Nottinghamshire County Council

Health and Wellbeing Board

Wednesday, 29 March 2017 at 14:00

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

AGENDA

1	Minutes of the last meeting held on 1 February 2017	3 - 8
2	Apologies for Absence	
3	Declarations of Interests by Members and Officers:- (see note below) (a) Disclosable Pecuniary Interests (b) Private Interests (pecuniary and non-pecuniary)	
4	Planning and Health a Protocol for Healthier Environments in Nottinghamshire	9 - 80
5	Excess Weight, Physical Activity and Wellbeing: Current and Future Opportunities for Funding from Sports England – Presentation by Ilana Freestone, Sport Nottinghamshire.	
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Notes

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

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

Customer Services Centre 0300 500 80 80

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

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

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

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

Nottinghamshire County Council

minutes

Meeting	HEALTH AND WELLBEING BOARD
Date	Wednesday, 1 February 2017 (commencing at 2.00 pm)

Membership
Persons absent are marked with an 'A'

COUNTY COUNCILLORS

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

DISTRICT COUNCILLORS

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

OFFICERS

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

CLINICAL COMMISSIONING GROUPS

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

LOCAL HEALTHWATCH

Michelle Livingston - Healthwatch Nottinghamshire

NHS ENGLAND

Oliver Newbould - North Midlands Area Team, NHS England

NOTTINGHAMSHIRE POLICE AND CRIME COMMISSIONER

Kevin Dennis

ALSO IN ATTENDANCE

Dr Nicole Atkinson	-	Nottingham West CCG
Allan Breeton	-	Nottinghamshire Safeguarding Adults Board
Nick Hunter	-	Nottinghamshire Local Pharmaceutical Committee
Samantha Travis	-	NHS England

OFFICERS IN ATTENDANCE

Paul Davies	-	Democratic Services
Laurence Jones	-	Children, Families and Cultural Services Dept
Nicola Lane	-	Public Health

MINUTES

The minutes of the last meeting held on 4 January 2017 having been previously circulated were confirmed and signed by the Chair.

APOLOGIES FOR ABSENCE

Apologies for absence were received from Jim Aspinall, Dr Thilan Bartholomeuz, Idris Griffiths, Dr James Hopkinson, Dr Guy Mansford, Councillor Neill Mison and Councillor Andrew Tristram.

DECLARATIONS OF INTEREST BY BOARD MEMBERS AND OFFICERS

None.

NOTTINGHAMSHIRE SAFEGUARDING ADULTS BOARD

Allan Breeton gave an update on the work of the Nottinghamshire Safeguarding Adults Board, and introduced the key points from the Board's annual report for 2015/16. He and David Pearson responded to questions and comments about safeguarding and the Board:

- The length of time taken to deal with a referral depended on the complexity of the individual case. Details were given in the annual report. The Multi-Agency Safeguarding Hub (MASH) prioritised enquiries, with the first step being to ensure that the individual was safe before proceeding to an investigation (if one was

required). Abuse of financial responsibilities could be a particular issue in adult safeguarding cases.

- What was meant by "partially achieved" outcomes on page 16 of the annual report? - It was explained that under Making Safeguarding Personal, it was not always to achieve the outcomes desired by the individual.

- What learning was there from referrals which did not meet the safeguarding threshold? - It was pointed Trainers' Forum would consider issues and feed back to agencies.

- Making Safeguarding Personal had meant a shift from promoting understanding of safeguarding procedures to taking account of the victim's perspective. - Reference was made to the responsibility of each organisation to follow the procedures correctly and reinforce them through staff development and supervision.

- Could the Health and Wellbeing Board do anything to overcome the delays experienced in the Court of Protection? - It was explained that the length of time which cases took depended on which aspect of the Court's work was involved. In relation to people's financial affairs, experience showed the value of people setting up lasting power of attorney. It would be difficult for the Board to influence the Court.

RESOLVED: 2017/006

That the report and the work of the Nottinghamshire Safeguarding Adults Board be noted.

FAMILY SERVICE: BUILDING FAMILY RESILIENCE

Laurence Jones gave a presentation on the County Council's Family Service, whose purpose was to provide streamlined support to vulnerable families with a view to reducing more costly, statutory interventions. He responded to questions and comments.

- He explained that the variations in usage of the Family Service between districts arose in part from local understanding of thresholds and pathways. Detailed figures were presented to the Safeguarding Children's Board.

- He indicated that the Service relied on families consenting to their information being shared with other organisations. Families were encouraged to give their consent, but would not always do so.

- It was pointed out that the Family Service, Vulnerable Persons Panels and other organisations worked with overlapping groups of people who were just below the threshold for statutory services. These people would benefit from greater coordination between services. This could be reflected in the forthcoming refresh of the Health and Wellbeing Strategy.

- Asked about the staff employed in the Family Service, it was explained that they were a mix of directly employed and seconded staff, highly skilled at working with families with complex needs.

RESOLVED: 2017/007

That the presentation of the Family Service be received.

COMMUNITY PHARMACY SUPPORT FOR STP PREVENTION AND WORKFORCE AGENDAS

Nick Hunter and Samantha Travis gave a presentation on the ways that community pharmacies could support the strands in the Sustainability and Transformation Plans to prevent ill health and future proof the workforce. They drew particular attention to the extension of Healthy Living Pharmacies, and to a pilot where community pharmacists were working as independent prescribers in six GP surgeries in Nottinghamshire and Derbyshire. They responded to questions and comments.

- They assured the Board that there was no current plan to extend the pilot project to community pharmacy settings. However there were plans to introduce a second phase of the pilot in GP surgeries.

- They explained that if a customer was seeking confidentiality, nearly all pharmacies had a consulting room.

- Healthwatch had studied the patients' perspective on community pharmacies, and concluded that levels of trust could be raised. - It was explained that the Healthy Living Pharmacy concept provided an assurance framework which could be the basis of building trust.

- It was pointed out that Healthy Living Pharmacies related closely to Making Every Contact Count, and that community pharmacies were well placed to support efforts to provide health and social care services close to people's homes.

RESOLVED: 2017/008

1) That the report on the role of community pharmacy be noted.

2) That Board members and partner organisations consider the support requested in paragraph 23 of the report.

CHAIR'S REPORT

The Chair encouraged Board members to attend the Stakeholder Network Social Prescribing Event on 21 March 2017.

RESOLVED: 2017/009

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

WORK PROGRAMME

The Chair indicated that since the preparation of the report, several items had been moved from the agenda for 1 March. She therefore proposed that the 1 March meeting of the Board be cancelled.

RESOLVED: 2017/010

That the work programme be noted, and the Board meeting on 1 March 2017 be cancelled.

The meeting closed at 4.20 pm.

CHAIR

Nottinghamshire County Council

Report to Health and Wellbeing Board

29th March 2017

Agenda Item: 4

REPORT OF DIRECTOR OF PUBLIC HEALTH

PLANNING AND HEALTH, A PROTOCOL FOR HEALTHIER ENVIRONMENTS IN NOTTINGHAMSHIRE

Purpose of the Report

1. This report describes the new protocol enabling the planning system to foster healthy environments and reduce health inequalities. The Health and Wellbeing Board is asked to:

   - Approve the 'Planning and Health, An engagement protocol between local planning authorities and health partners in Nottinghamshire' document in order to ensure that Nottinghamshire utilises the potential that the planning system can have on health.
   - Request all districts in Nottinghamshire to endorse the 'Planning and Health, An engagement protocol between local planning authorities and health partners in Nottinghamshire' document as part of their Local Plans and planning processes.

Information and Advice

2. The role that planning has on health and wellbeing has been identified in the Nottinghamshire Health and Wellbeing Strategy (2014-2017). Priority 5 of the Nottinghamshire Health and Wellbeing Board is to develop healthier environments to live and work in Nottinghamshire, supporting all of the four ambitions, a good start, living well, coping well and working together. The aim is to facilitate a joint approach across Health and Wellbeing partners to ensure that environments are planned to maximise health and wellbeing which promote healthy lifestyles and access to support/services.

3. Following the May 2016 Health and Wellbeing Board in which Spatial Planning for the Health and Wellbeing of Nottinghamshire was presented the next action was to develop a 'Planning and Health Engagement Protocol' between planning authorities, Clinical Commissioning Groups and Public Health. A copy of the protocol is attached as **Appendix 1.**

4. The Government set a target to build 200,000 extra homes by 2020, the NHS Five Year Forward View (2014 & 2015) states the need for the NHS to work with local councils to improve population health by helping to 'design in' health and modern health care from the outset ensuring that they are at the heart of housing and urban planning to tackle the health and care challenges of this century.

5. The protocol ensures that the potential positive and negative impacts on health and wellbeing of proposals are considered in a consistent, systematic and objective way, identifying opportunities for maximising potential health gains and minimising harms. Ensuring that health is given consideration at the earliest possible stage during the planning process with agreement as to when a Health Impact Assessment should be undertaken and addressing inequalities taking account of the wider determinants of health.

6. A good planning system can create better places where it is easy for people to lead healthier lifestyles, in which illness is prevented, people's lives are improved with health and social care costs cut. The planning function in local government is an important lever to shape the natural and built environment through green spaces, housing, transport and our high streets and town centres. Through local plans (which set the land and development vision for each district) and approaches to planning applications health and wellbeing can be improved and negative impacts mitigated against. Using a Health Impact Assessment checklist ensures that the health and wellbeing of residents is taken into account when decisions on planning applications, plans and strategies are made.

Other Options Considered

7. This report takes account of national best practice to develop an approach to housing and urban planning to create healthier places to live in Nottinghamshire.

Reason/s for Recommendation/s

8. The Health and Wellbeing Board has already embraced the concept of using local planning processes to create healthier places to live, it is now required to endorse 'Planning and Health, An engagement protocol between local planning authorities and health partners in Nottinghamshire' and agree to support the launch of the protocol with planning departments.

Statutory and Policy Implications

9. 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.

Implications for Sustainability and the Environment

10. The purpose of the planning system is to contribute to the achievement of sustainable development. Planning is at the forefront of both trying to reduce carbon emissions and to adapt urban environments to cope with higher temperatures, more uncertain rainfall, and more extreme weather events and their impacts such as flooding. Poorly designed homes can lead to fuel poverty in winter and overheating in summer contributing to excess winter and summer deaths. Developments that take advantage of sunlight, tree planting and accessible green/brown roofs also have the potential to contribute towards the mental wellbeing of residents. Local areas should use the protocol to work with partners to prioritise policies and

interventions that 'reduce both health inequalities and mitigate climate change' because of the likelihood that people with the poorest health would be hit hardest by the impacts of climate change.

RECOMMENDATION/S

The Health and Wellbeing Board is asked to:

1. Approve the 'Planning and Health, An engagement protocol between local planning authorities and health partners in Nottinghamshire' document in order to ensure that Nottinghamshire utilises the potential that the planning system can have on health.

2. Request all districts in Nottinghamshire to endorse the 'Planning and Health, An engagement protocol between local planning authorities and health partners in Nottinghamshire' document as part of their Local Plans and planning processes.

Barbara Brady
Director of Public Health

For any enquiries about this report please contact:

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Constitutional Comments (SLB 20/03/2017)

11. Health and Wellbeing Board is the appropriate body to consider the content of this report.

Financial Comments (KAS 17/03/17)

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

Background Papers and Published Documents

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

- National Planning Policy Framework (2012)
- National Planning Practice Guidance (2012)
- Fair Society, Healthy Lives: The Marmot Review (2012)
- Five Year Forward View (2014)
- The Forward View into Action: Healthy New Towns Programme (2015)
- Nottinghamshire Joint Strategic Needs Assessment: Air Quality (2015)
- Nottinghamshire Joint Strategic Needs Assessment: Physical activity (2015)

- Nottinghamshire Joint Strategic Needs Assessment: Diet and nutrition (2015)
- Nottinghamshire Joint Strategic Needs Assessment: Excess weight in children, young people and adults (2016)
- Global Report on Diabetes (2016)
- Building the Foundations: Tackling obesity through planning and development (2016)
- Tipping the Scales: Case studies on the use of planning powers to limit hot food takeaways (2016)
- Spatial Planning for the Health and Wellbeing of Nottinghamshire (2016)
- Planning and Health. An engagement protocol between local planning authorities and health partners in Nottinghamshire (2017)

Electoral Division(s) and Member(s) Affected

All

Planning and Health

An engagement protocol between local planning authorities and health partners in Nottinghamshire

2017

Version control

Version number	Person responsible	Notes	Date
v.1	Nina Wilson		07.10.16
v.2	Diane Steiner/Anne Pridgeon	Re-draft	31.10.16
v.3	Nina Wilson	Amends	23.11.16
v.4	Nina Wilson	Amends	30.11.16
v.5	Anne Pridgeon	Amends	08.12.16
v.6	Nina Wilson	Amends	09.12.16
v.7	Anne Pridgeon	Amends	18.01.17
v.8	Nina Wilson	Amends	01.03.17

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4. Protocol implementation and review **Error! Bookmark not defined.**

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Acronyms

AMR - Annual Monitoring Report

CCG – Clinical Commissioning Group

CHP – Community Health Partnership

CIL – Community Infrastructure Levy

DM – Development Management

HIA – Health Impact Assessment

JSNA – Joint Strategic Needs Assessment

LEF – Local Estates Forum

LES – Local Estates Strategy

LGA – Local Government Association

LPA – Local Planning Authority

LTP – Local Transport Plan

NCC – Nottinghamshire County Council

NHS – National Health Service

NPPF – National Planning Policy Framework

PCT – Primary Care Trust

SEP – Strategic Estates Plan

SPD – Supplementary Planning Document

STP – Sustainability and Transformation Plan

Executive summary

The purpose of this document is to provide a robust *Planning and Health Engagement Protocol* so that health is fully embedded into planning processes, maximising health and wellbeing and ensuring that health/social care infrastructure requirements are considered to serve the growth requirements of the population of Nottinghamshire.

Local planning authorities should agree and ensure that health and wellbeing, and health infrastructure, are considered in local and neighbourhood plans and in planning decision making. Health partners[1] and developers should work effectively with local planning authorities in order to promote healthy communities and support appropriate health infrastructure.

For both the Local Plan Making Stages and the Planning Application Process, the document outlines what needs to happen and by whom to ensure that health partners are fully engaged with the planning process and that local planning authorities uphold their commitment to ensuring that health and wellbeing is considered in plans and decision making.

[1] Health partners refers to health service commissioners and providers, Public Health England, upper tier Local Authority Public Health team and local authority environmental health teams.

1. Introduction

Background

1.1. It is acknowledged that the environment in which we are born, grow, live, work and play (Marmot 2010[2]) is a major determinant of our health and wellbeing. Housing quality, air pollution, road infrastructure, access to green space and walk-ability of our neighbourhoods, along with many other social and environmental factors, contribute directly to protecting and promoting good health and wellbeing and can impact on our ability to live healthy lifestyles. The ability to access appropriate healthcare facilities and services when ill is also a key requirement for health and wellbeing.

1.2. The role that planning has on health and wellbeing has been identified in the Nottinghamshire Health and Wellbeing Strategy (2014-2017). One of the priorities for 2016/17 of the Nottinghamshire Health and Wellbeing Board is to develop healthier environments in which to live and work in Nottinghamshire.

1.3. Local planning authorities (LPA) should ensure that health and wellbeing, and healthcare infrastructure, are considered in local and neighbourhood plans and in planning decision making. Health partners[3] should work effectively with local planning authorities in order to promote healthy communities and support appropriate healthcare infrastructure.

Aim & Purpose

1.4. The aim of this protocol is that health is fully embedded into planning processes to maximise health and wellbeing and ensure that health/social care infrastructure requirements are considered to serve the growth requirements of the population of Nottinghamshire.

1.5. The purpose of this document is to bring together LPA Planners (Policy and Development Management) and health service commissioners and providers as well as Public Health England (PHE) and upper tier Local Authority Public Health teams to ensure comments on planning policy documents and planning applications are received and taken into account during the planning process.

1.6. The aim and purpose of this document are further supported by the 'Spatial Planning for the Health and Wellbeing of Nottinghamshire (2016)' document that was endorsed by the Health and Wellbeing Board in May 2016.

[2] Marmot (2010) Fair Society, Healthy Lives. https://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review

[3] Health partners refers to Public Health and healthcare service commissioners and providers.

Objectives

1.7. The objectives of this protocol are to:

- Ensure that local planning authorities and health partners work effectively together
- Ensure that the principles of health and wellbeing, as set out in the National Planning Policy Framework[4] (NPPF) and contained in the Nottinghamshire County Council (NCC) Spatial Planning and Health (2016)[5] document are adequately considered in plan making and in the evaluation and determination of planning applications.
- Share expertise and promote collaborative working between planners and health partners
- Ensure effective coordination of strategic planning issues between planners and health partners.
- Ensure that health partners are fully engaged in the planning process in Nottinghamshire inputting into planning applications, Local Plans and other relevant planning documents
- Support delivery of elements of the Nottingham and Nottinghamshire Sustainability and Transformation Plan to improve the quality of care, the health and wellbeing of local people, and the finances of local services.

[4] https://www.gov.uk/government/publications/national-planning-policy-framework--2
[5] http://www.nottinghamshireinsight.org.uk/insight/news/item.aspx?itemId=44.

2. Structures and processes

Health

2.1. The National Health Service (NHS) underwent a major transformation in 2013 with the implementation of the Health and Social Care Act 2012 (Figure 1, page 4 outlines the main NHS and Public Health structures from the national to local level), **(Appendix 1)**.

2.2. The 'Spatial Planning for Health and Wellbeing of Nottinghamshire' document approved by the Nottinghamshire Health and Wellbeing Board in May identifies that local planning policies play a vital role in protecting and promoting good health and wellbeing and healthy communities.

2.3. To deliver plans that are based on the needs of local populations, local health and care systems have each developed a Sustainability and Transformation Plan (STP)[6]. In Nottinghamshire, all Clinical Commissioning Groups (CCGs) (excluding Bassetlaw) are in the Nottingham City and Nottinghamshire STP[7] with Bassetlaw being an associate. Bassetlaw belongs to the South Yorkshire and Bassetlaw STP.

2.4. The planning and purchasing of healthcare services for local populations is done by CCGs. CCGs control the majority of the NHS budget, although some specialised services are commissioned by NHS England. In Nottinghamshire there are six local CCGs:

- Bassetlaw
- Mansfield and Ashfield
- Newark and Sherwood
- Nottingham North and East
- Nottingham West
- Rushcliffe.

2.5. Healthcare providers are the organisations that are commissioned by NHS England, CCG's and Public Health to deliver health promotion and healthcare to the population. They include NHS and private healthcare providers as well as independent contractors such as GPs, optometrists and pharmacist. The main healthcare providers in Nottinghamshire are:

NHS Hospitals

- Nottingham University Hospitals NHS Trust
- Sherwood Forest Foundation NHS Foundation Trust
- Doncaster and Bassetlaw NHS Foundation Trust

[6] https://www.england.nhs.uk/2016/03/footprint-areas/

[7] http://www.stpnotts.org.uk/

Mental Health Trust

- Nottinghamshire Healthcare NHS Foundation Trust

NHS Community Healthcare

- Nottinghamshire Healthcare NHS Foundation Trust (Local Partnerships Division)

2.6. High quality local estates planning is crucial and requires all parts of the NHS to work together to enable system wide transformation required. Good quality estates planning is vital to allow the NHS to:

– Fully rationalise its estate
– Maximise use of facilities
– Deliver value for money, and
– Enhance patients' experiences.

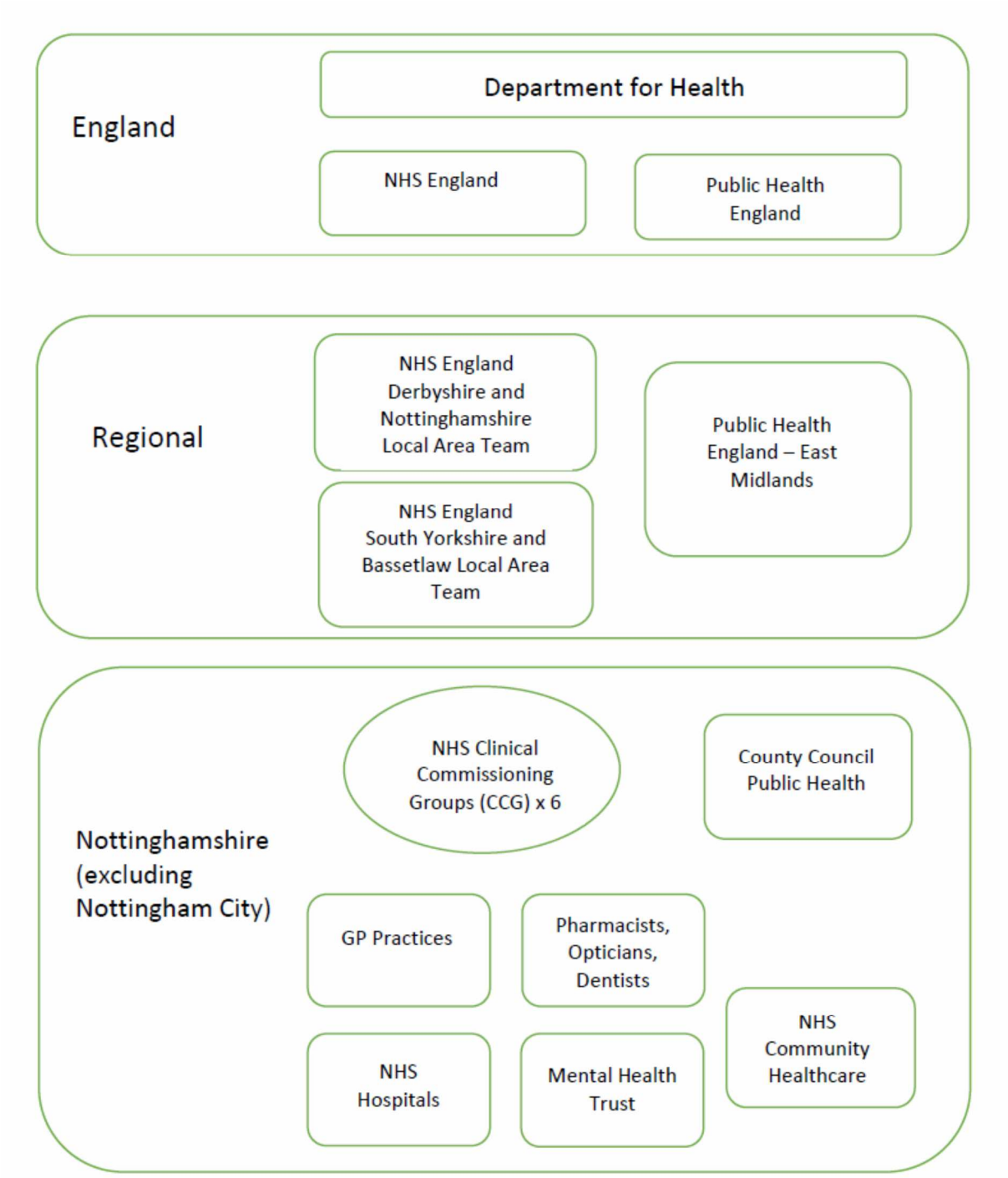
2.7. CCG's and NHS England in consultation with local healthcare providers can assist a Local Planning Authority (LPA) regarding strategic policy to refurbish, expand, reduce or build new facilities to meet the healthcare needs of the existing population as well as those arising as a result of new and future development.

2.8. The formation of Local Estates Forums (LEF) will enable development of a sufficiently robust understanding of the available estate and alignment to commissioning intentions to ensure maximum value from NHS resources and reduce wastage.

2.9. In Nottinghamshire there are four LEFs: Southern, Mid Nottinghamshire, Bassetlaw and City. Each CCG has a working draft Estates Strategy which is linked to the STP Estates Strategy. The STP is committed to strengthening primary, community, social care and carer services to support secondary care/acute hospital trusts.

2.10. The One Public Estate programme run by Cabinet Office and the Local Government Association (LGA) encourages local councils to work with central government and other public sector organisations on a geographical basis to share buildings and re-use or release surplus property and land.

Figure 1: NHS and Public Health Structures from the national to local level in Nottinghamshire



Planning

2.11. The planning system operates at a strategic and local level. At the strategic level, planning shapes the places where people live, work and play through the use of Local Plans which set out priorities and policies for development in relation to issues such as housing, employment, public open space, minerals and waste, community facilities and the environment. At the local level, planning controls development on a site by site basis.

National Planning Policy Framework (NPPF)

2.12. The National Planning Policy Framework (NPPF) sets out national planning guidance for local authorities and recognises that the planning system plays an important role in facilitating social interaction and creating healthy, inclusive communities. Chapter 8 of the NPPF focusses on promoting healthy communities, ensuring that local communities are engaged in the planning process at all levels and that mechanisms are embedded to encourage people to choose healthy lifestyles. The NPPF places great emphasis on the importance of accessibility to: high quality open space, safe communities, recreational facilities/services, rights of way and cultural facilities for all, which can all make an important contribution to the health and wellbeing of communities.

2.13. The Planning System is designed to be used by local government and communities with a typically three tier local government system operating in England:

- County Councils – who produce Minerals and Waste Local Plans and Local Transport Plans
- District or Borough Councils – who produce Local Plans in relation to housing, employment, retail and the environment
- Parish or Town Councils – who generally produce Neighbourhood Plans.

Duty to Cooperate

2.14. Many planning issues cross local authority boundaries. The Localism Act 2011 introduced the 'Duty to Cooperate' to ensure Local Planning Authorities and other public bodies work together. This includes CCGs and NHS England in relation to the planning of sustainable development and the provision of services that extend beyond their own administrative boundaries. Local planning authorities must also demonstrate their compliance with the Duty to Cooperate when their Local Plan is examined.

The role of the Local Plan

2.15. The NPPF places Local Plans at the heart of the planning system and they are the starting point for considering whether planning applications can be approved, therefore it is important that they are kept up-to-date. Local Plans must be prepared with the objective of contributing to the achievement of sustainable development.

2.16. The Local Plan should make clear what is intended to happen in the area over the life on the Plan (usually 15 years) and where and when this will occur and how it will be delivered. The NPPF sets out what a Local Plan should cover and includes:

- Home and jobs required in the area;
- The provision of retail, leisure and other commercial development;
- The provision of infrastructure for transport, telecommunications, waste management, water supply, wastewater, flood risk and coastal change management, and the provision of minerals and energy
- The provision of health, security, community and cultural infrastructure and other local facilities; and
- Climate change mitigation and adaptation, conservation and enhancement of the natural and historic environment, including landscape.

2.17. Each Local Plan and Supplementary Planning Document (SPD) is subject to extensive public consultation and examination by an independent inspector and is assessed against the four elements of soundness, as set out in the NPPF which states that Local Plans must be positively prepared, justified, effective and consistent with national planning policy. The stages in a Local Plan **(Appendix 2)**.

2.18. The Local Plan forms part of the Development Plan which incorporates any 'saved policies'. The Development Plan is a document(s) that detail the overall strategy of the Council in order to bring about sustainable development for an area.

Neighbourhood plans are prepared by local communities for their area and are also subject to independent examination and a vote by the local community in a referendum. All neighbourhood plans must be in conformity with national and local planning policies. After the plan has passed the examination and is supported via a positive referendum outcome, the plan is 'adopted by the Local Planning Authority and becomes part of the statutory Development Plan. The Development Plan is then used by the local planning authority when determining planning applications, from householder extensions to large scale mixed use development. The stages in the making of a Neighbourhood Plan or Order **(Appendix 3)**.

Planning Applications

2.19. If a planning application is submitted to a Local Authority, the application will generally be granted planning permission if it is in accordance with the Local Plan, unless there are material considerations that indicate otherwise. If a planning application is refused permission, the applicant has the right to appeal. There are three possible steps on the path to obtaining planning permission:

- *Pre-application advice* – although not a formal requirement, pre-application discussions involve early consultation and liaison with the local planning authority and is useful in addressing any policy implications, issues or conflicts prior to the submission of a formal planning application. It should be noted that many planning authorities charge the applicant a fee for pre-application advice.

- *Outline Planning Applications* – An outline planning application allows a decision to be made on the general principles of how a site can be developed. Outline planning permission is granted subject to conditions requiring the subsequent approval of one or more detailed 'reserved matters'.

- *Full Planning Applications* – An application for full planning permission results in a decision on the detail of how a site or part of a site can be developed. This is where the local authority's planning policies are applied in detail to planning applications. The officer dealing with an application will often negotiate, and suggest ways to improve the scheme; but the main part of the job is to make a recommendation to approve or refuse planning consent. An officer may have delegated responsibility to issue consent, but on large schemes that decision is usually taken by a council's Planning Committee. If planning permission is granted (which lasts for three years), subject to compliance with planning conditions, development can take place.

2.20. The stages of the planning application process **(Appendix 4).**

2.21. Nottinghamshire County Council as a Minerals and Waste Planning Authority deals with full planning applications for minerals and waste development. In addition they are also responsible for determining planning applications for education and their own proposals.

2.22. Local Borough and District Councils determine the vast majority of other planning applications in Nottinghamshire, such as for housing, retail, and employment.

Section 106 Contributions

Collection and spending of S106

2.23. NHS England / Clinical Commissioning Groups (CCG's) may seek contributions towards new / improved healthcare facilities which are required to mitigate the impact of the development on their service provision. These may be provided on site as part of the wider community infrastructure or off-site as part of existing health facilities in the area.

2.24. Some recent examples of planning applications which include either provision or contributions towards the provision of healthcare facilities in Nottinghamshire are:

- Gedling Colliery (phased development of 1,050 dwellings, local centre with retail units and health centre, and new primary school) https://pawam.gedling.gov.uk/online-applications/applicationDetails.do?activeTab=summary&keyVal=NYIOKOHLGXE00
- Land at Bestwood Business Park (Outline planning application for residential development of up to 220 dwellings) https://pawam.gedling.gov.uk/online-applications/applicationDetails.do?activeTab=documents&keyVal=N1I4OXHL03700 (see S106 agreement)

Nottinghamshire County Council (NCC) Planning Obligations Strategy

2.25. NCC has a Planning Obligations Strategy which sets out the standard requirements that the County Council may seek in association with new developments, to mitigate against the impact of these upon the services it provides.

2.26. The document has no statutory status, however it is a material consideration in the determination of planning applications and if development proposals do not comply, the strategy may be used as a reason or reasons for the refusal of planning permission by a Local Planning Authority.

Districts and Boroughs in Nottinghamshire

2.27. In addition Districts and Boroughs may have information within their Local Plans or Supplementary Planning Documents (SPD's) and which contain their approach to seeking developer contributions. For example Newark & Sherwood have a Developer Contributions and Planning Obligations SPD and which contains a section on health. For information about viewing this document see section 5 'Useful Links'.

Spending S106 Monies

2.28. The timescales (or triggers) for making payments of the agreed contributions, including health will be set out in the 'schedules' contained within the Section 106 agreement. These triggers will be negotiated as part

of the process for producing the agreement. Factors that may influence the payment triggers include things such as:

- The size of the contribution;
- When the infrastructure which is being paid for by the contribution is required in relation to the schemes delivery;

Viability

2.29. Where a legal agreement makes provision for a commuted sum to be paid, there will normally be a requirement that money must be spent within a reasonable time frame. This period is usually five years but may be longer, if deemed appropriate. If the money is not spent within the agreed period, the developer would be reimbursed with the outstanding amount, together with any interest accrued.

Pooling S106 Contributions

2.30. When a Community Infrastructure Levy was brought into effect by a Local Authority or nationally after April 2015, the CIL regulations 2010 (as amended) restrict the use of pooled contributions towards items that may be funded CIL. At that point, no more may be collected in respect of a specific infrastructure project or a type of infrastructure through a section 106 agreement, if five or more obligations for that project or type of infrastructure have already been entered into since 6 April 2010, and it is a type of infrastructure that is capable of being funded by the levy. More information about this can be found in paragraphs 99-102 of the CIL element of the Planning Practice Guidance **(Appendix 5).**

2.31. For the purposes of above Infrastructure is defined as including: roads and other transport facilities; flood defences; schools and other educational facilities; medical facilities; sporting and recreational facilities; and open spaces; (CIL Regulations 2010 as amended).

Community Infrastructure Levy (CIL)

2.32. The legislative framework for planning obligations is set out in Section 106 of the Town & Country Planning Act 1990, as amended by Section 12 of the 1991 Planning and Compensation Act, and the Localism Action 2011. Further legislation and guidance is set out in paragraph's 203-206 of the National Planning Policy Framework (NPPF), Regulations 122 and 123 of the Community Infrastructure Levy Regulations 2010 (as amended) and the Planning Practice Guidance (PPG).

2.33. Contributions / obligations can be in monetary form, as one-off payments or phased to a set schedule, or as contributions in kind such as the provision of land. Contributions can be used to cover for on-going maintenance and management; they can also be pooled to a limited extent (see section 3 on pooling below) or commuted for use off site.

2.34. In 2010 three legal tests were introduced and which all section 106 agreements must comply with in order to be lawful. These are:

– Necessary to make the development acceptable in planning terms;
– Directly related to the development; and
– Fairly and reasonably related in scale and kind to the development.

2.35. Paragraph 003 of the Planning Obligations section of the Planning Practice Guidance[8] sets out the approach that Local Authorities should follow in terms of policies for seeking planning obligations. It confirms that:

'*Policies for seeking planning obligations should be set out in a Local Plan; neighbourhood plan and where applicable in the London Plan to enable fair and open testing of the policy at examination. Supplementary planning documents should not be used to add unnecessarily to the financial burdens on development and should not be used to set rates or charges which have not been established through development plan policy.*

2.36. *There are 3 LPAs within Nottinghamshire that have adopted CIL documents in place* ***(Appendix 8)****:*

- Bassetlaw District Council -
- Newark and Sherwood District Council
- Gedling Borough Council

2.37. *Planning obligations assist in mitigating the impact of development which benefits local communities and supports the provision of local infrastructure. Local communities should be involved in the setting of planning obligations policies in a Local Plan; neighbourhood plan and where applicable in the London Plan.*'

[8] http://planningguidance.communities.gov.uk/blog/guidance/planning-obligations/planning-obligations-guidance/

3. The Protocol

Plan Making

3.1. The Local Plan process offers extensive opportunities for health partners to get involved to ensure that strategic level planning policies reflect their own strategic priorities. Table 1 outlines the responsibilities of planners and health partners during the Local Plan Making stages.

Table 1: Responsibilities of planners and health partners during the Local Plan making stages.

Local Plan Making Stages	How and when to engage	Who
Issues & Options, Preferred Options and evidence gathering	Establish key health partners' contact details for consultation list to ensure that Local Plans reflect national and local health strategies and priorities and address healthcare infrastructure needs	County, District and Borough Policy and Development Management Planners
	Utilise the Joint Strategic Needs Assessment (JSNA) to provide evidence on health and wellbeing to support the development of the Local Plan	
	Supply any additional evidence on health that is not within the JSNA. The CCGs and NHS England are covered by the Duty to Cooperate, under the Town and Country (Local Plan) (England) Regulations 2012 Reg 4, and so are obliged to provide information on health infrastructure.	Local Authority Public Health
	Utilise the Local Estates Forum* to discuss healthcare infrastructure considerations.	County, District and Borough Policy Planners Health Commissioners (NHS England, CCG's) Local Authority Public Health Health Providers
	Carry out a rapid HIA of the emerging policy document and advise on appropriate policies to be included in the Local Plan.	Local Authority Public Health team
Publication and Submission of the Local Plan	Ensure that the evidence provided is up-to-date.	County, District and Borough Policy and Development Management Planners
	Check that the emerging planning policies conform to the NPPF Health Partners should formally respond to this stage of the process within the statutory deadline of 6 weeks, including representations of support where appropriate.	
	Provide supporting evidence, where appropriate.	
Examination & Adoption	Provide robust evidence to support the examination. Attendance at Examination where appropriate	County, District and Borough Policy and Development

		Management Planners, CCGs, Public Health and NHS England
Monitoring and Review	Develop clear and measurable outcomes on health and wellbeing	District and Borough Policy Planners and Local Authority Public Health teams,
	Review health and health inequalities data within the Annual Monitoring Report (AMR)	District and Borough Policy Planners and Local Authority Public Health
	Check CIL/Section 106 planning obligations spend against health improvements and healthcare provision	District and Borough Policy Planners and CCG's /NHS England.

***Further information on the Local Estates Forum can be obtained from** nina.wilson@nottscc.gov.uk

3.2. Projections for health and social care need are given in Appendix 5 'Planning, population growth and needs for health and social care'. This considers four areas of health and social care need, each using three scenarios of housing growth. Projections are given for lower-tier Local Authorities and Clinical Commissioning Groups in Nottinghamshire County.

Planning Applications

3.3. It is important that health partners are aware of and consulted alongside relevant statutory consultees on all developments **(Appendix 6)**. This should be done at all stages of the planning application process, including pre-application discussions. On a reciprocal basis Health Partners need to commit to responding to consultations by the statutory deadlines, or those agreed with the LPA. Failing to respond within the specified statutory deadline gives rise to a number of implications. Table 2 outlines the responsibilities of planners and health partners in the pre-application and application processes.

3.4. Discussions and comments provided on all planning applications will make use of the criteria **(Appendix 7)** 'The Checklist for Planning and Health' – this is set out in the 'Spatial Planning for the Health and Wellbeing of Nottinghamshire'. Local Authority planners, health partners and developers should utilise this checklist and the benefits of taking account of it when assessing development proposals.

Table 2: The involvement of Health Partners in Pre-application discussions and the planning application process

Planning Application Process	How and when to engage	Who
Pre-application discussions	Establish key health partners' contact details for consultation list.	County, District and Borough Policy, Development Management Planners and health providers
	Supply evidence on health and wellbeing making any recommendations and advising on any specific issues within the statutory deadline of 14 days (of that agreed with the LPA).	Local Authority, Public Health, CCGs and NHS England
	Utilise the Local Estates Forum to discuss healthcare infrastructure considerations.	County, District and Borough Development Management Planners, Health Commissioners (NHS England, CCG's) Local Authority Public Health Health Providers
Outline and Full Planning Applications	Establish key health partners' contact details for consultation list.	County, District and Borough Policy, Development Management Planners and health providers
	Attend meetings to discuss healthcare infrastructure requirements and other relevant issues, where appropriate	
	Supply evidence on health and wellbeing making any recommendations and advising on any specific issues	Local Authority, Public Health, CCGs and NHS England
	Utilise the Local Estates Forum to discuss healthcare infrastructure considerations. Consider whether the proposed development can be made acceptable through the use of planning conditions/Section 106	Planners Health Commissioners (NHS England, CCG's)
	Ensure that all comments are sent to the relevant contact within the statutory 21 days, unless a time extension is agreed with the planning case officer.	All Health Partners
	Check that the CCGs and NHS England have been consulted and responded regarding healthcare infrastructure requirements	County, District and Borough Planners
Planning Decision	Check that health and wellbeing and healthcare infrastructure comments have been taken into consideration and are included in the planning decision notice/Section 106 Agreement in the context of viability and the overall issues	County, District and Borough Policy and Development Management Planners

Planning Application Process	How and when to engage	Who
	associated with the individual planning application.	
Option to Appeal	Provide robust evidence to support the examination. Attendance at Examination where appropriate	County, District and Borough Policy and Development Management Planners, CCGs, Public Health and NHS England

4. Protocol implementation and review

4.1. It is intended that the engagement protocol will bring together local planners and health partners to provide coordinated, appropriate and timely responses to Local Plans, planning applications, and other relevant planning documents. The protocol provides an opportunity for expertise across the disciplines to be shared and utilised to ensure the health and wellbeing of Nottinghamshire residents is met and to assist in the long term strategic planning of health care infrastructure.

4.2. Local planning authorities should agree and ensure that health and wellbeing, and health infrastructure, are considered in local and neighbourhood plans and in planning decision making. Health partners and developers should work effectively with local planning authorities in order to promote healthy communities and support appropriate healthcare infrastructure to serve the growth requirements of the population of Nottinghamshire. Local planning authorities have a role in producing Neighbourhood Plans the responsibility for early engagement at the issues stage rests with the Parish Council or Neighbourhood Forum.

4.3. This protocol will be reviewed annually, as a 'living' document and amended as appropriate to ensure that it is meeting the aims and objectives as outlined in section1 and is fit for purpose.

Appendix 1 – NHS and Public Health System

1. NHS England

NHS England leads the NHS in England. It sets the priorities and direction of the NHS. It is responsible for commissioning specialist health services, including prison health services, medical services for the armed forces and dental services as well as authorising and supporting Clinical Commissioning Groups.

2. Clinical Commissioning Groups (CCGs)

CCGs are responsible for designing local health services. They do this by buying health care services including elective hospital care, rehabilitation care, urgent and emergency care, most community health services and mental and learning disability services.

3. The Nottingham and Nottinghamshire Sustainability and Transformation Plan

Health and social care services are working together to improve the quality of their care, their population's health and wellbeing and the finances of local services. The Sustainability and Transformation Plan (STP) is a blueprint which sets out how this will be achieved over the next five years. This includes maximising estates utilisation to make best use land, buildings and facilities and ensure that buildings are fit for purpose and in the most appropriate locations to support the delivery of services.

4. Public Health England: East Midlands

Although the PHE Centre for Chemical, Radiation and Environmental Hazards (PHE-CRCE) is the lead for the planning areas in bullets below, Public Health East Midlands and/or other teams may contribute to responses.

- Environmental Permitting
- Local Planning
- Nationally Significant Infrastructure Projects (NSIP)

Environmental Permitting

Environmental Permits are issued for certain industrial activities that are considered to pose a potential risk to public health or the wider environment. Under the Environmental permitting Regulations 2010 there are no longer statutory consultees. The regulator may be the Environment Agency (EA) (for higher risk processes) or the Local Authority (for lower risk processes).

The Environment Agency has Working Together Agreements with a number of organisations (one of which is PHE) describing how and when they will consult.

The Environment Agency's working together agreement with PHE includes an agreed risk based screening tool for permit consultations[9].

The PHE document 'Environmental permitting and the role of Public Health England' (2015)[10] sets out the way Public Health England responds to consultations on environmental permit applications made to the Environment Agency in England. PHE may also be consulted by local authorities who regulate lower risk activities. PHE-CRCE provides an opinion to the regulator on the potential public health and wider environmental impacts of the activities and emissions arising from the proposed regulated facility. Copies of PHE responses to EA permit consultations are sent to the Director of Public Health for information.

Planning

Both PHE and Directors of Public Health fall into the class of non-statutory consultees for local planning applications. It is down to individual local, upper tier planners (who deal with waste and mineral planning applications) and National Park Authorities to decide who they will consult. If Local Planning Authorities consult PHE, PHE sends its response directly to the planners. Consultation with Local Authority Public Health teams is determined by internal arrangements at a local level.

Nationally Significant Infrastructure Projects (NSIP) (under the Planning Act 2008)

Within PHE there is a NSIP Consultation Team who deal centrally with applications and respond on behalf of PHE. Local authorities are statutory consultees to the application process and consultation with Local Authority Public Health teams is determined at a local level.

5. Public Health in Local Authorities

Public Health is the science and art of preventing disease, prolonging life and promoting health through the organised efforts and informed choices of society, public and private organisations, communities and individuals. It is population focused rather than caring for individual patients. The three domains of public health practice are:

- Health Protection – controlling against infectious diseases and emergency response
- Health Improvement – supporting healthy lifestyles and tackling health inequalities and the wider determinants of health such as housing, education and employment.

[9] https://www.gov.uk/government/publications/working-together-agreement-environment-agency-and-public-health-england
[10] https://www.gov.uk/government/publications/environmental-permitting-and-the-role-of-public-health-england

- Improving Healthcare – support on service planning, audit, clinical governance, equity, effectiveness and modelling to provide information regarding population growth and needs for health and social care

The Director of Public Health[11] should:

- be the person who elected members and senior officers look to for leadership, expertise and advice on a range of issues, from outbreaks of disease and emergency preparedness through to improving local people's health and concerns around access to health services
- know how to improve the population's health by understanding the factors that determine health and ill health, how to change behaviour and promote both health and wellbeing in ways that reduce inequalities in health
- provide the public with expert, objective advice on health matters
- be able to promote action across the life course, working together with local authority colleagues such as the director of children's services and the director of adult social services, and with NHS colleagues
- work through local resilience fora to ensure effective and tested plans are in place for the wider health sector to protect the local population from risks to public health
- work with local criminal justice partners and police and crime commissioners to promote safer communities
- work with wider civil society to engage local partners in fostering improved health and wellbeing.

6. Healthcare providers

These are the organisations that are commissioned by NHS England, CCG's and Public Health to deliver health promotion and healthcare to the population. They include NHS and private healthcare providers as well as independent contractors such as GP's, optometrists and pharmacists.

[11] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213007/DsPH-in-local-government-i-roles-and-responsibilities.pdf

Appendix 2 - Key stages in preparing a Local Plan

Issues & Options, initial evidence gathering - consultation, formulation of aims and objectives, draft vision and strategy, notification of relevant consultation bodies inviting them to make comments.

Publication – Local Plan is formally published for a minimum of 6 weeks to allow members of the public to make representation. The LPA will then consider the comments received and proceed to the Submission Stage.

Submission – the Local Plan, representations and other relevant documents are submitted to the Planning Inspectorate. The Inspectorate then arrange for the Local Plan to go through to the Examination Stage, to be considered by an independent inspector.

Examination The examination starts on submission. The Inspector will decide what matters need discussing at the hearings and will invite participants. Following the hearing the Inspector will produce a report and may recommend the plan is either sound, sound with proposed modifications or not sound. The LPA can then adopt the Local Plan provided it is sound.

Adoption - This is the final stage where the Local Plan is found sound. The Inspector may make minor changes to the strategy but if serious problems are found he/she will declare it 'unsound' and it will have to be withdrawn.

Monitoring and Review – The LPA is required to monitor progress on the implementation of the plans and the LPA will produce an Annual Monitoring Report

Appendix 3 – Stages in a Neighbourhood Plan

Designation of a Neighbourhood Plan Area and Neighbourhood Forum (if required) – Local community identify an appropriate boundary for the neighbourhood plan, apply to the LPA for the area to be designated, LPA publicise and consult on the application and make a decision on the neighbourhood plan area(s) to be designated.

Initial evidence gathering, consultation and publicity – the local community formulate a vision and objectives for the plan, gather evidence and draft details of the intended proposals for a plan. Consultation on the neighbourhood plan for a minimum of 6 weeks is undertaken.

Submission – Neighbourhood Plan or Order proposal is submitted to the LPA, who publicise the plan or order for 6 weeks. The LPA arranges for an independent examination of the neighbourhood plan or order.

Examination – An independent examiner makes recommendations to the LPA on whether the draft Neighbourhood Plan or Order is in conformity with the Local Plan and meets the legal tests. The LPA proceeds to referendum.

Referendum – a referendum is held to ensure that the community decides whether a neighbourhood plan should for part of the development plan for the area. If the majority of those who vote are in agreement, with the plan, the neighbourhood plan is then 'made' and will be used in the determination of planning applications in the area, as it now forms part of the development plan for the area.

Appendix 4 – Stages in the planning application process

Pre-application discussions – initial advice provided by planning officers as to the potential for development on a site prior to submitting an outline or full planning application. Pre-application advice is confidential and is not open to public consultation.

Submitting a planning application - See http://planningguidance.communities.gov.uk/ on 'Making a Planning Application'

Notification and consultation with the community and statutory consultees – statutory consultation lasts for not less than 21 days, publicity requirements will be set out in the LPA's Statement of Community Involvement (SCI).

Determination - the planning application will be determined in accordance with the Development Plan, unless material considerations indicate otherwise. The LPA has 8 weeks to make a decision on minor planning applications and 13 weeks for a major planning application

Decision – Planning officers usually decide minor planning applications under delegated decision-taking powers. Major planning applications are usually decided at Planning Committee.

Option to Appeal – the applicant has the right to appeal to the Secretary of State, through the Planning Inspectorate if the planning application is refused, grants the application subject to unacceptable planning conditions or fails to deal with the application in the statutory time limit. Planning appeals can also be 'recovered' and the decision is made by the Secretary of State.

Appendix 5 - Planning, population growth and needs for health and social care

Introduction

Projections of need for health and social care are of interest to upper- and lower-tier local authorities, commissioners and care providers.

This piece of work projects the change in need for four high level pathways across four areas of health and social care need, each using three scenarios of housing growth. Projections are given for lower-tier Local Authorities and Clinical Commissioning Groups in Nottinghamshire County.

Scenarios for population change

The three scenarios presented below are intended to cover the extremes of possible change in populations and need:

1. **Natural change**
   The existing population ages, produces new babies and dies. Net migration is assumed to be zero and there is no new housing.
2. **High growth**
   The same population change as in (1), but with the *addition* of new populations as a result of new-build housing. This set of models assumes that new household sizes are the same as the 2011 Census average for *non-single person* households in the relevant area and that inward-migration to take up the new housing is high (100%). This model is likely to represent very high inward migration of young families who move to new housing or to live in housing vacated by existing resident who move to new housing.
3. **Low growth**
   The same population change as in (1), but with the *addition* of new populations as a result of new-build housing. This set of models assumes that new household sizes are the same as the 2011 Census average for *all* households in the relevant area and that inward-migration to take up the new housing is low[12]. This model is likely to represent areas where there is higher local housing pressure; existing populations takes up a substantial proportion of any new housing with a lower number of people moving from outside the local area.

High level pathways

Projected need for services has been calculated for four high-level pathways. Each of these incorporates need across the whole health and social care system. Please note that this is not an attempt to predict the increase in need for specific services. Some types of care provider (for example GPs and primary care staff) perform work across all of these pathways; the overall impact of population growth on these services will be an aggregate of the expected change in each pathway for the relevant services. Others can expect the dominant change to be from within one of the high level pathways (for instance Accident and

[12] Estimates for each local authority based on data published as part of the CURDs 2010 report 'Geography of Housing Market Areas in England', available at http://www.ncl.ac.uk/curds/research/defining/NHPAU.htm . See links for Migration statistics for Local HMAs / single tier set of HMAs.

Emergency services might expect increases to follow the urgent and planned care set, with smaller effects from mental health and social care).

- **Mental health**
  This includes all aspects of mental health as an aggregate marker of need (common mental health issues such as depression and anxiety are included with severe and enduring mental health issues). Resources across relevant parts of primary care, MH urgent care (including A&E, crisis resolution and related admissions), outpatients and IAPT are all affected and can all expect the same change in need.
- **Urgent and planned care**
  These two pathways are considered together because the projected *change* in demand is identical for both, given populations of the same demography.
  The **urgent pathway** incorporates all categories of ambulance and emergency response call-out, 111 service, general practice in- and out-of-hours emergency response, A&E, minor injuries and associated admissions to hospital and related clinic activity.
  The **planned care pathway** covers planned primary care activity, community services and out-patient care and day surgery.
- **Social care**
  Social care includes care provided to younger adults as well as older people. Social care service provision, nursing and residential care as well as domiciliary and other services are incorporated into this pathway. Related aspects of primary care resources use (e.g. time spent referring from GPs) are also expected to change in a similar pattern.
- **Pregnancy and maternity**
  This relates to all healthcare activity from conception through to birth. The number of conceptions, terminations, community midwifery, GP checks, maternity unit activity and births (with or without complications) are all part of this pathway.

Projected new-build & timescales

The projected number of new-build housing completions (housing trajectories) was taken from planning documents for each relevant local authority. These vary in timescale as in table 1.

Local authority	Projections available to:
Ashfield	2013/14
Bassetlaw	2019/20
Broxtowe	2027/28
Gedling	2027/28
Mansfield	Documents in preparation: projections developed to 2027/28 using the 'Option C: medium level of new housing' in planning policy consultations.
Newark & Sherwood	2025/26
Rushcliffe	2027/28
Nottingham City	2027/28

Table 1 Housing projection availability by Local Authority.

For each area, it was assumed that **all** planned housing would be developed and available for occupation in the stated year. Where available, net completions were used (i.e. any planned demolition is accounted for) and 'windfall' development allowances were included.

Housing developments were allocated to CCG geography based on CCG footprint and analysis of detail from the local authority housing trajectories.

Base populations

For ease, the base population used for all projections was the 2014 resident population for each Local Authority area and within each CCG area footprint. For CCGs, this will differ from the more usual registered population (the numbers registered with each GP practice) but the overall scale of change in need will be very similar between registered and resident populations. As the modelling results are presented as the change in need compared to 2015, this is not a major weakness.

Where the CCG footprint is the same as the Local Authority area (Bassetlaw LA/ CCG, Broxtowe LA/ Nottingham West CCG, Rushcliffe LA/ CCG) the projections are identical.

Calculations

Sex and age-specific models of household and population change were developed in Excel for each LA and CCG area and the current number of deaths and births in each area derived from Office for National Statistics data. Population projections and the models of need for each pathway were developed using Scenario Generator (discrete event simulation software developed by the Simul8 Corporation for high-level, whole system health and social care planning: http://simul8healthcare.com/scenario-generator.htm)

Presentation

The results are presented in chart and table form in Section 2. Each scenario (natural change, low growth and high growth) is presented for each high level pathway and for each local authority or CCG footprint. The tables and charts show the percentage change in need compared to 2015 (which is always 0).

No attempt has been made to estimate the change in demand for specific services. This is for two reasons: first and most importantly, models of care are likely to change across health and social care systems over the foreseeable future. Predicting the number of hospital beds or GP practices needed may be possible, but such projections would only be valid if no health and social care integration or system redesign takes place. The second reason is that the models are designed to reflect changing **need** as opposed to **demand.** Modelling the demand for services would necessarily involve some assumptions about people's and organisations' behaviour (for example how people might use A&E differently or how social service thresholds for care might change) and are outside the scope of this work.

Section 3 contains the annual cumulative, projected population change for each LA or CCG footprint for each population change scenario. Section 4 presents the CCG registered and Local Authority resident population totals for 2014.

Your comments, questions and constructive criticism are welcome.
For further information, please contact:

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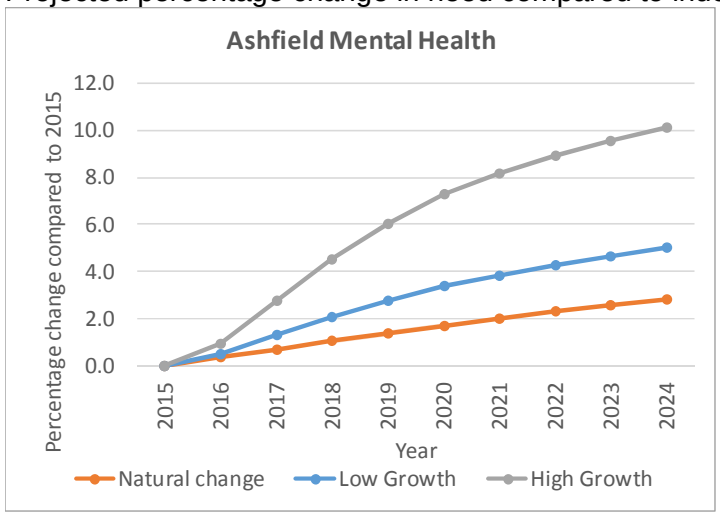
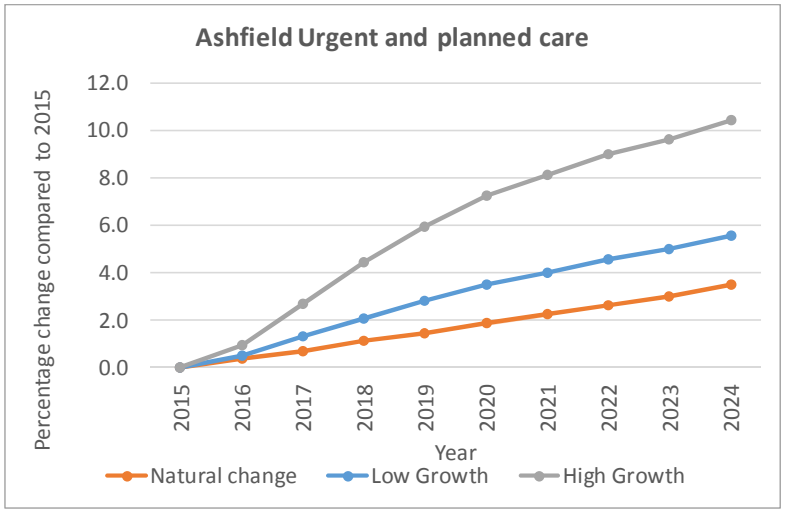
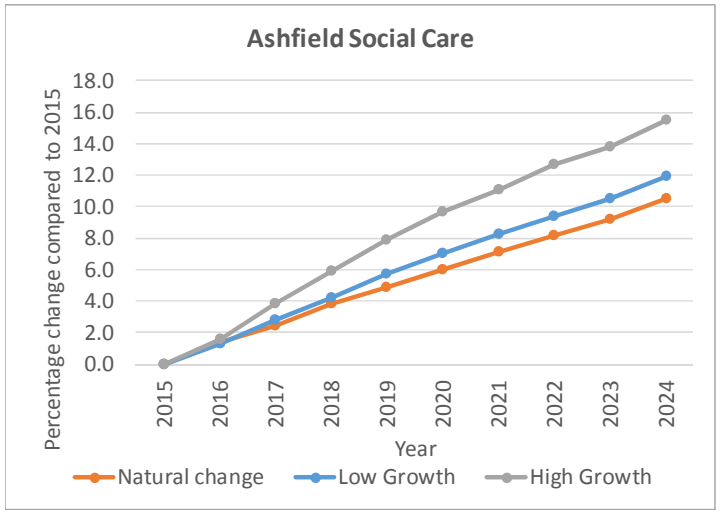
April 2016

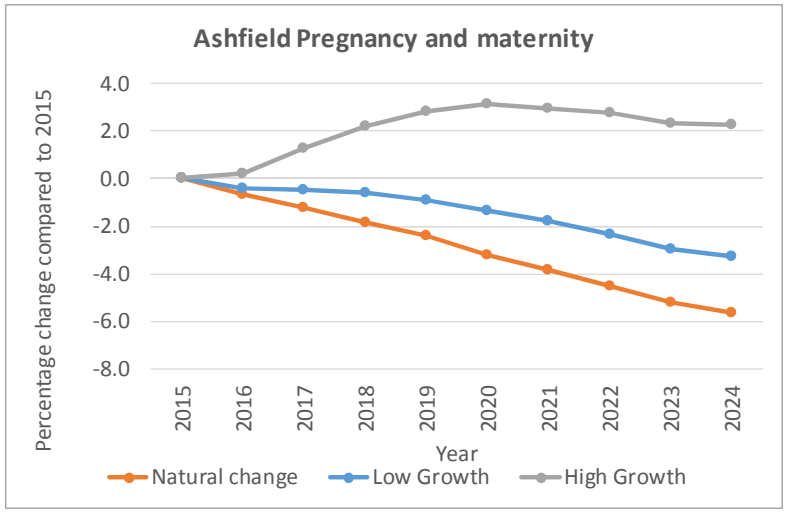
Ashfield District

Projected percentage change in need compared to index year of 2015









Ashfield District
Projected percentage change in need compared to index year of 2015

Natural growth	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Mental health	*0.00*	*0.37*	*0.71*	*1.06*	*1.38*	*1.70*	*2.02*	*2.30*	*2.58*	*2.84*
Planned and unplanned care	*0.00*	*0.39*	*0.72*	*1.11*	*1.48*	*1.87*	*2.27*	*2.65*	*3.02*	*3.51*
Social Care	*0.00*	*1.37*	*2.45*	*3.78*	*4.81*	*5.96*	*7.13*	*8.17*	*9.20*	*10.54*
Pregnancy and maternity	*0.00*	*-0.67*	*-1.19*	*-1.86*	*-2.42*	*-3.18*	*-3.85*	*-4.50*	*-5.20*	*-5.63*

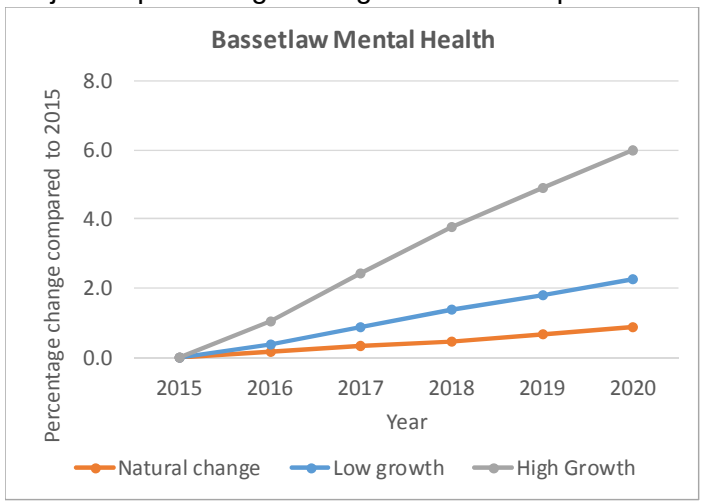
Low growth	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Mental health	*0.00*	*0.51*	*1.30*	*2.07*	*2.77*	*3.36*	*3.85*	*4.27*	*4.64*	*5.00*
Planned and unplanned care	*0.00*	*0.52*	*1.31*	*2.09*	*2.85*	*3.51*	*4.04*	*4.54*	*5.00*	*5.60*
Social Care	*0.00*	*1.25*	*2.78*	*4.22*	*5.74*	*7.04*	*8.20*	*9.37*	*10.46*	*11.95*
Pregnancy and maternity	*0.00*	*-0.40*	*-0.45*	*-0.58*	*-0.88*	*-1.37*	*-1.77*	*-2.33*	*-2.95*	*-3.28*

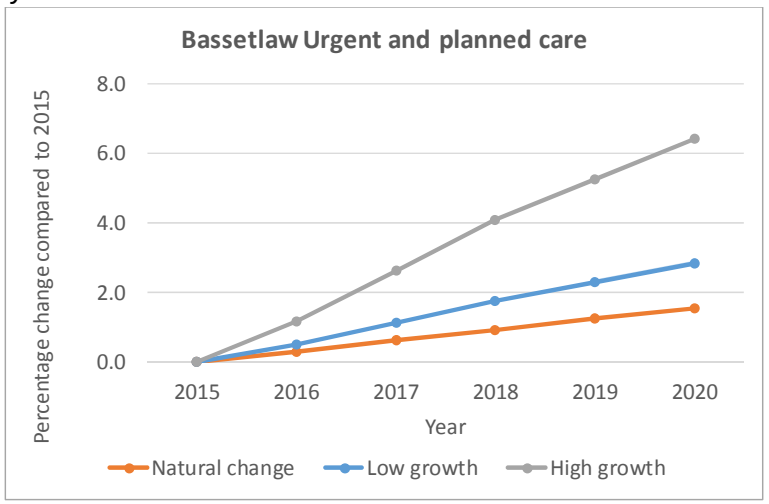
High growth	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Mental health	*0.00*	*0.96*	*2.75*	*4.55*	*6.02*	*7.27*	*8.14*	*8.94*	*9.53*	*10.09*
Planned and unplanned care	*0.00*	*0.95*	*2.70*	*4.46*	*5.97*	*7.25*	*8.15*	*8.99*	*9.64*	*10.42*
Social Care	*0.00*	*1.58*	*3.83*	*5.91*	*7.83*	*9.66*	*11.05*	*12.62*	*13.82*	*15.52*
Pregnancy and maternity	*0.00*	*0.20*	*1.26*	*2.21*	*2.86*	*3.14*	*2.99*	*2.77*	*2.36*	*2.28*

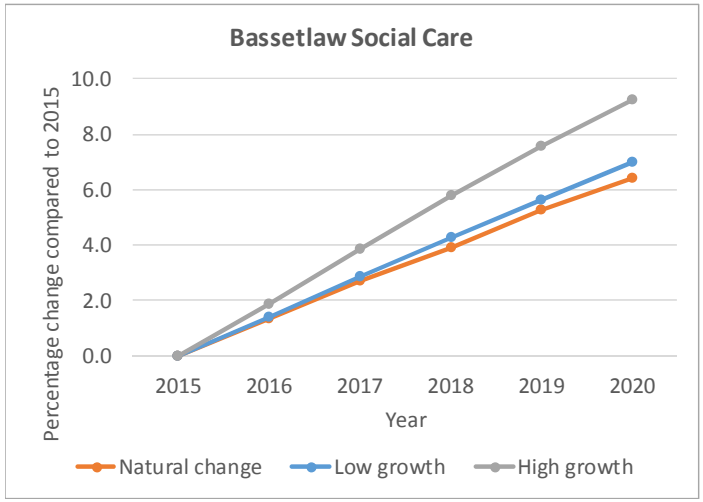
Negative numbers denote a **reduction** compared to 2015 activity, positive numbers an **increase** compared to 2015

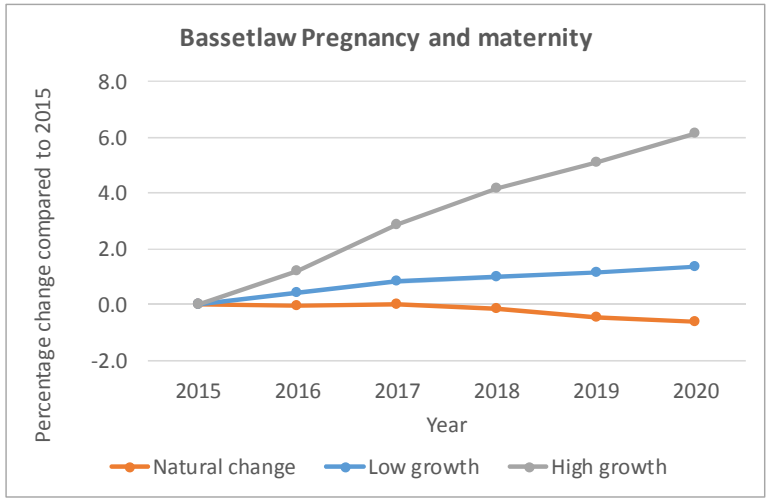
Bassetlaw District and Bassetlaw CCG

Projected percentage change in need compared to index year of 2015









Bassetlaw District and Bassetlaw CCG

Projected percentage change in need compared to index year of 2015

Natural growth	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**
Mental health	*0.00*	*0.15*	*0.33*	*0.47*	*0.68*	*0.88*
Planned and unplanned care	*0.00*	*0.32*	*0.62*	*0.92*	*1.26*	*1.55*
Social Care	*0.00*	*1.34*	*2.68*	*3.90*	*5.24*	*6.43*
Pregnancy and maternity	*0.00*	*-0.03*	*0.01*	*-0.16*	*-0.45*	*-0.63*

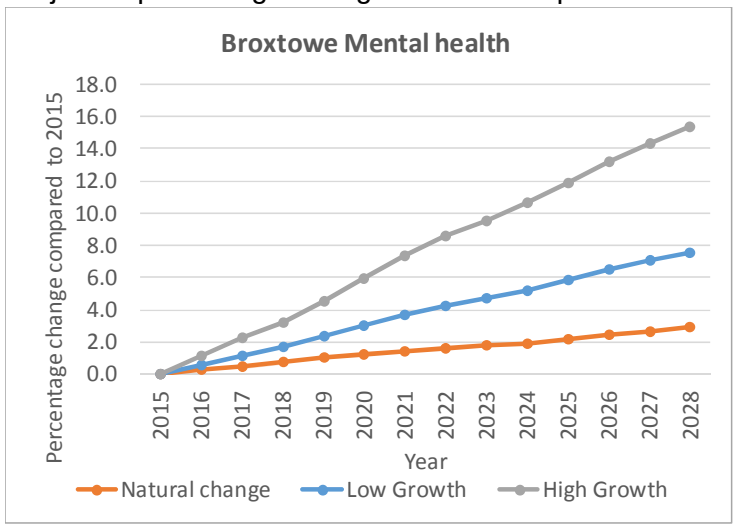
Low growth	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**
Mental health	*0.00*	*0.38*	*0.88*	*1.36*	*1.82*	*2.27*
Planned and unplanned care	*0.00*	*0.52*	*1.14*	*1.75*	*2.29*	*2.83*
Social Care	*0.00*	*1.37*	*2.83*	*4.26*	*5.64*	*6.99*
Pregnancy and maternity	*0.00*	*0.43*	*0.87*	*1.01*	*1.17*	*1.36*

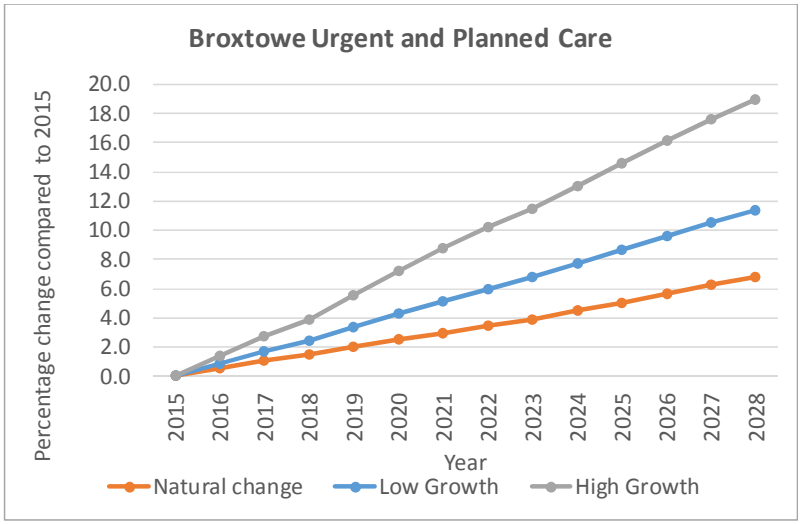
High growth	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**
Mental health	*0.00*	*1.05*	*2.42*	*3.77*	*4.90*	*5.99*
Planned and unplanned care	*0.00*	*1.16*	*2.64*	*4.09*	*5.27*	*6.41*
Social Care	*0.00*	*1.86*	*3.83*	*5.77*	*7.58*	*9.26*
Pregnancy and maternity	*0.00*	*1.19*	*2.85*	*4.16*	*5.09*	*6.12*

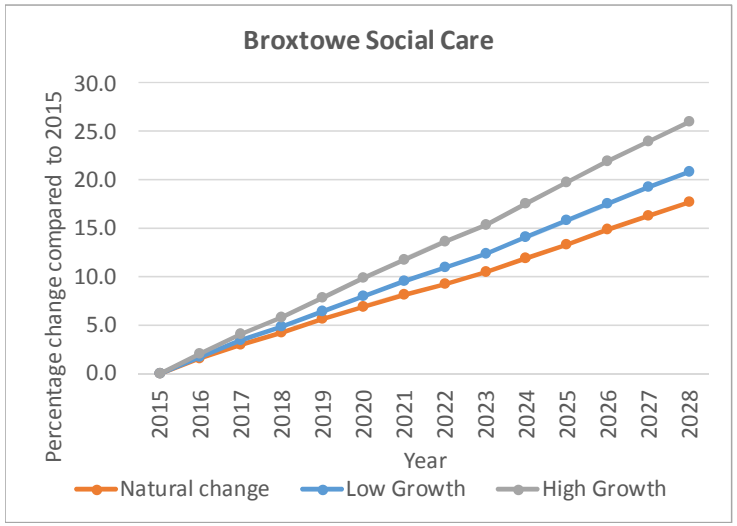
Negative numbers denote a **reduction** compared to 2015 activity, positive numbers an **increase** compared to 2015

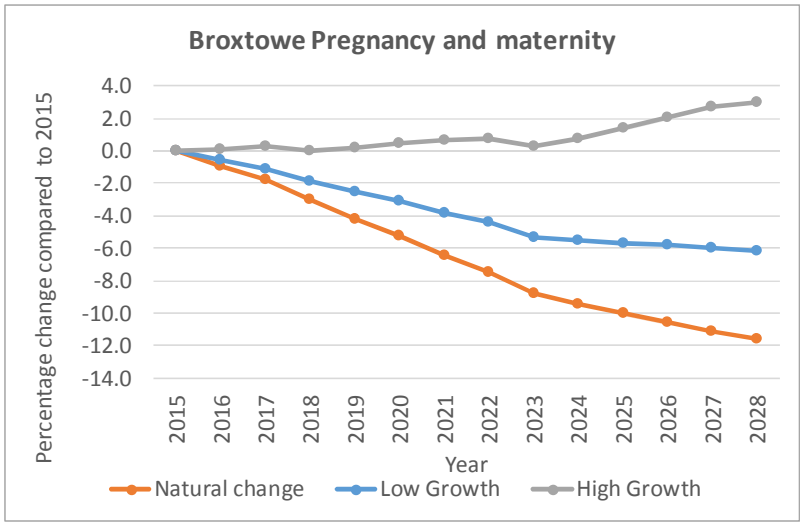
Broxtowe Borough and Nottingham West CCG

Projected percentage change in need compared to index year of 2015









Broxtowe Borough and Nottingham West CCG

Projected percentage change in need compared to index year of 2015

Natural growth	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**	**2025**	**2026**	**2027**	**2028**
Mental health	*0.00*	*0.27*	*0.52*	*0.76*	*1.00*	*1.22*	*1.42*	*1.60*	*1.78*	*1.93*	*2.17*	*2.41*	*2.65*	*2.88*
Planned and unplanned care	*0.00*	*0.52*	*1.02*	*1.52*	*2.03*	*2.50*	*2.98*	*3.42*	*3.92*	*4.49*	*5.07*	*5.67*	*6.25*	*6.82*
Social Care	*0.00*	*1.47*	*2.85*	*4.20*	*5.59*	*6.82*	*8.09*	*9.18*	*10.46*	*11.87*	*13.30*	*14.83*	*16.28*	*17.69*
Pregnancy and maternity	*0.00*	*-0.96*	*-1.80*	*-2.96*	*-4.17*	*-5.22*	*-6.45*	*-7.48*	*-8.78*	*-9.43*	*-10.00*	*-10.52*	*-11.10*	*-11.62*

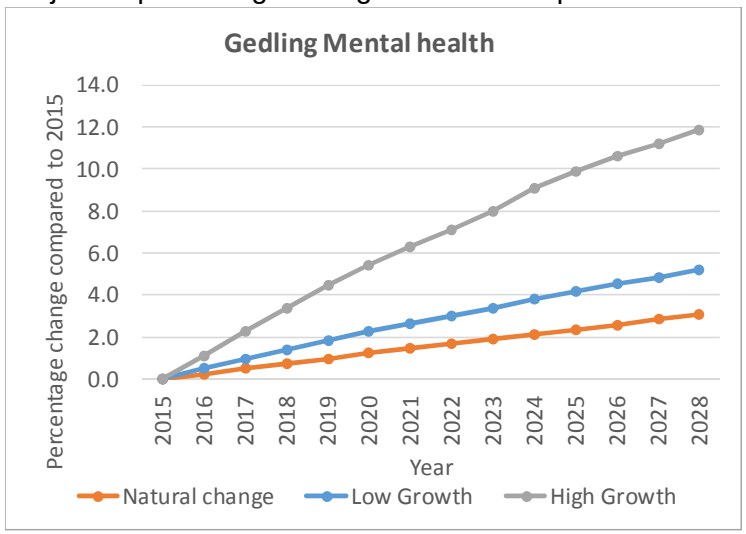
Low growth	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**	**2025**	**2026**	**2027**	**2028**
Mental health	*0.00*	*0.58*	*1.17*	*1.67*	*2.32*	*3.00*	*3.63*	*4.22*	*4.67*	*5.20*	*5.82*	*6.46*	*7.05*	*7.56*
Planned and unplanned care	*0.00*	*0.82*	*1.66*	*2.40*	*3.31*	*4.24*	*5.12*	*5.97*	*6.73*	*7.67*	*8.63*	*9.59*	*10.50*	*11.33*
Social Care	*0.00*	*1.63*	*3.32*	*4.74*	*6.33*	*7.94*	*9.43*	*10.85*	*12.29*	*13.98*	*15.74*	*17.49*	*19.17*	*20.74*
Pregnancy and maternity	*0.00*	*-0.55*	*-1.11*	*-1.84*	*-2.52*	*-3.06*	*-3.83*	*-4.40*	*-5.35*	*-5.55*	*-5.73*	*-5.75*	*-5.95*	*-6.14*

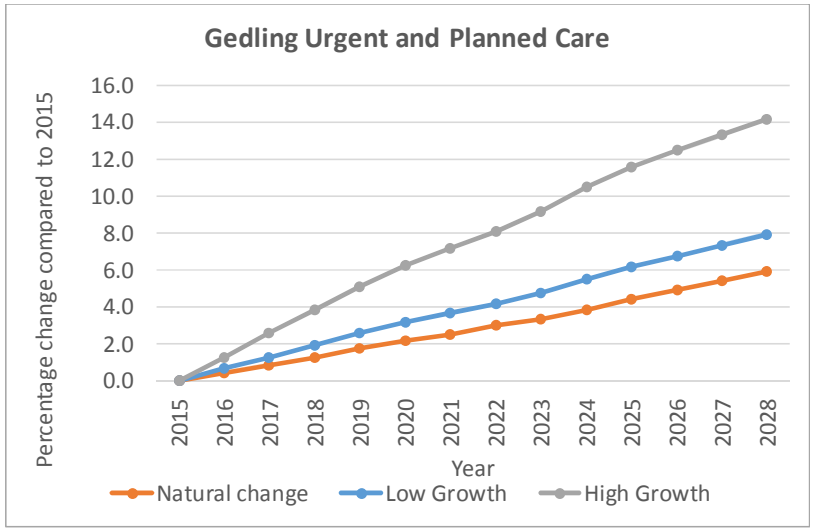
High growth	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**	**2025**	**2026**	**2027**	**2028**
Mental health	*0.00*	*1.11*	*2.24*	*3.20*	*4.56*	*5.97*	*7.30*	*8.58*	*9.48*	*10.64*	*11.91*	*13.17*	*14.36*	*15.36*
Planned and unplanned care	*0.00*	*1.35*	*2.70*	*3.88*	*5.51*	*7.15*	*8.72*	*10.22*	*11.43*	*12.97*	*14.54*	*16.10*	*17.59*	*18.89*
Social Care	*0.00*	*2.01*	*3.97*	*5.68*	*7.80*	*9.81*	*11.75*	*13.60*	*15.33*	*17.45*	*19.67*	*21.83*	*24.01*	*25.96*
Pregnancy and maternity	*0.00*	*0.07*	*0.32*	*0.03*	*0.16*	*0.51*	*0.66*	*0.78*	*0.33*	*0.79*	*1.44*	*2.09*	*2.68*	*3.00*

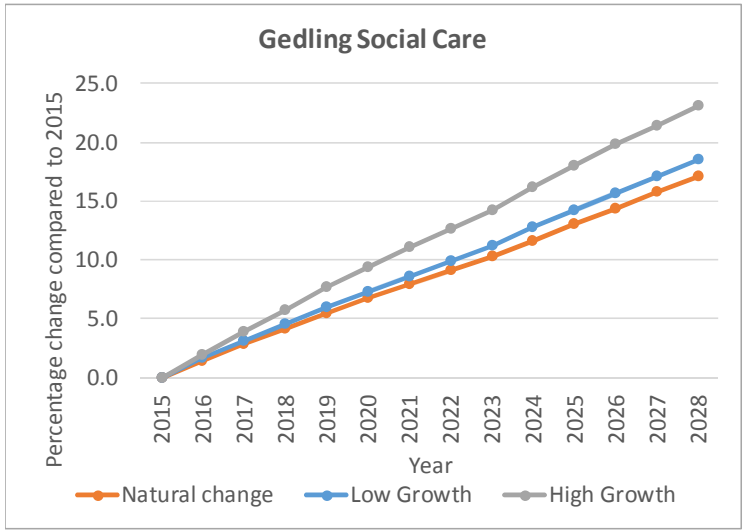
Negative numbers denote a **reduction** compared to 2015 activity, positive numbers an **increase** compared to 2015

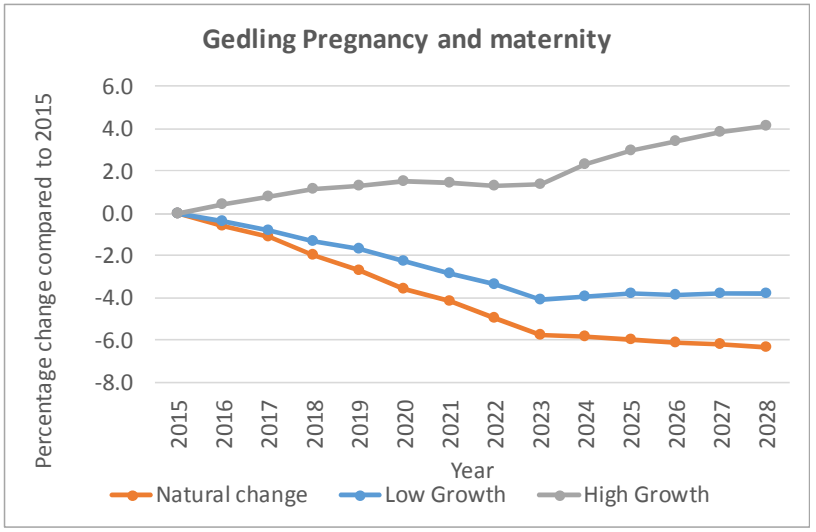
Gedling Borough

Projected percentage change in need compared to index year of 2015









Gedling Borough

Projected percentage change in need compared to index year of 2015

Natural growth	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028
Mental health	*0.00*	*0.25*	*0.49*	*0.71*	*0.98*	*1.21*	*1.43*	*1.69*	*1.89*	*2.09*	*2.33*	*2.58*	*2.84*	*3.06*
Planned and unplanned care	*0.00*	*0.43*	*0.88*	*1.31*	*1.75*	*2.17*	*2.55*	*2.98*	*3.38*	*3.88*	*4.40*	*4.92*	*5.45*	*5.95*
Social Care	*0.00*	*1.39*	*2.81*	*4.10*	*5.48*	*6.74*	*7.85*	*9.14*	*10.30*	*11.60*	*13.00*	*14.38*	*15.77*	*17.06*
Pregnancy and maternity	*0.00*	*-0.62*	*-1.12*	*-1.96*	*-2.73*	*-3.55*	*-4.17*	*-4.94*	*-5.77*	*-5.82*	*-5.96*	*-6.16*	*-6.17*	*-6.32*

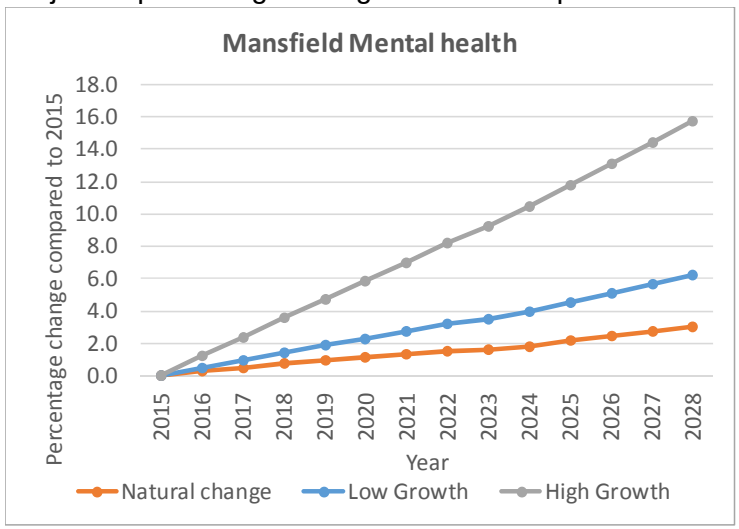
Low growth	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028
Mental health	*0.00*	*0.48*	*0.92*	*1.37*	*1.82*	*2.24*	*2.61*	*2.98*	*3.37*	*3.80*	*4.19*	*4.54*	*4.87*	*5.18*
Planned and unplanned care	*0.00*	*0.67*	*1.30*	*1.95*	*2.57*	*3.16*	*3.69*	*4.22*	*4.80*	*5.52*	*6.16*	*6.79*	*7.37*	*7.95*
Social Care	*0.00*	*1.61*	*3.09*	*4.53*	*5.93*	*7.31*	*8.59*	*9.87*	*11.21*	*12.74*	*14.19*	*15.67*	*17.08*	*18.44*
Pregnancy and maternity	*0.00*	*-0.41*	*-0.80*	*-1.30*	*-1.72*	*-2.28*	*-2.86*	*-3.38*	*-4.08*	*-3.93*	*-3.81*	*-3.85*	*-3.83*	*-3.79*

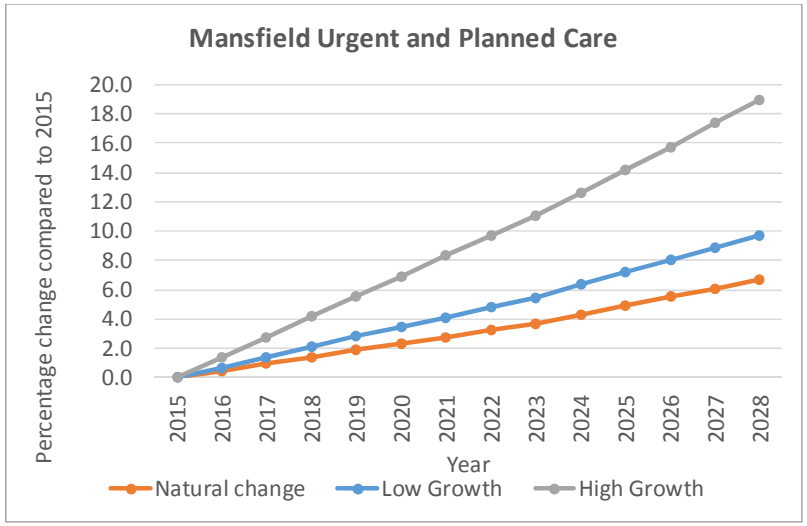
High growth	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028
Mental health	*0.00*	*1.12*	*2.25*	*3.35*	*4.49*	*5.46*	*6.30*	*7.10*	*8.02*	*9.07*	*9.92*	*10.64*	*11.21*	*11.84*
Planned and unplanned care	*0.00*	*1.30*	*2.57*	*3.86*	*5.13*	*6.23*	*7.20*	*8.13*	*9.20*	*10.49*	*11.59*	*12.52*	*13.32*	*14.19*
Social Care	*0.00*	*1.93*	*3.92*	*5.73*	*7.63*	*9.36*	*11.02*	*12.63*	*14.23*	*16.15*	*18.04*	*19.78*	*21.34*	*23.10*
Pregnancy and maternity	*0.00*	*0.41*	*0.77*	*1.12*	*1.31*	*1.53*	*1.45*	*1.30*	*1.35*	*2.32*	*2.94*	*3.38*	*3.87*	*4.16*

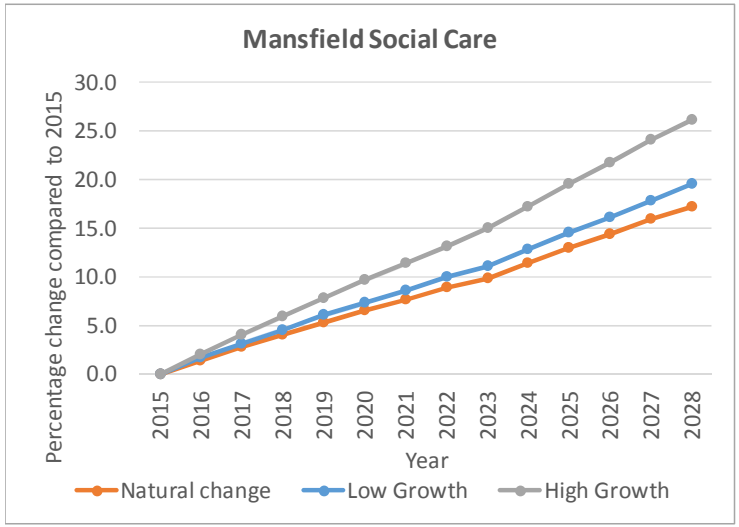
Negative numbers denote a **reduction** compared to 2015 activity, positive numbers an **increase** compared to 2015

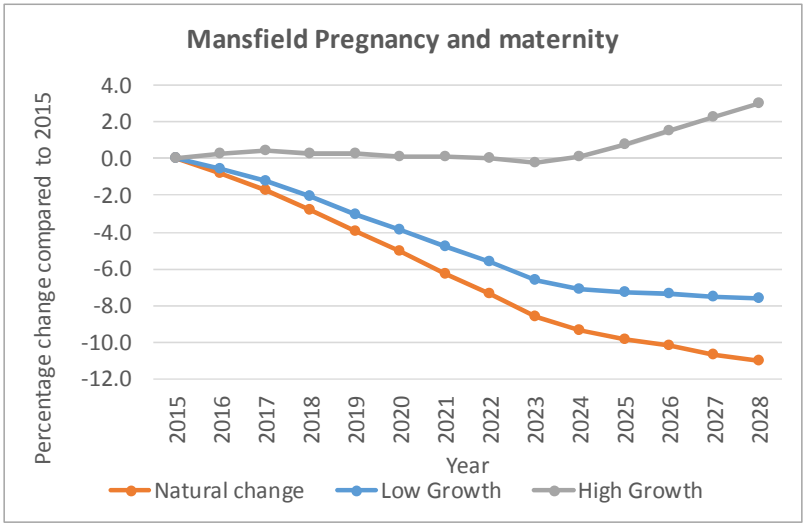
Mansfield District

Projected percentage change in need compared to index year of 2015









Mansfield District

Projected percentage change in need compared to index year of 2015

Natural growth	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028
Mental health	*0.00*	*0.25*	*0.51*	*0.73*	*0.94*	*1.13*	*1.32*	*1.51*	*1.64*	*1.81*	*2.15*	*2.45*	*2.76*	*3.05*
Planned and unplanned care	*0.00*	*0.47*	*0.94*	*1.39*	*1.86*	*2.32*	*2.76*	*3.21*	*3.64*	*4.26*	*4.90*	*5.49*	*6.10*	*6.68*
Social Care	*0.00*	*1.41*	*2.79*	*4.08*	*5.31*	*6.51*	*7.65*	*8.80*	*9.82*	*11.34*	*12.97*	*14.37*	*15.87*	*17.26*
Pregnancy and maternity	*0.00*	*-0.83*	*-1.67*	*-2.83*	*-3.99*	*-5.05*	*-6.28*	*-7.38*	*-8.59*	*-9.34*	*-9.85*	*-10.20*	*-10.66*	*-11.05*

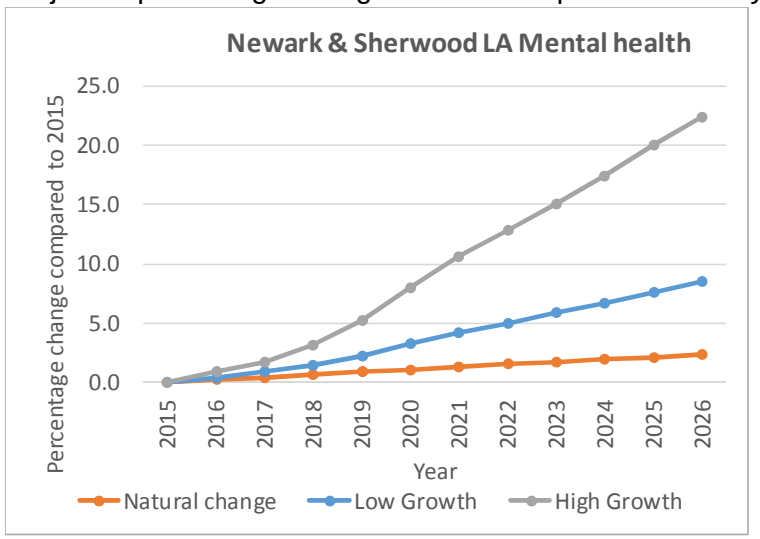
Low growth	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028
Mental health	*0.00*	*0.50*	*0.97*	*1.43*	*1.88*	*2.30*	*2.74*	*3.16*	*3.53*	*3.95*	*4.50*	*5.06*	*5.62*	*6.18*
Planned and unplanned care	*0.00*	*0.70*	*1.38*	*2.07*	*2.79*	*3.46*	*4.13*	*4.80*	*5.47*	*6.32*	*7.17*	*8.00*	*8.86*	*9.69*
Social Care	*0.00*	*1.58*	*3.08*	*4.52*	*6.02*	*7.30*	*8.61*	*9.89*	*11.12*	*12.79*	*14.50*	*16.13*	*17.89*	*19.51*
Pregnancy and maternity	*0.00*	*-0.56*	*-1.21*	*-2.05*	*-3.03*	*-3.87*	*-4.79*	*-5.66*	*-6.58*	*-7.08*	*-7.24*	*-7.37*	*-7.55*	*-7.60*

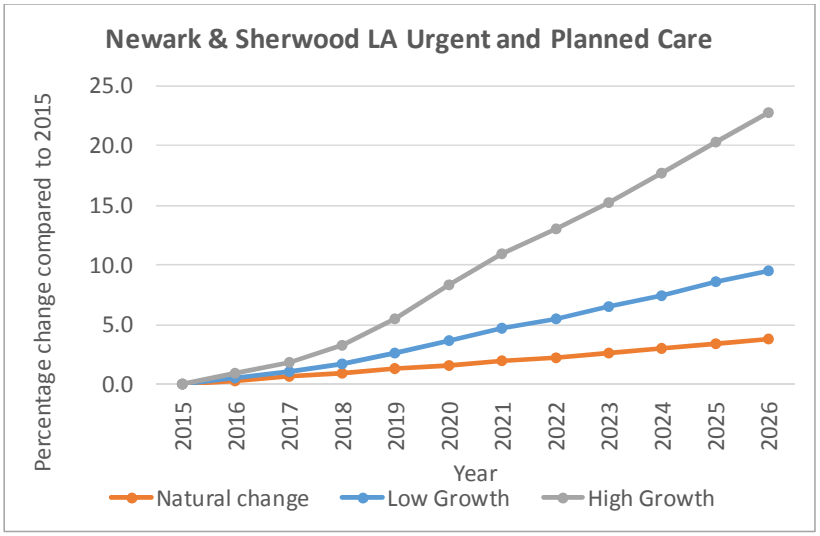
High growth	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028
Mental health	*0.00*	*1.19*	*2.36*	*3.54*	*4.70*	*5.86*	*7.01*	*8.15*	*9.27*	*10.44*	*11.76*	*13.08*	*14.41*	*15.71*
Planned and unplanned care	*0.00*	*1.38*	*2.77*	*4.16*	*5.55*	*6.93*	*8.30*	*9.67*	*11.05*	*12.64*	*14.20*	*15.76*	*17.35*	*18.89*
Social Care	*0.00*	*1.99*	*3.95*	*5.88*	*7.76*	*9.61*	*11.40*	*13.14*	*14.93*	*17.21*	*19.47*	*21.71*	*24.04*	*26.19*
Pregnancy and maternity	*0.00*	*0.28*	*0.46*	*0.31*	*0.26*	*0.14*	*0.08*	*0.00*	*-0.19*	*0.14*	*0.75*	*1.55*	*2.30*	*3.07*

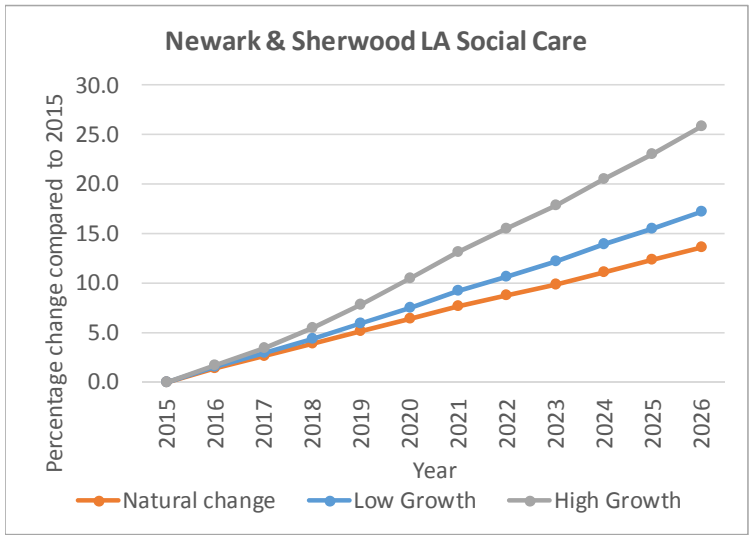
Negative numbers denote a **reduction** compared to 2015 activity, positive numbers an **increase** compared to 2015

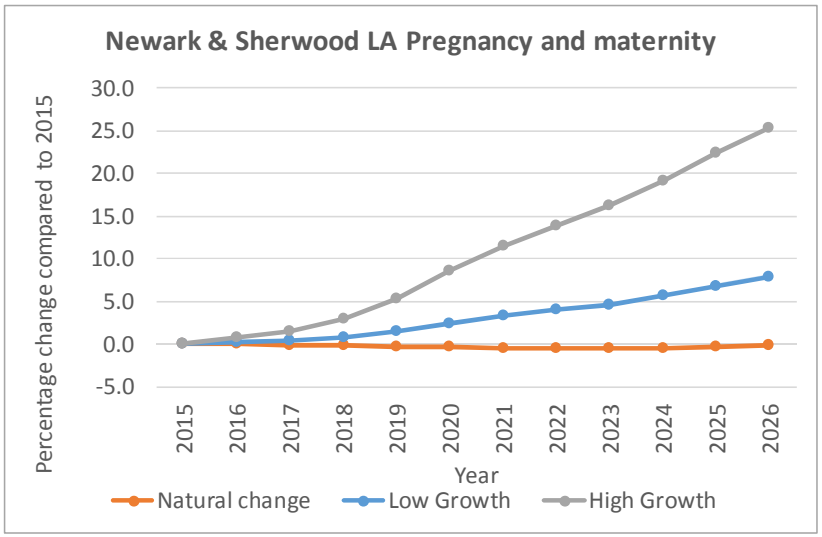
Newark & Sherwood District

Projected percentage change in need compared to index year of 2015









Newark & Sherwood District

Projected percentage change in need compared to index year of 2015

Natural growth	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
Mental health	*0.00*	*0.22*	*0.44*	*0.64*	*0.87*	*1.10*	*1.33*	*1.54*	*1.74*	*1.93*	*2.13*	*2.33*
Planned and unplanned care	*0.00*	*0.32*	*0.65*	*0.97*	*1.29*	*1.63*	*1.95*	*2.26*	*2.57*	*2.97*	*3.36*	*3.75*
Social Care	*0.00*	*1.31*	*2.67*	*3.92*	*5.12*	*6.35*	*7.55*	*8.68*	*9.80*	*11.08*	*12.31*	*13.54*
Pregnancy and maternity	*0.00*	*0.02*	*-0.14*	*-0.12*	*-0.27*	*-0.29*	*-0.43*	*-0.45*	*-0.49*	*-0.44*	*-0.23*	*-0.05*

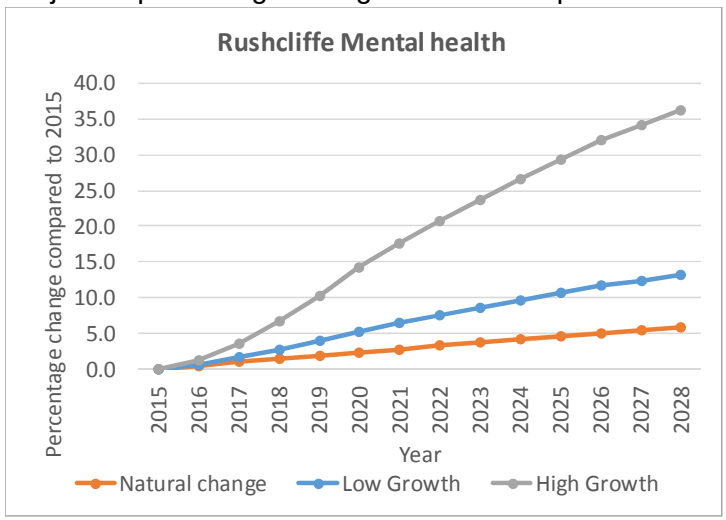
Low growth	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
Mental health	*0.00*	*0.44*	*0.87*	*1.39*	*2.23*	*3.22*	*4.21*	*5.02*	*5.84*	*6.69*	*7.63*	*8.49*
Planned and unplanned care	*0.00*	*0.52*	*1.04*	*1.69*	*2.58*	*3.64*	*4.69*	*5.56*	*6.47*	*7.49*	*8.56*	*9.58*
Social Care	*0.00*	*1.49*	*2.96*	*4.33*	*5.90*	*7.51*	*9.19*	*10.64*	*12.21*	*13.86*	*15.54*	*17.20*
Pregnancy and maternity	*0.00*	*0.18*	*0.36*	*0.82*	*1.51*	*2.46*	*3.30*	*4.02*	*4.68*	*5.63*	*6.82*	*7.79*

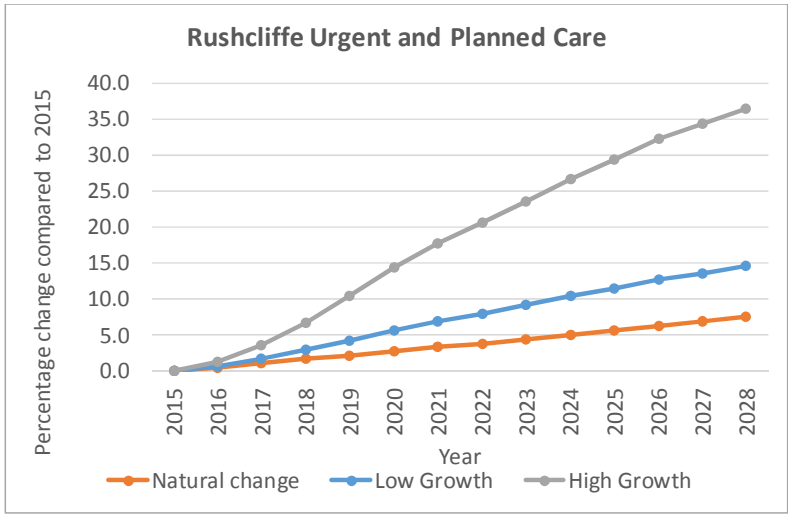
High growth	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
Mental health	*0.00*	*0.87*	*1.74*	*3.12*	*5.27*	*8.04*	*10.65*	*12.84*	*15.06*	*17.40*	*19.94*	*22.34*
Planned and unplanned care	*0.00*	*0.95*	*1.88*	*3.34*	*5.51*	*8.29*	*10.90*	*13.05*	*15.29*	*17.73*	*20.30*	*22.75*
Social Care	*0.00*	*1.71*	*3.38*	*5.44*	*7.71*	*10.48*	*13.11*	*15.41*	*17.87*	*20.47*	*23.06*	*25.75*
Pregnancy and maternity	*0.00*	*0.83*	*1.59*	*2.92*	*5.35*	*8.55*	*11.46*	*13.85*	*16.26*	*19.11*	*22.48*	*25.41*

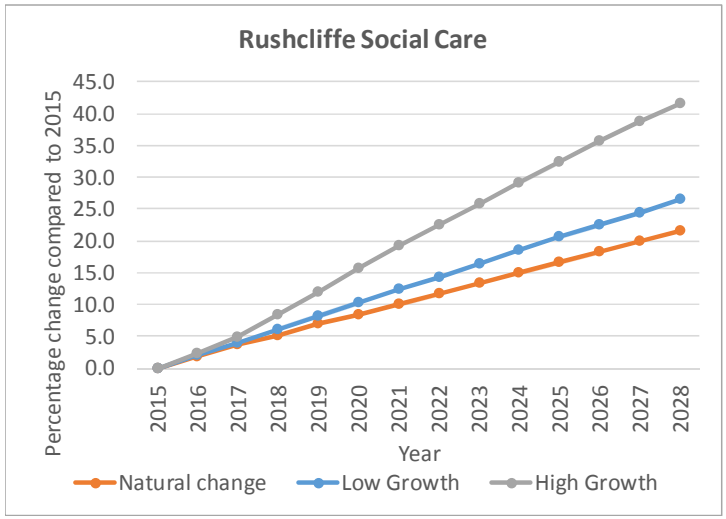
Negative numbers denote a **reduction** compared to 2015 activity, positive numbers an **increase** compared to 2015

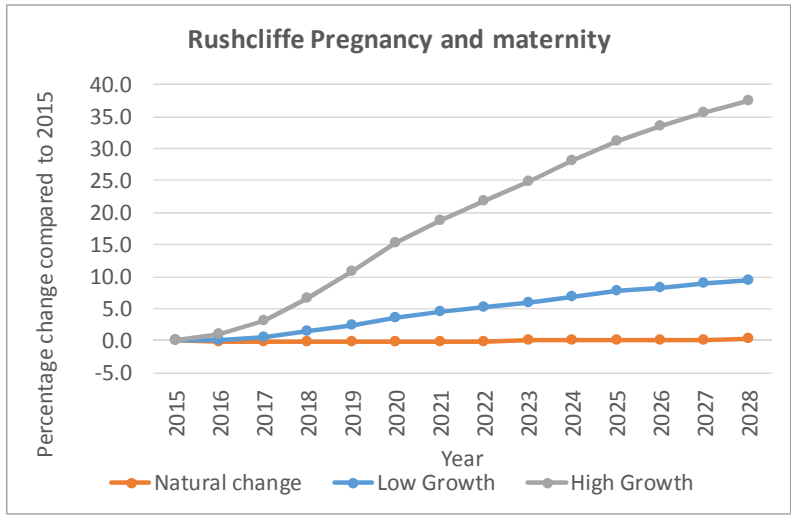
Rushcliffe Borough and Rushcliffe CCG

Projected percentage change in need compared to index year of 2015









Rushcliffe Borough and Rushcliffe CCG

Projected percentage change in need compared to index year of 2015

Natural growth	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**	**2025**	**2026**	**2027**	**2028**
Mental health	*0.00*	*0.51*	*1.00*	*1.45*	*1.91*	*2.37*	*2.82*	*3.26*	*3.71*	*4.15*	*4.56*	*4.96*	*5.39*	*5.78*
Planned and unplanned care	*0.00*	*0.55*	*1.10*	*1.68*	*2.23*	*2.79*	*3.34*	*3.88*	*4.42*	*5.04*	*5.67*	*6.28*	*6.92*	*7.51*
Social Care	*0.00*	*1.78*	*3.57*	*5.19*	*6.84*	*8.48*	*10.11*	*11.66*	*13.22*	*14.88*	*16.59*	*18.20*	*19.93*	*21.46*
Pregnancy and maternity	*0.00*	*-0.10*	*-0.16*	*-0.13*	*-0.16*	*-0.06*	*-0.10*	*-0.06*	*0.01*	*0.10*	*0.10*	*0.13*	*0.13*	*0.22*

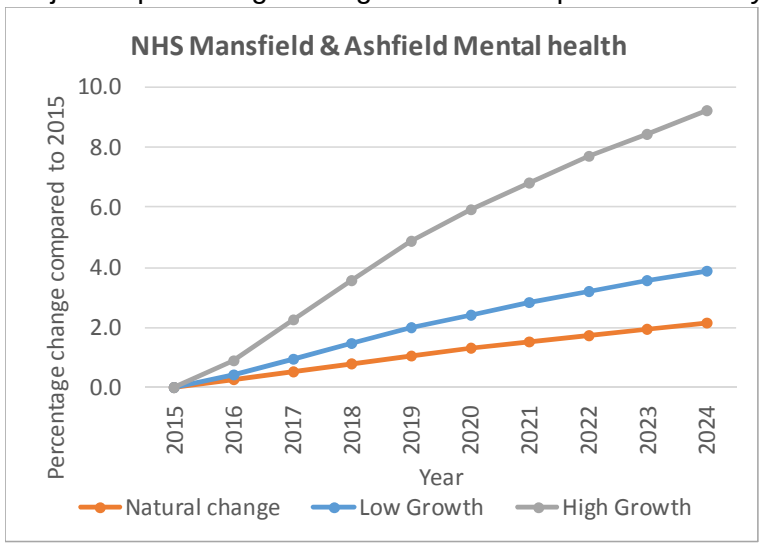
Low growth	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**	**2025**	**2026**	**2027**	**2028**
Mental health	*0.00*	*0.71*	*1.61*	*2.74*	*3.99*	*5.31*	*6.48*	*7.53*	*8.62*	*9.67*	*10.67*	*11.63*	*12.44*	*13.23*
Planned and unplanned care	*0.00*	*0.77*	*1.69*	*2.94*	*4.26*	*5.66*	*6.89*	*8.01*	*9.15*	*10.36*	*11.52*	*12.66*	*13.62*	*14.62*
Social Care	*0.00*	*1.97*	*3.88*	*5.99*	*8.11*	*10.36*	*12.40*	*14.32*	*16.35*	*18.49*	*20.50*	*22.56*	*24.43*	*26.47*
Pregnancy and maternity	*0.00*	*0.07*	*0.58*	*1.50*	*2.55*	*3.56*	*4.55*	*5.35*	*6.05*	*6.88*	*7.77*	*8.36*	*8.97*	*9.34*

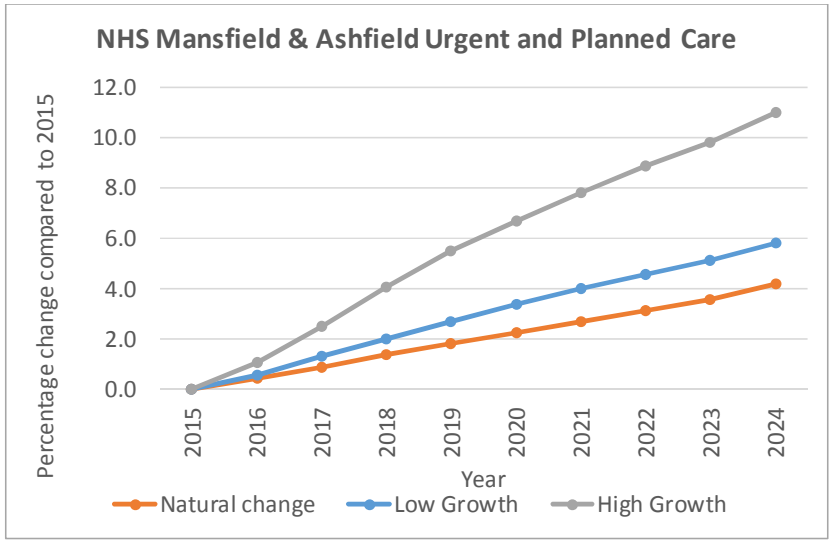
High growth	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**	**2025**	**2026**	**2027**	**2028**
Mental health	*0.00*	*1.28*	*3.48*	*6.64*	*10.34*	*14.28*	*17.64*	*20.65*	*23.62*	*26.56*	*29.37*	*32.06*	*34.10*	*36.09*
Planned and unplanned care	*0.00*	*1.32*	*3.51*	*6.72*	*10.42*	*14.34*	*17.68*	*20.66*	*23.60*	*26.56*	*29.45*	*32.19*	*34.29*	*36.35*
Social Care	*0.00*	*2.19*	*4.94*	*8.28*	*11.88*	*15.72*	*19.16*	*22.54*	*25.77*	*29.14*	*32.42*	*35.76*	*38.63*	*41.63*
Pregnancy and maternity	*0.00*	*0.94*	*3.06*	*6.55*	*10.83*	*15.25*	*18.86*	*21.90*	*24.89*	*28.03*	*31.07*	*33.61*	*35.62*	*37.51*

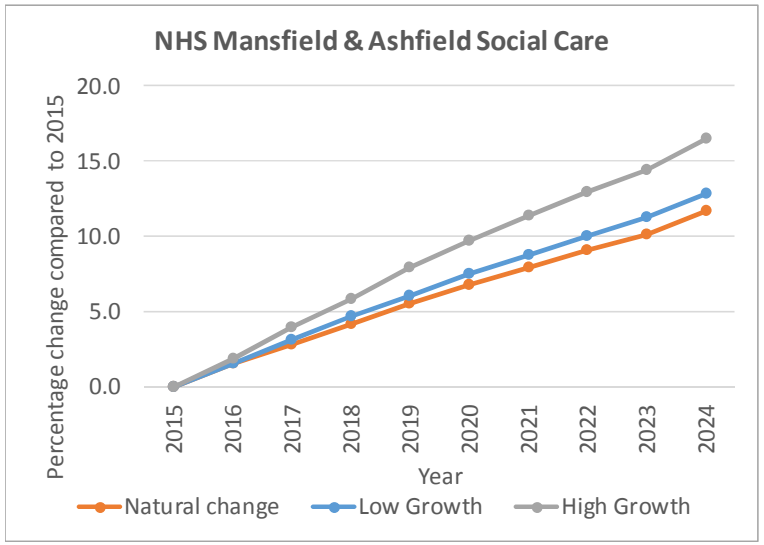
Negative numbers denote a **reduction** compared to 2015 activity, positive numbers an **increase** compared to 2015

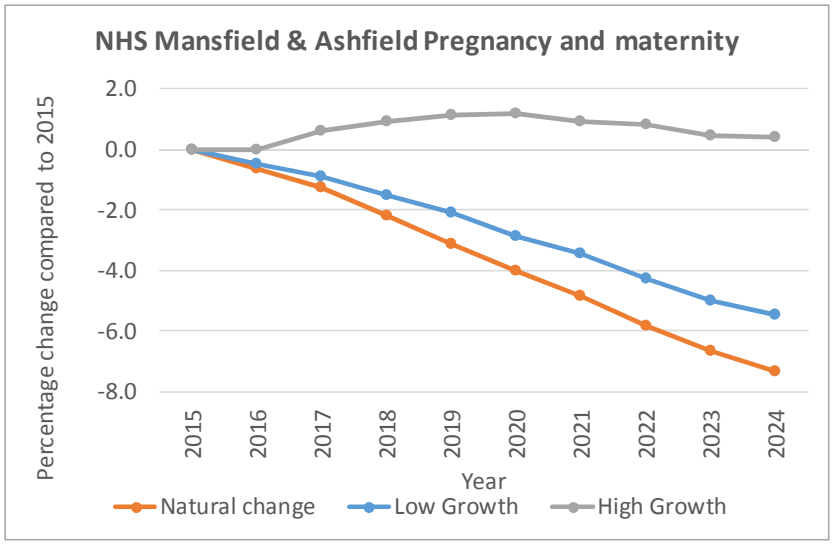
NHS Mansfield & Ashfield

Projected percentage change in need compared to index year of 2015









NHS Mansfield & Ashfield

Projected percentage change in need compared to index year of 2015

Natural growth	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Mental health	*0.00*	*0.28*	*0.54*	*0.81*	*1.04*	*1.29*	*1.52*	*1.74*	*1.92*	*2.13*
Planned and unplanned care	*0.00*	*0.47*	*0.90*	*1.36*	*1.83*	*2.28*	*2.71*	*3.16*	*3.57*	*4.18*
Social Care	*0.00*	*1.49*	*2.80*	*4.16*	*5.47*	*6.71*	*7.89*	*9.08*	*10.15*	*11.69*
Pregnancy and maternity	*0.00*	*-0.63*	*-1.28*	*-2.18*	*-3.13*	*-4.01*	*-4.86*	*-5.81*	*-6.66*	*-7.32*

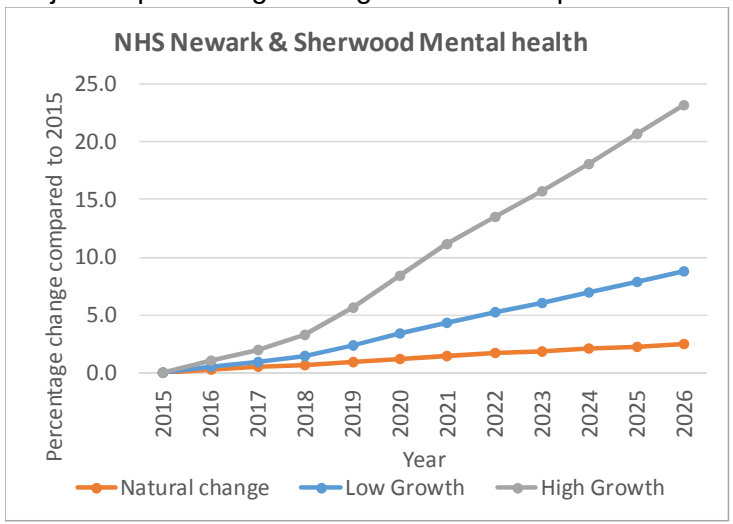
Low growth	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Mental health	*0.00*	*0.43*	*0.96*	*1.49*	*1.99*	*2.42*	*2.84*	*3.22*	*3.55*	*3.89*
Planned and unplanned care	*0.00*	*0.59*	*1.30*	*2.03*	*2.72*	*3.39*	*3.98*	*4.56*	*5.13*	*5.85*
Social Care	*0.00*	*1.48*	*3.06*	*4.61*	*6.04*	*7.48*	*8.77*	*10.03*	*11.28*	*12.84*
Pregnancy and maternity	*0.00*	*-0.48*	*-0.90*	*-1.54*	*-2.09*	*-2.85*	*-3.46*	*-4.27*	*-5.00*	*-5.46*

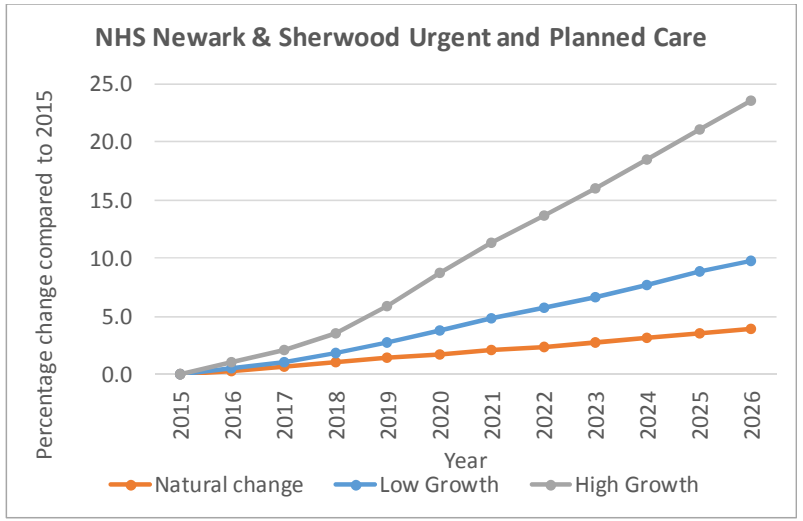
High growth	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Mental health	*0.00*	*0.89*	*2.23*	*3.57*	*4.85*	*5.89*	*6.82*	*7.67*	*8.42*	*9.21*
Planned and unplanned care	*0.00*	*1.06*	*2.54*	*4.04*	*5.50*	*6.71*	*7.83*	*8.84*	*9.82*	*10.98*
Social Care	*0.00*	*1.79*	*3.89*	*5.85*	*7.94*	*9.63*	*11.38*	*12.93*	*14.43*	*16.47*
Pregnancy and maternity	*0.00*	*-0.01*	*0.63*	*0.94*	*1.11*	*1.19*	*0.95*	*0.80*	*0.45*	*0.43*

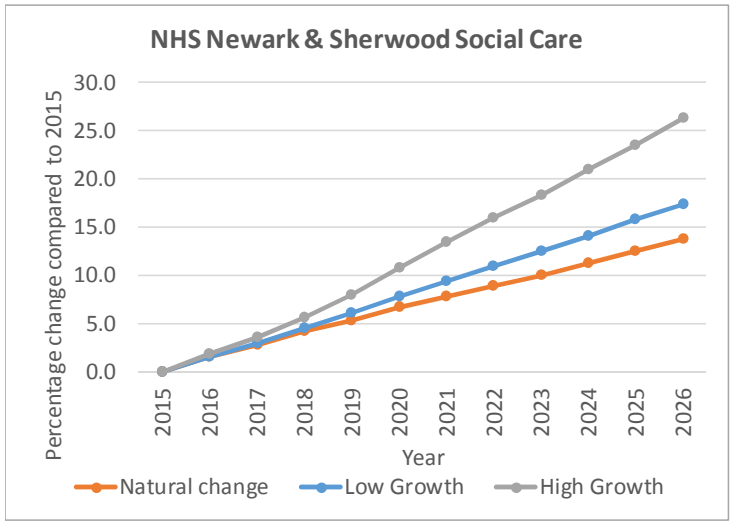
Negative numbers denote a **reduction** compared to 2015 activity, positive numbers an **increase** compared to 2015

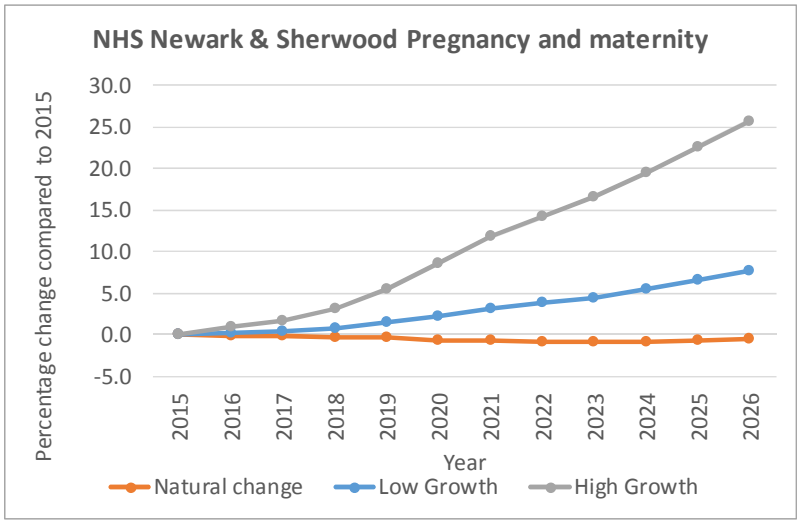
NHS Newark & Sherwood

Projected percentage change in need compared to index year of 2015









NHS Newark & Sherwood

Projected percentage change in need compared to index year of 2015

Natural growth	**2015**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**	**2025**
Mental health	*0.00*	*0.25*	*0.50*	*0.70*	*0.94*	*1.21*	*1.42*	*1.66*	*1.87*	*2.07*	*2.28*	*2.49*
Planned and unplanned care	*0.00*	*0.36*	*0.72*	*1.06*	*1.41*	*1.78*	*2.09*	*2.42*	*2.76*	*3.15*	*3.56*	*3.94*
Social Care	*0.00*	*1.42*	*2.82*	*4.09*	*5.32*	*6.63*	*7.74*	*8.88*	*10.03*	*11.25*	*12.50*	*13.67*
Pregnancy and maternity	*0.00*	*-0.09*	*-0.09*	*-0.34*	*-0.37*	*-0.59*	*-0.62*	*-0.81*	*-0.87*	*-0.78*	*-0.68*	*-0.46*

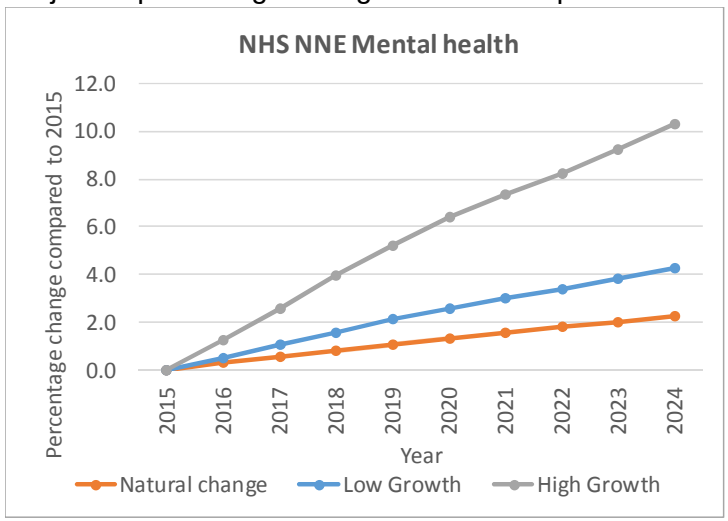
Low growth	**2015**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**	**2025**
Mental health	*0.00*	*0.47*	*0.91*	*1.48*	*2.34*	*3.37*	*4.36*	*5.20*	*6.04*	*6.90*	*7.85*	*8.72*
Planned and unplanned care	*0.00*	*0.58*	*1.10*	*1.80*	*2.71*	*3.83*	*4.88*	*5.79*	*6.70*	*7.72*	*8.81*	*9.81*
Social Care	*0.00*	*1.49*	*2.91*	*4.42*	*5.99*	*7.76*	*9.37*	*10.89*	*12.41*	*14.01*	*15.72*	*17.27*
Pregnancy and maternity	*0.00*	*0.31*	*0.49*	*0.85*	*1.59*	*2.30*	*3.20*	*3.82*	*4.48*	*5.48*	*6.55*	*7.62*

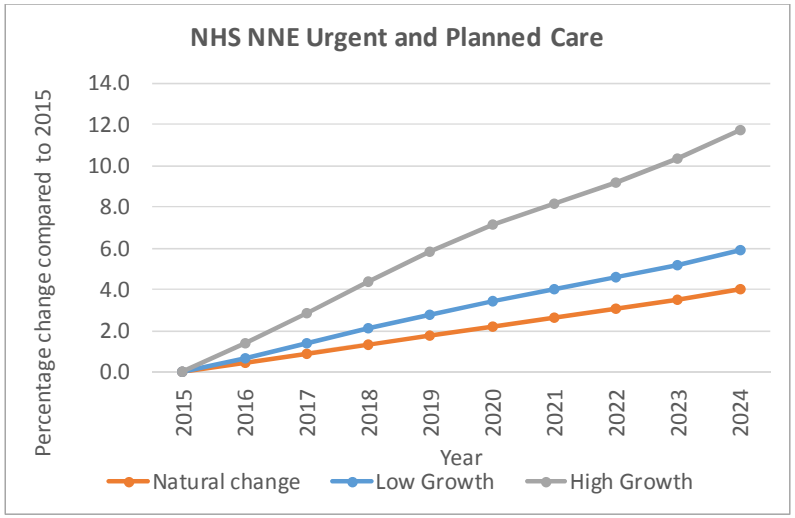
High growth	**2015**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**	**2025**
Mental health	*0.00*	*1.04*	*1.94*	*3.34*	*5.57*	*8.43*	*11.15*	*13.42*	*15.70*	*18.09*	*20.71*	*23.17*
Planned and unplanned care	*0.00*	*1.13*	*2.09*	*3.58*	*5.83*	*8.70*	*11.40*	*13.67*	*15.95*	*18.43*	*21.06*	*23.56*
Social Care	*0.00*	*1.84*	*3.56*	*5.53*	*7.95*	*10.80*	*13.45*	*15.87*	*18.32*	*20.87*	*23.53*	*26.25*
Pregnancy and maternity	*0.00*	*1.02*	*1.73*	*3.14*	*5.48*	*8.69*	*11.81*	*14.18*	*16.53*	*19.46*	*22.63*	*25.66*

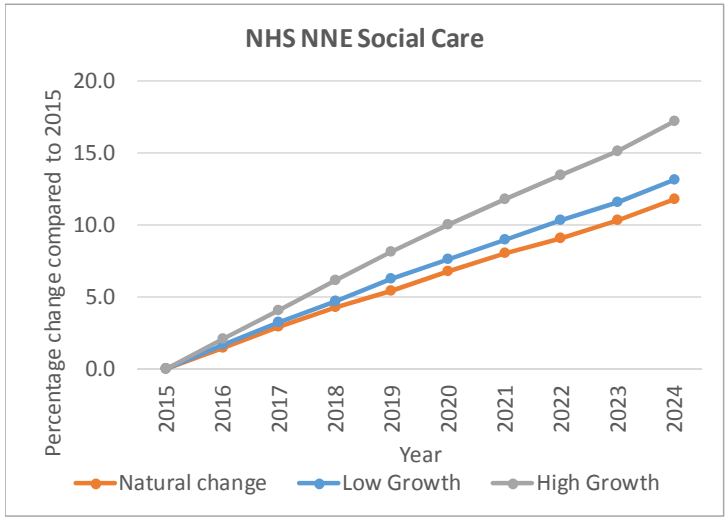
Negative numbers denote a **reduction** compared to 2015 activity, positive numbers an **increase** compared to 2015

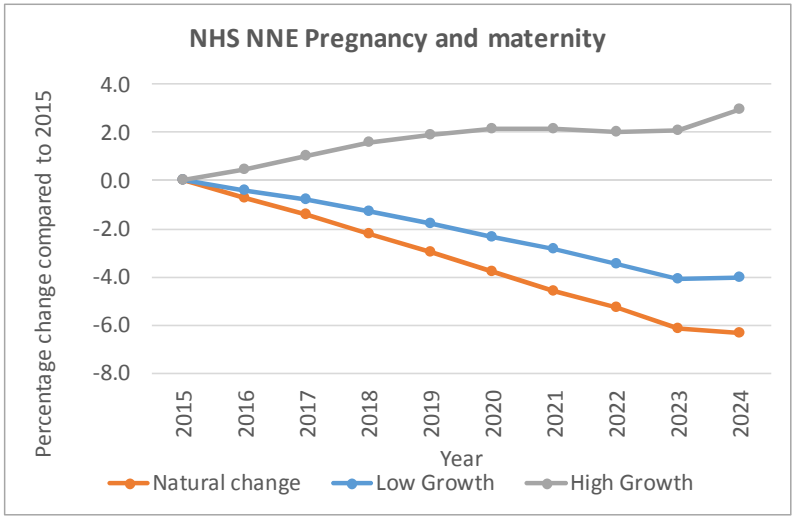
NHS Nottingham North & East

Projected percentage change in need compared to index year of 2015









NHS Nottingham North and East

Projected percentage change in need compared to index year of 2015

Natural growth	**2015**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**
Mental health	*0.00*	*0.29*	*0.54*	*0.81*	*1.05*	*1.33*	*1.58*	*1.79*	*2.03*	*2.25*
Planned and unplanned care	*0.00*	*0.45*	*0.90*	*1.36*	*1.77*	*2.24*	*2.66*	*3.05*	*3.48*	*4.04*
Social Care	*0.00*	*1.44*	*2.83*	*4.21*	*5.40*	*6.79*	*7.99*	*9.08*	*10.31*	*11.76*
Pregnancy and maternity	*0.00*	*-0.70*	*-1.43*	*-2.20*	*-2.96*	*-3.75*	*-4.58*	*-5.26*	*-6.15*	*-6.35*

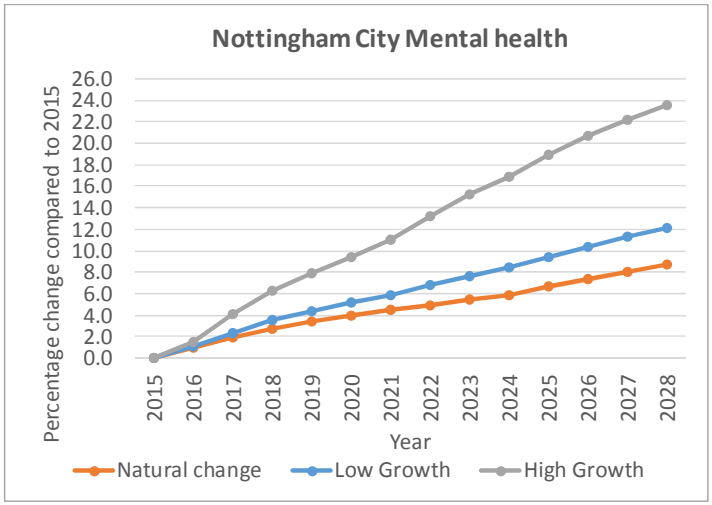
Low growth	**2015**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**
Mental health	*0.00*	*0.52*	*1.05*	*1.57*	*2.11*	*2.57*	*3.00*	*3.41*	*3.82*	*4.24*
Planned and unplanned care	*0.00*	*0.69*	*1.39*	*2.10*	*2.79*	*3.43*	*4.03*	*4.59*	*5.19*	*5.93*
Social Care	*0.00*	*1.62*	*3.17*	*4.64*	*6.20*	*7.56*	*8.97*	*10.26*	*11.59*	*13.12*
Pregnancy and maternity	*0.00*	*-0.42*	*-0.78*	*-1.27*	*-1.78*	*-2.34*	*-2.86*	*-3.48*	*-4.08*	*-3.99*

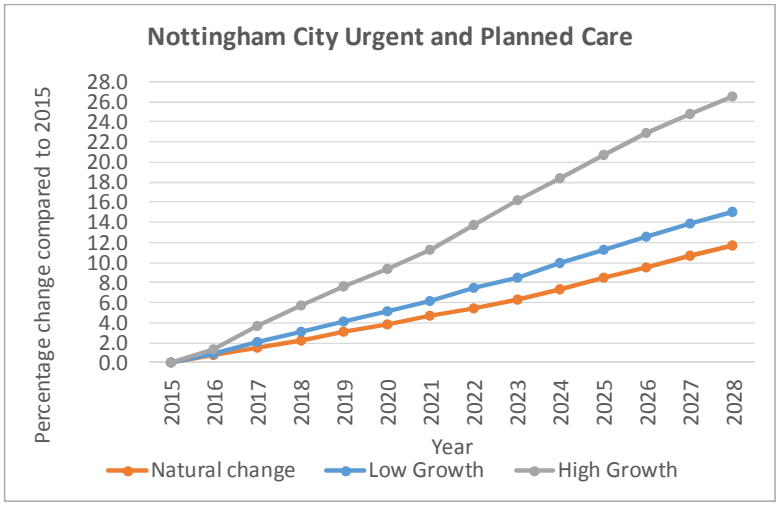
High growth	**2015**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**
Mental health	*0.00*	*1.23*	*2.58*	*3.97*	*5.22*	*6.39*	*7.33*	*8.22*	*9.23*	*10.30*
Planned and unplanned care	*0.00*	*1.37*	*2.88*	*4.42*	*5.80*	*7.12*	*8.19*	*9.22*	*10.36*	*11.71*
Social Care	*0.00*	*2.01*	*4.06*	*6.18*	*8.11*	*10.04*	*11.74*	*13.40*	*15.13*	*17.22*
Pregnancy and maternity	*0.00*	*0.44*	*1.05*	*1.58*	*1.90*	*2.15*	*2.14*	*2.01*	*2.09*	*2.94*

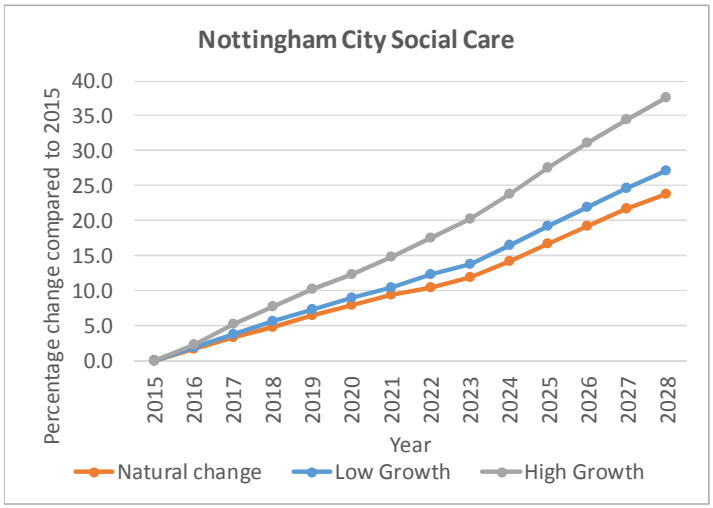
Negative numbers denote a **reduction** compared to 2015 activity, positive numbers an **increase** compared to 2015

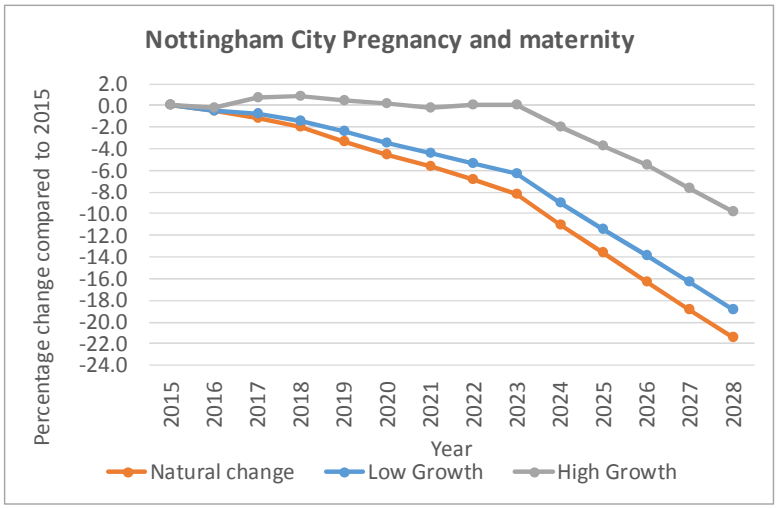
LA Nottingham City / Nottingham City CCG

Projected percentage change in need compared to index year of 2015









LA Nottingham City / Nottingham City CCG

Projected percentage change in need compared to index year of 2015

Natural growth	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**	**2025**	**2026**	**2027**	**2028**
Mental health	*0.00*	*0.93*	*1.89*	*2.81*	*3.38*	*3.91*	*4.46*	*4.96*	*5.42*	*5.91*	*6.62*	*7.31*	*8.00*	*8.67*
Planned and unplanned care	*0.00*	*0.75*	*1.55*	*2.27*	*3.12*	*3.91*	*4.72*	*5.49*	*6.31*	*7.38*	*8.46*	*9.54*	*10.62*	*11.65*
Social Care	*0.00*	*1.57*	*3.33*	*4.81*	*6.48*	*7.86*	*9.29*	*10.50*	*11.91*	*14.27*	*16.77*	*19.23*	*21.71*	*23.91*
Pregnancy and maternity	*0.00*	*-0.54*	*-1.15*	*-2.04*	*-3.30*	*-4.50*	*-5.68*	*-6.85*	*-8.15*	*-10.97*	*-13.59*	*-16.22*	*-18.87*	*-21.39*

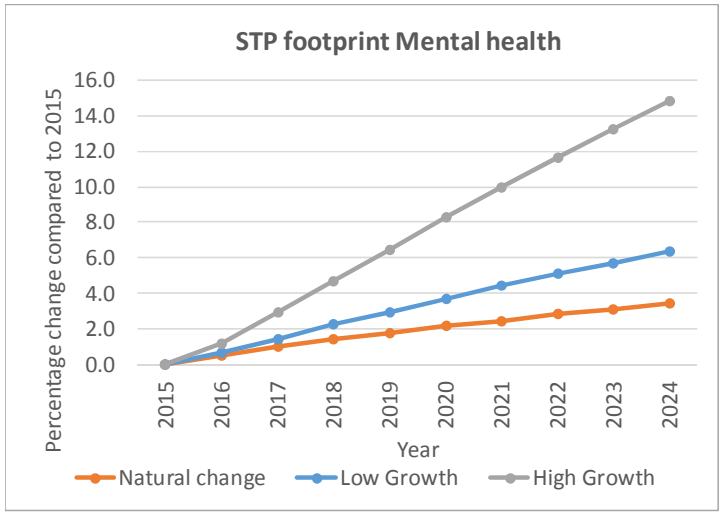
Low growth	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**	**2025**	**2026**	**2027**	**2028**
Mental health	*0.00*	*1.07*	*2.39*	*3.62*	*4.40*	*5.17*	*5.93*	*6.87*	*7.66*	*8.43*	*9.40*	*10.36*	*11.24*	*12.07*
Planned and unplanned care	*0.00*	*0.91*	*2.05*	*3.08*	*4.12*	*5.17*	*6.20*	*7.41*	*8.53*	*9.89*	*11.24*	*12.57*	*13.84*	*15.07*
Social Care	*0.00*	*1.84*	*3.76*	*5.57*	*7.27*	*8.94*	*10.53*	*12.32*	*13.73*	*16.48*	*19.23*	*21.97*	*24.62*	*27.19*
Pregnancy and maternity	*0.00*	*-0.48*	*-0.73*	*-1.41*	*-2.38*	*-3.40*	*-4.42*	*-5.29*	*-6.26*	*-8.95*	*-11.38*	*-13.79*	*-16.27*	*-18.79*

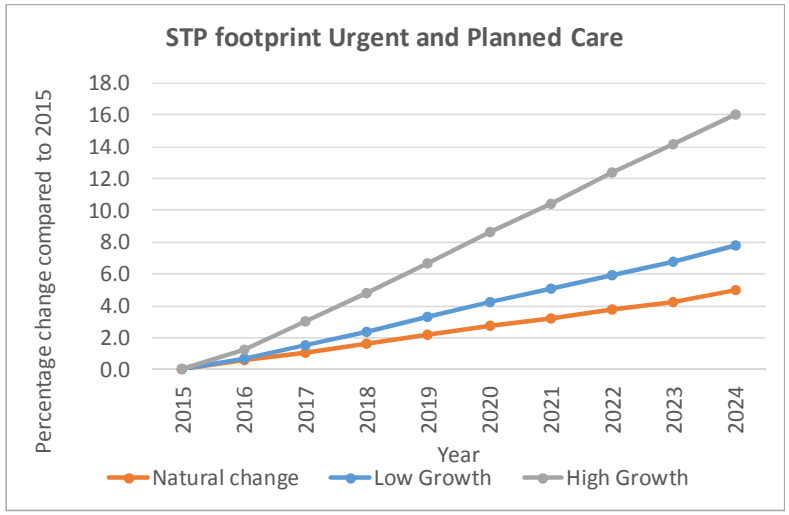
High growth	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**	**2025**	**2026**	**2027**	**2028**
Mental health	*0.00*	*1.49*	*4.09*	*6.29*	*7.84*	*9.41*	*10.99*	*13.24*	*15.29*	*16.90*	*18.86*	*20.64*	*22.16*	*23.53*
Planned and unplanned care	*0.00*	*1.32*	*3.76*	*5.75*	*7.57*	*9.39*	*11.24*	*13.77*	*16.18*	*18.38*	*20.72*	*22.89*	*24.80*	*26.58*
Social Care	*0.00*	*2.18*	*5.19*	*7.78*	*10.16*	*12.40*	*14.81*	*17.56*	*20.30*	*23.81*	*27.56*	*31.11*	*34.43*	*37.62*
Pregnancy and maternity	*0.00*	*-0.17*	*0.67*	*0.81*	*0.46*	*0.15*	*-0.24*	*0.10*	*0.09*	*-2.00*	*-3.73*	*-5.51*	*-7.64*	*-9.81*

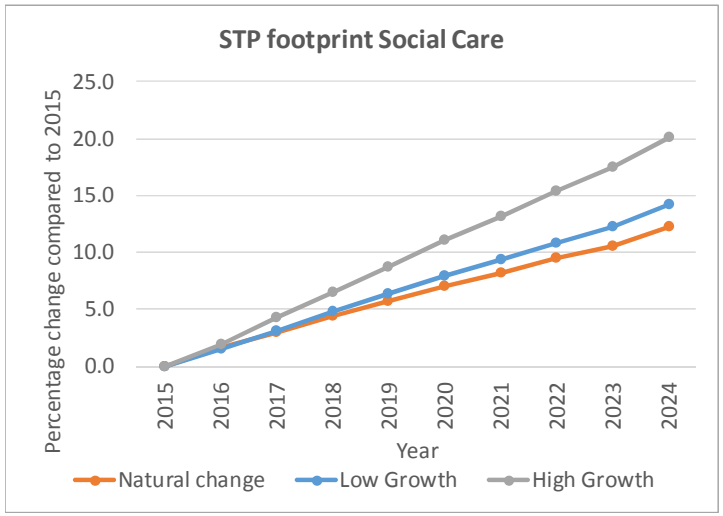
Negative numbers denote a **reduction** compared to 2015 activity, positive numbers an **increase** compared to 2015

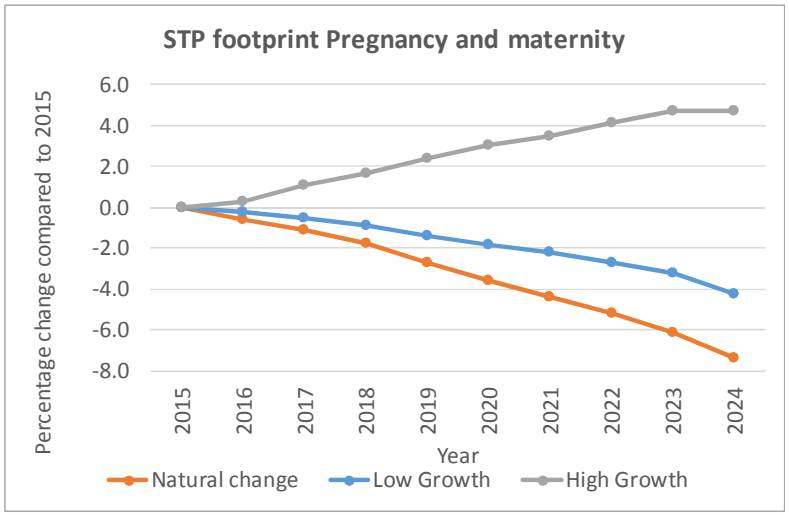
Nottingham and Nottinghamshire STP Footprint

Projected percentage change in need compared to index year of 2015









Nottingham and Nottinghamshire STP Footprint

Projected percentage change in need compared to index year of 2015

Natural growth	2015	2015	2016	2017	2018	2019	2020	2021	2022	2023
Mental health	*0.00*	*0.53*	*0.97*	*1.44*	*1.79*	*2.14*	*2.47*	*2.81*	*3.08*	*3.40*
Planned and unplanned care	*0.00*	*0.59*	*1.09*	*1.62*	*2.15*	*2.70*	*3.21*	*3.74*	*4.25*	*4.94*
Social Care	*0.00*	*1.69*	*2.98*	*4.36*	*5.67*	*6.99*	*8.17*	*9.46*	*10.56*	*12.22*
Pregnancy and maternity	*0.00*	*-0.59*	*-1.09*	*-1.80*	*-2.69*	*-3.55*	*-4.36*	*-5.19*	*-6.10*	*-7.38*

Low growth	2015	2015	2016	2017	2018	2019	2020	2021	2022	2023
Mental health	*0.00*	*0.67*	*1.45*	*2.25*	*2.97*	*3.72*	*4.41*	*5.10*	*5.72*	*6.37*
Planned and unplanned care	*0.00*	*0.71*	*1.54*	*2.39*	*3.29*	*4.22*	*5.08*	*5.95*	*6.80*	*7.81*
Social Care	*0.00*	*1.55*	*3.13*	*4.74*	*6.32*	*7.97*	*9.40*	*10.83*	*12.24*	*14.16*
Pregnancy and maternity	*0.00*	*-0.26*	*-0.55*	*-0.89*	*-1.36*	*-1.86*	*-2.22*	*-2.74*	*-3.21*	*-4.22*

High growth	2015	2015	2016	2017	2018	2019	2020	2021	2022	2023
Mental health	*0.00*	*1.20*	*2.93*	*4.69*	*6.45*	*8.25*	*9.92*	*11.62*	*13.24*	*14.79*
Planned and unplanned care	*0.00*	*1.23*	*2.99*	*4.79*	*6.68*	*8.66*	*10.45*	*12.33*	*14.12*	*16.00*
Social Care	*0.00*	*1.92*	*4.24*	*6.49*	*8.72*	*11.06*	*13.21*	*15.40*	*17.46*	*20.03*
Pregnancy and maternity	*0.00*	*0.27*	*1.05*	*1.62*	*2.36*	*3.06*	*3.50*	*4.12*	*4.70*	*4.70*

Cumulative change in population from 2015

Natural change

Local Authority	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027
LA Ashfield	220	441	662	884	1,106	1,328	1,551	1,774	1,998				
LA Bassetlaw	-7	-14	-21	-28	-35								
LA Broxtowe	224	449	675	901	1,127	1,354	1,581	1,808	2,036	2,265	2,494	2,723	2,953
LA Gedling	162	325	487	650	813	977	1,140	1,304	1,468	1,633	1,797	1,962	2,127
LA Mansfield	230	460	690	921	1,152	1,385	1,617	1,850	2,084	2,318	2,552	2,787	3,023
LA Newark & Sherwood	26	52	78	104	130	156	182	208	234	260	286		
LA Rushcliffe	228	457	687	917	1,147	1,378	1,609	1,841	2,073	2,305	2,539	2,772	3,006
LA Nottingham City	1,919	3,850	5,794	7,750	9,720	11,702	13,698	15,707	17,729	19,764	21,813	23,875	25,951
CCG Footprint	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**	**2025**	**2026**	**2027**
NHS Bassetlaw	-7	-14	-21	-28	-35								
NHS Mansfield & Ashfield	385	770	1,157	1,544	1,931	2,320	2,709	3,100	3,490				
NHS Newark & Sherwood	40	80	120	160	200	240	280	320	361	401	441		
NHS Nottingham North & East	254	509	765	1,020	1,277	1,533	1,790	2,048	2,306				
NHS Nottingham West	229	459	690	921	1,152	1,384	1,616	1,849	2,082	2,316	2,550	2,785	3,020
NHS Rushcliffe	228	457	687	917	1,147	1,378	1,609	1,841	2,073	2,305	2,539	2,772	3,006
NHS Nottingham City	1,919	3,850	5,794	7,750	9,720	11,702	13,698	15,707	17,729	19,764	21,813	23,875	25,951
	2015	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**				
STP footprint	3,056	6,126	9,212	12,312	15,427	18,558	21,703	24,864	28,041				

Cumulative change in population from 2015

Low growth

Local Authority	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027
LA Ashfield	472	1,257	2,064	2,741	3,323	3,766	4,162	4,506	4,828				
LA Bassetlaw	301	723	1,134	1,442	1,749								
LA Broxtowe	614	1,238	1,800	2,548	3,325	4,069	4,783	5,346	6,018	6,695	7,373	8,012	8,572
LA Gedling	440	872	1,314	1,746	2,128	2,469	2,796	3,178	3,587	3,927	4,219	4,478	4,743
LA Mansfield	498	996	1,494	1,993	2,492	2,993	3,493	3,994	4,496	4,998	5,500	6,003	6,507
LA Newark & Sherwood	286	572	1,055	1,851	2,880	3,852	4,644	5,457	6,322	7,258	8,120		
LA Rushcliffe	477	1,225	2,274	3,488	4,766	5,868	6,842	7,811	8,760	9,682	10,550	11,220	11,866
LA Nottingham City	2,293	5,378	8,195	10,832	13,502	16,172	19,351	22,428	25,170	28,003	30,737	33,297	35,781
CCG Footprint													
NHS Bassetlaw	301	723	1,134	1,442	1,749								
NHS Mansfield & Ashfield	709	1,648	2,608	3,508	4,312	5,049	5,750	6,432	7,097				
NHS Newark & Sherwood	357	654	1,158	1,968	3,016	4,018	4,841	5,668	6,548	7,498	8,374		
NHS Nottingham North & East	633	1,328	2,025	2,669	3,281	3,798	4,300	4,849	5,423				
NHS Nottingham West	619	1,248	1,815	2,568	3,350	4,099	4,818	5,387	6,064	6,746	7,429	8,074	8,639
NHS Rushcliffe	477	1,225	2,274	3,488	4,766	5,868	6,842	7,811	8,760	9,682	10,550	11,220	11,866
NHS Nottingham City	2,293	5,378	8,195	10,832	13,502	16,172	19,351	22,428	25,170	28,003	30,737	33,297	35,781
	2015	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**				
STP footprint	5,089	11,482	18,074	25,033	32,227	39,005	45,903	52,574	59,062				

Cumulative change in population from 2015

High growth

Local Authority	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027
LA Ashfield	1,065	3,180	5,369	7,120	8,550	9,515	10,319	10,948	11,501				
LA Bassetlaw	1,114	2,668	4,182	5,322	6,459								
LA Broxtowe	1,274	2,574	3,706	5,339	7,048	8,667	10,204	11,337	12,759	14,194	15,631	16,964	18,083
LA Gedling	1,327	2,615	3,950	5,238	6,320	7,225	8,075	9,152	10,342	11,242	11,943	12,504	13,087
LA Mansfield	1,340	2,680	4,020	5,361	6,702	8,045	9,387	10,730	12,074	13,418	14,762	16,107	17,453
LA Newark & Sherwood	882	1,764	3,293	5,850	9,176	12,312	14,858	17,472	20,258	23,276	26,051		
LA Rushcliffe	1,253	3,618	7,220	11,503	16,049	19,866	23,157	26,426	29,611	32,684	35,528	37,562	39,491
LA Nottingham City	3,593	10,681	16,527	21,527	26,626	31,682	38,966	45,750	50,989	56,593	61,704	65,991	69,892
CCG Footprint													
NHS Bassetlaw	1,114	2,668	4,182	5,322	6,459								
NHS Mansfield & Ashfield	1,728	4,411	7,178	9,695	11,814	13,649	15,333	16,934	18,466				
NHS Newark & Sherwood	1,105	2,008	3,607	6,237	9,666	12,939	15,612	18,296	21,158	24,255	27,104		
NHS Nottingham North & East	1,843	3,941	6,046	7,932	9,676	11,026	12,309	13,785	15,366				
NHS Nottingham West	1,279	2,584	3,721	5,359	7,073	8,697	10,239	11,378	12,805	14,245	15,687	17,026	18,150
NHS Rushcliffe	1,253	3,618	7,220	11,503	16,049	19,866	23,157	26,426	29,611	32,684	35,528	37,562	39,491
NHS Nottingham City	3,593	10,681	16,527	21,527	26,626	31,682	38,966	45,750	50,989	56,593	61,704	65,991	69,892
	2015	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**				

STP footprint	10,802	27,244	44,298	62,253	80,904	97,860	115,617	132,568	148,395	

Clinical Commissioning Group registered population April 2014 (source: HSCIC)

Clinical Commissioning Group	Total population
NHS BASSETLAW CCG	112,878
NHS MANSFIELD AND ASHFIELD CCG	186,539
NHS NEWARK & SHERWOOD CCG	129,552
NHS NOTTINGHAM NORTH AND EAST CCG	147,729
NHS NOTTINGHAM WEST CCG	94,112
NHS RUSHCLIFFE CCG	122,948

Local Authority 2014 mid-year-estimate resident population (source: ONS)

Local Authority	Total population
Ashfield	122,508
Bassetlaw	114,143
Broxtowe	111,780
Gedling	115,638
Mansfield	105,893
Newark and Sherwood	117,758
Rushcliffe	113,670

Appendix 6 – Planning Application Thresholds

Type of Development	Thresholds
Planning Applications	
Renewable energy	- Single or multiple wind turbines above 15m high (including blade length); - All Solar Farms; - All Biomass Plants
Retail development	- Applications over 2500m² floor space; - Other retail applications where the proposal is outside a defined town centre - A5 applications
Residential Development	- 0-50 dwellings: if strategic planning issues are apparent; - 51-200 dwellings: Applications which are contrary to local or national planning policy; - 201+ dwellings: All applications
Commercial Development	- Applications over 2500m² floor space; - All applications outside a defined urban boundary
Other development	To be decided on a case by case basis
Local and National Strategies/Guidance	
Local Plans/Core Strategies	All plans within the County Neighbouring Borough/District Plans/strategies
Other Plans/Strategies/Publications	To be decided on a case by case basis

Appendix 7 – Checklist for Planning and Health

Nottinghamshire Rapid Health Impact Assessment Matrix

Assessment criteria	Relevant?	Details/evidence	Potential health impact?	Recommended amendments or enhancement actions to the proposal under consideration
1. Housing quality and design				
1. Does the proposal seek to address the housing needs of the wider community by requiring provision of variation of house type that will meet the needs of older or disabled people? [For example does it meet all Lifetime Homes Standards, Building for Life etc.?]	☐ Yes ☐ Partial ☐ No		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	
2. Does the proposal promote development that will reduce energy requirements and living costs and ensure that homes are warm and dry in winter and cool in summer	☐ Yes ☐ Partial ☐ No		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	
2. Access to healthcare services and other social infrastructure				
3. Does the proposal seek to retain, replace or provide health and social care related infrastructure?	☐ Yes ☐ Partial ☐ No		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	

Assessment criteria	Relevant?	Details/evidence	Potential health impact?	Recommended amendments or enhancement actions to the proposal under consideration
4. Does the proposal address the proposed growth/ assess the impact on healthcare services?	☐ Yes ☐ Partial ☐ No		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	
5. Does the proposal explore/allow for opportunities for shared community use and co-location of services?	☐ Yes ☐ Partial ☐ No		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	
3. Access to open space and nature				
6. Does the proposal seek to retain and enhance existing and provide new open and natural spaces to support healthy living and physical activity?	☐ Yes ☐ Partial ☐ No		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	
7. Does the proposal promote links between open and natural spaces and areas of residence, employment and commerce?	☐ Yes ☐ Partial ☐ No ☐		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	
8. Does the proposal seek to ensure that open and natural spaces are welcoming, safe and accessible to all?	☐ Yes ☐ Partial ☐ No		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	
9. Does the proposal seek to provide a range of play spaces	☐ Yes ☐ Partial		☐ Positive ☐ Negative	

Assessment criteria	Relevant?	Details/evidence	Potential health impact?	Recommended amendments or enhancement actions to the proposal under consideration
for children and young people (e.g. play pitches, play areas etc.) including provision for those that are disabled?	☐ No		☐ Neutral ☐ Uncertain	
4. Air quality, noise and neighbourhood amenity				
10. Does the proposal seek to minimise construction impacts such as dust, noise, vibration and odours?	☐ Yes ☐ Partial ☐ No		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	
11. Does the proposal seek to minimise air pollution caused by traffic and employment/ commercial facilities?	☐ Yes ☐ Partial ☐ No		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	
12. Does the proposal seek to minimise noise pollution caused by traffic and employment/ commercial facilities?	☐ Yes ☐ Partial ☐ No		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	
5. Accessibility and active transport				
13. Does the proposal prioritise and encourage walking (such as through shared spaces) connecting to local walking networks?	☐ Yes ☐ Partial ☐ No		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	
14. Does the proposal prioritise and encourage cycling (for example by providing secure cycle parking, showers and	☐ Yes ☐ Partial ☐ No		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	

Assessment criteria	Relevant?	Details/evidence	Potential health impact?	Recommended amendments or enhancement actions to the proposal under consideration
cycle lanes) connecting to local and strategic cycle networks?				
15. Does the proposal support traffic management and calming measures to help reduce and minimise road injuries?	☐ Yes ☐ Partial ☐ No		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	
16. Does the proposal promote accessible buildings and places to enable access to people with mobility problems or a disability?	☐ Yes ☐ Partial ☐ No		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	
6. Crime reduction and community safety				
17. Does the proposal create environments & buildings that make people feel safe, secure and free from crime?	☐ Yes ☐ Partial ☐ No		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	
7. Access to healthy food				
18. Does the proposal support the retention and creation of food growing areas, allotments	☐ Yes ☐ Partial ☐ No		☐ Positive ☐ Negative ☐ Neutral	

Assessment criteria	Relevant?	Details/evidence	Potential health impact?	Recommended amendments or enhancement actions to the proposal under consideration
and community gardens in order to support a healthy diet and physical activity?			☐ Uncertain	
19. Does the proposal seek to restrict the development of hot food takeaways (A5) in specific areas?	☐ Yes ☐ Partial ☐ No		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	
8. Access to work and training				
20. Does the proposal seek to provide new employment opportunities and encourage local employment and training?	☐ Yes ☐ Partial ☐ No		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	
9. Social cohesion and lifetime neighbourhoods				
21. Does the proposal connect with existing communities where the layout and movement avoids physical barriers and	☐ Yes ☐ Partial ☐ No		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	

Assessment criteria	Relevant?	Details/evidence	Potential health impact?	Recommended amendments or enhancement actions to the proposal under consideration
severance and encourages social interaction? [For example does it address the components of Lifetime Neighbourhoods?]				
10. Minimising the use of resources				
22. Does the proposal seek to incorporate sustainable design and construction techniques?	☐ Yes ☐ Partial ☐ No		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	
11. Climate change				
23. Does the proposal incorporate renewable energy and ensure that buildings and public spaces are designed to respond to winter and summer temperatures, i.e. ventilation, shading and landscaping?	☐ Yes ☐ Partial ☐ No		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	
24. Does the proposal maintain or enhance biodiversity	☐ Yes ☐ Partial ☐ No		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	
12. Health inequalities				
25. Does the proposal consider health inequalities and	☐ Yes ☐ Partial		☐ Positive ☐ Negative	

Assessment criteria	Relevant?	Details/evidence	Potential health impact?	Recommended amendments or enhancement actions to the proposal under consideration
encourage engagement by underserved communities?	☐ No		☐ Neutral ☐ Uncertain	
Any other comments				
Name of assessor and organisation				
Date of assessment				

Appendix 8 – Useful Links

- Bassetlaw CIL Charging Schedule: http://www.bassetlaw.gov.uk/everything-else/planning-building/community-infrastructure-levy.aspx
- Gedling CIL Charging Schedule: http://www.gedling.gov.uk/planningbuildingcontrol/planningdevelopmentmanagement/communityinfrastructurelevy/
- Newark & Sherwood Developer Contributions and Planning Obligations SPD http://www.newark-sherwooddc.gov.uk/spds/
- Newark & Sherwood CIL Charging Schedule: http://www.newark-sherwooddc.gov.uk/cil/
- Nottinghamshire CC Planning Obligations Strategy: http://www.nottinghamshire.gov.uk/planning-and-environment/general-planning/planning-obligations-strategy
- Planning Practice Guidance CIL: http://planningguidance.communities.gov.uk/blog/guidance/community-infrastructure-levy/
- Planning Practice Guidance CIL & Neighbourhood Proportion: http://planningguidance.communities.gov.uk/blog/guidance/community-infrastructure-levy/spending-the-levy/
- Planning Practice Guidance CIL Exemptions: http://planningguidance.communities.gov.uk/blog/guidance/community-infrastructure-levy/cil-introduction/
- Planning Practice Guidance Planning Obligations: http://planningguidance.communities.gov.uk/blog/guidance/planning-obligations/
- Planning Practice Guidance Pooling Restrictions (Para's 99-102): http://planningguidance.communities.gov.uk/blog/guidance/community-infrastructure-levy/other-developer-contributions/
- Public health in Planning: Good Practice Guide
  - http://www.tcpa.org.uk/pages/best-practice-in-planning-and-public-health-in-london-2015.html
  - Building the foundations: Tackling obesity through planning and development http://www.tcpa.org.uk/pages/building-the-foundations-2016.html
  - Working Together to Promote Active Transport. A briefing for local authorities.
  - Spatial Planning for the Health and Wellbeing of Nottinghamshire
  - Building the Foundations: Tackling obesity through planning and development
  - Tipping the Scales: Case studies on the use of planning powers to limit hot food takeaways

Nottinghamshire County Council

Report to the Health and Wellbeing Board

29 March 2017

Agenda Item: 6

REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE, HEALTH AND PUBLIC PROTECTION, NOTTINGHAMSHIRE COUNTY COUNCIL

BETTER CARE FUND PERFORMANCE

Purpose of the Report

1. This report sets out progress to date against the Nottinghamshire Better Care Fund (BCF) plan and requests that the Health and Wellbeing Board:

   1.1. Approve the Q3 2016/17 national quarterly performance report.

Information and Advice

Performance Update and National Reporting

2. Performance against the BCF performance metrics and financial expenditure and savings continues to be monitored on a monthly basis through the BCF Finance, Planning and Performance sub-group and the BCF Steering Group.

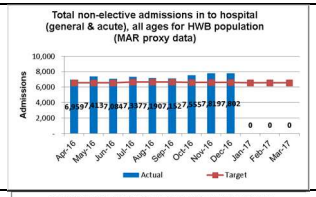
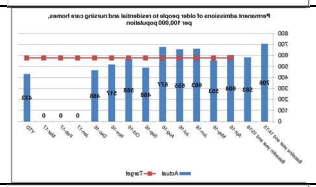
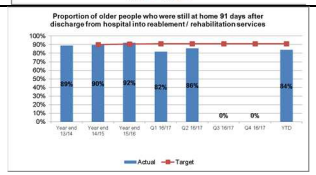
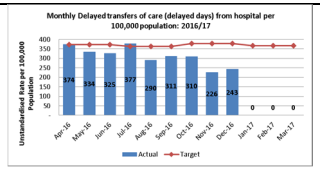
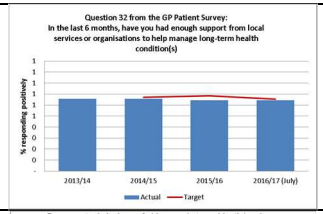
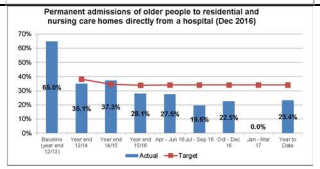
3. The performance update includes delivery against the six key performance indicators, the financial expenditure and savings, scheme delivery and risks to delivery for Q3 2016/17.

4. This update also includes the Q3 2016/17 national quarterly performance template submitted to the NHS England Better Care Support Team for approval by the Board.

5. Q3 2016/17 performance metrics are shown in Table 1 below.

   5.1. Three indicators are on track
   5.2. Three indicators are off track and actions are in place

Table 1: Performance against BCF performance metrics

REF	Indicator	2016/17 Target	2016/17 (to date)	RAG and trend	Trend	Summary of mitigating actions
BCF1	Total non-elective admissions in to hospital (general & acute), all-age, per 100,000 population	19,866 Q3	23,176 Q3	R ⇩		A&E Improvement Plans are in place in the three planning units. These plans form part of Winter Plans.
BCF2	Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	578.9	433 YTD	G ⇧		
BCF3	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	91.2%	80.63% YTD	R ⇩		Additional services included in performance monitoring. The START service are maintaining performance at 91.4% (as measured in 2015/16).
BCF4	Delayed transfers of care (delayed days) from hospital per 100,000 population (average per month)	1,137.7 Q3	779 Q3	G ⇧		Growth at NUH relates to an increase in health DTOCs and occurred as NUH switched from a paper based system to using Nerve Centre as the method of coding with social care colleagues in July. An action plan is in place to address this.
BCF5	BCF5: Question 32 from the GP Patient Survey: In the last 6 months, have you had enough support from local services or organisations to help manage long-term health condition(s)	65.4%	64.4% (July)	R ⇔		This indicator is reported as part of a suite of indicators to measure citizen experience. A review of metrics is taking place to inform planning for 2017/19 plans.
BCF6	Permanent admissions of older people (aged 65 and over) to residential and nursing care homes directly from a hospital setting per 100 admissions of older people (aged 65 and over) to residential and nursing care homes	34%	23.4%	G ⇩		

6. Reconciliation of Q3 2016/17 spend is complete. Expenditure is broadly on target with some in year slippage. An underspend of £1,389,437 is anticipated in 2016/17:
   6.1. £1.136m in the Care Act allocation. Spend will be carried forward to 2017/18 to be spent within this ring-fenced element of the fund. The Adult Social Care and Health Committee have approved recommendations at their meeting on 12 September 2016. Schemes and details on when funding will be transacted are contained within this report.
   6.2. £191,000 in scheme D (support to social care). Spend will be reallocated to scheme C (reducing non-elective admissions) within the financial year.

7. The BCF Finance, Planning and Performance subgroup monitors all risks to BCF delivery on a quarterly basis and highlights those scored as a high risk to the Steering Group. The Steering Group has agreed the risks on the exception report as being those to escalate to the HWB (Table 2).

Table 2: Risk Register

Risk id	Risk description	Residual score	Mitigating actions
BCF005	There is a risk that acute activity reductions do not materialise at required rate due to delays in scheme implementation, unanticipated cost pressures and impact from patients registered to other CCG's not within or part of Nottinghamshire's BCF plans.	16	Monthly monitoring of non-elective activity by BCF Finance, Planning and Performance subgroup and Steering Group (currently only for activity in Nottinghamshire CCGs). Oversight by A&E Delivery Boards.
BCF009	There is a risk of insufficient recruitment of qualified and skilled staff to meet demand of community service staffing and new services; where staff are recruited there is a risk that existing service provision is destabilised.	16	Monthly monitoring through A&E Delivery Boards and Transformation Boards. Workforce and organisational development identified as a Sustainability and Transformation Plan (STP) priority.

8. As agreed at the meeting on 7 October 2015, the Q3 2016/17 national report was submitted to NHS England on 3 March pending HWB approval (Appendix 1). Due to the timing of the report, the content for Nottinghamshire County was prepared and agreed by the BCF Finance, Planning and Performance sub-group and approved by the BCF Steering Group. If the HWB requests amendments to the report, the quarterly report will be resubmitted to the NHS England Better Care Support Team.

9. Further national reporting is due on a quarterly interval:

   9.1. Quarter 4 - 24 May 2017 (HWB report due June 2017)

Other options

10. None.

Reasons for Recommendations

11. To ensure the HWB has oversight of progress with the BCF plan and can discharge its national obligations for reporting.

Statutory and Policy Implications

12. 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

13. There is in year variance on the financial plan that the HWB have approved**.** A full year underspend of approximately £1.39m is expected for 2016/17: £1.16m in the Care Act allocation, and £191,000 in scheme D (support to social care). All other elements are anticipating full spend for 2016/17.

Human Resources Implications

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

Legal Implications

15. 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.

RECOMMENDATIONS

That the Board:

1. Approve the Q3 2016/17 national quarterly performance report.

David Pearson
Corporate Director, Adult Social Care, Health and Public Protection, Nottinghamshire County Council

For any enquiries about this report please contact:
Joanna Cooper Better Care Fund Programme Manager
Joanna.Cooper@nottscc.gov.uk / Joanna.Cooper@mansfieldandashfieldccg.nhs.uk
0115 9773577

Constitutional Comments (SLB 20/03/2017)

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

Financial Comments (KAS 21/03/2017)

17. The financial implications are contained within paragraph13 of the report.

Background Papers and Published Documents

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

- "Better Care Fund: Guidance for the Operationalisation of the BCF in 2015-16". http://www.england.nhs.uk/wp-content/uploads/2015/03/bcf-operationalisation-guidance1516.pdf
- Better Care Fund – Final Plans 2 April 2014
- Better Care Fund – Revised Process 3 June 2014
- Better Care Fund Governance Structure and Pooled Budget 3 December 2014
- Better Care Fund Pooled Budget 4 March 2015
- Better Care Fund Performance and Update 3 June 2015
- BCF Performance and Finance exception report - Month 3 2015/16
- Better Care Fund Performance and Update 7 October 2015
- Letter to Health and Wellbeing Board Chairs 16 October 2015 from Department of Health and Department of Communities and Local Government "Better Care Fund 2016-17"
- Better Care Fund Performance and Update 2 December 2015
- 2016/17 Better Care Fund: Policy Framework https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/490559/BCF_Policy_Framework_2016-17.pdf
- Better Care Fund Performance and Update 2 March 2016
- Better Care Fund 2016/17 Plan 6 April 2016
- Better Care Fund Performance and Update 6 June 2016
- Better care fund Performance, 2016/17 plan and update 7 September 2016
- Better Care Fund Performance 7 December 2016

Electoral Divisions and Members Affected

- All.

Appendix 1

Q3 2016/17	
Health and Well Being Board	**Nottinghamshire**
Completed by:	Joanna Cooper
E-Mail:	Joanna.Cooper@nottscc.gov.uk
Contact Number:	0115 9773577
Who has signed off the report on behalf of the Health and Well Being Board:	TBC

Budget Arrangements

Have the funds been pooled via a s.75 pooled budget?	Yes

National Conditions

Condition (please refer to the detailed definition below)	Q1 Submission Response	Q2 Submission Response	Please Select ('Yes', 'No' or 'No - In Progress')
1) Plans to be jointly agreed	Yes	Yes	Yes
2) Maintain provision of social care services	Yes	Yes	Yes
3) In respect of 7 Day Services - please confirm:			
i) Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate	Yes	Yes	Yes
ii) Are support services, both in the hospital and in primary, community and mental health settings available seven days a week to ensure that the next steps in the patient's care pathway, as determined by the daily consultant-led review, can be taken (Standard 9)?	Yes	Yes	Yes
4) In respect of Data Sharing - please confirm:			
i) Is the NHS Number being used as the consistent identifier for health and social care services?	Yes	Yes	Yes
ii) Are you pursuing Open APIs (ie system that speak to each other)?	Yes	Yes	Yes
iii) Are the appropriate Information Governance controls in place for information sharing in line with the revised Caldicott Principles and guidance?	Yes	Yes	Yes
iv) Have you ensured that people have clarity about how data about them is used, who may have access and how they can exercise their legal rights?	Yes	Yes	Yes

5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional	Yes	Yes	Yes
6) Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans	Yes	Yes	Yes
7) Agreement to invest in NHS commissioned out-of-hospital services	Yes	Yes	Yes
8) Agreement on a local target for Delayed Transfers of Care (DTOC) and develop a joint local action plan	Yes	Yes	Yes

Plan, forecast, and actual figures for total income into, and total expenditure from, the fund for each quarter to year end (in both cases the year-end figures should equal the total pooled fund)

Income

Previously returned data:

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Annual Total	Pooled Fund
Please provide , plan , forecast, and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£14,026,504	£14,026,507	£14,026,507	£14,026,506	£56,106,024	£56,106,024
	Forecast	£14,026,504	£14,026,507	£14,026,507	£14,026,506	£56,106,024	
	Actual*	£14,026,504	£14,026,505	-	-		

Q3 2016/17 Amended Data:

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Annual Total	Pooled Fund
Please provide, plan, forecast and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£14,026,504	£14,026,507	£14,026,507	£14,026,506	£56,106,024	£56,106,024
	Forecast	£14,026,504	£14,026,507	£14,026,507	£14,026,506	£56,106,024	
	Actual*	£14,026,504	£14,026,505	£14,026,507	-	-	

Expenditure

Previously returned data:

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Annual Total	Pooled Fund
	Plan	£14,026,504	£14,026,507	£14,026,507	£14,026,506	£56,106,024	£56,106,024

Please provide , plan , forecast, and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Forecast	£14,026,504	£12,124,184	£14,977,668	£14,977,668	£56,106,024
	Actual*	£12,467,762	£12,124,184	-	-	

Q3 2016/17 Amended Data:

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Annual Total	Pooled Fund
Please provide, plan, forecast and actual of total expenditure from the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£14,026,504	£14,026,507	£14,026,507	£14,026,506	£56,106,024	£56,106,024
	Forecast	£12,467,762	£12,124,184	£17,466,983	£14,047,095	£56,106,024	
	Actual*	£12,467,762	£12,124,184	£17,466,983	-	-	

Commentary on progress against financial plan:	Below plan with internal approval for carry forward of £1.37m Care Act Implementation funding to 2017/18. This is due to underspends on staffing as not all staff were in post at the start of the year. This will be retained within the pooled fund. All other elements are anticipating full spend for 2016/17

National and locally defined metrics

Non-Elective Admissions	Reduction in non-elective admissions
Please provide an update on indicative progress against the metric?	No improvement in performance
Commentary on progress:	Overall performance below target and deteriorated on Q2

Delayed Transfers of Care	Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	Overall performance on track.

Local performance metric as described in your approved BCF plan	Permanent admissions of older people (aged 65 and over) to residential and nursing care homes directly from a hospital setting per 100 admissions of older people (aged 65 and over) to residential and nursing care homes
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	Overall performance on track and continual improvement on placements remaining under target.

Local defined patient experience metric as described in your approved BCF plan	GP Patient Survey, Q32: In the last 6 months, have you had enough support from local services or organisations to help you to manage your long-term health condition(s)? Please think about all services and organisations, not just health services.
Please provide an update on indicative progress against the metric?	No improvement in performance
Commentary on progress:	Latest survey data shows no change in performance. This metric is measured alongside satisfaction with Disabled Facilities Grants and Friends and Family test data which are on plan.

Admissions to residential care	Rate of permanent admissions to residential care per 100,000 population (65+)
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	Overall performance on track and continual improvement on placements remaining under target.

Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services
Please provide an update on indicative progress against the metric?	No improvement in performance
Commentary on progress:	Overall performance below target. New data collection methodology in place for 16/17 and discrepancies are being addressed with individual service areas.

Additional Measures

Improving Data Sharing: (Measures 1-3)

1. Proposed Measure: Use of NHS number as primary identifier across care settings

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
NHS Number is used as the consistent identifier on all relevant correspondence relating to the provision of health and care services to an individual	Yes	Yes	Yes	Yes	Yes	Yes
Staff in this setting can retrieve relevant information about a service user's care from their local system using the NHS Number	Yes	Yes	Yes	Yes	Yes	Yes

2. Proposed Measure: Availability of Open APIs across care settings

Please indicate across which settings relevant service-user information is currently being shared digitally (via Open APIs or interim solutions)

	To GP	To Hospital	To Social Care	To Community	To Mental health	To Specialised palliative
From GP	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Shared via interim solution	Shared via interim solution	Shared via interim solution
From Hospital	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Shared via interim solution	Shared via interim solution	Shared via interim solution
From Social Care	Not currently shared digitally	Shared via interim solution	Shared via Open API	Shared via interim solution	Shared via interim solution	Not currently shared digitally

From Community	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Shared via interim solution	Shared via interim solution	Shared via interim solution
From Mental Health	Not currently shared digitally	Not currently shared digitally	Shared via interim solution	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally
From Specialised Palliative	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Shared via interim solution	Not currently shared digitally	Shared via interim solution

In each of the following settings, please indicate progress towards instillation of Open APIs to enable information to be shared with other organisations

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
Progress status	Installed (not live)	Installed (not live)	Installed (not live)	Unavailable	In development	In development
Projected 'go-live' date (dd/mm/yy)	01/10/17	01/10/17	N.A	N.A	N.A	N.A

3. Proposed Measure: Is there a Digital Integrated Care Record pilot currently underway?

Is there a Digital Integrated Care Record pilot currently underway in your Health and Wellbeing Board area?	Pilot currently underway

Other Measures: Measures (4-5)

4. Proposed Measure: Number of Personal Health Budgets per 100,000 population

Total number of PHBs in place at the end of the quarter	91
Rate per 100,000 population	11.2

Number of new PHBs put in place during the quarter	83
Number of existing PHBs stopped during the quarter	1
Of **all** residents using PHBs at the **end** of the quarter, what proportion are in receipt of NHS Continuing Healthcare (%)	98%

Population (Mid 2016)	810,551

5. Proposed Measure: Use and prevalence of Multi-Disciplinary/Integrated Care Teams

Are integrated care teams (any team comprising both health and social care staff) in place and operating in the **non-acute** setting?	Yes - throughout the Health and Wellbeing Board area
Are integrated care teams (any team comprising both health and social care staff) in place and operating in the **acute** setting?	Yes - throughout the Health and Wellbeing Board area

Narrative

Please provide a brief narrative on overall progress, reflecting on performance in Q3 16/17. A recommendation would be to offer a narrative around the stocktake themes as below:

Highlights and successes

What would you consider to be your most significant area of success, or development since the last quarter? What has contributed to this improvement?

Challenges and concerns

Does the information on National Conditions and Supporting metrics point to any issues or areas of improvement? Are there any new anticipated challenges for the coming quarter?

Potential actions and support

What actions could be taken and what support could be offered to address performance challenges and capitalise on successes for subsequent quarters?

Highlights and successes
In Nottinghamshire we have maintained our ambition for a strong BCF plan across our Health and Wellbeing Board footprint. Performance against all BCF metrics continues to be monitored monthly to ensure timely actions where plans are off-track. There continues to be a high level of commitment from partners to address performance issues e.g. daily discussions within hospitals to facilitate timely discharges, the development of transfer to assess models to reduce long term admissions to care homes, District Authority alignment with Integrated Discharge Teams to ensure housing needs of patients are addressed prior to discharge and avoid unnecessary delays. At Q3, 3 performance metrics are on plan, and 3 off plan (non-elective admissions, reablement, and GP patient satisfaction survey – we additionally measure satisfaction with Disabled Facilities Grants and Friends and Family test data which are on plan).

The 6 CCGs continue to work with local authority, District and Borough Councils, acute, mental health and community trusts and the community and voluntary sector in their 3 units of planning to ensure service transformation with a focus on reducing non-elective admissions and attendance, and care home admissions. Plans to accelerate improvement in trajectories are forecast to deliver further improvements as projects and programmes mature and transfer of investment and resources to primary and community setting manages demand more appropriately.

Challenges and concerns
Data sharing is a key strand to our Local Digital Roadmap and Sustainability and Transformation Plan. Additional funding is being sought to support implementation of the plan.

Our bid to become an Integrated Personal Commissioning early adopter has been approved by NHS England and work is underway to develop the approach.

Potential actions and support
Support from NHS England is needed to access BCF data to support monitoring of non-elective admissions at a local level.

Nottinghamshire County Council

Report to Health and Wellbeing Board

29 March 2017

Agenda Item: 7

REPORT OF THE CHAIR OF THE HEALTH AND WELLBEING BOARD

CHAIR'S REPORT

Purpose of the Report

1. An update on relevant local and national issues.

Information and Advice

2. **Supporting Carers with Mental Health Issues**
New initiatives have been identified to support carers who are experiencing issues with their own mental health and wellbeing, which could be attributed as a result of the stress, demands and responsibilities of being a carer.

The County Council is working in partnership with the Carers Trust (who provide the Carers Hub carers' support service), Inspire Culture Learning and Libraries, and Kaleidoscope Plus to provide:

- Promotion and signposting of IAPT (Improving Access to Psychological Therapies) services in the community to carers
- Signposting carers to organisations who provide complimentary therapies (i.e. Reiki, Indian Head massage etc)
- Signposting to 'Books on Prescription' offered through Inspire library services in libraries across the county
- Development of carer learning courses and workshops to support carer health and wellbeing, in partnership with Inspire Community Learning
- Carer Health and Wellbeing Workshops
- 'Taster' Sessions for carers for 4 week community learning courses provided by Inspire.
- Kaleidoscope Plus group providing additional sessions of 'Self Care Community Workshops – 5 Ways to Wellbeing' for carers

The Carers Trust have developed an area on their website to promote these initiatives and carer health and wellbeing. The workshops and taster sessions are also being promoted via the Notts Help Yourself website. All referrals are being co-ordinated by the Carers Hub service and if the carer courses are successful, a programme of workshops and courses will be planned in to take place during 2017/2018.

There are future plans to develop more carer training and learning with Inspire, Carers Trust, and carers themselves. This 'co-production' approach will enable learning for carers to be tailored to provide skills to carers to assist them with their caring role, in addition to supporting them with their own health and wellbeing.

For further information, please contact Dan Godley, Commissioning Officer on 0115 977 4596 or dan.godley@nottscc.gov.uk

3. **"To Dip or Not To Dip Project" in Nottinghamshire**
The Nottinghamshire "To Dip or Not To Dip" is a quality improvement project for care homes. The aim of the project is to reduce inappropriate antibiotic prescribing for urinary tract infections (UITs) in care homes. The project is developing a new care pathway based on a recent quality improvement initiative undertaken in West NHS Bath and North East Somerset and uses an assessment tool based on national guidance, training sessions and resources for the care homes on UTI management and prevention.

The project has two phases and has been funded collaboratively to improve the management of UTI in care home residents. This work aims to contribute to a reduction in antimicrobial prescribing, inappropriate prescribing and unplanned admissions to hospital. This supports the work of Clinical Commissioning Groups, Local Authority and the high impact changes outlined in the Nottinghamshire Sustainability and Transformation Plan (STP) on care and prevention.

To Dip or Not To Dip Phase 1 takes place between November 2016 - May 2017and includes securing GP engagement, promotion and support for the pilot, collection and analysis of patient data, building relationships with health and social care professionals and the development of training packages and resources.

Phase 1 Progress to Date
In **Nottingham West CCG (NW CCG)** the first pilot of the project started in January 2017 in the Eastwood area in 2 practices and 6 Care Homes. 70 care home staff have received training on the care pathway, data was collected on emergency admissions and current antibiotic use in care homes from January - December 2016 and is being used to inform the future development of the project. The project will be rolled out to all GP practices and Care Homes across NW CCG at the Care Homes Forum to be held on 22 March 2017.

In **Mansfield and Ashfield CCG (M&A CCG)** work has focussed on securing Primary Care Pharmacy support for data collection and GP engagement. The second pilot of the phase 1 of the project will commence on the 08 March in 2 GP practices and 3 Care Homes.

The pilot was unable to progress in **Newark and Sherwood CCG (N&S CCG)** within the timescales of phase 1 (due to capacity from the Primary Care Pharmacists), however strong GP engagement has enabled the project team to work with two of the large care homes in Newark with implementation planned in Phase 2.

To Dip or Not To Dip Phase 2 June 2017 - March 2018

The second phase of the project will focus on quality improvement through implementation of the care pathway and cascade of supporting resources. It is envisaged that the project will seek to engage with Care Homes in M&A, N&S, Nottingham North and East (NNE) and Rushcliffe CCGs.

For more information please contact Sally Bird, Infection Prevention and Control Team e: Sally.Bird@MansfieldandAshfieldCCG.nhs.uk

4. **New support service for children and young people**
The new Community Children and Young People's Service, which provides integrated health support for children and young people with additional needs and disabilities is launching in March and April. The new services, which brings together therapy services such as physiotherapy, occupational therapy and speech and language therapy, along with nursing services and phlebotomy, support children at home and school and in other settings, through a single point of access. Two drop-in launch events are taking place as follows:

- 17th March, 9.30-2.30 at Highbury Hospital;
- 25th April, 9.30-2.00 at the John Fretwell Centre.

Anyone is welcome to drop in to either event.

For more information contact Alex Hobson, Business Manager. Nottinghamshire Healthcare NHS Foundation Trust t: 01159 935 560 e: alexandra.hobson@nottshc.nhs.uk

PROGRESS FROM PREVIOUS MEETINGS

5. **Young People's Health Strategy Celebration Event**
A summary of the event which took place on 16 January at MyPlace in Mansfield is now available. Thanks again to everyone who attended to make it such a good event.

A summary of the Social Prescribing event which took place on 21 March will also follow. Thanks to everyone who attended this popular event.

6. **Housing standards – query from December meeting**
At the December 2016 meeting Bev Smith came to give us an update on how the integration of housing and health has progressed. During the discussion there was a question about whether there was a kite mark scheme for private landlords. In response to this I'm advised that there is not a national 'kite mark' for all private landlords. The only national mandatory requirement for rental properties is for landlords to register certain types of high risk houses in multiple occupation i.e. those that consist of 3 or more storeys and house 5 or more people who form 1 or more households and where facilities are shared. Councils can however introduce local licensing regimes tackling smaller houses in multiple occupation ('additional licensing') where there is a justified need (Nottingham City Council have introduced such a scheme) and/or 'selective licensing' schemes of rented properties in certain areas where there are poor housing conditions, significant and persistent anti-social behaviour or low demand. Ashfield District Council have now launched a selective licensing scheme in two distinct areas of the district and Nottingham City Council are also currently consulting on a selective licensing scheme.

In the Midlands though there is a voluntary landlord accreditation scheme which some Nottinghamshire authorities support managed by Decent and Safe Homes (DASH). DASH offers a voluntary Quality Mark to accredited landlords supported by audits and training to maintain standards.

There is also a voluntary scheme for student homes in Greater Nottingham through Unipol Student Homes which is also aligned to the DASH standards.

Each local authority has dedicated officers tasked with improving private rented sector property conditions through advice, informal action and more formal enforcement where necessary. Properties are inspected against the national Housing Health and Safety Rating System (HHSRS) which considers a range of issues such as damp, electrical safety and overcrowding. These inspections are usually at the request of a renting tenant.

The Housing and Planning Act 2016 recently received Royal Assent and will introduce a package of new measures from April 2017 to help tackle rogue landlords in the private rented sector. An update on progress in housing and health is being scheduled for June and I hope to hear more about how this will impact on housing standards in Nottinghamshire then. In the meantime, the City and district councils are collating data on local enforcement, advice and final assistance programmes targeted at improving private sector housing conditions as part of the Sustainability and Transformation Plan which will also be included within the June update.

For more information about housing standards in Nottinghamshire please contact John Shiel e: JSheil@rushcliffe.gov.uk or Jill Finnesey e: jfinnesey@mansfield.gov.uk

7. **Principia Multi-specialty Community Provider (MCP)**
   The latest update from Principia is now available giving progress since January 2017.

   For more information contact Fiona Callaghan, Head of Strategy and Service Development NHS Rushcliffe CCG e: Fiona.Callaghan@rushcliffeccg.nhs.uk

PAPERS TO OTHER LOCAL COMMITTEES

8. **Update on Extra Care Services**
   Report to Adult Social Care and Health Committee
   6 February 2017

9. **Update to Police and Crime Delivery Plan 2016-18**
10. **Police and Crime Plan Priorities and Consultation**
    Reports to Nottinghamshire Police and Crime Panel
    6 February 2017

11. **Childhood Immunisation and Vaccination in Nottingham and Nottinghamshire**
12. **Nottingham University Hospitals NHS Trust Service Reviews**
    Reports to Joint Health Scrutiny Committee
    7 February 2017

13. **HealthWatch Nottinghamshire Funding 2017-18**
    Report to Policy Committee
    8 February 2017

14. **Personal Travel Planning**
    Report to Transport and Highways Committee
    9 February 2017

15. **Special Educational Needs and Disability reforms 'New Burdens' Grants 2016-17 and 2017-18**

16. **Proposed efficiency savings within the Integrated Children's Disability Service**
17. **Children, Young People and Families Plan - continuous improvement plan 2016-17 mid year review**
18. **Children and Young People's Mental Health & Wellbeing Transformation Plan**
    Report to Children and Young People's Committee
    20 February 2017

19. **Update on the work of the Community and Voluntary Sector Team**
20. **Update on Key Trading Standards Matters**
    Report to Community Safety Committee
    21 February 2017

21. **D2N2 Skills and Employability Stategy 2017-2020**
    Report to the City of Nottingham and Nottinghamshire Economic Prosperity Committee
    24 February 2017

22. **Nottinghamshire Community Learning & Skills Service Annual Plan and Fees 2017-18**
    Report to Culture Committee
    7 March 2017

23. **Update on Progress with Arrangements to Integrate Health and Social Care in Mid Nottinghamshire**
24. **Transforming Care**
25. **New Ways of Working in Adult Social Care**
    Reports to Adult Social Care and Health Committee
    13 March 2017

26. **Sustainability and Transformation Plan Governance Arrangements**
27. **Nottingham University Hospitals NHS Service Review**
    Report to Joint Health Scrutiny Committee
    14 March 2017

A GOOD START

28. **Evaluation of behaviour change interventions: school nurse toolkit**
    Public Health England
    This toolkit aims to guide school nurses through evaluations and provides guidance on how to implement results to promote learning, make improvements, and demonstrate the impact of interventions.

29. **Increasing Fruit and Vegetable Intake among Children and Youth through Gardening-Based Interventions: A Systematic Review**
    Journal of the academy of nutrition and dietetics
    Although the evidence is mixed and fraught with limitations, most studies suggest a small but positive influence of gardening interventions on children's F/V intake.

30. **The school run: cycling and walking to school**
    Sustrans
    Encouraging children to walk, cycle and scoot will reduce congestion and pollution around the school gates. It will also help your child’s mental and physical health. Teachers find that

pupils who walk and cycle arrive at school more relaxed, alert and ready to start the day than those who travel by car.

31. **Unintentional injuries: prevention in children under 5 years**
    Public Health England
    This guidance, produced in association with the Child Accident Prevention Trust (CAPT), is for all staff working with children under 5 years and covers the 5 injury priorities: choking, suffocation and strangulation; falls; burns and scalds; poisoning; and drowning. The guidance also covers fire and roads. Each injury priority includes data for England, actions for health professionals and safety messages for parents and carers.

32. **Better Beginnings: improving health for pregnancy**
    NIHR Dissemination Centre
    This themed review brings together NIHR research on different aspects of health before, during and after pregnancy. It covers smoking, healthy diet and weight, alcohol and drugs, mental health, violence against women, and supporting families using multifaceted approaches. It is aimed at healthcare professionals working with women around the time of pregnancy as well as those with a wider interest in women's and children's health including commissioners.

LIVING WELL

33. **Preventing drugs misuse deaths**
    Public Health England
    This guidance outlines how providers and commissioners can prevent deaths from drug abuse. It sets out the scale of the problem, factors causing the rise in drug misuse deaths, preventing drug misuse deaths and a call for action for local authorities and the NHS.

34. **Highways and buyways: A snapshot of UK drug scenes 2016**
    DrugWise
    This survey of representatives from 32 organisations and officers from 13 constabularies provides a snapshot in time (October-November 2016) of what is happening with UK street drug markets.

35. **Alert February 2017**
    Institute of Alcohol Studies
    The latest edition of Alcohol Alert.

36. **UK E-Cigarette Research Forum**
    Cancer Research UK
    The UK E-Cigarette Research Forum (UKECRF) is an initiative developed by Cancer Research UK in partnership with Public Health England (PHE) and the UK Centre for Tobacco and Alcohol Studies (UKCTAS). The Forum brings together policy-makers, researchers, practitioners and the NGO community to discuss the emerging evidence and knowledge gaps about e-cigarettes. The group also seeks to identify research priorities, generate ideas for new research projects and enhance collaboration between forum participants.

37. **The Switch**

Inspired by people who have switched from smoking cigarettes to vaping, the NCSCT and the New Nicotine Alliance have produced this short film showing how some people have made The Switch.

38. **Local Tobacco Control Profiles for England**
Public Health England
These provide a snapshot of the extent of tobacco use, tobacco related harm, and measures being taken to reduce this harm at a local level. These profiles have been designed to help local government and health services to assess the effect of tobacco use on their local populations.

39. **Overview of Electronic Nicotine Delivery Systems: A Systematic Review.**
American journal of preventive medicine; Feb 2017; vol. 52 (no. 2); p. e33
Studies indicate that ENDS are increasing in use, particularly among current smokers, pose substantially less harm to smokers than cigarettes, are being used to reduce/quit smoking, and are widely available. More longitudinal studies and controlled trials are needed to evaluate the impact of ENDS on population-level tobacco use and determine the health effects of longer-term vaping.

40. **Local Tobacco Control Profiles for England**
Public Health England
These provide a snapshot of the extent of tobacco use, tobacco related harm, and measures being taken to reduce this harm at a local level. These profiles have been designed to help local government and health services to assess the effect of tobacco use on their local populations.

41. **Emerging evidence on the NHS Health Check: findings and recommendations**
NHS Health Check
This report summarises the key findings from a recently completed evidence synthesis. The report also sets out the ongoing case for prevention, summarises the key findings of the evidence synthesis and presents recommendations for future priorities for action.

42. **Postal invitations, even with added incentives, don't improve NHS health check attendance**
NIHR Dissemination Centre
An expert commentary is provided of study which reported that being sent an invitation that included questions about their intention and readiness to attend did not encourage people to have NHS health check even when they were offered £5 voucher to complete questionnaire.

43. **Any journey is greener by bus**
Greener Journeys
This new study focuses on the experience of bus users and the wider benefits of the bus to society and to the cities and communities in which they operate. Any Journey is Greener by Bus approaches the situation from the perspective of the passenger and those most directly affected by the developments in buses.

44. **Public parks**
Communities and Local Government Committee

This report warns that parks are at a tipping point and face a period of decline with potentially severe consequences unless their vital contribution to areas such as public health, community integration and climate change mitigation is recognised.

45. **Working together to address obesity in adult mental health secure units**
Public Health England
This review summarises the latest evidence on obesity in secure mental health units. It examines the evidence on the prevalence and impact of obesity in secure settings, and an investigation of potential interventions.

COPING WELL

46. **Preventing prison suicides**
Centre for Mental Health
This last of four reports from an investigation into suicides in prisons is based on interviews with health care staff working in prisons and those reviewing clinical care following suicide deaths. It finds that distress, self-harm and suicide attempts are on the rise and too often viewed as manipulative, rather than expressions of need and vulnerability.

47. **Collaborative care can be moderately effective at treating depression regardless of physical health status**
NIHR Dissemination Centre
An expert commentary is provided of NIHR-funded review of pooled individual patient data from 31 trials which found collaborative care can be modestly effective at treating depression vs. usual care, whether or not people also have long-term condition such as cancer/heart disease.

48. **Maternal mental health : women's voices**
RCOG
This report is based on the findings of a survey of over 2,300 women on their experiences of care in relation to their mental health during pregnancy and in the postnatal period. It provides recommendations for healthcare professionals, managers, providers, commissioners and policy-makers.

49. **Veteran's mental health: a healthwatch Norfolk project**
UK Health Forum
This animation describes a Healthwatch Norfolk project (April 2015-16) to find ways of improving health and care services for military veterans with mental health conditions in Norfolk and Suffolk. The animation was produced by Creative Connection and the recipient of an NHS England's 'Celebrating Participation in Healthcare' grant 2016

50. **'Borrowed time' to save social care system from collapse**
AGE UK
This briefing examines the health and care needs of the ageing population, the state of social care, the state of healthcare and whether the health and care system is fit for the future. It demonstrates the challenges facing older people who need care and the impact of the failure to provide it on their health and wellbeing, as well as the NHS.

51. **Trends in diagnosis and treatment for people with dementia in the UK from 2005 to 2015: a longitudinal retrospective cohort study**

Lancet Public Health
The objectives of this study were to describe changes in the proportion of people diagnosed with dementia and the pharmacological treatments prescribed to them over a 10 year period from 2005 to 2015. This paper aims to explore the potential impact of policy on dementia care.

52. **Retirement on hold: supporting older carers**
Carers Trust
This report gives an insight into the experiences of older carers and highlights the need for greater support for these unpaid carers. Some of the key issues that are highlighted include the health of older carers and the use of personal finances to support care needs.

53. **Local support for people with a learning disability**
NAO
Report examines how NHS in England and local authorities (LAs) seek to improve lives of people using LA learning disability support services. It noted good progress made by government programme to close hospital beds but it is not yet on track to achieve value for money.

54. **Air Quality: a briefing for Directors of Public Health**
Local Government Association
This briefing provides the information to help Directors of Public Health consider the appropriate public health response to air pollution in their area. There is extensive evidence about the health impacts of air pollution, growing media and public interest and an indicator on mortality attributed to particulate matter air pollution in the Public Health Outcomes Framework.

WORKING TOGETHER

55. **Tackling High Blood Pressure through Community Pharmacy: new report published**
Pharmacy Voice
This report examines how the community pharmacy sector can expand and enhance its contribution to the national agenda around preventing, detecting and managing hypertension.

56. **Engaging Health Care Volunteers**
AHA
This report showcases how volunteer services support the Triple Aim, a framework developed by the Institute for Healthcare Improvement that outlines an approach for maximizing the performance of the health care system. This framework looks at improving the patient experience of care; improving the health of populations; and reducing the per-capita cost of health care.

57. **What's behind delayed transfer of care?**
Nuffield Trust
This briefing explores what the data tells us about delayed transfers of care and dispels some myths about how to prevent them.

58. **Addressing social, economic and environmental determinants of health and the health divide in the context of sustainable human development**

UNDP
This report investigates how the effects of social, economic and environmental determinants of health and health equity are rarely fully addressed in development policy and practice. The research also aims to develop a methodology to embed health equity into development projects.

59. **Understanding Society - A healthy understanding: Global attitudes to health**
IPSOS Mori
This report examines the state of health at both a national and global level covering patient experience and expectations, behavioural interventions, the importance of health literacy, exporting healthcare, the opportunities and challenges of ageing populations and sustainable development goals.

60. **The economics of health inequality in the English NHS: the long view**
CHE
This paper briefly outlines some of the key milestones of health inequality policy in England and describes how socioeconomic inequalities in health, government policy towards it, and the academic literature about it, have evolved over time and in relation to each other. Whilst this historical review is far from comprehensive, its aim is to provide sufficient context within which to interpret current NHS health inequality policy from the perspective of an economist.

61. **Integration resource library**
Local Government Association
An integration resource library has been created for the Local Government Association (LGA) website and is expected to be signposted to in the forthcoming Better Care Fund (BCF) and integration policy guidance as a resource for those pursuing further integration.

62. **Sustainability and transformation plans**
Local Government Association
This document is aimed at lead members of local government and focuses on the role for elected members in the STP process and what plans may mean for lead members and local communities.

63. **Developing sustainability and transformation plan governance arrangements**
HFMA
This briefing explores the emerging governance arrangements being developed to support the delivery of sustainability and transformation plans. It includes a view on what is working well and details of where further work is required.

64. **Financial sustainability of the NHS**
The House of Commons Public Accounts Committee
This report examines the growing pressure on health finances and sets out new and urgent recommendations to government. It calls on the Department of Health, NHS England and No.10 to work together saying that central government is asking local bodies to solve multiple problems and deliver a range of priorities without a proper understanding of what they can realistically achieve.

65. **Health and Social Care Integration**
The House of Commons Library

This paper analyses recent policy and debate on the integration of NHS-provided healthcare and local authority-provided social care.

66. **2016 Committee on Research: Next Generation of Community health**
AHA
This report takes a U.S. focused view on how community health services are likely to develop as hospitals redefine themselves to keep pace with the changing health care landscape. It examines how community health has the potential to become the hub for population health and to bring together multiple sectors to reduce health inequalities.

67. **Use of agency workers in the public sector**
OME
This report seeks to enhance understanding about use of agency staff in the UK public sector. It draws on existing evidence and new qualitative research to provide an overview of the triangular relationship between the agency worker, the recruitment industry and public sector employers, as well as providing detailed accounts of the nature of agency working within public sector health and education.

68. **Working well: a plan to reduce long term sickness absence**
IPPR
This report from the Institute for Public Policy Research (IPPR) makes the case for a new 'Fit Pay' policy that would give employers the incentive to work with staff to keep them healthy and in work.

69. **Shifting the balance of care: Great expectations**
Nuffield Trust
This report is based on a literature review assessing the evidence for moving care out of hospital and the assumption that it will save money. It explores five key areas: elective care, urgent and emergency care, admission avoidance and easier discharge, at risk populations, and self-care. The report is intended to help inform local strategies and STPs.

70. **Performance: How do you know your council is performing well in adult social care?**
Local Government Association
Councils are responsible for their own performance and for leading the delivery of improved outcomes for local people in their area. Lead members will want to enable their councils to perform well in adult social care and to manage any risk.

71. **Adult Social Care Funding (England)**
The House of Commons Library
These briefing papers relate to social care: Adult Social care funding (England) - and examine key funding pressures facing adult social care services and evidence of the impacts of these pressures on social care and health services. It explains the additional funding that the Government has made available and discusses stakeholder concerns about a growing social care funding gap, and calls for a review of the long-term sustainability of social care.

72. **Public health working with the voluntary, community and social enterprise sector: new opportunities and sustainable change**
Local Government Association

The case studies in this report show how public health and the voluntary, community and social enterprise sector (VCSE) are working together to make a real difference to people's health and wellbeing.

73. **Sicker patients the main reason for A&E winter pressures**
The Kings Fund
Despite the recent media focus on access to GPs, the latest Quarterly Monitoring Report finds that the rising number of patients with complex health needs is the key factor behind the increasing pressures on A&E departments.

The latest data highlighted in the report shows that more than 1 in 10 patients are now waiting for elective treatment. James Thompson explores what this means for patients and how the NHS might respond.

HEALTH INEQUALITIES

74. **How poverty affects people's decision-making processes**
Joseph Rowntree Foundation
As poverty continues to be a feature of the social and economic landscape in the United Kingdom, attention is turning towards the potentially damaging role played by individual decisions made in low-income contexts.

75. **Households below a Minimum Income Standard: 2008/09 to 2014/15**
Joseph Rowntree Foundation
This report shows how many people are living below an adequate standard of living in the UK.

76. **Fixing our broken housing market**
Department for Communities and Local Government
This housing white paper sets out the government's plans to reform the housing market and boost the supply of new homes in England.

All of the above records can be found in the CASH (Current Awareness Service for Health database by searching at:
http://cash.libraryservices.nhs.uk/cash-service/search-database/
Library and Knowledge Service, Sherwood Forest Hospitals NHS Foundation Trust

CONSULTATIONS

Other Options Considered

77. To note only

Reason/s for Recommendation/s

78. N/A

Statutory and Policy Implications

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

RECOMMENDATION/S

1) To note the contents of this report.

Councillor Joyce Bosnjak
Chair of Health and Wellbeing Board

For any enquiries about this report please contact:

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

Constitutional Comments (SLB 20/03/2017)

80. This report is for noting only

Financial Comments (KAS 17/03/17)

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

Background Papers and Published Documents

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

None

Electoral Division(s) and Member(s) Affected

All

Nottinghamshire County Council

Report to Health and Wellbeing Board

29 March 2017

Agenda Item: 8

REPORT OF CORPORATE DIRECTOR, RESOURCES

WORK PROGRAMME

Purpose of the Report

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

Information and Advice

2. The County Council requires each committee, including the Health and Wellbeing Board to maintain a work programme. The work programme will assist the management of the committee's agenda, the scheduling of the Board's business and forward planning. The work programme will be updated and reviewed at each pre-agenda meeting and Board meeting. Any member of the Board is able to suggest items for possible inclusion.

3. The attached work programme has been drafted in consultation with the Chair and Vice-Chair, and includes items which can be anticipated at the present time. Other items will be added to the programme as they are identified.

Other Options Considered

4. None.

Reason/s for Recommendation/s

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

Statutory and Policy Implications

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

RECOMMENDATION/S

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

Jayne Francis-Ward
Corporate Director, Resources

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

Constitutional Comments (HD)

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

Financial Comments (NS)

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

Background Papers

None.

Electoral Division(s) and Member(s) Affected

All

Nottinghamshire Health and Wellbeing Board work programme

	Health & Wellbeing Board (HWB)
26 April	**Wellbeing@Work update** (Lindsay Price) **Tobacco Declaration Annual update (John Tomlinson)** **Strategic action for 2017 – Making Every Contact Count (John Tomlinson/Lindsay Price/TSP)** **Relationship between Safer Notts Board and the Health & Wellbeing Board** (Barbara Brady/Vicky Cropley) **Approval of draft BCF Plan 2017/18 & 2018/19** (Joanna Cooper) **Chair's report:** • Summary of social prescribing event (Susan March)
7 June	**SEND Strategic Action Plan** (Colin Pettigrew/Chris Jones) **Child Sexual Exploitation update on progress** (Steve Edwards/Terri Johnson) **Substance misuse services (John Tomlinson//Lindsay Price/Tristan Poole)** **BCF Q4 quarterly report** (Joanna Cooper) ***Update on Nottinghamshire & SYB STPs*** *(David Pearson/Joanna Cooper/ Idris Griffiths)* **'You said – we did report' Nottingham & Nottinghamshire**
28 June	***Update on Nottinghamshire & SYB STPs*** *(David Pearson/Joanna Cooper/ Idris Griffiths)* **Update on Crisis Care Concordat in Nottinghamshire** (Clare Fox) **Nottinghamshire Air Quality Strategy for approval** (Jonathan Gribbin/Bryony Lloyd) **Addressing clinical variation in primary care** (Jeremy Griffiths)

Nottinghamshire Health and Wellbeing Board work programme

	Update from Nottingham University Hospitals - prevention strategy & future collaboration (Peter Homa) *Presentation* Chairs reports: • Family service return on investment report (Laurence Jones)
6 September (TBC)	
4 October (TBC)	**Connected Notts update** (Andy Evans)
1 November (TBC)	**Better Births Maternity update** (Kate Allen/Jenny Brown) **Health protection assurance update** (Jonathan Gribbin/Sally Handley)
6 December (TBC)	