Nottinghamshire County Council

Health and Wellbeing Board

Wednesday, 07 May 2014 at 14:00

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

AGENDA

Notes

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

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

Customer Services Centre 0300 500 80 80

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

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

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

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

Nottinghamshire County Council

minutes

Meeting	HEALTH AND WELLBEING BOARD
Date	Wednesday, 2 April 2014 (commencing at 2.00 pm)

Membership
Persons absent are marked with an 'A'

COUNTY COUNCILLORS

Joyce Bosnjak (Chair)
John Peck
Martin Suthers
Muriel Weisz
Jacky Williams

DISTRICT COUNCILLORS

Jim Aspinall – Ashfield District Council
Simon Greaves – Bassetlaw District Council
Jenny Hollingsworth – Gedling Borough Council
Pat Lally – Broxtowe Borough Council
Debbie Mason – Rushcliffe Borough Council
Tony Roberts MBE – Newark and Sherwood District Council
A Phil Shields – Mansfield District Council

OFFICERS

	David Pearson	-	Corporate Director, Adult Social Care, Health and Public Protection
A	Anthony May	-	Corporate Director, Children, Families and Cultural Services
	Dr Chris Kenny	-	Director of Public Health

CLINICAL COMMISSIONING GROUPS

	Dr Steve Kell	-	Bassetlaw Clinical Commissioning Group (Vice-Chairman)
A	Dr Judy Jones	-	Mansfield and Ashfield Clinical Commissioning Group
	Dr Mark Jefford	-	Newark & Sherwood Clinical Commissioning Group
A	Dr Guy Mansford	-	Nottingham West Clinical Commissioning Group
	Dr Paul Oliver	-	Nottingham North & East Clinical Commissioning Group

Dr Jeremy Griffiths - Rushcliffe Clinical Commissioning Group

LOCAL HEALTHWATCH

Joe Pidgeon - Healthwatch Nottinghamshire

NHS ENGLAND

A Helen Pledger - Nottinghamshire/Derbyshire Area Team, NHS England

NOTTINGHAMSHIRE POLICE AND CRIME COMMISSIONER

Paddy Tipping - Police and Crime Commissioner

SUBSTITUTE MEMBERS IN ATTENDANCE

Dawn Atkinson - NHS England

OFFICERS IN ATTENDANCE

Paul Davies - Democratic Services
Cathy Quinn - Public Health
Nicola Lane - Public Health

ALSO IN ATTENDANCE

Lucy Dadge - Director of Transformation, Mansfield and Ashfield CCG

MINUTES

The minutes of the last meeting held on 5 March 2014 having been previously circulated were confirmed and signed by the Chair.

APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Phil Shields and Helen Pledger.

DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS

None.

BETTER CARE FUND – FINAL PLANS

David Pearson and Lucy Dadge introduced the final Better Care Fund plans, which had undergone a thorough assurance process since the Board had considered the draft plans on 2 February. The main changes to the plans were:

- assessments of the impact of the plans on providers including the impact of the changes to activity and resources

- further details about the plan to move to 7 day services
- a review of performance measures, supporting data quality and local definitions of the patient/service user experience measures
- further detail in relation to the proposed governance arrangements for the pooled budget and contingency funds
- a stronger link to the financial commitment to protecting social care services in the narrative
- further clarification on the role of the Accountable Professional
- a clearer implementation plan for adoption of the NHS number
- details of other schemes in place or under development that will be additionally supporting achievement of the Better Care Fund outcomes and measures

The final plans would be submitted to the NHS England Area Team by 4 April, followed by a further assurance process, with final sign-off by health ministers due on 21 April. The BCF Working Group would continue to exist, to support the management of the pooled budget, monitor performance and provide information to the Board.

During discussion, it was explained that providers had been involved in preparation of the plans by way of the workshop in December, as well as some of the detailed preparation work. There was discussion around funding for protecting social care. David Pearson confirmed that the pooled budgeting through the Better Care Fund will start in 2015/16. Additional funding had been agreed to cover 2014-15. Nottinghamshire had been affected by the Government's decision to re-direct the winter pressures budget to acute hospital trusts facing the most difficulties. It was emphasised that the plans did reflect the role of district councils, and covered early intervention and pro-active care. There would be work to join up personal budgets and direct payments for health and social care, which were referred to in the Plan.

RESOLVED: 2014/020

That the final Better Care Fund plans for 2014/15 and 2015/16 be approved for submission to the NHS England Area Team.

The meeting closed at 2.40 pm.

CHAIR

Nottinghamshire County Council

Report to Health and Wellbeing Board

07 May 2014

Agenda Item: 4

REPORT OF VIKKI TAYLOR, DIRECTOR OF COMMISSIONING DERBYSHIRE AND NOTTINGHAMSHIRE AREA TEAM, NHS ENGLAND

DRAFT PRIMARY CARE STRATEGY FOR DERBYSHIRE AND NOTTINGHAMSHIRE 2014 - 2019

Purpose of the Report

1. To engage patients, the public and key partners in the development and implementation of the Strategy and provide an update on the Prime Minister's Challenge Fund.

Information and Advice

2. The NHS needs to be able to deal with the challenges ahead, such as an ageing population, a rise in the number of people with long-term conditions, lifestyle risk factors in the young and greater public expectations. Combined with rising costs and constrained financial resources, these trends threaten the long-term sustainability of the health service.

3. There have already been changes to make savings and improve productivity. The NHS is on track to find £20 billion of efficiency savings by 2015. However, without further changes to how services are delivered, a high-quality yet free at the point of use health service will not be available to future generations. Not only will the NHS become financially unsustainable, the safety and quality of patient care will decline.

4. NHS England is governed by the NHS Constitution, which protects the principles of a comprehensive service providing high quality healthcare, free at the point of use for everyone. The constitution also says that the NHS belongs to the people and so does its future. In keeping with this principle, NHS England will be working together with staff, patients and the public to develop a series of new local approaches for the NHS.

5. We have previously shared 'The NHS belongs to the people: a call to action' to help our understanding of why the NHS needs to change and that the more people share their views and ideas on the future of the NHS, the better the service will become. During March 2014 we shared our draft Primary Care Strategy with key partners including Health and Wellbeing Boards to ensure that the aims and objectives identified are in line with the wider health and social care plans.

6. We have updated our draft Primary Care Strategy and will continue to engage with stakeholders and providers in April, with a final Strategy published in June 2014. The latest draft strategy is available as a background paper. We plan to produce the final Strategy in

June 2014, accompanied by a shortened, plain English version to ensure everyone can understand and be involved with our plans.

7. The Strategy along with the plans for the Better Care Fund (BCF) and Units of Planning highlight a number of actions that require General Practice and wider primary care services at the heart of a transformed, integrated system. The implementation of a number of General Practice pilots across Nottinghamshire feature strongly in plans focussing on improving quality and strengthening integration, especially across the urgent care pathways.

8. In October 2013 the Prime Minister announced a £50 million non-recurrent Challenge Fund aimed at transforming access to General Practice by piloting new ways of working. Derbyshire and Nottinghamshire Area Team and all the ten Clinical Commissioning Groups submitted an area wide bid that extracted and built on the key General Practice projects within the plans for the BCF and Units of Planning. This submission has been successful in securing £5.2 million from the Challenge Fund. This funding is the highest award outside of London and will test a number of different approaches to improving access to General Practice that will be rolled out if successful. These are described in the accompanying presentation and Frequently Asked Questions (FAQ)

Other Options Considered

9. To do nothing is not an option. Call to Action and the Primary Care Strategy is not about making unnecessary changes, or taking services away, but about looking at how they are being delivered and what can be provided differently to respond to the challenges, whilst also taking advantage of important opportunities, including:
   - Innovative new treatments and technology
   - Putting people in control of their own health and care
   - Integrating more heath and care services
   - Having greater emphasis on keeping healthy.

10. The Primary Care Strategy focuses on five building blocks. These are **patients**, improving quality including better access to services; **people**, our workforce and stakeholders; **processes**, how our residents access the right care at the right time; **premises/places**, for safe delivery of care and **payments,** to make sure funds and resources provide best value for money.

11. The Strategy and Challenge Fund aim to support primary care to deliver transformed, integrated services at pace and scale to address the challenges facing the system. In Nottinghamshire a number of actions are being taken to progress the opportunities described above as well as testing new ways of working.

12. The ways of working being tested under the Challenge Fund include widening access to primary care with GP services in our Emergency Departments; additional GP capacity across seven days a week for routine and urgent care; standardising access to appointments; on line booking; requesting prescriptions on line; using health apps and Skype and evidence based personal health plans for the most frail and complex patients. This complements the changes in the GP contract that move to ensure the availability to registration on line, choice of GP, electronic prescriptions and developing record sharing.

13. Pharmacy options include having a more central role with the integrated multidisciplinary team working alongside GPs. Pharmacy services can offer in- and out-of-hours care to a range of people with minor illnesses so they are well placed to manage more patients outside of medical services. They have a key role in supporting self-management of conditions, including improved use of medications.

14. Dental and ophthalmology options include plans to target those most in need and supporting people to access the right services at the right time in and out of hours.

15. The Primary Care Strategy will be a key enabler in liberating General Practice, pharmacy, dentistry and optometry. This will be central to the development of wider, integrated primary care, to ensure maximum benefits to our population and to secure best value for money.

Reason/s for Recommendation/s

16. To ensure stakeholders are engaged in the development and implementation of the Strategy and Challenge Fund and the alignment with 5 year health and social care plans

Statutory and Policy Implications

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

Financial Implications

18. In England, continuing with the current model of care will result in the NHS facing a funding gap between projected spending requirements and resources available of around £30bn between 2013/14 and 2020/21 (approximately 22% of projected costs in 2020/21). This estimate is before taking into account any productivity improvements and assumes that the health budget will remain protected in real terms.

19. Implications for primary care include securing improved access with either additional investment or changing the way primary care is delivered using technology and improved, transformed processes.

Human Resources Implications

20. Movement of services into primary care will require a workforce plan that details recruitment and retention strategies

21. Training and development is a key part of the strategy for the primary care workforce

Implications in relation to the NHS Constitution

22. Regard will be taken to the NHS Constitution together with all relevant guidance issued by the Secretary of State in any service changes relating to the implementation of the Health & Wellbeing Strategy.

Implications for Service Users

23. Service users, patients and the public have been engaged in the design of the Strategy. Improving access to primary care is a continual concern for patients and increasing access to high quality primary care is a priority objective of the Strategy

Ways of Working Implications

24. The movement of services into primary care will require integrated and multidisciplinary ways of working. The Primary Care Strategy has been developed alongside the CCG unit of planning and Better Care Fund plans so this can be delivered as part of whole system transformation.

RECOMMENDATION/S

The Health and Wellbeing Board is asked to:

1. Note the development of the Primary Care Strategy and Challenge Fund and its alignment to the wider health and social care plans.

2. Endorse the implementation of the Strategy alongside the wider health and social care implementation plans.

Tracy Madge
Assistant Director Clinical Strategy, Derbyshire and Nottinghamshire Area Team, NHS England

For any enquiries about this report please contact: Tracy Madge tracy.madge@nhs.net

Constitutional Comments (SG 09/04/2014)

1. The Board is the appropriate body to consider the content of this report. The Board has responsibility for discussion of all issues considered to be relevant to the overall responsibilities of the Health and Wellbeing Board, and to perform any specific duties allocated by the Department of Health.

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.

- NHS England Strategy for Primary Care Transformation Derbyshire and Nottinghamshire Area Team Draft v10 April 2014 (which can be viewed on this link: http://www.nottinghamshire.gov.uk/dms/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/3292/Committee/505/SelectedTab/Documents/Default.aspx)

- Frequently Asked Questions: PM Challenge Fund Pilots Questions and Answers: http://www.england.nhs.uk/ourwork/qual-clin-lead/calltoaction/pm-ext-access/pm-fund-faqs/

Electoral Division(s) and Member(s) Affected

- All

Nottinghamshire County Council

Report to Health and Wellbeing Board

07 May 2014

Agenda Item: 5

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

REDUCING AVOIDABLE INJURIES IN CHILDREN AND YOUNG PEOPLE

Purpose of the report

1. The purpose of this report is to highlight the impact of avoidable childhood injuries, to update on the progress being made by the Avoidable Injuries Strategic Partnership for Children & Young People (Nottingham and Nottinghamshire) and to ask the Health and Wellbeing Board to endorse the recommendations.

2. A draft strategy has been developed to cover both Nottingham City and Nottinghamshire County. This paper focuses predominantly on the issues affecting Nottinghamshire.

3. Full public consultation has been undertaken on the strategy and feedback incorporated. There were 283 individual responses in addition to feedback from various groups, including the Health and Wellbeing Implementation Group (HWIG) and the Children's Trust Board. A full report on the consultation and the response to it is available.

4. Outcomes will be delivered in the areas of home safety, road safety and leisure time safety. All interventions developed and implemented to achieve the stated outcomes will be based on best practice, evidence and building on the good work already being achieved. The added value will be through the coordination of existing services identifying gaps and addressing these where possible.

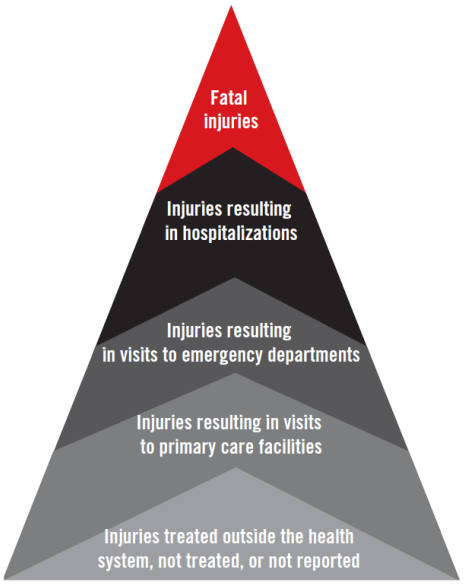
5. The Avoidable Injuries in Children and Young People Strategy and Strategic Partnership Group will report to and be monitored by the HWIG on behalf of the Board for Nottinghamshire, a full structure of which is detailed in the strategy.

Information and Advice

Definition

6. The term 'injury' is now used in place of 'accident' as 'most injuries and their preceding events are predictable and preventable.' The term 'accident' implies an unpredictable and therefore unavoidable event[i].

7. The scope of the strategy is unintentional avoidable injuries and does not report or aim to reduce intentional injuries i.e. it will not cover data on self-harm, injury from abuse or assault etc.



8. Avoidable injuries can be categorised according to their severity, treatment type and reporting. The World Health Organisation[ii] likened avoidable injuries to a pyramid, with fatalities from avoidable injuries being only a small fraction of the total numbers injured. The pyramid highlights the burden of ill health and utilisation of NHS and non-NHS resources as well as giving an indication of the number of injuries not reported.

9. We all have a responsibility to ensure that children are able to grow up in an environment that does not expose them to unreasonable hazards, without impinging excessively on their play and learning freedoms.

Background and Context - Nationally

10. Avoidable Injuries are a leading cause of death and hospital admission for children and young people (CYP) in the United Kingdom aged between 1 and 14 years[iii] and, therefore, a serious public health issue. Most of these injuries happen in the home, outdoors or on the roads.

11. In England there are more childhood deaths from avoidable injury than from leukemia or meningitis.

12. The social class gradient in child injury is steeper than for any other cause of childhood death or long-term disability[iv].

13. If all the districts and boroughs in Nottinghamshire reduced the rate of accidents to that of the best performing borough/district in Nottinghamshire there would be **26,082 fewer Accident and Emergency (A&E) attendances and 1,321 fewer inpatient admissions** over a four year period.

The cost of avoidable childhood injury

14. Avoidable injuries can have a significant impact upon a child's life both physically and emotionally, both in the short- and long-term. The impact is also felt by the wider family. A child may be left with disability or impairment (short- or long-term), scarring or disfigurement and the need for ongoing medical care.

15. Admitting a child to hospital following avoidable injury in the home is estimated to cost £16,900[v] and road traffic accidents in excess of £50,000.

16. The NHS spends an estimated £131 million per year on emergency hospital admissions because of childhood injuries.

17. The approximate lifetime medical, educational and social cost for one child with a severe traumatic brain injury is £4.89 million. For a parent who is employed full-time, taking two weeks off work while their child is in hospital costs the economy £7,600.

18. The Childhood Accident Prevention Trust (CAPT) assessed that the average cost of inpatient treatment for an uncomplicated minor scald from a hot drink is £1,850. Each year the NHS spends around £2.2 million on inpatient treatment for children and young people with hot drink scalds.

19. Most injuries are preventable and strategies to prevent injuries are usually relatively inexpensive to implement and can be shown to have a beneficial return on investment[vi].

Who is most at risk

20. Overall rates of death from injury in children have fallen in England and Wales over the past 20 years. However, rates for children living in disadvantaged social and economic circumstances have not seen the same improvement[vii] .

21. Children from the most disadvantaged backgrounds are at significantly increased risk of injury. Compared to their peers, children from the poorest homes are (CAPT):
    - 13 times more likely to die in an accident
    - 21 times more likely to die as a pedestrian on the roads
    - 38 times more likely to die in a house fire

22. NICE (2010) highlights that under 5's are at greatest risk of injuries in the home and over 11's are more vulnerable to road injuries. Other factors include disability or impairment (physical or learning), some minority ethnic groups, low income families and children who live in accommodation which potentially puts them more at increased risk.

Drivers for Change – Policy Context

23. The Chief Medical Officer (CMO) Report: Prevention Pays; Our Children Deserve Better October 2013[viii] reinforces childhood accidents as a leading cause of death and disability.

24. The Public Health Outcomes Framework (PHOF) has an injury indicator for CYP[ix]: .

25. The Marmot Report, "Fair Society, Healthy Lives" highlights the impact of inequalities when looking at accidental deaths among children. This states that the single major avoidable cause of death in childhood in England is unintentional injury – in the home for under-5s and on the roads for 5-17year olds.

26. National and local casualty reduction targets for road safety – to be achieved by 2020. .

27. Joint Strategic Needs Assessment (JSNA): Nottingham City and Nottinghamshire County have JSNA chapters dedicated to reducing avoidable injuries in CYP.

28. The British Academy report (2014) IF YOU COULD DO ONE THING..." Nine local actions to reduce health inequalities[x]; advocates and provides evidence for reducing the speed limit to 20mph in urban areas near shops, schools and other hotspots.

29. Public Health England (PHE): are currently producing guides for Local Government and CCGs regarding Avoidable Injuries.

Local Data - A Picture of Nottinghamshire

30. There were eight deaths resulting from injuries in CYP living in Nottingham and Nottinghamshire in the period 1st April 2010 to 31st March 2013.

31. There was a total of 5,700 hospital admissions to hospital as a result of avoidable injuries between April 2010 and 31st March 2013.

32. Between April 2010 and 31st March 2013, there were 44 hospital admissions for burns and scalds, 88.5% of which were in the 0-5yr age group but mostly 1-2 yrs.

33. The rate of childhood injuries in Nottinghamshire County overall is significantly lower than the England average[xi]. However as with many indicators this masks huge variation in rates between districts/boroughs with some areas performing significantly worse than the

Nottinghamshire and England averages, closely linked with deprivation, and in terms of childhood injuries on the roads linked with rurality.
The most common cause of injuries in the 0-17yr age group is falls and the second most common cause is contact with non-living objects - officially termed 'exposure to inanimate mechanical forces' which includes contact with, for example, furniture, sports equipment, sharp glass, pins, nails etc. The causes then tend to split by age group after this with poisonings, burns and scalds being more predominant in the 0-5 and transport accidents in the 6-17 age group (See Table 3).

Table 3: Causes of Injuries by Age 2012/13 (*data only include admissions for individuals aged 0-17yrs)***.**

	Nottinghamshire County	
	0-5 yrs	**6-17yrs**
Falls	43%	46%
Exposure to inanimate mechanical forces - Contact with non-living objects such as furniture, sports equipment, sharp glass, pins, nails	22%	18%
Poisoning	15%	3%
Burns	4%	
Transport	4%	19%
Contact with a living object (official title 'exposure to animate mechanical forces') includes being accidentally hit or struck by a living object such as a person, animal etc.	5%	8%

34. In Nottinghamshire County there were a total of 75,237 Accident and Emergency (A&E) attendances for injury in individuals aged 0-17yrs of which 3.98% (2,996) became inpatients during 2010 – 2013. Further details can be found in Table 4.

35. During 2012/13; there were 3,322 A&E attendances due to burns and scalds in Nottingham City and Nottinghamshire County which is an average of 9.1 per day or 63.8 per week.

Table 4: The Number of A&E Attendances that became Inpatient Admissions for Avoidable Injuries in 0-17year olds as whole numbers and as a percentage across the whole of Nottinghamshire County

ED Attendances	75,237
ED Inpatient Admissions	2,996
Other sources of inpatient admission	1,015
Percentage of ED attendances that became admissions	3.98%
Total number of admissions	4,011
Percentage of admissions via A&E	74.69%

36. Locally, the four main reasons for attendances to A&E are bruising/abrasions, fractures, ligament sprain and cuts.

37. Road Safety Data for 2012 show that for road casualties in the 0-15 yr group there were 4 fatalities, 52 serious injuries and 278 slight injuries. For pedestrians in the 0-15 yr group there were 34 Killed or Seriously Injured (KSI) and 102 slight injuries.

38. Data from the Department for transport shows that since 1979 there has been a steady decrease in the rate of children KSI on the county's roads.

39. Death and casualty rates from road traffic collisions (RTCs) in Nottinghamshire as a whole remain significantly higher than the England average. The areas with the highest rate of KSI are rural areas with rural road networks and A roads.

40. Local Hospital data (2010-2013) for road traffic injuries in the 0-17 year old group show injuries on pedal cycles 275; pedestrians 112; car occupants 48 and motorcycles 67.

Priority Areas: Disadvantage & Geography

41. In Nottinghamshire County children in the most deprived quintile are 1.77 times more likely to be an inpatient and 1.74 times more likely to attend ED than those in the least deprived quintile (Indices of Multiple Deprivation Quintiles).

42. The rate of hospital admissions in Bassetlaw is very high in comparison with the other districts at 1,301 per 100,000 population. The 2nd highest is Newark & Sherwood at 981 per 100,000 (Data from 2010-2013).

43. The districts with the highest incidence of ED attendance for avoidable injury are Newark & Sherwood followed by Bassetlaw.

What works? Evidence Base

44. The Centre for Disease Control [14] details 5 areas that need to be addressed to have the greatest impact to reduce and prevent serious avoidable injuries: Environment, Education, Empowerment, Enforcement and Engineering. Successful strategies will consider all 5 areas in the planning and development stages. A combination of approaches may be needed.

45. In the Home Setting: Evidence from the National Institute of Clinical and Healthcare Excellence (NICE) shows that the following actions will reduce avoidable injuries:
    - Ensure that there is a coordinated approach to avoidable injuries for CYP and recommend CYP injury prevention coordinator
    - Installation and maintenance of permanent safety equipment in social and rented dwellings
    - Incorporating home safety assessments and equipment provision within local plans and strategies for CYP health and wellbeing

46. On the roads: There is strong evidence to suggest that reducing speed limits to 20mph in built up urban areas will have a significant impact on reducing injuries on the roads and outdoors for anyone under the age of 25 [11, 12, 13, 15].

Measuring success

47. Aim: 'To reduce avoidable injuries in children and young people age 0-17 years, to minimise inequalities and create safer environments for children'

48. Objectives:
    - To demonstrate a sustainable reduction in the number and severity of avoidable injuries in children and young people
    - To reduce the social gradient in avoidable injuries and narrow the inequalities gap.
    - To produce clear referral pathways and processes for partners to report risks enabling a coordinated approach to implementing preventative actions across Nottingham City and Nottinghamshire County.

- To agree and determine a coordinated approach to surveillance, data collection, sharing and reporting.
- To evaluate each agreed action and development.

49. Outcome measures and performance indicators are as follows:

    - PHOF Indicator 'Hospital admissions caused by unintentional and deliberate injuries in children and young people aged 0-14 and 15-24 years'

    - National and local casualty reduction targets for road safety: A 50% reduction in the 2005-2009 average for child KSI by 2020.

Action to date

50. On the 13th July 2013 Nottingham City and Nottinghamshire County hosted a stakeholder event, to galvanize interest in preventing avoidable injuries in children and young people and to stimulate the development of a strategy.

51. A Strategic Group for Nottingham and Nottinghamshire was established to work collaboratively across agencies, districts, boroughs and wards to ensure a coordinated approach to avoidable injuries in CYP.

52. Following the stakeholder event a review was undertaken which highlighted the following:

    - There are a range of local interventions delivered by agencies that aim to reduce avoidable injures in children and young people. Some of these interventions (particularly home equipment schemes) are patchy, dependent upon location and usually dependent upon volunteers and charitable donations/funding bids.

    - There is a requirement to improve coordination and communication between agencies. The agencies who have made pledges are all participating in delivery against the strategy and action plan in a coordinated way.

    - Resources: There is a commitment to reduce avoidable injuries in many agencies across Nottingham and Nottinghamshire. All of these have some resource, mostly staff time. It is recognised that in order to have a substantial impact upon this most important of issues, further financial resources will be required and explored.

    - There are many avoidable injuries interventions focusing on the under 5's, but many of the agencies who are delivering them are not working collaboratively.

    - There is potential to utilise the statutory agencies more, for example Nottinghamshire Fire & Rescue in the delivery of avoidable injuries interventions.

    - Nottingham City Council and Nottinghamshire County Council have excellent road safety partnerships

    - The voluntary sector is an important contributor to tackling avoidable injuries within Nottinghamshire County.

53. A draft strategy has been developed with partners and a full public consultation process undertaken from 10th February 2014 – 18th April 2014. The strategy has been revised in line with feedback from the public and stakeholders.

Priorities for 2014 - 2020

54. Launch the Avoidable Injuries Strategy in June 2014 to coincide with activity planned for national Childhood Injury Prevention Week 2014.

55. Develop working groups to take forward actions in the following areas;

    - Home: Establish a group to focus on interventions to improve home safety and reduce risks in the home setting
    - Road: Link in with the existing road safety partnership group
    - Leisure: A longer term aim is to establish a group to focus on risk reduction in the leisure setting

Key Deliverables

56. To determine additional resources and requirements to enable the implementation of interventions within the strategy and action plan.

57. **Actions for 0-17 years**: Ensure education, enforcement and promotion of appropriate fit and use of car seats, booster seats and seat belts.

58. **Actions for 0-5 years**: Establish consistent, equitable and sustainable home safety education and equipment schemes prioritising areas of greatest need. This will require partnership working and identification of funding.

59. Ensure a consistent multiagency approach to risk assessment in the home, with development of improved referral pathways and communication channels.

60. **Actions for 6-17 years**: Introduce speed reduction schemes of maximum 20mph in urban areas and locations within proximity to schools.

61. Expand and standardise road safety education for school-aged children delivered via a multi-agency strategic approach

62. Increase coverage of cycle training and education, including helmet safety.

63. Develop a comprehensive communications plan with relevant stakeholders and deliver this.

Statutory and Policy Implications

64. This strategy could impact upon the council road safety plans and policies in that it aims to implement 20mph speed limits in some built up areas (to be determined) and outside all schools in the authority area.

Implications for Service Users

65. Not Applicable

Financial Implications

66. There are no financial implications for this Council linked to this strategy at this time, we are not requesting funding at this time but will attempt to source funds from other sources.

Equality Implications

67. Any interventions, projects or programmes resulting from this strategy will adopt a proportionate universalist approach, to ensure that areas of greatest need are met and to support the reduction in health inequalities.

68. Any interventions, projects or programs will ensure that they have an equality impact assessment completed and that individuals that fall into one or more of the protect characteristics are not prejudiced in anyway directly or indirectly.

Implications for Sustainability and the Environment

69. Any interventions, projects or programs will ensure that they consider the environmental impact and will work to minimise and reduce any negative impacts.

RECOMMENDATION/S

1. That the Board notes the report.

2. That the Board endorses the Avoidable Injuries Strategy for Nottingham and Nottinghamshire.

3. That the Nottinghamshire County Health and Wellbeing Implementation Group will monitor delivery of the document on behalf of the Nottinghamshire Health and Wellbeing Board.

Chris Kenny
Director of Public Health

For any enquiries about this report please contact:

email: Cheryl.George@nottscc.gov.uk or Sonya.Clark@nottscc.gov.uk
tel: **07584 011613** **07540 670 179**

Constitutional Comments (SG 04/04/2014)

4. The Board is the appropriate body to consider the content of this report. The Board has responsibility for discussion of all issues considered to be relevant to the overall responsibilities of the Health and Wellbeing Board, and to perform any specific duties allocated by the Department of Health.

Financial Comments (KAS 08/04/14)

5. The financial implications are contained within paragraph 66 of this report.

Background Papers and Published Documents

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

Electoral Division(s) and Member(s) Affected

All

[i] Davis R, P. B. (2001). BMJ bans accident. *BMJ*, 322: 132
[ii] WHO. Injury Pyramid. http://www.who.int/violence_injury_prevention/key_facts/en/ (Accessed 06-01-2014)
[iii] The Audit Commission. *Better safe than sorry, Preventing unintentional injury to Children.* London : s.n., 2007
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Reducing Avoidable Injuries in Children and Young People: A Strategy for Nottingham and Nottinghamshire 2014-2020

Contents

The term 'injury' is preferred to 'accident' as 'most injuries and their preceding events are predictable and preventable.'

The term 'accident' implies an unpredictable and therefore unavoidable event [1]

PLEDGES

Nottingham City Council and Nottinghamshire County Council and the partners below pledge to work in partnership:

- To achieve the aims and objectives of the strategy
- To share and make best use of local resources
- To influence the agenda and ensure avoidable injuries are afforded the attention they require locally.

In addition to the Logos below, the University of Nottingham, ROSPA, East Midlands Ambulance Service, Notts Fire and Rescue, Home Start, NHS Nottinghamshire County Clinical Commissioning Groups, Nottingham Children's Hospital are all pledged to work in partnership to prevent avoidable injuries in Children and Young People.

1. EXECUTIVE SUMMARY

Avoidable injuries in children and young people (CYP) are a serious public health issue and a leading cause of death and hospital admission for children in the United Kingdom. Injuries put more children in hospital than any other cause.

The impact and consequences of avoidable injuries are major contributors to health inequalities with children from the most disadvantaged backgrounds at significantly increased risk.

The long term effect of an injury can be significant, both physically and emotionally, for children. They may experience:

- Disability or impairment (short or long term)
- Scarring or disfigurement
- Ongoing appointments and operations.

Avoidable childhood injuries carry significant costs to the economy, the NHS and children and families. Admitting a child to hospital following avoidable injury in the home is estimated to cost £16,900. The same source puts the cost of a road traffic injury at three times this, in excess of £50,000. The NHS spends an estimated £131 m per year on emergency hospital admissions because of childhood injuries.

There is a body of evidence to show that most injuries are preventable. Strategies to prevent injuries are usually relatively inexpensive to implement and are shown to have a beneficial return on investment.

1.1. SNAP SHOT OF THE LOCAL PICTURE

Fatalities: There were **8 fatalities** in Nottingham City and Nottinghamshire County over a 3-year period April 2010 - March 2013.

Injuries Resulting in Hospitalisation (also known as admissions or inpatients): There was a total of 5,700 admissions to hospital as a result of avoidable injuries (April 2010 - March 2013).

- There were 44 admissions for burns and scalds and 88.5% of these where in the 0-5yr age group mostly 1-2 years.
- There were 722 falls that resulted in admission to Nottingham and Nottinghamshire in 2012/13, 45.5% of these occurred in the 0-5 age group.

Injuries Resulting in Treatment/ Attendance at Emergency Departments (ED): There was a total of 102,354 ED attendances of which 4.2% (4,380) became inpatients during 2010 – 2013.

- 0-5 year olds have the highest incidence of injury in both the City and County as a rate per 100,000 population.
- There were 3,322 ED attendances due to burns and scalds in Nottingham and Nottinghamshire in 2012/13, the equivalent of an average of 9.1 per day or 63.8 per week.

The major causes of injury in 0-17 year olds are:

- Falls followed by exposure to inanimate objects
- Poisoning, burns and scalds for the under 5's.
- Road accidents for 6-17 year olds with a sharp increase from age 12.

Road Traffic Injuries: (Hospital data only) Data is 0-17 years for both Nottingham and Nottinghamshire during 2010-2013;

- **Pedal cycles**: A total of 361 of which, 275 were to county residents
- **Pedestrians**: A total of 165 of which, 53 were to city residents
- **Car occupants**: A total of 58, of which 48 were to county residents
- **Motorcycles**: A total of 75, of which 8 were to city residents and 67 to County residents.

Death and casualty rates from road traffic collisions (RTCs) in Nottinghamshire as a whole remain significantly higher than the England average.

Deprivation and disadvantage: There is a clear association between injury and deprivation/disadvantage.

- In Nottingham City, children in the most deprived quintile are 1.23 times more likely to be admitted as inpatients and 1.11 times more likely to attend A&E than those in the least deprived quintile (National Indices of Multiple Deprivation IMD Quintiles).
- In Nottinghamshire County the gap is more pronounced with people in the most deprived quintile being 1.77 times more likely to be an inpatient and 1.74 times more likely to attend A&E than the least deprived quintile.

Geographies of increased interest: The rate of hospital admissions in Bassetlaw is very high in comparison with the other districts at 1,301 per 100,000 population. The 2nd highest is Newark & Sherwood at 981 per 100,000. [Data from 2010-2013]

The districts with the highest incidence of ED attendance for avoidable injury are Newark & Sherwood followed by Bassetlaw.

Nottingham City ward level data: the highest number of inpatient admissions for City was in Aspley Ward and it ranks 2nd by rate per 100,000 population.

1.2. SUMMARY OF LOCAL ACTIONS REQUIRED

To establish a Strategic Group for Nottingham and Nottinghamshire to work collaboratively across agencies, districts, boroughs and wards to ensure a coordinated approach to avoidable injuries in CYP.

To identify additional resources and funding to enable the implementation of interventions within the strategy and action plan.

Actions for 0-17 years

- To ensure education, enforcement and promotion of appropriate fitting and use of car seats, booster seats and seat belt fitting.

Actions for 0-5 years

- To establish consistent, equitable and sustainable home safety education and equipment schemes beginning in the areas of greatest need. This will require partnership working and identification of funding.
- To ensure a consistent multiagency approach to risk assessment in the home, with development of improved referral pathways and communication channels.

Actions for 5-17 years

- Speed reduction schemes of maximum 20mph especially in urban areas and locations within proximity to schools.
- Cycle training and education including helmet safety.

A full action plan is available in Section 10.

2. INTRODUCTION

Injuries are the leading cause of death for children aged 1-4 and 15-19 and are the second leading cause of death for children aged 5-14, second after all forms of tumours grouped together in England and Wales [3].

Avoidable injuries in CYP have been identified as a local priority for Nottinghamshire County and Nottingham City Public Health. This strategy describes how the agenda will be addressed across key local partnerships for the period 2014-2020. The strategy should be reviewed annually and revised in line with the latest evidence, evaluation and progress.

This strategy has been developed by Avoidable Injuries Strategic Partnership for Children & Young People (Nottingham and Nottinghamshire) to:

- Raise the profile of avoidable injuries and highlight the possibilities for avoidable injury reduction in 0-17 year olds in Nottingham and Nottinghamshire.
- Improve coordination of the work of individual agencies to optimise current resources and establish a joint working approach to reducing the number of avoidable injuries.
- Increase stakeholder interest and involvement in reducing avoidable injuries in CYP.

2.1. THE GUIDING PRINCIPLES FOR THE STRATEGY

The following are the guiding principles upon which all actions, developments and interventions are based in order to have the greatest impact and ensure resources are directed effectively:

- To target individuals, families and communities in the most disadvantaged groups, with a particular focus on children and families with parents on a low income in the most deprived socio-economic groups and areas.
- To target education, communication and engagement campaigns and avoidable injury prevention programmes in areas of greatest need in conjunction with a universal approach.
- To focus road safety initiatives, especially awareness and education at 10-17 year olds to include the use of social media and its risks, and young driver education [4].
- To focus intervention in the home for families with children in the 0-4 age range in the key demographic target groups but not forgetting other groups.
- To ensure all prevention activity implemented is balanced with fun, physical activity and learning.
- To target areas with the highest incidence/rates of injuries.
- To ensure interventions are evidence-based, effective and value for money.

2.2. THE AIM

'To reduce avoidable injuries in children and young people age 0-17 years, to minimise inequalities and create safer environments for children'.

2.3. THE OBJECTIVES

- To establish a strategic partnership to develop a coordinated approach to reducing avoidable injuries in children
- To demonstrate a sustainable reduction in the number and severity of avoidable injuries in children and young people
- To reduce the social gradient in avoidable injuries and narrow the inequalities gap. To prioritise resources in line with targets to achieve greatest impact and value for money.
- To produce clear referral pathways and processes for partners to report risks enabling a coordinated approach to implementing preventative actions across Nottingham City and Nottinghamshire County.
- To agree and determine a coordinated approach to surveillance, data collection, sharing and reporting.
- To evaluate each agreed action and development.

3. BACKGROUND AND CONTEXT

3.1. WHAT IS THE ISSUE?

Avoidable Injuries in CYP are a serious public health issue and a leading cause of death and hospital admission for children in the United Kingdom aged between 1 and 14 years [2].Most of these injuries happen in the home, outdoors or on the roads.

There are more deaths from avoidable injury than, for example, leukemia or meningitis and the social class gradient in child injury is steeper than for any other cause of childhood death or long-term disability [5].

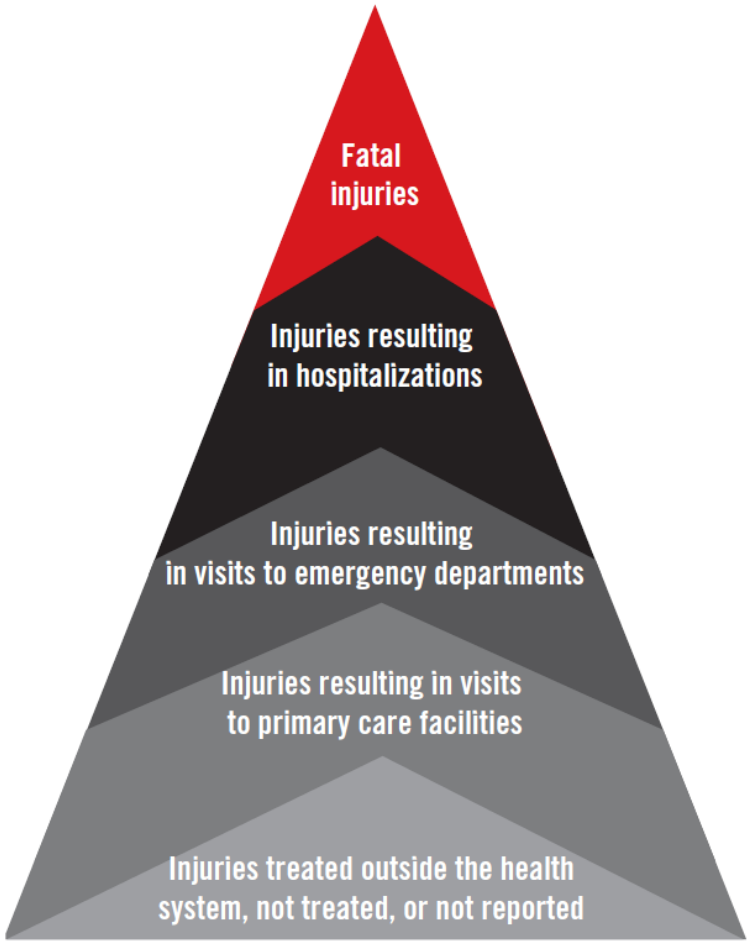
Overall rates of death from injury in children have fallen in England and Wales over the past 20 years. However, rates for children living in disadvantaged social and economic circumstances have not seen the same improvement [16]. The impact and consequences of avoidable injuries are a major contributor to health inequalities with children from the most disadvantaged backgrounds at significantly increased risk of injury.

The long term effect of an injury can be significant both physically and mentally for children (and their families), who may experience;

- Disability or impairment (short or long term).
- Scarring or disfigurement.
- Ongoing medical care.
- Ongoing emotional and psychological impact of sustaining and living with the outcomes of an injury for both the child and wider family.

3.2. CATEGORIES OF INJURY

Avoidable injuries can be categorised according to their severity, treatment type and reporting. **Figure 1: World Health Organisations (WHO) Injury Pyramid** [6].



Fatalities from avoidable injuries are only a small fraction of the total number of children injured and the pyramid highlights the burden of ill health and utilisation of NHS and non-NHS resources as well as an indication of the number of injuries not reported.

Exploration and experiencing risk are a normal part of healthy child development. However all sections of the community have a responsibility to ensure that children are able to grow up in an environment that does not expose them to unreasonable hazards.

3.3. WHO IS AT INCREASED RISK OF EXPERIENCING AN AVOIDABLE INJURY?

NICE (2010) recognises that those who are at greater than average risk include; under 5's being more at risk of injuries in the home and over 11's being more vulnerable to road injuries. Other factors are as follows [7]:

- Children who have a disability or impairment (physical or learning).
- Children from some minority ethnic groups.
- Children from low income families.
- Children who live in accommodation which potentially puts them more at increased risk (this includes multiple occupied housing; social and privately rented housing; temporary accommodation and high rise).

3.4. THE COST OF AVOIDABLE INJURY

Admitting a child to hospital following avoidable injury in the home is estimated to cost £16,900 [2]. The same source puts the cost of a road traffic injury at three times this, in excess of £50,000 [2]. Avoidable injuries in children and young people follow a life course approach so early interventions and preventative strategies that target individuals, families, communities and society at large are important to stop this ripple effect.

The NHS spends an estimated £131 m per year on emergency hospital admissions because of childhood Injuries.

The approximate lifetime medical, educational and social costs for one child with a severe traumatic brain injury is **£4.89 million.**

Most injuries are preventable and strategies to prevent injuries are usually relatively inexpensive to implement and are shown to have a beneficial return on investment [7].

Bath water scalds: Hot bath water is the leading cause of serious scalding injuries among young children and the annual cost of treatment for 0-14 year-olds can be £39.2 million. For a parent who is employed full-time, taking two weeks off work while their child is in hospital costs the economy £7,600.

Hot drink scalds: Hot drink scalds are one of the most common childhood injuries and the leading cause of children being admitted to burns services.

The average cost of inpatient treatment for an uncomplicated minor scald from a hot drink is £1,850. Each year the NHS spends around £2.2 m on inpatient treatment for children and young people with hot drink scalds CAPT (Childhood Accident Prevention Trust).

3.5. THE HUMAN COST OF AVOIDABLE INJURY: AIMEE'S STORY

Aimee (aged 2) was staying at a relative's house. The relative was running a bath and Aimee was in the bathroom with her. The relative turned around to take a towel off the rail (within the same room) and as she turned Aimee jumped into the bath.

Aimee considers herself lucky in that while growing up she has been surrounded by an amazing group of friends, and never experienced any issues or bullying. The following are her own words:

"At secondary school I missed a lot of the summer breaks with friends and spent the majority recovering from operations and going backwards and forwards to hospital appointments.

In year 8/9 at school I had 2 tissue expands inserted into my stomach which I had to attend hospital for twice a week. I had this done as I had a band of skin across the middle which as I've grown in height got tighter and I was gradually unable to stand up perfectly straight.

After having the balloons in for 6 weeks and having people stare at me out with my family thinking I was pregnant at a young age, they pulled the stretched skin up, grafted some skin from my thigh. I had numerous operations to change the dressings on my stomach and remove staples and had to spend 10 days bed rest lying flat unable to walk around or sit up.

In college I had an operation on my foot due to the skin on the tops of my feet becoming tighter in age which had started to pull my toes up over time gradually fracturing the bones in my foot. The operation included a graft on top of my foot taken from my legs wires in my toes to fix the bones back in my foot. I had the wires in for 6 weeks and had to wear a cast, then had another operation to remove the wires.

Other recent surgeries include grafts and skin releases to arms and shoulder; these are because as I'm growing up skin gets tighter making it uncomfortable to do certain tasks. All operations have been by choice to make things easier. I am still within the outreach clinic at hospital".

In terms of the effect on Aimee's family she states; "I have always wondered how it has affected my younger brother with my parents spending a lot of time with me in hospital and running me to the hospital for appointments. Obviously missing out at work and having to have time off for my appointments would have been tough on my parents."

Aimee is now aged 21
www.cbf-uk.org for Aimee's website and further information

Case study Courtesy of CAPT

Advice to avoid bath time scalds;

- run the bath before bringing the child into the bathroom
- never run the hot water tap first
- where possible get thermostatically controlled water heaters and mixer taps
- Ensure a responsible adult is present in the bath room at all times

4. POLICY CONTEXT: WHAT ARE THE DRIVERS

The Chief Medical Officer (CMO) Report: Prevention Pays; Our Children Deserve Better October 2013 [9] highlights childhood accidents as a leading cause of death and disability.

The Public Health Outcomes Framework (PHOF) contains an injury indicator for CYP [10]: 'Hospital admissions caused by unintentional and deliberate injuries in children and young people aged 0-14 and 15-24 years'.

The Marmot Report, "Fair society, Healthy Lives [5] highlights the impact of inequalities when looking at accidental deaths among children.

- The single major avoidable cause of death in childhood in England is unintentional injury – death in the home for under-5s and on the roads for 5-17year olds.

National Casualty Reduction Targets for Road Safety:

- A 40% reduction in the 2005-2009 average for those Killed or Seriously Injured (KSI) by 2020.
- A 50% reduction in the 2005-2009 average for child KSI by 2020.

Public Health England: are currently producing guides for Local Government and CCG regarding Avoidable Injuries these should be published in March 2014.

4.1. LOCAL POLICY

Nottingham City CCG has a specific target to reduce all hospital admissions in children and young people by 5% in three years.
Joint Strategic Needs Assessment (JSNA): Nottingham City and Nottinghamshire County have JSNA chapters dedicated to reducing avoidable injuries in CYP.

5. THE LOCAL PICTURE

The data presented in this section provides a local context of the impact and effects of avoidable injuries. The data presented follow the course of the Injury Pyramid (Fig 1) starting at fatalities and moving down the tiers as far as attendances/treatment at ED.

The true figure of injuries and resulting morbidities in Nottingham and Nottinghamshire are not reflected in this report as the figures exclude children who are treated at home, in primary care and walk in centres as this data is currently unavailable.

5.1. DATA SOURCES

The statistics quoted in this document have been compiled from a variety of sources including mortality statistics from ONS, road traffic accidents from STATS 19 data[1], hospital admissions data from Hospital Episode Statistics (HES)[2] and A&E attendance statistics.

Hospital data are residence based and are an indication of the population in each area admitted to or attending hospital as a result of being injured, regardless of the location of the event or the hospital.

5.2. FATALLY INJURED

There were eight deaths resulting from injuries in CYP living in Nottingham and Nottinghamshire in the period 1st April 2010 to 31st March 2013.

[1] In Great Britain information on mortality and morbidity resulting from road traffic accidents, involving vehicles on public highways, is collected by the police and collated by the Department for Transport
[2] The Department of Health collects data on hospital admissions. Diagnosis and external cause are coded using the International Classification of Disease coding, and ICD-10 codes have been in use since 1995.

The incidence of death was slightly higher in boys than girls, which is in line with the national picture.

5.3. Injuries resulting in Hospitalisation (Hospital Admissions or Inpatients)

There were a total of 5,700 admissions to hospital as a result of avoidable injuries between April 2010 - March 2013.

There were 44 admissions for burns and scalds, 88.5% of which were in the 0-5yr age group but mostly 1-2 yrs.

During financial year 2012/13 there were 722 falls in Nottingham City and Nottinghamshire County that were severe enough to require admission to hospital as inpatients. 45.5% of these occurred in the 0-5 age band.

The data in Table 1 shows that the rate of avoidable injury per 100,000 population for Nottinghamshire County is significantly lower than the England average and significantly lower than the average of 8 peer counties (of a similar socio-demographic make-up).

In Nottingham City the rate is comparable with the England average and significantly lower than the average of 10 other similar cities.

Table 1: Comparative Emergency Hospital Admission Rates for Avoidable Injuries in CYP Aged 0-17yrs in Financial Year 2011-12

	Rate of admissions per 100,000 population
England	123
East Midlands	112
Nottinghamshire County	106
Nottingham City	122
Average of 8 comparable Counties	124 (range 80-156)
Average of 10 comparable Cities	151 (range 98-181)

Note all figures rounded

5.4. Hospital admissions by age

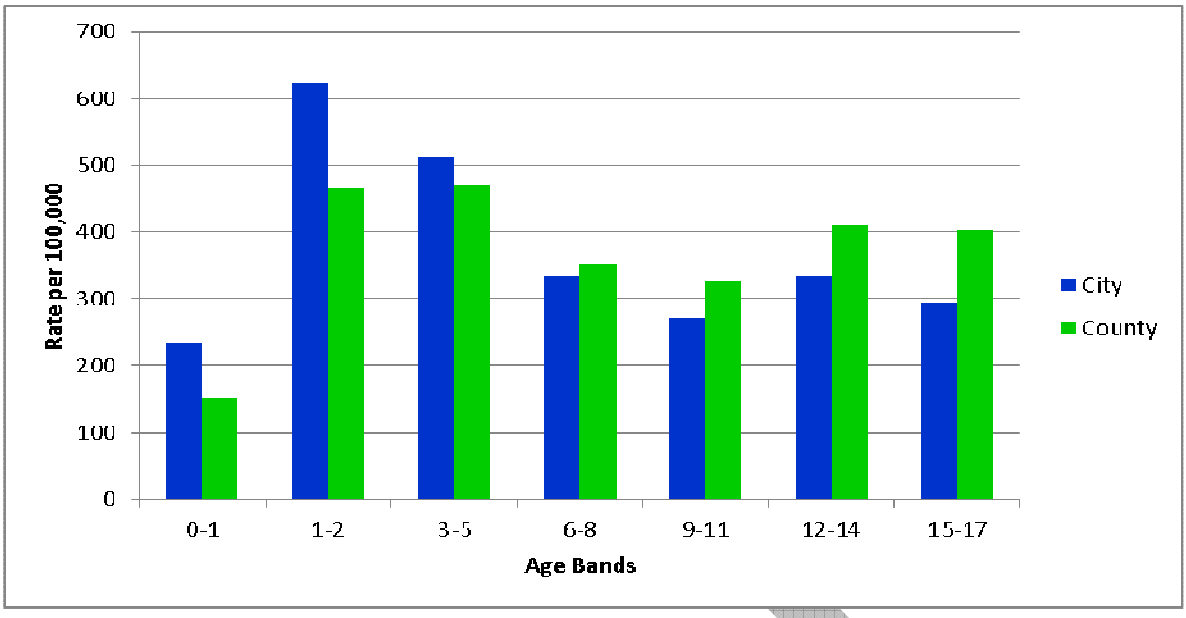
A child's age and stage of development has a bearing on the setting where injuries take place, e.g. under-5s are more likely to have avoidable injuries in the home environment. School-age children are much more likely to have injuries in the road environment [6]. The age group with the highest rate of injury is the under-5s in both city and county see figure 2.

Hospital admissions vary by age group with 0-5 year olds experiencing a higher proportion of all admissions for avoidable injuries: See Table 2 and Figure 2.

Table 2: Rate of Avoidable Injury per 100,000 by Age Groups in City and County

	Rate of injury per 100,000 population	
Age group	City	County
0-5	1,371	1,089
6-17	1,235	1,493

Figure 2: Rate of Injuries per 100,000 Population by Age Band (Data from April 2010 - March 2013)



5.5. CAUSES OF INJURY

The most common cause of injuries in 0-17yr age groups in both City and County is falls and the second most common cause is contact with non-living objects - such as furniture, sports equipment sharp glass, pins, nails (list not exhaustive) officially termed 'exposure to inanimate mechanical forces'. The causes tend to split by age group after this with poisonings, burns and scalds being more predominant in the 0-5 and transport accidents in the 6-17 age group (See Table 3)

Table 3: Causes of Injuries by Age and Area in 2012/13.

	Nottinghamshire County		Nottingham City	
	0-5 yrs	**6-17yrs**	**0-5 yrs**	**6-17yrs**
Falls	43%	46%	34%	38%
Contact with non-living objects - such as furniture, sports equipment sharp glass, pins, nails (list not exhaustive	22%	18%	29%	24%
Poisoning	15%	3%	13%	6%
Burns	4%		6%	
Transport	4%	19%	4%	18%
Contact with a living object (official title 'exposure to animate mechanical forces') includes being accidentally hit or struck by a living object such as a person, animal etc.	5%	8%	3%	6%

Figure 3 shows the percentage of injuries by cause for children and young people aged 0-17yrs as rate per 100,000 for Nottinghamshire and Figure 4 shows the same data for Nottingham City.

Figure 3: Nottingham City: Hospital Admissions by Cause of Injuries City 0-17 years (Rate per 100,000 population)

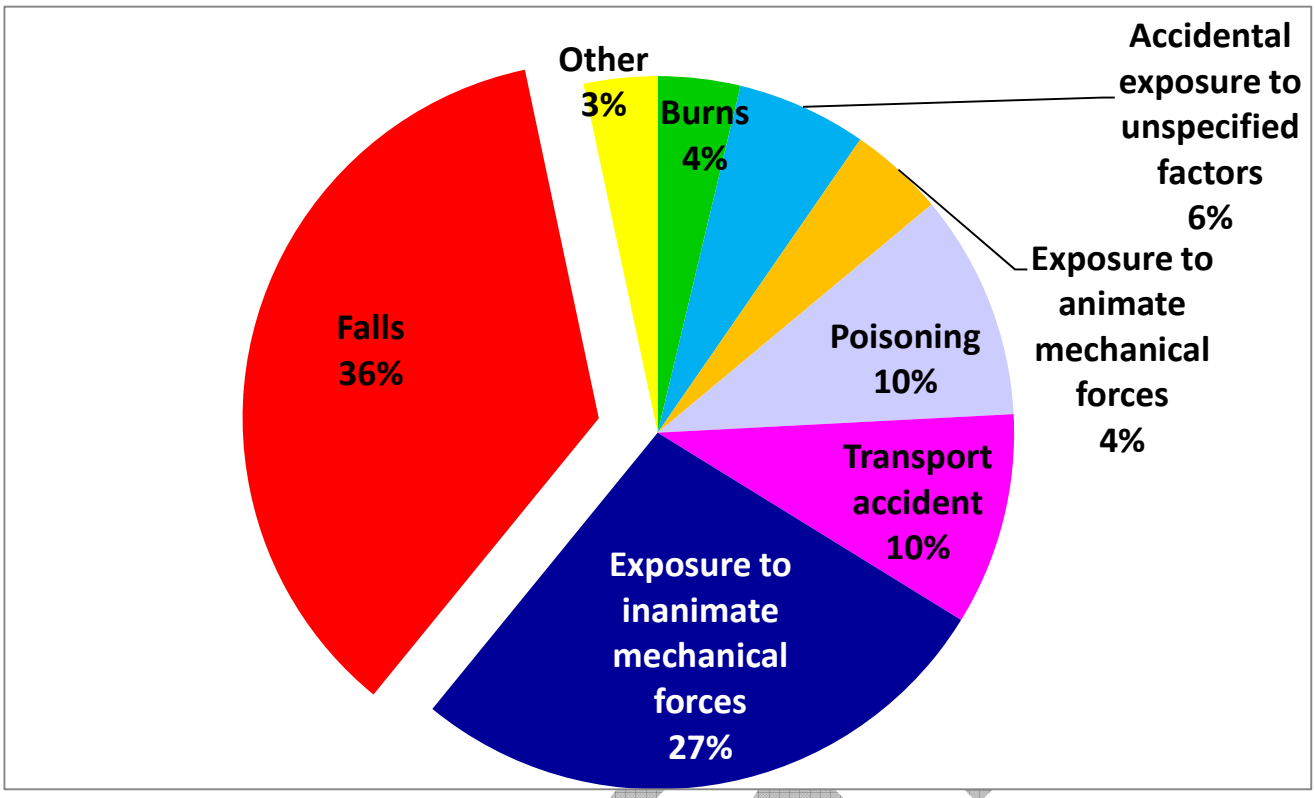
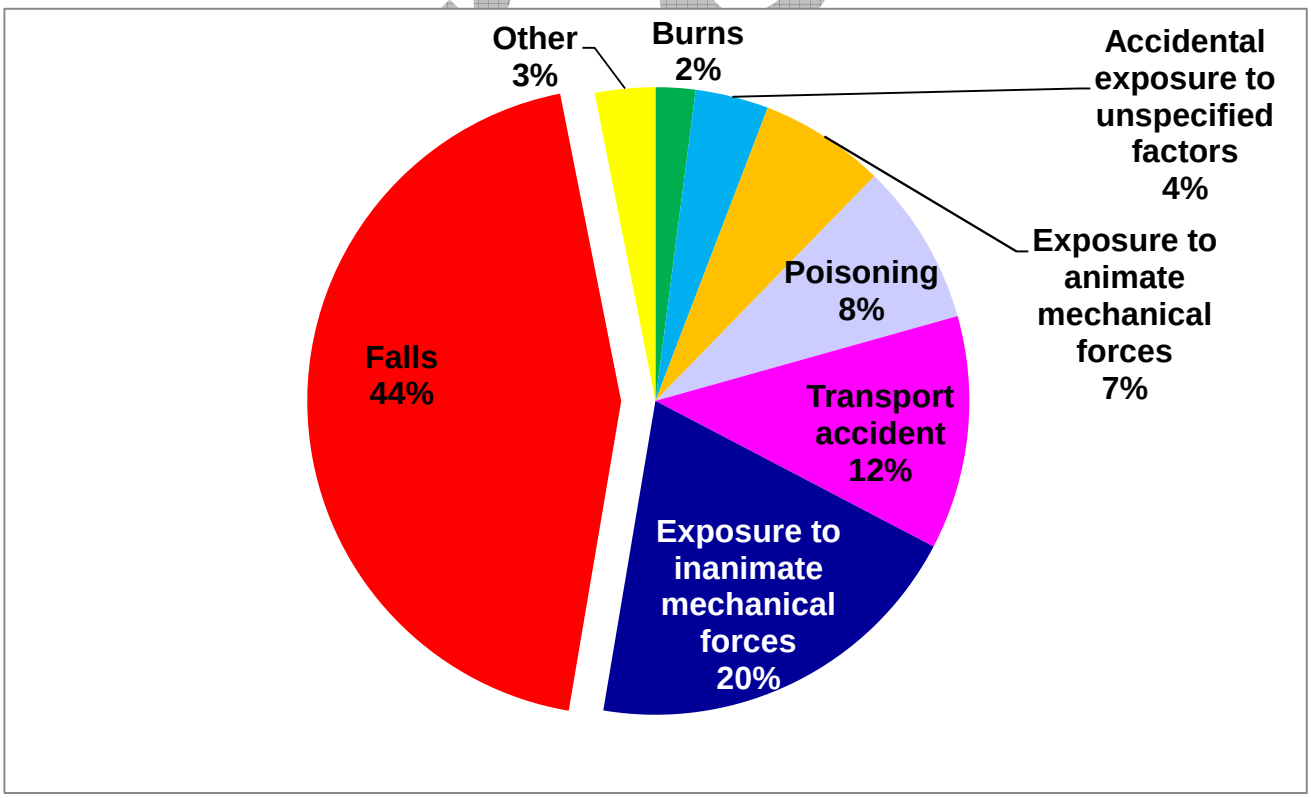


Figure 4: Nottinghamshire County: Hospital Admissions by Cause of Injuries City 0-17 years (Rate per 100,000 population)



5.6. Injuries Resulting in Emergency Department (ED) Attendances/Treatment

There were a total of 102,354 ED attendances for injury of which 4.2% (4,380) became inpatients during 2010 – 2013.

0-5 year olds have the highest incidence of injury in both the City and County as a rate per 100,000 population.

During financial year 2012/13; there were 3,322 ED attendances due to burns and scalds in Nottingham City and Nottinghamshire County which is an average of 9.1 per day or 63.8 per week.

Table 4: The Number of ED Attendances that became Inpatient Admissions for Avoidable Injuries 0-17years as Whole Numbers and as a Percentage

	ED attendances	ED inpatient admissions	Other sources of inpatient admission	% of ED attendances that became admissions	Total # of admissions	% of admissions via A&E
City	27,117	1,384	305	5.10	1,689	81.94
County	75,237	2,996	1,015	3.98	4,011	74.69
Total	102,354	4,380	1,320	4.28	5,700	76.84

The overall rate of ED attendances in both City and County is not significantly different from the national average. However, ED attendances for 0-4's in the City are significantly worse than the England average with 588.2 per 100,000 compared with 483.9.

In Nottingham City the majority of attendances to ED are due to bruises and wounds (31.2%). In Nottinghamshire County the majority of ED attendances are due to fractures, dislocation and joint injuries (24.8%).

In Nottingham and Nottinghamshire the four main reasons for attendances to ED are bruising/abrasions, fractures, ligament sprain and cuts.

5.7. Road Traffic Collisions

Nationally: mobile phones and other smart devices have been attributed to increased unintentional injuries. The AXA Roadsafe report [4] states that:

"Texting, tweeting, checking Facebook, surfing the internet and playing games on mobile phones could be responsible for a rise in the number of 11-12 year old children suffering road traffic accidents.
32% of all pedestrians seriously injured or killed during school run time are 11-12 years old and an 11 year old pedestrian is three times more likely to be killed or seriously injured during the school run than a 10 year old."

Locally: Data is 0-17 years for both Nottingham and Nottinghamshire during 2010-2013 taken from Hospital Data;

- **Pedal cycles**: A total of 361, 275 of which were to county residents
- **Pedestrians**: A total of 165, 53 of which were to city residents
- **Car occupants**: A total of 58, 48 of which were to county residents
- **Motorcycles**: A total of 75, 8 of which were to city residents.

Road Safety Data for 2012 show that for the 0-15 yr group there were there were 4 fatailities, 52 Serious Injuries and 278 slight injuries. 0-5 yrs pedestrians there were 34 KSI and 102 Slight injuries; More details are in Appendix 2.

Data from the Department for Transport (appendix 1) shows that since 1979 there has been a steady decrease in the rate of children killed and seriously injured (KSI) on the county's roads. However, death and casualty rates from road traffic collisions (RTCs) in Nottinghamshire as a whole remain significantly higher than the England average. The areas with the highest rate of KSI are rural areas with rural road networks and A roads.

5.8. SEASONAL VARIATION

There are seasonal variations for both admissions and attendances to ED in under 18's in both Nottingham City and Nottinghamshire County. ED attendances and admissions are highest throughout the spring and summer months.

5.9. AREAS OF GREATEST INTEREST: DEPRIVATION, DISADVANTAGE AND GEOGRAPHY

There is a clear association between injury and disadvantage.

In Nottingham City, children in the most disadvantaged quintile are 1.23 times more likely to be admitted as inpatients and 1.11 times more likely to attend ED than those in the least deprived quintile (National IMD Quintiles).

In Nottinghamshire County the gap is more pronounced with people in the most deprived quintile being 1.77 times more likely to be an inpatient and 1.74 times more likely to attend ED than the least deprived quintile.

The rate of hospital admissions in Bassetlaw is very high in comparison with the other districts at 1,301 per 100,000 population. The 2nd highest is Newark & Sherwood at 981 per 100,000 (Data from 2010-2013).

The districts with the highest incidence of ED attendance for avoidable injury are Newark & Sherwood followed by Bassetlaw.

Nottingham City ward level data: the highest number of inpatient admissions for City was in Aspley Ward and it is ranked 2nd by rate per 100,000 population.

6. EVIDENCE BASE: WHAT WORKS?

NICE Guidance recommended the following:

- Coordinating unintentional injury prevention activities:
  - Ensure there is a CYP injury prevention coordinator
- Installation and maintenance of permanent safety equipment in social and rented dwellings
- Incorporating home safety assessments and equipment provision within local plans and strategies for CYP health and wellbeing

There is strong evidence to suggest that reducing speed limits in built up urban areas will have a significant impact on reducing injuries on the roads and outdoors for anyone under the age of 25 [11, 12, 13, 15].

6.1. THE 5 E'S OF ACTION

The Centre for Disease Control [14] details 5 actions that need to be addressed to have the greatest impact to reduce and prevent serious unintentional injuries:

- **Environment**: Improvement in planning and design which results in safer homes, routes to school, leisure areas and roads. Adaptations to the environment such as fireguards, stair gates and cupboard locks help to make the home safer. Cycle lanes, speed limits and pedestrian crossings may make roads safer.
- **Education**: Increased awareness of the risk of accidents in a variety of settings for children, parents and carers and providing information on ways of minimising these risks.
- **Empowerment**: Local consultation and community involvement can generate a strong sense of commitment and ownership. Avoidable injury prevention initiatives that involve the community, have been influenced by a community and that are owned by a community have been shown to result in better outcomes and commitment.
- **Enforcement**: There is legislation which relates to child safety e.g. child car seats. These regulations ensure that the products we buy meet a reasonable level of safety performance, that road regulations are adhered to and that new dwellings meet an acceptable level of safety
- **Engineering**: This relates to the design and development of products, housing etc, taking safety into account.

These five approaches should not be considered in isolation. Successful strategies will consider all of them in the planning and development stages. A combination of approaches may be needed.

7. MEETING LOCAL NEEDS

7.1. GAPS IN PROVISION

A range of local interventions delivered by agencies aim to reduce avoidable injures in children and young people. These interventions are not equitably distributed (do not cover all areas or necessarily areas of greatest need). Many are funding-dependent and not mainstreamed or have sustainability issues. There is a requirement to improve coordination and communication between agencies.

7.2. RESOURCES

It should be recognised there is a commitment to reducing avoidable injuries in many agencies across Nottingham and Nottinghamshire. All of these have some resource, mostly staff time.

The coordination of avoidable injuries within City and County is being led by Public Health Consultants and staff in Nottingham City and Nottinghamshire County.

The agencies who have made pledges and others are all participating in delivering this strategy and its resulting actions in a coordinated way.
It is recognised that in order to have a substantial impact upon this most important of issues, further financial resources will be required and explored.

8. INFORMING THE STRATEGY TO DATE

8.1. STAKEHOLDER DAY

Public Health Nottingham City and Nottinghamshire County hosted a stakeholder day on 13th July 2013, to galvanize stakeholder interest in preventing avoidable injuries in children and young people.

8.2. MAPPING EXERCISE

Following the stakeholder day, an avoidable injuries intervention mapping exercise was undertaken (See Appendix 2). The intervention mapping exercise was sent to all the stakeholders who attended the event and other key agencies who were unable to attend the stakeholder day. The results of the mapping indicated:

- There are many avoidable injuries interventions focusing on the under 5's. However, many of the agencies who are delivering them are working in silos.
- There is potential to utilise the statutory agencies more, for example Nottinghamshire Fire & Rescue in the delivery of avoidable injuries interventions.
- Nottingham City Council and Nottinghamshire County Council have excellent road safety partnerships
- The voluntary sector is an important contributor to tackling avoidable injuries within Nottinghamshire County.

9. EVALUATION

This strategy will be subjected to regular review in order that progress is assessed and priorities redefined. The first major review will take place one year from launch.

10. ACTION PLAN

The partner organisations committed to the strategy are to take forward a programme of activity to reduce avoidable injuries in CYP. It is anticipated that the action plan will be a live plan which will be updated and amended throughout the course of the strategy.

10.1. SUB GROUPS

A series of task and finish groups will be identified or established to lead on the key objectives from this strategy.
It is envisaged that the following will happen;

Home: Establish a group to focus on interventions to improve home safety and reduce risks in the home setting

Road: Link in with the existing road safety partnership group

Leisure: A longer term aim is to establish a group to focus on risk reduction in the leisure setting

Objectives	Actions	Outcomes	Possible Lead/stakeholders	Timescales	Progress
To develop a strategy for avoidable injuries for CYP and strategic partnership to develop and lead the program.	1. Hold stakeholder event, using feedback to inform strategy	1. Multi-agency feedback/expertise included in strategy	Public Health Nottingham City Council/ Nottinghamshire County Council Nottingham/shire C&YP Avoidable Injuries Strategic Group	July 2013	1.Event held, July 13
	2. Development of a Stakeholder group to develop & lead the strategy	2. Stakeholder group established	As above	November 2013	2. Stakeholder group established November 13 and strategy developed July13-December
	3. Take draft strategy through LA formal arrangement and consultation processes.	3. Full consultation undertaken and formal process of ratification undertaken.	Nottinghamshire County and Nottingham City Public Health leads	Feb - June 2014	
	4. Launch of strategy	4. Strategy developed and launched functioning strategy	Stakeholder group & wider partners	June 2014	4. Date proposed for launch of strategy (to be June 2014)
	5. Development of sub groups to lead and take forward the key themes.	5. Sub groups identified and established to lead sub areas of strategy.			
To coordinate all services who have a role to play in preventing avoidable injuries	1. Undertake multi-agency mapping exercise, followed by gap analysis in line with gaps in services.		Public Health Nottingham City Council/ Nottinghamshire County Council		

Objectives	Actions	Outcomes	Possible Lead/stakeholders	Timescales	Progress
To develop business cases and project/action plans to establish funding or to mainstream key services; ensuring areas/populations of greatest need are prioritised	2. Work with northern district CCGs, voluntary sector and community providers to develop plans for local delivery.	Sustainable provision of interventions to reduce AI		Feb 2014 – Feb 2015	
	3. Communicate services available to all people who work front line • Set up sub group • Development of Task and finish groups • focusing on home safety, road safety and outdoor safety • Training for professionals and volunteers • Adopt a standardised checklist for avoidable injuries in the home		Available communications leads from stakeholder agencies.	July 2014-on going	
To maximise and prioritise resources to achieve the set objectives and outcomes	To identify sources of funding and look for sustainable methods of delivery.	Allocation of funding to appropriate developments for example home safety equipment scheme)	Public Health Nottingham City Council/ Nottinghamshire County Council		
To ensure evaluation is built into all developments at the onset of each project	All sub groups look at evaluation and coordinate and develop regular evaluation reports				

Objectives	Actions	Outcomes	Possible Lead/stakeholders	Timescales	Progress
To develop a communication plan that will engage all relevant partners	Consultation with children and parents through the City Council and the County Council groups Target partners Target population Develop media material Develop subgroup to develop and integrate comms plan Ensure AI pathway is included on Information Prescription website, *nottsinfoscrip*t		Public Health Nottingham City Council/ Nottinghamshire County Council		
To develop and implement a coordinated approach to surveillance, data collection, sharing and reporting.	All partners to commit to data sharing and make data available	Avoidable injuries dashboard for the city and the county which includes all relevant avoidable injuries data from all stakeholders	Public Health Nottingham City Council/ Nottinghamshire County Council	July 2013-on going	
To develop evidence-based approach/programme to avoidable injuries	All projects developed to be in line with the best available evidence Development of a home safety equipment scheme			July 2013-on going	

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12. SUPPORTING MATERIAL & ADDITIONAL READING

UK Government, Making roads safer https://www.gov.uk/government/policies/making-roads-safer

The updated Strategic Framework for Road Safety
https://www.gov.uk/government/publications/strategic-framework-for-road-safety

Think Education road safety booklet http://think.direct.gov.uk/education/early-years-and-primary/docs/booklet_senior_managers.pdf

European child safety alliance Good practice guide
http://www.childsafetyeurope.org/publications/goodpracticeguide/info/good-practice-guide.pdf

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Shakiba Habibula (2013) , Consultant in Public Health, Buckinghamshire County Council: **Avoidable Injury in Children**

Department for Transport statistics

https://www.gov.uk/government/publications/reported-road-casualties-great-britain-annual-report-2012

RAS30036

Casualties resulting from reported personal injury road accidents, by age and severity, Great Britain, 1979-2012

Number of casualties

Child (0-15)

Year	Killed	Seriously injured	KSI[1]	Slightly injured	All casualties
1979	636	11,822	12,458	40,029	52,487
1980	533	11,554	12,087	39,083	51,170
1981	571	11,103	11,674	37,977	49,651
1982	536	11,283	11,819	38,097	49,916
1983	605	11,138	11,743	38,913	50,656
1984	588	11,453	12,041	40,627	52,668
1985	515	10,614	11,129	37,649	48,778
1986	450	9,621	10,071	36,472	46,543
1987	466	9,087	9,553	35,399	44,952
1988	462	8,909	9,371	36,541	45,912
1989	440	8,965	9,405	38,502	47,907
1990	417	8,870	9,287	39,353	48,640
1991	377	7,684	8,061	36,349	44,410
1992	310	7,434	7,744	36,443	44,187
1993	306	6,670	6,976	35,617	42,593
1994	299	7,226	7,525	37,627	45,152
1995	270	6,983	7,253	36,536	43,789
1996	270	6,719	6,989	37,848	44,837
1997	255	6,197	6,452	38,094	44,546
1998	206	5,873	6,079	37,366	43,445
1999	221	5,478	5,699	36,352	42,051
2000	191	5,011	5,202	34,513	39,715
2001	219	4,769	4,988	33,281	38,269
2002	179	4,417	4,596	30,093	34,689
2003	171	3,929	4,100	27,888	31,988
2004	166	3,739	3,905	27,095	31,000
2005	141	3,331	3,472	24,654	28,126
2006	169	3,125	3,294	22,229	25,523
2007	121	2,969	3,090	20,717	23,807
2008	124	2,683	2,807	19,189	21,996
2009	81	2,590	2,671	17,984	20,655
2010	55	2,447	2,502	17,067	19,569
2011	60	2,352	2,412	17,062	19,474
2012	61	2,211	2,272	14,979	17,251

1 KSI = Killed or seriously injured

Telephone: 020 7944 6595
Email: roadacc.stats@dft.gsi.gov.uk
Notes & Definitions

Source: DfT STATS19
Last updated: 26 September 2013
Next update: September 2014

The figures in this table are National Statistics

APPENDIX 2: ROAD SAFETY DATA 2012

INJURY ACCIDENT AND CASUALTY ANALYSIS - NOTTINGHAMSHIRE POLICE AUTHORITY

From 01 January 2012
To 31 December 2012

FIGURES AS OF 02/04/2013

	01 Jan - 31 Dec 2005 - 2009 Average	01 Jan - 31 Dec 2011	01 Jan - 31 Dec 2012	Comparison of 2012 with 2011		Comparison of 2012 with 2005 - 2009	
				Change	%Change	Change	%Change
ALL INJURY ACCIDENTS							
Fatal Accidents	51.2	36	32	-4	-11.1%	-19.2	-37.5%
Serious Accidents	564.8	515	484	-31	-6.0%	-80.8	-14.3%
Slight Accidents	2,918.0	2,433	2,337	-96	-3.9%	-581.0	-19.9%
TOTAL ACCIDENTS	**3,534.0**	**2,984**	**2,853**	**-131**	**-4.4%**	**-681.0**	**-19.3%**
FATAL + SERIOUS ACCIDENTS	616.0	551	516	-35	-6.4%	-100.0	-16.2%
ALL CASUALTIES							
Fatal Casualties	57.0	37	33	-4	-10.8%	-24.0	-42.1%
Serious Casualties	631.6	568	545	-23	-4.0%	-86.6	-13.7%
Slight Casualties	4,122.6	3,413	3,217	-196	-5.7%	-905.6	-22.0%
TOTAL CASUALTIES	**4,811.2**	**4,018**	**3,795**	**-223**	**-5.6%**	**-1,016.2**	**-21.1%**
KSI Casualties	688.6	605	578	-27	-4.5%	-110.6	-16.1%
CHILD CASUALTIES (0-15 yrs)							
Fatal Casualties	2.2	0	4	4	100.0%	1.8	81.8%
Serious Casualties	72.0	56	52	-4	-7.1%	-20.0	-27.8%
Slight Casualties	405.0	314	278	-36	-11.5%	-127.0	-31.4%
TOTAL CASUALTIES	**479.2**	**370**	**334**	**-36**	**-9.7%**	**-145.2**	**-30.3%**
KSI Casualties	74.2	56	56	0	0.0%	-18.2	-24.5%
PEDESTRIANS							
KSI Casualties	140.6	126	119	-7	-5.6%	-21.6	-15.4%
Slight Casualties	393.6	363	333	-30	-8.3%	-60.6	-15.4%
TOTAL CASUALTIES	**534.2**	**489**	**452**	**-37**	**-7.6%**	**-82.2**	**-15.4%**
Child peds (0-15 yrs) KSI Casualties	39.8	36	34	-2	-5.6%	-5.8	-14.6%
Child peds (0-15 yrs) Slight Casualties	140.0	102	102	0	0.0%	-38.0	-27.1%
Elderly peds (60 and over) KSI Casualties	21.0	21	15	-6	-28.6%	-6.0	-28.6%
Elderly peds (60 and over) Slight Casualties	39.0	39	44	5	12.8%	5.0	12.8%
PEDAL CYCLISTS: RIDERS & PASSENGERS							
KSI Casualties	72.6	90	86	-4	-4.4%	13.4	18.5%
Slight Casualties	279.2	293	271	-22	-7.5%	-8.2	-2.9%
TOTAL CASUALTIES	**351.8**	**383**	**357**	**-26**	**-6.8%**	**5.2**	**1.5%**
MOTOR CYCLISTS: RIDERS & PASSENGERS							
KSI Casualties	163.2	134	115	-19	-14.2%	-48.2	-29.5%
Slight Casualties	308.6	247	213	-34	-13.8%	-95.6	-31.0%
TOTAL CASUALTIES	**471.8**	**381**	**328**	**-53**	**-13.9%**	**-143.8**	**-30.5%**
CAR/TAXI: DRIVERS & PASSENGERS							
KSI Casualties	275.8	229	223	-6	-2.6%	-52.8	-19.1%
Slight Casualties	2,769.0	2,165	2,104	-61	-2.8%	-665.0	-24.0%
TOTAL CASUALTIES	**3,044.8**	**2,394**	**2,327**	**-67**	**-2.8%**	**-717.8**	**-23.6%**
ALL CASUALTIES WHERE DRIVER 17-24 yrs INVOLVED							
KSI Casualties	177.0	115	118	3	2.6%	-59.0	-33.3%
Slight Casualties	1,303.2	970	901	-69	-7.1%	-402.2	-30.9%
TOTAL CASUALTIES	**1,480.2**	**1,085**	**1,019**	**-66**	**-6.1%**	**-461.2**	**-31.2%**

Nottinghamshire County Council

Report to the Health and Wellbeing Board

7 May 2014

Agenda Item: 7

REPORT OF THE CORPORATE DIRECTOR, CHILDREN, FAMILIES & CULTURAL SERVICES

LIBRARIES AND COMMUNITY LEARNING HEALTH AND WELLBEING – ROLE, IMPACT AND POTENTIAL

Purpose of the Report

1. To update the Health and Wellbeing Board about health and wellbeing related activity taking place across the Libraries, Archives, Information and Learning Service and outline opportunities for further development.

Information and Advice

Existing Framework

2. The Health and Social Care Act 2012 aims to deliver better services and outcomes with greater demographic accountability and efficiency through a new focus on public health and health inequalities; the local authority has responsibility for improving health and wellbeing outcomes, tackling the wider determinants of health and combining traditional and new approaches, and providing improved quality and choice for patients.

Background

3. Public libraries and Adult Community Learning Services (ACLS) are poised to play an important role in the health and wellbeing of local communities through services and resources that support the new public health responsibilities of local authorities. They are ideally placed to deliver early intervention, preventative care and address local health inequalities, and can help Health and Wellbeing Boards to deliver better public health outcomes, as part of the commissioning landscape.

4. Nottinghamshire Libraries and the Adult Community Learning Services (ACLS) have a significant reach into all areas of the County, with over 3 million visits to libraries, 0.5 million information requests, 400 mobile stops, 8,000 adult learners and service delivery in 60 libraries and 300 learning venues.

5. The profile of library customers matches the demographics of their catchments and 73% of learners come from the most deprived communities.

6. The Society of Chief Librarians (the national body for leaders of libraries) has endorsed this approach, and the Health Offer is one element of four national offers.

7. Libraries provide:

- a network of local hubs with non-stigmatised, non-clinical community space where people can meet others and stay connected physically and virtually
- community outreach supporting vulnerable people
- staff with local knowledge and expertise in information management, reading and community engagement
- assisted on-line access.

8. They enable local communities to help themselves through:

- health and care information services
- referral and signposting
- Public Health promotional activity
- national reading programmes promoting learning, literacy and well-being
- social and recreational opportunities e.g. reading groups
- volunteering and community engagement activities that build people-centred services and keep people active, involved and learning.

9. Outcomes are substantial as they:

- empower people to access and use health and wellbeing information
- can help with the prevention and early diagnosis of illness
- provide a network of easily accessible, non-threatening, inclusive environments
- reduce isolation amongst the elderly
- provide carers with an escape mechanism
- provide information to appropriate self-help and local health services.

10. Similarly Community Learning managed by local authorities has been shown to have a significant impact on health and wellbeing for those who participate. The recent Department for Business, Innovation and Skills (BIS) strategy, *New Challenges New Chances* identified a range of objectives for the national Community Learning budget to address. These include:

- to improve/maintain health and/or social wellbeing
- reduce costs on welfare, health and anti-social behaviour.

Evidence of Impact

11. Research has shown that an increased emphasis on health promotion, health awareness and health prevention activity can reduce the need for costly intervention. There is a growing emphasis on self-help. It is also now recognised that health is as much about emotional and psychological wellbeing as it is about physical wellbeing. There is a clear role for libraries here. Libraries are information providers and library staff are information facilitators, helping and guiding people to access and understand the information they require.

12. There is also a strong correlation between reading, literacy and health. Reading services offered through public libraries impact on literacy levels and there is overwhelming evidence that literacy has a significant relation to a person's health and success in life. In addition, reading for pleasure reduces stress and increases mental and emotional wellbeing. Research by consultancy Mindlab International at the University of Sussex indicates that reading is the best way to relax and even six minutes a day can be enough to reduce stress levels by more than two thirds (68%).

13. Reading and literacy is attracting increasing attention from primary care practitioners as a means of reducing demand on the National Health Service. This interest is further reinforced by the National Institute for Health and Clinical Excellence guidelines indicating that primary care professionals should offer bibliotherapy based therapy for mild to moderate mental disorders.

14. According to Professor Neil Frude (consultant clinical psychologist, Cardiff and Vale University Health Board), who first developed the Books on Prescription Scheme, bibliotherapy has the following advantages over medication:

- higher patient acceptability
- more immediate effects than some medication
- no rebound effect at the end of treatment
- tendency for continued improvement over time
- lower relapse rates
- no appreciable adverse side effects as with medication
- no danger of overdose.

15. Research undertaken on the value of adult learning has shown the contribution this activity makes to support the improvement and maintenance of health and social wellbeing as well as wider outcomes. The National Institute of Adult Continuing Education (NIACE) document *The case for investment in learning for adults, A contribution to the 2013 Spending Review* highlights research that shows how lifelong learning contributes to better health, with huge potential savings to the health service and demonstrates the measurable impact of lifelong learning on social value and wellbeing.

16. NIACE itself has developed work on the value of learning for adults for a number of outcomes, using the approaches advocated in HM Treasury's Green Book Annex on valuation techniques for social cost–benefit analysis. This shows that participating in learning for adults leads to improvements in health, with a value in terms of increased wellbeing equivalent to £148 for each individual; a greater likelihood of finding a job and/or staying in a job with a value of £224 per individual; better social relationships, which has a value of £658 to the individual; and a greater likelihood that people volunteer on a regular basis, which has a value of £130 to the individual.

17. Recent BIS data suggest that learning can offset the natural decline in wellbeing associated with ageing. Department for Work and Pensions research found that healthier, more active later lives could result in significant savings in the costs of health care, social care, pensions and benefits. The research estimates that "improving healthy life expectancy by just one year each decade could generate a 14% saving in spending on healthcare and an 11% saving in spending on benefits between 2007 and 2025".

Current Activity

18. Nottinghamshire Public Library Service and ACLS deliver a range of activities and information that supports the health and wellbeing agenda which are outlined in **Appendix 1**. In addition several discrete projects have been undertaken, for example:

- funding from Adult Social Care and Health was used to develop opportunities for people with Aphasia (a condition that affects a person's ability to communicate) to enjoy poetry. An external facilitator and poet ran 10 creative poetry sessions over a five month period. People who attended the sessions had a wide range of symptoms and disabilities. They found enjoyment in the social aspects of the sessions and pleasure in having the opportunity to express themselves in a friendly and supportive atmosphere.

- the Library Service had external funding from the BBC's Headroom mental health project to deliver a series of creative writing workshops and sculpture workshops. This included the creation of a brain sculpture which became a focal point for discussions about mental health and increased understanding and awareness of mental health and wellbeing issues.

- several 'Unwind Your Mind' events have been held in libraries, most recently at West Bridgford Library during World Mental Health Awareness week. The event aimed to tackle stigma and raise awareness of mental health issues, to promote mental health services and to promote the benefit that reading can have on wellbeing. The event was planned in partnership with Rushcliffe Community and Voluntary Service and Rushcliffe Clinical Commissioning Group. The format was a selection of stalls providing health and wellbeing information and a combination of drop-in and scheduled activities including Mindfulness sessions, a Story Café and drum workshop.

- libraries have worked recently with the Mental Health Co-Production team to develop a touring exhibition specifically for libraries. The 'Expressions' exhibition is touring Worksop, Mansfield and West Bridgford libraries over the summer. Artists who contributed to the exhibition have experience of mental health issues.

- Worksop Library hosted a 'Choose Well' campaign in partnership with NHS Bassetlaw Clinical Commissioning Group. The campaign aimed to encourage people to use the most appropriate health services according to their symptoms and to reserve A&E visits for life threatening emergencies only. Staff from NHS Bassetlaw were on hand to inform people of available health services through an interactive health game, and distribution of Choose Well leaflets informing people of the NHS services they should use for particular illnesses and injuries.

- the Library Service has also received funding from internal and external partners to develop book collections; one such collection is a Books on Prescription Scheme which is funded by Public Health. Launched in 2013 the national Books on Prescription scheme for England 'Reading Well' builds on best practice and combining expert endorsed self-help reading and health information alongside mood-boosting creative material. This initiative is in partnership with a range of medical

organisations including: The Royal College of Psychiatrists, The Royal College of Nurses and The Royal College of General Practitioners.

- the Library Service is working with Sherwood Forest Hospitals to pilot memory bags for loan. People with dementia often find it easier to remember things from the past rather than incidents that took place recently. In the later stages of dementia they may have increasing communication problems which make social interaction with their relatives and friends difficult and distressing. The provision of themed bags can prove a valuable resource both for the person affected and their carers. They can be used either at home or taken along on a visit to someone in a care home to structure the interaction and provide an enjoyable social activity. Memory bags include a selection of suitable books (Pictures to Share, Opie Scrapbooks), objects on a particular theme, DVD or CD, photographs and pictures.

- Rug Rats activity was run by a voluntary sector organisation in partnership with the local Sure Start in Warsop. Over the 26 weeks of the project, 15 young parents took part with their children, the vast majority of whom were newly recruited to the centre for the project. The sessions started with an hour of relaxed social time where parents could sit and chat with each other and the workers. This was followed by a different activity each week. Activities included making baby books and story bags, plaster foot and hand moulds, healthy cooking and baby massage. The project workers linked the sessions with a range of other services to bring specialist advice and information to the parents. This included a session on weaning, and another on vaccinations. A Sure Start or Health Visitor came along to the group every other week.

- 'Nurtured by Nature' activities are for adults who have experienced mental health issues. The peaceful rural setting managed by the Indigo Brave organisation introduces them to sustainable farming and animal husbandry as a means of improving the individual's management of their mental health. ACLS funds Indigo Brave to work with the learners to consider their relationship to nature, their community and their wider relationships and learners then use that knowledge to motivate and mentor others.

Future Offer

19. There is potential to develop the future health and wellbeing offer from Libraries and ACLS, some ideas include:

- **Health and Wellbeing Centres in Libraries**
  Branded areas within libraries which house healthy living and health-related books and resources, have informal, comfortable seating, and display space, providing a one-stop place for health and wellbeing information and activity. The centres could be situated in the County's 12 main libraries with a high level of accessibility in respect of transport links and opening hours.

  The books and other resources would be selected in consultation with health professionals. Health and Wellbeing volunteers present to provide support, advice and signposting to health information and organisations. Touch screen kiosks providing health information when the volunteers are not present; the service is available through the online catalogue accessible from home.

Pods available which allow health groups to promote their services.

During the week a range of groups meet in the space. Some are self-help groups or carers' support groups that share information and provide support. At other times positive activities are held such as bibliotherapy sessions or workshops such as smoking cessation.

- **Books on Prescription Scheme for Children and Young People**
  A collection of books and resources available from all County libraries, chosen from recommendations from child and adolescent mental health service professionals. Titles reflecting a range of ages, literacy levels and common health problems, including anxiety, eating disorders, sleep problems, depression, stress and behavioural problems. Parenting books are included in addition to titles for children and young people. Books and resources may be 'prescribed' by health professionals or selected from open library shelves.

- **Healthy Eating for Families**
  ACLS offer of courses that will impact on obesity in adults and children. Working with the family to embed healthy eating through knowledge of balanced nutrition and the techniques of healthy cooking similar programmes have shown results in reducing obesity within families and across age groups. By linking a knowledge of healthy eating to the offer of subsidised enjoyable exercise - such as ice-skating - families which would are not normally physically active are motivated to use exercise as part of a healthy overall lifestyle.

Other Options Considered

20. The report is for noting only.

Reason/s for Recommendation/s

21. Public Libraries and Community Learning Services are well placed to contribute to the health and wellbeing agenda in terms of supporting early intervention, preventative care and addressing local health inequalities.

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 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) That the contribution and potential contribution made by the Library Service and Community Learning Service towards the health and wellbeing strategy be noted.

Anthony May
Corporate Director, Children, Families and Cultural Services

For any enquiries about this report please contact:

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Constitutional Comments

23. As this report is for noting only, no Constitutional Comments are required.

Financial Comments (KLA 07/04/14)

24. There are no financial implications arising directly from this report.

Background Papers and Published Documents

New Challenges, New Chances – Department for Business Innovation and Skills

The case for investment in learning for adults: a contribution to the 2013 Spending Review – National Institute of Adult Continuing Education

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.

Electoral Division(s) and Member(s) Affected

All.

C0406

Appendix 1

Health and Wellbeing activity across Nottinghamshire libraries and Adult and Community Learning Service

Health & Wellbeing Activity	Public Libraries	Adult and Community Learning Service (ACLS)
Children, Young People and Families	**Information and Guidance** • Adoption and Fostering collections; expanded with funding from NCC Adoption and Fostering Services • Parents and Carers collections • A resource for children who receive their education outside of school **Books & other library materials** • Free library membership • Up to 24 items may be borrowed at any one time • No overdue charges for children and young people up to the age of 19 • No charges for lost or damaged books for children under five • Online access to free e-books, e-magazines and online subscriptions to support homework • Membership entitlements for Childminders,	• Two dedicated funding streams to manage and deliver bespoke family learning opportunities to Nottinghamshire families. • In 2012/13 1300 parents/carers engaged in Family English and Maths Activities. Approximately 100 Functional Skills qualifications have been achieved. Over 750 parents /carers were involved in broader family learning activity during the same period; a number of these also achieved accreditation for the work undertaken. • As part of this work bespoke activity has been arranged for Foster and Adoptive parents; this activity was arranged in conjunction with the Public Library Service • ACLS has also funded activity to align with the Local Authority's Closing the Gap agenda. • The majority of the above mentioned activity has taken place in the Authority's schools and / or Children's Centres.

	Playgroups/Nurseries, Foster Carers and Schools which allow group borrowing and no charges **Reading & Literacy** • Bookstart offers the gift of free books to all children at two key ages before they start school, to inspire a love of reading that will give children a flying start in life. Distributed via Health Centres, Early Years Centres and other partners such as Nottinghamshire Family Nurses • Targeted work with under-fives settings such as children's centres, refuges, Homestart, voluntary groups, day nurseries, LA nurseries, playgroups and health centre baby groups to promote shared reading and the library service. • The Early Years team work with all Early Years professionals across the county demonstrating best practice, promoting the Bookstart scheme and the Library Service. • Work with Schools including: - Introductory library visits to explain the range of materials and services on offer - Book exchange visits to regular visits to maintain the children's' interest in reading for pleasure. • Summer Reading Challenge is aimed at children aged 4 – 11 encouraging children to keep reading over the summer holidays.	

	Children challenged to read 6 books and rewarded with stickers and other incentives including a medal and certificate when they complete the challenge. • Chatterbooks Reading Groups Regular children's' reading groups are run in selected libraries and encourage children to read regularly and adventurously. They develop confidence as readers and learn to shape and express their ideas and opinions • Letterbox Club for Looked After Children Working with the Virtual School, the Library Service administers the Letterbox Club which aims to support and improve literacy and numeracy skills. Children who are looked after in school years 3, 5 & 7 receive personalised parcels delivered direct to their address filled with books, simple games and stationery items. **ICT Access** • Free access to Internet • Free Wi Fi in larger libraries	
Smoking and tobacco control	• Community space for health promotion and cessation workshops • Promotion on mobile libraries	• ACLS manages the delivery of learning that engages 8000+ people per year. • As shown by the studies mentioned above,

	• Health information events for families • Advertising on library digital screens • Supported access to NHS choices • Self-help books on giving up smoking • Signposting to other health providers • Delivering health awareness sessions in communities	engagement in learning increases smokers' chances of giving up. • Health awareness literature can be made available to learners. • Learners can be signposted to Health awareness sessions.
Healthy Weight, Healthy Life: Obesity	• Community space for health promotion • Promotion on mobile libraries • Health information events for families including life style health checks e.g. blood pressure, BMI check • Advertising on library digital screens • Supported access to NHS choices • Self-help books on health eating, healthy cooking and health lifestyle • Sports collections at Retford, Beeston, Newark, Arnold and Sutton in Ashfield	• Delivery of Healthy Eating Courses, Healthy Cooking, cooking on a budget, understanding food labels, exercise courses In local communities where they are accessible and "safe"

	• Community space for dieting clubs • Signposting to other health providers • Providing information to ACLS learners (approx. 8000 per year) • Delivering health awareness sessions in communities such as health eating workshops	
Substance misuse: Alcohol & Drugs	• Community space for health promotion • Promotion on mobile libraries • Health information events for families • Advertising on library digital screens • Supported access to NHS choices • Self-help books on substance abuse • Young Adult collections self-help books • Community space for cessation workshops • Signposting to other health providers • Providing information to ACLS learners (approx. 8000 per year)	• ACLS manages the delivery of learning that engages 8000+ people per year. • As shown by the studies mentioned above, people engaged in a learning activity are less likely to report on drug or alcohol abuse problems. • Health awareness literature can be made available to learners. • Learners can be signposted to support sessions.

	• Delivering health awareness sessions in communities	
Learning Disability and Autistic Spectrum Disorders	• 'Our library' courses aimed at adults with learning difficulties. The course aims to increase independent library use by giving participants confidence and skills in using libraries. • Promotion of services for parents and carers • Providing a welcoming and understanding library environment • Signposting to other health providers	• A Priority group for ACLS is Learners with a learning difficulty or a disability. • In 2012/12 2770 learners reported having either a learning or physical disability (30% of the total) 73 learners reported being on the Autistic Spectrum. • Courses are funded in Day Service settings, Residential homes, Libraries, community centres and a small number in individual's homes. • Additional funding is provided to enable additional learning support to be provided. • Learning Providers talk to potential learners to discover which types of activities/subjects they would like to learn more about.
Physical Disability, Long Term Conditions and Sensory Impairment	• Library books delivered to customers at home via the Home library Service • Mobile Library Service delivering library services to communities without access to static libraries, often in rural locations • Promotion of services for parents and carers • Providing a welcoming and understanding environment.	As above

	• Health information • Self-help books • Support for mental health • Signposting to other health providers • Commitment to Six Steps to Library Services for Blind and Partially Sighted People which aims to improve access to library services by pproviding collections of large print and audio books, making sure accessible technology is available, and have a library champion for the reading needs of blind and partially sighted people • Four Visually Impaired Reading groups • Bookstart Bookshine packs for children who are deaf contain two board books, a booklet of advice about sharing books with deaf children, a book guide listing lots more great books, as well as useful organisations and resources and a nursery rhyme place mat featuring two rhymes and photographs of babies signing. The Bookshine pack also includes a book suitable for older children and a special bookmark that uses British Sign Language to sign key words from the story • Booktouch packs for children who are blind or partially sighted contain two touch and feel books, a	

	booklet of advice about sharing books with blind and partially sighted children, a book guide listing lots more great books, a leaflet listing useful services related to reading and a Rhymetimes CD and booklet. The Booktouch pack also includes a book suitable for older children, a noisy touch-and-feel book with a fun, interactive story. • Braille picture books for children • Stories for older children in Giant Print	
Mental Health & Emotional Well Being	• Community space for health promotion • Promotion on mobile libraries • Health information events for individuals and families • Advertising on library digital screens • Supported access to NHS choices • Signposting to other health providers • Reading Well Books on Prescription • Self help books • Young Adult collections self help	• Bespoke funding and learning activities for those with Mental Health issues, linking in with groups such as Newark Mind within their local communities. • As demonstrated by the research outlines above, engagement in learning activity has proven to be of benefit to well-being.

	• Community space for workshops • Providing a welcoming and understanding environment • Providing information to ACLS learners (approx. 8000 per year) • Delivering health awareness sessions in communities • Unwind your mind information and taster days - library events with health professionals • Better with Books reading chains • Support for Carers including information displays during Carers Week and booklists of titles offering specific support for carers	
Dementia	• Self-help books • reminisce resources • Supported access to NHS choices • Signposting to other health providers • Reading about Dementia - a range of self-help books aimed at those who have recently been diagnosed with dementia, their carers and families	As above

	as well as anyone working with people with dementia. The collection was developed through funding by Sherwood Forest Hospitals • The Pictures to Share collection comprises picture books which can help family and carers continue to communicate with those with advanced dementia in an enjoyable and meaningful way. The books contain photographs that are simple, clear and often colourful, with no confusing backgrounds or content that is difficult to interpret. They are chosen because they provide an opportunity for telling stories or for linking in to themes that the person with dementia will recognize. • Memory Lane kits for people with dementia and their carers. The kits are currently being piloted with the aim of expanding the collection and launching during Dementia Awareness Week June 2014	
Older People	• Access to books at home via the Home Library Service • Well-being check carried out by RVS volunteers delivering the Home Library Service • Information direct into homes of Home Library Service customers • Delivery of books and information to isolated Nottinghamshire communities via the Mobile Library Service	• 19% of ACLS learners are 60+. (460 are over 75 and 707 between 65 and 74) • Many learners comment on the social value of participating in an adult learning course. • Many courses have a mixed age • The majority of courses are held during the day time and in local accessible venues. • Recent BIS data suggest that learning can offset the

	• Facilitated attendance at author events for Home Library Service users • Welcoming environment and a place to meet others • Supported access to NHS Choices • Signposting to other health providers • Reading groups and other reading development events in the library • Providing access to other services e.g. Libraries acted as a pick up point for Ferrules (rubber ends for walking sticks) in winter 2012. Worn ferrules can be a cause of falls. 170 ferrules were distributed	natural decline in wellbeing associated with ageing
Workplace health	• Community space for health promotion • Advertising on library digital screens • Supported access to NHS choices • Self-help books • Information • Signposting to other health providers	• Courses attract learners for a variety of reasons. Approximately 28% of ACLS's learners are in either part time or full time employment. • 26% of learners completing evaluation forms reported that their course had helped them in their current job and 58% reported that they were no more aware of health and well-being issues.

Sexual Health	• Information • Self-help books for adults and young people • Supported access to NHS choices • Signposting to other health providers	
Crime & Community Safety	• Free and non-judgemental space for the whole community • Volunteering opportunities for adults and young people • Information • Signposting to support agencies and support groups	• Engagement in learning activity has shown to increase social cohesion and community engagement; both these factors contribute to the development of safer communities • Funding has been made available to support voluntary and community groups to deliver learning activities to particularly vulnerable groups e.g. victims of domestic violence.
Healthy environments in which to live, work and play	• Fully accessible, welcoming modern bright friendly libraries in 60 locations	• ACLS will utilise up to 300 venues across the County in any one year to ensure learning opportunities are delivered within local communities.
Education, Personal Attainment and Aspirations	• Learning activities • Children activities including working with schools • Bookstock	• 92% of ACLS learners report that they are more confident to learn having taken part if their course, 93% report that their course met their expectations. Some learners progress onto further and higher levels of learning; some either start or increase their engagement in community based activity e.g.

	• Bookstart including duel language books. Children who speak English as a second language are entitled to free dual language books in Bookstart packs. Twenty one languages are available • Involvement in the 'Every Child a Talker' (ECAT) programme providing information and training.	volunteering. • In 12/13 ACLS learners had an 87% success rate. Good news stories are shared with Members from Time to time to illustrate the difference that can be made to lives.
Lifestyle, community, local economy and activities	• Workclubs are provided in partnership with Nottinghamshire Economic Regeneration in 8 libraries; Mansfield, Newark, Kirby, Worksop, Hucknall, Arnold and West Bridgford. Work clubs are free to attend. They give people the chance to meet others looking for work, build new contacts, share job hunting experiences and get advice on for example job searches, applications & CVs, interview techniques, volunteering and training opportunities.	• Public investment in learning for adults throughout the life-course supports a stronger economy, promotes social mobility and is vital for the country's prosperity and wellbeing. • Learning for adults has never been more important. Not only is it intrinsic to a civilised, tolerant and successful society, it is critical both in addressing current and future economic and social challenges and in responding to the long-term implications of an ageing population

Nottinghamshire County Council

Report to the Health and Wellbeing Board

7th May 2014

Agenda Item: 6

REPORT OF THE CORPORATE DIRECTOR FOR ADULT SOCIAL CARE, HEALTH AND PUBLIC PROTECTION

WINTERBOURNE PROJECT UPDATE REPORT

Purpose of the Report

1. To inform Committee members of the progress made towards the local response to the Department of Health report, 'Transforming Care; A National Response to Winterbourne View Hospital'.

Information and Advice

2. In December 2012, the Department of Health (DH) report Transforming Care: 'A National Response to Winterbourne View Hospital' was published. The report identified a range of actions required at a national and local level to drive up the quality of support provided to people with learning disabilities, particularly those that are identified as having challenging behaviour so they can receive high quality healthcare and be supported to live in the community. At the same time a national Concordat Programme of Action was published backed up by a joint improvement programme led by the Local Government Association (LGA) and NHS England.

Work with service users

3. The below table indicates the position as at 5th March 2014 regarding each individual service user identified as being as part of Nottinghamshire's Winterbourne cohort. The table shows the status of patients remaining in inpatient settings, the numbers of patients already discharged and new admissions to locked rehab and secure inpatient settings. There are currently 55 patients with learning disabilities in inpatient settings (this excludes new admissions to ATU).

CCG	Not ready for discharge	In active treatment or on s37/41 – may be ready for discharge soon	Ready for discharge by 1 June 2014	Already discharged	New Admissions
Bassetlaw	2	2	3	3	1
Newark and Sherwood	3	3	3	2	
Rushcliffe	0	2	0	1	3 (one from low secure and one Asperger's case added)
Nottingham North and East	1	0	0	1	
Nottingham West	1	1	0	0	
Mansfield and Ashfield	2	0	7	0	1
Low, medium and High Secure	18		0	1	2
Total	**27**	**7**	**13**	**8**	**7**

4. There were a total of 28 patients originally identified in the 'ready for discharge' category from locked rehab and ATU. One of these patients has stepped up to low secure and 8 have been discharged to date. Three of these are unable to leave hospital by June 2014 due to their Section 37/41 status. The criminal courts can use section 37 if they think a person should be in hospital rather than prison. A section 41 is a restriction order which can be added to a section 37 if there are concerns about public safety. These people will need Ministry of Justice agreement before they can move back to the community and this has not been granted yet. There have also been three patients who it was thought would be ready by June but who are still benefitting from active treatment and are not yet ready to leave locked rehab.

5. There are currently a total of 13 patients identified as 'ready for discharge' by 1st June 2014. It is currently expected that 12 of these individuals will leave hospital before the 1st June 2014. Together with the 8 that have already moved out this is 20 people who will have moved out of hospital back into the community as part of the Winterbourne work and this is all of the people who are currently deemed ready to leave with the exception of 1 person.

This discharge is likely to be delayed by about two weeks, to mid June, at the request of the family who have only recently been in agreement that he should be discharged.

6. There have been three new patients with a learning disability admitted to locked rehabilitation out of area placements since the start of the project. There has been one new patient admitted to low secure and one to medium secure since 31st March 2013 as far as our information indicates but there is no recent information from NHS England to confirm the position in secure services. This is due to information sharing restrictions between NHS England and the CCGs which are currently being addressed.

7. To meet the June 2014 deadline four service users will move to an interim residential care placement whilst they wait for their supported living accommodation to be built and this is expected to be ready in October 2014.

8. The 4 individuals moving into the interim residential placement in May are piloting a new type of service where the future supported living provider is seconding staff to the residential care home so that they will move with the service users to their permanent placement. If this is a success, then we are likely to repeat this way of working in future with up to 8 bed spaces.

Reducing hospital admissions/length of stay going forward

9. Transforming Care highlighted the need to reduce the number of inappropriate admissions to hospital and, once admitted, ensure that an appropriate standard of care is being delivered. Patients should then be discharged in a timely manner as soon as it is appropriate to do so.

10. Following the discharge of patients from hospital as part of the Winterbourne View work there will be the need to support more complex people in the community. We need to ensure we have enough resources in place to do this as well as the correct range of services. A piece of work is being carried out to assess the ability of community services to meet the needs of the increased numbers of people with challenging behaviour in the community.

11. By June 2014 there will be net increase of 16 people with complex needs who need to be supported in the community following discharge from hospital since March 2013. Going forward there will be an estimated net increase (i.e. more people leaving hospital than going in) for the next 2-3 years of about 3 people per year and it is likely that there will also be 3 people per year on average who are new to community services (either because they were previously funded by another authority or because they are coming through transitions or because they were previously living with carers with low or no support packages). Therefore we are estimating an additional 34 people with challenging behaviour and complex needs who will be new users of community services in Nottinghamshire by 2017.

12. There are already a range of services in Nottinghamshire that address the issues identified in Transforming Care. (Community Learning Disability Teams, Community Assessment and Treatment Team, Asperger's team, residential care and supported living and day services). However, there are some areas we need to strengthen that have been identified which are detailed below.
    - Make sure all patients at risk of being admitted to hospital have had involvement from the CATT team to avoid this outcome wherever possible.

- Ensure that there is health input into meeting the needs of people with Autism in relation to diagnosis, occupational therapy and speech and language therapy.
- Ensure all patients placed out of area continue to have involvement from their Care Co-ordinator. The Care Co-ordinator is key to ensuring the development of appropriate discharge plans so this can potentially delay discharge.
- Ensure availability of suitable housing as the length of time it can take to set up an appropriate community package can lead to lengthy delays in discharge or the admission of someone to hospital simply because they have nowhere else to go.
- Ensure improved quality monitoring of placements and care co-ordination of patients that are 100% funded by health (through Continuing Care arrangements) in the community and in hospital. It is not usual practice for patients to be funded in hospital through Continuing Care but this does sometimes happen.
- Ensure the continuation of skilled care managers to meet the needs of people with behaviours which challenge following the changes to adult social care teams.

13. A joint strategy for meeting the needs of people with challenging behaviours is being written and a first draft will be available shortly. It will address future accommodation and provider development; resources required and early intervention to prevent admission where possible, including the development of a trigger system to identify people who may be most at risk from admission to hospital, including people coming through transitions from Children's Services.

14. Work is being undertaken to develop Providers who have key skills and knowledge for working with people with challenging behaviours and complex needs. Bids are currently being sought via the Care, Support and Enablement tender to run Supported Living Plus services which are specifically aimed at supporting individuals with complex and challenging needs. Work has also been undertaken to identify residential homes who have the capacity and skills required to work with service users with challenging behaviour.

Case-studies of service users

15. The attached document is enclosed to give members an idea of the needs of people moving out of hospitals.

Financial implications

16. Work is on-going to agree the baseline costs for inclusion in a pooled budget. To date, the proposal is that the following budgets will be included in the pooled budget:

- The costs of people in locked rehabilitation beds not funded as part of the contract with Notts healthcare trust.
- The costs of people living in the community who are under a section 117 (this means they have previously been in hospital under a section).

17. Individuals are being identified and the cost of their care in hospital or the community for 13/14 will be put into the pooled budget.

18. It is proposed that the proportion of the funding identified in the initial pot for each partner will be in the same proportion as each partner would contribute for any over or underspends going forward. This has yet to be agreed between the CCGs as there is the potential for them to use their risk sharing arrangements.

19. Nottinghamshire Adult Social Care have identified a potential risk around this proposal in that there are a number of people with no health funding currently on a s117 who may either be entitled to health funding or should no longer be on a s117. Therefore it is proposed that there is a review of these individuals before the final contribution proportions are agreed.

20. While there have been savings made by moving people from hospital settings to the community, where people are moving out of Notts NHS Trust services or low secure, currently commissioned by The East Midlands Specialist Commissioning Group the funding will not follow the individual as there are block contracts in place. While the local Trust units will be used in preference to private providers in future as the amount of people in hospital at any one time is expected to reduce, there is likely to be an on-going cost pressure due to this and the net increase in people in the community requiring this level of support. Work is being carried out over the next 3 months to give a more detailed prediction, however, agreeing the proportion of contribution to the pooled budget is crucial to enable partners to financially plan for these cost pressures. This issue will also be raised nationally regarding the specialist commissioning contract.

21. It is proposed that joint funding will also be agreed for a half time project manager to continue the work relating to Winterbourne and to oversee the pooled budget. This is likely to be total cost of approximately £21,000 per annum.

22. There will also need to be agreement between the parties regarding the finance resource required by Notts County Council as the host for the budget.

23. There is the potential in future to include any additional funding required for the Community Assessment and Treatment Team and social care case management which is directly related to meeting the needs of more complex patients in the community.

24. A full financial report will be available by the end of May to enable each organisation to understand the initial contributions required for the pooled budget. It is anticipated that the initial pooling arrangements will be agreed by 1 July 2014.

25. The development of specialist accommodation in the community is not a straight forward process due to the need for bespoke accommodation adapted to meet the individual needs of people with complex behaviours and disabilities. To help support this process the Council has allocated up to £3m towards capital costs of new accommodation, some of which will be used to develop accommodation for present and future Winterbourne people. The new supported living accommodation is anticipated to be more cost efficient for some service users against the cost of residential care and this will be bring savings to the Council over 25 years which will more than offset the original capital cost. These savings

will on average amount to £728,000 per year for 25 years for all service users who are moved from institutional care to supported living.

Statutory and Policy Implications

26. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, 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

It is recommended that the Health and Wellbeing Board:

1) notes the content of the report and progress being made to commission suitable care and accommodation for people currently placed in hospital settings

2) agrees to receive an update report in July 2014 more financial details around the pooled budget, including cost pressures going forward, and the Strategy for People with Behaviours which Challenge Services.

DAVID PEARSON
Corporate Director, Adult Social Care, Health and Public Protection

For any enquiries about this report please contact:
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Constitutional Comments (SG 17/12/13)

27. The Board is the appropriate body to decide the issues set out in this report.

Financial Comments (ZKM 18/12/13)

28. The financial implications are outlined in paragraphs 24-28 of this report.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972. - None

Electoral Division(s) and Member(s) Affected - All

Nottinghamshire County Council

Report to Health and Wellbeing Board

7 May 2014

Agenda Item: 8

REPORT OF CORPORATE DIRECTOR, POLICY, PLANNING AND CORPORATE SERVICES

WORK PROGRAMME

Purpose of the Report

1. To consider the Board's work programme for 2014.

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.

4. Dates for Board meetings or workshops from September 2014 to July 2015 will be 2.00pm on the following Wednesdays:

3 September 2014	4 February 2015
1 October 2014	4 March 2015
5 November 2014	1 April 2015
3 December 2014	3 June 2015
7 January 2015	1 July 2015

Other Options Considered

5. None.

Reason/s for Recommendation/s

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

Statutory and Policy Implications

7. 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, Policy, Planning and Corporate Services

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 (PS)

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

Health and Wellbeing Board & Workshop Work Programme

	Health & Wellbeing Board (HWB)	HWB Workshop (closed sessions)
7 May 2014	**Avoidable Injuries Strategy** (Penny Spring) **NHS England Primary Care Strategy** (Tracy Madge / Vikki Taylor) **Winterbourne View Project Update** (David Pearson) **Libraries and Community Learning – Health and Wellbeing - role, impact and potential** (Anthony May/Peter Gaw)	
4 June 2014		**Homelessness**
2 July 2014	***Health Checks*** *(John Tomlinson) TBC* **Publication of Public Health Annual Report** (Chris Kenny) ***Local nature partnership*** *(Cllr Suthers/Helen Ross) TBC* **Health & Wellbeing Delivery Plan** (Cathy Quinn) **Health & Wellbeing Implementation Group report** (Cathy Quinn) **JSNA annual summary** (Chris Kenny/Jo Copping)	