



ADDITIONAL / TO FOLLOW AGENDA ITEMS

This is a supplement to the original agenda and includes reports that are additional to the original agenda or which were marked 'to follow'.

NOTTINGHAM CITY COUNCIL HEALTH AND WELLBEING BOARD

Date: Wednesday, 29 October 2014

Time: 1.30 pm

Place: Ground Floor Committee Room, Loxley House, Station Street, Nottingham NG2 3NG

Governance Officer: Noel McMenamin **Direct Dial:** 0115 876 4304

AGENDA

Pages

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NOTTINGHAM CITY COUNCIL

HEALTH AND WELLBEING BOARD

MINUTES of the meeting held at Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG on 27 August 2014 from 13.30 - 15.30

Membership

Voting Members

Present

Councillor Alex Norris (Chair)	Portfolio Holder, Adults, Commissioning and Health
Dr Ian Trimble (Vice-Chair)	NHS Nottingham City CCG
Helen Jones (for Alison Michalska)	Director of Adult Social Care
Councillor Dave Liversidge	Portfolio Holder, Community safety, Housing and the Voluntary Sector
Councillor David Mellen	Portfolio Holder, Children's Services
Martin Gawith	Healthwatch Nottingham
Dr Chris Kenny	Director of Public Health, Nottinghamshire County and Nottingham City
Dr Hugh Porter	NHS Nottingham City CCG
Dawn Smith	NHS Nottingham City CCG
Dr Arun Tangri	NHS Nottingham City CCG
Jacquie Williams (for Vikki Taylor)	NHS England

Absent

Alison Michalska	Corporate Director, Children and Adults
Vikki Taylor	NHS England

Non-voting Members

Present

Lyn Bacon	Nottingham CityCare Partnership
Steven Cooper	Nottinghamshire Police
Dr Michele Hampson	Nottinghamshire Healthcare NHS Trust
Peter Homa	Nottingham University Hospitals NHS Trust
Gill Moy	Nottingham City Homes

Absent

Sarah Collis	Nottingham Third Sector Forum
Peter Moyes	Nottingham Crime and Drugs Partnership

Colleagues, partners and others in attendance:

Alison Challenger	Public Health, Nottingham City Council
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Dr Joanna Copping	Public Health, Nottingham City Council
Liz Jones	Corporate Policy, Nottingham City Council
Noel McMenamin	Constitutional Services Officer
Ruth Rigby	Healthwatch Nottingham
Helen Ross	Public Health, Nottingham City Council
Helen Scott	Public Health, Nottingham City Council
John Wilcox	Public Health, Nottingham City Council
Dot Veitch	Early Intervention, Nottingham City Council

12 APOLOGIES FOR ABSENCE

Alison Michalska	Corporate Director, Children and Adults
Peter Moyes	Crime and Drugs Partnership
Vikki Taylor	NHS England

13 DECLARATIONS OF INTEREST

None.

14 MINUTES

The Board confirmed the minutes of the meeting held on 25 June 2014 and they were signed by the Chair.

15 SUSTAINABLE HEALTH AND CARE: LOCAL IMPLEMENTATION

Helen Ross, Public Health Manager, introduced a report and brief presentation seeking approval of a local Sustainable Health and Care: Local Implementation Plan to promote healthy lifestyles and the sustainable management of health, social and healthcare services. The Plan will also identify ways to save money and to contribute to priorities such as reducing obesity, increasing physical activity and improving mental wellbeing.

Ms Ross pointed out that Public Health and partner organisations in Nottingham had already made positive strides in embedding Sustainable Development and Health principles. Examples of good practice included the Health and Housing Partnership Board, the Clifton Greener Housing Scheme, Sustrans and Ridewise schemes, Nottingham University Hospitals Trust's Food for Life Catering Mark, which sourced local organic food, and Nottingham CityCare Partnership, which was 2013 Sustainable Provider of the Year.

The Board welcomed the report and supported the recommendations, making the following points:

- (a) both patients and staff had benefited from the Food for Life Catering Mark. Local sourcing of organic food helped improve quality and reduced 'food miles' carbon emissions, staff engaged with the initiative and it resulted in savings as well;

- (b) a Board member pointed out that reliance on IT and resulting hardware and software obsolescence had a significant impact on partners' carbon footprint, and asked that this be considered at the proposed HWB development session;
- (c) a Board member commented that the definitions of 'Sustainable Development' and 'Health' within the scope and remit need to be fully understood and agreed by all partners. It was agreed that these could be explored further at the development session.

RESOLVED

- (1) to note the sustainable development and health work undertaken in Nottingham City by Public Health and partner organisations;**
- (2) to approve the development of a Nottingham Sustainable Health and Social Care Local Implementation Plan that builds on local and national good practice;**
- (3) to approve a Health and Wellbeing Board development session on sustainable development and health facilitated by the Sustainable Development Unit in partnership with Public Health.**

16 WELLNESS IN MIND: THE NOTTINGHAM CITY MENTAL HEALTH AND WELLBEING STRATEGY 2014-2017

Dr Joanna Copping, Consultant in Public Health Medicine, introduced a report and presentation of the Director of Public Health, requesting approval of Wellness in Mind, Nottingham City's Mental Health and Wellbeing Strategy. Dr Copping highlighted the following points:

- (a) Nottingham has high levels of risk factors for poor mental health, including high unemployment and levels of deprivation, low educational attainment and physical health issues. People who are unemployed or have a disability have the lowest levels of mental wellbeing;
- (b) mental health problems are very common and often begin in childhood and adolescence. However, the stigma attached to mental health means that it is not openly discussed;
- (c) mental health problems are very costly, with 40% of all time off work due to mental health issues. They also have a large impact on physical health, with increased prevalence of smoking, drinking and drug use;
- (d) the Health and Wellbeing Board has already committed to the principle of 'parity of esteem' between physical and mental health, and partner organisations have appointed mental health 'champions' to take forward the mental health agenda within their organisations;

- (e) a mental health and wellbeing steering group has been established to roll out the Strategy's 5 priorities. These are: Priority 1 - promoting mental resilience and preventing mental health problems, Priority 2;- Identifying problems early and supporting effective interventions, Priority 3 – Improving outcomes through effective treatment and relapse prevention, Priority 4 – Ensuring adequate support for those with mental health problems, and Priority 5 Improving the wellbeing and physical health of those with mental health problems.

The Board supported the recommendations and during discussion made the following points:

- (f) it was suggested that the report template for Health and Wellbeing Board could be amended to capture how recommendations addressed parity of esteem, and the Constitutional Services Officer confirmed that this could be done;
- (g) in response to a Board member's comment that children and young people did not appear to feature prominently in the document, Dr Copping explained that the original draft had focused on adult mental health, but that this initial bias would not be reflected in the implementation of the Strategy;
- (h) Board members commented that strong implementation using SMART objectives was vital to the success of the Strategy. Partners needed to be honest about the gaps and risks, and prioritise accordingly. The Board also needed to understand the financial implications in shifting resource to preventative interventions.

RESOLVED to:

- (1) approve 'Wellness in Mind', the Nottingham City Mental Health and Wellbeing Strategy;**
- (2) commit to take forward the Strategy through individual organisations and collective leadership;**
- (3) champion mental health and wellbeing in line with the previous commitment to give equal value to physical and mental health (parity of esteem);**
- (4) to consider mental health within all reports to the Board.**

17 NOTTINGHAM PLAN 2013-14 (YEAR 4): HEALTHY NOTTINGHAM TARGETS PERFORMANCE

Liz Jones, Interim Head of Corporate Policy, introduced a report and presentation of the Director of One Nottingham, setting out Year 4 performance against the six targets in the Healthy Nottingham theme of the Nottingham Plan to 2020. The key points highlighted in the report were:

- (a) Nottingham used the Local Citizen Survey to measure performance against the ambition to reduce smoking prevalence to 20% because it provided a larger, accurate sample size. Performance (28%) exceeded the Year 4 target of 30%, but prevalence in Nottingham was still significantly higher than the national average;
- (b) the ambition to reduce the proportion of overweight and obese adults in Nottingham to 58% was on track (currently at just under 61%), but there had not been a significant shift in prevalence. However, child obesity targets were not being met, and this was a significant concern;
- (c) Nottingham was on target to achieve the target of 56% of adults achieving 150 minutes of physical activity per week, the current rate being almost 52%;
- (d) teenage pregnancy rates continued to drop significantly, although they were still higher than the national average;
- (e) the data on reducing the proportion of people with poor mental health indicated that Nottingham's average mental wellbeing score of 52.6 was close to the England national average of 53.5, but there was no room for complacency;
- (f) the target to reduce alcohol-related hospital admissions was not on track, and the numbers of people successfully completing drug treatment, including alcohol treatment, was disappointing, and in part as a result of people presenting with complex needs;
- (g) a joint One Nottingham and Scrutiny Performance Panel is scheduled for September 2014, where childhood obesity and alcohol-related hospital admissions will be examined in more detail.

During discussion, Board members made the following comments:

- (h) Board members commented that a common thread for 'Red'-rated targets was children and childhood poverty. There was consensus that further work should be carried out on this cross-cutting issue, with one Board member suggesting that a 'summit'-style approach, similar to that used to galvanise partnership working on teenage pregnancy, would be appropriate.
- (i) Ms Jones advised that work was underway on reducing workless households, which would help reduce childhood poverty, although this had not yet had a significant impact. A Board member pointed out that being in work did not necessarily take people out of poverty;
- (j) the Board also agreed that joint One Nottingham and Scrutiny Performance Panel should look at addressing current shortfalls in successful drug treatment targets. Ms Jones informed the Board that the Crime and Drugs Partnership was currently being restructured, and that this could have an impact on performance in the short term;

- (k) in response to a Board member's comment that the smoking cessation target should be given an 'Amber' rating, Ms Jones advised that the 'Green' rating reflected the statistical data showing Nottingham being on track at this point in the Nottingham Plan.

RESOLVED

- (1) to note the progress on Healthy Nottingham targets and delivery against the Action Programme;**
- (2) to note overall progress of the Plan as at Appendix 1 to the report;**
- (3) to support the examination of childhood obesity, drug treatment rates and alcohol-related hospital admissions at the joint One Nottingham and Scrutiny Performance Panel in September 2014, and also to examine further the cross-cutting issue of childhood poverty.**

18 SOUTH NOTTINGHAMSHIRE HEALTH AND SOCIAL CARE COMMUNITY-LEAVING HOSPITAL DIRECTIVE POLICY AND GUIDANCE

Helen Jones, Director of Adult Social Care, introduced a report of the Corporate Director for Children and Adults, asking the Board's approval and support for the South Nottinghamshire Health and Social Care Community Leaving Hospital Directive Policy and Guidance. Ms Jones made the following points:

- (a) the Policy and Guidance has been developed through the Urgent Care Board and following extensive consultation to reduce acute hospital pressures by ensuring patients in recovery receive 'the right care in the right place at the right time';
- (b) transferring to other places of care from the acute environment when medically fit to do so is proven to be in patients' interests, and at the same time it frees up acute hospital resources for those most in need;
- (c) partners had to start a new conversation with the public to encourage buy-in to the approach, and a Press Release was to be issued explaining the Policy and Guidance and its benefits;
- (d) the key to the Policy's success was effective partnership working to ensure that interim suitable alternatives were available so patients could be discharged while waiting for their care home placement or home care package.

The Board strongly supported the Policy and Guidance, and made the following points:

- (e) agreed that successfully communicating the Policy was vital to avoid the perception that moving patients on was detrimental to their best interests;

- (f) a Board member commended the high standard of integrated services in Nottingham that made delivering the Policy possible, especially when there were ever-increasing levels of complex needs;
- (g) a Board member highlighted the fact that similar issues existed in mental health, and whether, in the interests of parity of esteem, a policy covering mental health patients could be adopted. Ms Jones undertook to identify the appropriate channels to take this forward.

RESOLVED

- (1) to approve and support the intention of the South Nottinghamshire Health and Social Care Community Leaving Hospital Directive Policy and Guidance, which will enable patients requiring recuperation to receive this in an appropriate community setting;**
- (2) to support Nottingham City's intention as a health and social care community to promote independence through early intervention;**
- (3) to support the intention of the Policy to improve efficiency and flow at the acute hospital by releasing hospital beds for those in need of urgent medical care;**
- (4) to ask the Director of Adult Social Services to contact the appropriate body to take forward a similar Policy for mental health patients.**

19 NHS HEALTH CHECK PROGRAMME

Helen Scott, Senior Public Health Manager, introduced a report advising the Board of the operation of the NHS Health Check Programme in Nottingham, highlighting the following:

- (a) responsibility for the Programme transferred from primary care trusts to local authorities in April 2013 and the Public Health grant which funds this mandatory Programme is ring-fenced until 31 March 2015. Local authorities must offer an NHS Health Check to eligible citizens aged 40-74 every 5 years, and must a year-on-year improvement in uptake;
- (b) the Programme is a cardiovascular risk assessment designed to detect or prevent diabetes, heart and kidney disease, stroke and dementia;
- (c) the Programme target is to invite 20% of the eligible population every year, and achieve a 50% uptake. Invite rates in Nottingham were 17.2% (down on the previous year) and uptake rates were 49.8% (up from the previous year), with a considerable variation in performance between practices and clusters;
- (d) To date, almost 4,000 high risk citizens had been identified, with over 1,000 new diagnoses resulting from assessments. Management of high-risk patients

lay with the CCG, while lifestyle services to support risk reduction lay with the local authority;

- (e) there have been a number of successful pharmacy-run outreach sessions targeting hard-to-reach groups, and market research has identified innovative communications and marketing methods to increase uptake. It was hoped to be able to go to procurement to target the service at diverse venues, including job centres and sports facilities.

During discussion, the following points were made:

- (f) there was a risk that the Programme could impact on health inequalities, as citizens in poorer health were less likely to uptake, while women were more likely to have a Health check;
- (g) it was confirmed that 50% of non-respondents were contacted a further 2 times, and remained in the population to be invited the following year. Citizens could also elect not to be involved with the Programme.

RESOLVED

- (1) to note the NHS Health check programme and outcomes;**
- (2) to support ongoing work with Nottingham City CCG and practices to increase the proportion of eligible people invited to have an NHS Health Check through dissemination of best practice, inter-practice arrangements and resource-sharing arrangements;**
- (3) to support the use of social marketing techniques to increase uptake of the invitation to have an NHS Health Check;**
- (4) to support the continuation of outreach pilots pending formal procurement;**
- (5) to support ongoing work with the CCG to ensure people identified as a result of an NHS Health Check and placed on their practice CVD high-risk register are appropriately supported and followed up.**

20 JOINT STRATEGIC NEEDS ASSESSMENT ANNUAL REPORT 2014

Dr Joanna Copping, Consultant in Public Health Medicine, introduced a report of the Director of Public Health, Nottinghamshire County and Nottingham City. The report highlighted progress of the Joint Strategic Needs Assessment (JSNA) for Nottingham City during 2013/14 and plans to further develop the JSNA in 2014/15.

Dr Copping made the following points:

- (a) there has been a statutory requirement to deliver a JSNA since 2007. The JSNA identifies local health and wellbeing needs to inform commissioning plans and decisions, is approved annually by the Health and Wellbeing Board and is managed by the Commissioning Executive Group;
- (b) each JSNA topic chapter is now owned by a group with strategic commissioning responsibilities and multi-agency membership. The group identifies JSNA chapter author and informs and endorses chapter content. This new approach is designed to improve quality through wider involvement and 'buy-in' and better integrate with commissioning cycles;
- (c) the JSNA chapter template has been revised and strengthened in line with feedback from authors and users;
- (d) a new peer review process has been established, involving critical appraisal of JSNA topic chapters against specific criteria to ensure quality and consistency;
- (e) Nottingham Insight is the web-based system through which information on all 48 Nottingham JSNA chapters is held and accessed. An Insight Health and Wellbeing Steering Group has been established to manage and co-ordinate Nottingham Insight, and this will help enhance effective on-line data and intelligence sharing in Nottingham;
- (f) the report detailed JSNA topic chapter refreshes conducted in the previous year, and those planned in 2014/15;
- (g) other developments planned in 2014/15 included establishing a steering group for JSNA accountable to the Commissioning Executive Group, further support for 'owning groups', a detailed work programme to be developed for Nottingham Insight, and having wider stakeholder engagement in the JSNA process.

The Board welcomed and endorsed the report, and gave a clear statement that the JSNA was much more than a statutory requirement – it was fundamental to the delivery of the Health and Wellbeing Strategy and partners needed to commit to working with the Steering Group. The Chair was anxious that complex needs, older people and safeguarding were all addressed within the process;

RESOLVED to

- (1) note the progress made to ensure continual quality improvements, refresh and accessibility of the Nottingham City Joint Strategic Needs Assessment;**
- (2) endorse the proposed plans for further development of the Joint Strategic Needs Assessment.**

21 FORWARD PLAN

The Board was next scheduled to consider the Health and Wellbeing Strategy at its February 2015 meeting, and the Chair indicated that he wanted to continue to receive rolling updates on individual priorities. The Chair also asked for a presentation on the Care Act to come to a future meeting

RESOLVED to amend the Forward Plan to include a presentation on the Care Act at a future meeting of the Board.

22 HEALTHWATCH NOTTINGHAM UPDATE

Martin Gawith, Chair of Healthwatch Nottingham, introduced his report, outlining activity since the last report in June 2014 and setting out developing work areas and plans. Mr Gawith made the following points:

- (a) Healthwatch Nottingham continued to increase its profile, with increased caller numbers to its Information line. GP services and dentists accounted for the majority of calls received. Healthwatch information was now available in every care home in Nottingham;
- (b) the organisation has now launched its pilot 'Talk to Us' points at 2 Joint Service Centres, to be used for both specific consultation and for general feedback on health services;
- (c) Healthwatch Nottingham's 'reflective audit' highlighted the need for further raising the profile of the organisation, and especially in respect of engaging with and championing the needs of seldom heard groups;
- (d) Healthwatch Nottingham has supported public engagement on CCG proposals to revise the current Walk In Centres to Urgent Care Centres and will be involved with the Family Support Pathway refresh.

RESOLVED to note the report and Mr Gawith's verbal update.

23 STATUTORY UPDATES

The Board received the following updates:

(a) Corporate Director for Children and Adults

(i) Children and Adults Structure

Nottingham City Council is introducing a new Operating Model and as part of this restructure there have been significant changes, particularly within the Vulnerable Children and Families Directorate, where Mark Andrews has been appointed Head of Early Help Services. An appointment has not yet been made to the new Director of Education post. Viv McCrossen is moving on to new challenges and Ken Beaumont is to retire.

(ii) Post Inspection Action Plan

An Action Plan in response to the priorities identified following the 'Inspection of services for children in need of help and protection, children looked after and care leavers' has been submitted to the Secretary of State and Her Majesty's Chief Inspector.

(iii) Budget reviews

In the face of shrinking Government funding and increasing demand for services, proposals are being worked on to release savings by transforming service delivery, working better in partnership, managing demand and reducing some elements of service delivery.

(iv) Family Support Pathway Refresh

A refreshed Family Support pathway has been launched to take account of national legislative changes and local developments. Changes include using the term 'Early Help' in line with the Munro reports, and clearly showing where 'Children in Need' fits into the spectrum of need within the Social Care Threshold.

(v) Care Act

The Care Act became law in May 2014 and duties under the Care Act will impact on the council's costs significantly. A Programme Board is in place to implement those duties.

(b) Director of Public Health, Nottinghamshire County and Nottingham City

(i) Board Development sessions and Public Health Forum meetings

The next two development sessions will focus on Sustainable development and Health and Alcohol and/or Tobacco, while Public Health forum meetings are scheduled on Children's Emotional Health and Wellbeing (September), Mental Health (October) and Sexual Health (November).

(ii) Council Tobacco Debate

There will be a Full Council debate on tobacco control at its meeting on 8 September with a proposal to sign up to the Local Government Declaration on Tobacco Control.

(iii) Launches: Nottingham Older Citizens' Charter and new School Nursing model

There will be a launch of the Nottingham Older Citizens' Charter on 1 October to coincide with International Older People's Day. The new School Nursing model, with a focus on SRE, will be launched on 16 October at Nottingham Racecourse.

(iv) Core Cities Subgroup on Health and Employment

Nottingham will host a subgroup meeting on 29 October. A recent stakeholder event will inform the update of the local falls and bone health strategy.

(v) Health Protection

Public Health England (PHE) has recommended that University Freshers get a Meningococcal C booster, and has issued new guidance on whooping cough and pregnant women, and on assessing children and young people travelling from areas affected by the Ebola virus.

(c) Chief Officer, NHS Nottingham City CCG

(i) Care Quality Commission Inspection

The CCG had a Care Quality Commission (CQC) inspection in June 2014, visiting a number of providers and reviewing 8 child safeguarding cases. Initial feedback was generally positive. The report will be published on the CQC website shortly.

(ii) CCG Annual General Meeting

The CCG's first Annual General Meeting (AGM) will take place following the Governing Body meeting on 24 September 2014. Two short films, looking at integrating health and social care services and promoting responsible use of NHS services and resources, will be premiered at the AGM.

(iii) Better Care Fund

The CCG had received 2 letters on the Better Care Fund. A joint DCLG/DoH letter provided an update on changes being made to further develop the programme, including finalising pay for performance arrangements and making explicit the need for Better Care Plans to demonstrate how they will reduce emergency admissions. A second letter from the Better Care Fund Programme Director, Andrew Ridley, set out his plans for the programme.

(iv) New Health and Social Care Integration Option

NHS England has announced plans for a new Integrated Personal Commissioning programme, blending comprehensive health and social care funding for individuals, allowing them to direct how it is used. The 4 groups expected in the first wave from April 2015 are people with long term conditions, children with complex needs, people with learning disabilities and people with severe and enduring mental health problems.

(v) Understanding the new NHS - Guidance

NHS England has published 'Understanding the new NHS: a guide for everyone working and training within the NHS', reflecting the changes in the new NHS.

RESOLVED to note the updates.

Health and Wellbeing Board Details

ROCR approval applied for
Version 3

Please select Health and Wellbeing Board:

Nottingham

Please provide:

Kevin Downing
Kevin.Downing@nottinghamcity.nhs.uk

Health and Wellbeing Board Payment for Performance

There is no need to enter any data on this sheet. All values will be populated from entries elsewhere in the template

Nottingham

1. Reduction in non elective activity

	Number
Baseline of Non Elective Activity (Q4 13/14 - Q3 14/15)	29,838
Change in Non Elective Activity	-1,044
% Change in Non Elective Activity	-3.5%

2. Calculation of Performance and NHS Commissioned Ringfenced Funds

Figures in £

Financial Value of Non Elective Saving/ Performance Fund	1,556,052
Combined total of Performance and Ringfenced Funds	6,191,040
Ringfenced Fund	4,634,989
Value of NHS Commissioned Services	9,385,000
Shortfall of Contribution to NHS Commissioned Services	0

2015/16 Quarterly Breakdown of P4P

	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Cumulative Quarterly Baseline of Non Elective Activity	6,837	14,429	22,046	29,838
Cumulative Change in Non Elective Activity	-239	-505	-772	-1,044
Cumulative % Change in Non Elective Activity	-0.8%	-1.7%	-2.6%	-3.5%
Financial Value of Non Elective Saving/ Performance Fund	356,550	395,923	397,227	406,353

Health and Wellbeing Funding Sources

Nottingham

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	Gross Contribution (£000)	
	2014/15	2015/16
<u>Local Authority Social Services</u>		
Nottingham	7,104	1,876
Nottingham	1,863	716
<Please select Local Authority>		
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<Please select Local Authority>		
<Please select Local Authority>		
Nottingham		
Total Local Authority Contribution	8,967	2,592
<u>CCG Minimum Contribution</u>		
NHS Nottingham City CCG		21,421
-		-
-		-
-		-
-		-
-		-
-		-
Total Minimum CCG Contribution	-	21,421
<u>Additional CCG Contribution</u>		
NHS Nottingham City CCG	2,599	1,832
<Please Select CCG>		
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<Please Select CCG>		
<Please Select CCG>		
<Please Select CCG>		
Total Additional CCG Contribution	2,599	1,832
Total Contribution	11,566	25,845

Summary of Health and Wellbeing Board Schemes

Nottingham

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Summary of Total BCF Expenditure

Figures in £000

	From 3. HWB Expenditure Plan		Please confirm the amount		If different to the figure in cell D18, please indicate the total amount from the BCF that has
	2014/15	2015/16	2014/15	2015/16	
Acute	748	748			
Mental Health	-	227			
Community Health	2,751	12,950			
Continuing Care	-	-			
Primary Care	-	-			
Social Care	8,067	11,760	6,205	6,807	Some funding is for expansion of provision, jointly commissioned activity or ringfenced
Other	-	160			
Total	11,566	25,845		6,807	

Summary of NHS Commissioned out of hospital services spend from MINIMUM BCF Pool

Figures in £000

	From 3. HWB	
	2014/15	2015/16
Mental Health		114
Community Health		9,272
Continuing Care		-
Primary Care		-
Social Care		-
Other		-
Total		9,385

Summary of Benefits

Figures in £000

	From 4. HWB Benefits		From 5.HWB
	2014/15	2015/16	2015/16
Reduction in permanent residential admissions	(597)	(597)	
Increased effectiveness of reablement	(31)	(36)	
Reduction in delayed transfers of care	(130)	(130)	
Reduction in non-elective (general +	(858)	(858)	1,556
Other	(1,480)	(1,200)	
Total	(3,096)	(2,821)	1,556

<Please explain discrepancy between D44 and E44 if

Nottingham

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Scheme Name	Area of Spend	Please specify if Other		Commissioner	if Joint %		Provider	Source of Funding	2014/15 (£000)	2015/16 (£000)
					NHS	LA				
Access & Navigation	Community Health			CCG			NHS Community	CCG Minimum		252
Access & Navigation	Community Health			Joint	50%	50%	NHS Community	CCG Minimum		707
Access & Navigation	Community Health			Local Authority			Local Authority	CCG Minimum		289
Access & Navigation	Community Health			CCG			NHS Community	CCG Minimum		181
Assistive Technology	Community Health			CCG			NHS Community	CCG Minimum		400
Assistive Technology	Social Care			Local Authority			Local Authority	CCG Minimum Contribution		465
Assistive Technology	Social Care			Local Authority			Local Authority	CCG Minimum Contribution		320
Assistive Technology	Social Care			Local Authority			Local Authority	Local Authority Social Services	320	
Carers	Community Health			CCG			Charity/Voluntary Sector	CCG Minimum Contribution	35	35
Carers	Community Health			CCG			Charity/Voluntary Sector	CCG Minimum Contribution	250	250
Carers	Community Health			CCG			Charity/Voluntary Sector	CCG Minimum Contribution	30	30
Carers	Community Health			CCG			Charity/Voluntary Sector	CCG Minimum Contribution	30	30
Carers	Community Health			CCG			Charity/Voluntary Sector	CCG Minimum Contribution	126	148
Carers	Community Health			CCG			Charity/Voluntary Sector	CCG Minimum Contribution	90	
Carers	Community Health			Local Authority			NHS Community Provider	CCG Minimum Contribution	90	90
Carers	Community Health			CCG			Charity/Voluntary Sector	CCG Minimum Contribution	45	45
Carers	Community Health			CCG			Charity/Voluntary Sector	CCG Minimum Contribution	11	18
Carers	Community Health			CCG			Charity/Voluntary Sector	CCG Minimum Contribution	75	73
Carers	Community Health			CCG			Charity/Voluntary Sector	CCG Minimum Contribution	38	38
Carers	Community Health			Local Authority			Charity/Voluntary Sector	CCG Minimum Contribution	222	222
Carers	Community Health			Local Authority			Charity/Voluntary Sector	Local Authority Social Services	222	
Carers	Social Care			Local Authority			Local Authority	Local Authority Social Services		373
Co-ordinated Care	Mental Health			Joint	50%	50%	Charity/Voluntary Sector	CCG Minimum Contribution		227
Co-ordinated Care	Community Health			Joint	50%	50%	NHS Community Provider	CCG Minimum Contribution		2,470
Co-ordinated Care	Social Care			Local Authority			Local Authority	CCG Minimum Contribution		301
Co-ordinated Care	Social Care			Local Authority			Local Authority	Local Authority Social Services	301	
Co-ordinated Care	Acute			Local Authority			Local Authority	CCG Minimum Contribution		111
Co-ordinated Care	Acute			Local Authority			Local Authority	Local Authority Social Services	111	
Co-ordinated Care	Social Care			Local Authority			Local Authority	CCG Minimum Contribution		4,635
Co-ordinated Care	Social Care			Local Authority			Local Authority	Local Authority Social Services	4,372	
Co-ordinated Care	Acute			Local Authority			Local Authority	CCG Minimum Contribution		637
Co-ordinated Care	Acute			Local Authority			Local Authority	Local Authority Social Services	637	
Disabled Facilities Grant	Social Care			Local Authority			Local Authority	Local Authority Social Services	1,013	1,013
Disabled Facilities Grant	Social Care			Local Authority			Local Authority	Local Authority Social Services	850	863
Independence Pathway	Community Health			CCG			NHS Community Provider	CCG Minimum Contribution		2,352
Independence Pathway	Community Health			CCG			NHS Community Provider	CCG Minimum Contribution		1,005
Independence Pathway	Community Health			CCG			NHS Community Provider	CCG Minimum Contribution		263
Independence Pathway	Community Health			CCG			NHS Community Provider	Local Authority Social Services	263	
Independence Pathway	Community Health			CCG			NHS Community Provider	CCG Minimum Contribution	1,446	2,563
Independence Pathway	Social Care			Local Authority			Local Authority	CCG Minimum Contribution		961
Independence Pathway	Social Care			Local Authority			Local Authority	CCG Minimum Contribution		1,953
Independence Pathway	Social Care			Local Authority			Local Authority	CCG Minimum Contribution	333	
Independence Pathway	Social Care			Local Authority			Local Authority	Local Authority Social Services	114	
Independence Pathway	Social Care			Local Authority			Local Authority	CCG Minimum Contribution		190
Independence Pathway	Social Care			Local Authority			Local Authority	Local Authority Social Services	283	
Independence Pathway	Social Care			Local Authority			Local Authority	Local Authority Social Services	481	231
Independence Pathway	Social Care			Local Authority			Local Authority	Additional CCG Contribution		343
Independence Pathway	Social Care			Local Authority			Local Authority	Local Authority Social Services		112
Independence Pathway	Community Health			CCG			NHS Community Provider	Additional CCG Contribution		1,489
Programme Management	Other		Administrative Costs	Joint			CCG	CCG Minimum Contribution		160
Total									11,566	25,845

Please complete all white cells in tables. Other white cells should be completed/revised as appropriate.

Planned deterioration on baseline (or validity issue)

Planned improvement on baseline

Residential admissions

Metric		Baseline (2013/14)	Planned 14/15	Planned 15/16
Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	Annual rate	729.6	657.3	594.2
	Numerator	265	242	221
	Denominator	36,185	36,850	37,258
	Annual change in admissions		-23	-21
	Annual change in admissions %		-8.6%	-8.6%
	Estimated savings		£591,000	£541,000

£25,950 Average annual cost of permanent admission to residential care¹

Reablement

Metric		Baseline (2013/14)	Planned 14/15	Planned 15/16
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual %	61.5	64.1	66.7
	Numerator	185	192	200
	Denominator	300	300	300
	Annual change in proportion		2.6	2.6
	Annual change in proportion %		4.3%	4.0%
	Estimated savings		£0	£0

Average annual saving due to being at home 91 days from discharge²

Delayed transfers of care

Metric		13-14 Baseline				14/15 plans				15-16 plans			
		Q1 (Apr 13 - Jun 13)	Q2 (Jul 13 - Sep 13)	Q3 (Oct 13 - Dec 13)	Q4 (Jan 14 - Mar 14)	Q1 (Apr 14 - Jun 14)	Q2 (Jul 14 - Sep 14)	Q3 (Oct 14 - Dec 14)	Q4 (Jan 15 - Mar 15)	Q1 (Apr 15 - Jun 15)	Q2 (Jul 15 - Sep 15)	Q3 (Oct 15 - Dec 15)	Q4 (Jan 16 - Mar 16)
Delayed transfers of care (delayed days) from hospital per 100,000 population (aged 18+)	Quarterly rate	1,077.4	1,019.1	1,210.6	841.7	1,022.4	967.1	1,148.8	799.0	968.3	915.9	1,088.0	756.7
	Numerator	2,661	2,517	2,990	2,090	2,539	2,401	2,852	1,994	2,416	2,285	2,715	1,898
	Denominator	246,983	246,983	246,983	248,300	248,300	248,300	248,300	249,537	249,537	249,537	249,537	250,783
	Annual change in admissions								-472				-472
	Annual change in admissions %								-4.6%				-4.8%
	Annual saving								£130,000				£130,000

Rationale for red ratings

£275 Average cost of delayed transfer day³

Patient / Service User Experience Metric

Metric		Baseline	Planned 14/15 (if available)	Planned 15/16
Proportion of citizens who have long term conditions (including the frail elderly) reporting improved experience of health and social care services. Baseline to be established during October/November 2014 via six monthly postal surveys.	Metric Value		N/A	N/A
	Numerator		N/A	N/A
	Denominator		N/A	N/A
Improvement indicated by:		Increase		

Local Metric

Metric		Baseline	Planned 14/15 (if available)	Planned 15/16
Proportion of the population (Aged 65+) supported by Assistive Technology.	Metric Value	0.09	0.13	0.16
	Numerator	3,320	4,800	6,000
	Denominator	36,185	36,850	37,258
Improvement indicated by:		Increase		

References/notes

Population projections are based on Subnational Population Projections, Interim 2012-based (published May 2014)

1. Based on "Personal Social Services: Expenditure and Unit Costs, England 2012-13" (HSCIC) <http://www.hscic.gov.uk/catalogue/PUB13085/pss-exp-eng-12-13-fin-rpt.pdf>

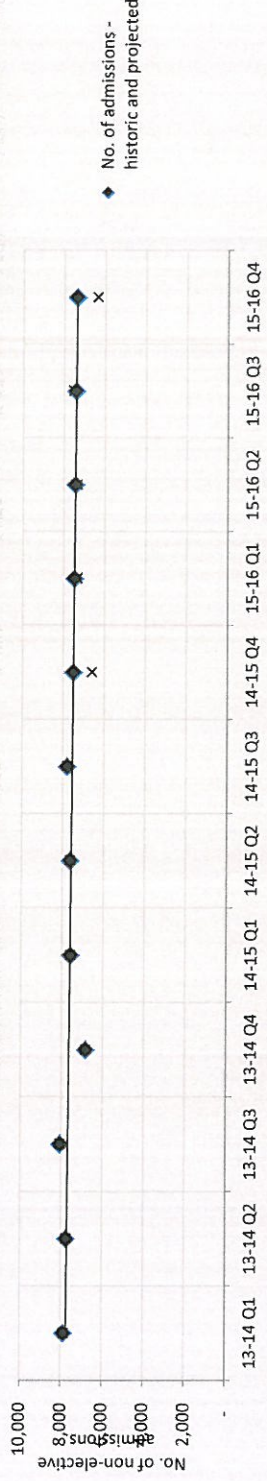
2. There is no robust national source for the average annual saving due to being at home 91 days after discharge from hospital in to reablement / rehabilitation services. Therefore HWBs should provide the estimate that underpins their planned financial savings, which it is assumed will include the impact of reduction admissions to hospital and to residential care

3. Based on 12-13 Reference Costs: average cost of an excess bed day. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/261154/nhs_reference_costs_2012-13_acc.pdf

To support finalisation of plans, we have provided estimates of future performance, based on a simple 'straight line' projection of historic data for each metric. We recognise that these are crude methodologies, but it may be useful to consider when setting your plans for each of the national metrics in 2014/15 and 2015/16. As part of the assurance process centrally we will be looking at plans compared to the counterfactual (what the performance might have been if there was no BCF).

Non-elective admissions (general and acute)

Metric	Historic		Baseline				Projection					
	13-14 Q1	13-14 Q2	13-14 Q3	13-14 Q4	14-15 Q1	14-15 Q2	14-15 Q3	14-15 Q4	15-16 Q1	15-16 Q2	15-16 Q3	15-16 Q4
Total non-elective admissions (general & acute), all-age	7,858	7,740	8,055	6,837	7,592	7,617	7,792	7,512	7,480	7,447	7,415	7,382



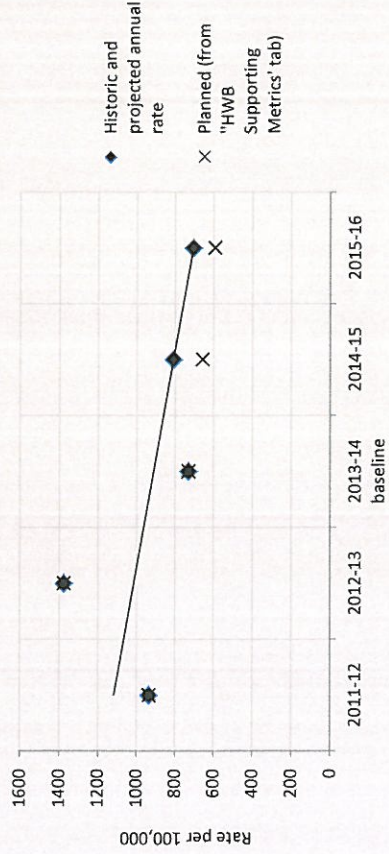
Metric	Projected 2014-2015		2015-16		2015-16		2015-16	
	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
Total non-elective admissions (general & acute), all-age	2,406.2	2,383.5	2,373.1	2,362.8	2,339.5			
	7,512	7,480	7,447	7,415	7,382			
	312,166	313,809	313,809	313,809	313,809	313,809	313,809	315,559

* The projected rates are based on annual population projections and therefore will not change linearly

Residential admissions

Metric	2011-12	2012-13	2013-14	2014-15	2015-16
	Historic	historic	baseline	Projected	Projected
Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	935	1,376	730	808	706
	335	500	265	298	263
	35,615	36,185	36,185	36,850	37,258

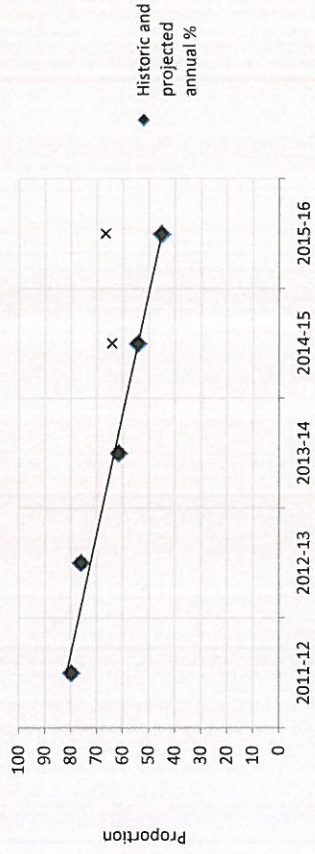
This is based on a simple projection of the metric proportion.



Reablement

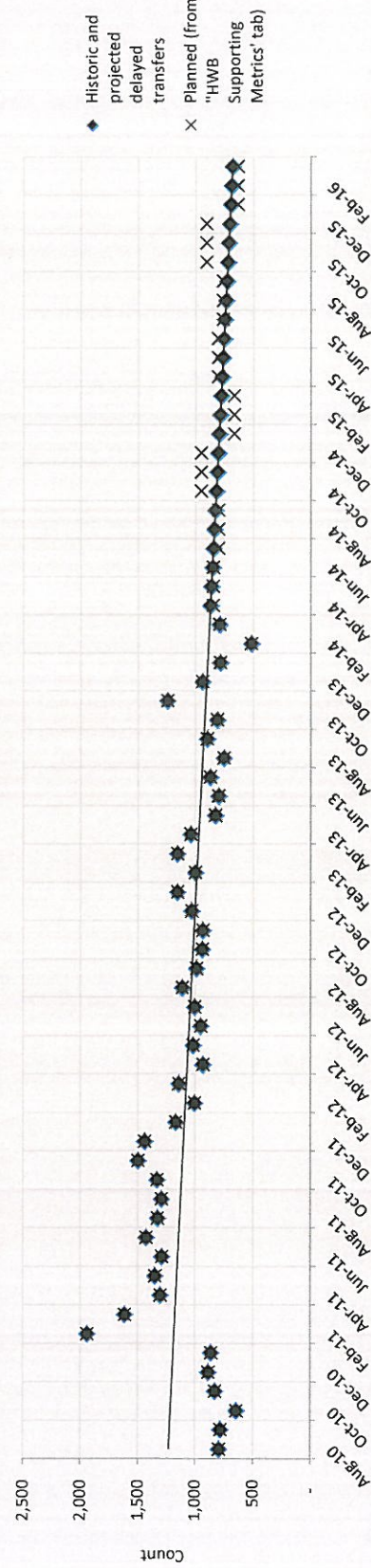
Metric	2011-12	2012-13	2013-14	2014-15	2015-16
	Historic	Historic	Baseline	Projected	Projected
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	79.7	76	61.5	54.2	45.1
	65	75	185	163	135
	80	100	300	300	300

This is based on a simple projection of the metric proportion, and an unchanging denominator (number of people offered reablement)



Delayed transfers

Metric	Historic	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11
	Aug-10	789	779	640	825	883	860	1,939	1,613	1,305	1,291	1,428
Delayed transfers of care (delayed days) from hospital												



Metric	Projected rates*		2015-16		2015-16		2015-16	
	2014-15 Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Delayed transfers of care (delayed days) from hospital per 100,000 population (aged 18+)	1,040.0	1,010.2	980.4	945.8	916.2	886.5	856.8	823.0
	2,582	2,508	2,434	2,360	2,286	2,212	2,138	2,064
	248,300	248,300	248,300	249,537	249,537	249,537	249,537	250,783

* The projected rates are based on annual population projections and therefore will not change linearly

HWB Financial Plan

Date	Sheet	Cells	Description
28/07/14	Payment for Performance	B23	formula modified to =IF(B21-B19<0,0,B21-B19)
28/07/14	1. HWB Funding Sources	C27	formula modified to =SUM(C20:C26)
28/07/14	HWB ID	J2	Changed to Version 2
28/07/14	a	Various	Data mapped correctly for Bournemouth & Poole
29/07/14	a	AP1:AP348	Allocation updated for changes
28/07/14	All sheets	Columns	Allowed to modify column width if required
30/07/14	8. Non elective admissions - CCG		Updated CCG plans for Wolverhampton, Ashford and Canterbury CCGs
30/07/14	6. HWB supporting metrics	D18	Updated conditional formatting to not show green if baseline is 0
30/07/14	6. HWB supporting metrics	D19	Comment added
30/07/14	7. Metric trends	K11:O11, G43:H43,G66:H66	Updated forecast formulas
30/07/14	Data	Various	Changed a couple of 'dashes' to zeros
30/07/14	5. HWB P4P metric	H14	Removed rounding
31/07/14	1. HWB Funding Sources	A48:C54	Unprotect cells and allow entry
01/08/14	5. HWB P4P metric	G10:K10	Updated conditional formatting formula modified to =IF(OR(G10<0,H10<0,I10<0,J10<0),"",IF(OR(ISTEXT(G10),ISTEXT(H10),ISTEXT(I10),ISTEXT(J10)),"",IF(SUM(G10:J10)
01/08/14	5. HWB P4P metric	H13	Apply conditional formatting
01/08/14	5. HWB P4P metric	H14	formula modified to =if(H13="", "",-H12*J14)
01/08/14	4. HWB Benefits Plan	J69:J118	Remove formula
01/08/14	4. HWB Benefits Plan	B11:B60, B69:B118	Texted modified
Version 2			
13/08/14	4. HWB Benefits Plan	I61, I119, J61, J119	Delete formula
13/08/14	4. HWB Benefits Plan	rows 119:168	Additional 50 rows added to 14-15 table for organisations that need it. Please unhide to use
13/08/14	4. HWB Benefits Plan	rows 59:108	Additional 50 rows added to 15-16 table for organisations that need it. Please unhide to use
13/08/14	3. HWB Expenditure Plan	rows 59:108	Additional 50 rows added to table for organisations that need it. Please unhide to use
13/08/14	a	M8	Add Primary Care to drop down list in column I on sheet '3. HWB Expenditure Plan'
13/08/14	HWB ID	J2	Changed to Version 3
13/08/14	6. HWB supporting metrics	C11, I32, M32	Change text to 'Annual change <i>in admissions</i> '
13/08/14	6. HWB supporting metrics	C12, I33, M33	Change text to 'Annual change <i>in admissions</i> %'
13/08/14	6. HWB supporting metrics	C21	Change text to 'Annual change <i>in proportion</i> '
13/08/14	6. HWB supporting metrics	C22	Change text to 'Annual change <i>in proportion</i> %'
13/08/14	6. HWB supporting metrics	D21	Change formula to =if(D19=0,0,D 18-C 18)
13/08/14	6. HWB supporting metrics	D21	Change format to 1.dec. place
13/08/14	6. HWB supporting metrics	E21	Change formula to = if(E19=0,0,E 18-D 18)
13/08/14	6. HWB supporting metrics	E21	Change format to 1.dec. place
13/08/14	6. HWB supporting metrics	D22	Change formula to =if(D19=0,0,D 18/C 18-1)
13/08/14	6. HWB supporting metrics	E22	Change formula to =if(E19=0,0,E 18/D 18-1)
13/08/14	5. HWB P4P metric	J14	Cell can now be modified - £1,490 in as a placeholder
13/08/14	5. HWB P4P metric	N9:AL9	Test box for an explanation of why different to £1,490 if it is.
13/08/14	4. HWB Benefits Plan	H11:H110, H119:H218	Change formula to eg. =H11*G11
13/08/14	2. Summary	G44:M44	Test box for an explanation for the difference between the calculated NEL saving on the metrics tab and the benefits tab

Statutory Officers Report for Health and Wellbeing Board

Corporate Director of Children and Adult Services

October 2014

Children and Adults Structure

Vulnerable Children and Families

Tim O'Neill, Director of Vulnerable Children and Families left the authority last month to take up the post of Director of People at Rutland County Council. Following Tim's departure Heads of Service in the Vulnerable Children and Families Directorate are being managed by Helen Blackman, Director of Children's Social Care on an interim basis until more permanent arrangements are finalised.

Children's Social Care

Tracey Nurse has been confirmed as substantive Head of Child Protection following an interview process and John Matravers has been appointed to the role of Acting Head of Service for Safeguarding Quality Assurance.

We have temporarily replaced the Director of Vulnerable Children and Families role with a Chief Social Worker role (similar to what we have done in Adults) to support the Director of Children's Social Care with driving practice improvements and assist with joint working. This will also allow the Director of Children's Social Care role to take the lead on Specialist/Targeted services (including YOT and Priority Families). Amy Weir has been temporarily appointed to this role on a 6 month basis whilst a review is carried out.

Education

Following difficulties with external recruitment to the Director of Education post we have decided to fill the role on a three-year, fixed term basis (following approval from the Appointments and Conditions of Service (ACOS) Committee). Pat and Sarah Fielding have been successfully appointed to this role on a job-share basis. Pat and Sarah have worked in the City since qualifying as teachers in 1987 and currently job share the Headship at Haydn Primary and Nursery School, Cantrell Primary and Nursery School and support Claremont Primary and Nursery School for two days each week as National Leaders of Education. Both Pat and Sarah are accredited School Improvement Partners, Professional Partners, National Leaders of Education and Ofsted.

Following the Operating Model changes, the Inclusion and Disability Services - led by Mirth Parker - is now part of the Schools and Learning Directorate (having moved from Vulnerable Children and Families. The service will become one of the responsibilities of the new Director of Education).

Recruitment

Recruitment to the roles of the three vacant Head of Service posts, Head of Extensive and Specialist Services, Head of Children in Care and Head of Safeguarding Quality Assurance is currently taking place.

Child Sexual Exploitation

Following the publication of an independent report which Rotherham Metropolitan Borough Council commissioned to examine the widespread incidence of Child Sexual Exploitation (CSE), we have read and have taken on board recommendations made to ensure everything possible is being done to avoid anything like this happening anywhere else. We are working through the LSCB with partners across the city and the wider region to be wise to the dangers of CSE and to act if there are any concerns or dangers.

You will have seen in the local and national media over the past few months various stories about alleged historical abuse in children's homes. Although the homes are located in the city they were, during the majority of the period in question, under the control of Nottinghamshire County Council before Nottingham City Council was established. We have been and are continuing to work closely with the County Council and the Police to investigate the allegations. Some of these date back to the 1960s so the process of addressing all allegations and concerns thoroughly is complex. The Police and Crime Commissioners Office have now called for an independent review and we are working closely with the Police and the County Council to scope this.

Transforming our Services for Children and Young People with Special Needs

Following feedback from parents and carers we are transforming the way that we offer help and support to children and young people with Special Educational Needs and Disabilities. These changes, which include better joined up working and transition into Adult Services are in line with the government's new Children and Families Act.

Education, Health and Care (EHC) Plans - Statements of Special Educational Needs (for under-16s) and Learning Difficulty Assessments (for over-16s) will be replaced by a single Education, Health and Care (EHC) Plan from birth to age 25.

The Local Offer – We have launched a Local Offer website bringing together all the information on services that support children and young people with Special Educational Needs in one place.

Personal budgets - Some families with an EHC Plan will be able to hold a personal budget so they can choose services which are best for their family, with dedicated support workers to help with this.

Shared Lives

Following inspection, our Shared Lives Service has been confirmed as fully compliant with Care Quality Commission (CQC) requirements. Shared Lives offers accommodation and support within approved family homes to people aged 18 years and over who have a learning disability. Those who take up the service are placed in a safe, caring home environment if they need help caring for themselves and the placements can be long term, short term or for a few hours each week.

Breaking the Cycle

To prepare for the busy winter in our hospitals, our health and social care community are working together to tackle delays in the emergency department at the QMC. The aim is to improve capacity and processes and to 'break the cycle' of delays and missed A&E targets. Services have been involved in an intensive

trial, with staff concentrating on dealing with the patient flow through A&E and wards to eventual discharge.

Achievements

- Our Priority Families Programme has won a top award for their work helping young people from some of the city's most challenging families into work and training. We were named 'Best Employment and Equality Initiative' at the 'Association for Public Service Excellence (APSE) Awards'.
- We were commended in this month's 'Nottinghamshire in Focus' publication on the number of adoptions we have secured for our Children in Care since April this year. We have successfully secured permanent homes for 36 children and young people, a remarkable increase from 13 during the same period last year.
- Our Children's Social Care Duty Team has been shortlisted in the 'Social Worker of the Year Awards 2014' for the 'Team of the Year'. The awards are due to take place next month.

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