by the seven districts and will be summarised for inclusion in the JSNA. This was presented to the Health and Wellbeing Implementation Group in January 2015 along with a Delivery Plan for the priority within the Health and Wellbeing Strategy to **ensure that we have sufficient and suitable housing, including housing related support, particularly for vulnerable people**. The Housing Delivery Plan is attached as Appendix 2.
29. A Nottinghamshire Health & Wellbeing - Housing Commissioning Group, to be chaired by the Chief Executive of Mansfield District Council has also been established and met for the first time in February 2015. This group will have lead responsibility for delivery of the housing element of the Health and Wellbeing Strategy.
30. There has been some progress against the Housing Delivery Plan. However the milestone around delivering a Winter Warmth campaign has been delayed. The districts have met with colleagues from the Better Care Fund and public health during January 2015 for initial discussions around the potential for joint working on affordable warmth and fuel poverty. Provisional ideas for a longer term integrated affordable warmth model have been proposed and all partners are due to meet in March 2015 to take suggestions forward for a County

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

## **Pharmaceutical Needs Assessment and Pharmacy Applications**

31. The development and publication of a Pharmaceutical Needs Assessment (PNA) is one of the statutory responsibilities of the Health & Wellbeing Board. The Health and Wellbeing Implementation Group has maintained oversight of the Pharmaceutical Needs Assessment which is being presented to the Health and Wellbeing Board for approval in March 2015.
32. The commissioning of Pharmaceutical services is the responsibility of NHS England but local Health and Wellbeing Boards are consulted in order to gain views on local need. The Nottinghamshire Health and Wellbeing Board has delegated this function to the Health and Wellbeing Implementation Group.
33. During the period April to October 2014 NHS England consulted on ten applications:
  - Four distance selling pharmacy applications (no local comments submitted as no impact on local services)
  - Three community pharmacies, unforeseen benefits (Two were not supported locally & applications closed with NHS England or rejected. The decision on the third application is awaited from NHS England)
  - A community pharmacy, change of ownership (no objections made locally. A decision from NHS England awaited)
  - A community pharmacy, no significant change relocation (no objections made. A decision from NHS England is awaited)
  - A dispensing appliance contractor, change of ownership & no significant relocation (No response submitted locally as it would not impact on local people. A decision is awaited from NHS England).
34. Responses were submitted for applications where there was a potential significant change to local provision (particularly unforeseen benefits applications) and signed by the Chair of the Board. NHS England subsequently made the final decision through their Pharmaceutical Services Regulations Committee. Decisions have been notified to the Chair of the Board. None of the decisions have resulted in any significant change to local Pharmaceutical need.

## **Next steps**

35. The Health and Wellbeing Implementation Group work programme is due for review and development.
36. The Local Government Association (LGA) Peer Challenge took place in February and the initial feedback made recommendations to review the number of priorities within the Health and Wellbeing Strategy and also to reconsider the governance and supporting structures of the Health and Wellbeing Board. A full report from the Panel is due during March 2015. A review of progress by the LGA will be undertaken within 6 months of the Peer Challenge.
37. Given the nature of the feedback from the Peer Challenge it would be timely to review the Strategy and the supporting structures of the Board, including the Health and Wellbeing Implementation Group prior to any further work being undertaken.

## **Statutory and Policy Implications**

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

## **RECOMMENDATIONS**

1. That the progress made in delivering the Health and Wellbeing Strategy be noted.
2. That the remit, membership and work programme for the Health and Wellbeing Implementation Group should be reviewed in light of the recommendations made by the LGA Peer Challenge.
3. That the Board considers re-prioritising the delivery of the Health & Wellbeing Strategy in line with recommendations made by the LGA Peer Challenge Panel.

**Anthony May**  
**Corporate Director, Children, Families and Cultural Services**

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## **Constitutional Comments (SMG 20/02/2015)**

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

## **Financial Comments (DG 20/02/2015)**

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

## **Background Papers and Published Documents**

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

[Approval of the Health and Wellbeing Strategy](#)

Health and Wellbeing Board 5 March 2014

[Health and Wellbeing Strategy Delivery Plan](#)

Health and Wellbeing Board 3 September 2014

[Health and Wellbeing Strategy Delivery Plan webpages](#)

[Delivery of the Health and Wellbeing Strategy](#)

Health and Wellbeing Board December 2014

## **Electoral Divisions and Members Affected**

- All



## Appendix 1

### JSNA work programme

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

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

**Health & Wellbeing Priority Area:**

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

**Ambition:**   Coping well  
                  Working together

**Why is this a priority?**

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

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

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

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

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

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

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<sup>1</sup> Building Research Establishment

<sup>2</sup> National Housing Federation (2010) The Social Impact of Poor Housing

<sup>3</sup> Building Research Establishment

<sup>4</sup> DH (2010) Healthcare for single homeless people)



## What works?

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

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

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

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

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

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

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

The focus of housing related activity should be on:

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

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

## Where will the Health and Wellbeing Board add value:

Local housing authorities are ideally placed to lead on housing related activities with detailed understanding of their local communities. Close working relationships already exist between

housing authorities and adult social care and health. The Health and Wellbeing Board can however facilitate the development of new working relationships with Children's Services, Health and Clinical Commissioning Groups in particular. This will in turn raise the profile of county-wide housing activity and its integration with services for children, older people, disabled people and specific communities.

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

## **PRIORITY 1 – POOR HOUSING CONDITIONS**

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

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

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

**Target:** Aim is to reach the national average.

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

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

**Target:** Aim is to reach the national average.

### **Milestones:**

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

**Lead:** Housing Commissioning Group

### **Links to other plans:**

Nottinghamshire Affordable Warmth Strategy

Local Affordable Warmth Strategies and Private Sector Housing Renewal Strategies

## **PRIORITY 2 – INSUFFICIENT SUITABLE HOUSING**

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

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

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

**Target:** Aim is to reach the regional average

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

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

**Target:** Aim is to reduce the Nottinghamshire average

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

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

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

**Lead:** Housing Commissioning Group

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

## **PRIORITY 3 – HOMELESSNESS AND HOUSING SUPPORT**

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

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

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

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

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

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

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

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

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

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

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

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

**Target:** Aim is to reach the national average

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

**Baseline:** Public Health to provide

**Target:** Public Health to provide

**Milestones:**

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

**Lead:** Housing Commissioning Group (homeless families)

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

**PRIORITY 4 – CHILDREN AND YOUNG PEOPLE**

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

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

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

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

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

**Baseline:** The percentage of all eligible children to achieve school readiness in Nottinghamshire compares well to the region and nationally (56.6% compared to 49.8% and 51.7% respectively).

**Target:** Aim is to increase this percentage locally.

**Indicator 4c: Hospital admissions injuries in children (as defined in Public Health Outcome Framework - <http://www.phoutcomes.info/public-health-outcomes-framework>)**

**Baseline:** The rate of hospital admissions of children per 10,000 resident population in Nottinghamshire compares well with the region and nationally (85.2 compared to 86.8 and 103.8 respectively)

**Target:** Aim is to reduce the rate of admissions locally

**Indicator 4d: Child development at 2-2.5 years (as defined in Public Health Outcome Framework - <http://www.phoutcomes.info/public-health-outcomes-framework>)**

**Baseline:** To be confirmed

**Target:** To be confirmed

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

**Lead:** Housing Commissioning Group

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

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<sup>i</sup> The 'Real Cost of Poor Housing' [Building Research Establishment](#)

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



**1 April 2015****Agenda Item: 11****REPORT OF THE CHAIR OF THE HEALTH AND WELLBEING BOARD****CHAIR'S REPORT****Purpose of the Report**

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

**Information and Advice****Child and Adolescent Mental Health Services Update**

2. A progress report was presented to the December 2014 Health and Wellbeing Board which described the proposed service model, implementation plan and commissioning approach. Since the meeting, a business case, including non-recurrent investment proposals, has been developed and shared with CCGs. The business case will be formally presented to Clinical Cabinets / Executives and Governing Bodies across the six Nottinghamshire CCGs during April for consideration and approval.

A summary of the review is attached as Annex 1.

For further information, please contact Dr Kate Allen, Consultant in Public Health [Kate.allen@nottscg.gov.uk](mailto:Kate.allen@nottscg.gov.uk) or Gary Eves, Senior Public Health & Commissioning Manager [Gary.eves@nottscg.gov.uk](mailto:Gary.eves@nottscg.gov.uk)

**Adolescent Mental Health**

3. Work is underway to draft an Adolescent Health Strategy for Nottinghamshire. The Chief Medical Officer's report in 2012 called for a strategy to be created that would be 'horizontal across substance use, sexual health, mental health and long-term conditions'. The Adolescent Health Strategy steering group, comprised of local authority and clinical leads, are now working to co-produce this strategy with young people, with the intention of using it to articulate a clear vision for young people's health, steer practice where necessary, and raise the profile of adolescent health across Nottinghamshire. The strategy is planned for a full draft in summer 2015, with consultation and engagement work to follow.

For further information please contact Andy Fox, Speciality Registrar in Public Health [andy.fox@nottscg.gov.uk](mailto:andy.fox@nottscg.gov.uk)



## **Greater Manchester Combined Authorities**

4. Greater Manchester Combined Authority and NHS England have announced ground breaking plans around the future of health and social care with a signed memorandum agreeing to being together health and social care budgets – a combined sum of £6bn.

The move will see NHS England, 12 Clinical Commissioning Groups, 15 NHS providers and 10 local authorities agreed a framework for health and social care with plans for joint decision-making on integrated care to support physical, mental and social wellbeing. The arrangements would enable local leaders to control how budgets are allocated. Transitional arrangements will be in place from 1 April 2015 with full devolution planned from 1 April 2016.

Further information will be provided to the Board as the impact of these arrangements is assessed and more details are available.

## **Healthwatch Nottinghamshire Insight Project – renal dialysis transport**

5. Following receipt of a number of negative comments about patients' experience of the Arriva Renal Transport Service the Healthwatch Nottinghamshire Prioritisation Panel and asked the staff to undertake an Insight Project. This was requested so that Healthwatch could understand more about patients' experiences of this service and to identify if and how the service could be improved over the remaining term of the contract.
6. Working with the renal dialysis unit staff, a week in November 2014 was identified when Healthwatch Nottinghamshire staff and volunteers could go into the units and talk to the patients whilst they were receiving their dialysis treatment. The main focus of the project was on talking to patients face to face but also involved gathering information from patient diaries and surveys from patients and renal unit staff.
7. The main findings were:
  - 60% of patients had a poor experience of the transport service
  - Punctuality was the central issue contributing to negative experiences
  - Poor experiences affected patients emotionally and physically – and their relatives and carers
  - The transport crews were highly praised
  - Poor planning and co-ordination of journeys was identified by patients and staff as the main reason for long waiting times and long delays
8. Healthwatch Nottinghamshire has made a number of recommendations about how the experience of patients using this service can be improved and the report has been passed to Arriva, Mansfield and Ashfield CCG, GEM Commissioning support Unit and Nottingham University Hospitals for comment.
9. The findings of the Insight Project have been presented to the Joint Health Scrutiny Committee on March 10<sup>th</sup> and will be followed up with Arriva and the commissioners what action they will be taking. A follow up report will be presented to the Joint Health Scrutiny Committee. The report will be available in early April on the Healthwatch Nottinghamshire website at <http://www.healthwatchnottinghamshire.co.uk/making-a-difference/reports/>



## **Health & Wellbeing Board development (Lakeside Part 2)**

10. A workshop is planned for 29 April 2015 at Lakeside Tower. Board members are asked to hold the date in their diary. The session will look at the recommendations from the peer challenge, particularly refining our ambition for Nottinghamshire and will include Board members and partners. More information and an agenda will follow.

## **Update on policy and guidance**

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

11. **Tackling the causes and effects of obesity**

Local Government Association (LGA)

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

12. **Practical guide to healthy ageing**

NHS England

The evidence-based guide covers key areas that have been identified as the main risk factors for older people living at home, but if they are proactively managed, they can help people stay well for longer and improve their quality of life. Topics include medicines reviews, exercise, preventing falls, general home safety, and keeping warm and staying well in winter. It also signposts people to additional help and advice from Age UK.

13. **NICE local government briefing: tobacco**

NICE

The briefing summarises NICE's recommendations for local authorities and partner organisations on tobacco. It has been updated to include additional information on smokeless tobacco cessation in South Asian communities, tobacco harm-reduction approaches to smoking and smoking cessation in secondary care.

14. **Improving young people's health and wellbeing**

Public Health England

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

15. **Hospital admissions from care homes**

The Health Foundation

This report explores whether routinely collected information on hospitalisations from care homes could be used to enhance the understanding of hospital use by care home residents, and thus target areas for shared learning, improvements or regulatory activity.

16. [Population health systems: going beyond integrated care](#)

The King's Fund

This paper aims to challenge those involved in integrated care and public health to 'join up the dots', seeing integrated care as part of a broader shift away from fragmentation towards an approach focused on improving population health. Using examples from organisations and systems in other countries that are making this shift, the authors argue that improving population health is not just the responsibility of health and social care services or of public health professionals – it requires coordinated efforts across population health systems.

17. [Public health transformation twenty months on: adding value to tackle local health needs](#)

The Local Government Association

This document includes a compilation of case studies showing how local authorities are continuing to make progress on improving health and wellbeing and tackling health inequalities since public health was formally transferred in April 2013. The case studies were chosen because they show a range of ways in which public health in councils is approaching its new roles. They include councils spread across England, covering both rural and urban environments and with varying levels of deprivation and affluence.

18. [New guide on Health and wellbeing: a guide to community – centred approaches](#)

Public Health England and NHS England

This guide identifies how local government and the NHS have important roles in building confident communities to improve health and reduce inequalities. [Health and wellbeing: a guide to community-centred approaches](#) calls on local partners to consider the "family" of community centred approaches to improve health and wellbeing in their areas.

19. [Implementing the NHS five year forward view: aligning policies with the plan](#)

The King's Fund

This report calls for fundamental changes to how health services are commissioned, paid for and regulated to deliver the vision of the NHS five year forward view. The paper warns that without significant changes to policy and new approaches to NHS leadership the vision for the future of the NHS could fail to deliver on its ambitions. The paper makes practical recommendations on what to do now to remove barriers to developing new care models and to support their implementation. Looking ahead, it argues that national leadership of the highest order will be needed to meet the challenges inherent in delivering these changes.

20. **First CCGs approved to take on commissioning of GP services**

NHS England has approved the [first set of Clinical Commissioning Groups that will take on responsibility for commissioning the majority of GP services](#) from April this year. Sixty four CCGs across the country have been approved to take on greater 'delegated' commissioning responsibility for GP services with the possibility that others may follow. For CCGs that haven't been approved at this stage, NHS England will continue to provide support to help them achieve the commissioning model that works best for them.

21. [Prime Minister's challenge on dementia 2020](#)

The Department of Health, Cabinet Office and the Prime Minister's Office

This document launches the next phase of the Prime Minister's challenge on dementia. It sets out what this government wants to see in place by 2020 in order for England to be the best country in the world for dementia care and support; and the best place in the world to undertake research into dementia and other neurodegenerative diseases. It also highlights the progress to date on improving dementia care, support and research.

22. [Thirty-Seventh Report Planning for the Better Care Fund](#)

The House of Commons Public Account Committee

The committee found that the initial planning for the Better Care Fund was flawed. Rules for the Fund were changed in the middle of the planning phase, after failing to tell planners they needed to identify £1 billion in savings. As a result, all 151 health and wellbeing boards had to submit revised plans. The committee learned that local areas are now at greater risk of not being able to implement the policy & highlight there concerns that the new focus on reducing emergency admissions and making savings will significantly increase pressure in adult social care services.

23. [A Problem Shared? Essays on the integration of health and social care](#)

Social Marketing Foundation

This report is a collection of essays which discuss how a system can be developed that responds to the needs of a patient in the round – whether in hospital or at home. The collection sets out views on the future role of commissioners, providers, patients and family carers, and sets out alternative perspectives on future funding for the NHS and social care.

24. [The welfare of vulnerable people in police custody](#)

Her Majesty's Inspectorate of Constabulary (HMIC)

This report describes a thematic inspection on the welfare of vulnerable people in police custody. Inspectors found clear evidence that custody could have been avoided for a number of vulnerable adults and children had other services been available to support them. The report concludes that taking such individuals into custody has a detrimental impact on their health and wellbeing, and in many cases is the wrong approach.

25. **New era of patient care**

The NHS has chosen the first twenty nine '[vanguard](#)' [geographies](#) which aim to transform care for patients in towns, cities and counties across England. Drawing on a new £200 million transformation fund and tailored national support, from April the vanguards will develop local health and care services to keep people well, and bring home care, mental health and community nursing, GP services and hospitals together for the first time since 1948. For patients, this will lead to a significant improvement in their experience of health services. It is estimated more than five million patients will benefit, just from this first wave. For example, this could mean: fewer trips to hospitals as cancer and dementia specialists and GPs work in new teams; a single point of access for family doctors, community nurses, social and mental health services; and access to tests, dialysis or chemotherapy much closer to home.

*N.B. Vanguard sites include Mansfield & Ashfield and Newark & Sherwood CCGs and Principia Partners in Health*

## Consultations

### 26. Strengthening rights of people with learning disabilities, autism and mental health issues – consultation

The Department of Health has launched a consultation seeking views to strengthen rights of people with learning disabilities, autism and mental health issues to enable them to live independently. [No voice unheard, no right ignored – a consultation for people with learning disabilities, autism and mental health conditions](#) explores options on issues such as how people can: be supported to live independently, as part of a community; be assured that their views will be listened to; challenge decisions about them and about their care; exercise control over the support they receive with a Personal Health Budget; expect that different health and local services will organise themselves around their needs; and know that professionals are looking out for their physical health needs as well as their mental health needs.

This consultation closes on 29 May 2015

### 27. Health & Wellbeing consultations

Nottinghamshire County Council have the following open consultation relating to health and wellbeing:

- a. Nottinghamshire Wellbeing@Work workplace award scheme
- b. Pilot school health & wellbeing survey
- c. Sexual health Integrated service model

**All consultations can be found at:**

<http://www.nottinghamshire.gov.uk/thecouncil/democracy/have-your-say/consultations/>

Other options considered

28. Report to be noted only.

Reason for recommendation

29. Report to be noted only.

## Statutory and Policy Implications

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

## **RECOMMENDATION/S**

- 1) That the report be noted.

**Councillor Joyce Bosnjak**  
**Chairman of Health and Wellbeing Board**

**For any enquiries about this report please contact:**

Nicola Lane, Public Health Manager. Tel: 0115 977 2130. Email: [nicola.lane@nottsgov.uk](mailto:nicola.lane@nottsgov.uk)

### **Constitutional Comments**

14. This report is for noting only.

### **Financial Comments**

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

### **Background Papers and Published Documents**

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

- None

### **Electoral Divisions and Members Affected**

- All



1 April 2015

Agenda Item: 12

## **REPORT OF CORPORATE DIRECTOR, POLICY, PLANNING AND CORPORATE SERVICES**

### **WORK PROGRAMME**

#### **Purpose of the Report**

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

#### **Information and Advice**

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

#### **Other Options Considered**

4. None.

#### **Reason/s for Recommendation/s**

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

#### **Statutory and Policy Implications**

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

#### **RECOMMENDATION/S**

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

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

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

**Constitutional Comments (HD)**

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

**Financial Comments (NS)**

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

**Background Papers**

None.

**Electoral Division(s) and Member(s) Affected**

All



## Health and Wellbeing Board & Workshop Work Programme 2014 - 16

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

	Health & Wellbeing Board (HWB)
<b>May 2015</b>	<b><i>No Meeting due to elections</i></b>
<b>3 June 2015</b>	<b>Better Care Fund report</b> inc risk sharing agreements (David Pearson)  <b>Breast Feeding</b> (Kate Allen)  <b>Follow up report on Healthy Child Programme and Public Health Nursing for Children and Young People</b> (Kate Allen)  <b>Crisis Care Concordat – action plan &amp; process</b> (Mark Jefford/Karon Glynn) requested HWB Dec 14)  <b><i>Mystery shopper</i></b> (Kate Allen/Irene Kakoulis) TBC
<b>1 July 2015</b>	<b>Health inequalities</b> (John Tomlinson/Helen Scott)  <b>Update on leaving hospital policy</b> (update requested at HWB 1.10.14)  <b><i>Public Health Committee Annual Summary</i></b> (TBC)  <b>Peer challenge action plan</b> (David Pearson/Cathy Quinn)  <b>Vanguard sites briefing</b> (Lucy Dadge/Vicky Bailey)  <b>Winterbourne View Two Years On and Transforming Care</b> (David Pearson/Cath Cameron-Jones) TBC  <b><i>Child &amp; Adolescent Mental Health Review - progress update</i></b> (Kate Allen) TBC
<b>2 September 2015</b>	<b>Dental Public Health &amp; Fluoridation</b> (Kate Allen)  <b>Excess Winter Deaths</b> (Mary Corcoran)

### Health and Wellbeing Board & Workshop Work Programme 2014 - 16

	<b>Nottinghamshire County Wellbeing@Work</b> (Mary Corcan/Cheryl George) requested March HWB meeting
<b>7 October 2015</b>	<b>CYP Public mental health/academic resilience</b> (Kate Allen) Follow up to CAMHS paper Dec 2014 <b>Update on the Tobacco Declaration</b> (John Tomlinson)
<b>4 November 2015</b>	