

Health and Wellbeing Board

Wednesday, 13 July 2016 at 14:00

Mansfield Civic Centre, Chesterfield Road South, Mansfield NG19 7BH, [Venue Address]

AGENDA

- | | | |
|-----|--|-----------|
| 1 | Minutes of the last meeting held on 8 June 2016 | 3 - 8 |
| 2 | Apologies for Absence | |
| 3/4 | Declarations of Interests by Members and Officers:- (see note below)
(a) Disclosable Pecuniary Interests
(b) Private Interests (pecuniary and non-pecuniary) | |
| 5 | Update on Sustainability and Transformation Plan and Vanguards - Presentation | |
| 6 | Joint HWBs Summit on the Role of the Fire and Rescue Service in Improving Health and Wellbeing | 9 - 18 |
| 7 | Nottinghamshire Transitions Protocol and Pathway | 19 - 60 |
| 8 | Annual Summary of the work of NCC's Public Health Committee 2015-16 | 61 - 88 |
| 9 | Chairs Report | 89 - 106 |
| 10 | Work Programme | 107 - 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 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, 8 June 2016 (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
	Debbie Mason	-	Rushcliffe Borough Council
	Peter Duncan	-	Newark and Sherwood District Council
	Andrew Tristram	-	Mansfield District Council

OFFICERS

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

CLINICAL COMMISSIONING GROUPS

	Dr Jeremy Griffiths	-	Rushcliffe Clinical Commissioning Group (Vice-Chair)
	Dr Mark Jefford	-	Newark & Sherwood Clinical Commissioning Group
A	Dr Gavin Lunn	-	Mansfield and Ashfield Clinical Commissioning Group
A	Dr Guy Mansford	-	Nottingham West Clinical Commissioning Group
	Phil Mettam	-	Bassetlaw Clinical Commissioning Group
	Vacancy	-	Nottingham North & East Clinical Commissioning Group

LOCAL HEALTHWATCH

Michelle Livingston - Healthwatch Nottinghamshire

NHS ENGLAND

Oliver Newbould - North Midlands Area Team, NHS England

NOTTINGHAMSHIRE POLICE AND CRIME COMMISSIONER

A Kevin Dennis

ALSO IN ATTENDANCE

John Crone	-	Quarrydale School
Andy Evans	-	Connected Nottinghamshire
Jill Finnesey	-	Mansfield District Council
John Sheil	-	Gedling Borough Council
Bev Smith	-	Mansfield District Council

OFFICERS IN ATTENDANCE

Kate Allen	-	Public Health
Jenny Charles-Jones	-	Public Health
Joanna Cooper	-	Better Care Fund Programme Manager
Helena Cripps	-	Public Health
Lucy Dadge	-	Programme Director, Nottinghamshire STP
Paul Davies	-	Democratic Services
Jonathan Gribbin	-	Public Health
John Tomlinson	-	Public Health

COUNCILLOR MARTIN SUTHERS

The Chair referred to the recent death of Councillor Martin Suthers, who had been Chair of the Shadow Health and Wellbeing Board and first Chair of the Board itself. She had written with condolences on behalf of the Board.

CHAIR

It was noted that Councillor Joyce Bosnjak had been appointed as Chair of the Health and Wellbeing Board by the County Council on 12 May 2016.

MINUTES

The minutes of the last meeting held on 4 May 2016 having been previously circulated were confirmed and signed by the Chair.

MEMBERSHIP

It was reported that Councillor Reg Adair had been appointed in place of Councillor Suthers, Councillor Peter Duncan as the representative from Newark and Sherwood

District Council, Michelle Livingston as the representative from Healthwatch Nottinghamshire, and Kevin Dennis as the representative of the Police and Crime Commissioner.

APOLOGIES FOR ABSENCE

Apologies for absence were received from Kevin Dennis, Councillor Dr John Doddy, Dr Gavin Lunn, Dr Guy Mansford, Colin Pettigrew and Councillor Susan Shaw.

DECLARATIONS OF INTEREST BY BOARD MEMBERS AND OFFICERS

None.

UPDATE ON SUSTAINABILITY AND TRANSFORMATION PLAN

David Pearson gave a presentation to update the Board on the preparation of the Nottinghamshire Sustainability and Transformation Plan (STP), for which he was the Lead Officer. Significant progress had been made since the presentation at the previous meeting to identify priorities, work streams and governance arrangements. A draft plan would be submitted by the end of June.

Phil Mettam explained that Bassetlaw was an active participant in the Nottinghamshire and South Yorkshire plans, with the degree of participation depending on the relevance of a particular work stream to Bassetlaw residents.

David Pearson responded to questions and comments from Board members.

- What was the role of the Health and Wellbeing Board in governance of the plan? - Government requirements for signing off STPs had not been announced yet, but might include Boards. In the longer term, there would be governance arrangements related to the Government's wish for the integration of health and social care by 2020 (as announced in the Chancellor's autumn statement).
- Place-based commissioning was explained as looking at the total needs of the population, the total resources available from all commissioners, and making one decision about the allocation of resources. Information would be circulated to Board members.
- Did prevention feature in the plan, given that it could often represent good value? - The role of prevention was taken seriously. Prevention would feature in the work streams, while maintaining a balance with spending on immediate needs. Some prevention activity brought quicker benefits than others.
- Board members commented that the plan would involve the challenge of transferring resources from the acute sector to community settings. The plan gave an opportunity to change emphasis, and to involve service users in shaping services. It was clear that contracting models required attention, and there should be engagement with the public about the new shape of services in order, for example, to reduce demand on A&E.

RESOLVED: 2016/036

That the presentation to update the Board on the Nottinghamshire Sustainability and Transformation Plan be received.

NOTTINGHAMSHIRE LOCAL DIGITAL ROADMAP

Andy Evans gave a presentation on progress with development of the Nottinghamshire Local Digital Roadmap, which followed a presentation to the Board on 3 February 2016. The roadmap would support the ambitions of the STP, and would be submitted alongside the draft STP by 30 June. Health and social care commissioners and providers were working together towards the goal of improved information sharing and paperless records.

RESOLVED: 2016/037

- 1) That the content of the report and the work that is underway be noted.
- 2) That the presentation be received.
- 3) That the Board support the Local Digital Roadmap once it has been approved and continue to receive updates on its progress.

UPDATE ON NOTTINGHAMSHIRE HOUSING AND HEALTH COMMISSIONING GROUP DELIVERY PLAN AND RECOMMENDATIONS FOR NEXT STEPS

Jill Finnesey and John Sheil introduced the report on delivery of the Housing Delivery Plan under the Health and Wellbeing Strategy. They drew attention to achievements and to the next steps to be taken.

In reply to questions, it was explained that the Disabled Facilities Grant (DFG) budget (part of the Better Care Fund pooled budget) had been increased by 78% across Nottinghamshire to cover early intervention and minor work as well as mandatory DFG work. It was pointed out that Ashfield District Council had gathered detailed information on housing and health, which showed a strong correlation between the quality of housing and, for example, mental health problems. It was explained that there was no requirement for private landlords to register, and district council enforcement powers in relation to privately rented housing were mainly reactive. It was pointed out that planning officers were members of each district council's Health and Wellbeing Group.

RESOLVED: 2016/038

- 1) That the updated Housing Delivery Plan and activity for the next 12 months be endorsed.
- 2) That a Nottinghamshire Memorandum of Understanding between housing, health and social care be developed and presented to the Health and Wellbeing Board and Implementation Group (HWIG) in six months.

- 3) That a report be presented to the Board within six months to update on progress on securing funding for a designated officer to co-ordinate health, housing and social care activity across the county, to include a monitoring and coordination role and possibly funded through the Better Care Fund or Pioneer development funding.

TOBACCO DECLARATION UPDATE

John Tomlinson introduced the report which updated the Board on progress with the Tobacco Control Declaration. During discussion, board members who were school governors were encouraged to urge schools to adopt the Declaration. Board members asked for updates on an annual basis.

RESOLVED: 2016/039

- 1) That the progress on the Nottinghamshire County and Nottingham City Tobacco Control Declaration be noted.
- 2) That the Board and its members continue to support the ongoing work of the Declaration.
- 3) That future update reports be presented to the Health and Wellbeing Board and Health and Wellbeing Implementation Group on an annual basis.

IMPLEMENTATION OF BREASTFEEDING FRIENDLY PLACES

Kate Allen and Helena Cripps introduced the progress report on implementing breastfeeding friendly places. The pilot in Gedling was to be extended across the county, with Nottinghamshire Healthcare Trust commissioned to support the roll-out. Some district councils were already signed up, and the others were encouraged to do so.

RESOLVED: 2016/040

- 1) That the plans to introduce breastfeeding friendly places across 2016/17 be noted.
- 2) That Health and Wellbeing Board partners sign up to becoming breastfeeding friendly organisations.
- 3) That District Councils drive and monitor the implementation of breastfeeding friendly strategies across their district, in conjunction with the County Council.

HEALTH AND WELLBEING IN SECONDARY SCHOOLS IN ASHFIELD – OUTCOME OF VISITS BY COUNCILLOR JIM ASPINALL

Councillor Jim Aspinall reported to the Board on a series of visits to secondary schools in Ashfield which he had undertaken as the Board's Young People's Champion. He had met the head teachers of the seven schools, and common themes had been expressed by the head teachers and school staff. Key among them were access to Child and Adolescent Mental Health Services (CAMHS) and school nurses, and Police attendance at schools. A paper summarising conclusions from the visits was circulated.

John Crone gave his perspective as head teacher at Quarrydale School. He referred to the 11% of students who self-harmed, 2.5% who were child protection cases, and the significant number of incidents at school each day. He drew attention to delays in access to CAMHS, school nurses and the family service. Quarrydale School employed a full-time school counsellor to work with students. He emphasised that representatives of primary and secondary schools in the area did meet to discuss problems and take action.

In discussion, Board members expressed similar conclusions from their own experience with young people and schools. It was agreed that more work could be done with primary schools to address problems at an early stage. Councillor Aspinall stated that he would send the paper to primary school head teachers in Ashfield, and arrange visits to their schools.

RESOLVED: 2016/041

That the findings about young people's health and wellbeing in secondary schools, arising from Councillor Aspinall's visits, be noted.

BETTER CARE FUND PERFORMANCE, QUARTER 4, 2015/16

Joanna Cooper introduced the report on Better Care Fund performance in the final quarter of 2015/16.

RESOLVED: 2016/042

That the Quarter 4 2015/16 national quarterly performance report be approved.

CHAIR'S REPORT

RESOLVED: 2016/043

That the Chair's report be noted.

WORK PROGRAMME

RESOLVED: 2016/044

That the work programme be noted.

The meeting closed at 5.00 pm.

CHAIR

13 July 2016**Agenda Item: 6****REPORT OF THE CHAIR OF THE HEALTH AND WELLBEING BOARD****REPORT OF THE JOINT HEALTH AND WELLBEING BOARDS SUMMIT ON
THE ROLE OF THE FIRE AND RESCUE SERVICE IN IMPROVING HEALTH &
WELLBEING****Purpose of the Report**

1. This paper summarises the findings of the joint Summit which was held on 27 April 2016 to discuss the role of the Nottinghamshire Fire and Rescue Service (NFRS) in improving health & wellbeing. It identifies key opportunities and asks the Health and Wellbeing Board to support a joint development plan for collaboration with the Service.

Information and Advice

2. The Chief Fire Officer presented to both the Nottinghamshire County & the Nottingham City Health & Wellbeing Boards in the autumn of 2015. He described a shift from a reactive to a preventative approach both locally and nationally which had seen a significant reduction in the demand on the Service.
3. Resource within the Service however, is maintained based on risk not demand. Fire crews are spread across the county & city & there is currently capacity within the Service to undertake additional duties to support health & wellbeing.
4. The Service has expertise in prevention which is a key feature of the Health & Wellbeing Strategies for the County & City, as well as partner strategies such as the Better Care Fund & the emerging Sustainability and Transformation Plan for Nottinghamshire.
5. Following discussion at the two local Health and Wellbeing Boards it was agreed that a joint Summit should be held to discuss possible themes for collaboration between health, care and the Fire and Rescue Service.
6. A Summit took place on 27 April 2016 and was attended by representatives from health, local government, providers and voluntary sector organisations from the city and county. Feedback from the workshop was universally positive and comments welcomed the possibility to collaborate more and highlighted the collective enthusiasm to maximise the opportunity presented.
7. The workshop included a presentation from Emma Stubbs, Public Service Reform Lead with Greater Manchester Fire and Rescue Service. The service in Manchester has been working with health and care organisations for some time and the [presentation](#) gave a good overview of their journey to date.

8. The workshop discussions were based around 5 themes:

- Mental Health -Hoarding Disorder considered to be a standalone mental health disorder. Hoarding can also be a symptom of other medical disorders however it is distinct from the act of collecting and is also different from people whose property is generally cluttered or messy. It is not simply a lifestyle choice. The main difference between a hoarder and a collector is that people who hoard have strong emotional attachments to their objects which are well in excess of their real value.
- Holistic workers/older people (reducing falls & Manchester Crisis Intervention Teams)
- Children and young people (childhood obesity)
- Prevention and early intervention (health champions)
- Older people and assistive technology (Gedling handipersons scheme)

9. Table discussions were led by expert facilitators and were introduced around local case studies to stimulate debate.

10. A full summary of the event is attached as Appendix 1 whereby the Next Steps section outlines further work to establish a project group to prepare an action plan with clear objectives and timescales.

11. The Project group will be chaired by a senior officer from NFRS with the action plan combining the county and city needs based on the themes identified by the Summit. Therefore, the project group will involve representation from health, local government and service providers for Nottingham City and Nottinghamshire County.

12. Feedback from the table discussions identified the following priorities:

- The Service has potential to offer support for individuals with mental illness, building specifically on their role in the hoarding framework locally advising and supporting people with hoarding disorder.
- to be the lead for hoarding in Nottinghamshire alongside other partners/multiagency task groups
- Awareness of the service offer & referral pathways needs to be raised.
- The work of the Service with children, young peoples & families could be developed & potential opportunities for further projects such as safeguarding, nutrition & physical activity be explored
- The Service has an estate which could be utilised for community based activities
- The Safe & Well checks currently undertaken could be extended to include additional health & wellbeing aspects as well as advice and signposting to other services
- The Service needs to be better integrated into the health & care system locally to maximise its potential fully & ensure a consistent approach.
- Improved data sharing with health & care providers is essential to that integration.

13. During the event an overview was provided of the Health & Wellbeing Strategies for the County & City Health & Wellbeing Boards. Although the City Strategy is currently being refreshed, initial engagement & consultation has identified several themes which will inform the final document.

14. There are a number of themes common to both Strategies:

- Maintaining a healthy weight, increasing physical activity & improving diet & nutrition
- Reducing the number of people who smoke
- Minimising harm from drinking alcohol
- Supporting people with mental illness to have healthier lifestyles & ensure that support is available to people when it's needed
- Ensuring that suitable & sufficient housing is available & risks minimised for the most vulnerable
- Both Health & Wellbeing Boards have also identified the need for services to work better together & a desire to enable their citizens to live healthier lives.

15. There is a clear potential for the Fire & Rescue Service to support the delivery of these themes across the City & County.

16. There is also overlap with the emerging Sustainability and Transformation Plan for Nottinghamshire which has a governance structure that would support the joint approach required to enable this work and includes partners from both the county and city.

17. A paper was published in June 2016 by NHS England titled 'Working together – how health, social care and fire and rescue services can increase their reach, scale and impact through joint working'. The recommendations within the document mirror the outcome of the local joint summit, lending further support to the local ambition of joint working to improve health and wellbeing.

Next steps

18. The aim of the joint Summit was 'to identify areas where Nottinghamshire Fire and Rescue (NFRS) can work collaboratively to improve health and wellbeing in Nottingham City and Nottinghamshire' and this was achieved. Numerous opportunities for collaboration were identified and the joint approach at the Summit needs to be extended to realise the potential opportunities identified.

19. Given the work which is already underway across Nottingham and Nottinghamshire the most efficient way to progress work would be through the structures established to support the development of the Nottinghamshire Sustainability and Transformation Plan (STP) and the One Public Estate project (NFRS is currently part of the Steering Group for this project in Nottinghamshire).

20. In addition to the overlap with the local Health & Wellbeing Strategies there are also areas of commonality with both the emerging STP and One Public Estate programme. Clear links need to be established with both programmes to ensure alignment and consistency and to maximise the opportunities presented.

Other Options Considered

21. The Summit has identified a number of opportunities which will be considered before an action plan is agreed.

Reason/s for Recommendation/s

22. There is considerable enthusiasm to extend the role of NFRS in improving health & wellbeing & an opportunity to achieve this through existing work streams.

Statutory and Policy Implications

23. 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

The Health and Wellbeing Board:-

1. Endorses the establishment of a project group chaired by a senior officer from the Nottinghamshire Fire and Rescue Service to develop an action plan for work across the county and city based on the themes identified by the Summit referred to in this report.
2. Supports representation for the project group being identified through existing structures and networks and that the representation should include representatives from health, local government and service providers for Nottingham City and Nottinghamshire County.
3. Supports the project group's development of the action plan referred to in recommendation 1 to identify key deliverables for presentation to and consideration by the Nottinghamshire and Nottingham City Health and Wellbeing Boards by October 2016.
4. Welcomes the Nottinghamshire Fire and Rescue Service's offer to provide support to individuals with mental illness, building specifically on their role in the hoarding framework locally advising and supporting people with hoarding disorder in Nottinghamshire.

Councillor Joyce Bosnjak
Chair of Nottinghamshire Health and Wellbeing Board

For any enquiries about this report please contact:

John Buckley
Chief Fire Officer
Nottinghamshire Fire and Rescue Service

Constitutional Comments (LM 22.06.2016)

24. The recommendations in the report fall within the Terms of Reference of the Health and Wellbeing Board.

Financial Comments (KAS 23/06/16)

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

Background Papers and Published Documents

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

The Role of Nottinghamshire Fire and Rescue in Health and Wellbeing

[Paper to Nottinghamshire Health & Wellbeing Board](#)

October 2015

[Paper to Nottingham City Health & Wellbeing Board](#)

November 2015

[Beyond Fighting Fires: The role of the fire and rescue service in improving the public's health](#)

Local Government Association

[Beyond fighting fires 2: Fire and rescue service transformation](#)

Local Government Association

[Working together – how health, social care and fire and rescue services can increase their reach, scale and impact through joint working](#)

NHS England

Electoral Division(s) and Member(s) Affected

All.



Summary of the Joint Summit to discuss the role of Nottinghamshire Fire & Rescue Service in improving health & Wellbeing 27th April 2016

Background

A joint summit was hosted by the Nottingham City & the Nottinghamshire County Health & Wellbeing Boards to discuss the ways in which the Nottinghamshire Fire & Rescue Service (NFRS) could help improve health & wellbeing. The workshop was designed to give participants an understanding of the changes within the Fire & Rescue Service, an understanding of current initiatives in Nottinghamshire & an overview view of progress in other areas of the country as well as allowing an opportunity to discuss local opportunities.

The objectives of the session were:

- To understand the changing role of the fire & rescue service locally & nationally through a focus on prevention
- To identify opportunities where NFRS can support the delivery of the health & wellbeing strategies for Nottinghamshire & Nottingham City
- To identify capacity within NFRS to support health & wellbeing
- To identify next steps in developing a plan on behalf of the City & County Health & wellbeing Boards

The table discussions for the workshop were structured around 5 themes based on case studies:

- Mental health (hoarding)
- Holistic workers/older people (reducing falls & Manchester Crisis Intervention Teams)
- Children and young people (childhood obesity)
- Prevention and early intervention (health champions)
- Older people and assistive technology (Gedling handipersons scheme)

Each table had a lead or 'expert' who acted as facilitator for the discussions.

Evaluation of the session

The event was attended by over 40 participants and feedback from the session was very positive. Twenty seven (65%) evaluation forms were returned. All agreed or strongly agreed that the event met their expectations. All agreed or strongly agreed that they could participate in the event & that they found the event useful.

The evaluation asked 2 additional questions:

- What have you learnt from the event?
- What will you do differently as a result of what you've learnt?

A range of comments were received; the following selection illustrates the main points from the feedback:

Voluntary sector – *'I have learnt more about the role of the fire & rescue service'*

Health provider – *'Would like the opportunity to work on 'falls' intervention & fire service areas for the fire service. Would be happy to contribute to training – basic intervention/assessment tool – contingency planning.'*

Anon – *'Momentum important'*

Nottingham City HWB – *'More can & needs to be done.'*

Provider – *'Fire Service has a lot to offer us in terms of skills, building assets & service user accessibility.'*

Nottingham City – *'Lots of ideas to work collaboratively. Needs strategic coordination.'*

CCG – *'The fire service are open to be approached & support our services to our population.'*

Provider – *'The service have invaluable resources that can be utilised in a variety /diverse way.'*

Health – *'The collective enthusiasm to move ideas forward.'*

Summary of Discussions

Mental health (hoarding)

The Hoarding Framework for Nottingham & Nottinghamshire has been well received & has been in place for some time. It was suggested that NFRS could be appointed as lead agency for hoarding across Nottingham & Nottinghamshire with a remit to lead & join up services for people affected by hoarding to include referral pathways, establishing & coordinating support for groups & individuals.

Holistic workers/older people (reducing falls & Manchester Crisis Intervention Teams)

One of the issues highlighted during this discussion was a lack of awareness about how to refer people into the support currently offered by the Service. Improved interface with health providers was highlighted, in particular prior to discharge from hospital where adaptations might be required in order to ensure that individuals remain safe & well at home. *There is work being undertaken nationally with the Chief Fire Officers around this theme.*

Children and young people (childhood obesity)

The Service is universally respected & firefighters have a unique position within local communities to act as role models for children & young people and members of the wider community. The discussions acknowledged the work that the service has already done in areas of the City & County which could be extended.

The Service profile could also be utilised to undertake online - safety & safeguarding training utilising NFRS resources – premises & IT equipment.

Consistency was regarded as key. While the Service were visiting individuals in their homes staff needed to be fully trained & up to date on wider initiatives and services to ensure that advice they are giving is consistent with colleagues in other health & care organisations.

The Making Every Contact Count initiative was raised. This has been in place in health for some time & it was suggested that it could be extended to include NFRS to make sure that public services advice is joined up & consistent.

Prevention and early intervention (health champions)

The availability & utilisation of Service resources was discussed by a number of tables. The Service has stations across the County & each has meeting rooms & spaces which could be used as community information hubs. These hubs could be a one stop shop for advice & signposting to other services. Meeting rooms could also be utilised for community based activities which might be particularly relevant in rural areas. Community engagement was highlighted as a particular area of expertise for the Service.

Stations also have a fully equipped gym which is used by crews for physical training daily. These facilities could be opened to individuals within the community. This could be extended to include fitness lead activity through the local fire crews 'Fit as a firefighter or FireFit' sessions targeting particular groups within local communities.

Activities could also be extended to community based cooking & nutrition courses.

Older people and assistive technology (Gedling handipersons scheme)

The potential to extend the Safe & Well checks currently undertaken by the Service was raised during a number of the table discussions. These visits were recognised as invaluable with the potential to expand the remit to include other aspects of health & wellbeing. It was suggested that collaboration with health & social care could inform how these visits could be expanded with a primary focus on prevention. Falls prevention was a focus for the suggestions including assessing support requirements for individuals.

Suggestions were also made to develop better links with housing colleagues & particular reference was made to provision of mobile phones in households with no land line.

General issues

There were a number of themes which were common to several of the tables in particular the need to ensure a systematic approach based on evidence of need from the JSNAs with clear outcomes & evaluation processes in order to embed initiatives within communities & ensure that they are sustainable.

Data sharing was another common theme during the discussions, including specific coordination regarding hard to reach groups such as the homeless, people affected by drugs & alcohol & carers champions. It was also suggested that communications with local MDTs, GPs & integrated care teams could be improved, particularly for referral into the Service for adaptation & assistance following discharge from hospital. In some areas there are meetings to review the patients within GP practices who are most at risk of being admitted to hospital. These discussions could be extended to include NFRS & their role in keeping individuals safe and well.

There was a general theme of better integrating the Service into local health & care systems and sharing information about the most vulnerable members of local communities to enable the Service to offer adaptations & assessment.

Next Steps

More detailed feedback from the event will be collated to inform future work.

That a paper be prepared for presentation to the Nottingham City and Nottinghamshire Health and Wellbeing Boards recommending that a project group be established to prepare an action plan with clear objectives and timescales for delivery.

Nicola Lane, Public Health Manager, Nottinghamshire County Council

Email: nicola.lane@nottscc.gov.uk Tel: 0115 977 2130

Alison Challenger, Interim Director of Public Health, Nottingham City Council

Email: alison.challenger@nottinghamcity.gov.uk Tel: 0115 8765105

13th July 2016

Agenda Item: 7

REPORT OF COLIN PETTIGREW. CORPORATE DIRECTOR CHILDREN, FAMILIES AND CULTURAL SERVICES.

NOTTINGHAMSHIRE TRANSITIONS PROTOCOL AND PATHWAY

Purpose of the Report

1. The purpose of this report is to update the meeting on the new Nottinghamshire Transitions Protocol and Pathway and request endorsement.

Information and Advice

2. The “Improving Outcomes for CYP with Disabilities” project aims to establish an Integrated Disability Service for CYP with a Disability (age 0-25 years) that is high quality and value for money. The project is working across Social Care (Adults and Children’s), Education and Health (predominantly community health services).
3. One of the Workstream includes Transitions, which focuses on the transition from Children to Adult services. This work stream was developed due to service user feedback and a general feeling that transitions for young people could be made better.
4. **Transition** is the term that can be applied to all young people, at the stage in their lives when they are on the journey from adolescence into adulthood.
5. “Transition to adulthood should be one of the most exciting times for any young person as they leave school, consider going on to further education, employment or training and maybe leaving home. Disabled young people hope for the same things as other young people, they want a voice, a leisure and social life, and to be involved as active, valued citizens” (Improving Life Chances of Disabled People 2005).
6. However, this can also be one of the most anxious, challenging and vulnerable times for young people with a disability and for their families, especially if there is a need for and reliance on significant support from Education, Health and/or Social Care services.
7. Young people with a disability often rely on a range of services and treatments, which can get complicated as they move from Children’s to Adult Services.
8. Young people and their families have told us they are unsure about what to expect, what help may be available to them and where to get this help. They are also uncertain about the roles of all the different agencies and the support that they can receive.

9. If this stage in a young person's life is not handled well it can have a negative impact on young person and their families, as well as putting an extra strain on local authority and public sector services and budgets.
10. Our current Transitions protocol 2010 is out of date.
11. Across the UK transition planning is often characterised by poor liaison between different agencies and professionals, a failure to involve young people and to cover the issues of most importance to them and their families.
12. A successful transition to adult care and support requires the young person, their families and professionals to work together.
13. The Transitions Working Group was set up in May 2015, and includes representatives from Children's, Adults, Social Care, Education and Health.
14. Following a multiagency 'Preparing for Adulthood event' we agreed on a new vision for CYP with disabilities.

**"In Nottinghamshire we want you to have a good start in life.
We want to understand your hopes and dreams for your life, work and relationships.
We want to help you find the right support to help you achieve them"**

15. The new Transitions Protocol and Pathway have been developed in order to:
 - Set out guidance and best practise for organisations within Nottinghamshire to follow
 - Provide clarity around the Transitions process for disabled young people and their families in Nottinghamshire
 - Ensure young people and families have advance notice, and realistic expectations, about the support they will receive as they start to prepare for adulthood
 - Listen to the views of disabled young people and their families and ensure their feedback is at the centre of service improvement.
 - Provide accessible information which is contemporary and interactive.
 - Provide clarity for professionals about the Transitions process, especially from outside of their own organisation.
 - Gain the commitment and ownership of all key partners and for this to be embedded into local practise in Nottinghamshire
 - Provide links to the Nottinghamshire Local Offer and Notts Help Yourself.

Statutory and Policy Implications

16. 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 this meeting will endorse this protocol
2. That attendees will adopt the guidelines set out in the protocol and assist with its implementation.

Colin Pettigrew
Corporate Director, Children, Families and Cultural Services

For any enquiries about this report please contact:

Paul Johnson
Group Manager Younger Adults, Nottinghamshire County Council
paul.johnson@nottscc.gov.uk

Constitutional Comments (LM 22.06.2016)

17. The recommendations in the report fall within the Terms of Reference of the Health and Well Being Board.

Financial Comments (SS 28.06.2016)

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

Background Papers and Published Documents

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

Nottinghamshire Transitions Protocol (attached)
Nottinghamshire Transitions Pathway (attached)
Transitions Protocol Implementation Plan (attached)

Electoral Division(s) and Member(s) Affected

All.



Nottinghamshire transitions Pathway For Young People aged 13-25 years with disabilities

A Step by Step Guide to the help and support
your journey to adults services.

Person Centred Plan

This plan is about you and created with you. It tells us what you want for your future and helps people work together to make it happen

Transition Plan

This plan tells everyone what you would like to do in the future and who can help you achieve this.

Transitions Review

Your person centred plan will be reviewed yearly with you, checking that the outcomes are still achievable.

Personal Budget

If you are eligible for a social care assessment the outcome of this may be that you access support through a personal budget

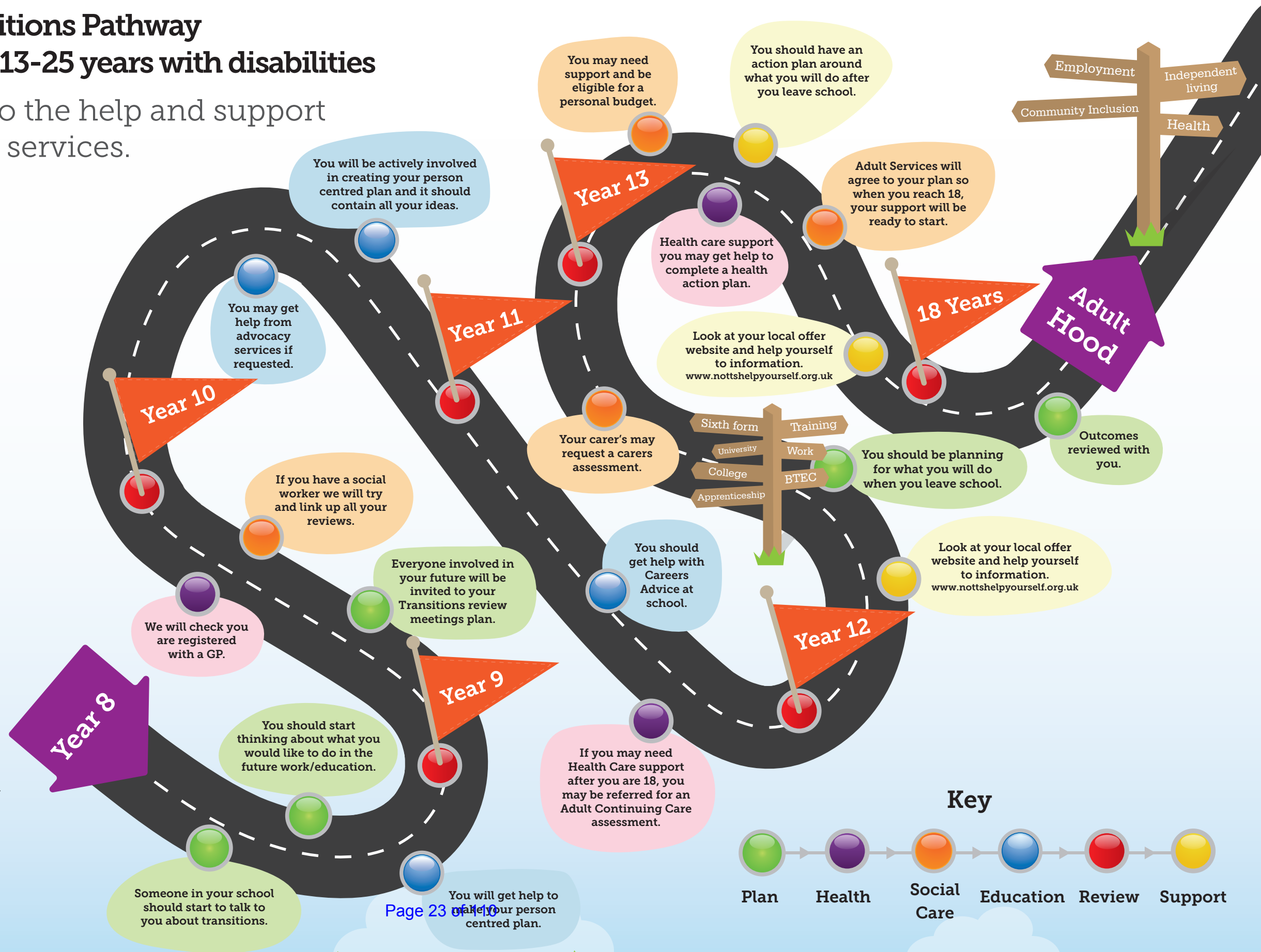
Continuing Health Care Assessment

Continuing health care is required when a young person's health needs can not be met by existing universal or specialist services

Self -Directed Support

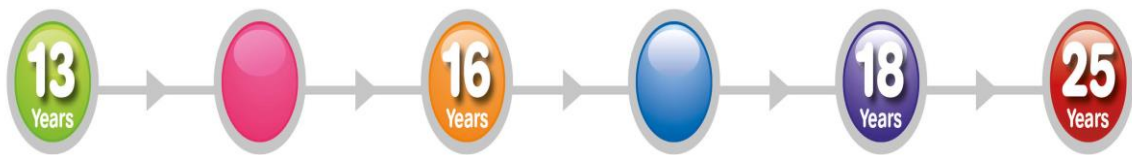
This allows you to have more choice and control over how your care and support is organised and how your outcomes are met using your personal budget.

in partnership with



Nottinghamshire Multi-Agency Transitions Protocol

**(Supporting Young People with Special
Educational Needs and Disabilities from aged 13
years into Adulthood)**



**In Nottinghamshire we want you to have a good
start in life.**

**We want to understand your hopes and dreams
for your life, work and relationships.**

**We want to help you find the right support to
help you achieve them**

working in partnership




INTRODUCTION

Endorsements of the Transitions Pathway

This pathway is a reference outlining the vision, principles, roles and responsibilities of the agencies involved in the Transitions planning process for disabled young people living in Nottinghamshire.

The Transitions planning process requires support at strategic, management and operational levels to be effective and to ensure that the vision of a positive future for these young people in Nottinghamshire becomes a reality.

By signing this document the agencies below consent and give their commitment to implement this protocol within Nottinghamshire.



Colin Pettigrew

Corporate Director Children's, Families and Cultural Services. NCC




David Pearson

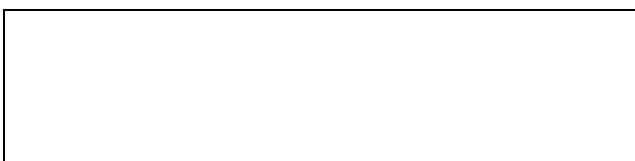
Corporate Director, Adult Social Care, Health and Public Protection NCC



Health



Schools/Colleges



Georgina Palmer

Chair – Nottinghamshire Participation Hub

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Transitions Protocol – Statement of Purpose

“Transition to adulthood should be one of the most exciting times for any young person as they leave school, consider employment or training, further education and maybe leaving home. Disabled young people hope for the same things as other young people, they want a voice, a leisure and social life, and to be involved as active, valued citizens” (ILCDP 2005).

Transition is the term that can be applied to all young people, at the stage in their lives when they are on the journey from adolescence into adulthood. In this protocol it is the process by which young people with disabilities or additional needs transfer from Children's Services to Adults Services in Education, Health and Social Care provision.

We know that this can be one of the most anxious, challenging and vulnerable times for young people with a disability and for their families, especially if there is a need for and/or reliance on significant support from health and/or social care services.

It's so confusing!!

During this time, young people and their families may be unsure about what to expect, what help may be available to them and where to get this help. They may be uncertain about the roles of all the different agencies, the support that they can receive and where to get this support from.

For the majority of young people, having access to timely, accessible information about options that help them understand the transition process, how to be involved, and how to make informed decisions about their future, may be enough to assist them through this stage. For others, especially those who have a lot of contact with agencies, services or support, this can be more difficult as they move between Children's and Adult's Services.

Don't forget!!

We must remember that Transitions planning is for the young person and should be about the things that are important to them. It might seem scary or hard for them, but it can also be very exciting. Planning should focus on the young person's strengths and capabilities and must include every opportunity for them to communicate their needs and to actively participate in whatever way they feel comfortable.

Danger!!

If this stage in a young person's life is not handled well it can have a negative impact on them and their families, as well as putting an extra strain on local authority and public sector services and budgets.

The Nottinghamshire Transitions Working Group has developed this Protocol and Transitions Visual Pathway in order to:

- Provide clarity around the Transitions process for disabled young people and supporting their families in Nottinghamshire.
- Gain the commitment of all key partners.

- Ensure that feedback from disabled young people and their families is at the centre of service improvement.

This protocol sets out:

- **what** should happen, from year 8 (12-13 years)
- **when** it should happen
- **who** should take responsibility
- **how** partners should work together to ensure a seamless transition to Adulthood

All in it together!!

Transition should be viewed as a process, not as a single event and should not be seen as the core responsibility of one agency. Rather all agencies should work closely together and professionals, young people and their families/carers should be clear about the specific responsibilities of each agency at each stage of the process.

Maximise potential!!

Nottinghamshire's aspiration is to put young people at the centre of its Transitions Pathway, and this document has been developed to support and improve this ensuring we are all working together for the benefit of young people, their parents and carers. It aims to outline the transition journey and to ensure everyone involved in this journey understands the specific roles and responsibilities of all the key agencies, so that they all work together effectively to support the young person to reach their maximum potential.



Paul Johnson

Paul Johnson
Group Manager Younger Adults
Nottinghamshire Transitions Working Group (Chair)

Acknowledgements

We are very grateful to the many people who took part in, and helped us with this protocol. In particular we would like to thank the parents, young people and the professionals who gave up their time, sharing their expertise and experiences with us.

And the members of the

Transitions Protocol Task and Finish Group

Paul Johnson - Group Adult Social Care
Fiona Simpson - Programme and Projects Team

Nicki Hodson - Designated Clinical Officer
 Sarah Mackintosh - SEND

SECTION ONE

This shared vision emerged from our multiagency Preparing for Adulthood planning day (June 2105)

Vision

**In Nottinghamshire we want you to have a good start in life.
We want to understand your hopes and dreams for your life, work and
relationships.
We want to help you find the right support to help you achieve them.**

Preparing for adulthood means preparing for:

- higher education and/or employment – this includes exploring different employment options, such as support for becoming self-employed and help from supported employment agencies
- independent living – this means young people having choice, control and freedom over their lives and the support they have, their accommodation and living arrangements, including supported living
- participating in society, including having friends and supportive relationships, and participating in, and contributing to, the local community
- being as healthy as possible in adult life

Principles

Nottinghamshire has adopted a multi-agency approach to Transition planning to ensure the process provides a consistent person centred experience for the young person and their family. Building on the key messages from the Preparing for Adulthood Programme (Department for Education); we have set out 13 clear principles to help us get transitions right.

1. Raising aspirations

Raising and supporting aspirations of young people is everyone's responsibility. Transition planning should be keep focussed on life outcomes, promoting independence and supporting young people by giving them the best opportunities and support to succeed, realise positive outcomes relating to their aspirations and reach their maximum potential.

2. Person-centred transition planning

Person centred planning must be centred around the young person and should explore all aspects of a person's life with them at the centre of the planning process This approach gives young people a chance to say what their hopes and dreams for the future are from a personal perspective, and should result in clear outcomes being agreed that are ambitious and are a benefit or make a difference to the individual. An advocate should be provided if the young person would have difficulty in taking part in the planning and review process.

3. Aligning assessments

It is good practice for the transitions reviews to be integrated with other statutory reviews wherever possible e.g. Child in need, Looked after child or Young people with an EHC Plan.

4. Involvement and consultation with young people and their families.

Young people and their families should be actively involved in planning their future. Their real lived experiences should inform strategic planning and commissioning. The way in which people communicate should always be respected. Nottinghamshire Participation Hub (NPH) consists of a group of parents and carers of young people with additional needs or disabilities who are working together representing the whole of the county of Nottinghamshire. <http://www.aptcoo.co.uk/news/79-nph.html>

5. Providing accessible and clear information

The information, advice and support young people and families receive has a significant effect on their aspirations for life. Clear information should be shared with young people to help raise aspirations by illustrating what has already worked for others and what options are available for them. Provision of appropriate and useful information, advice and support before and during the Transitions process, for young people, their parent/carer(s), provided at the most helpful times and in a format which is accessible to them.

http://www.ppsnotts.org.uk/docs/Nottinghamshire_The_Local_Offer.pdf

6. Partnership working across agencies

Partners must be committed to this protocol for CYP and to working collaboratively. Greater understanding of the specific roles and responsibilities of all the key agencies involved in transition will lead to better working relationships and help create good multiagency practice.

7. Developing the workforce

Appropriate training is available for all professionals, so that staff can engage with young people and families differently and develop person centred support. Carry out quality reviews conducted by people who are trained and have accessed appropriate training themselves.

8. Quality and monitoring

To drive improvement in service, monitoring and quality assurance need to be put in place and reviewed regularly to ensure the quality of provision maintains an appropriate standard and that the transition process is as effective as possible. Feedback from young people and their families should be reviewed regularly.

9. Relevant information sharing

Sharing information is a fundamental part of any job when working with children and young people. The decisions about how much information to share, with whom and when, can have a profound impact on individuals' lives. It could ensure that an individual receives the right services at the right time, prevent a need from becoming more acute and difficult to meet. Effective information-sharing must underpin integrated multi agency working and is a

vital element in improving outcomes for all. Staff will respect confidentiality and will adhere to local guidance related to sharing information.

10. Safeguarding

It is a fundamental principle that disabled children and young people have the same right as non-disabled children and young people that is to be protected from harm and abuse. However in order to ensure that the welfare of disabled children and young people is safeguarded and promoted, it needs to be recognised that additional action is required. This is because disabled children and young people have additional needs related to physical, sensory, cognitive and/or communication requirements and many of the problems they face are caused by negative attitudes, prejudice and unequal access to things necessary for a good quality of life (DCFS 2009) Staff will have access to up-to-date safeguarding protocols and training.

Safeguarding Children <http://www.nottinghamshire.gov.uk/nscb>

Safeguarding Adults

<http://www.nottinghamshire.gov.uk/care/adult-social-care/safeguarding-adults>

11. Advocacy

All children and young people have the right to have their views, wishes and feelings taken into account when decisions are made about their lives. To ensure the young people's involvement, we must ensure the young person's preferred method of communication is used and their support needs taken account of. Advocacy is one way to facilitate that the participation of disabled children and young people in decision making.

Independent representation/advocacy services should be made available to young people in this regard.

Nottinghamshire Help Yourself also lists a number of organisations who provide advocacy services.

<http://helpyourselfnotts.org.uk/kb5/nottinghamshire/directory/results.action?qt=advocacy&term=&sorttype=relevance&adultchannel=0>

POhWER is a charity and membership organisation, who provide information, advice, support and advocacy services in Nottinghamshire. <http://www.pohwer.net/>

12. Problem Solving

While recognising there might be different views amongst those involved, there is a commitment to partnership working to seek creative solutions which put the young person's benefit at the heart of the process to prepare them for adulthood.

13. Redress

We are aware that sometimes things go wrong, each agency has a complaints procedure that should be followed if the young person, parents or carers are unhappy with the contribution of a particular agency. All service users have the right to express their views and to make suggestions, complaints or compliments about the services they receive.

Section 2

Legislation

Transition to Adulthood raises a number of issues locally for service users, their families, commissioners and providers. These need to be considered in line with current national legislation and local initiatives that aim to enhance our understanding of the transition process and to improve experiences and outcomes for young people and their families. An array of legislation underpins the transition process.

As well as the **Mental Capacity Act (2005)** ⁽²⁾ three new pieces of legislation that have the greatest influence on support for disabled young people Transitions are **Part 3 of the Children and Families Act 2014** ⁽³⁾, which focuses on Special Educational Needs and Disability, and **Part 1 of the Care Act 2014** ⁽¹⁾, which focuses on the care and support of Adults with care and support needs.

http://www.preparingforadulthood.org.uk/media/412594/care_act_mar15.pdf and the new **National Institute for Health and Care Excellence (NICE) Guidance**, 'Transition from children's to adults services for young people using health or social care services'. Published Feb 2016.

The Children and Families Act

The Children and Families Act sets an important new legal framework of support from an early age right into Adulthood. It created a new birth to 25 years Education, Health and Care Plan (EHC) for children and young people with special educational needs and places a duty on statutory organisations to work together to align education health and social care arrangements.

As a legal document, the plans are specific to the needs of the individual and aim to facilitate a multi-agency approach to transition, because health, education and care services must all contribute.

The SEND reforms focus on the following themes:-

- Working towards clearly defined outcomes
- Engagement and participation of parents and young people (Co-production)
- Developing a Local Offer of support and Joint Commissioning
- Personalisation and personal budgets
- Coordinated assessments and EHC plans

The Care Act

Part 1 of The Care Act pulls together threads from over a dozen different Acts into a single, modern framework for care and support. It reforms how the law works, prioritising individual wellbeing for Adults with care and support needs over the age of 18, with a particular focus on person-centred practice and outcomes, putting people in control of their care and support.

The assessment and eligibility process is one of the most important elements of the care and support system. The assessment is one of the key interactions between a local authority and an individual, whether that is an Adult needing care or a Carer.

The Act says that if a child, young carer or an Adult caring for a child (a “child’s carer”) is likely to have needs when they, or the child they care for, turns 18, the local authority must assess them if it considers there is “significant benefit” to the individual in doing so. This is regardless of whether the child or individual currently receives any services (DoH 2015).

It also gives local authorities a legal responsibility to cooperate, and to ensure that all the correct people work together to get the transition right.

It makes clear that the local authority can combine any “transition” assessments with any other assessment being carried out for some other person (provided all parties agree).

The provisions in the Act relating to transition to Adult care and support are not only for those who are already receiving Children’s services, but for anyone who is likely to have needs for Adult care and support after turning 18. Equally for those without EHC plans, early conversations with local authorities on preparation for Adulthood are beneficial – when these conversations begin to take place will depend on individual circumstances

The Care Act states transitions must be provided using a co-ordinated multi agency approach by professionals from different agencies, the wider community, family and friends.

The Mental Capacity Act

The right of young people to make a decision is subject to their capacity to do so as set out in the Mental Capacity Act 2005. The underlying principle of the Act is to ensure that those who lack capacity are empowered to make as many decisions for themselves as possible and that any decisions made or actions taken on their behalf is done so in their Best Interests. Decisions about mental capacity should be made on an individual basis, and may vary according to the nature of the decision (Department of Health 2015) ⁽¹²⁾.

NICE Guidance (2016) ‘Transition from children’s to adult’s services for young people using health or social care services’.

This guidance covers the period before, during and after a young person’s moves from children’s to adults services. It aims to help young people and their carers have a better experience of transition by improving the way it is planned and carried out. It covers both Health and Social Care and is used by the Care Quality Commission (CQC) to inform their inspection process.

<https://www.nice.org.uk/guidance/ng43>

Section 3

Preparing and planning with a young person as they move towards and into Adulthood

Together with partners we have established key milestones in the Transitions process and described who is responsible for achieving these. It is set out in yearly sections, where the year refers to the school year (that is from 1st September to 31st August) being the equivalent to the system used in schools. The box at the top of the section summarises the core actions which should take place each year to ensure a smooth and seamless transition.

Year 8 12 – 13 years

What should happen?	Who should do it?	Guidance
Look at the Local offer Website	Young person, school, parents.	http://nottinghamshire.sendlocaloffer.org.uk
Identify the young people who may need a person-centred Transitions Plan.	School	Provision of careers advice and guidance is a school responsibility.
Start to talk to the young person to explain the Transitions process.	School	
Young person's participation and communication needs to be identified.	School	<p>Link with Tutors, parent/carer(s), Speech and Language Specialists.</p> <p>Profile of Need</p> <p>These identified needs should be taken into consideration throughout the Transitions process e.g. written report formats.</p>
Identify Young People with complex health needs	Health Care Professional	

What should happen?	Who should do it?	Guidance
Preliminary awareness of young people with high needs from SEN Co-ordinators	Adult Social Care, Health and Public Protection. SEN Coordinators (SENCO)	
Confirm consent for sharing of information between agencies.	Integrated Disability Service Assessment Team and or Children's Social Care	
<p>If the young person would like to create a Wiki – information is available here:- http://nottinghamshire.familyservicedirectory.org.uk/kb5/nottinghamshire/directory/site.page?id=IERQVtinWXo</p> <p>Your school will support you to use the Local Offer Website, it will include information about education, health and care provision. It should also tell you about training, employment and independent living for young people with special educational needs and/or disabilities.</p> <p>http://nottinghamshire.sendlocaloffer.org.uk</p>		

Preparation for the Transitions Review

What should happen?	Who should do it?	Guidance
Look at the Local offer Website	Young person, school, parents.	http://nottinghamshire.senlocaloffer.org.uk
Young Person. Parents and Carers to be consulted with about: - Date of Transitions Review - Identifying other professionals involved - Advocacy Services if required.	School	
Invite appropriate people working with and involved with the young person and their family, by making them aware of the Transitions review date at the beginning of the Autumn term. Invite Professionals to submit reports.	School/Home	Nottinghamshire Children and Young People's (aged 0-25) Special Education Needs and Disability Integrated Commissioning Strategy(2015-2017)
Pre-review meeting to explain review process to the young person and parent/carer(s). Arrange for young person/parents where appropriate to meet with others who have gone through the review process.	School – SEN Coordinator (SENCO)	Help with understanding change and making choices. Time needs to be set aside for peer support for Transitions preparation and to build on the circle of support.
Copies of any reports submitted by professionals to be sent to parent/carer(s) minimum of 2 weeks before the review date.	School	
It is good practice for the Transitions reviews to be integrated with other	Adult Social Care, Health and Public Protection.	If it's an integrated review, time allocation needs to

What should happen?	Who should do it?	Guidance
Statutory reviews e.g. CIN, LAC or EHCP (with permission of parent/carer(s)).		reflect this. Young person, parent/carer(s) have the right to ask for a change of date if unable to attend.
Information, Advice and Support must be provided for Young People around what Transitions means and future education, employment and training opportunities.	School, Ask Us T/n 0115 948 2888	Personal, Social, health and Education (PSHE) timetable could include the Transitions Planning. The 'Local Offer' must include information on Transitions and signpost young people to further support and guidance.
Transitions meetings (multi-agency) to identify young people who are likely to need services from Adult Social Care & Health.	Chaired by ASCHPP - Transition Coordinators	
<p>If the young person would like to create a Wiki – information is available here:-</p> <p>http://nottinghamshire.familyservicedirectory.org.uk/kb5/nottinghamshire/directory/site.page?id=IERQVtinWXo</p> <p>Your school will support you to use the Local Offer Website, it will include information about education, health and care provision. It should also tell you about training, employment and independent living for young people with special educational needs and/or disabilities.</p> <p>http://nottinghamshire.sendlocaloffer.org.uk</p>		

Year 9 13 – 14 years

Creating the Transitions Plan

What should happen?	Who should do it?	Guidance
It is good practice for the Transitions reviews to be integrated with other Statutory reviews e.g. CIN, LAC or EHCP (with permission of parent/carer(s)).	Adult Social Care, Health and Public Protection.	If it's an integrated review, time allocation needs to reflect this. Young person, parent/carer(s) have the right to ask for a change of date if unable to attend.
Review to follow the 'important to/for, what's working/not working' format. Post 16 options discussed. Provision of Careers advice is the responsibility of schools.	School	
Transitions Coordinators will attend reviews where the young person is likely to benefit from support from their service. Transitions Coordinators to make links with other appropriate services e.g. the Supported Living Coordinators.	ASCHPP - Transition Coordinators	
10 working days after the Transitions review meeting, a copy of the Transitions Plan to be distributed to young person, parent/carer(s) and relevant partners.	School	
The nominated person will oversee delivery of Transitions Plan.	Nominated Person	Nominated person would normally be the person

What should happen?	Who should do it?	Guidance
For those young people who are likely to be eligible for adult services, the Transitions Coordinator will take the role of ensuring the Transitions Plan progresses.		who is best placed to co-ordinate the delivery of the Transitions Plan, and they would act as a main point of contact. Parent/carer(s) and the young person must also be included when deciding who the nominated person should be.
<p>If the young person would like to create a Wiki – information is available here:- http://nottinghamshire.familyservicedirectory.org.uk/kb5/nottinghamshire/directory/site.page?id=IERQVtinWXo</p> <p>Your school will support you to use the Local Offer Website, it will include information about education, health and care provision. It should also tell you about training, employment and independent living for young people with special educational needs and/or disabilities.</p> <p>http://nottinghamshire.sendlocaloffer.org.uk</p>		

Year 10 14-15 years

The Year 10 review follows the same process as the Year 9 review, except for the differences noted below

Review of the Transitions Plan

What should happen?	Who should do it?	Guidance
Look at the Local offer Website	Young person, school, parents.	http://nottinghamshire.senlocaloffer.org.uk
It is good practice for the Transitions reviews to be integrated with other Statutory reviews e.g. CIN, LAC or EHCP (with permission of parent/carer(s)).	Adult Social Care, Health and Public Protection.	If it's an integrated review, time allocation needs to reflect this. Young person, parent/carer(s) have the right to ask for a change of date if unable to attend.
Year 10 Transitions Plan Review to follow 'important to/for, what's working/not working' format where appropriate.	School	Unless this is deemed to be not in the best interest of a particular young person.
Link up with the Integrated Disability Service Assessment Team to identify those known (at 6 monthly meetings).	Integrated Disability Service Assessment Team and or Children's Social Care Adult Social Care, Health and Public Protection.	Where strong possibility of significant input/funding packages e.g. supported living and housing, day service, voluntary and private sector, colleges, health, transport, employment.
At year 10 review, year 9 Transitions Plan is reviewed and actions agreed by all parties and the Transitions Plan is updated and expanded.	School Page 41 of 110	

What should happen?	Who should do it?	Guidance
As appropriate provide opportunities for young person to visit potential future educational provisions to enable them to make informed decisions and choices.	School	
<p>If the young person would like to create a Wiki – information is available here:- http://nottinghamshire.family servicedirectory.org.uk/kb5/nottinghamshire/directory/site.page?id=IERQVtinWXo</p> <p>Your school will support you to use the Local Offer Website, it will include information about education, health and care provision. It should also tell you about training, employment and independent living for young people with special educational needs and/or disabilities.</p> <p>http://nottinghamshire.sendlocaloffer.org.uk</p>		

Year 11 15-16 years

Review of the Transitions Plan

What should happen?	Who should do it?	Guidance
Look at the Local offer Website	Young person, school, parents.	http://nottinghamshire.seniorlocaloffer.org.uk
Review to take place in Autumn term/first half of Spring term	School	
Check actions from year 10 review prior to year 11 review.	School	
Transitions Coordinators will select which reviews are appropriate to attend based upon previous decisions, information they have gathered and future planning needs.	ASCHPP - Transition Coordinators	There should be increasing involvement from adult services – Health, Social Care and Education.
As appropriate organise college visits/provider visits with young people and parent/carers. Complete application process.	School monitors these Transitions arrangements	
Transitions Coordinators will attend where appropriate, to make links with other appropriate services e.g. the Supported Living Coordinators.	ASCHPP - Transition Coordinators	Greater awareness of need Post- 18 especially if high cost funding is required
<p>If the young person would like to create a Wiki – information is available here:- http://nottinghamshire.familyservicedirectory.org.uk/kb5/nottinghamshire/directory/site.page?id=IERQVtinWXo</p>		

What should happen?	Who should do it?	Guidance
<p>Your school will support you to use the Local Offer Website, it will include information about education, health and care provision. It should also tell you about training, employment and independent living for young people with special educational needs and/or disabilities.</p> <p>http://nottinghamshire.sendlocaloffer.org.uk</p>		

Years 12/13 16 – 19 years

Preparation for the 'Transitions Plan Review'

What should happen?	Who should do it?	Guidance
Look at the Local offer Website	Young person, school, parents.	http://nottinghamshire.sendlcaloffer.org.uk
It is good practice for the Transitions reviews to be integrated with other Statutory reviews e.g. CIN, LAC or EHCP (with permission of parent/carer(s)).	Adult Social Care, Health and Public Protection.	If it's an integrated review, time allocation needs to reflect this. Young person, parent/carer(s) have the right to ask for a change of date if unable to attend.
Date of annual Transitions review to be agreed.	School or other Post 16 provider to liaise with young person, parent/ carer(s)	
Young person and parent/ carer(s) to be consulted about other professionals involved and informed of advocacy services.	School or other Post 16 provider	
2 months before review The school or other Post 16 provider sends out to relevant people: The invitation to attend Transitions Plan Review.	School or other Post 16 provider Relevant Health Provider involved with young persons care	
Organisation of the Transitions reviews meeting and collation of the responses from agencies and	School or other Post 16 provider	

What should happen?	Who should do it?	Guidance
parents (1 month before review).		
<p>Preparation by everyone involved for the Transitions review.</p> <p>Representatives appropriate to young person and parent/ carer(s) to contribute to the review. Either by attending the meeting or providing information in a way which is accessible to the young person.</p>	School, SEN Coordinator (SENCO) or Post 16 Provider	
GP and Adult consultant updated on the the needs of the young person.	Paediatric Consultant / Doctor	
17-17.5 years of age referrals to adult health services should be made and to Continuing Health Care (CHC) where appropriate.	Named Doctor	
Transitions Coordinators will select which reviews are appropriate to attend based upon previous decisions and information they have gathered and future planning needs.	ASCHPP - Transition Coordinators	
<p>If the young person would like to create a Wiki – information is available here:- http://nottinghamshire.familyservicedirectory.org.uk/kb5/nottinghamshire/directory/site.page?id=IERQVtinWXo</p> <p>Your school will support you to use the Local Offer Website, it will include information about education, health and care provision. It should also tell you about training, employment and independent living for young people with special educational needs and/or disabilities.</p> <p>http://nottinghamshire.sendlocaloffer.org.uk</p>		

Years 12/13 16 – 19 years

Review of Transitions Plan

What should happen?	Who should do it?	Guidance
Look at the Local offer Website	Young person, school, parents.	http://nottinghamshire.sendllocaloffer.org.uk
<p>The previous year's Transitions Plan is reviewed and actions agreed by all parties.</p> <p>Transitions Plan is updated and extended.</p> <p>Agree who co-ordinates next review.</p> <p>Transitions Coordinator will attend appropriate reviews</p>	<p>School/Post 16 Provider</p> <p>ASCHPP - Transition Coordinators</p>	<p>There should be increasing involvement from Adult Services – Health, Social Care and Education – for those young people requiring adult services.</p> <p>At 18 the responsibility for the assessment of provision of social care services will transfer to Adult Social Care.</p>
Confirm consent for sharing of information between agencies.	School	
10 working days after review meeting, a copy of Transitions Plan to be distributed to young person, parent/carer(s) and relevant partners.	School or other Post 16 provider	
<p>Over-seeing delivery of Transitions Plan.</p> <p>Transitions Coordinators will have greater involvement with those selected for their service.</p>	<p>Nominated person</p> <p>ASCHPP - Transition Coordinators</p>	<p>Nominated person would normally be the person who is best placed to co-ordinate the delivery of the Transitions Plan, and they would act as a main point of contact.</p>

What should happen?	Who should do it?	Guidance
		Parent/carer(s) and the young person must also be included when deciding who the nominated person should be.
Staff involved with identifying the needs of the young person to work with commissioners to secure the right specialist support.	ASCHPP - Transition Coordinators and Clinical Commissioning Groups (CCGs) who determine Continuing Health Care (CHC) eligibility.	Decision need to be made earlier, there is an increased emphasis on being pro-active and trying to prevent young people, parent/ carer(s) from receiving a decision too close to the 18 th birthday. NICE guidance on CHC and Transitions
If appropriate, introduction to and awareness of Resource Allocation will occur prior to 18 th Birthday.	Integrated Disability Service Assessment Team and or Children's Social Care	
Integrated Disability Service Assessment Team support ends at 18th birthday except Young people eligible for aftercare (i.e. Looked after Children)	Integrated Disability Service Assessment Team and or Children's Social Care	A Looked After Child may have an aftercare worker/PA to the age of 21.
Transitions review for young people in Independent schools or Young people at out of County schools. Transitions Plan reviewed and updated.	ASCHPP – Transitions Co-ordinators Page 48 of 110	Children's Integrated Disability Service Assessment Team

What should happen?	Who should do it?	Guidance
<p>If the young person would like to create a Wiki – information is available here:- http://nottinghamshire.familyservicedirectory.org.uk/kb5/nottinghamshire/directory/site.page?id=IERQVtinWXo</p> <p>Look for more information on the Local Offer Website, it will include information about education, health and care provision. It should also tell you about training, employment and independent living for young people with special educational needs and/or disabilities. http://nottinghamshire.sendlocaloffer.org.uk</p>		

19 years + Young Adults in Continuing Education

Preparation for leaving education, moving on and achieving outcomes for adulthood.

What should happen?	Who should do it?	Guidance
Your college will support you to look at the Local offer Website	Young person, school, parents/college	http://nottinghamshire.seniorlocaloffer.org.uk
Integrated Disability Service Assessment Team support ends at the 18th birthday except, young people eligible for aftercare (i.e. Looked after Children)	Integrated Disability Service Assessment Team and or Children's Social Care	A Looked After Child may have an aftercare worker/PA to the age of 21.
Staff involved with identifying the needs of the young person to work with Commissioners to secure the right specialist support for them.	Adult Social Care - Transition Coordinators and Clinical Commissioning Groups (CCGs) who determine Continuing Health Care (CHC) eligibility.	Decision need to be made earlier, there is an increased emphasis on being pro-active and trying to prevent young people, parent/ carer(s) from receiving a decision too close to the 18 th birthday.
<p>School/college will need to assess early (in the Autumn term) to agree a plan which works towards positive outcomes for the young person.</p> <p>Adult Social Care, Health and Public Protection may need to assess early in year 13 so that a placement is identified if required.</p>	<p>School/ College</p> <p>Adult Social Care, Health and Public Protection.</p>	Some young people will continue in education after year 13, as they continue to progress towards employment, supported employment, further education or independent living in line with their aspirations and outcomes. Some young people will "transition" on to an adult service

For those Young People Continuing in Education

What should happen?	Who should do it?	Guidance
If you have an EHC plan it will continue to be reviewed yearly	Review to follow the 'important to/for, what's working/not working' format.	School/College
Post education options discussed with young person, employment, supported employment opportunities or further education. Provision of Careers advice is the responsibility of School/College	School/College	Consideration should be given to appropriateness of independent travel training. Consider attendance at Careers Fair
The plan will have an identified Lead who can regularly review actions that need to be undertaken so that a clear leaving plan is in place for the young person.	School/College	
Young person and parent/ carer(s) to be consulted about other professionals involved and informed of Advocacy services.	School/College	
Transitions Coordinators will select which reviews are appropriate to attend based upon previous decisions and information they have gathered and future planning needs.	Adult Social Care - Transition Coordinators	
For students no longer open to the transitions team, if necessary they will need to be re referred to Adult Social Care or Health services prior to leaving college	Young person/family/college /health	Planning needs to start early in the Autumn term
<p>If the young person would like to create a Wiki – information is available here:- http://nottinghamshire.familyservicedirectory.org.uk/kb5/nottinghamshire/directory/site.page?id=IERQVtinWXo</p> <p>Look for more information on the Local Offer Website, it will include information about education, health and care provision. It should also tell you about training, employment and independent living for young people with special educational needs and/or disabilities. http://nottinghamshire.sendlocaloffer.org.uk</p>		

Glossary of terms/acronyms

Advocate	Someone who speaks up for you or supports you to speak up for yourself
Advocacy	The process of supporting and enabling people to: Express their views and concerns. Access information and services. Defend and promote their rights and responsibilities. All CYP have the right to have their views, wishes and feelings taken into account about decisions in their lives. Advocacy is one way to facilitate CYP's involvement in this decision making.
Annual review	The review of a statement of special educational needs or EHC plan which a local authority must make within 12 months of issuing the statement or EHC plan and within 12 months, and not less than 6 months, of the previous review.
ASCHPP	Adult Social Care, Health and Public Protection formerly Adult Social Care and Health
Ask Us	Nottinghamshire's Information, Advice and support Services network.
CAMHS	Child and Adolescent Mental Health Service
CCG	Clinical Commissioning Groups. (CCGs) are clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area. They are the groups in charge of local health services.
CDC	Council for Disabled Children CCG'S
CHC	Continuing Health Care
DCO	Designated Medical/Clinical Officer (DMO/DCO) will support the CCG's in meeting their statutory responsibilities in relation to SEND. In Nottinghamshire we have a DCO.
Disability	<p>The law defines disability in a number of different ways.</p> <p>For the purpose of this protocol, we have used the definition set out in the Disability Discrimination Act 2005.</p> <p>'A person has a disability, for the purposes of this Act, if he has a physical or mental impairment which has a substantial and long term adverse effect on his ability to carry out normal day to day activities'.</p>
DoH	Department of Health

EHC	Education Health and Care (plan) - has replaced SEN Statements from September 2014
NICE	National institute for Health and Care Excellence role is to improve outcomes for people using the NHS and other public health and social care services.
NPH	Nottinghamshire Participation Hub (NPH) consists of a group of parents and carers of young people with additional needs or disabilities who are working together with other parents and carers representing the whole of the county of Nottinghamshire. It is a way of making sure your voices are heard and that you influence services in your area, through Parent and Carer Participation steering group and local parent support groups. http://www.apthoo.co.uk/news/79-nph.html
ICCYPH	Integrated Community Children's and Young People's Healthcare programme. Their role is to commission and provide co-ordinated, integrated community healthcare services for children and young people and their families within Mid and South Nott's, which improve their health and wellbeing and their life chances
LAC	Looked After Children. A child is looked after by a local authority if he or she has been provided with accommodation, for a continuous period of more than 24 hours, in the circumstances set out in Sections 20 and 21 of the Children Act 1989, or is placed in the care of a local authority by virtue of an order made under part IV of the Act (that is, under a care order).
SEND	Special Educational Needs and Disability - The Children and Families Act 2014 defines a child or young person as having special educational needs, if they have a learning difficulty or disability, which requires special educational provision to be made for them. A child or young person is defined as having a learning difficulty or disability if they have a significantly greater difficulty in learning than the majority of others of the same age, or if they have a disability which prevents or hinders them from making use of facilities provided for other children of the same age in mainstream schools or post-16 institutions. A child under compulsory school age may have learning difficulties or disability if they are likely to fall into the categories above when at compulsory school age.
SENCO	Special Educational Needs Coordinator have a critical role to play in ensuring that children with special educational needs and disabilities within a school receive the support they need.
PFA	Preparing for Adulthood
Transitions	The term that can be applied to all young people, at the stage in their lives when they are on the journey from adolescence into adulthood.

Local Offer

A Local Offer gives children and young people with special educational needs or disabilities and their families' information about what support services the local authority think will be available in their local area

WIKI

A Wiki Website is your very own website. You can add pictures, videos and sound clips to your Wiki Website to tell your story and share your successes, hopes and dreams.

Final for endorsement

Useful documents

The Care Act (2014) <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

Nottinghamshire County Council (2014) :- Integrated Commissioning Strategy for Children and Young People aged 0-25 with Special Educational Needs and Disability
[http://www.bing.com/search?q=nottinghamshire+Integrated+Commissioning+Strategy+for+Children+and+Young+People+aged+0-25+with+Special+Educational+Needs+and+Disability+\(2014\)\(2\)&src=IE-TopResult&FORM=IETR02&conversationid](http://www.bing.com/search?q=nottinghamshire+Integrated+Commissioning+Strategy+for+Children+and+Young+People+aged+0-25+with+Special+Educational+Needs+and+Disability+(2014)(2)&src=IE-TopResult&FORM=IETR02&conversationid)

Children and Families Act (2014)
<http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted>

Department for Education (2013) Draft SEN Code of Practice: for 0-25 year's olds
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/251839/Draft_SEN_Code_of_Practice_-_statutory_guidance.pdf

From the Pond to the Sea: Children's Transition to adult health services (2014) (The Care Quality Commission
https://www.cqc.org.uk/sites/default/files/CQC_Transition%20Report.pdf

DfES (2007) Aiming High for Disabled Children: Better support for families
<https://www.education.gov.uk/publications/eOrderingDownload/PU213.pdf>

Morris. J (2012) Moving into adulthood: Young disabled people moving into adulthood
<http://www.jrf.org.uk/publications/moving-adulthood-young-disabled-people-moving-adulthood>

Nottinghamshire County Council: - the Nottinghamshire Transitions Protocol
Nottinghamshire's Multi-Agency Transition Protocol Supporting Young People with SEN and Disabilities from Aged 14 (year 9) Into Adulthood
<http://cms.nottinghamshire.gov.uk/transitionprotocol.pdf>

Council for Disabled Children (2014). Disability Digest:-Special edition SEND Reforms 2014
http://www.councilfordisabledchildren.org.uk/media/720548/digest-sept-2014_final.pdf

Preparing for Adulthood (2014) Engaging employers to find work experience for young people with learning difficulties and/or disabilities: a guide for post-16 providers
http://www.preparingforadulthood.org.uk/media/387941/guide_to_employer_engagement.pdf

The Mental Capacity Act Code of Practice (2005) Protecting the vulnerable
<http://www.legislation.gov.uk/ukpga/2005/9/contents>

NICE The National Institute for Health and Care excellence (2014) Transition from children's to adult services.

<http://www.nice.org.uk/guidance/gid-scwave0714/resources/transition-from-childrens-to-adult-services-final-scope2>

NICE Guidance (2016) 'Transition from children's to adult's services for young people using health or social care services'. <https://www.nice.org.uk/guidance/ng43>

DfES (2012) Support and aspiration: a new approach to special educational needs and disability - progress and next steps
<https://www.gov.uk/government/publications/support-and-aspiration-a-new-approach-to-special-educational-needs-and-disability-progress-and-next-steps>

Final for endorsement

Transitions Protocol and Pathway Implementation Plan

	Meeting	Date	Outcome
Sponsor and Project Steering Group	Improving Outcomes for CYP with Disabilities Steering Group	March 2016	Approved Agreed meetings for endorsement and approval
Parents	Nottinghamshire Participation Hub	29 th April-	Endorsed Signatory - Georgina Palmer Chair
Education	Principals FE College Leads Meeting	7 th June	Endorsed Signatory -
Health	Children's Commissioners Forum	9 th June	Endorsed
Adults	Adult Leadership team	15 th June	Endorsed
Education	Governor's Trust Board	June 21 st	
Children's	Children's Leadership Team	July 8 th	
HWB Board	HWB Board	13 th July	
Children's Trust	Children's Trust	July 15th	
Health	HWIG Health and Wellbeing Implementation Group	21st July	
Policy Committee	Policy Committee	7 th Sept 12pm	

Communications activity schedule for Improving Outcomes launch (including Integrated Children's Disability Service (ICDS), Information and Advice service (IAS) and the new Transitions Protocol and Pathway.

DATE	AUDIENCE	ACTIVITY	Venue
Sept 2016	Young Pioneers	Briefing	TBC
Sept 2016	IRIS magazine– Contact: Tim Simpson	Article	N/A
Sept 2016	NPH – Contact: Simon Bernacki	Briefing	N/A
Sept 2016	Heads and Chairs Briefings (Governors) (usually 7 sessions)	Briefing	TBC
07/09/2016	Clerks to Governors	Briefing	Rufford Mill
09/09/2016	Schools Improvement Strategy Day – Contact: Linda Foster	Briefing	TBC
16/09/2016	NCC Colleagues and Partners	Briefing	Assembly Hall, County Hall
21/09/2016	NCC Colleagues and Partners	Briefing	Function Room, John Fretwell
23/09/2016	NCC Colleagues and Partners	Briefing	Assembly Hall, County Hall
26/09/2016	NCC Colleagues and Partners	Briefing	Function Room, John Fretwell
28/09/2016 2-4	Providers	Briefing	Function Room, John Fretwell
22/10/2016 All day	Families	Family Information Day	TBC
24/10/2016 All day	Families	Family Information Day	TBC
26/10/2016 All day	Families	Family Information Day	TBC

DATE	AUDIENCE	ACTIVITY	Venue
02/11/2016	Primary Head Teachers	Briefing	Edwinstowe House
03/11/2016	Primary Head Teachers	Briefing	Basford Hall, Cinderhill, Nottingham
09/11/2016	Primary Head Teachers	Briefing	Edwinstowe House
10/11/2016	Primary Head Teachers	Briefing	Edwinstowe House
22/11/2016	Primary Head Teachers	Briefing	Basford Hall, Cinderhill, Nottingham
25/11/2016	Secondary Head Teachers	Briefing	Edwinstowe House
	Other events for Transitions Protocol only		
Oct 2016	Transforming Care Transitions Event		

Report to Health and Wellbeing Board**13 July 2016****Agenda Item: 8****REPORT OF THE INTERIM DIRECTOR OF PUBLIC HEALTH****2015/16 ANNUAL SUMMARY OF WORK OF THE NOTTINGHAMSHIRE
COUNTY COUNCIL PUBLIC HEALTH COMMITTEE****Purpose of the Report**

1. This report provides information on the work of the Nottinghamshire County Council Public Health Committee in 2015/16. It describes the work of the Public Health department and outlines key Committee decisions and performance monitoring activities to ensure the Council meets its Public Health responsibilities.

Information and Advice**Background**

1. Overall, the Public Health function encompasses:
 - 1.1. Health Improvement: Helping people to live healthy lives, to make healthy choices and reducing health inequalities.
 - 1.2. Health Protection: Ensuring the population's health is protected from major incidents and other threats, such as infectious diseases and environmental hazards.
 - 1.3. Healthcare public health and preventing premature mortality: Through effective service commissioning, reduce the numbers of people living with preventable ill health and of people dying prematurely, while reducing the inequalities gap between communities.
2. The Health and Social Care Act 2012 transferred responsibility for Public Health from the NHS to local authorities in April 2013. The County Council was given responsibility for five mandated functions, along with the responsibility to produce a Joint Strategic Needs Assessment, a Pharmaceutical Needs Assessment and a Health and Wellbeing Strategy, led through a local Health and Wellbeing Board.
3. The five mandated functions are NHS Health Check assessments; open access to sexual health services; the National Child Measurement Programme (NCMP); management of health protection incidents, outbreaks and emergencies (which could include infectious disease,

environmental hazards and extreme weather events); and the provision of Public Health advice to NHS Clinical Commissioning Groups (CCGs).

4. As well as these five functions, the Council directly commissions a range of Public Health services and is responsible for a number of other policy areas that require wide influence across the health and wellbeing system. Services include: tobacco control (including combating illicit tobacco); combating substance misuse; services around obesity / nutrition; cancer prevention; oral health / fluoridation; workplace health; PH aspects of community safety; violence prevention (including domestic violence and abuse); infection control and public mental health. There are also a number of services related to children's public health, such as prevention of birth defects, children's public health programmes for ages 0-19, and prevention of avoidable injuries. Many of these services were already in place prior to 2013 and existing contract arrangements were novated over to the County Council. In 2015/16 the range of children's public health services was expanded with the inward transfer of health visiting and the Family Nurse Partnership Programme from the NHS to the Council starting on 1 October 2015.
5. The County Council was provided with a ring-fenced Public Health grant, worth £39,338,497 in total during 2015/16, to meet the costs of the Public Health function.

The role of the Public Health Committee

6. The County Council operates a Committee structure to carry out its duties, with an appropriate constitution to allow open and transparent decision making. Each Committee has a defined area of responsibility and takes decisions related to that area. The Public Health Committee is the primary decision-making body of the County Council with respect to the Public Health function. Its main duties are as follows:
 - 6.1. To ensure that the Public Health responsibilities of the County Council are delivered.
 - 6.2. To ensure that the Public Health grant is used effectively and for the purposes for which it has been provided.
 - 6.3. To oversee performance in the delivery of the Public Health responsibilities of the County Council.

Relationship with the Health & Wellbeing Board

7. The Health and Wellbeing Board has core statutory duties as follows:
 - 7.1. To prepare and publish a joint strategic needs assessment to identify local needs
 - 7.2. To prepare and publish a health & well-being strategy to lead improvements in health and wellbeing for the population based on local needs
 - 7.3. To promote and encourage integrated working to deliver changes at a local level
8. The Board takes a very wide view of the health and wellbeing of Nottinghamshire and directs an implementation plan to improve this, covering a wide range of partners and functions.
9. Public Health is a core component of improving health and wellbeing, however the internal Public Health responsibilities of the County Council are a subsection of the entire work of the Board. By illustration, the delivery of Public Health functions by the County Council is a significant element of the Health and Wellbeing Strategy for Nottinghamshire, but it is not the only element.

10. The co-dependence means that work of the Health and Wellbeing Board interfaces with the Public Health Committee but is separate to it. Similarly the work of the Health & Wellbeing Board interfaces with other Council Committees that consider health and wellbeing policies, such as the Adult Social Care Committee and Children & Young People's Committee. It also interfaces with Clinical Commissioning Groups governing bodies and District / Borough Council committees. Decision making responsibilities and resources are retained in the member organisations and relevant decision-making forum.

Delivery of the Public Health Committee's duties in 2015/16

11. The Public Health Committee maintains an active work programme that is reviewed at each meeting. The Committee held 6 scheduled meetings and one extra-ordinary meeting to fulfil its duties in 2015/16. This activity is summarised as follows:

Ensuring that the Public Health responsibilities of the County Council are delivered

- 11.1. The Committee approved the publication of the independent Director of Public Health annual report.
- 11.2. With respect to the five mandated functions, the Committee considered commissioning plans for the IT element of the NHS Health Check programme and approved award of contract for integrated sexual health services.
- 11.3. In terms of commissioned services, the Committee approved the award of contracts for tobacco control, domestic violence and abuse, and oral health promotion services. It also approved commissioning plans and timeframes for children's public health services.
- 11.4. The Committee received several presentations on aspects of Public Health services, from the new provider for obesity and weight management services, from the County Council Children's and Families Department related to young people's substance misuse services, and on delivery of NHS Health Checks.

Ensuring that the Public Health grant is used effectively and for the purposes for which it has been provided:

- 11.5. The Committee set budget envelopes for re-procurements as part of its approval of the Procurement Plan for 2015/16.
- 11.6. The Committee received information about the Council services against which Public Health grant had been realigned, to confirm that the realigned funds were being spent on services that contributed to Public Health outcomes and that this work was proceeding to budget and timeframe.

Overseeing performance in the delivery of the Public Health responsibilities of the County Council

- 11.7. The Committee received quarterly reports summarising service performance and quality on all of the directly commissioned services. A summary of the latest performance information is provided at Annex 2.
- 11.8. The Committee also approved a Public Health Department Plan for 2015/16. The Plan focused on four areas:

- 11.8.1 Improving quality and efficiency in commissioned Public Health services – looking at the commissioned services and making plans for future commissioning
- 11.8.2 Working in partnership to improve health and wellbeing – focusing on actions being undertaken with partners, and on the role of the Health and Wellbeing Board.
- 11.8.3 Embedding Public Health leadership – meeting statutory obligations, providing advice to CCGs and ensuring that Public Health responses are made to emerging environmental issues
- 11.8.4 Develop and make maximum use of Public Health skills within the Council – working across the Council, and reviewing the Public Health structures and responsibilities in line with Redefining Your Council

11.9. Actions were identified for Public Health within each of these categories, which covered many of the mandated functions of the Public Health Department and Council. Examples are refreshing JSNA topics and providing advice to the CCGs, for example in the development of the women and children's workstream or in contributing to the mid-Notts and South Notts / Greater Nottingham transformation programmes.

11.10. Details of performance against this plan are appended to this report in Annex 3.

12. A complete list of all the decisions and deliberations of the Public Health Committee in 2015/16 is attached at Annex 1.

13. The report was approved for submission to the Health and Wellbeing Board by Public Health Committee on 19 May 2016.

Statutory and Policy Implications

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

Financial Implications

15. There are no direct financial implications for this report.

RECOMMENDATION

a) The Board notes the report.

Barbara Brady
Interim Director of Public Health

For any enquiries about this report please contact:

Kay Massingham
 Executive Officer – Public Health
 Tel: 0115 993 2565

kay.massingham@nottscg.gov.uk

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Constitutional Comments (EP 29/04/2016)

16. This report is for noting only and no Constitutional comments are required.

Financial Comments (29/04/2016)

17. There are no financial implications contained within the report

Background Papers and Published Documents

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

Electoral Divisions and Members Affected

- All

Annex 1: Deliberations of the Public Health Committee 2015/16

Date	Report	Decision / Deliberations
12 May 2015	Healthy Child Programme and Public Health nursing – commissioning plans	Approved commissioning plans for healthy child programme and public health nursing for 0-19 year olds; noted the proposed expansion of the Family Nurse Partnership.
12 May 2015	Developing a Schools Health Hub	Received information on the Healthy Schools Programme review. Approved commissioning plans for the new Schools Health Hub to replace this programme and the ASSIST programme to address smoking among young people. Approved separate commissioning plans for specialist oral health promotion service.
12 May 2015	Re-commissioning of Tobacco Control Services	Received results of consultation and approved plans to go out to tender
12 May 2015	Public Health Procurement Plan	Received and approved the Public Health procurement plan for 2015/16
12 May 2015	Public Health Finance Plan	Received and approved the Public Health Finance plan for 2015/16 including the proposed areas for realignment of Public Health grant
12 May 2015	Annual Report to Health and Wellbeing Board	Approved the annual report for submission to the Health and Wellbeing Board
12 May 2015	Public Health Service Performance and Quality Report for Health Contracts 2014/15	Noted a summary of performance information from Public Health contracts in Quarter 3 of 2014/15
2 July 2015	Commissioning NHS Health check IT and outreach services	Received results of consultation and noted intentions to go out to tender as previously agreed in the Public Health procurement plan
2 July 2015	Establishment of Health and Wellbeing Board support team	Approved new post on County Council establishment to be paid out of reserve funds.
2 July 2015	Public Health Realignment – progress report 2014/15	Noted performance on the realigned Public Health grant in 2014/15
2 July 2015	Public Health Department Plan progress report 2014/15 and update on preparation of 2015/16 Plan	Received information on performance against the Department Plan in 2014/15 and agreed to receive the 2015/16 Plan at its next meeting
2 July 2015	Public Health Service Performance and Quality Report for Health Contracts 2014/15	Noted a summary of performance information from Public Health contracts in Quarter 4 and for the year end of 2014/15

2 July 2015	Domestic Violence and Abuse Service Commissioning Update	Approved the award of contract for domestic violence and abuse services to the successful bidder.
10 September 2015	Public Health arrangements across Nottinghamshire County	Agreed to support the new vision for the Public Health function.
10 September 2015	Public Health Department Plan 2015/16	Approved the 2015/16 Department Plan
10 September 2015	Commissioning of Specialist Domestic Violence and Abuse services within refuge	Approved expenditure on provision of specialist DVA services within refuge
10 September 2015	Public Health Service Performance and Quality Report for Health Contracts Q1 2015/16	Noted the quality and performance information
30 September 2015	Comprehensive Sexual Health Services in Nottinghamshire – Commissioning Update	Approved the award of contracts and signing of a partnership agreement with Nottingham City Council.
30 September 2015	NHS Health Checks procurement update	Agreed to halt the current procurement.
12 November 2015	Presentation by Everyone Active, provider of the commissioned obesity and weight management services	Received a presentation on the obesity and weight management service, including feedback from a service user
12 November 2015	Annual Report of Director of Public Health	Received and approved the publication of the Annual Report of the Director of Public Health
12 November 2015	Public Health Department Plan 2015/16 – Progress report	Received an update on progress on the Department Plan to the end of Q2 2015/16
12 November 2015	Dental Public Health in Nottinghamshire	Received a presentation on dental public health in Nottinghamshire and approved the award of a contract for the new oral health promotion service to the preferred bidder.
21 January 2016	Presentation on Substance Misuse services for young people	Received a presentation on the services provided in relation to substance misuse by young people
21 January 2016	Public Health Grant Realignment – progress report 2015/16	Noted progress on realignment of Public Health grant up to the end of Q2 2015/16
21 January 2016	Public Health Services	Noted performance and quality information on contracts during Q2

	Performance and Quality Report for Health Contracts, Q2 2015/16	
17 March 2016	Presentation on performance on Health Checks programme	Received a presentation on the performance of the NHS Health Checks programme
17 March 2016	Integrated Healthy Child Programme and Public Health Nursing Service 0-19 years – commissioning proposals	Noted the proposed service model for the integrated Healthy Child Programme and Public Health Nursing Service for 0 to 19 year olds, agreed preferred options for formal consultation.
17 March 2016	Use of Public Health grant 2016/17	Received information about future Public Health grant including projections for the following four years, the Public Health finance plan for 2016/17, and realignment of Public Health grant in 2016/17
17 March 2016	Public Health Department Plan – progress report 2015/16	Received and noted report on progress against Department Plan up to the end of Q3 of 2015/16
17 March 2016	Public Health Services Performance and Quality Report for Health Contracts, Q2 2015/16	Noted performance and quality information on contracts during Q3 of 2015/16

Annex 2: Performance and Quality

Most recent appendix related to Summary of Public Health quality and contract performance, Quarter 3 2015/16, submitted to Public Health Committee in March 2016 – see separate Excel spreadsheet

PUBLIC HEALTH CONTRACT QUALITY & PERFORMANCE REPORT. QUARTER THREE 2015/16



Nottinghamshire County Council

Key to the Status Column	
↑	Improving from last quarter
↔	No change from last quarter
↓	Needs improvement from last quarter

Value of Contract Range
More than or equal to £1,000,000
£100,000 to £999,999
£10,000 to £99,999
Less than or equal to £9,999

Service and Outcome	Contract Value Category	Performance Indicators	Q1	Q2	Q3	2015/16 Total Achieved	Annual Target	% of target met
NHS Health Check Assessments To reduce early mortality and improve quality of life for individuals with Long Term Conditions (LTC)	Medium High	No. of eligible patients who have been offered health checks	8136	10075	9883	28094	49,697	57%
		No. of patients offered who have received health checks	4429	5384	5560	15373	29,817	52%
		No. of patients who have been identified as high risk and referred to other services as a result of a health check	117	336	228	681	n/a	n/a
		Genito-Urinary Medicine (GUM - DBH, SFHT & NUH)						
		First attendance	4196	4307	3793	12296	14258	86%
		Follow up appointment	1499	1820	1672	4991	5,908	84%
		SFHFT						
		SEXions - number of education sessions provided in schools	39	26	56	121	n/a	n/a
		SEXions - number of 1-1 advice & sessions given to young people	237	169	130	536	n/a	n/a
		NHT - The Health Shop						
		Percentage of 15-24 year olds in contact with The Health Shop service who are offered a Chlamydia screen	100%	92%	93%	285%	100%	285%
		Percentage of appropriate clients aged over 14 years who are offered advice on contraception	100%	100%	99%	299%	100%	299%
		Planned Face-to-Face Activity - Sexual Health Only	232	245	246	723	1140	63%
		Terrence Higgins Trust						
		No. of Point of Care testing (POCT) for people residing in Nottinghamshire County	19	28	30	77	56	138%
		No. of support sessions delivered in Notts targeting people living with HIV	54	94	61	209	96	218%
National Child Measurement Programme To achieve a sustained downward trend in the level of excess weight in children by 2020	Medium High	% of children in Reception with height and weight recorded	Academic year 2015/16			0%		n/a
		% of children in Year 6 with height and weight recorded	Academic year 2015/16			0%		n/a
		Parents/Carers receive the information regarding their child within 6-weeks post measurement	Academic year 2015/16			0%		n/a
		Crime Reductions Initiative (CRI)						

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Alcohol and Drug Misuse Services Reduction in Alcohol related admissions to hospital Reduction in mortality from liver disease Successful completion of drug treatment	High	Number of Unplanned exits					
		197	180	177			
		Number of successful exits (ie planned)	288	254	198	n/a	n/a
Tobacco Control and Smoking Cessation Reduce adult (aged 18 or over) smoking prevalence Behaviour change and social attitudes towards smoking Prevalence rate of 18.5% by the end of 2015/16	High	Number of new treatment journeys	1165	1031	1481	3677	n/a
		Four-week smoking quitter rate					
		GP's (County & Bassetlaw)	82	57 ↓	20 ↓	159	418
		County Community Pharmacies	17	4 ↓	1 ↓	22	77
		New Leaf - County Health Partnership	511	462 ↓	208 ↓	1181	3730

Obesity Prevention and Weight Management (OPWM) To achieve a downward trend in the level of excess weight in adults by 2020 A sustained downward trend in the level of excess weight in children by 2020 Utilisation of green space for exercise/health reasons	High	Number of new assessments						
		Adults - Tier 2	72	31	13	116	258	45%
		Adults - Tier 3	31	57	18	106	480	22%
		Children & Young People - Tier 2	0	2	0	2	54	4%
		Children & Young People - Tier 3	4	6	4	14	49	29%
		Maternity	0	0	3	3	500	1%
		Post-bariatric reviews	0	0	0	0	60	0%
		Adults, Children & Young People combined service users	91	20	46	157	1,400	11%
Domestic Abuse Services Reduction in Violent crime Reduction in Domestic violence	Medium	Contract started 1 October 2015						
		Q1						
		No of adults supported			840	840	2500	34%
		No of children, young people & teenagers supported			156	156	773	20%
Seasonal Mortality Reduction in excess winter deaths	Medium	Nottingham Energy Partnership - Healthy Housing						
		Number of people from the target groups given comprehensive energy efficiency advice and/or given help and advice to switch energy supplier or get on the cheapest tariff	67	80	107	254	201	126%
		Number of individuals trained to deliver Brief Interventions i.e. number of people attending the training courses	64	46	19	129	185	70%
	Medium	The Friary Drop-in Centre						
		Number of one-to-one specialist advice interviews undertaken	1583	1795	1556	4934	n/a	n/a
Public Health Services for Children and Young People aged 5-19	High	% young people and/or parents carers surveyed who thought the school nursing service was good or excellent	92%	97%	89%	278%	85%	100%
		Number of brief interventions offered by school nurses and delivered with children and young people by public health topic	1974	1284	1620	4878	n/a	n/a
		Number of children with a school entry health review by end of year one	2391	1286	1745	5422	n/a	n/a
		Total number of schools that have completed the Healthy Schools Whole School Review across Nottinghamshire in this financial year	29	16	8	53	200	27%
		% of children's centres engaged in the Healthy Early Years Programme	86%	86%	96%	268%	95%	100%
Dental Public Health Services	Medium	% mothers with a child under 6 months who receive oral health advice who report that it is very useful	0%	0%	0%	0%	80%	0%
		% staff trained who have gained knowledge and have confidence in offering oral health brief interventions	No training delivered this qtr due to re-location	100%	100%	200%	80%	250%
		Number of primary schools using the resource pack that have found the "Teeth Tools for Schools" resource pack both useful and educational	0	0	98%	98%	80%	123%

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Annex 3: Progress against NCC Public Health Departmental Plan 2015/16

1. Improving efficiency and quality in commissioned services

Item	Status	Q1 and Q2 activity report	Q3 activity report	Q4 activity report
1.1 Develop a Procurement Plan to ensure the Department maintains services and meets its legal and contractual obligations whilst aligning plans and future timeframes for management of future workload.	GREEN	<p>Procurement Plan completed and approved by Public Health Committee in May 2015.</p> <p>Activity was completed by end Q1.</p> <p>Procurement activities to be conducted in accordance with Plan and reported separately below.</p>	Activity completed in Q1.	Activity completed in Q1.
1.2 Maximise the use of resources to deliver health improvements and identify opportunities to make value for money improvements, whilst still delivering public health outcomes for tobacco control, sexual health services, oral health promotion services, health checks, and health education/promotion in schools.	GREEN	<p><u>Tobacco control</u></p> <ul style="list-style-type: none"> Tobacco Control Services re-commissioned. New provider to commence April 1st 2016. Peer support ASSIST programme commissioned to be delivered in targeted schools from January 2016. 	<p>Mobilisation of the new Tobacco Control contract ensuring smooth transition from existing to new provider.</p> <p>Appointment of ASSIST coordinator and trainers. Training in the programme delivery.</p> <p>Ongoing monitoring of action plans for existing organisations.</p>	<p>Mobilisation of the new Tobacco Control contract completed. Service operational from 1 April 2016.</p> <p>ASSIST programme operational. All schools in the first wave of targeted schools have been contacted. Delivery has started in one school and expressions of interest received by several other schools.</p>
	GREEN	<p><u>Sexual health</u></p> <p>Recommissioning proceeding to plan for an integrated sexual health service that will offer a 'one stop shop' approach to sexual health services in a number and range of</p>	<p>Following competitive tender process contracts awarded to successful bidders with mobilisation of the Integrated Sexual health Service (ISHS) underway to enable a 'go live' date</p>	<p>The three providers DBH, SFHFT and NUH worked proactively with PH to mobilise the ISHS which were ready to go live as planned on 01.04.2016. Each provider worked with the</p>

Item	Status	Q1 and Q2 activity report	Q3 activity report	Q4 activity report
		accessible locations, ensuring that service users within a single visit have access to STI testing and treatment, contraceptive and sexual health promotion.	of 01.04.2016. Contracts awarded as follows: Lot 1 Doncaster and Bassetlaw Hospitals NHS Foundation Trust Lot 2 Sherwood Forest Hospitals NHS Foundation Trust Lot 3 Nottingham University Hospitals NHS Trust	council's communications team to disseminate publicity targeted to service users and key stakeholders to support access to the new services. Contract Quality Review Meetings have been established to support contract management and quality assurance.
	GREEN	<u>Oral health promotion services</u> Procurement exercise undertaken over the summer, bids evaluated.	Report to PH Committee on 12 November to seek approval of preferred supplier. Contract awarded to NHFT.	Mobilisation complete, together with ranking of county primary schools re need for new supervised tooth brushing programme Fluoridation costs have fluctuated over recent years due to variable operation of water plants and issues with fluoride supplies. The 2015/16 invoice was substantially above the forecasted level. Indications are that costs in future will remain significantly higher than previously. The LA is working with PHE and Severn Trent Water to secure stability for future fluoridation costs.
	AMBER	<u>Health checks</u> Procurement of new Outreach Service and IT Solution commenced as per PH procurement plan but discontinued after tender closed with no bids for	IT contract extension agreed to 31/3/17 and re-procurement initiated for 2017-18. Mandated core GP-led contract for 2016-17 prepared, pending budget agreement. Quality monitoring framework agreed and	2016-17 GP contracts issued. IT specification and tender questions completed. Health Check incorporated into local pathway for NHS diabetes prevention. Rushcliffe bin lorry promotion campaign delivered.

Item	Status	Q1 and Q2 activity report	Q3 activity report	Q4 activity report
		Lot 2 Outreach service, as Lot 1 IT was inextricably linked.	incorporated into practice liaison visits.	
	GREEN	<u>Health education / promotion in schools</u> <ul style="list-style-type: none"> • Approval by Public Health Committee of development and funding of the schools health hub, steering group developing model • Recognition of duplication with CFCS Tackling Emerging Threats to CYP and the PREVENT agenda 	<ul style="list-style-type: none"> • Combine the schools health hub steering group with the tackling emerging threats to children universal support group, first joint meeting 15th October • Develop joint electronic learning platforms for schools and professionals providing information, advice, guidance • Finalise service model, commissioning for service and agree revised timeframes, in place by September 2016 • Explore function of SHH co-ordinator in relation to TETC/primary mental health worker • Develop links with Future in Mind Transformation Plan and young people's health website 	<p>Finalised Job Description for Schools Health hub 'co-ordinator' post</p> <p>Working with colleagues in CFCS (Education Standards and Inclusion Division) and lead for Future in Mind programme, aligned job purpose with TETC co-ordinator and primary mental health worker</p> <p>Completed soft market testing activity to explore pre-existing models/ potential providers and opportunities for SHH</p>
1.3 Develop integrated commissioning plans for children and young people aged 0-19 years taking account of impact, cost-effectiveness and opportunities to align	GREEN	<u>Integrated commissioning plan development – 0-19 years</u> <ul style="list-style-type: none"> • Plan developed in conjunction with the Early Years' service through the Early Help and HCP ICH. • Procurement and direct award proposals approved by Public Health Committee in May, 	<ul style="list-style-type: none"> • Mapping of Health Visiting and Children's Centres core offer completed, identifying overlap and gaps. • Commencing Phase 2 of HV, FNP and SN future service model – Direct Award and 	<ul style="list-style-type: none"> • Completed soft market testing for provision of 0-19 integrated HCP and PH Nursing Service • Completed consultation with key stakeholders: service users/ workforce/ partner agencies/CCGs

Item	Status	Q1 and Q2 activity report	Q3 activity report	Q4 activity report
and join up service provision, and including the smooth transition of responsibility for the Family Nurse Partnership and Health Visiting Services from October 2015.		presented to HWB also. Update to plan signed off by Chris Kenny. New service in place from 01.04.17	Business as usual for 2015-16/17 <ul style="list-style-type: none"> Development of procurement plan for 2017 contract 	<ul style="list-style-type: none"> Public Health Committee approved proposed procurement plan Public consultation on proposed model of service completed March-April 2016 Service specification /outcomes framework and contract negotiation for direct award 2016/17 completed
	GREEN	<u>Transfer of responsibility for FNP / HV services</u> <ul style="list-style-type: none"> Health Visiting Transfer Assurance Group convened to sign off transfer of Health Visiting and Family Nurse Partnership services to LA. Completed on 29.09.15 Resident reporting data collaged, distributed and reported to PHE via LGA. 	<ul style="list-style-type: none"> Regional 0-5 groups for NHS England South Yorkshire & Humber and North Midlands planning for transfer of caseloads from registered to resident. Joint city/county commissioning group to oversee mobilisation of transfer 	<ul style="list-style-type: none"> Provider led city/county mobilisation plan developed Communication re changes sent to CCG/ primary care Transfer of ante-natal clients commenced January 2016

2. Work in partnership to improve health and wellbeing

Item	Status	Q1 and Q2 activity report	Q3 activity report	Q4 activity report
2.1 Develop the role of the Health & Wellbeing Board to fulfil its role as a systems leader as identified by the 2015 peer review, focusing the work of the Board on a smaller number of tightly focused	GREEN	<p>Action plan developed and report was approved by Health & Wellbeing Board on 2 September 2015.</p> <p>New working principles, revised priorities and action plan were agreed by the Board.</p>	<p>Following an unsuccessful recruitment process for the HWB Executive Officer post, support was secured from within the Department to help the work programme for the Board.</p> <p>Work has started on reviewing the delivery plan and establishing</p>	<p>A workshop took place in January to establish an action plan for Housing and Health.</p> <p>A workshop also took place in March to agree action to tackle health inequalities.</p>

Item	Status	Q1 and Q2 activity report	Q3 activity report	Q4 activity report
priorities which will deliver significant improvements in health and address health inequalities.			measures and milestones for the new annual actions. A progress report on this work was agreed by the Implementation Group in December, for presentation to the Board in January 2016.	<p>The implementation group received monitoring reports on the 20 priorities and 7 strategic actions in the Health and Wellbeing strategy.</p> <p>The implementation group agreed to review governance arrangements in line with the STP process.</p>
2.2 Work in partnership with the Police and Crime Commissioner to undertake joint commissioning of services to combat domestic violence that are evidence-based, joined up and deliver significant improvements in outcomes.	GREEN	<p>Joint commissioning exercise complete. Public Health Committee approved award of contracts in July 2015.</p> <p>Mobilisation phase underway. Agreement of how data collection and reporting will take place is underway. Agreement of which outcomes are to be reported on is underway.</p>	<p>New services commenced on 1 October 2015.</p> <p>Q3 produced first reporting period (Q1 of contract), some data quality issues but performance surpassed estimated demand.</p> <p>Reporting process and timeframe agreed with providers.</p>	<p>Continued to work on and agree the outcomes and KPIs to be reported on via the performance report.</p> <p>Quality assurance visits arranged with date, format and focus of visit all agreed with providers.</p> <p>Training Needs Assessment planned and ready for dissemination in Q3 of contract year</p>
2.3 Work with partners to promote joint and aligned strategy to tackle tobacco use, covering the full spectrum of supply, control, prevention and cessation support, through the implementation of the Nottinghamshire	GREEN	<p>Trading Standards service delivering specification for control of illegal tobacco. Police Officer now seconded to the team. Estimated value of products seized in first two quarters £99k. 25 Legal outcomes including prosecutions, cautions and warnings.</p>	<p>247,905 cigarettes, 59.55Kg of pouched tobacco have been seized so far, which equates to approximately £146,500 (£119,500 cigarettes and £27,000 Handrolled tobacco) at high street prices.</p> <p>Up to the end of Q3 there were 43 legal outcomes (Legal outcomes including prosecutions/ cautions/warnings)</p> <p>7 premises associated with illicit</p>	<p>Up to the end of quarter 4 575,045 cigarettes, 103.4kg of pouched tobacco have been seized, which equates to approximately £296,091 at high street prices.</p> <p>There have been 58 legal outcomes including prosecutions/ cautions/warnings totalling approx. 250 offences. 10 premises associated with</p>

Item	Status	Q1 and Q2 activity report	Q3 activity report	Q4 activity report
Declaration on Tobacco Control.			<p>tobacco sales closed after recent investigations.</p> <p>Up to the end of Q3 there were 5 license reviews, 9 press releases and a media campaign – Stub it out – which received wide coverage.</p>	<p>illegal tobacco sales closed after recent investigations.</p> <p>There have been 10 license reviews</p> <p>Over 30 press releases/media coverage about illegal tobacco enforcement work</p> <p>Two very successful roadshows with BWY canine LTD have taken place in Mansfield and Sutton-in-Ashfield that provided 15 pieces of intelligence, nationwide coverage on social media and conversations with about 207 individuals about illegal tobacco.</p>
	GREEN	<p>Local Authority Declaration on Tobacco Control and Nottinghamshire and Nottingham Declaration on Tobacco Control. Action plans completed by all Health and Wellbeing Board member organisations.</p> <p>The Declaration is being rolled out in 3 phases: Phase 1 (HWB members) 93% of members have signed the Declaration and 33% have an Action Plan.</p> <p>Phase 2 (Other NHS and significant public bodies) 2 NHS Trusts have signed along with Notts Fire and Rescue Service. Other organisations have agreed to sign.</p>	<p>The target is for 100% of HWB partners to have signed the declaration and have Action Plans in place by year end.</p> <p>By the end of Q3, 93% of members had signed the Declaration and 40% had an Action Plan.</p>	<p>By the end of Q4, 93% of members had signed the Declaration and 63% had an Action Plan.</p> <p>All partners in phase 2 have signed the Declaration; 5 NHS Trusts have signed along with Notts Fire and Rescue Service and Children's Centres.</p> <p>Phase 3: 4 organisations have signed through the Wellbeing@Work Scheme along with a further 2; Notts Womens Aid and Notts Women's Aid Integrated Services.</p>

Item	Status	Q1 and Q2 activity report	Q3 activity report	Q4 activity report
		Phase 3 (Private sector employers) 4 have signed through the Wellbeing@Work Scheme.		The Declaration will continue to be rolled out in 2016/17 with the monitoring of action plans for HWB members.
2.4 In conjunction with relevant partners, complete and then implement the Young People's Health strategy to improve health and wellbeing outcomes for this group, linking in with the Health and Wellbeing Board to ensure its wide application.	GREEN	Young People's Health event held 13 8 15, good engagement of young people and partners. Draft Strategy developed and signed off by steering group	<ul style="list-style-type: none"> • Presentation of Young People's Health Strategy to Health and Wellbeing Board, and Policy Committee • Steering group established to develop implementation and commissioning plan, involving young people • Funding for publication of YP Health strategy agreed by HWBB 	<ul style="list-style-type: none"> • Steering group meeting to progress strategy, three year action plan in place • Teenage pregnancy oversight to be integrated as part of YPHS steering group • Plan for YP website under development • Report and recommendations completed, following engagement with Ashfield Secondary School Heads (supporting elected member of Ashfield District Council)
2.5 Respond to the challenges of an ageing population and the implications of the Care Act 2014 by working in partnership with other services of the County Council, CCGs, district and Borough Councils and the voluntary sector, to develop / commission Public Health services for older people, to support people with dementia and their carers, to reduce fuel	GREEN	<ul style="list-style-type: none"> • Audit of progress against new NICE guidance (published March 2015). • Ongoing monitoring of contracts to support the reduction of excess winter deaths and fuel poverty, including advice and support for the public, and training for professionals. • Partner organisations submitted bids to National Energy Action (NEA) to lever funding for a warm homes on prescription service and for support to people not on the main gas grid. 	<ul style="list-style-type: none"> • Report to October Health and Wellbeing Board on excess winter deaths and fuel poverty. • Dissemination of "Keep Warm this Winter" leaflet to practices, libraries, voluntary sector partners and district and borough councils. • Implementation of successful National Energy Action bid. • Further work to ensure equitable provision of advice and support services across Nottinghamshire working with district and borough council colleagues. 	<ul style="list-style-type: none"> • Launch of Early Intervention & Prevention Service, January 2016 • Dissemination of "Keep Warm this Winter" leaflet to practices, libraries, voluntary sector partners and district and borough councils. • Continued implementation of NEA bids. • Health and Housing Group scoping event held on 19 January. • Nottinghamshire Falls Pathway agreed by Health & Wellbeing Board (6 April) • County-wide dementia Plan to Health & Wellbeing Board (4 May)

Item	Status	Q1 and Q2 activity report	Q3 activity report	Q4 activity report
poverty and loneliness and the risk of falls.		<ul style="list-style-type: none"> Improve access to information about dementia and local services via the development of <i>Nottinghamshire Help Yourself</i>, internet and paper-based systems Extending the provision of Dementia Carers' Support Workers <i>Compass workers</i> to March 2016 Developing joint health and social care plans to promote exercise and bone health and reduce falls in localities: <ul style="list-style-type: none"> South Notts Mid-Notts Bassetlaw 	<ul style="list-style-type: none"> Ongoing monitoring of contracts to support the reduction of excess winter deaths and fuel poverty, including advice and support for the public, and training for professionals. Health & Wellbeing Board Dementia Stakeholder Event held 24 November Complete Falls & Bone health plans for mid and south Notts 	
2.6 Work with newly realigned services to embed Public Health considerations into these services (Moving Forward Service, Grant aid to victims of sexual abuse, Children's Centres).	GREEN	<p>Grant aid for victims of sexual abuse agreement concluded in Q1. Moving Forward performance framework in development, July 2015.</p> <p>Children's Centres performance framework in place and being monitored by CICH.</p> <p>Quarterly monitoring in place for all realignment lines/services.</p>	<p>All previous lines of realignment reviewed for evidence of contribution to Public Health outcomes.</p> <p>Continued to develop Moving forward performance framework with ASCH commissioner and the provider Framework.</p>	<p>Co-production and Moving Forward performance outcomes for 2016/16 are aligned with PHOF. ASCHOF.</p> <p>Public Health and Framework have agreed the 2016/17 Moving Forward performance framework</p> <p>Public Health and Co-production have agreed and signed off the 2016/17 performance framework and Delivery Plan</p>
2.7 Lead a countywide Workplace Health scheme, working with external partners to improve health outcomes for employees.	GREEN	<ul style="list-style-type: none"> 30 organisations are now engaged to include 14 of the original Bassetlaw organisations; 2 of which have recently been awarded 'Platinum' accreditation. Approximately 360 workplace 	<p>80 workplace health champions undertook Community Mental Health First Responder Training (September to December 2015)</p> <p>40 agencies now engaged</p> <p>11 awards presented between October and December 2015; to</p>	<p>- 40 more workplace health champions have undertaken the mental health training in March 2016</p> <p>-On-going RSPH health trainer training for champions; Train the</p>

Item	Status	Q1 and Q2 activity report	Q3 activity report	Q4 activity report
		<p>health champions have been trained in the nationally accredited RSPH level 2 Health Trainer Training.</p> <ul style="list-style-type: none"> • Up to 150 have undertaken 'Motivational interviewing Training', • 20 have received Mindfulness training (linked to the wider district work around the 'Take Five' theme) • 90 have received 'Basic Counselling Skills Training' (linked to supporting the wider district mental health and well-being agenda). • A large network has been developed to ensure sharing of information and best practice • The Bassetlaw workplaces have also supported the GGC Working Voices initiative, with 4 of the five original workplaces joining the scheme and now inputting their say into the shaping of local health services. 	<p>include the first 2 platinum awards for Bassetlaw workplaces who came over to the county model. Future local schools engagement planned</p> <p>District level roll-out has commenced.</p>	<p>trainer for RSPH was delivered March 16</p> <p>-Currently analysing year one lifestyle data; report to be developed to show findings.</p>

3. Embed Public Health leadership and oversight

Item	Status	Q1 and Q2 activity report	Q3 activity report	Q4 activity report
3.1 Meet the statutory obligations of Public Health, including publishing the Director's annual report to highlight	GREEN	JSNA refresh for diet, physical activity and excess weight underway.	DPH Annual Report completed and approved by PH Committee, Nov 2015.	JSNA topic review has begun. The process aims to ensure the JSNA reflects current priorities.

Item	Status	Q1 and Q2 activity report	Q3 activity report	Q4 activity report
areas of public health that require particular focus and attention, refreshing the JSNA, and publishing the Health and Wellbeing Strategy.			<p>JSNA refresh for excess weight, physical activity and diet/nutrition has been completed and approved by HWIG on 10th December.</p> <p>JSNA refresh for loneliness completed and sent out for consultation.</p>	<p>Work to improve engagement and involvement of the voluntary and community sector in the JSNA has begun with events held to identify key areas the sector can help support. This will be followed with task and finish groups over the coming months.</p> <p>Nottinghamshire Insight has been revised making it easier to navigate, including the JSNA pages.</p> <p>JSNA topics on loneliness and suicide prevention have been completed and submitted to HWIG for approval in April.</p> <p>There are 14 JSNA topic refreshes in progress including substance misuse.</p>
3.2 In accordance with the agreed Memorandum of Understanding, provide Public Health advice and support to CCGs across all three of the planning localities in Nottinghamshire (Bassetlaw, Mid Notts, and South Notts), building on previous achievements to influence commissioning and promote preventive health services.	GREEN	Public Health support provided to Mid-Notts Transformation Programme, completion of HIA of the programme. Leading development of women and children's workstream. Risk to achievement of KPI (paediatrics).	<ul style="list-style-type: none"> Further development of Mid-Notts women and children's workstream, addressing KPIs and system-wide transformation. South Notts transformation population group work commenced October/November 2015, to develop new models of care. 	As part of changed planning footprint and input to Sustainability and Transformation Plan, models of care covering sub-population groups of CYP developed, to be agreed, national review of Maternity Services published in March 2016, will inform development of local maternity services in Nottinghamshire.

Item	Status	Q1 and Q2 activity report	Q3 activity report	Q4 activity report
3.3 Ensure that the health response to emergencies is planned and co-ordinated, maintaining strong working relationships with the emergency planning function of the Council, and also addressing Public Health responses to emerging environmental issues, such as fracking.	GREEN	Establish links with PHE environmental science specialists regarding national work on fracking	Options paper was developed to support decision about the value and role of health impact assessment in regard to possible application(s) for fracking.	Workstream to be picked up in activities under 4.2 below.

4. Develop and make maximum use of Public Health skills within the Council

Item	Status	Q1 and Q2 activity report	Q3 activity report	Q4 activity report
4.1 Embed and widen the use of Public Health principles in the commissioning and delivery of Council services to improve Public Health outcomes.	GREEN	<p>Realignment project established for 2015/16 and quarterly monitoring schedule in place.</p> <p>Undertook review of effectiveness of realignment lines in delivering Public Health outcomes in light of budget restrictions, September 2015.</p>	Realignment monitoring conducted to end Q2 with report on progress, including identification of savings, to Public Health Committee, 21 Jan 2016.	<p>Continued to monitor use of realignment funds for contribution to PH outcomes.</p> <p>Realignment monitoring in 2016/17 has been planned to be in line with other Public Health-commissioned activity.</p>
4.2 Provide specialist Public Health advice and input into Health Impact Assessments on service provision and spatial planning.	GREEN	<p>Mid-Notts Better Together Programme – HIA completed (not council) HWB Board workshop scheduled for October 1st.</p> <p>Public health response provided to planning applications for large developments.</p>	Nottinghamshire Health and Wellbeing Stakeholder 'Planning and health' event run by the Town & County Planning Association took place on 1 st October. Event promoted in a national document to be published in the next month. Attended Nottinghamshire Planning Policy Officers and	Spatial planning and health document has been written, in which all districts will be encouraged to sign up to. It is to go to the HWB in May for sign off and then for districts to endorse and sign up to.

Item	Status	Q1 and Q2 activity report	Q3 activity report	Q4 activity report
			Development Management Officers Groups to discuss way forward. Have internal support from NCC Planning Department to progress work in the next quarter. Worked with Mansfield DC to undertake a Health Impact Assessment of the Mansfield Plan – learning from this to support work moving forwards	
4.3 Maintain the Council's accreditation as a training location for Public Health registrars and Foundation Year doctors	GREEN	PH continues to meet accreditation requirements as training location. 4 Registrars and 2 FY doctors on placement during Q1 and Q2, plus NHS Management Trainee 8-week placement.	Three PH registrars on placement in phase 1 of their specialist training program and one FY2 doctor during Q3.	Three PH registrars and 1 FY2 on placement during Q4.
4.4 Implement the NCC Public Health staff workforce development plan, as part of a commitment to staff development which also includes continuing professional development, personal appraisal, and seeking to spread Public Health skills across the wider Council.	GREEN	Workforce development plan signed off by SLT in May 2015. Implementation actions during Q1 and Q2: <ul style="list-style-type: none"> • CPD programme planned for 2015/16 • Health and Social Care Journal Club programme planned for 2015/16 • Information provided to staff on mandatory training requirements • Monitoring of mandatory training compliance • Exploration of professional registration revalidation requirements 	Plan adjusted to take account of feedback from staff survey undertaken in May 2015. Institution of routine monitoring and evaluation for training attendance, to inform future training attendance.	Implementation actions during Q4: <ul style="list-style-type: none"> • CPD and Journal Club events held. • Refresher information governance training requirement highlighted. Compliance is being monitored. • Revalidation of registrations – staff attended information events run by PHE. <p>Information was provided to staff on a new opportunity in the East Midlands for qualifying staff to join the Register for Public Health practitioners.</p>
4.5 Review Public Health structures and responsibilities and	AMBER	Department event held 16 July 2015 to give initial information to staff.	Job descriptions for all posts in new structure were drawn up. Job evaluations were undertaken.	Restructure proposals were published 18 January 2016. Consultation closed mid-

Item	Status	Q1 and Q2 activity report	Q3 activity report	Q4 activity report
agree a new structure in line with Redefining Your Council		Senior structure agreed as part of RYC interim Council structure by Policy Committee in July 2015. Transfer of Public Health to ASCH&PP, September 2015		February. As a result of the many consultation responses, the implementation of the restructure has been delayed to 2016/17, to allow additional time for all the consultation responses to be considered.

13 July 2016

Agenda Item: 9

REPORT OF THE CHAIR OF THE HEALTH AND WELLBEING BOARD**CHAIR'S REPORT****Purpose of the Report**

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

Information and Advice**1. Integration Summit 2016**

Barbara Brady, Ainsley MacDonnell, Cllr Weisz and I recently attended the 2 day LGC & HSJ Integration Summit. This was really interesting and interactive conference that gave us the opportunity to share our progress so far and learn from others. It was clear from the event that local solutions were being developed to reflect local circumstances. I was particularly interested in the role of social prescribing and this is something I am going to find out more about.

2. A plan for the future of health and social care

Lucy Dadge Sustainability and Transformation Plan (STP) Programme Director has set out in a briefing paper (see Appendix) an update to Board members about the Nottingham and Nottinghamshire Sustainability and Transformation Plan – *'A plan for the future of health and social care.'* Please circulate and share with colleagues and organisations linked to your communities.

If you require more information please contact Lucy Dadge, STP Programme Director
Email: lucy.dadge@nottscg.gov.uk

3. Reduction in Waste Medication

A Roadshow leaflet campaign commenced between 20- 25 June and continues to run throughout July and August as part of strategy to tackle the preventable waste issue. The aim is to reduce medication waste across mid Nottinghamshire, educate patients in relation to how and when to order their prescriptions and to ensure patients do not stock pile medication.

It has been estimated £300 million of NHS prescribed medicines are wasted each year. This sum represents approximately £1 in every £25 spent on primary care and community Pharmaceutical and allied products use, and 0.3 percent of total NHS outlays.

Mid Nottinghamshire Clinical Commissioning Groups (CCGs) spend approximately £50 million on medications across mid Notts. Therefore across mid Notts it is estimated that £1.2

million is wasted although it is suggested only 50% is avoidable. The key messages of the campaign are to ensure patients realise that only order what they need, that unused medication cannot be reused and that wasted medication wastes money which could be used elsewhere.

For more Information please contact Cathy Quinn, Clinical Lead – Pharmacy & Prescribing Transformation 07557 548174 or cathy.quinn@newarkandsherwoodccg.nhs.uk or Sally Dore - Better Together Engagement Lead, 07826 917897 or sally.dore@ardengemcsu.nhs.uk

4. New Healthwatch Nottinghamshire Chair

Healthwatch Nottinghamshire Board announce that Michelle Livingston has been appointed the new Healthwatch Nottinghamshire Chair has commenced her duties as the new Chair of Healthwatch Nottinghamshire on Monday 6th June 2016. Further information is linked [here](#)

For more information contact Jez Alcock, Chief Executive, Healthwatch Nottinghamshire info@healthwatchnottinghamshire.co.uk or 0115 963 5179 or Michelle Livingston, Healthwatch Nottinghamshire Chair michelle.livingston@healthwatchnottinghamshire.co.uk

5. Inspire – Community learning & skills service (CLASS)

From 1 April 2016 Nottinghamshire's CLASS service has been [art pf Inspire, the new Community Benefit Society set up to run Nottinghamshire libraries, archives, county youth arts, instrumental music teachers' service, music hub and community learning and skill service.

CLASS offered a range of provision designed to support learners to gain confidence and qualifications to find and keep sustainable employment, enhance their wellbeing and support their children's education. The Service offers study programmes for young people, traineeships, training for employers who want to recruit or train staff in apprenticeships and community and family learning.

For more information about Community & Family Learning Tel 0115 9772185, and for information about Study Programmes, Traineeships and Apprenticeships Tel 01623 476 830.

PROGRESS FROM PREVIOUS MEETINGS

6. Health inequalities Prioritisation & Planning workshop 22nd March

A Health Inequalities Prioritisation & Planning workshop was held 22nd March 2016 build on the Health Inequalities report presented to the Health and Wellbeing Board in November 2015. A summary report of the workshop event is linked [here](#).

For more information contact Helen Scott, Senior Public Health Manager: 07872 420790
Email: helen.scott@nottscg.gov.uk

PAPERS TO OTHER LOCAL COMMITTEES

7. [Supporting Youth Employment \(ENGAGE2EMPLOY\) update](#)

Economic Development Committee
9 June 2016

7. [**Urgent Care Resilience Programme**](#)
Joint Health Scrutiny Committee
19 April 2016
8. [**Smokefree Policy**](#)
Policy Committee
20 April 2016
9. [**A Strategy for Closing the Educational Gaps in Nottinghamshire**](#)
Children and Young People's Committee
23 May 2016
10. [**Community Safety Update**](#)
[**Update on the Work of the Community and Voluntary Sector Team**](#)
Community Safety Committee
26 April 2016
11. [**Sherwood Forest Hospitals – Quality Improvement Plan**](#)
12. [**Doncaster & Bassetlaw Hospitals Trust Draft Quality Account**](#)
13. [**Public Health Commissioning 2015/16 and 2016/17 – Update Report**](#)
Health Scrutiny Committee
9 May 2016
14. [**Nottinghamshire Healthcare Trust Transformation Plans for Children and Young People – CAMHS and Perinatal Mental Health Services**](#)
Joint Health Scrutiny Committee
15. [**New Joint Health Overview and Scrutiny Committee**](#)
County Council
12 May 2016
16. [**Commissioning for Better Outcomes Peer review 2015 – update on actions**](#)
17. [**Extension of better Care Fund and Intermediate Care Posts**](#)
18. [**Update on the proposal to establish a local authority Trading company for the delivery of adult social care Services**](#)
Report to Adult Social Care & Health Committee
16 May 2016
19. [**Commissioning homelessness prevention accommodation services**](#)
20. [**NHS health check procurement update**](#)
21. [**Annual report to Health and Wellbeing Board 2015/16**](#)
Reports to Public Health Committee
18 May 2016

A GOOD START

22. [Early year's services](#)

Public Health England

Public Health England has published Health matters: giving every child the best start in life. This latest edition of health matters focuses on giving every child the best start in life and specifically the crucial period from pregnancy to the age of two. This resource is aimed at health professionals and local authorities and is about investing in early years services.

Additional link: [Public Health England blog](#)

23. [Each Baby Counts](#)

The Royal College of Obstetricians & Gynaecologists

The report, the first annual report of the initiative, identifies that the quality of local investigations into cases of stillbirth, early neonatal death and severe brain injury occurring as a result of incidents during term labour must improve. 27% of the 921 reports examined so far were classed as poor quality. This is an early brief report which has been released as there are clear messages for improvement identifiable from the interim data.

Additional link: [RCOG press release](#)

24. [The Troubled Families programme \(England\)](#)

[House of Commons Library](#)

The Troubled Families programme works with families with multiple problems, such as unemployment, anti-social behaviour, truancy and mental health problems. It is operated at a local authority level on a payment-by-results model. This briefing paper also looks at similar, historic programmes of targeted family intervention, as well as the inclusion of the Troubled Families programme in local government devolution deals.

25. [Special educational needs and disability inspection framework and guidance](#) [Ofsted and care Quality Commission](#)

The Office for Standards in Education and Care Quality Commission have published a new special education needs and disability (SEND) inspection framework and inspection guidance. These contain important information for front-line practitioners and professionals involved in commissioning, improvement and assurance roles relating to children and young people with special educational and disability needs. Separately, the Department for Education has published a report to support local areas with delivery of the SEND reforms.

26. [Education, education, mental health: supporting secondary schools to play a central role in early intervention mental health services](#) [Institute for Public Policy Research](#)

This report argues that early intervention mental health for children and young people needs to be 'rejuvenated' and that secondary schools should play a central role in this, complementing wider community and NHS provision. It identifies variation in the availability and quality of school-based early intervention provision and highlights the need for high-level national strategic leadership on the part of the government in leading the change on this.

27. [Emotional wellbeing and mental health for children and young people](#)

The Local Government Association

The Local Government Association has published Best start in life: promoting good emotional wellbeing and mental health for children and young people. This briefing provides examples of councils that are looking at innovative ways to provide support with a focus on children and families rather than static services, as well as more information.

28. [Ongoing effects of child contact arrangements in cases of domestic abuse](#)

NICE – Eyes on the Evidence

A qualitative study in Scotland found that children of women who had experienced domestic abuse were exposed to further parental domestic abuse and conflict through contact arrangements with their fathers after their parents had separated.

The possibility of ongoing domestic abuse and its effects on children should be considered in assessments of child contact arrangements.

LIVING WELL

29. [Care provision for older adults in warmer weather](#)

The Joseph Rowntree Foundation

The Joseph Rowntree Foundation has published Care provision fit for a future climate. This report reviews existing evidence and presents primary research in four case study care settings (two residential and two extra care) in England to assess the risks of summertime overheating, and investigate the preparedness of the care settings, both now and in the future.

30. [Gardens and health](#): implications for policy and practice

The King's Fund

This independent report commissioned by the National Gardens Scheme explores the benefits of gardens and gardening on health. The report includes a 'menu' of recommendations that aims to encourage the NHS, government departments, national bodies, local government, health and wellbeing boards and clinical commissioning groups to make more of the diverse health benefits of gardening in support of their priorities.

Additional link: [King's Fund blog](#)

31. [Tobacco packaging guidance](#)

[Department of Health](#)

This guidance provides an overview of new rules on the packaging of tobacco (and herbal products for smoking) for retail, which came into force on 20 May 2016. These rules include, for example, minimum sized health warnings on all tobacco packaging (and herbal products for smoking) for retail. They also require standardised packaging (or 'plain packaging') for individual cigarette sticks, cigarette packs and hand rolling tobacco packs for retail.

32. [Better care in my hands: a review of how people are involved in their care](#)

Care Quality Commission (CQC)

This report describes how well people are involved in their own care and what good involvement looks like. It is based on newly analysed evidence from our national reports and inspection findings, as well as national patient surveys and a literature review. It identifies what enables people and their families to work in partnership with health and social care staff and illustrates this with good practice examples from

33. [Physical inactivity: economic costs to NHS clinical commissioning groups](#)

Public Health England

This report aims to further understanding of the burden of physical inactivity in terms of health and economic impact. The estimates provided here are a starting point in understanding the cost of physical inactivity in England as a result of treating adverse health outcomes.

34. [Improving the physical health of people with mental health problems: actions for mental health nurses](#)

Department of Health

This evidence-based information will help mental health nurses to improve the physical health and wellbeing of people living with mental health problems. This document focuses on how to deal with some of the main risk factors for physical health problems, and helps to make sure that people living with mental health problems have the same access to health checks and healthcare as the rest of the population.

35. [Balance training to prevent injuries from falls in older people](#)

NICE –Eyes on the Evidence

A 2-year group and individual training programme to improve balance (the Ossébo balance training programme) reduced the risk of falls that resulted in injury among women aged 75–85 years who lived in the community. More research is needed to establish if this specific training programme is of clinical benefit and cost effective.

36. [The impact of taxation and signposting on diet](#)

The University of York Centre for Health Economics

The University of York Centre for Health Economics has published 'the impact of taxation and signposting on diet: an online field study with breakfast cereals and soft drinks' research paper 131. This report is the findings of a large scale study where a nationally representative sample of 1,000 participants were asked to make real purchases within an online supermarket platform. The study captured the effect of price changes, and of the signposting of such changes, for breakfast cereals and soft drinks. The study found that such taxes are an effective means of altering food purchasing, with a 20% rate being sufficient to make a significant impact.

37. [The impact of the sugar tax on different drinks](#)

The Taxpayer Alliance additional link [here](#)

This briefing examines the impact of the soft drinks industry levy on a variety of drinks and argues that the levy will not affect all drinks with similar levels of sugar, such as hot drinks.

COPING WELL

38. [Mental health and well-being of looked after children](#)

Mental Health Foundation

The Education Committee's report on the mental health and well-being of looked-after children notes that a significant number of local authorities and health services are failing to identify mental health issues when children enter care.

39. [The missing part of the wellbeing puzzle](#)

[Mental Health Foundation](#)

Relationships with family, friends and community - as much as exercise, a healthy diet and not smoking - are fundamental to our mental health and wellbeing.

However, Britain is the loneliest country in Europe - we are often living away from family and with increasingly virtual friendships. But it doesn't need to be like this. Our animation, produced for Mental Health Awareness Week this week, explains all: [watch and share the animation.](#)

40. [Older carers](#)

Age UK

Age UK has released new figures showing that the age of carers has increased over the past 7 years with the number of carers aged 80 and over rising from 301,000 to 417,000, an increase of nearly 39%. The data show one in seven people aged 80 and over provide some form of care to family or friends. The figures also show that 144,000 carers in this age group are caring for someone in their home for more than 35 hours a week, while a further 156,000 are caring for more than 20 hours a week.

41. [Personalised support](#)

[The Mental Health Foundation](#)

The Mental Health Foundation has published Progression together: an evaluation of a model of personalised residential care developed by Together for Mental Wellbeing. This is the [final report](#) on a three year evaluation that aims to establish Progression Together as an effective model of personalised residential care for people with complex needs, including those with forensic histories. The outcomes related to this project include mental health and wellbeing, progress towards achievement of personal goals, independent living, and reintegration into society. The evaluation tracks residents' journeys throughout the course of their residency and beyond.

42. [Integrated care to address the physical health needs of people with severe mental illness: a rapid review](#)

National Institute for Health Research

People with mental health conditions have a lower life expectancy and poorer physical health outcomes than the general population. Evidence suggests that this discrepancy is driven by a combination of clinical risk factors, socioeconomic factors and health system factors. The objective of this research was to explore current service provision and map the recent evidence on models of integrated care addressing the physical health needs of people with severe mental illness primarily within the mental health service setting.

43. [Workplace mental health and wellbeing](#)

The Mental Health Foundation

The Mental Health Foundation, in conjunction with employee benefits specialist UNUM, has published a guide Managing mental health in the workplace. The guide looks at safeguarding staff wellbeing, addressing problems before they become severe, and supporting staff when issues do emerge. It provides signposts to support and resources, and offers suggestions for putting strategies in place to support good mental health.

44. [Evaluation of the Reducing Social Isolation and Loneliness Grant programme](#)
[Office for Public Management \(OPM\)](#)

In Manchester, three CCGs provided grant funding targeted to reduce social isolation and loneliness amongst Manchester residents aged 50 and over. Grants were awarded to voluntary sector organisations to deliver 27 projects across the city. OPM were commissioned to evaluate the grant programme, in particular to demonstrate outcomes and to provide evidence on what works and why it works. These slides presents the headline findings from the evaluation and showcases two projects in depth.

45. [Suicide by children and young people in England](#)

Additional link: [The Healthcare Quality Improvement Partnership \(HQIP\)](#)

The Healthcare Quality Improvement Partnership (HQIP) has published Suicide by children and young people in England: National Confidential Inquiry into Suicide and Homicide by People with Mental Illness 2016. The report covers a range of investigations and inquiries on 130 people under the age of 20 in England who died by suicide between January 2014 and April 2015. The report reveals that bereavement, bullying, exams and physical health conditions such as acne and asthma are some of the experiences linked to suicide in children and young people. This is the first time there has been a national study of suicide in children and young people in England on this scale.

Additional link: [BBC News report](#)

46. [Interface between dementia and mental health](#)

The Mental Health Foundation

The Mental Health Foundation has published the interface between dementia and mental health: an evidence review. This review was carried out to explore the extent that people living with dementia have co-existing mental health problems. The main finding of this review is that comorbidities are underdiagnosed in people living with dementia, not extensively researched and therefore not understood fully. The review makes a number of recommendations at policy, organisation and programme level.

47. [Access to child and adolescent mental health services](#)

[The Children's Commissioner](#)

The Children's Commissioner has published [Lightning Review](#): access to child and adolescent mental health services, May 2016. This lightning review asked all 60 children and adolescent mental health services (CAMHS) trusts about the referrals they received and the access that they gave children and young people during 2015. The review is designed to cast light on potential issues that exist in the mental health services needed by vulnerable young people. The intention is to draw commissioners' and policymakers' attention to possible weakness in the local system and help them to improve provision.

48. [More than shelter: supporting accommodation and mental health](#)

Centre for Mental Health (CMH)

This report reviews evidence about the provision of supported housing services for people with mental health problems in England. It argues that people using mental health services should get access to high quality housing support when they need it. The [report](#) also highlights the significant links between housing and mental wellbeing, indicating that factors such as overcrowding, insufficient daylight and fear of crime all contribute to poorer mental health.

49. [A basic need: housing policy and mental health](#)

Centre for Mental Health (CMH)

The Housing and Planning Act 2016 reformed the way in which the state supports vulnerable people who cannot afford housing on the open market. This [briefing](#) considers the actual and potential impact of these policy reforms, the significance of affordable housing to mental wellbeing, and potential priorities for mental health policy going forward.

50. [Missed opportunities: a review of recent evidence into children and young people's mental health](#)

Centre for Mental Health (CMH)

This report finds that children and young people with mental health difficulties go an average of ten years between first becoming unwell and first getting any help. In reviewing recent evidence on this, the report finds that mental health problems are very common among young people, but awareness is poor and most attempts by parents to get help for their children are unsuccessful. The report estimates that there is an average delay of ten years in children and young people receiving help for mental health problems

51. [Living longer, living well](#)

The Richmond Group of Charities

The Richmond Group of Charities has published 'Living longer, living well: how we can achieve the World Health Organization's '25 by 25' goals in the UK.' The World Health Organization has set targets for a 25% reduction in early deaths from common long-term conditions between 2010 and 2025. This study forecasts that without action the UK will miss this target, but that coordinated action could save lives above and beyond the WHO target and prevent a total of 1.12 million years lived with disability by 2025.

WORKING TOGETHER

52. [Devolution what it means for health and social care in England](#)

Kings Fund

Devolution of powers and funds from central to local government has emerged as one of this government's flagship policies. Along with powers over housing, skills and transport, the 'Devo Manc' deal between the Treasury and Greater Manchester paves the way for the councils and NHS in Greater Manchester to take control of the region's £6 billion health and social care budget.

53. [Cards on the table: tips and tricks for getting in on the action of devolution](#)

Centre for Public Scrutiny additional link [here](#)

This paper examines the English devolution process, from the initial scoping out of a proposal to government to the implementation of a deal on the ground. At every stage there are important governance duties and responsibilities - securing buy-in from non-executive councillors and the public, working with partners, thinking about transparency and how, and when, bids and deals will be subject to robust scrutiny. This paper sets out how those duties and responsibilities might be transacted.

54. [Public Health England Strategic Plan](#)

Public Health England

The Plan sets out how the organisation intends to protect and improve the public's health and reduce inequalities over the next 4 years. It also outlines actions PHE will take over the next year to achieve these aims and deliver its core functions. It builds on the Department of Health's Shared Delivery Plan, the NHS 5 Year Forward View, and From Evidence into Action. It confirms the role that PHE will continue to play in the health and care system, building on evidence, prioritising prevention and supporting local government and the NHS

55. [Place-based services of care](#)

Public Health England

Public Health England has published guidance on Placed-based services of care. This information aims to support healthcare professionals in their role to commission and deliver integrated services to local populations. The government requires all local areas to integrate

health and care services by 2020. The place-based approach offers new opportunities to help meet the challenges facing the NHS.

56. [Building better participation](#)

[National Association for Patient Participation \(NAPP\)](#)

This guidance is designed to be of use to all Patient Participation Groups (PPGs), whether long-standing or recently formed, whether large or very small, whether in a single practice or as part of a federation of practices. It was developed and “road tested” with the involvement of over 50 PPG members and Practice Managers. It aims to help PPGs and their practice to reflect on what they do, how they work, and how they might become even more effective.

58. [Working together to promote active travel: a briefing for local authorities](#)

Public Health England

This briefing is for transport planners and public health practitioners, and sets out the benefits of active travel. It suggests a range of practical actions for local authorities, from overall policy to practical implementation. It highlights the importance of community involvement and sets out steps for transport and public health practitioners.

59. [Hospital to Home evaluation report](#)

[Institute for Research and Innovation in Social Services \(IRISS\)](#)

The Hospital to Home project was designed to identify and improve care pathways from hospital to home in the Tayside region of Scotland. IRISS worked with health and social care practitioners and people with experience of the pathway to identify issues to be addressed. This evaluation report concerns the final aim of the project: to develop a series of co-designed service recommendations, designed to enable older people to experience a well-supported, co-ordinated and positive pathway from hospital to home.

60. [GP Collaborative Working](#)

The Royal College of General Practitioners

The Royal College of General Practitioners has published The future of GP collaborative working. This report focuses on how GPs are designing and leading innovative schemes to improve the integration of care in the best interests of patients. It highlights seven case studies spanning a range of services across the UK, covering different specialties, different population groups and different ways of addressing complex issues.

61. [New care models and prevention: an integral partnership](#)

NHS Confederation, NHS Clinical Commissioners, NHS Providers and the Local Government Association.

This [report](#), jointly published by NHS Confederation, NHS Clinical Commissioners, NHS Providers and the Local Government Association, presents five case studies to highlight how vanguards have sought to address the health and wellbeing gap and the impacts seen so far. It finds that a reduction in emergency admissions for the over-65s, fewer delayed transfers of care, and GPs able to dedicate more time to frail older patients are among some of the early achievements of pioneering prevention initiatives taking root across the country.

62. [Working together: how health, social care and fire and rescue services can increase their reach, scale and impact through joint working](#)

NHS England, Local Government Association and Chief Fire Officer Association

This document showcases work by the fire and rescue services to help reduce demand for other services through prevention, including health and social care. Underlying risk factors that ultimately result in fires, such as smoking and alcohol consumption, also have a strong

impact on health. Fire and rescue services are applying the principles of early intervention and prevention, to these health-related risk factors, resulting in a reduced demand for the services of others, whilst also continuing to reduce demand for fire and rescue.

63. [Early evaluation of the Integrated Care Pioneers: Final Report](#)

The Policy Innovation Research Unit (PIRU)

The Policy Innovation Research Unit (PIRU) at the London School of Hygiene and Tropical Medicine has finished its first stage evaluation of the integration pioneer programme. The evaluation describes the types of activity pioneers are involved in, the barriers they are facing and solutions they are identifying. PIRU concludes that it is too early to expect major progress from the pioneers, but, unfortunately, the challenges of major new national policy initiatives and the financial pressures on health and care could hinder rapid progress in future.

64. [Innovation in home adaptations: a fresh chance](#)
[Care and Repair England](#)

This briefing, produced in collaboration with Public Health England, considers how the substantial increase in national funding for home adaptations offers opportunities to improve integration and meet performance targets, particularly reducing delayed transfers of care. It explains the connections between Disabled Facilities Grant finance, this year's new Better Care Fund policy framework and the interests of public health and the NHS.

65. [Building Carer Friendly Communities](#)

Carer Friendly Communities

To coincide with Carers Week (6-10 June 2016), Carers UK has published [Building Carer Friendly communities](#). This report presents key findings on Carer Friendly Communities across five themes: community, health, employment, education and older carers. The research for this report was carried out as part of Carers UK annual State of Caring survey. The survey found that half of carers have let a health problem go untreated; while a similar proportion say their mental health has deteriorated.

66. [Challenges, solutions and future directions in the evaluation of service innovations in health care and public health](#)

National Institute for Health Research

Policies and interventions in the health care system may have a wide range of effects on multiple patient outcomes and operate through many clinical processes. This presents a challenge for their evaluation, especially when the effect on any one patient is small. This essay explores the nature of the health care system and discusses how the empirical evidence produced within it relates to the underlying processes governing patient outcomes.

67. [Map of technology and data in health and care](#)

Kings Fund

A new interactive map brings together a range of case studies from across England and the rest of world, highlighting places that are experimenting with and implementing new technologies to achieve better health outcomes.

68. [The Right Medicine - Improving Care in Care Homes.](#)

The Royal Pharmaceutical Society

The [report](#) suggests that pharmacist led medicine reviews in care homes can not only improve safety for elderly care home residents but also save the NHS money by preventing avoidable hospital admissions.

HEALTH INEQUALITIES

69. **Complex health needs**

The Nuffield Trust

The Nuffield Trust has published three discussion papers looking at services for people with complex health conditions in both primary and secondary care:

- [Developing care for a changing population: patient engagement and health information technology](#) - highlights three applications of health information technology for people with complex health conditions and lays out principles to bear in mind when designing, promoting and implementing health information technologies.
- [Developing care for a changing population: supporting patients with costly, complex needs](#) - looks at emerging evidence from Europe on responding to the needs of the growing numbers of people with complex, chronic illness. It offers ten reflections for policymakers.
- [Developing care for a changing population: Learning from GP-led organisations](#) - explores issues associated with running large scale, GP-led organisations that provide service beyond the scope of general practice, and offers examples of some of the challenges faced in Royal College of General Practitioners

70. [Addressing inequalities in end of life care](#)

Care Quality Commission

People from certain groups in society sometimes experience poorer quality care at the end of their lives because providers do not always understand or fully consider their needs, according to a review by the Care Quality Commission.

CQC spoke with people who may be less likely to receive good care – whether because of diagnosis, age, ethnic background, sexual orientation, gender identity, disability or social circumstances – to tell us about their experience of end of life care, and the barriers which may prevent them from experiencing good, personalised care at the end of life.

71. [Costs of inequality](#)

The University of York

The University of York has published The costs of inequality: whole-population modeling study of lifetime inpatient hospital costs in the English National Health Service by level of neighbourhood deprivation Published [here](#) in the Journal of Epidemiology and Community of Health, the researchers found that the more deprived the neighbourhood that someone lives in, the sicker they tend to be and the more likely they are to require admission to hospital. The authors conclude that this 'social gradient' in poor health affects everyone in the country, not just those in the most deprived neighbourhoods.

72. [Dispensing health equality](#)

Additional link: [Pharmacy Voice](#)

This report argues that closures of community pharmacies in deprived areas could lead to extra demands on local GPs. Based on a survey of over 2000 people, the research commissioned for this report found that if faced with closure, one in four people who would normally seek advice from their local pharmacy on common ailments, would instead make an appointment with their GP. The report urges the government to take note of this in

context of proposed funding cuts and seeks reassurance that in areas of high deprivation, access to community pharmacies will be protected.

73. [A low priority? How local health and care plans overlook the needs of dying people](#)

Hospice UK

This report examines local health planning and needs assessments in relation to dying people and finds that 34 per cent of health and wellbeing boards do not take into account end of life care needs. In addition to this, 27 per cent of CCGs do not have a strategy for addressing end of life care for adults in their area, with the figure rising to 71 per cent for children and young people. The report calls for greater collaboration in order to better cater for local palliative and terminal care needs.

74. [Project evaluation: black and minority ethnic men who have sex with men](#)

Public Health England

Public Health England has published Black and minority ethnic men who have sex with men: project evaluation and systematic review. This evaluation was commissioned to De Montfort University by Public Health England with funding from the MAC AIDS Foundation to examine approaches to sexual health behavioural change interventions among black and minority ethnic (BME) men who have sex with men (MSM). The systematic review revealed a paucity of research into behavioural interventions among BME MSM in the UK and the rest of Europe and, thus, it focused largely on North American studies.

75. [State of men's health in Leeds](#)

Leeds Beckett University

Leeds Beckett University has published 'The State of Men's Health in Leeds'. Commissioned by Leeds City Council, it is the first city in the UK to explore the specific health and social issues of its male population. The study looked at the reasons why men die prematurely and how services can be best designed around their needs. Data collected in the report reveals that men in Leeds are more likely than women to die while of working age and men have a worse death rate for all common causes of death including suicide, cardiovascular disease, cancer and respiratory disease.

CONSULTATIONS

76. **Healthwatch Nottinghamshire and Healthwatch Nottingham**

Healthwatch Crisis Service Research

Healthwatch Nottinghamshire and Healthwatch Nottingham is the local independent 'watchdogs' for health and social care services and together we have been commissioned by Nottingham Clinical Commissioning Group (CCG) to find out more about people's experiences of mental health crisis care. Our findings will help support the development of an action plan to ensure that people in crisis get the care they need when they need it. Further information about this can be found on our website: <http://www.healthwatchnottinghamshire.co.uk/crisis-care/>

You don't need to have had a crisis yourself, you can still give us your views about crisis services and how you would want them to support you if needed. We would also like to hear from relatives and carers of people who use mental health services. Whatever the views and experiences, whether it was good, not so good or just ok, we'd like to hear them. You can click on the link below to answer a short survey: [Click here to have your say on mental health crisis services](#).

For further information Contact: Jane Kingswood Community and Partnerships Worker, South Notts (Gedling, Broxtowe and Rushcliffe) Healthwatch Nottinghamshire 0115 963 5179 / 07940 737 129.

77. Carer strategy consultation extended

The Department of Health has announced that its [carer strategy consultation](#) has been extended to 31 July 2016 (from 30 June 2016). The consultation is seeking to hear from carers, those who have someone who care for them, business, social workers, NHS staff and other professionals that support carers.

Other Options Considered

78. To note only.

Reason/s for Recommendation/s

79. N/A

Statutory and Policy Implications

80. 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:

Jenny Charles Jones
Public Health Manager
T: 0115 977 2500
jenny.charles-jones@nottsccl.gov.uk

81. Constitutional Comments

As this report is for noting only no constitutional comments are required.

82. Financial Comments (KAS 30/06/2016)

There are no financial implications contained within the report.

83. 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.



The Nottingham and Nottinghamshire Sustainability and Transformation Plan

Health and Wellbeing Board briefing, June 2016

A plan for the future of health and social care

New guidance from the NHS is set to introduce a new set of initials into our lives – STP. STP stands for ‘Sustainability and Transformation Plan’ which is a five-year plan showing how health and social care services will work together to improve the quality of care, their population’s health and wellbeing, and NHS finances. A total of 44 areas across the country have been asked to produce a local plan. Each plan is expected to put forward big changes in the way services are provided.

The local ‘footprint’

Each local area is being called a ‘footprint’. Our ‘footprint’ locally covers Nottingham City and Nottinghamshire. This includes NHS and local government organisations within the local authority areas of Mansfield, Ashfield, Newark and Sherwood, Broxtowe, Gedling, Rushcliffe and Nottingham City. As many people in Bassetlaw use services in South Yorkshire, this area has ‘associate’ status within the plan.

The STP ‘footprint’ for Nottingham and Nottinghamshire covers eight local authorities, six NHS clinical commissioning group (CCG) areas, and a population of slightly more than one million people.

Aims and objectives

Nationally the NHS has identified three main challenges, which it has described as ‘gaps’. These challenges relate to improving population health and wellbeing, improving the care provided and quality of services, and tackling growing overspends in NHS budgets.

The STP is currently being written and refined with a focus on addressing these three ‘gaps’. Locally, we have also identified a fourth ‘gap’ and that relates to culture. We believe we need to change the culture of organisations and how local organisations work together if we are to achieve our aims.

Initial proposals

There is much to be done and it is critical we put our energies into tackling the big issues where we can make the most difference. Our initial proposals have identified four high impact changes:

1. *Prevention, self-care and promoting independence* – encouraging citizens to adopt healthy behaviours and take charge of their own health and wellbeing, with the support of services when they need them.
2. *Primary and community care* – ensuring citizens receive their care close to home, avoiding hospital admissions wherever possible, with primary/community care teams working together to consider the whole of an individual’s needs.
3. *Urgent and emergency care* – providing urgent and crisis care in the right places when people need and helping them access more appropriate services when it is not an emergency.
4. *Embracing new technologies* – helping citizens benefit from technology, using everything from phone apps, video consultations and care alarms to health monitoring devices, and helping our staff by linking up computer systems and enabling remote working.

In addition, we will be setting up specific programmes of work looking at other important areas such as mental health care, the services provided for people with long-term health conditions, and how other aspects of our lives such as housing and the environment can affect our health and wellbeing.

Work in progress

We're starting from a good place. Already in Nottingham City and Nottinghamshire we are home to two transformation programmes and five NHS 'vanguard' sites – projects that are creating innovative new ways to provide care and services. We have two national 'pioneer' sites exploring the best ways of linking up health and social care services in the city and in the county. These pioneer sites have been useful in helping implement the Better Care Fund which has seen NHS and social care budgets brought together. We also have a 'fast track' site for improving care for people with learning disabilities. In our STP we want to use the learning from all this forward-thinking work and apply it across the whole of our area so everyone benefits. We want to take existing projects and further improve them as well as introducing new initiatives in areas where we have historically failed to make progress. Our work intends to be 'strategically sound and locally sensitive' reflecting the needs of our diverse communities.

Leadership

Lead for our STP is David Pearson, corporate director of adult social care, health and public protection and deputy chief executive at Nottinghamshire County Council. Programme director is Lucy Dadge, seconded from her role as a strategic director at Mansfield and Ashfield CCG. A number of workstreams are being established, each headed up by a senior leader from a health or local government organisation. Our work will report into the city and county Health and Wellbeing Boards and we welcome your involvement and input.

Work to date

A draft STP is being progressed based on insights we have gained from the work already in progress locally. We have also held two major stakeholder events in March and June 2016 with representatives from health, local government, the third/community sector and Healthwatch. We are aiming to produce a more advanced plan by 30 June 2016. Implementation will begin once the plan has been submitted and approved, under the guidance of NHS England.

Better Care Fund Links to the Sustainability and Transformation Plan

The Better Care Fund was announced as part of the 2013 spending round to create a local single local pooled budget to incentivise the NHS and local government to work more closely together around people, placing their well-being as the focus of health and care services. Nottinghamshire has made good progress across the health and social care economy in line with the national BCF requirements, including progress against the 6 national conditions. In 2016/17 we will build on our locally designed models of integrated care which places the focus on promoting health, wellbeing, prevention and independence rather than illness. By 2018, we will have used the BCF as a key enabler to mobilise a fully integrated care model that will significantly reduce the demand for hospital services. Ultimately the BCF plan will be incorporated in the wider system plan, and reflected within the overarching STP for Nottinghamshire. The BCF is therefore a key enabler in the implementation of our STP.

The development of the STP signals a move away from an annual planning process that has delivered incremental, organisational-specific improvement to a longer-term view that delivers transformational change across organisational boundaries.

The co-production of the five year STP will enable the health and social care community across Nottinghamshire to continue to plan together with confidence, alongside the Better Care Fund and emerging new models of community placed based care in a way that demonstrates collaboration of partners across organisational boundaries. It will represent the combined strategy and framework for joint working across health, social care and public health

13 July 2016**Agenda Item: 10**

REPORT OF CORPORATE DIRECTOR, RESOURCES WORK PROGRAMME

Purpose of the Report

1. To consider the Board's work programme for 2016/17.

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

	Health & Wellbeing Board (HWB)
7 September 2016	<p>Learning disability & autism self-assessments (Cath Cameron-Jones)TBC</p> <p>CYP Mental Health and Wellbeing Transformation Plan (Kate Allen/ Lucy Peel) TBC</p> <p>Update on workforce (Lyn Bacon)</p> <p>Chair's report:</p>
5 October 2016	<p>Young People's Health Strategy (Kate Allen/Andy Fox) <i>update from paper to HWB Oct 2015</i></p> <p>Substance misuse services (John Tomlinson//Lindsay Price/Tristan Poole)</p> <p>Update on falls pathway implementation (Gill Oliver/Frankie Cook)</p> <p>Update on the Crisis Care Concordat (Susan March/Clare Fox)</p> <p>Update on collaboration with NFRS including hoarding (Wayne Bowcock/Bryn Coleman)</p> <p>Chair's report:</p>
9 November 2016	<p>Update on dementia framework for Action <i>requested at May 2016 meeting</i> (Gill Oliver)</p> <p>Update on merger of Sherwood Forest & Nottingham University Hospitals (Peter Homa/Peter Herring)</p> <p>Chair's report:</p>

Health and Wellbeing Board & Workshop Work Programme

7 December 2016	<p>Strategic Action 2 Child Sexual Exploitation update (Steve Edwards/Terri Johnson)</p> <p>The role of community pharmacy (Nick Hunter LPC)</p> <p>Update Strategic action 7 and Priority action 18 – housing(Rob Main/Jill Finnessey) & Excess Winter Deaths among Older People in Nottinghamshire update (Joanna Cooper)</p> <p>Chair's report: Inspire (Fiona Anderson)</p>
4 January 2017	<p>Wellbeing@Work update (John Tomlinson)</p> <p>Update on spacial planning <i>requested at May 2016 meeting</i> (Anne Pridgeon)</p> <p>Update Bassetlaw Accountable Care & Strategic Plans (Phil Mettam)</p> <p>Chair's report:</p>
February 2017	
March	
April	
May	
June	Tobacco Declaration Annual update (John Tomlinson)
July	