

## Health and Wellbeing Board

**Wednesday, 13 September 2023 at 14:00**

County Hall, West Bridgford, Nottingham, NG2 7QP

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### **AGENDA**

- |   |   |              |
|---|---|--------------|
| 1 | Apologies for Absence   |              |
| 2 | Declarations of Interests by Members and Officers                         |              |
| 3 | Minutes of the Last Meeting held on 5 July 2023                           | 3 - 12       |
| 4 | Chair's Report  | 13 - 18      |
| 5 | Family Hub Developments in Nottinghamshire                                | 19 - 28      |
| 6 | Nottinghamshire Joint Strategic Needs Assessment - Work Programme 2023-24 | 29 - 36      |
| 7 | 2023-25 Better Care Fund Planning Requirements                            | 37 - 104     |
| 8 | Work Programme  | 105 -<br>110 |

#### **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 Adrian Mann (Tel. 0115 804 4609) or a colleague in Democratic Services prior to the meeting.

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

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

Meeting: Nottinghamshire Health and Wellbeing Board

Date: Wednesday 5 July 2023 (commencing at 2:00pm)

**Membership:**

Persons absent are marked with an 'Ap' (apologies given) or 'Ab' (where apologies had not been sent). Substitute members are marked with a 'S'.

**Nottinghamshire County Councillors**

John Doddy (Chair)  
Sinead Anderson  
Ap Scott Carlton  
S Tom Smith  
Sheila Place  
John Wilmott

**District and Borough Councillors**

Ap David Walters - Ashfield District Council  
Lynne Schuller - Bassetlaw District Council  
Colin Tideswell - Broxtowe Borough Council  
Henry Wheeler - Gedling Borough Council  
Angie Jackson - Mansfield District Council  
Susan Crosby - Newark and Sherwood District Council  
Jonathan Wheeler - Rushcliffe Borough Council

**Nottinghamshire County Council Officers**

Ap Colin Pettigrew - Corporate Director for Children and Families Services  
Ap Melanie Williams - Corporate Director for Adult Social Care And Public Health  
Ap Jonathan Gribbin - Director for Public Health  
S Vivienne Robbins - Deputy Director for Public Health

**NHS Partners**

Ap Dr Dave Briggs - NHS Nottingham and Nottinghamshire Integrated Care Board  
S Dr Stephen Shortt - NHS Nottingham and Nottinghamshire Integrated Care Board  
Ab Dr Eric Kelly - Bassetlaw Place Based-Partnership  
Victoria McGregor-Riley - Bassetlaw and Mid-Nottinghamshire Place-Based Partnerships

	Dr Thilan Bartholomeuz (Vice Chair)	-	Mid-Nottinghamshire Place-Based Partnership
Ab	Fiona Callaghan	-	South Nottinghamshire Place-Based Partnership
	Helen Smith	-	South Nottinghamshire Place-Based Partnership
Ab	Oliver Newbould	-	NHS England

#### **Other Partners**

Ap	Sharon Caddell	-	Office of the Nottinghamshire Police and Crime Commissioner
	Sarah Collis	-	Healthwatch Nottingham and Nottinghamshire

#### **Substitute Members**

Councillor Tom Smith for Councillor Scott Carlton

Vivienne Robbins for Jonathan Gribbin

Dr Stephen Shortt for Dr Dave Briggs

#### **Officers and colleagues in attendance:**

Gerrie Adams	-	Senior Public Health and Commissioning Manager, Nottinghamshire County Council
Joanna Cooper	-	Assistant Director, NHS Nottingham and Nottinghamshire Integrated Care System
Helena Cripps	-	Public Health and Commissioning Manager, Nottinghamshire County Council
Councillor Caroline Ellis	-	Mansfield District Council
Lucy Hawkin	-	Public Health and Commissioning Manager, Nottinghamshire County Council
Briony Jones	-	Public Health and Commissioning Manager, Nottinghamshire County Council
Irene Kakoullis	-	Group Manager for Early Childhood Services, Nottinghamshire County Council
Adrian Mann	-	Democratic Services Officer, Nottinghamshire County Council
Naomi Robinson	-	Senior Joint Commissioning Manager, NHS Nottingham and Nottinghamshire Integrated Care Board

#### **1. Apologies for Absence**

Councillor Scott Carlton  
Councillor David Walters  
Colin Pettigrew  
Melanie Williams  
Jonathan Gribbin  
Dr Dave Briggs  
Sharon Caddell

## **2. Declarations of Interests**

No declarations of interests were made.

## **3. Minutes of the Last Meeting**

The minutes of the last meeting held on 24 May 2023, having been circulated to all Members, were taken as read and were confirmed and signed by the Chair.

## **4. Chair's Report**

Councillor John Doddy, Chair of the Nottinghamshire Health and Wellbeing Board, presented a report on the current local and national health and wellbeing issues and their implications for the Joint Health and Wellbeing Strategy. The following points were discussed:

- a) When the NHS was established 75 years ago on 5 July 1948, a primary focus was on combatting infectious diseases. Now, a significant level of NHS activity is around health issues in relation to longevity, which has increased significantly since 1948.
- b) Online sexual health testing services across Nottinghamshire have been upgraded to increase testing capacity and accessibility. The new system includes improved screening questions so that users will receive the most appropriate test for their needs, and it offers increased connectivity with local sexual health clinics. Due to the rising number of cases of sexually transmitted diseases, it is important that good investment is maintained in this area.
- c) The Government has announced £45 million in funding for measures to help make England 'smoke free' by 2030. In Nottinghamshire, work is being undertaken by the Smoking and Tobacco Alliance to establish the detail behind why people smoke and understand local culture, to inform targeted support – with a particular focus on people with a background of substance misuse.
- d) The use of e-cigarettes by smokers is an important tool in helping them to quit. However, it is vital to ensure that vaping is not taken up widely by people who do not smoke, as it still results in negative health impacts. This is particularly important in regards to children and young people, with the Royal College of Paediatrics and Child Health calling for a ban of all disposable vaping products to limit their availability. Enforcement action targeting the illicit sale of vaping products is being increased, with Trading Standards officers working to prevent underage sales. Direct engagement on vaping is also being carried out with children in as many secondary schools as possible, with a survey underway of the attitudes of Year 6 and Year 10 children to help inform a targeted communications campaign.
- e) A survey of the oral health of 5-year-old children has been published by the Office for Health Improvement and Disparities. The results showed that, overall, 23.7% of 5-year-olds in England had experience of obvious dentinal decay –

while there has been a significant decline in the number of children receiving routine check-ups at a dentist.

- f) Greater food insecurity could affect people's physical health and mental wellbeing, and it is estimated that malnutrition costs the NHS £19.6 billion per year. The national take-up of NHS healthy food vouchers (aimed at vulnerable parents of young children) is up slightly from 63% in the previous year, but below the goal of 75%. The Council's Public Health team is working to engage as closely as possible with the communities that are struggling most, and food insecurity will be considered as part of the Nottinghamshire Covid Impact Assessment.
- g) The Board considered that everything possible should be done to keep vaping products out of the reach of children and young people, including measures such as increasing regulation, enforcement and tax, and making e-cigarettes a prescription-only product.
- h) The Board noted that a great deal of work was required to focus on certain issues that had grown worse during the Coronavirus pandemic, such as addressing the root causes of domestic abuse, gambling and homelessness, where effective engagement at the local community level was vital. Members considered that it was important to expand the Best Start offer as much as possible as part of a communities-based way forward, with a proactive approach needed to ensuring food security and good oral health for children.
- i) The Board noted that the Rowlands Pharmacy in Mansfield has closed as a result of a successful consolidation application, and that the Peak Pharmacy in Huthwaite had changed its supplementary hours, creating a gap in pharmacy provision – though alternative provision was now in place. Members considered that it was vital that the Pharmaceutical Needs Assessment was maintained and used effectively to ensure that everyone in Nottinghamshire had reasonable access to a suitably close community pharmacy.

**Resolved (2023/015):**

- 1) To note the Chair's Report and its implications for the Joint Health and Wellbeing Strategy for 2022-26.

**5. The Nottinghamshire Covid Impact Assessment – Pregnancy, Childbirth and Early Years**

Helena Cripps and Lucy Hawkin, Public Health and Commissioning Managers at Nottinghamshire County Council, presented a report on the impacts of the Covid-19 pandemic in the context of pregnancy, childbirth and early years. The following points were discussed:

- a) The assessment focused on the impact of the Covid-19 pandemic on pregnancy, birth and children's early years (0-5), with a particular focus on the impact on parents' and carers' wellbeing, children's early development and early years health outcomes. The current work is being driven by the Best Start Partnership,

which has identified 18 recommendations and drawn up an associated action plan. Ultimately, the pandemic had an adverse health and wellbeing impact on pregnancy and early years – but the outcomes experienced were not universal and could differ widely across community groups and areas.

- b) The pandemic had a significant impact on the early experiences and wellbeing of parents and carers, who could often be affected by isolation and loneliness due to a lack of in-person peer support networks. However, in some cases, there was more time and opportunity for adults to bond with their children. A national survey is underway into the potential impact of the pandemic on the numbers of maternal deaths, but no findings have been released currently. Ultimately, more early support is recommended for parents and carers, with stronger perinatal mental health pathways and more antenatal and 'preparation for parenthood' programmes.
- c) There is evidence that the pandemic had an adverse impact on children's early development, particularly in terms of communication, language, and social and emotional development. Although there has been some recovery, there is now an increased demand for specialist speech and language support, in addition to support for healthy social and emotional development, that has emerged in the cohort of children aged 2 and over who were most affected by the restrictions of the Covid-19 pandemic. Action is required swiftly as these children will soon be approaching starting school. Funding is in place for targeted speech and language therapy, with focused interventions being carried out in early years settings. Work is also underway with schools to help them recognise and support the needs of this particular cohort of children as they prepare to start school.
- d) In terms of early years health outcomes, the prevalence of breastfeeding remained relatively constant during the pandemic, but there were some localised impacts and problems in accessing services – though usage levels are now recovering. There has been a sharp decline in under 5s being able to access a dentist, which also reflects a wider national issue. Generally, the vaccination rates for young children have remained stable, which represents a positive position.
- e) The Board considered that, in addressing the recommendations as set out in the report, the first '1001 days' in the life of a child were a crucial period where delivering effective services within communities through the Family Hubs would be vital. Members noted that community resilience was often far lower in areas of greater social deprivation, so an effective approach to addressing health inequality was very important.

**Resolved (2023/016):**

- 1) To note the Nottinghamshire Covid Impact Assessment for Pregnancy, Childbirth and Early Years.

## 6. Best Start Strategy Annual Progress Report 2022-23

Kerrie Adams and Irene Kakoullis, Senior Public Health and Commissioning Manager and Group Manager for Early Childhood Services at Nottinghamshire County Council, presented the annual report on the progress made towards the delivery of the Nottinghamshire Best Start Strategy. The following points were discussed:

- a) The Best Start Strategy represents an early help approach to improving outcomes for young children and their families. It was implemented on 1 April 2021 has been integrated within the wider Joint Health and Wellbeing Strategy, Integrated Care Strategy and Place-Based Plans.
- b) The Best Start Partnership acts as the responsible body for the development, delivery and performance management of the Strategy, working with existing partnership groups to agree actions, develop and deliver successful initiatives, and review progress. Where required, sub-groups have also been created to help lead on one or more of the ambitions of the Strategy. A great deal of work has been put in place, but there is still much more to be done – with a particular focus on improving the capture of data to inform effective service delivery, and on responding to the impacts of the Coronavirus pandemic.
- c) Steps are underway to ensure that ‘every contact counts’ in the context of place-based working. The Nottinghamshire Place-Based Partnerships (PBPs) are represented directly within the Best Start Partnership and work is taking place to explore how they can take a leading role within the existing governance arrangements. Best practice is also being developed for achieving effective co-production with service users, particularly through the Family Hubs. It is vital for the Council to hear the voice of families in developing service and there is the potential to develop further in this area through wider partnership working, such as with Healthwatch.
- d) A successful pilot project has been introduced to help pregnant women to quit smoking – including the provision of cessation support to other people within their household. A targeted parent-infant relationship service is in place to help and support early bonding between parents and their children. Emotional Health and Wellbeing Groups are being delivered through Children’s Centres. There has been a 67% sign-up rate for the Healthy Start scheme, which works to invest in funding vitamins through pregnancy for everyone, though uptake has been higher in some areas of Nottinghamshire than others. Regular communication are underway to encourage further take-up.
- e) Family Hubs form a vital part of direct community support, and their establishment is being focused on priority neighbourhoods. It is intended to ensure a range of means of access, with facilities in central locations (including all existing Sure Start buildings) supported by both satellite sites and virtual delivery. Virtual provision has improved service access amongst certain groups, such as increasing engagement by fathers, and work is underway with both the PBPs, District and Borough Councils, and the community and voluntary sector to seek to achieve full equality of access for everyone.



- f) Funding is in place to support speech, language and communication skills in children older than two-and-a-half years in advance of starting school, and also to help address the current waiting lists for autism assessments.
- g) The Board considered that it was vital to establish 'one-stop shop' Family Hub provision within communities – particularly for those experiencing the highest levels of social deprivation. Members noted that it was important to ensure that all services were properly joined up and had clear signposting – so that issues such as infant tongue-tie could be addressed easily through the breastfeeding support services, for example.
- h) The Board noted that, ultimately, regular reporting would be needed on the implementation progress of the wide range of strategies now coming into effect.

**Resolved (2023/017):**

- 1) To note the progress made in the delivery of the Nottinghamshire Best Start Strategy.
- 2) To approve the next steps for the effective delivery of the Strategy for the improvement of outcomes for children and families.

**7. Progress Report – Joint Health and Wellbeing Strategy for 2022-26**

Briony Jones, Public Health and Commissioning Manager at Nottinghamshire County Council, presented a report on the progress made towards the delivery of the new Joint Health and Wellbeing Strategy (JHWS). The following points were discussed:

- a) A formal steering group has been established to support the delivery of the JHWS, coordinating between the key partners to develop joint working and joint bidding processes. A new outcomes dashboard is being generated to focus on the measurable outcomes, performance and trends of the established key delivery indicators down to a local level, to maximise partnership oversight and support the identification of priority areas and effective means of delivery. The key indicators will reflect those established within the wider Integrated Care Strategy.
- b) It is important that the right reporting structure is in place so that the progress of the delivery of the JHWS in the targeted areas can be properly understood. There are a large number of work areas within the JHWS and these need to be brought together in a thematic way for effective oversight and discussion by the Board, both in its public meetings and more informal workshops.
- c) The Board considered that a close focus on measurable, targeted priorities was important as part of a focus on investing effectively in prevention in partnership with the wider sector, including community and voluntary groups.

### **Resolved (2023/018):**

- 1) To note the Joint Health and Wellbeing Strategy 2022-26 progress report.
- 2) To receive a presentation on the progress made in delivering the strategic ambition to give every child the best chance of maximising their potential at a future meeting of the Board.

### **8. Nottingham and Nottinghamshire NHS Joint Forward Plan**

Joanna Cooper, Assistant Director of the NHS Nottingham and Nottinghamshire Integrated Care System, presented a report on the development of the Nottingham and Nottinghamshire NHS Joint Forward Plan (JFP). The following points were discussed:

- a) The production of the JFP is now approaching completion, with the final draft published on 30 June. Formal feedback on the draft JFP was received from around 800 consultees, including from local people and community groups. The Integrated Care Partnership will meet on 13 July to finalise the JFP for launch at the end of July.
- b) As part of the drafting process, a development session was held with Board members to seek to ensure that the JFP reflects the Joint Health and Wellbeing Strategy and the Integrated Care Strategy priorities. Ultimately, a concerted attempt has been made to join up forward planning across all partners as part of a fully integrated and collaborative system-wide approach.
- c) The Board thanked the NHS Nottingham and Nottinghamshire Integrated Care Board the consultative approach taken to the development of the JFP. It recommended that, ultimately, careful planning will be required as to how assurance on the delivery and impact of the JFP will be provided, and how reporting across the system will be linked together to achieve a clear overview of both progress and where further support is needed.

### **Resolved (2023/019):**

- 1) To endorse the draft Nottingham and Nottinghamshire NHS Joint Forward Plan.
- 2) To approve the Board's statement of opinion, as set out in paragraph 10 to the report, for inclusion in the Joint Forward Plan.

### **9. The 2022-23 Better Care Fund Year End Reporting Template**

Naomi Robinson, Senior Joint Commissioning Manager at the NHS Nottingham and Nottinghamshire Integrated Care Board, presented a report on the completion of the 2022-23 Better Care Fund (BCF) Year End Reporting Template. The following points were discussed:

- a) The BCF year-end template confirms the continued compliance against the requirements of the fund (including the final spend position) and provides

information about the challenges, achievements and support needs in progressing delivery. The forward planning term is now for the next two financial years. Further steps are underway to develop strategic partnership working for collaborative planning and joint commissioning, with transformation processes linked to the to the BCF objectives. It is important that the BCF outcomes are reflected effectively with clear and collective oversight in place.

- b) The template reports the progress against four metrics, all of which were slightly below target at the year-end point. The challenges in meeting the targets set have been identified and mitigating actions have been put in place. These include carrying out more work to make the best use of community services to seek to avoid unplanned and unnecessary admissions to hospital from social care, addressing the higher than anticipated demand for residential care, and facilitating appropriate hospital discharge to residential care. A review is planned where the commissioning partners will be able to come together to discuss how the BCF can be taken forward in a fully joined-up way.
- c) Additional resources were received from the Adult Social Care Discharge Fund to support activity in this area during both 2022/23 and 2023/24. A narrative section on prevention work delivered through the BCF is being produced for future reporting templates, and high-level metrics are being developed for reporting on prevention activity.
- d) The Board considered that it was important for a proactive approach to be taken to prevention to reduce the number of unplanned hospital admissions, developed as part of a wider, person-centred approach in step with the Place-Based Plans to ensure that a full scheme of services from prevention to acute care is in place. Members advised that making the best use of community services was vital, in addition to further investment in preventative technology and remote monitoring.
- e) The Board recommended that a workshop should take place to enable members to discuss how the BCF can be best deployed in a strategic way. Members noted that, currently, only a small amount of the BCF is spent to support palliative care, so there was potential to consider how the services being provided by individual Place-Based Partnerships could be established across the whole system with support from the BCF.

**Resolved (2023/020):**

- 1) To ratify the Nottinghamshire 2022-23 Better Care Fund Year End Reporting Template that was submitted to NHS England on 23 May 2023 under delegated powers.

**10. Review of the Health and Wellbeing Board**

Briony Jones, Public Health and Commissioning Manager at Nottinghamshire County Council, presented a report on the proposed carrying out of a review process of the Nottinghamshire Health and Wellbeing Board to explore how it can best support the delivery of the Joint Health and Wellbeing Strategy. The following points were discussed:

- a) The last review of the work of the Board was carried out in 2015. As there have been substantial changes to the local health and care system since, a new review is important to help to identify opportunities to develop the Board, support and improve the delivery of its statutory duties and strategic priorities, ensure that the Board is effectively managing everything that it should, promote integrated working, and improve the health and wellbeing of residents of Nottinghamshire.
- b) The Government has updated its guidance in the context of the latest system changes to say that Health and Wellbeing Boards (HWBs) should continue to lead action at a place level to improve people's lives and remain responsible for promoting greater integration and partnership between the NHS, Public Health and Local Government. This involves working effectively with the local Place-Based Partnerships. Following the establishment of the Integrated Care Boards and Integrated Care Partnerships and their associated functions and duties, HWBs need to be clear on what they do within this context to respond to change dynamically and bring added value, and should ensure that their membership still best reflects the local circumstances and priorities.
- c) It is proposed to carry out the process with the Local Government Association as an independent partner, with the review to take place throughout the rest of 2023 and the findings and recommendations to be brought back to the Board for the New Year.

**Resolved (2023/021):**

- 1) To approve the undertaking of a review into how the Nottinghamshire Health and Wellbeing Board can deliver its responsibilities most effectively in the current health and care context, and to establish the opportunities for developing the Board's role.

**11. Work Programme**

Briony Jones, Public Health and Commissioning Manager at Nottinghamshire County Council, presented the Nottinghamshire Health and Wellbeing Board's current Work Programme. The following points were discussed:

- a) A thematic approach is being taken to the structuring of the Board's work programme, with the September meeting to focus on the theme of healthy and safe communities.

**Resolved (2023/022):**

- 1) To note the Work Programme.

There being no further business, the Chair closed the meeting at 4:16pm.

**Chair:**



## **REPORT OF THE CHAIR OF THE HEALTH AND WELLBEING BOARD**

### **CHAIR'S REPORT**

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

1. The report provides an update by the Chair on local and national issues for consideration by Health & Wellbeing Board members to determine implications for the Joint Health and Wellbeing Strategy for 2022 – 2026.

#### **Information**

##### **LOCAL**

##### **Create Healthy and Sustainable Places**

##### [Nottinghamshire County Council champions expansion of water fluoridation schemes](#)

2. Water fluoridation, a scientifically proven method of adding small amounts of fluoride to drinking water, is a key player in the fight against tooth decay. Already, 30% of Nottinghamshire residents, around 247,000 people, are reaping the benefits of this public health measure.
3. Nottinghamshire County Council is now setting its sights on exploring extending these benefits to other areas of the County. This could generate a 35% reduction in decayed, missing and filled teeth in five-year-old children, a 56% decrease in hospital admissions for tooth extractions in children from the most deprived areas, and a return of £12.71 after five years and £21.98 after ten years for every £1 invested in fluoridation.
4. Councillor Dr John Doddy, Chairman of the Health and Wellbeing board, proposed the approved motion to champion the oral health agenda at full council in July, stating it is a health inequality that is completely preventable and key to achieving better health outcomes for residents in Nottinghamshire and delivering the Joint Health and Wellbeing Strategy.

##### **Access Right Support to Improve Health**

##### [Toothbrushing packs to be given to vulnerable people and families](#)

5. Nottingham City Council and Nottinghamshire County Council have secured £100,000 of ring-fenced funding from NHS England to buy and distribute toothbrushing packs to foodbanks and other organisations in the community, who provide support for vulnerable people and families. The participating organisations help vulnerable and deprived communities who can be most at risk of experiencing poor oral health. The packs are being distributed to help enable people

who are currently unable to purchase these supplies, to brush their teeth by the recommended two times a day. In the city the distribution of oral health products is being co-ordinated by the Hygiene Bank, while participating organisations in the county will either receive a delivery or collect directly from Bunzl Cleaning & Hygiene Supplies. In addition to this summer distribution, a further allocation of oral health products is due to take place later in the year.

### [Nottingham and Nottinghamshire Joint Forward Plan](#)

6. Local partners have developed a [NHS Joint Forward Plan](#) to improve health and care outcomes and experiences for local people (2023 – 2027). This document is supported with an [Executive Summary](#) and a [public facing document](#).
7. There has been engagement across all teams in the development of the Plan as well as with local people and our wider ICS family. ICS colleagues from across the partnership have continued to work together over the last few weeks to mature thinking and reflect the feedback from our diverse partners. The plan sets out the NHS's contribution to delivery of the Nottingham and Nottinghamshire Integrated Care Strategy and embeds the principles of prevention, equity and integration, as well as outlining how NHS core services will be recovered and made sustainable following the pandemic.
8. This was endorsed by the Nottinghamshire Health and Wellbeing Board on 5 July 2023 and approved by the Nottingham and Nottinghamshire NHS Integrated Care Board on 13 July 2023.

### [£76 million Community Organisations Cost of Living Fund launched](#)

9. Government has announced the launch of the Community Organisations Cost of Living Fund. This is part of a package of over £100 million for charities and community organisations as set out in the 2023 Spring Budget, to support charities and community organisations in England at the frontline of dealing with the cost of living impacts.
10. Delivered in partnership with The National Lottery Community Fund, the Community Organisations Cost of Living Fund (CCLF) will support organisations across England to deliver critical frontline services. Organisations will be able to apply for funding to maintain or expand critical cost of living services from now until the end of March 2024.
11. The main priority is to fund organisations supporting low-income households and individuals and can apply for between £10,000 and £75,000. To apply your organisation must already run critical services around at least one of the following:
  - food and emergency supplies – like food and baby banks or the provision of hot meals, clothes or toiletries
  - emergency shelter – like night shelters or other accommodation for people experiencing homelessness
  - safe spaces – like domestic abuse services and youth services
  - warmth – like warm rooms and spaces
  - financial and housing advice – like giving people advice because of the increased cost of living.
12. The deadline for applications is 16 October 2023, with funding starting in October 2023, and finish in January 2024. To find out more please visit this website:

<https://www.tnlcommunityfund.org.uk/funding/programmes/community-organisations-cost-of-living-fund#section-4>

## **Give every child the best chance of maximising their potential**

### **£9.2m investment for Nottinghamshire schools**

13. The latest programme of school infrastructure improvements worth £9.2m has been unveiled by Nottinghamshire County Council. The investment is part of the council's school building improvement work for 2023/4, which will be designed and delivered by Arc Partnership, a joint venture between the council and SCAPE. Twenty primary and infant schools will benefit from a range of improvements, dependent on the needs for each school. The works will include roof replacements, drainage improvements as well as energy-efficient lighting and boiler upgrades.

## **Keep our Communities Safe & Healthy**

### **Domestic Abuse shown the Red Card in Nottinghamshire**

14. Football stars of the future are being educated on domestic abuse and healthy relationships thanks to specialist pilot sessions in Nottinghamshire. Broxtowe Women's Project, in partnership with the Nottinghamshire Football Association and Nottinghamshire Police, are raising awareness and increasing understanding of the subject matters by delivering specialist sessions within community football clubs. More than 2,000 grassroots clubs in the county are talking tactics while benefitting from a unique programme which focuses on educating the local community when it comes to understanding, identifying, preventing, and speaking out about domestic abuse, combined with the promotion and improvement of physical, mental, and emotional wellbeing.
15. The work comes after the project was awarded £10,000 as part of the Make Notts Safe Thematic Grant Funding from the Office of the Police and Crime Commissioner for Nottinghamshire. This Thematic Grant provides multi-year funding for third sector community-based organisations to enable local delivery against the Make Notts Safe Plan's strategic priorities – Communities, Rural Crime, Hate Crime, Youth Diversion and Hidden Harm.

## **NATIONAL**

### **Food**

#### **Fit for the Future: A Fair Deal on Food for a Healthier Britain.**

16. The 'Future of Britain' initiative, led by Jamie Oliver and the Tony Blair Institute, proposes a policy agenda for innovation and invention, focusing on transforming the food system to tackle childhood obesity and promote a healthier, more prosperous UK. It calls for free school meals, food education, and protection from unhealthy products, creating a healthier commercial food environment.

### **Alcohol**

#### **Pouring over public opinion: alcohol policies in the UK.**

17. This report by Alcohol Health Alliance provides an overview on the pressing alcohol problem in the UK. It highlights the high number of daily deaths and increasing costs associated with alcohol, exacerbated by the Covid-19 pandemic. In the report the AHA proposes comprehensive policies in four key areas to address alcohol harm. It explores public support for alcohol policies such as alcohol labelling and safeguarding government policy from industry influence.

## **Homelessness & Housing**

### [Statutory homelessness in England: January to March 2023.](#)

18. Official statistics on statutory homelessness applications, duties, and outcomes for local authorities in England. This release provides information on statutory homelessness applications, duties, and outcomes for local authorities in England. It also reports on households in temporary accommodation. A summary of local authority performance on statutory homelessness measures can be explored using the performance dashboard: January to March 2023.

## **Health Inequalities**

### [Special report: charting the rise in ADHD prescribing](#)

19. Despite a rise in people receiving treatment for attention deficit hyperactivity disorder in England, particularly adults, data show the condition continues to be significantly underdiagnosed.

20. The number of people in England obtaining central nervous system (CNS) stimulants and medicines for ADHD on the NHS has more than doubled to 233,000 over the past eight years, particularly accelerating over the past two years. The number of prescription items dispensed has increased in line with the number of patients.

21. Using prevalence data, ADHD UK has estimated that around 2.2 million people have ADHD in England. Not all people diagnosed with ADHD choose to receive medicines since many can function without them. However, researchers estimate that around 58% of people with ADHD are treated with medicines. If this is applied to the England prevalence figure, we would expect to see 1.3 million people receiving ADHD medicines, as opposed to the 233,000 who did so in 2022/2023, suggesting that more than 80% of people, who might consider taking ADHD medicines, remain undiagnosed.

### [Consultation on Disability Action Plan 2023 to 2024](#)

22. This consultation is aimed at anyone with an interest in the action the government will take during 2023 and 2024 to improve the lives of disabled people. Disabled people and disabled people's organisations may be particularly interested but anyone, including any organisations or individuals, may respond. The consultation closes on 6 October 2023.

### [Access to healthcare for people seeking asylum: toolkit for primary care commissioners and providers.](#)



23. Recommendations and support for ICBs and primary care commissioners in supporting access to initial health assessment and primary care for people in Home Office asylum accommodation.

### **Papers to other local committees**

24. [Nottinghamshire Safeguarding Adults Board Report on Progress against 2022 – 2023 Strategic Priorities](#)  
Adult Social Care and Public Health Select Committee  
12 June 2023
25. [Child Poverty – Free School Meals](#)  
Children and Families Select Committee  
19 June 2023
26. [Delivery of Diabetes Care in Nottingham and Nottinghamshire](#)  
Health Scrutiny Committee  
20 June 2023

### **Nottingham and Nottinghamshire Integrated Care System**

27. [Board papers](#)  
Nottingham & Nottinghamshire Integrated Care Board  
13 July 2023

### **Nottinghamshire Police and Crime Commissioner**

28. [Newsletter](#)  
June 2023
29. [Newsletter](#)  
July 2023

### **Other Options Considered**

30. There is the option to not provide the Chair's Report, however, this option was discounted as the Chair's Report provides important updates relating to the delivery of the Joint Health and Wellbeing Strategy for Nottinghamshire.

### **Reasons for Recommendation**

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

### **Statutory and Policy Implications**

32. This report has been compiled after consideration of the 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**

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

### **RECOMMENDATION**

The Health and Wellbeing Board is asked:

- 1) To consider the Chair's Report and its implications for the Joint Health and Wellbeing Strategy 2022-26.
- 2) To establish any actions required by the Health and Wellbeing Board in relation to the various issues outlined in the Chair's Report.

### **Councillor Dr John Doddy**

#### **Chair of the Nottinghamshire Health and Wellbeing Board**

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

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### **Constitutional Comments (SF 30/08/2023)**

34. This report falls within the remit of the Board for consideration as set out in the Board's Terms of Reference, in particular "14. To discuss all issues considered to be relevant to the overall responsibilities" of the Board (Council's Constitution, Section 7, Part 2, pg 119).

### **Financial Comments (DG 30/08/2023)**

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

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

36. 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

**13 September 2023**

**Agenda Item 5**

**REPORT OF THE CORPORATE DIRECTOR FOR CHILDREN AND FAMILIES**

**FAMILY HUB DEVELOPMENTS IN NOTTINGHAMSHIRE**

**Purpose of the Report**

1. To review the progress and next steps for the development and implementation of Family Hubs across Nottinghamshire.

**Information**

**What are Family Hubs?**

2. Family Hubs, as described by the government, offer support from pregnancy, through the child’s early years, later childhood and into young adulthood. They are not a statutory function and so the local offer from Family Hubs may vary from area to area. A key aim of Family Hub Networks are to provide a ‘front door’ to families, offering a ‘one-stop shop’ of family support services across their social care, education, mental health and physical health needs, with a comprehensive [Start for Life](#) offer for parents and babies at its core, with the underpinning view that families should only need to tell their story once. The Family Hub core offer in Nottinghamshire includes target cohorts and age groups, as well as key themes for service delivery.

						
Best Start for Life	Support for families with School aged children	Young People’s Services	Health and Wellbeing	Family Support and parenting programmes	Children and Young People with SEND	Money, Training, Skills, Employment and Housing Support

3. The Family Hub core offer will be provided by a range of existing services and organisations under the banner of local Family Hub Networks. There is no additional funding for Family Hub delivery so the intention is that partners will work together to assess and meet the needs of families through universal, early help and targeted interventions.
4. Each Family Hub Network will be unique and bespoke to the local community it serves and aims to make a positive difference to parents, carers and their children by providing a mix of physical and virtual spaces, as well as outreach, where families can easily access non-judgmental support for the challenges they may be facing.

### **What are Family Hubs aiming to achieve?**

5. The vision for Family Hubs in Nottinghamshire is *‘to build the resilience of families, and driving system change so that Nottinghamshire has joined up, efficient local services which are able to identify families in need and provide the right support at the right time’*.
6. The Department for Education and Department of Health and Social Care have agreed three national principles for Family Hubs:
  - a) **More accessible** – through clearly branded and communicated hub buildings, virtual offers and outreach.
  - b) **Better connected** – Family Hubs drive progress on joining up professionals, services and providers (state, private, voluntary) – through co-location, data sharing, shared outcomes and governance. Moving from services organised for under-fives, to families with children of all ages, reduces fragmentation (even though an emphasis on early years and the ‘Start for Life’ offer will remain).
  - c) **Relationship-centred** – practice in a Family Hub builds on family strengths and looks to improve family relationships to address underlying issues.
7. We will know if Family Hubs in Nottinghamshire are successful by evidencing the following outcomes:
  - a) increased accessibility for families to more of the services they need, through a single point of access,
  - b) increased awareness and uptake of family hub services, including by disadvantaged and vulnerable groups,
  - c) improved experience for families of navigating services and reduced need for families to tell their story more than once,
  - d) increased efficiency for professionals and services and more effective collaboration, leading to improved support for families,
  - e) increased consideration of a whole family’s needs, leading to more appropriate and timely support,
  - f) strengthened relationships within families and between them and professionals.

### **The Family Hub Partnership**

8. The Family Hubs Partnership is a subgroup of the Early Help Executive and has a direct link with the Best Start Partnership as ensuring a best start for life offer is a core element of Family Hub Networks. The group has been meeting since 2021 to start to shape plans for Family Hubs across Nottinghamshire. Membership includes District and Borough Councils, Place Based Partnerships, Voluntary and Community Sector, community and specialist health services,

education, Department for Work and Pensions, Inspire Libraries, and many others. Local governance of partnerships that support children and families are being reviewed and the oversight and development of Family Hubs will be carefully considered as this proceeds.

## **Best Start for Life and Family Hubs**

9. In 2022, the Department for Education pre-selected 75 Local Authorities to take part in the [Family Hubs and Start for Life programme](#). The preselection process used the Income Deprivation Affecting Children Index (IDACI) and selected the highest scoring 25% of councils from 'urban' and 'rural' categories. Nottinghamshire was not preselected however we are using the guidance to help shape local plans and developments.
10. The Family Hubs and Start for Life Programme helps meet commitments in [The Best Start for Life: a vision for the 1,001 critical days](#). The objective of the programme is to join up and enhance services delivered through Family Hubs, ensuring parents and carers can access the support they need when they need it. The programme will:
  - a) Provide support to parents and carers so they are able to nurture their babies and children, improving health and education outcomes for all.
  - b) Contribute to a reduction in inequalities in health and education outcomes for babies, children, and families across England by ensuring that support provided is communicated to all parents and carers, including those who are hardest to reach and/or most in need of it.
  - c) Build the evidence base for what works when it comes to improving health and education outcomes for babies, children, and families in different delivery contexts.

## **Targeting Priority Neighbourhoods**

11. Between one and three Family Hub Networks will be created in each district with all partners fully engaged. These Networks will include at least one main physical Family Hub with several spokes across a locality. These spokes will provide access to a range of services and interventions which could be age or topic specific, including libraries, Young People's Service, Children's Centres, Health Centres, Citizens Advice, Job Centre Plus, Leisure Centres and schools. Spokes will be a mixture of virtual and physical access points including the existing arrangements for telephone advice and referral, local websites, and online resources. Partner agencies will also be able to use the main physical Family Hub and spokes for appointments, clinics, and drop-in sessions.
12. Each Family Hub Network will ensure coverage across a district by carrying out substantial outreach work in target localities and by working with organisations based in priority neighbourhoods. In most cases the main Family Hub site will be located in areas of greatest need, however co-production activities with target groups have identified that families would like to access services that are more accessible for example town centres and on busy bus routes, so the exact locations have yet to be confirmed and consultation activities will further shape decisions.
13. Organisations and council teams involved in Family Hub Networks will be required to provide outreach work to ensure that access to services in target localities and with target groups is addressed. This could include delivery of activities in existing buildings by Council Family Hub teams and other services such as the Family Service and Healthy Family Teams, as well as home visits.

14. It is proposed that all Children’s Centre buildings become Family Hub main sites or spokes. Statutory consultation with residents and stakeholders will begin in Autumn 2023 to change the use of these sites. These buildings will continue to provide services for under 5’s but will also host other services and activities for families with older children. In some cases consultation with families may identify buildings which they prefer to be the Family Hub main site because of accessibility, so plans for roll out of Family Hubs will take feedback into account. Each site will invite partner organisations to provide services from hubs and spokes on a regular or ad hoc basis.

15. Proposed Family Hub Networks by District:

Ashfield	1) Ashfield North (Sutton in Ashfield) 2) Ashfield Central (Kirkby in Ashfield) 3) Ashfield South (Butlers Hill and Broomhill)
Bassetlaw	1) Retford 2) Worksop (Manton) 3) Harworth and Bircotes (including rural villages such as Carlton in Lindrick)
Broxtowe	1) Broxtowe North (Eastwood) 2) Broxtowe South (Chilwell)
Gedling	1) Gedling North (Killisick) 2) Gedling South (Netherfield)
Mansfield	3) Mansfield South East (Oaktree & Ravensdale) 4) Mansfield West (Tichfield & Oakham/Ladybrook) 5) Mansfield North (Mansfield Woodhouse)
Newark and Sherwood	1) Newark (Hawtonville) 2) Sherwood 3) Ollerton
Rushcliffe	1) Rushcliffe

### Progress so far

16. Nottinghamshire has planned a phased roll out of Family Hub Networks starting with several design sites being progressed prior to full roll out in 2024/25.

Family Hub Network Locality	Family Hub Main Delivery Site	Progress
Retford Family Hub Network	Retford Central Children’s Centre	Opened April 2023
Newark Family Hub Network	Hawtonville Children’s Centre	Due to open before April 2024
Sutton in Ashfield Family Hub Network	Summerhouse Children’s Centre and/or Sutton Library (pending further consultation)	Due to open before April 2024
Mansfield South Family Hub Network	Oaktree or Ravensdale Children’s Centre (pending local consultation)	Due to open before April 2024
Gedling South Family Hub Network	Netherfield Children’s Centre (pending local consultation)	Due to open before April 2024

17. The Retford Family Hub main site opened in April 2023, following consultation and co-production activities with young people, families, and local stakeholders. A steering group has been established and a range of organisations are now operating from the site. Further work

is now required to progress joint systems and processes to enable partners to jointly deliver services.

### **Co-production with Families and Stakeholders**

18. The approach in Nottinghamshire is to consult with local families and stakeholders before Family Hub plans take shape within a locality, this is followed by a range of co-production activities with children, young people, parents/carers and professionals. *“Co-production is not just a word, it’s not just a concept, it is a meeting of minds coming together to find a shared solution. In practice, it involves people who use services being consulted, included and working together from the start to the end of any project that affects them.”*<sup>1</sup>
19. By building in co-production into developments, it is anticipated there will be increased ownership and engagement in Family Hub Networks. Successful co-production:
  - recognises that people who use services have the skills and knowledge to change and improve service delivery.
  - breaks down the barriers between people who use services and professionals.
  - builds on people’s existing capabilities.
  - includes reciprocity (where people get something back for putting something in).
  - encourages mutuality (people working together to achieve shared objectives).
  - works with peer and personal support networks alongside professional networks.
20. The Family Hub model is an integrated service model, not a stand-alone service. Co-production therefore focuses on the journey through the system and not only on individual services such as GPs or social care.
21. Comments from local families about Family Hub developments included:
  - *“The hub is an essential service required in every area, as a parent who has used the services for groups with my baby, I now need it for additional emotional support for my son.*
  - *Would be good to have a Family Hub for support after children turn 5.*
  - *Suggest the opening times and days the hub would be open need to be taken into account to be able to include more dads and the flexibility of accessing services.*
  - *I used the centre for all midwife appointments while expecting my 2 year old and 6 year old. It was amazing to have that space to see the midwife and know they were there if I needed support after birth... It was a fabulous place to meet other parents and we still have a friendship as do our children now.”*
22. The consultation and co-production work in the Retford Family Hub Network has been a substantial piece of work, engaging local partners in the work to ensure underrepresented groups were engaged and using the skills of services such as Youth Services to specifically engage teenagers. A summary of work in Retford is available to view at [Retford and the story so far | Nottinghamshire County Council](#). The work in Retford has been recognised nationally as an example of good practice and has been published by the National Centre for Family Hubs [Participation case example: Nottinghamshire - National Centre for Family Hubs](#).

## **Family Hubs and Place Based Partnerships**

23. Place Based Partnerships are supportive of the Family Hub approach and are actively working with Nottinghamshire County Council to confirm locality governance arrangements and to increase the engagement of key partners and services such as social prescribers.
24. Family Hubs use an early help approach and will not only deliver interventions to support children to have the best start in life but will also help to address Place Based Partnership priorities such as young people's mental health and local priorities to reduce health inequalities.

## **Nottinghamshire's Virtual Family Hub**

25. The Department for Education published the Family Hubs Model Framework in August 2022<sup>2</sup> which contains a wide range of ambitions including requirements focusing on access, information, communications and self-help guides. The Family Hubs Partnership and Best Start Partnership are developing a Virtual Family Hub which will include the Best Start for Life Offer.
26. This work will begin in earnest following the appointment of a temporary project officer to lead on co-production with families and stakeholders. It is anticipated that this website will link to existing online information and will be the main 'go to' website for local families trying to find information, advice, and guidance on a wide range of issues.

## **Family Hub Workforce Development**

27. A partnership group has been meeting to explore the workforce development needs of professionals who will be engaged in Family Hub Networks. This could include customer service teams, Jobcentre Plus, library workers, receptionists, school staff etc. It is not intended that these workers are trained as experts in family support, but to be confident and able to help families find the information and support they may need. We understand from local co-production activities that professionals struggle to know what services are available, so it is not surprising that families struggle to navigate a complicated landscape of services and organisations.
28. A range of workforce development opportunities will be made available to staff according to their role and level of contact with families. This will include 'whole family working', 'reducing parental conflict'; as well as webinars and creating and disseminating short film clips of what services provide.
29. The workforce development matrix is being used initially in the Design site areas and will be built on further as work progresses.

## **Next Steps**

30. Progress the phased roll out of Family Hub Networks with all Family Hub Networks in place by April 2025.
31. Launch public consultation with residents and roll out local co-production activities in target localities.



32. Further development and refinement of the Best Start for Life Local Offer and the Virtual family Hub working with families to ensure their information and support needs are addressed.
33. Creation of systems and processes to enable families to access a range of services and interventions provided through Family Hub Networks.
34. Further engage schools in the development of Family Hub Networks.
35. Completion of a Family Hubs Outcomes Framework to measure impact and report on progress.
36. Information Sharing Agreements are being progressed to enable the successful implementation of Family Hub Networks and the Best Start for Life Local Offer. This work will enable services to provide integrated support and care, whilst identifying and addressing needs early.

### **Other Options Considered**

37. There is the option to not provide an update on progress for the development of Family Hubs in Nottinghamshire, however, this option was discounted as these hubs help to deliver the best start ambition of the Health and Wellbeing Board's Joint Health and Wellbeing Strategy 2022-26.

### **Reasons for Recommendations**

38. Family Hubs bring together family support services providing support early, when families need them. These include universal and targeted services, including access to the intensive support of a keyworker where appropriate.
39. Family Hubs can support all families, particularly in the first 1,001 days, but they are designed to be particularly accessible to families from lower socio-economic groups, families who have special educational needs or a disability, or those from minority groups who are experiencing exclusion.
40. Family Hub Networks will provide a cross-cutting early help solution to a complex set of problems and risks which face children and families. For this reason, the work to progress Family Hub Networks builds links between many different parts of the system to provide joined-up and holistic services. The Early Intervention Foundation (EIF) has estimated that the cost of late intervention is almost £17 billion a year, suggesting that providing family support early can lessen the demand for statutory intervention or acute services later on. Implementing successful Family Hub Networks will provide early interventions to reduce the burden on statutory and specialist services in the longer term.

### **Statutory and Policy Implications**

41. This report has been compiled after consideration of the 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**

42. Some of the signs that children and young people may be at greater risk of involvement in crime are present from birth. By using evidence-based practice to target and engage children at risk of poor outcomes, Family Hubs will be able to respond appropriately to these signals of risk and when required provide additional support at the earliest opportunity.

## **Data Protection and Information Governance**

43. Information sharing and General Data Protection Regulation compliance will be central to Family Hub developments and implementations. Information sharing agreements, data protection impact assessments and Privacy Notices will therefore be progressed.

## **Financial Implications**

44. Partners in the delivery of Family Hub Networks will use their own resources to help shape and improve services and interventions for children and families; no additional funding has been provided to support the implementation of Family Hubs.

## **Consultation**

45. Statutory consultation is required to change the use of a Children's Centre building to a Family Hub. Consultation is taking place at a local level for the design site areas and countywide consultation will begin in autumn 2023 ready for the full roll out of Family Hubs to begin from April 2024.

## **Public Sector Equality Duty implications**

46. The creation of Family Hub Networks across Nottinghamshire will not have a negative impact on anyone with protected characteristics. An Equalities Impact Assessment has been drafted and will be updated as plans progress.

## **Safeguarding of Children and Adults at Risk Implications**

47. Safeguarding children and families will continue to be a key priority within Family Hub developments. All partners involved in Family Hubs are asked to access free Nottinghamshire Safeguarding Children training and have policies and procedures to safeguard children and vulnerable adults.

## **Implications for Residents**

48. Successful delivery of Family Hubs will improve a range of outcomes for children and families including emotional health and wellbeing, healthy pregnancy, reducing parental conflict, speech, and language to name but a few.
49. Families will have access to information they need, when they need it: through a digital platform, as well as virtual and telephone offers around the needs of the family.
50. Local families will have an accessible, single point of reference that families can use to navigate local services specifically for babies from conception to 2 years of age.

## RECOMMENDATIONS

The Nottinghamshire Health and Wellbeing Board is asked:

- 1) To acknowledge the work progressed to establish Family Hub Networks in Nottinghamshire.
- 2) To endorse the suggested next steps for the effective roll out of Family Hub Networks across Nottinghamshire.
- 3) To consider whether there are any actions required by the Board in relation to support for the developments and implementation of Family Hubs.

**Colin Pettigrew, Corporate Director for Children and Families  
Nottinghamshire County Council**

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### Constitutional Comments (SF 31/08/2023)

51. This report falls within the remit of the Board for consideration as set out in the Board's Terms of Reference in particular 'To promote and encourage integrated working...' and 'To discuss all issues considered to be relevant to the overall responsibilities' of the Board (Council's Constitution Section 7 Part 2 pg 119).

### Financial Comments (CDS 05/09/2023)

52. There are no financial implications arising directly from this report. Partners in the delivery of Family Hub Networks will use their own resources to help shape and improve services and interventions for children and families; no additional funding has been provided to support the implementation of Family Hubs.

### Background Papers and Published Documents

53. 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.

- Implementing Family Hubs in Nottinghamshire – report to Children and Young People's Committee on 13<sup>th</sup> December 2021 [Democratic Management System > Meetings \(nottinghamshire.gov.uk\)](#)
- Proposed changes to Retford Central Children's Centre – report to Children and Young People's Committee on 13<sup>th</sup> December 2021 [Democratic Management System > Meetings \(nottinghamshire.gov.uk\)](#)

- Proposed Consultation on the use of Retford Central Children’s Centre – report to Children and Young People’s Committee on 13<sup>th</sup> September 2021 [Retford Central Consultation Report](#)
- Annual Progress Report Best Start Strategy 2022/23 -- Report to the Health and Wellbeing Board July 2023 [Democratic Management System > Meetings \(nottinghamshire.gov.uk\)](#)
- Nottinghamshire Family Hubs Implementation Equalities Impact Assessment November 2021 [Completed Equality Impact Assessments \(EqiAs\) | Nottinghamshire County Council](#)
- Family Hubs Model Framework (Department for Education and Department for Health and Social Care 2022) [Annex E - Family Hub Model Framework \(publishing.service.gov.uk\)](#)
- Family Hub Service Expectations (Department for Education and Department for Health and Social Care 2022) [Family Hub Service Expectations \(publishing.service.gov.uk\)](#)
- Family Hubs and Start for Life Programme Guide (Department for Education and Department for Health and Social Care 2022) [Family Hubs and Start for Life Programme Guide \(publishing.service.gov.uk\)](#)

**Electoral Divisions and Members Affected**

- All.

**13 September 2023**

**Agenda Item 6**

## **REPORT OF THE DIRECTOR OF PUBLIC HEALTH**

### **NOTTINGHAMSHIRE JOINT STRATEGIC NEEDS ASSESSMENT - WORK PROGRAMME 2023-2024**

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

1. To seek approval of the 2023/24 Joint Strategic Needs Assessment (JSNA) work programme, developed through the JSNA prioritisation process.
2. To propose refinements to the JSNA prioritisation process to enable greater flexibility and responsiveness to the needs of the local system going forward.
3. To provide an update on other work to further develop the JSNA to maximise its impact and reach.

#### **Information**

##### **Background**

4. The JSNA is a statutory responsibility of the Health and Wellbeing Board, including its development, application, access and use by wider partners. It is the process of assessing the current and future health and wellbeing needs of people in Nottinghamshire, and the evidence base about what works to address these needs. This ensures investment across the local system is prioritised to maximise impact for residents. The JSNA for Nottinghamshire County comprises a range of topic chapters and other supporting information which is published on [Nottinghamshire Insight](#). These primarily take the form of either a full chapter (in-depth analysis with recommendations), theme page (short introduction to a topic that signposts to relevant data and intelligence) or place profile (overview of health and wellbeing at county, district or ward level).
5. Historically, the Nottinghamshire Health and Wellbeing Board has not secured a sufficiently clear and timely steer from partners about topics of joint interest and strategic importance. In order to develop the JSNA work programme it was agreed that an annual prioritisation would take place, overseen by the JSNA Steering Group. The Health and Wellbeing Board was invited to support the development of this more senior and strategic steer through proposing JSNA chapters that reflect emerging issues of joint interest and strategic importance across Nottinghamshire.

6. Alongside the Health and Wellbeing Board, other key partners that were directly consulted with and encouraged to submit appropriate topic suggestions were the NHS Nottingham and Nottinghamshire Integrated Care Board (ICB), each of the Nottinghamshire Place Based Partnerships, Nottinghamshire County Council's Adult Social Care, Public Health, Children's and Place departments and Healthwatch.

### Outcomes from the prioritisation process to determine the 2023/24 JSNA work programme

7. A total of 9 formal topic submissions were received. A prioritisation matrix was used to formally assess these topic proposals based upon various factors such as upcoming commissioning intentions, changes in national strategies, emerging issues, local priorities and areas of increasing need. All submissions were scored and ranked initially by Public Health and ICB colleagues, and subsequently reviewed by the JSNA Steering Group in June 2023 to ensure a thorough approach to scoring.
8. Topic suggestions highlighted important areas with substantial impacts on health and wellbeing. However, it was agreed that full JSNA chapters as they currently exist in Nottinghamshire were not always the most appropriate product to drive change. In order to achieve maximum effectiveness, there is a need to ensure JSNA chapters are proportionate to the potential impact they can achieve and that partners actively engage with their development and recommendations. It is for this reason that many topics propose use of an alternative 'profile pack' format which covers very similar content as a full chapter, but in a more succinct and visual format.
9. Below is the proposed work programme, summarising the topic areas in order of priority determined through the scoring process and the proposed products for each. All topics align with priorities identified within the [Integrated Care Strategy 2023-27](#), the [Integrated Care System Health Inequalities Strategy 2020-24](#), the [Joint Health and Wellbeing Strategy 2022-26](#), and the [Nottinghamshire Plan 2021-31](#).

Topic	Sponsor	Proposed JSNA Product	Rationale
Autism & Neurodiversity (Adults)	Adult Social Care, Nottinghamshire County Council	Profile Pack	There are significant inequalities in this population group and an updated JSNA will support commissioning and other changes to address increasing demand and aspects of service delivery that are in special measures. It will be explored as a joint piece of work with Nottingham City and the ICB. It does not include children and young people because this has been addressed in a <a href="#">recently published JSNA</a> .
Health & Work	Public Health, Nottinghamshire County Council	Profile Pack	Good work has a significant impact on health and wellbeing, through provision of income as well as identity and purpose.

			This JSNA will help realise opportunities from planned devolution across Derby, Derbyshire, Nottingham and Nottinghamshire (D2N2) and Levelling Up Partnership work in Mansfield and Bassetlaw. It will combine with the social determinants topic of the Covid Impact Assessment due to the significant overlap in scope.
Adult Social Care Prevention and Health Inequalities	Adult Social Care, Nottinghamshire County Council	Profile Pack	This will inform an adult social care prevention strategy which supports more people to live longer, more independent and healthier lives, and drive improvements through the new Care Quality Commission Inspection Framework.
Community Capacity & Resilience	Public Health, Nottinghamshire County Council	Profile Pack	A range of partners have identified community development as a core part of their strategic vision. Strong and resilient communities help to promote and protect health and wellbeing. This JSNA will establish a shared understanding of the factors influencing community capacity and resilience, how they can be strengthened and the level of variation between different communities.
Suicide Prevention	Public Health, Nottinghamshire County Council  Public Health, Nottingham City Council	Full Chapter	Mental health is a priority across the system and suicide has a huge impact on individuals, families, and wider communities. This JSNA will inform recommissioning by the Integrated Care Board and the development of a new suicide prevention strategy. This will be a full chapter to enable joint working with Nottingham City.
Youth Justice	Children and Families, Nottinghamshire County Council	Profile Pack	Young offenders experience poorer physical and mental health outcomes, often leading to problems later on in life related to aspects such as

			employment and healthy relationships. This JSNA will address knowledge gaps to inform upcoming commissioning and service improvement.
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10. A summary of progress against the existing JSNA work programme since the last update to Health and Wellbeing Board in January 2022 is available in **Appendix 1**. Officers regularly monitor the work programme and support lead authors to plan effectively to ensure work is delivered in a timely manner and to suitable quality. Where significant issues arise they are escalated to the sponsor and/or Health and Wellbeing Board Chair where required.

**Refinements to the prioritisation process and an update on other JSNA developments**

11. Although the annual prioritisation process has improved partner engagement, it is still insufficient to properly assure that the work programme represents topics of joint interest and strategic importance in a timely way. This is evident given a significant proportion of JSNA topics are sponsored by the Public Health Division at Nottinghamshire County Council.

12. It is therefore proposed that alongside the existing annual process, topic proposals can be submitted by partners throughout the year which are considered against the existing work programme. Subject to a scoring process, an amendment to the work programme would be made with the agreement of the Health and Wellbeing Board Chair. This would enable greater flexibility and responsiveness to the needs of the local system whilst still retaining oversight by the Board through an annual report. For example, women’s health is an emerging priority which may benefit from a needs assessment in the near future but requires more consideration with partners.

13. In response to feedback from partners and through an analysis of national best practice, officers have been working to make other improvements to the JSNA to maximise its impact and reach. One example is the development of profile packs and dashboards to supplement the suite of JSNA products.

14. Profile packs, as described earlier in the report, are designed to undertake a similar approach to full chapters but present information in a more succinct and visual way to improve accessibility and engagement with relevant stakeholders. This is being trialled through two topics from the existing work programme and is proposed for a number of topics in the new work programme. Dashboards are designed to present data in charts, maps and other visuals along with some basic narrative. Their purpose for the JSNA is to provide high level summary data, updated consistently, across key health and wellbeing topics which supplement more in-depth assessments. The first in a series of dashboards being developed is now [live](#).

15. More broadly, officers are looking at opportunities for how the JSNA can better integrate with other sources of data and intelligence, such as the System Analytics Intelligence Unit in the ICB. As these developments take effect, feedback will be sought to maintain an approach of continuous improvement.



## **Other Options Considered**

16. Three JSNA topic proposals - gambling, violence against women and girls (VAWG), and severe mental illness - were discounted from the work programme because the scoring process determined these were not a priority. The gambling proposal will be incorporated into the suicide prevention JSNA, the VAWG proposal was put on hold to allow new leadership and strategy arrangements to bed in locally, and the severe mental illness proposal was discounted due to significant overlap with existing intelligence products.
17. The option to maintain the existing annual prioritisation process without any changes was discounted because of the risk that limited partner engagement poses to ensuring the JSNA represents topics of joint interest and strategic importance.

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

18. The JSNA is a statutory responsibility of the Health and Wellbeing Board. The proposed work programme has been developed in partnership with local stakeholders and prioritised through a robust scoring process to maximise impact. The proposed refinements to the prioritisation process will further strengthen this by making it more responsive to emerging system priorities.

## **Statutory and Policy Implications**

19. This report has been compiled after consideration of the 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**

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

## **RECOMMENDATION/S**

The Health and Wellbeing Board is asked:

- 1) To approve the 2023/24 Joint Strategic Needs Assessment (JSNA) work programme, developed through the JSNA prioritisation process.
- 2) To approve refinements to the JSNA prioritisation process to enable greater flexibility and responsiveness to the needs of the local system going forward.
- 3) To note other work taking place to develop the JSNA to maximise its impact and reach and consider whether there are any further actions required by the Board.

**Jonathan Gribbin, Director of Public Health  
Nottinghamshire County Council**

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

William Leather, Public Health and Commissioning Manager  
Nottinghamshire County Council  
Telephone: 0115 9774587  
Email: [william.leather@nottscc.gov.uk](mailto:william.leather@nottscc.gov.uk)

**Constitutional Comments (GMG 30/08/2023)**

21. These matters fall within the remit of the Health and Wellbeing Board to determine (see Section 7, Part 2, paragraph 8 of the Council's Constitution on page 119).

**Financial Comments (DG 30/08/2023)**

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

**Background Papers and Published Documents**

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

- [Guidance For the Approval of Joint Strategic Needs Assessment \(JSNA\) Chapters, report to Nottinghamshire Health and Wellbeing Board September 2018](#)
- [Joint Strategic Needs Assessment - Progress & Development, report to Nottinghamshire Health and Wellbeing Board February 2022](#)
- [Nottinghamshire Joint Strategic Needs Assessment \(JSNA\) Work Programme 2022-23, report to Nottinghamshire Health and Wellbeing Board June 2022](#)

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

- All

### Appendix 1: Existing JSNA Work Programme

Topic	Sponsor	Product	Progress
<b>Nottingham and Nottinghamshire's Health &amp; Wellbeing</b>	Public Health, Nottinghamshire County Council  Public Health, Nottingham City Council  System Analytics Intelligence Unit, Integrated Care Board	A series of six dashboards presenting data in charts, maps and other visuals alongside some basic narrative. These are designed to provide a high level overview of health and wellbeing which is regularly updated, complimenting the more in depth analysis of chapters and profile packs	First dashboard (Health & Wellbeing) is <a href="#">live</a> , with subsequent dashboards being developed throughout 2023 and 2024
<b>Demography (The People of Nottinghamshire)</b>	Public Health, Nottinghamshire County Council	Full chapter, incorporating the 2021 census data	Ongoing phased approach with sections of the chapter updated as data becomes available
<b>Substance Use (drugs and alcohol)</b>	Nottinghamshire Substance Misuse Strategy Group	Full chapter	<a href="#">Published</a> September 2022 (endorsed by Nottinghamshire Substance Misuse Strategy Group May 2022)
<b>Special Educational Needs and Disability 0 to 25 years</b>	Nottingham & Nottinghamshire (Special Educational Needs and Disability 0 to 25 years) Strategic Advisory Group	Full chapter	<a href="#">Published</a> March 2023 (endorsed by SEND Accountability Board April 2022)
<b>Looked After Children and Care Leavers</b>	Nottinghamshire Looked After Children and Care Leavers Board	Full chapter	Spring 2024 completion target
<b>Carers</b>	Carers Integrated Commissioning Forum	Full chapter	Autumn 2023 completion target
<b>Housing</b>	Nottinghamshire Fuel Poverty Strategy Group	Profile pack	Winter 2023 completion target

<b>Health Impacts of Climate Change for Nottinghamshire</b>	Public Health, Nottinghamshire County Council	Rapid review, focused on health protection aspects such as flooding and the impact of heat	Winter 2023 completion target
<b>Diet &amp; Nutrition</b>	Nottinghamshire Sustainable Food Strategy Group	Profile pack	Winter 2023 completion target
<b>Physical Activity</b>	Public Health, Nottinghamshire County Council	Theme page	<a href="#">Published</a> May 2023
<b>Covid-19</b>	Public Health, Nottinghamshire County Council	Impact assessment across key topics	Completed topics have been <a href="#">published</a> with the remainder scheduled for completion by winter 2023. It is proposed that the Social Determinants topic is amalgamated into the Health & Work JSNA due to significant overlap in scope.

13 September 2023

Agenda Item 7

## **REPORT OF THE CORPORATE DIRECTOR FOR ADULT SOCIAL CARE AND PUBLIC HEALTH**

### **2023-25 BETTER CARE FUND PLANNING REQUIREMENTS**

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

1. To ratify the Nottinghamshire 2023-25 Better Care Fund (BCF) planning requirements, which were submitted to NHS England on 28 June 2023.

#### **Information**

2. The BCF was established in 2015 to pool budgets between the NHS and local authorities, aiming to reduce the barriers often created by separate funding streams. Through pooling budgets the BCF supports the commissioning of person-centered health and social care services which achieve improved patient and service user experiences and outcomes. The pooled budget is a combination of contributions from the following areas:
  - a) Minimum allocation from integrated care systems (ICSs)
  - b) Disabled facilities grant – local authority grant
  - c) Social care funding (improved BCF) – local authority grant
  - d) Winter pressures grant funding – local authority grant
3. Systems are required to submit annual BCF plans to NHS England in line with national deadlines. The Better Care Fund (BCF) Planning requirements 2023 - 2025 were released on 4 April 2023. Following sign-off by Cllr Dr John Doddy (Nottinghamshire Health and Wellbeing Board Chair), Melanie Williams (Corporate Director for Adult Social Care and Health at Nottinghamshire County Council), Amanda Sullivan (Accountable Officer, Nottingham and Nottinghamshire Integrated Care Board), the Better Care Fund 2023 - 2025 Planning Template and BCF Narrative Plan were submitted to NHS England on 28 June 2023.
4. For 2023- 2025, the BCF planning requirements include:
  - a) Nottinghamshire BCF Planning template (Appendix 1)
  - b) Nottingham and Nottinghamshire BCF Narrative Plan (Appendix 2)
5. The BCF National conditions remain in place for 2023 - 2025:
  - a) A jointly agreed plan from local health and social care commissioners signed off by the Health and Wellbeing Board (HWB).
  - b) Implementation of the BCF objectives.
  - c) NHS contribution to adult social care to be maintained in line with the uplift to Integrated Care Board (ICB) minimum contribution at a value of £26, 596, 932 for year 1 (2023/24) and £28,102,319 for year 2 (2024/25).

- d) Invest in NHS commissioned out of hospital services meets the minimum contribution required of £19, 469, 393 for year 1 (2023/24) and £20, 571, 361 for year 2 (2024/25).
6. This is the first time that systems have been asked to produce a two-year BCF plan. The 2023-25 national BCF objectives remain the same as the previous year and maintain the focus on addressing wider system and prevention outcomes through co-ordination of services. The 2023-25 BCF national objectives are:
- a) Enable people to stay well, safe, and independent at home for longer
  - b) Provide the right care in the right place at the right time
7. **The 2023 -25 BCF Planning Template** includes the updated national performance metrics with target setting rationale and plans to meet performance ambitions (Appendix 1 tab 7). The 2023-25 national BCF metrics are:
- a) **Avoidable admissions:** Indirectly standardized rate of admissions per 100,000 population.
  - b) **Falls:** Emergency hospital admissions due to falls in people aged 65 and over directly age standardized rate per 100,000.
  - c) **Discharge to usual place of residence:** Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence.
  - d) **Residential admissions:** Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population.
  - e) **Reablement:** Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services.
8. Commissioners from Nottinghamshire County Council and the ICB jointly reviewed the target setting for BCF metrics. These are required for year 1 (2023/24) only and will be refreshed at year end. The rationale for target setting used national benchmarking and applied local improvement plans such as implementation of the anticipatory care model framework and the system agreement to continue to prioritise funding to resource 'pathway 1' reablement activity. A local Integrated Care System (ICS) BCF performance dashboard has been created to enable shared oversight of progress to reach targets.
9. The BCF Planning template (Appendix 1, tab 6a) provides detailed breakdown of expenditure against service areas. This includes spending for the two years covered by the plan (2023/24 and 2024/25). This includes the schemes which are funded through the Additional Discharge Funding specifically to support discharge from hospital. This funding was introduced mid-year in 2022-23 to support alleviating winter pressures and is now embedded as part of the BCF.
10. Capacity and demand modelling (Appendix 1, tab 4) is now integrated into the main BCF Planning template after local systems were required to trial this in 2022-23. This required joint review by health and social care of existing data to consider the full spectrum of care supporting recovery, reablement and rehabilitation and to estimate demand and capacity for both hospital discharge and admission avoidance. Locally we have worked closely with the NHSE regional BCF team to understand the new data requirement and to complete as fully as possible using available local data. This highlighted a need for longer term development of collaborative demand modelling, and this will be factored into future BCF planning approaches.
11. **The Nottingham and Nottinghamshire BCF Narrative Plan** (Appendix 2) describes how these services are commissioned and delivered to meet these objectives. The BCF narrative provides the ICS overview of the BCF plan, including how BCF programme align to our system priorities, transformation programmes and our approach to integration and how this is underpinned by the ICS Collaborative Planning and Commissioning Framework.
12. The narrative plan demonstrates that the BCF is a key component of the ICS Integrated Care

Strategy and how it supports delivery of the ICS vision. The narrative plan themes our BCF plans and services across three priority areas:

- a) **Prevention and early intervention services:** e.g., integration of lifestyle reaching health inclusion services with health and care pathways;
- b) **Proactive Care** e.g., integration of MDT case management and development of PCN Neighbourhood teams, outcome and impact monitoring and our ability to plan demand and capacity for admission avoidance;
- c) **Discharge to assess services:** integration of housing support, adaptation and temporary accommodation, ability to meet complexity of need at home (Pathway 1).

13. The Health and Wellbeing Board is now asked to formally ratify the submitted planning templates and narrative plan in line with the statutory Better Care Fund governance requirements.

## Local BCF Review

14. A collective strategic review of the existing BCF plans was undertaken by the ICB and Local Authorities between May and August 2022. The review has been undertaken in three phases which are detailed below:

- Phase 1: shared clarity, understanding and forward plan for BCF between ICB and Local Authorities
- Phase 2: analysis of existing BCF scope under three key themes; prevention, proactive care and discharge to assess to identify opportunities for integration
- Phase 3: stakeholder workshops to agree approach to deliver the collaborative opportunities identified

15. The findings and recommendations of phases 1 and 2 of the BCF review have been reviewed and endorsed by Nottinghamshire HWB on 19 April 2023. Phase 3 is now in train and the ICB, County Council and City Council are continuing to collaborate to take forwards the recommendations of the review and finalise the priority areas for further integration, with leadership provided by the Collaborative Commissioning Oversight Group. This will be progressed with considerable stakeholder engagement across Health and Wellbeing Board members, commissioning and provider organisations and Place Based Partnerships. This will be galvanised through two workshops to take place during October and November 2023.

## Conclusion

16. The report template was agreed for submission to NHSE by the following, subject to formal ratification at the Nottinghamshire Health and Wellbeing Board on 13 September 2023:

- Cllr John Doddy, Chair of the Nottinghamshire Health & Wellbeing Board
- Melanie Williams, Corporate Director: Adult Social Care & Health, Nottinghamshire County Council
- Amanda Sullivan, Accountable Officer, NHS Nottingham and Nottinghamshire Integrated Care Board

17. Subsequently, the Nottinghamshire Health and Wellbeing Board are asked to formally ratify the templates. The Nottinghamshire 2023 - 2025 Better Care Fund planning template submission is shown in full at **Appendix 1**.

## Other options considered

18. There is the option to not consult the Board on the Better Care Fund Planning Template. This was discounted as the Better Care Fund is one of the Board's statutory responsibilities.

## Reasons for Recommendation

19. To ensure the Nottinghamshire Health and Wellbeing Board has oversight of the Better Care Fund and can discharge its national obligations.

## Statutory and Policy Implications

14. This report has been compiled after consideration of the 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

15. The 2023-25 Better Care Fund pooled budget has been agreed as £115, 432,831 in year 1 (2023/24) and £119, 310, 655 in year 2 (2024/25) after inflation and is summarised in **Appendix 1**.

## Human Resources Implications

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

## Legal Implications

17. The Care Act facilitates the establishment of the Better Care Fund 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.

## RECOMMENDATION

The Health and Wellbeing Board is asked:

- 1) To ratify the Nottinghamshire 2023-25 Better Care Fund Planning templates that were submitted to NHS England on 28 June 2023.

**Melanie Williams, Corporate Director for Adult Social Care and Public Health  
Nottinghamshire County Council**

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

Katy Dunne, Senior System Development Manager  
NHS Nottingham and Nottinghamshire Integrated Care Board  
E: [katy.dunne@nhs.net](mailto:katy.dunne@nhs.net)

## Constitutional Comments (LPW 01/09/2023)

18. The Health and Wellbeing Board is the appropriate body to consider the contents of this report by virtue of its terms of reference.

## Financial Comments (OC 30/08/2023)

19. The Financial implications are detailed throughout this report and are summarised within paragraph 15.



## **Background Papers and Published Documents**

20. 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.

- 2018-19 Progress Update and Approval for the Use of the BCF Care Act Allocation (Recurrent and Reserve), the Improved BCF, and the Winter Pressures Grant 2019-20 – report to Health & Wellbeing Board on 6 March 2019
- 2019-20 Better Care Fund Policy Framework, Department of Health & Social Care, 10 April 2019
- Quarterly reporting from Local Authorities to the Department of Health & Social Care in relation to the Better Care Fund, Quarter 4 Return – 18 April 2019
- 2018-19 Better Care Fund Performance – report to Health & Wellbeing Board on 5 June 2019
- Better Care Fund Planning Requirements for 2019-20, Department of Health & Social Care, Ministry of Housing, Communities & Local Government, and NHS England, 18 July 2019
- 2019-20 First Quarter Better Care Fund Performance and Programme Update – report to Health & Wellbeing Board on 4 September 2019
- Nottinghamshire 2019-20 Better Care Fund Planning Template
- Nottinghamshire 2019-20 Q4 Better Care Fund Reporting Template
- 2020-2021 End of Year Template – report to Health and Wellbeing Board 9 June 2021

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

- All.



2. Cover

Version 1.1.3

Please Note:

- The BCF planning template is categorised as 'Management Information' and data from them will published in an aggregated form on the NHSE website and gov.uk. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.
- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.
- All information will be supplied to BCF partners to inform policy development.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

<b>Health and Wellbeing Board:</b>	Nottinghamshire	
<b>Completed by:</b>	Katy Dunne	
<b>E-mail:</b>	<a href="mailto:katy.dunne@nhs.net">katy.dunne@nhs.net</a>	
<b>Contact number:</b>	Teams	
<b>Has this report been signed off by (or on behalf of) the HWB at the time of submission?</b>	No	
<b>If no please indicate when the HWB is expected to sign off the plan:</b>	Thu 07/09/2023	<< Please enter using the format, DD/MM/YYYY

	Role:	Professional Title (e.g. Dr, Cllr, Prof)	First-name:	Surname:	E-mail:
<b>*Area Assurance Contact Details:</b>	Health and Wellbeing Board Chair	Dr	John	Doddy	cllr.john.doddy@nottsc.gov.uk
	Integrated Care Board Chief Executive or person to whom they have delegated sign-off	Dr	Amanda	Sullivan	amanda.sullivan7@nhs.net
	Additional ICB(s) contacts if relevant		Sarah	Fleming	sarah.fleming1@nhs.net
	Local Authority Chief Executive	n/a	n/a	n/a	n/a
	Local Authority Director of Adult Social Services (or equivalent)		Melanie	Williams	melanie.brooks@nottsc.gov.uk
	Better Care Fund Lead Official		Bridget	Cameron	bridget.cameron@nottsc.gov.uk
	LA Section 151 Officer		Nigel	Stevenson	nigel.stevenson@nottsc.gov.uk

## Better Care Fund 2023-25 Template

### 3. Summary

Selected Health and Wellbeing Board:

Nottinghamshire

### Income & Expenditure

[Income >>](#)

Funding Sources	Income Yr 1	Income Yr 2	Expenditure Yr 1	Expenditure Yr 2	Difference
DFG	£7,886,632	£7,886,632	£7,886,632	£7,886,632	£0
Minimum NHS Contribution	£68,512,792	£72,390,616	£68,512,792	£72,390,616	£0
iBCF	£30,920,338	£30,920,338	£30,920,338	£30,920,338	£0
Additional LA Contribution	£0	£0	£0	£0	£0
Additional ICB Contribution	£0	£0	£0	£0	£0
Local Authority Discharge Funding	£4,334,983	£4,334,983	£4,334,983	£4,334,983	£0
ICB Discharge Funding	£3,778,085	£3,778,085	£3,778,085	£3,778,085	£0
<b>Total</b>	<b>£115,432,831</b>	<b>£119,310,655</b>	<b>£115,432,830</b>	<b>£119,310,654</b>	<b>£1</b>

[Expenditure >>](#)

#### NHS Commissioned Out of Hospital spend from the minimum ICB allocation

	Yr 1	Yr 2
Minimum required spend	£19,469,393	£20,571,361
Planned spend	£39,114,008	£41,327,861

#### Adult Social Care services spend from the minimum ICB allocations

	Yr 1	Yr 2
Minimum required spend	£26,596,932	£28,102,319
Planned spend	£26,596,932	£28,102,319

[Metrics >>](#)

**Avoidable admissions**

	2023-24 Q1 Plan	2023-24 Q2 Plan	2023-24 Q3 Plan	2023-24 Q4 Plan
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (Rate per 100,000 population)	201.3	181.7	194.7	192.6

**Falls**

		2022-23 estimated	2023-24 Plan
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	Indicator value	1,887.0	1,887.0
	Count	3320	3320
	Population	176230	176230

**Discharge to normal place of residence**

2023-24 Q1 Plan	2023-24 Q2 Plan	2023-24 Q3 Plan	2023-24 Q4 Plan
--------------------	--------------------	--------------------	--------------------

Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence  (SUS data - available on the Better Care Exchange)	92.0%	92.5%	93.0%	94.0%
--	-------	-------	-------	-------

### Residential Admissions

		2021-22 Actual	2023-24 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	577	532

### Reablement

		2023-24 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	85.0%

[Planning Requirements >>](#)

Theme	Code	Response
NC1: Jointly agreed plan	PR1	Yes
	PR2	Yes

	PR3	Yes
NC2: Social Care Maintenance	PR4	Yes
NC3: NHS commissioned Out of Hospital Services	PR5	Yes
NC4: Implementing the BCF policy objectives	PR6	Yes
Agreed expenditure plan for all elements of the BCF	PR7	Yes
Metrics	PR8	Yes

**Better Care Fund 2023-24 Capacity & Demand Template**

**3. Capacity & Demand**

Selected Health and Wellbeing Board:

Nottinghamshire

**Guidance on completing this sheet is set out below, but should be read in conjunction with the guidance in the BCF planning requirements**

**3.1 Demand - Hospital Discharge**

This section requires the Health & Wellbeing Board to record expected monthly demand for supported discharge by discharge pathway. Data can be entered for individual hospital trusts that care for inpatients from the area. Multiple Trusts can be selected from the drop down list in column F. You will then be able to enter the number of expected discharges from each trust by Pathway for each month. The template aligns to the pathways in the hospital discharge policy, but separates Pathway 1 (discharge home with new or additional support) into separate estimates of reablement, rehabilitation and short term domiciliary care)

If there are any trusts taking a small percentage of local residents who are admitted to hospital, then please consider aggregating these trusts under a single line using the 'Other' Trust option.

The table at the top of the screen will display total expected demand for the area by discharge pathway and by month.

Estimated levels of discharge should draw on:

- Estimated numbers of discharges by pathway at ICB level from NHS plans for 2023-24
- Data from the NHSE Discharge Pathways Model.
- Management information from discharge hubs and local authority data on requests for care and assessment.

You should enter the estimated number of discharges requiring each type of support for each month.

**3.2 Demand - Community**

This section collects expected demand for intermediate care services from community sources, such as multi-disciplinary teams, single points of access or 111. The template does not collect referrals by source, and you should input an overall estimate each month for the number of people requiring intermediate care or short term care (non-discharge) each month, split by different type of intermediate care.

Further detail on definitions is provided in Appendix 2 of the Planning Requirements.

The units can simply be the number of referrals.

**3.3 Capacity - Hospital Discharge**

This section collects expected capacity for services to support people being discharged from acute hospital. You should input the expected available capacity to support discharge across these different service types:

- Social support (including VCS)
- Reablement at Home
- Rehabilitation at home
- Short term domiciliary care
- Reablement in a bedded setting
- Rehabilitation in a bedded setting
- Short-term residential/nursing care for someone likely to require a longer-term care home placement

Please consider the below factors in determining the capacity calculation. Typically this will be (Caseload\*days in month\*max occupancy percentage)/average duration of service or length of stay

Caseload (No. of people who can be looked after at any given time)

Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility

Please consider using median or mode for LoS where there are significant outliers

Peak Occupancy (percentage) - What was the highest levels of occupancy expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services.

At the end of each row, you should enter estimates for the percentage of the service in question that is commissioned by the local authority, the ICB and jointly.

**3.4 Capacity - Community**

This section collects expected capacity for community services. You should input the expected available capacity across the different service types.

You should include expected available capacity across these service types for eligible referrals from community sources. This should cover all service intermediate care services to support recovery, including Urgent Community Response and VCS support. The template is split into 7 types of service:

- Social support (including VCS)
- Urgent Community Response
- Reablement at home
- Rehabilitation at home
- Other short-term social care
- Reablement in a bedded setting
- Rehabilitation in a bedded setting

Please consider the below factors in determining the capacity calculation. Typically this will be (Caseload\*days in month\*max occupancy percentage)/average duration of service or length of stay

Caseload (No. of people who can be looked after at any given time)

Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility

Please consider using median or mode for LoS where there are significant outliers

Peak Occupancy (percentage) - What was the highest levels of occupancy expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services.

At the end of each row, you should enter estimates for the percentage of the service in question that is commissioned by the local authority, the ICB and jointly.

Virtual wards should not form part of capacity and demand plans because they represent acute, rather than intermediate, care. Where recording a virtual ward as a referral source, please select the relevant trust from the list. Further guidance on all sections is available in Appendix 2 of the BCF Planning Requirements.

Any assumptions made. Please include your considerations and assumptions for Length of Stay and average numbers of hours committed to a homecare package that have been used to derive the number of expected packages.

Demand from Hospital Discharges  
The ICS report on the number of discharges from acute hospitals using data direct from Nervecentre. Hospital discharges from between April 2022 and March 2023 have been used to set the baseline number in the draft return. No growth assumption has been applied to this baseline figure. For the draft return no phasing has been applied with all months equal. The same baseline period has been taken for patients discharged from a Mental Health in-patient bed and these are also included in the return based on the discharge destination. It has been assumed that 20% of

**Complete:**

3.1	Yes
3.2	Yes
3.3	Yes
3.4	Yes



3.1 Demand - Hospital Discharge

Demand - Hospital Discharge		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
<b>Trust Referral Source</b> (Please select Trust/s.....)	<b>Pathway</b>												
	Social support (including VCS) (pathway 0)	0	0	0	0	0	0	0	0	0	0	0	0
	DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST	0		0	0	0	0	0	0	0	0	0	0
	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	0											
	NOTTINGHAMSHIRE HEALTHCARE NHS FOUNDATION TRUST	0											
	SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST	0											
	OTHER	0											
	Reablement at home (pathway 1)	44	44	44	44	44	44	44	44	44	44	44	44
	DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST	302	302	302	302	302	302	302	302	302	302	302	302
	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	12	12	12	12	12	12	12	12	12	12	12	12
	NOTTINGHAMSHIRE HEALTHCARE NHS FOUNDATION TRUST	170	170	170	170	170	170	170	170	170	170	170	170
	SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST	29	29	29	29	29	29	29	29	29	29	29	29
	OTHER												
	Rehabilitation at home (pathway 1)												
	DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST												
	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST												
	NOTTINGHAMSHIRE HEALTHCARE NHS FOUNDATION TRUST												
	SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST												
	OTHER												
	Short term domiciliary care (pathway 1)												
	DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST												
	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST												
	NOTTINGHAMSHIRE HEALTHCARE NHS FOUNDATION TRUST												
	SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST												
	OTHER												
	Reablement in a bedded setting (pathway 2)	0	0	0	0	0	0	0	0	0	0	0	0
	DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST	0	0	0	0	0	0	0	0	0	0	0	0
	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	0	0	0	0	0	0	0	0	0	0	0	0
	NOTTINGHAMSHIRE HEALTHCARE NHS FOUNDATION TRUST	0	0	0	0	0	0	0	0	0	0	0	0
	SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST	0	0	0	0	0	0	0	0	0	0	0	0
	OTHER	0	0	0	0	0	0	0	0	0	0	0	0
	Rehabilitation in a bedded setting (pathway 2)	19	19	19	19	19	19	19	19	19	19	19	19
	DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST	79	79	79	79	79	79	79	79	79	79	79	79
	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	15	15	15	15	15	15	15	15	15	15	15	15
	NOTTINGHAMSHIRE HEALTHCARE NHS FOUNDATION TRUST	41	41	41	41	41	41	41	41	41	41	41	41
	SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST	8	8	8	8	8	8	8	8	8	8	8	8
	OTHER												
	Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	9	9	9	9	9	9	9	9	9	9	9	9
	DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST	24	24	24	24	24	24	24	24	24	24	24	24
	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	7	7	7	7	7	7	7	7	7	7	7	7
	NOTTINGHAMSHIRE HEALTHCARE NHS FOUNDATION TRUST	32	32	32	32	32	32	32	32	32	32	32	32
	SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST	4	4	4	4	4	4	4	4	4	4	4	4
	OTHER												
<b>Totals</b>	<b>Total:</b>	795.088333	795.088333	795.088333	795.088333	795.088333	795.088333	795.088333	795.088333	795.088333	795.088333	795.088333	795.088333

3.2 Demand - Community

Demand - Intermediate Care		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
<b>Service Type</b>													
Social support (including VCS)		150	150	150	150	150	150	150	150	150	150	150	150
Urgent Community Response		0	0	0	0	0	0	0	0	0	0	0	0
Reablement at home		0	0	0	0	0	0	0	0	0	0	0	0
Rehabilitation at home		139	139	139	139	139	139	139	139	139	139	139	139
Reablement in a bedded setting		0	0	0	0	0	0	0	0	0	0	0	0
Rehabilitation in a bedded setting		41	41	41	41	41	41	41	41	41	41	41	41
Other short-term social care		19	19	19	19	19	19	19	19	19	19	19	19

3.3 Capacity - Hospital Discharge

Capacity - Hospital Discharge		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
<b>Service Area</b>	<b>Metric</b>												
Social support (including VCS)	Monthly capacity, Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0
Reablement at Home	Monthly capacity, Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0
Rehabilitation at home	Monthly capacity, Number of new clients.	705	736	766	797	827	858	858	858	858	858	858	858
Short term domiciliary care	Monthly capacity, Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0
Reablement in a bedded setting	Monthly capacity, Number of new clients.	9	9	9	9	9	9	9	9	9	9	9	9
Rehabilitation in a bedded setting	Monthly capacity, Number of new clients.	161	161	161	161	161	161	161	161	161	161	161	161

Commissioning responsibility (% of each service type commissioned by LA/ICB or jointly)		
ICB	LA	Joint
	60%	40%
	60%	40%
	60%	40%
	90%	90%
	90%	90%

Short-term residential/nursing care for someone likely to require a longer-term care home placement	Monthly capacity, Number of new clients.	74	74	74	74	74	74	74	74	74	74	74	74	74
---	--	----	----	----	----	----	----	----	----	----	----	----	----	----

50%	50%
-----	-----

3.4 Capacity - Community

Capacity - Community													
Service Area	Metric	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS)	Monthly capacity, Number of new clients.	150	150	150	150	150	150	150	150	150	150	150	150
Urgent Community Response	Monthly capacity, Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0
Reablement at Home	Monthly capacity, Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0
Rehabilitation at home	Monthly capacity, Number of new clients.	139	139	139	139	139	139	139	139	139	139	139	139
Reablement in a bedded setting	Monthly capacity, Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0
Rehabilitation in a bedded setting	Monthly capacity, Number of new clients.	41	41	41	41	41	41	41	41	41	41	41	41
Other short-term social care	Monthly capacity, Number of new clients.	19	19	19	19	19	19	19	19	19	19	19	19

Commissioning responsibility (% of each service type commissioned by LA/ICB or jointly)		
ICB	LA	Joint
60%	40%	
60%	40%	
60%	40%	
90%	90%	
90%	90%	
50%	50%	

## Better Care Fund 2023-25 Template

### 4. Income

Selected Health and Wellbeing Board:

Nottinghamshire

Local Authority Contribution		
Disabled Facilities Grant (DFG)	Gross Contribution Yr 1	Gross Contribution Yr 2
Nottinghamshire	£7,886,632	£7,886,632
DFG breakdown for two-tier areas only (where applicable)		
Ashfield		
Bassetlaw		
Broxtowe		
Gedling		
Mansfield		
Newark and Sherwood		
Rushcliffe		
<b>Total Minimum LA Contribution (exc IBCF)</b>	<b>£7,886,632</b>	<b>£7,886,632</b>

Local Authority Discharge Funding	Contribution Yr 1	Contribution Yr 2
Nottinghamshire	£4,334,983	£4,334,983

ICB Discharge Funding	Contribution Yr 1	Contribution Yr 2
NHS Nottingham and Nottinghamshire ICB	£3,778,085	£3,778,085

<b>Total ICB Discharge Fund Contribution</b>	£3,778,085	£3,778,085

<b>iBCF Contribution</b>	<b>Contribution Yr 1</b>	<b>Contribution Yr 2</b>
Nottinghamshire	£30,920,338	£30,920,338
<b>Total iBCF Contribution</b>	<b>£30,920,338</b>	<b>£30,920,338</b>

Are any additional LA Contributions being made in 2023-25? If yes, please detail below	No
--	----

<b>Local Authority Additional Contribution</b>	<b>Contribution Yr 1</b>	<b>Contribution Yr 2</b>	<b>Comments - Please use this box to clarify any specific uses or sources of funding</b>
<b>Total Additional Local Authority Contribution</b>	<b>£0</b>	<b>£0</b>	

<b>NHS Minimum Contribution</b>	<b>Contribution Yr 1</b>	<b>Contribution Yr 2</b>
NHS Nottingham and Nottinghamshire ICB	£68,512,792	£72,390,616
<b>Total NHS Minimum Contribution</b>	<b>£68,512,792</b>	<b>£72,390,616</b>

Are any additional ICB Contributions being made in 2023-25? If yes, please detail below	No
---	----

<b>Additional ICB Contribution</b>	<b>Contribution Yr 1</b>	<b>Contribution Yr 2</b>	<b>Comments - Please use this box clarify any specific uses or sources of funding</b>
<b>Total Additional NHS Contribution</b>	<b>£0</b>	<b>£0</b>	
<b>Total NHS Contribution</b>	<b>£68,512,792</b>	<b>£72,390,616</b>	

	<b>2023-24</b>	<b>2024-25</b>
<b>Total BCF Pooled Budget</b>	<b>£115,432,831</b>	<b>£119,310,655</b>

**Better Care Fund 2023-25 Template**

**5. Expenditure**

Selected Health and Wellbeing Board:

[<< Link to summary sheet](#)

Running Balances	2023-24			2024-25		
	Income	Expenditure	Balance	Income	Expenditure	Balance
DFG	£7,886,632	£7,886,632	£0	£7,886,632	£7,886,632	£0
Minimum NHS Contribution	£68,512,792	£68,512,792	£0	£72,390,616	£72,390,616	£0
iBCF	£30,920,338	£30,920,338	£0	£30,920,338	£30,920,338	£0
Additional LA Contribution	£0	£0	£0	£0	£0	£0
Additional NHS Contribution	£0	£0	£0	£0	£0	£0
Local Authority Discharge Funding	£4,334,983	£4,334,983	£0	£4,334,983	£4,334,983	£0
ICB Discharge Funding	£3,778,085	£3,778,085	£0	£3,778,085	£3,778,085	£0
<b>Total</b>	<b>£115,432,831</b>	<b>£115,432,830</b>	<b>£1</b>	<b>£119,310,655</b>	<b>£119,310,654</b>	<b>£1</b>

**Required Spend**

This is in relation to National Conditions 2 and 3 only. It does NOT make up the total Minimum ICB Contribution (on row 33 above).

	2023-24			2024-25		
	Minimum Required Spend	Planned Spend	Under Spend	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum ICB allocation	£19,469,393	£39,114,008	£0	£20,571,361	£41,327,861	£0
Adult Social Care services spend from the minimum ICB allocations	£26,596,932	£26,596,932	£0	£28,102,319	£28,102,319	£0

**Checklist**

Column complete:

Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
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>> Incomplete fields on row number(s):

- 58, 59,
- 60, 61,
- 62, 63,
- 64, 65,
- 66, 67,
- 68, 69,
- 70, 71,
- 72, 73,
- 74, 75,
- 76, 77,
- 78, 79,
- 80, 81,
- 82, 83,
- 84, 85,
- 86, 87,
- 88, 89,
- 90, 91,
- 92, 93,
- 94, 95,
- 96, 97,
- 98, 99,
- 100, 101,
- 102, 103,
- 104, 105,
- 106, 107,
- 108, 109

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Expected outputs 2023-24	Expected outputs 2024-25	Units	Planned Expenditure		Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding
									Area of Spend	Please specify if 'Area of Spend' is 'other'					
1	Short term rehab at care at Home (was ID 1 7 day)	NHT lots #10 South Notts. Short term rehab to deliver home first approach	Personalised Care at Home	Mental health /wellbeing					Community Health		NHS			NHS Community Provider	Minimum NHS Contribution
2	Community Beds (was ID 2 'Delayed transfers of Care')	NHT Lot 8 South (lings Bar), plus Fernwood mid Notts	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with rehabilitation (to support discharge)		1008	1008	Number of Placements	Community Health		NHS			NHS Community Provider	Minimum NHS Contribution
3	Care Coordination (was ID 2 Delayed transfers of care)	Care Navigation Mid Notts - care coordination and MDT working. NHT Intermediate	Prevention / Early Intervention	Risk Stratification					Community Health		NHS			NHS Community Provider	Minimum NHS Contribution
4	Primary Care Enhanced Delivery Services (was ID 3)	GP Enhanced Delivery Scheme - supporting coordination and MDT risk assessment of	Prevention / Early Intervention	Risk Stratification					Primary Care		NHS			NHS	Minimum NHS Contribution
5	Care Coordination (was ID 3 reducing non-elective)	South Notts NHT Integrated Care Team - antipatory care model, MDT, care	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as					Community Health		NHS			NHS Community Provider	Minimum NHS Contribution
6	? Crisis response (was ID 3 reducing non-elective and	British Red Cross Crisis. Query separate Call for Care and Bassetlaw	Urgent Community Response	Reablement at home (to prevent admission to hospital or residential care)					Community Health		NHS			Charity / Voluntary Sector	Minimum NHS Contribution
7	Crisis Repsonse (was ID 3 reducing non-elective)	South Notts NHT Integrated Care Team- 2hr urgent repsonse	Urgent Community Response	Reablement at home (to prevent admission to hospital or residential care)					Community Health		NHS			NHS Community Provider	Minimum NHS Contribution
8	Care Coordination	NHT Mid Notts Community Nursing Service inc. care coordination, case	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as					Community Health		NHS			NHS Community Provider	Minimum NHS Contribution
9	Falls Prevention (was schemed ID 3 reducing non-	NHT Mid Notts Community Rehab Falls	Personalised Care at Home	Physical health/wellbeing					Community Health		NHS			NHS Community Provider	Minimum NHS Contribution
10	Falls Prevention (was schemed ID 3 reducing non-	Community Falls Rehab- East Bridgford Fracture Liaison Service	Personalised Care at Home	Physical health/wellbeing					Community Health		NHS			Charity / Voluntary Sector	Minimum NHS Contribution
11	Evening and night nursing	NHT lot 4 Evening and Night Service plus Mid Notts Night Nursing	Personalised Care at Home	Physical health/wellbeing					Community Health		NHS			NHS Community Provider	Minimum NHS Contribution
12	Carers Short Breaks (was scheme ID 4 Carers	Carers 'NHS' Short Breaks Note schemed ID 7 also Carers - dementia- can we	Carers Services	Respite services		403	403	Beneficiaries	Other	Carers	NHS			NHS	Minimum NHS Contribution
13	ED front door and streaming (was ID 6 Mid Notts	ED Streaming in SFHT block contract	Integrated Care Planning and Navigation	Care navigation and planning					Acute		NHS			NHS Acute Provider	Minimum NHS Contribution
14	Bassetlaw Neighbourhood Teams (was ID9)	Bassetlaw Neighbourhood Teams (was ID9)	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as					Community Health		NHS			Private Sector	Minimum NHS Contribution
15	Bassetlaw MH Liaison (was ID10)	Bassetlaw MH Liaison (was ID10)	Integrated Care Planning and Navigation	Care navigation and planning					Mental Health		NHS			NHS Mental Health Provider	Minimum NHS Contribution
16	Bassetlaw Dischage & Assesment (was	Bassetlaw Dischage & Assesment (was ID11	Integrated Care Planning and Navigation	Assessment teams/joint assessment					Community Health		NHS			NHS Community Provider	Minimum NHS Contribution
17	Bassetlaw Dischage & Assesment (was	Bassetlaw Dischage & Assesment (was ID11	Integrated Care Planning and Navigation	Assessment teams/joint assessment					Mental Health		NHS			NHS Mental Health Provider	Minimum NHS Contribution
18	Bassetlaw Dischage & Assesment (was	Bassetlaw Dischage & Assesment (was ID11	Integrated Care Planning and Navigation	Assessment teams/joint assessment					Acute		NHS			NHS Acute Provider	Minimum NHS Contribution

19	Bassetlaw Respite (was ID12)	Bassetlaw Respite (was ID12)	Care Act Implementation Related Duties	Other					Community Health		NHS			Charity / Voluntary Sector	Minimum NHS Contribution
20	Bassetlaw Care Home Quality (was ID13)	Bassetlaw Care Home Quality (was ID13)	Other	Care home					Community Health		NHS			Private Sector	Minimum NHS Contribution
21	O. Support for carers	Carer Advice and Support	Carers Services	Carer advice and support related to Care Act duties		5855	7449	Beneficiaries	Social Care		LA			Local Authority	Minimum NHS Contribution
22	P. Protecting social care	Supporting People	Prevention / Early Intervention	Other	Supporting People				Social Care		LA			Local Authority	Minimum NHS Contribution
23	P. Protecting social care	Nursing & Dementia beds, demand for interim placements	Residential Placements	Nursing home		80	80	Number of beds/Placements	Social Care		LA			Local Authority	Minimum NHS Contribution
24	P. Protecting social care	Supported accommodation for younger adults	Residential Placements	Supported housing		160	160	Number of beds/Placements	Social Care		LA			Local Authority	Minimum NHS Contribution
25	P. Protecting social care	Direct Payments for older and younger adults	Personalised Budgeting and Commissioning						Social Care		LA			Local Authority	Minimum NHS Contribution
26	R. Enabling Care Act statutory responsibilities	Enabling Care Act Statutory Responsibilities	Care Act Implementation Related Duties	Other	Enabling Care Act				Social Care		LA			Local Authority	Minimum NHS Contribution
27	Q. Disabled Facilities Grant	Housing	DFG Related Schemes	Other	Housing	520	520	Number of adaptations funded/people	Other	Housing	LA			Local Authority	DFG
28	S. Improved Better Care Fund	Improved Better Care Fund - Meeting Adult Social Care Needs	Personalised Budgeting and Commissioning						Social Care		LA			Local Authority	iBCF
29	S. Improved Better Care Fund	Improved Better Care Fund - Reducing pressure on NHS	High Impact Change Model for Managing Transfer of Care	Home First/Discharge to Assess - process support/core costs					Social Care		LA			Local Authority	iBCF
30	S. Improved Better Care Fund	Improved Better Care Fund - Stabilising the social care provider market	Personalised Budgeting and Commissioning						Social Care		LA			Local Authority	iBCF
31	S. Improved Better Care Fund	Improved Better Care Fund - Hospital discharge and 7 day working	High Impact Change Model for Managing Transfer of Care	Flexible working patterns (including 7 day working)					Social Care		LA			Local Authority	iBCF
32	S. Improved Better Care Fund	Improved Better Care Fund - Expansion of reablement	Prevention / Early Intervention	Other	Short Term Services				Social Care		LA			Local Authority	iBCF
33	S. Improved Better Care Fund	Improved Better Care Fund - Meeting Adult Social Care Needs, investment into	Prevention / Early Intervention	Other	Independence Support				Social Care		LA			Local Authority	iBCF
34	P1 Discharge Programme	P1 Discharge Programme	Home-based intermediate care services	Reablement at home (to support discharge)		10400	10400	Packages	Community Health		NHS			NHS Community Provider	ICB Discharge Funding
35	Urgent Care Community Response	Urgent Care Community Response	Community Based Schemes	Integrated neighbourhood services					Community Health		NHS			NHS Community Provider	ICB Discharge Funding
36	Reduced delayed Hospital Discharges and	Additional staffing for Mid Notts and North Notts D2A teams for therapy led Care to	High Impact Change Model for Managing Transfer of Care	Home First/Discharge to Assess - process support/core costs					Social Care		LA			Local Authority	Local Authority Discharge
36	Reduced delayed Hospital Discharges and	Increased numbers of people supported home from hospital at weekends	High Impact Change Model for Managing Transfer of Care	Flexible working patterns (including 7 day working)					Social Care		LA			Local Authority	Local Authority Discharge
36	Reduced delayed Hospital Discharges and	Additional Ageing Well staffing capacity for reviews	Workforce recruitment and retention						Social Care		LA			Local Authority	Local Authority Discharge



36	Reduced delayed Hospital Discharges and	Social Workers for Joint funded Mental Health Act and NHS Continuing Healthcare	Workforce recruitment and retention						Social Care		LA			Local Authority	Local Authority Discharge
36	Reduced delayed Hospital Discharges and	Hospital Discharge Strategic Commissioner	Workforce recruitment and retention						Social Care		LA			Local Authority	Local Authority Discharge
36	Reduced delayed Hospital Discharges and	LW Strength Based Approaches and Mental Health Reforms	Workforce recruitment and retention						Social Care		LA			Local Authority	Local Authority Discharge
36	Reduced delayed Hospital Discharges and	Increased Social Work capacity for social supervision (Mental Health)	Workforce recruitment and retention						Social Care		LA			Local Authority	Local Authority Discharge
36	Reduced delayed Hospital Discharges and	Mental Capacity Act Practice Lead	Workforce recruitment and retention						Social Care		LA			Local Authority	Local Authority Discharge
37	Planning Services in advance and enabling providers	Extended Connect Plus voluntary sector capacity for people who need a small	Enablers for Integration	Voluntary Sector Business Development					Social Care		LA			Local Authority	Local Authority Discharge
37	Planning Services in advance and enabling providers	Additional capacity in Voluntary Sector	Enablers for Integration	Workforce development					Social Care		LA			Local Authority	Local Authority Discharge
37	Planning Services in advance and enabling providers	Bespoke landing page so public can see vacancies in care sector; deep dive into	Workforce recruitment and retention						Social Care		LA			Local Authority	Local Authority Discharge
38	Learning from the evaluation of the impact of previous	Mental health step down/up beds	Residential Placements	Supported housing		52	24	Number of beds/Placements	Social Care		LA			Local Authority	Local Authority Discharge
38	Learning from the evaluation of the impact of previous	Surge (Homecare provision) and bed capacity	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge (Discharge to Assess pathway 1)		23729	9759	Hours of care	Social Care		LA			Local Authority	Local Authority Discharge
39	Improving collaboration and information	MH Hospital Discharge Commissioner	Workforce recruitment and retention						Social Care		LA			Local Authority	Local Authority Discharge
39	Improving collaboration and information	ICP Strategic System Transformation Partners x2 to align with ICB System	Workforce recruitment and retention						Social Care		LA			Local Authority	Local Authority Discharge
39	Improving collaboration and information	Development of integrated therapy training: Occupational Therapist and Project	Workforce recruitment and retention						Social Care		LA			Local Authority	Local Authority Discharge
39	Improving collaboration and information	Develop more integrated working across community health and social care	Workforce recruitment and retention						Social Care		LA			Local Authority	Local Authority Discharge

## Further guidance for completing Expenditure sheet

Schemes tagged with the following will count towards the planned **Adult Social Care services spend** from the NHS min:

- **Area of spend** selected as 'Social Care'
- **Source of funding** selected as 'Minimum NHS Contribution'

Schemes tagged with the below will count towards the planned **Out of Hospital spend** from the NHS min:

- **Area of spend** selected with anything except 'Acute'
- **Commissioner** selected as 'ICB' (if 'Joint' is selected, only the NHS % will contribute)
- **Source of funding** selected as 'Minimum NHS Contribution'

### 2023-25 Revised Scheme types

Number	Scheme type/ services	Sub type	Description
1	Assistive Technologies and Equipment	<ol style="list-style-type: none"> <li>1. Assistive technologies including telecare</li> <li>2. Digital participation services</li> <li>3. Community based equipment</li> <li>4. Other</li> </ol>	Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Community based equipment, Digital participation services).
2	Care Act Implementation Related Duties	<ol style="list-style-type: none"> <li>1. Independent Mental Health Advocacy</li> <li>2. Safeguarding</li> <li>3. Other</li> </ol>	Funding planned towards the implementation of Care Act related duties. The specific scheme sub types reflect specific duties that are funded via the NHS minimum contribution to the BCF.
3	Carers Services	<ol style="list-style-type: none"> <li>1. Respite Services</li> <li>2. Carer advice and support related to Care Act duties</li> <li>3. Other</li> </ol>	Supporting people to sustain their role as carers and reduce the likelihood of crisis.  This might include respite care/carers breaks, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence.
4	Community Based Schemes	<ol style="list-style-type: none"> <li>1. Integrated neighbourhood services</li> <li>2. Multidisciplinary teams that are supporting independence, such as anticipatory care</li> <li>3. Low level social support for simple hospital discharges (Discharge to Assess pathway 0)</li> <li>4. Other</li> </ol>	Schemes that are based in the community and constitute a range of cross sector practitioners delivering collaborative services in the community typically at a neighbourhood/PCN level (eg: Integrated Neighbourhood Teams)  Reablement services should be recorded under the specific scheme type 'Reablement in a person's own home'

5	DFG Related Schemes	<ol style="list-style-type: none"> <li>1. Adaptations, including statutory DFG grants</li> <li>2. Discretionary use of DFG</li> <li>3. Handyperson services</li> <li>4. Other</li> </ol>	<p>The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes.</p> <p>The grant can also be used to fund discretionary, capital spend to support people to remain independent in their own homes under a Regulatory Reform Order, if a published policy on doing so is in place. Schemes using this flexibility can be recorded under 'discretionary use of DFG' or 'handyperson services' as appropriate</p>
6	Enablers for Integration	<ol style="list-style-type: none"> <li>1. Data Integration</li> <li>2. System IT Interoperability</li> <li>3. Programme management</li> <li>4. Research and evaluation</li> <li>5. Workforce development</li> <li>6. New governance arrangements</li> <li>7. Voluntary Sector Business Development</li> <li>8. Joint commissioning infrastructure</li> <li>9. Integrated models of provision</li> <li>10. Other</li> </ol>	<p>Schemes that build and develop the enabling foundations of health, social care and housing integration, encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes.</p> <p>Joint commissioning infrastructure includes any personnel or teams that enable joint commissioning. Schemes could be focused on Data Integration, System IT Interoperability, Programme management, Research and evaluation, Supporting the Care Market, Workforce development, Community asset mapping, New governance arrangements, Voluntary Sector Development, Employment services, Joint commissioning infrastructure amongst others.</p>
7	High Impact Change Model for Managing Transfer of Care	<ol style="list-style-type: none"> <li>1. Early Discharge Planning</li> <li>2. Monitoring and responding to system demand and capacity</li> <li>3. Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge</li> <li>4. Home First/Discharge to Assess - process support/core costs</li> <li>5. Flexible working patterns (including 7 day working)</li> <li>6. Trusted Assessment</li> <li>7. Engagement and Choice</li> <li>8. Improved discharge to Care Homes</li> <li>9. Housing and related services</li> <li>10. Red Bag scheme</li> <li>11. Other</li> </ol>	<p>The eight changes or approaches identified as having a high impact on supporting timely and effective discharge through joint working across the social and health system. The Hospital to Home Transfer Protocol or the 'Red Bag' scheme, while not in the HICM, is included in this section.</p>
8	Home Care or Domiciliary Care	<ol style="list-style-type: none"> <li>1. Domiciliary care packages</li> <li>2. Domiciliary care to support hospital discharge (Discharge to Assess pathway 1)</li> <li>3. Short term domiciliary care (without reablement input)</li> <li>4. Domiciliary care workforce development</li> <li>5. Other</li> </ol>	<p>A range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services.</p>
9	Housing Related Schemes		<p>This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.</p>

10	Integrated Care Planning and Navigation	<ol style="list-style-type: none"> <li>1. Care navigation and planning</li> <li>2. Assessment teams/joint assessment</li> <li>3. Support for implementation of anticipatory care</li> <li>4. Other</li> </ol>	<p>Care navigation services help people find their way to appropriate services and support and consequently support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. Multi-agency teams typically provide these services which can be online or face to face care navigators for frail elderly, or dementia navigators etc. This includes approaches such as Anticipatory Care, which aims to provide holistic, co-ordinated care for complex individuals.</p> <p>Integrated care planning constitutes a co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated care plans typically carried out by professionals as part of a multi-disciplinary, multi-agency teams.</p> <p>Note: For Multi-Disciplinary Discharge Teams related specifically to discharge, please select HICM as scheme type and the relevant sub-type. Where the planned unit of care delivery and funding is in the form of Integrated care packages and needs to be expressed in such a manner, please select the appropriate sub-type alongside.</p>
11	Bed based intermediate Care Services (Reablement, rehabilitation in a bedded setting, wider short-term services supporting recovery)	<ol style="list-style-type: none"> <li>1. Bed-based intermediate care with rehabilitation (to support discharge)</li> <li>2. Bed-based intermediate care with reablement (to support discharge)</li> <li>3. Bed-based intermediate care with rehabilitation (to support admission avoidance)</li> <li>4. Bed-based intermediate care with reablement (to support admissions avoidance)</li> <li>5. Bed-based intermediate care with rehabilitation accepting step up and step down users</li> <li>6. Bed-based intermediate care with reablement accepting step up and step down users</li> <li>7. Other</li> </ol>	<p>Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and often delivered by a combination of professional groups.</p>
12	Home-based intermediate care services	<ol style="list-style-type: none"> <li>1. Reablement at home (to support discharge)</li> <li>2. Reablement at home (to prevent admission to hospital or residential care)</li> <li>3. Reablement at home (accepting step up and step down users)</li> <li>4. Rehabilitation at home (to support discharge)</li> <li>5. Rehabilitation at home (to prevent admission to hospital or residential care)</li> <li>6. Rehabilitation at home (accepting step up and step down users)</li> <li>7. Joint reablement and rehabilitation service (to support discharge)</li> <li>8. Joint reablement and rehabilitation service (to prevent admission to hospital or residential care)</li> <li>9. Joint reablement and rehabilitation service (accepting step up and step down users)</li> <li>10. Other</li> </ol>	<p>Provides support in your own home to improve your confidence and ability to live as independently as possible</p>
13	Urgent Community Response		<p>Urgent community response teams provide urgent care to people in their homes which helps to avoid hospital admissions and enable people to live independently for longer. Through these teams, older people and adults with complex health needs who urgently need care, can get fast access to a range of health and social care professionals within two hours.</p>
14	Personalised Budgeting and Commissioning		<p>Various person centred approaches to commissioning and budgeting, including direct payments.</p>

15	Personalised Care at Home	<ol style="list-style-type: none"> <li>1. Mental health /wellbeing</li> <li>2. Physical health/wellbeing</li> <li>3. Other</li> </ol>	Schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient, establishment of 'home ward' for intensive period or to deliver support over the longer term to maintain independence or offer end of life care for people. Intermediate care services provide shorter term support and care interventions as opposed to the ongoing support provided in this scheme type.
16	Prevention / Early Intervention	<ol style="list-style-type: none"> <li>1. Social Prescribing</li> <li>2. Risk Stratification</li> <li>3. Choice Policy</li> <li>4. Other</li> </ol>	Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and well being.
17	Residential Placements	<ol style="list-style-type: none"> <li>1. Supported housing</li> <li>2. Learning disability</li> <li>3. Extra care</li> <li>4. Care home</li> <li>5. Nursing home</li> <li>6. Short-term residential/nursing care for someone likely to require a longer-term care home replacement</li> <li>7. Short term residential care (without rehabilitation or reablement input)</li> <li>8. Other</li> </ol>	Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.
18	Workforce recruitment and retention	<ol style="list-style-type: none"> <li>1. Improve retention of existing workforce</li> <li>2. Local recruitment initiatives</li> <li>3. Increase hours worked by existing workforce</li> <li>4. Additional or redeployed capacity from current care workers</li> <li>5. Other</li> </ol>	These scheme types were introduced in planning for the 22-23 AS Discharge Fund. Use these scheme descriptors where funding is used to for incentives or activity to recruit and retain staff or to incentivise staff to increase the number of hours they work.
19	Other		Where the scheme is not adequately represented by the above scheme types, please outline the objectives and services planned for the scheme in a short description in the comments column.

Scheme type	Units
Assistive Technologies and Equipment	Number of beneficiaries
Home Care and Domiciliary Care	Hours of care (Unless short-term in which case it is packages)
Bed Based Intermediate Care Services	Number of placements
Home Based Intermeditate Care Services	Packages
Residential Placements	Number of beds/placements
DFG Related Schemes	Number of adaptations funded/people supported
Workforce Recruitment and Retention	WTE's gained
Carers Services	Beneficiaries

## Better Care Fund 2023-25 Template

### 6. Metrics for 2023-24

Selected Health and Wellbeing Board:

Nottinghamshire

#### 8.1 Avoidable admissions

\*Q4 Actual not available at time of publication

		2022-23 Q1 Actual	2022-23 Q2 Actual	2022-23 Q3 Actual	2022-23 Q4 Plan	Rationale for how ambition was set	Local plan to meet ambition
Indirectly standardised rate (ISR) of admissions per 100,000 population  (See Guidance)	Indicator value	203.3	183.5	196.7	184.0	Avoidable admissions plan has been set on a smallish reduction on the quarterly actuals for 2022 23 (neither LA achieved the 2022 23 plans set last year). Both LA's benchmark well against their peer LA's for the avoidable admissions metric.	We are piloting primary care led MDTs across 5 PCN sites to test and develop our approach to ensuring that frail older people receive the right care at the right time in the right place. Pilots to be evaluated to understand early indicators of success to inform the priority areas for 2023/24.
	Number of Admissions	1,991	1,797	1,926	-		
	Population	828,224	828,224	828,224	828,224		
	Indicator value	2023-24 Q1 Plan	2023-24 Q2 Plan	2023-24 Q3 Plan	2023-24 Q4 Plan		
		201.3	181.7	194.7	192.6		

[>> link to NHS Digital webpage \(for more detailed guidance\)](#)

#### 8.2 Falls

		2021-22 Actual	2022-23 estimated	2023-24 Plan	Rationale for ambition	Local plan to meet ambition
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	Indicator value	2,068.9	1,887.0	1,887.0	Plan for 2023 24 has been set at a maintenance of the 2022 23 position as you can see there was a marked decrease in the number of falls / rate when compared to 2021 22. Urgent Care Response and Community First Responder Services in place and all EMAS conveyances to hospital from Care Homes	In Nottingham and Nottinghamshire, Urgent Community Response (UCR) providers respond to both level one and level two falls (as per the Association of Ambulance Chief Executives definition). Moving forwards, the ambition is to expand upon the direct referrals into UCR from Care Homes as well as Technology
	Count	3,640	3320	3320		
	Population	176,230	176230	176230		

[Public Health Outcomes Framework - Data - OHID \(phe.org.uk\)](#)

#### 8.3 Discharge to usual place of residence

\*Q4 Actual not available at time of publication

		2022-23 Q1 Actual	2022-23 Q2 Actual	2022-23 Q3 Actual	2021-22 Q4 Plan	Rationale for how ambition was set	Local plan to meet ambition
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence  (SUS data - available on the Better Care Exchange)	Quarter (%)	91.0%	90.9%	90.9%	94.0%	Nottinghamshire finished in the lower half of their peer group for 2022/23 discharges and below the England average. Applied an ambitious stretch of 94% by Q4 2023/24 of discharges to usual place of residence to improve on current position and align with target set for Nottingham City, stepping up from current position per quarter.	During 2023-24 we will continue to invest in and transform our P1 offer and are working towards integrating health and social care teams to provide the support patients need at home after hospital discharge. This will improve patient outcomes by reducing time spent in hospital, providing earlier reablement and rehabilitation to maximise functional outcome and reduce demand on long-term
	Numerator	16,090	16,009	16,305	16,431		
	Denominator	17,681	17,615	17,941	17,480		
	2023-24 Q1 Plan	92.0%	92.5%	93.0%	94.0%		
	Numerator	17,272	17,658	16,795	16,595		
	Denominator	18,774	19,089	18,060	17,655		

#### 8.4 Residential Admissions

		2021-22 Actual	2022-23 Plan	2022-23 estimated	2023-24 Plan	Rationale for how ambition was set	Local plan to meet ambition
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	576.9	523.8	573.9	532.5	This target would represent a 3% reduction in LTC numbers in residential and nursing which is in line with East Midlands neighbours	This work sits within our AW Strength Based Approaches programme, which has 3 main elements: Improving practice and culture to more personalised, strength-based approaches · Working with partners on practice, policy and processes e.g.
	Numerator	1,010	952	1,043	985		
	Denominator	175,086	181,738	181,738	184,985		

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (aged 65+) population projections are based on a calendar year using the 2018 based Sub-National Population Projections for Local Authorities in England:

<https://www.ons.gov.uk/releases/subnationalpopulationprojectionsforengland2018based>

#### 8.5 Reablement

		2021-22 Actual	2022-23 Plan	2022-23 estimated	2023-24 Plan	Rationale for how ambition was set	Local plan to meet ambition
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	85.5%	85.0%	83.7%	85.0%	Achievement of this target will show significant improvement on the previous year. It is an ambitious target in terms of activity and the percentage is set above the latest available national average.	Changes to the operational management of the internal MIS reablement team will increase capacity and there is a planned expansion of the service.
	Numerator	431	714	513	714		
	Denominator	504	840	613	840		

	Code	Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR)	Confirmed through
NC1: Jointly agreed plan	PR1	<b>A jointly developed and agreed plan that all parties sign up to</b>	<p>Has a plan; jointly developed and agreed between all partners from ICB(s) in accordance with ICB governance rules, and the LA; been submitted? <i>Paragraph 11</i></p> <p>Has the HWB approved the plan/delegated approval? <i>Paragraph 11</i></p> <p>Have local partners, including providers, VCS representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan? <i>Paragraph 11</i></p> <p>Where the narrative section of the plan has been agreed across more than one HWB, have individual income, expenditure and metric sections of the plan been submitted for each HWB concerned?</p> <p>Have all elements of the Planning template been completed? <i>Paragraph 12</i></p>	<p>Expenditure plan</p> <p>Expenditure plan</p> <p>Narrative plan</p> <p>Validation of submitted plans</p> <p>Expenditure plan, narrative plan</p>
	PR2	<b>A clear narrative for the integration of health, social care and housing</b>	<p>Is there a narrative plan for the HWB that describes the approach to delivering integrated health and social care that describes:</p> <ul style="list-style-type: none"> <li>• How the area will continue to implement a joined-up approach to integration of health, social care and housing services including DFG to support further improvement of outcomes for people with care and support needs <i>Paragraph 13</i></li> <li>• The approach to joint commissioning <i>Paragraph 13</i></li> <li>• How the plan will contribute to reducing health inequalities and disparities for the local population, taking account of people with protected characteristics? This should include <ul style="list-style-type: none"> <li>- How equality impacts of the local BCF plan have been considered <i>Paragraph 14</i></li> <li>- Changes to local priorities related to health inequality and equality and how activities in the document will address these. <i>Paragraph 14</i></li> </ul> </li> </ul> <p>The area will need to also take into account Priorities and Operational Guidelines regarding health inequalities, as well as local authorities' priorities under the Equality Act and NHS actions in line with Core20PLUS5. <i>Paragraph 15</i></p>	<p>Narrative plan</p>
	PR3	<b>A strategic, joined up plan for Disabled Facilities Grant (DFG) spending</b>	<p>Is there confirmation that use of DFG has been agreed with housing authorities? <i>Paragraph 33</i></p> <ul style="list-style-type: none"> <li>• Does the narrative set out a strategic approach to using housing support, including DFG funding that supports independence at home? <i>Paragraph 33</i></li> <li>• In two tier areas, has: <ul style="list-style-type: none"> <li>- Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory DFG? or</li> <li>- The funding been passed in its entirety to district councils? <i>Paragraph 34</i></li> </ul> </li> </ul>	<p>Expenditure plan</p> <p>Narrative plan</p> <p>Expenditure plan</p>



<p>NC2: Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer</p>	<p><b>PR4</b></p>	<p><b>A demonstration of how the services the area commissions will support people to remain independent for longer, and where possible support them to remain in their own home</b></p>	<p>Does the plan include an approach to support improvement against BCF objective 1? <i>Paragraph 16</i></p> <p>Does the expenditure plan detail how expenditure from BCF sources supports prevention and improvement against this objective? <i>Paragraph 19</i></p> <p>Does the narrative plan provide an overview of how overall spend supports improvement against this objective? <i>Paragraph 19</i></p> <p>Has the intermediate care capacity and demand planning section of the plan been used to ensure improved performance against this objective and has the narrative plan incorporated learnings from this exercise? <i>Paragraph 66</i></p>	<p>Narrative plan</p> <p>Expenditure plan</p> <p>Narrative plan</p> <p>Expenditure plan, narrative plan</p>
<p>Additional discharge funding</p>	<p><b>PR5</b></p>	<p><b>An agreement between ICBs and relevant Local Authorities on how the additional funding to support discharge will be allocated for ASC and community-based reablement capacity to reduce delayed discharges and improve outcomes.</b></p>	<p>Have all partners agreed on how all of the additional discharge funding will be allocated to achieve the greatest impact in terms of reducing delayed discharges? <i>Paragraph 41</i></p> <p>Does the plan indicate how the area has used the discharge funding, particularly in the relation to National Condition 3 (see below), and in conjunction with wider funding to build additional social care and community-based reablement capacity, maximise the number of hospital beds freed up and deliver sustainable improvement for patients? <i>Paragraph 41</i></p> <p>Does the plan take account of the area's capacity and demand work to identify likely variation in levels of demand over the course of the year and build the workforce capacity needed for additional services? <i>Paragraph 44</i></p> <p>Has the area been identified as an area of concern in relation to discharge performance, relating to the 'Delivery plan for recovering urgent and emergency services'?</p> <p>If so, have their plans adhered to the additional conditions placed on them relating to performance improvement? <i>Paragraph 51</i></p> <p>Is the plan for spending the additional discharge grant in line with grant conditions?</p>	<p>Expenditure plan</p> <p>Narrative and Expenditure plans</p> <p>Narrative plan</p> <p>Narrative and Expenditure plans</p>
<p>NC3: Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time</p>	<p><b>PR6</b></p>	<p><b>A demonstration of how the services the area commissions will support provision of the right care in the right place at the right time</b></p>	<p>Does the plan include an approach to how services the area commissions will support people to receive the right care in the right place at the right time? <i>Paragraph 21</i></p> <p>Does the expenditure plan detail how expenditure from BCF sources supports improvement against this objective? <i>Paragraph 22</i></p> <p>Does the narrative plan provide an overview of how overall spend supports improvement against this metric and how estimates of capacity and demand have been taken on board (including gaps) and reflected in the wider BCF plans? <i>Paragraph 24</i></p> <p>Has the intermediate care capacity and demand planning section of the plan been used to ensure improved performance against this objective and has the narrative plan incorporated learnings from this exercise? <i>Paragraph 66</i></p> <p>Has the area reviewed their assessment of progress against the High Impact Change Model for Managing Transfers of care and summarised progress against areas for improvement identified in 2022-23? <i>Paragraph 23</i></p>	<p>Narrative plan</p> <p>Expenditure plan</p> <p>Narrative plan</p> <p>Expenditure plan, narrative plan</p> <p>Expenditure plan</p> <p>Narrative plan</p>

<p>NC4: Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services</p>	<p><b>PR7</b></p>	<p><b>A demonstration of how the area will maintain the level of spending on social care services from the NHS minimum contribution to the fund in line with the uplift to the overall contribution</b></p>	<p>Does the total spend from the NHS minimum contribution on social care match or exceed the minimum required contribution? <i>Paragraphs</i> 52-55</p>	<p>Auto-validated on the expenditure plan</p>
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<p>Agreed expenditure plan for all elements of the BCF</p>	<p><b>PR8</b></p>	<p><b>Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?</b></p>	<p>Do expenditure plans for each element of the BCF pool match the funding inputs? <i>Paragraph 12</i></p> <p>Has the area included estimated amounts of activity that will be delivered, funded through BCF funded schemes, and outlined the metrics that these schemes support? <i>Paragraph 12</i></p> <p>Has the area indicated the percentage of overall spend, where appropriate, that constitutes BCF spend? <i>Paragraph 73</i></p> <p>Is there confirmation that the use of grant funding is in line with the relevant grant conditions? <i>Paragraphs 25 – 51</i></p> <p>Has an agreed amount from the ICB allocation(s) of discharge funding been agreed and entered into the income sheet? <i>Paragraph 41</i></p> <p>Has the area included a description of how they will work with services and use BCF funding to support unpaid carers? <i>Paragraph 13</i></p> <p>Has funding for the following from the NHS contribution been identified for the area:</p> <ul style="list-style-type: none"> <li>- Implementation of Care Act duties?</li> <li>- Funding dedicated to carer-specific support?</li> <li>- Reablement? <i>Paragraph 12</i></li> </ul>	<p>Auto-validated in the expenditure plan</p> <p>Expenditure plan</p> <p>Expenditure plan</p> <p>Expenditure plan</p> <p>Expenditure plan</p> <p>Narrative plans, expenditure plan</p> <p>Expenditure plan</p>
<p>Metrics</p>	<p><b>PR9</b></p>	<p><b>Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?</b></p>	<p>Have stretching ambitions been agreed locally for all BCF metrics based on:</p> <ul style="list-style-type: none"> <li>- current performance (from locally derived and published data)</li> <li>- local priorities, expected demand and capacity</li> <li>- planned (particularly BCF funded) services and changes to locally delivered services based on performance to date? <i>Paragraph 59</i></li> </ul> <p>Is there a clear narrative for each metric setting out:</p> <ul style="list-style-type: none"> <li>- supporting rationales for the ambition set,</li> <li>- plans for achieving these ambitions, and</li> <li>- how BCF funded services will support this? <i>Paragraph 57</i></li> </ul>	<p>Expenditure plan</p> <p>Expenditure plan</p>





**Integrated  
Care System**  
Nottingham & Nottinghamshire

# 2023 - 2025 Better Care Fund Narrative Plan

## Nottingham City HWB Nottinghamshire County HWB

v1.0 28/06/2023

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## **Section 1: Our ICS approach**

- ICS Integrated Care Strategy
- Aim of BCF
- Collaborative commissioning framework

## **Section 2: Reviewing the 22/23 BCF Plan**

- Root and branch review
- Learning laboratories

## **Section 3: Governance and system engagement**

- Health and Wellbeing Board
- Collaborative Commissioning Oversight Group
- System engagement

## **Section 4: 2023/25 BCF Plan**

- Health Inequalities
- Priority area 1: Early Help and Prevention
- Priority area 2: Anticipatory Care
- Priority area 3: Discharge to assess

## **Section 5: Summary of Changes**

## **Appendix 1: Nottinghamshire – Personalised Commissioning**



# Section 1

## Our ICS approach





Our Integrated Care Strategy was agreed by the system in March 2023, and sets out our strategic aims for 2023-28.

1. Improve outcomes in population health and healthcare
2. Tackle inequalities in outcomes, experience and access
3. Enhance productivity and value for money
4. Support broader social and economic development

The Strategy is based on three guiding principles:

1. Prevention is better than cure
2. Equity in everything
3. Integration by default

The BCF is a key component of our strategy and we will continue with our review to enhance collaborative commissioning of BCF schemes.

Why are we here?

**Our vision:** Every person will enjoy their best possible health and wellbeing

What are we going to do: Our aims and principles



**1. Improve outcomes** in population health and healthcare



**2. Tackle inequalities** in outcomes, experiences and access



**3. Enhance productivity and value for money**



**4. Support broader social and economic development**

**Prevention is better than cure**

**Equity in everything**

**Integration by default**

What we need to achieve

- |  |  |  |   |
|--|--|--|---|
| <ul style="list-style-type: none"> <li>We will support children and young people to have the best start in life with their health, development, education and preparation for adulthood</li> <li>We will support frail older people with underlying conditions to maintain their independence and health</li> <li>We will 'Make Every Contact Count' (MECC) for traditional areas of health, for example mental health and healthy lifestyle and incorporate signposting to other services like financial advice which support people to improve their health and wellbeing</li> </ul> | <ul style="list-style-type: none"> <li>We will support children, young people and adults with the greatest needs (the 20% most deprived, those in vulnerable or inclusion groups and those experiencing severe multiple disadvantage)</li> <li>We will focus and invest in prevention priorities, like tobacco, alcohol, healthy weight, oral health and mental health, to support independence, prevent illness, poor birth outcomes and premature death from heart attack/ stroke/ cancer/ chronic obstructive pulmonary disease (COPD), asthma and suicide</li> </ul> | <ul style="list-style-type: none"> <li>We will establish a single health and care recruitment hub</li> <li>We will adopt a single system-wide approach to quality and continuous service improvement</li> <li>We will bring our collective data, intelligence and insight together</li> <li>We will review our Better Care Fund programme</li> <li>We will make it easier for our staff to work across the system</li> </ul> | <ul style="list-style-type: none"> <li>Use our collective funding and influence to support our local communities and encourage people from the local area to consider jobs in our organisations</li> <li>We will add social value as major institutions in our area</li> <li>Work together to reduce our impact on the environment and deliver sustainable health and care services</li> <li>We will focus on health, wellbeing and education for children and young people to help improve employability and life chances for future generations.</li> </ul> |
|--|--|--|---|

How are we going to do it

- | Supporting our workforce   | Working with people and their communities | Evidence based approach, whilst encouraging innovation | Focus on outcomes and impact to ensure we're making a difference   | Our delivery vehicles | Having the right enabling infrastructure |
|--|---|--|--|-----------------------|--|
| Three key principles to system working: <ul style="list-style-type: none"> <li>We will work with, and put the needs of, local people at the heart of the ICS</li> <li>We will be ambitious for the health and wellbeing of our local population</li> <li>We will work to the principle of system by default, moving from operational silos to a system wide perspective</li> </ul> |   |  | Three core values: <ul style="list-style-type: none"> <li>We will be open and honest with each other</li> <li>We will be respectful in working together</li> <li>We will be accountable, doing what we say we will do and following through on agreed actions</li> </ul> |                       |  |



# How the 2023 -25 BCF supports delivery of our ICS Vision

## ICS Vision

Our neighbourhoods, places and system will seamlessly integrate to provide joined up care. Every citizen will enjoy their best possible health and wellbeing

## BCF objective

Enable people to stay well, safe and independent at home for longer

Provide the right care in the right place at the right time

## Priority work areas

**Ageing Well**  
Anticipatory Care Model

**Living Well**  
Prevention, maximising independence and 'early help'

**Urgent Care**  
Discharge to Assess and Transfer of Care Hubs

## Enabling System programmes

**Community Transformation**

**System development**

**Data insight and interoperability**

## Aim of the Better Care Fund

The Better Care Fund (BCF) was announced by the Government in the June 2013 spending round, to ensure a transformation in integrated health and social care .

The ICS is committed to drive collaboration, innovation and integration through the BCF plans.

There are two joint plans: one agreed by Nottingham and Nottinghamshire Integrated Care Board (ICB) and Nottingham City Council; and one agreed by Nottingham and Nottinghamshire Integrated Care Board (ICB) and Nottinghamshire County Council. The plans are owned by the Health and Wellbeing Boards (HWBs) and governed by an agreement under section 75 of the NHS Act (2006).

**The national conditions** for the BCF 2023 -25 are:

- Jointly agreed plan between local health and social care signed off by the health and wellbeing board.
- NHS contribution to adult social care to be maintained in line with the uplift to NHS minimum contribution
- Invest in NHS commissioned out-of-hospital services
- Implementing the BCF policy objectives:
  - Enable people to stay well, safe and independent at home for longer
  - Provide the right care in the right place at the right time.



# Our Collaborative Planning and Commissioning Framework

## VISION

To deliver **Integrated Health and Care** within the ICS, joining up strategic leadership and the transformation of health and care to improve outcomes for our population, ensuring decision making is led and integrated at the appropriate population level, with an emphasis on subsidiarity.

## PRINCIPLES

### Why we are taking this approach

- We will deliver improved outcomes and reduce health inequalities, driven by an understanding of the needs of our population
- We will optimise the use of our collective resource by reducing duplication, moving away from services commissioned and delivered in silos, making it easier for people to access the right support or care to meet their needs
- We will enable providers to work collaboratively to deliver improved quality and efficiencies

### What we will do together

- We will work with our population to ensure they are involved in decision making at all stages of planning and delivery
- We will work as health and care partners, considering the opportunities for person centred integrated delivery for every decision we make
- We will focus on early intervention and prevention to support people to avoid increasing levels of support / cost
- We will use the best available evidence to support our decision making

### How we will work

- Our Place Based Partnerships will drive our integrated health and care approach, bring together the planning and delivery of integrated care
- We will have transparency in our decision making, sharing financial and outcomes information to reach a collective decision
- We will hold ourselves accountable for working to these principles and for the delivery of integrated health and care, recognising the statutory responsibilities of each partner

## VALUES

- We will be open and honest with each other
- We will be respectful in working together
- We will be accountable, doing what we say we will do and following through on agreed actions



# Section 2

## Reviewing the 22/23 BCF plan





During 22/23 we completed a Root and Branch Review of the BCF. This review is a key component to developing our future system-wide collaborative commissioning approach in order to maximise opportunities for collaborative commissioning, pooled resources and the delivery of integrated services to improve outcomes for the population and achieve best value for money.

The aim of the root and branch review was to understand how we can better use the BCF as a vehicle to join up health and care services across a wide range of services such as public health, support for unpaid carers, housing support and community initiatives.

The initial review findings have highlighted the potential of the BCF to drive our system ambitions for integration and enable us to achieve the three principles set out in the Integrated Care Strategy:

1. Prevention is better than cure
2. Equity is everything
3. Integration by default



The review made specific recommendations to identify opportunities for greater collaboration in the following areas:

## **Early Help and Prevention**

Integration of lifestyle reaching health inclusion advice services (e.g. smoking, alcohol and weight management support) with health and care pathways e.g. delivery of smoking cessation services in partnership with maternity services

Maximising the effectiveness of a range of developing navigation and support worker roles e.g. social prescribing, navigators, community workers, health coaches).

## **Proactive Care**

Integration of MDT case management and development of PCN Neighbourhood teams e.g. health, social care, housing and VCS input (frailty, falls and wider complexities e.g. substance misuse and mental health.

Outcome and impact monitoring and our ability to plan demand and capacity for admission avoidance

## **Discharge to Assess**

Integration of housing support, adaptation and temporary accommodation

Ability to meet complexity of need at home (P1)

P2 and P3 bed commissioning review (including MH flow)

# Learning Laboratories

A series of 'learning laboratories' took place in 22/23 bringing together partners to explore how different commissioners and providers can work together on specific integration projects. The laboratories were a mix of system-wide and place-based issues and were designed to explore what the barriers and enablers are to this collaborative approach.

The key findings were:

- the importance of a shared vision and understanding
- that a greater focus on prevention is needed
- there are challenges around identifying appropriate scope and focus (place/system).

The learning from these laboratories is informing our BCF plans as we continue to explore areas for increased collaboration.

As a system Nottingham and Nottinghamshire are committed to a greater emphasis on prevention, as evidenced in our new ICS strategy.



# Section 3

## Governance and system engagement







**Integrated  
Care Sys**  
Nottingham & Nottinghamshire

## Governance of our 2023 - 25 BCF plans



**Nottingham  
City Council**

The **City Health and Wellbeing Board** has delegated responsibility for the BCF to the Health and Wellbeing Board Commissioning Sub-Committee.

The Sub-Committee is jointly chaired by Nottingham City Council and Nottingham and Nottinghamshire ICB.



The **Nottinghamshire County Health and Wellbeing Board** is responsible for oversight of the BCF.



**Integrated  
Care System**  
Nottingham & Nottinghamshire

An **ICS BCF Oversight Group** meets quarterly to oversee planning and performance for the BCF. The group has representatives from commissioning, finance and transformation workstreams from the ICB and both local authorities. This group jointly plans and creates the BCF plan with input from wider commissioners and programmes. Expenditure and scheme level plans are produced at HWB level.



## System engagement and oversight of BCF Plans

A “**Collaborative Commissioning Oversight Group**” (CCOG) has been established to provide ongoing leadership for new ways of commissioning. The is group is a collaboration of NHS and Local Authority commissioners. As well as providing leadership and co-ordination for specific areas of collaborative commissioning, the group will inform system development priorities, including the development of integrated delivery approaches at Place.

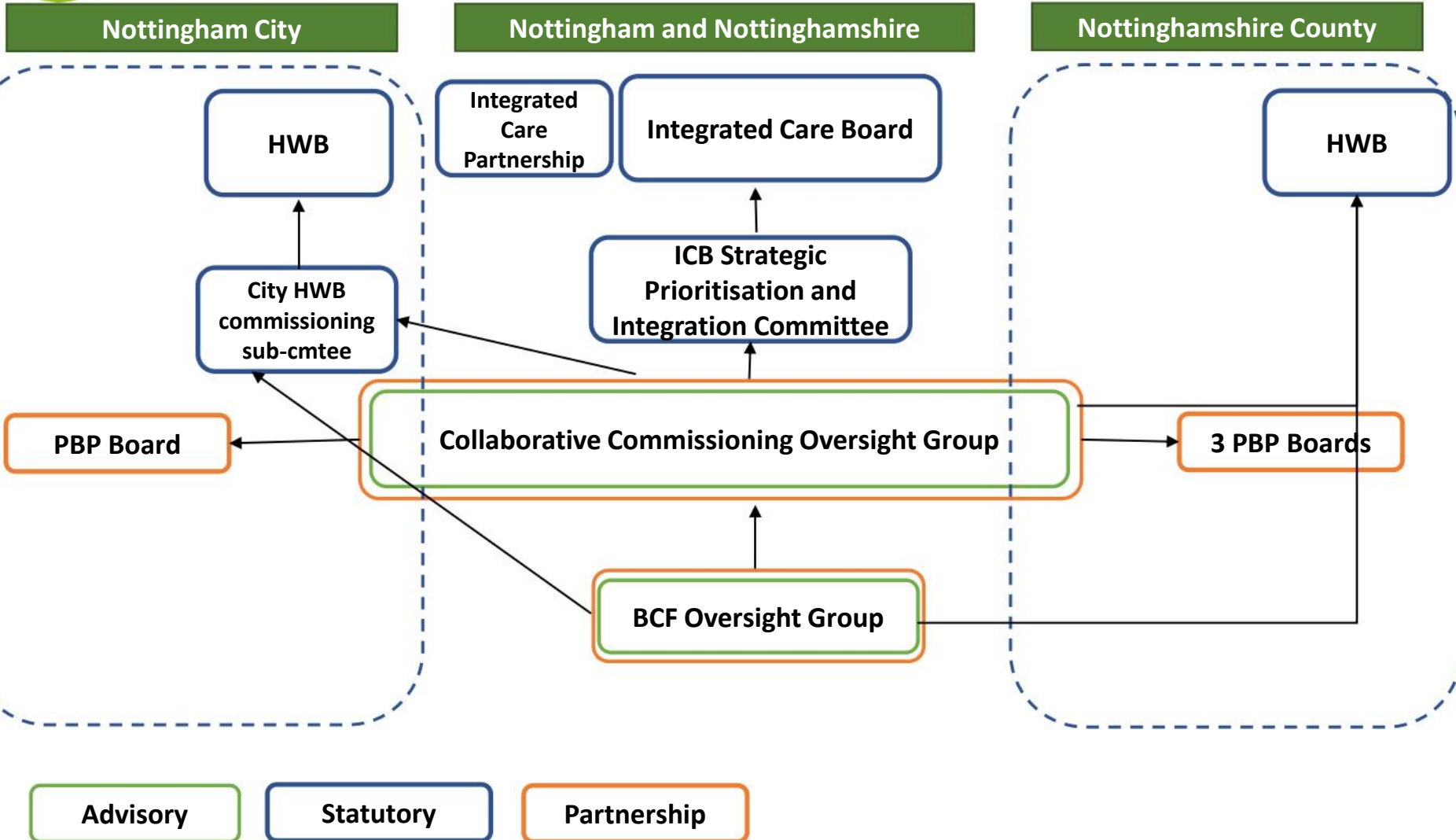
CCOG will provide the strategic steer to the BCF Oversight Group, supporting the development of a 23-25 BCF Plan and ensuring this reflects changes to commissioned services and collective oversight of resources and outcomes.

Wider partners including Providers, Local Authority service leads and the third sector are engaged in the plan at scheme level. The schemes which comprise the Additional Discharge Fund have specific system –wide oversight from the **ICS Operational Discharge Steering Group** and through that group to the **Ageing Well Board**. Work will continue to develop collaborative commissioning approaches to Place Based Partnerships during 23-25 with the BCF as a key enabler to integration



## Collaborative Commissioning Governance

This slide shows the governance and oversight which aligns development of integrated delivery at Place and strategic oversight to commissioning





# Section 4

## BCF Plans 2023 - 25

The 2023-25 BCF Plan provides our structured approach to joint planning between ICB and Local Authority. The BCF provides a vehicle to join up health and care services with wide ranging services such as public health, support for unpaid carers, housing support and community initiatives. These cover a range of evidence based commissioned services, provisions and intentions (as per SCIE logic model [Logic model for integrated care | SCIE](#)). Locally, we have agreed to describe these in our BCF plan under the following three themes:

**Prevention** and early intervention services: e.g. healthy lifestyle support, single point of access and support to navigate services, supported self-care

**Anticipatory Care Services** e.g. care co-ordination and multi-agency assessment and care planning, homecare and reablement, urgent care / crisis response, housing and assistive technology, primary care enhanced services

**Discharge to assess services:** integrated discharge teams, community beds, interim placements, homecare, reablement, housing support schemes.

Our BCF planning approach has been strengthened through the joint planning required to agree the Additional Discharge Funding, which linked BCF planning to our ICS –wide urgent care forums and reported through to our Ageing Well Board. We will continue to work with our developing Place Based Partnerships to realise the potential for BCF to support effective integrated service delivery and improved community wellbeing at Place and neighbourhood level, supported by BCF system oversight.



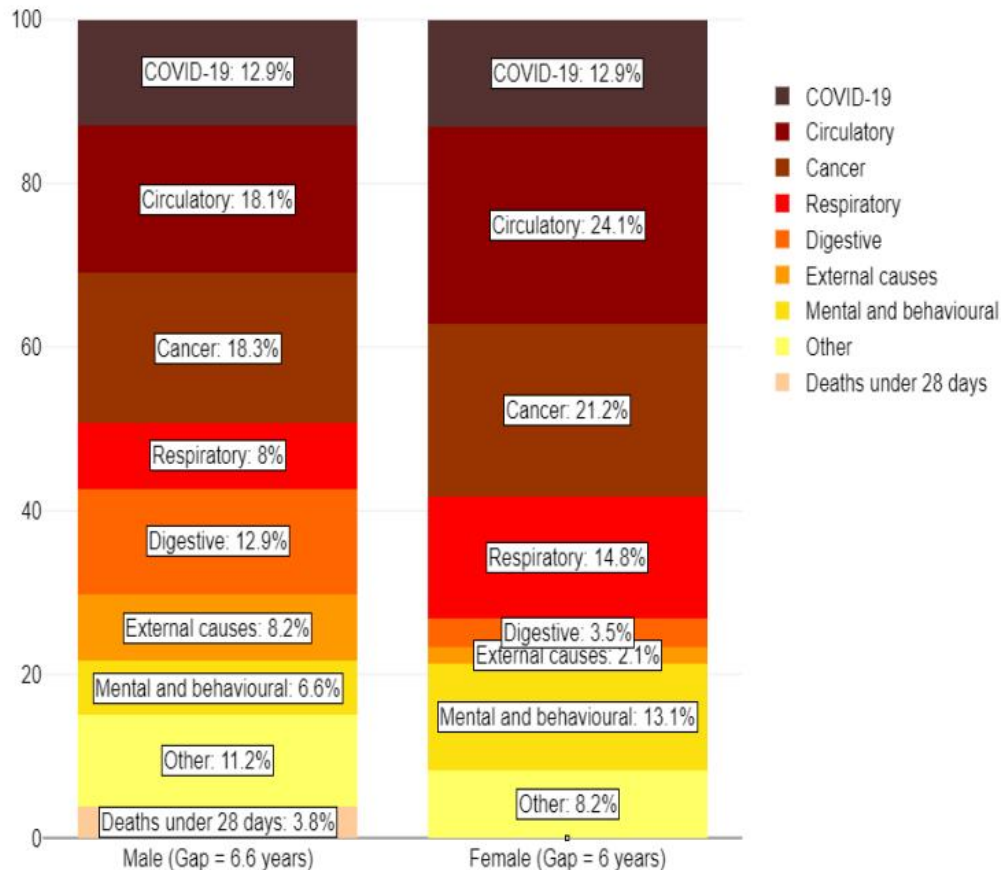
# Accelerating our Health Inequalities Approach

Within our ICS, people in the most deprived areas have a life expectancy of around 6-7 years lower and spent 14 years longer in poorer health than those in the least deprived areas. Circulatory diseases (CVD), Cancer and Respiratory Conditions are some of the leading causes for this gap in life expectancy, disproportionately affecting people in more deprived areas and in many cases can be preventable.

Smoking rates are higher in the most deprived areas of the ICS, with Mansfield having the 3<sup>rd</sup> highest smoking rates in England. Smoking can increase the risk of CVD, Respiratory Conditions and Cancer.

Circulatory diseases (CVD) are the largest cause of life expectancy gap in the ICS with hypertension being the largest modifiable risk factor in its development. Obesity, diet and lifestyle factors can increase the risk of hypertension which is also more prevalent in areas of high deprivation and is also a key clinical area in the Core20Plus5 approach. Preventive lifestyle interventions could reduce the risk of hypertension and CVD development in the most at risk populations

Percentage contribution (%)





# Accelerating our Health Inequalities Approach

- **The Core20Plus5 Approach** to tackling health inequalities underpins the NHS approach to tackling health inequalities across the ICS. The approach focuses on improving outcomes for the 20% most deprived populations across the ICS as well as “plus” populations identified as having some of the worst health outcomes. These are the groups which should be considered foremost when service planning to help reduce health inequalities. This targeted approach can be taken at all points of the care model, including prevention, proactive care and discharge to access services.
- Building an equitable health and care system is also a key approach taken by the ICS to reduce health inequalities. This includes delegating resources to areas where the need is the greatest or taking different more flexible approaches when considering access to services for different populations. This can be considered when addressing early help and prevention needs as well as proactive care.
- Over 40% of the population aged 65 and over in Nottingham City are classed as living in an area with high deprivation. Higher deprivation is associated to higher morbidity and lower life expectancy. People living in more deprived areas of Nottinghamshire are also more likely to report having a disability or life limiting illness. Disabled people are more likely to live in poverty, have less access to education and employment, and experience poorer ratings of personal wellbeing compared with non-disabled people. People with disabilities may also struggle to have their voices heard within services and may require more flexibility from the health and care system in order to access services. Where this flexibility is not available, it can impact on access and experience of care and result in people not receiving the care they need.
- Use of urgent and emergency care for Long Term Condition management is more common in areas of higher deprivation, and people in the most deprived quintiles have increased rates of multi-morbidity compared with those in the least deprived deciles. Anticipatory care will benefit these cohorts by providing targeted proactive and personalised care to help improve quality of life and condition management, aiming to reduce the need for hospitalisations.
- Carers are twice as likely to suffer from poor health compared to the general population, primarily due to a lack of information and support, finance concerns, stress and social isolation. Young carers feel say they feel invisible and often in distress, with up to 40% reporting mental health problems arising from their experience of caring.



## Priority area 1: Early Help and Prevention

Prevention, as defined in the Care Act Statutory Guidance (2016), is about **the care and support system actively promoting independence and wellbeing**. This means intervening early to support individuals, helping people retain their skills and confidence, and preventing need or delaying deterioration wherever possible

Priorities for 2023 - 24 include how lifestyle advice services could be more integrated with health and care pathways, and also how to maximise the effectiveness of a range of navigation and support worker roles. We'll look to maximise opportunities to support strength based and personalised approaches across health and social care to support independence, wellbeing and to prevent ill health.

Our 2023 - 25 areas of focus within the BCF plan include the procurement of new services to support unpaid Carers in line with the new joint strategy, plus early intervention, access to advice, information and coordinated support. This recognises the benefit brought by the Health and Wellbeing Board strategy to focus on the wider determinants on improving health and wellbeing through community focused approaches.



# Priority area 1: Early Intervention and Prevention: Our Support to Unpaid Carers

Support to unpaid carers is a priority area of collaborative commissioning which will increase early intervention and improve services. The system completed the ICS Carers strategy in 22/23, a key achievement which was jointly developed between Nottingham City and Nottinghamshire Councils, ICB and co-produced with Carers, Providers and VCSE. The strategy is hinged on 10 key components developed by carers, and 'I' statements have been formulated to describe what good looks like. In response, partner organisations have developed 'we' statements to say what they should be doing in order to make sure carers needs are met. The carers support services that form part of our BCF plans support the implementation of the strategy.

## Identification and early support

Vision: Carers should be identified and offered support at the earliest opportunity ie. At the point of diagnosis/discharge

<b>'I' statements</b>	<b>'We' statement</b>	<b>BCF support</b>
<ul style="list-style-type: none"> <li>• I want to be able to access information and support when I need it</li> <li>• I would like support at first contact to understand my situation</li> <li>• I would like help to understand what a carer is</li> </ul>	<ul style="list-style-type: none"> <li>• We will work together with key partners across the system to identify carers and provide signposting and support. This will include GP practices, schools, healthcare providers (including hospitals) and care providers</li> </ul>	<ul style="list-style-type: none"> <li>• Carers hub in place City/County provide information &amp; signposting to carers.</li> <li>• In 23/24 single hub to be commissioned ensuring consistent service offer across the ICS. Hub will be commissioned to support GP practices to identify carers.</li> <li>• Young carer specific service giving advice/signposting &amp; support to understand their</li> </ul>



## Priority area 1: Early Intervention and Prevention: Our Support to Unpaid Carers

Carers will continue to be involved in overseeing the implementation of the strategy. This piece of work has also laid the foundation for the approach to collaborative commissioning moving forwards. The strategy will provide guidance and structure to the collaborative commissioning and procurement of high quality carers services during 23/24 which are designed to respond to the 'I' statements. We are also working with our places to ensure that carer support is tailored to our diverse populations. This will lead to improved outcomes for carers, increased return on investment and opportunities to increase early intervention and integration across health and care. We will embed the changes and monitoring of these new services in our BCF Plans.

### Scope of Services to Support Unpaid Carers

**Carers Hub** – a single point of access for information and advice. This will include assessment and support planning

- Education, training and engagement with schools, employers and health and care professionals

**Carers respite**- to provide breaks from caring with a flexible offer to include home based breaks and residential breaks.

**Young Carers Service**- information, advice, support and activities.



## Nottingham City

Early  
Intervention

*Scheme ID 2 Care Navigation and Planning*  
*Scheme ID 13 Carers, Advice and support, respite service*  
*Plus embedded early intervention and prevention approaches across delivery of adult social care schemes (note some scheme/spend shown in 2- Ageing Well – anticipatory care model)*  
*Integration of community connections, Primary Care Networks and support roles e.g. social prescribing*

## Nottinghamshire County

Early  
Intervention

*Scheme ID 12 Carers Short Breaks*  
*Scheme ID 19 Carers respite*  
*Scheme ID 21 Carer Advice and Support*  
*Scheme ID 22 'Supporting People'*  
*Scheme ID 27 Enabling Care Act statutory responsibilities*  
*Plus embedded early intervention and prevention approaches across delivery of adult social care schemes (note some scheme/spend shown in 2- Ageing Well – anticipatory care model)*  
*Integration of community connections, Primary Care Networks and support roles e.g. social prescribing*



## Priority area 2: Proactive Care model

As a system we are committed to developing our preventative approach to ensuring frail older people receive the right care, at the right time, in the right place. Across 5 PCN pilot sites, we are testing and developing our proactive approach to moderate and severely frail people, by focussing primary care led MDT's on reaching out to this population and having a personalised conversation in line with the national operating framework for Proactive Care. We know that all communities are different, and we are ensuring that our model is reflective of our communities. We are doing so in line with the PHM data that informs us of the key health and social care risks for each community to ensure its an evidence based preventative conversation. We are engaging with all key stakeholders to ensure they are part of our single neighbourhood level team who will be working with this population anyway.

The plan is to evaluate the pilots, understand the early indicators of success, as we know prevention doesn't yield a reduction in emergency admissions immediately, in order to inform our 23/24 priority areas.

In Nottingham and Nottinghamshire, Urgent Community Response (UCR) providers respond to both level one and level two falls (as per the [Association of Ambulance Chief Executives](#) definition). Moving forwards, the ambition it to expand upon the direct referrals into UCR from Care Homes as well as Technology Enabled Care (TEC) providers. This is expected to divert demand away from the ambulance service and into UCR, resulting in more patients who have fallen being managed in their own home, or usual place of residence, as opposed to a hospital admission.



Additionally, in 23/24 work will be undertaken locally to:

- Review the existing falls prevention and management interventions and pathways
- Development of evidence-based strength and balance provision
- Targeted support to care homes
- Upskilling the clinical workforce
- Developing integration between UCR and the EMAS Community First Responder model
- Systems plans to establish a Frailty admission avoidance virtual ward in 23/24

We have a system wide approach to addressing health inequalities and a **really strong foundation of data through our Strategic Analytics and Information Unit** which is operational across the ICB.

We can demonstrate that we know where each of our PHM target cohorts reside, the risk factors and link with touchpoints for NHS services. We are working hard as a system to expand this out into social care data too.

This work continues to be informed by the **Community transformation work during 23/24** – increase integration between health and care services at Primary Care Network level, this programme is enabling strong partnerships and improved relationships by connecting commissioned delivery with local communities and joint delivery models with VCS organisations to enable joined up care that is connected to local communities.

## Priority area 2: Disabled Facilities Grant and Housing Integration

In 2023/24, the ICB and LA are supporting Housing Teams and Acute Hospitals to refresh the Housing Hospital Discharge protocol in the light of Transfer of Care Hub implementation. This protocol provides a partnership commitment to early identification (before medically fit) and duty to refer in the hospital and response from housing teams to ensure prioritised MDT assessment of individual's needs. This should therefore avoid delays. Once refreshed and agreed we will include within our BCF Oversight governance and ensure monitoring and feedback loops are embedded through the Urgent Care system governance.

The protocol also ensures appropriate input during hospital stays for people with complex needs and that wraparound support is in place when people leave hospital e.g. specialist homelessness services.

We have two local joint housing schemes to support the BCF objectives. The two schemes have been developed by councils with significantly high levels of housing and health inequality and are an integral part of the Transfer of Care Hub team, providing a housing expertise and highly flexible problem-solving h to patients at risk of a housing related discharge delay. The team take on the communication with housing assessment and arrange rapid housing interventions and provide support to the patient and their family to support them through housing change

Disabled Facilities Grant is recognised across Nottinghamshire as playing a vital role in creating safe and suitable home environments that prevent falls and other incidents in the home, promote independence and minimise care requirements. The need for strategic drive and oversight has been recognised and a new Adaptation for Independence Strategic Oversight Group has been established. This group aims, with the support of Foundations, to build collaborative working, use data to inform planning and evidence impact. A key priority for partners in 2023-24 is to consider financial challenges, within a county where districts and boroughs experience quite varying budget allocations, not proportionate to demand. A central framework agreement for the purchase of stairlifts will also require review in 2023-24.



## Priority area 2: Proactive Care Schemes

(note historic scheme labelling means that City and County expenditure can not be compared on a scheme by scheme basis)

### Nottingham City

Care Coordination and Navigation	<i>Scheme ID 1 – CityCare ‘Out of Hospital Contract’ MDT, LTC case management, specialist nurses and NCGPA Social Prescribing</i>
Primary Care Enhanced Services	<i>Scheme ID 7- GP Practice enhanced services for case management, MDT and coordination with specialist teams</i>
Urgent Care/2 hr Crisis	<i>Scheme ID 3 – CityCare ‘Out of Hospital Contract’ 2hour response service</i>
Housing & Tech	<i>Scheme ID 10,11,12- Assistive Technology – telehealth, dispersed alarms, equipment Scheme ID 14 – Housing Health – Hospital to Home, supporting prevention and D2A Scheme ID 15- Disabled Facilities Grant</i>

### Nottinghamshire County

Care Coordination and Navigation	<i>Scheme ID 5 and 8 NHT South Notts/Mid Notts case management, MDTs and specialist nursing)</i>
Primary Care Enhanced Services	<i>Scheme ID 4 – GP Practice enhanced services for case management, MDT and coordination with specialist teams Scheme ID 20 Care Home Quality</i>
Urgent Care	<i>Scheme ID 6 British red cross 2 hour response Scheme ID 7 South Notts NHT 2 hour response Scheme ID 11 Evening and night nursing Scheme ID 13 ED Front Door and streaming (SFHT acute)</i>
Housing & Tech	<i>Scheme ID 26 – Disabled Facilities Grant Scheme ID 24- Supported accommodation younger adults Scheme ID 25 Direct Payments for older and younger adults</i>



### Plans for improving discharge and ensuring that people get the right care in the right place:

At the heart of our D2A model is the ethos of 'home first' aiming to reduce the risks associated with patients who are medically safe remaining in an acute hospital any longer than necessary once they are medically safe for transfer (MSFT). D2A is comprised of three pathways: Pathway 1 (P1) – discharge home with reablement, Pathway 2 (P2) – discharge to bedded facility for reablement prior to discharge home and Pathway 3 (P3) – discharge to bedded facility for reablement and assessment for potential long-term care placement.

During 2023-24 we will continue to invest in and transform our P1 offer and are working towards integrating health and social care teams to provide the support patients need at home after hospital discharge. This will improve patient outcomes by reducing time spent in hospital, providing earlier reablement and rehabilitation to maximise functional outcome and reduce demand on long-term homecare and placements. We will continue to invest in the developing Transfer of Care Hubs, which will be fully embedded by 2024-25 ensuring that capacity is increased so that there is 7 day working across the P1 offer and that this is in place before winter. We are also planning to review current mental health support in community to work alongside the P1 model to support frail patients, including those with dementia and delirium. Work is ongoing to transform P2 and P3 to right size capacity and reduce length of stay in existing beds, the P2 and P3 transformed offer will be mobilised in 2024/5.





## Priority area 3: Our Discharge to Assess model

As a system we continue to develop and embed progress against the **High Impact Change Model** themes identified from ICS “What Good Looks Like” workshop held 8<sup>th</sup> September 2022. These themes are system data, culture change, embedding the discharge to assess approach of “Home First “and integration. Progress in 22/23 includes implementation of three multi-agency Transfer of Care Hubs built on Trusted Assessor principles, significant investment into Pathway 1 capacity across Health and Social Care to enable more people to go “Home First”, ongoing development of an ICS D2A “One Version of the Truth” data set starting with the Transfer of Care Hubs and system wide workshops and rolling programmes of work to embed culture change and integration.

**Collaborative Commissioning Progress:** A collaborative commissioning review in 2022/23 resulted in a system wide agreement to a pooled funding investment for additional capacity across services to support improve delivery of the ‘Pathway 1’ integrated business case. This additional resource continues to be a system priority this year and is supported by a joint service specification, shared data monitoring and performance oversight. This is being supported by the ICS System Analytic Insight Unit and a single Urgent Care dashboard is in development. During 2023-25 we will continue to prioritise P1 across the system and model capacity accordingly.

## Priority area 3: Our Approach to Capacity and Demand Modelling to Support Discharge from Hospital

### Learning from 2022/23:

During 2022/23 there was an ambition to increase P1 capacity to a level where 300 P1 discharges could be made each week. P1 capacity has increased and allowed us to make progress towards this ambition but further work will still be required in 2023/24 to achieve this.

As the P1 capacity is still growing there were instances where P2 beds or P1 interim beds had to be used as an alternative. Work will continue into 2023/24 to increase P1 capacity to ensure the ideal pathway is followed.

Delays in P1 reablement services have significantly reduced in the second half of 2022/23. There has also been a reduction in the average length of stay for P2 beds, and we have been able to decommission a number of interim beds too.

### Approach to estimating demand, assumptions made and gaps in provision identified:

The direction of travel will be to continue to increase P1 capacity in order to reduce delays in the discharge pathway and reduce unnecessary transfers to a Pathway 2 bed or interim bed.

The demand and capacity plans support our aims of increasing Pathway 1 capacity to reduce delays, improve flow and right size capacity across the ICS. This is reflected in the wider BCF plans.

Our available datasets do not clearly differentiate between rehabilitation and reablement at this point in time, therefore for the purposes of the BCF plan all Pathway 1 activity is assigned to reablement and all Pathway 2 activity is assigned to rehabilitation. Capacity planning has taken into account bed base, caseload and the number of hours of care provided per person. Phasing has been split into equal 1/12ths as last years data shows a relatively stable monthly pattern throughout the year for discharges.



## Priority area 3: Our Discharge to Assess schemes

(note historic scheme labelling means that City and County expenditure can not be compared on a scheme by scheme basis)

Nottingham City	
Integrated Discharge Team	<i>Scheme ID 4, 8,9- Facilitating Discharge, integrated enablement teams and supporting D2A. Mental Health integrated discharge</i>
Rehab/reablement	<i>Scheme ID 4, 6- reablement, rehabilitation and homecare provision.</i>
Community beds	<i>Scheme ID 4 City Care 'out of hospital' contract community beds</i>
Housing	<i>Scheme ID 15 Hospital to Home – housing advice to D2A, minor adaptations and 'handyperson' type support.</i>

Nottinghamshire County	
Integrated Discharge Team	<i>Scheme ID 3 Support to Integrated Discharge planning Scheme ID 15 Bassetlaw Mental health discharge roles Scheme ID 16,17, 18 Bassetlaw Discharge and assessment teams (across acute, mental health and community)</i>
Rehab/reablement	<i>Scheme ID 1- Short term rehab (NHT lot 10 South Notts ) Scheme ID 9 and 10- Falls Prevention (NHT Mid Notts Community Rehab falls and South Notts East Bridgford Falls Rehab)</i>
Community beds	<i>Scheme ID 2- Community beds (NHT Lot 8- South Notts Lingsbar and Mid Notts Fernwood) Scheme ID 23- Nursing and dementia interim placement</i>
Housing	<i>Housing support to D2A 'ASSIST' under review</i>

## Priority area 3: Additional Discharge Funding

In 2022/23 Adult Social Care Discharge Funding was made available to ICS's to build in additional adult social care and community based reablement capacity, to facilitate timely discharges from hospital during the peak winter period. The system used this opportunity in a number of ways including increasing bedded capacity and resourcing recruitment initiatives across care pathways.

In 2023-24 Additional Discharge funding is again being provided to enable local areas to build additional adult social care and community-based reablement capacity to reduce delayed discharges and improve outcomes for patients. The total funds of £4.335m for Nottinghamshire County Council and £2.328m for Nottingham City Council and £5.710m for the Integrated Care Board. There is a requirement that the ICB expenditure of the funding is agreed with the relevant Health and Wellbeing Board, and the population-based methodology has been applied to apportion the funding as in 2022/23.

The system used the learning from the 2022-23 schemes and stakeholders have taken the collective view to continue to fund those schemes which added capacity during 2022/23 and had a proven impact upon discharge. This includes a particular focus on Pathway 1 as an agreed system priority; Nottingham City has significantly improved it's discharge position for P1 waits in 2022/23 as a result of last years winter discharge funding. The proposal for 2023/24 is to focus on P1 and seeks to continue to support and maintain the resilience created within the external homecare market which has resulted in waits for P1 discharge being maintained in single figures since march 2023. Nottinghamshire are also committed to a resilient P1 pathway and are also proposing using the fund to add resilience to the broader workforce.

Robust governance of the Additional Discharge Funding is provided through the Ageing Well Board with regular oversight and impact monitoring to be provided via the ICS Operational Discharge Group moving forwards.



## **Priority area 3: Our Additional Discharge Schemes**

*Please see slide 32 for the rationale behind the schemes for each HWB*

### **Nottingham City**

Integrated neighbourhood services

*Scheme 28 Urgent Community Response*

Rehab/reablement at home to support discharge

*Scheme 27 & 29 Pathway 1 discharge programme*

### **Nottinghamshire**

Integrated neighbourhood services

*Scheme 35 Urgent Care Community Response*

Reablement at home to support discharge

*Scheme 34 Pathway 1 discharge programme*

Reduce delayed discharges supporting the principles of D2A

*Scheme 36 additional staffing capacity*

Planning services in advance and enabling providers to recruit to their workforce

*Scheme 37 Extended voluntary sector capacity, bespoke landing pages vacancies*

Additional capacity (learning from previous funding)

*Scheme 38 Mental health step up/down beds, surge homecare provision/bed capacity*

Improving collaboration and information sharing across health & social care

*Scheme 39 Mental Health Hospital Discharge Commissioner, Strategic system transformation posts, development integrated therapy training, development integrated working community health and social care reablement*



# Section 5

## Summary of changes to 23/25 plan





### **23-25 Change to Nottinghamshire County HWB BCF Plan**

The Additional Discharge Funding (detailed on the previous slides) is an addition to the BCF plans this year.

Support for unpaid carers will be re-commissioned within 2023/24 and a new service across the ICS area will provide consistent service provision across City and County.

### **23 – 25 Changes to Nottingham City HWB BCF Plan**

The Additional Discharge Funding (detailed on the previous slides) is an addition to the BCF plans this year.

Support for unpaid carers will be re-commissioned within 2023/24 and a new service across the ICS area will provide consistent service provision across City and County.

## Nottinghamshire – Personalised Commissioning £37 million

### **Protecting social care - £14,490,518**

This is expected to meet an increase in demand for Direct Payments for Ageing Well and Living Well.

#### **Ageing Well:**

The anticipated increases comprise of home care provision to enable people to remain living independently at home, prevention of avoidable hospital admissions, and to reduce or delay admissions into long-term care home placements. Service users are allocated a personal budget in the form of a Direct Payment which they use to arrange and manage their own care and support packages.

#### **Living Well:**

There are considerable budget pressures arising from the increased demand for large complex packages of care to support people with learning disabilities to remain living in the community.

### **Improved Better Care Fund - £22,824,301**

The IBCF has been used to contribute to funding care packages, the increase in the complexity of needs has been seen across the adult social care demographic. Community provision has meant more people require bespoke community provision to meet their needs, this has led to increases in gross package costs. Combined with annual inflationary increases this has led to increased budget pressures across adult social care. The IBCF has been used to help fund the increased pressures relating to both gross package increases and inflationary uplifts which has helped to sustain the adult social care market.



**13 September 2023**

**Agenda Item 8**

## **REPORT OF THE SERVICE DIRECTOR FOR CUSTOMERS, GOVERNANCE AND EMPLOYEES**

### **WORK PROGRAMME**

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

1. To consider the Nottinghamshire Health and Wellbeing Board's current work programme, as set out in **Appendix 1** to the report.

#### **Information**

2. The work programme assists in the management of the Board's agenda, the scheduling of its business and its forward planning. It includes business items that can be anticipated at the present time, while arising issues are added as they are identified. The work programme is reviewed and updated regularly with the Chair and Vice Chair, and at each Board meeting, where any Board member is able to suggest items for inclusion.

#### **Other Options Considered**

3. To not maintain a work programme for the Board: this option is discounted as a clear work programme is required for the effective management of the Board's agenda, the scheduling of its business and its forward planning.

#### **Reasons for Recommendations**

4. To assist the Board in managing its business effectively.

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

5. This report has been compiled after consideration of the 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**

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

## **RECOMMENDATIONS**

The Nottinghamshire Health and Wellbeing Board is asked to:

- 1) Note its current work programme, attached as **Appendix 1** to the report.
- 2) Make any further suggestions for items for inclusion on the work programme for consideration by the Chair and Vice-Chair, in consultation with the relevant officers and partners.

**Marjorie Toward, Service Director for Customers, Governance and Employees  
Nottinghamshire County Council**

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

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### **Constitutional Comments (HD)**

7. The Board has the authority to consider the matters set out in this report by virtue of its Terms of Reference.

### **Financial Comments (NS)**

8. 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 and Published Documents**

9. 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

## WORK PROGRAMME: 2023 – 2024

Please see Nottinghamshire County Council's [website](#) for the board papers, the Healthy Nottinghamshire [website](#) for information on the Health & Wellbeing Board and its Joint Health and Wellbeing Strategy (JHWS) and Joint Strategic Needs Assessment (JSNA) chapters are available on [Nottinghamshire Insight](#).

Report title	Purpose	Lead officer	Report author(s)	Notes
<b>MEETING / WORKSHOP: Wednesday 13 September (2pm)</b>				
Chair's Report (Standing Item)	An update by the Chair on local and national issues for consideration by Health & Wellbeing Board members to determine implications for the Joint Health and Wellbeing Strategy for 2022 – 2026.	Cllr Doddy	Briony Jones	
Family Hubs		Colin Pettigrew	Irene Kakoullis	
JSNA Work Programme 23/24		Cllr Doddy	Viv Robbins Will Leather	
BCF Planning Requirements 2023-25	To seek the Board's approval of the BCF Planning Requirements 2023-25.	Melanie Williams Dave Briggs	Bridget Cameron Sarah Fleming	
<b>WORKSHOP (1hr):</b> Adult Social Care & Public Health Self-Assessment	<ul style="list-style-type: none"> <li>Feedback from the Big Conversation</li> <li>Local Account</li> <li>ASCH Self-Assessment</li> </ul>	Melanie Williams	Iain MacMillan	
<b>WORKSHOP: Wednesday 18 October 2023 (2pm)</b>				
Health and Wellbeing Board Review		Cllr Doddy	Viv Robbins Caitlin Corley (LGA)	
<b>MEETING / WORKSHOP: Wednesday 15 November 2023 (2pm)</b>				
Director of Public Health Annual Report: Severe and Multiple Disadvantage		Jonathan Gribbin	Bryony Adshead	

Report title	Purpose	Lead officer	Report author(s)	Notes
JHWS Progress Report Ambition 4: Keep our communities safe and healthy	To present on progress of the delivery of the joint health and wellbeing strategy for 2022 – 2026 as part of its monitoring framework.  To include update from Domestic Abuse Local Partnership Board, Nottinghamshire Combating Substance Misuse Strategy and Delivery Plan and Homelessness Implementation Plan.	Cllr Doddy	Viv Robbins Dawn Jenkin Catherine O' Bryne Sarah Quilty Rebecca Atchinson	
JSNA Chapter: Suicide Prevention		Cllr Doddy	Will Leather Safia Ahmed	
<b>WORKSHOP (1hr): INCLUSION HEALTH</b>		Cllr Doddy	Catherine O' Bryne Sarah Quilty Rebecca Atchinson	<b>To be confirmed</b>
<b>MEETING: Wednesday 13 December 2023 (2pm)</b>				
Chair's Report (Standing Item)	An update by the Chair on local and national issues for consideration by Health & Wellbeing Board members to determine implications for the Joint Health and Wellbeing Strategy for 2022 – 2026.	Cllr Doddy		
Covid-19 Impact Assessment: Healthy & Sustainable Places	Assessment of the COVID-19 pandemic on key aspects of health and wellbeing with particular regard to health inequalities to help inform public health and partner's strategies, plans and commissioning.	Jonathan Gribbin	Viv Robbins Will Leather	
JHWS Progress Report Ambition 2: Create healthy and Sustainable Places	To present on progress of the delivery of the joint health and wellbeing strategy for 2022 – 2026 as part of its monitoring framework.	Cllr Doddy	Viv Robbins	<b>To be confirmed</b>
JSNA Chapter: Carers	To consider and approve the JSNA chapter for publication on Nottinghamshire Insight.	Cllr Doddy	Will Leather	

Report title	Purpose	Lead officer	Report author(s)	Notes
HWB Review	To discuss the outcomes of the workshop on developing the role of the HWB in the health and care system.	Cllr Doddy	Viv Robbins	<b>To be confirmed</b>
<b>MEETING: Wednesday 7 February 2024 (2pm)</b>				
Chair's Report (Standing Item)	An update by the Chair on local and national issues for consideration by Health & Wellbeing Board members to determine implications for the Joint Health and Wellbeing Strategy for 2022 – 2026.	Cllr Doddy		
JSNA Chapter: Looked After Children and Care Leavers	To consider and approve the JSNA chapter for publication on Nottinghamshire Insight.	Cllr Doddy	Will Leather	
JSNA Chapter: Housing		Cllr Doddy	Will Leather	
JSNA Chapter: Diet & Nutrition		Cllr Doddy	Will Leather	
<b>MEETING: Wednesday 13 March 2024 (2pm)</b>				
Chair's Report (Standing Item)	An update by the Chair on local and national issues for consideration by Health & Wellbeing Board members to determine implications for the Joint Health and Wellbeing Strategy for 2022 – 2026.	Cllr Doddy		
JHWS Progress Report Ambition 3: Everyone can access the right support to improve their health	To present on progress of the delivery of the joint health and wellbeing strategy for 2022 – 2026 as part of its monitoring framework.	Cllr Doddy	Viv Robbins	<b>To be confirmed</b>
<b>WORKSHOP: Wednesday 17 April 2024 (2pm)</b>				
<b>WORKSHOP: SUICIDE PREVENTION</b>		Jonathan Gribbin	Catherine Pritchard Lucy Jones	

Report title	Purpose	Lead officer	Report author(s)	Notes
<b>MEETING: Wednesday 22 May 2024 (2pm)</b>				
Chair's Report (Standing Item)	An update by the Chair on local and national issues for consideration by Health & Wellbeing Board members to determine implications for the Joint Health and Wellbeing Strategy for 2022 – 2026.	Cllr Doddy		
JSNA: Children in Care and Care Leavers		Cllr Doddy	Katharine Browne Briony Jones	
<b>MEETING: Wednesday 3 July 2024 (2pm)</b>				
Chair's Report (Standing Item)	An update by the Chair on local and national issues for consideration by Health & Wellbeing Board members to determine implications for the Joint Health and Wellbeing Strategy for 2022 – 2026.	Cllr Doddy		

## Contact

For queries or requests for the Nottinghamshire Health and Wellbeing Board's work programme, please email [briony.jones@nottscc.gov.uk](mailto:briony.jones@nottscc.gov.uk)