

Health and Wellbeing Board

Wednesday, 01 February 2017 at 14:00

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

AGENDA

- | | | |
|---|--|---------|
| 1 | Minutes of the last meeting held on 4 January 2017 | 3 - 8 |
| 2 | Apologies for Absence | |
| 3 | Declarations of Interests by Members and Officers:- (see note below) (a) Disclosable Pecuniary Interests (b) Private Interests (pecuniary and non-pecuniary) | |
| 4 | Nottinghamshire Safeguarding Adults Board | 9 - 12 |
| 5 | Family Service: Building Family Resilience - Presentation by Laurence Jones, Group Manager, Early Help | |
| 6 | Community Pharmacy Support for the STP Prevention and Workforce Agendas | 13 - 22 |
| 7 | Chair's Report | 23 - 36 |
| 8 | Work Programme | 37 - 40 |

Notes

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

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

Customer Services Centre 0300 500 80 80

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

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

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

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

Meeting HEALTH AND WELLBEING BOARD

Date Wednesday, 4 January 2017 (commencing at 2.00 pm)

Membership

Persons absent are marked with an 'A'

COUNTY COUNCILLORS

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

DISTRICT COUNCILLORS

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

OFFICERS

| | | |
|-----------------|---|---|
| David Pearson | - | Corporate Director, Adult Social Care, Health and Public Protection |
| Colin Pettigrew | - | Corporate Director, Children, Families and Cultural Services |
| Barbara Brady | - | Interim Director of Public Health |

CLINICAL COMMISSIONING GROUPS

| | | | |
|---|------------------------|---|--|
| | Dr Thilan Bartholomeuz | - | Newark and Sherwood Clinical Commissioning Group |
| | Idris Griffiths | - | Bassetlaw Clinical Commissioning Group |
| | Dr Jeremy Griffiths | - | Rushcliffe Clinical Commissioning Group (Vice-Chair) |
| A | Dr James Hopkinson | - | Nottingham North and East Clinical Commissioning Group |
| A | Dr Gavin Lunn | - | Mansfield and Ashfield Clinical Commissioning Group |
| | Dr Guy Mansford | - | Nottingham West Clinical Commissioning Group |

LOCAL HEALTHWATCH

A Michelle Livingston - Healthwatch Nottinghamshire

NHS ENGLAND

A Oliver Newbould - North Midlands Area Team, NHS England

NOTTINGHAMSHIRE POLICE AND CRIME COMMISSIONER

Kevin Dennis

ALSO IN ATTENDANCE

Jez Alcock - Healthwatch Nottinghamshire
Dr Nicole Atkinson - Nottingham West CCG
Clare Fox - Nottingham City CCG
Nicky Hill - Nottingham University Hospitals NHS Trust
Dr Peter Homa - Nottingham University Hospitals NHS Trust
David Mitchell - Rushcliffe Borough Council
Prema Nirgude - Healthwatch Nottinghamshire

OFFICERS IN ATTENDANCE

Paul Davies - Democratic Services
Paul Hillier - Place Department
Nicola Lane - Public Health
Anne Pridgeon - Public Health

MINUTES

The minutes of the last meeting held on 7 December 2016 having been previously circulated were confirmed and signed by the Chair.

APOLOGIES FOR ABSENCE

Apologies for absence were received from Dr James Hopkinson, Dr Gavin Lunn, Michelle Livingston and Councillor Debbie Mason.

DECLARATIONS OF INTEREST BY BOARD MEMBERS AND OFFICERS

None.

UPDATE FROM NOTTINGHAMSHIRE UNIVERSITY HOSPITALS (NUH)

Dr Peter Homa and Nicky Hill gave a presentation on the Trust's programme of health promotion and prevention, current financial challenges, and relationship with Sherwood Forest Hospitals NHS Trust (SFHT). Health promotion took place with children and young people and patients generally, as well as with staff. NUH was recognised nationally for its good practice. Dr Homa explained that the financial challenges at NUH reflected the national picture, with the Trust required to make £43m savings (equivalent

to 5% of turnover) without affecting the quality of services. In relation to Sherwood Forest Hospitals, the formal merger of the Trusts was not being pursued, but partnership arrangements would continue, with for example some clinicians working across both Trusts.

Dr Homa and Ms Hill responded to comments and questions from Board members:

- How could Board members help the Trust with its prevention work? - In response, it was stated that the Sustainability and Transformation Plans (STP) brought the opportunity for closer working, with a focus on prevention. However, the time lag between prevention activity and its impact on people's health should be recognised, and existing services allowed to continue while they were still required. A further benefit of closer working was gaining a greater understanding of each other's organisations.
- What was the Trust's strategy for prevention? Who had responsibility for it at Board level? - Dr Homa offered to provide information at a more strategic level. The goal of the prevention strategy was to increase people's years of healthy life. He stated that Trust's Medical Director was the lead for prevention at Board level.
- The East Midlands Senate had launched a prevention challenge, which included a self-assessment element. It was important for initiatives to be embedded in organisations, rather than dependent on individuals' enthusiasm.
- How could patients be encouraged to take up the offer of tests such as bone density scans, which could help with prevention? – It was explained that the response to low take-up depended on the test, as there were national shortages of staff in some specialties, such as radiography. NUH shared specialist staff with other Trusts, and there was scope for remote monitoring of some conditions. However there should be a more consistent approach to following up offers of tests.
- Given the beneficial effect which public sector employers could have on their employees' health and wellbeing, it was important to continue to invest in health promotion activities, and to monitor their effectiveness. Comparative information on outcomes would be useful. - NUH would be willing to join any such exercise.
- Were the £43m of savings required in the Trust part of the savings to be made under the STP? How were the savings to be made? - It was explained that the STP savings were in addition to the £43m required at NUH. The Trust would make savings from programmes such as procurement, new technology and efficiencies. Suggestions from staff were actively pursued. Dr Homa emphasised that NUH had no plans to cease services unless requested by commissioners, and there remained an obligation to comply with the NHS Constitution. He advised against making savings which might have adverse consequences in the long term.
- Could the Trust make more intensive use of its buildings and other resources by providing services over longer hours? - Utilisation of resources had been key to achieving the savings which the Trust had already made. An example was the creation of a single radiology system across the East Midlands. However running clinics for longer periods required more staff, who might not be available in

specialties where there was a national shortage. NUH did do some operations on Saturdays, but it was necessary to pay staff extra for this.

- Were the Trust's staff absence figures an accurate reflection of the number of cancelled operations and appointments? - It was explained that cancellations could arise from other causes, such as an influx of emergency patients. The Trust sought to be resilient if a doctor became ill, and the cooperation with Sherwood Forest Hospitals would help with this.
- Acute hospitals were facing unprecedented demand, and there were challenges across the whole system. Could more be done with community leaders to manage demand? - It was recognised that the STP did much to dissolve the boundaries between organisations. The tariff system had become outdated, but any reforms to it would put pressure on some activities. Benchmarking showed that costs at NUH were slightly less than other teaching hospitals.

RESOLVED: 2017/001

That the presentation from Nottingham University Hospitals NHS Trust be received.

NOTTINGHAMSHIRE MENTAL HEALTH CRISIS CONCORDAT

Clare Fox introduced the update on the local response to the Mental Health Crisis Concordat, and summarised the key actions and achievements. She responded to questions and comments in the discussion which followed.

- It was unclear from the report how much progress had been made from the starting point. It would be useful to have more information on outcomes, both qualitative and quantitative. Perhaps on a future occasion the Board could consider a few actions in greater detail. - This would be borne in mind during the refresh of the action plan. Some actions had been evaluated. Possibly a local university would be interested in helping with a wider evaluation.
- How sustainable were the improvements in services? - It was acknowledged that sustainability could be challenging, for example where a pilot project was unable to secure continued funding.
- Staff at GP surgeries should be included in the training for front line staff. – This would be followed up with providers.
- Could there be more use of new technology and website information? - It was agreed that more use could be made of new technology. The suggestion of an app would be followed up.
- Asked about the contribution of the wider system, Ms Fox pointed out that the Concordat was intended to cover a wide range of partner organisations. She explained that the Concordat covered all age groups, and that crisis pathways for people over 65 were in preparation.

RESOLVED: 2017/002

That the update on the Nottinghamshire Mental Health Crisis Concordat be noted.

TACKLING EXCESS WEIGHT, POOR DIETS AND PHYSICAL INACTIVITY IN NOTTINGHAMSHIRE

Anne Pridgeon and Paul Hillier gave a presentation to update the Board on work to tackle excess weight, poor diet and physical inactivity. Board members recognised the huge cost to health and social care arising from obesity and felt that more could be done by manufacturers to limit unhealthy ingredients in products. Other points during the discussion included:

- There was disappointment that the obesity and weight management service was not meeting targets. - The Board was assured that this was being addressed with the provider. One of the issues was inappropriate referrals.
- Was there evidence of district councils taking account of the “Spatial Planning and Health and Wellbeing of Nottinghamshire” document approved by the Board in May? - It was indicated that planning officers had been in contact with Public Health for advice. The benefits from this approach would be in the longer term. It was acknowledged that there was scope for more joined-up thinking when promoting health and wellbeing in developments and transport schemes. District Council representatives were asked to follow up the request for their organisation to formally adopt the document.
- There were poor food options in some secondary schools, and unhealthy food could exacerbate behaviour problems. There could be benefits in a scheme equivalent to HOT (Healthy Options Takeaway) for schools. - In response, it was acknowledged that such a scheme could be helpful. Some schools were already offering healthy food options.
- Some district councils were having more success than others at signing up takeaway food outlets to the HOT scheme. - It was recognised that some businesses could be hard to persuade. Newark and Sherwood District Council had prepared a communication plan to persuade outlets to join the scheme.
- To what extent did the public understand the key messages, such as the links between obesity and certain diseases? - It was acknowledged that there was scope for more work to convey the messages, perhaps using different media such as social marketing.
- Did schools train their students on how to achieve personal goals? Did the weight management service target particular groups? - In response, it was explained that there was work with the integrated 0-19 service, but more work could be undertaken with teachers. There was also scope for more targeted work, while recognising that the people who would get the most benefit might not be motivated to make a change.

- There was disappointment about the relatively low participation of Year 6 children in the National Child Measurement Programme. - It was explained that the service did look at reasons for non-participation, and would investigate how the well-performing authorities achieved better participation rates.

RESOLVED: 2017/003

- 1) That the report be noted and the local work being undertaken to tackle excess weight, poor diets and physical inactivity be acknowledged.
- 2) That the proposed actions identified in paragraph 62 of the report, which are designed to ensure that Nottinghamshire is taking a whole system approach to tackle excess weight, poor diets and physical inactivity, be supported.

CHAIR'S REPORT

RESOLVED: 2017/004

That the contents of the Chair's report be noted.

WORK PROGRAMME

RESOLVED: 2017/005

That the work programme be noted.

The meeting closed at 4.40 pm.

CHAIR

1 February 2017

Agenda Item: 4

REPORT OF THE INDEPENDENT CHAIR FOR THE NOTTINGHAMSHIRE SAFEGUARDING ADULTS BOARD

NOTTINGHAMSHIRE SAFEGUARDING ADULTS BOARD

Purpose of the Report

1. The purpose of this report is to update the Health and Wellbeing Board on the work and progress of the Nottinghamshire Safeguarding Adults Board during the financial year 2015/16.

Information and Advice

2. The Nottinghamshire Safeguarding Adults Board is the statutory multi-agency group of senior managers from key organisations responsible for developing and implementing Nottinghamshire's strategy to safeguard adults at risk. Together, we are committed to preventing and reducing the incidence of abuse and neglect of people in need of care and support. We are committed to improving the outcomes for people when abuse or neglect has occurred. We are committed to the government's principles for safeguarding.
3. The work of the Board during 2015/16 focused on developing and implementing the board's first three year strategic plan, a new statutory requirement under the Care Act (2014). The priorities described in the plan are assurance, prevention and making safeguarding personal.
4. In year one of the plan, NSAB undertook work to seek assurance that partner agencies were 'care act compliant' and are pleased to report that all partners, including the local authority were able to evidence that this is the case.
5. The Board also developed a communication strategy to describe how it would engage with service users, the general public, elected members and staff to raise awareness of abuse and how to prevent it. Work was also undertaken to analyse management information, with the aim in years two and three of identifying those at greater risk sooner.
6. Making safeguarding Personal is the national work that seeks to personalise safeguarding work by putting the individual at the centre of the work we do when an individual is subject to abuse or neglect. During 2015/16 the Board began work on developing a 'competency and learning pathway' to ensure that all learning opportunities

across the County put making safeguarding personal at centre of the message it provided. The pathway was launched in 2016/17.

7. A members briefing was also delivered to help members understand what making safeguarding personal means for both the citizens of Nottinghamshire and the County Council.
8. The Nottinghamshire Safeguarding Adults Partnership Board is a broad group of organisations, service users and carers that have an interest in adult safeguarding. The Partnership Board meets twice yearly and provides for a two way flow of information between NSAB and those organisations and individuals who are able to contribute to the safeguarding agenda.
9. Our two events for the year 2015/16 focused on prevention and making safeguarding personal including the fire service's fatal fire protection protocol and safe and well checks along with information from Trading Standards relating to Financial Abuse and 'letterbox scams'. There was also an opportunity for partners to consider how well they are embedding making safeguarding personal across their own organisation.

Annual Report 2014/15 – Key Facts and Figures

10. As in previous years, NSAB has produced an annual report which is clear, concise, free from jargon and accessible to members of the general public. The [annual report in 2015/16](#) which is available on our website at www.safeguardingadultsnotts.org, is the first written as required by the Care Act (2014). For the first time, in addition to containing statistical and qualitative data on the performance of the Board and adult safeguarding, it includes information about how partners have worked towards implementing the Board's strategic Plan. Some of the headline data is set out below.

Referrals

12. In 2015/16, the upward trend in safeguarding referrals made to Nottinghamshire County Council continued with a total of 5,462 referrals being received. This is an increase of 279 referrals (6%) on 2014/15.

Referrals which led to further enquiries

13. The statistical returns provided to central government concentrate on those referrals which were assessed as requiring a safeguarding response and which led to safeguarding enquiries. In Nottinghamshire, 2,773 of the 5,462 referrals received in 2015/16 went on to safeguarding enquiries. The number of referrals meeting the threshold for an enquiry rose by 516. Increasing the number of appropriate safeguarding referrals is one measure of the success of the Board's strategic Plan and so this rise is seen as positive.

Other Options Considered

16. This report is for information only and there are no other options considered.

Reason/s for Recommendation/s

17. This report is to update the Health and Wellbeing Board on the work carried out by NSAB.

Statutory and Policy Implications

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

RECOMMENDATION/S

1) That the Health and Wellbeing Board note the contents of this report and the work of the Nottinghamshire Safeguarding Adults Board.

Allan Breeton
Independent Chair, Nottinghamshire Safeguarding Adults Board

For any enquiries about this report please contact:

Stuart Sale, Safeguarding Adults Board Manager
Stuart.sale@nottscc.gov.uk
0115 977 4594

Constitutional Comments (LMcC 23/01/17)

16. The report for the Adults Safeguarding is for noting only and does not require legal comments.

Financial Comments (KAS 20/01/17)

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

Background Papers and Published Documents

- [Nottinghamshire Safeguarding Adults Board Annual Report 2015-16](#)

Electoral Division(s) and Member(s) Affected

- 'All'

See also Chair's report:

Item 54: [Safe later lives: older people & domestic abuse](#)

1 February 2017**Agenda Item: 6****REPORT OF THE CHAIR OF THE HEALTH AND WELLBEING BOARD
COMMUNITY PHARMACY SUPPORT FOR THE STP PREVENTION AND
WORKFORCE AGENDAS****Purpose of the Report**

1. This report is to brief Health and Wellbeing Board members about community pharmacy, the changes to the national community pharmacy contract in respect of healthy living pharmacies and how pharmacies can support the prevention and workforce streams of the sustainability and transformation plan.

Information and Advice

2. Community Pharmacy is a vital amenity for patients and the public. Pharmacy teams help people to stay healthy and well, and provide crucial clinical services when they are needed in every community in Nottinghamshire.
3. Community Pharmacy is an ambitious, entrepreneurial and innovative sector - which can help reduce demand on other providers, manage healthcare cost inflation and improve patient and population outcomes.
4. Community Pharmacy leaders recognise the unprecedented demands facing the health and care system and understand the need for continuous improvement in efficiency to deliver quality outcomes. They share the Government's stated ambitions for the sector to play a greater role at the heart of the NHS, and want to work in partnership to achieve them.
5. Community Pharmacy can deliver universally high quality public health and clinical services so people can confidently choose Pharmacy First for support with medicines use, minor illnesses and healthy lifestyles advice.
6. Community Pharmacy can provide greater patient choice, convenience and personalisation working across all aspects of pharmaceutical care outside hospital: including medicines optimisation across general practice, care homes and domiciliary settings and at points of transfer such as hospital discharge. Intensification of medicines use can lead to some people ending up on 10, 15 or even 30 different medicines to treat multiple co-morbidities. However, with each medication bringing its own set of side effects and adverse reactions, some consideration needs to be given to rationalising these.
7. By changing the way Community Pharmacy is incentivised to encourage a more collaborative approach in care, pharmacists can support the patient and liaise with the prescriber to identify essential medication for that individual.

8. Community Pharmacy solves problems created in other parts of the system - identifying prescribing errors; dealing with IT failures; resolving medicines supply problems - to offer safe seamless and timely access to medicines for patients. This can improve access to primary care services, making use of clinical expertise including pharmacist prescribing skills to improve medicines use in an environment where half of the people on prescribed medication do not take them as intended by the prescriber. Nationally unwanted medicines returned by patients for destruction amount to £300M per year and half of this could be prevented through better use of pharmacists' skills.
9. Community Pharmacy provides a solution to help address the crisis in GP access, by relieving the demand on general practice through innovation and the development of new care models collaborating with local colleagues to find ways of removing historical barriers to integration, efficiency and effectiveness.
10. It is estimated that 57million GP appointments in England could be avoided if patients sought help from other parts of NHS – including 40,000 visits per year for dandruff; 20,000 for travel sickness and 5.2m for blocked noses. Also, it is estimated that 3.7 million A&E admissions every year are classed as minor conditions – all of which community pharmacy could be empowered to deal with.
11. The Pharmacy First Minor Ailments Service (MAS) commissioned by NHS England North Midlands should be seen as the start of a process of shifting patients' patterns of behaviour so that they "Think Pharmacy" before going straight to the GP surgery or to Accident and Emergency departments at our hospitals. The recent King's Fund report by Richard Murray sets out a number of recommendations for the future development of community pharmacy services including:
 - a. Incentivising use of electronic repeat dispensing so that this becomes the default for repeat prescribing;
 - b. A redesign of medicines use reviews (MURs) to develop them into full clinical reviews including ongoing monitoring and follow-up of patients, consideration of prescription duration, and utilising independent prescribing as part of the care pathway;
 - c. Consideration of making smoking cessation services an element of the national [community pharmacy] contractual framework;
 - d. Use of the Vanguard programmes to develop the evidence base for community pharmacists, including integrating community pharmacists into long term condition management pathways, involving them in case finding programmes, and using new ways of contracting that mitigate any perceived conflicts of interest;
 - e. Support from NHS England and national partners to help STP leads to integrate community pharmacy into their plans and local commissioners to contract for services.

The full King's Fund report is available at
<https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/12/community-pharm-clncl-serv-rev.pdf>

12. In Nottinghamshire & Derbyshire NHSE are piloting a service extending working relationships between Community Pharmacists and GP practice teams. The programme aims to develop and evaluate new models of care to test quality improvements by utilising community pharmacy independent prescribers (CPIP.) CPIPs are part of the wider General

Practice team and co-manage patients with long term conditions and urgent care needs. CPIPs are still employed by their community pharmacy providers who are important strategic partners to the programme. The aspiration is to ultimately “reduce the queue at the front door of general practice”. Early results are positive and by the end of October 2016 had achieved:

- a. 8442 consultations – face-to-face and telephone
- b. Estimated 1,410 hours of GP time saved
- c. Favourable cost per consultation - £21.00 to £38.00
- d. Evidence of significant clinical interventions
- e. Medicines changed in 56% of cases
- f. Safety and quality improvements
- g. Identified side-effects 15%, need for blood tests 14%, self-care advice 29%
- h. 7.8% potential reduction in secondary care referrals
- i. Excellent patient feedback (100% satisfaction)

NHSE has secured funding to train a further 27 CPIPs
See Appendix 1 for further details.

13. Community Pharmacy teams help people make positive lifestyle choices, providing a wide range of services and information to promote health, wellbeing and self-care. Many offer free blood pressure and blood glucose checks, but could provide full NHS HealthChecks to improve access and take up by some of the harder to reach residents of the County.
14. The NHS benefits from the private investment community pharmacy businesses have made over decades in their premises, supply chains, utilities and workforce. In recent years, Community Pharmacy nationally has delivered more than 4% savings for the NHS through both cost reduction and quality improvement year on year demonstrating community pharmacy provides good value for money to the NHS. A recent report by Price Waterhouse Cooper demonstrates this by identifying community pharmacies contributed a net value of £3 billion to the NHS, public sector, patients and wider society in England in 2015 through just 12 services, with a further £1.9 billion expected to accrue over the next 20 years. This means that community pharmacies deliver substantially more in benefits than they receive in compensation, providing excellent value to the Department of Health. Further details at <http://psnc.org.uk/psncs-work/about-community-pharmacy/the-value-of-community-pharmacy/> and in appendix 2
15. Community Pharmacy businesses offer many high-quality services to their patients, to help them manage their health and to order, receive and understand their medicines –services that involve far more than simply supplying a medicine. As with general practice they are small businesses providing employment for more than 2,000 people in Nottinghamshire – many of which are in the most deprived communities of the County.
16. Community Pharmacy provides social contact, networks and support mechanisms for many people across the county, including services tailored to meet specific cultural and population needs. Most are signed up to Dementia Friends and help safeguard vulnerable people - identifying concerns and signposting / referring to health and social care colleagues.
17. The Government have made recent changes to the community pharmacy contractual framework to include a quality scheme – this includes Healthy Living Pharmacy Level 1. The Healthy Living Pharmacy (HLP) framework is a tiered commissioning framework aimed at

achieving consistent delivery of a broad range of high quality services through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities. The HLP framework is underpinned by three enablers:

- a. workforce development – a skilled team to pro-actively support and promote behaviour change, improving health and wellbeing;
- b. premises that are fit for purpose; and
- c. engagement with the local community, other health professionals (especially GPs), social care and public health professionals and local authorities.

Level 1 is a nationally defined standard, with levels 2 and 3 being locally determined. Further details are available at <http://psnc.org.uk/services-commissioning/locally-commissioned-services/healthy-living-pharmacies/>

The other aspects of the Quality Scheme include:

- d. Patient safety
- e. Safeguarding
- f. Patient experience
- g. Clinical effectiveness
- h. Dementia Friends
- i. Leadership

HEE are funding all pharmacies to have trained Healthy Living leaders and a Healthy Living Champion with a Royal Society of Public Health Level 2 qualification. This new initiative will provide Nottinghamshire with 150 Health and Wellbeing hubs giving high footfall opportunities for health interventions through *Making Every Contact Count*. To maximise this STP partners will need to collaborate to give coordinated strategic guidance.

- 18. A combination of MAS and HLP in effect makes Community Pharmacy mini walk-in-centres and in those where space permits commissioners should consider co-locating other appropriate healthcare professionals such as podiatrists, dieticians, health visitors to make use of the footfall and opportunity to prevent ill health by earlier intervention.
- 19. Public Health interventions by pharmacy teams reduce the burden on the wider system by enabling early detection, management and treatment of health conditions. For example one of the pharmacies in Mansfield Woodhouse has a large sales area which could be used more collaboratively as a locality “public health outpost” to support all manner of public health awareness campaigns and initiatives. All it requires is some creative thinking and will to bring public and private sectors together for mutual benefit.

Reason/s for Recommendation/s

- 20. Community Pharmacy is an accessible trusted resource of healthcare professionals in all communities of Nottinghamshire and can be used more efficiently to support the Public Health, Social and Health economy to improve care of citizens.
- 21. The Price Waterhouse Cooper and King’s Fund reports referred to in bullets 9 and 12 make it clear that there is much more community pharmacy can offer the health economy to support the STP.

22. Healthy Living Pharmacies level 1 is a national standard developed by Public Health England that is now part of the community pharmacy quality scheme – this can be further developed locally to coordinate additional services provided by Community Pharmacies as an umbrella framework to focus on STP priorities

23. We are seeking support from the Health and Wellbeing Board to continue working together:

- a. To explore opportunities where community pharmacy can support the health and wellbeing of the local population and support local GPs workload in particular through the Community Pharmacy Independent Prescriber project.
- b. To look at the scope of co-commissioning services between the local authority, CCGs and the NHS England.
- c. Scope how we can build on the HLP concept as by September 2017 80% of community pharmacies will be accredited to level 1

Statutory and Policy Implications

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

RECOMMENDATION/S

- 1) Health & Wellbeing Board members to note the report.
- 2) Health and Wellbeing Board members and partner organisations to consider the support requested in paragraph 23.

Councillor Joyce Bosnjak
Chair of Health and Wellbeing Board

For any enquiries about this report please contact:

Nick Hunter

Samantha Travis

Chief Officer
Nottinghamshire Local Pharmaceutical Committee
07595 069178
chiefofficer@nottinghamshirelpc.co.uk

Clinical Leadership Adviser /
Controlled Drugs Accountable Officer /
LPN Chair
NHS England North Midlands
01138255474
Samantha.travis@nhs.net

Constitutional Comments (LMcC 23/01/17)

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

Financial Comments (KAS 20/01/17)

26. There are no detailed financial implications contained in the report, though it says the use of Community Pharmacies could help the STP to make savings.

Background Papers and Published Documents

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

None

Electoral Division(s) and Member(s) Affected

All

Derbyshire Nottinghamshire GP Pharmacy Transformation Programme

Aims

- Improve Primary Care access
- Release GP time
- Improve patient experience
- Improve Health outcomes
 - Medicines optimisation
 - Quality & Safety
- Better use of healthcare System
- Utilise Community Pharmacy workforce

Results and Outcomes

- 8442 consultations with Pharmacist
- 1,410 hours of GP time saved
- Favourable cost and length of consultations
- Excellent patient feedback
- Evidence of significant clinical interventions



- Medicines changed in **56%** of cases
- **Safety and quality** improvements (side-effects 15%, blood tests 14%, self-care advice 29%)
- **7.8%** potential reduction in secondary care referrals

Benefits

Annual Programme Costs – £491,900

- Pilot sites: - £272,700
- Project costs - £219,200

Annual benefits - £1,018,200

- Released GP time **£240,900**
- Reduced hospital activity **£777,300**

Additional benefits

- Practice staff value role
- Contributes to better GP work life balance
- Better quality of medication reviews
- Added cost benefits from reduction in long term care

Project

Community Pharmacist Independent Prescribers in GP practices
 6 sites across Notts & Derbyshire
Mid Notts - Abbey Medical Group
 Complex Medication reviews, prescription queries, LTC, specialist reviews, minor illness clinics

Community pharmacy: providing great value for communities

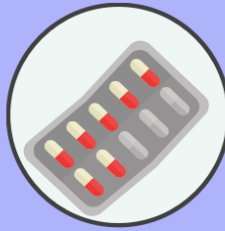
Community pharmacies are vital parts of local communities, offering a range of services to support people's health and wellbeing. New research from PricewaterhouseCoopers (PwC) has shown just how important some of these services are to public spending.

The research

The research analysed 12 community pharmacy services across:



Public health



Medicines support



Support for self-care

The savings



The 12 services in 2015 delivered £3bn worth of net benefit to the NHS, public sector, patients and wider society.

This included:



£1.1bn NHS cash savings



£600m benefits to patients



£1bn benefits to the public sector and wider economy



£242m avoided NHS treatment costs

The benefits



Avoided NHS treatment costs

Avoided GP appointments



Cost efficiencies

Avoided social care costs



Reduced travel time

Increased economic output

Find out more at: psnc.org.uk/valueofpharmacy

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Support the campaign for community pharmacy:
supportyourlocalpharmacy.org





1 February 2016

Agenda Item: 7

REPORT OF THE CHAIR OF THE HEALTH AND WELLBEING BOARD

CHAIR'S REPORT

Purpose of the Report

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

Information and Advice

2. Newark and Sherwood HOT launch

After the discussion at the January Board meeting I was really excited to see that Newark and Sherwood District Council are launching the HOT scheme locally. There are videos available through their [YouTube](#) channel featuring Board member Councillor Mison as well as coverage on the council's [Twitter](#) and [Facebook](#) feeds.

I look forward to hearing about the success of the scheme in Newark and Sherwood and across the rest of the County.

For more information about the scheme in Newark and Sherwood contact Mel Coton e: Mel.Coton@newark-sherwooddc.gov.uk t: 01636 655990 or speak to Councillor Mison.

3. Rushcliffe alcohol awareness campaign

I saw that Rushcliffe Borough Council and Rushcliffe CCG have launched an alcohol awareness campaign featuring Board members Jeremy Griffiths and Debbie Mason. The campaign prompts people to think about their drinking habits when they visit their local recycling facilities – a new use of the phrase 'Do you come here often?'

More information is available on the [Rushcliffe Borough Council website](#) & there's also an article in the [Nottingham Evening Post](#).

4. Getting Geared up for Grow-wise™!

Do you know how many words an 18 month old should be able to say? Can you remember at what age a child should start walking? What difficulties might a child with ASD experience? Any idea how many teenagers now show signs of hearing loss (due to excessive exposure to noise)?

Recent research by the Department for Education identified that many frontline professionals couldn't answer these questions confidently, so Nottinghamshire's Children's Services have developed the Grow-wise Child Development E-learning Programme with the University of Nottingham's School of Health Sciences – covering development from conception through to 19 years.

The programme is being offered to all social care staff within the Council but is also available, to buy in as a training resource, for other external organisations.

If your organisation might be interested in accessing the training or has any other questions about Grow-wise™, please contact Liz Maslen (Liz.Maslen@nottscc.gov.uk)

5. Nottingham and Nottinghamshire Sustainability and Transformation Plan

The latest [STP newsletter](#) is now available. There are also a number of [public events](#) to outline the draft plan and take feedback on its development if you or your colleagues would like to attend.

6. All the Little Lights – Nottingham Playhouse

We are due to receive an update on Child Sexual Exploitation in Nottinghamshire over the next few months. In the meantime there is a production called ‘All the Little Lights’ coming to Nottingham Playhouse which touches on these themes. It’s written by a Nottinghamshire playwright and may be of interest.

7. Young People’s Health Strategy Celebration Event

We had a fantastic evening on Monday 16th January at MyPlace celebrating the success to date of the Young People’s Health Strategy such as the launch of the new Health for Teens website for young people in Nottinghamshire. We also heard about a number of other initiatives which have been developed in response to feedback from young people about what they wanted to keep them healthy. The event was a huge success and generated a lot of interest though the workshops which were hosted by Chat Health, Everyone Health, ASSIST, My Sexual Health, C-Card and Kooth online counselling.

Thanks to everyone who attended including the 20 young people who took part in the workshops and demonstrated the technology. A summary of the event will follow.

PROGRESS FROM PREVIOUS MEETINGS

8. Social Prescribing Event

Following the discussions we have had at previous Board meetings I am pleased to confirm that the next Stakeholder Network event will focus on Social Prescribing. It will be held on Tuesday 21 March at County Hall between 1 & 4.30pm.

The workshop is being planned to help stakeholder understand what social prescribing is & give an overview of the evidence to support it & anticipated outcomes. It will also look at what’s already happening in Nottinghamshire as well as exploring how we can extend it across the County.

Please book a place on [EventBrite](#) – it would be good to see members of the Health and Wellbeing Board there. Please pass on the information to any colleagues who might be interested. A draft agenda is available on the [Stakeholder Network web page](#).

For more information contact Susan March e: susan.march@nottscc.gov.uk

9. Update on homelessness prevention bid

I am pleased to report that the joint county/city bid for funding to tackle rough sleeping, reported in the January Chairs Report has been successful. Allocations & final details are to be confirmed.

Sadly the other bids made for funding from the homeless prevention programme were not successful but local work will continue to help tackle this problem.

For more information about the rough sleeper bid please contact Laura Chambers e: laura.chambers@nottsscc.gov.uk t: 07770 702231.

10. **[New funding for new care model vanguards](#)**

I was pleased to hear that both the Principia and Mid Nottinghamshire Vanguards were awarded funding from NHS England in the latest funding allocations announced in December.

The money will be used to continue to implement the plans. In addition to the funding, the vanguards will continue to receive support from NHS England and other national bodies to implement their plans, including how they harness new technology including apps and shared computer systems. They are also receiving help to develop their workforce so that it is organised around patients and their local populations.

The latest news about the Principia MCP is available through their [November](#) & [December](#) newsletters.

For more information about the Principia MCP contact Fiona Callaghan e: Fiona.Callaghan@nottspct.nhs.uk

11. **Stakeholder network – carers event**

We held another successful Stakeholder Network in October last year which focused on caring for carers. A [report from that event](#) is now available for reference and will be shared with the relevant carers groups in Nottinghamshire for consideration and implementation.

PAPERS TO OTHER LOCAL COMMITTEES

12. **[Nottinghamshire residents' survey 2016 findings for satisfaction and budget proposals](#)**

Paper to Policy Committee
13 December 2016

13. **[Nottinghamshire Early Years Improvement Plan 2015-2017](#)**

14. **[Youth Homelessness Prevention Plan 2016-2020](#)**

Papers to Children and Young People's Committee
19 Dec 2016

15. **[Police and Crime Commissioner Update](#)**

16. **[Police and Crime Plan \(2016-18\) –Theme 6 Monitoring Report Prevention, Early Intervention and Reduction in Reoffending](#)**

Reports to Nottinghamshire Police and Crime Panel
19 December 2016

17. [Development of a Countywide Promoting Independence Service](#)
18. [Adult Social Care and Health - Overview of Developments](#)
Papers to Adult Social Care and Health Committee
9 January 2017
19. [Winter Pressures - East Midlands Ambulance Service](#)
20. [Nottingham University Hospitals - Research and Innovation Update](#)
21. [Nottingham University Hospitals - Technology in Care](#)
Report to Joint Health Scrutiny Committee
10 January 2017
22. [Update on the work of the Community and Voluntary Sector Team](#)
Report to Community Safety Committee
10 January 2017
23. [Consultation on the Implementation of Clear Air Zones in England](#)
Report to Transport and Highways Committee
19 January 2017
24. [A Strategy for Nottinghamshire's Libraries - Annual Progress Report 2016](#)
Report to Culture Committee
24 January 2-17

NATIONAL NEWS, POLICY & GUIDANCE

The summary of national publications has been prepared by the Library and Knowledge Service Based at Kings Mills Hospital. All of the above records can be found in the CASH (Current Awareness Service for Health database by searching at:

<http://cash.libraryservices.nhs.uk/cash-service/search-database/>

A GOOD START

25. [The mental health of children and young people](#)
Public Health England
These describe the importance of mental health and wellbeing among children and young people and the case for investment in mental health. They also summarise the evidence of what works to improve mental health among children and young people in order to inform local transformation of services.
26. [Healthy futures: supporting and promoting the health needs of looked after children](#)
Local Government Association
All children have health needs, and local authorities now have a major role in meeting these. But looked after children and young people have higher levels of health needs than their peers, and these are often met less successfully leading to poorer outcomes.
27. [Young people often have negative views of sex and relationship education](#)
NIHR Signal
Sex and relationship education in schools is intended to safeguard children from harmful relationships and promote sexual health. This review of 55 qualitative studies, mainly from

the UK, suggests the classes do neither and may be failing to prepare, protect or engage young people.

28. [Working to support positive parenting and relationships. What can councils do?](#)

Local Government Association

Over the years, councils have focused primarily on helping children. That is clearly still important, but now it's time to do more to help parents as well.

29. [Smoking cessation in secondary care: mental health settings](#)

Public Health England

This guidance sets out the relationship between mental health and smoking prevalence amongst children and young people, what CAMHS are doing to support children and young people, and what actions commissioners and the public health system might take.

30. [Be Food Smart](#)

Public Health England

This campaign urges parents to take more control of their children's diets. A new Be Food Smart app has been developed to highlight just how much sugar, saturated fat and salt can be found in everyday food and drink that their children consume. The free app encourages families to choose healthier options by scanning the barcode of products allowing parents to compare brands. It also features food detective activities for children and the whole family.

31. [Healthy futures: supporting and promoting the health needs of looked after children](#)

Local Government Association

This report focuses on the higher health needs of looked after children and young children which are often met less successfully than their peers, leading to poorer outcomes. The report includes seven case studies of positive initiatives in local authorities around the country.

32. [Growing up Digital](#)

Growing Up Digital Task Force

Children are being left to fend for themselves in the digital world, regularly signing over rights to their private messages and pictures unknowingly and with scant advice from parents or schools?

33. [Alcohol marketing and young people: a literature review and mapping exercise](#)

Public Health England

The aims of this report are firstly to update the evidence for the association between drinking patterns among children and young people and their exposure to alcohol marketing in all media. Secondly, it seeks to address questions about the use of digital marketing to market alcohol products. Thirdly, it aims to identify potential strengths, weaknesses and gaps in the UK regulations governing alcohol marketing. Lastly, it seeks to identify lessons from international experience which could usefully inform any review of UK regulations.

34. [E cigarette use among youths and young adults](#)

Surgeon General

E cigarette use among US youth and young adults is now a major public health concern. These products are now the most commonly used form of tobacco among youth in the United States, surpassing cigarettes, chewing tobacco, cigars, and hookah. Despite their

prevalence, there is significant public confusion about e-cigarettes with parents, teachers, clinicians, and policy makers unsure how to approach these relatively new tobacco products.

LIVING WELL

35. [Special Supplement of Addiction on alcohol marketing launched](#)
UK Health Forum
This is a special edition of the journal Addiction on alcohol marketing. The document offer guidelines to developing more effective alcohol marketing regulations. (Articles are freely available.)
36. [Having a health check could save your life](#)
Local Government Association/BJGP
Regular health checks, which are commissioned by councils as part of their public health duties - are saving lives across the country by identifying early signs of potentially life-threatening conditions. More new cases of diabetes, hypertension, and chronic kidney disease were identified among attendees than a matched group of non-attendees.
37. [Use of electronic cigarettes in pregnancy and use of electronic cigarettes in pregnancy: a guide for midwives and other healthcare professionals](#)
Smoking in Pregnancy Challenge Group
The briefing for health professionals addresses some of the most frequently asked questions and the infographic has been designed to be used in consultations with women who have expressed an interest in using e-cigarettes to quit smoking.
38. [NIHR Signal: Behavioural and drug treatment together help those with lung disease stop smoking](#)
NIHR Signal
Commentary is provided of a review which found that smokers with COPD given drug treatment alongside behavioural therapy were more than twice as likely to stop smoking by six months as those given behavioural treatment alone.
39. [Smoking cessation audit report: smoking cessation policy and practice in NHS hospitals](#)
British Thoracic Society
NHS hospitals across the UK are falling woefully short of national standards on helping patients who smoke to quit and enforcing smoke-free premises.
40. [Interventions for tobacco use cessation in people in treatment for or recovery from substance use disorders](#)
Cochrane Library
Tobacco cessation interventions targeted to smokers in treatment and recovery for alcohol and other drug dependencies increases tobacco abstinence. This link was consistent for both pharmacotherapy (PT) and combined counselling/PT, for those in treatment and in recovery.
41. **Stop smoking campaign aimed at reducing cardiovascular disease**
Public Health England is set to launch a [new campaign](#) to highlight the damaging effect smoking has on the heart, as it is revealed that, in England, 45 people a day die of cardiovascular disease caused by smoking. The campaign includes a film with primary

school children who have created their own heartfelt messages about the dangers of smoking. The campaign launches on 30 December 2016 with TV and digital advertising showing NHS Smokefree 'Rotten Roll-up' and 'Mutations' adverts, which highlight the serious damage that cigarettes can cause.

42. [Tackling Street Drinking](#)

National Consortium of Police and Crime Commissioners

This guidance states that street drinking is a 'widespread and persistent problem', and should be tackled on the basis of negative effects on those who witness it including children, the effect on local businesses, and costs incurred to the public sector.

43. [The Frontline Battle impact of alcohol abuse on the emergency services](#)

The All-Party Parliamentary Group on Alcohol Harm.

This report presents the results of an inquiry into the impact of alcohol on emergency services. It sets out the extent of the pressures and dangers of alcohol related problems placed on the emergency services and discusses the impact on staff, the impact on service provision and the effect on time and resources.

44. [Public health campaigns: community pharmacy toolkits](#)

Royal Pharmaceutical society

Public Health England is encouraging community pharmacy teams to support three new year public health campaigns in January 2017. PHE has developed a toolkit for each of the campaigns to help community pharmacies promote the health and wellbeing messages. The campaigns are: One You: New Year, New You? a campaign to leverage the natural uplift in people's interest in making healthy changes at new year, Smokefree January - a campaign to encourage people to quit smoking, Sepsis - a national campaign to support earlier diagnosis of sepsis by improving knowledge of the infection, its symptoms and when to seek urgent healthcare advice, amongst parents/carers of children age 0-4.

45. [Health impact assessment of the UK soft drinks industry levy: a comparative risk assessment modelling study](#)

The Lancet Public Health

This study modelled three possible industry responses: reformulation to reduce sugar concentration, an increase of product price, and a change of the market share of high-sugar, mid-sugar, and low-sugar drinks and found that the greatest benefit for obesity and oral health would be among individuals aged younger than 18 years, with people aged older than 65 years having the largest absolute decreases in diabetes incidence.

46. [Modern life responsible for worrying health in middle age](#)

Public Health England

Modern life is harming the health of the nation: 77% of men and 63% of women in middle age are overweight or obese. Obesity in adults has shot up 16% in the last 20 years. Many also can't identify what a healthy body looks like, suggesting obesity has become the new normal. People are being urged to take a moment to consider their health and the simple steps they can take to improve it in the run up to the New Year, by taking the One You online quiz and to eat better, be more active, stop smoking and consider their drinking.

47. [What if we eradicated obesity?](#)

The King's Fund

The King's Fund has published another essay from the 'What If' hypothetical scenario's series. The author looks back at the impact of the obesity epidemic in the first years of the 21st century charting the dates when legislation passed by successive governments have reduced the problems of obesity for NHS services.

48. [Attitudes to obesity](#)

British Social Attitudes Survey

The findings of this survey show that people tend not to recognise obesity when it does exist, particularly in men; obesity is frequently regarded as a problem for individuals and health care professionals rather than society more generally; and those who are obese are often stigmatised.

49. [First ever garden villages named with government support](#)

The first ever garden villages, which have the potential to deliver more than 48,000 homes across England, have been given government backing.

In an expansion of the existing garden towns programme, these smaller projects of between 1,500 and 10,000 homes continue the government's commitment to support locally-led development and make sure this is a country that works for everyone.

50. [The case for healthy places](#)

Project for Public Spaces

This report of peer-reviewed research offers evidence-based guidance, recommendations, and numerous case studies to which health institutions, community organizations, and other partners can refer in order to create and support healthy placemaking initiatives.

51. [Cities alive: a walking world](#)

ARUP

This report highlights the significant social, economic, environmental and political benefits of walking. It lists 40 actions that city leaders can consider to inform walking policy, strategy and design. These actions are informed by a catalogue of international case studies that will inspire action and further aid cities in identifying and evaluating opportunities.

52. [Shaping healthy cities and economies: the role of clinical commissioning](#)

NHS Clinical Commissioners

This report provides examples of how clinical commissioners in England's core cities are helping to drive economic growth and deliver public services in a way that meets local needs. It includes case studies from Leeds, Sheffield, Bristol, Nottingham, Newcastle, Liverpool and Manchester.

COPING WELL

53. [Are rural carers overwhelmed by need?](#)

Rural Services Network

Carers or caregivers not only reduce demand on health and social care systems but they often do so with very little (if any) support. How can we better understand the role that carers and caregivers play – and what more can be done to recognise and support them, especially in rural areas?

54. [Safe later lives: older people & domestic abuse](#)
Age UK for Safe Lives
This report provides a focus on this historically 'hidden' group, which is essential to tailoring appropriate and effective services for victims (and perpetrators). The report is part of the SafeLives 'Spotlights' series, which will focus on hidden groups of domestic abuse victims throughout 2016 and 2017 and propose recommendations for both practitioners and policymakers. The first Spotlights has focused on older victims of abuse and involved a survey with 27 professionals, feedback from survivors, frontline practitioners and policymakers, as well as webinars and a social media Q&A.
55. [A country for all ages: ending age apartheid in Brexit Britain](#)
United for all ages
Care homes should be used to provide student accommodation and nurseries in an effort to combat "inter-generational apartheid", according to a new report.
56. [Social and Cognitive Readiness of Children and Young Adults on the Autism Spectrum into the Transition to Adults Services and Independent Living](#)
NICE Shared Learning
The application of EdufitUK programme results in the enrichment response within service users, as well as leading to measurable, and noticeable development in their cognition, metacognition, self-confidence and resilience as the result of implementation of an innovative, inclusive and evidence based programme, designed to enhance, physical, mental, academic and emotional personal development of participants.
57. [The role of public health in the prevention of violence](#)
Faculty of Public Health
This position statement sets out the public health approach to violence prevention and argues that health professionals can help to break the cycle of violence in families and communities. It outlines a series of actions that can be taken such as measuring violence-related health needs; identification of root causes and solutions; and it makes the case for effective interventions on a partnership basis.
58. [Cards on the table: the cost to government associated with people who are problem gamblers in Britain](#)
GambleAware
This report estimates that problem gamblers cost the government between £260 million and £1.2 billion per year. The research highlights which parts of government absorb the worst of the costs of gambling-related harm including health, welfare and employment, housing and criminal justice.
59. [Inter-parental relationship support services available in the UK: rapid review of evidence](#)
Early Intervention Foundation
The purpose of this review was to determine the extent to which relationship support services have been mapped in the UK. The study recommends that relationship support services should be embedded in mainstream public sector services like schools, health and housing, so families at risk can be helped earlier.

60. [What is truth? An inquiry about truth and lying in dementia care](#)
Mental Health Foundation
This report concerns people with dementia who experience a reality or set of beliefs different from those around them. It investigates what these experiences may mean for people living with dementia, carers, family members and practitioners. It examines why, when and how non-truth telling is justified in supporting the wellbeing of the person with dementia with these experiences.
61. [Combating loneliness: a guide for local authorities](#)
Local Government Association
This report warns that the impact of loneliness and isolation on health and social care means that it must be recognised as a major public health issue.
62. [Unmet social care needs](#)
IPSOS MORI
This report is the first stage of a project looking at unmet need for social care among older adults in England. It presents the findings from a secondary analysis of Health Survey for England and English Longitudinal Study of Ageing data to assess the prevalence of unmet need and provide profiles of people likely to have unmet need.
63. [Cancer mortality for common cancers](#)
Cancer Research UK
These figures released in December 2016 indicate that four hundred thousand fewer people will die from cancer over the next 20 years thanks to advances in research, according to figures released by Cancer Research UK.
64. [Preventative co-ordinated low-level support for adults with high-functioning autism: systematic review and service mapping](#)
EPPI
This project evaluated the effects of all forms of supportive intervention for adults with high functioning autism (HFA). It also involved mapping current practice to provide an overview of services for adults with HFA in England.
65. [The Government's response to the Five Year Forward View for Mental Health](#)
The Department of Health, Public Health England and NHS England
This report sets out the Government's response to the work of the Mental Health Taskforce and Five Year Forward View for Mental Health report. The Government has accepted the taskforce report in full.
Additional link: [BBC News report](#)
66. [Improving care for people with long-term conditions](#)
Royal Pharmaceutical Society, Scotland
This report, argues that pharmacist led care of people with long term conditions could deliver better results and be more cost effective. It focuses on the role of the pharmacist as part of a multidisciplinary approach to tackling the challenges facing the NHS in providing the highest quality care and support for people with long term conditions.

WORKING TOGETHER

67. [Quality at a cost: QualityWatch annual statement 2016](#)

Health Foundation and Nuffield Trust

This looks at a range of care quality measures across the NHS in England. It highlights that several areas of health care where standards have improved, but the authors point to slowing improvement in other areas, growing waiting times and continuing financial pressures.

68. [The role of clinical commissioning in shaping healthy cities](#)

NHS Clinical Commissioners

This report provides examples of how clinical commissioners in England's core cities are helping to drive economic growth and deliver public services in a way that meets local needs. It includes case studies from Leeds, Sheffield, Bristol, Nottingham, Newcastle, Liverpool and Manchester.

69. [Approaches to integrated housing, health and social care services: case studies from North Tyneside Council and Northumbria Healthcare](#)

Housing LIN

This Case Study Report presents three case studies of innovative approaches to integrated working across housing, health and adult social care from North Tyneside Council and Northumbria Healthcare Foundation Trust. The case studies highlight the relevance of understanding access processes within different services, the role of workforce development in aligning referral and access pathways, targeted and more cost-effective health intervention delivery via housing services, and the potential for achieving health outcomes through housing improvement. Understanding of these issues informed the approach that was developed for the co-ordination of services and departments to work together across organisation and sector boundaries.

70. [Building our homes, communities and future](#)

Local Government Housing Commission

This report includes a chapter (starting on page 45) which examines housing at the heart of integrated health and care. It summarises some of the commission's key recommendations for meeting the evolving and varied situations of people as they grow older.

71. [New care centres to improve services for millions with complex needs](#)

NHS England

The ICP is aimed at joining up health, social care and other services to help disabled people and those people with long term conditions to have more control over their care needs. The new areas are Birmingham and Solihull, Nottingham City, Hertfordshire, Islington, Sheffield and Nottinghamshire.

72. [Priorities for the NHS and Social Care in 2017](#)

King's Fund

This report examines supporting new care models centred on the needs of patients; strengthening and implementing sustainability and transformation plans; improving productivity and delivering better value; developing and strengthening leadership at all levels; and securing adequate funding for health and social care.

73. [No mention for maternity services? NHS Sustainability and Transformation Plans \(STPs\) as at November 2016](#)
Royal College of Midwives
This report lists all areas that have submitted STPs and where they have included, or not, maternity services in the plans.
74. [Swimming together or sinking alone: health, care and the art of systems leadership.](#)
The Institute of Healthcare Management This report aims to help leaders understand the values, culture and skills they need as the NHS tries to change from organisations working in silos to local health and care networks focussed on the needs of patients. The report is based on a series of interviews with senior leaders in health and local government regarding the Sustainability and Transformation Plan (STP) process.
75. [Working together to investigate health and social care complaints](#)
LGO
This report outlines how adopting an integrated approach to investigating complaints about health and social care can lead to significant benefits. It discovered that many of the problems experienced have been caused by the complex way in which health and social care is provided at a local level.
76. [A systematic review on the effect of the organisation of hospital discharge on patient health outcomes](#)
BMJ Open
Review of 20 studies found that irrespective of component of discharge process explored, outcome considered (composite or not), sample size and study design, no consistent statistical association between hospital discharge and patient health outcome was identified.
77. [Nuffield winter insight: winter bed pressures](#)
Nuffield Trust
This briefing is the first in a series looking closely at some of the big issues behind pressure on the NHS in winter months. This briefing focuses on the findings of a new analysis of bed occupancy levels from NHS England situation reports for last winter.
78. [How hospital activity and funding in England have changed over time](#)
King's Fund
This analysis explores demand for hospital services by looking at the data for different aspects of activity over the past 13 years. The analysis indicates rising demand is resulting in increasing hospital activity. There is also evidence that other parts of the health service are facing similar challenges including general practice, district nursing health services and mental health.
79. [A councillor's workbook on neighbourhood and community engagement](#)
Local Government Association
This workbook has been designed as a learning aid for elected members. The aim is to think about approaches to neighbourhood and community engagement; how the material relates to your local situation, the people you serve and the council you represent.

80. [Shared Commitment to Quality](#)

NHS England

This document sets out a Shared Commitment to Quality from leaders in national organisations responsible for overseeing quality across the NHS, public health and social care. It provides a nationally agreed definition of quality and is intended as a guide for professionals leading work to improve care in their areas. It is intended to support us all in our dual responsibilities of maintaining quality of care, and continuously improving care, so we are always striving for the best.

HEALTH INEQUALITIES

81. [Deprivation and cancer: in search of a common measure across England, Wales, Scotland, Northern Ireland and Ireland](#)

National Cancer Intelligence Network

This report examines whether there is a common metric within the deprivation measures that can be applied across the UK. There are no consistent deprivation indices between the five countries, each of which currently uses a number of different metrics and methodologies. As part of our analyses to find a common metric, we compared cancer incidence and mortality rates in each country after controlling for the effects of deprivation

82. [Rebalancing act: a resource for Directors of Public Health, Police and Crime Commissioners and other health and justice commissioners, service providers and users.](#)

The Home Office and NHS England

This is a resource to support collaborative work to improve health, reduce offending and health inequalities among people in contact with the criminal justice system. The document sets out the case for investment, but also for making better use of existing resources, whether through joint or co-commissioning, pooled budgets, or simply more effective collaboration.

CONSULTATIONS

83. [Mid Notts CCGs consultation regarding changes to prescribing](#)

NHS Mansfield and Ashfield and Newark and Sherwood Clinical Commissioning Groups (CCGs) are asking the general public to comment about the following planned changes to prescribing and are asking if the changes should apply to ALL patients or if there are any vulnerable groups of patients who should still get these medicines and products on prescription because their health may be adversely affected by this change.

This consultation closes on 1 February 2017.

84. [Child and Adolescent Mental Health Services Consultation](#)

NHS England has launched a consultation on five [service specifications for Children and Adolescent Mental Health Service \(CAMHs\) Tier 4](#). These specifications have been developed with the support of lead clinicians and patient and public representatives.

The closing date for responses is 28 February 2017.

Other Options Considered

85. To note only

Reason/s for Recommendation/s

86. N/A

Statutory and Policy Implications

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

RECOMMENDATION/S

1) To note the contents of this report.

Councillor Joyce Bosnjak
Chair of Health and Wellbeing Board

For any enquiries about this report please contact:

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

Constitutional Comments (LMcC 13/01/2017)

88. The Report is for noting only.

Financial Comments (KAS 12/01/17)

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

Background Papers and Published Documents

None

Electoral Division(s) and Member(s) Affected

All

1 February 2017

Agenda Item: 8

REPORT OF CORPORATE DIRECTOR, RESOURCES WORK PROGRAMME

Purpose of the Report

1. To consider the Board's work programme for 2017.

Information and Advice

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

Other Options Considered

4. None.

Reason/s for Recommendation/s

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

Statutory and Policy Implications

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

RECOMMENDATION/S

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

Jayne Francis-Ward
Corporate Director, Resources

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

Constitutional Comments (HD)

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

Financial Comments (NS)

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

Background Papers

None.

Electoral Division(s) and Member(s) Affected

All

Health and Wellbeing Board & Workshop Work Programme

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| <p>1 March</p> | <p><i>Update from Sherwood Forest Hospital – prevention strategy & future collaboration with Nottingham University Hospital (Peter Herring) TBC</i></p> <p>Tobacco Declaration Annual update (John Tomlinson)</p> <p>BCF Q3 quarterly report (Joanna Cooper)</p> <p>Approval of BCF Plan 2017/18 & 2018/19 (Joanna Cooper)</p> <p><i>Update on Nottinghamshire & SYB STPs (David Pearson/Joanna Cooper/ Idris Griffiths)</i></p> <p>Chairs report:</p> <ul style="list-style-type: none"> • SEND Strategic Plan (Chris Jones) |
| <p>29 March</p> | <p>Substance misuse services (John Tomlinson//Lindsay Price/Tristan Poole)</p> <p>Strategic action for 2017 - MECC (JT/LP/TLP)</p> |
| <p>26 April</p> | <p>Wellbeing@Work update (Lindsay Price)</p> <p>Update on spatial planning <i>requested at May 2016 meeting</i></p> <p><i>Update on Nottinghamshire & SYB STPs (David Pearson/Joanna Cooper/ Idris Griffiths)</i></p> |
| <p>June</p> | <p>Transitions between children’s and adult’s services especially for those with SEND &/or accessing CAHMS (Colin Pettigrew/Chris Jones)</p> <p>BCF Q4 quarterly report (Joanna Cooper)</p> |

Health and Wellbeing Board & Workshop Work Programme

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| July | <i>Update on Nottinghamshire & SYB STPs (David Pearson/Joanna Cooper/ Idris Griffiths)</i> Addressing clinical variation (Jeremy Griffiths) |
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Items to be allocated to future meetings:

- Care leavers support (discussed at October 2016 HWB meeting)