

## Health and Wellbeing Board

**Wednesday, 13 December 2023 at 14:00**

County Hall, West Bridgford, Nottingham, NG2 7QP

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### AGENDA

|   |  |         |
|---|--|---------|
| 1 | Minutes of the Last Meeting 15 November 2023                         | 3 - 6   |
| 2 | Apologies for Absence  |         |
| 3 | Declarations of Interests by Members and Officers:- (see note below) |         |
| 4 | Water fluoridation in Nottinghamshire                                | 7 - 22  |
| 5 | Better Care Fund (BCF) Quarter Two National Return                   | 23 - 40 |
| 6 | Chair's Report   | 41 - 50 |
| 7 | Work Programme   | 51 - 56 |

#### 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:-

- (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 Rhys Atwell (Tel. 0115 804 1277) or a colleague in Democratic Services prior to the meeting.

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

Meeting: Nottinghamshire Health and Wellbeing Board

Date: Wednesday 15 November 2023 (commencing at 2:00pm)

**Membership:**

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

**Nottinghamshire County Councillors**

John Doddy (Chair)  
Sinead Anderson  
Ap Scott Carlton  
John Wilmott

**District and Borough Councillors**

|    |                  |   |                                      |
|----|------------------|---|--------------------------------------|
|    | David Walters    | - | Ashfield District Council            |
|    | Lynne Schuller   | - | Bassetlaw District Council           |
| Ap | Colin Tideswell  | - | Broxtowe Borough Council             |
| S  | Richard Falvey   | - | Broxtowe Borough Council             |
| Ap | Henry Wheeler    | - | Gedling Borough Council              |
|    | Angie Jackson    | - | Mansfield District Council           |
|    | Susan Crosby     | - | Newark and Sherwood District Council |
|    | Jonathan Wheeler | - | Rushcliffe Borough Council           |
|    | Caroline Ellis   | - | Mansfield District Council           |

**Nottinghamshire County Council Officers**

|                  |   |   |
|------------------|---|---|
| Melanie Williams | - | Corporate Director for Adult Social Care<br>And Public Health |
| Jonathan Gribbin | - | Director for Public Health                                    |
| Elizabeth Winter | - | Public Health & Commissioning Manager                         |

**NHS Partners**

|   |  |   |   |
|---|--|---|---|
|   | Dr Thilan Bartholomeuz<br>(Vice Chair) | - | Mid-Nottinghamshire Place-Based<br>Partnership              |
| S | Dr Janine Elson                        | - | NHS Nottingham and Nottinghamshire<br>Integrated Care Board |

## **Other Partners**

### **Substitute Members**

Richard Falvey for Colin Tideswell  
Dr Janine Elson for Dave Briggs

### **Officers and colleagues in attendance:**

|                   |   |  |
|-------------------|---|--|
| David Evans       | – | Head of Health and Communities, Mansfield District Council                     |
| Rhys Attwell      | - | Nottinghamshire County Council Democratic Services Officer                     |
| Vivienne Robbins  | - | Nottinghamshire County Council Deputy Director for Public Health               |
| Bryony Adshead    | - | Nottinghamshire County Council Executive Officer, Public Health                |
| Catherine O'Byrne | - | Nottinghamshire County Council, Senior Public Health and Commissioning Manager |

### **1. Apologies for Absence**

Henry Wheeler  
Dave Briggs  
Stephen Shortt  
Colin Tideswell  
Sarah Collis  
Theresa Hodgkinson  
John Bennett  
Scott Carlton

### **2. Declarations of Interests**

Cllr Richard Falvey declared a non-pecuniary interest, with this being their membership and previous membership in the following groups: My life's choices co-production group, was a member of ICS strategic co-production group, a member of National Voices Living experience Partner and a member of Community Services Co-Design Council.

### **3. Minutes of the Last Meeting**

The minutes of the last meeting held on 13 September 2023, having been circulated to all Members, were taken as read and were confirmed and signed by the Chair.

### **4. Director of Public Health Annual Report**

Jonathan Gribbin, Director of Public Health for Nottinghamshire County Council presented the Public Health Annual Report to Nottinghamshire Health and Wellbeing Board, focusing on the topic of Multiple Severe Disadvantage. Jonathan Gribbin also presented a video detailing the experience of a person who had suffered from multiple severe disadvantages in their life.

The following was discussed:

- a) It was noted by the Board that the topic of Multiple Severe Disadvantage was chosen due to those affected having the worst health outcomes in Nottinghamshire County.
- b) It was noted by the Board that the recommendations arising from the report set out the need for housing in Nottinghamshire County, to support people with multiple severe disadvantages. There was also discussion around the time periods on social housing waiting lists, and the demand for social housing in contrast to the supply available.
- c) There was a discussion around co-production within the services provided, and how they could be improved for people with multiple severe disadvantages. It was noted by Board members that more needed to be done to raise awareness around multiple severe disadvantages especially for frontline staff.
- d) Board members felt that the report was constructive, and a step in the right direction to helping people with multiple severe disadvantages but felt the approach was more “co-design” rather than “co-production.”
- e) Board members expressed concerns about inequalities across Nottinghamshire which were highlighted by the report. They wished to see more work done over the next few years with partnership groups to address those inequalities.
- f) Board members wished to see the introduction of early intervention schemes into people’s lives from childhood onwards, to try and mitigate the issues experienced by those who were suffering from multiple severe disadvantages.

**Resolved (2023/028):**

The Health and Wellbeing Board agreed:

- 1) To receive the 2023 Director of Public Health’s Annual Report.
- 2) To contribute towards implementing the recommendations contained within the 2023 Report, where applicable and more specifically the following:
  - a. To sponsor the development of a framework which health and care organisations and other public services in Nottinghamshire can use to implement trauma-informed care.
  - b. Health and Wellbeing Board agreed to sponsor work to co-produce guidance for partner organisations about the use of strengths-based, recovery-oriented language.
- 3) Agreed to support the implementation of the recommendations with partners other than those represented on Health and Wellbeing Board.
- 4) Agreed to schedule a Health and Wellbeing Board workshop for Nottinghamshire County Council and partners to offer a response to the recommendations identified in the Director of Public Health’s Annual Report.

**5. Chair’s Report**

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

- a) The Board members noted the UK Government’s legislative plans to create a “smokefree generation.” Board members noted the harmful effects smoking can have on people’s health, and how it is the UK’s most preventable killer.
- b) Board members noted that the topic of a “smokefree generation” and the intended legislation will be added to future Health and Wellbeing Board meetings as a topic of interest.

**Resolved (2023/029):**

The Board agreed:

- 1) That the Chair responds to the smokefree generation consultation on behalf of the Health and Wellbeing Board.
- 2) That an item be added to the Health and Wellbeing Board work programme in 2024 focussing on the local systems approach to smoking and tobacco.

**6. Work Programme**

This item was deferred until the next meeting.

There being no further business, the Chair closed the meeting at 14:41pm.

**Chair:**

**13 December 2023**

**Agenda Item:4**

## **REPORT OF THE CHAIR OF THE NOTTINGHAMSHIRE HEALTH AND WELLBEING BOARD**

### **WATER FLUORIDATION IN NOTTINGHAMSHIRE**

#### **Purpose of the Report**

1. To inform members on water fluoridation in Nottinghamshire and seek comment on work to advocate for its expansion for the benefit of all our local population.

#### **Information**

##### **Background**

2. In the UK, tooth decay is the most common reason for hospital admission in children aged between 6 and 10 years. The consequences of tooth decay are lifelong and poor oral health can lead to:
  - a) significant but avoidable suffering and pain
  - b) days off school – with potential impacts on learning and school performance
  - c) time off work – with economic and productivity consequences
  - d) low self-esteem and confidence
  - e) hospital admissions and treatment under general anaesthetic for children
  - f) costly dental treatment.
3. Many children in Nottingham and Nottinghamshire experience worse dental health than many other parts of England. In 2022, the average number of teeth affected by dental decay amongst 5-year-olds in Nottingham City was 1.3 teeth. This is significantly higher than the England average (0.8 teeth). Similarly, over a third of 5-year-olds had visually obvious signs of dental decay (34.2%); significantly worse compared to the England average (23.7%).
4. Overall levels of tooth decay in children in Nottinghamshire are better than the England average, however there are still significant inequalities in oral health outcomes across the county. In 2022, the average number of teeth affected by dental decay amongst 5-year-olds in Nottinghamshire was 0.62 teeth, slightly lower than the England average. The most recent

data also indicates that 18.1% of local five-year olds had experience of decay in 2021/22.<sup>1</sup> National evidence confirms the association between sub optimal oral health and deprivation.

5. At a meeting of Nottinghamshire County Council in July 2023 the Chair of the Nottinghamshire Health and Wellbeing Board was granted delegated responsibility to work ‘with other local councils, Integrated Care Partnerships, and the water companies serving the county, to champion the oral health agenda, including water fluoridation.’
6. Water fluoridation is a population-level public health intervention which has been shown to reduce the likelihood and scale of tooth decay in children and adults. Reviews of studies conducted around the world confirm that water fluoridation is an effective and safe public health measure, providing the greatest value for money of all oral health interventions for 0–5-year-olds.<sup>2</sup>
7. Improving the oral health of the local population involves a package of interventions. Water fluoridation compliments work already underway in Nottinghamshire County Council and Nottingham City Council to promote good oral health including oral health promotion and training, and targeted supervised toothbrushing in Early Years and schools. Joint working arrangements are well established through the Nottingham and Nottinghamshire Oral Health Steering Group.

## Water Fluoridation

8. All water contains the mineral fluoride naturally in varying amounts; it is also present in some food. Nottinghamshire has a low natural level of fluoride in its water. Water fluoridation involves adjusting the fluoride level in drinking water supplies to an amount that is optimal for dental health (1mg/l). For children younger than 8 years, fluoride helps strengthen the adult (permanent) teeth that are developing under the gums. For adults, exposure to fluoridated water supports tooth enamel, keeping teeth strong and healthy.
9. About six million people, or 10% of the UK population, live in areas with fluoridated water supplies.<sup>3</sup> In Nottinghamshire County, about 247,000 people (30% of all residents), predominantly in Ashfield, Bassetlaw and Mansfield, benefit from artificially fluoridated water supplies under arrangements dating back to the 1970s. **Appendix 1** gives more information about the current local water fluoridation schemes.
10. Adjustment of fluoride levels in drinking water supplies in England is permitted in legislation. The Health and Care Act 2022 put new provisions in place, which empowers the Secretary of State for Health and Social Care (SoS), instead of upper tier local authorities, to establish new, vary or terminate existing water fluoridation schemes in England.<sup>4</sup> Before any fluoridation scheme could be varied feasibility studies, consultations and the capital and revenue costs would need to be assessed by the Secretary of State. Local councils may still lobby central government to consider new or varied schemes in their areas.

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<sup>1</sup> OHID, 2023, National Dental Epidemiology Survey of five-year olds, 2021/22

<sup>2</sup> Public Health England (PHE), 2020, Improving oral health: a community water fluoridation toolkit for local authorities  
York Health Economics Consortium for PHE, 2016, A rapid review of the evidence on the cost effectiveness of interventions to improve the oral health of children aged 0-5 years.

<sup>3</sup> PHE, 2018, Water Fluoridation: Health monitoring report for England

<sup>4</sup> Health and Care Act 2022: Regulation 3 brought into force on 1st November 2022 sections 175 (fluoridation of water supplies) and 176 (fluoridation of water supplies: transitional provision) of the Act in so far as they relate to water supplied to areas in England.

11. Estimates of the potential benefits of extending water fluoridation to other areas of Nottingham and Nottinghamshire from 2022/23 baseline include:

- a. A 35% reduction in decayed, missing and filled teeth (dmft) in five-year-old children from an average of 0.62 to 0.4 dmft in Nottinghamshire County and from 1.3 to 0.85 teeth in Nottingham City.<sup>5</sup>
- b. A 15% increase in five-year-old children with no tooth decay at all (approximately 1,215 per year) across Nottinghamshire County and Nottingham City.<sup>6</sup>
- c. An approximate 30% reduction in hospital admissions for tooth extractions in children living in areas not already fluoridated in Nottinghamshire County (approximately 115 fewer extractions a year in children aged 0-19 years old). Plus around a 56% reduction in hospital admissions for tooth extractions in children from the most deprived 20% of areas of Nottingham City (approximately 89 fewer extractions a year). This equates to 204 avoided hospital admissions across Nottingham and Nottinghamshire in total.<sup>7</sup>
- d. There would be reductions in tooth decay in adults, with cost savings to individuals from avoided dental treatment and to the wider NHS.<sup>8</sup>
- e. Across Nottinghamshire County and Nottingham City oral health would improve for up to 130,000 more people aged over 65 who are particularly at risk of some oral health conditions that can be prevented or reduced in severity through fluoridation.<sup>9</sup>
- f. Wider benefits for adults would be seen, including improved productivity in the workplace and healthier ageing. General wellbeing for individuals would be enhanced, as oral health affects people's ability to speak, eat, smile and socialise.
- g. There would be an estimated return of £12.71 after five years and £21.98 after ten years for every £1 invested in fluoridation.<sup>10</sup>

12. Although there have been no recent complaints in relation to water fluoridation in Nottinghamshire, nationally concerns are sometimes voiced about water fluoridation. Routine monitoring of health in fluoridated areas for over 50 years and scientific reviews have not revealed any health problems associated with optimal levels of water fluoridation.<sup>11</sup>

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<sup>5</sup> Modelling based on:

a) Office for Health Improvement and Disparities (OHID), 2023, National Dental Epidemiology Survey of five-year olds, 2021/22

b) Cochrane Review, 2015, Water Fluoridation to prevent tooth decay

<sup>6</sup> Ibid

<sup>7</sup> Modelling based on:

a) OHID, 2022, Water Fluoridation: Health Monitoring Report for England 2022

b) [Hospital tooth extractions in 0 to 19 year olds: 2022 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/hospital-tooth-extractions-in-0-to-19-year-olds-2022)

c) Community Dental Services-CiC tooth extraction data 2021/22

d) Nyakutsikwa, Blessing (2021): Water fluoride concentrations (mgF/L) per Lower Super Output Area (LSOA) in England (2009 - 2020). University of Manchester.

<sup>8</sup> There is an estimated 27%-35% reduction in tooth decay among those who have spent their whole life in fluoridated areas (Griffin et al. 2007). It is not possible to quantify the local scale of this estimated reduction, as recent robust local prevalence estimates for tooth decay among adults are not available.

<sup>9</sup> Modelling based on:

a) Nyakutsikwa, Blessing (2021): Water fluoride concentrations (mgF/L) per Lower Super Output Area (LSOA) in England (2009 - 2020). University of Manchester.

b) Nottinghamshire County Council, 2019, Adult Social Care and Public Health Strategy

c) Office for National Statistics, 2021, Census 2021

<sup>10</sup> York Health Economics Consortium for PHE, 2016, A rapid review of the evidence on the cost effectiveness of interventions to improve the oral health of children aged 0-5 years.

<sup>11</sup> Bardsley et al., 2014, Health Effects of Water Fluoridation: A review of the scientific evidence

13. A summary evaluating the effects of fluoridation is provided in **Appendix 2**.
14. Although children from both affluent and deprived areas benefit from fluoridation, the most significant impacts of water fluoridation on improving oral health are seen in least advantaged areas, because of the well-established correlation between deprivation and sub-optimal dental outcomes. Currently the Nottingham and Nottinghamshire Integrated Care System (ICS) population includes just over 13,500 (22%) children under five years of age benefiting from fluoridation and just over 47,300 (78%) living in non-fluoridated areas.
15. Currently, the areas in the County that are fluoridated are those of greatest deprivation. However, there are pockets of deprivation within the remaining districts and all residents are likely to have some benefit from water fluoridation. There are no children in Nottingham City currently benefitting from water fluoridation.
16. Within the County, in 2021/22, the highest prevalence of tooth decay experienced in five-year-olds was identified in Newark and Sherwood (23.5%), an area where the majority of water is not fluoridated. In Mansfield 16.9% and Ashfield 16.1% of five-year-olds experienced tooth decay. Both of these areas are fluoridated; the evidence shows that without this, the oral health of these children would likely be worse.
17. Comparing the oral health of these children with those in non-fluoridated areas with similar socio-economic characteristics demonstrates that the oral health of children from similar areas without water fluoridation is worse than the national average. For example, in Boston in Lincolnshire (non-fluoridated area which is a Chartered Institute of Public Finance and Accountancy (CIPFA) statistical neighbour of Mansfield), 32.0% of five-year old children had visible decay experience compared to Mansfield, where it is 16.9% of five-year old children.<sup>12</sup>
18. Enhancing fluoridation schemes locally will contribute towards improving the overall oral health of the local population and reduce oral health inequalities and future demand on dentistry. It also supports the delivery of NHS England's Core20PLUS5 clinical priority to reduce tooth extractions due to decay for children (aged 10 years and under) admitted as inpatients in hospital.<sup>13</sup>

## Progress and Next Steps

19. In July 2023, Nottinghamshire County Council Full Council approved a resolution to work with other local councils, the Integrated Care Partnership and water companies to champion the oral health agenda, including the expansion of water fluoridation to all parts of Nottinghamshire. In September 2023, Nottingham City Council Full Council re-affirmed its commitment to improving dental health, including advocating for a local water fluoridation scheme for Nottingham City.
20. In October 2023, the Integrated Care Partnership endorsed a letter from the Chairs of the two Health and Wellbeing Boards, the Chair of the Integrated Care Partnership and the Chief Executive of the Integrated Care Board, to the Secretary of State for Health and Social Care which requests the expedition of the extension of water fluoridation for every community in Nottingham and Nottinghamshire. Integrated Care Board endorsement was given in November 2023.

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<sup>12</sup> OHID, 2023, National Dental Epidemiology Survey of five-year olds, 2021/22

<sup>13</sup> NHS England, 2021, [Core20PLUS5 an Approach to Reducing Health Inequalities](#)

21. Both local authorities are working jointly to engage with key stakeholders and developing a formal request letter to the Secretary of State to expedite a more detailed exploration of water fluoridation schemes that benefit all Nottingham and Nottinghamshire residents.
22. The process for extending water fluoridation can be split into two distinct phases:
- a. **Phase One** (September 2023 – March 2024): Stakeholder engagement and development of a request letter to the Secretary of State. This will be led by local authorities and a fluoridation working group with the aim that the Secretary of State agrees to explore expanding the existing fluoridation schemes. Executive sponsorship/leadership for phase One is provided by the Chairs of the Nottingham and Nottinghamshire Health and Wellbeing Boards, Cllr John Doddy (Nottinghamshire) and Cllr Linda Woodings (Nottingham City).
  - b. **Phase Two** (if Phase One is successful, 2024 onwards may take three to ten years to fully implement): Exploring and expanding water fluoridation schemes locally, led by the Department for Health and Social Care (DHSC). This will involve feasibility studies, public consultation and if successful building infrastructure. The local system will be asked to support rather than lead this phase. The steps within Phase Two are detailed in **Appendix 3**.

## Conclusion

23. Reviews of studies conducted around the world confirm that water fluoridation is an effective and safe public health measure, providing the greatest value for money of all oral health interventions, in particular for 0–5-year-olds and those living in the most deprived areas of Nottinghamshire.
24. A letter from the Chairs of the Nottingham and Nottinghamshire Health and Wellbeing Boards, the Chair of the Integrated Care Partnership and the Chief Executive of the Integrated Care Board will be sent to the Secretary of State for Health and Social Care to request the expedition of the extension of water fluoridation in Nottingham and Nottinghamshire. The Health and Wellbeing Boards will be kept informed of any outcomes, alongside other key stakeholders in the Integrated Care System.

## Other Options Considered

25. There is the option to not inform members of the Nottinghamshire Health and Wellbeing Board on progress made to engage with partners and champion the oral health agenda within the Integrated Care System. This option was discounted as the Chair had received delegated authority and responsibility to do so as part of Nottinghamshire County Council's approved motion in July 2023.

## Reasons for Recommendation

26. Water fluoridation is a population-level public health intervention which has been shown to reduce the likelihood and scale of tooth decay in children and adults. Reviews of studies conducted around the world confirm that water fluoridation is an effective and safe public health measure, providing the greatest value for money of all oral health interventions in

particular for 0–5-year-olds and those living in the most deprived areas of the Nottinghamshire. The Chair of the Health and Wellbeing Board has been granted responsibility to work with relevant stakeholders to champion the extension of water fluoridation.

## **Statutory and Policy Implications**

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

## **Financial Implications**

28. The Health and Care Act 2022 put new provisions in place, which empower the Secretary of State, instead of local authorities, to establish new, vary or terminate water fluoridation schemes in England. National government is now responsible for the associated work of fluoridation, such as the cost of feasibility studies, consultations and the capital and revenue costs of new and existing schemes (as outlined in paragraph 10). Therefore, there are no direct financial implications arising from this report.

## **Consultation**

29. There are no plans for consultation at this stage. A public consultation would need to be completed by the Secretary of State to expand, vary or terminate any water fluoridation scheme. Local support for expanding fluoridation is being sought with a range of partners across the Nottingham and Nottinghamshire Integrated Care System. The process for expansion of water fluoridation is summarised in paragraph 22 and **Appendix 3**.

## **Human Resources Implications**

30. There are no implications for human resources. If successful in advocacy for expanding water fluoridation, resource for the next phase is planned and sourced from existing Health and Wellbeing Board and Public Health divisional capacity.

## **Human Rights Implications**

31. There are no direct implications for human rights, however the topic of fluoridation can prompt debates about ethics. Dental and health professionals argue that combating tooth decay using a safe and effective public health measure is a necessary and highly ethical course of action to take. However, ethical concerns can focus on issues around the population being unable to choose whether or not to drink fluoridated water. Nevertheless, fluoride already occurs naturally in water supplies. Water fluoridation schemes adjust fluoride levels to replicate a naturally occurring benefit that would occur where fluoride is already present at the optimal level of 1.0 part per million (ppm).

## **Implications in relation to the NHS Constitution**

32. Expanding the current fluoridation schemes would ensure that future generations in every community in Nottinghamshire enjoy its benefits. It would reduce pressure on dental services commissioned by the Nottingham and Nottinghamshire Integrated Care Board (ICB).

### **Implications for Residents**

33. Water fluoridation schemes currently operate in North Nottinghamshire, serving around 247,000 (30%) of Nottinghamshire County residents. Areas covered are parts of Ashfield, Mansfield and Bassetlaw, plus a small area in Newark and Sherwood. To expand the scheme to the rest of the county would deliver oral health benefits for future generations across the whole of Nottinghamshire.

### **Implications for Sustainability and the Environment**

34. Fluoride already occurs naturally in water supplies across the UK. Water fluoridation schemes adjust fluoride levels to replicate a naturally occurring benefit. In 2009, the European Commission Scientific Committee on Health and Environmental Risk (SHER) review of water fluoridation concluded that the 'levels of fluoride used for fluoridation of drinking water is not expected to lead to unacceptable risks to the environment.' Water companies have continuous fluoride monitoring, linked to automatic shut-down to eliminate the possibility that concentrations could be above the permitted level.

## **RECOMMENDATION**

The Nottinghamshire Health and Wellbeing Board is asked:

- 1) To comment on and support the work programme to champion better oral health outcomes for children and young people and advocate for the expansion of water fluoridation in Nottinghamshire.

**Councillor Dr John Doddy**  
**Chair of Nottinghamshire Health and Wellbeing Board**  
**Nottinghamshire County Council**

**For any enquiries about this report please contact:**

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Deputy Director of Public Health  
Nottinghamshire County Council  
T: 0115 977 4150  
E: [vivienne.robbsins@nottscc.gov.uk](mailto:vivienne.robbsins@nottscc.gov.uk)

### **Constitutional Comments (KA 30/11/23)**

35. The recommendation falls within the terms of reference of the Nottinghamshire Health and Wellbeing Board (24 May 2023).

### **Financial Comments (DG 27/11/23)**

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

## **Background Papers and Published Documents**

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

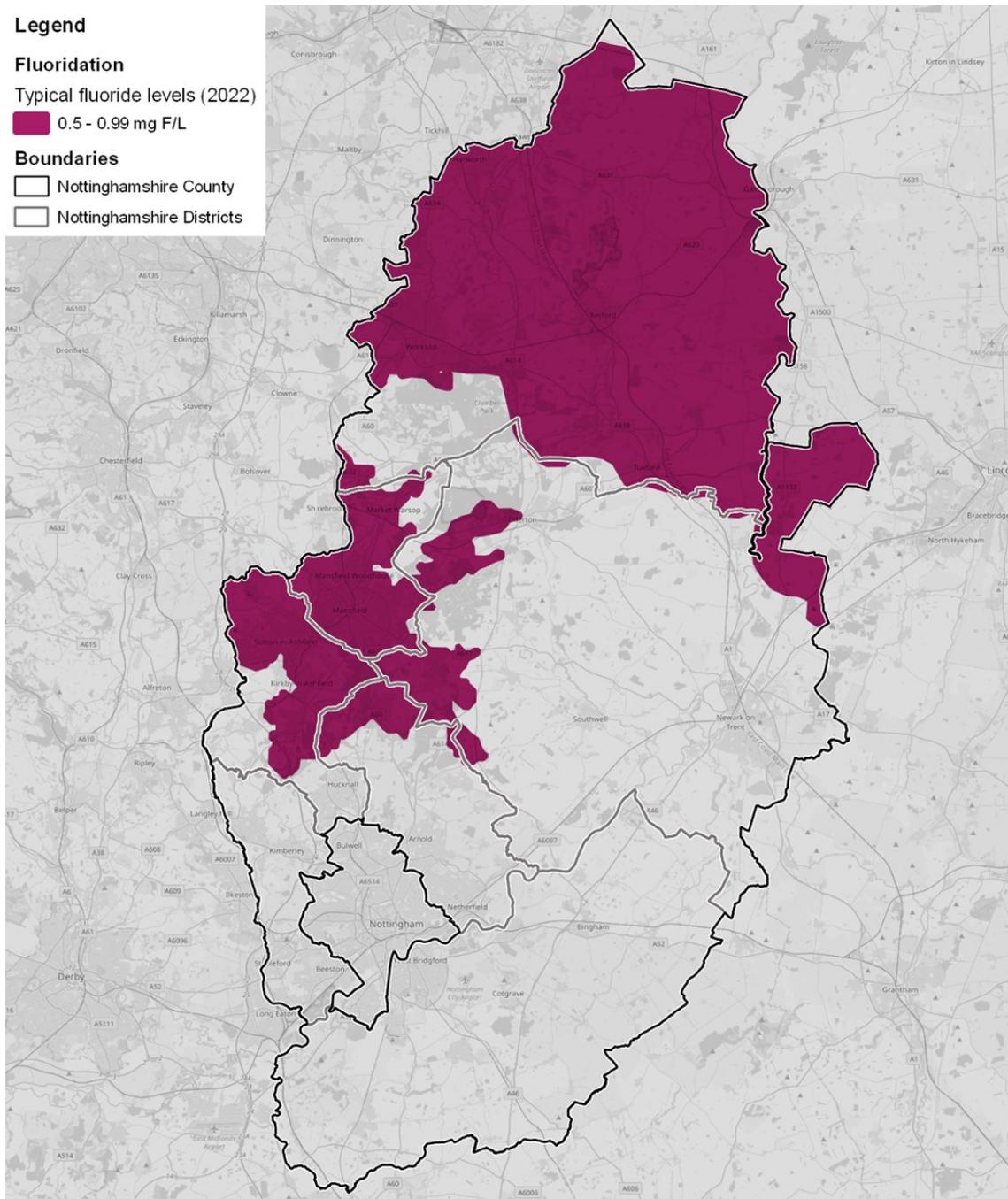
- Nottinghamshire County Council, Full Council Motion, 13 July 2023

## **Electoral Division(s) and Member(s) Affected**

- All

## Appendix 1: Nottinghamshire's current fluoridation arrangements

### Map 1. Coverage of current water fluoridation schemes in Nottinghamshire<sup>1</sup>



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Source: Office for National Statistics licensed under the Open Government Licence v.3.0  
Contains map data from OpenStreetMap 2023  
Produced by: Nottinghamshire County Public Health Analysts (IB) 2023/11/10

<sup>1</sup> Drinking Water Inspectorate (DWI), 2022, [Typical fluoride levels in Water Quality Zones \(WQZs\)](#).

1. In Nottinghamshire, water fluoridation arrangements date back to the 1970s and serve around 247,000 people in parts of Ashfield, Bassetlaw and Mansfield, plus a small area in Newark and Sherwood, including the towns of Harworth, Kirkby, Mansfield, Rainworth, Sutton, Worksop and Retford. There are no water fluoridation schemes operating in Nottingham City. Due to water distribution arrangements, some of these areas receive blended water from both fluoridated and non-fluoridated supplies.
2. Fluoridation in the County is operated by two water companies. Four water treatment works run by Severn Trent Water (STW) fluoridate eight different Water Quality Zones (WQZ) across mid and north Nottinghamshire, and some small areas of Derbyshire. Three water treatment works in two WQZs in eastern parts of Bassetlaw (where supplies also cover a small area within Newark and Sherwood) are operated by Anglian Water.
3. Fluoridation schemes involve dosing of water supplies to bring the fluoride level up to 1 milligram per litre as a public health measure intended to prevent tooth decay. The maximum permitted value of fluoride in drinking water is 1.5mg F/l (milligrams of fluoride per litre). **Map 1** above shows typical fluoridation levels as reported by the Drinking Water Inspectorate (DWI, 2022). It shows WQZs with typical fluoride levels between 0.5 and 0.99 mg F/l i.e. areas of the county with higher levels of fluoride within water supplies than those which may occur naturally. Areas unshaded are those that currently do not benefit from artificially fluoridated water.
4. Water fluoridation schemes are overseen by Office for Health Improvement and Disparities (OHID), which has an ongoing programme of capital investment to ensure that any operational issues are addressed. These might include maintenance, repair and replacement of equipment to ensure that current schemes receive the intended level of fluoridation.

## Appendix 2: Summary of potential benefits of expanding water fluoridation in Nottingham and Nottinghamshire and overview of concerns or risks

### Estimates of quantifiable benefits of water fluoridation:

| Impact   | Scale   | Local Analysis  |
|--|---|---|
| <b>Children have fewer decayed, missing or filled teeth (dmft)</b>   | 35% fewer decayed, missing and filled baby teeth and 26% fewer decayed, missing and filled permanent teeth.   | At the last survey, five-year-olds in Nottinghamshire had an average of 0.62 decayed (d), missing due to dental decay (m) and filled (f) teeth (t) (dmft) (Nottingham City had an average of 1.3). If all areas were fluoridated, this could result in 35% fewer dmft in 5-year-olds, equating to an average of 0.4 (Nottinghamshire) and 0.85 (Nottingham City) dmft. <sup>1</sup>   |
| <b>Children experience less tooth decay</b>  | 15% increase in children with no decay in their baby teeth at five years of age.  | In non-fluoridated areas of Nottinghamshire, a 15% increase represents 805 extra children per year who could have no decay in their baby teeth at age five, a combined total of 1215 children across Nottingham and Nottinghamshire. <sup>2</sup>   |
| <b>Reduction in hospital admissions for caries-related dental extractions in children in the most deprived 20% areas</b> | Incidence of admissions is 56% lower in the most deprived fluoridated areas and 37% lower in children from indices of multiple deprivation (IMD) quintile 3 (average deprivation quintile). | In 2021/22 a total of 375 Nottinghamshire residents aged under 19 years old had teeth extracted under general anaesthetic. Of these, 237 (63.2%) lived in non-fluoridated areas (less than 0.7 mg/l). Following methodology used in [Water Fluoridation, Health monitoring report for England 2022], and applying preventive fractions by national IMD quintile, an estimated 115 or 30.8% of these procedures could have been avoided if water fluoridation had been in place in all areas. <sup>3</sup> |

<sup>1</sup> Modelling based on:

a) Office for Health Improvement and Disparities (OHID), 2023, National Dental Epidemiology Survey of five-year olds, 2021/22

b) Cochrane Review, 2015, Water Fluoridation to prevent tooth decay

<sup>2</sup> Ibid

<sup>3</sup> Modelling based on:

a) OHID, 2022, Water Fluoridation: Health Monitoring Report for England 2022

b) [Hospital tooth extractions in 0 to 19 year olds: 2022 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/hospital-tooth-extractions-in-0-to-19-year-olds-2022)

c) Community Dental Services-CiC tooth extraction data 2021/22

|   |  |  |
|---|--|--|
|   |  | Around a 56% reduction in hospital admissions for tooth extractions in children from the most deprived 20% of areas of Nottingham City would result in approximately 89 fewer extractions a year in children aged 0-19 years old. This equates to 204 avoided hospital admissions across Nottingham and Nottinghamshire in total.  |
| <b>Reduced tooth decay in adults</b>              | 27-35% reduction among those who have spent their whole life in fluoridated areas.   | There is no local data available on prevalence of decay amongst Nottinghamshire adults and/or those born in fluoridated parts of North Nottinghamshire.  |
| <b>Reduced root surface decay in older people</b> | This condition can arise following gum recession in older people. Increased cohort of older people potentially vulnerable to this condition, owing to anticipated demographic changes, alongside more people keeping their natural teeth for longer. This growing group of adults aged over 65 could potentially benefit from fluoridation to help reduce their risk of root surface decay – both in terms of prevalence and severity. | There are currently around 90,000 people aged over 65 living in non-fluoridated areas of Nottinghamshire (of whom 15,535 are over 85) and around 40,000 people aged over 65 living in Nottingham City.<br><br>Projected increases in older demographic groups in Nottinghamshire County would increase this by 36,308 people (based on a 30% increase in 65 to 84-year-olds and a 90% increase in 85+ year olds), to a total of 126,262 over 65-year-olds by 2030. In Nottingham City, projected increases would increase this by 8,100, to a total of 47,400 over 65s by 2030. <sup>4</sup> |

Additional benefits of having improved oral health:

- Reduction in days lost from school
- Improvement in school performance

d) Nyakutsikwa, Blessing (2021): Water fluoride concentrations (mgF/L) per Lower Super Output Area (LSOA) in England (2009 - 2020). University of Manchester.

<sup>4</sup> Modelling based on:

a) Nyakutsikwa, Blessing (2021): Water fluoride concentrations (mgF/L) per Lower Super Output Area (LSOA) in England (2009 - 2020). University of Manchester.

b) Nottinghamshire County Council, 2019, Adult Social Care and Public Health Strategy

c) Office for National Statistics, 2021, Census 2021

- Reduction in days lost from work
- Reduction in avoidable costs for dental treatment in adults – both in terms of dental charges falling on individuals and in terms of costs to the wider health system.

**Concerns or risks associated with water fluoridation:**

|                         |  |
|-------------------------|--|
| <p><b>Fluorosis</b></p> | <p>Dental fluorosis (mottling of teeth) is one of a number of different conditions that can affect the appearance of teeth. There is a well-established adverse association between levels of fluoride in water and the prevalence of dental fluorosis. Dental fluorosis is cosmetic and does not indicate or result in any harm to general health. It is usually seen as paper-white flecks or fine white lines, but it can vary in appearance from barely visible white lines to patches which may be of aesthetic concern.</p> <p>The risk period for the development of dental fluorosis in permanent (adult) teeth is when the teeth are growing in the jaws; dental fluorosis cannot develop after teeth are formed. A small minority of children in both non-fluoridated and fluoridated areas of the UK have noticeable dental fluorosis, though severe dental fluorosis is rare.</p> <p>In a PHE study, dental fluorosis was observed in 10.3% of children examined in two fluoridated cities compared to 2.2% in two non-fluoridated cities. However, there was no significant difference between children surveyed in fluoridated and non-fluoridated areas when asked their opinion about the appearance of their teeth, taking into account concerns that have resulted from any cause (e.g. poor alignment, decay, trauma etc.).<sup>5</sup></p> <p>Skeletal fluorosis is a health condition characterised by skeletal abnormalities and joint pain, common in regions of the world which have extremely high naturally occurring fluoride levels in the water and hot, dry climates.<sup>6</sup> For example, fluoride occurs naturally at up to 18 parts per million (ppm) in 15 states of India, where skeletal fluorosis can be found.</p> <p>For comparison, both the World Health Organisation (WHO) guideline limit for fluoridation and the maximum permitted value in English fluoridation schemes is 1.5 ppm. In temperate climates, no cases of clinical skeletal fluorosis have been seen with natural fluoride levels up to 4 ppm in drinking water. There is no evidence of clinical skeletal fluorosis arising from exposures in the UK or from levels of fluoride found in water fluoridation schemes worldwide.<sup>7</sup></p> |
|-------------------------|--|

<sup>5</sup> PHE, 2018, Water Fluoridation: Health monitoring report for England

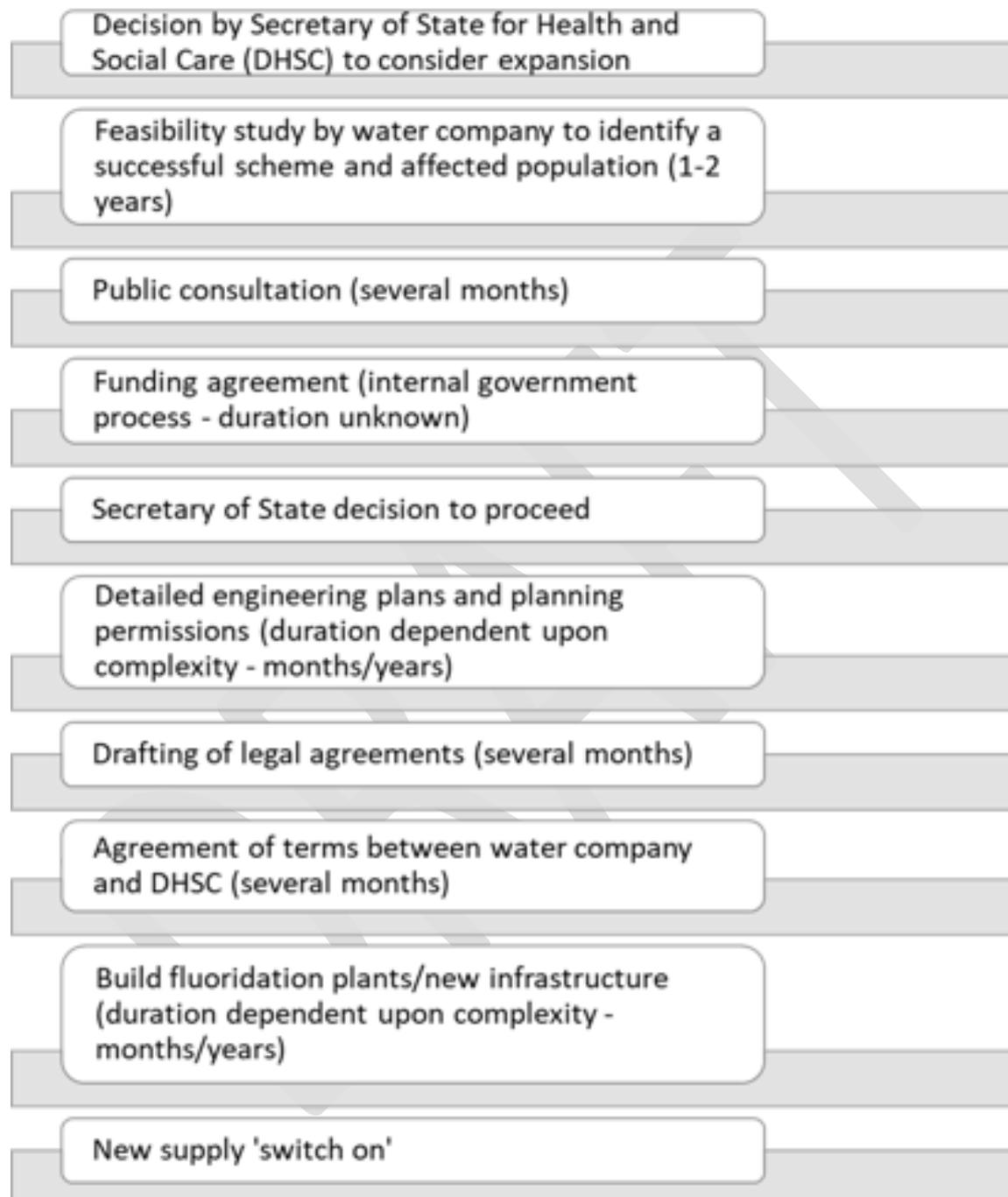
<sup>6</sup> Committee on Toxicity (COT), 2003, COT Statement on Fluorine in the 1997 Total Diet Stud

<sup>7</sup> Committee on Toxicity (COT), 2003, COT Statement on Fluorine in the 1997 Total Diet Stud

|   |  |
|---|--|
| <b>Alleged harmful effects of fluoridation on other aspects of health</b> | Studies have investigated hip fracture, Down’s syndrome, kidney stones, bladder cancer, osteosarcoma (a cancer of the bone) and found either no evidence of any difference in rates between fluoridated and non-fluoridated areas. For a few conditions, some evidence suggested that rates were lower in fluoridated than in non-fluoridated areas (kidney stones, bladder cancer). <sup>8</sup>  |
| <b>Safety of fluoridation operations</b>                                  | <p>The independent Drinking Water Inspectorate regulates and monitors the quality of public water supplies in England. Water quality is monitored by water companies in line with regulations and standards, which include maximum concentrations for chemicals that may be found in water. Water companies comply with a Technical Code of Practice for water fluoridation.</p> <p>Only specified chemicals are allowed to be used which comply with British Standards. Water companies must establish any variation in natural fluoride concentration in the raw water and take this into account when designing control mechanisms. Continuous fluoride monitoring, linked to alarm monitoring and automatic shut-down, is a requirement for all dosing installations, to eliminate the possibility that concentrations could be above the permitted level.</p> |
| <b>Toxicity of fluoride</b>   | At high concentrations, fluoride can be toxic. This is why the health warning on fluoride toothpastes says not to swallow, but these toothpastes contain fluoride at over 1000 ppm, a thousand times the level in fluoridated water. The WHO guideline limit of 1.5 ppm is intended to protect against potential harmful effects over a lifetime of exposure to fluoride from all sources. Water fluoridation schemes in the UK seek to achieve a level of 1.0 ppm, with the maximum permitted level stipulated by the Drinking Water Inspectorate at 1.5 ppm.   |
| <b>Ethics</b>   | The topic of fluoridation can prompt debates about ethics. Dental and health professionals argue that combating tooth decay using a safe and effective public health measure is a necessary and highly ethical course of action to take. However, ethical concerns can focus on issues around the population being unable to choose whether or not to drink fluoridated water. Nevertheless, fluoride already occurs naturally in water supplies. Water fluoridation schemes adjust fluoride levels to replicate a naturally occurring benefit that would occur where fluoride is already present at the optimal level of 1.0 ppm.   |

<sup>8</sup> PHE, 2018, Water Fluoridation: Health monitoring report for England

### Appendix 3: Process for expanding a water fluoridation scheme following formal request (Phase Two)





**13 December 2023**

**Agenda Item:5**

## **REPORT OF THE CORPORATE DIRECTOR FOR ADULT SOCIAL CARE AND HEALTH**

### **THE BETTER CARE FUND (BCF) QUARTER TWO NATIONAL RETURN**

#### **Purpose of the Report**

1. To ratify the Nottinghamshire Better Care Fund quarterly reporting template for July – September 2023 (quarter two), which was submitted to NHS England on 31 October 2023.

#### **Information**

2. The Better Care Fund (BCF) was established in 2015 to pool budgets between the NHS and local authorities, aiming to reduce the barriers often created by separate funding streams. Through pooling budgets the BCF supports the commissioning of person-centred health and social care services which achieve improved patient and service user experiences and outcomes. The pooled budget is a combination of contributions from the following areas:
  - a) Minimum allocation from integrated care systems (ICSs).
  - b) Disabled facilities grant – local authority grant.
  - c) Social care funding (improved BCF) – local authority grant.
  - d) Winter pressures grant funding – local authority grant.
3. Systems are required to submit annual BCF plans to NHS England in line with national deadlines, and the Better Care Fund Plan for Nottinghamshire was ratified by the Health and Wellbeing Board on 13 September 2023. The annual plans require systems to demonstrate how they will use the BCF to meet the national objectives which are:
  - a) Enable people to stay well, safe, and independent at home for longer.
  - b) Provide the right care in the right place at the right time.
4. NHS England stood down the requirement to provide quarterly reporting against the BCF during the Covid-19 pandemic in 2020. This requirement has been reintroduced commencing from quarter two 2023/24 (July – September 2023).

5. The **BCF National Reporting Template Quarter Two** asks systems to update on performance against the national performance metrics (**Appendix 1**, tab 4). The 2023-25 national performance metrics are:
- a) **Avoidable admissions:** Indirectly standardised rate of admissions per 100,000 population. An example of how the BCF is supporting this metric locally is the Urgent Community Response Service, which is provided by Nottinghamshire Healthcare Trust. The service accepts urgent referrals from any health or social care professional for residents that need a same day response, assessing within two hours if required to avoid an unnecessary hospital or home care admission. An initial assessment is undertaken and urgent equipment, short term care, signposting and onward referrals can then be provided as required to prevent admission.
  - b) **Falls:** Emergency hospital admissions due to falls in people aged 65 and over, directly age standardised rate per 100,000. In Nottingham West a cohort of 230 patients have been identified who have a moderate-severe frailty score. These patients have been contacted by frailty practitioners who make them the offer of targeted support and falls prevention work.
  - c) **Discharge to usual place of residence:** Percentage of people who are discharged from acute hospital to their normal place of residence. Nottinghamshire Healthcare Trust work as part of a multi-disciplinary team within the acute hospitals who will support patients who are medically safe for discharge to be able to return home with a package of care in place. Between April – October 2023 a total of 2285 residents were supported by this service to return back to their own home from a hospital admission.
  - d) **Residential admissions:** Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population. The number of people currently residing in long term residential care is reducing as more people are being supported to remain at home for longer. Across Nottinghamshire this is through an increased capacity within the homecare market.
  - e) **Reablement:** Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services. This figure is increasing due to a greater focus on reablement across all service provision and increased capacity within the homecare market.
6. The template requires systems to identify where metrics are on/off track, highlight any achievements and identify any support needs. All of the metrics were on track to meet the target for this reporting period with the exception of residential admissions. The template highlights that the average number of admissions is 91 per month, which is over the monthly target of 82 per month. Whilst admissions are still above the monthly target, the total number of people overall in residential care is starting to reduce.
7. Capacity and demand modelling (**Appendix 1**, tabs 5.1, 5.2 and 5.3) is now integrated into the main BCF planning template, and systems are asked to review and refresh the data and assumptions submitted in the annual plan at this point in the year and give a rationale for doing so. A summary of the rationale behind the revised numbers is as follows:

- a) The demand numbers have been revised to be more in line with current run rate for each discharge pathway.
  - b) Capacity numbers are revised to reflect the current run rate. Capacity for Pathway 1 has been modelled as slightly higher than demand to aid the reduction of discharge delays.
  - c) A 10% seasonal increase has been added for December and January.
  - d) The plans assume that delivery will be managed within core bed capacity and that no spot purchases will be required. This will be managed through the Urgent Community Response Team supporting admission avoidance, and through the Transfer of Care Hubs facilitating discharge.
8. The quarter two return does not require any expenditure to be reported, however NHS England have advised that this will be required from quarter three onwards. Actual expenditure of the Additional Discharge Funding is reported directly to NHS England on a fortnightly basis, and the national team are currently determining which financial information to request quarterly to ensure that the information requests are proportionate.
9. The Nottinghamshire BCF Plans deliver services across the three themed areas of Early Help and Prevention, Proactive Care and Discharge to Assess. A brief update on delivery across each of the themes is as follows:
- a) **Early Help and Prevention:** Procurement has taken place for ICS-wide carers support services, which will provide a consistent and coherent service offer across Nottingham and Nottinghamshire, reducing duplication. New services commenced delivery on 01 October 2023. The Joint Carers Strategy has a launch event planned for 16 November 2023 which will link the implementation of the strategy to the Association of Directors of Adult Social Services (ADASS) Carer's Challenge.
  - b) **Proactive Care:** Several Primary Care Networks (PCNs) across Nottinghamshire have commenced delivering pilots for frailty, working in multi-disciplinary teams preventatively with identified cohorts of patients. The pilots are in different stages of maturity and are working together to share learning as they develop.
  - c) **Discharge to Assess:** Transfer of care hubs are established around each acute hospital, and each has benchmarked against national best practice and identified areas to prioritise for development. Pathway 2 transformation is in progress, and a high-level model has been defined. Future Pathway 2 and Pathway 3 bed modelling is being progressed.

### Local BCF Review

10. A collective strategic review of the existing BCF plans was undertaken by the Integrated Care Board (ICB) and Local Authorities (Nottingham City Council and Nottinghamshire County Council) between May and August 2022. The review has been undertaken in three phases which are detailed below:
- **Phase 1:** shared clarity, understanding and forward plan for BCF between ICB, Nottingham City Council and Nottinghamshire County Council

- **Phase 2:** analysis of existing BCF scope under three key themes; prevention, proactive care and discharge to assess to identify opportunities for integration
  - **Phase 3:** stakeholder workshops to agree approach to deliver the collaborative opportunities identified.
11. Phase 3 is now in train, and a detailed workshop on the development of the BCF going forwards was held with Health and Wellbeing Board members and other key stakeholders on 18 October 2023. It is intended that another workshop is held soon. The Board considered that there is a significant opportunity to work closely with Place-Based Partnerships to identify where effective investment in prevention can be made via the BCF.
12. Summarised next steps are:
- Describe the BCF as a programme by articulating the added value and potential of the BCF for specific programme areas and monitor progress against these.
  - Commence the collaborative review on the BCF theme of 'early help/prevention' with a spotlight on a specific group of services to start and demonstrate the potential (from discussion there was interest in falls, frailty and earlier preventative approaches). Provide a template review process which uses the collaborative commissioning framework as an assessment process and set of guiding principles.
  - Use the Nottinghamshire Joint Health and Wellbeing Steering Group to progress actions and monitor delivery.

## **Conclusion**

13. The quarterly reporting template was agreed for submission to NHSE by the BCF Planning and Oversight Group, subject to formal ratification at the Nottinghamshire Health and Wellbeing Board on the 13 December 2023.
14. Subsequently, the Nottinghamshire Health and Wellbeing Board are asked to formally ratify the Nottinghamshire BCF quarter two reporting template. The template is shown in full at **Appendix 1**.

## **Other options considered**

15. There was an option to not consult the Board on the BCF quarterly reporting template. This was discounted as the BCF is one of the Board's statutory responsibilities.

## **Reason for Recommendation**

16. To ensure the Nottinghamshire Health and Wellbeing Board has oversight of the Better Care Fund and can discharge its national obligations.

## **Statutory and Policy Implications**

17. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human

rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

### **Financial Implications**

18. The 2023-2025 Better Care Fund pooled budget has been agreed as £115,432,831 in year one (2023/24) and £119,310,655 in year two (2024/25) after inflation.

### **Human Resources Implications**

19. There are no human resources implications contained within the contents of this report.

### **Legal Implications**

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

## **RECOMMENDATION**

The Health and Wellbeing Board is asked:

1) To ratify the Nottinghamshire Better Care Fund quarter two reporting template that was submitted to NHS England on 31 October 2023.

**Melanie Williams**  
**Corporate Director Adult Social Care & Health**  
**Nottinghamshire County Council**

**For any enquiries about this report please contact:**

Katy Dunne  
Senior Joint Commissioning Manager  
Nottingham and Nottinghamshire Integrated Care Board  
E: [katy.dunne@nhs.net](mailto:katy.dunne@nhs.net)

### **Constitutional Comments (GMG 24/11/23)**

21. This report falls to be considered and determined by the Health and Wellbeing Board under the Council's Constitution (see Section 7, Part 2, paragraph 11 on page 120).

### **Financial Comments (OC 30/11/23)**

22. The Financial implications are detailed throughout this report and are summarised within paragraph 18.

## **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



HM Government



**Better Care Fund 2023-25 Quarter 2 Quarterly Reporting Template**

**2. Cover**

**Version 3.0**

Please Note:

- The BCF quarterly reports are categorised as 'Management Information' and data from them will be published in an aggregated form on the NHSE website. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.

- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the Better Care Exchange) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.

- All information will be supplied to BCF partners to inform policy development.

- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

|  |  |  |
|--|--|--|
| <b>Health and Wellbeing Board:</b>   | Nottinghamshire  |  |
| <b>Completed by:</b>   | Katy Dunne   |  |
| <b>E-mail:</b>   | <a href="mailto:katy.dunne@nhs.net">katy.dunne@nhs.net</a> |  |
| <b>Contact number:</b>   | via e-mail   |  |
| <b>Has this report been signed off by (or on behalf of) the HWB at the time of submission?</b> | No   |  |
| <b>If no, please indicate when the report is expected to be signed off:</b>                    | Wed 13/12/2023   | << Please enter using the format, DD/MM/YYYY |

| <u>Checklist</u> |
|------------------|
| Complete:        |
| Yes              |

**Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to [england.bettercarefundteam@nhs.net](mailto:england.bettercarefundteam@nhs.net) saving the file as 'Name HWB' for example 'County Durham HWB'. This does not apply to the ASC Discharge Fund tab.**

**Complete**

|                                | <b>Complete:</b> |
|--------------------------------|------------------|
| 2. Cover                       | Yes              |
| 3. National Conditions         | Yes              |
| 4. Metrics                     | Yes              |
| 5.1 C&D Guidance & Assumptions | Yes              |
| 5.2 C&D Hospital Discharge     | Yes              |
| 5.3 C&D Community              | Yes              |

[<< Link to the Guidance sheet](#)

[^^ Link back to top](#)

## Better Care Fund 2023-25 Quarter 2 Quarterly Reporting Template

### 3. National Conditions

Selected Health and Wellbeing Board:

Nottinghamshire

|  |     |
|--|-----|
| Has the section 75 agreement for your BCF plan been finalised and signed off?                                | Yes |
| If it has not been signed off, please provide the date the section 75 agreement is expected to be signed off |     |

| Confirmation of National Conditions  |              |   |
|--|--------------|---|
| National Conditions  | Confirmation | If the answer is "No" please provide an explanation as to why the condition was not met in the quarter: |
| 1) Jointly agreed plan   | Yes          |   |
| 2) Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer      | Yes          |   |
| 3) Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time              | Yes          |   |
| 4) Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services | Yes          |   |

| Checklist |
|-----------|
| Complete: |
| Yes       |
| Yes       |
| Yes       |
| Yes       |

**Better Care Fund 2023-25 Quarter 2 Quarterly Reporting Template**

**4. Metrics**

Selected Health and Wellbeing Board:

Nottinghamshire

National data may be unavailable at the time of reporting. As such, please use data that may only be available system-wide and other local intelligence.

**Challenges and Support Needs** Please describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans

**Achievements** Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

| Metric                                 | Definition  | For information - Your planned performance as reported in 2023-24 planning |       |       |         | For information - actual performance for Q1 | Assessment of progress against the metric plan for the reporting period | Challenges and any Support Needs  | Achievements - including where BCF funding is supporting improvements.  |
|--|---|--|-------|-------|---------|---|---|---|---|
|  |   | Q1   | Q2    | Q3    | Q4      |   |   |   |   |
| Avoidable admissions                   | Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)                               | 201.3  | 181.7 | 194.7 | 192.6   | 194.9                                       | On track to meet target   | PCN pilots for frailty planned for 2023/24 but still at early stages.                             | 2 hour Urgent Community response in place which is supporting admission avoidance   |
| Discharge to normal place of residence | Percentage of people who are discharged from acute hospital to their normal place of residence  | 92.0%  | 92.5% | 93.0% | 94.0%   | 92.05%                                      | On track to meet target   | Pathway 2 transformation is in progress, pathway 3 has been scoped to progress.                   | Transfer of Care Hubs have recently been established around each acute hospital (NUH, SFHT and Bassetlaw). The hubs provide multi-disciplinary oversight to enable people to be discharged from |
| Falls                                  | Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.                               |  |       |       | 1,887.0 | 455.9                                       | On track to meet target   | Further work planned to expand upon direct referrals into UCR from Care Homes and TEC Providers.  | Urgent Community response in place for both level one and two falls.  |
| Residential Admissions                 | Rate of permanent admissions to residential care per 100,000 population (65+)   |  |       |       |         | 532   | Not on track to meet target   | The average number of admissions is 91 per month, this is over the monthly target of 82 per month | Whilst admissions are still above the monthly target the total number of people in residential care is starting to reduce.  |
| Reablement                             | Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services |  |       |       |         | 85.0%                                       | On track to meet target   | People entering reablement services have higher acuity needs than previously seen.                | Performance at 88.2%  |

**Checklist Complete:**

Yes

Yes

Yes

Yes

Yes

Better Care Fund 2023-24 Capacity & Demand Refresh

5. Capacity & Demand

Selected Health and Wellbeing Board:

Nottinghamshire

5.1 Assumptions

1. How have your estimates for capacity and demand changed since the plan submitted in June? Please include how learning from the last 6 months was used to arrive at refreshed projections?

Demand and capacity estimates were taken from our operational plan which had ambitious targets for pathway 1 throughput. During the first six months of the year we have not always matched our planned levels. We have therefore rebased our P1 capacity projections to be more in line with current run rates.

2. Please outline assumptions used to arrive at refreshed projections (including to optimise length of stay in intermediate care and to reduce overprescription of care). Please also set out your rationale for trends in demand for the next 6 months (e.g how have you accounted for demand over winter?)

Demand:

There are plans to reduce the average LoS from 32 days to 21 days over time. It is assumed that this will allow minimal use of interim beds over the winter period. Discharges also seem to be remain fairly consistent on a monthly phasing profile but we have increased demand in December and January by 10% of our normal monthly levels.

Capacity:

Although we aim to reduce the length of stay the core capacity is likely to remain the same and this will help us reduce the number of people who do not meet the criteria to reside in an acute hospital bed. By having more capacity than demand we aim to reduce delays in the discharge pathway

3. What impact have your planned interventions to improve capacity and demand management for 2023-24 had on your refreshed figures? Has this impact been accounted for in your refreshed plan?

We have been successful in reducing delays for medically safe patients waiting at NUH acute hospital. We have also had an impact on reducing delays within reablement services. We therefore continue to look for a capacity surplus to help us minimise our delays across the discharge pathway.

4. Do you have any capacity concerns or specific support needs to raise for the winter ahead?

We still have an ambitious target for the number of pathway 1 discharges that we wish to see through the system. We monitor this figure weekly and have regular system catch-up meetings to discuss progress and address challenges.

5. Please outline any issues you encountered with data quality (including unavailable, missing, unreliable data).

The most difficult data to capture is pathway 1 capacity. We have a target activity level and assume that capacity will reach these levels. We have rebased in this return to be more in line with current run rates

6. Where projected demand exceeds capacity for a service type, what is your approach to ensuring that people are supported to avoid admission to hospital or to enable discharge?

We have commissioned 2hr urgent community response service to support people who do not require a hospital admission but require urgent care in the community.  
We have commissioned transfer of care hubs to ensure that people are supported in their discharges from hospital where follow-on care is required in the community.

Guidance on completing this sheet is set out below, but should be read in conjunction with the separate guidance and question & answer document

5.1 Assumptions

The assumptions box has been updated and is now a set of specific narrative questions. Please answer all questions in relation to both hospital discharge and community sections of the capacity and demand template.

You should reflect changes to understanding of demand and available capacity for admissions avoidance and hospital discharge since the completion of the original BCF plans, including

- actual demand in the first 6/7 months of the year
- modelling and agreed changes to services as part of Winter planning or following the Market Sustainability and Improvement Fund announcement
- Data from the Community Bed Audit
- Impact to date of new or revised intermediate care services or work to change the profile of discharge pathways.

5.2 and 5.3 Summary Tables

The tables at the top of the next two tabs show a direct comparison of the demand and capacity for each area, by showing = (capacity) – (demand). These figures are pre-populated from the previous template as well as calculating new refreshed figures as you complete the template below. **Negative figures show insufficient capacity and positive figures show that capacity exceeds demand.**

5.2 Demand - Hospital Discharge

Checklist Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Yes

This section requires the Health & Wellbeing Board to record their refreshed expectations of monthly demand for supported discharge by discharge pathway.

Data from the previous capacity and demand plans will be auto-populated, split by trust referral source. You will be able to enter your refreshed number of expected discharges from each trust alongside these. The first table may include some extra rows to allow for areas who are recording demand from a larger number of referral sources. If this does not apply to your area, please ignore the extra lines.

This section in the previous template asked for expected demand for rehabilitation and reablement as two separate figures. It was found that, by and large, this did not work well for areas so the prepopulated figures for these service types have been combined into one row. Please enter your refreshed expectations for rehabilitation and reablement as one total figure as well.

Virtual wards should not be included in intermediate care capacity because they represent acute, rather than intermediate, care. Where recording a virtual ward as a referral source, please select the relevant trust from the list.

From the capacity and demand plans collected in June 2023, it emerged that some areas had difficulty with estimating demand and capacity for Pathway 0 (social support). By social support, we are referring to lower level support provide outside of formal rehabilitation and reablement or domiciliary care. This is often provided by the voluntary and community sector. Demand estimates for this service type should only include discharges on Pathway 0 that require some level of commissioned low-level support and not all discharges on Pathway 0. If it is not possible to estimate figures in relation to this please put 0 rather than defaulting to all Pathway 0 discharges.

### 5.2 Capacity - Hospital Discharge

This section collects refreshed expectations of capacity for services to support people being discharged from acute hospital. You should input the expected available capacity to support discharge across these different service types:

- Social support (including VCS) (pathway 0)
- Reablement & Rehabilitation at home (pathway 1)
- Short term domiciliary care (pathway 1)
- Reablement & Rehabilitation in a bedded setting (pathway 2)
- Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)

The recently published Intermediate Care Framework sets out guidance on improving capacity, and use of this capacity. You should refer to this in developing your refreshed BCF Capacity and Demand plans.

As with the 2023-24 template, please consider the below factors in determining the capacity calculation. Typically, this will be  $(\text{Caseload} \times \text{days in month} \times \text{max occupancy percentage}) / \text{average duration of service or length of stay}$ .

Caseload (No. of people who can be looked after at any given time).

Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility.

Please consider using median or mode for Length of Stay where there are significant outliers.

Peak Occupancy (percentage) - What was the highest levels of occupancy expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services.

The template now asks for the amount of capacity you expect to secure through spot purchasing. This should be capacity that is additional to the main estimate of commissioned/contracted capacity (i.e. the spot purchased figure should not be included in the commissioned capacity figure). This figure should represent capacity that your local area is confident it can spot-purchase and is affordable, recognising that it may impact on people's outcomes and is unlikely to be best value for money and local areas will be working to reduce this area of spend in the longer term.

### 5.3 Demand - Community

This section collects refreshed expectations of demand for intermediate care services from community sources, such as multi-disciplinary teams, single points of access or 111. As with the previous template, referrals are not collected by source, and you should input an overall estimate each month for the number of people requiring intermediate care or short term care (not discharge) each month, split by different type of intermediate care.

Further detail on definitions is provided in Appendix 2 of the 2023-25 Planning Requirements.

The units can simply be the number of referrals.

As with all other sections, figures from the 2023-24 template will be auto-populated into this section.

### 5.3 Capacity - Community

This section collects refreshed expectations of capacity for community services. You should input the expected available capacity across health and social care for different service types. As with the hospital discharge sheet, data entered in the assured BCF plan template has been prepopulated for reference. You should include expected available capacity across these service types for eligible referrals from community sources. This should cover all service intermediate care services to support recovery, including Urgent Community Response and VCS support. The template is split into these types of service:

Social support (including VCS)

Urgent Community Response

Reablement & Rehabilitation at home

Reablement & Rehabilitation in a bedded setting

Other short-term social care

Please see the guidance on 'Demand – Hospital Discharge' for information on why the capacity and demand estimates for rehabilitation and reablement services is now being collected as one combined figure. Please consider the below factors in determining the capacity calculation. Typically this will be  $(\text{Caseload} \times \text{days in month} \times \text{max occupancy percentage}) / \text{average duration of service or length of stay}$ .

Caseload (No. of people who can be looked after at any given time).

Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility.

Please consider using median or mode for Length of Stay where there are significant outliers.

"Peak Occupancy (percentage) - What was the highest levels of occupancy expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services."







**Better Care Fund 2023-24 Capacity & Demand Refresh**

**5. Capacity & Demand**

Selected Health and Wellbeing Board:

Nottinghamshire

| Community                                       | Previous plan |        |        |        |        | Refreshed capacity surplus: |        |        |        |        |
|---|---------------|--------|--------|--------|--------|-----------------------------|--------|--------|--------|--------|
|   | Nov-23        | Dec-23 | Jan-24 | Feb-24 | Mar-24 | Nov-23                      | Dec-23 | Jan-24 | Feb-24 | Mar-24 |
| <b>Capacity - Demand (positive is Surplus)</b>  |               |        |        |        |        |                             |        |        |        |        |
| Social support (including VCS)                  | 0             | 0      | 0      | 0      | 0      | 0                           | 0      | 0      | 0      | 0      |
| Urgent Community Response                       | 0             | 0      | 0      | 0      | 0      | 50                          | 50     | 50     | 50     | 50     |
| Reablement & Rehabilitation at home             | 0             | 0      | 0      | 0      | 0      | 0                           | 0      | 0      | 0      | 0      |
| Reablement & Rehabilitation in a bedded setting | 0             | 0      | 0      | 0      | 0      | 0                           | 0      | 0      | 0      | 0      |
| Other short-term social care                    | 0             | 0      | 0      | 0      | 0      | 0                           | 0      | 0      | 0      | 0      |

| Capacity - Community                            |  | Prepopulated from plan: |        |        |        |        | Please enter refreshed expected capacity: |        |        |        |        |
|---|--|-------------------------|--------|--------|--------|--------|---|--------|--------|--------|--------|
| Service Area                                    | Metric                                   | Nov-23                  | Dec-23 | Jan-24 | Feb-24 | Mar-24 | Nov-23                                    | Dec-23 | Jan-24 | Feb-24 | Mar-24 |
| Social support (including VCS)                  | Monthly capacity. Number of new clients. | 150                     | 150    | 150    | 150    | 150    | 0   | 0      | 0      | 0      | 0      |
| Urgent Community Response                       | Monthly capacity. Number of new clients. | 0                       | 0      | 0      | 0      | 0      | 50  | 50     | 50     | 50     | 50     |
| Reablement & Rehabilitation at home             | Monthly capacity. Number of new clients. | 139                     | 139    | 139    | 139    | 139    | 91  | 91     | 91     | 91     | 91     |
| Reablement & Rehabilitation in a bedded setting | Monthly capacity. Number of new clients. | 41                      | 41     | 41     | 41     | 41     | 25  | 25     | 25     | 25     | 25     |
| Other short-term social care                    | Monthly capacity. Number of new clients. | 19                      | 19     | 19     | 19     | 19     | 9   | 9      | 9      | 9      | 9      |

| Demand - Community                              |  | Prepopulated from plan: |        |        |        |        | Please enter refreshed expected no. of referrals: |        |        |        |        |
|---|--|-------------------------|--------|--------|--------|--------|---|--------|--------|--------|--------|
| Service Type                                    |  | Nov-23                  | Dec-23 | Jan-24 | Feb-24 | Mar-24 | Nov-23  | Dec-23 | Jan-24 | Feb-24 | Mar-24 |
| Social support (including VCS)                  |  | 150                     | 150    | 150    | 150    | 150    | 0   | 0      | 0      | 0      | 0      |
| Urgent Community Response                       |  | 0                       | 0      | 0      | 0      | 0      | 0   | 0      | 0      | 0      | 0      |
| Reablement & Rehabilitation at home             |  | 139                     | 139    | 139    | 139    | 139    | 91  | 91     | 91     | 91     | 91     |
| Reablement & Rehabilitation in a bedded setting |  | 41                      | 41     | 41     | 41     | 41     | 25  | 25     | 25     | 25     | 25     |
| Other short-term social care                    |  | 19                      | 19     | 19     | 19     | 19     | 9   | 9      | 9      | 9      | 9      |

**Checklist**

Complete:

- Yes
- Yes
- Yes
- Yes
- Yes

- Yes
- Yes
- Yes
- Yes
- Yes



**13 December 2023****Agenda Item:6****REPORT OF THE CHAIR OF THE HEALTH AND WELLBEING BOARD****CHAIR'S REPORT****Purpose of the Report**

1. The report provides an update by the Chair on local and national issues for consideration by Health and Wellbeing Board members to determine implications for the Joint Health and Wellbeing Strategy for 2022 – 2026.

**Information****LOCAL****Create Healthy and Sustainable Places**[Community Grant Scheme launched by Newark and Sherwood District Council](#)

2. Following the success of the Community Grant Scheme which has seen local communities benefit across the district, Newark and Sherwood District Council has launched its Community Grant Scheme for 2023/24. The fund of £100,000 is open to groups and charities in the district who can now apply for grants up to £20,000 to help fund projects and schemes in Newark and Sherwood.
3. The District Council will consider any projects which help to meet the commitments of its Community Plan. The application process has been simplified and is aimed at encouraging local communities to deliver exciting and transformative projects to help improve the lives of residents.
4. Applications can be made to the fund between 13 November and 22 December 2023 with awards being made from 5 February 2024. For the full eligibility criteria and how to apply, visit: <https://www.newark-sherwooddc.gov.uk/communityfunding/>

[Gedling Borough Council wins award for environmental scheme](#)

5. Gedling Borough Council has received the award for Best Collaborative Working Initiative at the Association for Public Service Excellence (APSE) awards.
6. Shortlisted against eight other public sector organisations, Gedling Borough Council won the award for the environmental collaborative work it has carried out as part of the Green Rewards campaign, helping residents take action to reduce their carbon footprint and help tackle climate change.

## Newark and Sherwood District Council invests to create carbon net zero

7. Newark and Sherwood District Council continues its work to reach carbon net zero by 2035, as plans to decarbonise Council owned buildings move ahead following Cabinet's funding approval.
8. The District Council has committed over £1m to be spent on greening initiatives by the end of the financial year. Work on decarbonisation began following the 2019 Climate Emergency Strategy and Action plan, within this the Council's targets of achieving carbon net zero by 2035 and reducing emissions were outlined.
9. The District Council has already begun work to decarbonise social housing and confirmed its commitment to the Local Area Energy Plan (LAEP). A government grant of up to £1.3m and the Council's match fund to deliver a £2.6m social housing decarbonisation programme over two years was agreed earlier this year, as were proposals in the LAEP to replace carbon intensive fossil fuel systems in both private and District Council-owned homes with carbon neutral alternatives.

## **Access Right Support to Improve Health**

### Beat The Blues – Body MOT

10. Bassetlaw Place Based Partners delivered three Body MOT sessions across Bassetlaw in October as part of a pilot scheme. The Beat The Blues Drop-In sessions incorporated the following elements:
  - a) Part 1 – Body MOT
    - Tanita scales including BMI, muscle mass, metabolic age etc.
    - Personalised body MOT record card
    - Blood pressure
    - Lung spirometry
    - Health referrals for smoking cessation, alcohol reduction, weight management, exercise, falls and more.
  - b) Part 2 – Winter Support
    - Cost of living support
    - Cancer support
    - Energy advice
    - Local care coordinators and social prescribers
11. These events were part of a pilot scheme to assess the interest in physical health events. For further information please contact [katie.hainsworth@bassetlaw.gov.uk](mailto:katie.hainsworth@bassetlaw.gov.uk)

### INTENT Smoking Prevention Programme

12. Public Health commissioned a 4-year licence from Evidence to Impact in 2022 to deliver the INTENT smoking prevention programme. INTENT is an evidence-based programme aimed at 11–15-year-olds where students learn about tobacco, vaping and the reasons not to smoke or

vape. Students also create a Personal Plan that becomes unique to them over the course of 4 years about how to refuse an offer of cigarettes and vapes.

13. The Schools Health Hub have promoted INTENT over the past year, provided training sessions for schools and encouraged them to register with Evidence to Impact. At the end of the first year of commissioning, 11 schools have now registered and 2 of those schools have reported they have delivered the content to students, with another school planning to deliver in December 2023. As of September 2023, another 15 schools have either received training or requested training options from the Schools Health Hub.
14. As the new academic year is now underway, schools that have received training will be encouraged to go ahead and register with Evidence to Impact and deliver the content. INTENT will continue to be promoted to all other schools.
15. Schools that are interested in signing up to deliver INTENT should email Lauren Burns: [lauren.burns@nottsc.gov.uk](mailto:lauren.burns@nottsc.gov.uk).

#### [Mansfield District Council: Getting Better Together](#)

16. A campaign to encourage people to be good neighbours is starting to bring a community closer together. As part of a wider Safer Streets project in the Warsop area, Better Together was set up earlier this year to strengthen connections between residents and share information about community services.
17. Better Together volunteers will also continue to support the work of Nottinghamshire County Council's Community Health and Wellbeing Champions, local volunteers who promote positive messages on issues such as vaccinations and mental health.
18. If interested in getting involved in Better Together please email: [safestreets@mansfield.gov.uk](mailto:safestreets@mansfield.gov.uk).

#### **Give every child the best chance of maximising their potential**

##### Peace of Mind Toolkit Launch

19. Since February 2023 Bassetlaw Children & Young People's Mental Health Alliance partners have been co-producing a mental health resource/toolkit 'Peace of Mind', with, and for, Bassetlaw children and young people.
20. The toolkit includes lived experience stories, coping strategies and 'top tips' from children and young people that have accessed mental health support, as well as evidence based perspectives on mental health, nutrition, physical health, neurodiversity, self-harm and suicide prevention. The toolkit links and signposts to local services as well as [NottAlone](#) and [Nottshelpyourself](#) websites.
21. For further information please contact Helen Azar: [helen.azar@nhs.net](mailto:helen.azar@nhs.net)

##### [Nursery children learn to chop, grow and prepare healthy food in Mansfield](#)

22. Nursery children have been learning how to grow, chop and cut vegetables with the help of a Mansfield District Council trial scheme.
23. Regular classes have been held in nurseries and FOOD clubs across the district to empower children and families to explore food in an exciting and informal way.
24. The project, supported by the charity Feeding Britain, aims to increase food knowledge to early years children (2-5 years old) and families across Mansfield and included talking about cooking, growing produce, recycling, and food waste.

### Health Families Consultation

25. The Nottinghamshire Healthy Families Programme consultation launched on Monday 20 November 2023. The Programme is delivered by local Healthy Family Teams, which are made up of health visitors, school nurses and other experienced team members and support the health and wellbeing of children, young people, and families across Nottinghamshire.
26. The consultation is being undertaken through a survey, which is aimed at families (parents, caregivers and young people) and those who work with families. The survey is open **until 17 December 2023** and seeks feedback on proposals for the Healthy Families service, which have been shaped by engagement with local families and stakeholders. The consultation can be accessed here: [Nottinghamshire Healthy Families Programme Consultation - Nottinghamshire County Council - Citizen Space](#)
27. For further information, please contact Helena Cripps: [helena.cripps@nottscc.gov.uk](mailto:helena.cripps@nottscc.gov.uk).

### Nottinghamshire's first Baby Week a success

28. Baby Week is an annual celebration of all things 'baby', aiming to bring sectors and services together to promote giving every child the Best Start in Life.
29. Nottinghamshire joined eight other areas across the country to celebrate the week for the first time this year to great success. Various Baby Week celebration events took place between 14 and 20 November across the county, with the finale event at Kirkby Leisure Centre attended by an estimated 150 parents and carers and over 22 local partners.
30. Feedback from parents and carers highlighted the enjoyable activities and the useful variety of information from the wide range of stall holders. One shared that it was "very useful to find support available to me that I didn't know was about". Parents also shared what they thought was great about bringing their children up in Nottinghamshire and what could be even better, with an artist there to capture this on a visual wall.
31. For more information on Baby Week please visit: [Nottinghamshire – Baby Week UK](#)

## **Keep our Communities Safe & Healthy**

### Winter Wise 2023-24

32. Winter can be a challenging time, so Nottinghamshire County Council has pulled together some ideas to help health and wellbeing. Winter Wise is a campaign to help residents with

advice on different aspects of health and wellbeing from illnesses to physical activity, winter vaccinations, housing and volunteering.

33. Winter wellbeing messages will be shared across social media starting with winter vaccinations to encourage anyone who is eligible to attend for their flu and seasonal Covid-19 vaccinations. The campaign will run into 2024 during which time copies of the [Winter Wise booklet](#) will be sent with letters about the next round of the Household Support Fund and will be available at a variety of places across the county such as libraries and children's centres.

#### Cost of Living Support Booklet

34. Bassetlaw Place Based Partnership led by Bassetlaw District Council and Bassetlaw Community Voluntary Service (BCVS) are proud to announce their continued partnership for the second consecutive year, aimed at providing vital support to local residents as they navigate the challenges of the autumn/winter season.
35. The Bassetlaw Cost of Living booklet, initially introduced last year, quickly became an invaluable resource for residents seeking guidance on financial support, mental health services, family assistance, energy solutions, housing, access to affordable food and clothing and much more. Now, with additional information and resources, the 2023 edition is poised to be an even greater asset for those in need.

#### [Ashfield District Council becoming an accredited partner for the Domestic Abuse Housing Alliance \(DAHA\).](#)

36. The Council is following the fantastic work achieved in gaining the White Ribbon Accredited and is working in partnership with Juno Women's Aid to support gaining the DAHA accreditation. The process will include training opportunities across the Council to provide employees with the skills and knowledge to deliver its goals. As part of this process it will review the Council's current approaches and adopting a number of key standards developed by the Domestic Abuse Housing Alliance. The process is expected to take a year and is designed to support people experiencing domestic abuse.
37. The Domestic Abuse Housing Alliance is the leading specialist domestic abuse organisation supporting housing providers to improve their response to domestic abuse. Their model for a housing response to domestic abuse is nationally recognised as best practice, through the Domestic Abuse Act Statutory Guidance 2022, and is endorsed by the Domestic Abuse Commissioner for England and Wales, Nicole Jacobs.
38. Nottinghamshire County Council have a statutory duty to provide safe accommodation for domestic abuse survivors and their children under part 4 of the Domestic Abuse Act 2021. Funding of £1.5 million is provided by the Department for Levelling Up Housing and Communities to deliver the duty in Nottinghamshire. There has been extensive partnership work across the county on the delivery of the statutory duty and commissioning safe accommodation support. Introducing the District and Borough Councils to DAHA and supporting the delivery of this work forms part of the response. The vast majority of the funding delivers units of refuge accommodation across the County. The evidence of need for these services can be found on Domestic Abuse - Nottinghamshire Insight.

39. The strategic direction is provided by the Domestic Abuse Partnership Board which is a statutory requirement under the Domestic Abuse Act 2021.

#### [Bassetlaw District Council staff make White Ribbon Promise](#)

40. Bassetlaw District Council is encouraging its male members of staff to make the White Ribbon Promise – a promise to never use, excuse or remain silent about men’s violence against women.

41. Each year, White Ribbon Day takes place on 25 November ahead of 16 days of activism against gender-based violence. The Campaign encourages people, especially men and boys, to take action to end violence against women and girls. As part of the annual White Ribbon campaign, many members of Bassetlaw District Council staff have made the promise and are wearing White Ribbons in support of the campaign’s objectives.

42. More information about the [White Ribbon Campaign](#) can be found on the website, where the white ribbon promise can be made.

#### [£1.3 million of new public safety funding for Nottinghamshire](#)

43. New CCTV, street lighting and free home security devices will be coming to towns across Nottinghamshire as a result of £1.3 million in new funding. This is comprised of £1 million of new Safer Streets investment from the Home Office and £333,000 being committed by the Police and Crime Commissioner, for public safety schemes across Nottingham and Nottinghamshire.

44. Bingham, Woodthorpe, Beeston, Worksop, Balderton, Sutton-in-Ashfield and Mansfield are the areas that will benefit from the funding, which will also pay for expansion of a scheme designed to create Safe Spaces in shops for anyone in distress and a new guardianship scheme to promote women’s safety particularly during the night-time hours.

45. The project will involve working alongside Nottinghamshire Police, the seven district and borough councils and Nottingham City Council.

## **NATIONAL**

#### [Creating a smokefree generation](#)

46. On 4 October 2023, the Department of Health and Social Care (DHSC) published a command paper [Stopping the start: our new plan to create a smokefree generation](#) setting out proposed action to protect future generations from the harms of smoking by creating the first smokefree generation.

47. Drawing on recommendations made in the 2022 independent Khan review, the Government’s proposed legislation will make it an offence for anyone born on or after 01 January 2009 to be sold tobacco products, raising the legal smoking age by a year each year, to create the first smokefree generation. It will also make it an offence for anyone at or over the legal age to purchase tobacco products on behalf of someone born on or after 1 January 2009.

48. The legislation provides a unique and significant opportunity to prevent future generations from starting smoking and a consultation has been running from 12 October to 06 December 2023 to seek views on the smokefree generation policy, as well as new measures to prevent youth vaping and proposed associated enforcement powers for local authorities.

49. Following agreement by Nottinghamshire Health and Wellbeing Board on 15 November 2023, a response to the consultation has been submitted on behalf of the Board, in support of the smokefree generation policy.

## **Physical Activity**

### [Get Active: a strategy for the future of sport and physical activity](#)

50. The Department for Culture, Media and Sport has published this policy paper which outlines a strategy to address challenges facing the sport and the physical activity sector in the UK.

## **Best Start**

### [The Good Childhood Report 2023](#)

51. This report published by The Children's Society reveals that too many young people are unhappy with their lives. 10% of the children aged 10 to 17 who completed their household survey in May and June 2023 had low wellbeing, and almost a third were unhappy with at least one specific area of their lives.

## **Keep Communities Safe & Healthy**

### [The Adverse Weather and Health Plan](#)

52. The national Adverse Weather and Health plan aims to protect individuals and communities from the health effects of adverse weather and to build community resilience.

53. The plan is published by the United Kingdom Health Security Agency (UKHSA) but developed collaboratively in partnership with the Department of Health and Social Care, NHS England, the Local Government Association and others including the voluntary and community sector.

54. The plan sets out a series of steps to reduce the risks to health from adverse weather for:

- The NHS, local authorities, social care, and other public agencies.
- Professionals working with people at risk.
- Individuals, local communities and voluntary groups.

55. The winter season brings an increased risk of respiratory infections, such as flu and COVID-19. It is critical that actions to prevent health harms from cold temperatures and winter weather continue, including identifying and supporting those at risk, with necessary adaptations in line with guidance to keep everyone safe.

56. General guidance for keeping warm and well and staying safe in the cold weather can be found on the Government website: [Keeping warm and well: staying safe in cold weather -](#)

[GOV.UK \(www.gov.uk\)](http://www.gov.uk). National Cold-Health Alert (CHA) action cards have also been developed, which outline suggested actions to be taken by different professional bodies and organisations in the event of cold weather: [Cold weather and health: action cards - GOV.UK \(www.gov.uk\)](#).

57. Further guidance is available for professionals who are supporting vulnerable people before and during a cold winter, including guidance for [healthcare professionals](#), for [adult social care managers](#), for educational professionals supporting [children in early years settings](#) and for those supporting people that are [homeless and sleeping rough](#).

## **Health Inequalities**

### [The history of public health](#)

58. The Association of Directors of Public Health (ADPH) has published a collection of explainers on a range of public health topics. The explainers detail the history of some of the biggest topics in public health and look ahead to what the future of public health could look like.

### [Inequalities in mental healthcare for Gypsy, Roma, and Traveller communities: identifying best practice](#)

59. This research commissioned by the NHS Race and Health Observatory, and led by the University of Worcester, addresses the lack of mental health care provision, despite the significant need, and captures first hand insight and good practice examples from six effective services. These services are mainly run by Gypsy, Roma, and Traveller organisations for members of these communities.

## **Mental Health**

### [Maximising the potential of digital in mental health](#)

60. This report published by the NHS Confederation outlines the benefits, challenges and opportunities of digital mental health and explains how it can improve mental health care and population mental health.

### [A mentally healthier nation: towards a ten year, cross government plan for better prevention, equality and support](#)

61. This report published by the Centre for Mental Health on behalf of over 30 national charities, sets out what a long-term government mental health plan for England could look like. It calls for action to tackle poverty, racial injustice, for reforms to the benefits and justice systems, and for further investment in better and more equitable mental health services. The report draws on evidence provided to the UK Government's consultation on its proposed ten-year plan to identify the actions that are necessary to protect people's mental health, reduce mental health inequalities, and improve mental health services nationwide.

### [Exploring children and young people's mental health: a series of think pieces](#)

62. The Local Government Association has brought together a range of stakeholders, people of lived experience, researchers and experts in mental health, to independently develop a series

of think pieces exploring children’s mental health and provide an opportunity to think differently about what children and young people need to live well.

### **Papers to other local committees**

- 63. [The Council’s Prevention and Early Help Approach – Supporting a resilient Healthy Nottinghamshire](#)  
Nottinghamshire County Council Cabinet  
21 September 2023
- 64. [Partnership Progress in Improving the Experiences and Outcomes for Children and Young People with SEND](#)  
Children and Families Select Committee  
16 October 2023
- 65. [Implementing the roll out of Family Hub Networks in Nottinghamshire](#)  
Nottinghamshire County Council Cabinet  
09 November 2023

### **Nottingham and Nottinghamshire Integrated Care System**

- 66. [Board papers](#)  
Nottingham & Nottinghamshire Integrated Care Board  
09 November 2023
- 67. [Newsletter](#)  
October 2023

### **Nottinghamshire Police and Crime Commissioner**

- 68. [Newsletter](#)  
November 2023

### **Other Options Considered**

- 69. There was the option to not provide the Chair’s Report, however this option was discounted as the Chair’s Report provides important updates relating to the delivery of the Joint Health and Wellbeing Strategy for Nottinghamshire.

### **Reason for Recommendations**

- 70. To identify potential opportunities to improve health and wellbeing in Nottinghamshire.

### **Statutory and Policy Implications**

- 71. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public-sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment

and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

### **Financial Implications**

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

## **RECOMMENDATIONS**

The Health and Wellbeing Board is asked:

- 1) To consider the Chair's Report and its implications for the Joint Health and Wellbeing Strategy 2022 – 2026.
- 2) To establish any actions required by the Health and Wellbeing Board in relation to the various issues outlined in the Chair's Report.

**Councillor Dr John Doddy**  
**Chairman of the Health & Wellbeing Board**  
**Nottinghamshire County Council**

**For any enquiries about this report please contact:**

Lizzie Winter  
Public Health & Commissioning Manager  
T: 0115 9774700  
E: [elizabeth.winter@nottscc.gov.uk](mailto:elizabeth.winter@nottscc.gov.uk)

### **Constitutional Comments (LPW 29/11/23)**

73. The recommendations fall within the remit of the Health and Wellbeing Board by virtue of its terms of references, subject to the requirement to obtain any additional approvals in relation to any actions established pursuant to recommendation 2.

### **Financial Comments (DG 27/11/23)**

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

### **Background Papers and Published Documents**

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

- None

### **Electoral Division(s) and Member(s) Affected**

- All

**13 December 2023**

**Agenda Item:7**

## **REPORT OF THE SERVICE DIRECTOR FOR CUSTOMERS, GOVERNANCE AND EMPLOYEES**

### **WORK PROGRAMME**

#### **Purpose of the Report**

1. To consider the Nottinghamshire Health and Wellbeing Board's current work programme.

#### **Information**

2. The work programme (attached as **Appendix 1** to the report) assists in the management of the Board's agenda, the scheduling of its business and its forward planning. It includes business items that can be anticipated at the present time, while arising issues are added as they are identified. The work programme is reviewed and updated regularly with the Chair and Vice Chair, and at each Board meeting, where any Board member is able to suggest items for inclusion.

#### **Other Options Considered**

3. To not produce a work programme: this option is discounted as a clear work programme is required for the effective management of the Board's agenda, the scheduling of its business and its forward planning.

#### **Reason for Recommendations**

4. To assist the Board in managing its business effectively.

#### **Statutory and Policy Implications**

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

## **Financial Implications**

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

## **RECOMMENDATIONS**

- 1) That the Nottinghamshire Health and Wellbeing Board's work programme be noted.
- 2) That Board members make any further suggestions for items for inclusion on the work programme for consideration by the Chair and Vice-Chair, in consultation with the relevant officers and partners.

**Marjorie Toward**  
**Service Director for Customers, Governance and Employees**  
**Nottinghamshire County Council**

**For any enquiries about this report, please contact:**

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Lizzie Winter, Public Health and Commissioning Manager  
Nottinghamshire County Council  
[elizabeth.winter@nottscc.gov.uk](mailto:elizabeth.winter@nottscc.gov.uk)

## **Constitutional Comments (HD)**

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

## **Financial Comments (NS)**

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

## **Background Papers and Published Documents**

9. 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

## WORK PROGRAMME: 2023 – 2024

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

| Report title   | Purpose  | Lead officer     | Report author(s)                                   | Notes |
|--|--|------------------|--|-------|
| <b>MEETING / WORKSHOP: Wednesday 13 December 2023 (2pm)</b>              |  |                  |  |       |
| Fluoridation in Nottinghamshire  |  | Cllr Doddy       | Viv Robbins  |       |
| Better Care Fund (BCF) Quarterly Report                                  |  | Melanie Williams | Katy Dunne   |       |
| Chair's Report (Standing Item)   | An update by the Chair on local and national issues for consideration by Health & Wellbeing Board members to determine implications for the Joint Health and Wellbeing Strategy for 2022 – 2026. | Cllr Doddy       |  |       |
| <b>WORKSHOP (1hr): Nottinghamshire Health and Wellbeing Board Review</b> |  | Cllr Doddy       | Viv Robbins<br>Briony Jones<br>Caitlin Corey (LGA) |       |
| <b>MEETING / WORKSHOP: Wednesday 7 February 2024 (2pm)</b>               |  |                  |  |       |
| Chair's Report (Standing Item)   | An update by the Chair on local and national issues for consideration by Health & Wellbeing Board members to determine implications for the Joint Health and Wellbeing Strategy for 2022 – 2026. | Cllr Doddy       |  |       |
| JSNA Chapter: Suicide Prevention   |  | Jonathan Gribbin | Will Leather<br>Safia Ahmed                        |       |

| Report title  | Purpose  | Lead officer     | Report author(s)                | Notes                  |
|---|--|------------------|---------------------------------|------------------------|
| Integrated Care Strategy Refresh  |  |                  | Joanna Cooper<br>Jeanette Swann | <b>To be confirmed</b> |
| <b>WORKSHOP (1hr):<br/>Severe Multiple<br/>Disadvantage</b>               |  | Jonathan Gribbin | Catherine O'Byrne               |                        |
| <b>MEETING: Wednesday 13 March 2024 (2pm)</b>                             |  |                  |                                 |                        |
| Chair's Report<br>(Standing Item)   | An update by the Chair on local and national issues for consideration by Health & Wellbeing Board members to determine implications for the Joint Health and Wellbeing Strategy for 2022 – 2026.         | Cllr Doddy       |                                 |                        |
| Covid-19 Impact Assessment: Healthy & Sustainable Places                  | Assessment of the COVID-19 pandemic on key aspects of health and wellbeing with particular regard to health inequalities to help inform public health and partner's strategies, plans and commissioning. | Jonathan Gribbin | Viv Robbins<br>Will Leather     |                        |
| JHWS Progress Report<br>Ambition 2: Create healthy and sustainable places | To present on progress of the delivery of the joint health and wellbeing strategy for 2022 – 2026 as part of its monitoring framework.   | Cllr Doddy       | Viv Robbins                     |                        |
| JSNA Profile Pack:<br>Housing   |  | Cllr Doddy       | Will Leather<br>Lewis Parker    |                        |
| JSNA Profile Pack: Food Insecurity  |  | Cllr Doddy       | Will Leather<br>Kathy Holmes    |                        |
| <b>MEETING / WORKSHOP: Wednesday 17 April 2024 (2pm)</b>                  |  |                  |                                 |                        |

| Report title   | Purpose  | Lead officer     | Report author(s)                  | Notes                  |
|--|--|------------------|-----------------------------------|------------------------|
| Chair's Report (Standing Item)   | An update by the Chair on local and national issues for consideration by Health & Wellbeing Board members to determine implications for the Joint Health and Wellbeing Strategy for 2022 – 2026. | Cllr Doddy       |                                   |                        |
| JHWS Progress Report Ambition 3: Everyone can access the right support to improve their health | To present on progress of the delivery of the joint health and wellbeing strategy for 2022 – 2026 as part of its monitoring framework.   | Cllr Doddy       | Viv Robbins                       | <b>To be confirmed</b> |
| JSNA: Community Capacity and Resilience  |  | Cllr Doddy       | Will Leather                      |                        |
| JSNA Chapter: Carers   |  | Cllr Doddy       | Will Leather                      |                        |
| <b>WORKSHOP:<br/>Suicide Prevention (1hr)</b>  |  | Jonathan Gribbin | Catherine Pritchard<br>Lucy Jones |                        |
| <b>MEETING: Wednesday 22 May 2024 (2pm)</b>  |  |                  |                                   |                        |
| Chair's Report (Standing Item)   | An update by the Chair on local and national issues for consideration by Health & Wellbeing Board members to determine implications for the Joint Health and Wellbeing Strategy for 2022 – 2026. | Cllr Doddy       |                                   |                        |
| Rapid Review: Climate Change   |  | Cllr Doddy       | Will Leather<br>Jo Marshall       | <b>To be confirmed</b> |
| JSNA: ASCH Prevention  |  | Cllr Doddy       | Will Leather                      |                        |
| JSNA: Health and Work  |  | Cllr Doddy       | Will Leather                      |                        |

| Report title                                | Purpose  | Lead officer | Report author(s)   | Notes |
|---|--|--------------|--|-------|
| <b>MEETING: Wednesday 3 July 2024 (2pm)</b> |  |              |  |       |
| Chair's Report (Standing Item)              | An update by the Chair on local and national issues for consideration by Health & Wellbeing Board members to determine implications for the Joint Health and Wellbeing Strategy for 2022 – 2026. | Cllr Doddy   |  |       |
| JSNA: Children in Care and Care Leavers     |  | Cllr Doddy   | Will Leather<br>Katharine Browne<br>Briony Jones<br>Caroline Panto |       |
| JSNA: Youth Justice                         |  | Cllr Doddy   | Will Leather<br>Nicola Suttwood                                    |       |
| JSNA: Autism and Neurodiversity             |  | Cllr Doddy   | Will Leather<br>Halima Wilson                                      |       |

## Contact

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