

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@nottscc.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@nottscc.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@nottsc.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.