

Health and Wellbeing Board

Wednesday, 24 May 2023 at 14:00

County Hall, West Bridgford, Nottingham, NG2 7QP

AGENDA

- 1 Appointment of the Chair
To note the appointment by Full Council on 11 May 2023 of Councillor John Dobby as Chair of the Board for the 2023/24 municipal year
- 2 Apologies for Absence
- 3 Declarations of Interests by Members and Officers
(a) Disclosable Pecuniary Interests
(b) Private Interests (Pecuniary and Non-Pecuniary)
- 4 Minutes of the Last Meeting held on 8 March 2023 3 - 10
- 5 Membership and Election of the Vice Chair 11 - 16
- 6 Better Care Fund Governance Arrangements for Delegated Approval 17 - 26
- 7 Use of the Nottinghamshire County National Discharge Grant 2023-24 27 - 36
- 8 Work Programme 37 - 42

Notes

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

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

Customer Services Centre 0300 500 80 80

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

Councillors or Officers requiring clarification on whether to make a declaration of interest are invited to contact Adrian Mann (Tel. 0115 804 4609) or a colleague in Democratic Services prior to the meeting.

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

Meeting: Nottinghamshire Health and Wellbeing Board

Date: Wednesday 8 March 2023 (commencing at 2:00pm)

Membership:

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

Nottinghamshire County Councillors

John Doddy (Chair)
Sinead Anderson
Scott Carlton
Sheila Place
John Wilmott

District and Borough Councillors

	David Walters	-	Ashfield District Council
Ap	Susan Shaw	-	Bassetlaw District Council
	Colin Tideswell	-	Broxtowe Borough Council
	Henry Wheeler	-	Gedling Borough Council
Ap	Marion Bradshaw	-	Mansfield District Council
	Tim Wildgust	-	Newark and Sherwood District Council
Ab	Abby Brennan	-	Rushcliffe Borough Council

Nottinghamshire County Council Officers

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

NHS Partners

Ap	Dr Dave Briggs	-	NHS Nottingham and Nottinghamshire Integrated Care Board
S	Dr Manik Arora	-	NHS Nottingham and Nottinghamshire Integrated Care Board
Ab	Dr Eric Kelly	-	Bassetlaw Place Based-Partnership
	Dr Thilan Bartholomeuz	-	Mid-Nottinghamshire Place-Based Partnership
	Victoria McGregor-Riley	-	Bassetlaw and Mid-Nottinghamshire Place-Based Partnerships
Ap	Fiona Callaghan	-	South Nottinghamshire Place-Based

	Helen Smith	-	Partnership South Nottinghamshire Place-Based Partnership
Ab	Oliver Newbould	-	NHS England

Healthwatch Nottingham and Nottinghamshire

	Sarah Collis	-	Chair
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Nottinghamshire Office of the Police and Crime Commissioner

Ap	Sharon Caddell	-	Chief Executive
S	Dan Howitt	-	Head of Strategy, Research, Information and Assurance

Substitute Members

Dr Manik Arora for Dr Dave Briggs
Dan Howitt for Sharon Caddell

Officers and colleagues in attendance:

Dr Safia Ahmed	-	Public Health Registrar, Nottinghamshire County Council
Katharine Browne	-	Senior Public Health and Commissioning Manager, Nottinghamshire County Council
Sue Foley	-	Public Health Consultant, Nottinghamshire County Council
Briony Jones	-	Public Health and Commissioning Manager, Nottinghamshire County Council
Chris Jones	-	Special Educational Needs and Disability Strategic Lead, Nottinghamshire County Council
Adrian Mann	-	Democratic Services Officer, Nottinghamshire County Council
Catherine Pritchard	-	Public Health Consultant, Nottinghamshire County Council
Vivienne Robbins	-	Deputy Director for Public Health, Nottinghamshire County Council

1. Apologies for Absence

Councillor Marion Bradshaw
Dr Dave Briggs
Sharon Caddell
Fiona Callaghan
Councillor Susan Shaw

2. Declarations of Interests

No declarations of interests were made.

3. Minutes of the Last Meeting

The minutes of the last meeting held on 1 February 2023, having been circulated to all Members, were taken as read and were confirmed and signed by the Chair. The following points were discussed:

- a) A Health Inequalities and Innovation Investment Fund has now been established with £4.5 million available to be spent locally within the system. Over 100 bids have been received and are currently being reviewed on how to tackle health inequalities in Nottinghamshire.
- b) The published Health Index for England provides a high-level snapshot that is helpful in indicating where health and wellbeing issues might be, themed under healthy people, healthy lives and healthy places. Detailed data for the local level is now available to be shared with the individual District and Borough Councils and Place-Based Partnerships by the Public Health Intelligence Team.

4. Chair's Report

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

- a) An evaluation of the impact of minimum unit pricing (MUP) on sales-based alcohol consumption in Scotland is underway. The MUP came into effect in 2018 and, within the first three years, it has been effective in reducing alcohol consumption in Scotland, while alcohol sales have increased in England and Wales. As such, a MUP on alcohol may achieve health benefits if also applied beyond Scotland.
- b) 8 March 2023 is National No Smoking Day, which is an annual health awareness event intended to help smokers who want to quit smoking. A great deal of work is underway to achieve a 'smoke free' Nottinghamshire by 2035 (where less than 5% of the population are smokers) and the Nottingham and Nottinghamshire Strategic Smoking and Tobacco Alliance will be publishing its vision and delivery plan in March 2023. Levels of smoking are falling, with 13.3% of people in the county as a whole being smokers. However, there can be significant variation in levels of smoking by district, with only 5.9% of people in Rushcliffe being smokers, bringing it close to the 2035 target. Overall, a downward trend in smoking is being achieved amongst most groups.
- c) Ultimately, smoking products can lead to a range of health problems and contribute to the premature death of 50% of their users. Support services are focusing strongly on prevention and smoking cessation, with an aim to 'make every contact count'. Appointments are also available to help smokers discuss their addiction without judgement and work to achieve behavioural change. There is a strong focus on targeting support to the most vulnerable groups of people with the greatest needs, including the offering of vaping products as a specific tool for helping to quit smoking. Free support is available for Nottinghamshire

residents who want to quit smoking or achieve a healthy weight via the 'Your Health Your Way' website.

- d) Direct engagement is underway with young people to seek to discourage them from taking up recreational vaping when they have never been smokers. Overall, 47% of underage purchasing of vaping products is from shops, so funding from the Public Health is being used to support the County Council's Trading Standards team in carrying out focused enforcement in this area. The purchase and use of illegal tobacco products remains a concern, so engagement is also underway with the Police on combatting the supply of illegal tobacco by organised crime.
- e) The Board raised concerns that although smoking was not permitted inside hospital buildings, it could take place outside on hospital sites where it was often concentrated around building entrances and exits, impacting negatively on other patients using the hospital. Members queried what formal policies the NHS had in place regarding smoking on hospital sites and noted that people smoking there were likely to be addicted to tobacco and vulnerable, so constituted a priority group that hospitals should seek to engage with on smoking cessation wherever possible.
- f) The Board considered that, when national funding is channelled into Nottinghamshire, it is vital that this results in effective local delivery to address identified needs, and that the results of the investment can be quantified and reported upon. Members were given assurance that a great deal of work is being carried out by partners and Public Health officers to ensure that the Joint Health and Wellbeing Strategy is being implemented effectively, and that individual case studies will be produced to illustrate the impact at the local level.

Resolved (2023/006):

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

5. The Nottinghamshire Covid Impact Assessment - Behavioural Risk Factors

Dr Safia Ahmed, Public Health Registrar at Nottinghamshire County Council, and Sue Foley, Public Health Consultant at Nottinghamshire County Council, presented a report on the impact of the Coronavirus pandemic on the health and wellbeing of the population of Nottinghamshire in the context of behavioural risk factors. The following points were discussed:

- a) Behavioural factors have a significant impact on non-communicable diseases, which account for 88% of overall disease in the UK. To seek to address this, the Joint Health and Wellbeing Strategy has a focus on alcohol, tobacco and maintaining a healthy weight, as the current behavioural factors that have the greatest impact on health across the population.
- b) Alcohol consumption increased during the pandemic in certain groups and there has been an increased demand for alcohol support services. The impact of

alcohol consumption has been polarised, as those who were lighter drinkers before the pandemic often drank less during it, while those who were heavier drinkers before the pandemic often drank more during it. As higher levels of alcohol consumption can be more prevalent in communities impacted by higher levels of deprivation, health inequalities have increased as a result of the pandemic. Alcohol consumption has also risen in some high income groups, while there are increasing trends of unsafe drinking habits amongst young people.

- c) It is important, therefore, that services are matched effectively to the need, and that focused work is carried out to identify and refer alcohol-related issues quickly and sensitively – particularly amongst those most at risk. There is a particular concern that, although the data suggests that there has been an increase in alcohol consumption amongst women relative to men as a result of the pandemic, this has not resulted in an increase in women accessing support services, so there could be significant number of women who have not yet come forward with alcohol-related service needs.
- d) The pandemic has had a mixed impact on smoking as, although it provided a motivation that helped some people to quit, it is likely that the pre-existing health inequalities attributed to smoking have worsened. It is important that the flexible and remote means of access to services developed during the pandemic are retained, and that engagement with the most vulnerable people is used to ensure that they are aware of the substantial risks of smoking and where help is available.
- e) The pandemic is also likely to have had an impact on behaviour in relation to vaping, but the associated data is not yet sufficiently detailed to establish the emerging trends with full clarity. Annual surveys are being carried out to collect information on the prevalence of vaping, including on recreational vaping by young people who have not smoked before, in order to grow a clear picture and identify the service requirements at the local level.
- f) Following the pandemic, physical activity has decreased in certain groups, particularly for those with a disability and within communities experiencing greater levels of deprivation. Physical inactivity also increased amongst people who moved to working from home on a more regular basis. As a result, there is a need to improve local environments as much as possible, to encourage physical activity wherever people live and work.
- g) The pre-existing inequalities in relation to sexual health present before the pandemic have continued to persist. The rate of testing for sexually transmitted infections has declined in some groups, so it is important that the flexible and remote means of access to services developed during the pandemic are retained, and that testing is increased within at-risk groups. There was a loss of outreach care during the pandemic, so it is important that this engagement is re-established – particularly in the context of the most difficult to reach groups.
- h) Gambling can have a significant impact on both individuals and their wider families. There was a shift towards online forms of gambling during the pandemic

and certain health inequalities have accelerated as a result. Men have experienced the greatest health impacts in relation to gambling, while people also affected by mental health or substance misuse issues are at particular risk. The East Midlands NHS Gambling Harms Service has been commissioned and is due to start in April 2023 to provide help to people with gambling addiction, and Public Health officers will engage with the District and Borough Councils in the near future to start to understand the particular local needs.

- i) The Board considered that care is required to ensure that the need to engage with vulnerable and at-risk groups is expressed as sensitively and non-judgementally as possible. Members advised that consideration is needed to ensure that services are adapted to engage with specific vulnerable groups as effectively as possible, and that work is carried out to understand why certain vulnerable groups do not feel confident, or are unable, to access the services that they need.
- j) The Board noted that, fundamentally, an overall outcome of the Coronavirus impact assessments will be to work to assess to what extent behaviours will revert to their pre-pandemic norms naturally, and to what extent active support will be required to seek to close the gaps in health inequality that widened as a result of the pandemic.

Resolved (2023/007):

- 1) To note the issues outlined in the Nottinghamshire Covid Impact Assessment on Behavioural Risk Factors, and to encourage members to act on them as appropriate.

6. Joint Strategic Needs Assessment Chapter - Special Educational Needs and Disability

Katharine Browne, Senior Public Health and Commissioning Manager at Nottinghamshire County Council, and Chris Jones, Special Educational Needs and Disability Strategic Lead at Nottinghamshire County Council, presented a report on a new chapter within the Joint Strategic Needs Assessment (JSNA) in relation to children and young people aged 0-25 years with special educational needs and disabilities (SEND). The following points were discussed:

- a) The Government published its SEND Review in March 2022, which identified requirements to improve the outcomes for children and young people with SEND needs, including improving ease of access to and navigation of the SEND system, and delivering better value for money for children, young people and their families. The Government has now published an associated implementation plan. An inspection of the County Council's arrangements for children and young people with SEND needs was carried out jointly by Ofsted and the Care Quality Commission to the new inspection framework in January, with the final report to be published shortly.
- b) The new chapter represents the first to address SEND directly within the JSNA, and it has been a priority for inclusion for some time – though its production was

delayed due to the Coronavirus pandemic. It is vital that SEND is a high priority across all levels of the system, so the chapter has been produced as part of a partnership approach, with the membership of the steering group managing its development evolving as the work progressed. The chapter has sought to provide a comprehensive overview of SEND to ensure that information is provided to support partners in progressing work to enable an improved quality of life for children and young people with SEND needs. The recommendations in the JSNA will be implemented and monitored through the SEND Accountability Board.

- c) The number of children with Education Health and Care Plans (EHCPs) in Nottinghamshire is significantly lower than the national average, but it is projected that there will be growing service requirements (including mental health needs) that must be planned for effectively. There will be a focus on supporting neurodiverse children, particularly those with autism. Overall, more males have SEND needs than females in Nottinghamshire, and children growing up in higher levels of deprivation are more likely to have SEND needs. Young people with SEND needs are also overrepresented in the Youth Justice System, so it is vital that there is effective working in place between all partners to understand what can be done differently to better support the young people within this context.
- d) An important aim of the new JSNA chapter is to help identify unmet SEND needs as part of informing the development of the effective joint commissioning of services between local authorities, the NHS and schools, including more co-production in deploying specialised SEND provision. There is a requirement for further improvements to be made in the quality of preparation for adulthood for children and young people with SEND through the development of an all-age approach, to help develop independence and ensure full access to opportunities. It is also important to work to reduce delays in accessing support in a timely way, including reducing the time taken for EHCP Assessments to be carried out.
- e) Parents and carers of children with SEND needs were consulted as part of the production of the new JSNA chapter, to help understand the lived experience and identify support requirements and skills gaps – particularly in the context of children with multiple and complex needs. Regular engagement takes place with the Notts Parent Carer Forum and surveys are also carried out both with educational settings and directly with the children and young people themselves on their life experiences with SEND.
- f) Most children with special educational needs have these met within mainstream education and receive additional support there. As such, children with special educational needs do not always require a EHCP to be in place for them to receive an effective education. Often, needs do not present until between the ages of 11 and 15 because they may only become apparent when the child moves from primary education to the very different secondary school context, with its multiple classes, teachers and environments. Although it is difficult for national funding to keep up with the local need, the County Council has managed its high needs fund within budget to support children with special educational needs both in mainstream schools and the county's eleven special needs schools, ten of which are rated as either 'good' or 'outstanding' by Ofsted.

- g) The Board considered that it is important for JSNA chapters to be as clear as possible in expressing how effective co-production has been used in their development, and how service improvement has been approached by using the knowledge and lived experience of service users. Members commented that a fully holistic view is required when working with children and young people with SEND needs in the broader context of health inequality, as they may benefit from support across a wide range of areas.
- h) The Board observed that the funding at the national level appears to fall short of the known need. Members considered that it is vital for the right level of investment to be made into families and early years services to ensure that as much 'one stop shop' provision is available as possible, particularly in the areas of greatest deprivation, and noted that it could be beneficial for a report on the roll-out of the Nottinghamshire Family Hubs to be brought to a future meeting of the Board for discussion.

Resolved (2023/008):

- 1) To approve the new Joint Strategic Needs Assessment (JSNA) chapter on Special Educational Needs and Disability (SEND).
- 2) To receive an update from the SEND Accountability Board regarding the implementation of the JSNA recommendations, following the publication of the outcomes of the inspection of the County Council's arrangements for children and young people with SEND needs undertaken jointly by the Care Quality Commission and Ofsted during February 2023.

7. Work Programme

The Chair presented the Board's current Work Programme.

Resolved (2023/009):

- 1) To note the Work Programme.

There being no further business, the Chair closed the meeting at 3:35pm.

Chair:

24 May 2023**Agenda Item 5****REPORT OF THE SERVICE DIRECTOR FOR CUSTOMERS, GOVERNANCE
AND EMPLOYEES****MEMBERSHIP AND ELECTION OF THE VICE CHAIR FOR THE
NOTTINGHAMSHIRE HEALTH AND WELLBEING BOARD****Purpose of the Report**

1. To note the Nottinghamshire Health and Wellbeing Board's membership and Terms of Reference, to elect a Vice Chair, and to consider the inclusion of a representative of the Nottinghamshire Voluntary, Community and Social Enterprise Alliance as a permanent member of the Board.

Information

2. The Health and Social Care Act 2012 (as amended by the Health and Care Act 2022) requires each upper-tier and unitary local authority to establish a Health and Wellbeing Board to share leadership on the strategic approach to improving the health and wellbeing of local communities. The statutory membership is defined as:
 - a) at least one councillor of the local authority
 - b) the director of adult social services for the local authority
 - c) the director of children's services for the local authority
 - d) the director of public health for the local authority
 - e) a representative of the Local Healthwatch organisation for the area of the local authority
 - f) a representative of each relevant integrated care board
 - g) a representative of NHS England
 - h) such other persons, or representatives of such other persons, as the local authority thinks appropriate.
3. The Board's Terms of Reference, as set out in Nottinghamshire County Council's Constitution, are included as **Appendix 1** to the report.
4. Councillor John Doddy was appointed as Chair of the Board for the 2023/24 municipal year by the full County Council meeting on 11 May 2023. The Vice Chair is elected annually by the Board members at the Board's first meeting of the municipal year. The current membership is as follows:
 - a) Five Nottinghamshire County Councillors
 - b) One Councillor from each of the seven Nottinghamshire District and Borough Councils
 - c) One representative of the NHS Nottingham and Nottinghamshire Integrated Care Board

- d) Two representatives from each of the three Nottinghamshire NHS Place-Based Partnerships (Bassetlaw, Mid-Nottinghamshire and South Nottinghamshire)
 - e) One representative of NHS England
 - f) One representative of Healthwatch Nottingham and Nottinghamshire
 - g) One representative of the Office of the Nottinghamshire Police and Crime Commissioner
 - h) Three Nottinghamshire County Council officers (the Corporate Director for Adult Social Care and Health, the Corporate Director for Children and Families and the Director of Public Health).
5. Following consideration, it is proposed to invite the Board to appoint the Chair of the Voluntary, Community and Social Enterprise (VCSE) Alliance for Nottingham and Nottinghamshire as a further permanent member to the Board under its powers as set out in the Health and Social Care Act. The Alliance is a collective and will function as a single point of contact for a partnership group of VCSE organisations that work with communities to improve people's health and wellbeing and reduce health inequalities in Nottinghamshire. The inclusion and representation of the Alliance on the Board will support the delivery of the Joint Health and Wellbeing Strategy 2022-26 at a place and neighbourhood level.

Other Options Considered

6. To not include a representative of the Nottinghamshire community and voluntary sector as a permanent member of the Board: this option is discounted because community and voluntary organisations play a significant role in the delivery of services at the local level, so their representation and participation on the Board represents a vital part of achieving a full partnership and place-based approach to ensuring good health and wellbeing in Nottinghamshire.

Reasons for Recommendations

7. To confirm the purpose and membership of the Board, and to ensure that this reflects the full partnership and place-based approach to ensuring good health and wellbeing in Nottinghamshire.

Statutory and Policy Implications

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

Financial Implications

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

RECOMMENDATIONS

The Nottinghamshire Health and Wellbeing Board is asked to:

- 1) Elect the Vice Chair of the Board for the 2023/24 municipal year.
- 2) Note the current membership of the Board, as set out in section 4 of the report.
- 3) Note the Board's Terms of Reference, as set out in Appendix 1 to the report.
- 4) Appoint the Chair of the Nottinghamshire Voluntary, Community and Social Enterprise Alliance as a permanent member of the Board.

Marjorie Toward
Service Director for Customers, Governance and Employees

For any enquiries about this report, please contact:

Adrian Mann
Democratic Services Officer
Nottinghamshire County Council
adrian.mann@nottscc.gov.uk

Constitutional Comments (GMG 25/04/23)

10. The Board is a committee of the Council by virtue of section 194(11) of the Health and Social Care Act 2012. The arrangements made by the Council in meeting its statutory duty under section 194(1) to establish the Board includes reserving the appointment of the Chair to itself but requiring the Board to appoint a Vice Chair. Membership is as prescribed in the 2012 Act, supplemented by any additional members appointed by the Council or the Board. The Board has the power to appoint such additional persons to be members of the Board as it thinks appropriate under section 194(8). The Board's Terms and Reference fall to the Council to determine.

Financial Comments (SES 25/04/2023)

11. There are no specific 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.

- None.

Electoral Divisions and Members Affected

- All.

24 May 2023**Agenda Item 5****Appendix 1 – Nottinghamshire Health and Wellbeing Board Terms of Reference (as set out Nottinghamshire County Council’s Constitution)**

1. To prepare, publish and maintain a joint strategic needs assessment.
2. To prepare, publish and maintain a Pharmaceutical Needs Assessment.
3. To prepare and publish a joint health and wellbeing strategy based on the needs identified in the joint strategic needs assessment and to oversee the implementation of the strategy.
4. To oversee the Better Care Fund Plan and to sign off the proposals for joint funding for the County area under the Better Care Fund.
5. Discretion to give Nottinghamshire County Council an opinion on whether the Council is discharging its statutory duty to have due regard to the joint strategic needs assessment and the health and wellbeing strategy.
6. To promote and encourage integrated working including joint commissioning in order to deliver cost effective services and appropriate choice. This includes providing assistance and advice and other support as appropriate, and joint working with services that impact on wider health determinants.
7. To discuss all issues considered to be relevant to the overall responsibilities of the Health and Wellbeing Board, and to perform any specific duties allocated by the Department of Health.
8. The Board will be responsible for its own projects and may establish working groups to consider projects.

24 May 2023**Agenda Item 6**

REPORT OF THE CORPORATE DIRECTOR FOR ADULT SOCIAL CARE AND HEALTH

BETTER CARE FUND (BCF) GOVERNANCE ARRANGEMENTS FOR DELEGATED APPROVAL

Purpose of the Report

1. To consult the Nottinghamshire Health and Wellbeing Board on, and seek approval for, arrangements for the delegation of approval of decisions relating to the Better Care Fund (BCF) on behalf of the Board.

Information

Background

2. The BCF programme supports local systems to successfully deliver the integration of health and social care in a way that supports person-centred care, sustainability and better outcomes for people and carers. It represents a unique collaboration between:
 - The Department of Health and Social Care
 - The Department for Levelling Up, Housing and Communities
 - NHS England and Improvement
 - The Local Government Association
3. The four partners work closely together to help local areas plan and implement integrated health and social care services across England, in line with the vision outlined in the NHS Long Term Plan. The BCF was launched in 2015 and established pooled budgets between the NHS and local authorities, aiming to reduce the barriers often created by separate funding streams. The pooled budget is a combination of contributions from the following areas:
 - minimum allocation from Integrated Care Systems (ICSs)
 - disabled facilities grant (local authority grant)
 - social care funding (improved BCF) (local authority grant)
 - winter pressures grant funding (local authority grant)
4. Locally, the programme spans both the NHS and local government to join up health and care services so that people can manage their own health and wellbeing and live independently in their communities for as long as possible. It involves:

- Nottinghamshire County Council
- Nottingham City Council
- Nottingham and Nottinghamshire Integrated Care Board (ICB)

5. As set out in the national conditions stipulated by national government, ICBs and local government are to agree a joint plan and produce templates and reports on the BCF, which should then be approved by the local health and wellbeing board (HWB).

Local Governance

6. Nottingham City Health and Wellbeing Board and Nottinghamshire County Health and Wellbeing Board have oversight of the BCF. Currently in the County, the Board signs off the BCF submissions as required by the national planning processes. In the City, the Board has delegated this responsibility to a sub-committee due to provider and commissioner arrangements on the Board.
7. There is a joint City and County BCF oversight group that meets quarterly to review its performance, finance and metrics. Representatives from both local authorities and the ICB attend this meeting. Please see **Appendix 1** for current governance arrangements.
8. The Nottinghamshire Health and Wellbeing Board will continue to receive reports directly and maintains its role as the decision-making body with oversight of the BCF.

Delegated governance arrangements

9. This report proposes arrangements for delegated approval where decisions are required urgently to ensure provision of funding and commissioning of services in a timely manner (between board meetings), in the circumstances where the above governance process outlined in paragraphs 6-8 cannot be met. A set of principles for the Board's governance of the BCF are therefore proposed:
 - a) BCF decisions will be taken to a meeting of the Board for a decision, wherever possible. This will cover the anticipated regular reporting requirements, such as annual planning templates and returns.
 - b) Urgent BCF items will also be taken to a meeting of the Board for a decision, wherever possible. If time pressures are known, a short cover report that explains that an urgent item on a specific issue is required can be submitted, with a final report for circulation to Board members required at least 24 hours before the Board meeting.
 - c) If an urgent BCF item arises at such a time as it cannot be taken to the coming Board meeting, then this decision should be managed through a delegation agreed by the Board. A proposal for delegated approval is outlined in point 10.
10. Following consultation with the Board at the BCF workshop on 19 April 2023, this report proposes that, where the Board cannot provide its approval decisions regarding BCF, delegated power to approve is given to the below representatives on the Board's behalf:
 - Chair of the Nottinghamshire Health and Wellbeing Board
 - Corporate Director of Adult Social Care and Public Health, Nottinghamshire County Council
 - Chief Executive, Nottingham and Nottinghamshire Integrated Care Board

11. In response to feedback given at the BCF workshop, this proposal also includes named deputies to the above representatives to support robust arrangements for delegation in circumstances where the above representatives are unable to give approval on the Board's behalf (e.g. annual leave). These are outlined below:
- Vice Chair of the Health and Wellbeing Board (deputy for Chair of the Nottinghamshire Health and Wellbeing Board)
 - Service Director for Strategic Commissioning and Integration, Nottinghamshire County Council (deputy for Corporate Director of Adult Social Care and Public Health, Nottinghamshire County Council)
 - Medical Director, Nottingham and Nottinghamshire Integrated Care Board (deputy for Chief Executive, Nottingham and Nottinghamshire Integrated Care Board).
12. Any decision relating to the BCF taken between Board meetings under delegated powers will be reported to the next appropriate meeting of the Board, for noting.
13. In order to support the Board's oversight of the BCF, it was suggested that regular updates on progress and outcomes achieved by the BCF, as well as further detail on the three themed priority areas, would be welcomed to provide assurance, as well as the opportunity to identify opportunities for integration. A summary of the feedback on the workshop held on 19 April 2023 is provided in **Appendix 2**.

Other options considered

14. To not establish the delegated powers for decisions in relation to the BCF.

Reasons for Recommendation

15. To ensure the Nottinghamshire Health and Wellbeing Board has oversight of the BCF to discharge its national obligations.

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 arising from this report.

Legal Implications

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

RECOMMENDATION

The Nottinghamshire Health and Wellbeing Board is asked-

- 1) To approve the proposed delegated approval arrangements for the Chair of the Nottinghamshire Health and Wellbeing Board, Nottinghamshire County Council's Corporate Director of Adult Social Care and Public Health, and the Chief Executive of the Nottingham and Nottinghamshire Integrated Care Board to take decisions relating to the Better Care Fund (BCF).

Melanie Williams

Corporate Director: Adult Social Care & Health
Nottinghamshire County Council

For any enquiries about this report please contact:

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Vivienne Robbins
Deputy Director of Public Health
Nottinghamshire County Council
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Constitutional Comments (LW 16/05/2023)

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

Financial Comments (OC 16/05/2023)

18. There are no direct financial implications arising 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.

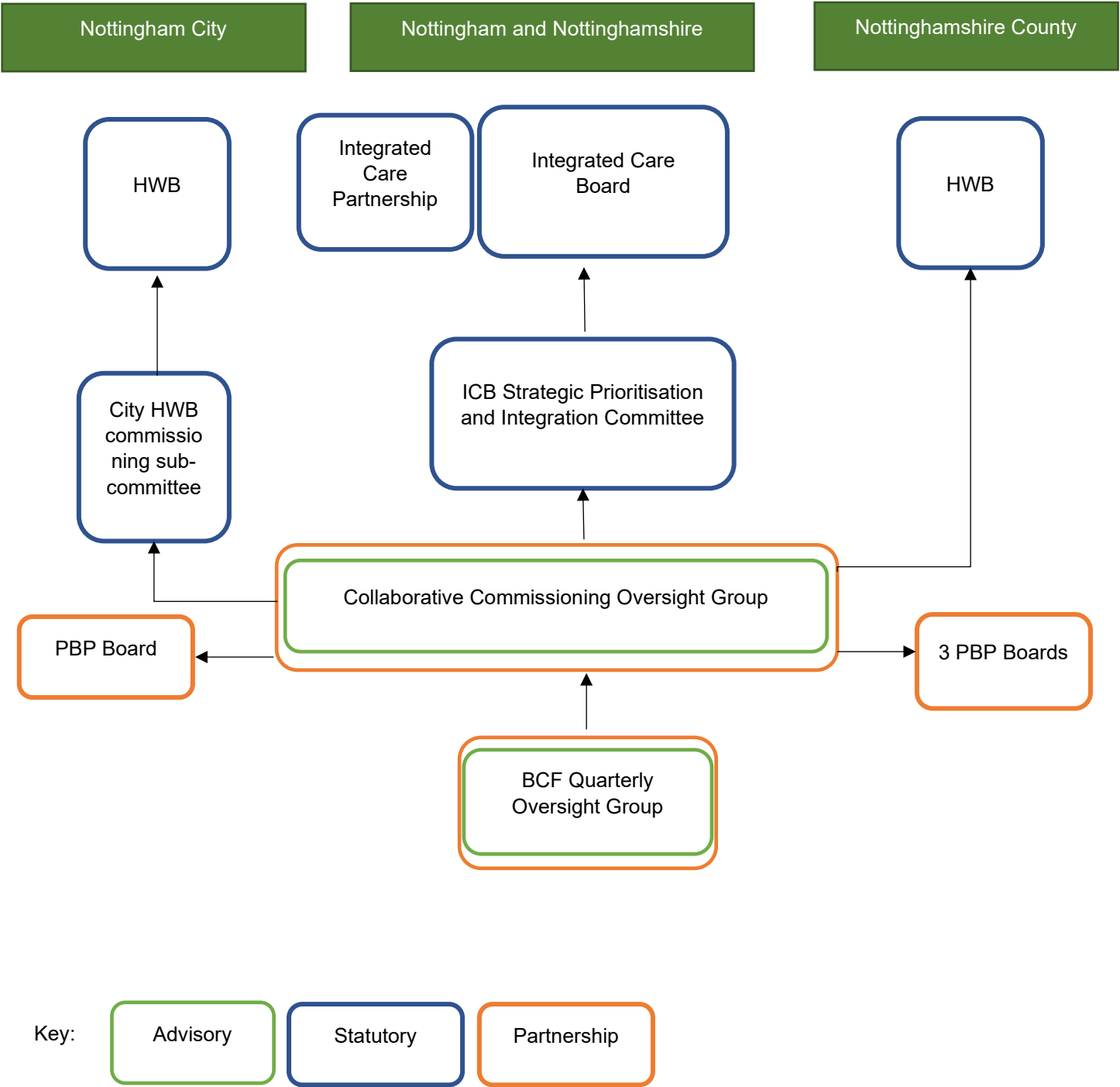
- 2018-19 Progress Update and Approval for the Use of the BCF Care Act Allocation (Recurrent and Reserve), the Improved BCF, and the Winter Pressures Grant 2019-20 – report to Health & Wellbeing Board on 6 March 2019
- 2019-20 Better Care Fund Policy Framework, Department of Health & Social Care, 10 April 2019
- Quarterly reporting from Local Authorities to the Department of Health & Social Care in relation to the Better Care Fund, Quarter 4 Return – 18 April 2019
- 2018-19 Better Care Fund Performance – report to Health & Wellbeing Board on 5 June 2019

- Better Care Fund Planning Requirements for 2019-20, Department of Health & Social Care, Ministry of Housing, Communities & Local Government, and NHS England, 18 July 2019
- 2019-20 First Quarter Better Care Fund Performance and Programme Update – report to Health & Wellbeing Board on 4 September 2019
- Nottinghamshire 2019-20 Better Care Fund Planning Template
- Nottinghamshire 2019-20 Q4 Better Care Fund Reporting Template
- 2020-2021 End of Year Template – report to Health and Wellbeing Board 9 June 2021
- Retrospective approval of the 2022/23 Better Care Fund (BCF) Planning Requirements – report to the Health and Wellbeing Board 7 December 2022

Electoral Division(s) and Member(s) Affected

- All.

Appendix 1. Current Better Care Fund Governance



WORKSHOP: BETTER CARE FUND

Wednesday 19 April 2023 2.00-4.00pm

Assembly Hall, County Hall



FEEDBACK

Group Discussion: How can services deliver more integrated and joined up care to achieve continual and increasingly preventative approach? How can services deliver more integrated and joined up care to achieve a reduction in health inequalities?

Integration

The Integrated Care Strategy provides mandate for improving outcomes – Where is the opportunity to integrate across organisations? There could be consideration of what we can do with existing staff and teams and also work with providers to innovate services for residents, e.g. work with same budget and same service but in a new/different way. *What is the art of the possible?*

The focus has to be less on funds and more on what can be done with existing services and staff to be creative across health and social care. HWB could then as a partnership be sighted on BCF to ask have the right things been put in the plan? Does it have the correct/sufficient information to identify the options for collaboration? Less integration of funds and more focus on integration of workforce - build on what's already there.

Consideration of rationalisations of boards and meetings (and duplication of membership too) and also any duplication of contracts. There could be same service, same staff contracted by different organisations.

Focus on vulnerable groups such as homelessness and others with multiple health issues and the complex pathways they may need to navigate to work out what barriers there are and opportunities to join care up. Same group accessing multiple services.

An example is the requirement to change OT for equipment needs from ASC to NHS – can we amend this pathway or make joint role? All access the same integrated community care equipment. Another example is delay for equipment from GP (such as sleeves) that require a prescription from then, but this pathway requirement may not be necessary.

Social prescribers offer a hub / point of knowledge on accessing pathways. The microcosm of local issue with access could then be escalated up to generate pathway/service change. How do we do this?

BCF has a role in targeting resource and agreeing how to show this funding. Grouping of services is helpful and the BCF narrative is formed around how well these services are working together.

Discussion about collaborative commissioning and integration happening a different level of the system – there are some commissioning decisions that are made across the system and some commissioning/delivery decisions that are better to be made at Place or closer to community geography. We need to move away from silo services that are intervention based to a more outcome focused approach to developing services.

Most services do not know their contribution to BCF or wider system outcomes as it is not currently possible to match service level performance monitoring to BCF metrics directly. Lack of collective oversight of how the plan is commissioned e.g. contracts or specific staff teams means that we might be duplicating resource.

Keen to act on emerging integration issues – ‘permission’ to go ahead and tackle the ‘quick wins’ and bring frontline and providers into the conversation – empower them to flex service delivery, act differently and flag where service integration is constrained.

DFGs: currently a challenge with OT assessment due to capacity which then impacts on ability to spend DFG allocation. Opportunity to consider integrated teams around equipment and DFGs linked to the Integrated Community Equipment Service.

Relationships are key to integration - District and Borough is where lots of people get to know each other and work together. Need to embed person centred, strengths based approaches.



Opportunity to simplify access to our services – access can't be difficult and dependent on individual's having the capacity and energy/ability to navigate complex systems and services themselves.

Prevention

BCF is linked to HWB and therefore provides strong role in focusing on the join up with wider determinants.

The Board could focus on the early help & prevention agenda. Further detail on the BCF funded projects would be welcome to identify opportunities for integration, for example smoking cessation. Could other grants or funding free up funding on the lifestyle advice service that could be used elsewhere and vice versa? Linking to outcomes framework would be useful too.

Care coordination and building anticipatory care is an area where we could add a preventative lens to it (secondary care). How can we prevent people with multiple health issues from developing more complex conditions? Most tables feedback that care coordination, proactive planning and anticipatory care was the key area of interest (as well as the more preventative side of anticipatory care). There is interest in check and challenge role linked to health inequalities and equity (not clear if this to have oversight of service development or just assurance). There's conversation on how we resource enablers to integration e.g. shared records and project roles – questions about whether this spend is shown currently.

Health Equity

Equity of delivery – There may be areas in county that require greater focus so decisions need to be evidenced, for example neighbourhoods of deprivation within districts that may be masked. Linking data systems to then use BCF to join up care where needed most so staff/provision is more efficient.

Recognition that there may be a need for micro commissioning at place and resist pull of universality. PBPs and District Councils generate the outcomes for communities at that micro scale. They can bring in the voice of local residents for care coordination. Places should be outcome focused not intervention focused and areas for innovation.

Reporting & Role of HWB

HWB could become an important place to flag issues relating to the content of the BCF plan – there needs to be a decision on direction of travel for the BCF plan – does it stay at high 'macro' level spend with groups of service areas and then micro, detailed delivery based plans at Place level – How much detail should the BCF plan go into, or should it align to more detailed plans? BCF narrative plan could drive the type of updates the HWB receive, team could describe some ambitions for what the HWB would drive forward (in terms of transformation, collaboration) and its links to integrated care strategy plans too.

HWB would like a continual dialogue (particularly if delegation of approval is in place) - a forward plan should be developed.

There's a need for an Integrated Commissioning Group for discussion of intentions before commissioning services and join up conversations. Consideration where we commission once at a universal level across the County and where we want a more local approach at neighbourhood, district/borough, or PBP.

We need to align commissioning to our outcomes, design interventions that are tailored to local population need and consider where we are all working with the same sector / organisations to understand how we can work better together.

Need to take a population approach where we look at needs holistically rather than by a specific condition.

Recognise local knowledge and expertise allows us to address HI e.g. through Health and Well-being coordinators at a local level and District and Borough Councils.

24 May 2023**Agenda Item 7****REPORT OF THE CORPORATE DIRECTOR FOR ADULT SOCIAL CARE AND
PUBLIC HEALTH****USE OF THE NOTTINGHAMSHIRE COUNTY NATIONAL DISCHARGE GRANT
2023-24****Purpose of the Report**

1. For the Nottinghamshire Health and Well Being Board to sign off the 2023/24 plan to use the national Discharge Grant to build on and grow existing development plans in line with the grant criteria.

Information

2. A national commitment has been made to funding a two-year Discharge Grant, pooled into the local Better Care Fund (BCF). The budget has been confirmed for 2023 to 2024 as £4.335M for adult social care and £5.710M for the Integrated Care Board. Plans need to be developed and agreed jointly, approved by the Chief Executives of the Local Authority and Integrated Care Board and signed off by 28 June 2023 by the Health and Well Being Board under national condition 1 of the BCF.
3. The criteria for the grant are:
 - To build additional adult social care and community based re-ablement capacity to reduce hospital discharge delays through delivering sustainable improvements to services for individuals.
 - Support the principles of Discharge to Assess to enable timely discharges from hospital into appropriate short-term re-ablement/rehabilitation services, pending assessment of any further needs once they are settled back at home
 - Take account of variation in levels of demand and work with local providers to determine how to best build the workforce capacity needed
 - To be informed by learning from previous short term discharge funding such as the recent Winter Fund
 - Improving collaboration and information sharing across health and social care services
4. The following plan has been developed to meet these criteria and to build on existing plans including those based on recommendations from the Local Government Association Review and Nottinghamshire Discharge Assurance Plan. A deliverability assessment was undertaken on the workforce requirements of the plan. A recruitment strategy has been developed to

support delivery, which includes for example, ensuring creative use of different types of roles rather than reliance on roles that are currently difficult to recruit to, new streamlined local recruitment campaigns and processes.

5. Cost for 2023/24 have been based on a pro rata basis for the year where they are not a simple extension and require set up time. The plan will be kept under active monitoring and review to ensure impact and review initiatives to ensure they align with plans, are still required and are the best use of the funds.
6. **Plan for Use of Nottinghamshire County Council Adult Social Care Discharge Grant 2023/24:**

REDUCING DELAYED HOSPITAL DISCHARGES AND SUPPORTING THE PRINCIPLES OF DISCHARGE TO ASSESS

£1,957,960

The new Transfer of Care Hub and Discharge to Assess model was deployed rapidly in the three acute hospitals during Covid. The model has a positive emphasis on supporting people directly home first and access to re-ablement/rehabilitation and therapy prior to any long term decision about people's care and support needs. The model has, however, created additional work for social care staff that has not been fully resourced and therefore the plan is to provide extra social care capacity to:

- provide new roles/capacity to meet higher work turnover timescales in the hospital Transfer of Care Hubs,
- provide the Care Act assessment and therapy capacity needed to work with people following re-ablement/rehabilitation to meet the current gap of an average of 123 people per week waiting in these. Sustained funding will assist with recruiting and retaining staff. Additional temporary funded staff have previously successfully reduced for a short time the number of people waiting.
- increase the numbers of people discharged on Saturdays and Sundays (system model to be agreed in the autumn)
- provide earlier, active review for 1,300 people a year receiving homecare to free up resources that people may no longer need
- improve quality of practice. Supporting staff to be more strength based as well as confident in application of the Mental Capacity Act to ensure good, timely decision making to avoid unnecessary delays
- start to work in partnership with people with lived experience, so that their views inform the development of future services
- undertake joint strategic commissioning and procurement work with social care providers supporting hospital discharge to develop more streamlined processes and integrated working

Demand for Mental Health Services has been increasing significantly over recent years and there are pressures and delays in specialist mental health hospitals. Additional social care capacity is therefore planned to:

- Provide additional social supervision for 50 people a year to reduce hospital delays
- Facilitating timely discharge plans for an additional 50 young people a year
- Reduce delays to people leaving short term mental health recovery services
- Promoting strength based, therapy and recovery led practice

<p>PLANNING SERVICES IN ADVANCE AND ENABLING PROVIDERS TO RECRUIT THEIR WORKFORCE</p> <p>£734,290</p> <p>The Council already funds the voluntary sector to visit people who may need a well-being check after going home from hospital with no support. Using last year's Winter Fund this service was extended to support people who do not need personal care but may need someone to help them home and settle them in, make sure the heating is on food in the fridge etc. and do short term follow up work to support a successful recover and build links into local community support. It is proposed to extend this scheme for 600 people per year. Following evaluation the Council will work with the sector to build on the learning from this and also seek to extend investment to use Technology Enabled Care to support people's independence longer and avoid re-admission to hospital or residential care.</p> <p>Skills for Care will work partners to:</p> <ul style="list-style-type: none"> a) develop an ICS external Workforce Strategy, b) inform this by undertaking a deep dive into the external workforce to identify recommendations for interventions for independent sector providers to aid recruitment and c) produce a bespoke public website page so people can easily see all the local vacancies in the care sector that they could apply for, to encourage more applications
<p>LEARNING FROM THE EVALUATION OF THE IMPACT OF PREVIOUS SCHEMES FUNDED USING DISCHARGE FUNDS</p> <p>£953,000</p> <p>Previous short term discharge funding has been used to successfully pilot holding one self-contained unit of accommodation at Lombard Street (Mental Health Reablement Supported Accommodation) with wrap around social care and health support. This is for people experiencing mental ill health being discharged from hospital to have short stays of up to approx. 6 weeks while their accommodation is made ready to return to, or if they need a period of more intensive support before going home. This scheme will be extended and can support 9 people a year and avoid delays in hospital.</p> <p>Previous years has shown that while discharge improvement plans are being implemented, there remains a need for flexible surge capacity to avoid people remaining in hospital at times of high demand. Previously, additional hours for social care staff and additional Technology Enabled Care have been funded and further diagnostic work is needed on the latter to improve how this is deployed to maximise maintaining people's health and wellbeing. Also, although not an ideal outcome for people who could have returned home, use of interim residential care beds have also been able to be deployed rapidly. In 2023/24, although less than in previous years, whilst improvement plans are implemented some of this capacity will still be needed in social care. The additional Care Act assessment and therapy capacity (referenced in the first section on reducing delays) will mean that these people will be actively worked with to plan their return home from interim residential care as soon as resources to support them at home are available.</p>
<p>IMPROVING COLLABORATION AND INFORMATION SHARING ACROSS HEALTH AND SOCIAL CARE SERVICES</p>

£689,750
<p>There is a shared aim to develop therapy led and integrated ways of working across social care and community health re-ablement. The funding of service improvement support is required to support develop and implement joint outcomes, quality assurance and training frameworks, a single access point and shared electronic scheduling system. The impact will be to speed up the discharge process by simplifying the current fragmented referral process, as well as to make more effective use of all staffing resources across providers enabling more people to be supported home earlier.</p> <p>An integrated health and social care therapy training programme has been scoped and supported by the Ageing Well programme Board. This is based on a successful Leicestershire model. Currently the skill set of health and care therapy staff is quite different and therapy staff are also hard to recruit in sufficient numbers. Having staff with the same core set of skills will aid career development, make more effective use of the resources we have and avoid hand overs between health and care therapists. The project requires a dedicated Occupational Therapy post and project support in order to implement, which will be funded from the grant.</p> <p>In order to deliver the strategic commissioning, contract and procurement work to support more efficient discharges from specialist hospitals for people experiencing mental ill health a joint post has been developed and the social care 50% will be funded from the grant.</p> <p>The ICS is undertaking a procurement exercise to identify a strategic transformation partner to support rapid accelerator work to improve hospital discharge and strengthen community services to avoid hospital and residential care admissions. This one-off amount will be funded from the grant and appropriate stretch timescales/measures set through the early part of this work.</p>
Nottinghamshire County Council Adult Social Care Grant Total = £4,335,000

7. **Proposals for use of the Nottingham and Nottinghamshire Integrated Care Board Adult Social Care Discharge fund 2023/24.** The total fund to the ICB for Nottingham City and Nottinghamshire County is £5,710,344.76. The funding in the table shows where this has been allocated (as well as the total estimated spend for the proposals), which will be distributed between the Nottingham City and Nottinghamshire County Health and Wellbeing Boards' Better Care Fund plans using the same population-based methodology as the 22/23 ASC Discharge Fund. The total spend on the proposals will be confirmed in the Better Care Fund Planning Template that will be presented to the Health and Wellbeing Board for final approval.

REDUCING DELAYED DISCHARGES
£991,967 (approx.)
Increasing the capacity of the TOCHs, increasing weekend discharges, and supporting mental health discharges for individuals in specialist mental health hospitals, supporting step up/down from Pathway 2 (includes the ICS Deputy Integrated Discharge Lead).
IMPROVING COLLABORATION & INFORMATION SHARING (P1 INTEGRATION & P2/P3T TRANSFORMATION)
£73,077 (approx.)

Health System Discharge Improvement capacity to work system wide with LAs equivalent roles to support integration, including the integrated health and social therapy training programme, successfully implemented in Leicestershire resulting in therapy staff having the same core set of skills.
REDUCING DELAYED DISCHARGES (P1 INTEGRATION)
£4,676,956 (approx.)
Full delivery of P1 Model and integration of services.
INTERIM BED CLOSURE COSTS
£25,000 (approx.)
Close down costs of the interim beds.
Nottingham and Nottinghamshire Integrated Care Board Grant Total: £5,767,000 (approx.)

Other Options Considered

- Other options were considered during the development of the plan. The options chosen are those assessed by staff within the department and partners, as able to address priority gaps in capacity, have an evidence base of delivering improvement, align to existing plans and meet the grant criteria.

Reason/s for Recommendation/s

- To agree use of the Discharge Fund to make planned improvements as agreed by partners.

Statutory and Policy Implications

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

Financial Implications

- The proposed plan can be funded from the national Adult Social Care Discharge Grant 2023/2024 of £4.335m for adult social care and £5.710m for the Nottingham and Nottinghamshire Integrated Care Board. The funding will be pooled and monitored through the Nottinghamshire Better Care Fund. It is expected that fortnightly reporting against the plans will continue.

- The Nottingham and Nottinghamshire ICB total estimated spend is £5,767,000. This will be distributed between the Nottingham City and Nottinghamshire County Health and Wellbeing Boards' Better Care Fund Plans using the same population-based methodology as was used for the 2022/23 ASC Discharge Fund. This will be confirmed in the Better Care Fund Planning Template that will be presented to Board for approval.

12. There are no direct staffing implications in the proposed plan. Should funding be approved the requirements for establishing posts will be taken through each organisation's relevant governance systems as appropriate.

RECOMMENDATION/S

The Nottinghamshire Health and Wellbeing Board is asked:

- 1) To sign off the plan for use of the Discharge Fund 2023 to 2024.

MELANIE BROOKS
CORPORATE DIRECTOR OF ADULT SOCIAL CARE AND HEALTH
NOTTINGHAMSHIRE COUNTY COUNCIL

For any enquiries about this report please contact:

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Nottingham and Nottinghamshire Integrated Care Board
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Constitutional Comments (LPW 16/05/23)

13. The Recommendation falls within the remit of The Health and Wellbeing Board by virtue of its terms of reference.

Financial Comments (LCD 16/05/23)

14. The proposed plan can be funded from the national Adult Social Care Discharge Grant 2023-2024 of £4.335m and £5.710m from the Nottingham and Nottinghamshire Integrated Care Board. **Details are in paragraph 6 & 7.** The funding will be pooled and monitored through the Nottinghamshire Better Care Fund. It is expected that fortnightly reporting against the plans will continue.

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

Appendix 1 - Summary table re. Discharge Fund Bid information (Nottinghamshire County Council Adult Social Care)

Reducing Delayed Hospital Discharges and Supporting the Principles of Discharge to Assess:	£1,957,960
Additional staffing for Mid Notts and North Notts D2A teams for therapy led Care to align with ICB Hub Discharge Fund Planning	751,462
Increased numbers of people supported home from hospital at weekends (Staffing)	83,000
Additional Ageing Well staffing capacity for reviews	242,872
2x Social Workers for Joint funded Mental Health Act and NHS Continuing Healthcare	78,978
Hospital Discharge Strategic Commissioner	52,500
LW Strength Based Approaches and Mental Health Reforms	591,648
Increased Social Work capacity for social supervision (Mental Health)	97,500
Mental Capacity Act Practice Lead	60,000
Planning Services in Advance and Enabling Providers to Recruit to their Workforce:	£734,290
Extended Connect Plus voluntary sector capacity for people who need a small amount of support to settle at home from hospital.	438,955
Additional capacity in Voluntary Sector	278,135
Skills for Care workforce project	17,200
Learning from the Evaluation of the Impact of Previous Schemes:	£953,000
Mental health step down/up beds	253,000
Surge (Homecare provision) and bed capacity	700,000
Improving Collaboration and Information Sharing Across Health and Social Care Services:	£689,750
MH Hospital Discharge Commissioner	52,500
ICP Strategic System Transformation Partners x2 to align with ICB System Transformation Partner.	473,750
Development of integrated therapy training: Occupational Therapist and Project Manager.	81,750
Develop more integrated working across community health and social care reablement: Strategic Development Manager and Service Improvement Officer	81,750
Total of bid: £4,335,000	
Grant total for 2023-2024: £4335,000	

24 May 2023**Agenda Item 8****REPORT OF THE SERVICE DIRECTOR FOR CUSTOMERS, GOVERNANCE
AND EMPLOYEES****WORK PROGRAMME****Purpose of the Report**

1. To consider the Health & Wellbeing Board's work programme for 2023.

Information

2. The County Council requires each committee, including the Health & Wellbeing Board, to maintain a work programme. The work programme will assist the management of the Board'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 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.

Reasons for Recommendation

5. To assist the Health & Wellbeing 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

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

Marjorie Toward

Service Director: Customers, Governance and Employees

For any enquiries about this report please contact:

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Constitutional Comments (HD)

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

Financial Comments (NS)

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

Background Papers

- None

Electoral Division(s) and Member(s) Affected

- All

WORK PROGRAMME: 2023

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

Report title	Purpose	Lead officer	Report author(s)	Notes
Q2 MEETING: Wednesday 24 May 2023 (2pm)				
HWB Membership	To confirm the membership of the Health and Wellbeing Board following May AGMs.	Cllr Doddy	Adrian Mann Briony Jones	
Approval of the Better Care Fund governance	To seek the Board's confirmation of the process for delegated approval of the Better Care Fund.	Melanie Williams	Naomi Robinson Sarah Fleming	
Adult Discharge Fund Plan	To seek the Board's approval of the plan for spend of the Discharge Fund.	Melanie Williams	Bridget Cameron Sarah Fleming	
Workshop: ICB Joint Forward Plan	To engage with the Health and Wellbeing Board on the Joint Forward Plan.	Melanie Williams Dave Briggs	Mark Wightman Joanna Cooper	
Q3 MEETING: Wednesday 5 July 2023 (2pm)				
Chair's Report (Standing Item)	An update by the Chair on local and national issues for consideration by Health & Wellbeing Board members to determine implications for the Joint Health and Wellbeing Strategy for 2022 – 2026.	Cllr Doddy	Briony Jones	
Board Development Opportunities	To seek the Board's endorsement of developing the Health and Wellbeing Board.	Cllr Doddy	Vivienne Robbins Briony Jones	To be confirmed
JHWS Quarterly Report	To present a quarterly report on progress of the delivery of the joint health and wellbeing strategy for 2022 – 2026 as part of its monitoring framework.	Cllr Doddy	Vivienne Robbins	

Report title	Purpose	Lead officer	Report author(s)	Notes
Best Start Strategy Annual Progress Report	To review progress of the delivery of the Nottinghamshire Best Start Strategy 2021 – 2025, since the Board's endorsement in January 2021.	Colin Pettigrew Jonathan Gribbin	Laurence Jones Louise Lester	
Covid-19 Impact Assessment: Covid-19 Impact Assessment: Pregnancy & Early Years	Assessment of the COVID-19 pandemic on key aspects of health and wellbeing with particular regard to health inequalities to help inform public health and partner's strategies, plans and commissioning.	Jonathan Gribbin	Kerrie Adams Lucy Hawkin	
Domestic Abuse Local Partnership Board Report	To provide an update on the progress of the Domestic Abuse Local Partnership Board.	Jonathan Gribbin	Maggi Morris Rebecca Atchinson	
Nottinghamshire Combating Substance Misuse Strategy and Delivery Plan	To share for information the new Substance Misuse Strategy and Delivery Plan for Nottinghamshire.	Jonathan Gribbin	Lisa Burn Sue Foley	
ICB Joint Forward Plan	To seek the Board's endorsement of the Joint Forward Plan.	Melanie Williams Dave Briggs	Mark Wightman Joanna Cooper	

Contact

For queries or requests for the Nottinghamshire Health and Wellbeing Board's work programme, please email briony.jones@nottscg.gov.uk

Items for future board meetings:

- Covid-19 Impact Assessment: Social Determinants (Ian Bates, Viv Robbins)
- Homelessness Implementation Plan (Dawn Jenkin)
- Family Hubs (Colin Pettigrew, Irene Kakoullis)
- Workshop – Inclusion Health (Sue Foley)
- JSNA Chapter: Looked After Children and Care Leavers (Amanda Fletcher)
- JSNA Chapter: Suicide Prevention (Safia Ahmed)
- Director of Public Health Annual Report (Jonathan Gribbin)

