

Public Document Pack



NOTTINGHAM CITY HEALTH AND WELLBEING BOARD

Date: Wednesday, 30 November 2016

Time: 2.00 pm

Place: NHS Nottingham City Clinical Commissioning Group, 1 Standard Court, Park Row, Nottingham NG1 6GN

Contact: Jane Garrard, Senior Governance Officer **Direct Dial:** 0115 8764315

1 CHANGES TO BOARD MEMBERSHIP

To note that Claire Thompson has been nominated to replace Stephen Dudderidge as the Representative of Nottingham Universities on the Health and Wellbeing Board.

2 APOLOGIES FOR ABSENCE

3 DECLARATIONS OF INTEREST

4 MINUTES

To confirm the minutes of the meeting held on 28 September 2016

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5 THE MICHAEL VARNAM AWARDS 2016

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6 HEALTHY AND WELLBEING STRATEGY 2016-2020. HEALTHY LIFESTYLES PRIORITY REPORT

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ITEMS FOR INFORMATION

9 HEALTH AND WELLBEING BOARD FORWARD PLAN

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10 BOARD MEMBER UPDATES

Updates on issues of relevance to the Health and Wellbeing Board and/or delivery of the Joint Health and Wellbeing Strategy

a NHS Nottingham City Clinical Commissioning Group

No written
update

b Nottingham City Council Corporate Director for Children and Adults

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c	Nottingham City Council Director for Adult Social Care	No written update
d	Nottingham City Council Director of Public Health	No written update
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f	Third Sector	
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15	LAUNCH OF 'HAPPIER, HEALTHIER LIVES' NOTTINGHAM CITY JOINT HEALTH AND WELLBEING STRATEGY 2016-2020	

The Nottingham City Health and Wellbeing Board is a partnership body which brings together key local leaders to improve the health and wellbeing of the population of Nottingham and reduce health inequalities.

Members:

Voting members

Councillor Alex Norris (Chair)	City Council Portfolio Holder with a remit covering health
Dr Marcus Bicknell (Vice Chair)	NHS Nottingham City Clinical Commissioning Group representative
Councillor Steve Battlemuch	City Councillor
Councillor Neghat Khan	City Councillor
Councillor David Mellen	City Council Portfolio Holder with a remit covering children's services
Dr Hugh Porter	NHS Nottingham City Clinical Commissioning Group representative

vacancy	NHS Nottingham City Clinical Commissioning Group representative
Dawn Smith	NHS Nottingham City Clinical Commissioning Group Chief Officer
Alison Michalska	City Council Corporate Director for Children and Adults
Helen Jones	City Council Director of Adult Social Care
Alison Challenger	City Council Director of Public Health
Martin Gawith	Healthwatch Nottingham representative
Jonathan Rycroft	NHS England representative

Non-voting members

Lyn Bacon	Nottingham CityCare Partnership representative
Peter Homa	Nottingham University Hospitals NHS Trust representative
Chris Packham	Nottinghamshire Healthcare NHS Foundation Trust representative
Gill Moy	Nottingham City Homes representative
Superintendent Mike Manley	Nottinghamshire Police representative
Michelle Simpson	Department for Work and Pensions representative
Leslie McDonald	Representing interests of the Third Sector
Maria Ward	Representing interests of the Third Sector
Wayne Bowcock	Nottinghamshire Fire and Rescue Service representative
Claire Thompson (interim)	Nottingham Universities representative

IF YOU NEED ANY ADVICE ON DECLARING AN INTEREST IN ANY ITEM ON THE AGENDA, PLEASE CONTACT THE SENIOR 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.

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NOTTINGHAM CITY COUNCIL

HEALTH AND WELLBEING BOARD

MINUTES of the meeting held at Loxley House on 28 September 2016 from 2.01 pm - 3.11 pm

Membership

Voting Members

Present

Dr Marcus Bicknell (Vice-Chair)
Martin Gawith
Helen Jones
Councillor Neghat Khan
Councillor Alex Norris (Chair)
Dr Hugh Porter
Jonathan Rycroft
Dawn Smith

Absent

Councillor Steve Battlemuch
Alison Challenger
Councillor David Mellen
Alison Michalska

Non-voting Members

Present

Lyn Bacon
Stephen Dudderidge
Peter Homa
Gill Moy
Michelle Simpson

Absent

Wayne Bowcock
Ruth Hawkins
Chief Superintendent Mike Manley
Leslie McDonald
Maria Ward

Colleagues, partners and others in attendance:

Jane Garrard - Senior Governance Officer, Nottingham City Council
Sean Meehan - Health and Wellbeing Programme Manager, Public Health England
James Rhodes - Strategic Insight Manager, Nottingham City Council
Rachel Sokal - Public Health Consultant, Nottingham City Council
Laura Wilson - Governance Officer, Nottingham City Council

27 APOLOGIES FOR ABSENCE

Councillor Steve Battlemuch
Alison Challenger
Leslie McDonald
Councillor David Mellen
Alison Michalska
Maria Ward

28 DECLARATIONS OF INTERESTS

None.

29 MINUTES

The minutes of the meeting held on 27 July 2016 were confirmed as a true record and signed by the Chair.

30 HEALTH AND WELLBEING BOARD TERMS OF REFERENCE

Councillor Alex Norris, Chair of the Board, introduced the revised Terms of Reference.

A query was raised as to whether under 'Voting arrangements' the last sentence should say 'The Chair of the meeting shall have a second or casting vote' instead of 'The Chair of the Board shall have a second or casting vote'.

RESOLVED, subject to the inclusion of the change above, to note the revised Terms of Reference for the Board.

31 HEALTH AND WELLBEING STRATEGY UPDATE

Further to minute 21 dated 27 July 2016, James Rhodes, Strategic Insight Manager, Nottingham City Council, introduced the report presenting the agreed Strategy in its final format, and the detailed action plans that sit behind it, and highlighted the following points:

- (a) the strategic framework was agreed by the Board in January, and developed in response to engagement findings and the Joint Strategic Needs Assessment. The Strategy is based around four key outcomes:
 - healthy lifestyles;
 - mental health and wellbeing;
 - healthy culture;
 - healthy environment;
- (b) the shared aims are to:
 - increase healthy life expectancy;
 - reduce inequalities;
 - promote self-care;
- (c) there is a Board level sponsor, Consultant in Public Health, and Insight Specialist assigned to each of the 4 outcomes, and a lead officer for each of the 20 priorities. They have all been involved in developing the detailed action plans;
- (d) the metrics will be reported annually to the Board, and progress on delivery will be reported on a rolling cycle with each Board meeting focussing on one of the 4 outcomes:
 - November 2016 – healthy lifestyles;
 - January 2017 – mental health and wellbeing;
 - March 2017 – healthy culture;
 - May 2017 – healthy environment;

- (e) proposals on delivery and reporting suggested at the Board's recent Development Session include:
- written reports with a presentation of the most important points, such as successes, areas of concern, and clear recommendations for Board/requests for action by partners;
 - having an increased focus on a small number of priority actions that the Board can add value to;
 - the use of citizen stories to make reporting more meaningful;
 - partner organisations leading by example in terms of leading agendas, signing up to initiatives, and being exemplars of the desired approaches/standards.

The following comments were made during the discussion:

- (f) it is important to address inequalities at each meeting to ensure that the poorest are being targeted as stated in the Vision;
- (g) the action plans need to be clear on how the priorities will be achieved within the limited resources available.

RESOLVED to

- (1) note the agreed Strategy, detailed at Appendix 1 of the report, and the contribution of all lead officers involved in its production, as detailed in appendices 2 to 5 of the report;**
- (2) approve the detailed action plans, detailed in appendices 2 to 5 of the report, and the next steps.**

32 JOINT STRATEGIC NEEDS ASSESSMENT ANNUAL REPORT

Rachel Sokal, Public Health Consultant, Nottingham City Council, introduced the report providing information on the progress and development of Nottingham City's Joint Strategic Needs Assessment (JSNA) for 2016/17, which contributes towards improving health and wellbeing and reducing inequalities for citizens, and highlighted the following points:

- (a) the JSNA is an assessment of the current and future health and social care needs of citizens, and informs priorities, targets and commissioning decisions;
- (b) statutory guidance states that local authorities and clinical commissioning groups (CCGs) have equal responsibility for the JSNA, but overall responsibility is with this Board;
- (c) the City's JSNA is produced in partnership with colleagues from public health, social care, Nottingham City CCG, and the Crime and Drugs Partnership, and there are almost 50 chapters covering clinical topics;
- (d) changes as a result of the Health and Social Care Act 2012 led to a lack of clarity regarding production of the City's JSNA and, to address this the JSNA Steering Group was refreshed in July 2015. The Steering Group reports to the

Commissioning Executive Group (CEG) and this Board, and oversees the maintenance and development of the JSNA;

- (e) the Steering Group has led a major project to re-establish cross-organisation responsibility and resourcing for the JSNA, which has resulted in the revision of the City's JSNA policy and process. The policy and process was supported at the CEG meeting on 20 April 2016;
- (f) the JSNA work plan for 2016/17 was finalised in June, and includes the updating of 8 remaining chapters from 2015/16 being updated, and an additional 6 chapters;
- (g) the JSNA's process and outcomes will be evaluated during 2016/17, but the framework for this is still being developed and will be presented to the Steering Group for approval. Board members will be consulted as part of the evaluation, and its findings will be presented to Board in September 2017.

The following comments were made during the discussion:

- (h) the JSNA needs to be responsive to needs, so a prioritisation framework is in place;
- (i) the chapters are refreshed as and when needed, and partners are involved in the amendments so share the information, but advertisement around changes is carried out;
- (j) the Voluntary and Community Sector have raised concerns that neurological conditions do not feature in the JSNA;
- (k) it would be helpful to engage with all levels in organisations to get input from those working in the areas on a daily basis;
- (l) marketing opportunities for new chapters need to be explored.

RESOLVED to

- (1) endorse the revised JSNA policy and procedure, detailed in Appendix 1 of the report, and support the approach it sets out;**
- (2) note the 2016/17 work programme, detailed in Appendix 2 of the report;**
- (3) note the progress and development of the JSNA.**

33 NOTTINGHAM CITY COUNCIL DECLARATION ON ALCOHOL

Sean Meehan, Health and Wellbeing Programme Manager, Public Health England, introduced the report detailing the Council's draft Declaration on Alcohol which is a statement about the Council's commitment to reducing the harms from alcohol, and is a pledge to take evidence based action. It will be presented to Full Council in November 2016 by Councillor Alex Norris, and highlighted the following points:

- (a) the key aim of the Declaration is to demonstrate Local Authority leadership in tackling the harms from alcohol, and to make a collective statement about the importance of alcohol harm locally and nationally. The Board's support would demonstrate cross organisational support for the commitments laid out in the Declaration;
- (b) it is based on successes nationally and locally with the tobacco control declaration, although Nottingham would be the first authority in the East Midlands to take the approach with alcohol;
- (c) it includes primary prevention, secondary prevention, and evidence based treatment;
- (d) health isn't currently a licensing objective, but work is being done nationally to see if it can be.

The following comments were made during the discussion:

- (e) there may need to be a greater focus on off-licences, as off-sales are now higher than on-sales;
- (f) supporting people who want to reduce their alcohol intake needs to be included;
- (g) there needs to be a greater focus on binge-drinking.

RESOLVED to note the draft Nottingham City Council Declaration on Alcohol.

34 FORWARD PLAN

Jane Garrard, Senior Governance Officer, Nottingham City Council, informed the Board that the Forward Plan is being remodelled to accommodate the themed meetings for reporting progress on the Joint Health and Wellbeing Strateg.

RESOLVED to note the Forward Plan

35 UPDATES

(a) Corporate Director for Children's Services

There were no additions to the update which was circulated with the agenda.

(b) Director for Adult Social Care

There were no updates to be given.

(c) Director of Public Health

There were no updates to be given.

(d) NHS Nottingham City Clinical Commissioning Group

There were no additions to the update which was circulated with the agenda.

(e) Healthwatch Nottingham

There were no additions to the update which was circulated with the agenda.

HEALTH AND WELLBEING BOARD

30 NOVEMBER 2016

	Report for Information
Title:	The Michael Varnam Award 2016
Lead Board Member(s):	Councillor Alex Norris (Chair)
Author and contact details for further information:	Jane Garrard, Senior Governance Officer jane.garrard@nottinghamcity.gov.uk 0115 8764315
Brief summary:	Information about the shortlisted nominees and winners of the Michael Varnam Award 2016.

Recommendation to the Health and Wellbeing Board:

The Health and Wellbeing Board is asked to:

- a) recognise the dedication, enthusiasm, commitment and achievement of those shortlisted for, and particularly the winners of the Michael Varnam Award 2016.

Contribution to Joint Health and Wellbeing Strategy:

Health and Wellbeing Strategy aims and outcomes	Summary of contribution to the Strategy
Aim: To increase healthy life expectancy in Nottingham and make us one of the healthiest big cities	The Michael Varnam Award recognises those who have made a difference to the health and wellbeing either of the population as a whole or a disadvantaged section of our community.
Aim: To reduce inequalities in health by targeting the neighbourhoods with the lowest levels of healthy life expectancy	
Outcome 1: Children and adults in Nottingham adopt and maintain healthy lifestyles	
Outcome 2: Children and adults in Nottingham will have positive mental wellbeing and those with long-term mental health problems will have good physical health	
Outcome 3: There will be a healthy culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill health well	
Outcome 4: Nottingham's environment will be sustainable – supporting and enabling its citizens to have good health and wellbeing	

How mental health and wellbeing is being championed in line with the Board's aspiration to give equal value to mental and physical health

The Michael Varnam Award recognises those who have made a difference to the health and

wellbeing, including mental health and wellbeing, either of the population as a whole or a disadvantaged section of our community.

Background papers:

Documents which disclose important facts or matters on which the decision has been based and have been relied on to a material extent in preparing the decision.

This does not include any published works e.g. previous Board reports or any exempt documents.

None

The Michael Varnam Awards 2016

In 2007 NHS Nottingham City, in conjunction with partners, set up an annual recognition award in memory of Dr Michael Varnam. Michael was a great inspirational practitioner who worked tirelessly for 35 years to improve the health and wellbeing of some of our most disadvantaged people in Nottingham. The local health community wanted to honour his life and ideals, as well as his vision for the future.

The award is given to publicly recognise and honour the dedication, enthusiasm, commitment and achievement of an individual and a group who have made a difference to the health and wellbeing of people in Nottingham. The award recognises that motivated by altruism and caring, they have made a difference to either the population as a whole or a disadvantaged section of our community.

A panel of judges met to consider all the nominations received and, from a shortlist, selected the winners. The awards were presented at an event on 26 October 2016.

In recognition of the achievements of all of the shortlisted nominees, a brief summary of the reason why they were nominated is set out below.

Individuals

Louise Detain – Winner

“...works selflessly to improve the lives of others both in her everyday life and as a volunteer.”

Louise Detain works tirelessly to help her local community and those in need...

- Is a foster carer with Barnardos
- Works with L’Arche Nottingham to help those with learning disabilities
- Volunteers to improve disabled access at Greenbelt Festival
- Runs two children's choirs
- Supports others at her local Slimming World
- Works with Equation to help educate about healthy relationships and does domestic abuse prevention work

Maxi Leigh – Highly Commended

“...unstinting in her belief that things can change for the better...”

Maxi has been a strong advocate for sufferers and survivors of abuse in childhood. Using her own resourcefulness, networking, and development skills, she has achieved much to help those in need...

- Founded Support for Survivors – a self-help charity for survivors of sexual abuse.
- Has become a Survivor Advisory Panel Member of the National Catholic Safeguarding Commission.
- Is CEO of Enixam – Organisation for the delivery of Sexual Abuse Training to Clinical Professionals.

A leaflet about Support for Survivors has been included at the end of this report at the request of Maxi Leigh.

Bushra Naeem – Highly Commended

“...serving the community with social isolation and communication needs.”

Bushra has been voluntarily supporting her community since she was 18, and in this time she has helped many good causes...

- Does work to help women suffering from social isolation as a result of communication needs.
- Has supported people with mental health issues.
- Raised money for charity and set up a food bank, providing a lifeline for her local community.
- Vice President of the Ahmadiyya Muslim community women’s group.

Groups

The Nottinghamshire Deaf Wellbeing Action Group - Winner

“Campaign for Deaf People to have Equal Access to Health Services”

The Deaf Wellbeing Action Group helps provide practical help to, and campaign for the rights of the deaf community. They have 5 main areas of work:

1. Ensuring access for deaf people to information and services
2. Promoting learning and high quality teaching of British Sign Language
3. Supporting deaf children and families
4. Ensuring staff working with deaf people can communicate effectively in British Sign Language
5. Consulting with the local deaf community on a regular basis.

A representative of the Nottinghamshire Deaf Wellbeing Action Group will be attending the Health and Wellbeing Board meeting.

Souprunners – Highly Commended

“... you should never underestimate the power of a cup of tea and a chat – it really is the ‘little things’ that make a difference.”

Souprunners is a voluntary organisation run by students from the University of Nottingham in their spare time. It provides food and other assistance for homeless people out on the streets.

- The group doesn’t just run in term time – Soupruns are run every Tuesday and Sunday 52 weeks a year.
- In the academic year 2015/16, they distributed around 884 soups, 1872 sandwiches, 936 bananas, 1040 satsumas, 1924 biscuits, 1508 packets of crisps and 1092 hot drinks to those in need.

Nature in Mind – Highly Commended

Nature In Mind is a free service within Framework that uses the unique power of nature and green spaces to improve mental wellbeing. Nature In Mind offers a programme of activities including things such as gardening, walking, cycling, nature based arts and crafts, conservation tasks, animal care, bush craft - anything that involves spending time in and interacting with nature. Activities take place in a supportive group setting and in addition to the benefits of fresh air, exercise and learning new skills, Nature In Mind provides a great way of tackling social exclusion and meeting new people.

A growing body of independent research shows that spending time in natural and green spaces can significantly -

- reduce stress and anxiety
- reduce levels of depression
- improve physical health
- improve mood and self esteem
- help to reduce the need for medication
- help to overcome isolation and social exclusion

Over 200 people per year benefit from the service. Here are some of their comments from activities in September:

“It’s stopped me from worrying about things”

“I’ve learnt new things - wood burning, cooking. And met new people”

“I enjoyed the session, it’s reduced my anxiety keeping busy”

“It brings a variety of people together in a friendly setting”

“I learn things when I come to these places, it’s built up my confidence about things”

For more information about Nature In Mind, please contact us at The Burrow, 40 Forest Rd West, Nottingham NG7 4EQ Tel: 0115 970 9591 email: natureinmind@frameworkha.org

Support For Survivors

A Registered Charity supporting Male & Female
SURVIVORS of Childhood Sexual/Physical/
Psychological/Incest Abuse & Rape



YOU ARE NOT ALONE

Support For Survivors Founded by Maxi Leigh Sept 2014 due to lack of support service within Nottingham City. We support male and female survivors aged 16 plus who has suffered from childhood **Sexual/Psychological/Physical/Incest Abuse, Rape and Domestic Violence with the following.**

Peer Led support groups

Peer Led one to one Support

Peer Led Personal Development Programmes

Peer Led Creative Arts & Crafts

Peer Led Outreach Intervention

Peer Led Mediation

Peer Led Chaperone & Advocacy support with Police Intervention

Peer Led Legal Advice Support working with Bhatia Best Solicitors

Working in partnership with 'The Truth Project' (Jay Inquiry)

Peer Led Crown & Civil Court Support

Housing - Benefits - Welfare Advice & Referral Pathways

Drug & Alcohol Addiction Referral Pathway

Homeless advocacy support

NHS - GP - Dental - Mental Health advocacy support

Wellbeing and Wellness Plans

Adult Learning Courses

Volunteering

Coaching

Mentoring

Working with & referral too many partner agencies within the City

Maxi Leigh

Founder-Survivor-Specialist Care Service Director (Support for Survivors)

Nottinghamshire Healthcare NHS Foundation Trust Public Governor

Email maxineleighs4s@gmail.com

Telephone: 0781 571 5698

• A time to listen •

A time to share •

A time to heal •

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HEALTH AND WELLBEING BOARD

30 NOVEMBER 2016

	Report for Action
Title:	Health and Wellbeing Strategy 2016-2020. Outcome 1: Healthy Lifestyles. Interim Report
Lead Board Member(s):	Helen Jones, Director of Adult Social Care, Nottingham City Council.
Author and contact details for further information:	John Wilcox, Insight Specialist (Public Health), Nottingham City Council. john.wilcox@nottinghamcity.gov.uk Rachel Sokal, Public Health Consultant, Nottingham City Council. rachel.sokal@nottinghamcity.gov.uk
Brief summary:	This report provides the Board with information on strategic developments in relation to the Healthy Lifestyles Outcome of the Health and Wellbeing Strategy 2016-2020 which was endorsed in September 2016.

Recommendations to the Health and Wellbeing Board:

The Health and Wellbeing Board is asked to:

- a) consider whether plans are radical enough to achieve the desired outcomes.
- b) consider whether Board organisations are contributing significantly to the agendas and support the Board Sponsor and Public Health Consultant meeting with Board members where organisations are deemed to not be sufficiently contributing to the agendas.
- c) ensure that all Board member organisations sign the Tobacco Control Declaration and then develop action plans which demonstrate their contribution to tobacco control.
- d) for Board member organisations to review their workplace smoking/smokefree policies to determine how they are classifying the use of e-cigarettes.
- e) for Board member organisations to consider how they can support a system approach to alcohol identification and brief advice within their organisations.
- f) support an increased focus and ambition to addressing physical activity, diet and healthy weight in the City and consider more detailed proposals of how this will be achieved at a future meeting.
- g) for Board member organisations to identify a strategic lead for physical activity, diet and obesity and review approaches for their workplace and workforce in line with the actions within the Health and Wellbeing Strategy.

Contribution to Joint Health and Wellbeing Strategy:

Health and Wellbeing Strategy aims and outcomes	Summary of contribution to the Strategy
Aim: To increase healthy life expectancy in Nottingham and make us one of the healthiest big cities	This report provides the Board with information on strategic developments in relation to the Healthy Lifestyles Outcome of

Aim: To reduce inequalities in health by targeting the neighbourhoods with the lowest levels of healthy life expectancy	the Health and Wellbeing Strategy 2016-2020 which was endorsed in September 2016.
Outcome 1: Children and adults in Nottingham adopt and maintain healthy lifestyles	
Outcome 2: Children and adults in Nottingham will have positive mental wellbeing and those with long-term mental health problems will have good physical health	
Outcome 3: There will be a healthy culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill health well	
Outcome 4: Nottingham's environment will be sustainable – supporting and enabling its citizens to have good health and wellbeing	

How mental health and wellbeing is being championed in line with the Board's aspiration to give equal value to mental and physical health
People with mental health problems are more likely to smoke and drink alcohol at harmful levels than the general population. Where there is evidence that these and other inequalities exist, the programmes planned for this outcome of the strategy will ensure that measures are put in place to reduce inequity in access to support to address these risk factors.

Background papers: <i>Documents which disclose important facts or matters on which the decision has been based and have been relied on to a material extent in preparing the decision. This does not include any published works e.g. previous Board reports or any exempt documents.</i>	None
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Health and Wellbeing Strategy 2016-2020 Outcome Progress Highlight Report

Completed by:	John Wilcox	Reporting period:	From:	September 2016	To:	November 2016
Board meeting:	November 30 th 2016	Next meeting at which this Priority Outcome will be discussed:		July-September 2017		

Priority Outcome: Children and adults in Nottingham adopt and maintain Healthy Lifestyles

Priority Actions:

1. Young people and adults will choose to have safer sex reducing the risk of unwanted pregnancies and sexually transmitted infections
2. People who drink alcohol will drink responsibly, minimising the harms to themselves and those around them
3. Nottingham and its citizens will be smoke free
4. People will have a healthy and nutritious diet
5. People will be physically active to a level which benefits their health
6. People will be able to maintain a healthy weight

For information

Key Progress to bring to the Board's attention:

Highlight Update on indicators in this reporting period:

For progress on all indicators see Performance Report and Action Plan in Enc 2.

1. Sexual Health

- Under 18 conception rate - The latest quarterly data indicates that the conception rate, for girls aged 15-17 in Nottingham, is 30.9 per 1000. This is in line with the current trajectory of reducing under 18 conception rates.
- HIV late diagnosis – This indicator has changed on the Public Health England Public Health Outcomes Framework (PHOF) and the target has been set because of this. There has been an improvement in reducing HIV late diagnosis and Nottingham is no longer significantly higher than England.

2. Alcohol Misuse

- There is no additional data on alcohol related hospital admissions and the ability to report alcohol related crime and antisocial behaviour is being reviewed.

3. Smokefree

- The national survey which the smoking prevalence is collected from has changed from the Integrated Household Survey to the Annual Population Survey. This has resulted in changes to the historical and current smoking prevalence data used as an indicator on the PHOF (August 2016 PHOF update). The strategy targets have been recalculated to reflect this change in measurement.

	<ul style="list-style-type: none"> The percentage of women who <u>smoke during pregnancy</u> has increased from 18.1% in 2013/14 to 18.7% in 2015/16 (August 2016 PHOF update). This change is not statistically significant but is not in line with the downward direction of travel required to meet the strategy target. <p>4. Physical Activity, Obesity & Diet</p> <ul style="list-style-type: none"> PHE have changed the methodology for calculating breastfeeding prevalence at 6-8 weeks after birth resulting in new baseline data on the PHOF. The strategy target has been amended accordingly. There has been a <u>decrease in the proportion of adults meeting the recommended 150 minutes a day of physical activity</u> from health from 56.5% in 2014/15 to 55.0% in 2015/16 (PHOF November 2016 update). This change is not statistically significant but is not in line with the downward direction of travel required to meet the strategy target. There has been an <u>increase in the proportion of adults who are inactive (<30 mins of physical activity a week)</u> from 29.1% in 2014/15 to 33.3% in 2015/16 (PHOF November 2016 update). This change is not statistically significant but is not in line with the upward direction of travel required to meet the strategy target. The proportion of <u>adults with excess weight has increased by 0.1%</u> (62.3% in 2014/15 to 62.4% in 2015/16 (PHOF November 2016 update). This change is not statistically significant but is not in line with the downward direction of travel required to meet the strategy target. The proportion of children with <u>excess weight has decreased in both age groups</u>. This decrease is in line with the strategy target for Year 6 children but not Reception children.
<p>Key progress on delivery of action plans themes in this reporting period</p>	<p>1. Sexual Health</p> <ul style="list-style-type: none"> A range of sexual health services have been commissioned including integrated sexual health (contraception and GUM) services, Online Chlamydia Screening, Online HIV Home Sampling and SH testing and contraception services provided via GPs and pharmacies to increase choice and timely access to services. In addition, 44 schools are signed up to the sex and relationship education (SRE) charter (16/17 target is 85 schools). <p>2. Alcohol misuse</p> <ul style="list-style-type: none"> Providing alcohol Identification and Brief Advice (IBA) consistently in a number of settings is a key component of the action plan. The Emergency Department (ED) and primary care are key settings for delivery of alcohol IBA. The ED of Nottingham University Hospitals NHS Trust has made good progress in this area, including ensuring that templates used by clinical staff include an alcohol screening question. Information about alcohol is also included on discharge letters to primary care. Public Health are undertaking some work to determine variability in provision of alcohol IBA in primary care, specifically in the General Practice setting. This is not complete, but work to date has identified a degree of variation as well as a number of barriers and enablers associated with provision. The voluntary and community sector (VCS) is developing a model for the brief intervention training starting with alcohol brief intervention, through the Children and Young People's Providers Network (CYPPN) and the Vulnerable Adults' Providers Network (VAPN).

3. Smokefree

Protect children from the harmful effects of smoking

- A City/County Smoking in Pregnancy task and finish group has been established – linked to the Better Births Board.
- Smokefree Summer – 7 major family events across the City were smokefree for the first time this year including the children’s areas at Splendour and Riverside. Plans for 2017 being developed. Citizen consultation undertaken over the summer shows on-going support for extending smokefree outdoor spaces where children are present.
- Smokefree bus and tram stops - There are discussions currently taking place on the introduction of smokefree bus and tram stops. Further citizen consultation on this is needed.

Motivating smokers to quit

- Following a review of commissioned services for adults to improve lifestyle risk factors, an opportunity to provide a new smoking cessation service has been advertised, commissioned by the Nottingham City Council.
- Organisations including Nottinghamshire NHS Healthcare Trust, NUH, and the City Council, have or are considering amending their workplace policies in relation to differentiate between smoking and vaping.

Leadership, Innovation and Development in Tobacco Control

- The majority of Health and Wellbeing Board members have signed the Nottinghamshire County and Nottingham City declaration on Tobacco Control.
- Nottingham CVS is to sign the Declaration on Tobacco Control on behalf of the sector.

Physical Activity, Obesity, and Diet & Nutrition

Physical Activity, Obesity and Diet Strategy

- The City’s former Healthy Weight strategy is currently being refreshed to match the ambition for physical activity, obesity and diet laid out in the Health and Wellbeing Strategy. A multiagency strategic group, involving Board organisations, has been established to provide leadership for this.
- Several multiagency workshops for each area in the refreshed strategy (“physical activity”, “diet and nutrition” and “treatment and pathways”) have been held to develop broad action plans for this issues which incorporate those in the Health and Wellbeing Strategy. These groups form the delivery arm of a strategic approach to addressing these issues for the city.
- Nottingham CVS is offering opportunities for sporting activities for staff teams within the sector funded by Sport England.

Healthy Children’s Centre Standard (HCCS)

- All 6 City Council Early Help Teams are engaged with undertaking the standard supported by the PSHE Advisory Service. Each team has undertaken the HCCS audit and are in the process of identifying actions and planning the outcomes.

Primary Schools Sheriff Challenge

- The scheme has now been launched by the City Council School Sports team funded by Opportunity Nottingham. This evidence based intervention encourages children to run/walk a one-mile course around their school playground at least week.

Commissioning of adult healthy weight/weight management service

- Following a review of commissioned services for adults to improve lifestyle risk factors, an opportunity to provide a service that will be central to the delivery of the city’s adult weight management pathway has been advertised, co-

	<p>commissioned by Nottingham City Council and Nottingham City Clinical Commissioning Group.</p>
<p>Examples of how health inequalities are being considered in this reporting period</p>	<p><u>Commissioning of sexual health services</u> The health promotion element of the Integrated sexual health services is aimed at targeting those at increased risk such as young people, men who have sex with men (MSM) and black and minority ethnic (BME) groups, as well as sex workers. The HIV support service is aimed at promoting HIV awareness and testing to higher risk groups as well offering social support to those diagnosed with HIV and their families/partners. The Sexual Health and Needle Exchange Service aims to provide sexual health services to drug users who are at increased risk of sexually transmitted infections.</p> <p><u>Commissioning of adult healthy lifestyle services</u> An equality impact assessment was conducted in relation to the commissioning intentions for these services. Groups most at risk of smoking/smoking related harm and obesity have been identified with the service specifications and the access and outcomes of these groups will be monitored through the service performance indicators. For smoking cessation this includes pregnant women, people with mental health and/or substance misuse problems and citizens with long term conditions, citizens living in the most deprived areas. For obesity this includes people with mental health problems, people with learn disabilities, pregnant women and people from certain black and minority ethnic groups.</p> <p><u>Tobacco Control Strategy</u> An equality impact assessment was conducted in relation to the development of the city tobacco control strategy 2015-2020. The strategy sets out the impact of smoking on health inequalities and places a particular emphasis on targeting interventions to groups and communities that have the highest smoking rates and need the most support. An example of this is the commissioning of stop smoking services described above. The city's tobacco control strategic group monitors the action plans to address smoking related harm including their impact on health inequalities.</p> <p><u>Physical Activity, Obesity and Diet Strategy</u> The development of the strategy is informed by recently refreshed JSNA chapters. Strategic actions within the strategy have been developed to target the priority groups as identified in the needs assessments.</p>

<p>Amendments to the action plans (report appendices)</p>
<p><u>Additional actions</u> Nottingham City Council Sport and Leisure Service have provided the following additional actions which have been included in the physical activity action plan (Enc. 2)</p> <p><u>Physical Activity</u></p> <ul style="list-style-type: none"> • Nottingham City Council Sport and Leisure Service: Increase the number of adults (14+) undertaking 1x30 minutes of sport and physical activity a week • Nottingham City Council Sport and Leisure Service: Increase the availability of disability specific sport and physical activity projects in the city

<p>For consideration/discussion</p>
<p>Key risks and issues</p> <ul style="list-style-type: none"> • There will be insufficient VCS infrastructure to support the delivery of the strategy if funding for the

Key risks and issues

VAPPN and the CYPPN ends March 2017.

- There is currently no system for reporting the progress on the plans from the VCS.
- Due to the nature of the population level outcomes we are aiming to change, there is a limit to our ability to quantify how the progress on achievement of the action plans, will contribute to the strategy outcomes.
- Board members assuming that there is significant specialist resource to deliver on these outcomes and therefore do not drive the agendas forward within their organisations.
- Insufficient financial resources are allocated to prevention to achieve the strategy outcomes.
- Insufficient leadership and ownership within organisations and across the partnership of the physical activity, obesity and diet agenda to achieve strategy outcomes.
- Without an increased commitment to delivery, actions within the newly refreshed strategy physical activity, obesity and diet are, on their own, unlikely to be sufficient to reverse the trends of worsening levels across the city and meet the ambition within the HWS.
- Insufficient coordination and prioritisation across the strategy in relation to what we want the workforce to deliver on in terms of brief intervention and support for clients.

Other points for the attention of the Board.

1. Smokefree

Tobacco Control Declaration

Board organisations can demonstrate their support of the smokefree agenda by signing the Declaration and developing an action plan to demonstrate their organisations contribution to reducing tobacco related harm in the city. Whilst the majority of organisations have signed the declaration, it is not clear whether all have agreed and are working to action plans.

Workplace Policies

There is an opportunity for organisations to support the smokefree agenda by reviewing their smokefree policies in relation to how they differentiate between smoking and vaping.

2. Alcohol IBA

Providing alcohol IBA consistently and systematically across the partnership is likely to be challenging. Work is ongoing to develop this in key settings including ED and primary care, but work is also needed in other settings to ensure a systematic approach. Oversight of this initiative in both individual organisations and across the partnership is also needed. It is recommended that all member organisations consider both how they will address this issue individually and how progress across the partnership will be monitored.

3. Physical Activity, Obesity and Diet

Organisations can support the agenda by reviewing their policies in relation to the access to healthy food and supporting their workforce to be a healthy weight and be physically active.

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Healthy Lifestyles Outcome 2016/17 Action Plan

Priority Outcome: Children and adults in Nottingham adopt and maintain **Healthy Lifestyles**

Priority Actions:

- Young people and adults will choose to have safer sex reducing the risk of unwanted pregnancies and sexually transmitted infections
- People who drink alcohol will drink responsibly, minimising the harms to themselves and those around them
- Nottingham and its citizens will be smoke free
- People will have a healthy and nutritious diet
- People will be physically active to a level which benefits their health
- People will be able to maintain a healthy weight

Metric/ KPI		Baseline	Target				Direction of travel	Commentary
			16/17	17/18	18/19	19/20		
Under 18 conception rate (per 100,000) (PHOF indicator 2.04)	Target	37.5	31.1	27.9	24.8	21.7	On track	The latest quarterly data indicates that the conception rate, for girls aged 15-17 in Nottingham, is 30.9 per 1000.
	Actual	37.5	Q1: 30.9					
All new STIs diagnosis (excluding Chlamydia age <25) (per 100,000) (Sexual Health and Reproductive Health Profile)	Target	1040	989	938	888	837	— No additional data	No update from baseline available yet.
	Actual	1040						
HIV late diagnosis (PHOF indicator 3.04) (newly diagnosed CD4 count <350 cells per mm ³) target	Target	52.2%	40.8%	39.7%	38.5%	37.4%	On track	This target has been changed due to change in data reporting.
	Actual	55.3%	40.8%					
A reduction in hospital admissions for alcohol related causes (as measured by the PHOF narrow measure) to be in-line with the average for the English core cities.	Target	927.5	850.9	812.6	774.3	736.0	— No additional data	No update from baseline available yet.
	Actual	927.5						
A reduction in the number of reported incidents of alcohol related ASB and violent crime in the night time economy, specifically: <ul style="list-style-type: none"> • Alcohol related Crime • Alcohol related Violence • Alcohol related ASB incidents • Alcohol related offences in the Night-Time Economy (NTE) 		↓	↓	↓	↓	↓	— No additional data	
Reduce the percentage of adults who smoke to the top 4 Core Cites 2014 average (PHOF 2.14)	Target	25.0%	24.0%	23.0%	22.0%	21.0%	On track	Targets have been reset due to a change in the national survey used.
	Actual	25.0%	24.0%					
Reduce the percentage of adults in routine and manual groups who smoke to the top 3 Core Cites 2014 average (PHOF 2.14)	Target	30.5%	30.1%	29.0%	27.9%	26.8%	Not on track	
	Actual	30.5%	33.4%					
Reduce the percentage of pregnant women who smoke to the top 4 Core Cites 2014 average (PHOF 2.03)	Target	18.1%	15.8%	14.7%	13.5%	12.4%	Not on track	An increase upon the previous year (not statistically significant).
	Actual	18.1%	18.7%					
	Target	43.6%	44.4%	46.7%	48.9%	53.4%	On track	An increase upon the previous year (not statistically significant).

Increase the proportion of adults that meet the recommended 5-a-day to the top 4 Core Cities Average (PHOF 2.11i)	Actual	43.6%	44.4%					
Increase breastfeeding prevalence at 6-8 weeks after birth to the top 3 Core Cities Average (PHOF 2.02ii)	Target	47.7%	48.7%	49.8%	50.9%	52.1%	- No additional data	Targets have been reset due to a change in the measurement by PHE.
	Actual	47.7%						
Increase percentage of active adults to the Top 4 Core Cities average (150 mins a week equivalent) (PHOF 2.13i; APS)	Target	56.5%	57.6%	58.7%	59.8%	60.9%	Not on track	A decrease upon the previous year (not statistically significant).
	Actual	56.5%	55.0%					
Decrease the percentage of inactive adults to the Top 4 Core Cities average (<30 mins a week equivalent) (PHOF 2.13ii; APS)	Target	29.1%	28.1%	27.6%	27.1%	26.6%	Not on track	An increase upon the previous year (not statistically significant).
	Actual	29.1%	33.3%					
Reduce the percentage of adults with excess weight to the top 3 Core Cities average (PHOF 2.12)	Target	62.3%	61.6%	60.8%	60.1%	59.3%	Not on track	An increase upon the previous year (not statistically significant).
	Actual	62.3%	62.4%					
Reduce the percentage of children aged 4-5 yrs with excess weight to the top 4 Core Cities average (PHOF 2.06i)	Target	26.7%	24.8%	23.9%	22.9%	22.0%	Not on track	A decrease upon the previous year (not statistically significant).
	Actual	26.7%	26.1%					
Reduce the percentage of children aged 10-11 yrs with excess weight to the top 4 Core Cities average (PHOF 2.06ii)	Target	37.9%	37.5%	37.3%	37.1%	36.9%	On track	A decrease upon the previous year (not statistically significant).
	Actual	37.9%	37.5%					
KEY	On track	Target is being met	Not on track	Data is improving but target not being met	Not on track	Target is not being met	No additional data	There has been no published data in the reporting period
Priority Groups <i>(who is disproportionately affected or who do we need to target to reduce inequalities?)</i>	<p>Sexual Health: Young people including care leavers and those with learning disabilities, young people living from deprived households, men who have sex with men (MSM), single homeless people, intravenous drug users and sex workers.</p> <p>Alcohol misuse: All adults whose drinking behaviour puts them at risk of alcohol related harm, including dependent drinkers. Adults living in the most deprived areas are disproportionately affected by alcohol related harm. Students and young people whose drinking behaviour puts them at risk of alcohol related harm.</p> <p>Smoke-Free: Those living in deprived areas, children and young people, pregnant women and their unborn babies, black and minority ethnic groups, those with mental health needs and those in routine and manual jobs.</p> <p>Diet and Nutrition: Children aged 18 years and under, young adults aged 19-24 years, smokers, citizens in lower socio-economic groups, BME groups, pregnant women and adults aged 65 years and older living in institutions.</p> <p>Physical Activity: Children and adults from deprived households, women, older people and adults with a disability or long term limiting illness</p> <p>Healthy Weight: Low income groups, pregnant women, adults with learning disability, older people, black and minority ethnic groups.</p>							

Action	Milestone	Success measure	Year				Lead Officer
			16/17	17/18	18/19	19/20	
Theme: Create a culture to support good sexual health for all and reduce stigma, discrimination, prejudice and health inequalities							
Build knowledge and resilience in children & young people	2000 new C-card registrations annually	Improved promotion and up-take of condoms, incl. further development of C-Card scheme	✓	✓	✓	✓	Notts Healthcare Trust
	85 schools signed up to sex and relationships education (SRE) Charter	Improved provision of SRE in schools	✓				NCC, PSHE Advisory Team
Reduce sexual health inequalities in access to and outcomes of commissioned sexual health services	Conduct health equity audit based on baseline data, new service data and population need	Partners agree to delivery of actions based on recommendations in health equity audit	✓				Sexual Health Strategic Advisory Group
	Development of recommendations based on audit of population need and service provision, to improve health equity outcomes		✓				
Theme: Prioritise prevention to reduce the rates and onward transmission of HIV and sexually transmitted infections (STIs), including proactive promotion of good sexual health through outreach to the most vulnerable							
Promote good sexual health through health promotion and outreach	Programme of outreach and health promotion complete	15 workshops with vulnerable groups in 16/17 15 targeted events attended/partnership promotional activities in 16/17 10 SH awareness courses/group presentations in 16/17	✓				NUH
Reduce the rate of sexually transmitted infections (STIs) and HIV	Online HIV and chlamydia testing services mobilised	Increased uptake of online HIV and chlamydia testing	✓	✓	✓	✓	NCC, Public Health
	Simplify chlamydia testing and treatment pathway	Successful treatment of positive tests	✓				NCC, Public Health
Theme: Increase access to, and uptake of, HIV and STI testing to tackle late diagnosis of HIV, ensure early treatment of STIs, enable contact tracing and reduce transmission							
Increase the detection of STIs	Newly commissioned sexual health (SH) services mobilised	Increased STI detection (excluding chlamydia age <25)	✓			✓	NCC, Public Health
Increase the early		Increased early detection of HIV					

Action	Milestone	Success measure	Year				Lead Officer
			16/17	17/18	18/19	19/20	
detection of HIV							
Increase chlamydia testing and detection rates in young people (aged 15-24yrs)		Increase in chlamydia testing and detection in young people aged 15-25 years from x to 31%					
Theme: Ensure women are able to exercise choice about when to become pregnant, and reduce unplanned pregnancies							
Reduce the number of pregnancies under the age of 18 and 16 years	Nottingham pupils attend schools that are committed to excellent sex and relationships education (SRE).	85 schools signed up to the SRE Charter.	✓				NCC, PSHE Advisory Team
	Direct work with young girls in the local community to increase knowledge and reduce unplanned pregnancies	30 CYPPN members receive training to help them work with young people in community settings. Delivery of one to one advice and support to young girls about sexual health	✓	✓			NCVS and CYPPN
	The wider teenage pregnancy workforce is able to access and attend high quality training on teenage pregnancy and sexual health promotion.	NUH / Nottingham CityCare Partnership teenage pregnancy and sexual health training programme delivered to 250 members of the workforce.	✓				School Health Improvement Team
	Teenage parents in Nottingham are empowered to make informed decisions on subsequent pregnancies.	Teenage parents accessing the Family Nurse Partnership had fewer subsequent pregnancies than teenage parents who did not have a Family Nurse.	✓	✓	✓	✓	NCC, Strategic Commissioning
Theme: More people will have a responsible attitude to alcohol consumption and there will be a reduction in the number of people misusing alcohol.							
To reduce the number of adults drinking at higher risk levels and to reduce the number of adults binge drinking by introducing	Agree strategic approach to introducing alcohol IBA consistently in health and non-health settings.	Partners agree an approach that ensures consistent and systematic delivery of alcohol IBA	✓				NCC, Public Health All Board member

Action	Milestone	Success measure	Year				Lead Officer
			16/17	17/18	18/19	19/20	
systematic and consistent alcohol identification and brief advice (IBA) and by targeting students with effective health promotion messages.	Identify and secure additional resource required to ensure consistent delivery, including in key settings such as Emergency Department and Primary Care.	Resources requirements agreed and identified.	✓				organisations
	Ensure that all relevant client facing staff groups are trained in delivery of alcohol IBA.	All staff are trained and ready to deliver alcohol IBA.	✓	✓			
	Ensure that all relevant client facing staff are delivering alcohol IBA in a systematic and consistent manner.	Alcohol IBA being delivered systematically and consistently		✓	✓	✓	
	Agree strategic approach to communicating messages around alcohol harm and misuse to students.	Methods of communicating messages are agreed with key partners.	✓				
	Ensure the agreed approach is delivered systematically by key partners.	Messages are delivered systematically and consistently.		✓	✓	✓	

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Theme: More people will recover from alcohol misuse							
To increase the number of people who are drinking at higher risk levels accessing and successfully completing alcohol treatment.	As described in Theme 1, ensure that all relevant client facing staff are delivering alcohol IBA in a systematic and consistent manner.	Alcohol IBA being delivered systematically and consistently		✓	✓	✓	NCC, Public Health All Board members
	Ensure that high volume service users with alcohol misuse issues are identified and supported into appropriate treatment.	Sustainable funding is identified to support a post in the ED setting.	✓	✓			
	Ensure access to high quality drug and alcohol services.	Aligned drug and alcohol service is fully mobilised with partners aware of referral routes into the service.	✓				CDP, NCC, Public Health

Theme: Less people will be a victim of crime or antisocial behaviour linked to alcohol misuse.

Action	Milestone	Success measure	Year				Lead Officer
			16/17	17/18	18/19	19/20	
Reduce levels of alcohol related violence and crime both in the city centre and neighbourhoods.	Ensure use of local insight and expertise to inform preventative approaches and delivery of a number of key activities	Activities continue to be supported and to be accessible for citizens.	✓	✓	✓	✓	CDP, NCC, Public Health Nottinghamshire Police Community Protection Police and Crime Commissioner Nottinghamshire Healthcare NHS Foundation Trust
	Agree strategic approach to the role of alcohol licensing in minimising harms from alcohol.	Strategic approach agreed with key partners.	✓				CDP, NCC, Public Health Community Protection Nottinghamshire Police and Crime Commissioner
	Ensure that agreed approach is taken forward and role of licensing in minimising harm is maximised.	Approach taken forward and embedded.		✓	✓	✓	
Theme: Protect children from the harmful effects of smoking							
Further develop specialist support for all pregnant smokers and their families	Smoking in pregnancy pathway that extends into early years established and routinely implemented.	Reduction in numbers of pregnant smokers Reduction in numbers of women smoking at six weeks post delivery	✓	✓	✓	✓	NCC, Environmental Health, Public Health, NUH, maternity, CityCare, New Leaf
Deliver a rolling programme of extending outdoor public spaces where citizens support them	Implementation plan for extending smokefree outdoor public spaces and events agreed	Increase in citizen support for extending smokefree outdoor spaces	✓	✓	✓		NCC, Environmental Health, Sports Culture and Parks

Action	Milestone	Success measure	Year				Lead Officer
			16/17	17/18	18/19	19/20	
	Ensure on-going citizen consultation to demonstrate citizen support for extending smokefree outdoor public spaces	Children and family events routinely promoted as smokefree	✓	✓	✓		Communication s
Theme: Motivate and assist every smoker to quit							
Ensure health and social care and frontline colleagues employed by Health and Wellbeing Board member organisations are routinely referring patients and service users to the stop smoking service.	Very brief advice training for relevant frontline and health and social care staff	Health and social care and frontline colleagues, including those employed by Health and Wellbeing Board member organisations, routinely trained in very brief advice.	✓	✓	✓	✓	Board members
	Very brief advice training incorporated as part of induction for frontline and health and social care staff	Increase in referrals to stop smoking services	✓	✓	✓	✓	
All Health and Wellbeing Board member organisations implement up to date and robust smokefree workplace policies	Policy promoted at all stages of recruitment and as part of colleague induction	Reduction in sickness absence and increased workplace productivity		✓	✓	✓	Board members
	Staff, service users, patients, visitors and contractors routinely made aware of smokefree Policy	High levels of compliance with smokefree workplace policies Increased awareness of smokefree workplace policies		✓	✓	✓	
Theme: Leadership, innovation and development in tobacco control							
Health and Wellbeing Board members to support a comprehensive partnership approach to the wider tobacco control agenda	All Health and Wellbeing Board members sign the Community Declaration on Tobacco Control	Partners demonstrate a shared understanding on effective measures to reduce tobacco related harm	✓	✓	✓	✓	Board members
Health and Wellbeing Board members support and embed Nottingham's tobacco control vision and	Actions mapped and linked to tobacco control strategy	Health and Wellbeing Board member organisations review and update tobacco control action plans which are shared with partners and communities	✓	✓	✓	✓	Board members

Action	Milestone	Success measure	Year				Lead Officer
			16/17	17/18	18/19	19/20	
strategic priorities within organisational strategies and plans	Actions targeted at high risk smoking populations including routine and manual workers		✓	✓	✓	✓	
	Monitor progress of plans and commitments and share results		✓	✓	✓	✓	
Theme: Diet & Nutrition Strategic Planning							
Develop a broad partnership for diet and nutrition across the Health and Wellbeing Board as part of a Physical Activity, Obesity and Diet (POD) Strategy	Diet and Nutrition working group formed	Diet and Nutrition Partnership Strategic Plan in place	✓				NCC, Public Health
	POD Strategic group formed	POD Strategy published	✓				NCC, Public Health
Theme: Diet & nutrition in children							
Develop local programmes to support mothers to breastfeed for as long as possible in line with the City and County Breastfeeding Framework	Partners engaged	Partners have explored development of breastfeeding policies for breastfeeding employees returning to work	✓	✓			Board members
	Action Plan developed		✓	✓			
Influence our early years settings such as schools, childcare and children's centres to use the 'School Food Standards', the 'Eat Better Do Better' tool, Healthy Children's Centre Standards or equivalent	Improvement in the number of children's centres using Healthy Children's Centre Standards	Children's centres are using Healthy Children's Centre Standards	✓	✓	✓	✓	NCC, Early Years
Support our children to get the best nutritional start in life	Review guidelines to inform commissioning and promotion of Healthy Start	All key Early Years professionals are aware of guidelines Uptake of Healthy Start and Healthy Start Vitamins has improved	✓	✓			NCC, Strategic Commissioning
	Findings of review implemented				✓	✓	
Create a positive breastfeeding culture	Training package developed and delivered	Training package for Early Years staff has been developed and delivered	✓	✓	✓	✓	CityCare
	Referrals to Breastfeeding Peer		✓	✓	✓	✓	CityCare

Action	Milestone	Success measure	Year				Lead Officer
			16/17	17/18	18/19	19/20	
	Support from staff who have received training have increased						
Theme: Diet & nutrition in adults							
Explore policy and other options for interventions to reduce the impact of fast food outlets on health	Options explored	Options to increase healthy options in fast food outlets have been explored ?and considered by...		✓			NCC
Reduce access to unhealthy food and increase access to healthy food in workplaces and public buildings	Lead identified across Health and Wellbeing Board members	Access to unhealthy food has been reduced	✓				NCC, Public Health
	Plans identified across Health and Wellbeing Board members	Plans agreed and implemented		✓			All Board members
Theme: Diet & nutrition in vulnerable groups							
Ensure all food provided and procured for citizens in our care helps create an environment which makes eating for health an easy option	Healthy eating (or eating for health) element written into contract variation for care establishments	Healthy eating (or eating for health) in care establishments has improved		✓			NCC, Strategy & Commissioning
Ensure our workforce is equipped to deliver brief interventions around diet and nutrition for specific vulnerable groups	Specific workforce identified Plans and resources identified Training implemented	Workforce is delivering brief interventions confidently	✓	✓	✓	✓	All Board members
Improve knowledge of diet and nutrition in minority ethnic groups	Complete and distribute findings of the BME Health Needs Assessment (HNA)	Options and need for intervention based on BME HNA findings has been explored	✓				NCC, Public Health, Strategic Insight
	Options for interventions have been considered			✓			
Theme: Physical Activity Strategic Planning							
Develop a broad partnership for physical	Physical Activity working group formed	Physical Activity Partnership Strategic Plan in place	✓	✓			NCC, Public Health

Action	Milestone	Success measure	Year				Lead Officer
			16/17	17/18	18/19	19/20	
activity across the Health and Wellbeing Board as part of a Physical Activity, Obesity and Diet (POD) Strategy	POD Strategic group formed	POD Strategy published	✓	✓			NCC, Public Health
Theme: Physical activity in children							
Develop physical activity in commissioned children's services	Services which can include promoting physical activity are identified	Service specifications include promoting physical activity Physical activity is incorporated into the service model		✓	✓	✓	NCC, Strategic Commissioning
Develop physical activity in children's centres and schools	Physical activity is a part of the Healthy Children's Centre Standard	Children's centres signed up to Healthy Children's Centre Standard	✓	✓	✓	✓	NCC, Early Years
	Sherriff's Challenge and Daily Mile are launched within schools	Schools are delivering these initiatives	✓	✓			NCC, School Sports.
Theme: Physical activity in adults							
Develop physical activity on the workplace and public spaces	VCS organisations are aware of how they can improve the physical activity of their employees and others who use their premises	VCS organisations are aware of and implementing activities	✓	✓	✓	✓	NCVS (CYPPN and VAPN)
	Public Sector organisations are aware of how they can improve the health of their employees and others who use their premises	Public Sector organisations are aware of and implementing activities	✓	✓	✓	✓	Board members
Increase the number of adults (14+) undertaking 1x30 minutes of sport and physical activity a week	Increase in the baseline of 86,300 in 2015	1% increase year on year, recorded through Active Lives	✓	✓	✓	✓	NCC Sport & Leisure
Develop pathways into broader physical activity from commissioned weight management pathways	Service specification written	Function described in service specification	✓				NCC, Public Health, Strategic Insight
	Service commissioned	Function operating in commissioned service		✓	✓	✓	
Theme: Physical activity in vulnerable groups							
Ensure the workforce is	Specific workforce identified	Workforce delivering brief	✓				NCC, Public

Action	Milestone	Success measure	Year				Lead Officer
			16/17	17/18	18/19	19/20	
equipped to deliver brief interventions around physical activity for specific vulnerable groups	Plans and resources identified	interventions confidently		✓			Health, Strategic Insight
	Training implemented				✓	✓	
Develop physical activity in care settings	Physical activity included in contracts with care providers	Improved level of physical activity in care settings		✓	✓	✓	NCC, Strategy & Commissioning
Develop the use physical activity as part of a care pathways to improve care and treatment of long term conditions and prevent falls	Pathways identified	Increase in pathways with physical activity specified		✓	✓	✓	CityCare
	Physical modality identified	Increase in clients with physical activity included as part of their care		✓	✓	✓	CCG NCC, Public Health, Strategic Insight
	Physical activity included in pathways			✓	✓	✓	
Increase the availability of disability specific sport and physical activity projects in the city	Successful launch of the Get Out Get Active (GOGA) programme and the Disability Sport Insight and Participation Project	Success against GOGA and Insight Project action plans and outcomes	✓	✓	✓		NCC Sport & Leisure
Work with the Community Voluntary Sector to ensure physical activity is promoted in community settings through community groups and organisations	CYPPN and VAPN members and their clients engaged in physical activity	Increased awareness raising of benefits of physical activity and events happening in 3 rd sector.	✓	✓	✓	✓	NCVS, CYPPN & VAPN, NCC Sport & Leisure
	Mechanism for engagement and delivery identified and developed		✓	✓	✓	✓	
Theme: Healthy Weight Strategic Planning							
Develop a broad partnership for physical activity, diet and obesity across the Health and Wellbeing Board as part of a Physical Activity, Obesity and Diet (POD) Strategy	Physical Activity, Diet and Obesity/pathways working group formed	Physical Activity Partnership Strategic Plan in place	✓	✓			NCC, Public Health
	POD Strategic group formed	POD Strategy published	✓	✓			NCC, Public Health
Theme: Healthy weight in children							
Improve skills and support given to children	Commissioning a health visitor service which includes brief	Health visitors and early years practitioners able to signpost and	✓	✓			NCC, Strategic Commissioning

Action	Milestone	Success measure	Year				Lead Officer
			16/17	17/18	18/19	19/20	
and families in early years settings.	intervention around healthy weight as part of service spec	deliver brief interventions around healthy weight					Board members
	All partners ensure their workforce that comes into contact with early years know and understand the routes into the childhood obesity pathway		✓	✓			
Theme: Healthy weight in adults							
Commission an effective weight management service and pathway for adults	Pathway developed	Pathway accessed by appropriate citizens in need of support	✓	✓			CCG NCC, Public Health, Strategic Insight
	Service procured	Agreed weight management outcomes achieved	✓	✓			
	Services(s) operational			✓			
	Partners referring to service			✓	✓		
Theme: Healthy weight in vulnerable groups							
Ensure our workforce is equipped to deliver brief intervention around healthy weight to specified groups	Specific workforce identified	Workforce delivering brief interventions confidently	✓				NCC, Public Health, Strategic Insight
	Plans and resources identified			✓			
	Training implemented				✓	✓	
Ensure groups at high risk of obesity can access the weight management pathway	Priority groups set in service specifications as identified in EIA	Pathway accessed by appropriate citizens in need of support	✓	✓			CCG NCC, Public Health, Strategic Insight
	Service working with partners to ensure accessibility from priority groups	Agreed weight management outcomes achieved	✓	✓			

HEALTH AND WELLBEING BOARD

30 NOVEMBER 2016

Report for Resolution	
Title:	Sustainability and Transformation Plan update
Lead Board Member(s):	STP Lead: David Pearson CBE, Corporate Director Adult Social Care Health and Public Protection, Deputy Chief Executive, Nottinghamshire County Council
Author and contact details for further information:	Colin Monckton, Director of Strategy and Policy Nottingham City Council colin.monckton@nottinghamcity.gov.uk
Brief summary:	<p>“A healthier future for Nottingham and Nottinghamshire” is the local Nottingham and Nottinghamshire Sustainability and Transformation Plan (STP). It has been submitted to NHS England and is a draft plan.</p> <p>The Health and Wellbeing Board has received updates during the development of the plan and organisations attending the Board have also provided extensive input into its development. The plan has benefited from significant citizen, patient and clinician involvement either directly or indirectly through consultations on the Health and Wellbeing Strategy and our work on integrating community health and social care.</p> <p>The draft plan is a reflection of local organisations’ current thinking about what needs to be done to improve health and wellbeing, the quality of care and local services, and addresses the financial challenge. The plan is a whole system plan that establishes the resources from the local authority social care and NHS organisations together into one plan to ensure that the resources available for citizens are managed as one system.</p> <p>The draft plan was made public last week on 24th November. The views of individuals and organisations are now sought over coming months, including patients, service –users and carers, on the changes and solutions in the plan.</p>

Recommendation to the Health and Wellbeing Board:

The Health and Wellbeing Board is asked to:

- a) support the draft plan published on 24 November 2016
- b) Board members commit to seeking views of workers and citizens on the plan
- c) support the commitment with the Sustainability and Transformation Plan to the Greater

Nottingham Delivery Unit as the primary area responsible for services to the citizens of Nottingham.

Contribution to Joint Health and Wellbeing Strategy:

Health and Wellbeing Strategy aims and outcomes	Summary of contribution to the Strategy
Aim: To increase healthy life expectancy in Nottingham and make us one of the healthiest big cities	The Sustainability and Transformation Plan is relevant to all outcomes of the Strategy.
Aim: To reduce inequalities in health by targeting the neighbourhoods with the lowest levels of healthy life expectancy	
Outcome 1: Children and adults in Nottingham adopt and maintain healthy lifestyles	
Outcome 2: Children and adults in Nottingham will have positive mental wellbeing and those with long-term mental health problems will have good physical health	
Outcome 3: There will be a healthy culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill health well	
Outcome 4: Nottingham's environment will be sustainable – supporting and enabling its citizens to have good health and wellbeing	

How mental health and wellbeing is being championed in line with the Board's aspiration to give equal value to mental and physical health

The Sustainability and Transformation Plan is a whole system plan and fully incorporates mental health.

Background papers:

Documents which disclose important facts or matters on which the decision has been based and have been relied on to a material extent in preparing the decision. This does not include any published works e.g. previous Board reports or any exempt documents.

None

Sustainability and Transformation Plan (STP) update

Reasons for recommendations

The Health and Wellbeing Board has received various updates during the development of the STP and the plans have been made public, therefore the background to the STP has been covered at length in previous reports and via the now public documents referred to in this report. A wide range of public and workforce engagement has been used to inform the plan, including the comprehensive consultation and engagement that informed the City Health and Wellbeing Strategy.

The plan is a whole population based plan for health and social care and requires us to build energy, relationships and collaborative leadership. The Health and Wellbeing Board is central to this for the City of Nottingham.

The STP will be made public on 24th November as a draft plan open for feedback and comments.

The STP outlines that the City of Nottingham is within the Greater Nottingham delivery unit covering the City and the surrounding CCG areas of Rushcliffe, Nottingham West and Nottingham North and East. This Greater Nottingham delivery unit will be the primary area for leading and delivering health and social care for City residents.

The reason for the recommendations is therefore to enable the HWBB to express support for the next stages of development and subsequent implementation of the plan.

Background (including outcomes of consultation)

A summary of key points in the STP, in brief, are as follows:

- The Health and Wellbeing goal is to increase Healthy Life Expectancy by 3 years
- The Care and Quality goals are to:
 - Reduce variation in A&E waits
 - Tackle primary care capacity
 - Ensure sustainability of the care market
 - Change pattern of urgent and emergency care
- There is a do nothing gap of £628m by the end of the plan period
- Leadership and culture change have been identified as an areas of specific additional focus

A range of existing transformation programmes have all been integral to the development of the STP in order to ensure best practise locally is driven across the whole area. The core programmes referred to in developing the plan are:

- Mid Nottinghamshire Better Together vanguard
- Principia Partners in Health MCP Vanguard
- Greater Nottingham Urgent and Emergency Care Vanguard
- Nottingham City Enhanced health in care homes vanguard
- Nottingham North and East Primary Care Home vanguard
- East Midlands Radiology Consortium vanguard

The plan sets out the following priorities:

- Promote wellbeing, prevention, independence and self-care
- Delivery of technology enabled care
- Strengthen primary, community, social care and carer services
- Simplify urgent and emergency care
- Ensure consistent and evidence based pathways in planned care

The plan has been created having taken into account a wide range of consultation and engagement with citizens, groups and the workforce over the last 2-3 years which have confirmed that local people want:

- Support to stay well and independent
- Quality care with more services in or close to home
- Joined-up services, that will be there for generations

The plan is now published to invite further comment and feedback.

Specific changes to services will require specific and full public consultation at the appropriate time.

The STP also sets out how the City of Nottingham will be included in the Greater Nottingham delivery unit – one of two delivery units within the overall STP area. This will enable continued focus on the excellent work already underway in the City and south of Nottinghamshire within the vanguard programmes. The STP will also be a key opportunity to reduce the variation in practise across the area, and in particular the STP highlighted opportunities for standardisation across the whole STP area as a central element of the plan.

Other options considered in making recommendations

Not applicable

Financial implications (including value for money/vat)

The STP carries within it a forecast for the whole system finances. Individual organisations with the City of Nottingham have submitted their own financial information into that plan.

Risk management issues (including legal implications and crime and disorder act implications)

Risks and mitigations are incorporated in the STP – see the full STP document referred to in the published documents list.

Equality impact assessment

Detailed EIAs will be done on all specific proposals when they are fully developed

Published documents referred to in compiling this report

The STP for Nottingham and Nottinghamshire is published on 24th November.

- “Happier healthier lives” – Nottingham City Health and Wellbeing Strategy
- The Nottingham and Nottinghamshire Sustainability and Transformation Plan Summary Guide 24_11_16
- The Nottingham and Nottinghamshire Sustainability and Transformation Plan Executive Summary_appendixA
- The Nottingham and Nottinghamshire Full Sustainability and Transformation Plan published 24_11_16

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HEALTH AND WELLBEING BOARD

30 NOVEMBER 2016

	Report for Resolution
Title:	Health and Wellbeing Board Ways of Working
Lead Board Member(s):	Councillor Alex Norris (Chair)
Author and contact details for further information:	Jane Garrard, Senior Governance Officer jane.garrard@nottinghamcity.gov.uk 0115 8764315
Brief summary:	The Health and Wellbeing Board has a document which sets out its agreed ways of working. This document has been revised to reflect amendments to the Board's terms of reference and development of the Board. Changes to ways of working were discussed at the Board Development Session in August 2016.

Recommendation to the Health and Wellbeing Board:

The Health and Wellbeing Board is asked to:

- a) adopt the revised Health and Wellbeing Board Ways of Working document.

Contribution to Joint Health and Wellbeing Strategy:

Health and Wellbeing Strategy aims and outcomes	Summary of contribution to the Strategy
Aim: To increase healthy life expectancy in Nottingham and make us one of the healthiest big cities	The document sets out how the Board will operate in order to effectively achieve its role, including in relation to the Joint Health and Wellbeing Strategy.
Aim: To reduce inequalities in health by targeting the neighbourhoods with the lowest levels of healthy life expectancy	
Outcome 1: Children and adults in Nottingham adopt and maintain healthy lifestyles	
Outcome 2: Children and adults in Nottingham will have positive mental wellbeing and those with long-term mental health problems will have good physical health	
Outcome 3: There will be a healthy culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill health well	
Outcome 4: Nottingham's environment will be sustainable – supporting and enabling its citizens to have good health and wellbeing	

How mental health and wellbeing is being championed in line with the Board's aspiration to give equal value to mental and physical health

The document sets out how the Board will operate in order to effectively achieve its role, including in relation to mental health and wellbeing.

Background papers:

Documents which disclose important facts or matters on which the decision has been based and have been relied on to a material extent in preparing the decision. This does not include any published works e.g. previous Board reports or any exempt documents.

None

NOTTINGHAM CITY HEALTH AND WELLBEING BOARD

WAYS OF WORKING

This document sets out the agreed ways of working of the Nottingham City Health and Wellbeing Board. Legislation requires that the Health and Wellbeing Board is constituted as a committee of Nottingham City Council and therefore its operation has to comply with a number of legal requirements. However, as far as possible every effort will be made to operate as a partnership board and in the spirit of genuine partnership.

1. Role of the Health and Wellbeing Board

The Nottingham City Health and Wellbeing Board is a partnership board which brings together key local leaders to improve the health and wellbeing of the population of Nottingham and reduce health inequalities through:

- Developing a shared understanding of the health and wellbeing needs of its communities
- Providing system leadership to secure collaboration to meet these needs more effectively
- Having strategic influence over commissioning decisions across health, public health and social care
- Recognising the impact of the wider determinants of health on health and wellbeing
- Involving patient and service user representatives and councillors in commissioning decisions.

Details of the Board's role and functions are set out in its Terms of Reference. The Terms of Reference reflect the statutory functions given to Health and Wellbeing Boards in the Health and Social Care Act 2012 and other functions agreed locally.

2. Structure of the Health and Wellbeing Board

The Health and Wellbeing Board has a broad range of members including health and social care commissioners, health and care providers and organisations responsible for the wider determinants of health. The Board carries out the majority of its functions itself but because some members of the Board represent provider organisations there needs to be a separation with the commissioning process.

Commissioning decision-making

The Health and Wellbeing Board Commissioning Sub-Committee is a commissioner-only body bringing together commissioners from Nottingham City Council and NHS Nottingham City Clinical Commissioning Group to take strategic funding decisions relating to the Better Care Fund. These functions have been delegated to it by the Health and Wellbeing Board. The Commissioning Sub-Committee meets in public on a quarterly basis, or more frequently if required. It has its own Terms of Reference. Nottingham City Council and NHS Nottingham City Clinical Commissioning Group also have their own governance processes for developing commissioning specifications against agreed priorities and taking commissioning decisions. These commissioning decisions are informed by discussions and activity of the Commissioning Executive Group (CEG) – an informal commissioner-only body.

Delivery of Joint Health and Wellbeing Strategy

Four delivery groups have been established to support implementation of the Joint Health and Wellbeing Strategy. Under the leadership of the relevant Board sponsor each delivery group exists to progress implementation of the relevant Strategy action plan. These delivery groups report to the Health and Wellbeing Board which has overall responsibility for delivering the Strategy.

Maintenance of Joint Strategic Needs Assessment

The Health and Wellbeing Board has responsibility for publishing and refreshing the Joint Strategic Needs Assessment (JSNA) to provide an evidence base for future policy and commissioning decisions. A Joint Strategy Needs Assessment Steering Group exists to oversee the maintenance and development of the JSNA. The Steering Group reports to the Health and Wellbeing Board and CEG.

The Board can establish other sub-committees or more time-limited task groups to undertake specific areas of work; or delegate any of its functions to an officer to carry out.

This document applies to the main Health and Wellbeing Board. Other bodies within the structure will have their own terms of reference and agreed ways of working.

3. Membership of the Health and Wellbeing Board

The membership of the Board is set out in its Terms of Reference.

Unless a specific role is identified within the Board's membership, the relevant organisation can nominate who will represent them. However, the individual must be from the relevant organisation and of sufficient seniority and be empowered by the

organisation/ sector to represent its views; to contribute to decision making in line with the Board's terms of reference and to commit resources to the Board's business.

Substitutions

Each Board member can nominate up to 3 substitutes and any one of those named substitutes can attend a Board meeting in their place. Board members do not have to take the opportunity to nominate substitutes if they do not wish to do so. Substitutes must be from the same organisation/ sector as the Board member and be of equivalent seniority to the permanent member i.e. empowered to represent its views; to contribute to decision making in line with the Board's terms of reference and to commit resources to the Board's business. If Board members wish to nominate substitutes then they should email the name, role and contact details (for up to 3 individuals) to the Nottingham City Council Constitutional Services Team (contact details at the end of this document). These individuals will be included on the substitutes list. The list is refreshed every May and Board members can also add, amend or delete individuals from the list at any time. Substitutions are valid from the next Board meeting following receipt of nomination until otherwise advised.

Missing meetings

If a member of the Board misses three consecutive meetings without giving apologies, their continued membership of the Board will be reviewed with the organisation that they represent. Ultimately the Chair reserves the right to discontinue their membership and seek a replacement.

Departure of a Board member

Organisations can choose to change the person representing them, for example if the individual changes role or leaves the organisation, at the time of their choice. The Chair, lead officer and Nottingham City Council Constitutional Services Team (contact details at the end of this document) should be advised of changes to representation as soon as possible, including notification of a suitable replacement within their organisation/ sector.

Membership changes

Changes to the membership, including voting arrangements, can be made by Nottingham City Council, and incorporated into the Board's Terms of Reference, in consultation with the Health and Wellbeing Board.

Changes to individuals representing organisations on the Board will be reported to the next Board meeting.

4. Chair and Vice-Chair

The Chair of the Board is the Nottingham City Council Portfolio Holder with a remit covering health.

The Vice-Chair of the Board is appointed annually by the Board and must be one of the NHS Nottingham City Clinical Commissioning Group members.

5. Roles and responsibilities of Board members

Members of the Board are accountable to the organisation/ sector they are nominated to represent.

Members of the Board bear certain responsibilities:

- To be system leaders and take shared ownership of the Board.
- To demonstrate commitment to the Board by prioritising attendance at meetings and development sessions.
- To demonstrate commitment to the Board by prioritising activity in between meetings, such as responding to email communications and providing information as promised to the Board within the deadlines set.
- To treat each other as equal, with respect and demonstrate that they value the contributions of others by listening and responding, and encouraging real dialogue.
- To seek to understand others' positions, motivations, constraints and cultures.
- To reach a consensus through focused discussion and debate.
- To abide by agreements made and have a commitment to real action and delivering change.
- To promote and support the aims and values of the Board by leadership and example within their own organisation/ sector and within the community.
- To communicate the Board's business through their respective organisation/ sector's own communication mechanisms.
- To contribute to the achievement of targets of other organisations, through co-operation and identifying and removing barriers to achieving them.
- To commit to principles of openness and transparency in their engagement with the Board and other Board members.
- To comply with the requirements of the Nottingham City Council Code of Conduct (for voting members).

6. Expectations of Board members

In their role as Board members, members of the Board may legitimately expect:

- to be treated as equal and with respect by other Board members;
- parity in terms of opportunity to contribute to Board discussions and work;
- the opportunity to express the views, priorities and interests of their organisation/ sector as relevant to the work of the Board and have those views listened to;
- the Board to seek to understand their organisation/ sector and recognise the constraints under which it operates.
- to operate in a positive, no blame culture that is motivated by achievements;

7. Board meetings

The Health and Wellbeing Board meets every other month. These meetings are held in public in accordance with Section 100A of the Local Government Act 1972 (as amended) and in accordance with principles of openness and transparency. Meeting agendas and associated reports are sent to Board members at least five clear working days in advance of the meeting and are also published on the Nottingham City Council website. Members of the public, including press, are welcome to attend public meetings of the Board. The Chair of the Board, in consultation with the Vice Chair, can convene special meetings of the Board as required.

Actions agreed by the Board are recorded and undertaken by Board members, officers, sub-committees and/or working groups as appropriate. Progress against agreed actions is reported back to the Board. Minutes of Board meetings are published on the Nottingham City Council website.

Meeting quorum

The quorum for Board meetings is three voting members and must include at least one Nottingham City Council councillor and one representative of NHS Nottingham City Clinical Commissioning Group.

Voting arrangements

The Board has both voting and non-voting members. Details of voting arrangements are set out in the Terms of Reference. Where possible it is expected that most decisions will be agreed by consensus but where this is not the case then only those members listed as voting members may vote. The Chair of the meeting has a casting vote.

8. Code of Conduct and Declarations of Interests

Legislation requires that members of the Board are governed by the Nottingham City Council Code of Conduct. The Code of Conduct sets out the conduct expected of members when they are acting in their capacity as a Board member. Work is currently underway to ensure that it is fit for purpose for Health and Wellbeing Board members.

Advice on declaring interests can be given by the Nottingham City Council's Constitutional Services Team. If a Board member needs advice on declaring an interest in an item on a Board agenda then if possible they are asked to seek advice in advance of the meeting.

In addition all Health and Wellbeing Board members may also be bound by a code of conduct/ professional standards of the organisation/ sector that they represent. If they would be required to declare an interest on a decision under consideration by the Board under their own organisation's code of conduct then they need to do at the relevant Board meeting. The City Council Governance Team can provide general advice on this but specific guidance and advice should be sought from the relevant organisation in advance of a meeting.

9. Forward plan and agenda management

Most Board meetings have a themed section relating to an outcome of the Joint Health and Wellbeing Strategy. This provides an opportunity for the Board to focus on this area of activity; review progress against the relevant Strategy action plan; celebrate key achievements and examples of good work; and focus on remaining challenges and the role of the Board in addressing these. There will usually be other items of business that also require the Board's attention, for example approval of a new Strategy. Finally, there may also be items 'for information only' that do not require a decision or action by the Board but are included in order to ensure that the Board is aware of the issues. This includes regular updates from key Board members, such as NHS Nottingham City Clinical Commissioning Group; the Director of Public Health, Nottingham City Council Corporate for Children and Adults and Healthwatch Nottingham, on issues that are pertinent to the Board and/or delivery of the Joint Health and Wellbeing Strategy.

All reports to the Board must have a clear purpose relating to the role of the Board and explicitly set out what the Board is being asked to do and why. Reports 'for noting' should be kept to a minimum and will be included at the end of the agenda for information only without discussion. Where possible, reports to the Board should be joint reports with contributions from all the key relevant organisations, focused on the issue under the consideration rather than centred on a particular organisation.

The Board's Forward Plan is held and managed by the Nottingham City Council Constitutional Services Team (contact details at the end of this document). Requests to include an item on a future Board agenda should be made as early as possible. The Chair considers requests and is the final arbiter on what is included on Board agendas. The Forward Plan is included on all Board agendas to provide opportunity for comment by Board members.

Reports should be submitted to the Nottingham City Council Constitutional Services Team in accordance with deadlines set and on the required report template. Before each meeting agenda is dispatched a Chairs Briefing meeting is held to provide opportunity for the Chair and Vice Chair to review items coming before the Board.

10. Working between meetings

Given that the Board meets every other month there will be occasions when work needs to take place between meetings. Information may be emailed out to Board members and there is an expectation that all members will prioritise responding to such communication.

Where a decision is required before the next Board meeting, the Chair may act in consultation with the Vice Chair through the following process:

- a) circulation of details of the proposed decision to all Board members for consultation; and
- b) there being clear reasons why the decision could not have waited until the next full Board meeting.

The decision will be recorded and reported to the next full Board meeting.

11. Development sessions

Development sessions for the Board are held regularly to provide an opportunity for Board members and key supporting officers to get together informally and consider how the Board needs to develop to ensure that it is fit for purpose and in the best position possible to undertake its roles and responsibilities effectively. It is expected that all Board members will prioritise attendance at development sessions where possible.

12. Executive Steering Group

A steering group meets quarterly to drive forward the work of the Board and oversee its development. Membership of the Steering Group includes:

- Health and Wellbeing Board Chair
- Health and Wellbeing Board Vice Chair
- Corporate Director for Adults and Children, Nottingham City Council
- Director of Public Health, Nottingham City Council
- Chief Officer, NHS Nottingham City Clinical Commissioning Group

13. Interface and relationship with other bodies/ organisations

In addition to the relationship that it has with its member organisations, the Health and Wellbeing Board works alongside and with a range of other bodies and organisations in order to effectively undertake its role, including One Nottingham, the Nottingham Crime and Drugs Partnership (represented on the Board by Nottingham City Council Corporate Director for Children and Adults), Nottingham Safeguarding Adults Board (Annual Report and Business Plan shared with the Board) and Nottingham Safeguarding Children's Board (Annual Report and Business Plan shared with the Board).

Third Sector

The Board's membership includes individuals appointed to represent the interests of the Third Sector.

Health scrutiny

The Board is subject to the statutory health scrutiny function of Nottingham City Council and there is also scope for the Board to work with health scrutiny on some issues. Details of this relationship are set out in Section 14.

Nottinghamshire Health and Wellbeing Board

Nottinghamshire Health and Wellbeing Board is responsible for the same statutory functions and similar local functions as the Nottingham City Health and Wellbeing Board. Given that health services in particular (but also other services associated with the wider determinants of health) are organised and provided on a footprint wider than just Nottingham City, the two Boards work closely together. There are regular Board-to-Board meetings and development sessions. This working relationship is particularly important in the context of the Nottinghamshire Sustainability and Transformation Plan and the Boards' role in overseeing the Plan.

14. Scrutiny of the Board

In the interests of public accountability and transparency the Board is subject to the statutory health scrutiny function of Nottingham City Council. By being a Board

member, all Board partner organisations agree to provide information to; attend meetings of; and answer questions from the relevant City Council overview and scrutiny committee about the planning, provision and operation of services within their area as required by the committee to carry out its statutory scrutiny functions. Partners will not be required to give information that can be classed as exempt from publication under Schedule 12A of the Local Government Act 1972, for example information which relates to and identifies an individual.

A separate protocol has been agreed between the Health and Wellbeing Board, the City Council's health scrutiny and Healthwatch Nottingham. While these bodies have specific and distinct functions, there is potential for overlap in their work and opportunities for them to work in a complementary way while maintaining their independence. The protocol clarifies the role of the three bodies, their obligations to each other and how they will work together to improve the health and social care services for people in Nottingham.

15. Engagement of citizens

The Health and Wellbeing Board aims to be open and transparent in the way that it works, and inclusive in the way that it engages with citizens, service users and the public.

The Health and Wellbeing Board meets in public every other month in accordance with Section 100A of the Local Government Act 1972 (as amended) and agendas, associated reports and minutes are all published on the Nottingham City Council website. Members of the public, including press, are welcome to attend public meetings of the Board and are able to record and report on those meetings for others if they wish to do so.

Most Board meetings include a themed section relating to an outcome of the Joint Health and Wellbeing Strategy. Where possible a relevant citizen story is incorporated into this themed section to enable the Board to learn directly from citizen experience. Information on what happened as a result is fed back to the citizen concerned.

Where appropriate, the Board carries out consultation and engagement with citizens to inform its decision making. For example, a range of engagement events were held to shape the development of the Joint Health and Wellbeing Strategy and almost 500 people provided their views on what was important to them.

Contacts

Chair:

Councillor Alex Norris, Nottingham City Council Portfolio Holder for Adults and Health

alex.norris@nottinghamcity.gov.uk

Lead officer:

Alison Challenger, Nottingham City Council Director of Public Health

alison.challenger@nottinghamcity.gov.uk

Co-ordination and meeting administration:

Jane Garrard, Nottingham City Council Constitutional Services Team

jane.garrard@nottinghamcity.gov.uk

0115 8763415

Health and Wellbeing Board Forward Plan 2016/17

Submissions for the Forward Plan should be made at the earliest opportunity through Jane Garrard, Nottingham City Council Constitutional Services Team

jane.garrard@nottinghamcity.gov.uk

Date of meeting	Report title	Purpose <i>JHWS themed section/ for resolution/ for information</i>	Lead report author and contact details
25 January 2017 Mental Health and Wellbeing	JHWS Mental Health and Wellbeing outcome - progress report	JHWS outcome themed section	
	JHWS Mental Health and Wellbeing outcome – citizen story	JHWS outcome themed section	
	Safeguarding Adults Board Annual Report		Louisa Butt louisa.butt@nottinghamcity.gov.uk
	Safeguarding Children’s Board Annual Report		John Matravers john.matravers@nottinghamcity.gov.uk
	Health and Wellbeing Board Membership Change To note Superintendent Ted Antill replacing Superintendent Mike Manley	For information	-
	Board member updates	For information	-
	Health and Wellbeing Board Commissioning Sub Committee 14 December 2016 draft minutes	For information	-
29 March 2017 Healthy Culture	JHWS Healthy Culture outcome – progress report	JHWS outcome themed section	
	JHWS Healthy Culture outcome – citizen story	JHWS outcome themed section	
	Health and Wellbeing Board Annual Report		Jane Garrard jane.garrard@nottinghamcity.gov.uk
	Board member updates	For information	-
	Commissioning Executive Group – revised Terms of Reference and update on work		Katy Ball katy.ball@nottinghamcity.gov.uk Christine Oliver christine.oliver@nottinghamcity.gov.uk

Date of meeting	Report title	Purpose <i>JHWS themed section/ for resolution/ for information</i>	Lead report author and contact details
	Health and Wellbeing Board Commissioning Sub Committee 8 March 2017 draft minutes	For information	-

NB: New Joint Strategic Needs Assessment chapters to be included on next available agenda 'for information'

Items to be scheduled:

- Memorandum of Understanding CCG and Public Health
- Director of Public Health Annual Report [Alison Challenger]
- Workplace health [Alison Challenger/ Helene Denness]
- Joint commissioning priorities 2016/17 RAG rating to agree a timetable for reviewing progress on plan [Christine Oliver]

Items for 2017/18

May 2017

- JHWS Healthy Environment outcome – progress report
- JHWS Healthy Environment outcome – citizen story

July 2017

September 2017

- Annual review of Joint Health and Wellbeing Strategy performance metrics [James Rhodes]
- Evaluation of JSNA process and outcomes [Caroline Keenan/ Rachel Sokal]

November 2017

January 2018

March 2018

Statutory Officers Report for Health and Wellbeing Board

Corporate Director of Children's Services

November 2016

Resettlement of Refugee Children from Calais

As you will no doubt have seen in recent press coverage, the resettlement of children from the Calais refugee camp has begun, after the UK government agreed to take in separated children with existing links to Britain. Around 700 children are expected to arrive from Calais over the next few weeks. A small number will be reunited with family members, the others will be placed in the care of local authorities through the National Transfer Scheme. We have received a number of children from Calais and I'd like to offer my sincere thanks to partners who have been supporting this process at very short notice.

There are ongoing discussions with government regarding funding rates for unaccompanied asylum seeking children and about how these children and young people can be distributed equitably across the country. However, above all else our key priority remains protecting and providing security for these children. We will be providing all necessary support to enable them – and the families that they are reunited with – to start a successful new life in the UK.

Looking After Each Other campaign

We've been working with Nottingham Community and Voluntary Service (NCVS) and the Nottingham City NHS Clinical Commissioning Group (CCG) on a new Looking After Each Other Campaign.

The campaign launched on Monday 7 November and will run for eight weeks up until Christmas – and give people ideas and suggestions of how they can make a difference in Nottingham.

As well as creating kinder and more thoughtful communities, we hope this campaign will help to manage the demand on NHS and city council services.

For more details, please see our new website www.LookingAfterEachOther.co.uk.

Liquidlogic and ContrOCC system roll out across Adults and Children's Services

The Liquidlogic Adults and ContrOCC systems were rolled out to the Adults teams at the beginning of August, and over the course of the last couple of months the Project Evolution team have been working on fixes and small changes to improve usability of the system. Teams are getting on well with the new system and lots of work is taking place across the department to make the best use of the systems.

The Children's Liquidlogic, Early Help Liquidlogic and ContrOCC systems are due to go live at the end of November and training is currently underway to

prepare staff for the go live. Preparations are underway to manage the changeover from CareFirst & Castle to the Liquidlogic and ContrOCC system, with Team Managers producing detailed plans for their teams to support them during this period. CareFirst and Castle will become READ ONLY at 5pm on Friday 18th November as we move the cases across to the new system, there will be a manual recording process in place from the 18th through to the 28th November when the new system will be ready to use.

SEND Peer Review

On 3rd and 4th November, Nottingham City took part in a sector-led improvement Peer Review undertaken by regional colleagues. The review assessed how well the local area supports children and young people with special educational needs and/or disabilities, based on the Local Area SEND Inspection Framework. The team of five reviewers spent two full days in Nottingham City, visiting fourteen providers. As the first Local Authority area in the region to take part in the Peer Review, this process will better inform our preparations for a full inspection.

Overall findings highlighted good evidence for SEND pathway implementation. The City has a clear vision and commitment to children and young people with SEND, articulated from elected members and the most senior leaders within the local area. There are effective policy frameworks in place, such as a joint commissioning plan shared with the LA and CCG, co-designed by agencies, which places this vision within a strategy for implementation. The SEF provides an analysis of the elements of the SEND pathway implementation, which indicates that leaders know the City well, including two key lines of enquiry for the review, areas of strength - Education, Health and Care Pathway and areas which they intend to improve further - Preparing for Adulthood. There is cross service representation, with one department for children and adults, including a whole life disability strategy (WLD).

There is good evidence of an effective Education, Health and Care Pathway with positive partnerships between settings, schools, colleges and the LA SEND team. There is clear evidence of effective early identification of need. The Early Years Pathway is positive and supported by a range of health, education and social care professionals and services. Early Help identifies key families within the city requiring support beyond universal services. Parents seen within settings and schools have a positive experience of engagement, co-production, access to services and needs being met. The LA sets out expectations within its well-regarded Provision Maps, developed through close working with SENCOs across the City. There are plans to develop work on Preparing for Adulthood, however strengths include universal positive feedback by families and providers about the Futures service and the dedicated provision of advice and guidance; and emerging developments across 0-18/18-25 structures with the Whole Life Disability strategy.

Knife Crime Event

On the 7th November, we held a Knife Crime event for partners to look at the local response to young people who demonstrate a propensity to violence,

including the use of knives. The aim of the event was to strengthen the local multi-agency approach to earlier intervention. This event was supported and funded jointly by the safeguarding board and the Crime Drugs Partnership.

Association of Directors of Childrens Services (ADCS) Blogs

In my role as Vice President of ADCS, I regularly have to write blogs on a variety of issues – I thought that you might like to read my most recent ones:

Recruitment - <http://adcs.org.uk/blog/article/why-do-we-do-what-we-do>

Domestic Abuse - <http://adcs.org.uk/blog/article/domestic-abuse-in-the-spotlight>

Trust - <http://adcs.org.uk/blog/article/its-all-about-trust>

Alison Michalska
Corporate Director for Children and Adults
(November 2016)

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Healthwatch Nottingham

Health and Wellbeing Board Update - November 2016

Closure of GP practices/GP lists

In our last update we described the work that Healthwatch is undertaking in relation to the challenges within primary care services in the city and specifically, those faced by inner city general practice. We think that the impacts are particularly severe in the inner city and it is important that Healthwatch try to understand the implications of these pressures for patients. Our focus is on the experience of practitioners at Mary Potter Health Centre, where all three of the practices working from there have temporarily closed their lists to new patients. Using Mary Potter as a case study, our aim is to highlight the pressures and issues facing practitioners both there and in other inner city practices which share similar patient demography. The work is ongoing and we intend to report to the Health Scrutiny Panel in January.

Mental health crisis services

As reported in our last update, we worked with Healthwatch Nottinghamshire on a commissioned piece of engagement work to understand the experiences of people who have experience of mental health crisis services in the city and county. The final report has been submitted to Nottingham City Clinical Commissioning Group and both Healthwatch Boards. A presentation on our work was given at a recent update on the Crisis Concordat work being done in the City, held at Loxley House and attended by over 50 people. The report received some coverage in the local media largely because we drew attention to some of the gaps that exist in current crisis response services, at least in relation to the 'seldom heard' groups that we researched. We have now received a detailed action plan that makes direct reference to our recommendations. We will continue to work with health services and listen to people's experiences of mental health crisis services in Nottingham.

Joint Strategic Needs Assessment

We continue our work with the City and County councils to help ensure that local people's voices and experiences of local health and social care services are represented in this document. We attended the Disability Involvement Group to answer questions about our report on the experiences of people living with a physical and/or sensory impairment. We have recently completed a series of focus groups with people living with neurological conditions - specifically Epilepsy, Multiple Sclerosis, Motor Neurone Disease and Myasthenia Gravis. The report will be completed early in the New Year.

Lesbian, Gay, Bisexual and Transsexual (LGBT) engagement

We are continuing to focus our engagement activities on Nottingham's LGBT communities in and specifically, engagement with young people who identify as LGBT. We have begun a series of structured interviews with members of the community and the early indications are that despite the progress that has been made in recent years, though we are still collecting data, emerging themes suggest that some members of the LGBT community are facing what they perceive to be differential experiences.

Enter and View in Residential Care Homes

Healthwatch Nottingham will be undertaking our first 'Enter and View' visit in November. The objective of the Enter and View programme is to gather information from service users, and where possible those who visit them, by speaking with them about their experience of the care they receive. This data will then be used to make evidence-based recommendations about how to improve patient experiences going forward (if appropriate). We are focussing this programme in residential care facilities and our first visit is to Highfields Nursing Home, Bulwell. We are aware that focussing on residential care homes could help identify services in need of support to improve patient experience, and therefore provide us with an opportunity to influence quality for people who are likely to be very vulnerable and seldom heard when it comes to the experiences and views of services.

[Attached: Dashboard showing experiences collected and sentiment April - October 2016]

Experiences collected

253

Experiences collected

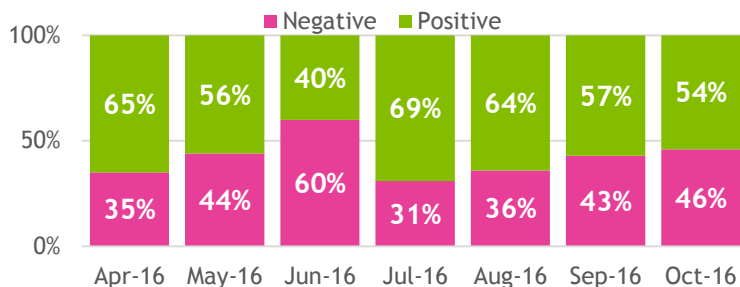
93

Identifiable services reviewed

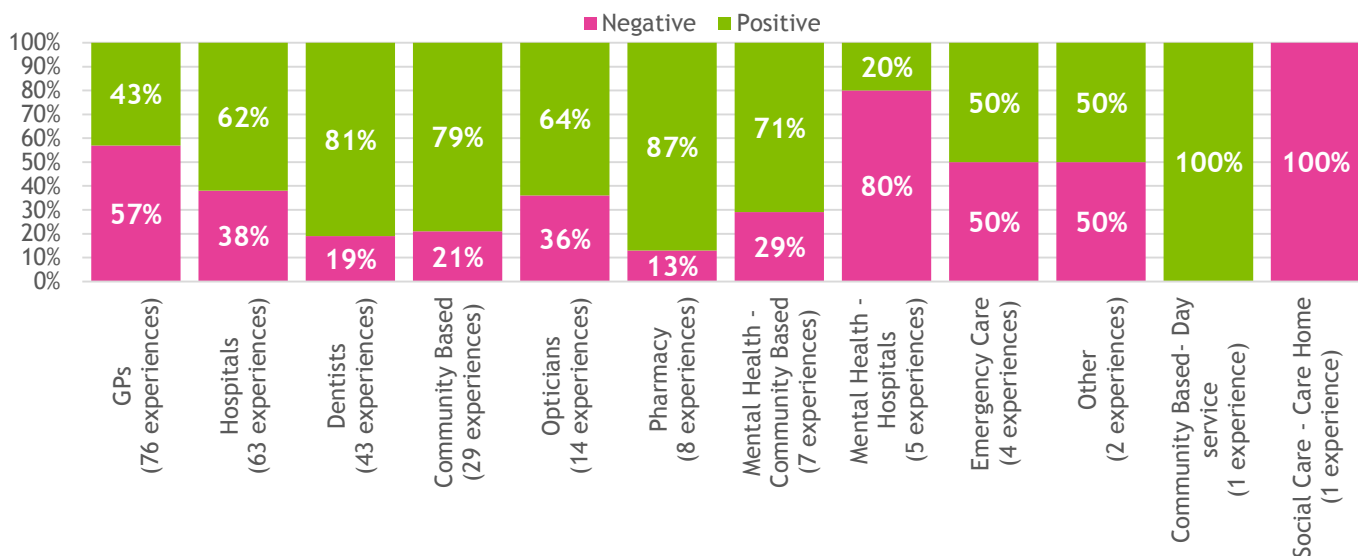
Note: this does not include experiences collected through Question of the Moment or Insight Projects

Source of experiences and sentiment

Source	No.	Negative	Positive
Healthwatch direct	178	42%	58%
Online monitoring	16	25%	75%
Patient Opinion	58	29%	71%
Information sharing	1	100%	0%
All sources	253	38%	62%

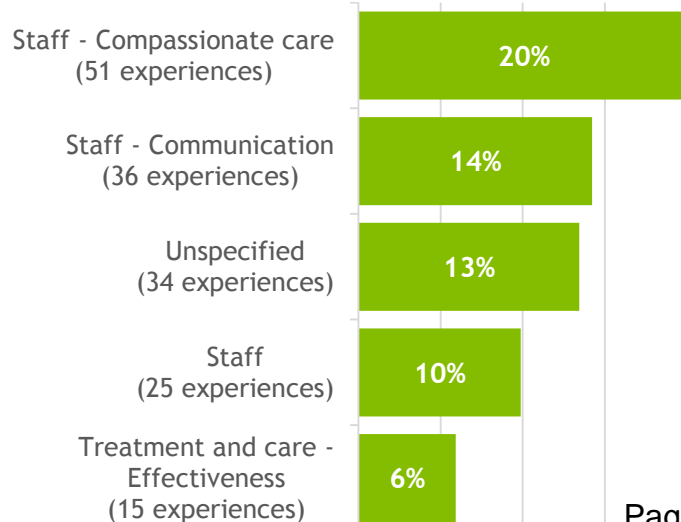


Service types and sentiment

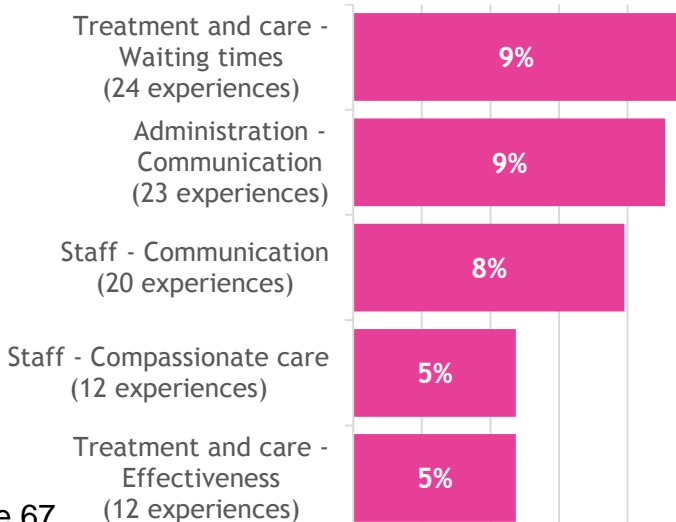


Themes of reviews

Top five positive themes



Top five negative themes



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NOTTINGHAM CITY COUNCIL

HEALTH AND WELLBEING BOARD COMMISSIONING SUB COMMITTEE

MINUTES of the meeting held at LB 31 - Loxley House, Station Street, Nottingham, NG2 3NG on 14 September 2016 from 16.30 - 17.05

Membership

Voting Members

Present

Katy Ball

Absent

Dr Marcus Bicknell
Councillor Alex Norris
Maria Principe

Jo Williams (substitute for Maria Principe)

Non-Voting Members

Present

Christine Oliver

Absent

Lucy Anderson
Alison Challenger
Martin Gawith
Colin Monckton

Colleagues, partners and others in attendance:

Lisa Lopez - Commissioning Manager
Darren Revill - Finance Analyst
Jane Garrard - Senior Governance Officer

67 CHANGE TO COMMITTEE MEMBERSHIP

RESOLVED to note the following changes to the Sub-Committee's membership:

Voting Members

Replace Assistant Chief Executive/ Strategic Director for Strategy and Commissioning (City Council) with Director of Commissioning and Procurement (City Council)

Non-Voting Members

**Replace Director for Procurement and Children's Commissioning (City Council) with Head of Commissioning (City Council)
Remove Director of the Crime and Drugs Partnership**

68 APOLOGIES FOR ABSENCE

Dr Marcus Bicknell
Martin Gawith
Councillor Alex Norris

Maria Principe

69 DECLARATIONS OF INTERESTS

None

70 MINUTES

The minutes of the meeting held on 20 July 2016 were confirmed as an accurate record and signed by the Chair.

71 BETTER CARE FUND 2016/17 QUARTER 1 BUDGET MONITORING REPORT

Darren Revill, Finance Analyst, introduced the report outlining the 2016/17 Quarter 1 budget monitoring information for the Better Care Fund. He highlighted that:

- a) The fund balance at the end of Quarter 1 was £178,285.
- b) The forecast position of the pooled fund at Quarter 1 showed an underspend of £535,000. This was due to slippage in various schemes, most notably seven day working within social care which is now not planned to start during 2016/17.
- c) The updated forecast of the 2015/16 pooled fund balance showed a £122,000 underspend against commitments.

During discussion it was noted that there was an item later on the agenda regarding proposals to allocate the underspend.

RESOLVED to

- (1) note the cash flow position of the Better Care Fund Pooled Fund as at Quarter 1 of 2016/17 as set out in table 1 of the report; and**
- (2) note the forecast position of the Better Care Fund Pooled Fund as detailed in tables 2 and 3 of the report.**

72 UTILISATION OF DISABLED FACILITIES GRANT

This item was withdrawn from the agenda.

73 COMMISSIONING SUPPORT SERVICES FOR CARERS

Lisa Lopez, Commissioning Manager Nottingham City Council, introduced the report setting out proposals for the procurement of services to support adult carers and young carers and carrying out statutory assessments to identify carers' needs. She highlighted the following information:

- a) Carer support is a form of early intervention, improving the quality of life for both carers and the people that they are caring for. The Care Act 2014 and

Children and Families Act 2014 place duties on the Local Authority to assess and meet the needs of carers.

- b) There are approximately 27,000 carers in Nottingham City but this is likely to be an under-estimation as many carers don't identify as such. Carers in Nottingham City are older than the national average and undertake caring responsibilities for more hours per week than the national average.
- c) The contracts for existing services to support carers end on 31 March 2017.
- d) Current carer support services are commissioned from a range of providers. The creation of a single combined Carers Hub has the potential to improve efficiency, streamline the referral pathway and increase awareness of the support available to carers.
- e) It is anticipated that savings of £85,000 per year will be achieved while supporting over 200 more carers than previously.
- f) Carers have been consulted and included in every stage of the process; including consultation with carers from BAME communities (support for carers from BAME communities had previously been identified as a weakness of current services).
- g) The proposed services will be funded through the Better Care Fund.

During discussion it was confirmed that it was proposed to use an aligned commissioning model. The Sub-Committee expressed a need for further clarification as to which organisation will hold the contract and therefore who should sign the contract.

RESOLVED to

- (1) approve the expenditure of £4.175m of the Better Care Fund budget over the entirety of the contract term for the provision of the Carer Support Services as detailed in exempt appendix 1;**
- (2) approve the procurement of the three Carer Support Services as detailed in exempt appendix 1, through an appropriate procurement process, and to award contracts for the services based on the outcomes of the procurement process. The approved contracts to commence on 1 April 2017 for a three year period with an option to extend on an annual basis for a further two years (3+1+1) to a maximum of 5 years in total. The procurement of, and contractual arrangements for the Carer Support Services to be undertaken jointly by Nottingham City Council and NHS Nottingham City Clinical Commissioning Group, subject to agreement of suitable processes and arrangements by Director of Commissioning and Procurement (Nottingham City Council) and Director of Cluster Development and Performance (NHS Nottingham City Clinical Commissioning Group);**

- (3) delegate authority to Director of Commissioning and Procurement (Nottingham City Council) and Director of Cluster Development and Performance (NHS Nottingham City Clinical Commissioning Group) to jointly approve the outcome of the procurement processes and award contracts to providers that are deemed most suitable to provide these services; and**
- (4) delegate authority to Director of Commissioning and Procurement (Nottingham City Council) and Assistant Director Health and Care Integration (NHS Nottingham City Clinical Commissioning Group) to jointly decide who should sign the final contracts and agree annual extensions on the basis of performance and budget availability.**

74 EXCLUSION OF THE PUBLIC

RESOLVED to exclude the public from the meeting during consideration of the remaining item in accordance with Section 100A(4) of the Local Government Act 1972 on the basis that, having regard to all the circumstances, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

75 COMMISSIONING SUPPORT SERVICES FOR CARERS - EXEMPT APPENDICES

The Sub-Committee considered the exempt appendices to the Commissioning Support Services for Carers report.

RESOLVED to note the information contained within the exempt appendices.

76 BETTER CARE FUND UNDERSPEND PROPOSALS

The Sub-Committee considered the information set out in the exempt report, the details of which can be found in the exempt minute.

NOTTINGHAM CITY COUNCIL

HEALTH AND WELLBEING BOARD COMMISSIONING SUB COMMITTEE

MINUTES of the meeting held at Loxley House, Station Street, Nottingham NG2 3NG on 9 November 2016 from 16.48 - 16.52

Membership

Voting Members

Present

Dr Marcus Bicknell
Maria Principe

Absent

Katy Ball
Councillor Alex Norris

Non Voting Members

Present

Martin Gawith
Christine Oliver (substitute for Katy Ball)

Absent

Lucy Anderson
Alison Challenger
Colin Monckton

Colleagues, partners and others in attendance:

- | | |
|---------------|--|
| Clare Gilbert | - Commissioning Lead – Adults, Nottingham City Council |
| Rachel Sokal | - Public Health Consultant, Nottingham City Council |
| Jo Williams | - Assistant Director Health and Care Integration, NHS Nottingham City Clinical Commissioning Group |
| Jane Garrard | - Senior Governance Officer |

77 APOLOGIES FOR ABSENCE

Katy Ball
Councillor Alex Norris – personal

78 DECLARATIONS OF INTERESTS

None

79 MINUTES

The minutes of the meeting held on 14 September 2016 were confirmed as an accurate record and signed by the Chair.

80 BETTER CARE FUND UNDERSPEND PROPOSALS

Maria Principe, Director of Cluster Development and Performance, NHS Nottingham City Clinical Commissioning Group introduced the report. It was proposed that the Better Care Fund underspend be used to fund existing mainstream services that support the Better Care Fund objectives. There was support in principle for funding homecare services but it was felt that further information was required before a decision could be taken, including how implementation would be performance managed by the Sub Committee.

RESOLVED to

- (1) use the Better Care Fund underspend to fund existing mainstream services;**
- (2) use £40,000 of the Better Care Fund underspend for a project manager to oversee transformational activity related to the integrated savings plan;**
- (3) bring proposals for use of the remaining Better Care Fund underspend to fund existing mainstream services to a future meeting of the Sub Committee; and**
- (4) consider funding the Transfer to Assess proposal at the Sub Committee's meeting in December 2016 subject to further details around the model and the inclusion of performance management measures.**

81 EXCLUSION OF THE PUBLIC

RESOLVED to exclude the public from the meeting during consideration of the remaining item in accordance with Section 100A(4) of the Local Government Act 1972 on the basis that, having regard to all the circumstances, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

82 EXEMPT MINUTES

The exempt minutes of the meeting held on 14 September 2016 were confirmed as an accurate record and signed by the Chair.

Obesity

Topic information	
Topic title	<i>Obesity</i>
Topic owner	<i>Rachel Sokal</i>
Topic author(s)	<i>Helen Ross, Sarah Diggle, Louise Noon</i>
Topic quality reviewed	<i>May 2016</i>
Topic endorsed by	<i>Sustainable Healthy Lifestyles Group 2016 July 2016</i>
Current version	<i>2016</i>
Replaces version	<i>2012</i>
Linked JSNA topics	<i>Physical Activity, Diet and Nutrition, Mental Health, Diabetes, Cardiovascular disease, Early years</i>

Executive summary

Introduction

Defining obesity: *Obesity is “a term used to describe somebody who is very overweight, with a lot of body fat”* (NHS Choices 2014). The World Health Organisation’s (WHO’s) definition of overweight and obesity is “*abnormal or excessive fat accumulation that may impair health*”. (WHO 2015) These definitions are important as they indicate what to measure when investigating obesity.

Measuring obesity: Body mass index (BMI) is a widely used measure of healthy weight for height. BMI is not used to definitively diagnose obesity – very muscular people sometimes have a high BMI, without excess fat – but for most people, it can be a useful indication of whether they may be overweight.

Adults with a body mass index (BMI) more than or equal to 30 kg/m² are classified as obese, however people from Asian and other minority ethnic groups are at an equivalent risk of health conditions or mortality at a lower BMI than the white European population. (NICE [PH46] July 2013).

Children’s BMI is classified using thresholds that vary to take into account the child’s age and sex and those with a BMI over the 95th percentile – based on the 1990 UK reference population are classified as obese. (The Health and Social Care Information Centre 2012 NICE guidelines [PH42]).

What are the implications for health? The Chief Medical Officer considers the growing obesity problem to be so serious that the government needs to make tackling obesity in the whole population a national priority. Her report recommends that obesity be included in the government’s national risk planning. (Chief Medical Officer 2014). The inequality in obesity prevalence by deprivation is widening. Obesity significantly increases the risk of diabetes, cardiovascular disease, certain cancers and premature mortality

What are the causes of obesity? The fundamental cause of obesity and overweight is an energy imbalance between calories consumed and calories expended. Factors which have contributed to this increase include physiological factors, eating habits,

activity levels and psychological influences which occur at an individual and societal level (Foresight, 2007). Globally, there has been an increased intake of energy-dense foods that are high in fat; and an increase in physical inactivity due to the increasingly sedentary nature of many forms of work, changing modes of transportation, and increasing urbanization (WHO 2015).

This chapter provides information about obesity in Nottingham in relation to the national picture. Specific information about physical activity and diet and nutrition are considered in separate chapters. To make it easier for people working with children, young people and adults to understand who is at risk and their needs, information is split within each section, where appropriate, between general information applicable to the whole population, children and young people (2 to 15 year olds) and adults.

Unmet need and gaps

General Issues

1. Obesity is estimated to affect around one in every four adults and around one in every five children aged 10 to 11 in the UK. (NHS Choices 2014). Almost a sixth of children (16%) aged 2 to 15 years were obese (The Health and Social Care Information Centre 2012).
2. Trends in national and local obesity prevalence suggest adult and child obesity rates are likely to continue rising for the foreseeable future and inequalities are likely to widen without intervention.
3. To be effective in tackling obesity, and particularly to help the poorest in society, activity needs to go beyond health messages and information to consumers. Actions need to be taken to address the structural drivers of obesity. To achieve sugar reduction, this would mean focusing on the environmental drivers e.g. advertising and marketing, price promotions, sugar levels in food and food availability. Price increases on specific high sugar products like sugar sweetened drinks (which has now happened), such as through fiscal measures like a tax or levy, if set high enough, would reduce purchasing at least in the short term.
4. Treating obesity and its consequences alone currently costs the NHS £5.1bn nationally every year (Public Health England 2015).
5. The family environment has a strong influence on a child's development, their eating and activity habits, and predisposition to overweight. Nottingham has high rates of adult obesity increasing the risk of child obesity.
6. Obesity in pregnancy increases the risk of complications for the mother and child during pregnancy and childbirth. The proportion of obese pregnant women in the city is estimated to be higher than the national average which has increased in the last decade.
7. There is a need to continue to expand provision of universal and targeted interventions in order to reduce long-term need for health services to tackle the complications of child and adult obesity.

Children and Young People's Issues

1. Having multiple early-life risk factors is associated with a more than four-fold increased risk of being overweight or obese in later childhood. (CMO 2014)
2. The prevalence of obesity at age 4-5 years and 10-11 years in Nottingham is significantly higher than the England average and is the second highest in the country at age 4-5 years.
3. The proportion of children that are obese doubles between age 4-5 years and 10-11 years.

4. Obesity in children and women is strongly associated with deprivation. In Nottingham where there are high levels of deprivation, this is a significant contributing factor.
5. There is a potential gap in weight management service provision for children aged 2-4 and for 5-15 year olds.
6. The commissioned (mainly adult) weight management service provided by Slimming World is poorly accessed by 14-15 year olds.
7. The provision of free leisure provision for families on the Healthy Weight Support programme provided a positivity opportunity for families to be active. The 'activate' programme is no longer offered as part of the programme which may have a detrimental impact on outcomes of the programme.
8. There is a need to increase capacity and capability ensuring all staff working with children and families are trained to consistently and sensitively raise the issue of weight and offer appropriate support in line with the care pathway and to promote consistent evidence based healthy eating and physical activity information.

Adults Issues

1. A greater proportion of people not working due to being sick or disabled are obese compared to those that are not obese.
2. Uptake of adult weight management services by Asian women is low in proportion to need.
3. The prevalence of obesity recorded in GP practices is higher in adults with learning disability than the general adult population.
 - a. 39% of adults aged 18 years and over (38% of men and 40% of women) were overweight.
4. As obesity is the main risk factor for Type 2 diabetes, the associated health and care costs also rise.

Recommendations for consideration by commissioners

General: Overall Strategic Approach

1. The leadership role of the local authority in developing a workable whole systems approach is crucial. Doing so will contribute to helping local authorities and partners meet many priorities including improving quality of life, reducing expenditure and creating stronger communities.
2. In accordance with NICE Guidance PH42 (2012) the Health and wellbeing board should:
 - a. ensure tackling obesity is one of the strategic priorities of the joint health and wellbeing strategy.
 - b. develop a sustainable, community-wide approach to obesity in accordance with NICE guidelines [PH42] that is coherent, community-wide, and multi-agency in its approach to address obesity prevention and management. Activities should be integrated within the joint health and wellbeing strategy and broader regeneration and environmental strategies.
 - c. through the performance infrastructure, should regularly (for example, annually) assess local partners' work to tackle obesity (taking account of any relevant evidence from monitoring and evaluation). In particular, they should ensure clinical commissioning group operational plans support the obesity agenda within the health and wellbeing strategy.
 - d. optimise the positive impact (and mitigate any adverse impacts) of local policies on obesity levels. This includes strategies and policies that may have an indirect impact, for example:

- i. continue to develop opportunities that increase physical activity e.g. improve people's use of parks through park wardens and through encouraging active travel through the Local Transport Plan and reducing those which favour car use over other modes of transport.
3. Develop attractive safe open green spaces and build the urban environment to encourage active travel (walking, biking etc.).
4. Re-invigorate the Nottingham Healthy Weight Strategy.
5. New evidence about the impact of sugar on diet and health needs to be taken into account and addressed (PHE 2015). Consider options to support the population to reduce the consumption of sugar in their diets such as:
 - a. attracting organisations to Nottingham that produce and sell healthy food products
 - b. introducing local pricing mechanisms to make high sugar options less affordable
6. Develop a Healthy Workforce programme.
7. Develop, implement and evaluate the Healthy Weight Strategy and high level action plan with an emphasis on universal and targeted approaches to increase physical activity and improve the diet of the population. These approaches are more likely to reduce the average BMI of the population than high risk group approaches or weight management alone (see also recommendations in the physical activity and diet and nutrition chapters).
8. More research is required to understand underlying causes of obesity and effectiveness of interventions to tackle obesity. Interventions should therefore be rigorously evaluated
9. Joint working with Planning, Transport Planning, Policy and Development Management to ensure the potential for physical activity and healthy eating is maximised, for example, through protecting the places required for people to gain the necessary physical activity, creating a build environment that supports physical activity and active travel and protecting spaces for growing food locally.
10. Rigorously evaluate current interventions by including evaluation criteria from the [Standard Evaluation Framework for Weight Management Interventions](#), (National Obesity Observatory, 2009) in contracts, and through research to inform future impact modelling and commissioning.

Children and Young People

1. Review the availability and accessibility (financial) of leisure activities for young people who are accessing weight management and explore ways to ensure adequate and accessible provision.
2. Prioritise early identification and prevention of obesity through the Healthy Child Programme by setting clear commissioning outcomes within Health Visiting, Family Nurse Partnership and Early Help service specifications.
3. Continue to ensure at least 90% participation in the National Child Measurement Programme.

Prevention: Universal and Targeted Approaches

General

Use the learning from the LSTF programme to plan future active travel programmes that measure the health benefits and identify the necessary resources to implement them.

Children

1. Implement the Nottingham Breastfeeding Framework for Action and ensure a co-ordinated programme of interventions across different settings to increase breastfeeding rates.
2. Ensure early identification and prevention of obesity through the Healthy Child Programme by setting clear commissioning outcomes.
3. Consider the feasibility of implementing Born to Move¹ in partnership with SSBC.
4. Work with nurseries and other early years providers to minimise sedentary behaviour in infants and children.
5. Consider the re-implementation of the Healthy Children's Centre Standard (based on the Healthy Schools Model).
6. Explore the opportunity for Early Help Services to support families around healthy weight (maternal and child obesity) through 'every contact counts'.
7. Explore the feasibility of providing parent interventions to address obesity in an accessible format (eg online).
8. Ensure that the involvement of whole families (parents and children) in interventions that promote both healthier diet and more physical activity are prioritised.
9. Evaluate the Food for Life Partnership to inform future commissioning decisions.
10. Develop family and child nutrition interventions and ensure integrated provision through Children's Centres, schools, and other community settings.
11. Consider expansion of cook and eat sessions provided through the Public Health Nutrition team and the Early Help service.
12. Continue to deliver and expand the school PE sport and adventurous activity programme targeted at children who are least active.
13. Develop local targets for increasing children's participation in high quality PE and sport in schools.
14. Continue universal provision of support to schools around healthy weight through the Healthy Schools team and Health Improvement Facilitators within school nursing.
15. Ensure that the development and improvement of school playgrounds is strategically planned.
16. Encourage secondary schools to prioritise the reduction of fizzy/energy drinks within the framework of Healthy Schools..

Specialist – Weight Management Services

1. Review the child obesity pathway to ensure there is sufficient targeted weight management provision for children and young people from age 2-15 years.
2. Improve access and referral route to Slimming World for Young People and their Families.
3. Ensure the early years workforce understand referral routes into the child obesity pathway.
4. Conduct robust evaluation of the healthy weight coordinator support package.

Adults

1. Prioritise and consider the needs of pregnant women and new mothers in the development of the adult healthy lifestyle programmes. Explore ways to increase the access of Asian women to weight management.
2. Ensure weight management is accessible to adults with learning disability

¹ Born to Move - is a home visiting programme for families with a child between the ages of nought to five that encourages parent and child active play to improve the child's motor co-ordination and support early language and literacy skills.

3. Continue to develop the weight management and care pathway for women, before, during and after pregnancy.
4. Evaluate the effectiveness of the NUH Maternal Obesity Programme (Bumps and Beyond) including equity of access.
5. Continue to build the capability of the workforce to ensure those working at a local level are clear about promoting the benefits of a healthy weight and feel confident in sensitively raising the issue with those who are overweight or obese.

Diet and Nutrition

Topic information	
Topic title	<i>Diet and Nutrition</i>
Topic owner	<i>Rachel Sokal</i>
Topic author(s)	<i>Vicky Watson, Robert Stephens</i>
Topic quality reviewed	<i>Nov 2016</i>
Topic endorsed by	<i>Diet and nutrition working group for the Physical Activity, Obesity and Diet and Nutrition strategy</i>
Current version	<i>2016</i>
Replaces version	<i>2012</i>
Linked JSNA topics	<i>Physical activity, Obesity</i>

Executive summary

Introduction

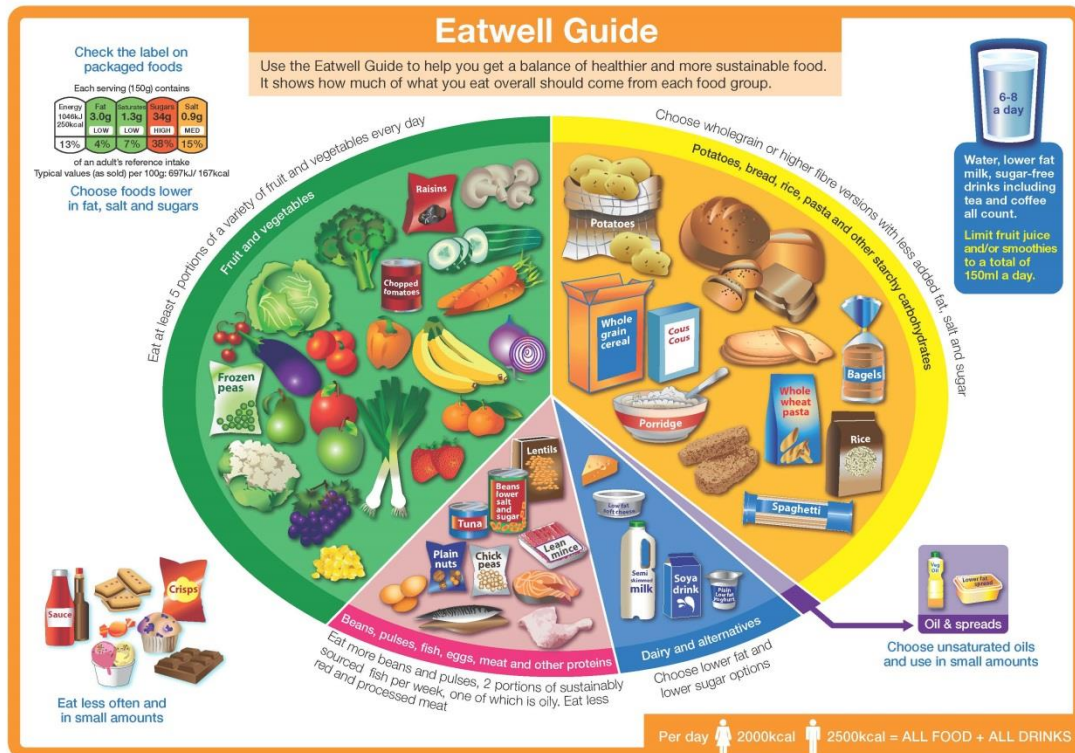
Good nutrition has a key role to play in both the prevention and management of diet-related diseases such as cardiovascular disease (CVD), cancer, diabetes and obesity (World Health Organisation, 2003). A child's diet during the early years has an impact on their growth and development. Diet is linked to the incidence of many common childhood conditions such as iron-deficiency anaemia, tooth decay and vitamin D deficiency (NICE 2015). Healthy eating during childhood and adolescence is vital as a means to ensure healthy growth and development and to set up a pattern of positive eating habits in order to reduce the risk of poor health in adult life.

Dietary intake and eating behaviours in England are related to socioeconomic position. People from lower socioeconomic groups tend to have diets that are less healthy than people from higher socioeconomic groups (Public Health England 2013). A poor diet is also associated with malnutrition and micronutrient deficiencies. Other effects include negative impacts on mental health, oral health and academic performance (British Medical Association 2015).

Unhealthy diets, along with physical inactivity, have contributed to the growth of obesity in England. The combination of unhealthy diets, physical inactivity, and high BMI is the biggest overall contributor to disability adjusted life years in England. Declines in mortality have not been matched by similar declines in morbidity, resulting in people living longer with diseases. (Newton et al 2015). The Department of Health has estimated that if diets matched nutritional guidelines, around 70 000 deaths in the UK could be prevented each year and that the health benefits (in terms of quality adjusted life years (QALYs)) would be as high as £20 billion each year (Cabinet Office 2010).

The promotion of evidence-based healthy eating messages is fundamental. Alongside this, it is necessary to ensure that guidelines concerning a nutritionally adequate diet are implemented to help prevent diet-related deficiencies and malnutrition in vulnerable infants, children and adults.

The Eatwell Guide is the current recommended pictorial representation of a balanced diet (Public Health England, 2016).



The Eatwell guide makes healthy eating easier to understand by giving a visual representation of the types and proportions of foods that should be eaten to provide a well-balanced, healthy diet. This includes snacks as well as meals. The Eatwell guide is intended as a guide to the overall balance of the diet over a day or a week rather than for any specific meal. Children under the age of two have different nutritional requirements so require tailored guidelines but by the age of five children should be eating a diet consistent with general population recommendations. This was reviewed in 2016.

Current nutritional guidelines:

Food Group/ Nutrient	Recommendations	Population Group	Reason for Recommendation on intake	Intake (national data)	Meets Recommendation
Total Carbohydrates	At least 50% of total energy (also includes the new maximum sugar recommendation)	Ages 2 years and above*	Source of energy	48% in 19-64 years olds 47.2% in adults aged 65 and over	Yes
Of which free sugars**	No more than 5% total energy <ul style="list-style-type: none"> • 19g or 5 sugar cubes for children aged 4 to 6. • 24g or 6 sugar cubes for children aged 7 to 10 • 30g or 7 sugar cubes for 11 years and over 	Ages 2 years and above	Higher intake associated with greater risk of <ul style="list-style-type: none"> • Tooth decay • Type 2 diabetes • Energy intake resulting in weight gain and increasing BMI 	Mean Intake <ul style="list-style-type: none"> • 4-10 year olds: 14.7% • 11-18 year olds: 15.4% • Adults aged 19-64: 11.5% 	No
Fat	No more than 35% total energy	All	To reduce the risk of CVD and reduce the energy density of diets	Mean intake no more than 35% in all age/sex groups except Men aged 65 and over: 36%	Yes in all age/sex groups except men aged 65 and over
Of which saturated fat	No more than 11% total energy	All	To reduce the risk of CVD and to reduce the energy density of diets	Mean intake 12.6 % (19 to 64 years)	No
Trans fatty acids	No more than 2% food energy		To reduce the risk of CVD	Mean intake in all age/sex group: 0.6 – 0.7%	Yes
Salt	No more than 6g for adults (children need less)	Adults	To reduce the risk of hypertension and CVD	8.1g/day in adults aged 19-64 7.2g/day in older adults	No

Other nutrients/foods					
Fibre**	<ul style="list-style-type: none"> Adolescents aged 16 to 18 years and adults about 30g/day 11 to 16 years 25 g/day 5 to 11 years 20g/day 2 to 5 years 15g/day 	Ages 2 years and above	To have positive effects on <ul style="list-style-type: none"> Blood lipids Colorectal function 	Mean intake in adults: 13.7 – 13.9g**** per day	No
Fruit and vegetables	At least 5 portions of a variety of fruit and vegetables a day	For aged 11 years and over	Reduces the risk of some cancers, CVD and other chronic conditions	Mean portion intake per day: <ul style="list-style-type: none"> 4.1 in 19 to 64 years Old 4.6 in older adults (30% of 19-64 years and 41% of older adults met recommendation) 3.0 in 11-18 years old boys 2.7 in 11-18 years old girls 	No
Oily Fish	At least 1 portion per week (140g)	Adults	Cardio protective diet	Mean intake of 53 g (19 to 64 years) and 90g (Older adults) per week	No
Red and processed meat	Should not exceed 70g per day	Adults	Excess linked to cancer	Mean consumption 71g per day in 19-64 years olds(86g in men & 56g in women) 63g per day in adults aged 65 and over (75g in men & 54g in women)	Not in men

*No quantitative recommendations are made for children aged under 2 years, due to the absence of information, but from about six months of age, gradual diversification of the diet to provide increasing amounts of whole grains, pulses, fruits and vegetables is encouraged

**replaces the term NEMS and includes all monosaccharides and disaccharides added to foods by the manufacturer, cook or consumer, plus sugars naturally present in honey, syrups and unsweetened fruit juices

***Dietary fibre should be defined as all carbohydrates that are neither digested nor absorbed in the small intestine and have a degree of polymerisation of three or more monomeric units, plus lignin The previous dietary reference value of 18g/day of non-starch polysaccharides, defined by the Englyst method, equates to about 23-24 g/day of dietary fibre if analysed using these AOAC methods, thus the new recommendation represents an increase from this current value

****As defined using Englyst method

This chapter considers the need for a healthy, nutritionally balanced diet. Related chapters include the [Pregnancy](#), [Early years and Obesity](#) chapters.

Unmet need and gaps

- There is an increasing prevalence of obesity and diabetes in the local population
- There is a need to ensure that Nottingham is a city that promotes healthier eating in a broad and structured way taking every opportunity to tackle unhealthy diets as effectively as possible
- The local authority has an important role in considering planning applications for takeaways, both in terms of density and location.
- The PHE Sugar report identifies key recommendations to reduce the sugar intake of the population. There is a need to consider implementation at local level.
- The implications of legislation tackling high sugar and/or high fat diets needs considering. The government have introduced a sugar levy in the 2016 budget.
- There is a need for interventions involving diet in young children to be targeted at high risk groups as part of obesity prevention strategies. Such interventions should be based on available evidence and should be rigorously evaluated for effectiveness.
- Nationally, the health of most population groups would benefit from improved diet. However, groups with the highest risk of poor health due to diet include: Children aged 18 years and under, young adults aged 19-24 years, smokers, people in lower socio-economic groups, adults aged 65 years and over living in institutions and black and minority ethnic groups.
- Further work is required to develop approaches to improve maternal and childhood nutrition.
- On average, low income households and those in the most deprived wards consume less fruit and vegetables, salads, wholemeal bread, wholegrain and high fibre cereals and oily fish and consume more white bread, full fat milk, table sugar and processed meat products
- Further work is required to support culturally appropriate interventions aimed at improving diet and nutrition, including reducing salt intake.

- Accredited training in diet and health is not routinely delivered to many of those who have opportunities to influence others' food choices.
- There is evidence of Vitamin D deficiency and the re-emergence of rickets in some population groups
- In addition to the promotion of healthy eating, there is a need to consider nutritional adequacy of the diet and prevention of malnutrition.

Recommendations for consideration by commissioners

- Ensure that evidence based messages and the "Eatwell guide" are used to promote consistent messages concerning a nutritionally adequate diet, healthy eating and prevention of obesity, CVD and diabetes.
- Interventions to improve diet should prioritise low income groups who have been shown to have the poorest diet and the highest incidence of obesity
- Take forward the recommendations in the PHE Sugar reduction report in a strategic and coordinated way
- Continue to develop interventions that improve the nutritional knowledge and food preparation skills of priority groups
- Develop an implementation plan around obesity prevention in young children, ensuring integrated working across Children's Centres, Schools and other community settings

- Develop a better understanding of local beliefs and attitudes to food and nutrition in cultural groups at higher risk of diet related health conditions and use this to influence commissioning of interventions, to maximise behaviour change
- Raise awareness of lifestyle interventions at a lower BMI for priority BME groups to prevent Type 2 diabetes & stroke
- Influence diet in early years in particular schools through education and implementing recommended national & local council food policy.
- To work with take-away and other food outlets to improve the nutritional quality of food served.
- Use existing powers to regulate the opening times and number of take-away and other food outlets serving foods high in fat, sugar and salt in given areas and in particular near schools.
- Ensure all food procured by, and provided for, people working in this part of the public sector is in line with dietary recommendations made in the 'Eatwell guide'.
- Increased promotion of Healthy Start including vitamin supplements to both professionals and parents, particularly to those in target groups and those who do not access Children's Centres.
- Further partnership working to increase school meal uptake, whilst also evaluating and further developing initiatives to improve nutritional standards of packed lunches.
- To target 16 – 24 year olds as there are no specific schemes in place at present