

## Health and Wellbeing Board

**Wednesday, 04 January 2017 at 14:00**

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

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### AGENDA

- |   |  |         |
|---|--|---------|
| 1 | Minutes of the last meeting held on 7 December 2016  | 3 - 8   |
| 2 | Apologies for Absence  |         |
| 3 | Declarations of Interests by Members and Officers:- (see note below)<br>(a) Disclosable Pecuniary Interests<br>(b) Private Interests (pecuniary and non-pecuniary) |         |
| 4 | Update from Nottingham University Hospitals: Prevention Strategy and Future Collaboration with Sherwood Forest Hospitals - presentation by Dr Peter Homa           |         |
| 5 | Nottinghamshire Mental Health Crisis Concordat   | 9 - 14  |
| 6 | Tackling Excess Weight, Poor Diets and Physical Inactivity in Nottinghamshire  | 15 - 36 |
| 7 | Chair's Report   | 37 - 50 |
| 8 | Work Programme   | 51 - 54 |

### Notes

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

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

Customer Services Centre 0300 500 80 80

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

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

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

Meeting HEALTH AND WELLBEING BOARD

Date Wednesday, 7 December 2016 (commencing at 2.00 pm)

**Membership**

Persons absent are marked with an 'A'

**COUNTY COUNCILLORS**

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

**DISTRICT COUNCILLORS**

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

**OFFICERS**

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

**CLINICAL COMMISSIONING GROUPS**

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

## **LOCAL HEALTHWATCH**

Michelle Livingston - Healthwatch Nottinghamshire

## **NHS ENGLAND**

A Oliver Newbould - North Midlands Area Team, NHS England

## **NOTTINGHAMSHIRE POLICE AND CRIME COMMISSIONER**

A Kevin Dennis

## **ALSO IN ATTENDANCE**

Beverley Smith - Mansfield District Council

## **OFFICERS IN ATTENDANCE**

Paul Davies - Democratic Services

Nicola Lane - Public Health

## **MINUTES**

The minutes of the last meeting held on 9 November 2016 having been previously circulated were confirmed and signed by the Chair.

## **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Dr Thilan Bartholomeuz, Kevin Dennis, Dr James Hopkinson, Dr Gavin Lunn, Dr Guy Mansford and Colin Pettigrew.

## **DECLARATIONS OF INTEREST BY BOARD MEMBERS AND OFFICERS**

None.

## **AGENDA ORDER**

The Chair agreed to change the order of items on the agenda, to take account of people's availability.

## **BETTER CARE FUND PERFORMANCE**

David Pearson introduced the report on the performance of the Better Care Fund (BCF) for July to September 2016. Asked whether the BCF underspending could be used for projects such as Changes Places for younger people, he stated that the BCF was intended for core adult social care responsibilities, which would exclude projects like Changing Places. It was commented that it would be helpful for the report to give more detail to help organisations improve BCF performance. David Pearson encouraged Board members to indicate the sort of detail they would find helpful. He also offered to cover indicator BCF5 in more detail in the next quarterly report.

## **RESOLVED: 2016/070**

That the Better Care Fund national quarterly performance report for Quarter 2, 2016/17 be noted.

## **SUSTAINABILITY AND TRANSFORMATION PLANS UPDATE**

### **Nottingham and Nottinghamshire STP**

David Pearson updated the Board on the Nottingham and Nottinghamshire Sustainability and Transformation Plan (STP) which had been published on 24 November. Public engagement would continue until 16 February 2017. In addition, organisations would have to carry out their own statutory consultation. Other developments were that the Rushcliffe Multi-Specialty Community Provider (MCP) was being considered for extension across the whole of south Nottinghamshire; attention to NHS planning guidance about relationships between CCGs and providers; and relations with NHS England and NHS Improvement. He also stated that some elements of the STP required further work before they could be implemented, for example governance and capacity.

Board members had received a number of written questions from the public. The Chair indicated that the questions would be responded to in full before Christmas, with the response copied to Board members.

Board members discussed the Nottinghamshire STP. Comments and questions included:

- A lack of democratic involvement in the STP, particularly in plans to reduce the number of hospital beds. - In response, it was pointed out that Sherwood Forest Hospitals Trust had closed 107 beds, at the same time as reducing A&E waiting times and an expansion of community services. It was recognised that unlike many STPs, the Nottinghamshire plan had a lead from local government.
- The STP enhanced the role of community pharmacies, when funding for them was being cut. – It was explained that the funding decision had been taken nationally, not as part of the STP. It was also pointed out that the STP would give more influence about the location of pharmacies and GP surgeries.
- The STP was seeking to make savings at a time of increased demand. – In response, it was explained that there were occasions when current health and social care services did not meet the people's needs, for example people with complex, long term conditions.
- A lack of confidence that health organisations would cooperate to achieve the Plan's ambitions.
- Had any risk assessment been carried out on the impact of proposals, for example the effect of proposals for knee and hip replacements? - It was indicated that some impact assessments had been carried out. It was likely that the CCGs would have information through the local transformation programmes. The value of assessing

the plan's impact on individual communities and isolated or vulnerable people was also referred to.

- The public demand for extended GP hours was questioned; trials had shown a high proportion of unused appointments.
- Where was the incentive to cease current services or to join up health and social care? Hospitals were paid for activity and GPs on a block basis. - In response, it was explained that if the health and social care system was being created anew, it would not be on the current basis. However, leaders agreed that the current system could not continue. It would be preferable to incentivise better outcomes for the public.
- Healthwatch was pressing for consultation to be carried out as widely as possible.
- There was evidence that prevention worked, and the STP would be a useful tool in achieving this. There were clinical variations which should be tackled.

### **South Yorkshire and Bassetlaw STP**

Idris Griffiths gave a presentation on the South Yorkshire and Bassetlaw STP, which had been agreed by partner organisations and was now subject to wider engagement. He responded to questions and comments about the plan.

- Could the best practice on social prescribing be shared? - There was a willingness to share best practice.
- Nottinghamshire Healthcare Trust had been positive about the place given to mental health in the plan.
- Would the plan be reflected in contracts for services? - It was explained that it was unlikely that contracts signed before 23 December would fully reflect the STP. However, contracts should contain sufficient flexibility to be varied later.
- Were seven day GP services part of the plan? - In response, it was pointed out that health problems could occur at any time, and that sometimes the GP was the best person to respond. Better access to primary care was part of the STP, but seven day access would not be provided at every practice, and not always by a GP. There was a need also to tackle the public's views of where to go for care.
- How could the plan demonstrate links between resources, prevention and hospital services? - It was anticipated that a focus on outcomes would provide evidence of this.
- What did the plan mean by reshaping services? – It was explained that this might be different for each service. For example, hyperacute stroke services would be provided in fewer locations, but other services might be provided on a more local basis.

## **RESOLVED: 2016/071**

That the updates on the Sustainability and Transformation Plans be noted.

## **DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT**

Barbara Brady introduced the Director of Public Health's Annual Report for 2015/16. The report was a critical assessment of health and wellbeing needs, made links to the 2010 Marmot review of health inequalities, and contained recommendations for councils, CCGs and other partners.

In reply to a question about embedding health and wellbeing, organisations were encouraged to make health and wellbeing a strategic goal, which could then be used as a lever when developing policies. Asked about changes to young people's alcohol consumption, it was pointed out that these could be covered at the Board meeting in February, when substance misuse services were on the agenda. It was also pointed out that Public Health could provide evidence to support the STPs, and that robust evaluation should be built in from the outset.

Asked whether blood sugar tests should be carried out in schools, it was explained that there was no evidence that screening for diabetes in schools would be effective. There were however many other opportunities to improve health and wellbeing in schools.

Barbara Brady indicated that recommendations in the Annual Report would be built into the Board's work programme.

## **RESOLVED: 2016/072**

That the contents of the Director of Public Health's Annual Report be noted.

## **UPDATE ON THE WORK OF THE NOTTINGHAMSHIRE HOUSING AND HEALTH COMMISSIONING GROUP**

Bev Smith introduced the report to update the Board on the work of the Housing and Health Commissioning Group, including the establishment of a Programme Manager post, the Housing and Environment chapter of the STP, and the extension of the Healthy Housing service. She indicated that each district council would receive a report from the Commissioning Group, with specific recommendations.

In reply to questions, Bev Smith stated that there were links with the Fire and Rescue Service's Safe and Well project. She also explained that CCGs were not consistently consulted about planning applications, but she would take the issue forward. Asked how the Healthier Option Takeaway (HOT) campaign would achieve results on a voluntary basis, she referred to the need to work within legislation. However, the food hygiene star rating displayed in takeaways was an example where competition between premises on a voluntary basis had raised standards.

**RESOLVED: 2016/073**

That the appointment of a Health and Housing Programme Manager and the formulation of the Housing and Environment chapter of the Sustainability and Transformation Plan be endorsed.

**CHAIR'S REPORT**

The Chair drew attention to forthcoming events on young people's health and social prescribing.

**RESOLVED: 2016/074**

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

**WORK PROGRAMME**

Unwarranted clinical variation was suggested as a possible topic for a future meeting.

**RESOLVED: 2016/075**

That the work programme be noted.

The meeting closed at 4.30 pm.

**CHAIR**



**4 January 2017**

**Agenda Item: 5**

## **REPORT OF THE DIRECTOR OF PUBLIC HEALTH NOTTINGHAMSHIRE MENTAL HEALTH CRISIS CONCORDAT**

### **Purpose of the Report**

1. The purpose of the report is to:
  - Provide the Health and Wellbeing Board (HWB) with an update on the local response to the implementation of the 'Mental Health Crisis Care Concordat, Improving outcomes for people experiencing mental health crisis care'.

### **Information and Advice**

2. The National Mental Health Crisis Care Concordat was published in February 2014. In April 2015, in response to this report, Nottinghamshire County Council worked collaboratively with all key stakeholders in signing up to a Crisis Concordat declaration and action plan.
3. The Crisis Concordat action plan was developed by a large number of partner organisations including the NHS, Police, Local Authorities and the voluntary sector.
4. The Crisis Concordat action plan is arranged around the key elements of a good mental health crisis care service and include:
  - Access to support before crisis point
  - Urgent and emergency access to crisis care
  - The right quality of treatment and care when in crisis
  - Recovery and staying well
  - Preventing future crises.
5. The Nottinghamshire Crisis Concordat Partnership Board was formed in October 2015. The main role of this board is to lead, support and oversee the sub-groups in working to implement the local Crisis Concordat action plan and is currently chaired by Paddy Tipping, Nottinghamshire Police and Crime Commissioner.
6. The action plan is currently being refreshed and updated during Q3 2016/17 ready for submission to the national team.
7. Links with:
  - the Health and Wellbeing strategic priority - Providing coordinated services for people with mental ill health
  - Nottinghamshire No Health without Mental Health Framework for Action 2014 -2017 priority - Ensuring effective support for those with mental health problems

- Nottinghamshire Suicide Prevention Framework for Action 2015 -2018 priority - Identify early those groups at high risk of suicide and self-harm and support effective interventions
- NHS Five Year Forward View (2014) - Helping patients get the right care, at the right time, in the right place.

8. Key areas within the concordat framework that have been achieved include:

| <b>Action</b>  | <b>What we Did</b>  | <b>Local Impact</b>   |
|--|---|---|
| To commission mental health awareness and suicide prevention training  | Commissioned Harmless in the City and Kaleidoscope Plus in the county.  | <ul style="list-style-type: none"> <li>• A range of front line workers trained in Mental Health First Aid and First Aid Lite from the police to library staff, voluntary sector and local authority.</li> <li>• Improved awareness and identification of mental health difficulties.</li> </ul> |
| To develop an engagement strategy to inform concordat work   | Commissioned Healthwatch to undertake engagement with carers, veterans, students, the homeless and BME communities about their experiences of crisis services including access and barriers. Recommendations are being implemented through the Concordat Task and Finish Group. | <ul style="list-style-type: none"> <li>• Improved awareness of the needs of these groups</li> <li>• Access is being improved for these groups</li> </ul>  |
| To review the use of s.136 suites to ensure individuals detained under the Mental Health Act are not being detained in police cells    | Set up S136 Task and Finish Group to ensure effective partnership delivery of S136 including a health based place of safety at Millbrook and at Highbury. Secured capital funding to refurbish the places to make them more fit for purpose and robust.                         | <ul style="list-style-type: none"> <li>• No children detained in police cells as a place of safety.</li> <li>• Reduced adults detained in police custody to 0 between May and Aug 2016.</li> </ul>  |
| To monitor and evaluate the performance and outcomes of the Street Triage Team pilot and make recommendations for future commissioning | Nottinghamshire Police and CCGs invested in a pilot Street Triage project (Police and Community Psychiatric Nurses responding to people in mental distress) which was evaluated and demonstrated a positive impact. It now receives   | <ul style="list-style-type: none"> <li>• 87% reduction in use of police cells as a place of safety</li> <li>• No children detained in police cells as a place of safety</li> <li>• Rapid response available in operating hours</li> </ul>   |

|  |   |   |
|--|---|---|
|  | recurrent funding.  |   |
| To monitor and evaluate the outcomes of the 24/7 Enhanced Crisis Resolution and Home Treatment Team in the City and County South area on a quarterly basis   | Supported Nottinghamshire Healthcare Trust to review their services, reduce beds and strengthen the community services.   | <ul style="list-style-type: none"> <li>• Improved community services across south Nottinghamshire</li> <li>• Additional staff available to respond to people in crisis 24/7</li> <li>• Reduced number of people admitted to mental health beds</li> </ul> |
| To monitor and evaluate the outcomes from the Crisis House for Nottingham City and South County CCGs that was commissioned in 2014 and became operational in January 2015  | As part of Nottinghamshire Healthcare Trust bed closure programme supported the development of a crisis house serving City and south county CCGs. Due to capacity it has also now been opened up to all county patients.  | <ul style="list-style-type: none"> <li>• Alternative service to inpatient care available for people in mental distress across south Notts</li> <li>• Increased choice of services for people in crisis</li> </ul>   |
| To analyse current Rapid Response Liaison Psychiatry (RRLP) activity Ensure there are adequate and effective levels of liaison psychiatry services across acute settings.  | Increased investment in mental health liaison services across all Nottinghamshire acute hospitals. Established a mental health specific working group involving key stakeholders including NUH, East Midlands Ambulance Service, Nottinghamshire Police, local authority mental health representatives. | <ul style="list-style-type: none"> <li>• Improving the response to people in mental health distress who attend Emergency Departments or who have been admitted</li> <li>• Working together to reduce delays and blockages</li> </ul>                      |
| To monitor the development of a Mental Health Crisis response by the 111 Service 111 Service will be linked with the Crisis Team to ensure a detailed assessment of service users and to enable referral to alternative community services as appropriate. | A 111 mental health pilot has been established and extended to March 2017.  | <ul style="list-style-type: none"> <li>• This allows 111 calls to be transferred to a mental health professional</li> <li>• This extended pilot is currently being analysed</li> </ul>  |

9. Other actions being addressed by the Concordat partners include:  
Mental Health Conveyance

## Statutory and Policy Implications

10. 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 services), the public sector equality duty, safeguarding of children and adults at risk, 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

The HWB are asked to:

- 1) Note the content of the report and the progress made to date.

**Clare Fox**  
**Interim Head of Mental Health Commissioning – Nottingham City CCG**

## Constitutional Comments ([SG 15/12/2016])

11. Because the report is for noting only, no Constitutional Comments are required.

## Financial Comments (DG 20/12/2016)

12. This report is for note only, there are no financial implications

## 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.

- [Mental Health Crisis Care Concordat](#)  
Paper to Health and Wellbeing Board December 2014
- [‘Closing the gap: priorities for essential change in mental health. \(HM Government, January 2014\)](#)
- [Valuing mental health equally with physical health or “Parity of Esteem”](#)  
NHS England
- Mental Health Crisis Care Concordat - Improving outcomes for people
- [Experiencing mental health crisis. \(Department of Health February, 2014\)](#)
- [Experiences and views on seeking support during a mental health crisis: engagement activity report](#)

Healthwatch Nottingham and Healthwatch Nottinghamshire, commissioned by NHS Nottingham City CCG

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

- 'All'

See items in Chair's report:

- 18. [Children and young people's mental health: time to deliver](#)
- 20. [Best practice for perinatal mental health care: the economic case](#)
- 21. [Improving mental health care](#)
- 38. [Producing a joint strategic needs assessment for mental health](#)
- 39. [Monitoring the Mental Health Act](#)
- 62. [Added value: Mental health as a workplace asset 2016](#)





4 January 2017

Agenda Item: 6

## **REPORT OF DIRECTOR OF PUBLIC HEALTH**

### **TACKLING EXCESS WEIGHT, POOR DIETS AND PHYSICAL INACTIVITY IN NOTTINGHAMSHIRE**

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

1. This report provides an update on the work to tackle excess weight, poor diets and physical inactivity. There are links to the Director of Public Health Annual Report (2016) particularly chapter 2 that was presented to the Board in December 2016. The Health and Wellbeing Board is asked to:
  - Note the contents of the report
  - Acknowledge the local work being undertaken to tackle excess weight, poor diets and physical inactivity.
  - Support the proposed actions identified in paragraph 62 which are designed to ensure that Nottinghamshire is taking a whole system approach to tackle excess weight, poor diets and physical inactivity.

#### **Background**

##### **Excess weight**

2. The terms overweight and obesity (together referred to as excess weight) is when weight gain has reached a point which affects a person's health (WHO, 2014). Unhealthy diets, physical inactivity and sedentary lifestyles have led to an increase in excess weight in recent years.

##### **Why is excess weight an issue?**

3. Obesity during pregnancy increases childhood obesity and infant death as well as impacting on the mother's immediate and future health (CMACE, 2010). Overweight and obese children and young people have an increased risk of becoming overweight adults. Very overweight children face bullying, low self-esteem and school absence.
4. In adults, being overweight or obese is associated with an increased risk of many serious long term conditions including type 2 diabetes, fatty liver disease, cancer, heart disease and musculoskeletal conditions. The risk of poor health increases sharply with increasing weight. Severe obesity can result in physical and social difficulties and is costly on health and leads to increased demands on social care services. Obesity (Body Mass Index [BMI] 30+) reduces life expectancy by an average of 3 years whilst severe obesity (BMI 40+) reduces life expectancy by 8-10 years.
5. It is estimated that the NHS in England spent £5.1 billion on overweight and obesity related ill health in 2014/15. This is more than is spent each year on the police, fire service and

judicial system combined and it does not cover the costs of wider economic and societal impacts including sickness absence, reduced productivity and welfare payments.

### **At risk groups**

6. The burden of obesity is uneven across our communities, with certain groups being more at risk such as lower socio-economic and socially disadvantaged groups. Other groups at risk include those with physical disabilities (particularly in terms of mobility which makes exercise difficult), those with learning difficulties, people diagnosed with a severe and enduring mental illness, particularly schizophrenia or bipolar disease and older people.

### **How do we tackle excess weight?**

7. Excess weight is a complex yet common issue however a whole system approach needs to be taken so that elements of the environment that are 'obesity promoting' are tackled as well as providing people with support to improve their diet and physical activity levels to enable them to be a healthy weight. The prevention of weight gain, beginning in childhood offers the most effective means of achieving healthy weight in the population.
8. Sustained collective leadership, taking a life course and place based approach, is needed to tackle the 'obesity promoting' environment. Coordinated action and integration is required across various Council departments, services and partner organisations including: planning and the environment, environmental health, public health, leisure and fitness providers, transport, health and social care, parks and green space, education and learning early years, housing and third sector utilising assets that are already in place.
9. Some examples of work from other parts of the country are given in documents [Tackling obesity: Local governments new role \(2013\)](#), [Building the Foundations: Tackling obesity through planning and development \(2016\)](#) and [Tipping the Scales: Case studies on the use of planning powers to limit hot food takeaways \(2016\)](#)
10. For those individuals who are already overweight or obese the provision of treatment services that are accessible and appropriate are needed. The tiers of care for managing obesity are given in Appendix 1.

### **Diet**

11. A poor diet is the biggest contributor to the number of "healthy years" lost due to ill health, disability or early death. For everyone over the age of 5 improvements in dietary intake to meet the recently revised Eatwell Guide would have significant benefits to the health of the population.
12. There is an association between deprivation and the number of fast food outlets, with deprived areas having more fast food outlets per 100,000 population. Nationally, local authorities have started to use the legal and planning system to restrict the density of fast food outlets in local areas. Alongside planning policies, improving the quality of the food environment has the potential to influence food purchasing habits. Working with fast food businesses to improve the nutritional quality of the food they sell can improve the accessibility to healthier food choices and encourage people to adopt healthier eating habits.
13. Growing food contributes to active lifestyles, healthy diet and tackling food poverty. It can provide employment, support sustainable development and promote links within and between communities. Food growing in allotments or community gardens promotes inclusion



and social interaction. There is increasing evidence of the impact that gardening has on mental health and recovery from mental ill health.

### **Physical activity**

14. Regular physical activity can prevent or help manage conditions including type 2 diabetes mellitus, heart disease, musculoskeletal health and some cancers. It is a key contributor to energy balance, helping to prevent obesity and excess weight. The Department of Health (DH) recommends that adults take at least 150 minutes (2.5 hours) of moderate-intensity aerobic activity every week. Children over five should engage in at least 60 minutes of moderate to vigorous intensity physical activity every day. The largest health gains occur in people moving from inactive to moderately inactive and from moderately inactive to moderately active.
15. The NICE guidance *Physical activity: brief advice for adults in primary care* recognises that brief interventions are cost effective at increasing physical activity levels and recommends that primary care practitioners use the general practice physical activity questionnaire (known as the GPPAQ) to guide discussions with patients about physical activity.
16. A three year Royal College of General Practitioners (RCGP) Clinical Priority is to be launched in 2017<sup>1</sup>, aiming to embed physical activity and lifestyle (PAL) in primary care, by focusing on:
  - Patients - Supporting GPs to assist ALL of their patients to optimise their physical activity and lifestyle behaviours
  - Active Practices - Inspiring GPs and practice staff to lead by example, transforming their surgeries into beacons of good practice
  - Local community – Facilitating positive relationships between primary care and physical activity and lifestyle providers locally
17. Public Health England and Sport England are currently offering free training sessions (until March 2017) for doctors, nurses and other interested health care professionals in primary and secondary care on delivering effective brief advice on the benefits of physical activity into routine care to make every contact count.<sup>2</sup>

### **Active transport**

18. Creating an environment which encourages people to choose to walk and cycle as part of everyday life can have a significant impact on public health and is an essential component to increasing physical activity and reducing excess weight. Switching more journeys to active travel (such as walking and cycling) will improve physical and mental health, quality of life as well as the environment by improving air quality and reducing congestion. People who live in walkable, mixed-use neighbourhoods have better social connections compared to areas with heavy car use. They are more likely to know their neighbours, trust other people and be socially engaged – all of which have a positive impact on health.

### **Natural environment: green and blue spaces**

19. The natural environment can have an important influence on choices to be physically active or sedentary. Access to high quality open spaces and opportunities for sport and recreation make an important contribution to the health and wellbeing of communities. It is associated

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<sup>1</sup> <http://www.rcgp.org.uk/clinical-and-research/a-to-z-clinical-resources/physical-activity-and-lifestyle.aspx>

<sup>2</sup> [http://www.bhfactive.org.uk/userfiles/PACC\\_final.pdf](http://www.bhfactive.org.uk/userfiles/PACC_final.pdf)

with positive health outcomes and can promote better mental health, reduce stress and sadness, reduce isolation, improve social cohesion and ease physical health problems.

20. The provision of natural habitats, trees, parks and walkable green space not only helps to promote physical and mental wellbeing, it improves air and water quality and reduces noise levels. Well designed and maintained good quality green space can also increase levels of social contact and integration. Addressing this involves the provision and protection of natural habitats, trees, parks and walkable green space.

### **Planning**

21. Planning applications for new developments could prioritise the need for both adults and children to be physically active as part of their daily life. Designing new and existing local areas so that they are easy and safe to walk and cycle around and provide destinations within walking and cycling distance such as workplaces, homes, schools, public facilities and open space increases their 'walkability' and 'cycleability' and consequently physical activity levels.

## **National strategy and drivers**

### **National Childhood Measurement Programme (NCMP)**

22. The National Child Measurement Programme (NCMP) is an annual programme that records the height and weight measurements of children in state-maintained schools in reception (aged 4-5) and year 6 (aged 10-11 years) across England. The collection period is the academic year, which runs from September to August. The programme provides robust data for the child excess weight indicators in the Public Health Outcomes Framework<sup>3</sup> and is a key element of the Government's approach to tackling child obesity.

23. Nottinghamshire County Council has the statutory responsibility to deliver the National Child Measurement Programme in Nottinghamshire schools. Health Partnerships of Nottinghamshire Healthcare NHS Trust is the provider that co-ordinates and manages the delivery of the NCMP across Nottinghamshire.

24. Findings from the programme are used to inform local planning and delivery of services for children and gather population-level surveillance data to allow detailed analysis of prevalence and trends in weight. Through provision of a child's result to their parents, the NCMP provides the opportunity to raise parents' awareness of their own child's weight status and potential health impacts and provide an opportunity to provide further support to families to make healthy lifestyle changes.

### **Childhood Obesity: A Plan for Action (2016)**

25. The national '*Childhood Obesity: a Plan for Action*' outlines the government's plan to significantly reduce England's rate of childhood obesity within the next 10 years to ensure that every child has the best start in life by encouraging:

- industry to cut the amount of sugar in food and drinks
- primary school children to eat more healthily and stay active

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<sup>3</sup> <http://fingertips.phe.org.uk/profile/national-child-measurement-programme>

The 14 actions include the introduction of a soft drinks industry levy, the reformulation of food, a standard for public sector food procurement, more physical activity in schools, making school food healthier and the creation of a new healthy rating scheme for primary schools.

### **Sustainability and Transformation Plan (STP)**

26. As part of the STP, areas have had to identify action to address obesity, including childhood obesity as part of the radical upgrade in prevention. Addressing excess weight is an element within the Nottingham and Nottinghamshire Sustainability and Transformation Plan (STP).

### **NHS Staff Health and Wellbeing**

27. In 2016, NHS England linked incentive payments<sup>4</sup> to improving staff health and wellbeing. This includes making four changes to food and drink provision in NHS premises:

- Banning price promotions on unhealthy food and drink
- Banning advertisements of unhealthy food and drink
- Removal of unhealthy food and drink from checkouts
- Improving affordable, healthy options for night staff.

In addition NHS Trusts are also required to improve their offer of physical activity, weight management, mental health and musculoskeletal support for staff along with improved flu vaccination. In 2017/18 and 2018/19 there will be further incentive payments to encourage additional action including:

- Expanding the number of sugar free drink lines available
- Reducing the portion size of snacks and confectionary
- Reducing the portion size of pre-packed meals

28. The NHS contract now requires any new or renegotiated contract between a Trust and food supplier to meet the mandatory element of the Government Buying Standards to ensure that a minimum acceptable provision of healthier food and drink is provided in all outlets. Other Public Sector organisations in Nottinghamshire should be encouraged to use these in their own provision or as part of service specifications.

29. In addition to the measures above, NHS England is currently consulting on a measure to reduce the sale of sugar sweetened drinks on NHS premises.<sup>5</sup> The two options are a fee to any retailer of sugar sweetened drinks in NHS premises or the banning of sugar sweetened drinks from sale on NHS premises.

### **Public Health England: Everybody Active Every Day (2014)**

30. This identifies that action is required across four areas at both national and local level:

- Active society: creating a social movement
- Moving professionals: activating networks of expertise
- Active environments: creating the right spaces
- Moving at scale: scaling up interventions that make us active.

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<sup>4</sup> <https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-17-19/>

<sup>5</sup> <https://www.engage.england.nhs.uk/consultation/sugary-drinks>

### **Sporting Future: A new strategy for an active nation (2015)**

31. This Government strategy for sport and physical activity concentrates on five key outcomes: physical wellbeing, mental wellbeing, individual development, social and community development and economic development.

### **Sport England: Towards an Active Nation Strategy (2016)**

32. This sets out how to deliver the outcomes in Sporting Future which includes focusing more money and resources on tackling inactivity because this is where the gains for the individual and for society are greatest and investing more in children and young people from the age of five to build positive attitudes to sport and activity as the foundations of an active life.

### **Department for Transport: Draft Cycling and Walking Investment Strategy (2016)**

33. This strategy aims to create a walking and cycling nation with the long term goal that walking and cycling should be a normal part of everyday life, and the natural choice for shorter journeys such as the commute to school, college, work or leisure trips. To achieve this means that communities have access to safe, attractive routes for cycling and walking. The final version was due to be published in summer of this year however it has not yet been published.

### **National Planning Policy Framework and Guidance (2012)**

34. The National Planning Policy Framework (NPPF) requires planners to work in partnership with public health and other organisations in the promotion of healthy communities and help create healthy living environments. Both the NPPF and The National Planning Practice Guidance (NPPG) set out a role for planners to consider health and wellbeing through both the plan-making and decision-making processes.

### **Town and Country Planning Association (TCPA): Planning Healthy Weight Environments (2014)**

35. This sets out six elements to help achieve healthy weight environments: movement and access; open spaces, recreation and play; food environment; neighbourhood spaces; building design; and local economy.

## **A Picture of Nottinghamshire**

### **Public Health Outcome Indicators<sup>6</sup>**

36. The public health outcome indicators relating to excess weight in Nottinghamshire are given in Appendix 2. Information regarding excess weight can also be found at the Nottinghamshire Joint Strategic Needs Assessment ([JSNA](#)): In summary:

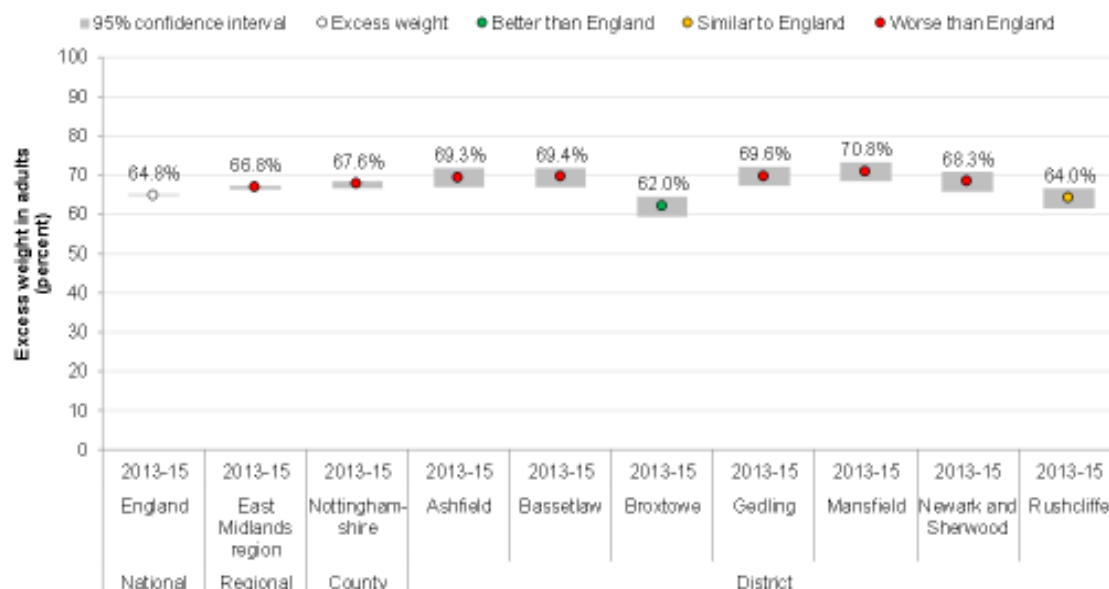
#### **Excess weight in adults**

- Two thirds (over 433,000) of adults are overweight or obese. The percentage of adults with excess weight is significantly worse than the England average. This is mirrored in Ashfield, Bassetlaw, Gedling, Mansfield, Newark and Sherwood (Figure 1).

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<sup>6</sup> <http://fingertips.phe.org.uk/>

**Figure 1: Excess weight in adults (2013-15) for England, East Midlands, Nottinghamshire & Districts.**



Source: PHE Public Health Outcomes Framework (last accessed November 2016)

- Between 2015 – 2019, morbid obesity (BMI greater than 40) in adults is expected to increase by 16% (from 19,000 to 22,100). These are the estimated numbers eligible for the Tier 3 specialist weight management service and potentially Tier 4 bariatric surgical service.

### Excess weight in children

- One in five children aged 4-5 is overweight or obese (Figure 2). This increases to just under one in three for children aged 10-11 (Figure 3). The percentage of obese children in year 6 is more than double that of reception year children.

**Figure 2: Excess weight (overweight and obese) in 4-5 year olds by England, East Midlands, Nottinghamshire and Districts from 2006/07 to 2015/16**



**Figure 3: Excess weight (overweight and obese) in 10-11 year olds by England, East Midlands, Nottinghamshire and Districts from 2006/07 to 2015/16**



- Nottinghamshire has lower participation rates in the NCMP than the England rates for both reception and year 6. In 2015/16, Nottinghamshire had the fifth lowest participation rate for Year 6 in the country.

- There has been a significant decrease in excess weight prevalence rate in reception for Nottinghamshire between 2006/07 and 2015/16 (Figure 2).
- There has been no significant change in excess weight prevalence rate in year 6 between 2006/07 and 2015/16.
- For the period 2011/12 to 2013/14 there is a 12% difference in the year 6 obesity prevalence rates between the least and most deprived areas of Nottinghamshire. The deprivation gap has increased over time for both age groups and continues to widen.

### **5 A DAY in adults**

- The percentage of adults aged over 16 eating at least 5 portions of fruit and vegetables on a usual day is significantly better than the England average.

### **Physically active and inactive adults**

- The percentage of adults aged over 16 achieving at least 150 minutes of physical activity per week is significantly better than the England average.
- The percentage of adults aged over 16 doing less than 30 minutes of physical activity per week is significantly better than the England average. In Mansfield this is statistically worse than the England average.

## **Action on Excess Weight**

### **National campaigns**

37. The [Change4Life](#) programme launched in 2011 is aimed at parents of children aged 5 to 11 as part of childhood obesity prevention whilst the [One You](#) programme launched in March 2016 aims to encourage adults, particularly those in middle age, to take control of their health (including eating and drinking) to enjoy benefits now and in later life. Both campaigns are promoted locally.

### **Local action and interventions**

#### **Nottinghamshire Health and Wellbeing Strategy**

38. The Framework for Action on Tackling Excess Weight (2013-18) and associated plan developed by the Tackling Excess Weight Steering Group (formerly the Obesity Integrated Commissioning Group) provides the delivery mechanism for the Nottinghamshire Health and Wellbeing Strategy to tackle excess weight. It aims to reverse the rising prevalence of excess weight in the population of Nottinghamshire, developing a downward trend in both children and adults. The Health and Wellbeing Board Champion on the group is Dr. Jeremy Griffiths. Group membership includes District/Borough Councils, CCG's, Sport Nottinghamshire, Planning, Transport Plan Manager and Public Health.

39. This framework provides a co-ordinated and comprehensive approach through the prevention, identification, treatment and management of excess weight. It supports individuals across the life-course through working in and with communities, taking an evidence-based approach, building upon existing successes and creating new opportunities to meet gaps in local need to tackle excess weight. The priorities of the plan have been to:

- Increase healthier food choices in fast food outlets
- Work with planners to develop healthy environments

- Establish weight management services for adults and children in each district across the county.

The refresh of the action plan will include local actions to deliver the national Childhood Obesity: A Plan for Action.

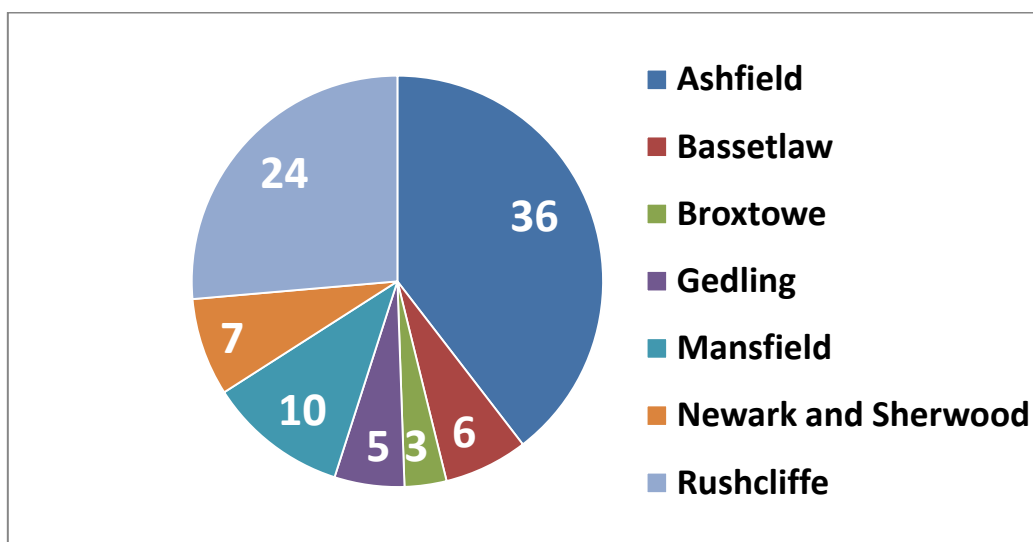
### Healthier Options Takeaway (HOT)<sup>7</sup>

40. In partnership Environmental Health Officers in District and Borough Councils, Trading Standards Officers and Public Health have developed an approach to improve the health of people in Nottinghamshire through healthier eating. The Healthier Options Takeaway (HOT) merit scheme aims to increase the accessibility and awareness of healthier options in hot food takeaways and sandwich shops. Other benefits include:

- Increasing customer choice
- Increasing customer satisfaction and sales
- Enhancing the reputation of the business
- Receiving a certificate and promotional material to display in premises

41. As of 1<sup>st</sup> November 2016, there was a total of 91 businesses who have been awarded the merit (Figure 1).

**Figure 1: Number of businesses signed up to HOT in each district**



42. The following areas have been identified as risks to the delivery of the scheme

- The capacity for Environmental Health teams to deliver and evaluate the scheme
- No budget allocated for future development of the scheme
- The scheme is supported differently across Districts so may not target areas of highest need relating to deprivation and levels of obesity and potentially this could widen health inequalities.

<sup>7</sup> <http://www.nottinghamshire.gov.uk/care/health-and-wellbeing/healthier-options-takeaways>



### **District /Borough Council Sport and Leisure**

43. The District and Borough Councils through their Sport and Leisure departments provide sport facilities in each of their districts as well as delivering and supporting opportunities in their areas to increase participation around sport and increase physical activity. This includes Walking for Health that promotes short, easy walks in local areas<sup>8</sup>. They are particularly aimed at people who don't usually take much exercise. The walks are free, sociable and led by trained leaders.

### **Primary PE and School Sport**

44. Since September 2014, all primary schools have received an annual PE and School Sport Premium and will continue to until 2020. Schools spend the funding to improve the quality of the PE and sport activities they offer their pupils. In partnership with area School Games Organisers (SGOs) a comprehensive range of continuous professional development (CPD) programmes for all primary schools in Nottinghamshire is provided to make the programme is sustainable.

### **Community and voluntary sector**

45. The community and voluntary sector deliver sports and physical activity opportunities across the county through community sport clubs with support from Sport Nottinghamshire. Sport clubs link to schools through school sports and satellite clubs.

### **Active Transport**

46. The Strategic Plan for Nottinghamshire and subsequently both the Local Transport Plan and Sustainable School Travel Strategy promote the uptake of walking and cycling, reducing reliance on cars. The County Council has therefore developed a Cycling Strategy Delivery Plan which set out how, working with partners, it will seek to increase cycling levels across the county. The 2011 census data shows that 3% of people in Nottinghamshire aged 16-74 years old (excluding those working at home and not in employment) are travelling to work by bicycle. The target included in the Nottinghamshire Cycling Strategy Delivery Plan is to increase this level from 3% to 10% by 2025.

47. The implementation of the above strategies has included the allocation of integrated transport block funding (as well as securing developer contributions through the planning process) for local transport improvements. These include those that provide targeted walking and cycling infrastructure to enable people to access jobs, training and local services on foot or bicycle. Integrated transport block funding is also used to help level in external funding for such measures. A programme of walking and cycling improvements is developed annually to utilise the funding available; these range from small scale dropped kerbs to strategic cycle networks.

48. One of the key elements of delivering the cycling strategy delivery plan is to develop joined up safe cycle networks in each of the towns in the county. To help deliver these networks the County Council has secured in principle £2.15m of D2N2 LEP Local Growth Funds (subject to independent check of the value for money assessment) that has been allocated

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<sup>8</sup> <https://www.walkingforhealth.org.uk/>

to improving sustainable transport measures in the D2N2 area in locations that have large numbers of planned housing and/or employment development. The funding will be used to help deliver cycle networks in Mansfield, Newark & Sherwood, West Bridgford and Arnold/Mapperley.

49. Infrastructure improvements have been complemented by focussed travel behaviour change campaigns to promote more sustainable travel to work, training, shops and services, to broaden travel horizons, improve air quality and offer realistic alternatives to car trips. There have been significant increases in both walking and cycling amongst those who participated.
50. The County Council has bid for approximately £1m of Access Fund from the Department of Transport to deliver targeted travel plan campaigns to promote more active travel and support the likely investment in cycling infrastructure in Mansfield, Newark and Sherwood, West Bridgford and Arnold/Mapperley and help to address transport related air quality issues in West Bridgford and Daybrook. An announcement on the outcome of this funding bid is due in January 2017.

#### **Natural environment: green and blue spaces**

51. Nottinghamshire County Council and the seven District/Borough Councils together play an important role in promoting parks, open spaces and allotments. They manage and maintain open spaces in the countryside through a network of country parks and cycle routes, including the nationally important Sherwood Forest.

#### **Planning work**

52. The role that planning has on health and wellbeing has been identified in the Nottinghamshire Health and Wellbeing Strategy (2014-2017). Priority 5 of the Nottinghamshire Health and Wellbeing Board is to develop healthier environments in which to live and work in Nottinghamshire.
53. In October 2015, the Nottinghamshire Health and Wellbeing Stakeholder event, Planning Healthier Environments facilitated by the Town and Country Planning Association (TCPA) brought together key individuals and organisations with the aim to understand how to capture the potential of the planning system to promote healthy communities and tackle obesity. This event was one of a number held across the country and is referenced in the national document: Building the Foundations: Tackling obesity through planning and development.
54. The '*Spatial Planning for the Health and Wellbeing of Nottinghamshire*' document was approved by the Health and Wellbeing Board in May 2016 and all District/Borough Councils agreed to endorse it at a local level. This identifies that local planning policies play a vital role in ensuring the health and wellbeing of the population and how planning matters can impact on health. A health checklist has been developed to be used when developing local plans and assessing planning application to ensure that the positive and negative impacts on health and wellbeing are considered. Planning applications for new developments should prioritise the need for both adults and children to be physically active as part of their daily lives.
55. A '*Planning and Health*' engagement protocol between local planning authorities and health partners is currently being drafted and will be presented to the Board at a future meeting.

This will ensure that health is fully embedded into planning processes, maximising health and wellbeing including tackling the obesity promoting environment.

56. Local Planning Authorities are required to consult the County Council on highway implications of developments and the County Council request walking, cycling and passenger transport improvements to mitigate against impacts of proposed development through this development control process. The planning authorities are, however, responsible for either requesting or securing the necessary works to be delivered by the developer, or requesting and securing the necessary funding from developers and then releasing the funding for such improvements.

### **Obesity Prevention and Weight Management Service – ChangePoint**

57. The Tier 1 – 3 integrated weight management service *ChangePoint* commissioned by Nottinghamshire County Council and delivered by Everyone Health went live on 1<sup>st</sup> April 2015 providing:

- A universal (Tier 1) service to help support everyone (regardless of their weight), from becoming overweight or obese raising awareness of the importance of maintaining a healthy weight, by eating more healthily and by being more active
- Front line training to health and social care staff to ensure consistent messaging and the ability to raise the issue, making every contact count.
- A Tier 2 service providing targeted prevention and early intervention services to those at high risk of obesity that encourage healthier lifestyles by increasing physical activity, reducing sedentary behaviour and improving dietary choices
- A specialist Tier 3 service for adults, children and young people including post bariatric surgery support and including Orlistat prescription
- A weight management service before, during and after pregnancy for women with a BMI greater than 30, working closely with key professionals, including midwives and health visitors.

58. The service takes self-referrals and accepts referrals from GPs and primary care staff who identify patients via their obesity registers, as part of NHS Health Checks and those at high risk of developing diabetes who require support with their weight.

59. The challenges for the service have included high referral rates into parts of the adult service of which, a proportion have been inappropriate. Contact cards / call to action cards have been developed and distributed to all GPs to encourage more self-referrals. There has been poor uptake of the Children and Young Peoples element of service. Links are to be strengthened to the Integrated Healthy Child and Public Health Nursing Programme for 0-19 year delivering the NCMP and the service has worked with Nottinghamshire Fire and Rescue service to develop a 'Fire Fit' programme for 11-18 year olds. There have also been a low number of referrals from maternity services. The service is developing closer links with the maternity services and working closely with Children's Centres to improve this.

### **Recent changes in the commissioning responsibilities of the obesity care pathway**

60. Responsibility for the commissioning of Tier 4 severe and complex obesity services (bariatric surgery) became the responsibility of Clinical Commissioning Groups (CCGs) from 1<sup>st</sup> April 2016 having previously been commissioned by NHS England. The commissioning of surgical treatment of children under 18 years will remain with NHS England.

61. It has been unclear who is responsible for the commissioning of Tier 3 specialist weight management services. Recent NHS England guidance<sup>9</sup> states that this is the responsibility of CCGs and they now need to fund and commission this element. An options appraisal paper has been developed and discussions will take place with CCGs regarding this.

#### **Action and support required from the Health and Wellbeing Board**

62. To ensure that Nottinghamshire is taking a whole system approach to this area of work, the following actions are recommended. Some of these actions link closely to recommendations within the Director of Public Health Annual Report (2016) particularly chapter 2 that was presented to the Board in December 2016:

- a. Each partner organisation to identify a champion to advocate for and embed work to tackle excess weight, poor diets and physical inactivity into their own strategies and action plans.
- b. To promote and encourage GP practices in Nottinghamshire to support the RCGP clinical priority to embed physical activity and lifestyle in primary care.
- c. To promote the importance of the National Child Measurement Programme and encourage more parents and children to take part.
- d. To encourage all public sector organisations to provide healthy food for staff and visitors in line with what the NHS is doing.
- e. To ensure that District /Borough Councils increase the number of fast food businesses that are signed up to the Nottinghamshire HOT merit scheme and utilise their planning powers to restrict the number of fast food outlets.
- f. To continue to invest in safe walking and cycling infrastructure developments linking people to jobs, training and services (including a joined up, safe and well connected cycle network across the County)
- g. To support the targeting of behaviour change campaigns to inform, encourage and enable people to make more walking and cycling trips more often.
- h. To ensure that Nottinghamshire County Council and the District/Borough Councils protect, increase and improve green and blue space particularly in our most deprived communities and that access to these spaces is encouraged and improved.
- i. To ensure that District/Borough councils endorse the 'Spatial Planning for Health and Wellbeing of Nottinghamshire.'
- j. To secure support for the Nottinghamshire Planning and Health Engagement Protocol' across Local Planning Authorities and all Health Partners.

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<sup>9</sup> <https://www.england.nhs.uk/resources/resources-for-ccgs/#obesity>

- k. To encourage District/Borough councils to ensure that planning applications for new housing developments prioritise the need for both adults and children to be physically active as part of their daily life.
- l. To encourage District/Borough councils to work with housing developers to promote active travel, protect green space and ensure that developments are appropriately designed.
- m. To continue to invest in the delivery of activities related to diet, physical activity and weight management

### **Other Options Considered**

63. This report takes account of national best practice to tackle excess weight, poor diets and physical inactivity.

### **Reason/s for Recommendation/s**

64. To ensure that the Health and Wellbeing Board has an overview on the work to tackle excess weight, poor diets and physical inactivity and considers ways in which it can continue to support and overcome some of the challenges there are locally to tackle excess weight, poor diets and physical inactivity.

### **Statutory and Policy Implications**

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

### **RECOMMENDATION/S**

The Health and Wellbeing Board:

- 1) Notes the contents of the report
- 2) Acknowledges the local work being undertaken to tackle excess weight, poor diets and physical inactivity.
- 3) Supports the proposed actions identified in paragraph 62 which are designed to ensure that Nottinghamshire is taking a whole system approach to tackle excess weight, poor diets and physical inactivity.

**Barbara Brady**  
**Interim Director of Public Health**

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

Anne Pridgeon  
Senior Public Health and Commissioning Manager  
T: 0115 8040763  
[Anne.pridgeon@nottscc.gov.uk](mailto:Anne.pridgeon@nottscc.gov.uk)

Sean Parks

Local Transport Plan Manager  
T: 0115 977 4251  
[Sean.parks@nottsc.gov.uk](mailto:Sean.parks@nottsc.gov.uk)

### **Constitutional Comments (SMG 20/12/2016)**

66. The proposals set out within this report fall within the remit of the Health and Wellbeing Board.

### **Financial Comments (DG 20/12/2016)**

67. This report is for note only, there are no financial implications.

### **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.

- Centre for Maternal and Child Enquiries (CMACE). [Maternal obesity in the UK: Findings from a national project](#). (2010)
- Nottinghamshire County Council [Local Transport Plan](#) (2011-2026)
- Report to the Health and Wellbeing Board: Tackling Obesity in Nottinghamshire – Including Physical Activity and Healthy Eating – June 2012
- [National Planning Policy Framework](#) (2012)
- [National Planning Practice Guidance](#) (2012)
- Nottinghamshire Framework for Action in Tackling Excess Weight (2013-2018)
- Public Health England, Local Government Association & Chartered Institute of Environmental Health Healthy People, Healthy Places Briefing: [Obesity and the environment: regulating the growth of fast food outlets](#). (2013)
- LGA/PHE [National Child Measurement Programme: briefing for elected members](#) (2013)
- LGA [Tackling obesity](#) Local governments new role (2013)
- NICE (PH44) Physical activity: brief advice for adults in primary care. 2013
- Nottinghamshire County Council [Strategic Plan](#) (2014-2018)
- NHS England [Five Year Forward View](#) (2014)
- Public Health England [Everybody Active Every Day](#) (2014)
- Nottinghamshire Health and Wellbeing Board [Nottinghamshire Health and Wellbeing Strategy](#) (2014-2017)
- WHO [Obesity and overweight](#) (2014)
- NHS England: Report of the working group into: [Joined up clinical pathways for obesity](#) (2014)
- TCPA [‘Planning healthy weight environments’](#) (2014)
- Institute of Health Equity (IHE) [Local action on health inequalities: Improving access to green spaces](#). Public Health England (2014)
- Nottinghamshire County Council [Nottinghamshire Sustainable School Travel Strategy](#) (2015)
- HM Government: [Sporting Future](#): A new strategy for an active nation (2015)
- Nottinghamshire Joint Strategic Needs Assessment: [Physical activity](#) (2015)
- Nottinghamshire Joint Strategic Needs Assessment: [Diet and nutrition](#) (2015)

- DEFRA [Sustainable procurement: the GBS for food and catering services](#) (2015)
- Nottinghamshire Joint Strategic Needs Assessment: [Excess weight in children, young people and adults](#) (2016)
- [Building the Foundations](#): Tackling obesity through planning and development (2016)
- [Tipping the Scales](#): Case studies on the use of planning powers to limit hot food takeaways (2016)
- [Spatial Planning for the Health and Wellbeing of Nottinghamshire](#) (2016)
- The [Eatwell Guide](#) (2016)
- Public Health England [Working Together to Promote Active Transport. A briefing for local authorities.](#) (2016)
- HM Government. [Childhood Obesity: A Plan for Action](#) (2016)
- Sport England: [Towards an Active Nation Strategy](#) (2016)
- NHS England Transfer of Commissioning Responsibility to CCGs for Adult Obesity services 2016/17 [Guidance for CCGs](#) (2016)
- Department for Transport [Draft Cycling and Walking Investment Strategy](#) (2016)
- [Nottinghamshire Cycling Strategy Delivery Plan](#) (2016)

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

All

### See items in the Chairs Report:

31. Physical activity strategy summary: transforming activity levels by 2020
32. Tackling inactivity: your essential guides
33. Cycle BOOM: can cycling help older people maintain their health & wellbeing?





**Appendix 1: The tiers of care for managing obesity as described in the NHS England: Report of the working group into: [Joined up clinical pathways for obesity](#):**

- **Tier 1 Preventative programmes:** Universal public health interventions aimed at prevention and reinforcement of healthy eating and physical activity messages across the life-course
- **Tier 2 Weight management service:** Lifestyle weight management advice delivered in the community to children, young people with a BMI above 91<sup>st</sup> centile and adults with a BMI above 30.
- **Tier 3: Specialist weight management service:** Community or hospital based, potentially with outreach delivered by a team led by a specialist obesity physician including specialist dietetic, psychological and physical activity input. For those children and young people with a BMI above 98<sup>th</sup> centile and adults with a BMI above 40. Includes provision of lifetime specialist follow up on a 'shared care' basis 24 months post-operatively.
- **Tier 4: Severe and complex obesity services (bariatric surgery and after care for 2 years):** Specialist obesity medical and surgical multidisciplinary team. Referral by a Tier 3 service for those patients who have undergone an optimum level and duration of assessment and engagement with the tiered weight management service pathway so that referral for surgery is at the most appropriate time for the individual meeting NICE criteria. Surgical intervention is treatment of choice for adults with BMI greater than 50 and for adults with a BMI greater than 40 or 35 with serious co-morbidities that would be improved with weight loss. Obesity surgery is also recommended by NICE for patients with a BMI 30-35 with recently diagnosed diabetes mellitus.



## Appendix 2: Public Health Outcomes Indicators <http://www.phoutcomes.info/public-health-outcomes-framework>

### Excess weight in adults (2013-15)

In Nottinghamshire, 67.6% of adults are overweight or obese (Public Health Outcomes Framework Indicator 2.12 Data from Active People Survey, Sport England 2016). This is **statistically worse** than the England average of 64.8%. For districts:

- Ashfield 69.3% (statistically worse than the England average)
- Bassetlaw 69.4% (statistically worse than the England average)
- Broxtowe 62% (statistically better than the England average)
- Gedling 69.6% (statistically worse than the England average)
- Mansfield 70.8% (statistically worse than the England average)
- Newark and Sherwood 68.3% (statistically similar to England average)
- Rushcliffe 64% (statistically similar to the England average)

### Excess weight in 4-5 year olds

In Nottinghamshire 21.3% of children aged 4-5 are overweight or obese (National Child Measurement Programme 2015/16). This is **statistically similar to** the England average of 22.1%. For districts:

- Ashfield 23% (statistically similar to the England average)
- Bassetlaw 22.5% (statistically similar to the England average)
- Broxtowe 19.5% (statistically better than the England average)
- Gedling 24.2% (statistically similar to the England average)
- Mansfield 22.9% (statistically similar to the England average)
- Newark and Sherwood 21% (statistically similar to the England average)
- Rushcliffe 15.6% (statistically better than the England average)

### Excess weight in 10-11 year olds

In Nottinghamshire 30.3% of children aged 10-11 are overweight or obese (National Child Measurement Programme 2015/16). This is **statistically better** than the England average of 34.2%. For districts:

- Ashfield 33.6% (statistically similar to the England average)
- Bassetlaw 31.7% (statistically similar to the England average)
- Broxtowe 29.9% (statistically better than the England average)
- Gedling 31.1% (statistically better than the England average)
- Mansfield 31.8% (statistically similar to the England average)
- Newark and Sherwood 32.8% (statistically similar to the England average)
- Rushcliffe 21.6% (statistically better than the England average)

### 5 A DAY – adults

In Nottinghamshire 56.2% of adults are eating 5 portions of fruit and vegetables on a usual day (Public Health Outcome Indicator 2.11i. Data from Active Peoples Survey, Sport England, 2015). This is **statistically better** than the England average of 52.3%. For districts:

- Ashfield 56.8% (statistically similar to the England average)
- Bassetlaw 58.2% (statistically better than the England average)
- Broxtowe 59% (statistically better than the England average)
- Gedling 54.4% (statistically similar to the England average)
- Mansfield 48.5% (statistically similar to the England average)

- Newark and Sherwood 58.6% (statistically better than the England average)
- Rushcliffe 56.8% (statistically similar to the England average)

### Physically active adults

In Nottinghamshire 59.5% of adults aged over 16 are achieving at least 150 minutes of physical activity per week (Public Health Outcome Indicator 2.13i. Data from Active People Survey, Sport England, 2015). This is **statistically better** than the England average of 57%. For districts:

- Ashfield 57.4% (statistically similar to the England average)
- Bassetlaw 62.6% (statistically better than the England average)
- Broxtowe 54.7% (statistically similar to the England average)
- Gedling 64.8% (statistically better than the England average)
- Mansfield 50.8% (statistically worse than the England average)
- Newark and Sherwood 60.1% (statistically similar to the England average)
- Rushcliffe 65.2% (statistically better than the England average)

### Inactive adults

In Nottinghamshire 26.1% of adults aged over 16 are classified as 'inactive' (Public Health Outcomes Framework Indicator 2.13ii. Data from Active People Survey, Sport England, 2015). For Nottinghamshire this is **statistically better** than the England average of 28.7%. For districts:

- Ashfield 28.8% (statistically similar to the England average)
- Bassetlaw 23.5% (statistically better than the England average)
- Broxtowe 29.7% (statistically similar to the England average)
- Gedling 22.5% (statistically better than England average)
- Mansfield 33.2% (statistically worse than the England average)
- Newark and Sherwood 25.2% (statistically similar to the England average)
- Rushcliffe 19.9% (statistically better than the England average)

*Inactive is defined as doing less than 30 'equivalent' minutes of at least moderate intensity physical activity per week in bouts of 10 minutes or more.*

4 January 2017

Agenda Item: 7

**REPORT OF THE CHAIR OF THE HEALTH AND WELLBEING BOARD  
CHAIR'S REPORT****Purpose of the Report**

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

**Information and Advice****2. Nottinghamshire Fire and Rescue Service Safe & Well**

You will remember the offer from John Buckley, the Chief Fire Officer to extend the role of the crews to improve health and wellbeing and how the Fire and Rescue Service could be utilised as a health asset in the future. Since we met John the Chief Fire Officers Association has launched an initiative to extend the current Home Safety Check into a more holistic Safe and Well check, that crews undertake when visiting people in their local communities. Locally the Service are aiming to launch a pilot scheme for Safe and Well Checks on 10 April 2017.

To help plan how this might be implemented in Nottinghamshire a workshop with partners took place on Friday 18 November 2016 including representatives from across health, social care and community and voluntary organisations.

Suggestions included mental health first aid, smoking cessation, falls prevention, winter warmth, drug and alcohol referrals, encouraging physical activity and helping prevent loneliness and isolation, building on the reputation of the service as a trusted member of the local communities.

The suggestions from the workshop have been presented to internal stakeholders within the Nottinghamshire Service and the plan is to identify a small number of priorities for implementation for the first year and then to build on these once they are embedded and working well.

A [report on the findings](#) from the stakeholder meetings is available and the Service have asked for any comments on the findings by 15 January 2017.

For more information, or to comment on the findings please contact Richard Cropley from the Persons at Risk Team at Nottinghamshire Fire and Rescue Service e: [richard.cropley@notts-fire.gov.uk](mailto:richard.cropley@notts-fire.gov.uk) or t: 0779 277 2508.

**3. Children's ICH - Health Care Supply Association (HCSA) award**



**The children's integrated commissioning hub (ICH) is delighted to share the good news that the work that the team has undertaken over the last three years has been rewarded with an award for collaborative commissioning from the Health Care Supply Association (HCSA).**

The submission particularly focused on and highlighted the innovative approach to both commissioning for outcomes and co-production the Children's ICH adopted for the development and procurement of the Integrated Community Children and Young People's Healthcare (ICCYPH) service and Children in Care Nursing service. Children's services represented around 30% of the value within the £247.38m wider community services project which achieved savings to the CCGs of £12.04m across the 10 community lots.

Key elements contributing to this achievement were:

- A 'Families Statement of Expectations' developed with families and used as the guiding principles for the development of the service specification and a draft outcomes framework. Areas covered included: "Our values: respect, collaboration and continual improvement" and "No decision about me without me"
- Service specification co-produced by families, clinicians, providers and commissioners in a series of Market Participation Events bringing together services previously described in 16 separate specifications into a single integrated specification.
- Parent representatives and a young person from the Nottinghamshire Pioneers participated in tender evaluation and bidders' interview panel was chaired by a parent.

#### **Parent Testimony (Notts Participation Hub)**

*"It was really positive to be involved in making decisions about the services that will affect our families. It was really important that we got the opportunity to have our voices heard and to ensure that everyone was working towards delivering the outcomes that families have asked for. Families were involved every step of the way from creating the families statement of expectations to marking the tender and we hope to continue to stay involved."*

For more information contact Jane O'Brien, Public Health and Commissioning Manager e: [jane.obrien@nottsc.gov.uk](mailto:jane.obrien@nottsc.gov.uk) t: 0115 993 2561

#### **4. Children's trust roadshows**

During September and November, over 140 colleagues from across the partnership attended three Children's Trust Roadshow Events. The events focused on locality working and started with short presentation on the priorities of the Nottinghamshire Children, Young People and Families Plan for 2016-2017, local data, and the challenges and priorities for the locality. Delegates had the opportunity to take part in four table top discussions on the following themes:

- How well do you know your locality?
- Models of Early Intervention – emerging threats to children and the School Health Hub
- Working together to close educational gaps for disadvantaged or vulnerable learners
- Neglect – key themes from local and national Serious Case Reviews (SCRs)

In response to a follow up survey, 94% delegates attending stated that the Roadshows had provided them with relevant information for their areas of work.

For more information contact Chris Jones, t: 0115 9932714

e: [christopher.1.jones@nottsc.gov.uk](mailto:christopher.1.jones@nottsc.gov.uk)

#### **5. Children and Young People's Online Counselling Service**

Commissioners for Nottinghamshire County and Bassetlaw are pleased to announce that a new Children and Young People's Online Counselling Service will go live on 1<sup>st</sup> January 2017. The provider of this service is Kooth who also provide similar services to Nottingham City and neighbouring areas.

This is a very exciting development for Children and Young People aged 11-25 and will help improve the mental health and wellbeing through prevention and early intervention.

The service will:

- Provide emotional health and wellbeing support through a secure and moderated online/web based counselling service with additional community features.
- Proactively target those children and young people who may not meet the CAMHS thresholds and offer early intervention to young people that are hard to engage
- Used recognised assessment tools, and set clear outcomes with children and young people
- Provide a range of forums to offer children and young people an appropriate first point of entry including:
  - A chat function for a young person to 'speak' to someone
  - A messaging function for young people to contact the service
  - Live discussion groups run by professional to enable groups of children and young people to interact with each other in a safe environment
  - An online magazine which includes opportunities for children and young people to submit their stories or write articles
  - Information and activities for children and young people to download

Kooth are currently mobilising the service and will shortly be sending out promotional information including referral process. There will also be opportunities for Kooth to visit schools, GPs and other stakeholders to discuss the service offer and ensure clear pathways are in place across the community.

Further information will be circulated in the near future, however if you would like to discuss anything in relation to this service please contact Nic Reed, Public Health and Commissioning Manager ([Nichola.reed@nottscc.gov.uk](mailto:Nichola.reed@nottscc.gov.uk) or 0115 993 9383).

## 6. **Brushing Buddies**

The popular "Brushing Buddies" supervised tooth brushing programme was launched in 20 targeted Primary Schools across Nottinghamshire in September 2016. Starting in the nursery where children aged 3-4 years will have the opportunity to brush their teeth with their Brushing Buddy whilst at school. The programme aims to work with schools, staff and students (including their families) to increase oral health knowledge, oral hygiene and break down barriers to accessing regular dental care. So far the programme is going extremely well and adapts well to suit the autonomy and diversity of each school.

For more information, please contact Julia Wilkinson, Head of Oral Health Promotion on 0115 9931485, [Julia.wilkinson@nottshc.nhs.uk](mailto:Julia.wilkinson@nottshc.nhs.uk) or visit [www.nottinghamoralhealth.com](http://www.nottinghamoralhealth.com)

## PROGRESS FROM PREVIOUS MEETINGS

### 7. Multi-Agency Hoarding Framework

The Board heard about the Hoarding Framework which had been developed under the leadership of Nottinghamshire Fire & Rescue in September 2015. Since then work has continued to raise awareness of hoarding and how to tackle any cases identified through the multi-agency approach within the framework. The Fire & Rescue Service have undertaken a number of awareness raising workshops in conjunction with colleagues from Ashfield District Council.

Multi-agency Hoarding Panels have been set up in Newark and Sherwood, Bassetlaw and Ashfield. Cases in Gedling are reviewed through their Vulnerable Persons Panel. Where other areas need support to deal with cases they can refer into the Fire and Rescue Service for advice and help.

I was pleased to hear that there have been no hoarding related fire deaths in Nottinghamshire in the past year.

Work continues to raise the profile of the Hoarding Framework with partners across the County and City and the involvement of Environmental Health Officers in the local panels is also being reviewed.

For more information please contact Sally Savage, hoarding lead for Nottinghamshire Fire and Rescue e: [sally.savage@notts-fire.gov.uk](mailto:sally.savage@notts-fire.gov.uk) t: 07971 720 031.

### 8. Homelessness prevention bids

At the December Board meeting we touched on homelessness during our discussions. The Department for Communities and Local Government recently instigated a new £40 million programme to provide an innovative approach to tackling homelessness, with prevention at its heart. The programme wants to give support at the right time, to prevent people from losing their home in the first place and when people are already homeless, to help to ensure that rough sleepers have somewhere safe to stay.

The funding has been divided up into three discrete funding streams:

- £10 million for a Rough Sleeping programme to help individuals who might be struggling to get by from ending up on the street. It will also provide rapid and targeted interventions for new rough sleepers, such as helping them to access employment and education opportunities.
- £20 million Trailblazers programme for local authorities to trial new initiatives, responding to the specific needs in their communities and focusing on prevention at an earlier stage. The local authority areas will work with a wider group of at risk people to help families and individuals before they reach crisis point – including through new resident advice services and outreach work with landlords and private sector tenant.
- A further £10 million Rough Sleeping Social Impact Bond programme has also been launched to help long-term rough sleepers who may be bouncing chaotically through the housing system – to address underlying issues such as poor mental health or substance abuse to help stop them from living on, and returning to, the streets.

Three collaborative bids have been submitted covering different areas of the County. The outcome will be known in December 2016 and if successful funding will be available in the



fourth quarter of 2016/17. The bids have the support of the County Council and over 25 other organisations from health, local government and the voluntary sector across the city and county have committed to be partners to support the work if successful.

For more information contact Laura Chambers e: [laura.chambers@nottsscc.gov.uk](mailto:laura.chambers@nottsscc.gov.uk) t: 07770 702231.

## PAPERS TO OTHER LOCAL COMMITTEES

9. [Changes to the Structure of the Children's Integrated Commissioning Hub](#)
10. [Implications of the Nottinghamshire Sustainability and Transformation Plans for Public Health](#)
11. [Public Health Service Plan 2016/17 - Progress Report](#)
12. [Public Health Services Performance and Quality Report for Contracts Funded with Ring-Fenced Public Health Grant, Quarter 2 2016/17](#)
13. [NHS Health Checks IT Service Procurement Update](#)  
Papers to Public Health Committee  
1 December 2016
14. [European Social Fund - Careers Local Update](#)  
Paper to Economic Development Committee  
6 December 2016
15. [Planning for Winter](#)
16. [Future Structure for the Adult Social Care Transformation Team](#)
17. [Performance Update for Adult Social Care and Health](#)  
Reports to Adult Social Care and Health Committee  
12 December 2016

## A good start

18. [Children and young people's mental health: time to deliver](#)  
Commission on Children and Young People's Mental Health  
This is the final report from an independent commission that was tasked to reflect on the progress made in transforming children and young people's (CYP) mental health services following the government's promised investment of 1.4bn. The report highlights that the government decision not to ring-fence the CYP funding is putting the transformation process at risk. The commission also found that there is little clarity around whether the CYP funding is reaching frontline services, and with increasing pressures on the NHS, there is a risk that the investment may be spent on other priorities.
19. [Disability Matters in Britain 2016: Enablers and challenges to inclusion for disabled children, young people and their families](#)  
Disability Matters  
This report pulls together the views and experiences of disabled children, young people and their parents or carers with the aim of raising awareness of good practice being adopted already, encouraging others to follow their lead and to help ensure that disabled people of all ages are valued as equals in our communities.
20. [Best practice for perinatal mental health care: the economic case](#)  
Personal Social Services Research Unit

This report examines the economic case for investing in early interventions that reflect best practice in England. The study included a comparison of the potential costs and consequences associated with such interventions compared with one or more alternative course of action (operationally defined as current practice, and sometimes referred to in studies as the do nothing option).

21. [Improving mental health care](#)

NHS England

£40m is to be allocated to new specialist community mental health services for mums in the immediate run up to and after birth. There will also be a new recommended standard to ensure that anyone attending A&E or is on a hospital ward in a mental health crisis should be seen by a specialist mental health professional within an hour of being referred, and within four hours they should have been properly assessed.

## Living Well

22. [The problems of cheap, high strength alcohol](#)

Institute of Alcohol Studies

This short animation film draws attention to the problems associated with cheap, high strength alcohol products such as white cider. This film provides a simple overview of how minimum unit pricing and changes to the taxation system could alleviate this burden.

23. [Alcohol and Cancer Trends - Intervention Scenarios](#)

Cancer Research UK

This report found that alcohol will cause around 135,000 cancer deaths over the next 20 years and cost the NHS around 2 billion in treatments. The report warns that oesophageal cancer is likely to increase most.

24. [The tide effect: how the world is changing its mind on cannabis legalisation](#)

Adam Smith Institute

The Tide Effect argues that the legalisation of cannabis in the UK is both overdue and imperative. The report from the Adam Smith Institute suggests that current attempts to control consumption through prohibition do not work and have not done so for many decades. A properly regulated market, says the report, would provide tax revenues, ensure that the drug meets acceptable standards, and help protect public health.

25. [Cutting down: the reality of budget cuts to local tobacco control: a survey of tobacco control leads in local authorities in England](#)

Cancer Research UK

This report, carried out by Action on Smoking and Health (ASH) and Cancer Research UK, outlines the results of a survey of tobacco control leads in local authorities in England. The report finds that smoking cessation services are facing ongoing budget cuts, with 59 per cent of respondents reporting that they were forced to reduce their funding to services in the past year. The report calls on public and local councillors to help protect smoking cessation services by urging the government to solve the public health funding crisis.

26. [Background papers to the WHO report on electronic nicotine delivery systems and electronic non-nicotine delivery systems](#)

WHO

WHO commissioned four background papers to enable them to prepare the WHO report to

the seventh session of the Conference of the Parties to the WHO FCTC on Electronic Nicotine Delivery Systems and Electronic Non-Nicotine Delivery Systems.

27. [Stop smoking services funding](#)

Cancer Research

This report highlights that almost half (48 per cent) of budgets for Stop Smoking Services have been cut by more than five per cent. In addition, 45 per cent of local authorities have cut their budgets for other tobacco control work such as tackling the illegal tobacco market and preventing the uptake of smoking by young people.

28. [The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies: An evidence review](#)

Public Health England

This review provides a broad and rigorous summary of the types and prevalence of alcohol-related harm, as well as presenting evidence for the effectiveness and cost-effectiveness of alcohol control policies. Public Health England has also published statistical data which highlights the estimated number of working years of life lost in 2015 due to alcohol, broken down by cause of death.

29. [Alcohol marketing and young people a literature review and mapping exercise](#)

Public Health England

This report aims firstly to update the evidence for the association between drinking patterns among children and young people and their exposure to alcohol marketing in all media. Secondly, it seeks to address questions about the use of digital marketing to market alcohol products: whether children and young people are being exposed to this marketing and if this influences their behaviour and alcohol consumption; what methods are being used; whether specific groups are being targeted and whether the use of digital media is linked to violations of marketing codes and regulations. Thirdly, it aims to identify potential strengths, weaknesses and gaps in the UK regulations governing alcohol marketing. Lastly, it seeks to identify lessons from international experience which could usefully inform any review of UK regulations.

30. [An Independent Review into the impact on employment outcomes of drug or alcohol addiction, and obesity](#)

Department for Work and Pensions

This review provides an evidence-based analysis of the factors that stand in the way of employment and recommends practical interventions to help overcome them.

31. [Physical activity strategy summary. Transforming activity levels by 2020](#)

The Public Health Cornwall and Cornwall Sports Partnership

This physical activity strategy with a vision of a future where everybody in Cornwall and the Isles of Scilly is active as part of daily life, regardless of age, gender, culture or circumstance. By 2020 they have set a target of getting 50,000 more people in Cornwall and the Isles of Scilly to be more physically active as part of daily life.

32. [Tackling inactivity: your essential guides](#)

Sport England

This guide helps you to design projects and services that effectively target and support inactive people to get active.

33. [Cycle BOOM: can cycling help older people maintain their health and wellbeing?](#)

EPSRC

This report investigates the barriers and potential for using cycling to enable better health and wellbeing for older people. It explores why only one per cent of older people in the UK use bicycles as a mode of transport compared to other European countries. It investigates how the design of towns and cities and bicycles themselves can inhibit people's engagement with cycling as they get older.

34. [Changing risk behaviours and promoting cognitive health in older adults](#)

Public Health England

This resource is intended for local authority and clinical commissioning groups to identify what types of interventions they should focus on to help the uptake and maintenance of healthy behaviours and promote cognitive health among older adults living in the community. It is also intended for providers of lifestyle behaviour change programmes to support the development of evidence-informed prevention packages for older adults.

## Coping Well

35. [The state of social care in Great Britain 2016 Our call for urgent action on social care](#)

Leonard Cheshire Disability

This report looks at the state of social care in Britain today and how a crisis in social care is impacting on the lives of disabled people across the country. It contains various case studies and lists actions for UK governments to help improve social care in Great Britain.

36. [Carers briefing](#)

House of Commons Library

This paper provides information about the number of carers in the UK and the issues they face. It also explains the rights, benefits and support available to carers and Government policy on caring.

37. [Missing out: the identification challenge](#)

Carers UK

This research explores the time it takes for people to recognise they have taken on a caring role, and whether they had missed out on support because they simply didn't think of themselves as a carer. It also looks at the impact that missing out on support can have across carers lives.

38. [Producing a joint strategic needs assessment for mental health](#)

The Centre for Mental Health

This report explores how five local councils across England went about understanding the mental health needs of their communities, and taking action to meet them more effectively. It finds that JSNAs for mental health and dementia can help to direct investment, improve services and help local agencies work together more effectively.

39. [Monitoring the Mental Health Act](#)

CQC

This annual report on the use of the Mental Health Act looks at how providers are caring for patients, and whether patient's rights are being protected. The report found many examples of good practice but also discovered that good care is not consistent across the country. The priorities for change highlighted include stronger leadership from providers; a more local and

needs-based approach from commissioners; and greater collaboration between the Department of Health and national agencies on early intervention to reduce detention rates.

40. [\*\*Frontline pharmacists: Making a difference for people with long term conditions\*\*](#)

Royal Pharmaceutical Society

This report suggests that community pharmacists must be able to routinely prescribe medicines for people with long term conditions and refer them directly to other healthcare professionals to ease the overwhelming demand facing the NHS.

41. [\*\*Supported self-management improves quality of life and self-belief after stroke\*\*](#)

National Institute Health Research Signal

Offering self-management programmes to people who have had a stroke may empower them to take charge of their lives. These programmes could help people live independently after hospital discharge, and improve their quality of life.

42. [\*\*Age Friendly Places. Making our community a great place to grow older\*\*](#)

Age UK

This report looks at making communities age friendly places. Living longer is a huge opportunity if we adapt our neighbourhoods and communities to work for us as we age. As we grow older, we often spend more time in our homes and communities, so our immediate environment has a significant impact on our health, wellbeing and the quality of our lives. Age Friendly Places are essential for our ageing population.

43. [\*\*Self Care Nation Self care attitudes and behaviours in the UK\*\*](#)

The King's Fund

This research explores how people use GP and A&E services, and finds that if they understood their own NHS footprint, 80 per cent would be more likely to seek advice from pharmacists and use over-the-counter remedies for coughs, colds and other self-treatable conditions. It reveals that the majority of people in the UK (92 per cent) acknowledge the importance of taking responsibility for their own health in order to ease the financial burden on the NHS. However, every year there are an estimated 57 million GP consultations and 3.7 million visits to A&E for self-treatable conditions, costing the NHS an estimated 2.3 billion.

44. [\*\*Technology enabled care services\*\*](#)

Housing LIN

This report looks at how the care technology sector supports health and social care commissioners to commission technology enabled care services that meet the growing and changing needs of the entire system. One of the themes included in the report is that commissioners need to ensure the commissioning approach focuses on outcomes and not inputs.

45. [\*\*Electronic nicotine delivery systems and electronic non-nicotine delivery systems\*\*](#)

WHO

This report suggests that there is not enough research to quantify the relative risk of e-cigarettes vs conventional cigarettes. Amongst other recommendations, it urges countries to consider banning use in minors and banning or restricting flavours that might appeal to minors.

46. [\*\*Older People's Care Survey\*\*](#)

Family and Child Care Trust

This report gathers data from local authorities about local care costs and availability. It reveals that four in five local authorities in the UK report not having enough care for older people in their area. It finds that more than 6.4 million people aged 65 and over are living in areas that do not have enough older people's care to meet demand.

47. [Care for older people with frailty](#)

RCGP

This report focuses on how GPs and geriatricians are collaborating to design and lead innovative schemes to improve the provision of integrated care for older people with frailty. It highlights 13 case studies from across the UK including schemes to help older people remain active and independent, provide better services in the community and support patients in hospital.

48. [Investing in social care](#)

UNISON

This report argues that the social care funding crisis could be eased by the use of 2.4 billion in unallocated business rates. The report also highlights the inequality in service provision in England for older people in deprived areas, and emphasises how an increase in social care funding can help to improve care and ease pressures on the system.

## Working Together

49. [Quick guide: Health and Housing](#)

NHS England

This is one of a series of quick, online guides providing practical tips and case studies to support health and care systems.

50. [Air pollution Outdoor air quality and health](#)

NICE

This draft guidance recommends that local councils place buildings away from busy roads when drafting town or city plans. It also recommends that cyclists should be screened from motorised traffic by shrubs or plants in situations where they are found to reduce air pollution. NICE will be accepting feedback and comments on the draft guidance until 25 January 2017.

51. [Improving health through the home: a checklist for local plans and policies](#)

Public Health England

This checklist helps people in the public health system to review local plans for health and wellbeing, to see whether they have considered and planned for the effect of homes and housing circumstances on health. The guidance accompanying this checklist provides more information about sources of support, types of plans that the checklist can be used to assess, and how to approach the review process.

52. [VODG social value toolkit: mainstreaming social value in social care](#)

Voluntary Organisations Disability Group

This practical resource aims to help promote increased cooperation between social care commissioners and providers. It has been created in response to the need for resources to support social care providers in implementing the Social Value Act. The toolkit reflects an approach to commissioning which creates maximum value for money from public spending by realising additional benefits from providers with no extra cost to public funds. The toolkit

also provides support on demonstrating added value for money that voluntary and not-for-profit organisations might deliver.

53. [Realising the value Ten key actions to put people and communities at the heart of health and wellbeing](#)

Health Foundation

This was an 18-month programme that aimed to consolidate what is known about person- and community-centred approaches for health and wellbeing, and make recommendations on how they can have maximum impact. This final report from the programme draws together the key learning and recommendations from the programme and puts forward ten key actions - focused both on what should be done and how people need to work differently.

54. [Sustainability and transformation plans in the NHS: how are they being developed in practice?](#)

The King's Fund

This report argues that STPs offer the best hope to improve health and care services despite having been beset by problems so far. STPs have been strongly criticised by politicians, local authority leaders and patient groups and this report supports many of the criticisms, including patchy involvement of local government, clinicians, frontline staff and patients, and that there is a lack of a governance structure or formal authority for STP leaders. Despite this, the report supports the idea behind STPs and offers suggestions for helping to make them work better. The report is accompanied by a timeline exploring the development of STPs since December 2015.

55. [Nottingham and Nottinghamshire Sustainability and Transformation Plan 2016-2021](#)

Nottingham and Nottinghamshire STP

Health and social care services are working together to improve the quality of their care, their population's health and wellbeing and the finances of local services. The focus will be on prevention, supporting people to stay out of hospital where possible, and providing care at home or closer to home.

56. [Sorting the plans](#)

CIPFA

Despite sustainability and transformation plans (STPs) emerging as a good means of addressing the need for financial stability, some strategies drawn up do not include enough substance to prove they are tackling the problems realistically, according to this report. In the report, CIPFA has analysed nine published STPs out of the 44 that are being developed in England to improve services while reducing costs. It found that although the plans set out proposals to close the widening financial gap, which the NHS estimates to be 30bn by 2020, some fail to set out a credible case for the deliverability of their savings plans.

57. [Governing for transformation: STPs and governance](#)

NHS Providers and Hempsons solicitors

This report sets the context for STPs, identifies the challenges for organisations, examines the role of the board, and addresses the constraints of current legislation. It provides practical guidance on governance for those concerned with the leadership and direction of STPs, and makes clear that the nature, scale and pace of local transformation must be determined by local realities.

58. [Sustainability and transformation plans in the NHS](#)

The King's Fund

Based on a series of interviews with senior NHS and local government leaders which took place throughout 2016, this report looks at how STPs have been developed in four parts of the country. It sets out a number of recommendations for the future of the STP process based on the findings. The Kings Fund has also published a time line showing the development of STPs since December 2015.

59. [Unlocking the power of local: reflections on the new place leadership](#)

New Local Government Network

This essay collection brings together a selection of voices, representing different institutions and stakeholders in places, to show how place leadership is already emerging. The essays highlight the interconnectedness of local services, institutions and organisations and how a shared vision can help to deliver the best outcomes for local people.

60. [Championing the public's health](#)

Royal Society for Public Health

This new film takes a topical look at some of the major public health challenges facing the UK today, and the initiatives being taken to tackle them. The film features a series of bite-sized, news-style reports on work being undertaken by RSPH and its partners across a range of public health issues from drugs and addiction, to physical inactivity and obesity, to the wider structural and financial challenges facing the sector.

61. [Does integrated care reduce hospital activity for patients with chronic diseases? An umbrella review of systematic reviews](#)

BMJ Open

This summary of 50 reviews investigating integrated care interventions found that most reported statistically significant improvements in outcomes (e.g. emergency admissions, length of stay), but that interventions rarely demonstrated unequivocally positive effects.

62. [Added value: Mental health as a workplace asset 2016](#)

Mental Health Foundation

This report shows that the value added by people with mental health problems in the workforce is greater than the costs arising. Improving and protecting mental health secures that value and should help reduce cost.

63. [The state of the NHS provider sector](#)

NHS Providers

This report examines the state of the 238 hospital, mental health, community and ambulance NHS trusts in England. It examines how they are performing, the challenges they face and how they are responding. It combines analysis and commentary, published data and the views of NHS trust chairs and chief executives. It focuses on four key issues: quality and patient access, finance, workforce and transformation.

64. [The challenge and potential of whole system flow: improving the flow of people, information and resources across whole health and social care economies](#)

Health Foundation and Advanced Quality Alliance

This report outlines an organising framework and tested methods that local health and social care leaders can use to improve whole system flow. It draws on case studies and other examples of work from across the UK and internationally and describes steps that policymakers and regulators at a national level should take to create an environment that is conducive to change at this scale.



65. [Stepping up to the place: integration self-assessment tool](#)

LGA

This tool is designed to support local health and care leaders through health and wellbeing boards to critically assess their ambitions, capabilities and capacities to integrate services to improve the health and wellbeing of local citizens and communities.

66. [Building capacity: realising the potential of community pharmacy assets for improving the public's health.](#)

Royal Society of Public Health

This report looks at the effectiveness of community pharmacy in promoting the public's health and seeking to understand the opportunities and challenges currently faced by pharmacy teams delivering public health services.

The summary of national publications has been prepared by the Library and Knowledge Service Based at Kings Mills Hospital. All of the above records can be found in the CASH (Current Awareness Service for Health database by searching at:

<http://cash.libraryservices.nhs.uk/cash-service/search-database/>

## **CONSULTATIONS**

### **Other Options Considered**

67. To note only

### **Reason/s for Recommendation/s**

68. N/A

## **Statutory and Policy Implications**

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

## **RECOMMENDATION/S**

1) To note the contents of this report.

**Councillor Joyce Bosnjak**  
**Chair of Health and Wellbeing Board**

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

Nicola Lane  
Public Health Manager  
T: 0115 977 2130  
[nicola.lane@nottscc.gov.uk](mailto:nicola.lane@nottscc.gov.uk)

**Constitutional Comments (SG 15/12/2016)**

70. Because this report is for noting only, no Constitutional Comments are required.

**Financial Comments (DG 19/12/2016)**

71. This report is for note only, there are no financial implications.

**Background Papers and Published Documents**

None

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

All

**4 January 2017**

**Agenda Item: 8**

## **REPORT OF CORPORATE DIRECTOR, RESOURCES WORK PROGRAMME**

### **Purpose of the Report**

1. To consider the Board's work programme for 2016/17.

### **Information and Advice**

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

### **Other Options Considered**

4. None.

### **Reason/s for Recommendation/s**

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

### **Statutory and Policy Implications**

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

### **RECOMMENDATION/S**

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

**Jayne Francis-Ward**  
**Corporate Director, Resources**

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

**Constitutional Comments (HD)**

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

**Financial Comments (NS)**

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

**Background Papers**

None.

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

All

## Health and Wellbeing Board Work Programme

|                        | Health & Wellbeing Board (HWB)   |
|------------------------|--|
| <b>1 February 2017</b> | <p><b>Safeguarding Adults Annual Report (Stuart Sale/Allan Breeton)</b></p> <p><b>The role of community pharmacy</b> (Nick Hunter LPC)</p> <p><b>Developing family resilience</b> (Colin Pettigrew/Chris Jones)</p> <p><b>Substance misuse services (John Tomlinson//Lindsay Price/Tristan Poole)</b></p> <p><i>Update on Nottinghamshire &amp; SYB STPs (David Pearson/Joanna Cooper/ Idris Griffiths)</i></p> <p><b>Approval of BCF Plan 2017/18 &amp; 2018/19</b> (Joanna Cooper)</p> |
| <b>1 March</b>         | <p><b>Tobacco Declaration Annual update ( John Tomlinson)</b></p> <p>Strategic action for 2017 – Making Every Contact Count (John Tomlinson/Lindsay Price)</p> <p><b>BCF Q3 quarterly report</b> (Joanna Cooper)</p> <p><b>Update on spacial planning <i>requested at May 2016 meeting</i> (Anne Pridgeon)</b></p>   |
| <b>29 March</b>        | <p><b>Approval of BCF Plan for 2017/18</b> (Joanna Cooper)</p> <p><b>Wellbeing@Work update</b> (Lindsay Price)</p> <p><i>Update on Nottinghamshire &amp; SYB STPs (David Pearson/Joanna Cooper/ Idris Griffiths)</i></p>   |
| <b>26 April</b>        |  |

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|-------------|--|
| <b>June</b> | <b>Transitions between children's and adult's services especially for those with SEND &amp;/or accessing CAHMS</b> (Colin Pettigrew/Chris Jones)<br><br><i>Update on Nottinghamshire &amp; SYB STPs</i> (David Pearson/Joanna Cooper/ Idris Griffiths)<br><br><b>BCF Q4 quarterly report</b> (Joanna Cooper) |
| <b>July</b> | <i>Update on Nottinghamshire &amp; SYB STPs</i> (David Pearson/Joanna Cooper/ Idris Griffiths)   |

Items to be allocated to future meetings:

SEND review (discussed at October 2016 HWB meeting)

Care leavers support (discussed at October 2016 HWB meeting)