

Health and Wellbeing Board

Wednesday, 26 April 2017 at 14:00

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

AGENDA

- | | | |
|----|--|---------|
| 1 | Minutes of the last meeting held on 29 March 2017 | 3 - 6 |
| 2 | Apologies for Absence | |
| 3 | Declarations of Interests by Members and Officers:- (see note below)
(a) Disclosable Pecuniary Interests
(b) Private Interests (pecuniary and non-pecuniary) | |
| 4 | Approaches to Disease Prevention - Putting the Building Blocks in Place | 7 - 22 |
| 5 | Relationship between Safer Nottinghamshire Board and Health and Wellbeing Board | 23 - 28 |
| 6 | Clinical Commissioning Groups' Annual Reports 2016/17 | |
| 6a | South Nottinghamshire Clinical Commissioning Groups | 29 - 34 |
| 6b | Mid Nottinghamshire Clinical Commissioning Groups | 35 - 38 |
| 7 | Chair's Report | 39 - 52 |
| 8 | Work Programme | 53 - 54 |

Notes

- (1) Councillors are advised to contact their Research Officer for details of any Group Meetings which are planned for this meeting.
- (2) Members of the public wishing to inspect "Background Papers" referred to in the reports on the agenda or Schedule 12A of the Local Government Act should contact:-

Customer Services Centre 0300 500 80 80

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

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

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

Meeting HEALTH AND WELLBEING BOARD

Date Wednesday, 29 March 2017 (commencing at 2.00 pm)

Membership

Persons absent are marked with an 'A'

COUNTY COUNCILLORS

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

DISTRICT COUNCILLORS

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

OFFICERS

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

CLINICAL COMMISSIONING GROUPS

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

LOCAL HEALTHWATCH

Michelle Livingston - Healthwatch Nottinghamshire

NHS ENGLAND

Oliver Newbould - North Midlands Area Team, NHS England

NOTTINGHAMSHIRE POLICE AND CRIME COMMISSIONER

A Kevin Dennis

ALSO IN ATTENDANCE

Dr Nicole Atkinson - Nottingham West CCG
Ilana Freestone - Sport Nottinghamshire

OFFICERS IN ATTENDANCE

Liann Blunston - Public Health
Joanna Cooper - Better Care Fund Programme Manager
Paul Davies - Democratic Services
Nicola Lane - Public Health
Nina Wilson - Planning Team

MINUTES

The minutes of the last meeting held on 1 February 2017 having been previously circulated were confirmed and signed by the Chair, subject to it being noted that Councillor David Staples had been present at the meeting.

APOLOGIES FOR ABSENCE

Apologies for absence were received from Barbara Brady, Kevin Dennis, Idris Griffiths, Dr James Hopkinson, Dr Guy Mansford, and Councillor Jacky Williams.

DECLARATIONS OF INTEREST BY BOARD MEMBERS AND OFFICERS

None.

PLANNING AND HEALTH, A PROTOCOL FOR HEALTHIER ENVIRONMENTS IN NOTTINGHAMSHIRE

Liann Blunston introduced the report about the new protocol developed to enable the planning system to foster healthy environments and reduce health inequalities. She and Nina Wilson responded to questions and comments from Board members.

- All seven District Councils were aware of the protocol and in some the benefits of the protocol were already being seen. The protocol would also help shape neighbourhood plans.

- Health providers and commissioners were to be included in consultation on planning applications. The value of consulting primary care providers as well as CCGs was emphasised.
- When considering Section 106 agreements, Board members encouraged planning authorities to consider whether other facilities than a GP surgery might be beneficial to health and wellbeing. An example was given where s.106 had been used for a healthy living project and healthy community activities. It was explained that Public Health were already working with District colleagues where large housing developments were being planned.
- It was pointed out that planning permission was sometimes given for care homes in poor locations or areas with an over-supply of places.
- Planners were encouraged to take account of the aging population when deciding what housing should be built.
- It was explained that air quality did not form part of the protocol. However, the County Council had an input to the City Council's Air Quality Management Plan.

RESOLVED: 2017/011

- 1) That approval be given to the "Planning and Health, an engagement protocol between local planning authorities and health partners in Nottinghamshire" document in order to ensure that Nottinghamshire utilises the potential that the planning system can have on health.
- 2) All District Councils in Nottinghamshire be requested to endorse the "Planning and Health, an engagement protocol between local planning authorities and health partners in Nottinghamshire" document as part of their Local Plans and planning processes.

EXCESS WEIGHT, PHYSICAL ACTIVITY AND WELLBEING: CURRENT AND FUTURE OPPORTUNITIES FOR FUNDING FROM SPORT ENGLAND

Ilana Freestone gave a presentation on the contribution of physical activity on health and wellbeing, and Sport England's strategy to promote more physical activity. In Nottinghamshire, the target was for 50,000 people to lead more active lives by 2021. Sport England was releasing funding in separate waves, with the current bidding round about to close. Ms Freestone encouraged local authorities and partners to coordinate their funding bids, as this brought the best opportunity for success.

In reply to a question about measuring physical activity and assessing individual needs, Ms Freestone stated that headline data was taken from national surveys. Output measures were being developed which took account of the impact of activity on someone's life, rather than the time spent on an activity. Relevant and consistent local evaluation measures would be developed.

Other comments included reference to people often being inactive after discharge from hospital, to physiotherapy being patchy, and to the importance of information on what activities were available. It was observed that there could be more opportunities for

water-based therapies, perhaps using existing facilities. There was also support for linking bids with priorities in the Sustainability and Transformation Plans and Making Every Contact Count.

Board members recognised the value of coordinating future funding bids. The Health and Wellbeing Implementation Group was suggested as being best placed to coordinate bids, with progress reports to the Board.

RESOLVED: 2017/012

That the presentation on Sport England's strategy to promote physical activity be received.

BETTER CARE FUND PERFORMANCE, QUARTER 3, 2016/17

David Pearson and Joanna Cooper introduced the report on the performance of the Better Care Fund in the third quarter of 2016/17. They explained where there had been over- or under-performance. They referred to work to reduce non-elective admissions and to keep people at home after discharge from hospital. Nottinghamshire would participate in a pilot to increase the use in the NHS of personal budgets and direct payments. The Board's attention was drawn to the low figures in Nottinghamshire for delayed transfers of care from hospital.

It was explained that the planning guidance for the Better Care Fund for 2017-19 had yet to be issued. Draft plans had been prepared, but would not be published until the guidance was available.

RESOLVED: 2017/013

That the Quarter 3 national quarterly performance report be approved.

CHAIR'S REPORT

In introducing the report, the Chair drew particular attention to mental health services, and asked for them to be on the agenda for a future Board meeting.

RESOLVED: 2017/014

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

WORK PROGRAMME

RESOLVED: 2017/015

That the Board's work programme be noted.

The meeting closed at 3.55 pm.

CHAIR



26 April 2017

Agenda Item: 4

**REPORT OF DIRECTOR OF PUBLIC HEALTH
APPROACHES TO DISEASE PREVENTION - PUTTING THE BUILDING
BLOCKS IN PLACE**

Purpose of the Report

1. To outline the increasing prioritisation of the Disease Prevention agenda across the Health and Social Care system in Nottinghamshire.
2. To identify how aligning the three existing work streams of Making Every Contact Count (MECC), the Declaration on Tobacco Control and the Wellbeing@Work workplace health scheme will avoid duplication and offer a unique opportunity to deliver this Disease Prevention agenda in a systematic and sustainable way that streamlines workloads for busy organisations.

Information and Advice

3. Several key drivers exist which support the necessity of the Disease Prevention agenda to deliver sustainable changes in the ways that communities can address the challenges of future Health and Social Care provision.
4. The Health and Wellbeing Board Strategy for Nottinghamshire identifies the four key priorities as:
 - For everyone to have a good start in life
 - For people to live well, making healthier choices and living healthier lives
 - That people cope well and that we help and support people to improve their own health and wellbeing, to be independent and reduce their need for traditional health and social care services where we can
 - To get everyone to work together”
5. The Board endorses the approach to disease prevention and identifies the areas where the Board can have the biggest impact to achieve its ambitions, including:-
 - Reduce the number of people who smoke
 - Reduce the number of people who are overweight and obese
 - Improve services to reduce drug and alcohol misuse
 - Reduce sexually transmitted disease and unplanned pregnancies
 - Increase the number of eligible people who have a Healthcheck
 - Improving workplace health and wellbeing

6. In order to achieve these ambitions the Health and Wellbeing Board has consistently supported the disease prevention agenda through:
 - Support for Tobacco Control, being a signatory to the National Declaration on Tobacco Control and the Nottinghamshire and Nottingham Declaration on Tobacco Control
 - Endorsement of the Nottinghamshire County Wellbeing@Work workplace health scheme, with Board member organisations signed up to the scheme
 - Making Every Contact Count by utilising the thousands of opportunities for prevention to be discussed across the organisations it represents.
7. At the same time the NHS Five Year Forward View sets out the challenges the NHS faces and calls for a “*radical upgrade in prevention and Public Health*”, saying: “Traditionally efficiencies have been delivered through more efficient delivery of care, but meeting the NHS’s current efficiency goals will require a new solution and a focus on stemming demand through delaying or preventing the onset of need.”
8. In support of this a Joint Report from Public Health England East Midlands and the East Midlands Clinical Senate (2016) *Meeting the Prevention Challenge in the East Midlands, A Call to Action* aims to provide practical help to commissioner and provider organisations to support the required shift towards a prevention focused health and care system.
9. The Nottingham and Nottinghamshire Sustainability and Transformation Programme (STP) identifies five high impact areas, the first being to: Promote wellbeing, prevention, independence and self-care. The STP states its ambition as follows: “Our main focus is to prevent illness, disease and frailty to enable our citizens to live healthy and independent lives. We will tackle inequalities in health by targeting our support to those individuals and communities where ill-health and the occurrence of unhealthy lifestyles is greatest. We will measure our success by increases in healthy life expectancy, a reduction in inequalities across population groups, and supporting people to live healthy lifestyles.”
10. The increasing prioritisation of the Prevention agenda offers an opportunity to streamline local existing preventative work streams in a cohesive way, to support the delivery of all the programmes and to increase their impact and reach.

Making Every Contact Count (MECC)

11. MECC is an approach to behaviour change that utilises the millions of day to day interactions that organisations and individuals have with other people to support them in making positive changes to their physical and mental health and wellbeing.
12. MECC promotes the opportunistic delivery of consistent and concise healthy lifestyle information and enables individuals to engage in conversations about their health at scale across organisations and populations.
13. The fundamental idea underpinning the MECC approach is simple. It recognises that staff across health, local authority and voluntary sectors, have thousands of contacts every day with individuals and are ideally placed to promote health and healthy lifestyles.

14. MECC focuses on the lifestyle issues that, when addressed, can make the greatest improvement to an individual's health:
- Stopping smoking
 - Drinking alcohol only within the recommended limits
 - Healthy eating
 - Being physically active
 - Keeping to a healthy weight
 - Improving mental health and wellbeing.
15. The current expectation is that all NHS organisations will commit to MECC. NHS England has included MECC in its 2016/17 NHS Standard Contract Service Conditions.
16. All NHS organisations also now have a National Health and Wellbeing Commissioning for Quality and Innovation (CQUIN) indicator. The CQUIN incentivises organisations to improve their offer as an employer to look after the health and wellbeing of their staff.
17. A national NHS CQUIN (Preventing ill health by risky behaviours - alcohol and tobacco) commences in April 2017, initially in mental health trusts.
18. Further details are in Appendix 1.

The Nottinghamshire County and Nottingham City Declaration on Tobacco Control

19. The Local Government Tobacco Declaration is a commitment to take action, a statement about a Local Authority's dedication to protecting their local communities from the harms caused by smoking, a demonstration of local leadership and an acknowledgement of best practice.
20. The Nottinghamshire County and Nottingham City Declaration on Tobacco Control is an extension of the original Local Government Declaration.
21. This locally developed, innovative document enables organisations across the whole of the county and city to sign up to the principles of the Local Authority Declaration and be supported to develop an action plan. This includes organisations in the public, private and voluntary sectors and significantly extends the scope and impact of the initiative.
22. Many local organisations have already made commitments to sign the local declaration and have started work on individual action plans to support this, including borough/district councils, clinical commissioning groups (CCGs), secondary care trusts and Public Health England. By the end of May 2017 all members of the HWB should have a formally approved action plan.
23. Work to date has focused on preparing foundations for the Tobacco Declaration work through the Nottinghamshire Wellbeing at Work Scheme. Work is now progressing to enable new organisations, including the Mansfield BID (Business Improvement District), to sign up to the Declaration.

24. Partnership working and a co-ordinated approach has been encouraged through the support mechanism provided by the Public Health Tobacco Control Team. Examples of good practice are given in Appendix 2.

Wellbeing@Work Workplace Health Scheme

25. The Nottinghamshire Health and Wellbeing Strategy identified Workplace Health and the Wellbeing@Work Scheme as a priority initiative that encompasses a range of lifestyle related benefits across local workplaces, with the aim of improving health and well-being and promoting active engagement.

26. In line with MECC principles, the initiative works across all sectors to improve the wellbeing of the workforce across Nottinghamshire workplaces.

27. The scheme's aim is to provide small, medium and large sized organisations with the opportunity to promote and enable better health and wellbeing in the workplace. It is open to all organisations, regardless of industry (or sector).

28. Nottinghamshire's seven borough/district councils are signed up to the scheme, all at different levels of achievement, and are active participants as part of the workplace strategy group

29. The existing workplace health toolkit is being updated and digitised to be accessible through the workplace health webpage on the Notts Help Yourself website. Appendix 3

Current Situation

30. Historically much positive work and training has taken place across organisations in Nottinghamshire across all of these work streams. However, this work has often been delivered in an ad hoc way and has not been part of a systematic approach to prevention across the whole organisational system. Often these work streams have been delivered in isolation and have not realised the potential of a combined approach.

31. As there is significant overlap between these three initiatives a joined up, strategic approach to their delivery provides the opportunity to streamline workloads and increase impact as shown in Appendix 4

Proposal

32. It is proposed that a combined disease prevention approach be adopted to optimise the opportunities afforded by all three agendas in an effective, sustainable and systematic way.

33. All provider organisations will be supported to streamline local existing disease preventative work streams cohesively to support the delivery of all programmes and to increase their impact and reach.

34. All commissioning organisations will be expected to embed the three disease prevention initiatives within all contracts ensuring data collection and contract management reflects MECC outcomes.

35. The Health and Wellbeing Board has a unique opportunity to support this combined initiative by encouraging:

- Partners to take an integrated approach across these 3 work programmes
- Local disease prevention initiatives to be linked to and supported by appropriate lifestyle and social support services
- The appropriate commissioning of Lifestyle Services (tobacco control, substance misuse, sexual health, obesity and weight management, mental health) to meet the identified needs and deliver the objectives of all 3 programmes.

Other Options Considered

36. The current position of delivering these three initiatives without integration could be maintained but the advantages of delivering in a co-ordinated way would be missed.

Reason/s for Recommendation/s

37. An integrated approach is recommended in order to avoid duplication and offer a unique opportunity to deliver this Disease Prevention agenda in a systematic and sustainable way that streamlines workloads for busy organisations.

Statutory and Policy Implications

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

RECOMMENDATION/S

1) The Health and Wellbeing Board is asked to support this integrated disease prevention approach.

John Tomlinson
Consultant in Public Health

For any enquiries about this report please contact:

Lindsay Price
Senior Public Health and Commissioning Manager
Mobile 07775627502
Lindsay.price@nottscg.gov.uk

Constitutional Comments (LMc 11/04/2017)

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

Financial Comments (KAS 03/04/2017)

There are no financial implications contained within the report.

Background Papers and Published Documents

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

None

Electoral Division(s) and Member(s) Affected

All

See also Chair's Report:

7. ASSIST project
41. [Evidence Brief special: England's Cycling Potential](#)
42. [Alcohol licensing: understanding and applying public health data](#)
43. [Cheap as chips: is a healthy diet affordable?](#)
45. [Adult smoking habits in the UK: 2015](#)
47. [Everybody Active, Every Day: Two years on an update on the national physical activity framework](#)
48. [Guidance on smoking cessation in secondary care in acute settings: self-assessment tool](#)
49. [System change interventions for smoking cessation](#)
50. [European Food and Nutrition Action Plan 2015 to 2020](#)
51. [Culture matters: using a cultural contexts of health approach to enhance policy-making](#)
56. [Communicating the UK Chief Medical Officers' low risk drinking guidelines](#)
57. [Conflicts and controversies in contemporary tobacco control](#)
80. [Workplace wellbeing charter: analysis of take-up and impact](#)

Appendix 1

MAKING EVERY CONTACT COUNT

Making Every Contact Count (MECC) is an approach to behaviour change that uses the millions of day-to-day interactions that organisations and individuals have with other people to support them in making positive changes to their physical and mental health and wellbeing.

MECC supports the opportunistic delivery of consistent and concise healthy lifestyle information and enables individuals to engage in conversations about their health at scale across organisations and populations:

- for organisations, MECC means providing their staff with the leadership, environment, training and information that they need to deliver the MECC approach
- for staff, MECC means having the competence and confidence to deliver healthy lifestyle messages, to help encourage people to change their behaviour and to direct them to local services that can support them
- for individuals, MECC means seeking support and taking action to improve their own lifestyle by eating well, maintaining a healthy weight, drinking alcohol sensibly, exercising regularly, not smoking and looking after their wellbeing and mental health

It is recognised that local authorities may also adopt a broader definition for the MECC approach, which is referred to as MECC plus. This may include conversations to help people think about wider determinants such as debt management, housing and welfare rights advice and directing them to services that can provide support.

Local organisations have a role to play in improving the health and wellbeing of our population and developing the workforce to be able to do this. The conditions that are the major causes of premature death in the UK, commonly known as the 'five big killers', are cancer, heart disease, stroke, respiratory disease and liver disease.

Many of the long-term diseases highlighted above are closely linked to behavioural factors.

Making changes such as stopping smoking, improving diet, increasing physical activity, losing weight and reducing alcohol consumption can help people significantly reduce their risk of disease. Supporting people to make these behaviour changes can help reduce premature deaths and disability, helping achieve long-term health, social care and public sector savings

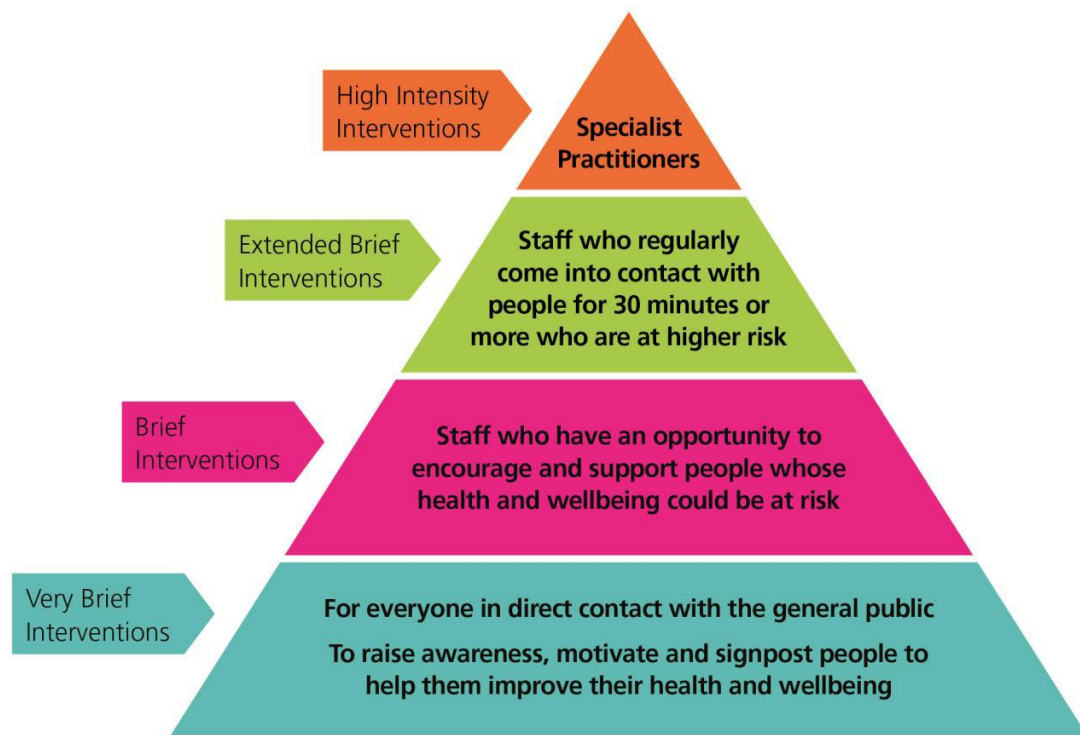
The higher the number of unhealthy behaviours an individual engages in, the greater their risk of poor health. Someone in mid-life who smokes, drinks in excess of recommended limits, is physically inactive or has an unhealthy diet is four times more likely to die within the next 10 years than someone who does none of these

MECC includes at its core a focus on mental health and wellbeing. Our mental wellbeing underpins our capability to make and sustain health behaviour change, for example through our levels of motivation, self-efficacy, resilience and exposure to stress.

MECC and MECC plus approaches can help to tackle health inequalities by supporting individual behaviour change across a range of behaviours, and addressing wider determinants of health at the individual level.

Organisations delivering MECC need to ensure that their policies, strategies, resources and training all support behaviour change. This includes supporting staff to make positive changes to their own behaviour via opportunities in the working environment such as active

travel policies and access to healthy food choices, access to individual support (such as help to stop smoking), provision of behaviour change training and supervision, and the inclusion of MECC in appraisal processes or job descriptions for relevant posts.



Behaviour change interventions mapped to NICE Behaviour Change: Individual approaches/PH49

Locally the implementation of MECC has been inconsistent. Individual organisations have achieved good work and many staff have been trained in the MECC skills and competencies over the last five years. However, application of skills, an agreed organisational framework and action plan and robust evaluation have not been systematically implemented across organisations in a sustainable way. Consequently, individual, local enthusiasm can be smothered by other high organisational priorities.

The key drivers for MECC are all in place. A National Framework and Implementation Guide is agreed and validated as are national, free, accessible MECC online training programmes and a Training Quality Marker checklist. To support local evaluation efforts the MECC Evaluation framework, provides a guide and a menu of potential indicators and a toolkit for measuring the population health impact of healthcare professional interventions.

The NHS Standard Contract includes MECC and the NHS Staff Health and Wellbeing CQUIN and Preventing Ill Health CQUIN both incentivise the systematic implementation of the MECC programme.

Many Local Authority contracts now also include the MECC expectations of the NHS Standard Contract and there are many opportunities to spread this more widely across the Voluntary Sector.

All the building blocks are in place to start to really make a difference.

Appendix 2

THE NOTTINGHAMSHIRE COUNTY AND NOTTINGHAM CITY DECLARATION ON TOBACCO CONTROL

Background

Tobacco is a priority within the Nottinghamshire Health and Wellbeing Strategy and the Health and Wellbeing Board has agreed seven priority actions, which include the Nottinghamshire County and Nottingham City Declaration on Tobacco Control.

The Declaration is endorsed and signed up to by members of both the City and County Health and Wellbeing Boards, as well as other partners across the area. It declares a commitment to reducing smoking in communities and developing individualised action plans to address the causes and impacts of tobacco use. The ultimate aim of the Declaration is to support joint action at a local level to address the single greatest cause of premature death, disease and health inequalities in the UK.

Each year in Nottinghamshire 2,500 children start smoking - those who start smoking before age 18 are more likely to be lifelong smokers - there are 29 smoking related fires, there are 76 tonnes of smoking related waste, 16% of pregnant women smoke (24% in Mansfield and Ashfield) and the costs to society are £203.5m. Illegal tobacco also impacts locally by supporting serious and organised crime, allowing cheap tobacco to be affordable, especially to children and young people.

A reduction in smoking prevalence year on year across the county would have significant benefits to the local community by:

- Improving people's health and their quality of life, particularly in deprived wards
- Increasing household incomes when smokers quit
- Improving the life chances of young children by reducing their exposure to second hand smoke and reducing their chances of taking up smoking
- Reducing the costs of dealing with smoking related fires
- Reducing the costs of tobacco related litter
- Reducing serious and organised crime linked to the sale of illegal tobacco

Progress to date

There are currently 29 local organisations that are signatories to the Declaration in the county. The signing of the Declaration and agreement to put in place an action plan is also a pre-requisite to membership of the Nottinghamshire Wellbeing@Work Scheme. Organisations already signed up to the scheme are being encouraged to sign the Declaration.

Examples of successful actions to date include:

- The incorporation by Nottinghamshire County Council of the Declaration into the selection criteria for all relevant tenders issued through procurement.
- Partnership working between Sherwood Forest Hospitals NHS Foundation Trust and Ashfield District Council in utilising police community support officers to enforce the smoke free policy at King's Mill Hospital.
- A range of popular family summer events organised by local councils, children's centres and Nottinghamshire Fire & Rescue Service have become smoke free, led by

the Smoke Free Nottinghamshire Steering Group. Additional events such as the Robin Hood Festival and the Arnold Carnival in Gedling will also be made smoke free this year.

- Dedicated locally commissioned work to prevent smoking uptake and promote cessation, including the ASSIST Programme in secondary schools and the integrated tobacco control service, *Smokefreelife Nottinghamshire*.
- Training by Nottinghamshire Police for its public-facing staff to recognise and report illegal tobacco, as well as work alongside Trading Standards to tackle sale and distribution. Nottinghamshire Police has also implemented smoke free outdoor areas at its headquarters and other stations and provides information to all staff on stop smoking services.
- The introduction of voluntary codes for smoke free children's play areas by the majority of borough/district councils in the county, as well as increased visibility of smoke free signage.
- Reviews of organisations' smoke free policies that have led to substantive changes – for example, Nottinghamshire County Council has introduced restrictions on staff and contractors smoking during working hours, with support provided for those wishing to quit.
- The incorporation by Nottinghamshire Fire & Rescue Service of smoking-related issues into its 'Safe & Well' visits.
- Nottinghamshire Healthcare NHS Foundation Trust has implemented a smoke free policy on all of its sites and trained over 3,000 staff on making every contact count, including in relation to smoking.
- Promotion by organisations to both staff and customers of national campaigns such as No Smoking Day and the Stoptober campaign.

Next steps

Significant partnership buy-in and meaningful progress has been made since the Declaration was launched in October 2014. Ongoing support will continue for organisations in developing and delivering their action plans and close working with the Nottinghamshire Wellbeing@Work Scheme should help to secure sign-up with new private and voluntary sector organisations.

For implementation to be robust there needs to be further work undertaken on the monitoring of action plans with existing and future organisations. This will most likely take the form of a regular self-assessment exercise to inform future reporting. In addition, as part of their action plans, organisations will be asked to use their influence to encourage further sign up by their local partners.

Appendix 3

WELLBEING @ WORK – WORKPLACE HEALTH SCHEME

The Nottinghamshire Health and Wellbeing Strategy has identified Workplace Health as a priority initiative that will encompass a range of lifestyle related benefits across our local workplaces, with the aim of improving health and well-being and promoting active engagement. This was supported by The Health and Wellbeing Board.

Strategic context

The World Health Organisation considers workplace health as one of the priority settings for health promotion into the 21st century because it influences physical, mental, economic and social well-being and offers an ideal setting and infrastructure to support the promotion of health of a large audience. The Luxemburg Declaration states that the health and well-being of employees at work can be achieved through a combination of:

- improving the organisation and the working environment
- promoting active participation
- encouraging personal development

Nationally, the 'Change 4 Life' campaign aims to encourage people to adopt healthier lifestyles to improve their general health and the well-being of themselves, their families and peers.

The Marmot Review has an objective to create fair employment and good work for all, as being in good employment is protective of health and conversely unemployment contributes to poor health. The review also stated that insecure and poor quality employment is associated with increased risks of poor physical and mental health.

Why focus on the workplace?

In general terms people spend a large part of their lives at work, which makes who you work for, the environment in which you work and who you work with vitally important. Being out of work is associated with poorer physical and mental health and well-being and for all age groups working can be deemed to be better for health and well-being than not working.

There are large costs associated with ill-health as a result of the workplace, associated with loss of productivity and the general health and well-being of employees.

The benefits of promoting health in the workplace are:

- The workplace can demonstrate exemplary practice by leading on the area of promoting positive health and well-being of its employees
- fewer absences/presenteeism (attending work when not fit or able to work productively)
- greater effectiveness
- increased productivity
- reduced turnover of staff
- reduced recruitment costs
- happier, more motivated workforce who feel valued.

About the scheme

This scheme acts as an umbrella for a range of public health and wider health determinant related priorities to be implemented across our adult working age population and their wider families and peers.

It encompasses a very effective 'community development' model, whereby people in the workplace are trained to promote health and wellbeing in the workplace. The adult working age population in workplaces signed up to this scheme will have significantly improved health and well-being outcomes as a result of the adoption of healthier lifestyle options in a supportive working environment.

The scheme also brings together a large network of interested businesses and provides robust information on the importance of health and well-being, promoting local business as exemplary employers and improving their public image.

In the future, it is intended that promotion of the scheme will be led at district and borough level to ensure a sustainable approach to a wider roll-out of the scheme.

The Award Scheme comprises 5 attainment levels across 5 themed areas with a tiered approach as shown in Table 1 below.

Table 1 Wellbeing@Work Award Scheme

Award Level	Intervention Tiers
Bronze	Health Promotion and Information
Silver	Health Development
Gold	Enabling and increasing access to local wellbeing services
Platinum	Policy changes and culture changes
Maintenance	Demonstrate continuous commitment to improvement and development of health and wellbeing in the workplace

The 5 key themes are:

1. **Substance Use/Misuse:** tobacco use, alcohol and drugs/substances.
2. **Emotional Mental Wellbeing:** stress, anxiety, depression, spiritual and emotional wellbeing.
3. **Healthy Weight:** healthy eating, physical activity, sport and weight management.
4. **Protecting Health:** cancer, sexual health, health checks, domestic abuse and immunisations.
5. **Safety at work:** Health and Safety in the workplace.

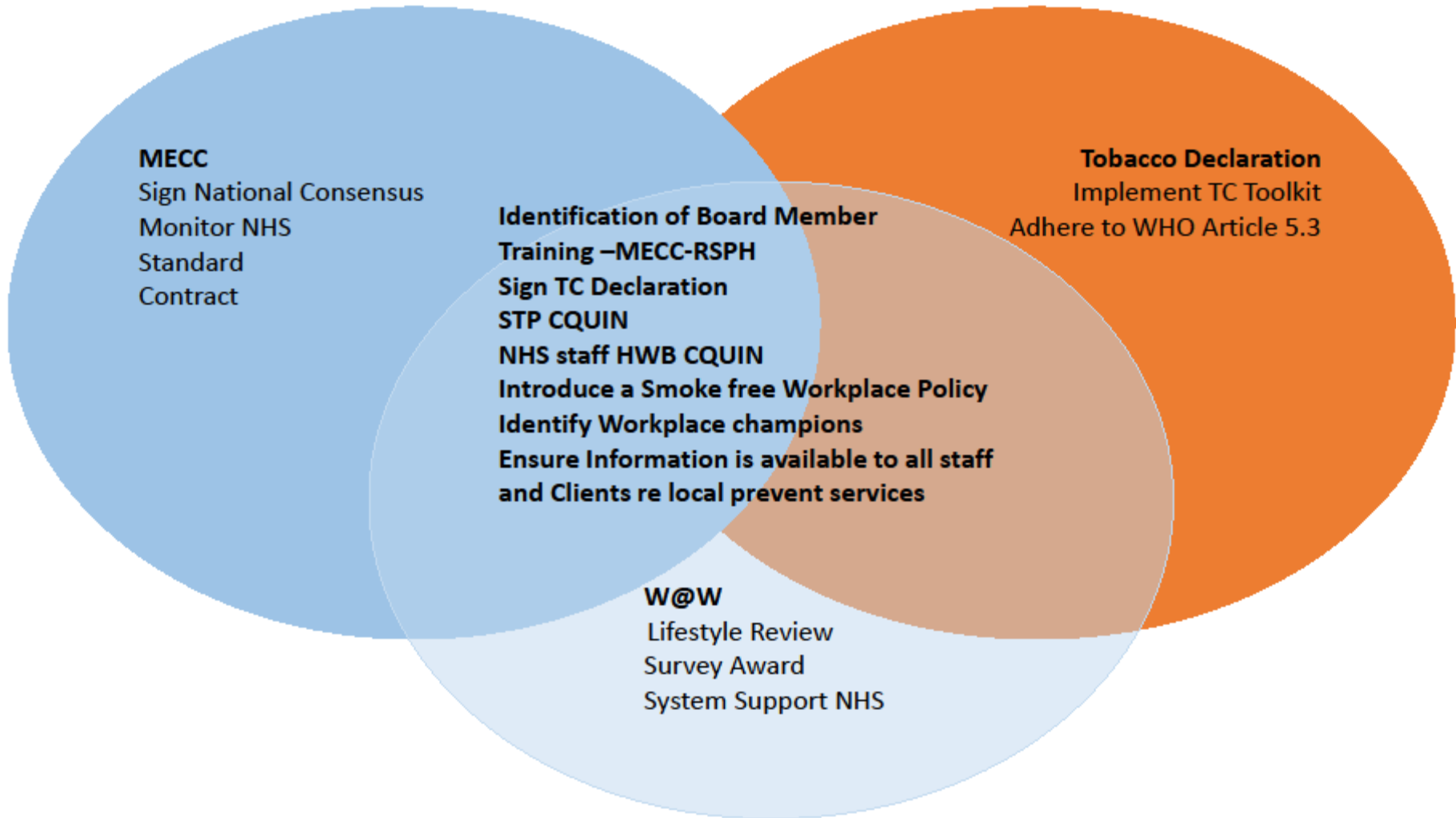
Next Steps

Several more Nottinghamshire workplaces are currently considering the option of joining the scheme. The main focus for the coming year will be a review and update of the current toolkit and model for effective delivery and to take forward a district council led approach.

The Notts Help Yourself website will be the portal for the workplace health scheme. Resources and documentation about the scheme will be easily accessible and a place where interest can be registered. An electronic version of the documentation is being developed.

The website will be a central point for organisations to access supporting information including a calendar of Local and National campaigns eg Stoptober will be promoted and signposting to local life style services eg smoking cessation and weight management will be included.

The portal will advertise local and national training including MECC training and will provide news and updates of local events and activities. The scheme is an investment to developing good practice within Nottinghamshire's workforce.





26 April 2017

Agenda Item: 5

**REPORT OF THE INTERIM DIRECTOR FOR PUBLIC HEALTH AND THE
CHIEF EXECUTIVE OF THE NOTTINGHAMSHIRE OFFICE OF THE POLICE
AND CRIME COMMISSIONER**

**RELATIONSHIP BETWEEN THE SAFER NOTTINGHAMSHIRE BOARD AND
THE HEALTH AND WELLBEING BOARD**

Purpose of the Report

1. To forge stronger linkages between the Safer Nottinghamshire Board and the Health and Wellbeing Board around shared agendas.

Background

2. The Safer Nottinghamshire Board (SNB) is a countywide strategic group that is required under the Crime and Disorder Regulations 2007 to ensure the delivery of shared community safety priorities and a community safety agreement.
3. The SNB is chaired by the Nottinghamshire County Council Chief Executive, Anthony May. Membership includes the Nottinghamshire Police and Crime Commissioner, the Chief Constable of Nottinghamshire Police, the Interim Director of Public Health, the Head of the Nottinghamshire Probation Service, the Chief Officer of each of the District / Borough Councils and the Nottinghamshire Fire and Rescue Service. Also Service Directors representing the Nottinghamshire County Council Children, Families and Cultural Service and Adult Social Care, Health and Public Protection.
4. Seven priorities have been identified by the SNB. These priorities represent areas of concern where the Board considers additional focus is needed in relation to developing knowledge, understanding and service provision. There are also a further six key issues where strategic planning and front line actions have been developed to ensure that the community safety dimension is being addressed in a holistic way. The strategic priorities and key issues are detailed below:

Strategic Priorities:

- Vulnerable People (including working with cases with a mental health dimension)
- Modern Slavery
- Domestic Abuse

- New and Emerging Communities
- Hate Crime
- Youth Crime Reduction
- Crime in Rural Areas

Key Issues:

- Sexual Abuse
- Violence (place based)
- Serious and Organised Crime
- Substance Misuse
- Reducing Re-offending and Offender Management
- Antisocial Behaviour

5. The SNB oversees the work of the Community Safety Partnerships across the county.
6. Community Safety Partnerships (CSPs) are a statutory partnership of organisations who work together to create strategies and practical interventions to reduce crime and disorder in their local area. There are four CSPs covering the county area:
 - Ashfield Community Partnership
 - Mansfield Community Partnership
 - Bassetlaw, Newark and Sherwood Community Safety Partnership
 - South Nottinghamshire Community Safety Partnership
7. Since April 2013 Clinical Commissioning Groups (CCGs) are required to be members of the CSPs. CCGs have a duty to:
 - Participate in a strategic assessment of crime and disorder
 - Contribute to the development of local strategies that effectively deal with the issues which are identified

Identification of need for closer working with the Health and Wellbeing Board

8. In January 2016, the SNB agreed to undertake a review of its role and all aspects of its functionality in order to ensure its operating arrangements were fit for purpose and the potential for realising desired community safety outcomes in Nottinghamshire were maximised.
9. The findings of this review were presented to the SNB in August 2016. Subsequently the following vision was approved for the Board:

“Working together to enable and support communities that are safe, healthy, confident and thriving”
10. In order to undertake the role of strategic lead, offering strategic direction for community safety, the Board recognised that it must be integrated into, and a key player in “the

Nottinghamshire Public Realm". To achieve this there was agreement to strengthen linkages with the following public body entities:

- Health and Wellbeing Board (including Clinical Commissioning Groups)
- Adults' Safeguarding Board
- Children's Safeguarding Board
- Nottingham Crime and Drugs Partnership
- Economic Prosperity Committee

11. It was identified that stronger linkages were required particularly around the following components:

- Improved collaboration over agendas
- Specific responsibility for SNB members to report into and from the Board
- Improved integrated working on common/complementary issues

12. The Board has adopted four key approaches to its work. These being (1) prevention, (2) early intervention, (3) community engagement and confidence, and (4) place focus.

Opportunities for stronger linkages to be developed

13. Following the review of SNB three key strands (projects) of work were identified, all of which provide an opportunity for closer working with the Health and Wellbeing Board. These are the:

- Review of the analytical products and support arrangements for the SNB
- Development of a Nottinghamshire Community Safety Strategy
- Integrated Working Project

14. As part of the review of analytical products and support arrangements for the SNB a planning and performance framework is being developed to inform partnership activity. This will be underpinned by a revised range of analytical products. This will include a community safety needs assessment for Nottinghamshire which will be aligned to other countywide needs assessments, including the Joint Strategic Needs Assessment that informs the priorities of the Health and Wellbeing Board. This will enable more transparency around the identification of shared agendas.

15. A Community Safety Strategy for Nottinghamshire is to be developed in 2017/18. This will enable the prioritisation and targeting of activity. As this is planned to be developed to a timescale that reflects the development of the new strategy for the Health and Wellbeing Board there is significant opportunity for these documents to reference each other on the identified shared agendas.

16. The SNB has initiated the Integrated Working Project to identify ways in which further, and better forms of integrated working can contribute towards the achievement of its primary vision, as outlined above (paragraph 9). The specific purpose of this project is to improve collaboration between partners to enable more effective support to be provided to adults and families with complex needs, but who do not meet the threshold for statutory services. A key driver will be ensuring that any new ways of working help people to help themselves.

17. There are a range of complex needs experienced by the target cohort which result from a number of contributory social and economic factors. These subsequently impact on both community safety and health outcomes.
18. By identifying a more collaborative, cohesive approach across partner services designed around the needs of this cohort, it is expected that these adults and families should make positive changes in their lives by accessing the support they need much sooner. This should prevent issues escalating thereby reducing the need for more costly interventions.
19. There is a particular strand of work within this project looking at pathways into mental health services as this is an area of considerable concern to community safety partners. Currently specific support arrangements are being funded by the Nottinghamshire Police and Crime Commissioner and the Borough Councils in Rushcliffe, Broxtowe and Gedling to provide some response to the perceived gap in provision to the target cohort for the Integrated Working Project. This is an interim arrangement that is being put in place to gather evidence to inform discussions with mental health service providers going forward.

Other Options Considered

20. This report takes account of the clear intent of recent government legislation and policies promoting better public services through integration. Local and national evidence based good practice has also been considered.

Reason/s for Recommendation/s

21. To ensure appropriate collaboration on shared agendas between the Health and Wellbeing Board and the Safer Nottinghamshire Board to maximise outcomes for local people.

Statutory and Policy Implications

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

Crime and Disorder Implications

23. The stronger linkages between the two Boards is intended to improve community safety outcomes.

Financial Implications

24. Stronger linkages in itself has no financial implications, although any better ways of collaborative working identified could return efficiencies.

RECOMMENDATION/S

It is recommended that the Health and Wellbeing Board:

- 1) Note the content of this report.
- 2) Supports the move to establish stronger linkages with the SNB on shared agendas.
- 3) Supports collaborative working on the key pieces of work identified at paragraph 12, these being:
 - Review of the analytical products and support arrangements for the SNB
 - Development of a Nottinghamshire Community Safety Strategy
 - Integrated Working Project

Barbara Brady
Interim Director for Public Health, and

Kevin Dennis
Chief Executive of the Nottinghamshire Office of the Police and Crime Commissioner

For any enquiries about this report please contact:

Vicky Cropley
Community Safety Team Manager and SNB Coordinator
(0115) 9772040
Vicky.cropley@nottscc.gov.uk

Constitutional Comments (LMc 11/04/2017)

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

Financial Comments (KAS 03/04/2017)

The financial implications are contained within paragraph 24 of the report.

Background Papers and Published Documents

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

None

Electoral Division(s) and Member(s) Affected

All

See also Chair's Report:

11. [Police and Crime Plan Priorities and Consultation](#)
12. [Update to Police and Crime Delivery Plan 2016-18](#)
19. [Community Safety Update](#)
20. [Update on the work of the Community and Voluntary Sector Team](#)



26 April 2017

Agenda Item: 6(a)

**REPORT OF THREE SOUTH NOTTINGHAMSHIRE CLINICAL
COMMISSIONING GROUPS – RUSHCLIFFE, NOTTINGHAM WEST AND
NOTTINGHAM NORTH AND EAST**

CLINICAL COMMISSIONING GROUPS' ANNUAL REPORTS 2016/17

Purpose of the Report

1. This report provides an update on the production and timetable of the CCGs' annual reports for 2016/17 and specifically addresses the statutory requirement to include a review of the CCGs' contribution to the joint health and wellbeing strategy and in particular to consult with each Health and Wellbeing Board in preparing them.

Information and Advice

Background

1. Clinical Commissioning Groups are statutory bodies established by NHS England under the National Health Service Act 2006 (as amended) on 1 April 2013.

The Department of Health (DH) and bodies within the DH accounting boundary have a statutory requirement to produce an annual report and accounts (ARA) following the end of the financial year.

2. The format and some of the content are prescribed including a requirement to review the extent to which the CCG has contributed to the delivery of any joint health and wellbeing strategy to which it was required to have regard under section 116B(1)(b) of the Local Government and Public Involvement in Health Act 2007.
3. It is a statutory requirement to include this review in the annual report and to consult with each relevant Health and Wellbeing Board in preparing it.
4. The draft text for consideration is attached as Appendix 1.
5. The submission timetable is that CCGs will submit unaudited annual reports to appointed auditors **by noon on 21 April 2017**.

6. A full audited and signed annual report, as approved in accordance with the CCG scheme of delegation and signed and dated by the Accountable Officer and appointed auditors, as one composite document **by noon on 31 May 2017**.

Reason/s for Recommendation/s

7. The report is for the Board to note the content of the draft section on the Health and Wellbeing Strategy for the south Nottinghamshire CCGs' annual reports. There is an opportunity for the Board to provide any further detail for amendment, prior to the second submission date.

Statutory and Policy Implications

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

RECOMMENDATION/S

- 1) The Health and Wellbeing Board is asked to note the content of the report.

Dr Jeremy Griffiths
Deputy Chair Health and Wellbeing Board
GP Clinical Lead NHS Rushcliffe CCG

For any enquiries about this report please contact:

Lynne Sharp
Head of Governance and Engagement
0115 8837866 lynne.sharp@rushcliffeccg.nhs.uk

Constitutional Comments

9. None – for noting only

Financial Comments

10. None – for noting only

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 in South Nottinghamshire

Excerpt from NHS Rushcliffe, NHS Nottingham West and NHS Nottingham North and East CCGs' Draft Annual Reports 2016/17.

Health and Wellbeing Strategy

The Health and Wellbeing Strategy is a plan to improve health and wellbeing in Nottinghamshire. It is written by the Nottinghamshire Health and Wellbeing Board. This plan is based on the Joint Strategic Needs Assessment (JSNA), which identifies current and future needs for adults and children.

Rushcliffe CCG is an active member of the Health and Wellbeing Board and since January 2016 the vice-chair has been a Rushcliffe GP. As a member of the CCG's Governing Body with a specific role to link with the Health and Wellbeing Board this provides visible leadership in the CCG's contribution to the delivery of the of the joint Health and Wellbeing Strategy and the JSNA.

The Health and Wellbeing Board identified four key ambitions for the people of Nottinghamshire in its strategy for 2014-17:

- To give everyone a good start
- To encourage living well
- To enable coping well
- To encourage and allow working together.

In order to achieve these ambitions, 20 priority areas were identified.

In 2015 the Health and Wellbeing Board took part in a Local Government Association peer review programme which scrutinised all aspects of the Board, including the Health and Wellbeing Strategy. The peer challenge panel suggested that the Health and Wellbeing Board concentrate its efforts on health and wellbeing priorities to which the partnership could add value.

In considering this the Board agreed that the Strategy should remain in place, monitored by the Health and Wellbeing Implementation Group and the Board would focus on a number of annual strategic actions:

1. Improve uptake of breastfeeding
2. Improve children and young people's mental health and wellbeing across Nottinghamshire.
 - i. Partnership agreement to tackle child sexual exploitation
 - ii. Implement the Nottinghamshire Children's Mental Health & Wellbeing Transformation Plan
3. Reduce the number of people that smoke in Nottinghamshire.
4. Develop healthier environments to live and work in Nottinghamshire.
5. Ensure crisis support (including housing) is available for people with mental health problems living in the community.
6. Ensure vulnerable people living in the community can access the housing support they need.

Regular updates have been provided throughout the year by the Health and Wellbeing Implementation Group on progress against these strategic actions.

A refresh of the Strategy will take place later in 2017 and will offer an opportunity to focus the efforts of the Board on priorities requiring a partnership approach to which the Board can add value. These priorities will overlap with those priorities within the Sustainability and Transformation Plans to ensure consistency, coherence and commitment across the partners.

Given the Board's aspiration to address health inequalities in Nottinghamshire the priorities can also be identified based on the recommendations in the Marmot report to specifically impact on health inequalities which were:

- To give every child the best start
- To enable children, young people and adults to maximise their capabilities and have control over their lives
- To create fair employment and good work for all
- To ensure a healthy standard of living for all
- To create and develop healthy and sustainable places and communities
- To strengthen the role and impact of ill-health prevention

The CCG consulted the Health and Wellbeing Board in the preparation of this report which was considered at its 26 April 2017 meeting. This will be evidenced in the minutes of that meeting following publication of this annual report.



26 April 2017

Agenda Item: 6(b)

**REPORT OF MID NOTTINGHAMSHIRE CLINICAL COMMISSIONING
GROUPS – MANSFIELD AND ASHFIELD CCG, AND NEWARK AND
SHERWOOD CCG**

CLINICAL COMMISSIONING GROUPS' ANNUAL REPORTS 2016/17

Purpose of the Report

1. This report provides an update on the production and timetable of the CCGs' annual reports for 2016/17 and specifically addresses the statutory requirement to include a review of the CCGs' contribution to the joint health and wellbeing strategy and in particular to consult with each Health and Wellbeing Board in preparing them.

Information and Advice

Background

1. Clinical Commissioning Groups are statutory bodies established by NHS England under the National Health Service Act 2006 (as amended) on 1 April 2013.

The Department of Health (DH) and bodies within the DH accounting boundary have a statutory requirement to produce an annual report and accounts (ARA) following the end of the financial year.

2. The format and some of the content are prescribed including a requirement to review the extent to which the CCG has contributed to the delivery of any joint health and wellbeing strategy to which it was required to have regard under section 116B(1)(b) of the Local Government and Public Involvement in Health Act 2007.
3. It is a statutory requirement to include this review in the annual report and to consult with each relevant Health and Wellbeing Board in preparing it.
4. The draft text for consideration is attached as Appendix 1.
5. The submission timetable is that CCGs will submit unaudited annual reports to appointed auditors **by noon on 21 April 2017**.

6. A full audited and signed annual report, as approved in accordance with the CCG scheme of delegation and signed and dated by the Accountable Officer and appointed auditors, as one composite document **by noon on 31 May 2017**.

Reason/s for Recommendation/s

7. The report is for the Board to note the content of the draft section on the Health and Wellbeing Strategy for the mid Nottinghamshire CCGs' annual reports. There is an opportunity for the Board to provide any further detail for amendment, prior to the second submission date.

Statutory and Policy Implications

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

RECOMMENDATION/S

- 1) The Health and Wellbeing Board is asked to note the content of the report.

Dr Thilan Bartholomeuz & Dr Gavin Lunn

GP Clinical Leads for NHS Newark and Sherwood CCG, and NHS Mansfield and Ashfield CCG

For any enquiries about this report please contact:

Ruth Lloyd
Head of Corporate Governance
01623 673143 ruth.lloyd6@nhs.net

Constitutional Comments

9. None – for noting only

Financial Comments

10. None – for noting only

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 in mid Nottinghamshire

[Page 36 of 54](#)

Excerpt from NHS Mansfield and Ashfield & NHS Newark and Sherwood CCGs' Draft Annual Reports 2016/17.

Health and wellbeing strategy

The Health & Wellbeing Strategy includes a vision for the Health and Wellbeing Board and the key ambitions to achieve its vision:

A Good Start, Living Well, Coping Well, and Working Together.

The monitoring of the 7 strategic actions are based on a combination of process measures using action/delivery plans and measurable targets/outcomes, (based on measures from the Public Health Outcome framework).

Strategic action 1: Breastfeeding Friendly places initiative.

Strategic action 2: Develop a Partnership agreement to tackle child sexual exploitation in Nottinghamshire in conjunction with the Nottinghamshire Safeguarding Children's Board.

Strategic action 3: Implement the Nottinghamshire Children's Mental Health and Wellbeing Transformation Plan to develop a greater prevention and early intervention approach.

Strategic action 4: Nottinghamshire County and Nottingham City on the Tobacco Control Declaration.

Strategic action 5: Facilitate a joint approach across the Health and Wellbeing partners to planning to maximise benefits leading to the use of Health Impact Assessments.

Strategic action 6: Facilitate a joint approach to crisis support including work around The crisis care concordat to maximise resources to support individuals in the community.

Strategic action 7: Extend integrated working to include Housing so that support for vulnerable people is assessed collectively and delivered by the appropriate agency.

The Joint Strategic Needs Assessment (JSNA)

The Joint Strategic Needs Assessment (JSNA) is the bedrock of information and intelligence

from a number of sources that cover health and wellbeing of the Nottinghamshire population in its broadest terms.

26 April 2017

Agenda Item: 7

REPORT OF THE CHAIR OF THE HEALTH AND WELLBEING BOARD

CHAIR'S REPORT

Purpose of the Report

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

Information and Advice

Better Care Fund

2. NHS Planning Guidance has been published – <https://www.england.nhs.uk/ourwork/futurenhs/deliver-forward-view> The guidance provides local NHS organisations with an update on the national priorities for 2017/18 and 2018/19, as well as updating on longer term financial challenges for local systems. The Better Care Fund is mentioned in paragraph 69, which states:

‘CCGs and Upper Tier Councils will need to agree a joint plan to deliver the requirements of the Better Care Fund (BCF) from 2017/18 via the Health and Wellbeing Board. The plan should build on the 2016/17 BCF plan, taking account of what has worked well in meeting the objectives of the fund, and what has not. CCGs will be advised of the minimum amount that they are required to pool as part of the notification of their wider allocation. BCF funding should explicitly support reductions in unplanned admissions and hospital delayed transfers of care. Further guidance on the BCF will be provided later in the autumn.’

3. For the first time, the guidance covers two financial years, to provide greater stability and support transformation, and has been released three months earlier than normal to enable earlier agreement locally.
4. The Department of Health and Department for Communities and Local Government have published the Better Care Fund [policy framework for 2017-2019](#). Changes highlighted in the Policy Framework include:
 - Greater focus on integration
 - A two year planning cycle
 - Opportunity to graduate from BCF requirements
 - New grant to Local Authorities for social care – Improved BCF

- Reduction in the number of national conditions: jointly agreed plan, social care maintenance, NHS commissioned out of hospital services, and managing transfers of care

The national performance metrics will remain as reported in 2016/17 with no requirement to report on local metrics (though locally we will maintain a focus on our local metrics of citizen experience and care home admissions directly from hospital)

5. The detailed planning requirements document and allocations that underpin the framework will be published in due course and the Nottinghamshire BCF plan will be brought to a future meeting for approval.

6. **SEND Reviews and SEND Strategic Action Plan**

During 2015-2016, three significant reviews of SEND services in Nottinghamshire took place resulting in a number of recommendations for the development of services in the local area. These reviews were:

- The Care Quality Commission and Ofsted Joint local area SEND inspection (June 2016).
- The Nottinghamshire Review of Arrangements for Special Educational Needs and Disability (November 2016).
- The Improving Outcomes for Children and Young People with Disabilities Programme (September 2016).

The reviews identified a number of common areas for development, and the County Council's Children's and Young People Committee agreed to develop a multi-agency SEND Strategic Action Plan, to be monitored by a SEND Accountability Board representative of the partnership in Nottinghamshire.

The **SEND Accountability Board** held its first meeting on 31 January 2017. The Board will lead and co-ordinate the continuous improvement of Nottinghamshire's implementation of the Children's and Families Act 2014, and the SEND Code of Practice.

I look forward to more information when the **SEND Strategic Action Plan** is presented to the Board for approval in June 2017.

For more information contact Chris Jones e: christopher.1.jones@nottscc.gov.uk or t: 0115 9932714

7. **ASSIST Project received Excellent in Independent Quality Assurance Inspection.**

ASSIST is a smoking prevention peer support programme delivered to Year 8 pupils. It involves training influential peers to have informal interactions outside of the classroom around the dangers of smoking and the benefits of being smoke free, to encourage their peers not to take up smoking. The peer supporters are carefully selected as being the most influential students by the rest of their year group. ASSIST is the only evidence-based smoking prevention programme with a positive impact, demonstrated through a randomised control trial across England and Wales. In Nottinghamshire the project is funded by Public Health Tobacco Control Services and provided by Nottinghamshire County Council's Youth Service.

The ASSIST programme is delivered by a team of coaches who have undergone specific training to deliver the evidence based programme to young people. The selected students are taken out of school for two days where they learn all about being smoke free and how to be effective peer mentors to other students.

It's been a very successful start for the ASSIST project in Nottinghamshire since its launch in January 2015. To ensure maximum impact, delivery of the programme is prioritised to target secondary schools based on smoking prevalence in the area.

The Assist programme has recently undergone its year 1 Annual Inspection by Decipher Impact, the company who own the ASSIST programme. This is a one day observation of a day's training with students in year 8. The training involves learning about the benefits of being smokefree, and how to be a good peer mentor.

The observation visit overall received a score of **Excellence**.

The observer summarises the visit with the following *'I witnessed some of the best behaviour management tactics and strategies that I have seen during my observations and this resulted in students feeling valued and retaining an extremely high level of information. Your trainers should be proud of how they interpret and facilitate the ASSIST sessions'*.

For more information contact Sarah Marlow, ASSIST Co-ordinator
e:sarah.marlow@nottscc.gov.uk t: 07342 066254

PROGRESS FROM PREVIOUS MEETINGS

8. Integrating housing and health

The inclusion of a specific theme around Housing and Environment within the Sustainable Transformation Plan (STP) has received national recognition as good practice. There is currently a range of work being undertaken around this theme, which has a particular focus on working towards ensuring that homes across the STP footprint are warm and safe and working with housing organisations to support work to ensure that residents can be discharged from hospital in a safe and timely way. It is anticipated that the work under this theme will have a significant impact on contributing to managing demand for health and care services and improving outcomes for individuals and their families.

Funding has been gained from the NHS Pioneer Fund to recruit to the post of Health and Housing Programme Manager on a part time seconded basis for 1 year from 18th April, to be based within Public Health. Part of this role will assist in driving forward the priorities within the STP of the Housing and Environment theme. We would like to welcome John Sheil to this role and look forward to receiving a progress report at a future meeting.

9. Social prescribing – stakeholder network event

The latest Stakeholder Network event took place on Tuesday 21 March and focussed on social prescribing. It was our most popular event to date and was fully booked with more than 80 people from a wide range of organisations represented on the day.

There was a lot of discussion and enthusiasm to extend social prescribing in Nottinghamshire and I'm looking forward to a full report to be presented to the Health and Wellbeing Board in the next few months.

Thanks to Bev Taylor of NHS England, Catherine Burn of Bassetlaw CVS and Sheila Norton who gave an excellent presentation about the Feel Good Food Project in Ollerton. Presentations are available website.

For more information contact Susan March, Senior Public Health and Commissioning Manager e: susan.march@nottsc.gov.uk t: 0115 8040759

PAPERS TO OTHER LOCAL COMMITTEES

10. **[Update on Extra Care Services](#)**
Report to Adult Social Care and Health Committee
6 February 2017
11. **[Police and Crime Plan Priorities and Consultation](#)**
12. **[Update to Police and Crime Delivery Plan 2016-18](#)**
Reports to the Police and Crime Panel
6 February 2017
13. **[Childhood Immunisation and Vaccination in Nottingham and Nottinghamshire plus appendix](#)**
14. **[Nottingham University Hospitals NHS Service Review plus appendix](#)**
Reports to Joint Health Scrutiny Committee
7 February 2017
15. **[HealthWatch Nottinghamshire Funding 2017-18](#)**
Report to Policy Committee
8 February 2017
16. **[Personal Travel Planning](#)**
Reports to Transport and Highways Committee
9 February 2017
17. **[Performance reporting Quarter 3 2016-17 - services for children and young people](#)**
18. **[Children and Young People's Mental Health & Wellbeing Transformation Plan](#)**
Reports to Children and Young People's Committee
20 February 2017
19. **[Community Safety Update](#)**
20. **[Update on the work of the Community and Voluntary Sector Team](#)**
Reports to Community Safety Committee
21 February 2017
21. **[Annual Budget 2017/18](#)**
Report to Full Council
23 February 2017
22. **[Improving IT Links between GP Services and Hospitals](#)**

23. [Sherwood Forest Hospitals Performance Update - including Pharmacy Delay plus presentation](#)
Reports to Health Scrutiny Committee
27 March 2017
24. [Public Health Mandatory Functions plus appendix](#)
25. [Memorandum of Understanding between Public Health and CCGs in Notts plus appendix](#)
26. [Public Health Service Plan 2017-18](#)
27. [Public Health Contract Management 2016-17](#)
28. [Public Health Services Performance and Quality Report Q3](#)
Reports to Public Health Committee
30 March 2017

A good start

29. [2017 Child Health Profiles](#)
Public Health England
The profiles draw together information to present a picture of child health and wellbeing in each local area in a user-friendly format. They are a valuable tool for local government and health services in helping them to understand their community's needs, so that they can work to improve the health and wellbeing of children and young people and reduce health inequalities.
30. [Transition from children's to adults' services: Quality Standards](#)
NICE
The quality standard covers the period before, during and after a young person moves from children's to adults' services. It covers all settings in which transitions from children's to adults' health or social care services take place. It describes high-quality care in priority areas for improvement.
31. [Don't pollute my future! The impact of the environment on children's health](#)
World Health Organisation
This report estimates that 26 per cent of childhood deaths and 25 per cent of the total disease burden in children were attributed to environmental exposures in 2012. This indicates that the potential burden of disease could be prevented by the reduction of environmental risks such as air pollution, unsafe water, sanitation and inadequate hygiene or chemicals.
32. [Alcohol and Drug Education and Prevention Information Service \(ADEPIS\) programme](#)
Public Health England
This announcement is of new funding to expand the programme for schools and community prevention services. The programme focuses on building young people's life skills and resilience to help them deal with the pressures they can face relating to drugs and alcohol and aims to help develop positive lasting habits and behaviours.
33. [Timing of the decline in physical activity in childhood and adolescence: Gateshead Millennium Cohort Study](#)
British Journal of Sports Medicine

Adolescence is thought to be the time when children go off exercise, but this study suggests it happens much earlier, around the age of seven. Sitting is replacing physical activity from the time children start school, the research suggests.

34. [**Our Lives, our care: Looked after children's views on their well-being**](#)

University of Bristol School for Policy Studies

This report is part of the Bright Spots project which aims to improve the care experiences of young people by enabling local authorities to find out directly from young people about how they are doing in the areas that are important to them and what needs to change for the better.

35. [**Changes in the weight status of children between the first and final years of primary school**](#)

Public Health England

This report examines how weight status tracks in individual children during primary school using the National Child Measurement Programme (NCMP) data from 4 local authorities.

36. [**Children and young people's mental health: time to deliver. The report of the Commission on Children and Young People's Mental Health**](#)

Education Policy Institute

Education can have a transformational effect on the lives of young people. Through our research, we provide insights, commentary and critiques about education policy in England - shedding light on what is working and where further progress needs to be made.

37. [**The performance of the NHS in England in transforming children's mental health services**](#)

The Education Policy Institute

The report analyses data from NHS England's Mental Health Five Year Forward View Dashboard and examines progress made by the Government in improving children and young people's mental health services (CAMHS). It highlights that almost three quarters of CCGs failed to meet NHS England's benchmark for improving services although there has been a slight improvement since quarter 1.

38. [**Meeting us where we're at: learning from INTEGRATE's work with excluded young people**](#)

The Centre for Mental Health

This briefing examines how excluded and vulnerable young people often experience multiple risk factors for poor mental health, exacerbated by services that are experienced as 'hard-to-reach', which can lead to wide health inequalities. It evaluates three projects in London using the MAC-UK INTEGRATE approach, characterised by engaging young people through co-designing and co-delivering projects, and by securing referrals through peers.

39. [**No Good Options: Report of the Inquiry into Children's Social Care in England**](#)

All Party Parliamentary Group for Children (APPGC)

The All Party Parliamentary Group for Children (APPGC) has published the findings of their Inquiry into children's social care services in England. This report provides evidence about the current resourcing of children's social services and changes in the nature and level of demand. It identifies key areas in which improvement is essential if children's services are to reach all children and young people in need of support.

40. [Child sexual exploitation](#)

Department for Education

Guidance issued by the DfE to replace the 2009 Safeguarding children and young people from sexual exploitation.

Living well

41. [Evidence Brief special: England's Cycling Potential](#)

CEDAR

Data produced for a Department for Transport funded tool highlights just how much more cycling people in England could do, given the right policies and investments.

42. [Alcohol licensing: understanding and applying public health data](#)

UK Health Forum

This toolkit is not an exhaustive list of resources. There may be other tools or resources available at the regional or local levels that are not listed. It is important that local teams find the right tool that fits with the local area and work. It is aimed at public health teams but has been developed so that it can be used by licensing colleagues. The data and resources included within the tools can also be used by other teams, or for other areas of work and supplemented with locally collected data and local mapping information.

43. [Cheap as chips: is a healthy diet affordable?](#)

The King's Fund

This report compares the price of food in two ways: between healthy and less healthy substitutes, and healthy and less healthy products by edible weight. It finds that there is little difference between the price of regular food products and their healthier substitutes in most categories. It argues that in light of these findings, taxes or subsidies are unlikely to have a significant impact on dietary choices.

44. [Wider determinants of health](#)

The King's Fund

This tool brings together local indicators and resources about the wider determinants of health. It is designed to draw attention to the broad range of individual, social and environmental factors that influence our health. It will provide the public health system with intelligence regarding the wider determinants of health to help improve population health and reduce health inequalities. The tool presents data for available indicators at England and local authority levels, with links to further resources.

45. [Adult smoking habits in the UK: 2015](#)

Office for National Statistics

In 2015, 17.2% adults in UK smoked, down from 20.1% in 2010. Also 2.3 million people in Great Britain used e-cigarettes in 2015; for half of these, "vaping" is used as a means to quit smoking. From 2010 to 2015, smoking has become less common across all ages in UK.

46. [Maintaining our momentum: essays on four years of public health](#)

Local Government Association

This publication was commissioned by the LGA to capture the thoughts of those working hard to make the new system work. Included in this collection of essays is a contribution from Dave Buck, Senior Fellow at The King's Fund, on the development of the public health system in local government.

47. [Everybody Active, Every Day: Two years on an update on the national physical activity framework](#)
Public Health England
This document reviews the progress of the framework's four areas for action: active society: creating a social movement; moving professionals: activating networks of expertise; active environments: creating the right spaces and moving at scale: scaling up interventions that make us active.
48. [Guidance on smoking cessation in secondary care in acute settings: self-assessment tool](#)
Public Health England
This self-assessment framework aims to support NHS acute trusts to develop local plans to reduce smoking prevalence and the use of tobacco. It is based on NICE guidance and covers four key areas: the systems required to implement the guidance, communication required, staff training requirements, and treatments to support staff and service users.
49. [System change interventions for smoking cessation](#)
Cochrane Library
Limited data suggest that system change interventions for smoking cessation may not be effective in achieving increased cessation rates, but have been shown to improve processes e.g. record of smoking status, provision of counselling and referral to smoking cessation services.
50. [European Food and Nutrition Action Plan 2015 to 2020](#)
World Health Organisation Europe
The Action Plan is intended to significantly reduce the burden of preventable diet-related non communicable diseases, obesity and all other forms of malnutrition still prevalent in the WHO European Region. It calls for countries to act, using a whole-of-government, health-in-all-policies approach. Its priority actions will contribute to improving food-system governance and the overall quality of the European population's diet and nutritional status.
51. [Culture matters: using a cultural contexts of health approach to enhance policy-making](#)
WHO Europe
Incorporating cultural awareness into policy-making is critical to the development of adaptive, equitable and sustainable health care systems, and to making general improvements in many areas of population health and well-being.
52. [Community ownership and management of parks and green spaces](#)
COMA
This guide has been produced as part of the Community Ownership and Management of Assets (COMA) programme by Shared Assets – 'a think and do tank that makes land work for everyone'.
53. [Housing affordability in England and Wales: 1997 to 2016](#)
Office for National Statistics
Brings together data on house prices and annual earnings to calculate affordability ratios for national and subnational geographies in England and Wales, on an annual basis.

54. [The other end of the housing market: Housing for Older People](#)
Housing LIN
The findings show housing for older people is failing to provide the choice of tenures and care options and is confusing for buyers. However, it also notes a marked rise in the number of private developers moving into this market and fears over high service charges holding back decisions to move. It spells out some of the resultant challenges facing the sector and provides insight into and examples of what key factors can influence choice.
55. [Nature for Health and Equity](#)
Friends of the Earth Europe
The challenges that merit urgent attention – obesity, mental health problems, social exclusion, air and noise pollution, and heat stress in cities, particularly affect socio-economically disadvantaged and vulnerable groups and put pressure on already stretched health budgets. Lack of access to nature and natural areas contributes to health inequality, and improving it is key to tackling these challenges.
56. [Communicating the UK Chief Medical Officers' low risk drinking guidelines](#)
Department of Health
This guidance, produced in conjunction with the alcohol industry, aims to raise awareness and help people understand the risks that alcohol consumption may pose to their health. In response to the new CMO guidance, the alcohol industry is updating the health information on packaging and labels to reflect the latest evidence.
57. [Conflicts and controversies in contemporary tobacco control](#)
Tobacco Control; Volume 26 Issue e1
Free editorial outlines some of the hot topics covered in this special issue to highlight new work and new challenges. Among these hot topics: policies related to e-cigarettes, how the public appraises harm and safety, and the possible up and down sides of nicotine reduction or regulation of other ingredients in the product as a tobacco control strategy.

Coping well

58. [Providing physical activity interventions for people with musculoskeletal conditions](#)
Arthritis research UK
Produced in partnership with the Department of Health, Public Health England and NHS England it highlights the importance of providing physical activity interventions for people with musculoskeletal conditions. It details the resources that local authorities and commissioners can use to enable and support people with musculoskeletal conditions to be physically active.
59. [Evidence Brief 13: DASH diet in the UK and Ireland](#)
CEDAR
The Dietary Approaches to Stop Hypertension (DASH) eating plan has proven health benefits and is more environmentally sustainable than typical UK diets.
60. [Adult social care: a pre-budget report](#)
The King's Fund
This report calls on the Chancellor to bring forward £1.5bn funding from the improved Better Care Fund to make up for the shortfall in adult social care funding. The report also calls on the government to commit to closing the funding gap for the rest of parliament through to

2020 and highlights the urgent need for a cross-party review on the provision and funding of social care in the long-term.

61. [Planning guide for dementia care](#)

NHS England

A good plan is one of the dementia indicators in the CCG improvement and assessment framework. NHS England has published a dementia care planning guide with input from people living with dementia, their carers and health and social care professionals.

62. [myCOPD app](#)

Yorkshire and Humber Academic Sciences network

An app to help patients better manage chronic obstructive pulmonary disease (COPD) has been chosen as the winner of Bradford Bright Ideas. The app is an online tool aiming to empower patients through teaching better inhaler technique and developing their skills to help prevent their condition getting worse. It also aims to improve patient experience by reducing unplanned short stays and admissions to hospital.

63. [Responding to Domestic Abuse, a resource for health professionals](#)

Department of Health

To help all NHS staff and allied healthcare partners in their response to victims of domestic violence and abuse.

64. [Self-care: everybody's talking about it](#)

Regional Voices

This paper highlights the need to support patients to better manage their own health and the need for greater recognition of the potential for voluntary and community services contribution towards this.

65. [Social care and the MS community](#)

MS Society

This report presents the results of survey conducted in 2016 of people with MS to understand how they feel about their treatment, care and support. The results are compared with a previous survey conducted in 2013. Key findings include a smaller proportion of people are getting the care and support they need and demand for support has increased from 35% to 57% between 2013 and 2016.

Working together

66. [Devo-health: Where next?](#)

The Institute for Public Policy Research

This report provides a comprehensive overview of the devolution of health policy to date, and the directions it could take in future. It presents the evidence for how 'devo-health' could allow integration within and beyond the NHS, and act as a catalyst to much-needed reform.

67. [Review of mandate for the universal health visiting service](#)

The King's Fund

The Department of Health commissioned this review following the transfer of commissioning of public health services for children up to five years of age to local authorities in October 2015. The review considered the impact of this transfer, support for existing and continued

regulation, evidence of service transformation, and risks to sustainability from a range of perspectives using data from different sources.

68. [Public health working with the voluntary, community and social enterprise sector: new opportunities and sustainable change](#)

Local Government Association

The Local Government Association has published Public health working with the voluntary, community and social enterprise sector: new opportunities and sustainable change. The case studies in this report show how public health and the voluntary, community and social enterprise sector (VCSE) are working together to make a real difference to people's health and wellbeing.

69. [Hospital winter pressures: how did NHS trusts perform in 2016/17](#)

NHS Providers

This briefing examines the performance of the NHS over the three peak winter months covering December 2016 to February 2017. The analysis finds that the number of temporary beds opened to cope with demand on A&E units in the busiest part of this winter was equivalent to eight additional hospitals. The briefing calls for a formal review of how the NHS manages winter pressures, with a focus on the ring-fencing of winter funding and the impact of cancelling non-urgent operations.

70. [Local and national: how the public wants the NHS to be both](#)

Fabian Society

This report explores the potential for devolution of health care and finds that while people may have heard the term “devolution”, there is little public understanding of what it entails. The research found that people believe that local control will improve healthcare and welcome public participation in NHS decisions. They are also deeply committed to the principle that healthcare entitlements and standards should not vary from place to place. The report includes analysis of the research findings, and reports on the first experiments in NHS devolution, along with calls from authors for greater public accountability and involvement.

71. [Funding social care: the role of deferred payment agreements](#)

Reform

This report explores whether housing assets could be better used to fund residential care. It finds that while the Department of Health had high hopes for deferred payment agreements (DPAs), uptake since the Care Act has been disappointing. Reform's paper argues low uptake can be explained by the restrictive means test for DPA support, and considers the merit of increasing the eligibility threshold to people with non-housing assets of £100,000.

72. [Understanding NHS financial pressures: how are they affecting patient care](#)

Kings Fund

This study investigates the impact of financial pressures in four areas of the health service: genito-urinary medicine (GUM), district nursing, elective hip replacement and neonatal services. It aims to understand whether and how the slowdown in NHS funding has affected patient access to high quality care and whether the financial pressures are felt differently in different areas of the healthcare system.

73. [Total transformation of care and support: creating the five year forward view for social care](#)

Social Care Institute for Excellence (SCIE)

This updated paper examines the potential of scaling up community-based, preventative services. It includes new examples and a model to build the case for investment in promising approaches.

74. [**Social work: essential to integration**](#)

The Department of Health

This document is intended to support and inform local and regional health and social care integration initiatives. It explains the contribution that social workers make to integrated services; how social work is essential to the whole system; and the necessity of support to ensure integration succeeds in providing the services people need.

75. [**How health care is funded**](#)

King's Fund

The way that health care is funded varies between different countries. This article explains the main models used to finance health care: taxation, private health insurance and social health insurance. We outline how each model works in its purest form, while recognising that most countries typically pay for health care using a combination of methods.

76. [**Paying for it: the human cost of cut-price care**](#)

Local Government Information Unit (LGIU)

This report looks at the home care market and the prices at which care is purchased across England. It warns that the care home market is currently unsustainable and that measures such as a minimum price for hourly home care is needed until a long-term funding solution is implemented. (Abstract King's Fund.)

77. [**Updated guidance for health organisations on ethical procurement**](#)

Sustainable Development Unit (SDU)

The document provides guidance for organisations to embed labour standards considerations into procurement and supplier management activities.

78. [**Sustainability and transformation plan \(STP\) questionnaire report**](#)

Faculty of Public Health

This survey of directors of public health in England aimed to gauge the level of involvement of key local public health staff in local authorities and the NHS. This report presents the results of the survey and identifies the key public health challenges and influences in the effectiveness of the public health and preventative elements of STPs.

79. [**Health and wellbeing in rural areas**](#)

Local Government Association

This report, produced in partnership with Public Health England, highlights the specific needs and challenges for health and care provision in rural communities. The report includes case studies showcasing the ways in which local authorities in England are tackling health inequalities, improving access to services and building up community resilience

80. [**Workplace wellbeing charter: analysis of take-up and impact**](#)

RAND Corporation

RAND were asked to assess the implementation and take up of the Workplace Wellbeing Charter which was developed by Public Health England. The charter aimed to support employers in delivering evidence-based workplace health improvement activities. The study

found that the charter contributed to staff wellbeing but that improved monitoring data was required to effectively evaluate the progress of the charter.

81. [Good practice in social prescribing for mental health: the role of nature-based interventions](#)

Natural England

This new research builds on the findings from earlier Natural England reports and explores the options for improving the commissioning of, and referral to, these services as well as scaling-up the provision of nature-based interventions.

National update provided by the Library and Knowledge Service, Sherwood Forest Hospitals NHS Foundation Trust

CONSULTATIONS

82. [Information and Advice Support Service](#)

This consultation aims to identify the way in which young people with Special Educational Needs and Disabilities (SEND) and their families currently access information about the support and services available to them. Also to identify ways in which they feel that the type of information and its availability and delivery could be improved.

Closing date for consultation: 5 May 2017

Other Options Considered

83. To note only

Reason/s for Recommendation/s

84. N/A

Statutory and Policy Implications

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

RECOMMENDATION/S

1) To note the contents of this report.

Councillor Joyce Bosnjak
Chair of Health and Wellbeing Board

For any enquiries about this report please contact:

Nicola Lane

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

Constitutional Comments (LMc 11/04/2017)

86. For noting only

Financial Comments (KAS 03/04/2017)

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

Background Papers and Published Documents

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

None

Electoral Division(s) and Member(s) Affected

All

26 April 2017

Agenda Item: 8

REPORT OF CORPORATE DIRECTOR, RESOURCES WORK PROGRAMME

Purpose of the Report

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

Information and Advice

2. The County Council requires each committee, including the Health and Wellbeing Board to maintain a work programme. The work programme will assist the management of the committee's agenda, the scheduling of the Board's business and forward planning. The work programme will be updated and reviewed at each pre-agenda meeting and Board meeting. Any member of the Board is able to suggest items for possible inclusion.
3. The attached work programme has been drafted in consultation with the Chair and Vice-Chair, and includes items which can be anticipated at the present time. Other items will be added to the programme as they are identified.

Other Options Considered

4. None.

Reason/s for Recommendation/s

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

Statutory and Policy Implications

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

RECOMMENDATION/S

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

Jayne Francis-Ward
Corporate Director, Resources

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

Constitutional Comments (HD)

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

Financial Comments (NS)

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

Background Papers

None.

Electoral Division(s) and Member(s) Affected

All