



NOTTINGHAM CITY COUNCIL
HEALTH AND WELLBEING BOARD

Date: Wednesday, 27 May 2015

Time: 1.30 pm

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

Board Members are requested to attend the above meeting to transact the following business

Acting Corporate Director for Resources

Governance Officer: Phil Wye Direct Dial: 0115 8764637

AGENDA

Pages

- | | | |
|----------|---|---------|
| 1 | APPOINTMENT OF VICE CHAIR | |
| 2 | APOLOGIES FOR ABSENCE | |
| 3 | DECLARATIONS OF INTEREST | |
| 4 | MINUTES
To confirm the minutes of the last meeting held on 25 February 2015 | 3 - 12 |
| 5 | NOTTINGHAM SUSTAINABLE HEALTH AND CARE LOCAL IMPLEMENTATION PLAN
Report of the Interim Director of Public Health, Nottingham City Council | 13 - 38 |
| 6 | HOUSING'S CONTRIBUTION TO THE HEALTH AND WELLBEING AGENDA
Report of the Director of Housing, Nottingham City Homes | 39 - 46 |
| 7 | CHANGE TO THE HEALTH AND WELLBEING BOARD TERMS OF REFERENCE AND ESTABLISHMENT OF A SUB-COMMITTEE
Report of the Acting Corporate Director of Resources | 47 - 52 |
| 8 | FORWARD PLAN | 53 - 58 |

9 UPDATES

a Corporate Director for Children and Families

b Director of Public Health

c Healthwatch Nottingham

d Clinical Commissioning Group

59 - 72

e The Care Act

10 HEALTH AND WELLBEING BOARD MEETING DATES 2015-16

To consider meeting on the following Wednesdays at 1.30pm:

2014: 29 July, 30 September, 25 November

2015: 27 January, 30 March 2015

IF YOU NEED ANY ADVICE ON DECLARING AN INTEREST IN ANY ITEM ON THE AGENDA, PLEASE CONTACT THE GOVERNANCE OFFICER SHOWN ABOVE, IF POSSIBLE BEFORE THE DAY OF THE MEETING

CITIZENS ATTENDING MEETINGS ARE ASKED TO ARRIVE AT LEAST 15 MINUTES BEFORE THE START OF THE MEETING TO BE ISSUED WITH VISITOR BADGES

CITIZENS ARE ADVISED THAT THIS MEETING MAY BE RECORDED BY MEMBERS OF THE PUBLIC. ANY RECORDING OR REPORTING ON THIS MEETING SHOULD TAKE PLACE IN ACCORDANCE WITH THE COUNCIL'S POLICY ON RECORDING AND REPORTING ON PUBLIC MEETINGS, WHICH IS AVAILABLE AT WWW.NOTTINGHAMCITY.GOV.UK. INDIVIDUALS INTENDING TO RECORD THE MEETING ARE ASKED TO NOTIFY THE GOVERNANCE OFFICER SHOWN ABOVE IN ADVANCE.

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 25 February 2015 from 1:30pm – 3:35pm

Membership

Voting Members

Present

Lyn Bacon
Dr Marcus Bicknell
Steven Cooper
Martin Gawith
Dr Chris Kenny
Councillor Sally Longford
Leslie McDonald
Councillor David Mellen
Dr Hugh Porter
Dawn Smith
Dr Ian Trimble (Vice Chair)

Absent

Ruth Hawkins
Councillor Nicola Heaton
Peter Homa
Alison Michalska
Gill Moy
Councillor Alex Norris
Jean Sharpe
Vikki Taylor

Non-Voting Members

Present

Lyn Bacon
Dr Marcus Bicknell
Steven Cooper
Martin Gawith
Dr Chris Kenny
Councillor Sally Longford
Leslie McDonald
Councillor David Mellen
Dr Hugh Porter
Dawn Smith
Dr Ian Trimble (Vice Chair)

Absent

Ruth Hawkins
Councillor Nicola Heaton
Peter Homa
Alison Michalska
Gill Moy
Councillor Alex Norris
Jean Sharpe
Vikki Taylor

Colleagues, partners and others in attendance:

Nancy Barnard - Nottingham City Council
Alison Challenger - Nottingham City Council
Nicky Dawson - Nottingham City Council
Lynne McNiven - Nottingham City Council
Colin Monckton - Nottingham City Council
Linda Sellars - Nottingham City Council
Jeane Robinson - Nottingham City Council
John Wilcox - Nottingham City Council
Jo Williams - Nottingham City Council

49 CHAIR

In the absence of Councillor Alex Norris, the Chair was taken by the Vice-Chair, Dr Ian Trimble.

50 APOLOGIES FOR ABSENCE

Councillor Alex Foster (Other Council Business)

Councillor Nicola Heaton (Personal)

Alison Michalska, Corporate Director for Children and Adults – Linda Sellars substituting

Vikki Taylor, NHS England – Steph Cook substituting

51 DECLARATIONS OF INTEREST

Lyn Bacon, Nottingham CityCare Partnership, declared an interest in item 8 “Approval of the Pharmaceutical Needs Assessment” (minute 57) as Nottingham CityCare Partnership has applied for a pharmacy license, but this interest did not prevent her from speaking on the item.

Leslie McDonald, HWB3 declared, an interest in item 4 “Suicide Prevention Strategy” (Minute 53) as Nottingham Counselling Service, the organisation for which he is Executive Director & Company Secretary, provides mental health services in the city, but this interest did not prevent him from speaking on the item.

52 MINUTES

The Board confirmed the minutes of the meeting held on 29 January 2015 as an accurate record and they were signed by the Chair presiding at the meeting.

53 SUICIDE PREVENTION STRATEGY

Chris Kenny, Director of Public Health, introduced the item to the Board. Lynn McNiven, Consultant in Public Health then provided the Board with the following information:

- a) The Strategy has been developed with the County Council and significant consultation has taken place.
- b) The Strategy identifies 5 Priorities:
 - Priority 1: Identify early those groups at high risk of suicide and self-harm and support early interventions;
 - Priority 2: Review of timely suicide and self-harm data and be informed by national and local evidence based research and practice in order to better understand the local needs;
 - Priority 3: Access effective support for those bereaved of affected by suicide;
 - Priority 4: Engage with media personnel to agree on sensitive approaches to reporting suicide and suicidal behaviour;

Priority 5: Improve the understanding and care for people at risk of suicide and self-harm through training of frontline staff to deal with those at risk of suicide and self-harm behaviour.

Lynn McNiven then responded to questions from members of the Board as follows:

- c) An action plan had been developed to support the Strategy which is to commence in April 2015. Champions for the Strategy have already been identified and a steering group has begun to meet.
- d) Historically, the number of suicides in Nottingham was at a higher level than the England average. Recently this has reduced and is now at the same level as the England average. The latest figures at an England-wide level were published this week and showed a slight increase. The latest Nottingham figures are not yet available.
- e) Working with the city's universities and further education colleges can be included in the Strategy.
- f) The third sector was involved in the consultation on the Strategy last year but some relevant providers may not have been contacted at that time. There are third sector representatives on the steering group and the group is keen to involve micro-providers. Lynn McNiven agreed to speak with Leslie McDonald about how to contact relevant micro-providers.

RESOLVED to:

- (1) Approve the Nottingham City Suicide Prevention Strategy;**
- (2) Agree that all Board Members will embed the Strategy within their own organisations and will work in partnership to deliver action plans resulting from the strategy;**
- (3) Agree to receive updates on the Strategy as part of reporting of Wellness in Mind, the Nottingham City Mental Health and Wellbeing Strategy.**

54 HEALTH AND WELLBEING STRATEGY 18 MONTH REPORT

John Wilcox, Public Health Development Manager, introduced the report and a presentation which updated the Board on the progress made in implementing the Health and Wellbeing Strategy. The Strategy has an initial lifespan of three years of which eighteen months have passed. He explained how the report highlighted the negative impact that smoking has on health in the city and asked the Board to consider extending the Healthy Nottingham priority to include smoking as well as alcohol reduction. The report also asked the Board to delegate responsibility for drafting the next iteration of the Strategy to the Commissioning Executive Group.

Colleagues then provided updates to the Board on the progress made within the specific strategy themes. An update was not provided on alcohol misuse as this had recently been provided to the Board.

Jo Williams, Clinical Commissioning Group, updated the Board on progress against the Supporting Older People theme and provided the following information:

- a) Improvement can be demonstrated through the Better Care Fund matrix.
- b) New staff roles, including a Care Co-ordinator role, are embedding and having a positive impact, releasing clinical time.
- c) The city's Better Care Fund plan was one of only six nationally to be approved and the application to be a Wave Two Pioneer Site was accepted which will provide access to support from national bodies.

The Board congratulated all those involved on the progress made and their achievements.

Lynne McNiven, Consultant in Public Health, updated the Board on progress against the Early Intervention: Improving Mental Health theme and provided the following information:

- d) Multi-disciplinary teams have been brought together and a new children and young people's behavioural, emotional or mental health needs (BEMH) pathway was launched on December 15 2014.
- e) Between the launch and 19 January, 52 referrals were made to the pathway, of which 35 were for Autistic Spectrum Disorder/ Attention Deficit Hyperactivity Disorder assessment.
- f) Previously there were 1000+ referrals per year to top level services. The new pathway has shifted the focus to early intervention, reducing the burden on high level services and supporting individuals at the appropriate level.
- g) The pathway is a 2 year pilot, not a statutory service and therefore its future is dependent on the outcomes of the pilot.
- h) In relation to mental health and employment, Nottingham Fit for Work Service has supported 700 clients, 51% with mental health problems in 2014-15.
- i) Health and employment partnership group being developed to address gaps, particularly related to those with mental health problems.
- j) In response to a concern that the action identified to "improve the quality of jobs that people with mental health problems are able to access" was not robust enough Ms McNiven stressed the role the organisations represented on the Board have in relation to their own workforces.

Nicky Dawson, Priority Families Programme Co-ordinator updated the Board on the Priority Families Theme and provided the following information:

- k) The programme is progressing to plan. The target number of families have been engaged in the programme and have shown improved outcomes. This places the

city in joint top position nationally. The programme also won an award for the approach taken to apprentices.

- l) There has been a reduction of 46.5% in the number of Crime and Antisocial Behaviour offences committed by families engaged in the programme and the seriousness of the offences has also reduced.
- m) Over 1173 children have shown improved and maintained attendance at school and there has been a 20% reduction in absenteeism.

The Board then considered the recommendation to extend the Healthy Nottingham priority to also focus on smoking related harm. The Board recognised the impact smoking has on health in the city and the importance of the work being done to reduce levels of smoking and smoking related harm. However, the Board did not agree that it was appropriate at this stage to include in the Healthy Nottingham Priority as a significant amount of activity was already taking place to reduce smoking related harm without it being included in the Strategy. The Board agreed that further consideration of whether value could be added by including reducing smoking related harm in the Strategy should be undertaken by the Commissioning Executive Group when the group considers what should be included in the next iteration of the Strategy.

RESOLVED to:

- (1) note the reported progress on the delivery of the Joint Health and Wellbeing Strategy and the changes in the leadership of the strategy priorities;**
- (2) delegate responsibility to the Commissioning Executive Group for the development of a timetable and process for reviewing the 2013-2016 strategy and the development of a new Health and Wellbeing strategy from 2016;**
- (3) not extend the Healthy Nottingham priority to include reducing smoking related harm at this stage but to request that the Commissioning Executive Group consider whether to include reducing smoking-related harm in the new Health and Wellbeing Strategy from 2016.**

55 PRIORITY FAMILIES STRATEGIC REPORT

Nicky Dawson, Priority Families Programme Co-ordinator introduced the report and provided the following information:

- a) The Priority Families Programme is now entering Phase 2 of the national Troubled Families Initiative which will run from 2015 to 2020.
- b) Nottingham commenced Phase 2 six months early following the successful completion of Phase 1 and is supporting central government with the design and development of guidance and strategies for the programme.

- c) A provisional target of working with 3870 families during Phase 2 has been set. During 2015/16 it is expected that 890 families would be supported (23% of the total target number). There is a potential Payment by Results income of £7m across the life of the programme.
- d) A new Health domain has been added which will focus on mental health but also on physical health issues, in particular childhood obesity and smoking.
- e) Transfer of responsibility for decision making about release of resource for the programme from the Commissioning Executive Group to the Leadership Group is proposed in order to release timely resource for vulnerable families. Financial decisions would be authorised by the relevant Portfolio Holders, in line with the Council's constitutional decision making processes.

RESOLVED to:

- (1) note the performance summary for the completion of Phase 1 and that a departmental review of Phase 1 is in progress from which learning will be brought forward;**
- (2) note the report on Phase 2 implementation and new national targets and the new partnership measures included in the draft Priority Families Outcomes Plan;**
- (3) agree the proposals in the Priority Families Leadership Group Threshold Document to transfer responsibility from the Commissioning Executive Group to the Leadership Group to take decisions relating to the release of resource to the programme up to a value of £1m. Such decisions would then be authorised through the Council's delegated decision making process.**

56 BETTER CARE FUND

Jo Williams, Assistant Director of Health and Social Care Integration, reported on the proposal to reduce the target for non-elective admissions from 3.5% to 1.6% in the Better Care Fund (BCF) plan, highlighting the following points:

- (a) the BCF plan was approved in October 2014. National guidance suggested a target for non-elective admissions of 3.5% in 2015/16 and so this target was adopted. Since then NHS guidance has been changed and this figure can be revised to take into account actual performance in the year to date, likely outturn for the 2014/15 full year, and progress with contract negotiations with providers.
- (b) the revised target of 1.6% reflects the expected impact of the BCF schemes in Nottingham. It does not include schemes outside the BCF plan and the target of 3.5% remains as an ambition.

Colin Monckton, Head of Commissioning and Insight reported on proposals for governance of the BCF fund, highlighting the following points:

- (c) it is proposed that the Health and Wellbeing Board will make all decisions around the release of BCF money, to avoid duplication. Legal discussions are currently ongoing to make sure that interests of all parties will be protected but the proposals should be presented to the next meeting in May;
- (d) until the proposals are approved BCF decisions must continue to be shared by all separate partners.

RESOLVED to agree to a reduction in the BCF target for non elective admissions from 3.5% to 1.6%.

57 APPROVAL OF THE PHARMACEUTICAL NEEDS ASSESSMENT

Jean Robinson, Head of Information (Public Health), introduced the report of the Director of Public Health on the Nottingham City Pharmaceutical Needs Assessment 2015 (PNA), highlighting the following points:

- (a) it is a statutory requirement for the Health and Wellbeing Board to approve the PNA, and for it to be published online by April 2015;
- (b) the PNA has already been approved by the Nottingham City Commissioning Executive Group (CEG), subject to an addition stating the skills and experience of pharmacy staff could be better used for identification of isolated older people;
- (c) the PNA does not identify any evidence of a lack of pharmacy provision in Nottingham, and population increase in the medium term (3-5 years) is not expected to rise above current capacity.

RESOLVED to

- (1) approve the Nottingham City PNA;**
- (2) approve publication of the PNA and its appendices on Nottingham Insight in April 2015;**
- (3) note that there are no cost implications associated with the PNA.**

58 SOUTH NOTTINGHAMSHIRE TRANSFORMATION PARTNERSHIP COMPACT

Hugh Porter, Clinical Lead, Nottingham City Clinical Commissioning Group, updated the Board on plans to create a South Nottinghamshire Transformation Partnership Compact, highlighting the following points:

- (a) the purpose of the Compact is to promote a commitment to partnership working in the South Nottinghamshire area and work to deliver improved health and wellbeing for citizens through reshaping the health and social care system;
- (b) implementation of the Compact has been consulted with partner organisation boards, including the Commissioning Executive Group (CEG), who had concerns

that there is no parity of esteem in the Compact. However, parity of esteem will be a standing item agenda on all South Nottingham Transformation Board meetings;

- (c) the Compact is a non-statutory body developing robust recommendations, but does not make decisions;

Hugh gave the following responses to questions asked by Board members:

- (d) not all members of the Compact will have the same views but the the Compact will align them for more positive outcomes;
- (e) plans for a combined authority with Derbyshire and Nottinghamshire are also under discussion but this will lead on growth, planning, economic development and transport and not social care. These plans will therefore have no impact on the Compact;
- (f) the partnership working promoted by development of the Compact will offer wider learning opportunities for all representatives.

RESOLVED to endorse the Compact.

59 FORWARD PLAN

RESOLVED to note the forward plan.

60 UPDATES

a HEALTHWATCH NOTTINGHAM

Martin Gawith of Healthwatch Nottingham provided an update on the organisation's latest developments:

- a) the organisation has concerns over the lack of consultation on the Care Act.
- b) work has commenced on a Young People and Mental Health Insight project.

b CORPORATE DIRECTOR FOR CHILDREN AND ADULT SERVICES

Candida Brudenell, on behalf of the Corporate Director of Children and Adult Services, gave the following update:

- a) Following the publication by Louise Casey into Rotherham Metropolitan Borough Council and its handling of issues around Child Sexual Exploitation (CSE), Nottingham City Council has produced a briefing about Child Sexual Exploitation (CSE) for all colleagues working with children and young people in Nottingham;
- b) Staffing Update
Steve Comb joined Nottingham City Council on 5th January 2015 as the new Head of Children in Care;

Clive Chambers joined Nottingham City Council on 9th February as the new Head of Safeguarding Quality Assurance;

c) IT Update

A new social care case management system has now been tendered which will deliver a number of improvements to the way Children and Adults work by consolidating systems and introducing more efficient and streamlined processes.

c DIRECTOR OF PUBLIC HEALTH

Dr Chris Kenny, Director of Public Health, informed the board that there has been an increase in scarlet fever diagnosis locally, as reported by the local media. Communications have been sent to schools and primary caregivers, the absolute numbers are small and the fever is easily treatable.

d CHIEF OFFICER, NOTTINGHAM CITY CLINICAL COMMISSIONING GROUP

Dawn Smith, Chief Officer, Nottingham City Clinical Commissioning Group (CCG) gave the following update:

- a) the CCG will be given delegated authority for the commissioning of primary care services from 1 April 2015;
- b) NHS standards are good, and effort is being made on including mental health data into reports;
- c) a single Urgent Care Centre is being developed at the site of the current walk-in centre in Nottingham City Centre. This will be an all-in-one service and aims to reduce the number of people going to A&E at the Queens Medical Centre. The walk-in centre on the same site will remain but the branch on Parliament Street will close and become a GP surgery.

e CARE ACT 2014

Linda Sellars, on behalf of the Director of Adult Social Care, provided an update on the implementation of the Care Act in Nottingham City:

- a) there are 5 weeks until implementation of the care act and a checking process is now in place;
- b) 464 people attended the Every Colleague Matters events, and GP events will be run in April about the impact of the Care Act;
- c) Guidance on part 2 of the Care Act was published in February and Nottingham City is currently drafting a response to the consultation.

RESOLVED to

(1) note the updates

(2) agree that a full report on Child Sexual Exploitation be prepared for a future meeting

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NAME OF COMMITTEE / BODY - Health & Well Being Board 27 May 2015

Title of paper:	Nottingham Sustainable Health and Care Local Implementation Plan	
Director(s)/ Corporate Director(s):	Alison Challenger – Interim Director of Public Health Nottingham City Council.	Wards affected: All
Report author(s) and contact details:	Helen Ross - Insight Specialist Public Health Sustainable Development lead Helen.ross@nottinghamcity.gov.uk 0115 876 5759 Loxley House	
Other colleagues who have provided input:	Listed in Development Workshop report - Appendix A	
Date of consultation with Portfolio Holder(s)	30 January 2015	
Relevant Council Plan Strategic Priority:		
Cutting unemployment by a quarter		<input checked="" type="checkbox"/>
Cut crime and anti-social behaviour		<input checked="" type="checkbox"/>
Ensure more school leavers get a job, training or further education than any other City		<input checked="" type="checkbox"/>
Your neighbourhood as clean as the City Centre		<input checked="" type="checkbox"/>
Help keep your energy bills down		<input checked="" type="checkbox"/>
Good access to public transport		<input checked="" type="checkbox"/>
Nottingham has a good mix of housing		<input checked="" type="checkbox"/>
Nottingham is a good place to do business, invest and create jobs		<input checked="" type="checkbox"/>
Nottingham offers a wide range of leisure activities, parks and sporting events		<input checked="" type="checkbox"/>
Support early intervention activities		<input checked="" type="checkbox"/>
Deliver effective, value for money services to our citizens		<input checked="" type="checkbox"/>
Summary of issues (including benefits to citizens/service users):		
<p>This paper provides a report on the outcomes of the Health and Wellbeing Board Development Session on Sustainable Development which set out how we can improve health and reduce health inequalities through the further development of a local Sustainable Health and Care: Local Implementation Plan. The plan aims to promote healthy sustainable lifestyles and the sustainable management of health, social and healthcare services and identifies ways of saving money and bringing additional resources into Nottingham. It contributes to the existing priorities of the Nottingham Health and Wellbeing Board, particularly reducing overweight and obesity, increasing physical activity and improving mental wellbeing.</p>		
Recommendation(s):		
1	To note the outcomes of the Sustainable Development Health and Wellbeing Board workshop in the report of the development session	
2	To draft a Nottingham Sustainable Health and Care Local Implementation Plan and develop action plans in the priority areas mentioned in the report, through a second focused workshop that utilises the Sustainable Development Unit (SDU)'s Local Implementation Toolkit and an Action Learning approach, in consultation with representatives from other partnerships such as the Nottingham Green Theme Partnership, to ensure that we add value to others' work and reduce potential duplication	
	Finance Required: room booking, meeting expenses & participation from partner organisations already identified through existing budgets.	

1. REASONS FOR RECOMMENDATIONS

The reasons for the recommendations are as for those agreed at the previous Health and Wellbeing Board meeting on Sustainable Development and Health in 2014 as follows:-

1.1 Sustainable Development is a way of delivering good health and healthcare services that are resource efficient and well managed for optimal health outcomes. The ground-breaking work carried out through Public Health and partner organisations to support health services to become more sustainable, resulted in improvements in health and financial savings for the NHS.

The Health and Wellbeing Board development session facilitated by the NHS and Public Health England SDU in partnership with Nottingham Public Health:

- increased awareness and understanding of this agenda and how it improves health and enhances health and care services;
- contributed a Nottingham perspective to the national work;
- helped us to build sustainable health and care services that are resilient to Climate Change, make effective and sustainable use of our resources and contribute to health improvement and a reduction in health inequalities in Nottingham.

By acknowledging achievements and mapping them across to the priorities of the Health and Well Being Board through the development of the Sustainable Health and Care: Local Implementation Plan, we can apply and roll out good practice.

1.2 As pointed out in the “*Sustainable, Resilient, Healthy People & Places A Sustainable Development Strategy for the NHS, Public Health and Social Care system*”, launched in January 2014 by the Chief Executives of Public Health England and NHS England:

“the purpose of the health and care system is to continually improve health and wellbeing and deliver high quality care when necessary. The challenge is how to do this now and for future generations within available financial, social and environmental resources. Understanding these challenges and developing plans to achieve improved health and wellbeing and continued delivery of high quality care is the essence of sustainable development.”

The strategy demonstrates responsibility and commitment to a broader and global perspective of health and wellbeing which is particularly important to Nottingham, a vibrant city with people living and working here from many different countries.

1.3 To contribute to the Nottingham Plan and particularly the targets to:

- reduce the city’s carbon emissions by 26% of 2005 levels;
- eradicate fuel poverty by 2016;
- tackle congestion by achieving no more than a 10.5% increase in person journey times on the monitored transport network;
- produce 20% of energy used in the city within the Greater Nottingham area from renewable or low carbon sources.

1.4 The Social Value Act 2012 requires public authorities to have regard to economic, social and environmental wellbeing in connection with public services contracts; and for connected purposes. [8th March 2012].

Source: Public Services (Social Value) Act 2012 (c. 3)

http://www.legislation.gov.uk/ukpga/2012/3/pdfs/ukpga_20120003_en.pdf

2 What are our Specific Measurable Achievable Realistic and Timely objectives?

A second focused workshop that utilises the SDU's Local Implementation Toolkit and an Action Learning approach, in consultation with representatives from other partnerships such as the Nottingham Green Theme Partnership will help to turn this ambition into reality locally and improve health. The aims of the session will be as follows:

1. identify one or two services in each of the 12 theme areas and utilise the implementation toolkit to map them against sustainable evidence based practice;
2. identify gaps and areas for improvement;
3. appraise options to develop and evaluate sustainable innovative pilots such as designing sustainable health and healthcare pathways and a sustainable care home blueprint and /or project;
4. identify areas where we can be more effective and efficient;
5. identify what support is needed, and can be offered, utilising a whole health and care community approach to sustainable development for each service;
6. utilise the information that results from the session to make the case for bringing additional resources to Nottingham e.g. from national and international sources.

This approach was considered to be achievable at the Health and Wellbeing Board development session reported at Appendix A.

The Nottingham Sustainable Health and Care Local Implementation Plan provides a toolkit to enable this to happen.

3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

None

4. FINANCIAL IMPLICATIONS (INCLUDING VALUE FOR MONEY/VAT)

The costs of developing the plan through a second Health and Wellbeing Board development session will include meeting expenses. These can be met through the usual channels for the development session.

The financial benefits in taking a sustainable development approach to health and care services will be addressed in the development session.

5. RISK MANAGEMENT ISSUES (INCLUDING LEGAL IMPLICATIONS AND CRIME AND DISORDER ACT IMPLICATIONS)

The main risks associated with this paper are in not going forward with the work:

- non-compliance with national guidance such as the “Sustainable Development Strategy for the NHS, Public Health and Social Care system 2014 – 2020” January 2014 and the “Public Services (Social Value) Act 2012”;
- losing momentum for Nottingham as a cutting edge City with respect to Sustainable Development and Health by not following up on the exploratory workshop 1:
- not mitigating against or building resilience for climate change and its impacts on health and wellbeing;
- not recognising the co-benefits of sustainable development and health and the positive impacts on health inequalities.

6. EQUALITY IMPACT ASSESSMENT

Has the equality impact been assessed?

Not needed (report does not contain proposals or financial decisions)

No as the positive equality impact assessment will be included in the development of the Implementation Plan

Yes – Equality Impact Assessment attached

Due regard should be given to the equality implications identified in the EIA.

7. LIST OF BACKGROUND PAPERS OTHER THAN PUBLISHED WORKS OR THOSE DISCLOSING CONFIDENTIAL OR EXEMPT INFORMATION

Appendix A - Nottingham City Health & Well Being Board - Report of Development Session about Sustainable Health and Care Held on Monday 29th September 2014 from 1pm to 4.30pm at Arkwright Meadows Community Gardens Nottingham

Nottingham Green Theme Partnership: -

<http://www.onenottingham.org.uk/index.aspx?articleid=12834>

8. PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

- Adaptation Sub Committee “Managing climate risks to wellbeing and the economy” Chapter 5 Well Being and Public Health - accessed 25/7/2014
- <http://www.theccc.org.uk/publication/managing-climate-risks-to-wellbeing-and-the-economy-asc-progress-report-2014/> . The Committee on Climate Change (the CCC) is an independent, statutory body established under the Climate Change Act 2008. Their purpose is to advise the UK Government and Devolved Administrations on emissions targets and report to Parliament on progress made in reducing greenhouse gas emissions and preparing for climate change.
- NHS England and Public Health England: “Sustainable, Resilient, Healthy People & Places: A Sustainable Development Strategy for the NHS, Public

Health and Social Care system 2014 – 2020” January 2014 accessed 25/7/2014 <http://www.sduhealth.org.uk/policy-strategy/engagement-resources.aspx>

- Public Services (Social Value) Act 2012 - An Act to require public authorities to have regard to economic, social and environmental wellbeing in connection with public services contracts; and for connected purposes. [8th March 2012]
- The Nottingham Plan

Appendix A

Nottingham City Health & Well Being Board Report of Development Session about Sustainable Health and Care

**Held on Monday 29th September 2014 from 1pm to 4.30pm
at Arkwright Meadows Community Gardens Nottingham**

Introduction

Sustainable Development is a way of commissioning and delivering quality health and healthcare services that are resource efficient and well managed for optimal health and wellbeing outcomes. The ground-breaking work carried out through Public Health and partner organisations to support health services to become more sustainable, resulted in improvements in health and wellbeing and financial savings for the NHS.

By acknowledging achievements and mapping them across to the priorities of the Health and Well Being Board through the development of the Sustainable Health and Care: Local Implementation Plan, we can apply and roll out good practice.

Nottingham City Health and Wellbeing Board held an excellent development session about Sustainable Health and Care in the beautiful sustainable setting of Arkwright Meadows Community Gardens' meeting room in Nottingham in September 2014.

The session was chaired by Councillor Alex Norris, led and organised by Helen Ross from Public Health and facilitated by David Pencheon from the NHS and Public Health England Sustainable Development Unit.

Who was the session for?

Members and representatives from partner organisations in the Health & Well Being Board were informed by a number of speakers from national and local organisations and colleagues involved in providing or commissioning sustainable health & care services in statutory and the community and voluntary sector through presentations and discussion.

Participants included a range of representatives from a variety of organisations and are listed at Appendix xx

Aims of the session

The session addressed the connections between health and sustainable development and the role that health and social care can play in mitigating and preparing for climate change and offered opportunities to the Health and Wellbeing Board to;

1. increase awareness and understanding of this agenda e.g. by identifying the contributory causes and impacts of Climate Change on health.
2. explore how sustainable development contributes to;
 - a. improving health and reducing health inequalities
 - b. enhancing health and care services
 - c. helping us to build sustainable health and care services that are resilient to Climate Change
3. make effective and sustainable use of our resources
4. contribute a Nottingham perspective to the national work on Sustainable Development and Health

Methods

The session explored the following methods:

1. Utilising the national SDU Local Implementation Toolkit to develop a Sustainable Health and Care action plan for Nottingham
2. Mapping strategies and services against sustainable evidence based practice
3. Identify gaps
4. Appraising options to develop and evaluate sustainable innovative pilots such as designing sustainable health and healthcare pathways.
5. identifying areas where we can be more effective and efficient.
6. supporting a whole health community approach to sustainable development
7. developing the case for bringing additional resources to Nottingham e.g. from national and international sources.

Anticipated outcomes

Consideration of the development of a clear action plan that will result in the commissioning and provision of sustainable health and care services in Nottingham and Nottinghamshire. This could include; -

Strategic:

1. Documenting what we are doing in Nottingham against the requirements of the national Strategy
2. Sharing good practice with others nationally and regionally to reduce duplication and improve health at low cost.
3. Increasing understanding by joining up agendas e.g. planning and sustainable development strategies and outcomes mapped against obesity strategies and outcomes through joint work e.g. with Nottingham Green Theme Partnership.
4. Raising awareness of Heatwave and Cold weather plans and better community engagement in resilience planning.
5. supporting the development and adoption of Sustainable Development Management Plans developed collaboratively by Health service commissioners and providers resulting in; -
 - a. shared resources and good practice
 - b. sustainable models of care developed by commissioners and providers e.g. for obesity and dementia
 - c. Tools and resources developed and shared that support sustainable healthy lifestyles and places with local people e.g. a sustainable Primary Care blueprint with organisations signing up to it.

Services:

6. supporting Local Authority and health service colleagues to commission and provide quality sustainable health and healthcare services, reduce waste and save money.
7. Identifying, developing and promoting Sustainable projects and services that improve the health of people in Nottingham.
8. Sustainable Dementia Care pathway process developed leading to improvements in care of people with dementia.
9. Development of a Sustainable Care Homes Blueprint leading to improvements in the health of residents in care homes and their carers. For example, resilient health infrastructure (e.g. care homes adapted to include passive cooling measures (not air conditioning, which exacerbates the urban heat island effect).

Healthy Lifestyle:

10. Improving awareness of the contribution that open and green spaces make to the delivery of Public Health and Health and Wellbeing Board objectives.
11. Developing a sustainable healthy lifestyles strategy for Nottingham that contributes to health e.g. a reduction in obesity
12. The number of people travelling actively and more frequently resulting in increased opportunities to incorporate physical activity into daily life whilst saving money and reducing carbon emissions
13. increased uptake of healthy and sustainable food that is likely to result in; -
 - a. faster recovery by patients from illness
 - b. prevention of ill health
 - c. keeping more money in the local or regional economy
 - d. a reduction in food miles contributing to a reduction in carbon emissions and road traffic accidents.
14. Better targeting of resources to people most in need of help with housing. Energy efficiency measures have net benefits for health, mainly through improved indoor temperature and air quality, but also to tackle fuel poverty.

Finance & resources:

15. identify financial benefits in taking a sustainable development approach to health and care services
16. identify ways of saving money
17. Identify ways of bringing additional resources to Nottingham

Speakers

1 Councillor Alex Norris – Nottingham City Council welcomed all to the session and explained the aims, methods and anticipated outcomes as set out above. He explained that Public Health aims to address key health issues locally and provided a brief introduction to the Nottingham Health and Wellbeing Strategy (see appendix xx). He also said that the Council is committed to reducing unnecessary use of energy, producing energy in Nottingham and reducing our impact on climate change as well as building resilience to the impacts of climate change. He gave examples of the Councils work to support local people to live more comfortably and healthily whilst reducing unnecessary carbon emissions and expenditure on heating such as; -

- the new energy tariff,
- the Nottingham green deal
- the expansion of the district heating scheme

Councillor Norris also explained that we are making progress with increasing active travel and reducing car use and that we have made progress with the Health Service at an East Midlands level and locally and this is being built upon through the new Health Service Sustainable Development Network; - Nottingham and Nottinghamshire (Helen Ross is the lead for this).

2 David Pencheon – NHS and Public Health England Sustainable Development Unit:

David Pencheon praised the excellent work that has already been undertaken in the NHS in Nottingham and Nottinghamshire and encouraged the Board to listen to the current evidence and opportunities and look at what we can do now so that we can build on our good practice.

He spoke about the importance and urgency of changing our approach to Health and Care due to our impact on Climate Change and explained that business as usual is not tenable:

Public Health is an evidence based profession. The evidence clearly shows that smoking kills half the people who smoke and we are therefore acting to help people to stop. With climate change too, the evidence is clear that it is harmful to human health; - e.g. IPCC and Nick Stern & Jeremy Oppenheim ¹ - and we have responsibilities to lead the change here too.

David set out the opportunity available to the Board from the SDU for Nottingham to be one of 8 pilots to develop a Local Sustainable Health and Care: Local Implementation Plan that builds on existing good practice through this Health and Well-Being Board development session.

He explained that the Plan; -

- increases understanding of this agenda and how it relates to Health, Social and Healthcare services and to reducing health inequalities.
- enables the contribution of a Nottingham perspective to the national work.

See Appendices xx and xx for the DRAFT Local Implementation Toolkit. V 20140725. Helping local wellbeing plans/strategies embed / embrace sustainable development.

He also mentioned other important resources such as the national Sustainable Development Strategy, launched by the heads of the NHS and Public Health England and the Executive Director of the Local Government Association, and the Routemap and Sustainable Development Strategy – available on the SDU website - <http://www.sduhealth.org.uk/>.

3 Jerome Baddley – Nottingham Energy Partnership - Carbon Reduction and Public Health in Nottingham & Nottinghamshire

Jerome presented information about:

- the NHS Nottingham & Nottinghamshire and East Midlands NHS Carbon Reduction Projects – and particularly the carbon reduction and health and well-being improvements in Nottingham which resulted in a 24% carbon reduction in City PCT and 25.5% carbon reduction NHS Nottinghamshire County and an international award for the 3 organisations.
- the current work that NEP and Public Health are supporting Health service organisation with, such as the Networks, the development of Sustainable Development Management Plans and the opportunities for sustainable Commissioning and Procurement
- D2N2 The Local Economic Partnership Sustainable Development opportunities for encouraging 1/3rd of growth in the UK in the low carbon sector
- 50% of offensive waste from care homes
- a priority to identify the highest carbon savings e.g. by designing by outcome with providers and services with CCGs

4 Healthy Housing Referral Service – Miranda Cumberbatch – Nottingham Energy Partnership

Miranda presented information about the importance of good housing for health and a summary of the excellent work of the 14 year partnership with Public Health, the Healthy Housing Referral Service, which supports people to live well in their homes by providing support to improve energy efficiency and heating in their homes. Over this period, more than 2,800 frontline staff have been trained in how to spot housing problems that contribute to poor health and refer to the service so that their patient's health and wellbeing can benefit. This helps to reduce unplanned hospital admissions through falls and unnecessary illnesses.

¹ <http://newclimateeconomy.report/overview/>

5 Matt Easter – Sustrans

Sustrans supports people to travel actively and sustainably. Matt explained that Transport plays an important role in public health by ensuring people can access jobs as well as key services such as health and leisure and by keeping people fit and healthy through take up of active travel options, reducing the risk of many chronic conditions. Nottingham's Transport and Public Health strategies are enabling citizens to live more healthily by supporting them to walk and cycle more often for example through the Neighbourhood Smarter Travel services. These include a community based approach to the promotion of travel options to individuals and households through the Community Smarter Travel Hubs which provide specialist and bespoke services such as;

- personalised journey planning and cycle training, underpinned by a targeted travel support packages for low income groups including jobseekers
- further education smartcard offers
- a community wide active travel support programme

6 Richard Barlow – Browne Jacobson and Chair of Nottingham Green Theme Partnership

Richard Barlow provided a brief presentation about the Nottingham Green Theme Partnership and the links with the Health and Well Being Board for example their interest in supporting the commissioning and consumption of sustainable healthy food in Nottingham.

7 The workshop discussion

Aims

The workshop aims were ambitious for completion in the time available

:

1. Utilise the national SDU Local Implementation Toolkit to develop an action plan for Nottingham
2. Map strategies and services against sustainable evidence based practice
3. Identify gaps
4. Appraise options to develop and evaluate sustainable innovative pilots such as designing sustainable health and healthcare pathways.
5. identify areas where we can be more effective and efficient.
6. support a whole health community approach to sustainable development
7. develop the case for bringing additional resources to Nottingham e.g. from national and international sources.

There was however, a lively and thought provoking discussion.

Key Points of agreement

The key points of agreement were as follows:-

- 1 Nottingham Health and Well Being Board will commit to developing a Sustainable Health and Care action plan utilising the national SDU Local Implementation Toolkit and will work with the SDU to develop and populate their framework through Helen Ross the lead for Sustainable Development in Public Health in Nottingham and Nottinghamshire.

2 **Agreed priority areas** were as follows:

1. Support partner organisations to develop their SDMPs and particularly the NHS organisations so that they can build on their existing good practice.
2. Development of sustainable care homes in Nottingham through mainstreaming the East Midlands pilot and / or through supporting the development of a Sustainable Care Homes project
3. Continue development of good practice in Health, Housing and Homelessness work e.g. consider developing a Homelessness charter.
4. Support continued good practice in Active and Sustainable Travel.
5. Increase and improve the sustainable natural environment in the estates of partner organisations, to improve health – utilising the support of partnerships and organisations such as the Local Nature Partnership and the Woodland Trust.
6. Increase the commissioning, growing and consumption of sustainable healthy food in Nottingham e.g. through Food Futures, the Food Catering Mark and Sustainable Food Cities.

Councillor Norris thanked the organisers, facilitators and speakers and participants and Arkwright Meadows Community Gardens for the use of their beautiful venue.

Participants were welcomed to join a tour of the gardens.

Appendix 1

Agenda

1.10		
	Welcome and Aims of the Session	Councillor Alex Norris / Helen Ross – Public Health – SD lead
1.20	Health Impacts of Climate Change & Sustainable, Resilient, Healthy People and Places – A Sustainable Development Strategy for the NHS, Public Health and Social Care System -2014	Dr David Pencheon – NHS & Public Health England Sustainable Development Unit
1.40	Examples of good practice in Nottingham and Nottinghamshire; - <ul style="list-style-type: none"> • Sustainable Health Services & • Healthy Housing • Active Travel • Green Theme Partnership - Food 	Jerome Baddley & Miranda Cumberbatch - Nottingham Energy Partnership Matt Easter - Sustrans & Ridewise e.g. Hospital & school food – Richard Barlow – Browne Jacobson
3pm	Exploring the potential. How can the Health and Well Being Board learn from and add value to the work of other countries and partnerships for the benefit of the health of citizens of Nottingham? Examples include; - <ul style="list-style-type: none"> • World Health Organisation • United Nations • East Midlands NHS Sustainable Development Network • Health & Housing Partnership Board • D2N2 Local Economic Partnership • Local Nature Partnership • Sustainable Health Services network – Nottingham and Nottinghamshire • Any others? 	All – discussion facilitated by David Pencheon – SDU
	Summary and way forward	Councillor Norris
4.30	finish	

Displays

1. East Midlands NHS Sustainable Development Network
2. East Midlands NHS Carbon Reduction Project

Appendix 2

Definitions and Guidance

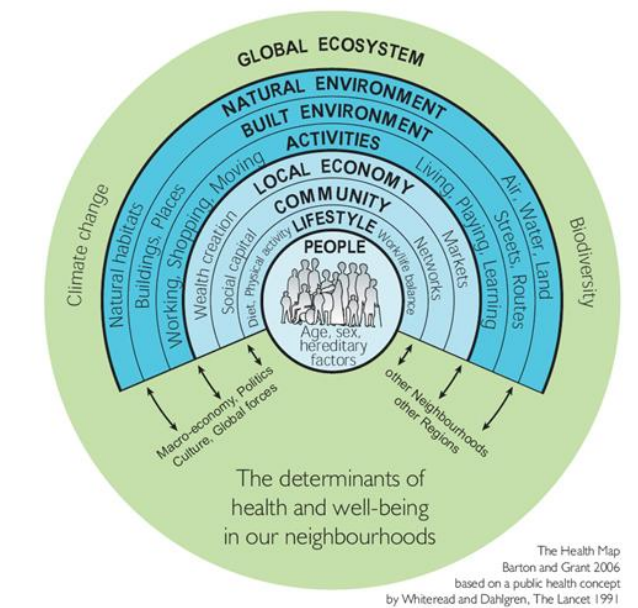
Definitions

Sustainable Development is defined as “meeting the needs of the present without compromising the ability of others, in future (or elsewhere now) to meet their own needs.”

Health is “a state of complete physical, mental and social Wellbeing and not merely the absence of disease or infirmity”

Source: World Health Organisation <http://www.who.int/about/definition/en/print.html>

The diagram below illustrates the determinants of health which are bounded by the Global Ecosystem; clearly of vital importance to health and wellbeing.



Relationship to Nottingham's plans

The outcome will; -

- 1 contribute to the Nottingham Plan and particularly the targets to; -
 - reduce the city's carbon emissions by 26% of 2005 levels,
 - eradicate fuel poverty by 2016
 - tackle congestion by achieving no more than a 10.5% increase in person journey times on the monitored transport network
 - produce 20% of energy used in the city within the Greater Nottingham area from renewable or low carbon sources
- 2 Identify relevant actions from The Social Value Act 2012 which requires public authorities to have regard to economic, social and environmental wellbeing in connection with public services contracts; and for connected purposes. [8th March 2012].
http://www.legislation.gov.uk/ukpga/2012/3/pdfs/ukpga_20120003_en.pdf
- 3 Contribute to the aims of the Nottingham Health and Well Being Strategy; -

There is a duty through the Health and Social Care Act 2012 on Local Authorities and Clinical Commissioning Groups to produce a joint health and wellbeing strategy. In Nottingham City, the statutory Health and Wellbeing Board has delegated responsibility to develop and oversee the joint health and wellbeing strategy, and is therefore the appointed body to oversee the delivery of the strategy.

In June 2013 the Health and Wellbeing Board endorsed the Nottingham City Joint Health and Wellbeing Strategy for 2013-2016. The strategy sets out 4 priority health and wellbeing issues for Nottingham which the board will deliver on:

1. **Healthy Nottingham: Preventing alcohol misuse:** We will reduce the proportion of adults who drink at harmful levels by a third
2. **Integrated care: Supporting older people:** More elderly citizens will report that their quality of life has improved as a result of integrated health and care services
3. **Early Intervention: Improving Mental Health**
We will increase the proportion of children referred for specialist Community Paediatrician assessment due to behavioural problems who have been offered access to earlier parenting intervention
We will support 1,100 people over the next 3 years to remain in work or begin working, through enabling them to be in work where previously their health was a barrier to employment, including a focus on supporting people with mental health problems
4. **Changing culture and systems: Priority Families:** We will engage 1200 targeted families with the Priority Families programme. By 2016 at least 800 of these will have seen improvements in their school attendance rates, levels of anti-social behaviour and youth offending and/or work-less-ness.

National Guidance

1 Public Health Outcomes Framework: priorities and good practice for Sustainable Development: Public Health priorities are set out in the National Public Health Outcomes Framework and encourage public sector organisations including the NHS to commission and develop sustainable health services. The clearest indicator is 3.06 – the percentage of NHS organisations that have a Sustainable Development Management Plan that has been signed off at Board level. An example of how this really does make a difference emerged at the recent East Midlands NHS Sustainable Development Network event. As part of the development process for their Sustainable Development Management Plan, Nottingham City CCG has reviewed progress and identified the next stage which is to commission more sustainable health services. The Clinical Commissioning Board has this as a priority and this is inspiring development of SD Plans by most of the organisations providing health and healthcare services in Nottingham.

2 The Sustainable, Resilient, Healthy People & Places A Sustainable Development Strategy for the NHS, Public Health and Social Care system: Launched in January 2014 by the Chief Executives of Public Health England & NHS England pointed out that; -
“The purpose of the health and care system is to continually improve health and wellbeing and deliver high quality care when necessary. The challenge is how to do this now and for future generations within available financial, social and environmental resources. Understanding these challenges and developing plans to achieve improved health and wellbeing and continued delivery of high quality care is the essence of sustainable development.”

The strategy demonstrates responsibility and commitment to a broader and global perspective of health and wellbeing which is particularly important to Nottingham, a vibrant city with people living and working here from many different countries.

Appendix3

Pledges made by participants for the H & WB Board	
1	Provide leadership to ensure the things we talk about actually happen
2	Map services against Sustainable Development – using the toolkit
3	Develop an action plan with and for the H&WB Board using the toolkit
4	consider how we continue to join the agendas at the Health & Well Being Board
5	1 Quantify the dividends 2 Define what, how, measurement 3 Planning & wider determinants to HWBB
6	Explore engagement, strategic outline proposal – benefits, money, quality & outcomes.
7	Make the case for Health & Well Being Board to develop the sustainable care homes project
8	Ensure we have suitable actions & metrics for our HWB strategy
9	Use carbon outcome as a key metric in all HWB work. All work must prove lower carbon than previous provider system
10	Demand environmental management accreditation from all providers to HWB commissioned work
11	Support & guide how this can fit with other HWB workstreams
12	Scenario planning with Alex as chair
13	Clarify thinking of where we want to be in 10 years time
14	Look into how Sustrans can help Nottingham and the H&WB Board understand the impact of projects that aim to get more people cycling and walking.
15	Look into how Sustrans can integrate its projects with others aimed at improving health, reducing health inequalities to deliver better projects
16	Really interested in pursuing the idea of treating an admission as an opportunity to do root cause analysis and to look at how we bring that into the HWB
17	Look at if we can link NEP with AHSN
18	Enhance the consideration to wider determinants given in the Commissioning Executive Group
19	Investigate the activities we can hardwire sustainable development into commissioning specifications.
20	Must focus its action plan on projects / initiatives that have a huge impact on Health, not just its present agenda, and scrutinise / support them e.g. Housing Transport

What we will do – individuals
Use backcasting to identify what our LNP vision should be
Will seek to embed Health Outcomes thinking in day to day projects via Council CLT & DLT
consider next steps from Decent Homes Strategy and how we make further decisions on way forward.
Describing outcomes for children in a way that encompasses what needs to underpin wider determinant of health
Link Nottingham citizens to sustainability agenda

Appendix 4

Attendees

Name	Organisation
Alex Norris (Cllr)	Nottm. City Councillor – Chair of Nottingham City Health and Well Being Board and Development Session
David Pencheon	NHS /PHE Sustainable Development Unit (SDU) - & Joint session facilitator
Helen Ross	NCC – Public Health Manager – SD lead & Joint session facilitator
	Speakers and Participants
Alison Challenger	Nottingham City Council- Public Health
Alison Michalska	Nottingham City Council Corporate Director for Children and Families
Antony Greener	Nottingham City Council – Energy Services
Christine Oliver	Crime & Drugs Partnership
Colin Monkton	Nottingham City Council – Commissioning
David Bishop	Nottingham City Council- Development and Growth
Dawn Smith	Chief Officer Nottingham City CCG
Ian Trimble	CCG
Jerome Baddley	NEP- Sustainability Services
Jo Bradley-Fatune	Nottm Groundwork
John Wilcox	NCC – Public Health Manager – HWB lead
Maria Principe	Nottingham City CCG
Matt Easter	Sustrans
Matt	NCC - Planning
Michele Hampson	Notts Healthcare
Miranda Cumberbatch	Nottingham Energy Partnerships
Richard Barlow	Chair of Nottingham Green Partnerships

Apologies

Dr Chris Kenny	Nottingham City Council DPH
Dr Hugh Porter	Nottingham City CCG
Lynn Bacon	Nottingham City CCG
Peter Homa	NUH
Councillor Mellen	

Appendix 5

SDU's Health, care and sustainable development. Local implementation Toolkit. 2014.

Sustainable Healthy Resilient Communities and Places: Working with localities, and Health and Wellbeing boards for a toolkit to guide action.

A developing tool for embedding sustainable development/climate change action in local cross system planning

The Sustainable Development Unit (SDU) for NHS England and Public Health England and Social Care, as part of the next 5 year Strategy, is committed to helping localities (especially top tier authorities and their Health and Well-Being Boards) develop and address the opportunities and challenges that help embed the principles and benefits of sustainable development within local cross system approaches to health and well-being. This is part of a wider call to embed action on resource use, a healthier environment and climate change within all we do in local communities – particularly as it is clear the near term benefits for health and wellbeing that come from far sighted and strategic actions.

Many local authorities and their partners are seeking innovative ways of delivering improvement to health and wellbeing - the SDU is keen to work with these pioneers to build on the learning and share this amongst a group of leading local councils/HWBs to promote rapid progress.

The initial task is to build on some of the innovative practice in many Local Councils around the country and systematically share effective practice and promising possibilities based on the best evidence and experience, that others can use to accelerate progress.

The following process is happening throughout 2014

- An initial meeting/communication between Dr David Pencheon from NHS England and PHE (www.sduhealth.org.uk/about-us/who-we-are/meet-the-team.aspx) and interested health and wellbeing board members / DPH /council members and officers to understand local priorities and how the SDU can help support these, and share different approaches.
- Those interested in exploring this further can choose various options that can be taken forward depending on your local context. For instance:
 - A) The SDU helps facilitate an agenda item discussion at one of your health and wellbeing board meetings or any other appropriate local forum.
 - C) The SDU (David Pencheon) can come and meet with a small number of key people in the locality to share what is happening locally and in other similar localities.
 - B) Localities and Health and Wellbeing Boards can call upon the SDU (working with colleagues in NHS England, Public Health England and the Environment Agency) to support an enabling workshop for interested stakeholders in the locality.
- The learning from these pilots will be fed into the evolution of the approach for other interested localities.

The tool will be one of the mechanisms cited in the PHE Framework for Health and Wellbeing due to be published on September 16th 2014 in Warwick. The sustainability tool however, will continue to develop and improve as an online resource, constantly gathering the best practice from across the

country into a systematically toolkit to fast track action in multiple themes: Housing and homelessness, Planning, infrastructure, built and natural environment, Energy, Transport, access, and active travel, Food and water, Jobs/ local economy / prosperity, Education, training, skills, Climate resilience, adaptation, extreme weather events, Cultural and community development, Faith Groups; Social capital / cohesion / isolation;; Inequalities; prevention; Social/health care, Commissioning / Procurement (incl. Waste)...

Potential objectives of initial meetings and possible Pilot Workshops:

The job of the SDU is to offer support and expertise by building on the existing experience and evidence of partners locally and nationally. The purpose of this work is to develop a clearer understanding and menu of the best local approaches to embed sustainable development into how e.g. a Health and Wellbeing Board stimulates local action. The workshops might cover the following:

- An explanation of the evolving framework (enabling policy, legislation, funding, experimentation, best practice...) used to date to help embed sustainable development and health and well-being in all aspects of a localities work (see framework in Appendix)
- Consideration of what is already happening and ways organisations are tackling these issues
- Exploration of the principles, issues, opportunities and challenges locally
- Consideration of projects and plans and best practice that can support the local approach, including sharing evidence of what has worked elsewhere.
- Facilitation of a local network and taking it forward
- Clarification of the evolving legal and statutory responsibilities and expectations locally
- Discussion of the different levers, incentives and barriers that influence pace and scale of change.
- Agreements on how can a national strategy and associated implementation guidance best support the development of local sustainable healthy resilient communities / places.
- The role of Local Authority Peer Support systems.

Why Now?

The growing interest, capacity and commitment to local sustainable development approaches and health means there is an appetite to understand the most effective ways to coordinate and encourage whole system approaches to collaboration and delivery. This is particularly timely as:

- The 29th Jan 2014 saw the launch of a national cross system strategy for sustainable development by local government leaders, Public Health England, and NHS England.
- Many local structures and systems are seeking innovative new ways of delivering improvement: including Health and Wellbeing Boards, Clinical Commissioning Groups, Local Health and Resilience Forums (e.g. See Blue Sky Commissioning in BMJ Jan 25th 2014).
- Other local partnerships (For example, Local Resilience Forum, Local Enterprise Partnerships, Local Nature Partnerships, Local climate change partnerships) are increasingly keen to collaborate and share delivery plans.
- Health and wellbeing boards have a responsibility to take note of the Joint Strategic Needs Assessment (JSNA) and find ways of incorporating this into their Health and Wellbeing Strategies. In some parts of the country, there is already coordination and support of such activity (e.g. by PHE and NHS England SD leads) via the JSNA route.
- Public Health England is planning to publish an overarching Framework to support HWBs in the Summer of 2014. This toolkit is designed to follow up this framework as one of the practical tools available.

- The LGA have published an important online resource of HWB priorities across England (see reference list)

See also page 4 of the Module: “Healthy, sustainable and resilient communities” page 4, “Developing Local Frameworks” <http://www.sduhealth.org.uk/policy-strategy/engagement-resources.aspx>

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Appendix: 6
DRAFT Local Implementation Toolkit. V 20140725.
Helping local wellbeing plans/strategies embed / embrace sustainable development.
General: Pledge, Manifesto

	12 Themes	Examples of legal guidance/drivers, implementation mechanisms and machinery.	Examples of Policy alignment National, European, International Policy	Examples of Case Studies (Evaluated and generalisable)	Examples of LOCAL and national Partner organisations: local, national, global.	Examples of Funding opp's	Examples of OUTCOMES, Metrics, Guidance and Toolkits; MINIMUM EXPECTATIONS. (Public Health Outcomes Framework)
A. Housing and place.	1 Housing and homelessness.	Local Housing Strategy; Green Deal;	"Under the Weather" EA/CR/SDU	Gentoo Green PHE Winter XS deaths Warm Homes P'boro. BIOPICCC;	DCLG PHE: People and Places. CIEH; Shelter; Care and Repair; RoSPA;	SALIX;	Households taken out of Fuel Poverty (PHOF 1.17) ² Standard Assessment Procedure (SAP) of Properties; ³ BRE Cost benefit toolkit for health and house improvements
	2 Planning,⁴ infrastructure, built and natural environment	Community Infrastructure Levy. ⁵	NPPF ^{6,7} NPPG ⁸ Localism Act, 2011; NICE Guidance ⁹	Northants LNP ¹⁰ , NHS Forest. Mersey Forest, Todmorden: Incredible Edible.	Local Nature Partnerships, RTPI, LEP ¹¹ Project Wild Thing;		Air Quality data. (3.1) Biodiversity. Use of outdoor space.(1.16) Hectares public green space/1000

Page 32

² Example of PHOF indicator taken from Appendix: Table, of PHOG indicators categorised by relationship to SD.

³ <https://www.gov.uk/standard-assessment-procedure>

⁴ The role of health and wellbeing in planning, and vice versa?

<http://planningguidance.planningportal.gov.uk/blog/guidance/health-and-wellbeing/what-is-the-role-of-health-and-wellbeing-in-planning/>

⁵ <https://www.gov.uk/government/policies/giving-communities-more-power-in-planning-local-development/supporting-pages/community-infrastructure-levy>

⁶ National Policy and Planning Framework.

⁷ Link to output from meeting by PSI/SDRN/Defra/Town & Country Planning Association on Sustainable Development in the National Planning Policy Framework
Town & Country Planning Association (10/6/2014).

⁸ National Planning Practice Guidance.

⁹ NICE Guidance on built and natural environments that encourage and support physical activity

¹⁰ Local Nature Partnership

¹¹ Local Enterprise Partnerships are partnerships between local authorities and businesses. They decide what the priorities should be for investment in roads, buildings and facilities in the area

	12 Themes	Examples of legal guidance/drivers, implementation mechanisms and machinery.	Examples of Policy alignment National, European, International Policy	Examples of Case Studies (Evaluated and generalisable)	Examples of LOCAL and national Partner organisations: local, national, global.	Examples of Funding opp's	Examples of OUTCOMES, Metrics, Guidance and Toolkits; MINIMUM EXPECTATIONS. (Public Health Outcomes Framework)
			Section 106 of the TCP Act 1990	Kent AONB, DeDeRHeCC, BIOPICCC; National Trust; MIND:Ecotherapy	Transition Towns. PHE: "People and Places" work. CIEH. MIND		population. Asthma/COPD admissions avoided.
	3 Energy	Climate Change Act, 2008	The National Carbon Plan, IPCC.	Oldham and Kent's Fuel Poverty work. CHP with District Community Heating in Oxford/Carbon Trust.	DECC, Carbon Trust, EST; Housing Developers;	Carbon and Energy Fund; FiTs;	GHG emissions for LA; SDU Carbon Hotspots; Accreditation Audits; Trajectory towards zero/negative carbon.
	4 Transport, access, and active travel	Local Transport Plan;	NICE Guidance; NICE: Physical activity and the environment (PH8) "Under the Weather" EA/CR/SDU	Safe places to be active; Community wide speed limits (Portsmouth);	RTPI ¹² TCPA ¹³ RTPI; Sustrans local leads		KSI road casualties (1.10) Noise (1.14). Access to services; Inactivity in Adults (2.13)
	5 Food and water		Food Standards Agency; NICE diet/obesity guidance.	Nottingham; Incredible Edible; Back to Front, Leeds; Fast food outlets; MIND:Ecotherapy; Lambeth GPs Allotments;	Soil Association; Children's Food Trust; EA; Water Companies; NFU;	EU Apprentices	Water use/quality/availability. Diet (2.11) XC adult/children weight (2.12/2.6)
B. Jobs and Skills.	1 Jobs/ local economy / prosperity.		Business Advisory Board of LWEC	Birmingham UHB, Liverpool Royal, BiTC Business	JobCentre Plus, BiTC Local Enterprise Partnerships; LRP		Unemployment > 12/12. (Defra). Children in poverty. Human capital (Defra)

¹² Royal Town Planning Institute.

¹³ Town and Country Planning Association.

	12 Themes	Examples of legal guidance/drivers, implementation mechanisms and machinery.	Examples of Policy alignment National, European, International Policy	Examples of Case Studies (Evaluated and generalisable)	Examples of LOCAL and national Partner organisations: local, national, global.	Examples of Funding opp's	Examples of OUTCOMES, Metrics, Guidance and Toolkits; MINIMUM EXPECTATIONS. (Public Health Outcomes Framework)
				Connectors.	(Local resilience forums) ¹⁴ JobCentre Plus,		Social mobility (Defra)
	2 Education, training, skills	Eco Schools		Greeniversity, P'boro	NUS, U3A		
C: Family, friends and community	1 Climate resilience, adaptation, extreme weather events	The National Adaptation Programme; Heatwave Plan > Extreme weather plan; Climate Change Mitigation and Adaptation <i>Public Service Reform</i> ¹⁵ Climate Change Committee Adaptation Sub Committee "Managing climate risks to well-being and the economy" Chapter 5 Well	LGA Climate Local; ¹⁷ National Adaptation Programme (NAP); Adaptation Reporting Power (ARP). "Under the Weather" EA/CR/SDU	Village and Community Agents (e.g. in Gloucestershire County Council and CCG);	LRF (Local resilience forums) VCOs, NCVO ¹⁸ , Local Climate Change Partnerships. LWEC, EA. Transition network. JRF ClimateJust.	Social Impact Bonds	"Under the Weather" UKCIP data (used?) Public engagement; LWEC P&P guidance SDU Adaptation Guide Inter-agency Extreme Events Planning (3.7)

¹⁴ Local resilience forums (LRFs) are multi-agency partnerships made up of representatives from local public services, including the emergency services, local authorities, the NHS, the Environment Agency and others. These agencies are known as Category 1 Responders, as defined by the Civil Contingencies Act.

¹⁵ Public Service Reform: <http://www.local.gov.uk/public-service-reform>

	12 Themes	Examples of legal guidance/drivers, implementation mechanisms and machinery.	Examples of Policy alignment National, European, International Policy	Examples of Case Studies (Evaluated and generalisable)	Examples of LOCAL and national Partner organisations: local, national, global.	Examples of Funding opp's	Examples of OUTCOMES, Metrics, Guidance and Toolkits; MINIMUM EXPECTATIONS. (Public Health Outcomes Framework)
		Being and Public Health ¹⁶					
	2 Cultural and community development, Faith Groups; Social capital / cohesion / isolation;	Public Services (Social Value) Act, 2012	Arts Council; Arts & Humanities Research Council;	Safe places to socialise; Libraries: "primary care of Local Authorities" Leisure Services; Leisure Trusts ¹⁹	Transition network Transition Towns and communities. MCDT Sheffield.		Social isolation (1.18) Social isolation data ²⁰ ; Social fragmentation index ²¹ ; Social capital / volunteering / trust (Defra) Library access
	3 Inequalities; prevention;	Joint Health and Wellbeing Strategies. IPCC CCRA and National Adaptation Programme.	Marmot; 2012 Health and Social Care Act: a duty on Secretary of State, NHS England and CCGs re: inequalities; Equality Act 2010;	JSNA: Sustainability and Health Toolkit, Kent; London CCP's JSNA guidance; Thanet's Triple Aim/IHI work on SD and inequalities; JRF ClimateJust.	New Economics Foundation (nef). Joseph Rowntree Foundation. Young Foundation; Child Poverty Action Group;		Marmot: E1/E2/E3; IMD, Interquartile variation, smoking prevalence. Social mobility (Defra) Excess weight ²² (2.6/2.12) Inequalities in (Healthy) life expectancy (0.1/0.2) National child measurement programme: childhood inequalities;

¹⁷ Climate local is an LGA initiative to drive, inspire and support council action on climate change. Launched in June 2012, it supports councils to both reduce carbon emissions and to increase resilience to a changing climate - See more at: <http://www.local.gov.uk/climate-local> (including which local councils have signed up).

¹⁸ National Council of Voluntary Organisations (NCVO): ?identifying four London boroughs who may be interested in engaging with the voluntary sector in the second phase of their Vulnerable People and Climate Change Project. (Leesa Herbert)

¹⁶ <http://www.theccc.org.uk/publication/managing-climate-risks-to-well-being-and-the-economy-asc-progress-report-2014/>

¹⁹ <http://www.theguardian.com/social-enterprise-network/2013/mar/21/leisure-trusts-save-money>

²⁰ Sarah Curtis

²¹ Sarah Curtis

²² PHE National Obesity Observatory: <http://www.noo.org.uk/>

	12 Themes	Examples of legal guidance/drivers, implementation mechanisms and machinery.	Examples of Policy alignment National, European, International Policy	Examples of Case Studies (Evaluated and generalisable)	Examples of LOCAL and national Partner organisations: local, national, global.	Examples of Funding opp's	Examples of OUTCOMES, Metrics, Guidance and Toolkits; MINIMUM EXPECTATIONS. (Public Health Outcomes Framework)
D: Services	1 Social/health care	Health and Social Care Act, 2012; NHS England and Public Health England: "Sustainable, Resilient, Healthy People & Places: A Sustainable Development Strategy for the NHS, Public Health and Social Care system 2014-2020" ²³	CCG 2 and 5 year plans Integrated Care Fund. SDU Routemap, SD Strategy / Modules <u>Asset</u> and <u>place</u> based approaches. "Under the Weather" EA/CR/SDU	Kent: 1 of 14 pioneers of health and social care integration in UK. BIOPICCC. NHS prevention services Workforces Sustainable Models of Care. ²⁴ Sheffield Primary Care: 9 pilot practices ²⁵	IPPR: "Many to Many".	Better Care Fund; Personal Budgets;	Outcomes Framework; QOF; CCG Assurance; Mental health indicators. SDMP/Board/Annual (3.6);
	2 Commissioning / Procurement (incl. Waste)	Public Services (Social Value) Act, 2012; Organisational Sustainable Development / CSR Plans;	Local interagency Forward Commitment Procurement (FCP)	Contract Specifications for commissioning local partners. Community Wellbeing Hubs, Northants	BIS, The Commissioning Academy	Outcome based commissioning	BIS: FCP know-how programme Trajectory towards zero waste.
GENERIC	Pledge, Manifesto...	<i>Local Government Act 2000</i> ²⁶	<i>Faculty of Public Health Manifesto.</i>		- <i>WLGA Sustainable Development Framework.</i> ²⁷		<i>Pledges and manifestos can set ambitions, timelines, measurables...</i>

²³ <http://www.sduhealth.org.uk/policy-strategy/engagement-resources.aspx>

²⁴ SDS Module: "Sustainable Models of Care" (e.g. from Prevention to residential care places/integrated care/use of technology and telehealth/telecare.)
(<http://www.sduhealth.org.uk/policy-strategy/engagement-resources.aspx>)

²⁵ Increasing sustainability and increasing financial savings: moving towards mobile technology and community clinics

²⁶ Community Strategy to improve the economic, social and environmental well-being of their area and contribute to the achievement of sustainable development in the UK.

	12 Themes	Examples of legal guidance/drivers, implementation mechanisms and machinery.	Examples of Policy alignment National, European, International Policy	Examples of Case Studies (Evaluated and generalisable)	Examples of LOCAL and national Partner organisations: local, national, global.	Examples of Funding opp's	Examples of OUTCOMES, Metrics, Guidance and Toolkits; MINIMUM EXPECTATIONS. (Public Health Outcomes Framework)
					<ul style="list-style-type: none"> - Local Agenda 21 from Rio earth Summit 1992. Manifesto for Democracy and Sustainability²⁸ - ADPH: Convergence of health and sustainable development.²⁹ - The Nottingham Declaration on Climate Change³⁰ 		

Further references:

LGA: Local Authorities: The use of Peer Challenge (<http://www.local.gov.uk/peer-challenge>)

Rewiring Public Services – LGA (<http://www.local.gov.uk/rewiring-public-services-key-resources>)

http://www.local.gov.uk/health-and-wellbeing-boards/-/journal_content/56/10180/6111055/ARTICLE (An online map designed to identify opportunities for learning from and sharing experience across areas addressing similar priorities by highlighting and signposting health and wellbeing boards' priorities across England) courtesy of Paul Ogden and colleagues at LGA.)

Many to many: How the relational state will transform public services. IPPR.

<http://www.ippr.org/publications/many-to-many-how-the-relational-state-will-transform-public-services>

²⁷ <http://www.wlga.gov.uk/sustainable-development-framework>

²⁸ <http://www.fdsd.org/2013/03/manifesto-for-democracy-and-sustainability/>

²⁹ http://www.adph.org.uk/wp-content/uploads/2013/08/warwick_manifesto.pdf

³⁰ <http://www.nottinghamcity.gov.uk/CHttpHandler.ashx?id=27628&p=0>

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HEALTH AND WELLBEING BOARD – DATE 27 MAY 2015

Title of paper:	Housing’s Contribution to the Health and Wellbeing Agenda –	
Director(s)/ Corporate Director(s):	Gill Moy – Director of Housing Nottingham City Homes &	Wards affected: Citywide
Report author(s) and contact details:	Gill Moy – Director of Housing, Nottingham City Homes Graham de Max – Housing Strategy and Partnership Manager	
Other colleagues who have provided input:	Members of the Nottingham Health and Housing Partnership Board	
Date of consultation with Portfolio Holder(s) (if relevant)		
Relevant Council Plan Strategic Priority:		
Cutting unemployment by a quarter		<input type="checkbox"/>
Cut crime and anti-social behaviour		<input type="checkbox"/>
Ensure more school leavers get a job, training or further education than any other City		<input type="checkbox"/>
Your neighbourhood as clean as the City Centre		<input type="checkbox"/>
Help keep your energy bills down		<input checked="" type="checkbox"/>
Good access to public transport		<input type="checkbox"/>
Nottingham has a good mix of housing		<input checked="" type="checkbox"/>
Nottingham is a good place to do business, invest and create jobs		<input type="checkbox"/>
Nottingham offers a wide range of leisure activities, parks and sporting events		<input checked="" type="checkbox"/>
Support early intervention activities		<input checked="" type="checkbox"/>
Deliver effective, value for money services to our citizens		<input checked="" type="checkbox"/>
Relevant Health and Wellbeing Strategy Priority:		
Healthy Nottingham: Preventing alcohol misuse		<input type="checkbox"/>
Integrated care: Supporting older people		<input checked="" type="checkbox"/>
Early Intervention: Improving Mental Health		<input checked="" type="checkbox"/>
Changing culture and systems: Priority Families		<input checked="" type="checkbox"/>
Summary of issues (including benefits to citizens/service users and contribution to improving health & wellbeing and reducing inequalities):		
<p>The purpose of this report is to identify the contribution housing services makes to improving the mental and physical health outcomes for Nottingham citizens. This is the ‘housing offer to health services’.</p>		
Recommendation(s):		
1	To note the contribution that housing providers, and housing interventions, make to the health and wellbeing of Nottingham citizens, particularly in reducing demand for primary and secondary health and social care services, and to consider the contribution that housing services can make when commissioning health services.	
2	To note the Memorandum of Understanding (MOU) to ‘Support Joint Action on Improving Health through the Home’ and to agree that the Health and Housing Partnership Board should own such actions locally and make future recommendations to the HWB Board.	

3	<p>To note the outcomes from the Health and Housing event on 28th November 2014 organised by the Strategic Housing Network and the Nottingham Health and Housing Partnership Board.</p>
	<p>How will these recommendations champion mental health and wellbeing in line with the Health and Wellbeing Board aspiration to give equal value to mental health and physical health ('parity of esteem'):</p> <p>Housing conditions are one of the multiple factors of deprivation that can impact negatively on health outcomes, including mental health and wellbeing. There is a clear social gradient in health nationally, with those living in the most deprived areas having worse outcomes across a number of health conditions including poor mental health. Good quality housing, and appropriate housing services, can make a positive impact on both physical and mental health.</p>

2 REASONS FOR RECOMMENDATIONS

- To raise awareness of the positive contribution that housing makes to improve the mental and physical health and wellbeing of Nottingham citizens.
- To help align relevant local priorities in the fields of health, public health and housing in order to maximise delivery, outcomes and efficiency.
- To highlight the role of housing in the early intervention prevention agenda as this reduces the demand for more expensive primary and secondary health and social care interventions.
- To help identify ways in which partner organisations in health and housing can work together to deliver outcomes that help health services reduce instances of ill health and thus reduce demand for such services.
- To highlight best practice and emerging solutions provided by housing service providers as a contribution that forms the housing offer to health services.
- To help those that commission services to consider the role housing has in improving the mental and physical health outcomes for citizens when services are commissioned.

2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

Early social reformers recognised the critical link between housing and health. 19th century social reformers and philanthropists sought to make significant improvements in the health of the population via housing and public health reforms that are well known. Since that time, of course, we have seen massive technological, social and organisational change in the fields of health and housing. However, it is always worth recalling the aspirations of pioneers in these fields because there remain fundamental links in the way in which improved health can be brought about by good quality housing and the services associated with it.

The challenge facing health and care bodies is huge, with the drive for £20bn efficiencies in the NHS and increasing demand on restricted budgets for social care. New ways of working are needed, that shift the focus to better health and wellbeing, preventing or delaying ill health, reducing demand for health/care interventions.

Housing is one of the key factors that determine health outcomes. Poor quality housing, including cold, damp and insecure conditions, have a negative impact on both physical and mental health, whilst the occupants of poorer quality housing are most likely to be adversely affected by many of the social determinants of health identified in the Marmot Review (Fair Society, Healthy Lives). Life expectancy is also closely related to disparities in social and economic circumstances. Those living in the wealthiest neighbourhoods live on average 10 years longer than those in the most deprived neighbourhoods.

Housing and Health Bodies Joint Memorandum of Understanding

In recognition of their shared commitment to tackling these issues twenty housing and health organisations signed a Joint Memorandum of Understanding (MoU), to improve health through the home, in December 2014. The MoU is available to download [here](#), and commits to a shared commitment to joint action across government, health, social care and housing sectors, in England.

It is proposed that the Health and Housing Partnership Board should become the owner of these actions locally and determine how Nottingham City can best deliver against the MoU agreement, in order to make future recommendations to the HWB Board.

Nottingham City hosted a conference in November 2014: Delivering Better Health Outcomes through Housing, organised by the Nottingham Strategic Housing Network and Nottingham Health & Housing Partnership Board. The report of this major piece of consultation is available at this [link](#). It is recommended that the outcomes from this conference will populate an MOU Action Plan.

Evidence Based examples of the ‘Housing Offer to Health’ that are around early intervention / preventing demand on health services:

Environmental Health (EH)

This service is active in securing housing improvements that protect health, it has a statutory duty to make sure that the homes people live in are safe and do not cause hazards to health. There are over a 1000 visits to homes annually primarily in the private sector (particularly the private rented sector). The homes are often occupied by some of the city’s most vulnerable citizens and many are multi occupied. Involvement can be through referrals received or through licensing or targeted approaches. The service can require that improvements are made or properties closed. EH also seeks to achieve managerial and behavioural improvements to protect the physical and mental health and wellbeing of occupants and prevent illness. Matters addressed include overcrowding, excess cold, dampness, falls, unsanitary and unsafe conditions such as dangerous electrics, fire, noise, legionella, and vermin. The service tackles some of the poorest housing conditions and achieves remedies.

Areas where more could be achieved

Environmental Health and Housing Strategy will be assessing the health outcomes of these impacts which will evidence the public health benefit and the savings to the NHS. It is intended to use the Building Research Establishment (BRE) Housing Health Cost Calculator to do this. Further activities include developing improved referral arrangements from partners, including health and social care and targeted action to respond to hot spot health and housing matters to support initiatives such as encouraging behavioural change eg smoke free homes.

Affordable Warmth

The health benefits from reducing cold homes are known. Certain housing types are particularly prone and ‘Hard to Treat’. Nottingham has many instances of fuel poor households. The City Council, NCH and Nottingham Energy Partnership have delivered multi tenure insulation schemes in certain neighbourhoods. Decent Homes programmes have tackled issues around fuel poverty, and Nottingham Energy Partnership have co-

ordinated and sourced funding for a range of schemes to improve insulation and reduce energy use.

Areas where more could be achieved

There are a significant number of housing estates and house types across the city that can be treated with equivalent insulation schemes. It will be necessary to continue programmes of this sort to maximise the health and other benefits of warmer homes, working with Nottingham Energy Partnership to help those most in need.

Social Housing Decent Homes Programme

Now delivered across the city council's social housing stock (approximately 35,000 homes – 26% of homes in the city) this programme has made significant improvements to the quality of housing in Nottingham.

In 2011 Nottingham City Homes (NCH) commissioned research into the health impact of its decent homes programme, Secure, Warm and Modern (SWM) and this is available at this [link](#). Key findings included:

- improved heating systems have reduced the cases of respiratory illness in children;
- work to remove serious fall hazards have helped to reduce hospital admissions;
- the number of excess winter deaths and hospital admissions have reduced as a result of improved thermal efficiencies;

Other areas of investment also make significant contributions. For example upgrades to Independent Living Schemes (ILS) to Housing our Ageing Population: Panel for Innovation (HAPPI) standards, aids dementia sufferers meet their longer term needs and help them to live more independently.

Areas where more could be achieved

Social landlords will seek to maintain decency, but as the occupant profile of the households changes over time the potential for risk of hazards in the home may change. It will require proactive work to ensure hazards are continually reduced.

Improvements and Adaptations

The council delivers improvements and adaptations to homes that have an impact on health. The Home Safety and Improvement Service, funded by the council and currently delivered by Age UK Nottingham is designed to help those aged over 60 and other vulnerable citizens to remain in their homes. This is achieved by reducing the occurrence of avoidable injury or ill health caused by hazards within the living environment. This aims to reduce emergency hospital admissions. Nottingham has a high level of Injuries due to falls in those aged 65 and over.

Adaptations for disabled and older people help citizens remain at home safely and maximise their independence. This helps to minimise home care and residential care, to prevent admissions to A & E, and facilitates timely discharge from hospital. The Adaptations Agency is preparing a clinical research study with the University of Nottingham's Medical School to identify the health benefits of the timely installation of adaptations.

The Healthy Housing Referral Service commissioned by Public Health, aims to improve the quality of life of vulnerable people aged over 60 and families with children by reducing cold-related illnesses through the delivery of practical, home energy improvements. Health and care frontline staff receive training in identifying the effects of poor housing on

health and can make referrals directly to the service through the Nottingham Energy Partnership website here – [Healthy Housing referral service](#)

Areas where more could be achieved

In many cases adaptations will be triggered following an assessment of need after a health or care intervention. Further resources to raise awareness of the benefits, and proactively providing adaptations would be likely to reduce accidents in the home.

The Healthy Housing Referral Service could be expanded to support more citizens with this service.

Assistive Technology (AT)

AT is the collective name for a number of devices which promote independent living. It includes community alarm devices, Telecare and Telehealth products which can make a major contribution to helping people live independently at home, secure in the knowledge that help can be summoned at the press of a button.

NCH delivers a call centre service supported by response staff. This often saves ambulance call outs when there are alternative solutions. During 2013/14 the NCH Nottingham on Call (NOC) response service attended 1,200 calls which otherwise would have relied upon an ambulance response. NOC has been commissioned by the City Care Partnership/CCG to install and monitor its Telehealth programme.

Areas where more could be achieved

There is considerable scope to expand the existing NOC service across tenures. Partner organisations in the health sector can support these expansion plans by promoting the benefits of the service with citizens they are working with.

There are ambitious plans to extend the use of Telehealth products and reduce reliance on primary health and social care provision whilst enabling service users to monitor their own long term health conditions.

Social Isolation and Mental Health

Isolation is a significant problem for many people and a contributing factor for those who experience mental health issues.

Housing providers offer services, particularly for older residents, aimed at tackling social isolation. A signposting service provided by Metropolitan Housing is commissioned by NCC to link people into a wide range of services which promote independent living. First contact agencies in health and social care are well placed to help residents access other services provided by housing organisations following initial assessments. Projects such as Nottingham Circle and the 'Looking After Each Other' project (an NCC initiative) are also initiatives that housing organisations work with to help address social isolation.

Areas where more could be achieved

Those suffering from loneliness are, almost by definition, 'hidden'. Whilst housing providers may be well placed to help identify them, some local authorities have used 'loneliness mapping' techniques to identify areas where people may be at risk (see this example linked here). This could be an initiative that could be used locally to identify at risk groups.

Housing with Support

A range of providers in Nottingham provide various sorts of 'supported housing' for a wide variety of citizens with support needs, as well as floating support that is delivered to people in their homes, which enables them to live independently for longer, reducing the need for more expensive residential social care. Provision is often targeted at specific groups and providers often have particular specialisms. This reduces the long term dependency of individuals on primary and secondary health services.

Areas where more could be achieved

Improving older supported housing schemes will need to continue to address changing needs and aspirations. Upgrades to schemes have proved successful, and developments of modern 'extra care' housing provision, capable of change to meet differing needs, shows the way forward for this type of housing.

Homelessness and homelessness prevention

The link between homelessness and poor health is long established. Ill health can be both a cause and a consequence of homelessness. As a result the City's Homelessness Prevention Strategy identifies improving health and addressing multiple and complex needs as one of its five cross-cutting strategic drivers. The actions delivered by the city's homelessness partnership (the Homelessness Strategy Implementation Group (SIG)) reflect the recognition in Nottingham that we must not only provide services to meet the health needs of homeless people but ensure that the health needs of vulnerable people are met to prevent them from becoming homeless. The multi-agency group is responsible for the development and delivery of the Homelessness Joint Strategic Needs Assessment.

Areas where more could be achieved

There are ongoing efforts to ensure that the financial and human value of homelessness prevention is recognised amongst wider partnerships and that particularly health commissioners, governing bodies and practitioners understand that an incidence of homelessness is a failed opportunity for earlier intervention.

Housing Health Co-Ordination

This partnership initiative between NCH and the Nottingham City Care Partnership will pilot an approach to housing options and support as part of Integrated Care. Objectives seek to ensure that at hospital discharge suitable accommodation is available, and speed up discharge from hospital where inappropriate housing is the delaying factor in discharge. This will serve to smooth the transfer from hospital to home, free up hospital bed spaces and help prevent re-admissions. The project evaluation will have a clinical focus to help measure health outcomes most effectively.

Low incomes, debt, worklessness and the relationship with ill health

There are recognised relationships between low incomes, worklessness and debt problems with ill health, both physical and mental. Housing providers will typically provide debt advice and income maximisation. Staff can support residents complete benefit applications and generally signpost to available support services such as food banks. Helping tenants into work is a priority for social landlords. This takes people out of the poverty trap and will positively impact on individual physical and mental wellbeing. Housing

providers facilitate training opportunities for tenants, as well as apprenticeship schemes targeted at those who live in the homes they provide.

Areas where more could be achieved

Support work with residents to help maximise advice, training and the acquisition of skills increases the prospects of many residents finding pathways to increased incomes, most notably via supporting people into work, with the prospects of commensurate reductions in associated ill health. There will be significant further challenges to address as a result of ongoing welfare reform and the introduction of Universal Credit.

3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

The report is for noting so no other options were considered.

4. FINANCIAL IMPLICATIONS (INCLUDING VALUE FOR MONEY/VAT)

The offer that housing services can make is designed to save money on a range of health interventions to deliver better value, more 'joined up' services and partnership working. This aims to maximise the benefits that housing services bring to improving citizens' health and wellbeing.

5. RISK MANAGEMENT ISSUES (INCLUDING LEGAL IMPLICATIONS AND CRIME AND DISORDER ACT IMPLICATIONS)

Not applicable

6. EQUALITY IMPACT ASSESSMENT

Not needed (report does not contain proposals or financial decisions)

7. LIST OF BACKGROUND PAPERS OTHER THAN PUBLISHED WORKS OR THOSE DISCLOSING CONFIDENTIAL OR EXEMPT INFORMATION

Not applicable

8. PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

1. The Secure Modern and Warm Programme in Nottingham, Decent Homes Impact Study: Health and Wellbeing, December 2011. [Link](#)
2. Fair Society, Health Lives ('the Marmot Review'), Institute of Health Equity, February 2010. [Link](#)
3. A Memorandum of Understanding (MoU) to support joint action on improving health through the home, Chartered Institute of Housing, December 2014. [Link](#)
4. Delivering Better Health Outcomes through Housing, Nottingham Strategic Housing Network, and Nottingham Health & Housing Partnership Board, November 2014, workshop report here [Link](#).
5. Nottingham City Joint Strategic Needs Assessments – Housing, and Excess Winter Deaths [Link](#)
6. Care Act 2014. [Link](#)
7. BRE Trust 'The Cost of Poor Housing to the NHS', Briefing Paper, 2015. [Link](#)
8. National Institute for health and Care Excellence Excess (NICE), Winter Deaths and Morbidity and the Health Risks Associated with Cold Homes, March 2015. [Link](#)

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HEALTH AND WELLBEING BOARD – 27 MAY 2015

Title of paper:	Change to the Health and Wellbeing Board Terms of Reference and Establishment of a Sub-Committee	
Director(s)/ Corporate Director(s):	Acting Corporate Director of Resources	Wards affected: All
Report author(s) and contact details:	Nancy Barnard, Governance Manager Tel: 0115 8764312 Email: nancy.barnard@nottinghamcity.gov.uk	
Other colleagues who have provided input:	Antony Dixon, Strategic Commissioning Manager Nancy Barnard, Governance Manager Jane Garrard, Senior Governance Officer Sarah Molyneux, Head of Legal Services	
Date of consultation with Portfolio Holder(s) (if relevant)	Cllr Alex Norris, February 2015 Cllr Jon Collins, May 2015	
Relevant Council Plan Strategic Priority:		
Cutting unemployment by a quarter		<input type="checkbox"/>
Cut crime and anti-social behaviour		<input type="checkbox"/>
Ensure more school leavers get a job, training or further education than any other City		<input type="checkbox"/>
Your neighbourhood as clean as the City Centre		<input type="checkbox"/>
Help keep your energy bills down		<input type="checkbox"/>
Good access to public transport		<input type="checkbox"/>
Nottingham has a good mix of housing		<input type="checkbox"/>
Nottingham is a good place to do business, invest and create jobs		<input type="checkbox"/>
Nottingham offers a wide range of leisure activities, parks and sporting events		<input type="checkbox"/>
Support early intervention activities		<input type="checkbox"/>
Deliver effective, value for money services to our citizens		<input type="checkbox"/>
Relevant Health and Wellbeing Strategy Priority:		
Healthy Nottingham: Preventing alcohol misuse		<input type="checkbox"/>
Integrated care: Supporting older people		<input type="checkbox"/>
Early Intervention: Improving Mental Health		<input type="checkbox"/>
Changing culture and systems: Priority Families		<input type="checkbox"/>
Summary of issues (including benefits to citizens/service users and contribution to improving health & wellbeing and reducing inequalities):		
The report asks the Health and Wellbeing Board to: <ul style="list-style-type: none"> • note changes to its terms of reference agreed by the Leader of Nottingham City Council • establish a sub-committee of the Board with responsibilities including: <ul style="list-style-type: none"> ○ performance management and amendment of the Health and Wellbeing Commissioning Plan and ○ making funding decisions relating to the spend of the Better Care Fund and Domestic Violence Commissioning pooled budgets. 		
The membership and voting arrangements for the sub-committee and the proposed terms of reference, are set out in the appendix.		
Recommendation(s):		
1	To note the changes to the Terms of Reference for the Health and Wellbeing Board.	

2	To establish a sub-committee of the Health and Wellbeing Board called the Health and Wellbeing Board Commissioning Sub-Committee with the terms of reference as set out in Appendix 1.
3	To note that Full Council was asked to approve the membership and voting arrangements for the Health and Wellbeing Board Commissioning Sub-Committee, as set out in Appendix 1, subject to the establishment of the sub-committee by this Board. Council's decision will be reported verbally to this meeting for noting.
	<p>How will these recommendations champion mental health and wellbeing in line with the Health and Wellbeing Board aspiration to give equal value to mental health and physical health ('parity of esteem'):</p> <p>The recommendations relate to governance of the Health and Wellbeing Board, which aims to ensure that the Board is operating appropriately so that it can carry out its role and responsibilities, including fulfilling its aspiration to give equal value to mental health and physical health.</p>

1. REASONS FOR RECOMMENDATIONS

- 1.1 The Leader of the Council has delegated responsibility to take funding decisions relating to the spending of the Better Care Fund and Domestic Violence pooled budgets and Priority Families' schemes to the Health and Wellbeing Board. This includes taking decisions above the key decision level. Council was asked to agree a change to this Board's Terms of Reference to reflect this delegation at its meeting on 18 May.
- 1.2 In order to ensure timely and appropriate consideration of commissioning plans and pooled budgets, including the Better Care Fund and Domestic Violence pooled budgets and Priority Families' schemes, it is proposed that the Board establishes a sub-committee (the Health and Wellbeing Board Commissioning Sub-Committee) to which these functions can be sub-delegated. The detailed arrangements for this sub-committee are set out at appendix 1.
- 1.3 The membership and voting arrangements on the Health and Wellbeing Board Commissioning Sub-Committee can only be made by Full Council, in consultation with the Board. Council was asked to approve these arrangements at its meeting on 18 May. Council's decision will be reported verbally at this meeting.

2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

- 2.1 The Health and Wellbeing Board can decide to establish and delegate any of its functions to a sub-committee. Following the agreement of the Leader of the Council to delegate authority to the Board to make funding decisions, including key decisions, relating to the Better Care Fund and Domestic Violence pooled budgets and Priority Families' schemes, it is proposed to establish a Health and Wellbeing Board Commissioning Sub-Committee and delegate these functions and functions relating to performance management and amendment of the Health and Wellbeing commissioning plan to it. Detailed terms of reference, and proposed membership and voting arrangements are set out in the Appendix.
- 2.2 The Health and Social Care Act 2012 directs that all members of a Health and Wellbeing Board and its sub-committee are voting members unless decided

otherwise by Full Council. Therefore while the Board can establish the sub-committee, Council was asked to approve the proposed voting arrangements at its meeting on 18 May 2015. The informal Commissioning Executive Group (CEG) will continue to exist alongside this formal sub-committee with its existing terms of reference and membership.

3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

- 3.1 The Health and Wellbeing Board could retain all of its functions to itself rather than delegating them to a sub-committee. This presents risks in terms of the ability of the Board to give timely consideration to specific issues, for example in relation to the Better Care Fund; and the appropriateness of the full Board membership being involved in commissioning decisions.

4. FINANCIAL IMPLICATIONS (INCLUDING VALUE FOR MONEY/VAT)

- 4.1 Formal meetings of the Health and Wellbeing Board Commissioning Sub-Committee will be supported by the Nottingham City Council Constitutional Services Team from within existing resources.

5. RISK MANAGEMENT ISSUES (INCLUDING LEGAL IMPLICATIONS AND CRIME AND DISORDER ACT IMPLICATIONS)

Rules 1-10 of the Access to Information procedure rules as set out in the Council's constitution will apply to Sub-Committee meetings.

6. EQUALITY IMPACT ASSESSMENT

Has the equality impact been assessed?

Not needed (report does not contain proposals or financial decisions)

No

Yes – Equality Impact Assessment attached

Due regard should be given to the equality implications identified in the EIA.

7. LIST OF BACKGROUND PAPERS OTHER THAN PUBLISHED WORKS OR THOSE DISCLOSING CONFIDENTIAL OR EXEMPT INFORMATION

None

8. PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

Health and Social Care Act 2012

The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013

Nottingham City Council Constitution

Health and Wellbeing Board Commissioning Sub Committee Proposed Terms of Reference

The role of the Health and Wellbeing Board Commissioning Sub Committee is:

- (a) To provide advice and guidance to the Health and Wellbeing Board in relation to strategic priorities, joint commissioning and subsequent action plans and commissioned spend and strategic direction;
- (b) To performance manage the Health and Wellbeing Board commissioning plan and to agree changes to that plan based on monitoring and performance management considerations;
- (c) To take strategic funding decisions relating to the Better Care Fund and Domestic Violence pooled budgets, including Key Decisions and decisions relating to schemes funded through such mechanisms;
- (d) To provide strategic oversight of the Priority Family Health and Wellbeing Strategy priority including implications for integrated children and families commissioning and funding decisions relating to Priority Families' schemes.

The Health and Wellbeing Board Commissioning Sub-Committee will meet on a bi monthly basis in the same month as the Health and Wellbeing Board.

The quorum for the meeting is 2 voting members, one of whom must represent the City Council and one of whom must represent the Clinical Commissioning Group.

The meeting will be chaired in rotation by the Strategic Director for Early Intervention and the Director of Primary Care and Service Integration. In the absence of both of these members, the Chair will pass to the voting member present from the body next due to chair the meeting.

The chair of the meeting will not have a casting vote. In the event that agreement cannot be reached on a decision to be taken by the sub-committee, the matter will be referred to a meeting of the sub-committee which will be convened within the next 10 working days for this purpose by the Acting Corporate Director of Resources.

Membership

Voting Members

- Portfolio Holder for Adults Commissioning and Health (City Council)
- Strategic Director of Early Intervention (City Council)
- Director of Primary Care and Service Integration (Clinical Commissioning Group)
- GP Lead (Clinical Commissioning Group)

The City Council and Clinical Commissioning Group have one vote each, shared between its voting members.

Non Voting Members

- Director of the Crime and Drugs Partnership
- Director of Public Health
- Assistant Director of Commissioning – Mental Health and Community Services (Clinical Commissioning Group)

- Assistant Strategic Director Commissioning, Policy and Insight (City Council)
- Director for Procurement & Children's Commissioning (City Council)
- Healthwatch

Substitution for voting members is permissible provided that the Chair is notified of the substitution in advance of the meeting.

Minutes of Sub –Committee Meetings

The Health and Wellbeing Board will be informed of the sub-committee's decisions by the inclusion on its agenda of the minutes of the sub- committee's meetings.

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HEALTH AND WELLBEING FORWARD PLAN 2014/2015.All future submissions for the FWD plan should be made at the earliest stage through Dot Veitch: dot.veitch@nottinghamcity.gov.ukFor information on development sessions please contact Michelle Ball: michelle.ball@nottinghamcity.gov.uk

Monday 22nd June	HWB development sessions	Loxley House room 2.13	1 - 4
29th July 2015			
Area	Report Title	Report Author	CEG
Public Health topic: Director of Public Health	Health and Employment	Sharan Jones Sharan.jones@nottinghamcity.gov.uk	Yes
Health and Wellbeing Strategy (HWS), Nottingham Plan, and other Key Strategies: Nottingham Plan Programme Group HWS Accountable Board members	Health and Wellbeing Strategy 2 year report	John Wilcox John.wilcox@nottinghamcity.gov.uk	Yes
	Avoidable Injuries Strategy 1 year report	Sarah Quilty Sarah.quilty@nottinghamcity.gov.uk	Yes
Commissioning and JSNA: Nottingham City Council Clinical Commissioning Group, NHS Commissioning Board Commissioning Executive Group			
Other relevant reports (safeguarding and social determinants of health): Safeguarding Boards Provider organisations and council services relating to the social determinants of health			
Standing items	Corporate Director of Children and Families	Alison Michalska Alison.michalska@nottinghamcity.gov.uk	NR
	Director of Public Health	Alison Challenger alison.challenger@nottinghamcity.gov.uk	NR
	Healthwatch Nottingham	Martin Gawith martin.gawith@healthwatchnottingham.co.uk	NR
	Clinical Commissioning Group	Dawn Smith Dawn.Smith@nottinghamcity.nhs.uk	NR
	The Care Act	Helen Jones Helen.jones@nottinghamcity.gov.uk	NR
Monday 24th August	HWB development session	Loxley House room LB31	1 - 4

30th September 2015			
Area	Report Title	Report Author	CEG
Public Health topic: Director of Public Health	Topic TBC		Yes
Health and Wellbeing Strategy (HWS), Nottingham Plan, and other Key Strategies: Nottingham Plan Programme Group HWS Accountable Board members	Nottingham Plan annual report	Policy Officer (TBC)	Yes
	Health and Wellbeing Strategy - Early Intervention: Improving Mental Health update	Lynne McNiven Lynne.mcniven@nottinghamcity.gov.uk	Yes
	Tobacco Control strategy	Kate Thompson Kate.thompson@nottinghamcity.gov.uk	Yes
Commissioning and JSNA: Nottingham City Council Clinical Commissioning Group, NHS Commissioning Board Commissioning Executive Group	JSNA report	Louise Noon Louise.noon@nottinghamcity.gov.uk	Yes
Other relevant reports (safeguarding and social determinants of health): Safeguarding Boards Provider organisations and council services relating to the social determinants of health	Adult safeguarding annual report & Children's safeguarding annual report	Paul Burnett; Clive Chambers pr.burnett@btopenworld.com Clive.Chambers@nottinghamcity.gov.uk	NR
Standing items	Corporate Director of Children and Families	Alison Michalska Alison.michalska@nottinghamcity.gov.uk	NR
	Director of Public Health	Alison Challenger alison.challenger@nottinghamcity.gov.uk	NR
	Healthwatch Nottingham	Martin Gawith martin.gawith@healthwatchnottingham.co.uk	NR
	Clinical Commissioning Group	Dawn Smith Dawn.Smith@nottinghamcity.nhs.uk	NR
	The Care Act	Helen Jones Helen.jones@nottinghamcity.gov.uk	NR
Monday 19th October		Loxley House room 2.13	1 - 4

25th November 2015			
Area	Report Title	Report Author	CEG
Public Health topic: Director of Public Health	Topic TBC		
Health and Wellbeing Strategy (HWS), Nottingham Plan, and other Key Strategies: Nottingham Plan Programme Group HWS Accountable Board members	Integrated care: Supporting older people update	Antony Dixon Antony.dixon@nottinghamcity.gov.uk	Yes
	Health and Wellbeing Strategy - Priority Families theme update	Nicky Dawson Nicky.dawson@nottinghamcity.gov.uk	Yes
	Wellness in mind: Mental Health and Wellbeing Strategy 1 year report	Liz Pierce Liz.pierce@nottinghamcity.gov.uk	Yes
Commissioning and JSNA: Nottingham City Council Clinical Commissioning Group, NHS Commissioning Board Commissioning Executive Group	Nottingham City CCG Commissioning Strategy refresh update	Dawn Smith Dawn.smith@nottinghamcity.nhs.uk	Yes
Other relevant reports (safeguarding and social determinants of health): Safeguarding Boards Provider organisations and council services relating to the social determinants of health			
Standing items	Corporate Director of Children and Families	Alison Michalska Alison.michalska@nottinghamcity.gov.uk	NR
	Director of Public Health	Alison Challenger alison.challenger@nottinghamcity.gov.uk	NR
	Healthwatch Nottingham	Martin Gawith martin.gawith@healthwatchnottingham.co.uk	NR
	Clinical Commissioning Group	Dawn Smith Dawn.Smith@nottinghamcity.nhs.uk	NR
	The Care Act	Helen Jones Helen.jones@nottinghamcity.gov.uk	NR
Wednesday 16th December	HWB development session	Loxley House room 2.13	1 - 4

27 January 2016			
Area	Report Title	Report Author	CEG
Public Health topic: Director of Public Health	Topic TBC		
Health and Wellbeing Strategy (HWS), Nottingham Plan, and other Key Strategies: Nottingham Plan Programme Group HWS Accountable Board members	Health and Wellbeing Strategy 2.5 year report (Including CCG corporate contribution)	John Wilcox John.wilcox@nottinghamcity.gov.uk	Yes
			Yes
Commissioning and JSNA: Nottingham City Council Clinical Commissioning Group, NHS Commissioning Board Commissioning Executive Group	Nottingham City CCG Commissioning Strategy refresh update	Dawn Smith Dawn.smith@nottinghamcity.nhs.uk	Yes
Other relevant reports (safeguarding and social determinants of health): Safeguarding Boards Provider organisations and council services relating to the social determinants of health			
Standing items	Corporate Director of Children and Families	Alison Michalska Alison.michalska@nottinghamcity.gov.uk	NR
	Director of Public Health	Alison Challenger alison.challenger@nottinghamcity.gov.uk	NR
	Healthwatch Nottingham	Martin Gawith martin.gawith@healthwatchnottingham.co.uk	NR
	Clinical Commissioning Group	Dawn Smith Dawn.Smith@nottinghamcity.nhs.uk	NR
	The Care Act	Helen Jones Helen.jones@nottinghamcity.gov.uk	NR
Monday 22 Feb 2016	HWB Development Session	Loxley House room tbc	1 - 4

30 March 2016			
Area	Report Title	Report Author	CEG
Public Health topic: Director of Public Health	Topic TBC		
Health and Wellbeing Strategy (HWS), Nottingham Plan, and other Key Strategies: Nottingham Plan Programme Group HWS Accountable Board members	Health and Wellbeing Strategy - Alcohol misuse update	Alex Castle-Clarke Alex.castle-clarke@nottinghamcity.gov.uk	Yes
Commissioning and JSNA: Nottingham City Council Clinical Commissioning Group, NHS Commissioning Board Commissioning Executive Group	Nottingham City CCG Commissioning Strategy refresh final report	Dawn Smith Dawn.smith@nottinghamcity.nhs.uk	Yes
	Nottingham City CCG 2016/17 annual Plan	Dawn Smith Dawn.smith@nottinghamcity.nhs.uk	Yes
Other relevant reports (safeguarding and social determinants of health): Safeguarding Boards Provider organisations and council services relating to the social determinants of health			
Standing items	Corporate Director of Children and Families	Alison Michalska Alison.michalska@nottinghamcity.gov.uk	NR
	Director of Public Health	Alison Challenger alison.challenger@nottinghamcity.gov.uk	NR
	Healthwatch Nottingham	Martin Gawith martin.gawith@healthwatchnottingham.co.uk	NR
	Clinical Commissioning Group	Dawn Smith Dawn.Smith@nottinghamcity.nhs.uk	NR
	The Care Act	Helen Jones Helen.jones@nottinghamcity.gov.uk	NR

Notes on the new format:

Column 2: report title this will enable board members to identify items which are of specific interest to them and may require prior work or contact to support the item.

Column 3: contains the contact details. This will enable board members to contact the report writer for key areas on which they may wish to consult their members prior to the meeting.

Column 5. This will be a cross reference against the CEG forward plan.

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Chief Officer Update

1. NHS 111 re-procurement

The Clinical Commissioning Groups (CCG) in Nottingham City and Nottinghamshire County (excluding Bassetlaw) are beginning a re-procurement process for the NHS 111 service; with the service needing to commence in March 2016. NHS Nottingham City CCG is leading on the re-procurement process for the whole of the county, working closely with the other involved CCGs via a Steering Group. The Steering Group has secured external support to help manage and oversee the re-procurement process; ensuring that all potential conflicts of interest are managed appropriately.

The NHS 111 service began in 2012 and provides a non-emergency telephone advice line. The current NHS 111 service provider covers all of Nottinghamshire (excluding Bassetlaw) including the city and is provided by Derbyshire Health United. Derbyshire Health United also provide the service for Derbyshire, Leicestershire and Rutland and Northamptonshire.

The CCGs within Nottinghamshire have agreed to re-procure the NHS 111 service collectively and, in order to achieve economies of scale, to work with other commissioners across the East Midlands. At present, the most likely scenario is that a provider will be sought for Nottinghamshire, Derbyshire, Leicestershire and Lincolnshire, although discussions are also taking place with Northamptonshire.

A key theme within the procurement will be how the successful bidder would work with each of the local health communities to deliver an NHS 111 service that integrates effectively with other service providers and has enhanced access to clinical advice; helping to manage rather than increase demand for urgent and emergency care services.

The themes that have emerged from engagement that will inform the re-procurement are:

- the need to raise awareness of the service, particularly in those groups that are known to have difficulty accessing NHS 111 and other healthcare services
- the need to increase and improve how the service captures service user experience

The Health and Well-being Board Commissioning Executive Group has confirmed its support for the re-procurement of the NHS 111 service and has considered the attached template which the CCG must complete where GPs may have a financial interest in providers who are likely to compete to provide services in response to a competitive tender. Health and Wellbeing Board members are invited to review this template (see appendix 1).

2. The Selection of Quality Premium Indicators for 2015 /2016

The Quality Premium is intended to reward Clinical Commissioning Groups (CCGs) for improvements in the quality of the services that they commission and for associated improvements in health outcomes and reducing inequalities. The CCG is assessed against six overall measures as follows:

- Urgent and emergency care
- Mental health
- Reducing potential years of lives lost through causes considered amenable to healthcare
- Improving antibiotic prescribing in primary and secondary care
- Two local measures

The measures relating to urgent and emergency care and mental health need to be selected from a national menu and one, several, or all measures can be chosen. The two local measures should be based on local priorities from the CCG Outcomes Indicator Set. In reaching a decision on the selected measures the CCG has to work with in conjunction with the Health and Wellbeing Board and local NHS England team.

The CCG has made suggestions for consideration by the Health and Wellbeing Board along with our rationale. We have used the following principles to guide our considerations:

- They will support improvements in those areas that will make the most difference to health and outcomes for the population of Nottingham City.
- They support areas where we have as identified that there is further scope for improvement across priorities identified in various strategies, including but not limited to the Health and Wellbeing Board Strategy, the CCG Commissioning Strategy and the 2015 Operating Plan.
- There is reasonable confidence that we have or will be able to have the influence and ability to impact on commissioning and delivery

The following measures are proposed (full details are set out in appendix 2)

Urgent and Emergency Care

Avoidable emergency admissions - composite measure of:

- unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults);
- unplanned hospitalisation for asthma, diabetes and epilepsy in children;
- emergency admissions for acute conditions that should not usually require hospital admission (adults)

Mental Health

- Reduction in the number of people with severe mental illness who are currently smokers.
- Increase in the proportion of adults in contact with secondary mental health services who are in paid employment.
- Improvement in the health related quality of life for people with a long term mental health condition.

Local Priorities

There is no national menu for selection as the two local measures chosen should be based on local priorities from the CCG Outcomes Indicator Set.

The recommendations for selection are

- Emergency admissions from alcohol related liver disease
- Uptake of bowel screening.

3. 360° Stakeholder Survey

Prior to authorisation all shadow CCGs were required to undertake a 360° survey in order to assess the quality of the key relationships that would be critical to the success of the new

organisation. This information helped to identify where relationships needed to be further developed and similarly confirmed what behaviours had been successful and needed to be continued.

NHS England has conducted a further survey this year which was designed to allow stakeholders to provide feedback on working relationships with CCGs for two purposes:

1. To provide data for CCGs to help with their on-going organisational development.
2. To feed into assurance conversations between NHS England area teams and CCGs.

There are a number of areas where the CCG has performed higher than the national average for all CCGs across the country. We are strongly encouraged by the feedback received and the level of confidence in our ability to commission high quality services that will improve outcomes for patients. However, neither are we complacent. Of particular note were some of the comments from member practices which indicate a concern about the workload in primary care given the context of our plans to strengthen services in the community and reduce the need for care to take place in the acute sector. The full report which includes the detailed response to each question is available on request.

4. Diabetes Care in Nottingham City

The CCG is currently seeking the views of patients and carers living with diabetes in the City to help them shape and improve local NHS services. Those with experience of living with diabetes and using NHS diabetes services can share their views by completing a short, online survey. Diabetes patients, carers and families are encouraged to give feedback on what's working well, what they value most and what could be improved in the NHS diabetes care they receive. The survey can be accessed at www.bit.ly/nhsdiabetessurvey until Friday 29 May 2015.

5. Improving Patient Flow through Nottingham University Hospitals NHS Trust – Breaking the Cycle

Nottingham University Hospitals NHS Trust has just completed the first of two '*Breaking the Cycle*' weeks to support staff in new ways of working intended to help the Trust improve performance on the four-hour waiting time standard. The first week of Breaking the Cycle took place from 29 April 2015 at the Queen's Medical Centre campus and the second week will start on 17 June 2015 at City Hospital.

As part of Breaking the Cycle, The Trust worked with partner organisations to identify ward liaison officer volunteers to help ward teams chase and resolve patient delays. The CCG was delighted to have supported the initiative along with colleagues in the Local Authority. Feedback from the ward volunteers has been shared with teams at ward level to share learning and areas of good practice. The initiative saw the Trust hitting the 95% target every day for 20 consecutive days, including over the May Bank Holiday, despite attendances of 500+ patients a day.

Dawn Smith

Chief Officer

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Appendix 1

Questions to be answered by CCGs commissioning services where GP may have a financial interest in providers who are likely to compete to provide services in response to a competitive tender

A conflict of interest may be perceived to arise in circumstances where, within six months, an individual has carried out or intends to carry out any work for an organisation likely to express an interest in this tender, or where an individual might stand to benefit from the appointment of a particular provider or for any other reason be prejudiced, whether in favour of or against, a participating organisation. Any person for whom the above criterion applies will be restricted from receiving information or making/approving decisions in relation to this procurement and decisions that are made will be independently reviewed. All conflicts declared will be held in the appropriate publically held CCG registers

<p>Service:</p> <p>NHS 111 Service for Nottingham City, Nottingham North & East, Nottingham West, Rushcliffe, Mansfield & Ashfield and Newark & Sherwood Clinical Commissioning Groups</p>	
Question	Comment/Evidence
<p>How does the proposal deliver good or improved outcomes and value for money – what are the estimated costs and estimated benefits? How does it reflect the CCG’s proposed commissioning priorities? How does it comply with the CCG’s commissioning obligations?</p>	<p>The NHS 111 service is a service that is to be provided nationally and although it is commissioned at a local level, there are core standards that all NHS 111 services have to meet. Having a robust and effective NHS 111 service is a key component in having an effective and efficient urgent care system; which is one of the priority areas for the CCGs.</p> <p>The competitive tendering process will help secure value for money for the commissioners. It is assumed that the overall service costs may increase as a result of the procurement process as the CCGs seek to enhance the clinical input to NHS 111. However, additional investment in NHS 111 will only be made where it will lead to improved, more cost effective outcomes for patients and the urgent care system as a whole.</p>
<p>Have you involved the public in the decision to commission this service?</p>	<p>An effective NHS 111 service will support the commissioning strategies of all the CCGs in terms of improving the effectiveness of the urgent care system and improving outcomes for patients. The decision to commission NHS 111 as a national service was made after extensive public consultation.</p> <p>Locally, as the lead CCG, Nottingham City has sought the advice of their People’s Council as to how public engagement should be taken forward across each of the CCGs to inform the procurement process. An engagement plan has subsequently been developed.</p> <p>The Joint Overview and Scrutiny Committee have been informed that a procurement exercise will be taking place and have been asked to identify any issues that they would wish to see addressed by the</p>

	re-procurement and to advise on the engagement process to be followed.
What range of health professionals have been involved in designing the proposed service?	<p>The two Urgent Care Boards in South Nottinghamshire and Mid-Nottinghamshire have been contacted to ask what level of involvement they wish to have within the procurement.</p> <p>The Local Medical Committee have been contacted to inform them that a procurement exercise will be initiated so that they can prepare to collate any feedback from the local GP community. If possible, the intention is that the draft specification will be released in advance of the Invitation to Tender in order to allow health professionals from across the community to provide detailed comments on the proposed service specification.</p>
What range of potential providers have been involved in considering the proposals?	A notice will be issued to inform potential providers that a procurement process is underway. If possible, the intention is that the draft specification will be issued to potential providers in advance of the Invitation to Tender in order to allow them to provide detailed comments on the proposed service specification.
How have you involved your Health and Wellbeing Board(s)? How does the proposal support the priorities in the relevant joint health and wellbeing strategy (or strategies)?	<p>The two Health and Wellbeing Boards have been contacted to ask what level of involvement they wish to have within the procurement.</p> <p>Potential providers will be asked as part of the tender to demonstrate how they can contribute to the relevant health and wellbeing strategies.</p>
What are the proposals for monitoring the quality of the service?	<p>The service will be monitored in line with the current standard NHS community contract. In addition:</p> <ul style="list-style-type: none"> • The provider will be required to collect feedback from service reviews and CCGs will monitor patient feedback through the annual patient survey. • The provider will also routinely seek feedback via patient experience questionnaires (using a national template). • There will be end to end call reviews of patient experience involving NHS 111, GP out of hours service providers, the ambulance service and acute hospitals. • There will be unannounced visits.
What systems will there be to monitor and publish data on referral patterns?	Providers will be monitored with respect to the impact they have on hospital attendance and admissions and the extent to which they can contribute to reducing this will be assessed as part of the tender.

Have all conflicts and potential conflicts of interests been appropriately declared and entered in registers which are publicly available?	CCGs have taken legal advice on managing conflicts of interest because of the number of GPs who are potentially conflicted because GP out of hours services providers may bid to deliver the NHS 111 service. It is proposed that this will largely be managed through the operation of a Procurement Delivery Group which will carry out the procurement process. GPs who are conflicted will not participate in the decision making at this level and decisions that are made will be independently reviewed.
Why have you chosen this procurement route?	The decision to procure the service was taken by CCG Governing Bodies. The CCGs intend to run a competitive process in accordance with guidance and the CCGs' Standing Financial Instructions. The intention is that an OJEU notice will be posted
What additional external involvement will there be in scrutinising the proposed decisions?	CCGs have commissioned GEM and Arden Commissioning Support Unit to oversee the procurement process. GEM will run the technical aspects of the procurement through BRAVO ¹ and will also independently assess decisions made by the Procurement Delivery Group. HWB members will also be invited to participate in this oversight.
How will the CCG make its final commissioning decision in ways that preserve the integrity of the decision-making process?	<p>The procurement will be managed through the establishment of the Procurement Delivery Group with delegated authority on behalf of CCGs participating in the procurement. No one will be eligible to participate as a decision maker on this group where there is a conflict of interest e.g. GPs who are shareholders of companies that may potentially bid for the service will not be members.</p> <p>The decisions that have not been delegated to the Procurement Delivery Group will be made by the CCG Governing Bodies with due regard to the established processes by which they manage potential conflicts of interest.</p>

V1.1 June 2013

¹ An e-tendering service

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Appendix 2

The Selection of Quality Premium Indicators for 2015 /2016 - Rationale

1. Urgent and Emergency Care

The following three measures are included within the national menu for selection

1. Avoidable emergency admissions Composite measure of: a) unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults); b) unplanned hospitalisation for asthma, diabetes and epilepsy in children; c) emergency admissions for acute conditions that should not usually require hospital admission (adults); d) emergency admissions for children with lower respiratory tract infection.
2. Delayed transfers of care which are an NHS responsibility
3. Increase in the number of patients admitted for non-elective reasons, who are discharged at weekends or bank holidays

The recommendation for selection is measure number 1.

This is because it is felt that this has the largest impact on ED performance of the three metrics. It also aligns to CCG Strategic Priority for Long Term Conditions and the Health and Wellbeing Strategy to provide more integrated health and social care services that will ensure a better experience of care is offered to older people and those with long term conditions. This measure also supports and aligns to work being led by Workstream 1 within SRIG in terms of reducing demand and clinical navigation.

2. Mental Health

The following four measures are included within the national menu for selection

1. Reduction in the number of patients attending an A&E department for a mental health-related needs who wait more than four hours to be treated and discharged, or admitted, together with a defined improvement in the coding of patients attending A&E.
2. Reduction in the number of people with severe mental illness who are currently smokers.
3. Increase in the proportion of adults in contact with secondary mental health services who are in paid employment.
4. Improvement in the health related quality of life for people with a long term mental health condition.

The recommendations for selection are measures number 2, 3 and 4.

This is because:

Measure 2 - Reducing smoking rates is a CCG strategic priority and improving the wellbeing and physical health of those with mental illness is a key priority in 'Wellness in Mind' the Nottingham Mental Health and Wellbeing Strategy 2014-17. The life expectancy of people with poor mental health is lower than those with good mental health due to a combination of unhealthy behaviours – particularly smoking.

Measure 3 - The Nottingham Health and Wellbeing Strategy has an objective to improve mental health. A specific target of the strategy is focused on supporting people to remain in

work or begin paid employment, including people with mental illness. 'Wellness in Mind' the Nottingham Mental Health and Wellbeing Strategy 2014-17 has a specific target to promote mental resilience and prevent mental health problems, including reducing unemployment rates.

Measure 4 - Inclusion of this indicator supports the CCG and wider partnership objective of ensuring parity of esteem. 'Wellness in Mind' the Nottingham Mental Health and Wellbeing Strategy 2014-17 is predicated on improving the quality of life of people with a long term mental health condition. The CCG has a specific action within its strategy to improve the physical health of patients with mental illness.

3. Local Priorities

There is no national menu for selection as the two local measures chosen should be based on local priorities from the CCG Outcomes Indicator Set.

The recommendations for selection are emergency admissions from alcohol related liver disease and uptake of bowel screening.

This is because:

Emergency admissions from alcohol related liver disease is an indicator from Domain 1 (preventing people from dying prematurely) of the CCG Outcomes Indicator Set. In Nottingham City the rates of hospital admissions related to alcohol are significantly higher than the England average, and rates have risen steadily since 2007/8.

This can be seen by indicator number 305 in the table at appendix one. This indicator also aligns to Nottingham City Joint Health and Wellbeing Strategy (preventing alcohol misuse), Nottingham Alcohol Strategy and the overarching Nottingham Plan to 2020 (Reducing the rate of alcohol related hospital admissions).

Bowel Screening Uptake aligns to cancer mortality, survival and early diagnosis indicators within domain 1 of the CCG Outcomes Indicator set. It also aligns to strategic priority on cancer within City CCG strategy and is not yet achieving the targets set.

Appendix One

Domain	IndicatorID	IndicatorName	Range	Increase / Decrease
1 Preventing people from dying prematurely	301	1.1 Potential Years of Life Lost amenable to healthcare - female	IQ Range	Sig Decrease
	302	1.1 Potential Years of Life Lost amenable to healthcare - male	Worst	Non-sig Decrease
	303	1.2 Under 75 Mortality from CVD	Worst	Non-sig Decrease
	304	1.6 Under 75 Mortality from respiratory disease	Worst	Non-sig Increase
	305	1.8 Emergency admissions for alcohol related liver disease	Worst	Non-sig Decrease
	306	1.9 Under 75 Mortality from cancer	IQ Range	Non-sig Decrease
	307	1.10 One year survival from all cancers combined	Worst	Non-sig Increase
	308	1.7 Under 75 Mortality from liver disease	Worst	Non-sig Decrease
	309	1.4 Myocardial infarction, stroke and stage 5 kidney disease in people with diabetes	Worst	N/A
	310	1.11 One year survival from breast, lung and colorectal cancers	Worst	Non-sig Increase
	311	1.17 Record of stage of cancer at diagnosis	IQ Range	
Enhancing quality of life for people with LTC	401	2.2 % of patients with long term conditions who feel supported to manage their condition	IQ Range	Non-sig Decrease
	402	2.6 Unplanned admissions chronic ACS conditions	Worst	Non-sig Decrease
	403	2.7 Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	IQ Range	Non-sig Decrease
	405	2.15 Health-related quality of life for carers	IQ Range	Non-sig Increase
	451	2 Health-related quality of life for people with long-term conditions	Worst	Non-sig Increase
Helping people to recover from episodes of ill health or following injury	501	3.1 Emergency admissions for acute conditions that should not usually require hospital admission	IQ Range	Non-sig Increase
	502	3.2 Emergency readmissions within 30 days of discharge from hospital	Worst	N/A
	503	3.3 Hip replacement casemix adjusted health gain	Worst	Non-sig Increase
	504	3.3 Knee replacement casemix adjusted health gain	IQ Range	Non-sig Increase
	505	3.3 Groin hernia casemix adjusted health gain	IQ Range	Non-sig Decrease
	506	3.4 Emergency admissions for children with lower respiratory tract infections	IQ Range	Non-sig Increase
	507	3.3 Varicose veins casemix adjusted health gain	N/A	Non-sig Decrease
	558	3.6.i Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	Worst	Non-sig Decrease
	559	3.6.ii Proportion of older people (65 and over) who were offered rehabilitation following discharge from acute or community hospital.	Best	Sig Increase
Ensuring that people have a positive experience of care	601	4.1 Patient experience of GP out-of-hours services	IQ Range	Non-sig Decrease
	602	4.2 Patient experience of hospital care	IQ Range	N/A
	603	4.5 Responsiveness to Inpatients' personal needs	Worst	
	651	4.4.i Access to GP services	IQ Range	Sig Decrease
	652	4.4.ii Access to NHS dental services	Best	Non-sig Increase
	653	4a.i Patient experience of GP services	IQ Range	Sig Decrease
	654	4a.ii Patient experience of GP out-of-hours services	Best	Non-sig Decrease
	655	4a.iii Patient experience of dental services	IQ Range	Non-sig Increase
Treating and caring for people in a safe environment and protecting them from avoidable harm.	701	5.4 Incidence of healthcare-associated infection - C.Difficile	Best	N/A
	702	5.3 Incidence of healthcare-associated infection - MRSA	Best	N/A

1 Preventing people from dying prematurely

Overarching indicator

- Potential years of life lost from causes considered amenable to healthcare: adults, children and young people (NHS OF 1a i & ii) [^]

Improvement areas

Reducing premature mortality from the major causes of death

- Under 75 mortality from cardiovascular disease (NHS OF 1.1) [^] ^{**}
- Cardiac rehabilitation completion
- Myocardial infarction, stroke & stage 5 kidney disease in people with diabetes
- Mortality within 30 days of hospital admission for stroke
- Under 75 mortality from respiratory disease (NHS OF 1.2) [^] ^{**}
- Under 75 mortality from liver disease (NHS OF 1.3) [^] ^{**}
- Emergency admissions for alcohol related liver disease
- Under 75 mortality from cancer (NHS OF 1.4) [^] ^{**}
- One year survival from all cancers (NHS OF 1.4i) [^] ^{**}
- One year survival from breast, lung & colorectal cancers (NHS OF 1.4 iii) [^] ^{**}
- Cancer: diagnosis via emergency routes
- Cancer: record of stage at diagnosis
- Cancer: early detection
- Lung cancer: record of stage at diagnosis
- Breast cancer: mortality
- Heart failure: 12 month all cause mortality
- Hip fracture: incidence

Reducing premature death in people with severe mental illness

- People with severe mental illness who have received a list of physical checks
- Severe mental illness: smoking rates

Reducing deaths in babies and young children

- Antenatal assessment < 13 weeks
- Maternal smoking at delivery
- Breastfeeding prevalence at 6-8 weeks

Reducing premature deaths in people with learning disabilities

NHS OF indicator in development. No CCG measure at present

3 Helping people to recover from episodes of ill health or following injury

Overarching indicators

- Emergency admissions for acute conditions that should not usually require hospital admission (NHS OF 3a) [^]
- Emergency readmissions within 30 days of discharge from hospital (NHS OF 3b) ^{*}

Improvement areas

Improving outcomes from planned treatments

- Increased health gain as assessed by patients for elective procedures
 - a) hip replacement b) knee replacement c) groin hernia d) varicose veins (NHS OF 3.1 i - iv)

Preventing lower respiratory tract infections in children from becoming serious

- Emergency admissions for children with lower respiratory tract infections (NHS OF 3.2)

Improving recovery from injuries and trauma

NHS OF indicator in development. No CCG measure at present

Improving recovery from stroke

- People who have had a stroke who
 - are admitted to an acute stroke unit within four hours of arrival to hospital
 - receive thrombolysis following an acute stroke
 - are discharged from hospital with a joint health and social care plan
 - receive a follow-up assessment between 4-8 months after initial admission
 - spend 90% of more of their stay on an acute stroke unit

Improving recovery from fragility fractures

- Proportion of patients recovering to their previous level of mobility or walking ability (NHS OF 3.5 i and ii)
- Hip fracture: formal hip fracture programme, timely surgery, and multi-faceted risk assessment

Helping older people to recover their independence after illness or injury

No CCG measure at present

Improving recovery from mental illness

- Alcohol admissions and readmissions
- Mental health readmissions within 30 days of discharge
- Proportion of adults in contact with secondary mental health services in paid employment

4 Ensuring that people have a positive experience of care

Overarching indicators

- Patient experience of primary and hospital care**
 - Patient experience of GP out of hours services (NHS OF 4a ii) [^]
 - Patient experience of hospital care (NHS OF 4 b)
 - Friends and family test for acute inpatient care and A&E (NHS OF 4c)

Improvement areas

Improving people's experience of outpatient care

- Patient experience of outpatient services (NHS OF 4.1)

Improving hospitals' responsiveness to personal needs

- Responsiveness to in-patients' personal needs (NHS OF 4.2)

Improving people's experience of accident and emergency services

- Patient experience of A&E services (NHS OF 4.3)

Improving women and their families' experience of maternity services

- Improving the experience of care for people at the end of their lives
 - Bereaved carers views on the quality of care in the last 3 months of life (NHS OF 4.6)

Improving experience of healthcare for people with mental illness

- Patient experience of community mental health services (NHS OF 4.7)

Improving children and young people's experience of healthcare

NHS OF indicator in development. No CCG measure at present

Improving people's experience of integrated care

NHS OF indicator in development. No CCG measure at present

2 Enhancing quality of life for people with long-term conditions

Overarching indicator

- Health-related quality of life for people with long-term conditions (NHS OF 2i) [^] ^{**}

Improvement areas

Ensuring people feel supported to manage their condition

- People feeling supported to manage their condition (NHS OF 2i) [^] ^{**}

Improving functional ability in people with long-term conditions

- People with COPD & Medical Research Council Dyspnoea scale ≥ 3 referred to pulmonary rehabilitation programme
- People with diabetes who have received nine care processes
- People with diabetes diagnosed less than one year referred to structured education

Reducing time spent in hospital by people with long-term conditions

- Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults) (NHS OF 2.3.i) [^]
- Unplanned hospitalisation for asthma, diabetes and epilepsy in under 15s (NHS OF 2.3.ii) [^]
- Complications associated with diabetes inc emergency admission for diabetic ketoacidosis and lower limb amputation

Enhancing quality of life for carers

- Health-related quality of life for carers (NHS OF 1.4)

Enhancing quality of life for people with mental illness

- Access to community mental health services by people from BME groups
- Access to psychological therapy services by people from BME groups
- Recovery following talking therapies (all ages and older than 65)
- Health-related quality of life for people with a long-term mental health condition

Enhancing quality of life for people with dementia

- Estimated diagnosis rate for people with dementia NHS OF measure in development. No CCG measure at present
- People with dementia prescribed anti-psychotic medication

NOTES & LEGEND

NHS OF: Indicator derived from NHS Outcomes Framework

[^] NHS OF Indicator that is also measurable at local authority level

^{*} NHS OF indicator shared with Public Health Outcomes Framework

^{**} NHS OF indicator complementary with Adult Social Care Outcomes Framework

Other indicators are developed from NICE quality standards or other existing data collections.

5 Treating and caring for people in a safe environment and protecting them from avoidable harm

Overarching indicator

- Patient safety incidents reported (NHS OF 5a)

Improvement areas

Reducing the incidence of avoidable harm

- Incidence of healthcare associated infection: MRSA (NHS OF 5.2.i)
- Incidence of healthcare associated infection: C difficile (NHS OF 5.2.ii)

No CCG measures at present for category 2, 3 and 4 pressure ulcers and incidence of medication errors causing serious harm

Improving the safety of maternity services

No CCG measure at present

Delivering safe care to children in acute settings

No CCG measure at present

