Nottinghamshire County Council

Health and Wellbeing Board

Wednesday, 07 November 2018 at 14:00

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

AGENDA

Notes

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

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

Customer Services Centre 0300 500 80 80

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

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

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

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

Nottinghamshire County Council

minutes

Meeting	HEALTH AND WELLBEING BOARD
Date	Wednesday, 5 September 2018 (commencing at 2.00 pm)

Membership
Persons absent are marked with an 'A'

COUNTY COUNCILLORS

Dr John Doddy (Chair)
Jim Creamer
Glynn Gilfoyle
Stuart Wallace
Martin Wright

DISTRICT COUNCILLORS

	Tom Hollis	-	Ashfield District Council
	Jim Anderson	-	Bassetlaw District Council
	Lydia Ball	-	Broxtowe Borough Council
	Henry Wheeler	-	Gedling Borough Council
	Debbie Mason	-	Rushcliffe Borough Council
A	Neill Mison	-	Newark and Sherwood District Council
	Andrew Tristram	-	Mansfield District Council

OFFICERS

A	David Pearson	-	Corporate Director, Adult Social Care, Health and Public Protection
A	Colin Pettigrew	-	Corporate Director, Children, Families and Cultural Services
	Jonathan Gribbin	-	Director of Public Health

CLINICAL COMMISSIONING GROUPS

A	Dr Nicole Atkinson	-	Nottingham West Clinical Commissioning Group
A	Dr Thilan Bartholomeuz	-	Newark and Sherwood Clinical Commissioning Group
	Idris Griffiths	-	Bassetlaw Clinical Commissioning Group

	Dr Jeremy Griffiths	-	Rushcliffe Clinical Commissioning Group (Vice-Chair)
A	Dr James Hopkinson	-	Nottingham North and East Clinical Commissioning Group
A	Dr Gavin Lunn	-	Mansfield and Ashfield Clinical Commissioning Group

LOCAL HEALTHWATCH

Michelle Livingston - Healthwatch Nottinghamshire

NHS ENGLAND

A Oliver Newbould - North Midlands Area Team, NHS England

NOTTINGHAMSHIRE POLICE AND CRIME COMMISSIONER

Kevin Dennis

OFFICERS IN ATTENDANCE

Martin Gately	-	Democratic Services
Nicola Lane	-	Public Health
Dawn Jenkin	-	Public Health
John Wilcox	-	Public Health

OTHER ATTENDEES

Hazel Buchanan	-	Nottingham North and East CCG
T Illsley		
I Nor		
Dr Ruth Taylor	-	Nottingham University Hospitals

MINUTES

The minutes of the last meeting held on 6 June 2018 having been previously circulated were confirmed signed by the Chairman.

APOLOGIES FOR ABSENCE

Apologies for absence had been received from Dr Thilan Bartolomeuz.

Cllr Jim Creamer replaced Cllr Joyce Bosnjak for this meeting only.

DECLARATIONS OF INTEREST BY BOARD MEMBERS AND OFFICERS

None.

CHAIRS' REPORT

Dr Jeremy Griffiths highlighted the social prescribing initiative Living Well in Rushcliffe. Two thirds of people participating in the scheme have experienced a significant lifestyle change, the focus being on smoking cessation and obesity. Cllr Wheeler mentioned that a similar project operates in Gedling (SPRING – Social prescribing and reducing social isolation in Gedling)

Councillor Doddy urged Members to examine the JSNA demography chapter, which is 121 pages long, and provides detailed information about Nottinghamshire's population. For example, one in ten adults have a significant mental or physical illness, 15% of the population smokes, there are 21,000 dependent alcoholics and 10,000 habitual drug users.

RESOLVED: 2018/020

That:

1) The content of the report be noted and consideration be given to any actions required.

SOUTH YORKSHIRE AND BASSETLAW ICS

Idris Griffiths made a presentation to the Board on Health & Care Working Together in South Yorkshire & Bassetlaw, an Integrated Care System (ICS), and explained that there was a transfer of responsibility from NHS Improvement to the ICS. Part of the work of the ICS has been a review of hospital services, since some services did not appear to be sustainable. There is a need for a network of care to share expertise across providers.

In response to a question about the shortage of midwives, Idris Griffiths indicated that he would like to be able to offer more choice in relation to birth, since home births are low in Bassetlaw.

An Accountable Care Partnership has been initiated in Bassetlaw. This is a partnership of chief executives and senior leaders underpinned by a memorandum of understanding. The Board is chaired by Catherine Burn of Bassetlaw CVS. The aims of the partnership are to reduce inequalities, improve health and wellbeing and deliver sustainable, effective and high quality services by tackling wider determinants of public health, working in collaboration across all sectors, and supporting leadership in neighbourhoods and across the system.

HEALTHY AND SUSTAINABLE PLACES UPDATE

Councillor Doddy introduced the report and explained that in relation to tobacco control, there was a new approach to prevention with a single prevention model so that the same approach underpins prevention work. A self-assessment tool has also been developed. In addition, Sherwood Forest Hospitals Trust has filled two posts which lead on health and wellbeing. All Board Members have signed up to the Nottinghamshire Tobacco declaration.

Nottinghamshire County Council Planning and Public Health officers are integrating and refreshing protocols around the spatial planning priority. The Board has also been supporting a new approach to spatial planning, which is recognised nationally as good practice.

In addition, Members heard that there was a problem in Bassetlaw with a lack of parks and open spaces being included within developments.

RESOLVED: 2018/021

That:

1) Board Members continue to drive the commitment of their own organisation to deliver the Tobacco Declaration in preparation for an assessment of progress in March 2019.

2) Board Members promote the use of the "Nottinghamshire Spatial Planning for Health & Wellbeing" and the "Planning and Health: Engagement Protocol" within their own organisations.

3) The Board note the progress of the Health and Housing Commissioning Group and receive an update on completion of the refresh of the delivery plan.

4) Board Members support the improvement in the uptake of the Warm Homes on Prescription Service by promoting it in their local area.

NOTTINGHAMSHIRE HEALTH AND WELLBEING BOARD FOOD STRATEGY PRIORITY

John Wilcox, Public Health, presented the report which detailed the context behind the recommendations developed at the last Health and Wellbeing Board workshop. The recommendations included the development of a food charter, consideration of how food interacts with poverty, as well development of a further food event to allow broader engagement with the sector.

Further to questions, Mr Wilcox indicated that he would welcome looking into food poverty and the operation of food banks.

Dr Griffiths raised concerns about confectionary being displayed at till points – there are restrictions on this in some European countries (e.g. Italy) in order to curtail impulse purchasing.

RESOLVED: 2018/022

That**:**

1. It be agreed that the Healthy and Sustainable Places Coordination Group should initiate and coordinate actions to deliver the Health and Wellbeing Strategy Food

Environment priority which was informed by discussions at the July 2018 Board workshop.

2. These actions include the development of a County Food Charter; a menu of evidence based approaches to improve the food environment; mapping of local food environment assets; work around at least one food environment issue in each place based group; the development of an approach to evaluate the work programme; a food event to engage wider stakeholders and share good practice.

NOTTINGHAMSHIRE HEALTH AND WELLBEING PRIORITY SEXUAL HEALTH

Dan Flecknoe, Public Health and Dr Ruth Taylor, Nottingham University Hospitals (NUH) introduced the report on the delivery of the sexual health priority. Members heard that diagnosis rates are positive, except for chlamydia, where detection rates and screening are still a red indicator. However, an online testing service has now been commissioned, and this may facilitate some improvement.

Members were asked to support Sexual Health Awareness Week, which commences on 24th September and is focussing on consent.

Dr Taylor presented Members with example sexual health case studies in order to highlight the complex issues faced by clinicians.

RESOLVED: 2018/023

That:

1) The refreshed JSNA chapter be reviewed and approved early in 2019
2) The Sexual Health Strategic Advisory Group demand management work including nominations for CCG representation on the group be supported.
3) Awareness campaigns for sexual health issues, particularly sexual health awareness week and national HIV testing week be participated in and supported.
4) Existing relationships be utilised by Members to encourage head and governors of local education institutions to facilitate visits by the sexual health promotion teams in advance of RSE teaching becoming a mandatory requirement in 2019.

GUIDANCE FOR THE APPROVAL OF JOINT STRATEGIC NEEDS (JSNA) CHAPTERS

Jonathan Gribbin, Director of Public Health, introduced the report on the approval process for new and refreshed JSNA chapters. Three chapters will be brought to the Health and Wellbeing Board in November. Members will need to determine if the evidence provided is reasonable and that there is a group with strategic ownership of the chapter.

RESOLVED: 2018/024

That:

1) The process outlined and the guidance given in preparation for receiving JSNA chapters at the November 2018 meeting be considered and approved by Members.

BETTER CARE FUND PERFORMANCE AND 2018/19 PLAN

Joanna Cooper, Better Care Fund Manager, introduced the report on BCF Performance and the 2018/2019 plan. Ms Cooper reported that there had been a slight improvement for the indicator around delayed transfers of care. Four of the six indicators are not meeting national targets.

Members heard that there was good news in relation to a successful bid for funding to support the housing strategy - £25,000 had been secured.

RESOLVED: 2018/025

That:

1) The Q1 2018/19 national quarterly performance report be approved.

2) The amendments made to the 2018/19 plan to refresh the performance targets in line with agreed amendments to organisational targets be approved.

WORK PROGRAMME

The Chairman thanked Michelle Livingston of Healthwatch for her contribution to the work of the Health and Wellbeing Board.

RESOLVED: 2018/019

That the work programme be noted.

The meeting closed at 16:50 PM

CHAIR

Nottinghamshire County Council

Report to Health and Wellbeing Board

7 November 2018

Agenda Item: 4

REPORT OF THE CHAIR OF THE HEALTH AND WELLBEING BOARD

CHAIR'S REPORT

Purpose of the Report

1. An update by Councillor John Doddy on local an national updates for consideration by Board members to determine implications for Board matters.

Information

2. **Healthwatch Nottingham and Nottinghamshire**
   Healthwatch was created in 2013 under the Health and Social Care Act 2012 to ensure that service users are at the heart of health and social care delivery. The Act stipulates that a local Healthwatch must be an independent organisation that is not-for-profits and run for community benefit only. Local Healthwatch organisations are commissioned by Local Authorities who receive funding from the NHS. Locally, this led to the creation of Healthwatch Nottingham to serve the City and Healthwatch Nottinghamshire to serve the County. Healthwatch provides an effective, powerful, representative and independent local public and patient voice for all aspects of health and social care services within the community, including sitting on the Health and Wellbeing Board.

   During 2017 Nottingham City Council and Nottinghamshire County Council agreed that Healthwatch Nottingham and Healthwatch Nottinghamshire should be combined into one body and this merger took place on 31st May 2018. The new organisation is called Healthwatch Nottingham and Nottinghamshire (HWNN). The advantages of merger are that it better reflects the future organisation of NHS services around the Sustainability and Transformation Plans across Nottingham and Nottinghamshire, it enables the Healthwatch function to continue despite reduced funding levels and it enables the improved use of shared information, data collection and adoption of standard approaches and frameworks.

   The Boards of the two former local Healthwatch organisations have come together to form the new HWNN Board. Both former Chairs have stepped down and a new Chair has been appointed – Sarah Collis took up her position as Chair of HWNN on 1st October 2018. Jane Laughton has been acting as Interim Chief Executive Office of HWNN since April 2018, and a process to appoint to this role substantively will start in the near future.

   For more information contact Jane Laughton t: 0115 956 5313 or e: jane.laughton@hwnn.co.uk

3. **Fire and Rescue Prevention team project**
   Nottinghamshire Fire and Rescue Service (NFRS) has for many years undertaken home safety checks, which form part of the fire prevention strategy of the fire and rescue service. For many years the Prevention Team has worked in partnership with Occupational Therapists (OT's),

recognising that both agencies were working with similar groups of individuals and there was much we could learn to improve practice by working in partnership.

In 2017 an Occupational Therapist was seconded to NFRS from Nottinghamshire Healthcare NHS Foundation Trust. The OT builds upon the work of fire officers by following up on visits, and evaluating the impact of the way the individual is choosing to live their life and how this affects their fire safety. They might suggest practical behavioural changes, refer for specialist equipment or support or continue working with them over the course of a few weeks. This work has been proven successful through a reduction in emergency calls to the homes of the individuals the OT is or has worked with, as well as improved outcomes for the individual being supported to live safely at home for as long as possible .

In addition to a clinical workload, the OT has also embarked on development activities including teaching sessions with NHS and social care staff, acting as a resource for these teams and developing clinical fire safety champions. A cost benefit analysis of the secondment was recently completed by a Masters student from the University of Nottingham who concluded a conservative estimate of savings to the public purse of "£2.51 for every £1 spent" as well as an upper estimate of "£7.16 for every £1 spent".

For more information contact Emma Darby Nottinghamshire Fire and Rescue Service T: 0115 8388769 or E: emma.darby@notts-fire.gov.uk

4. **Oral health promotion service is in the finals!**
Nottinghamshire's oral health promotion service has made it to the finals of the Oral Health Awards 2018 in the Best Community Initiative category for their innovative educational resource called "Teeth Tools for Schools". This resource is full of lesson plans, information and whole school approaches to motivate and educate local primary schools to embrace health and make it integral to the school day. The resource can be accessed for free from their website (www.nottinghamoralhealth.com). Last year saw 94% of primary schools actively utilising the resource in Nottinghamshire.

The oral health promotion service runs a variety of initiatives across the county, including Brushing Buddies (a supervised tooth-brushing programme in 20 targeted primary schools), Healthy Beginnings (one year olds in Nottinghamshire receive an oral health pack and information at their developmental review), 12 oral health courses for frontline staff in children's and adults' services, resource kits and story books for stakeholders and campaigns such as World Smile Day. In addition, in May 2019 the team will co-ordinate a high profile "Brush-A-Long" as part of National Smile Month, where East Midland teams will work in partnership to raise awareness of good oral hygiene.

For more information on the Oral Health Promotion Service, please contact geoff.hamilton@nottscc.gov.uk or julia.wilkinson@nottshc.nhs.uk

5. **Local alcohol partnership**
Tackling underage drinking and anti-social behaviour in the district is the focus of a new initiative in Newark and Sherwood, a Community Alcohol Partnership (CAP) has been launched in Ollerton, Boughton and Edwinstowe to tackle alcohol-related harm to young people and improve the safety and quality of life for residents.

The partnership will aim to reduce the sale of alcohol to young people, advise them on the dangers of drinking and provide alcohol-free activities through youth services and local charities. CAPs, which have been established in other parts of the UK, are made up of retailers, local authorities, police, schools, neighbourhood groups and health providers that work together with the aim of educating young people, adults, licensees and retailers.

The Ollerton, Boughton and Edwinstowe CAP will bring together a wide range of stakeholders, including Newark and Sherwood District Council, Ollerton & Boughton Town Council, Police and Fire Services, Youth Service, Newark and Sherwood Homes, Notts Community Housing, Edwinstowe Parish Council plus local supermarkets and retailers.

Across the country, CAPs have had an outstanding impact on local crime, anti-social behaviour, litter, feelings of safety and reductions in underage purchasing of alcohol.

For more information contact Helen Ellison, Newark & Sherwood District Council t: 01636 655990 or e: Helen.ellison@nsc.info

6. **Dementia Friendly Borough**
In Rushcliffe both the CCG and Borough Council have signed up to the Dementia Action Alliance and have identified the disease as a key priority for the borough in order to become dementia friendly. A memory walk will be delivered at Rushcliffe Country Park on the 20th October to raise money for Alzheimer's society and awareness of local support services and activities. Dementia friend sessions are being delivered to GP practice staff, council officers, elected members and senior leadership teams and dementia friendly swimming will be starting in November at Cotgrave Leisure Centre.

7. **Cotgrave Super Kitchen**
Following the success and sustainability of the Bingham Super Kitchen, we are looking to launch another in Cotgrave this December. The initiative is supported by a partnership between Rushcliffe Borough Council and Metropolitan housing association and sees communities come together utilising surplus food from FairShare to create a local social eating space. An affordable, healthy, two course meal is freshly made whilst tackling food waste, food poverty and social isolation.

Volunteers are provided with a Level 2 food safety qualification and gain valuable experience, skills and confidence with one of the volunteers progressing into part time work from unemployment. Additionally, Ash Lea Special School's Post 16 students will be supporting the project providing them with work experience and the softer skills required for future employment. http://superkitchen.org/

8. **British Gypsum Health Event**
British Gypsum are one of the largest employers in Rushcliffe, based close to the Leicestershire / Nottinghamshire border with a predominant manual labour workforce. On the 9th October they held a Health event for all employees supported by Rushcliffe CCG and Borough Council. The event ran during the Stoptober (smoking cessation) campaign and was also attended by the smoking cessation services from both Leicestershire and Nottinghamshire ensuring those wishing to quit had equitable access to support. The event saw 15 employees pledge to quit smoking and sign up to their respective smoking cessation service.

For more information on dementia activities in Rushcliffe, Cotgrave Super Kitchen or the British Gypsum Health Event contact Alex Julian T: 0115 9148 233 or E:Ajulian@rushcliffe.gov.uk

9. **Public Health Commissioning Intentions 2020**
Public Health are commissioning an integrated wellbeing service to support residents to address risk factors relating to overweight, poor diet, physical inactivity, smoking, alcohol and improve mental wellbeing. The procurement of the service will begin in November 2018 and the service will launch in April 2020. The new service model will apply its resources universally and in proportion to need and will cover all age groups. The service will be contracted for 5 years with extensions which allow delivery up to 2029.

Public Health are also commissioning an all age Substance Misuse treatment and recovery services based on evidence and recommendations made within the proposed refreshed JSNA chapter. This will launch in 2020 and is contracted for 4 years with extensions up to 2028.

For more information contact Rebecca Atchison, Senior Pubic Health and Commissioning Manager e: rebecca.atchinson@nottscc.gov.uk

PROGRESS FROM PREVIOUS MEETINGS

10. **Mental Health Services and Schools Link Programme:**
Nottinghamshire was successful in being selected to take part in the Mental Health Services and Schools Link Programme facilitated by the Anna Freud National Centre for Children and Families. This programme is a ground-breaking initiative to help Clinical Commissioning Groups (CCGs), other service providers and Local Authorities work together with schools and colleges to provide timely mental health support to children and young people. It works to empower professionals and support staff by brokering contact, sharing expertise and developing a joint vision for children and young peoples' mental health and emotional wellbeing in each locality.

The programme has already been successfully piloted in 255 schools across England (2015-2016), and has been independently evaluated. The pilot was developed in response to recommendations set out in 'Future in Mind' (DH 2015), to improve access to mental health support for children and young people, by bringing together schools and mental health professionals to two free, joint workshops.

Across Nottinghamshire 107 schools signed up to the programme, with 177 colleagues working within schools and colleagues taking park along with 48 professional from a range of services including CAMHS, Health Families Team, Tackling Emerging Threats to Children, Family Service and Youth Justice. The first workshop took place in September 2018 with the second scheduled for November 2018. We have received some very positive feedback from the first workshops and everyone is looking forward to workshop 2.

For more infromation contact Nichola Reed Children's Integrated Commissioning Hub t: 0115 993 9383 or e: nichola.reed@nottscc.gov.uk

11. **Autism Self Assessment**
    The annual Self Assessment Framework (SAF) return for Autism is due to be submitted on 10th December 2018. This is an annual survey carried out by Public Health England to assess progress and delivery against the Autism Act and accompanying national Statutory Guidance. Unlike previous returns this year's questions have undergone little alteration thereby enabling a comparison with the previous submission both against Nottinghamshire's delivery and those of other authorities. The Autism self-assessment is broken into 7 themes which are subdivided into more detailed questions. The themes are:
    - Planning
    - Training
    - Diagnosis led by the local Health commissioner
    - Care and Support
    - Housing and Accommodation
    - Employment
    - Criminal Justice System

    The questions require Nottinghamshire partners to rate how well they are meeting key areas of service provision as identified within the statutory guidance using a combination of yes/no answers and rating against a red (falling short of statutory requirements), amber (room for improvement) or green (meeting statutory requirements) rating scale. Carers and service users have been asked for their input into the return along with partners within the Council, CCG's, District and Borough Councils, the police, advocacy services, transport and leisure services and higher education institutions.

    Further details of the return will be available at the January meeting along with the Autism JSNA which is being updated in line with the findings from the SAF.

    For more information contact Anna Oliver Commissioning Officer Tel: 0115 977 2535 or Email: anna.oliver@nottscc.gov.uk

PAPERS TO OTHER LOCAL COMMITTEES

12. **Local Enterprise Partnerships Geographies**
13. **Local Government Reorganisation - Development of the Case for Change**
    Report to Policy Committee
    12 September 2018

14. **Child Sexual Exploitation and Children Missing from Home and Care – annual report 2018**
    Report to Children and Young People's Committee
    17 September 2018

15. **Progress with Public Health Commissioned Services - Obesity Prevention and Weight Management Service**
16. **Public Health Performance and Quality Report for Contracts Funded with Ring-Fenced Public Health Grant April to July 2018**
17. **Integrated Wellbeing Service**
18. **Substance Misuse Service**
19. **Nottinghamshire Integrated Accelerator Pilot and Integrated Care Teams Project**
20. **Nottinghamshire Carers Strategy and Revised Carers Support Offer**

A GOOD START IN LIFE

21. **The good childhood report 2018**
The Chidren's Society
This report examines the state of children's wellbeing in the UK. It finds that one in six (16 per cent) of more than 11,000 children aged 14 surveyed reported self-harming. It looks at the reasons behind the unhappiness that increases the risk of children self-harming. The report urges the government to make sure that every child can talk to a counsellor in their school.

22. **Social media, young people and mental health**
The Centre for Mental Health
This briefing paper is based on a brief scan of evidence from a range of sources to identify key themes in what is known about the impact social media (and their use) can have on young people's wellbeing, and the ways in which they can be harnessed positively.

23. **Adolescent alcohol-related behaviours: trends and inequalities in the WHO European Region, 2002-2014**
The World Health Organisation European
The report reveals that alcohol use has declined among adolescents in Europe. However, despite the reductions, levels of consumption remain dangerously high and this continues to be a major public health concern.

24. **Mental wellbeing, reading and writing: how children and young people's mental wellbeing is related to their reading and writing experiences**
This report explores the relationship between children's mental wellbeing and their attitudes and behaviours towards reading and writing. It is based on findings from the National Literacy Trust's eighth Annual Literacy Survey of 49,047 children and young people aged 8 to 18 in the UK.

25. **Children and young people's mental health**
The House of Commons Library has published a Research Briefing Children and young people's mental health – policy, CAMHS services, funding and education.

26. **Early year's profile: 2018 update**
The Early year's profiles bring together a range of indicators on the health of children 0-5 years by local area. They have been developed by PHE's National child and Maternal Health Intelligence Network with NHS England; the indicators provide information on public health outcomes for children in their early years.

27. **Support to local authorities to innovate against childhood obesity**
In September the government announced a new programme to develop local solutions to childhood obesity that can be shared across the country. The government is asking local authorities to apply to its Trailblazer programme, in partnership with the Local Government Association (LGA). Councils are invited to submit proposals for tackling childhood obesity in their area when the programme launches in October. The three year programme forms part of the second chapter of the childhood obesity plan, which included the aim to halve childhood obesity by 2030.

HEALTHY & SUSTAINABLE PLACES

28. **Affordability of the UK's Eatwell Guide**
    The Food Foundation
    This report finds that around 3.7 million children in the UK are part of families who earn less than £15,860. It goes on to claim that to meet the costs of the government's nutrition guidelines, such households would have to spend 42 per cent of their after-housing income on food, making a healthy diet unaffordable.

29. **Healthy places**
    Public Health England
    The Healthy Places programme was set up by Public Health England to support the development of healthy places and homes. It aims to ensure that health inequalities are considered and addressed when planning, developing and improving the built environment and in enabling people to have a place they can call 'home'. This document provides an overview of the work completed by the programme from 2013 to date.
    Public Health England has launched the Healthy Places webpage.

30. **Healthy New Towns programme**
    NHS England Healthy New Towns programme has released a leaflet introducing the 10 Healthy New Town Principles: Putting Health into Place. These principles will support partners in housebuilding, local government, healthcare and local communities to demonstrate how to create new places that offer people improved choices and chances for a healthier life.

31. **Healthy New Towns programme- interim report**
    The Kings Fund, NHS England and other partners are working together to support the Healthy New Towns programme which brings together the health sector, housing developers and local authority planning teams to design and build healthier communities.

    The report explores emerging lessons from the programme so far. It highlights the importance of involving and empowering communities as one of the first steps to creating a healthy place, as well as the key role that NHS professionals have to play.

32. **E-cigarettes**
    House of Commons, Science & technology committee
    This report reviews the current evidence base on the harmfulness of e-cigarettes compared to conventional cigarettes and looks at the current policies on e-cigarettes, including in NHS mental health units and in prisons. The Committee concludes that e-cigarettes should not be treated in the same way as conventional cigarettes.

33. **Statistics on NHS Stop Smoking Services in England: April 2017 to March 2018**
    This annual report presents results from the monitoring of the NHS Stop Smoking Services in England. NHS Stop Smoking Services support people to quit smoking. This can include intensive support through group therapy or one-to-one support. The support is designed to be widely accessible and is provided by trained personnel, such as specialist smoking cessation advisers and trained nurses and pharmacists. The results include information on the number of people setting a quit date and the number who have successfully quit at the four week follow-up. The results are provided at national, regional and local authority levels.

34. **Stopping smoking – what works?**
Public Health England has published Health matters: stopping smoking – what works? This document focuses on the range of smoking quitting routes that are available and the evidence for their effectiveness. Smokers who get the right support are up to 4 times as likely to quit successfully.

35. **Stoptober campaign evaluation 2017**
The annual Stoptober campaign aims to encourage smokers to quit for 28 days in October, with the aim of stopping smoking permanently. This is a summary evaluation of the Stoptober 2017 quit smoking health marketing campaign activity.

36. **Alcohol outlet density and alcohol-related hospital admissions in England: a geographical analysis**
Alcohol Research UK
This report outlines the findings of a study that aimed to investigate if alcohol outlet density was associated with hospital admissions for alcohol-related conditions in England.

37. **Drink Free Days**
Public Health England and Drinkaware have launched a new campaign 'Drink Free Days' to help people cut down on the amount of alcohol they are regularly drinking. The campaign will be encouraging middle-aged drinkers to use the tactic of taking more days off from drinking as a way of reducing their health risks from alcohol.

38. **Helping to support and transform the lives of people affected by drug and alcohol problems.**
Local Government Association
The causes of substance misuse and the solutions for tackling it are multi-factorial. It requires close working with partners, imagination and hard work but when right it can have a tremendous impact. As the case studies in this report show, lives are being turned around.

39. **Patient experience of mental health care**
Healthwatch has published What people have told us about mental health. This report forms part of a multi-year project to understand people's experiences of mental health care. It sets out what people have told Healtwatch about their experiences of accessing mental health services and the wider support available. The report is accompanied by a literature review.

40. **Coping through football**
The Centre for Mental Health has published Coping through Football: evaluation report 2018. This report provides an economic analysis of the Coping through Football programme which aimed to deliver benefits to people living with mental health difficulties. The findings included a 12% reduction in the number of overnight hospital stays for participants.

41. **Severe mental illness: physical health inequalities**
Public Health England has published Severe mental illness (SMI) and physical health inequalities: briefing. This analysis compares the prevalence of physical health conditions in patients with SMI and all patients (England May 2018) using data from the Health Improvement Network's general practice database. The briefing is accompanied by a technical supplement.

42. **Arts for health and wellbeing**

The Welsh NHS Confederation has published Arts for health and wellbeing. This briefing provides an overview of the ways that NHS Wales is realising this opportunity and improving outcomes for patients.

43. **Mental health at work**
Mind has launched a new online 'gateway' to help workplaces improve staff wellbeing. Mental Health at Work brings together information, advice, resources and training that workplaces can use to improve wellbeing and give employees the mental health support they need.

44. **Physical activity in Europe**
The World Health Organisation as published a set of physical activity factsheets providing an updated overview of the epidemiology of physical inactivity, national policy responses and current monitoring and surveillance systems across the WHO European Region.
Additional link: WHO press release

45. **Keeping healthy and active in later life**
By 2030 the number of people in the UK aged 60 or over is estimated to increase to 20 million. Older People's Day, celebrated on 1 October each year celebrates the achievements and contributions that older people make to our society and aims to tackle negative attitudes and stereotypes.

The Guide to Healthy Ageing developed by NHS England, in partnership with Age UK, Public Health England, and the Chief Fire Officer's Association with older people themselves, is designed to help people stay well for longer, by providing hints and tips on how to keep fit and independent.

46. **Physical activity in Europe**
The results in a World Health Organisation (WHO) study on physical activity in European member states show an increase in national policy actions to promote physical activity between 2015 and 2018. The findings have been collected in a set of physical activity factsheets published by WHO/Europe in collaboration with the European Commission. The factsheets provide an updated overview of the epidemiology of physical inactivity, national policy responses and current monitoring and surveillance systems across the WHO European region.

47. **Experiences of being a carer**
Healthwatch has published What's it like being a carer? Healthwatch England policy briefing. This briefing brings together the views and experiences of 5,447 carers from over 27 communities across England. It summarises Healthwatch research into the support available for carers, and their experiences, to shape the social care green paper process and to improve the accessibility and quality of support for carers.

48. **Carer's action plan 2018 – 2020: supporting carers today**
This plan looks at how the government will improve support for carers in England over the next two years. It aims to ensure that services work for carers and to build research and evidence to improve outcomes for carers.

49. **Community Life Survey 2017 – 2018**
The Community Life survey is commissioned by the Department for Digital, Culture, Media and Sport. The survey is held annually to track trends and developments in areas that encourage

social action and empower communities. It provides official statistics on issues that are important to encouraging social action and empowering communities, including volunteering, giving, community engagement, well-being and loneliness.

50. **A calorie labelling consultation**
The government is seeking views on its plans to make places serving food and drink outside of the home display calorie information. For example, this could be on menus in restaurants, cafes, pubs, coffee shops and takeaways. The consultation closes on 7th December 2018.

51. **Commissioning alcohol, drugs and tobacco**
This is the annual guidance on smoking, drinking and drug misuse for commissioners of tobacco control, drug and alcohol services for adults and young people. This support guidance will help local commissioners and local authorities develop joint strategic needs assessment and health and wellbeing strategies to reduce the harm caused by smoking, drinking, substance use and misuse in both adults and children.

52. **Health and well-being of men**
The World Health Organisation European Region has published: The health and well-being of men in the WHO European Region: better health through a gender approach. This report provides an overview of men's health in Europe, identifying non-communicable diseases and their risk factors as the leading cause of mortality for men. The report emphasises that improving the health and well-being of men is best addressed within a gender equality framework.

53. **Heart Age Test**
Public Health England (PHE) is calling for adults across the country to take a free online Heart Age test, which will provide an estimation of their "heart age". If someone's heart age is higher than their actual age, they are at an increased risk of having a heart attack or stroke.

54. **Improving people's health: applying behavioural and social sciences**
Public Health England
It is a comprehensive and collaborative strategy to enable Public Health professionals to use behavioural and social science to improve health and wellbeing.

55. **Loneliness in later life**
Age UK have published a report, All the lonely people: loneliness in later life. This report looks at new evidence about what Age UK knows about loneliness among people aged 50 and over, what increases the chances of people experiencing loneliness and how best to help those older people who are persistently lonely.

56. **The "So what, what next?" project**
This project was designed by the Transforming Care empowerment steering group to look at ways of supporting people with a learning disability or autism who have recently been discharged from hospital to explore their skills and passions and to find ways to contribute these to local own communities.

57. **Home alteration project between the NHS and the Council**
This case study is about a pioneering home alteration project between NHS and Mansfield District Council. The Nottinghamshire's Integrated Care System (ICS) is showing that savings can be made when councils and the health service work together. ASSIST runs at King's Mill

Hospital, Sutton-in-Ashfield in conjunction with Mansfield District Council, Nottinghamshire County Council and is funded by mid Nottinghamshire CCG. Mansfield District Council's ASSIST scheme means that homes are made safe and accessible for a patient's return from hospital. This could include fitting a ramp, grab rails and key safes, making sure their heating works, or moving furniture to make space for a hospital bed.

58. **Rough sleeping strategy**
The rough sleeping strategy sets out the government's vision to halving rough sleeping by 2022 and ending it by 2027. This document sets out the government's plans to help people who are sleeping rough now and to put into place the structures to end rough sleeping for good.

WORKING TOGETHER TO IMPROVE HEALTH & CARE SERVICES

59. **Government response to the recommendations of the Health and Social Care Committee's inquiry into 'Integrated care: organisations, partnerships and systems'.**
This is a joint response reflecting the views of the Department of Health and Social Care, NHS England, NHS Improvement, the Care Quality Commission and Health Education England. The response sets out how the government intends to address the committee's recommendations as part of the long-term plan for the NHS.

60. **The journey to integrated care systems**
NHS Providers has published Provider voices: the journey to integrated care systems. This third report in the series explores the challenges and opportunities presented by STPs and ICSs. It summarises common themes raised in a series of eleven interviews – including trust chairs and chief executives, leaders from commissioning and local government, national policy makers and thought leaders – and looks to what the future holds for collaborative working and integration.

61. **NICE resources for STPs and integrated care systems**
NICE has created a number of resources to support STPs and integrated care systems. The resources include guidance, quality standards, advice and practical tools which are designed to help systems tackle the priorities they've identified and work in partnership to provide consistent, high-quality care, based on the best evidence.

62. **Community pharmacies: promoting health and wellbeing**
NICE
This guidance covers how community pharmacies can help maintain and improve people's physical and mental health and wellbeing, including those with a long-term condition. It aims to encourage more people to use community pharmacies by integrating them within existing health and care pathways, and by ensuring they offer standard services and a consistent approach. This new approach will require a collaborative approach from individual pharmacies and their representatives, local authorities and other commissioners.

63. **A year of integrated care systems: reviewing the journey so far**
The King's Fund
This report explores progress in eight out of the 10 first-wave ICS areas and identifies emerging lessons for local systems and national policy-makers. Progress is being made in most ICSs in improving health and care and developing the capability to work as a system. The challenge now is to build on the foundations that have been laid by removing the barriers identified and providing time and support to ICS leaders to take their work to the next stage of development.

64. **Integrated care teams: impact on hospital use**
The Health Foundation has published The impact of integrated care teams on hospital use in North East Hampshire and Farnham. This briefing examines the early effects on hospital use of introducing multidisciplinary integrated care teams (ICTs) in North East Hampshire and Farnham. There is evidence to suggest that the value of ICTs might lie in their potential to improve patients' health, health confidence, experience of care and quality of life rather than reducing emergency hospital use.

65. **Adult social care funding and integration strategy**
Local Government Association's Research and Information Team
The survey aimed to capture and represent the views of council leaders and portfolio holders for adult social care on the future of funding for adult social care, the future of the national initiatives for integration and the progress made on integration.

66. **Integrated care and patient insight**
In an article from the King's Fund: Joined up listening: integrated care and patient insight highlights the opportunity that integrated care presents for using insight from people and populations to design services that meet their needs and reflect their priorities. This includes breaking down siloes within and between organisations to listen to what patients are saying across their entire pathway of care.

67. **Key questions for the future of STPs and ICSs**
This is the second in a series of briefings on sustainability and transformation partnerships (STPs), published by NHS providers. It summarises recent developments relevant to system working, sets out the state of play for STPs and integrated care systems (ICSs) and seeks to offer answers to a number of questions arising from the national policy focus on collaboration and integration.

68. **Seamless services to improve outcomes for people**
The NHS Confederation has published this briefing; it gives an insight into the aims of seamless services and showcases the different ways health and care are now delivered.

69. **The state of health care and adult social care in England 2017/18.**
The Care Quality Commission
This annual assessment of health and social care in England looks at the trends, shares examples of good and outstanding care, and highlights where care needs to improve. It finds that most people in England receive a good quality of care and that quality overall has been largely maintained from last year, and in some cases improved. The CQC finds that people's experiences of care often depend on how well local systems work together.
Additional links: CQC news report | CQC press release

GENERAL

70. **Local action on health inequalities: understanding and reducing ethnic inequalities in health**
Public Health England

This guidance aims to support local and national action on ethnic inequalities in health. It provides: a summary of information and data by ethnic group in England; examples of practical approaches to address ethnic inequalities in health; case studies of local action to address ethnic health inequalities.

71. **What is happening to life expectancy in the UK?**
Kings Fund
2010 marked a turning point in long-term mortality trends in the UK, with increases in life expectancy tailing off after decades of steady improvement. This article examines the data and explores the possible factors behind this.

72. **Health profile for England: 2018**
This is the second annual report combining data and knowledge with information from other sources to give a broad picture of the health of people in England in 2018. It provides an update to the first Health Profile for England (published 2017). A new edition to this year's report is the inclusion of forecast data for several key indicators, for the 5 years up to 2023 and a separate chapter on the health of children in the early years.

CONSULTATIONS

73. **Calorie labelling consultation**
The Department of Health and Social Care has launched a consultation seeking views on its plans to make places serving food and drink outside of the home display calorie information. The consultation closes on 7 December 2018.

74. **Energy drinks consultation**
The Department of Health and Social Care has launched a consultation on ending the sale of energy drinks to children and young people in England as part of its plans to reduce childhood obesity and other health problems in children. The consultation closes on 21 November 2018.
See also: DHSC press release

Other Options Considered

75. This report if for information. Options will be considered should any local action be required.

Reason/s for Recommendation/s

76. This information is for information and consideration.

Statutory and Policy Implications

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

Financial Implications

78. There are no financial impliactaions arisig from this report.

RECOMMENDATION/S

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

Councillor John Doddy
Chairman of Health and Wellbeing Board

For any enquiries about this report please contact:
Nicola Lane
Public Health and Commisisoning Manager
t: 0115 977 2130
nicola.lane@nottscc.gov.uk

Constitutional Comments (LM 26/10/2018)

79. The Health and Wellbeing Board is the appropriate body to consider the contents of the report. Members will also need to consider whether there are any actions required in relation to the issues raised within the report

Financial Comments (DG 18/10/18])

80. The financial implications are contained within paragraph 76 of this report.

HR Comments ([initials and date xx/xx/xx])
81.

Background Papers and Published Documents

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

- None

Electoral Division(s) and Member(s) Affected

- All

Nottinghamshire County Council

Report to the Health and Wellbeing Board

7 November 2018

Agenda Item: 5

REPORT OF THE DIRECTOR OF CHILDREN FAMILIES AND CULTURAL SERVICES

JOINT HEALTH AND WELLBEING STRATEGY – A GOOD START AMBITION

Purpose of the Report

1. This report recommends future working arrangements to deliver the Good Start Ambition of the Joint Health and Wellbeing Strategy for Nottinghamshire including:
   - A review of the JSNA chapters relating to children and young people, to be undertaken by the Children and Families Alliance.
   - That the Director of Children's Services identifies a nominated deputy, to ensure consideration of children and young people within all Health and Wellbeing Board discussions.
   - Tasking the Children and Families Alliance with in depth reviews of agreed issues on behalf of the Health and Wellbeing Board and reporting findings to the Board.
   - Appointing a Health and Wellbeing Board lead member to participate in the Children and Families Alliance in depth reviews.
   - Tasking the Children and Families Alliance to prepare action plans to deliver the priorities within the Joint Health and Wellbeing Strategy
   - Establishing links with the emerging Integrated Care Systems to ensure the needs of children, young people and families are met within their plans

Information

2. The second Joint Health and Wellbeing Strategy was agreed in December 2017 and launched in January 2018.

3. The Strategy sets out four ambitions to improve health and wellbeing in Nottinghamshire:

   - To give everyone a good start in life
   - To have healthy and sustainable places
   - To make healthier decisions
   - To work together to improve health and care services

4. The Health and Wellbeing Board held a workshop jointly with the Children and Families Alliance on 3 October 2018, to consider the scope of the ambition to give everyone a good start in life and how the two bodies could work together to deliver this ambition.

5. The Health and Wellbeing Board (HWB) is a statutory body with a duty to improve health and wellbeing in the local area by identifying health needs through a Joint Strategic Needs Assessment, developing and delivering a Joint Health and Wellbeing Strategy to meet those needs and by encouraging and supporting integration and closer working.

6. The Children and Families Alliance (CFA) is a strategic partnership with a remit to work together to improve the wellbeing of children and families in Nottinghamshire. It is a formal subgroup of the Health and Wellbeing Board and its work is aligned to the Health and Wellbeing Strategy.

7. Whilst the relationship with the HWB has been recognised within the governance structure and terms of reference of the CFA, the relationship between the Board and the Alliance has not been formally established.

8. The two aims of the workshop on the 3 October were:

    - To agree and establish future working arrangements between the two bodies, to deliver the ambition to give everyone in Nottinghamshire a good start in life.
    - To agree the priorities for action within the 'good start in life' ambition

Why is a good start in life important?

9. What happens in pregnancy and early childhood impacts on most aspects of physical and emotional health, throughout childhood and into adulthood. The first 1001 days of a child's life, from conception to age two are widely recognised to be a particularly crucial time in everyone's life. Pregnancy is a critical period when a mother's physical and mental health can have a lifelong impact on the child. Maternal stress, diet and alcohol or drug misuse can place a child's development at risk, while a happy, healthy and safe pregnancy will contribute towards the new baby having the best start in life.

10. In the period between birth and age 2 is equally important in a child's development. During this period the role of parents and families is critical in developing positive early experiences. It is essential that parents and carers provide safe, responsive care to their child which will support good physical, social and cognitive development.

11. Parenting has a significant impact on a baby's developing brain and in the child's ability to form and maintain positive relationships illustrated in Figure 1 below.

Figure 1: Positive impacts of a good start in life

Priorities for action

12. Within the ambition to give everyone a good start in life, the Joint Health and Wellbeing Strategy identifies three priorities for action:
    - Keeping children happy and healthy
    - Keeping children and young people safe
    - Child poverty

13. These priorities emerged from the consultation for the Strategy refresh and identified potential partnership actions for the Board which could positively impact on the Good Start ambition.

14. Within the briefing paper considered by Board and Alliance members and during the workshop, an additional priority was suggested, that of improving school readiness for children in Nottinghamshire.

15. School readiness in Nottinghamshire, measured by the percentage of children achieving a good level of development, is below the England average. In addition, local children living in areas of greater health inequality or in receipt of free school meals (a measure of low household income) are even less likely to be ready to start school and learn.

Table 1: School Readiness amongst all children and those receiving free school meals in Nottinghamshire 2016/17

Indicator	England	Nottinghamshire
School Readiness: % of children achieving a good level of development at the end of reception	70.7	68.1
School Readiness: % of children in receipt of free school meals achieving a good level of development at the end of reception	51.8	48.2

16. Enhancing school readiness in Nottinghamshire is something that could benefit from a partnership approach particularly as there is evidence that the physical, social and emotional skills a child requires to be ready to learn are developed through competent parenting, high quality early years education, play and social interaction.

17. During the workshop, members explored and agreed the priorities including school readiness and identified potential partnership actions to support their delivery, including:

18. Understanding:
    - what work is already happening in relation to the priorities, in order to learn from and build on success
    - the local issues that impact on school readiness, in order to identify potential actions for the HWB and CFA
    - how the priorities for the HWB potentially align with those of the emerging Integrated Care Systems (ICSs) in Nottinghamshire and South Yorkshire and Bassetlaw and to provide support or challenge where appropriate
    - how the work within the Healthy and Sustainable Places ambition will impact on children, young people and families

19. Ensuring:
    - that 'deep dives' undertaken by the CFA include case studies and feedback from front line staff in order to provide the HWB and CFA with greater insight into the challenges and opportunities for children and families in Nottinghamshire, linked to the ambitions of the Health and Wellbeing Strategy
    - that a whole family approach is used when considering local priorities for action

20. Using:
    - a partnership approach to review and reinvigorate existing and previous Board successes, such as continuing to increase the availability of Breastfeeding Friendly places across Nottinghamshire
    - the CFA's deep dive approach to explore other areas of concern such as:
        - family homelessness
        - risk taking behaviour in children
        - how to build resilience for children, young people and their families, in particular for more vulnerable groups such as young carers and those affected by domestic abuse
    - the Board and Alliance partnership to consider other areas in need of focus and action, such as transition into adulthood

Future governance arrangements

21. The workshop considered how the Board and the Alliance could work together in future to deliver the Good Start ambition. There was support for the proposed collaborative approach and a number of suggestions were made about how this could be achieved:

- The wellbeing of children and young people should be championed within all HWB discussions through the Director of Children's Services or a nominated deputy
- Through liaison with the JSNA Steering Group, the CFA should coordinate the review of the CYP JSNA chapters on behalf of the HWB, ensuring that
  - owning groups are identified as required
  - there is alignment with local government and CCG commissioning plans
  - the impact of national initiatives (e.g. the introduction of universal credit) is reflected in local chapters
- Links should be established with the emerging Integrated Care Systems (ICSs) to understand their focus and impact on children, young people and families and to allow challenge where necessary
- HWB members should support the CFA 'deep dives', strengthening links between the bodies and ensuring clear support and ownership of the proposals
- Action plans for each priority should be developed, ensuring understanding by and support from Board and Alliance members
- There should be regular reports presented to the Board from the Alliance and an annual joint workshop to discuss and agree priorities for action within the work programmes for both groups
- Links should be established between the Children and Families Alliance and the Healthy and Sustainable Places Coordination Group to ensure that children, young people and families issues are highlighted and considered.

Other Options Considered

22. The workshop considered options for priorities and governance arrangements.

Reason/s for Recommendation/s

23. To agree priorities and working arrangements to deliver the good start ambition within the Joint Health and Wellbeing Strategy 2018-22.

Statutory and Policy Implications

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

Financial implications

25. The work of the Health and Wellbeing Board is undertaken by the partners within existing resources so there are no financial implications arising from the recommendations made within this report.

RECOMMENDATION/S

1. The Health and Wellbeing Board tasks the Children and Families Alliance to undertake a review of the JSNA chapters relating to children and young people in collaboration with the JSNA Steering Group and in consultation with CCGs and local government partners, to ensure alignment with commissioning plans. The Children and Families Alliance to report back on their findings with recommendations for action.

2. That the Director of Children's Services identifies a nominated deputy (from within the Children and Families Alliance membership) to ensure consideration of children and young people within all Health and Wellbeing Board discussions.

3. The Children and Families Alliance reviews its work programme to include in depth reviews (deep dives) of:
    i. Child and family resilience
    ii. Family homelessness
    iii. Risk taking behaviours in children and young people
    iv. School readiness

    and reports findings to the Health and Wellbeing Board.

4. The Health and Wellbeing Board appoints a lead member to participate in the Children and Families Alliance in depth reviews.

5. The Health and Wellbeing Board tasks the Children and Families Alliance with preparing and presenting an action plan for each of the four identified priorities within the Good Start ambition of the Health and Wellbeing Strategy, with a focus on actions for partners and reference to wider action plans where appropriate.

6. The Health and Wellbeing Board invites leaders of the emerging Integrated Care Systems to outline how new Integrated Care System approaches will focus on and meet the needs of children, young people and families.

Colin Pettigrew
Corporate Director Children Families and Cultural Services

For any enquiries about this report please contact:
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Constitutional Comments (LM 26/10/2018)

26. The Health and Wellbeing Board is the appropriate body to consider the contents of the report. Members will need to consider whether there are any actions required in relation to the issues raised within the report

Financial Comments (DG 18/10/18)

27. The financial implications are contained within paragraph 26 of this report.

Background Papers and Published Documents

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

Health and Wellbeing Board workshop – A good start briefing paper

A good start workshop presentation slides

Electoral Division(s) and Member(s) Affected

All.

See also Chair's Report items:

10. Mental Health Services and Schools Link Programme
21. The good childhood report 2018
22. Social media, young people and mental health
23. Adolescent alcohol-related behaviours: trends and inequalities in the WHO European Region, 2002-2014
24. Mental wellbeing, reading and writing: how children and young people's mental wellbeing is related to their reading and writing experiences
25. Children and young people's mental health
26. Early year's profile: 2018 update
27. Support to local authorities to innovate against childhood obesity

Nottinghamshire County Council

Report to Health and Wellbeing Board

7 November 2018

Agenda Item: 6

REPORT OF CORPORATE DIRECTOR, RESOURCES

WORK PROGRAMME

Purpose of the Report

1. To consider the Board's work programme for 2018/19.

Information

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

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

Other Options Considered

4. None.

Reason/s for Recommendation/s

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

Statutory and Policy Implications

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

RECOMMENDATION/S

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

Marjorie Toward
Service Director – Customers, Governance and Employees

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

Constitutional Comments (HD)

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

Financial Comments (NS)

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

Background Papers

None.

Electoral Division(s) and Member(s) Affected

All

NOTTINGHAMSHIRE HEALTH AND WELLBEING BOARD
WORK PROGRAMME

Report title	Brief description of item	Lead officer	Report author(s)
5 December			
Workshop Work programme planning	Workshop to identify priorities for 2019 by presentations from lead officers for HWB partners.		
January 2019			
Director of Public Health Annual Report	Consider contents of report & implications for HWB & JHWS	Jonathan Gribbin	Kay Massingham
Approval of JSNA Chapter: • Sexual Health • Cancer • Autism • Children's avoidable injuries • Health & homelessness • Self-harm	Presentation of new/refreshed JSNA chapters for approval.	Jonathan Gribbin	Matt Osbourne Sue Coleman Anna Oliver Stephanie Morrissey/John Shiel John Shiel/Susan March Susan March/Jane O'Brien
March 2019			
Better Care Fund Performance Report	Board to approve performance report for submission to NHS England & plan for 2019/20	David Pearson	Joanna Cooper
Ambition 2: healthy & sustainable places - tobacco declaration	Review of progress made by partners in implementing the Nottinghamshire Tobacco Declaration (as agreed at Sept 18 meeting)		
Approval of JSNA Chapter: • Gypsy Roma and Travellers • Learning disabilities	Presentation of new/refreshed JSNA chapters for approval	Jonathan Gribbin	Vicky Cropley James Wheat
*BCF Care Act allocation/iBCF **TBC***	*Approval of plans for Better Care Fund (BCF) Care Act Recurrent and Reserve Allocations and the Improved BCF in 2017/18.*	*David Pearson*	*Sue Batty*
Supplementary Statement for Pharmaceutical Needs Assessment 2018-22	Approval of supplementary statement for publication.	Jonathan Gribbin	Lucy Hawkin
April 2019			
WORKSHOP			

June 2019			
Better Care Fund Performance Report	Board to approve performance report for Q4 for submission to NHS England.	David Pearson	Joanna Cooper
Approval of Supplementary Statement for Pharmaceutical Needs Assessment 2018-22	Approval of supplementary statement for publication.	Jonathan Gribbin	Lucy Hawkin
July 2019			
WORKSHOP			
September 2019			
Better Care Fund Performance Report	Board to approve performance report for Q1 for submission to NHS England.	David Pearson	Joanna Cooper
Approval of Supplementary Statement for Pharmaceutical Needs Assessment 2018-22	Approval of supplementary statement for publication.	Jonathan Gribbin	Lucy Hawkin
October 2019			
WORKSHOP			
November 2019			
Approval of Supplementary Statement for Pharmaceutical Needs Assessment 2018-22	Approval of supplementary statement for publication.	Jonathan Gribbin	Lucy Hawkin
December 2019			
WORKSHOP			

Nottinghamshire County Council

Report to the Health and Wellbeing Board

7 November 2018

Agenda Item: 7

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

BETTER CARE FUND PERFORMANCE

Purpose of the Report

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

    - Approve the Q2 2018/19 national quarterly performance report.

Information and Advice

Performance Update and National Reporting

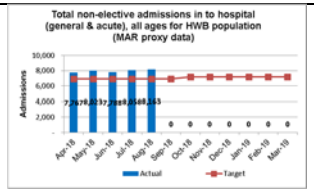
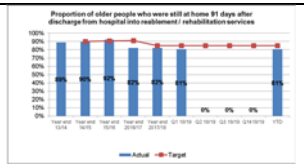
2. Performance against the BCF performance metrics and financial expenditure and savings continues to be monitored on a monthly basis through the BCF Finance, Planning and Performance sub-group and the BCF Steering Group.

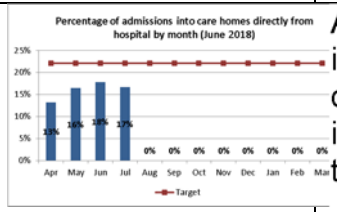
3. The performance update includes delivery against the six key performance indicators, the financial expenditure and savings, scheme delivery and risks to delivery for Q2 2018/19

4. This update also includes the Q2 2018/19 national quarterly performance template submitted to the NHS England Better Care Support Team for approval by the Board. This report has taken a new format and consolidates the BCF and Improved BCF quarterly returns.

5. Q2 2018/19 performance metrics are shown in Table 1 below. Three metrics are off track and three metrics are on plan.

Table 1: Performance against BCF performance metrics

REF	Indicator	2018/19 Targets	2018/19	RAG and trend	Trend	Summary of mitigating actions
BCF1	Total non-elective admissions in to hospital (general & acute), all-age, per 100,000 population	20,767 Q2	8,163 August	R ⇧		Monitored by CCG Governing Bodies and A&E Delivery Boards.
BCF2	Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	555.4	523 YTD	G ⇔		Monitored by Nottinghamshire County Council ASCH&PP and the Older Adults Delivery Group. All placements are considered at panel and agreed where there is no viable alternative. Figures adjusted for admissions recorded in April but made during the previous financial year.
BCF3	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	85%	81% Q1	R ⇩		Monitored by Nottinghamshire County Council ASCH&PP. The percentage of people still at home after 91 days has reduced as reablement type services available upon discharge from hospital have expanded and are now offered to people with more critical needs.
BCF4	Delayed transfers of care (delayed days) from hospital per 100,000 population (average per month)	554.3 Q2	188 August	R ⇧		**South -** Newton Europe system wide summits in June and July to identified five key areas to be addressed. Implementation plan in place. **Mid -** System-wide work-stream and action plan with a focus on out of area patients. **North –** Focus on facilitating discharges which are out of the CHC pathway. Successful bid to NHS Digital to roll out the sharing of records.

REF	Indicator	2018/19 Targets	2018/19	RAG and trend	Trend	Summary of mitigating actions
BCF5	Percentage of users satisfied that the adaptations met their identified needs	95%	100% Q1	G ⇔	⇔	
BCF6	Permanent admissions of older people (aged 65 and over) to residential and nursing care homes directly from a hospital setting per 100 admissions of older people (aged 65 and over) to residential and nursing care homes	22.11%	15.1% Q1	G ⇔		As new reablement type services are implemented, system changes to ensure these can be appropriately recorded are prioritised as is communication with staff about the use of these services.

6. Reconciliation of Q1 2018/19 spend is complete and reconciliation of Q2 is underway. Expenditure is broadly on target with some in year slippage. Table 2 shows plan and forecast as at Month 5.

Table 2: 2018/19 spend at month 5

Contributing partner	**Nottinghamshire Clinical Commissioning Groups (CCGs)**	**Nottinghamshire County Council**	**Total**
£'000s			
Total spend to period 5	£14,298	£23,491	£37,789
Under/(over) spend to period 5	£0	-£440	-£440

7. The BCF Finance, Planning and Performance subgroup monitors all risks to BCF delivery on a quarterly basis and highlights those scored as a high risk to the Steering Group. The Steering Group has agreed the risks on the exception report as being those to escalate to the HWB (Table 3).

Table 3: Risk Register

Risk id	**Risk description**	**Residual score**	**Mitigating actions**
BCF005	There is a risk that acute activity reductions do not materialise at required rate due to delays in scheme implementation, unanticipated cost pressures and impact from patients registered to other CCG's not within or part of Nottinghamshire's BCF plans.	16	Monthly monitoring of non-elective activity by BCF Finance, Planning and Performance subgroup and Steering Group (currently only for activity in Nottinghamshire CCGs). Oversight by A&E Delivery Boards.
BCF14	There is a risk that the DTOC target will not be met in 2018/19	16	Further action is needed to review particular issues such as housing, weekend discharge and liaison with A&E Delivery Boards.

8. As agreed at the meeting on 7 October 2015, the Q2 2018/19 national report was submitted to NHS England on 19 October pending HWB approval (Appendix 1). Due to the timing of the report, the content for Nottinghamshire County was prepared and agreed by the BCF Finance, Planning and Performance sub-group and approved by the BCF Steering Group. If the HWB requests amendments to the report, the quarterly report will be resubmitted to the NHS England Better Care Support Team.

9. Further national reporting is due on a quarterly interval with dates to be confirmed.

Other options

10. None.

Reasons for Recommendations

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

Statutory and Policy Implications

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

Financial Implications

13. The £80.5m for 2018/19 is forecasting an underspend at month 5 of £0.44m this relates to the Improved Better Care Fund however it is anticipated to be fully spent at the end of the year.

Human Resources Implications

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

Legal Implications

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

RECOMMENDATIONS

That the Board:

1. Approve the Q2 2018/19 national quarterly performance report.

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

For any enquiries about this report please contact:
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Constitutional Comments (LM 21/09/18)

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

Financial Comments (OC 23/10/18)

17. The financial implications are contained within paragraphs 6 and 13 of the report.

Background Papers and Published Documents

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

- "Better Care Fund: Guidance for the Operationalisation of the BCF in 2015-16". http://www.england.nhs.uk/wp-content/uploads/2015/03/bcf-operationalisation-guidance1516.pdf
- Better Care Fund – Final Plans 2 April 2014
- Better Care Fund – Revised Process 3 June 2014
- Better Care Fund Governance Structure and Pooled Budget 3 December 2014
- Better Care Fund Pooled Budget 4 March 2015
- Better Care Fund Performance and Update 3 June 2015
- BCF Performance and Finance exception report - Month 3 2015/16
- Better Care Fund Performance and Update 7 October 2015
- Letter to Health and Wellbeing Board Chairs 16 October 2015 from Department of Health and Department of Communities and Local Government "Better Care Fund 2016-17"
- Better Care Fund Performance and Update 2 December 2015
- 2016/17 Better Care Fund: Policy Framework https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/490559/BCF_Policy_Framework_2016-17.pdf
- Better Care Fund Performance and Update 2 March 2016
- Better Care Fund 2016/17 Plan 6 April 2016
- Better Care Fund Performance and Update 6 June 2016
- Better care fund Performance, 2016/17 plan and update 7 September 2016
- Better Care Fund Performance 7 December 2016
- Better Care Fund Performance March 2017

See also Chairs Report items:
TBC

Electoral Divisions and Members Affected

- All.

Appendix 1

Selected Health and Wellbeing Board: Nottinghamshire

2. National Conditions & s75 Pooled Budget

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

Confirmation of s75 Pooled Budget			
Statement	**Response**	**If the answer is "No" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed:**	**If the answer to the above is 'No' please indicate when this will happen (DD/MM/YYYY)**
Have the funds been pooled via a s.75 pooled budget?	Yes		

3. Metrics

Metric	Definition	Assessment of progress against the planned target for the quarter	Challenges	Achievements	Support Needs
NEA	Reduction in non-elective admissions	Data not available to assess progress	North M1- M5 = 282 admissions over plan. Emergency Care over performance is both activity and casemix complexity driven. Admissions for pneumonia, COPD, heart failure, urology and sepsis are all higher than planned and higher than last year. This is of great concern as activity usually sees a reduction in activity at this time of year but in 2018/19 this hasn't happened. Additional work is been undertaken regarding Respiratory conditions as part of the Urgent Care Board as a task and finish group led by the Chief Nurse. Emergency readmissions within 30 days of discharge are also significantly higher than planned. There is a quality concern that patients are either discharged too early or are not appropriately managed post discharge. This is being followed up with the trust. Mid M5 YTD SUS: M&A = 9736 actuals v 9398 plan (+3.6%)	Emergency Activity continues to be discussed at A&E Delivery Boards. North: Emergency Activity continues to be discussed at both the joint A&E Delivery Board with Doncaster CCG and DBTHFT and the local Urgent Care Group. Mid: Non-elective activity is discussed at the A&E Delivery Board and supporting groups.	

			N&S = 5649 actuals v 5403 plan (+4.6%) The 2 Mid-Notts CCGs are not achieving the SUS plan submitted to the NHSE. The CCG has investigated this and a key driver in the 0 LOS admissions are 35 - 39 yr olds into T&O. It is understood this is linked to the hot weather and increased physical activity. Analysis has been undertaken to highlight GP practice levels above the mean. Any exceptions coming out of this analysis, together with the specialties showing high variances will be prioritised as target areas for admission avoidance QIPP schemes. It should be noted that some QIPP schemes required re-phasing to account for Full Year Effect and this was not played into the NHSE SUS plan. If this re-phasing is done, the outcome for M5 YTD is: M&A: -3.3% v plan N&S: -1.8% v plan This has been discussed with the NHSE. South YTD SUS v Operating plan at M5. NNE = 6202 actual v 5969 plan (+3.9%) NW = 3819 actual v 3554 plan		

			(+7.5%) Rush = 4569 actual v 4276 plan (+6.9%) Analysis highlights that the increase in admissions is driven by paediatrics, general surgery, and respiratory medicine. Paediatrics activity is 33% higher than the agreed contractual plan at August YTD. Meanwhile, respiratory activity is 23% higher and general surgery activity is 26% higher than the agreed contractual plan for the same period. The growth in paediatric admissions has been driven by an increase in diagnoses related to respiratory infections and viruses. There has also been a growth in same-day and short stay emergency admissions at NUH in 18/19 against the previous year. South Nottinghamshire CCGs has seen admissions from the 0-14 age group grow by 45% when compared against the same period in the previous year. There has also been a 13% growth in admissions for the 60-64 and 70-74 age groups in this same period. A contract query has been issued to NUH seeking further information regarding the growth in paediatrics and short stay admissions. This will be		

			discussed with the trust in the coming weeks with a response to the query being made available thereafter.		
Res Admiss-ions	Rate of permanent admissions to residential care per 100,000 population (65+)	On track to meet target	Management of admissions to long term care is a constant challenge as the older population increases and have more complex care needs.	All admissions are approved at panel to ensure all other options have been explored prior to long term admission to a care home and admissions are currently on target.	
Reable-ment	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitatio n services	Not on track to meet target	This indicator includes some services that are offered to people with critical care needs and this makes achieving the 85% target challenging. New services have been implemented this year and will not appear in the results until later in the year.	The new 'Home First Response Service' service was implemented this year and this will significantly increase the number of people offered a reablement type service on discharge from hospital.	
Delayed Transfers of Care	Delayed Transfers of Care (delayed days)	Data not available to assess progress	North Overall downward trend between April 2018 and July 2018 for the number of days delayed at DBTHFT for Nottinghamshire County Council area patients. 3 Main reasons for delays are Waiting for Further Non Acute NHS, Patient Family Choice and Completion of Assessment.	North Successful bid for funds from NHS Digital to allow the sharing of social care information with DBTHFT as per the work completed at Sherwood Forest. Mid - The Mid-Notts Urgent Care team is working closely with the Greater Notts Urgent Care Team and improvements will be	

			Mid SFHFT Total Trust (from local data) Apr18 = 885 (national = 5.1%) May18 = 727 (national = 3.9%) Jun18 = 904 There are specific challenges being addressed around the pathways for specific cohorts of patients, for example, non weight-bearing as there is no clear D2A route out of the hospital for these currently. South - NUH Total Trust Jun18 = 953 Jul18 = 836 Aug18 = 753 Downward trend for number of days delayed. Published data for August shows most common reasons for delays in the month are a lack of capacity in further non-acute NHS care and patients awaiting care package in their own home. Data analysis for Greater Nottingham highlighted that the most common reason for delay in transfers include a lack of capacity in further non-acute NHS care. Other less significant causes of delayed discharge were around completion of assessment and patient or family choice.	approached from an STP footprint perspective wherever possible. The further achievement of 3.8% against trajectory for July 2018 is being considered by the T&F Group in order to replicate 'What Good looks like' wherever possible. A&EDB agreed to incorporate all of the DTOC actions into a revised overarching plan which would be led by SFHFT and would also provide focus on 7+ and 21 day+ LOS. This will be reviewed at October's A&EDB meeting, along with an updated position on the relevant themes and trends. The combined working group has agreed which metrics should be used by the system to ensure that improvements are being delivered and this will feed into both A&EDB operational meetings, and Urgent Care Programme Board which has delegated authority from A&EDB to progress and monitor transformational urgent care schemes and pathways. The Home First Integrated Discharge Workstream task and finish groups are agreeing new pathways for non-weight bearing patients and those who require further CHC (continuing health care) assessments. These	

				pathways will go live from 01 November 2018 and significantly reduce delays. The first-cut Recovery Plan was completed in April 2018, together with a trajectory to reach 3.5% by September 2018. Actions include: o Ensure coding & reporting of DTOCs accurately reflects national guidance. The Health Community is inviting ECIST back to carry out a review of previous work. o Review of Discharge Policy (which also has a positive impact on the 95% A&E standard) and having clear documented escalation process in place across the system. o Increase proportion of discharges before 11:00am. o Implementation of Trusted Assessor (anticipated Go-Live in July). The DTOC action plan focusses on those patients who are in out-of-area acute hospitals, as well as those in Nottinghamshire hospitals to ensure equity of provision and patient experience. The Mid-Notts Urgent Care team is working closely with the Greater Notts Urgent Care Team	

				and improvements will be approached from an STP footprint perspective wherever possible and appropriate. The Achievement of 3.9% for May 2018 is being considered by the T&F Group in order to replicate 'What Good looks like' wherever possible. The CCG now receives information relating to Stranded Patients and this area will be incorporated into the DTOC Recovery Plan. South - The Newton Europe system wide summits in June and July identified five key areas to be addressed by the system following flow and patient delay diagnostic work. A implementation group is in place, which includes senior leaders to consider how the system can collaborate more effectively. There is also additional focus on reducing the number of patients staying in hospital longer than 21 days , which will contribute towards delivery of a reduction in delayed transfers of care.	

4. High Impact Change Model

		Maturity Assessment					Narrative			
		Q4 17/18	Q1 18/19	Q2 18/19 (Current)	Q3 18/19 (Planned)	Q4 18/19 (Planned)	If 'Mature' or 'Exemplary', please provide further rationale to support this assessment	Challenges	Milestones met during the quarter / Observed impact	Support needs
Chg 1	**Early discharge planning**	Established	Established	Established	Established	Established		North Interoperability Phase 1 target to share Social Care Information with ED staff has slipped from August 2018 to October 2018. Mainly due to technical staffing resources across DBTH. Mid We are confident that for elective patients and pathways the outcome is	North The Integrated Discharge Team team, including Discharge Co-ordinators, meets each morning (Monday to Friday) to discuss/review all patients referred for discharge planning. Other community and ward based staff such as therapists and nurses attend as required. Unnecessary barriers/delays to discharges are identified and dealt with as quickly as possible; and all staff work to facilitate a safe and timely discharge. A full time SW from	North Develop the Ward link staff role in promoting best practice in discharge planning. OOA patient pathways are being reviewed. Continued development of the Interoperability project to enable the sharing of social care information with health staff across DBTH especially linked to ED and the

								'established', though we do need to be sure that pre-admissions discharge planning takes place across General Practice in it's entirety. However, non-elective processes are not as advanced and embedded. We are confident that the internal work streams at SFHFT & the transformatio nal plans for the remainder of 18/19 will deliver a Mature status. South Increased referrals for Pathway 1	the Rapid Response service covers the ED dept. to prevent unnecessary hospital admissions. Ward Discharge link staff have been introduced, focussing ward staffs on timely and effective discharge planning. Home first response service now in place and is effective in reducing length of stay in hospital. IDT workshops meet on 3 monthly basis with full engagement from all stakeholders linked to discharge planning. The voluntary sector now facilitate a quality discharge engagement to reduce avoidable re-admission, with special reference to social isolation. Mid Daily hub meetings with external	Wards. Further exploration of pre-op assessment process to include aspects of both health and social care needs to assist early discharge planning. Develop greater links with Care homes. Develop acute community interface with the 3 Primary care homes in Bassetlaw with the aim of 'pulling patients' through their discharge pathway. South Development of the Lancashire model to promote home first further within a safe

								has resulted in marked delay in home care packages in Nottingham City (to be reported via the Nottingham City BCF Quarterly Submission). Recent empty beds in community bed provision. Action plan in place to optimise capacity. Previous agreement to progress the Lancashire model, but now due to funding this is unable to be progressed at the moment.	partners. Home First Integrated Discharge work stream(previously the Intensive Recovery Roadmap workstream plan in place) will implement a lot for the required indicators for this, along with the SFHFT internal Improving Access to Urgent & Emergency Care Services work stream South - Emergency admissions have a predicated discharge date set within 48hrs of being admitted and are identified as being a “simple” or “supported discharge”. - 250 supported discharges weekly. Reduced DTOC to lowest number ever, as well as reduced Medically Stable For Discharge	and effective system. Paper to be presented at A&E Delivery Board as part of the wider funding discussion / requirements to support system flow. Increased capacity for an at home model required to increase the number of people going home and staying at home with support.

									>24hrs. - Average length of stay post Medically Stable For Discharge @ 2.2days. - Joint DTOC coding Standard Operating Procedure agreed across all organisations. - Multiagency training 'excellence in discharge planning' "trolley dash" education. - Education events planned with NHS Elect for IDF. Increased referral onto Pathway 1, reduced requirements for Pathway 2. - Red bag scheme in operation across the South. - Front Door Discharge team (12fte) work holistically (trained through Citycare competencies framework) and refer direct to START and Leivers accept “Transfer of Care” form for	

									admission to Leivers - County Social Care Home First Response Service 7 day service to bridge capacity OF Homecare and START	
Chg 2	**Systems to monitor patient flow**	Established	Established	Established	Established	Established		North EMS Plus Escalation system to be developed further across DBTH to ensure all stakeholders input data linked to patient flow. Transport issues effecting discharge, they are logged and formally and escalated for solution. Mid Internal bed modelling work has taken place at SFHFT to provide a	North Discharge Coordinators feedback from all wards during IDT morning meetings. Demand management, escalations plans in place to increase external bed/care options to reduce DToC when the hospital is on high alert. Use of a monthly reporting identifies local delays and bottlenecks within the system. There is an escalation plan in place to solve the delays/bottlenecks. Monthly LOS meeting to review all patients who have a LOS in excess of 7 days which is attended by health	North Continue to monitor the new developments linked to the monthly LOS meetings to understand effectiveness. Also review the escalated Transport issues to determine action plan to reduce Transport issues. EMS Plus escalation system development to take place over the late Summer into Autumn. South Clarity

								seasonal bed model requirement. The system's Surge & Escalation plan details triggers for identifying increased demand and bottlenecks together with actions at each OPEL level. The STP is producing a demand and capacity dashboard, however this won't be ready for winter 18/19. S/C are producing a demand and capacity function which will allow the system to have sight of available resource. South	and social care and CCG partners. To reduce stranded and super stranded patients by 25%. Integrated IDT lead reps attend a daily operational flow meeting. There is a live web based portal system which details all the available care home beds in the Bassetlaw Health and Social Care system. Care homes update the system on a regular daily basis, with information available to the CCG, Social Care, acute and community staff. The system supports a more rapid discharge into the care home sector. DBTH are developing a bed management system with plans to go live in October. Mid Bed module of	regarding funding is required. D2A development has provided benefits for all system partners, therefore discussion about how all system partners support further developments.

								Care home live bed management system recommended to provide real time bed capacity within care homes. Funding stream to be discussed at A&E Delivery Board. The Home First Dashboard is to be reviewed with system partners to ensure it is accurate. Providers are contracted to complete the metrics to ensure the dashboard is meaningful, providing a true picture of system flow for the whole patient journey from	Nerve Centre being implemented & rolled out in early October 2018. A service is usually found for patients, an escalation process is in place & Social Care have limited flex capacity. South - established - Newton Europe review completed. Clinical Utilisation Review - recommendations completed. - Red 2 Green is in place in NUH and across community rehabilitation/reablement providers and monitored monthly. Identifying pathways; simple/supported (1, 2 or 3). - D2A metrics agreed and Dashboard framework in place with early data. - Nerve Centre at NUHT provides partners with the	

								admission to discharge.	status information on patients that are allocated to them to review - All supported discharges are triaged daily by health and social care within the Integrated Discharge Team - Nerve Centre provides bed capacity live data to monitor flow - County Social Care have an escalation plan and daily dashboard in place across social care teams within NUHT and wider services such as START/STIS/Leivers/ Homefirst/ Homecare - Allows managers to be proactive and flex resources where they are needed. It also provides a framework with clear processes when capacity across these services is full. This	

									allows social care to be proactive when reacting to the Opel status at NUHT	
Chg 3	**Multi-disciplinary/multi-agency discharge teams**	Established	Established	Established	Established	Established	North mature - Robust IDT in place which is working effectively across health and social care, using a multi-agency team using a single assessment/referral document, used by health and social care staff, which is accepted by other community bed based providers and out of area providers.	North Develop greater links with Care homes. Develop acute community interface with the 3 Primary care homes in Bassetlaw with the aim of 'pulling patients' through their discharge pathway. Mid There are currently no system drivers to integrate budgets and workforce into a single provider. Therefore it is not	North Voluntary sector now engaged in a pilot to facilitate a quality discharge to reduce avoidable re-admission, with special reference to social isolation. Mid System providers work collaboratively with elements of integration, despite there being no single organisational structure South - Integrated Discharge Team across NUHT/Social Care (City/County)/Community health staff formed in October 2017 - IDT are working together to ensure appropriate plans are in place for all	South Education events have resulted in a reduction of DSTs being carried out in the acute environment. Issues identified within mental health as this is still classed as an 'acute environment'. Discussions with the central team have further clarified that patients in Highbury and equivalent facilities are not a sub acute environment, therefore contribute to the 15%. Work planned to

								expected that this indicator will meet 'mature' or 'exemplary' South Challenges to reduce DSTs in hospital to <15%.Progress being made to reduce DSTs in hospital. Work progressing with stroke to reduce the requests for DSTs and mental health patients.	'stranded' and super stranded' patients. - Thrice weekly health and social care meeting to look at top 20 on medically safe to ensure plans for discharge are in place with accountable lead. - Transfer Action Groups within NUH across the Divisions are in place. - Weekly complex patient review meeting with senior system partners to 'unlock' any issues with discharge plans. - Stranded and super stranded senior meeting taking place daily for 2 weeks - 98 patients reviewed, 28 discharged with a length of stay between 20-344 days. - Discussions with stroke services to promote D2A have been positive. Increased referrals	develop D2A principles across the Healthcare Trust inpatient beds. Increase in discharge to assess beds from stroke will develop a waiting list. CCG contracts team aware of this and will monitor community bed capacity closely.

									for stroke beds since seen.	
Chg 4	**Home first/discharge to assess**	Established	Mature	Established	Established	Established	North exemplary - No DSTs are completed in the hospital setting - There is robust local process in place.	Mid There is currently not a D2A / Home First pathway in place although a proportion of patients are assessed outside of an acute hospital setting. However the Home First Integrated Discharge work stream hasn't gone live as yet, & this will provide robust and consistent delivery for all patient groups. South Increased demand for home care package as	North The Fact Find document is being used to facilitate the discharge to assess model, to make direct referrals as part of timely hospital discharge where the community care assessment is then completed external to the hospital site, e.g. START services and Assessment beds at James Hince Court. There is an established discharge to assess framework in place to support the discharge of patients who may require assessment for CHC funding. Mid From 1st October there will be an integrated clinical navigation and urgent response service (C4C and I.H.S). Additional	South Discharge policy supported by all organisations. Letters will be generated as part of the discharge policy. Need to ensure the PALS teams are aware to ensure changes are communicated to patients as a result of enacting the discharge policy. Nottingham City home care capacity is limited due to the lack of external market workforce challenges. Approx. 90 people waiting for packages of care across

								part of home first.	actions will form part of the plan to address stranded and super stranded patients across the trust South - Weekly supported discharge target has been consistently achieved since October 2017. - One single "transfer of care " form agreed by all parties to discharge patients on pathway 2+3 - Home first ethos being embedded and leaflet to embrace home first developed - Reduction in medically safe for transfer (from 140-160 down to 107). - Reduction in daily DTOCs to 2%. - Excellence in Discharge training programme commenced in June. Trolley dashes across all wards on both sites are being	the acute beds, community and those waiting to be discharged from home reablement services to an external provider.

									targeted with drop in sessions. Next phase of this programme will be focussing on community. - Weekly complex review meetings take place. - Thrice weekly meeting to ensure top 20 on medically safe list have clear plans to enable discharge to happen with accountable leads. Escalation process in place. Above continues, with additional senior meetings to progress the stranded and super stranded. - Trusted Assessor in place for fast track patients at NUHT	
Chg 5	**Seven-day service**	Established	Plans in place	Established	Established	Established		North Acute trust currently reviewing the role of Ward Cordinators to cover a 7 day service. IDT staff currently	NorthThe Social care staff in the IDT currently provide a 6 day service which is being presently being evaluated, as health IDT staff plan to introduce over seven day working in the next few	NorthAcute trust to develop and support 7 day working within the IDT.SouthProviding a 7/7 service across the IDF

								work over 6 days and also cover bank holidays, plan to review IDT 7 day working requirements linked to capacity and demand. Care Home communicati on is ongoing with regards to accepting referrals/deci sion making for patients over 7 days. MidAs a system we are already displaying elements of 'mature' & exemplary. The challenge is that Home Care provider contracts are not set up to respond in the timeframe specified in the guidance	months. Positive results have already been reported regarding LOS and the efficiency of the discharge pathway. All current new posts have seven day working as part of their contract. Home First Response service accept referrals over 7 days. START service development is ongoing with regards to the provision of a 7 day service linked to accepting referrals.MidEnsure that discharge policy/processes & ambitions of relevant work streams align with the re-start time frames. South-Provider group working through this to put in place appropriate plans that should come into fruition prior to Winter. - County Social Care have a	requires additional funding.

								for re-started packages & the 7 day approach to this. However the new Home First Response Service funded by social care can respond within 24 hours providing capacity is available. SouthWorkforce change to support 7 day services. Whilst some services are in place to support 7-day working it is recognised there are gaps.	Rota system in place to cover weekend working-Work ongoing to develop 7/7 service for IDT in NUH, however funding required for additional staff to support this. Plan to extend the weekday working until 6pm.	
Chg 6	**Trusted assessors**	Established	Plans in place	Plans in place	Plans in place	Plans in place	North Mature - Since January 2015, the Bassetlaw Hospital IDT currently operate a	North Systemwide development approach required, for ward/IDT staff/Residen	North This is an ongoing development to move from some care providers to all care providers/Care homes being signed	North On going presence at the Bassetlaw Residential Care Home forum event.

							trusted assessor model of work. Robust IDT in place which is working effectively across health and social care, using a multi-agency team using a single assessment/referral document, used by health and social care staff, which is accepted by other community bed based providers and out of area providers.	tial care. Continue to monitor and improve. Continue to embed the trusted assessor model with local care homes. Mid The Trusted Assessor for Care Homes project has been delayed in Mid-Notts due to confusion over HR/Governance processes required. These have been resolved and mitigating steps are in place to prevent a re-occurrence of the same. However, there is no appetite	up the Trusted assessor model. Mid Recruitment to SFHFT post (Trusted Assessor for Care Homes). South - A Trusted Assessor model is progressing as a function within the Integrated Discharge Team at NUHT, with health and social care colleagues developing a set of competencies and a bespoke training package to allow this multidisciplinary team to complete a "Transfer of Care "document to determine the pathway of a patient on each other's behalf. The "Transfer of Care "document has all the relevant information to allow a provider to accept	South Trusted assessor actions for care homes are being led by County Council on behalf of the system - CCGs to support development.

								locally for the utilisation of a single form, but partners continue to review opportunities to streamline working processes moving forwards. We are unable to commit to 'Mature' or 'Exemplary' if the indicators in the guidance are not to be deviated from. South Trusted assessor actions for care homes are being led by County Council on behalf of the system	the patient into their care in the community. - Nottinghamshire County Council is also leading on a Trusted Assessor model for Care Homes, where the Nottinghamshire Care Association are recruiting Trusted Assessor to independently assess patients on behalf of care home managers for a six month pilot. Interviews taking place this week.	
Chg 7	**Focus on choice**	Established	Established	Established	Established	Established		North The IDT focus on choice is an integral	North Within DBTH a Discharge Passport is given to all	Training plan in place to implement the

								part of the discharge discussion at all stages, however there is no formal Choice Protocol in place. Mid For this indicator the voluntary sector contribution is mature, however the remainder is plans in place. We are almost established and the work taking place in the work streams and improvement plans will deliver mature for the end of the financial year. A pt. leaflet is currently in development	patients who are admitted to hospital, providing relevant information regarding the hospital admission and discharge process pathways. The content of the passport is currently being reviewed to reflect new developments linked to discharge pathways. Mid SFHFT are reviewing & updating the discharge policy & patient choice will continue to be captured. HIC workshop on patient choice has been attended by system partners. Proposed discharge policy has a strong patient choice focus South '- Discharge policy ratified by A&E delivery Board on 4 September 2018	discharge policy.

								for the STP footprint and the discharge policy is being revised & training will subsequently be given. South Support for staff when implementing the discharge policy. Training programme to be agreed with providers to enable staff to enact the Discharge Policy and consistently deliver the same messages about leaving hospital and support required to enact it.	and agreed by all providers. - Connect worker insitu at QMC/City to accept referrals from social care - Patient choice event has provided tools to increase communication with patients regarding patient choice	

Chg 8	**Enhancing health in care homes**	Established	Established	Established	Established	Established	North mature - Well established work into care homes via the care home forum and other work projects	Mid The system needs to understand how a zero tolerance approach to admissions from care homes during weekends could be facilitated and monitored, including how care home contracts might support this. CQC status is variable and work needs to take place to standardise. South Enhanced care service to care homes in County, review of service for Nottingham	North Bassetlaw CCG holds care home forums twice yearly to influence and inform care home development, linked to hospital admission avoidance and facilitating hospital discharge; these forums also offer joint training sessions. The local authority quality market management team continually work with local Residential/Nursing care homes to raise standards and the quality of care within those homes, through announced and un-announced visits. Mid Care Homes scheme is in place and working well, care homes have access to *6. Care Homes forum provides education, training	North Development of the links between DBTH and the Primary Care Homes strategy of specific GPs linked to care homes. South Care homes will receive continued support from their respective CCG leads.

								City who decommissioned their enhanced service from 1 April 2018. Need to monitor if any impact, i.e. increased ED activity.	and support for care homes. Red bags to be rolled out imminently. EHCH Lead in CCG. Community services provides a care home team currently working with 11 care homes to provide education and support to ensure the safe care of the residents and prevent unnecessary admissions to hospital, this has had a positive impact and as reduction in admissions. South - STP Urgent & Emergency Care Group agreed to prioritise 'frequent activity' in all areas, which includes care homes. - The BCF fund Optimum to work with care homes to enhance care and avoid admissions	

									- Established champions to train staff in identifying signs and actions to take to reduce hospital admissions. - Spot purchase care home bed framework and escalation being developed, to ensure contingency for times of escalation and greater community bed demands.	

Hospital Transfer Protocol (or the Red Bag scheme) Please report on implementation of a Hospital Transfer Protocol (also known as the 'Red Bag scheme') to enhance communication and information sharing when residents move between care settings and hospital.									
Q4 17/18	**Q1 18/19**	**Q2 18/19 (Planned)**	**Q3 18/19 (Planned)**	**Q4 18/19 (Planned)**	**If there are no plans to implement such a scheme, please provide a narrative on alternative mitigations in place to support improved communications in hospital transfer arrangements for social care residents.**	**Challenges**	**Achievements / Impact**	**Support needs**	

UEC	**Red Bag scheme**	Established	Established	Established	Established	Established		Mid PMO team from SFHFT weren't involved in the project from the start of the project & this was a key element, lessons learned have been reflected on to respond to this. The Trusted Assessor post is a key interdependency and this has been delayed. South Ongoing work to ensure repatriation of red bags to care homes following the death of a resident in hospital.	North The Red Bag scheme has been fully implemented in Bassetlaw care homes. The scheme provides continuity of care and aims to reduce length of stay by ensuring a smooth and effective transfer from the hospital back to the care homes. Mid The distribution of red bags commenced at the Mid-Notts care homes forum on 27 September 2018. Go Live is planned for October when SFHFT governance is finalised. The working group is planning how to measure the improvements and outputs of this scheme. South Red bag scheme rolled out across	South Care homes will receive continued support from their respective CCG leads. Further funding for additional care homes being built. Responsibility of repatriation of red bags to be discussed.

									Greater Nottingham care homes on 02.10.2017. All frail older patient care homes aware and engaging with project. Many using the red bag as well as all the accompanying paperwork such as CARES escalation record.	

5. Narrative

Progress against local plan for integration of health and social care
In Nottinghamshire we have maintained our ambition for a strong BCF plan across our Health and Wellbeing Board footprint. Performance against all BCF metrics continues to be monitored monthly to ensure timely actions where plans are off-track. There continues to be a high level of commitment from partners to address performance issues e.g. daily discussions within hospitals to facilitate timely discharges, the development of transfer to assess models to reduce long term admissions to care homes, District Authority alignment with Integrated Discharge Teams to ensure housing needs of patients are addressed prior to discharge and avoid unnecessary delays. The 6 CCGs continue to work with local authority, District and Borough Councils, acute, mental health and community trusts and the community and voluntary sector in their 3 units of planning to ensure service transformation with a focus on reducing non-elective admissions and attendance, and care home admissions. Plans to accelerate improvement in trajectories are forecast to deliver further improvements as projects and programmes mature and transfer of investment and resources to primary and community setting manages demand more appropriately.

Integration success story highlight over the past quarter
Case examples showing how co-location has made a difference to front-line staff working in Mansfield (Mid Nottinghamshire) a) A social worker was organising some respite care for a service user who would need a pressure mattress in the residential home. Prior to co-location, the staff member would have called Call for Care SPAR to order the mattress and then wait for a call back from the relevant nurse to provide the details. Due to co-location, the worker went downstairs to speak to the relevant nurse in person, who ordered the mattress there and then. The social worker was worried that the mattress ordered was not the same as the one that the person had at home but the nurse was able to reassure her that this was acceptable for the short period of respite. b) Health staff spoke to the ASCH Team Manager about some residents of Woodley House, where safeguarding concerns were being raised. They agreed that the team manager would attend the next handover meeting of the Community Nurses, to discuss the cases in more detail. This would never have happened prior to co-location. c) A service user in a social care assessment flat was ready to go back home. The social worker involved spoke to the health OT and physio, who agreed to accept the person as a referral and support the move back home. d) An OT from the LICT came to speak to social care staff about benefits issues for a patient. The OT was signposted to the CSC but staff also suggested that the person could have a full benefits assessment at the hospice day service, which he/she was already attending. e) A joint visit carried out by a health OT and social worker. They discussed the case together and the ASCH Team Manager agreed it was appropriate to accept for social care and the visit was sorted out very quickly due to all being in the same office for the conversation. f) A safeguarding issue for a care home resident with diabetes – social care worker came back from a visit with concerns and was able to talk to the Diabetes Nurse Specialist and then involve her at the Safeguarding meeting. g) A district nurse came to talk to the social care manager about a recent visit where the nurse had changed a leg dressing for a man who carried on watching porn on a tablet. His record on Mosaic revealed a safeguarding alert related to this behaviour. This triggered the client being sent a warning letter from the NHS and the case was transferred to a male District Nurse. This was also about sharing risk information. h) Community Nurse discussed concerns with ASCH Team Manager and was signposted as the person was a younger adult, however we were able to check Mosaic to see if previous concerns had been raised. i) Information of risk regarding a dangerous dog shared with Health Co-ordinator so that she could put an alert on system one to reduce risks to visiting health professionals. j) Health Team Leader discussed a MASH referral with ASCH Team Manager as she felt the risks were high and the referral had not been progressed. Looking at Mosaic, the ASCH TM was able to provide feedback and an update on what was happening. In addition - ongoing queries from health staff to find out care package details for their patients and seek advice on appropriate referrals to social care and MASH. The social care managers feel that these are all very appropriate discussions.

6. Additional improved Better Care Fund

	2017/18	2018/19	If rates not yet known, please provide the estimated uplift as a percentage change between 2017/18 and 2018/19
1. Please provide the average amount that you paid to external providers for home care in 2017/18, and on the same basis, the average amount that you expect to pay in 2018/19. (£ per contact hour, following the exclusions as in the instructions above)	£ 15.52	£ 16.26	
2. Please provide the average amount that you paid for external provider care homes without nursing for clients aged 65+ in 2017/18, and on the same basis, the average amount that you expect to pay in 2018/19. (£ per client per week, following the exclusions as in the instructions above)	£ 549	£ 555	
3. Please provide the average amount that you paid for external provider care homes with nursing for clients aged 65+ in 2017/18, and on the same basis, the average amount that you expect to pay in 2018/19. (£ per client per week, following the exclusions in the instructions above)	£ 576	£ 611	
4. If you would like to provide any additional commentary on the fee information provided please do so. Please do not use more than 250 characters.			

Nottinghamshire County Council

Report to the Health and Wellbeing Board

7 November 2018

Agenda Item: 8

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

APPROVAL OF REFRESHED JSNA CHAPTER – SUBSTANCE MISUSE

Purpose of the Report

1. To request that the Health and Wellbeing Board approve the refreshed Nottinghamshire Substance Misuse Joint Strategic Needs Assessment (JSNA) Chapter.

2. This report contains an executive summary of the refreshed chapter. The full chapter is available for review on Nottinghamshire Insight.

Information

3. The Nottinghamshire Substance Misuse JSNA Chapter was refreshed in 2017 and for the first time combined drugs and alcohol and adults and young people into one chapter, taking a life course approach.

4. To reflect current local issues and to inform the Public Health re-commissioning exercise currently taking place, the Chapter has been refreshed.

5. The Chapter has been endorsed by the owning Group (the Nottinghamshire Substance Misuse Strategy Group).

6. Main changes and additions are updated data where this is available and new recommendations around New Psychoactive Substances, pathways for individuals with co-existing mental health and substance misuse issues and the development of trauma smart frontline services.

7. Definitions and overall approach
   - 'Substance misuse' is defined here as 'intoxication by – or regular excessive consumption of and/or dependence on – psychoactive substances, leading to social, psychological, physical or legal problems. It includes problematic use of both legal and illegal drugs'. 'Psychoactive substance' means a substance that changes brain function and results in alterations in perception, mood, consciousness, cognition or behaviour.
   - For the first time in Nottinghamshire this topic combines both alcohol and drugs and young people and adults, adopting a life course approach.
   - Drugs and alcohol are combined because the use of different substances share similar root causes and can have similar overall effects on the lives of individuals, families and on communities. Also, poly-substance use is very common.

8. This JSNA topic provides an overview of local need and current services regarding substance misuse and identifies unmet needs and gaps. It focusses on substance misuse in the community. It excludes substance misuse amongst prisoners, patients with long term health conditions as a result of substance misuse and family members and carers of substance misusers.

9. **Health and social context:**

Substance misuse is associated with a wide range of health and social issues and has enormous health and social care financial costs (Public Health England, 2014a). Dependency in particular is commonly associated with poor outcomes in relation to physical health, mental health, education, training, employment and housing and with anti-social and criminal activity that adversely affects individuals, families and communities.

Alcohol alone contributes to more than 60 diseases and health conditions and represents 10% of the burden of disease and death in the UK, placing it in the top three lifestyle risk factors after smoking and obesity (Alcohol Concern, 2015a).

The conditions most strongly related to health inequalities, such as cancer and cardiovascular disease, are associated with alcohol and drug use (Marmot, 2010). Resilience is an important personal factor and deprivation is an important social factor in the likelihood of substance misuse issues occurring. Effectively addressing a community's substance misuse issues means addressing the wider determinants of health and considering substance misuse in the context of the causes of broader health and risk-taking behaviour.

10. **National context:**

National evidence suggests that substance misuse in the UK has reduced significantly in the UK over the last decade. However, substance misuse remains a significant national challenge as:

- It is estimated that 2 million people are addicted to substances.
- There are approximately 1 million alcohol-related hospital admissions in England per year and this has been increasing consistently (Public Health England, 2014b) with significant increases regarding alcohol-related cardiovascular disease conditions.
- Between 2012 and 2014, there was a reported 42% increase in drug related deaths (from 1613 to 2120) and a 6.9% increase in alcohol-related deaths (from 21,485 to 22,967).
- Binge-drinking remains a concern as well as the emergence of new substances (e.g. New Psychoactive Substances).

Addressing substance misuse remains a key national priority. The National Drug Strategy 2017 builds on the previous national drug strategy's ambition to promote sustained recovery from drug misuse and acknowledging the importance of a whole life approach with a focus on education and prevention. The National Alcohol Strategy 2012 focussed on reducing the number of people drinking excessively and making 'less risky' drinking the norm.

Since 1st April 2013 the Government has delivered major health structural reform. Health & Wellbeing Boards are in place and overall accountability is being developed through local institutions and elected individuals as well as centrally-driven performance targets. Local Authority-based Public Health is now responsible for commissioning drug and alcohol prevention, treatment and recovery support. This shift provides a platform for a more integrated approach to improving public health outcomes and addressing the root causes and wider determinants of substance misuse and the harm and impact they have.

It is expected that effective local systems will be those that demonstrate strong partnership working and a 'whole systems' approach to raising their prevention and recovery-orientated ambitions.

11. Local context:

Addressing substance misuse is a priority within the Nottinghamshire Health and Wellbeing Strategy and the Nottinghamshire Substance Misuse Framework for Action 2017-22 brings together a strategic partnership approach to tackling the harms caused by all substances. The overall vision of this strategy is to:

> 'Prevent and reduce substance misuse and related problems through partnership working and using the best available evidence of what works so that we can improve the quality of life for people who live, work and visit Nottinghamshire'.

Ensuring the delivery of the key priorities in the Framework is the responsibility of the Substance Misuse Strategy Group which is a sub group of both the Safer Nottinghamshire Board and The Health and Wellbeing Board. The Substance Misuse Strategy Group is a partnership group which includes Nottinghamshire County Council Public Health, the Office of the Police and Crime Commissioner, the local Community Safety Partnerships and Nottinghamshire Police. Activity under the Framework for Action is managed via three themed work streams: Reducing Demand, Restricting Supply and Reducing Harm.

Nottinghamshire's community substance misuse services were tendered in 2013/14 and are due to be re-tendered by April 2020. Change Grow Live (CGL) deliver all adult and young people's services across Nottinghamshire.

The young peoples' service is focused on reducing harm, preventing substance use from escalating, and preventing young people from becoming substance–dependent adults, working as part of a wider network of universal (e.g. schools, colleges and youth clubs) and targeted (e.g. youth offending teams and non-mainstream education) services. The adult services represent a shift from maintenance-orientated treatment to recovery and reintegration-oriented behaviour change services. This involves transition from the clinic to the community as the locus of intervention and a commitment to partnership working to improve access to wider support for substance misusers such as sport and leisure, housing, welfare and debt advice, employment and education and opportunities to engage in mutual aid groups and other peer support activities.

Nationally, substance misuse appears to be declining but there are still significant areas of concern. An integrated substance misuse (drugs and alcohol) approach across the life course should be taken if the root causes and wider determinants of substance misuse are to be tackled.

Locally, substance misuse is a priority within the Nottinghamshire Health and Wellbeing Strategy. The Nottinghamshire Substance Misuse Strategy Group is responsible for delivering the Nottinghamshire Substance Misuse Framework for Action 2017-22.

Whilst good progress has been made in improving local substance misuse services in terms of both efficiency and outcomes, there still continues to be a substantial degree of need among the population, particularly in relation to alcohol misuse. Where substance misuse intersects with other social and health issues there are also further public health concerns to be addressed.

Historically, there has been a strong focus on drug (in particular, opiate and/or crack) treatment services. A new focus is needed on meeting broader substance misuse needs as well as action 'upstream' on education, prevention and early intervention – considering substance misuse in the context of broader risk-taking behaviour and inter-generational issues.

12. Unmet needs and service gaps

The prevalence of substance misuse in Nottinghamshire is difficult to establish, although synthetic modelling indicates that there is still substantial unmet need out there in terms of individuals who would benefit from a substance misuse intervention.

There needs to be a stronger focus and a more consistent approach to education and prevention across Nottinghamshire, with substance misuse being considered in the context of broader risk taking behaviour. Resilience programmes (including substance misuse) in schools and youth-centred venues are not currently quality assured.

More needs to be done by local partners across Nottinghamshire to reduce the supply of substances in communities, such as influencing the Licensing process and lobbying MPs on decisions that will positively influence the substance misuse agenda, support healthy behaviours and reduce health inequalities – e.g. minimum unit pricing. Lobbying is a powerful tool and is central to raising the profile of health issues and protecting and promoting health and wellbeing. Elective representatives such as MPs and councillors not only have the power to make decisions, they can be strong advocates in their own right and help influence others regarding national and local policy. Lobbying needs to be a co-ordinated effort using up-to-date evidence.

Clarity is required on the Nottinghamshire pathway for certain cohorts of substance misusers – i.e. those with co-existing mental health and substance misuse issues and those with dependence on over the counter or prescription medications.

Via the Safer Nottinghamshire Board governance structure, a longer term solution to meeting the complex needs of the most vulnerable individuals in local communities is required (e.g. NPS users – 126 individuals were supported by substance misuse services in 2017/2018).

13. Knowledge gaps

Reliable Nottinghamshire substance misuse prevalence data is difficult to establish. Little is known of substance misusers who come into contact with other services, such as hospital Emergency Departments, primary care, maternity services, mental health services, pharmacy services, fire and rescue services, criminal justice services, social security services, social care services, ambulatory services, homeless and housing services and community and voluntary sector services. Substance misuse data is not consistently or reliably collected due to historical reasons or recent infrastructure changes. An analysis of the sources of referrals to treatment may indicate that substance misusing individuals are not being identified and referred on as levels of self–referral are high.

There is no current systematic process for sharing existing data between partner agencies to provide an overview and basis for action to tackle substance misuse strategically.

14. Recommendations for consideration by the local system partners

These recommendations should be considered by local partners in the context of having a stronger focus and more consistent approach to education and prevention across Nottinghamshire, with substance misuse being considered in the context of broader risk taking behaviour.

a. Reducing Demand:

- Resilience programmes should be commissioned for delivery in targeted schools across the county where risk taking behaviour and problems are identified. Schools should be supported to identify substance misuse issues and should be advised as to quality evidence-based interventions that can be delivered.
- Stakeholders and services should continue to engage in national campaigns and initiatives aimed at addressing substance misuse and promoting healthier lifestyles, such as Dry January, Sober in October and Stoptober.
- A 'Making Every Contact Count' (MECC) approach should be systematically adopted within the delivery of all services, supported by the necessary staff training and IT infrastructure to record activity and outcomes.
- Identification and Brief Advice (IBA) should be systematically offered by frontline workers to individuals who are drinking at increasing risk or high risk levels, supported by the necessary staff training and IT infrastructure to record activity and outcomes.

b. Reducing Supply:

- Local partners should collectively take any opportunities to lobby at a national level on issues that will positively influence the substance misuse agenda. These efforts should be co-ordinated and make use of the best available up-to-date evidence.
- Licensing Authorities (District Councils) should consider data presented in their local alcohol profile to inform future policy and decision making.
- Closer partnership working with Trading Standards is required. This will align and join up activity between Nottinghamshire partners across the three strategic themes of Restricting Supply, Reducing Demand and Reducing Harm.

c. Providing Services:

- Via the Safer Nottinghamshire Board governance structure, a long-term solution to meeting the complex needs of the most vulnerable individuals in local communities needs to be agreed. The main support needs of this cohort are mental health, housing and substance misuse (New Psychoactive Substances).
- Commissioners and providers of mental health and substance misuse services should continue to implement the new Mental Health/Substance Misuse Pathway, including a process for reviewing the effectiveness of the pathway.
- Reasons should be explored as to why Nottinghamshire and some of its districts are doing significantly worse than England and comparator areas for certain types of alcohol-related hospital admissions and partnership plans should be developed to address this.

- Services that come into contact with the at-risk and most vulnerable populations should routinely and systematically include substance misuse in the Risk Assessments they complete and referrals should be made as appropriate.
- Reasons should be explored for the high levels of adult self-referrals to local services and whether there are any barriers to other agencies identifying substance misuse issues or making referrals.
- Those who have been in substance misuse treatment for 4 years or more should continue to receive targeted support to move them through the system and exit successfully. For those who are unlikely to leave treatment, improvements made whilst in treatment should be monitored.
- Nottinghamshire should explore ways in which local frontline services can be more trauma smart, in line with the latest Director of Public Health Report. Any pilots should be formally evaluated and inform future commissioning.

d. Data:

- Data gaps identified across other services such as hospital Emergency Departments, primary care, maternity services and criminal justice services (including prisons, probation and community rehabilitation companies), should be addressed as these prevent a complete picture and strategic overview.
- Along with improved data collection, data and information sharing amongst these agencies should be improved and co-ordinated via the Nottinghamshire Substance Misuse Strategy Group to improve strategic overview and also district-level action.

Other Options Considered

15. The recommendation is based on a refresh of the evidence available.

Reason/s for Recommendation/s

16. The chapter has been refreshed to reflect current local issues and to inform the Public Health re-commissioning exercise currently taking place.

Statutory and Policy Implications

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

Crime and Disorder Implications

18. The evidence and recommendations made within the chapter will inform strategic action taken to address local crime and disorder issues by local criminal justice partners including the Police and Crime Commissioner.

Financial Implications

19. There are none arising from this report although the findings will inform local commissioning decisions.

RECOMMENDATION/S

1) That the Health and Wellbeing Board approves the refreshed Nottinghamshire Substance Misuse Joint Strategic Needs Assessment (JSNA) Chapter.

Jonathan Gribbin
Director of Public Health

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Constitutional Comments (LM 18/10/2018)

20. The Health and Wellbeing Borardis the appropriate body to consider the contents of the report

Financial Comments (DG 18/10/18)

21. The financial implications are contained within paragraph 19 of this report.

Background Papers and Published Documents

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

Full draft JSNA chapter: Substance Misuse: Young People and Adults
Nottinghamshire Insight
The National Drug Strategy 2017
The National Alcohol Strategy 2012

Electoral Division(s) and Member(s) Affected

- All

See also Chair's Report items:

9. Public Health Commissioning Intentions 2020
23. Adolescent alcohol-related behaviours: trends and inequalities in the WHO European Region, 2002-2014
36. Alcohol outlet density and alcohol-related hospital admissions in England: a geographical analysis
37. Drink Free Days
38. Helping to support and transform the lives of people affected by drug and alcohol problems.
51. Commissioning alcohol, drugs and tobacco

Executive Summary

Introduction

Definitions and overall approach

- **'**Substance misuse' is defined here as 'intoxication by – or regular excessive consumption of and/or dependence on – psychoactive substances, leading to social, psychological, physical or legal problems. It includes problematic use of both legal and illegal drugs'[1]. 'Psychoactive substance' means a substance that changes brain function and results in alterations in perception, mood, consciousness, cognition or behaviour.
- For the first time in Nottinghamshire this topic combines both alcohol and drugs and young people and adults, adopting a life course approach.
- Drugs and alcohol are combined because the use of different substances share similar root causes and can have similar overall effects on the lives of individuals, families and on communities. Also, poly-substance use is very common[2].

This JSNA topic provides an overview of local need and current services regarding substance misuse and identifies unmet needs and gaps. It focusses on substance misuse in the community. It excludes substance misuse amongst prisoners, patients with long term health conditions as a result of substance misuse and family members and carers of substance misusers.

Health and social context:

Substance misuse is associated with a wide range of health and social issues and has enormous health and social care financial costs (Public Health England, 2014a). Dependency in particular is commonly associated with poor outcomes in relation to physical health, mental health, education, training, employment and housing and with anti-social and criminal activity that adversely affects individuals, families and communities.

Alcohol alone contributes to more than 60 diseases and health conditions and represents 10% of the burden of disease and death in the UK, placing it in the top three lifestyle risk factors after smoking and obesity (Alcohol Concern, 2015a).

The conditions most strongly related to health inequalities, such as cancer and cardiovascular disease, are associated with alcohol and drug use (Marmot, 2010). Resilience is an important personal factor and deprivation is an important social factor in the likelihood of substance misuse issues occurring. Effectively addressing a community's substance misuse issues means addressing the wider determinants of health and considering substance misuse in the context of the causes of broader health and risk-taking behaviour.

National context:

National evidence suggests that substance misuse in the UK has reduced significantly in the UK over the last decade. However, substance misuse remains a significant national challenge as:

- It is estimated that 2 million people are addicted to substances.
- There are approximately 1 million alcohol-related hospital admissions in England per year and this has been increasing consistently (Public Health England, 2014b) with significant increases regarding alcohol-related cardiovascular disease conditions.

- Between 2012 and 2014, there was a reported 42% increase in drug related deaths (from 1613 to 2120)[3] and a 6.9% increase in alcohol-related deaths (from 21,485 to 22,967)[4].
- Binge-drinking remains a concern as well as the emergence of new substances (e.g. New Psychoactive Substances).

For a summary of the evidence, see Appendix A

Addressing substance misuse remains a key national priority. The National Drug Strategy 2017 (https://www.gov.uk/government/publications/drug-strategy-2017) builds on the previous national drug strategy's ambition to promote sustained recovery from drug misuse and acknowledging the importance of a whole life approach with a focus on education and prevention. The National Alcohol Strategy 2012 (https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/224075/alcohol-strategy.pdf) focussed on reducing the number of people drinking excessively and making 'less risky' drinking the norm.

Since 1st April 2013 the Government has delivered major health structural reform. Health & Wellbeing Boards are in place and overall accountability is being developed through local institutions and elected individuals as well as centrally-driven performance targets. Local Authority-based Public Health is now responsible for commissioning drug and alcohol prevention, treatment and recovery support. This shift provides a platform for a more integrated approach to improving public health outcomes and addressing the root causes and wider determinants of substance misuse and the harm and impact they have.

It is expected that effective local systems will be those that demonstrate strong partnership working and a 'whole systems' approach to raising their prevention and recovery-orientated ambitions.

Local context:

Addressing substance misuse is a priority within the Nottinghamshire Health and Wellbeing Strategy and the Nottinghamshire Substance Misuse Framework for Action 2017-22 brings together a strategic partnership approach to tackling the harms caused by all substances. The overall vision of this strategy is to:

'Prevent and reduce substance misuse and related problems through partnership working and using the best available evidence of what works so that we can improve the quality of life for people who live, work and visit Nottinghamshire'.

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Nottinghamshire's community substance misuse services were tendered in 2013/14 and are due to be re-tendered by April 2020. Change Grow Live (CGL) deliver all adult and young peoples services across Nottinghamshire.

The young peoples' service is focused on reducing harm, preventing substance use from escalating, and preventing young people from becoming substance–dependent adults, working as part of a wider network of universal (e.g. schools, colleges and youth clubs) and

targeted (e.g. youth offending teams and non-mainstream education) services. The adult services represent a shift from maintenance-orientated treatment to recovery and reintegration-oriented behaviour change services. This involves transition from the clinic to the community as the locus of intervention and a commitment to partnership working to improve access to wider support for substance misusers such as sport and leisure, housing, welfare and debt advice, employment and education and opportunities to engage in mutual aid groups and other peer support activities.

Nationally, substance misuse appears to be declining but there are still significant areas of concern. An integrated substance misuse (drugs and alcohol) approach across the life course should be taken if the root causes and wider determinants of substance misuse are to be tackled.

Locally, substance misuse is a priority within the Nottinghamshire Health and Wellbeing Strategy. The Nottinghamshire Substance Misuse Strategy Group is responsible for delivering the Nottinghamshire Substance Misuse Framework for Action 2017-22.

Whilst good progress has been made in improving local substance misuse services in terms of both efficiency and outcomes, there still continues to be a substantial degree of need among the population, particularly in relation to alcohol misuse. Where substance misuse intersects with other social and health issues there are also further public health concerns to be addressed.

Historically, there has been a strong focus on drug (in particular, opiate and/or crack) treatment services. A new focus is needed on meeting broader substance misuse needs as well as action 'upstream' on education, prevention and early intervention – considering substance misuse in the context of broader risk-taking behaviour and inter-generational issues.

Unmet needs and service gaps

The prevalence of substance misuse in Nottinghamshire is difficult to establish, although synthetic modelling indicates that there is still substantial unmet need out there in terms of individuals who would benefit from a substance misuse intervention.

There needs to be a stronger focus and a more consistent approach to education and prevention across Nottinghamshire, with substance misuse being considered in the context of broader risk taking behaviour. Resilience programmes (including substance misuse) in schools and youth-centred venues are not currently quality assured.

More needs to be done by local partners across Nottinghamshire to reduce the supply of substances in communities, such as influencing the Licensing process and lobbying MPs on decisions that will positively influence the substance misuse agenda, support healthy behaviours and reduce health inequalities – e.g. minimum unit pricing. Lobbying is a powerful tool and is central to raising the profile of health issues and protecting and promoting health and wellbeing. Elective representatives such as MPs and councillors not only have the power to make decisions, they can be strong advocates in their own right and help influence others regarding national and local policy. Lobbying needs to be a co-ordinated effort using up-to-date evidence.

Clarity is required on the Nottinghamshire pathway for certain cohorts of substance misusers – i.e. those with co-existing mental health and substance misuse issues and those with dependence on over the counter or prescription medications.

Via the Safer Nottinghamshire Board governance structure, a longer term solution to meeting the complex needs of the most vulnerable individuals in local communities is required (e.g. NPS users – 126 individuals were supported by substance misuse services in 17/18).

Knowledge gaps

Reliable Nottinghamshire substance misuse prevalence data is difficult to establish. Little is known of substance misusers who come into contact with other services, such as hospital Emergency Departments, primary care, maternity services, mental health services, pharmacy services, fire and rescue services, criminal justice services, social security services, social care services, ambulatory services, homeless and housing services and community and voluntary sector services. Substance misuse data is not consistently or reliably collected due to historical reasons or recent infrastructure changes. An analysis of the sources of referrals to treatment may indicate that substance misusing individuals are not being identified and referred on as levels of self–referral are high.

There is no current systematic process for sharing existing data between partner agencies to provide an overview and basis for action to tackle substance misuse strategically.

Recommendations for consideration by the local system partners

These recommendations should be considered by local partners in the context of having a stronger focus and more consistent approach to education and prevention across Nottinghamshire, with substance misuse being considered in the context of broader risk taking behaviour.

<u>Reducing Demand:</u>

1. Resilience programmes should be commissioned for delivery in targeted schools across the county where risk taking behaviour and problems are identified. Schools should be supported to identify substance misuse issues and should be advised as to quality evidence-based interventions that can be delivered.
2. Stakeholders and services should continue to engage in national campaigns and initiatives aimed at addressing substance misuse and promoting healthier lifestyles, such as Dry January, Sober in October and Stoptober.
3. A ‘Making Every Contact Count’ (MECC) approach should be systematically adopted within the delivery of all services, supported by the necessary staff training and IT infrastructure to record activity and outcomes.
4. Identification and Brief Advice (IBA) should be systematically offered by frontline workers to individuals who are drinking at increasing risk or high risk levels, supported by the necessary staff training and IT infrastructure to record activity and outcomes.

Reducing Supply:

5. Local partners should collectively take any opportunities to lobby at a national level on issues that will positively influence the substance misuse agenda. These efforts should be co-ordinated and make use of the best available up-to-date evidence.
6. Licensing Authorities (District Councils) should consider data presented in their local alcohol profile to inform future policy and decision making.
7. Closer partnership working with Trading Standards is required. This will align and join up activity between Nottinghamshire partners across the three strategic themes of Restricting Supply, Reducing Demand and Reducing Harm.

Providing Services:

8. Via the Safer Nottinghamshire Board governance structure, a long-term solution to meeting the complex needs of the most vulnerable individuals in local communities needs to be agreed. The main support needs of this cohort are mental health, housing and substance misuse (New Psychoactive Substances).
9. Commissioners and providers of mental health and substance misuse services should continue to implement the new Mental Health/Substance Misuse Pathway, including a process for reviewing the effectiveness of the pathway.
10. Reasons should be explored as to why Nottinghamshire and some of its districts are doing significantly worse than England and comparator areas for certain types of alcohol-related hospital admissions and partnership plans should be developed to address this.
11. Services that come into contact with the at-risk and most vulnerable populations should routinely and systematically include substance misuse in the Risk Assessments they complete and referrals should be made as appropriate.
12. Reasons should be explored for the high levels of adult self-referrals to local services and whether there are any barriers to other agencies identifying substance misuse issues or making referrals.
13. Those who have been in substance misuse treatment for 4 years or more should continue to receive targeted support to move them through the system and exit successfully. For those who are unlikely to leave treatment, improvements made whilst in treatment should be monitored.
14. Nottinghamshire should explore ways in which local frontline services can be more trauma smart, in line with the latest Director of Public Health Report. Any pilots should be formally evaluated and inform future commissioning.

Data:

15. Data gaps identified across other services such as hospital Emergency Departments, primary care, maternity services and criminal justice services (including prisons, probation and community rehabilitation companies), should be addressed as these prevent a complete picture and strategic overview.
16. Along with improved data collection, data and information sharing amongst these agencies should be improved and co-ordinated via the Nottinghamshire Substance Misuse Strategy Group to improve strategic overview and also district-level action.

Nottinghamshire County Council

Report to the Health and Wellbeing Board

7 November 2018

Agenda Item: 9

REPORT OF DIRECTORS OF PUBLIC HEALTH AND ADULT SOCIAL CARE TRANSFORMATION

PROGRESS REPORT ON THE NOTTINGHAMSHIRE INTEGRATED CARE SYSTEM (ICS) WORKSTREAM: 'PREVENTION, PERSON AND COMMUNITY CENTRED APPROACHES'

Purpose of the Report

1. Inform the Health and Wellbeing Board about progress on the Nottingham and Nottinghamshire Integrated Care System (ICS) workstream 'Prevention, person and community centred approaches'.

2. Endorse work to identify the interdependencies between the strategy and the Board's own Health & Wellbeing Strategy, and to articulate the support required from the ICS Leadership Board and/or ICS partners to deliver the Health & Wellbeing Strategy.

3. Seek the Board's approval of the strategy and action plans, with the expectation of a further update in Spring 2019.

Information

4. The ambition of the Nottinghamshire ICS is to improve Healthy Life Expectancy by 3 years and reduce inequalities in life expectancy. This overarching aim reflects the gap between the aspirations of people in Nottinghamshire to enjoy good health and live independently in their later years and current reality: many people – and especially those in disadvantaged communities – currently spend more years living in poor health than is necessary, equitable or sustainable for communities and local services.

5. NHS Five Year Forward View (FYFV) identified this gap as a "rising burden of ill-health". It is driven by factors relating to the social and economic circumstances in which we grow, live, and work and accumulates from the earliest moments in life. Therefore, improving population health must mobilise action on these factors from a range of partners; address the whole lifecourse; build on existing community assets; empower individuals to exercise increased control over their own health and wellbeing; and maximise opportunities for independence.

6. With this in mind, the Integrated Care System (ICS) has established a priority work area to promote wellbeing, prevention and independence. There are three key ambitions:

a) To promote people's wellbeing and prevent illness to enable people to live healthy and independent lives with the support of their local community. By 2021 we want to see people in Nottingham and Nottinghamshire enjoying an additional three years of life that is spent in good health ('healthy life expectancy').

b) To change the way that people are supported so they feel able to exercise increasing levels of responsibility and control over their own health, with the support of local services as and when needed. Where local services are needed, people are offered choice and control about the support they receive and supported to live independent lives, as far as possible.

c) To tackle the differences in health and well-being across our population by targeting our support to those areas where ill health is at its worst.

7. The Strategy **(attached as appendix 1)** was developed by a working group over a short period of time with a range of local partners, including the community and voluntary sector and engagement with residents with lived experiences of services. Overall, the engagement with key stakeholders was positive, with constructive feedback for improvement of the Strategy. The Strategy is supported by a workplan, which sets out the required work in more detail.

8. The strategy intends to reduce the complexity, inconsistency and duplication of approaches and look for ways to deliver all of the above through a simplified, place-based approach that maximises informal solutions.

9. The Strategy was endorsed by the ICS Board and approval is now sought from the County and City Health and Wellbeing Boards.

10. It is proposed the Strategy is a living document that can be updated in response to feedback, local or national changes and delivery of the action plan.

Features of the strategy

11. The prevention elements of the strategy are based on strong evidence about the main risk factors accounting for the disability and loss of life years in Nottinghamshire and about how these risk factors are distributed across the population. There is also good evidence about what works for addressing these risk factors including interventions at the level of individual, community and wider society.

12. Securing the ambition of increasing Healthy Life Expectancy (HLE) by three years requires changes throughout the local system and that prevention is regarded as everybody's business. For this reason, the strategy seeks to ensure that prevention is a thread which runs through all ICS workstreams. Furthermore, since the dominant influences on population health arise from the environments in which we grow, live and work, the strategy also references the dependency with partner plans, including local Health and Wellbeing Strategies and the need for collaboration with Health and Wellbeing Boards.

13. Where people need for support, the focus will be on approaches which are place-based, person-centred and are delivered in local communities in partnership with the public, community and voluntary and private sectors.

14. As part of enabling people to exercise increased control, a personal health budget will be offered to people who require long term support for complex needs.

Action plans

15. Building on the wide range of work already underway across the County and City, there are five key programmes of work.

Programme 1 & 2: Primary & Secondary Prevention

16. The ICS Leadership Board have approved a focus on alcohol related harm as the short term prevention priority for 2018/19. Therefore, alongside the key areas listed below in primary and secondary prevention, alcohol related harm will be a priority throughout plans.

17. Key areas are:
    - To model the behavioural and other changes required to deliver Healthy Life Expectancy targets. This will be supported by Population Health Management and the opportunity to target communities according to need.
    - Align priorities and outcomes with Health and Wellbeing Strategies, especially in relation to the population of approximately 400,000 people across the whole ICS population who do not have complex needs but would benefit from interventions at the level of individual and in the wider environment to support behavioural change.
    - Establish prevention priorities for each of the ICS workstreams and partner organisations, including relevant plans and outcomes.
    - Agree workforce plans across ICS partners that link with staff health and wellbeing programmes and can be replicated in local stakeholders and agencies.
    - Alongside alcohol related harm, tobacco has been agreed as a priority.

18. Progress:
    - An action plan for alcohol related harm has been approved by the ICS Leadership Board. This will be progressed through the Nottinghamshire Alcohol Pathways Group.
    - Meetings with other ICS workstreams are being held to identify how they will integrate prevention in their workstream plans.
    - A draft prevention framework has been agreed, which will support planning and action plans.

Programme 3: Person-Centred Approaches

19. Key areas are:
    - To change the way that people are supported so they feel able to increasingly take responsibility for their own health and well-being, with the support of local services, as and when needed.
    - Where local services are needed, people are offered choice and control about the support they receive to meet their needs and live independent lives, as far as possible. This includes personal health budgets, where people have an individual budget for their health and/or social care needs

20. Progress:
    - Nottingham and Nottinghamshire are a national NHS England (NHSE) demonstrator site for the expansion of personalised care through increased numbers of personalised care and support plans and personal health budgets.

- Nottingham and Nottinghamshire perform well on numbers of personal health budgets. At the end of 2017/18, the target was 1,071 and this was target overachieved with 1,707 people on a personal budget at year end. This year there is a target of 2,060 and current performance is projected to be ahead of the target for 2018/19.
- The target for support plans is 10,840 for 2018/19. To support the expansion of a personalised support plan for people with health and social care needs, an 'All About Me' one-page summary has been designed for a personalised care and support plan, care plan, or treatment plan. It summarises what matters to a person (what is important to them) and how to support them well, quickly and clearly communicating this information to every health and care professional the person encounters so they can provide truly personalised care. Anyone working with a person can help them complete an 'All About Me', and the aim is that everyone has one. This is being rolled out to the health and social care workforce. This supports people to have greater choice and control and is a foundation for then providing personal budgets if required.
- NHS England findings and local evaluations show:
    - Personal health budgets have, on average, reduced the direct care costs for NHS Continuing Healthcare packages by 17%. Savings arise because people are empowered to replace traditional care packages with assistive technology or a more cost-effect provision where appropriate

Programme 4: Community-Centred Approaches

21. Key areas are:
    - To work with partners to develop a community-based wellbeing offer, targeted at supporting people who lack the skills and confidence to meet their own wellbeing needs and focused on promoting independence and self-care skills.
    - To assess the range of community-based support already available across Nottinghamshire so we can build on good practice already being delivered, engaging closely with the third sector.
    - To roll out the use of Patient Activation Measures (patient activation assess the knowledge, skills and confidence a person has in managing their own health and care) community signposting, including social prescribing, and health coaching and structured education, identifying existing best practice and scaling up across the ICS.

22. Progress:
    - There is a target of 10,840 people receiving community based support by the end of March 2019. Work is underway to capture the range of community centred approaches that enables people to keep health, safe and independent in the community.
    - A Pan-Nottinghamshire Workshop was held on 12th September to engage stakeholders in developing a vision and to co-produce an agreed standard(s) for community centred approaches across the footprint. Following the workshop, there was a meeting of system leaders to agree a consistent model for community centred approaches across the ICS footprint.

Programme 5: Integrated Health and Social Care Pilot

23. Nottinghamshire as one of three national sites (including Gloucestershire and Lincolnshire) to pilot health and social care taking a pro-active and joined-up approach to support.

24. Key areas are:
    - Ensure people will have an improved experience for a simpler, more streamlined process for health and social care assessment and review, with health and wellbeing needs included in the process.
    - Work together as a system so that people will have a joined-up personalised care and support plan which covers health and wellbeing needs.

25. Progress
    - There will be a phased approach to the introduction of a joined-up assessment, person centred care and support plans and personal health budgets.
    - The pilot has begun in three integrated care teams and focus mainly on older adults in the following locations:

        - Mid Nottinghamshire – North Mansfield and South Mansfield Local Integrated Care Teams (over 65s)
        - South Rushcliffe Care Delivery Group (over 65s)
        - Nottingham City, Radford and Hyson Green Care Delivery Group (over 50s).
        -
    - It is intended the learning from the pilot will be used to inform a future roll out during 2019-20. This will extend the benefits of the pilot to other cohorts of people and to all areas within the Nottingham and Nottinghamshire ICS footprint. In Bassetlaw, discussions are taking place about how the learning from the pilots can inform local developments on joined up assessments and support planning.

Measuring success

26. Outcome measures for prevention have been identified as follows:

Outcome measure	City				County **			
	Latest period	Latest value	2020/21 ambition	Trajectory to reach ambition	Latest period	Latest value	2020/21 ambition	Trajectory to reach ambition
Healthy life expectancy at birth -male (years)	**2014/16**	57.4	58.1	59.4	**2014-16**	61.7	65.4	64.2
Healthy life expectancy at birth - female (years)	**2014/16**	55.1	59.5	60.8	**2014-16**	62.4	65.7	64.6
Adult smoking prevalence	**2017**	19.4%	22.3%	21.5%	**2017**	15.1	15.2	-
Smoking at the Time of Delivery	**2017/18**	17.2%	13.8%	12.2%	**2016/17**	14.8	12.1	13.5
Admission Episodes for Alcohol Related Conditions (per 100,000 pop)	**2015/16**	999.7	888.9	773.2	**2015/16**	693.3	585.9	628.8

Alcohol consumption ***	-			-		
Percentage of adults (aged 18+) classified as overweight or obese *	**2016/17**	61.6%	Targets to be reviewed following changes in indicator methodology	**2016/17**	64.4	Ambitions to be reviewed following changes in indicator methodology
Childhood obesity†	†	†		†	†	
Percentage of physically active adults *	**2016/17**	65.3%		**2016/17**	66.4	
Percentage of physically inactive adults *	**2016/17**	23.3%		**2016/17**	23.2	
Proportion of the population meeting the recommended '5 a day' *	**2016/17**	52.6%		**2016/17**	58.7	
Low birth weight at full term	†	†		†	†	

Source: Public Health England (PHE) PHOF, LAPE fingertips profiles, URL: https://fingertips.phe.org.uk/

Key
Better than target
Worse than target

* Change in indicator methodology: ambitions to be reviewed

** County ambitions are set to indicate direction of travel for reasonable improvement rather than hard committed targets and may be subject to review

*** alcohol consumption: No directly related outcome measure has been agreed, however to consider future inclusion

† childhood obesity: No directly related outcome measure has been agreed, but again to consider for future inclusion

27. Evaluation of the person and community-centred approaches will form part of the overall evaluation of STP activity and programmes. This will need to look at, amongst other things, the extent to which the growth of demand for statutory services is reducing, including unplanned acute care, A&E attendance, GP appointments and social care packages. The key targets to achieve by March 2019 are:
    - 10,840 receive personalised support plans
    - 2,060 receive personal health budgets
    - 10,840 people receive:
        - Patient Activation Measure (PAM) or an equivalent tool;
        - Referred for self-management support, health coaching and similar interventions; and
        - Referred for social prescribing, community groups, peer support and similar activities with a focus on community connectivity and self-help.

Interdependencies between Health & Wellbeing Strategy and ICS workstream plans

28. The Health & Wellbeing Strategy identifies four ambitions:
    - To give everyone a good start in life
    - To have healthy and sustainable places
    - To enable healthier decision making
    - To work together to improve health and care services

29. The Health & Wellbeing Strategy makes specific reference to the fact that its ambition relating to 'Working together to improve health and care services' is delivered through the Nottingham and Nottinghamshire ICS and the South Yorkshire and Bassetlaw ICS. The Health and Well-Being Board committed itself to overseeing, challenging and supporting the ICS change programmes relating to the integration of health and care services.

30. Improving the life chances of all children by giving every child a good start in life is a key ambition for the Health and Wellbeing Board. Whilst the ICS may intend to weave a focus on early years right across its workstreams, it is not yet clear that this has been secured.

31. The Healthy and Sustainable Places ambition in the Health & Wellbeing Strategy identify a wide range of priorities for delivery, on which the ICS will depend for delivery of prevention outcomes. These priorities include tobacco, substance misuse (drugs and alcohol), physical activity, food environment, mental wellbeing, sexual health.

32. With this in mind, it is recommended that the Board undertake some detailed mapping of the Health & Wellbeing Strategy and the ICS workstream strategy for 'Prevention, Person and Community centred approaches' as a basis for engaging directly with ICS about mutual dependencies, and that an update on this and other progress be received in Spring 2019.

Other Options Considered

33. No other options were considered in the writing of this report

Reason/s for Recommendation/s

34. The Health and Well-Being Board committed itself to overseeing, challenging and supporting the ICS change programmes relating to the integration of health and care services.

Statutory and Policy Implications

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

Financial implications

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

Implications for Service Users

37. The implementation of the Strategy will provide a better experience of health and social care and deliver better outcomes for the residents of Nottinghamshire.

RECOMMENDATIONS

1) That the Board endorse the strategy and action plans, with consideration of any further actions required.

2) That the Board received a further progress report in Spring 2019

3) That the Board endorse work to identify the interdependencies between the strategy and the Board's own Joint Health & Wellbeing Strategy

4) That the Board identify support required from the ICS Leadership Board and/or ICS partners to deliver the Health & Wellbeing Strategy.

Jonathan Gribbin
Director of Public Health

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Constitutional Comments (LM 26/10/2018)

38. The Health and Wellbeing Boared is the appropriate body to consider the contents of the report. Members will need to consider whether there area any actions required in relation to the issues raised within the report.

Financial Comments (DG 18/10/18])

39. The financial implications are contained within paragraph 36 of this report.

Background Papers and Published Documents

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

Joint Health and Well Being Strategy 2018-22

Electoral Division(s) and Member(s) Affected

- All

Strategic Plan

Prevention, Person and Community Centred Approaches

What Matters to you?

1st August 2018

Contents

1. Introduction

Prevention, person and community centred approaches needs to be at the heart of the Sustainability and Transformation Plan (STP) for Nottingham and Nottinghamshire. This is because we can improve the quality of care and health and wellbeing of local people and create a sustainable future for our local services through scaling up prevention and empowering local people.

It is generally accepted that most people want to live long and healthy lives. Indeed, life expectancy in the UK has doubled in the past 170 years, primarily through reductions in communicable diseases and treatment of long-term conditions. People are now living longer lives but with longer periods in poorer health. Much of this burden of ill health is preventable. As little as 10%[1] of our health is achieved through access to health care services; the rest is influenced by social factors such as good work, good education, healthy environment and strong and supportive communities. This strategy outlines our approach to both prevent ill health and promote good health as well as supporting individuals with existing conditions to live as independently as possible. This requires a rebalance of the relationship between people and public services towards prevention, community resilience and taking shared responsibility for keeping as healthy and well as possible. In addition, by doing so, people will live happier and healthier lives, whilst also reducing demand on services.

We know that supporting people to manage their own health conditions can reduce the need for hospital admission. Offering people rehabilitation and reablement after illness enables them to return to independent living and avoids the need for long-term care. Supportive social networks and resilient communities are good for people's health and wellbeing. Too often, however, the health and care system is better at reacting to crises and relies too much on hospitals and long-term care. This results in overstretched A&E departments, delayed discharges in hospital and people going into long-term care instead of going home. We need a different model. We will only see this improvement in health and wellbeing if we change our approach. This means that we need to focus in people and place rather than organisations. There is now solid evidence that prevention, person and community centred approaches reduce demand on our resource and deliver good outcomes.

2. Our Vision

Our vision is to maximise independence, good health and well-being throughout our lives. We want to empower local people to make healthier choices that support their own health and wellbeing. We want to ensure that people in our communities live long, healthy and independent lives.

This 'healthy' state of being should be experienced fairly by all our communities. We want to ensure that people living with an existing disability or long-term condition can live as well as possible through access to the right advice, treatment, care and support.

[1] McGovern L, Miller G, Hughes-Cromwick P. Health Policy Brief: The relative contribution of multiple determinants to health outcomes. Health Affairs. 21 August 2014.

By enabling communities to support people to have a healthy lifestyle, with support from local services to do this, we aim to help people to manage their own health and wellbeing, alongside health and social care services if required.

Our vision is to develop a system which is focused on delivering improvements in the health, wellbeing and independence of our population, based on the '4 Pillars'[2] identified by the Kings Fund (Appendix One). This means making connections between the following areas:

- Wider determinants of health and well-being
- Our health behaviours and lifestyles
- Communities, health and well-being
- Integrated care and relationships with communities.

3. Our Aims

This strategy focuses on changing behaviours at the levels of the individual, community, workforce and the whole system in order to move away from a reactive, disease-focused and fragmented model of care towards one that is more proactive, holistic, preventative, and focused on improving population health.

This plan aims to support a sustainable future for our public services by reducing demand and costs for health and care services through prevention, community resilience and people taking shared responsibility for keeping healthy and well as possible. Where people require long term support for complex needs, we will offer a personal health budget to maximise choice and control. It recognises that whilst targeted approaches for people with specific long-term conditions can yield short-term results, we know that a greater return on investment will be achieved through primary prevention and addressing the wider determinants of health.

The overarching aim of the prevention, community and person centred approaches workstream is to ensure that prevention is everybody's business. This strategy is not a standalone document as prevention and self-care runs through all of our STP work streams and partner plans.

The intention is to reduce the complexity, inconsistency and duplication of approaches and look for ways to deliver all of the above through a simplified, place-based approach that maximises informal solutions. This will be supported by a commissioning plan that sets out our intentions.

Overall, this strategy is focused on changing behaviours at the level of the individual, community, workforce and whole system, supported by an action plan which will provide a clear, evidence-based and locally modelled system-wide programme to deliver the vision.

3.1 Individuals

- Ensure people's lives are made better because the services or interventions they receive, add benefit and focus on prevention and promoting self-care to enable them to be as independent as possible
- Embed a strength-based approach enabling people to live healthy and fulfilled lives, increasing life expectancy and reducing disease prevalence

[2] Kings Fund (2017) The four pillars of a population health system: making the connections

- Provide a proactive and universal offer of support to people with long term needs to build knowledge, skills and confidence through supported self-care and community-centred approaches
- Embed intensive approaches to empowering people with more complex needs to have greater choice and control over the care they receive
- Ensure anyone who receives a needs assessment under the Care Act 2014 from the local authority can be given a joint health and social care assessment and a joint health and care and support plan where needed

3.2 Communities

- Build community, service providers' and people's support networks so there is a stronger and more resilient community with a focus on prevention
- Work in partnership with local organisations to design and shape services, using people's support networks and working effectively to promote self-care and well-being
- Encourage a vibrant and active community and self-care sector, enabling small, neighbourhood and community groups to develop and grow and support diverse and inclusive groups to evolve to meet local needs and continuing to respond flexibly to changing circumstance and increased demand

3.3 Workforce

- Train and equip staff involved in the delivery of all people's care to identify self-care needs and take a flexible, holistic approach to people's needs with a strong prevention focus, encompassing person-centred approaches.

3.4 System

- Embed system wide leadership for prevention and improving population health through a shared understanding of the relationships between the social determinants of health, lifestyles and health behaviours and the role of communities in health behaviours and as partners
- Take a whole population approach to supporting people of all ages and their carers to manage their physical and mental health and wellbeing and make informed choices and decisions when their needs change
- Use learning from the Integrated Personal Commissioning programme to develop a whole system approach to personalised care and support planning for anyone who receives a needs assessment under the Care Act 2014 from the local authority

4. Our Principles

- Develop a whole system approach to delivering our priorities
- Have a whole population, whole life approach
- Consider both universal and targeted interventions which address primary, secondary and tertiary prevention, based on evidence and cost-effectiveness
- Hold reduction of health inequalities to be a central driver

- Increase the influence of the person in decision making through a co-production approach
- Recognise the value of the workforce in delivering prevention, community and person centred approaches

5. Strategic Drivers for Change

5.1 National Drivers

The **Care Act (2014)** is a comprehensive piece of legislation that governs the provision of social care. It is founded on the new statutory principle of 'promoting wellbeing' and underpinned by the principle of 'personalisation'. Both of these principles apply to all people. The guidance sets out that '*The core purpose of adult care and support is to help people to achieve the outcomes that matter to them in their life…. Underpinning all of these individual care and support functions ….is the need to ensure that doing so focuses on the needs and goals of the person concerned.'*

The Care Act works in partnership with the **Children and Families Act (2014)** which amends the Children Act 1989. In combination, the two acts enable councils to prepare children and young people for adulthood from the earliest possible stage, including their transition to adult services.

Within the **Health and Social Care Act (2012)** there is a duty to promote the involvement of people and carers in decisions which relate to their care and treatment. The duty requires CCGs to ensure they commission services which promote the involvement of patients, including self-care and self-management support to better manage health and prevent illness. The act aims to focus healthcare on the promotion of personalisation of care with people in control.

The **Equity & Excellence: Liberating the NHS (2010)** this outlines the core principle of 'No decisions about me without me', with the aim of giving everyone more say over their care and treatment with more opportunities to make informed choices to secure better care and outcomes.

The **Health and Social Care Act 2012** also set out local authority Public Health responsibilities, including a duty to take steps to improve public health, health protection and health improvement.

The Five Year Forward View (FYFV)[3] acknowledged that the future sustainability of the NHS hinges on addressing the rising burden of ill health being driven by demographic change, lifestyles, deprivation and other social and economic influences. It set out a central ambition for a radical upgrade in prevention and public health and promotes a shift in power and decision making. The FYFV identified three gaps:

- The health and wellbeing gap:

[3] NHS. Five Year Forward View. October 2014. https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf

    - We are living longer lives, but we are not living healthier lives. The overwhelming majority of ill health and premature death in this country is due to diseases that could be prevented.
- The care and quality gap:
    - We need to narrow the gap between the best and the worst whilst raising the quality bar for everyone.
- The finance and efficiency gap:
    - The NHS needs to achieve efficiency to meet the forecast rise in demand, driven by population growth, an increase in chronic conditions, technological change and an aging society.

5.2 Local Drivers

Nottinghamshire Health and Wellbeing Strategy

The Health and Wellbeing Strategy for Nottinghamshire includes four key ambitions:

- To give everyone a good start in life
- To have healthy and sustainable places
- To enable healthier decision making
- To work together to improve health and care services

The healthy and sustainable places ambition aims to tackle the wider issues which affect health and wellbeing like housing, our environment, the food we eat, skills and education, transport and our friends, families and local communities.

Happier, Healthier Lives: The Joint Nottingham Health and Wellbeing Strategy 2016 to 2020

The aim of the Nottingham City Health and Wellbeing Strategy is to increase healthy life expectancy and reduce inequalities between neighbourhoods. A key approach to achieving this is through fostering a culture where citizens are empowered to better look after themselves in order to prevent the onset of ill health for as long as possible or to confidently manage their ill health themselves. The healthy culture element of the plan is about making it easier for citizens to access information about services and information on how to stay healthy. The roll-out of learning from the self-care pilot is also an integral part of the strategy to ensure that citizens can have control over their health.

The Nottinghamshire JSNA[4] provides detail on the impact of local demographics - an aging population with an increasing number of complex long term conditions which has implications for individuals and will lead to increasing costs to wider system.

There is strong evidence from local and national programmes that preventive interventions make cost savings to the health and care systems[5]. The proposed prevention and self-care interventions have been modelled to contribute to the STP financial gap through both demand-related cost savings and future cost avoidance.

[4] https://www.nottinghamshireinsight.org.uk/research-areas/jsna/

The financial benefits will be realised through interventions delivered over short-, medium- and longer-term timescales, and the action plan reflects this.

Our Health and Wellbeing Gap

Some of the key factors that drive demand in health and social care and influence the prevalence of conditions and illnesses and the health and wellbeing outcomes for people in Nottinghamshire are:

- Aging population
- Deprivation
- Healthy life expectancy (see Appendix Two)
- Prevalence of multiple morbidities
- Significantly higher premature mortality (under 75 years) compared with England for all causes, cancer, circulatory disease and coronary heart disease[6]
- Health inequalities
- Lifestyle factors (diet, smoking, weight, alcohol, physical activity)
- Mental Health

A more detailed demographic profile is currently being developed for the STP population and will be published on Nottinghamshire Insight.

Our Care and Quality Gap

Our STP plan highlights areas where Nottinghamshire is a national outlier and where there is wide variation in quality of services or outcomes in organisations and communities within the STP area. The Prevention, Personalised and Community Centred Approaches workstream has identified a range of opportunities to support the delivery of the STP care and quality gaps, such as through Quality Outcomes Framework indicators for prevention and Commissioning for Quality and Innovation (CQUIN) indicators.

Our Finance and Efficiency Gap

The STP describes a finance and efficiency gap of £628 million across health and care systems in Nottingham and Nottinghamshire by 2020/21.
Properly implemented, there are a wide range of evidence-based interventions which extend healthy life expectancy and deliver financial efficiencies to the health and care systems. The proposed prevention and self-care interventions are being locally modelled in terms of their contribution to the STP financial gap through both demand related cost savings and future cost avoidance. The financial benefits will be realised through interventions delivered over short-, medium- and longer-term timescales and the action plan will reflect this. The planned interventions will also be modelled in terms of their contribution to improvements in health and wellbeing outcomes.

6. Achieving the Vision

We recognise that prevention, person and community centred approaches will need to be scaled up across the STP footprint. There are many examples of prevention, person and community centred approaches that are making an impact and contributing to key outcomes, but these are often on a small scale or geography through pilots or other short term initiatives.

[6] PHE. Premature mortality SMR 2011-2015. In Local Health Profiles
http://www.localhealth.org.uk/GC_preport.php?lang=en&s=154&view=map14&id_rep=r04

It is now essential that we work together to sustain and build on good practice to roll out across the STP footprint. We have identified several programmes to focus on in the next 18 months that would enable us to make progress at pace and at scale.
This approach and related pathways are depicted our local Prevention, Person-based and Community-based Approaches Model (Appendix Three).

Enabling and sustaining this change will need development work on a number of underpinning and enabling factors. There are some key enablers to scaling up prevention, person and community based approaches.

Culture:

Person and community-centred approaches are counter-cultural to a healthcare system which is still too focused on condition-specific diagnosis, treatment and cure. The challenge is for person- and community-centred approaches to be embraced systematically as complementary to, not in competition with, more medical models of care. We know that there is a leadership challenge in engaging system leaders at every level to support and endorse this approach. This engagement needs to go beyond giving permission to adopt the approach and instead create an expectation of a new way of working.

Work to progress: Organisational development and workforce will build into senior leaders' development programmes on prevention, person and community based approaches.

Capacity:

Generating the capacity to adopt a changed way of working is difficult as this involves implementing new systems, developing new working protocols and releasing staff for training whilst current services are short-staffed, under pressure and facing increased demand.

Work to progress: Organisational development and workforce will consider how long-term capacity can be developed. Appropriate training and support along with new protocols will be developed collaboratively with staff and people using services. We will address barriers to integration of VCSE partners so volunteers can be viewed as recognised assets who will support outcomes in health and social care and add to workforce capacity.

Capability:

Developing the right kind of capability involves widespread organisational and staff development, in general terms around the values and principles of community and asset-based approaches but also specifically around training in new models of working such as person-centred care and support planning, working with social prescribing models and personal budgets.

Work to progress: We will use 'Person-Centred Approaches: Empowering people in their lives and communities to enable an upgrade in prevention, wellbeing, health, care and support - a core skills education and training framework'[7] as a basis for training across the system. We will explore the role of the VCSE sector in bridging the gap between statutory organisations and communities/people, helping people access the information and support they need

[7] http://www.skillsforhealth.org.uk/news/latest-news/item/576-new-framework-to-promote-person-centred-approaches-in-healthcare

Enablers:

There are a whole range of system enablers which, if not addressed, have the potential to become blockers in practice to adopting person- and community-centred approaches.

These include information systems and governance; financial flows and contracts; and metrics and monitoring amongst others. We also know that success is dependent on having thriving private, public and third sectors, each independently successful but also working together in partnership and the need to support the development of a sustainable, responsive, diverse and resilient third sector economy.

Work to progress: We will ensure that there is a common understanding about what we mean by prevention, person and community centred approaches (see Appendix Four) across the system. We will work to ensure that integrated information and commissioning systems to developed as part of wider STP progress have are linked into the deliverables and metrics of this programme. We will encourage a vibrant and active community and self-care sector, which enables small neighbourhood and community groups to develop and grow and support diverse and inclusive groups to evolve to meet local needs and continue to respond flexibly to changing circumstance and increased demand.

Sustaining the Investment:

Much of this work is using resource from non-recurrent funds to progress person- and community-centred approaches; this will need to come from mainstream commissioning budgets on a long-term basis. Commissioners must be planning for this now with active involvement of providers. We will have a specific focus on commissioning for the future to develop new ways of releasing resource by having a more integrated and targeted approach.

Work to Progress: Develop an STP commissioning plan for prevention, community and person based approaches to deliver a simplified, place-based approach maximising on informal solutions.

7. Delivering the Vision

In looking to overcome these challenges and deliver our vision, we will:

- Promote prevention and person- and community-based approaches as a golden thread which should run through all STP work streams
- Ensure that senior leaders and staff from across the STP are engaged in all areas of work, developing champions to share the messages
- Develop a strong and consistent communication strategy which raises the profile of the prevention, person- and community-based approaches work
- In collaboration with the STP workforce leads, train and support the workforce to enable a shift in relationships with a focus on prevention, co-production and promoting self-care for all people
- Work to understand and rationalise commissioning and service delivery across the footprint where this supports achievement of these aims, looking at new models of commissioning to support this
- Ensure best use of resources across the system to ensure that in times of financial challenge duplication of effort and resource is minimised

- Ensure clear partnership arrangements between statutory and non-statutory services toward the common objectives recognising the pivotal role the VCSE organisations have at the heart of local communities and the ability that they have to organically grow through those communities
- Ensure all decisions made regarding commissioning or delivery across the system are influenced and informed by people with lived experience who have the knowledge, skills and confidence to engage with the system
- Build appropriate prevention into individual contact work

There are five key programmes of work for the prevention, person- and community-based approaches. The focus is for place-based, person-centred services delivered in local communities in partnership with the public, community and voluntary and private sectors. We will work with Greater Nottingham and Mid-Nottinghamshire in the delivery of the programme plan that has been developed (Appendix Five).

7.1 Programme 1: Primary Prevention

- A range of behaviour change approaches and interventions will be modelled in order to provide a quantified evidence base of outputs required to achieve the targets for improved healthy life expectancy.
- Approaches and interventions will be evidence-based and include primary and secondary prevention approaches which have an initial focus on delivering outcomes over a short-term timescale.
- We will consider prevention initiatives which will impact on outcomes in the medium to long term. Such approaches will have a greater emphasis on primary prevention and social determinants of health.
- We will model behavioural change and assumptions required to deliver healthy life expectancy targets. This modelling will consider options for universal and stratified targeted work relative to maximising cost-effective interventions linked between primary and secondary prevention at individual and community level.
- We will explore options for universal and stratified targeted work relative to maximising cost-effective interventions linked between primary and secondary prevention at both individual and community levels.
- We will identify, quantify and model benefits of specific prevention work in cancer, urgent care and planned care using MECC and supporting evidence-based aspects of care pathways.
- We recognise the need to develop other preventative work in strategies for overall wellbeing, children and young people, frailty, and mental health, and we will work with the relevant workstreams to identify next steps.
- We will ensure that the role of the Health and Wellbeing Boards is central to system-wide efforts on primary prevention, and this area of work should take its strategic advice from these established leadership processes.

7.2 Programme 2: Secondary Prevention

- We will make every contact we have with people count (MECC) in ensuring opportunities for prevention are maximised.

- We will support staff in all interactions with people to have brief conversations on how they might make positive improvements to their health or wellbeing in order to have a significant impact on the health of our population through supporting people and their families to live healthier lifestyles[8][9].

- We will focus initially on action on **smoking and alcohol i**n order to make a difference to NHS and social care demand and utilisation:
    - Smoking: Maintaining current improvements in smoking prevalence with a particular focus on groups and areas where prevalence remains high and demonstrates great inequality with population norms by using brief and targeted intervention approaches
    - Alcohol: Developing systematic work in healthcare settings across the STP footprint with a particular emphasis on individuals or communities with high NHS or social care utilisation using brief and targeted intervention approaches

- We will work systematically in healthcare settings across the STP footprint with a particular emphasis on individuals or communities with high NHS or social care utilisation using brief and targeted intervention approaches to promote improved outcomes.
- We will continue to support existing programmes around cardiovascular disease and stroke prevention. These (health checks and RightCare stroke prevention) are firmly embedded in healthcare work and must continue to be strongly supported by the STP.
- We will ensure future choices about focus in a strong evidence base and speed of effect of changes in behavioural factors (e.g. stronger evidence base developing for secondary prevention in obesity management with a longer term need to see a step change in exercise levels).
- We will regularly consider NICE and Public Health England guidance to assess if new or revised prevention work should be prioritised.
- We will ensure that other preventative work is developed in strategies for overall wellbeing, children and young people, frailty, and mental illness, and we will work with the relevant workstreams to identify next steps.

7.3 Programme 3: Person-Centred Approaches

- We will ensure a focus on promoting self-care without unnecessary services and intervention, developing access to a range of appropriate choices to support this.
- For those who need more assistance, we will provide personal budgets, personal health budgets or integrated budgets in order to ensure meaningful choice and control, resulting in social care appropriate to their needs.

- We will give people access to a range of services that enable them to make choices that will focus on self-care without unnecessary intervention. For those eligible for personal budgets, we will ensure that there is meaningful choice and control resulting in both health and social care that meets the person's needs.

[8] NICE. Behaviour change: individual approaches. 2014. https://www.nice.org.uk/guidance/ph49 [accessed June 2018]

[9] PHE, NHSE, HEE. Making Every Contact Count (MECC): a consensus statement. 2016. http://mecc.yas.nhs.uk/media/1014/making_every_contact_count_consensus_statement.pdf [accessed June 2018]

- We will develop a genuinely personalised approach to empower a real, sustainable outcome, using all of people's available resources. A different conversation should take place involving people and their support network; this should include a holistic, joined-up process to facilitate assessment and planning.

- We will ensure a person centred approach is used to empower all people using health and social care services in order for them to build their own knowledge, skills and confidence to self-care.

- We will support a culture where a different, person-centred conversation is the norm and people are recognised as equal partners. To do this, we will ensure our co-production group My Life Choices are involved at all stages of project planning, delivery and service development.

7.4 Programme 4: Community-Centred Approaches

- We will develop and share clear health and wellbeing goals and approaches across communities and community organisation assets.
- We will work with partners to develop simplified and consistent availability of community-based wellbeing support, targeted at supporting people who lack the skills and confidence to meet their own wellbeing needs and focused on promoting independence and self-care skills.
- We will map and fully assess the range of community-based support already available across Nottinghamshire so we can build on good practice already being delivered, engaging closely with the third sector.
- We will roll out the use of Patient Activation Measures, community signposting, including social prescribing, and health coaching and structured education, identifying existing best practice and scaling up across the STP.
- We will collaborate on a system-wide basis across agencies and workstreams, including prevention, housing, and social, primary and acute care to build on Community Connectivity models in operation across the county. Implementation will recognise the importance of ongoing engagement with the Voluntary, Community and Social Enterprise sector (VCSE).
- We will work together to develop more effective ways to recognise and direct people towards community-based skills and resources that support people from those communities to achieve wellbeing goals.

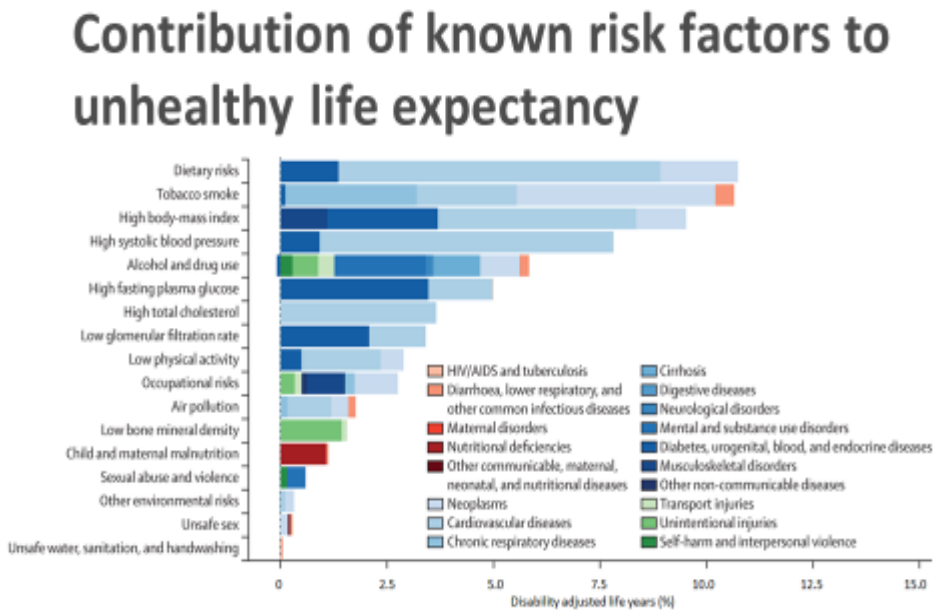
7.5 Programme 5: Integrated Health and Social Care Pilot

- We will ensure people will experience a simpler, more streamlined process for needs assessment and review, with health and wellbeing needs included in the process.
- We will work together as a system so that people will have a joined-up personalised care and support plan which covers health and wellbeing needs.
- We will develop systems so that, when needed, people can get an integrated personal budget (including health as well as social care funding).

8. How will we know we have been successful?

Evaluation of the prevention, person- and community-centred approaches will form part of the overall evaluation of STP activity and programmes. This will need to look at, amongst other things, the extent to which the growth of demand for statutory services is reducing, including unplanned acute care, A&E attendance, GP appointments and social care packages. In the longer term, we will also use population health measures to understand the extent to which this work is improving life expectancy and narrowing the health gap.

8.1 Prevention (tbc)



England 2013
Newton et al. (2015) The Lancet
DOI: 10.1016/S0140-6736(15)00195-6

8.1.1 Metrics (modelled with targets and trajectories but needs updating)

- Healthy life expectancy
- Life expectancy at birth
- Alcohol – alcohol-related admissions (narrow definition), alcohol consumption, premature mortality from ALD, IBA interventions
- Tobacco - smoking prevalence, smoking at delivery
- Physical activity – percentage of physically active and inactive adults
- Dietary risks – percentage of daily intake fruit and vegetables
- Obesity – excess weight in 4-5-year-olds, 11-12-year-olds and adults
- Breastfeeding at six to eight weeks
- Low birth weight at full term

8.2 Person and Community

Personal outcomes will need to be developed and feature in future STP population level outcomes frameworks as person- and community-centred approaches are central in preventing ill health, delaying deterioration of health and improving population health and wellbeing outcomes. Personal outcomes, based on "I" statements and building on work to date locally and nationally, should be developed to cover things like health and wellbeing, social connectedness, independence and resilience, dignity and respect, full involvement in decisions, and good quality and accessible information. A set of draft personal outcomes metrics should be developed and used to provide both a baseline and a measure of success.

The process and output measures suggested below would act as proxies for progress against longer-term outcomes in the short to medium term. These output measures are generic in that they highlight common characteristics and features shared by prevention, person and community centred approaches. They would not be specific to a particular model of delivery, nor would they set any targets for local delivery, but they will be an important tool to monitor and account for progress and are linked to the NHSE Nottinghamshire MOU (Appendix Six).

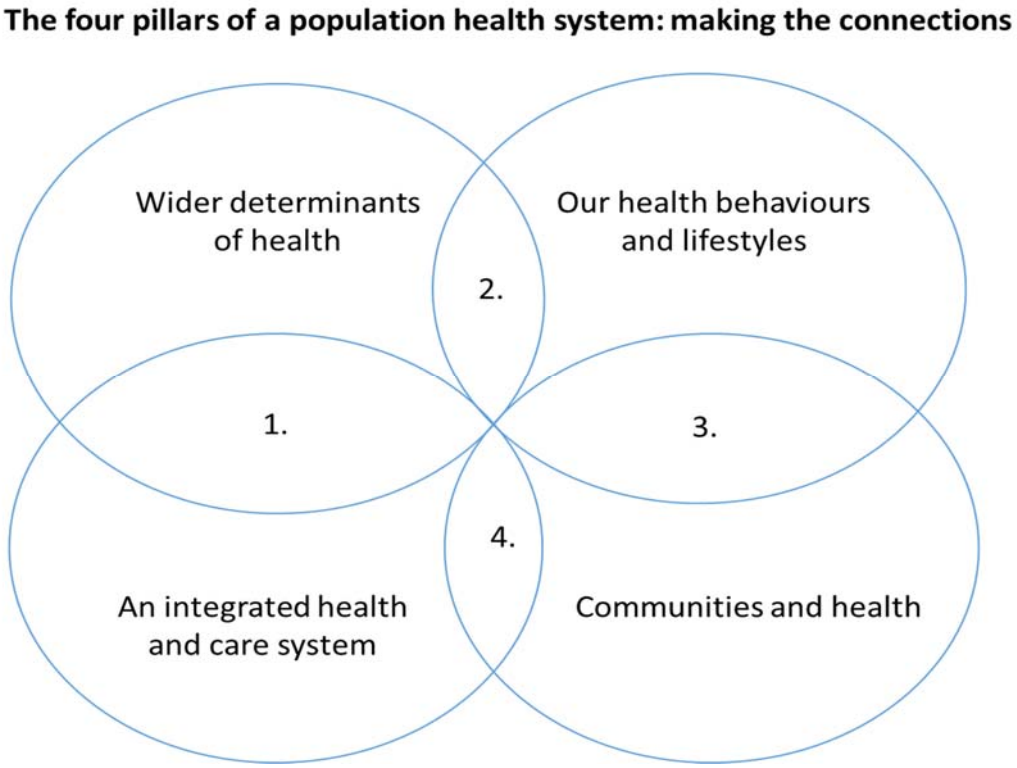
These will include:

- Increased number of personal health budgets or integrated budgets (PHBs/health and social care funded) to 2,060 by March 2019.
- At least 50 looked-after children and young people with identified mental health needs receiving a PHB/integrated personal budget
- Increased number of person-centred care and support plans to 10,840 across the STP by March 2019.
- Increased number of community signposting referrals or equivalent, e.g. self-referrals/people participating in asset-based approaches to10,840 across the STP by March 2019.
- Increased number of people on the Patient Activation Measure (PAM) or equivalent.
- Improving PAM scores.
- Proportion of community practitioners (all sectors) trained for and confident in person-centred conversations.
- Proportion of MDTs including VCSE and/or "care navigator" link workers.

Appendices

Appendix One: The Four Pillars of a Population Health System: Making the Connections (King's Fund, 2017)

The 'system' = connections between the pillars:



Our vision = making those connections

Connection 1 – wider determinants and integrated care

- The NHS narrows income inequalities and adds more net-VA in poorer communities
- Providers as anchor institutions

Connection 2 – wider determinants and health behaviours

- Behaviour is socially determined, including poverty and decision-making
- Clusters of health behaviours, population groups and future inequalities

Connection 3 – health behaviours and communities

- Social norms, social networks and roles in setting behaviours
- Communities as assets, seen as partners as well as (not instead of) needs

Connection 4 – integrated care and communities

- Community and social models of health and the relationship with integrated services
- Community as part of pathways of integrated care (including VCSE)

Appendix Two: Healthy Life Expectancy

Healthy life expectancy describes how long a person might be expected to live in 'good health' based on data from the Annual Population Survey. It is measured separately for both men and women. Both life expectancy and healthy life expectancy have increased nationally and locally over recent years; however, life expectancy continues to increase at a faster rate, meaning that the population is spending a greater proportion of its total life in poor health. This has implications for both individuals, due an increased proportion of life spent with illness and disability, and society, due to associated health and social care costs.

Women in Nottingham City can expect to spend XX years (or XX% of their life) in poor health. In Nottinghamshire County, the equivalent is XX years of poor health (XX% of life). Men in Nottingham City can expect to spend XX years (a quarter of their life) in poor health; in Nottinghamshire County men can expect XX years in poor health, or XX% of their average lifespan.

While increasing healthy life expectancy is the primary aim for the STP health and wellbeing gap, this should not be to the detriment of life expectancy in any population group: Increasing 'life to years' should not adversely affect added 'years to life'.

The rationale for the STP approach to improve HLE can be summarised by results from the World Health Organisation's work on the global burden of disease. The figure below illustrates how multiple risk factors interact with multiple disease outcomes for the STP population. It is clear that to achieve the largest possible gain in healthy life expectancy, consistent and concerted effort will be required to support healthy lifestyles, including smoking, alcohol consumption, diet, physical activity and healthy weight; halt the harmful effects of issues such as high blood pressure or cholesterol; and also modify the environment to prevent ill health (for example, by tackling air pollution or risks at work). This requires a comprehensive, systematic approach which incorporates addressing wider social factors that have a greater influence on health and wellbeing than good access to health and care services. Schemes to tackle risk factors in isolation, or focussing on diseases of one part of the body, will not maximise the potential increase in healthy life expectancy.

Inequalities in healthy life expectancy:

Across the STP footprint, HLE differs substantially; there is a XX year difference in HLE for men and XX years for women (lowest in areas of Nottingham City and highest in areas of Rushcliffe for both men and women). Within Nottingham City alone these differences are XX years for women and XX years for men. In order to tackle these inequalities, populations with the lowest healthy life expectancy will be targeted across the STP area, and progress to change inequalities will be measured.

Appendix Two: Health Life Expectancy

Risk factors and conditions amenable to change in the STP population

Risk factors related to conditions

Risk factors	The impact that changing these risk factors ↓ … will have on the disease burden caused by these conditions →	Conditions: Circulatory diseases	Diabetes, reproductive, urinary	Cancers	Chronic chest diseases	Mental and substance use disorders	Unintentional injuries	Musculoskeletal disorders	Cirrhosis	Nutritional deficiencies
		<<- higher contribution to total DALYs				Conditions				*lower contribution to total DALYs ->>*
higher contribution to total DALYs ->>	Dietary risks	✓✓✓	✓✓	✓✓	-	-	-	-	-	-
	Tobacco smoke	✓✓	✓	✓✓✓	✓✓	-	-	-	-	-
	High body-mass index	✓✓✓	✓✓	✓	-	-	-	✓	-	-
	High systolic blood pressure	✓✓✓	✓	-	-	-	-	-	-	-
	Alcohol and drug use	-	-	✓	-	✓✓	✓	-	✓	-
	High fasting plasma glucose	✓✓	✓✓✓	-	-	-	-	-	-	-
	High total cholesterol	✓✓✓	-	-	-	-	-	-	-	-
	Low glomerular filtration rate (kidney function)	✓	✓✓	-	-	-	-	-	-	-
	Low physical activity	✓✓	✓	✓	-	-	-	-	-	-
	Occupational risks	-	-	✓	✓	-	✓	✓	-	-
	Air pollution	✓	-	✓	✓	-	-	-	-	-
	Low bone mineral density	-	-	-	-	-	✓✓	-	-	-
<<- lower contribution to total DALYs	Child and maternal malnutrition	-	-	-	-	-	-	-	-	✓

Notes

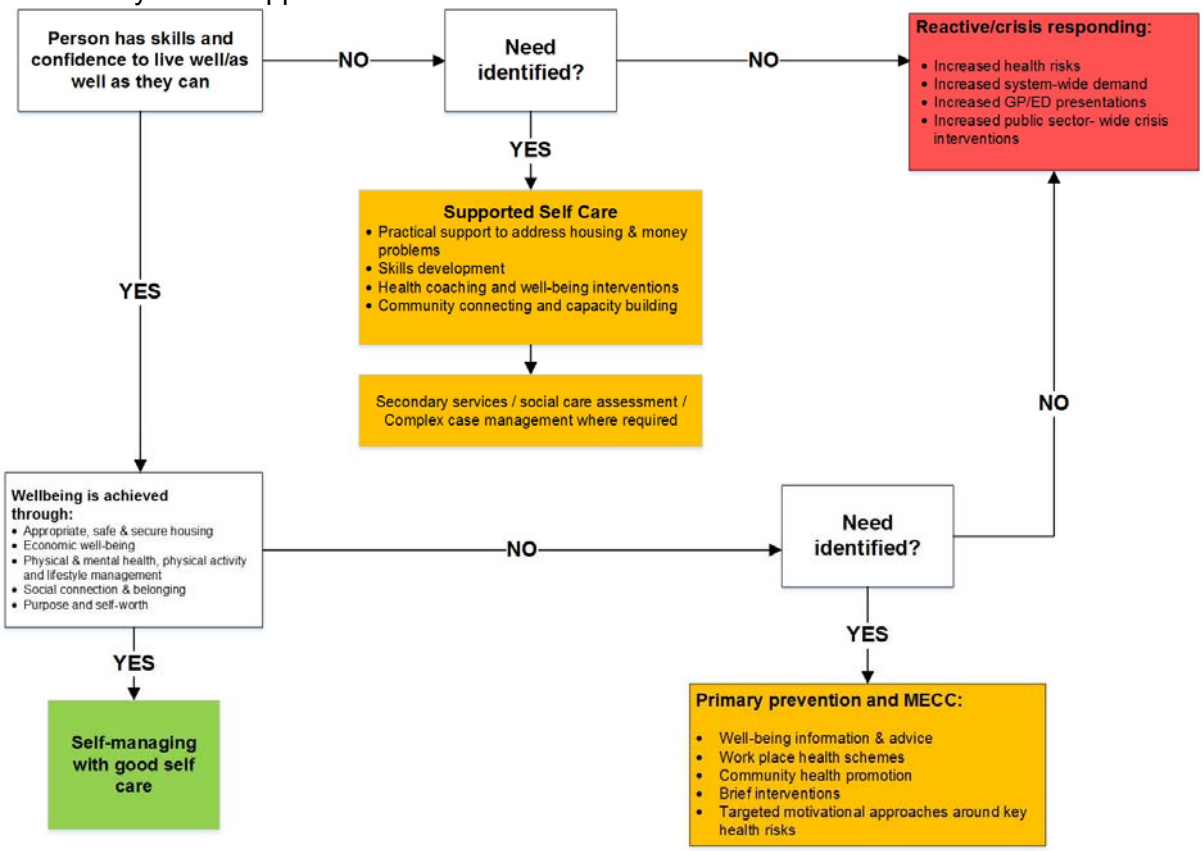
- Estimates for the STP population are derived from data for East Midlands deprivation quintiles, from the WHO Global Burden of Disease initiative
- This chart incoporates 95% of all disability adjusted life years (DALYs) amenable to intervention
- DALYS are a summary measure of years lived with disability and years of potential life lost. A reduction in DALYs is closely related to increases in healthy life expectancy (adding 'life to years' as well as 'years to life').

Key

✓✓✓	Largest impact - 5% or more of all DALYs
✓✓	Medium impact - 2 to 5% of all DALYs
✓	Lower impact - up to 2% of all DALYs
-	No contribution

Common factors driving preventable illness (GBD).

Appendix Three: Nottingham and Nottinghamshire Model for Prevention, Person-based and Community-based Approaches



Appendix Four: What do we mean by prevention, person and community centred approaches

Prevention

The term "prevention" or "preventative measures" can cover many different types of support, services, facilities or other resources. There is no one definition for what preventative activity is, and this can range from whole-population measures aimed at promoting health to more targeted, individual interventions aimed at improving behaviour, knowledge or skills for one person or a particular group. Prevention is often broken down into three general approaches, primary, secondary and tertiary prevention, with these three levels informing our approach:

1. **Primary prevention:**

   Primary prevention is aimed at people with no particular health or care needs. These are services aimed at keeping people well and independent by avoiding needs developing for health and social care.

   Primary prevention also extends to population-wide measures and social determinants of health, such as improving air and water quality, mass immunisation, and strengthening family and community ties to promote good mental health and reduce loneliness.

2. **Secondary prevention:**

   These are more targeted interventions aimed at individuals who have an increased risk of developing needs. Secondary intervention consists of screening for illnesses, particularly when risk factors are present, and early intervention measures to slow the progress of the disease while it is still in its early stages, i.e. pre-diabetes. It also includes provision of support to slow down or reduce any further deterioration. Some early support could stop a person's life tipping into crisis, such as a few hours of support to a family carer who is caring for their son with learning disabilities.

3. **Tertiary prevention:**

   These interventions are aimed at minimising the effect of disability or deterioration of people with established health conditions. It is particularly relevant for patients with complex needs and focuses on their recovery, rehabilitation and reablement after acute exacerbation of their chronic illness, i.e. self-management programmes or enablement for a person with mental health issues to regain skills and confidence to live independently.

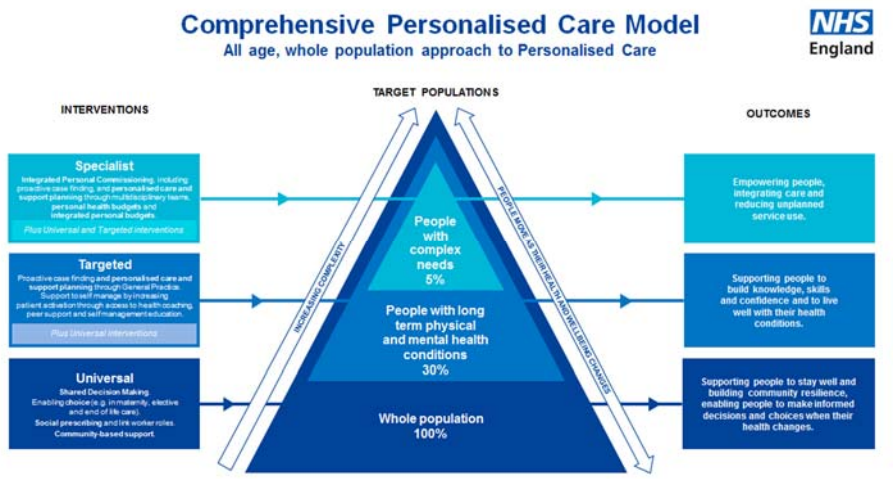
Community-Based Approaches

This is based on a whole population approach to supporting people of all ages and their carers to manage their physical and mental health and wellbeing and make informed choices and decisions when their health and social care changes. A community-based approach provides a proactive and universal offer of support to people with long term physical and mental health conditions to build knowledge, skills and confidence through supported self-care and promoting needs. This is achieved by ensuring that people's preferences, needs and values guide health and social independence.

Self-care is the actions that we all take to look after individual health and wellbeing, in order to stay well and to manage long-term conditions. People who have the skills and confidence to self-care or who are more 'activated' have healthier lives, better outcomes, better experience of care and a lower impact on services. Linked to this, the assets or resources within our communities, such as the skills and knowledge, social networks and community organisations, are key building blocks for good health and wellbeing. It therefore follows that people and communities should be supported to self-care, and to do so it is necessary to build community resilience. One of the best ways to build community resilience is to start with a very practical understanding of what resources already exist and are strong within local communities, with a view to helping people to connect with them (referred to as 'social prescribing'). Other approaches such as shared decision making, health coaching and self-management education also help people with long term conditions to build self-management skills.

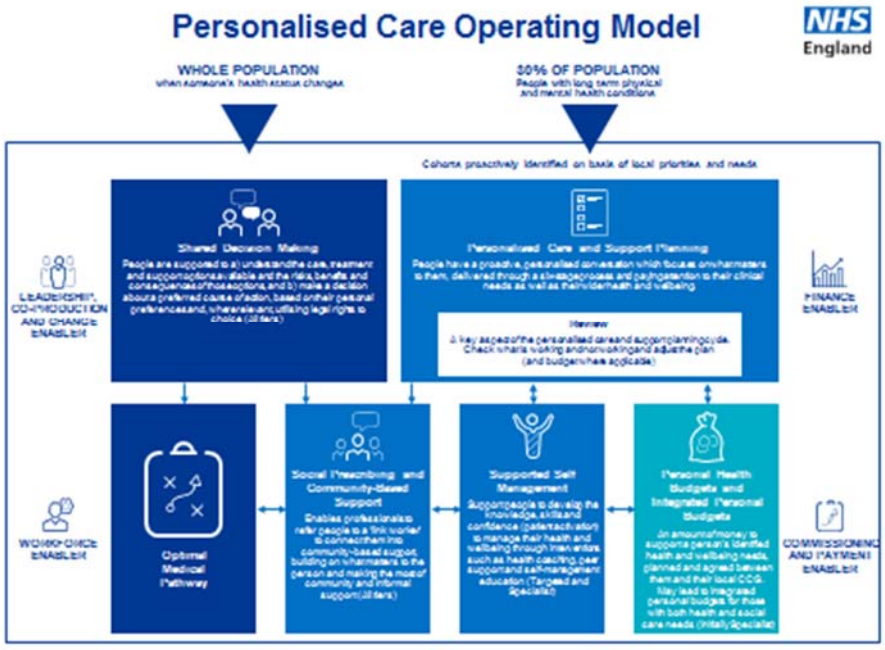
Person-Centred Approaches

A person-centred approach puts people, families and communities at the heart of health, care and wellbeing. It means people feeling able to speak about what is important to them and the workforce listening and developing an understanding of *what matters to people*. It means working in a system in which people and staff feel in control, valued, motivated and supported.



Person-centred approaches are a more personalised approach to commissioning, contracting and payment which enables people to access services that are more appropriate for their specific needs. It does this by:

- Designing a health and care system driven by people and communities
- Encouraging and motivating commissioners and providers to shift their approaches to focus on people and the outcomes most important to them
- Incentivising commissioners and providers, including VCSE organisations, to develop personalised care packages for people with the most complex needs
- Successful implementation of IPC and personal health budgets[10]



This approach is fundamental to social care and the changes the NHS is seeking to make over the next few years. The result is better health and wellbeing for individuals, better quality and experience of care that is integrated and tailored around what really matters to them, and more sustainable health and social care services.

[10] https://www.england.nhs.uk/wp-content/uploads/2017/06/516_Personalised-commissioning-and-payment_S8.pdf

Being person-centred is about focusing care on the needs of the individual and empowering people to make informed choices about their health and social care decisions.

Appendix Five: Greater Nottingham and Mid Nottinghamshire Delivery Plan

STP Implementation Plan v 1.5 - one plan.

Appendix Six: Memorandum of Understanding for Personalised Care Demonstration Sites between NHS England, Local Government Association and Nottingham and Nottinghamshire Sustainability and Transformation Partnership

Notts MOU.doc

Appendix Seven: Nottinghamshire STP Prevention, Person- and Community-Centred Approaches Workstream Strategic Overview and Key Areas for Development

Introduction

The Prevention, Self-care and Independence workstream is being re-designed to create a more unified and integrated work programme to increase efficiency and respond to an NHSE diagnostic suggesting closer working with personal health budget work. The new programme will also focus on place-based solutions to encourage local ownership tailored to differences in local needs.

The STP Leadership Board has confirmed that Healthy Life Expectancy remains a key performance metric for the STP and, as such, some of the early modelling used to establish this metric is being refreshed. This will bring aspects of primary and secondary prevention back into focus and strengthen delivery and oversight of system-wide actions. It will also allow us to weave prevention into the breadth of our work as well as identifying the additional actions needed in other workstreams to contribute to improving healthy life expectancy. Work on self-care and independence is well advanced with established NHSE targets but will also contribute to both reduced urgent care pressures as well as healthy life expectancy. Our work will also review the benefits to the system from reduced emergency and unplanned care as a consequence of a stronger focus on prevention, as clearly described in the Five Year Forward View.

Overarching outcome:

To improve Healthy Life Expectancy by three years from a baseline at 2015

Underpinning principles:

- A major challenge in prevention work is the training of clinical and care staff - especially around methods of engagement and empowerment and associated cultures. The Workforce group should be closely involved in this aspect of STP work.

- Prevention topics that arise in individual care conversations should be prioritised based on patient-led needs and may relate to prevention in the context of the care and self-care advice, e.g. reducing falls, reducing risk factors for vascular dementia, and mental wellbeing.

Main topic areas

1. Primary prevention

- Modelling of behavioural change and assumptions required to deliver Health Life Expectancy targets
- Consider options for universal and stratified targeted work relative to maximising cost effective interventions linked between primary and secondary prevention at individual and community level
- The role of the Health and Wellbeing Boards as central to system wide efforts on primary prevention and this area of work should take its strategic advice from these established Leadership processes

2. Person and Community Centred Approaches

Person:

- Person centred approaches to increase numbers of personalised support plans and development of personal health budgets
- Joined up assessment and support planning for individuals in contact with health and care services
- Build appropriate prevention into individual contact work

Community**:**

- Building Community Connectivity models, rolling out use of Patient Activation Models that include prevention, and rolling out community signposting including social prescribing
- Develop community needs-driven prevention work at local level including local GP delivery or provision groups and NHS provider prevention plans

3. Secondary Prevention

MECC:

- Short term: In order to make a difference to NHS and social care demand and utilisation, it is proposed that we will focus initially on action on **smoking and alcohol:**
    - Smoking: maintaining current improvements in smoking prevalence, with a particular focus on groups and areas where prevalence remains high and demonstrates great inequality with population norms. Use brief and targeted intervention approaches
    - Alcohol: systematic work in healthcare settings to be developed across STP footprint with a particular emphasis on individuals or communities with high NHS or social care utilisation using brief and targeted intervention approaches

Specific existing programmes:

- Cardiovascular Disease and Stroke Prevention; existing programmes (HealthChecks and Rightcare Stroke Prevention) are firmly embedded in healthcare work and must continue to be strongly supported by the STP

Other MECC topics and longer-term work:

- Base future choices on evidence base and speed of effect of changes in behavioural factors, e.g. stronger evidence base developing for secondary prevention in obesity management and longer term need to see a step change in exercise levels
- Regularly consider NICE (Public Health Guidance) and Public Health England guidance to assess if new or revised prevention work should be prioritised

4. Prevention into other workstreams

We will identify, quantify and model benefits of specific prevention work in cancer, urgent care and planned care using MECC and supporting evidence-based aspects of care pathways. Other preventative work needs developing in strategies for overall wellbeing, children and young people, frailty, and mental illness, and we will work with the relevant workstreams to identify next steps.

5. Support within our workstream

- Communications: There is a strong level of support for prevention in all that health and social care does and this should be harnessed to encourage greater focus and enthusiasm for what can be achieved.
- Finance: Alongside epidemiological and health gain metrics, the return on investment and cost-effectiveness data can and does make strong strategic sense, and we need finance support to effectively present such data in a whole system way.
- Leadership: We have taken some steps to strengthen this, but additional actions to work more closely with Health and Wellbeing Boards may be needed.

6. Support from other workstreams

We will work with all major workstreams in the STP to identify specific actions that support the prevention, person and community centred agenda, and we will work with them to quantify and prioritise that effort. Other cross-linking themes are also important contributors such as workforce and cultural change, IT, evaluation and co-production and engagement.

7. Summary and next steps

The workstream will develop an action plan to strengthen prevention work across the STP footprint and provide decision-makers with quantified options to help prioritise this work as part of the overall activity of the health and care system. This will include a refresh of the current PIDs and identify remaining gaps to help risk assessment and management. Some of these can be filled with sufficient resource whilst some, especially relating more closely to longer term educational or derivation related outcomes, require an intergenerational approach. As such our action plan requires short-, medium- and longer-term components.

Chris Packham

STP Senior Responsible Officer for Prevention

14.6.2018

V4

Appendix Eight: Glossary of Terms

Term	Definition	Reference for further information
Accountable Care System (ACS)	An Accountable Care System sees NHS organisations (both commissioners and providers), often in partnership with local authorities, choose to take on clear collective responsibility for resources and population health. They provide more joined-up and better coordinated care. In return, they get far more control and freedom over the total operations of the health system in their area and work closely with local government and other partners to keep people healthier for longer and out of hospital.	https://www.kingsfund.org.uk/publications/accountable-care-organisations-explained
Advanced Clinical Practice (ACP)	Advanced Clinical Practice is delivered by experienced registered healthcare practitioners. It is a level of practice characterized by a high level of autonomy and complex decision-making. This is underpinned by a master's level award or equivalent that encompasses the four pillars of clinical practice, management, leadership, education and research, with demonstration of core and area-specific clinical competence. Advanced Clinical Practice embodies the ability to manage complete clinical care in partnership with patients/carers. It includes the analysis and synthesis of complex problems across a range of settings, enabling innovative solutions to enhance patient experience and improve outcomes. Within Nottinghamshire there has been work to develop the degree with Nottingham University.	https://www.hee.nhs.uk/our-work/developing-our-workforce/advanced-clinical-practice/advanced-clinical-practice-definition
Approved Mental Health Professionals (AMHP)	The Approved Mental Health Professional is authorised by the local authority, and they practice on their behalf, even though they may be employed by a Trust or another local authority. The AHMP provides a broad range of tasks under the Mental Health Act.	https://www.lancashirecare.nhs.uk/Approved-Mental-Health-Professional

	What is important is that they are a counter balance to the medical model that can exist in mental health and bring a social or more holistic perspective. Their work involves the nearest relatives and carers, making sure service users are properly interviewed in an appropriate manner and ensuring they know what their rights are if they are detained under the Mental Health Act 1983. The Approved Mental Health Professional is also the applicant in the majority of Mental Health Act application.	
Asset-Based Approaches	An asset-based approach to care and support is about supporting health care professionals to identify an individual's strengths and building care planning around their assets rather than their problems (or deficits). This model is designed to support the citizen to take control of their lives.	http://www.health.org.uk/publication/head-hands-and-heart-asset-based-approaches-health-care
Assistive Technology (AT)	AT is assistive, adaptive, and rehabilitative devices for people with disabilities. Assistive technology therefore promotes greater independence by enabling people to perform tasks that they were formerly unable to accomplish or had great difficulty accomplishing by providing enhancements to or changing methods of interacting with the technology needed to accomplish such tasks.	
Better Care Fund (BCF)	The Better Care Fund (BCF) is a programme spanning both the NHS and local government which seeks to join up health and care services so people can manage their own health and wellbeing and live independently in their communities for as long as possible.	https://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/
Centene	Centene is an international organisation, now established in the UK, which works directly with health and care systems. It has a track record of transforming health care systems internationally both in the USA and through partnerships in Europe. Centene is not a healthcare provider. It is currently providing advice on how an Accountable Care System could be established in Nottinghamshire.	https://www.centene.com/who-we-are/about-us.html
Clinical Commissioning Groups (CCG)	Clinical Commission Groups (CCGs) are responsible for designing, commissioning and quality monitoring local health services. Within Nottingham & Nottinghamshire STP there are six CCGs: Nottingham City, Nottingham West, Mansfield and Ashfield, Newark and Sherwood, Rushcliffe and Nottingham North and East.	

Commissioning for Quality and Innovation (CQUIN)	The Commissioning for Quality and Innovation (CQUINs) payments framework encourages health care providers to share and continually improve how care is delivered and to achieve transparency and overall improvement in healthcare.	https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-16-17/
Community and Voluntary sector (CVS)	The community and voluntary sector (or third sector) is a group of voluntary organisations. The role of the CVS is vital when considering as asset based approach to care and heavily supports the self-care agenda, supporting individuals to help themselves. There are a number of services available to the public within the network of CVS that can offer individuals support and guidance on a number of issues.	http://www.nottinghamcvs.co.uk/
Community Education Provider Network (CEPN)	A CEPN brings together organisations who are involved with education and training in primary care. The CEPN delivers and co-ordinates education and training, promotes multi-professional training, supports local priorities and workforce needs, works collaboratively with health and social care, supports improvements in the quality of education, and utilises workforce data and provide continued professional development. The role of the CEPN is to help attract, recruit and retain staff in the region and help to develop a sustainable workforce.	https://www.england.nhs.uk/wp-content/uploads/2015/03/9-cquin-guid-2015-16.pdf
Connected Nottinghamshire	Connected Nottinghamshire is a transformation programme working to improve the way health information is shared to enhance service quality across health and social care services, support changes in the way health and social care services will be delivered in the future so that more care takes place in people's homes, closer to where they live and in hospitals, and improve collaborative working between IT service providers working in health and social care organisations. Their work supports health and social care staff to work together to provide a more efficient and effective service.	http://www.connectednottinghamshire.nhs.uk/
East Midlands Ambulance Service (EMAS)	EMAS provides emergency 999 care and clinical assessment services for a population of 4.8 million people across the entire east midlands. EMAS operates over the a number of STP areas.	http://www.emas.nhs.uk/
General Practitioner Forward View – GPFV	The GP Forward View's aim is to provide support to GP practices, including increases in funding. There have been agreed funding streams and innovations to tackle the challenges that are facing the general practice workforce.	https://www.england.nhs.uk/gp/gpfv/

Greater Nottingham Transformation Partnership	The Greater Nottingham Transformation Partnership is made up of all the organisations responsible for health and care in the greater Nottingham area. This includes 4 clinical commissioning groups, Nottingham North and East CCG, Nottingham West CCG, Nottingham City CCG and Rushcliffe CCG. Greater Nottingham Transformation Partnership also includes Nottinghamshire County Council and Nottingham City Council as well as Nottingham University hospitals, Nottinghamshire Healthcare Trust, CityCare Partnership and Circle Nottingham. The Greater Nottingham Partnership Board also has representatives from NCVS and Healthwatch.	http://www.greaternottinghamtransformation.co.uk/
Health and Wellbeing Board	Health and wellbeing boards were established by local authorities to act as a forum for local commissioners across the NHS, social care, public health and other services. The boards intend to increase democratic input into strategic decisions about health and wellbeing services, strengthen working relationships between health and social care, and encourage integrated commissioning of health care services. Within Nottinghamshire there are two health and wellbeing boards (Greater Nottingham Transformation Partnership and Mid Notts Transformation Board) which both report into the STP leadership board.	
Health Education England (HEE)	Health Education England (HEE) is a national leadership organisation for education, training and workforce development in the health sector.	https://hee.nhs.uk/
Health Literacy	Health literacy is the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health. Health literacy means more than being able to read pamphlets and successfully make appointments. By improving people's access to health information and their capacity to use it effectively, health literacy is critical to empowerment.	http://www.who.int/healthpromotion/conferences/7gchp/track2/en/
Healthy life expectancy	Healthy life expectancy is the average number of years that a person can expect to live in "full health" by taking into account years lived in less than full health due to disease and/or injury; it describes an improvement in the length of time that individuals are likely to live by keeping people healthier for longer.	http://www.who.int/healthinfo/statistics/indhale/en/

Healthy Living Pharmacies (HLP)	HLP is an organisational development framework underpinned by three enablers of: o Workforce development – a skilled team to pro-actively support and promote behaviour change, improving health and wellbeing o Premises that are fit for purpose o Engagement with the local community, other health professionals (especially GPs), social care, public health professionals and local authorities The HLP concept provides a framework for commissioning public health services through three levels of increasing complexity and required expertise with pharmacies aspiring to go from one level to the next. o Level 1: Promotion – Promoting health, wellbeing and self-care (in July 2016, Level 1 changed from a commissioner-led process to a profession-led self-assessment process) o Level 2: Prevention – Providing services (commissioner-led) o Level 3: Protection – Providing treatment (commissioner-led)	http://psnc.org.uk/services-commissioning/locally-commissioned-services/healthy-living-pharmacies/
Healthwatch	Healthwatch are a patient experience group who provide support and guidance to patients and highlight any inadequacies. Healthwatch state on their website: Healthwatch are a listening ear to people, especially the most vulnerable, to understand their experiences and what matters most to them, influencing those who have the power to change services so that they better meet people's needs now and into the future, empowering and informing people to get the most from their health and social care services and encouraging other organisations to do the same, and working with the Healthwatch network to champion service improvement and to empower local people.	http://www.healthwatch.co.uk/
Holistic Worker	The holistic worker model is an integrated approach to delivering care to individuals. Health and social care workers are trained in disciplines other than their own to provide joined up care to individuals and ultimately work to avoid hospital admission.	http://www.nhsemployers.org/case-studies-and-resources/2015/03/new-ways-of-working-in-nottingham-the-holistic-worker-model

House of Care	The House of Care is a framework which has been developed out of a need to manage the way that long term conditions are treated differently.	https://www.england.nhs.uk/ourwork/ltc-op-eolc/ltc-eolc/house-of-care/
Improving Access to Psychological Therapies (IAPT)	The Improving Access to Psychological Therapies programme began in 2008. IAPT services provide evidence-based treatments for people with anxiety and depression. The priority areas for service development are to expand services so that at least 1.5 million adults access care each year by 2020/21, focus on individuals with long-term conditions, support people to find or stay in work and improve quality and people's experience of services.	https://www.england.nhs.uk/mental-health/adults/iapt/
Integrated Personal Commissioning (IPC)	Integrated personal commissioning is an approach to person-centred health and social care. It aims to: join up health and social care services so people with complex needs, carers and families can shape care that is effective and meaningful to them in their lives, offer councils and NHS commissioners and provider's technical support, regulation and financial flexibility to address the barriers they may experience as they change their systems, and partner with the voluntary sector to design effective approaches to change, support individuals and drive the cultural changes needed. The IPC programme builds on and brings together work on implementing personal budgets in the NHS and the Better Care Fund.	http://www.ipcprogramme.org.uk/about-the-programme/
Integrated budget	Integrated budgets are an amount of money to support a person's identified care and support and health and wellbeing needs, planned and agreed between the person and their social care and health team.	
Learning Beyond Registration (LBR)	Health Education East Midlands have entered into contracts with local training providers to provide training to professionals post-registration (excluding dentists and doctors) in order to improve the skills, knowledge and competency of the workforce.	http://lbr.eastmidlands.nhs.uk/
Local Information Online Nottingham (LION)	Nottingham LION has been developed by Nottingham City Council and Nottingham City CCG as an online directory of services and agencies within the Nottingham area.	https://www.asklion.co.uk/kb5/nottingham/directory/home.page

Local Workforce Action Boards- LWAB	Local workforce action boards have been set up across the areas of the sustainability and transformation plan and are working closely with health and social care providers and commissioners around the workforce elements of the STP.	https://hee.nhs.uk/sites/default/files/documents/TV_PaulineBrown_presentation.pdf
Local Medical Committee (LMC)	LMCs are local representative committees of NHS GPs and represent their interests in their localities to the NHS health authorities. They interact and work with – and through – the General Practitioners Committee as well as other branch of practice committees and local specialist medical committees in various ways, including conferences.	https://www.bma.org.uk/about-us/how-we-work/local-representation/local-medical-committees
Local Pharmaceutical Committee (LPC)	Local Pharmaceutical Committees (LPCs) represent all NHS pharmacy contractors in a defined locality. LPCs are recognized by local NHS Primary Care Organisations and are consulted on local matters affecting pharmacy contractors. Nottinghamshire LPC represents local pharmacies in Nottinghamshire, Nottingham City and Bassetlaw.	http://lpc-online.org.uk/
Make Every Contact Count (MECC)	Making Every Contact Count (MECC) is an approach to behavior change that utilizes day to day interactions that organisations and individuals have with other people to support them in making positive changes to their physical and mental health and wellbeing. MECC enables the opportunistic delivery of consistent and concise healthy lifestyle information and enables individuals to engage in conversations about their health at scale across organisations and populations. The MECC approach has been developed by public health and has been rolled out to front line staff.	https://www.gov.uk/government/publications/making-every-contact-count-mecc-practical-resources
Make Every Contact Count (MECC) Plus	It is recognised that partner organisations such as local authorities may adopt a broader definition of the MECC approach, referred to as MECC plus. This may include conversations to help people think about wider determinants such as: • Debt management • Housing • Welfare rights advice	

Mid Nottinghamshire Alliance Transformation Board	Nottingham Better Together Partnership (Mid-Nottinghamshire Alliance Board) is made up of Mansfield and Ashfield CCG, Newark and Sherwood CCG, Sherwood Forest Hospitals, Circle Nottingham, East Midlands Ambulance Service, Nottinghamshire County Council and Nottinghamshire Healthcare Trust.	http://www.bettertogethermidnotts.org.uk/vanguard/
Multispecialty, community based provider – MCP	MCPs were introduced as a new type of integrated provider, combining the delivery of primary care and community-based health and care services. MCPs are part of the New Models of Care vanguard programme.	https://www.england.nhs.uk/wp-content/uploads/2016/07/mcp-care-model-frmwrk.pdf
New Care Models – Vanguard	There are 5 types of vanguard, which are new models of care: • Integrated Primary and Acute Care Systems (PACS) – joining up GP, hospital, community and mental health services • Multispecialty Community Providers (MCP) – moving specialist care out of hospitals into the community • Enhanced Health in Care Homes (EHCH) – offering older people better, joined up health, care and rehabilitation services • Urgent and Emergency Care (UEC) – new approaches to improve the coordination of services and reduce pressure on A&E departments • Acute Care Collaborations (ACC) – linking local hospitals together to improve their clinical and financial viability, reducing variation in care and efficiency. The New Models of care (Vanguards) are a key element to the delivery of the Five Year Forward View.	https://www.england.nhs.uk/2015/01/models-of-care/
NHS Five Year Forward View	This is a key strategic document for the NHS published in October 2014. It outlines the answers to: a) Why will the NHS need to change? b) What will the future look like? (use of new care models) c) How can we get there? Next Steps for the Five Year Forward View was published in March 2017.	https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf
National Institute for Health and Care Excellence (NICE)	NICE provides national guidance and advice to improve health and social care.	https://www.nice.org.uk/

Notts Help Yourself	The Notts Help Yourself website is aimed at supporting local people for find services or agencies that can support with finding help and advice. Notts Help Yourself was developed by Nottinghamshire County Council.	http://www.nottshelpyourself.org.uk/kb5/nottinghamshire/directory/home.page
Nottinghamshire County and Nottingham City Declaration on Tobacco Control	The Nottinghamshire County and Nottingham City Declaration on Tobacco Control is an extension of the original Local Government Declaration on Tobacco Control developed by Newcastle City Council as a response to the enormous and ongoing damage smoking causes to our communities. This locally developed, innovative document will enable organisations across the whole of the county and city to also sign up to the principles of the Local Authority Declaration and be supported to develop an action plan.	http://www.nottinghamshire.gov.uk/care/health-and-wellbeing/declaration-on-tobacco-control
Nottinghamshire Wellbeing @ Work programme	This is a local scheme that acts as an umbrella for a range of public health and wider health related priorities to be implemented across adult working age population and their wider families and peers. It encompasses a very effective community development model, whereby people in the workplace are trained to promote health and wellbeing in the workplace. The award scheme comprises five attainment levels across five themed areas with a tiered approach. The scheme brings together a large network of interested businesses and provides robust information on the importance of health and wellbeing, promoting local business as exemplary employers and improving their public image.	https://search3.openobjects.com/mediamanager/nottinghamshire/fsd/files/workplace_health_toolkit.pdf
Nurse Associates	The nursing associate role is a new support role that will sit alongside existing healthcare support workers and fully-qualified registered nurses to deliver hands-on care for patients. Following huge interest, some 2,000 people are now in training with providers across England. The new role is expected to work alongside care assistants and registered nurses to deliver hands-on care, focusing on ensuring patients continue to get the compassionate care they deserve. Its introduction has the potential to transform the nursing and care workforce with clear entry and career progression points. The new role will be regulated by the Nursing and Midwifery Council.	https://hee.nhs.uk/our-work/developing-our-workforce/nursing/nursing-associate-new-support-role-nursing

Person-Centred Approaches	The priorities of person-centered approaches are to tailor care planning to individuals. Skills for Health have produced a paper in relation to person-centered approaches which demonstrates the positive outcomes citizens have when they are supported with a person centered approach.	http://www.skillsforhealth.org.uk/services/item/575-person-centred-approaches-cstf-download
Personal budget	This is a budget that is funded by the local authority for individuals eligible for care and support under the Care Act.	
Personal health budget (PHB)	A PHB is an amount of money to support a person's identified health and wellbeing needs.	https://www.england.nhs.uk/personal-health-budgets/
Prevention	Prevention is the act of stopping something from happening or stopping someone from doing something. For the health and care system, this term refers to the general prevention of incidence and progression of ill health and wellbeing. The Care Act's triple definition of prevention: • Primary prevention is about minimising the risk of people developing needs. • Secondary prevention is about targeting people at high risk of developing needs and intervening early. • Tertiary prevention is about minimising deterioration and the loss of independence for people with established needs or preventing the reoccurrence of a health and social care crisis.	http://www.redcross.org.uk/About-us/Advocacy/Health-and-social-care/Prevention-in-action-resources-for-local-decision-makers
Priority Areas	Within the Sustainability and Transformation plan (STP), there are five areas where the biggest impact on improving services and improving the health and wellbeing of the population can be made. These areas are referred to as High Impact Areas (HIAs) throughout the STP.	
Promoting independence / maximising opportunities	This describes an approach where people are encouraged to do as much as they can for themselves whilst offering a good level of advice, information and access to support that can assist. Maximising opportunities for independence starts with people at risk of needing health or social care services through to people with complex health conditions or disabilities.	
Reablement	Reablement is interventions that are provided to individuals to help them to learn or relearn tasks to support them to regain their independence.	

Self-Care	Self-care is used to describe any human function that is under the control of the individual themselves. In healthcare, it is often used to describe people managing their long-term condition needs, but we are applying it in a broader context to wellbeing.	
Self-Care Forum	At the Department of Health on 10 May 2011, Paul Burstow, Minister of State for Care Services, met with 17 members of the Self Care Campaign. The occasion marked the inaugural meeting of the Self Care Forum, whose purpose is to further the reach of self-care and embed it into everyday life. The Minister invited the Self Care Forum to take over the organisation of Self Care Week, a yearly campaign that was started by the Department of Health in 2009. At the inaugural meeting, the Self Care Forum also agreed nine aims within its terms of reference, including to widely disseminate excellent examples of self-care activities.	http://www.selfcareforum.org/
Self-Management	Self-management is part of self-care. People with long-term conditions manage well when they understand and follow complex medical regimes and adopt necessary changes in lifestyle. This can often require support, whether in managing aspects of physical health, aspects of adapting everyday activities and roles, and/or dealing with the emotions arising from having a particular condition or number of conditions.	
Skills for Care	Skills for Care aims to support a better-led, skilled and well supported work force. Skills for Care support this by providing training for all individuals employed in the social care sector. Skills for Care were involved in the development of the Care Certificate.	http://www.skillsforcare.org.uk/Home.aspx
Social Care Institute for Excellence (SCIE)	Social Care Institute for excellence seeks to improve the lives of individuals who use care services by sharing information. This includes provision of training, consultancy and resources guides.	https://www.scie.org.uk/
Social Prescribing	Social prescribing, sometimes referred to as a community referral, is a means of enabling GPs, nurses and other primary care professionals to refer individuals to a range of non-clinical services. Social prescribing seeks to support individuals in a holistic way considering social, economic and environmental factors. There are many different models for social prescribing; most involve a link worker or navigator who works with people to access local sources of support.	https://www.kingsfund.org.uk/publications/social-prescribing

Sustainability Transformation Partnership	The Nottingham and Nottinghamshire Sustainability and Transformation Partnership is not a public body but a partnership of the six CCGs, two NHS Trusts and eight Local Authorities in Nottingham and Nottinghamshire who are now coming together to plan and deliver services across a wider geography and as an integrated health and care system. The footprint has a resident population of 1,001,600 citizens and has a total place-based spend across health and social care of £3.7 billion. A copy of the plan and supporting documents can be accessed on line at this address http://www.stpnotts.org.uk/	https://www.stpnotts.org.uk/media/116401/sustainabilitytransformationplansummaryguide.pdf http://www.smybndccgs.nhs.uk/application/files/9514/8041/4423/South_Yorkshire_and_Bassetlaw_STP_-_a_summary_.pdf
Three Tier Model	The three tier model has been developed to work with families, partners and communities to help more people to have healthy and fulfilling lives. The goal is for all service users to have a positive experience of care and support. Support will be tailored to individual's strengths, personal outcomes and the assets in the community. The model is based on three tiers: firstly, that individuals are supported to help themselves utilising resources readily available to all citizens including online resources, secondly, that there is a focused on short term care when needed, a reablement model that provides intensive support to support individuals to regain their independence, and thirdly, that there is help to live your life. This is self-directed based on citizens having choice and control.	
Workforce Temperature Check	In order to effectively respond to emerging workforce issues, it is vital that we have access to real time workforce intelligence. Numerous workforce data capture tools are utilised by STP partners, some of which capture mandatory data returns and data for internal reporting, but not all of which are readily available. There is no one system to systematically collect real time data that we can utilise to inform our plans. Conversations are currently taking place to determine the most effective approach for gaining system wide intelligence through a one off workforce survey. The survey will provide a 'temperature check' of key workforce risks and issues, including: o Business critical vacancies o Workforce skills gaps	

	o Recruitment and retention approaches and associated success rates o Temporary/flexible workforce and associated spend o Current workforce strategies o Known risks Analysis of this will help focus our limited resources and support the ongoing workforce modelling project. The LWAB are asked to support the roll out of this survey across STP organisations.	

Nottinghamshire County Council

Report to the Health and Wellbeing Board

7 November 2018

Agenda Item: 10

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

UPDATE TO THE NOTTINGHAMSHIRE PHARMACEUTICAL NEEDS ASSESSMENT 2018-21

Purpose of the Report

1. To seek approval for the publication of a supplementary statement to update the Pharmaceutical Needs Assessment 2018-2021 for Nottinghamshire based on changes to services from publication until 30 September 2018.

Information

2. The Pharmaceutical Needs Assessment 2018-2021 (PNA) for Nottinghamshire published in April 2018 following approval by the Health and Wellbeing Board in March 2018.

3. The PNA describes available pharmaceutical services across Nottinghamshire County and assesses whether these services meet the needs of the population.

4. Pharmaceutical services include contracted 'essential services' such as providing prescription medicines and safe disposal of medicines. In addition, community pharmacies are important providers of supplementary health services to their communities such as medicines reviews, health promotion and self-care services (such as emergency hormonal contraception and minor ailments.

5. The PNA also provides NHS England with robust and relevant information to support decisions around new and altered pharmaceutical services. The Health & Wellbeing Board is included in the consultation for these pharmacy applications.

6. The PNA is governed by Regulations issued by the Department of Health. These Regulations require that periodic supplementary statements are prepared and published where there are changes to pharmaceutical services which do not warrant a complete review of the PNA.

7. Changes to pharmaceutical services from publication of the PNA until the end of September 2018 are summarised in Appendix 1.

8. The majority of the changes relate to changes to supplementary hours which are those offered by pharmacies over and above the core hours required i.e 40 hours per week.

9. The PNA does not identify any significant gaps in pharmaceutical services for the Nottinghamshire County population and these changes do not impact on that assessment.

Pharmacy applications

10. In addition to these changes there has also been application made to NHS England to open a new pharmacy in the Calverton area. The Health and Wellbeing Board is consulted on such applications.

11. The PNA recognises that addional housing is planned in that area but that current provision meets existing and planned needs for the local population. A response was therefore submitted by the Chair, on behalf of the Health and Wellbeing Board to that effect.

Other Options Considered

12. An assessment of need was undertaken during the preparation of the PNA 2018-21.

Reason/s for Recommendation/s

13. The Pharmaceutical Needs Assessment is a statutory responsibility of the Health and Wellbeing Board. Supplementary statements are a requirement of the Regulations for PNA to update the assessment where changes do not warrant a refresh of the PNA.

Statutory and Policy Implications

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

Financial Implications

15. There are no financial implications arising from the contents of this report.

RECOMMENDATION/S

1. That the Health and Wellbeing Board approves the Supplementary Statement to the Pharmaceutical Needs Assessment 2018-2022 for the period from publication to 30 September 2018.

Jonathan Gribbin
Director of Public Health

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Constitutional Comments (LMC 03.10.2018)

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

Financial Comments (DG 05.10.2018)

17. The financial implications are contained within paragraph 15 of this report.

Background Papers and Published Documents

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

Nottinghamshire Pharmaceutical Needs Assessment
Nottinghamshireinsight.org.uk

Approval of the Pharmaceutical Needs Assessment
Report to the Health and Wellbeing Board
March 2018

Pharmaceutical Needs Assessments: Information Pack for Local Authority Health and Wellbeing Boards
Department of Health and Social Care
May 2013

Electoral Division(s) and Member(s) Affected

- All

Appendix 1

Nottinghamshire Pharmaceutical Needs Assessment 2018 - 2021
Supplementary Statement October 2018

The information contained in this supplementary statement supersedes some of the information provided in the original Pharmaceutical Needs Assessment 2018-2021 for Nottinghamshire and should be read in conjunction with that document.

Statement Number	Date of issue	Date of effect	Pharmacy Name and address	Details of change	Other details
1		11/12/2017	Lloyds Pharmacy Ltd Sainsbury's Supermarket, Highgrounds Road Rhodesia Worksop S80 3AT	Permanent closure - 100 hr pharmacy.	
2		26/02/2018	Boots Pharmacy 48 Bilborough Medical Centre Bracebridge Drive Bilborough NG8 4PN	Change of supplementary hours **From:** Mon - Fri 8:00 - 9:00 / 12:00 - 13:30 / 17:30 - 19:00 Sat 14:00 - 17:30 **To:** Mon - Fri 8:00 - 9:00/12:00 - 13:30/17:30 - 18:30 Sat Zero	
3		29/01/2018	Lloyds Pharmacy Unit 6 Rosemary Centre Walkden Street Mansfield NG18 1QL	Permanent closure of pharmacy	

4		20/04/2018	MCC Healthcare Unit 1 Upminster Drive Nuthall Nottingham NG16 1PT	Change in supplementary opening hours **From:** Mon- Wed 8.30-9.00am & 6-7.00pm Thurs 8.30am-9.00am & 6.00pm - 7.00pm Sat 9.00am-12.00pm **To:** Thurs 1.00pm - 6.00pm Sat 9.00am - 12.00pm.	
5		01/06/2018	Boots Pharmacy 45b Greens Lane Kimberley Nottingham NG16 2PB	Change in supplementary opening hours **From:** Mon - Wed 8-9am, 1-2pm and 6-7pm; Thurs 8-9am, 1-2pm and 5.30-7pm Fri 8-9am, 1-2pm, and 6-7pm Sat 9am-5pm **To:** Mon - Wed 1-2pm Thurs; 1-2pm and 5.30-6pm Fri 1-2pm Sat 9.30am-1pm	
6		01/06/2018	Boots Pharmacy 110-116 Nottingham Road Eastwood Notts NG16 3NP	Change in supplementary hours **From:** Mon-Fri 8-9am, 2-3pm & 5-6.30pm Sat 8.30-9am and 2-5.30pm Sun 10am-4pm **To:** Mon-Fri 8.30-9am, 2-3pm & 5-6.30pm Sat 8.30-9am and 2-5.30pm Sun closed	

7		01/06/2018	Gilbody Pharmacy Mansfield Road Skegby Sutton In Ashfield NG17 3EE	Change in supplementary hours **From**: Mon-Fri 8-9am, 1-2pm & 6-7pm Sat 9am-1pm **To:** Mon-Fri 8-9am, 1-2pm & 6-6.30pm Sat 9am-1pm.	
8		18/06/2018	Manns 271 Westdale Lane Carlton Nottingham NG4 4FG	Change in supplementary hours **From** Mon-Fri 6pm-6.30pm **To**: no supplementary opening hours.	
9		01/07/2018	Acorn Pharmacy 8 - 10 Main Road Jacksdale NG16 5JW	Change in supplementary hours **From:** Mon and Tue 5pm-6pm Thurs and Fri 5pm-6pm Sat 9am-1pm **To:** Mon-Fri 5pm-6pm; Sat closed.	
10		01/08/2018	Singhs Pharmacy 77 High Street Arnold Nottingham NG5 7DJ	Change in supplementary hours **From:** Mon-Fri 6pm-6.30pm **To:** no supplementary opening hours.	
11		15/07/2018	Galexa Pharmacy 61 Annesley Road Hucknall Nottingham NG15 7DR	Distance Selling Premises opening	

12		17/07/2018	Well Pharmacy 130-132 Forest Road, Annesley Woodhouse NG17 9HH	Mastersource incorrect - adjustment made to supplementary hours on Wednesday **From:** 1pm - 6:15pm **To:** 8:30am - 9am & 1pm - 6:15pm	Error highlighted through DOS
13		23/07/2018	Manns Pharmacy 13 - 15 Portland Road Hucknall Nottingham NG15 7SL	Change in core hours **From:** Mon & Tue: 9.00am–2.00pm & 3.00pm – 6.00pm; Wed: 9.00am–2.00pm & 3.00pm–5.30pm Thur: 9.00am–2.00pm & 3.00pm–6.00pm Fri: 9.00am– 2.00pm & 3.00pm– 6.30pm **To:** Mon-Fri: 9.00am - 1.00pm and 2.00pm - 6.00pm	
14		23/07/2018	Manns Pharmacy 852 Woodborough Road Mapperley Nottingham NG3 5QQ	Change in core hours **From:** Mon: 9.00am – 1.00pm & 2.00pm – 6.30pm; Tue: 9.00am – 1.00pm Wed: 9.00am – 1.00pm & 2.00pm – 6.30pm Thur & Fri: 9.00am – 6.30pm **To:** Mon-Fri: 9am-1pm and 2pm-6pm	
15		24/07/2018	Well The Health Centre Newgate Street Worksop S80 1HP	Change of hours **To:** Mon -Thurs 8am – 8pm Fri 8am – 6.30pm	Change of hours to match GP surgery
16		27/07/2018	Green Cross Pharmacy 95 Musters Road West Bridgford NG2 7PX	Mastersource incorrect - adjustment made to supplementary hours on Tuesday **From:** 8:30am - 9am & 6pm - 6:30pm **To:** 8:30am - 9am & 6pm - 7:30pm	Incorrect hours on PCSE amendment

17		28/09/2018	Brinsley Pharmacy 1 Brynsmoor Road Brinsley Nottingham NG16 5DD	Please note change of supplementary hours **From:** Sat 9am - 12 noon **To:** Mon-Fri: 1:00pm-2:00pm	