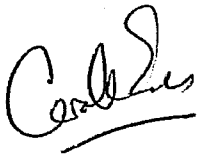
NOTTINGHAM CITY COUNCIL
HEALTH SCRUTINY PANEL

Date: **Wednesday 25 September 2013**

Time: **1.30pm (pre-meeting for all Panel members at 1pm)**

Place: **LB 31 at Loxley House, Station Street**

Councillors are requested to attend the above meeting on the date and at the time and place stated to transact the following business.



Deputy Chief Executive/Corporate Director for Resources

Overview and Scrutiny Review Co-ordinator: Jane Garrard dial – 0115 8764315

A G E N D A

1 **CHANGE IN COMMITTEE MEMBERSHIP**
To note that Councillor Georgina Culley has been replaced by Councillor Eileen Morley

2 **APOLOGIES FOR ABSENCE**

3 **DECLARATIONS OF INTERESTS**
Councillors, colleagues or other participants in meetings are requested to declare any personal or personal and prejudicial interest in any matter(s) on the agenda

4 **MINUTES** Attached
To confirm the minutes of the last meeting held on 24 July 2013

5 **CHANGE MAKER PROGRAMME** Attached
Report of Head of Democratic Services

6 **NOTTINGHAM ADULT MENTAL HEALTH AND WELLBEING STRATEGY** Attached
Report of Head of Democratic Services

7 **WORK PROGRAMME** Attached
Report of Head of Democratic Services

IF YOU NEED ANY ADVICE ON DECLARING AN INTEREST IN ANY ITEM ON THE AGENDA, PLEASE CONTACT THE OVERVIEW AND SCRUTINY CO-ORDINATOR 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.

A PRE-MEETING FOR ALL PANEL MEMBERS WILL BE HELD PRIOR TO THE MEETING AT 1PM IN LB31

Agenda, reports and minutes for all public meetings can be viewed online at:-
http://open.nottinghamcity.gov.uk/comm/default.asp

NOTTINGHAM CITY COUNCIL

HEALTH SCRUTINY PANEL

MINUTES of the meeting held at Loxley House on 24 JULY 2013 from 1.30pm to 4.11pm

✓	Councillor Ginny Klein	(Chair)
✓	Councillor Thulani Molife	(Vice-Chair)
	Councillor Mohammad Aslam	
✓	Councillor Merlita Bryan	
	Councillor Azad Choudhry	
	Councillor Georgina Culley	
	Councillor Brian Parbutt	
✓	Councillor Wendy Smith	(minute 12 to 18)
	Councillor Timothy Spencer	
✓	Councillor Steph Williams	

✓ indicates present at meeting

Colleagues, partners and others in attendance:

Councillor Alex Norris	) Nottingham City) Council	-	Portfolio Holder for Adults and Health
Martin Gawith	) Healthwatch) Nottingham	-	Chair of the Interim Healthwatch Nottingham Board
Karen Archer	)	-	Interim Healthwatch Nottingham Manager
Alison Challenger	) Public Health	-	Deputy Director of Public Health
Caroline Hird	))	-	Locum Consultant in Public Health Medicine
Lynne McNiven	)	-	Consultant in Public Health
Mary Orhewere	)		Consultant in Public Health
Steve Oakley	) Children and) Families	-	Head of Quality and Efficiency
Jane Garrard	) Resources	-	Overview & Scrutiny Co-ordinator
Rav Kalsi	)	-	Constitutional Services Officer

12 CHANGE IN PANEL MEMBERSHIP

RESOLVED to note that Councillor Rosemary Healy has been replaced by Councillor Steph Williams.

13 APOLOGIES FOR ABSENCE

Councillors Azad Choudhry, Brian Parbutt, and Timothy Spencer - all on leave.

14 DECLARATIONS OF INTERESTS

None.

15 MINUTES

The Panel confirmed the minutes of the meeting held on 29 May 2013 as a correct record and they were signed by the Chair.

16 HEALTHWATCH NOTTINGHAM

The Panel considered the report of the Head of Democratic Services on Healthwatch Nottingham's role as the consumer champion for health and social care, representing the collective voice of service users.

Martin Gawith, Chair of the Interim Healthwatch Nottingham Board, updated the Panel on the formation of Healthwatch Nottingham, which was established in April 2013. champion for health and social care. He highlighted the following points:

(a) The role of Healthwatch Nottingham is to give a voice to citizens and communities and to both influence and challenge how health and social care services are provided in the locality;

(b) As an independent organisation, Healthwatch Nottingham provides help to ensure complaints are made in a proper and timely manner. Currently a small organisation, Healthwatch Nottingham is in the process of recruiting new talent to its ranks;

(c) Healthwatch Engagement and Liaison Partnership (HELP) have formed a social enterprise and have been contracted through a procurement process to run Healthwatch Nottingham. This consortium of four voluntary sector organisations has been working over the past year to engage with citizens;

(d) There is a desire to work with 'change-makers' in the City and encourage effective access to services for smaller, more discreet parts of communities;

(e) A significant aspect of current work is signposting citizens appropriately through an information line. In addition, information is collated based on the calls and used to both provide evidence and influence change where possible;

The response to the Panel's questions included:

(f) Membership is growing, with over 720 members currently registered, including organisations;

(g) Due to the strength of relationships already formed by HELP, Healthwatch Nottingham as an organisation is already aware of the networks within the community and will look to engage with them in the future;

(h) Healthwatch Nottingham is funded by Nottingham City Council and is one of the poorest in the UK. Access from other funding sources could be explored but would

need to be approached with caution so that the independence of Healthwatch is not compromised. There was a possibility that Healthwatch will seek additional funding from the Local Authority next year;

(i) Support is given to people who have made complaints about health services where discussions have stalled, to progress towards closure for citizens. Staff members also carry out follow-up calls with citizens to see if concerns have been addressed;

(j) Martin Gawith has regular meetings with complaint groups across all NHS partners and will explore new methods for recording concerns of citizens who, although they have received mostly excellent treatment, felt that there were areas of concern. A different measure of quality will be sought with the possible use of diaries for patients to log their experiences;

(k) The role of Healthwatch Nottingham is not to replace GP or patient forums but to ensure that proper consultation takes place with those organisations that provide a public service;

(l) Healthwatch Nottingham welcomes the opportunity to work with 'change-makers' and, through this, facilitate a range of improvements.

RESOLVED

(1) to welcome the existence of Healthwatch Nottingham;

(2) to invite representatives of Healthwatch Nottingham to attend future meetings of the Panel and to contribute as appropriate;

(3) to explore ways to facilitate a constructive working relationship between the Panel and Healthwatch Nottingham.

17 STANDARDS OF CARE IN RESIDENTIAL CARE HOMES

The Panel considered the report of the Head of Democratic Services on the standards of care in residential care homes, in particular considering the Council's role in ensuring the standard of care received is safe and of high quality.

Steve Oakley, Head of Quality and Commissioning, updated the Panel on the performance and management of contractual arrangements with residential care home providers in Nottingham. He highlighted the following points:

(a) Nottingham City Council holds contracts with a number of residential care home providers both across the City and beyond the boundary. These contracts are managed by the Council's Quality and Commissioning Directorate;

(b) Contracts are reviewed annually and residential care homes for older people are scored on the quality of provision provided, 0-5, with a score of 5 representing the highest quality. The aim is to establish a minimum rating of 2-3 in the quality of provision provided;

(c) There are 77 homes in the City, 4 of which are Council homes. The remainder are privately run homes and the majority of these are smaller organisations;

(d) There has been a shift in the quality of provision provided by residential care homes for older people. There are no longer any care providers classed at a 0 band, the majority of those providers had witnessed an upward trend;

(e) The average banding has increased from 2.10 in 2009/10 to 3.21 in 2013/14, which represents a satisfying increase in the quality of care provided in residential care homes for older people;

(f) Although there has been measurable improvements in a variety of care provisions, including dementia care and safeguarding practices, there has been a lack of improvement noted in care planning and person-centred planning;

(g) Information is collated across a spectrum of agencies, including the NHS, Care Quality Commission, social care, whistleblowers and other partners and is performance managed through a safeguarding process;

(h) There are four stages to the effective management of contract compliance and are as follows: requirement to improve, contract suspension, 90 day final notice and the termination of contract. The stages are not necessarily issued in a specific order and it is possible for a care home to be issued a 90 day final notice and for this then to be lifted. However, where this is not the case a notice of termination is issued;

(i) A quality monitoring framework has been developed as a tool to measure the quality of care provision across all providers. The framework highlights areas of excellence and poor performance through a scoring system and all care providers are issued with a copy of the framework prior to the annual quality monitoring visit;

(j) Improvements to the way quality is monitored are being considered in an attempt to streamline the review process, reducing subjectivity and promoting transparency along the way. The new framework is currently being piloted;

(k) A new fee structure based on core package costs has been proposed as part of a Commissioning review. As part of a strategic review of the care home sector, Quality and Commissioning would look at what leads to quality provision together with identifying markers for good and poor practice. This will be reported in late autumn.

The response to the Panel's questions included:

(l) Where a care home has improved its banding a resident of that care home should feel more engaged in the process of care provision. It is essential for care home providers to ensure that good quality care plans are established to allow for any eventuality and to ensure a consistent approach to the provision of care;

(m) Where a contract has been terminated, private care homes can still take in further self-funding residents however, they are unable to receive any Nottingham City or Nottinghamshire County Council residents. When negotiating new contracts with

care providers, efforts will be made to stipulate that care homes in these circumstances cannot take on any new residents, including self-funders;

(n) Ensuring that the location of care homes are suitable and adequate for their residents is a clear priority. There is an expectation that when developers seek planning permission for a care home that they will also seek input from Quality and Commissioning on the requirements for the area and any possible development. This does not always happen, for example there are currently vacancies in residential care homes but plans are still being brought forward to establish new homes.

RESOLVED

(1) to request that the findings of the Strategic Review of the Care Home Sector be presented to the Panel when available in Autumn 2013;

(2) to explore the extent to which the needs of the care home market are taken into account when planning applications are considered through the Scrutiny Review Co-ordinator;

(3) to review the impact of new contracts with residential care homes for older people on quality and standards of care in 2014/15.

18 DISCUSSION WITH PORTFOLIO HOLDER FOR ADULTS AND HEALTH

The Panel considered the report of the Head of Democratic Services on the remit of the Portfolio for Adults and Health.

Councillor Alex Norris, Portfolio Holder for Adults and Health outlined his current areas of work, progress in delivering the objectives relating to health and adult social care and the key challenges. He highlighted the following points:

(a) Following budget cuts and the associated effects of welfare reforms, the NHS in Nottingham is facing many changes and Nottingham City Council has a role to create stability to support transition processes;

(b) The composition of the Health and Wellbeing Board brings together a wide range people and connects health and social services better. Through partnership working on the Board, a Joint Health and Wellbeing Strategy has been developed with four clear priorities: preventing alcohol misuse, integrated care, improving mental health and priority families;

(c) Public Health colleagues are still integrating into the Council following changes in April 2013. There are potential challenges to using the budget effectively to manage a range of health provisions in the City;

(d) Having become Portfolio Holder for Adults and Health in May 2013 it is still relatively early days in delivery against objectives. Councillor Norris identified the following areas as where he believes he can add particular value:

(e)

Health

i) driving delivery on the priorities of the Joint Health and Wellbeing Strategy
ii) continuing, and completing the transition of public health into the City Council
iii) creating a sense of stability during a period of significant change in the NHS

Adults
iv) supporting the continued existence of the Council as a direct provider of care, helping to drive up standards in the sector
v) ensuring personalisation is appropriately applied and supported.

The response to the Panel's questions included:

(e) In terms of inspiring young people and families in the City through the Priority Families programme, the level and timing of intervention needs to be appropriate;

(f) An absence in the presence of health professionals in Council ward meetings is an issue that will be addressed at an appropriate level such at Neighbourhood Action Team (NAT) meetings;

(g) In relation to the Joint Health and Wellbeing Strategy's priority of improving mental health provisions, intervention at an early stage where appropriate is essential. This relats to a broad spectrum of provisions such as decent housing, jobs and teaching expectations to young people. This ensures that those who require assistance are placed on the right pathways at an early stage;

(h) Developing an effective relationship between the Portfolio Holder for Adults and Health and the Scrutiny Panel is paramount and Councillor Norris would welcome the opportunity to come back to the Panel frequently in the future;

(i) Possible areas where scrutiny could support the Portfolio Holder include exploring the scope for improved health assessment, particularly any disparity between physical and mental health; development of the Health and Wellbeing Board; supporting the development of Healthwatch and public engagement on health issues.

The Panel noted the update on progress of the Portfolio of Adults and Health and thanked Councillor Norris for his attendance.

19 PUBLIC HEALTH

The Panel considered a report of the Head of Democratic Services regarding the transfer of public health responsibilities to the Council from 1 April 2013.

Caroline Hird, Locum Consultant in Public Health Medicine, Alison Challenger, Deputy Director of Public Health, Lynne McNiven and Mary Orhewere, both Consultants in Public Health, delivered a presentation providing an introduction to Public Health in the Local Authority and made the following points:

(a) Public Health is defined as improving the health of populations, rather than treating disease in individuals. There are four domains to the Public Health Outcomes Framework – improving the wider determinants of health, health improvement,

health protection and the healthcare in public health. In achieving the outcomes of the framework, colleagues in Public Health will complement the efforts of other parts of the Local Authority;

(b) The Public Health team consists of a Director of Public Health, Chris Kenny, who works jointly between the City and County. There are four consultants and another approximately 30 staff members who supplement the team. Each public health consultant has specific areas of responsibility. Information on this can be circulated to members of the Panel;

(c) Efforts to tackle health associated lifestyle choices such as substance misuse requires early intervention and wider initiatives for example, implementing a ban on the sale of 'super-strength' alcohol. This will enable informed decisions to be made;

(d) Members should expect to see health promotion activity across the City and although members of the Health Promotion team cannot attend every NAT meeting in the City due to capacity within the team, they will be discussing ways to engage effectively with communities;

(e) An overview of what officers and consultants did in the City can be presented to NAT meetings in the future and a list of contacts in the Public Health team will be circulated to members for information.

RESOLVED

(1) to request a presentation on the role of 'change makers' in the City for a future meeting of the Panel;

(2) to request information on how public health can support work in local areas, for example through Neighbourhood Action Teams.

20 WORK PROGRAMME 2013/14

Jane Garrard, Overview and Scrutiny Co-ordinator, presented the report of the Head of Democratic Services, outlining the Panel's work programme for 2013/14. The Chair noted that the following items will be brought to future meetings of the Panel:

(a) The findings of the Strategic Review of the Care Home Sector;

(b) Impact of new contracts with residential care homes for older people on quality and standards of care;

(c) Presentation on the role and work of 'change makers';

(d) Access to GPs (working with Healthwatch Nottingham).

The Panel also discussed other potential issues for inclusion in the future work programme, including:

(d) How scrutiny can support the work of the Portfolio Holder for Adults and Health

(e) How individuals and their families make informed choices about residential care homes for older people;

(f) Review of how local communities 'experience' public health compare with commissioned service.

RESOLVED to include the following items in the Panel's future work programme

(1) Findings of Quality and Commissioning's Strategic Review into the Care Home Sector (Autumn 2013);

(2) Impact of new contracts with residential care homes for older people on quality and standards of care (2014/15);

(3) Presentation on the role and work of 'change makers';

(3) Review of how individuals and their families make informed choices about residential care homes for older people;

(4) Review of how local communities 'experience' public health compared to commissioned service.

HEALTH SCRUTINY PANEL
25 SEPTEMBER 2013
CHANGE MAKER PROGRAMME
REPORT OF HEAD OF DEMOCRATIC SERVICES

1. Purpose

1.1 To consider the role and work of the Change Maker Programme.

2. Action required

2.1 The Panel is asked to use the information provided to inform questioning and discussion and to identify if there are any issues for scrutiny.

3. Background information

3.1 At its meeting on 24 July 2013, the Panel heard about the Change Maker Programme and decided to find out more about this programme and explore how the potential of the programme could be maximised.

3.2 The Change Maker Programme is based within the Public Health Health Promotion Team. Public Health colleagues, along with a Change Maker Volunteer will be attending the meeting to give a presentation on the Programme. A briefing paper is attached at Appendix 1.

4. List of attached information

4.1 The following information can be found in the appendix to this report:

Appendix 1 – Change Maker Volunteer Programme: A Brief Overview (paper provided by Public Health colleagues)

5. Background papers, other than published works or those disclosing exempt or confidential information

None

6. Published documents referred to in compiling this report

None

7. Wards affected

All

8. Contact information

Jane Garrard, Overview and Scrutiny Review Co-ordinator
Tel: 0115 8764315
Email: jane.garrard@nottinghamcity.gov.uk

Public Health
Nottingham City

Submitted to: Health Scrutiny Committee

Reporting Colleague: Jennifer Burton, Health Promotion Development Manager

Title: Change Maker Volunteer Programme; a Brief Overview

Introduction

The purpose of this paper is to provide an overview and background to the Change Maker programme. The paper will also provide the rational for the use of volunteers, an overview of the Health Promotion team follwed by recommendations and future plans.

Rational behind the use of volunteers

Volunteering is defined as unpaid activity undertaken voluntarily for the benefit of the wider community. (Volunteering England Information Team, 2006) Evidence suggests there to be a number of benefits from utilising volunteers in health. Volunteers are an amazing resource, achieving outcomes that a health professional simply could not. They gain deeper, richer insights into their local community to help understand issues and barriers. This intelligence informs the development of responsive solutions to bring about positive behavioural change in local communities. The learning gained from utilising volunteers feeds into the commissioning process in order to influence service change and developments which result in positive patient outcomes. (Khalil,2011)

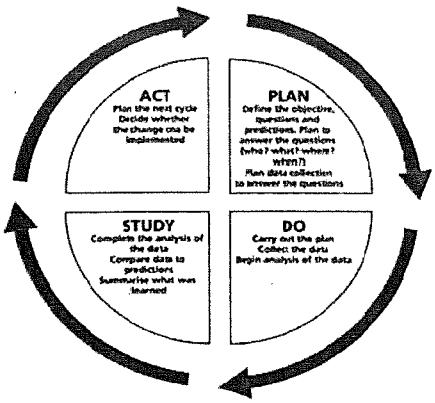
Background

In 2007 the Department of Health commissioned the Improvement Foundation (IF) to work with seven "spearhead" Primary Care Trusts in England to deliver a 'Healthy Communities Collaborative (HCC). NHS Nottingham City became a pilot site for the HCC programme, locally branded as Change Makers. The programme aims to reduce cardiovascular disease and Cancer inequalities by raising awareness of lifestyle risk factors, and signs and symptoms to promote early presentation of stroke, diabetes, lung, bowel, breast and prostate cancer to improve health outcomes. Out of the seven pilots Nottingham City was the only one to evolve their programme and as result Change Makers was mainstreamed within the first year. Change Makers originally targeted three areas of greatest need, in the second year it was extended to five areas and with the introduction of the Decade of Better Health programme in 2010 coverage is now across all nine areas of the city.

Who are the Change Makers?

Change Makers are local people who are passionate about improving the health and wellbeing of their community. They are trained and supported to volunteer, utilising their life experiences, influences and knowledge of their community to raise awareness of key health issues. Teams of local volunteers from diverse communities have been established across the city. Each team is supported by a team facilitator and meet monthly to think of new and innovative ways to raise awareness of key health issues. The teams use the PDSA (Plan Do Study Act) service improvement model in order to plan, assess, deliver and evaluative health

activities. The PDSA model is an excellent tool to test ideas before they are implemneted. Here is an an example of the PDSA cycle:



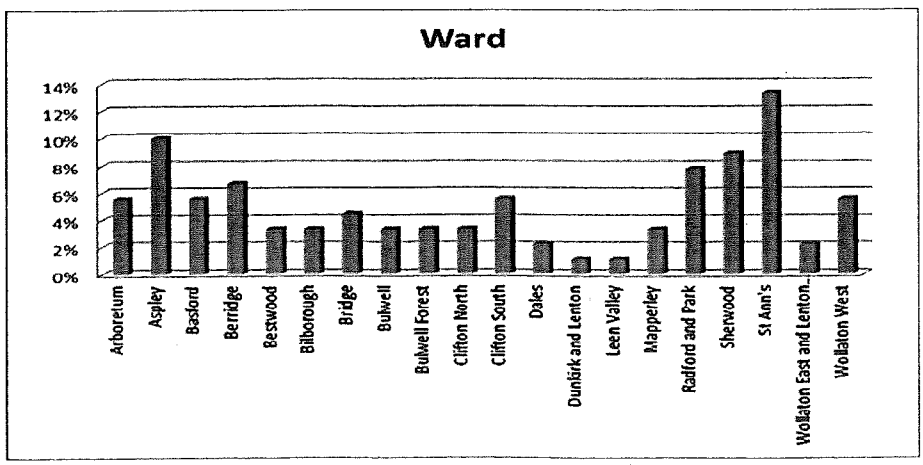
Some fantastic ideas have developed as a result of a PDSA, here are just a couple of examples

- Questionnaires were devised to understand why men don't access health services in the city as often as women. A research project was undertaken by one of the Change Makers as a way of developing some key recommendations.
- Volunteers co-produced and delivered the drama "If in Doubt, Check It Out" which has reached over 1500 people. Pre and post questionnaires demonstrate an increase in knowledge and awareness of signs and symptoms of breast, bowel, lung and prostate cancer.

Volunteer Profile:

There are currently 70 volunteers from diverse background signed up to the programme, of which 45 are active and regularly attend meetings, training and events. The volunteers are reflective of Nottingham's diverse communities and collectively they speak over 40 different languages. 75% of the volunteers are female and 25% are male. The graph below represents the number of volunteers by ward. It can be seen that St.Anns has the largest number of volunteers and Leen Valley and Lenton and Dunkirk have the lowest. What can also be seen is that the Change Makers are representative of each ward from across Nottingham City which indicates that the programme has a good reach.

Graph 1.1 – Volunteers by ward



Budget

The programme is supported through the annual health promotion budget of 50K. What is also important is the number of volunteer hours accumalted; data recorded from April 2012 - 2013 accounts for 2,458 hours, which amounts to almost £15,510 if a salary was paid. This evidently emphasises the cost effective nature of volunteering.

Recruitment and Training

Volunteers are recruited through a variety of different mediums, such as local radio, community events, posters and leaflets. The most effective method has been through 'word of mouth' whereby existing volunteers talk to people and share their expreiences of being a Change Maker volunteer.

When a person has expressed an interest in volunteering, they are invited for a 1:1 induction with a Health Promtion officer. Once signed up they are given a welcome pack and invited to attened a structured programme of training. In addition to the training, work placement opportunities are provided in order to build confidence, develop employability skills and create pathways in to work. An innovative partnership has been set up with the Nottinghamshire Probation Unit, whereby health champions undertake a six week placement. We have had at least eight volunteers find work in the last few months as a result of their experience with Change Makers.

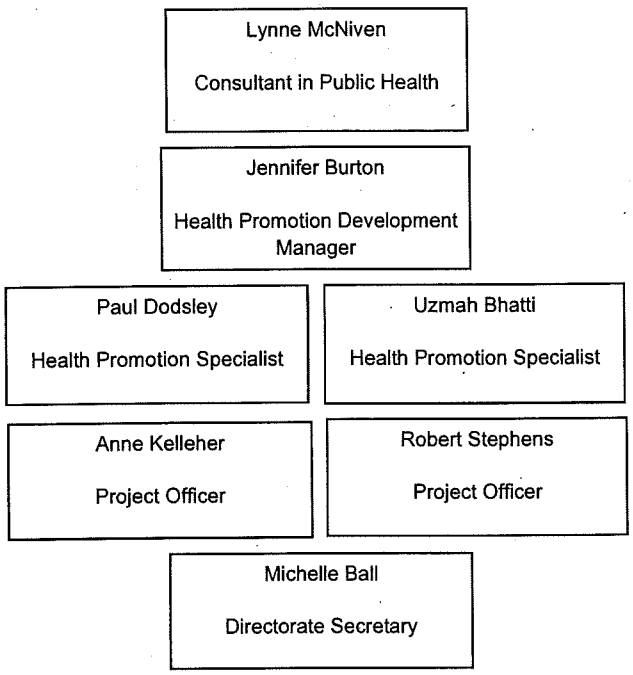
Key events and outcomes

Change Makers have been busy with a number of events across Nottingham City over the last two years including theatre performances, community events and radio appearances. A few of the key outcomes can be seen below:

- Initial analysis of GP data indicates an overall 10% improvement across 4 measures of cancer awareness activity.
- Over 100 PDSA cycles completed addressing issues and barriers in the community.
- Over 10,000 people reached - actual meaningful contacts.
- Partnership working with the CCG to deliver the National Be Clear on Cancer Campaigns, evaluation has shown a significant uptake in screeing programmes.
- New partnerships created with the City and County baby feeding teams to promote breast feeding and accossiated services.
- Coordniaited the health zone at the Carribean Carnival to raise awrness of diabetes, prostate cancer, MMR, and stroke. Over 500 people engaged with and 15 partners in attendance.

Public Health Nottingham City's Health Promotion Team

The Health Promotion is a 7 strong team and is part of Public Health directorte. Please see below for the Health Promotion team structure:



The team is made up of highly skilled individuals who together bring a breadth of expertise, knoweldge and skills, but most importantly they bring enthusiam and passion. The team work plan is quite varied and proactive; below is an overview of the teams key responsibilities and areas of work:

- Working across all public health policy areas to ensure health promotion is intergated and strategically aligned.
- Locality work to support the planning, implementation and delivery of health action plans, support NAT and loclaity board meetings and support with the weeks of action.
- Work with the local community to improve access to services in the city and also support and encourage local people to lead healthier lifestyles through a variety of engagement activities and sign posting to services.
- Ensure the sustainment, support and further development of the Change Maker programme through the set-up of local volunteer teams.
- To work with key services and partnerships in order to address the wider determinants health and reducde health inequalities.

Reccommendations and Future plans

The Change Maker programme and the Public Health Team now need to firmly embed themselves within the Nottingham City Council structure and work more closely with elected members. In order to ensure a smooth transition the staff team will be working hard to build upon existing relationships with City Council departments and local authority services to ensure that the benefits of the Change Maker programme and the Public Health Team recoginsed and understood by all.

The Change Maker programme will represent a more generic function rather than just focussing on cancer and CVD as previously mentioned. The key policy areas as outlined in the Health and Wellbeing Strategy and the Public Health Outcomes framework will be delivered with the support of the Change Makers to include sexual health, domestic violence, chidren and young people to name but a few.

HEALTH SCRUTINY PANEL
25 SEPTEMBER 2013
NOTTINGHAM ADULT MENTAL HEALTH AND WELLBEING STRATEGY
REPORT OF HEAD OF DEMOCRATIC SERVICES

1. Purpose

1.1 To consider and comment on the draft Nottingham Adult Mental Health and Wellbeing Strategy.

2. Action required

2.1 The Panel is asked to provide comments as part of the consultation on development of the Nottingham Adult Mental Health and Wellbeing Strategy.

3. Background information

3.1 Mental health is a key priority for Nottingham. Mental health and wellbeing is a priority under the Nottingham Plan to 2020 and a theme within the Joint Health and Wellbeing Strategy. In relation to adult mental health, the Health and Wellbeing Strategy contains a priority to 'support 1,100 people to remain in work or begin working through removing health as a barrier to employment.'

3.2 An Adult Mental Health and Wellbeing Strategy is currently being developed, led by Public Health colleagues. The draft Strategy was considered by the Health and Wellbeing Board on 28 August 2013 and will be going out for stakeholder and public consultation. Once the Strategy has been agreed, an action plan will be developed and implementation monitored by the Health and Wellbeing Board.

3.3 A copy of the draft Strategy is attached to this report. Public health colleagues will be attending the meeting to present the draft Strategy. The Panel will have opportunity to ask questions, discuss the proposals and provide comment to contribute to development of the Strategy.

4. List of attached information

4.1 The following information can be found in the appendix to this report:

Appendix 1 – Draft Nottingham Adult Mental Health and Wellbeing Strategy

5. **Background papers, other than published works or those disclosing exempt or confidential information**

None

6. **Published documents referred to in compiling this report**

Nottingham Plan to 2020

Nottingham City Joint Health and Wellbeing Strategy 2013 - 2016

7. **Wards affected**

All

8. **Contact information**

Jane Garrard, Overview and Scrutiny Review Co-ordinator
Tel: 0115 8764315
Email: jane.garrard@nottinghamcity.gov.uk

Wellness in mind

- The Nottingham Adult Mental Health and Well-being Strategy

[Insert corporate logos

Nottingham Clinical Commissioning Group

Nottinghamshire Healthcare Trust

Nottingham City Council]

Prepared by the Nottingham Mental Health Strategy Stakeholders
July 2013

[Comments to Mandy Clarkson, Specialty Registrar in Public health, Public Health, Nottingham City Mandy.Clarkson@nottinghamcity.gov.uk Tel: 0115 8765435]

INTRODUCTION

"No health without mental health" expresses a real truth – without good mental health we lack a sense of good health and wellbeing. It is impossible to separate mental health and physical health, and we now understand the relationship between poor mental health and poor physical health much better. The national mental health strategy has highlighted this - and adopted *"No health without mental health"* as its title.

One in four people will encounter mental health problems* at some stage of life. This rate is higher in cities – as is the case in Nottingham. Many mental health problems need to be managed by local health services such as GPs, counsellors, and mental health teams based in hospitals. However on a daily basis, our families, friends and communities all play a big part in keeping us healthy and providing the support to cope with events that can cause unhappiness and stress.

We need to identify better ways of promoting positive mental health amongst people in the community and improving our resilience to life's problems. We need to nurture the things that contribute to mental wellbeing. This includes promoting open attitudes to mental health and tackling stigma felt by people when they suffer from mental health problems. This is particularly important in times of economic downturn when stresses such as unemployment, money and housing worries increase and can cause mental health problems.

Wellness in Mind – Nottingham's adult strategy for mental health focuses on how we can address these issues, building on the national strategy. Many issues (such as parenting, education, employment, debt, homelessness, complex families, loneliness, domestic violence, alcohol and substance misuse) are linked with mental health and have a special focus in other strategies. This strategy just focuses on adult mental health, but it also links to other strategies for specific groups e.g. children & older people.

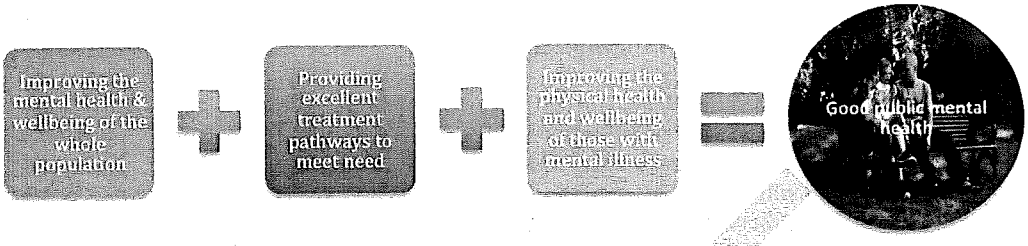
Mental health has been recognised as a key issue for the city. This strategy has been developed in partnership (see Appendix A) and is supports the delivery of priority four in Nottingham's Health and Well-being Strategy (Nottingham City Joint Health and Wellbeing Strategy).

*** Note on terms used in this strategy**
The phrase 'mental health problem' mirrors the terminology used in the National Strategy. Therefore it is also used in this strategy as an umbrella term to describe the full range of diagnosable mental illnesses and disorders, including personality disorder. 'No Health Without Mental Health' states that: "Mental health problems may be more or less common, may be acute or longer lasting and may vary in severity. They manifest themselves in different ways at different ages and may (for example in children and young people) present as behavioural problems. Some people object to the use of terms such as 'mental health problems' on the grounds that they medicalise ways of thinking and feeling and do not acknowledge the many factors that can prevent people from reaching their potential. We recognise these concerns and the stigma attached to mental ill health; however, there is no universally acceptable terminology that we can use as an alternative".

CONTENTS

STRATEGIC OVERVIEW

The purpose of this strategy is to promote mental wellbeing and reduce the burden of mental health problems experienced by people in Nottingham. Three key elements to improving the population's mental health have been identified, as shown below:



This strategy encompasses all of these elements. The priorities outlined below are colour coded to reflect which priority addresses each element (see Appendix C also).

The priorities of the strategy are:

1. ***Promoting mental resilience and preventing mental illness***
   – by working with communities to promote the factors that contribute to mental wellbeing, aligning local services to include mental wellbeing at the centre of their aims, and supporting individuals to adopt healthy lifestyles.

2. ***Early detection and intervention***
   – by promoting awareness, reducing stigma, improving screening, suicide prevention, improving access to early management such as social and psychological interventions.

3. ***Improving outcomes through effective treatment and relapse prevention***
   – by clinicians, commissioners and providers working together to provide the *right care* and support in the *right place*, & improve understanding amongst patients and professionals of what is most effective to improve mental health outcomes.

4. ***Ensuring adequate treatment & support for all with mental health problems***
   - supporting recovery and rehabilitation by ensuring pathways are in place to provide appropriate care, housing, employment and a place in society.

5. ***Improving the wellbeing and physical health of those with mental health problems***
   – by ensuring good physical care for people with mental health problems. This includes physical health promotion and ill health prevention strategies, particularly in relation to heart disease and smoking.

These priorities address issues raised in the national strategy '*No health without mental health'* (see Appendix C). Some also have a new emphasis, building on the remit of local authorities for public mental health and role of Clinical Commissioning Groups in developing better care pathways through public and clinical engagement.

They also capture local concerns and link with other local strategies and plans such as:

- The Nottingham Plan which aims to reduce the proportion of people with poor mental health by 10% by 2020 (whilst maintaining Nottingham's overall position in relation to the England average)[1], and
- Nottingham's Health and Well-being Strategy, which has identified mental health as an early intervention priority. This includes two areas of special focus: improving early years experiences to prevent mental health problems in adulthood, and enabling people to begin working or remain in work where previously their health (especially mental health problems) has been a barrier.

[1] Based on the Warwick and Edinburgh Mental Wellbeing Score measured in the annual Citizen Survey.

WHAT IS MENTAL HEALTH?

Mental health is easier to recognise than to define. Mental health problems (as defined on page 2) span a wide range of mental health conditions. Some are more severe than others. However, positive mental health is more than simply an absence of mental disturbance or illness.

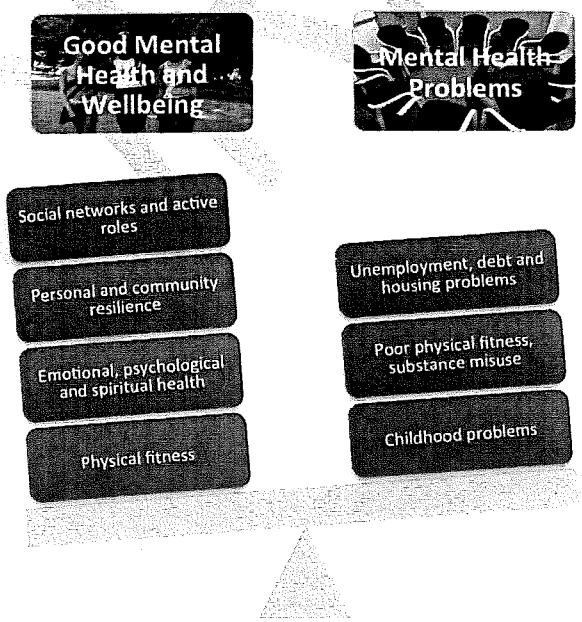
WHAT IS MENTAL WELLBEING?

One way of describing positive mental health is 'mental wellbeing'. Many people who live with mental health problems can experience mental wellbeing. Mental wellbeing means that you can:

- Make the most of your potential
- Cope with life
- Play a full part in your family, workplace, and community, among friends.

Many different aspects of our lives contribute to our mental wellbeing as shown in Figure 1 below. Poor mental wellbeing does not necessarily lead to mental health problems, but when they are unbalanced our mental health is at risk.

Figure 1: The balance of mental wellbeing and mental health problems



WHAT IS PUBLIC MENTAL HEALTH?

Public mental health tries to improve mental wellbeing, and reduce the burden of mental health problems across the whole population. This can be achieved through:

- assessing the risk factors for mental health problems and the things that help to help us have good mental wellbeing.
- Understanding the levels of mental health problems and wellbeing in the local population,
- delivering appropriate, evidence based interventions to promote wellbeing, prevent mental health problems, and treat mental health problems early
- ensuring that people at 'higher risk' of mental health problems and poor wellbeing are prioritised for services in proportion to their needs.

WHAT ARE THE CHALLENGES?

Mental health problems are very common. Often they occur because of adverse events in our lives, and it may depend upon our circumstances as to how well we can cope with the challenges. In economically difficult times this is an increasing concern. For some, mental health problems can seriously affect ability to carry out our daily lives within our communities and society.

In England, mental health problems are the biggest single cause of disability (accounting for 26% of all years lived with a disability). Poor mental health is strongly linked with poor physical health (resulting on average in 20 years reduction in life expectancy).

Mental health problems are wide-ranging in nature, from low mood and stress related problems through to psychosis and serious mental illness. At any one time 1 in 6 people suffer from a common mental health problem like depression or anxiety. For serious mental illness like psychosis the figure is 1 in 200. People with serious mental health problems frequently have complex needs and require high levels of care involving community and hospital services, and social care.

There are close links between mental health problems and unemployment, debt, poor housing or housing problems, deprivation, domestic violence, marginalised groups within society, loneliness and isolation, and alcohol and drug misuse. About half of patients with mental health problems will have experienced mental ill-health before the age of 15 years and 75% before they are 24. Our childhood experiences and how well we are nurtured in early years has a big impact on our mental health throughout our lives, implying the need for prevention or early intervention.

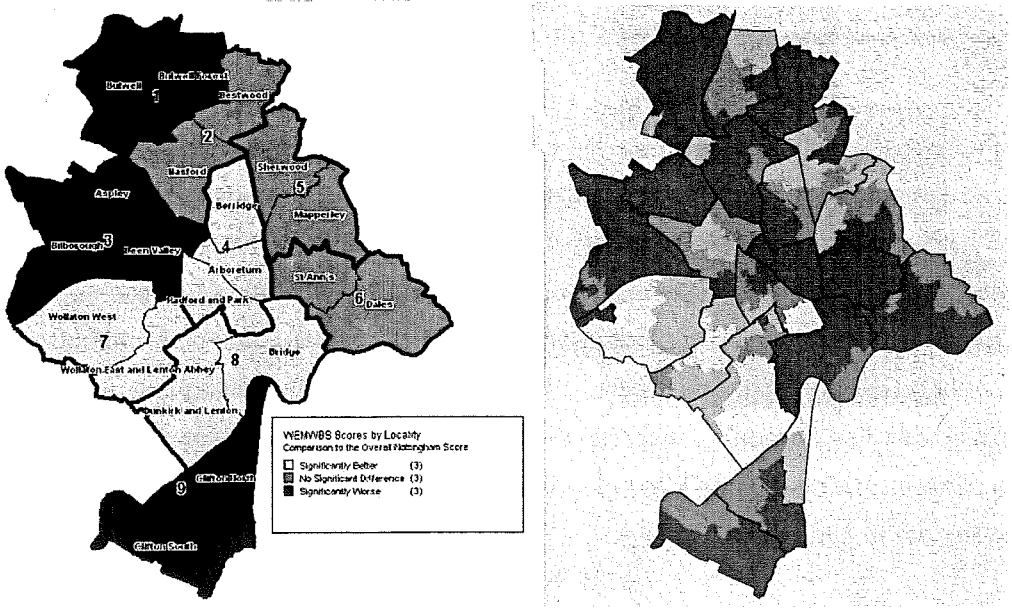
The problems described above are both a cause of, but are also affected by mental health problems. Therefore a wide variety of approaches are needed at the individual, family, community and societal level - to prevent illness, intervene early and meet the health and care needs of those most affected by mental problems.

Mental Health and Wellbeing in Nottingham[2]

Mental wellbeing is measured in Nottingham in the annual citizens' survey, using the Warwick Edinburgh Mental-Wellbeing Scale (WEMWBS)[3]. We do not know how well it reflects the mental wellbeing of citizens who do not take part in the survey, but the measure itself is a good indicator for those who do take part. Individual scores show a pattern similar to populations across England, with the majority of people scoring around the mean score (50.41). However, there are variations at an individual and local area level that suggest need to improve mental wellbeing.

The two maps in figure 4 below show how poorer mental wellbeing broadly matches the areas of Nottingham that are more deprived, although this can hide individual need. Many areas are below national average. At any one time Nottingham has around 44,000 people with depression or anxiety and around 3,000 with serious mental illness. Nottingham also has high rates of suicide compared to England - around 30 people per year. This mirrors risk factors for poor mental health, for which the city is significantly worse than average (Figure 5).

Figure 4: Patterns of mental wellbeing in Nottingham (darkest blue = lowest scores) – largely mirror patterns of deprivation (darkest green = most deprived 20% of the population)



[2] For more detailed information see Nottingham's Joint Strategic Needs Assessment – chapter on Mental Health - http://www.nottinghaminsight.org.uk/insight/jsna/adults/jsna-adult-mental-health.aspx

[3] Based on the Warwick and Edinburgh Mental Well-being Score measured in the annual Nottingham Citizen Survey. This is a measure used by the Health Survey for England and included in the Public Health Outcomes Framework.

Wider risk factors in Nottingham likely to affect mental health are shown in figure 6, most of these are worse compared to England averages (indicated by the red dots). These give a sense of high levels of need in Nottingham City.

Figure 5: Background factors affecting mental health in Nottingham – mostly significantly worse than the England average

Community Mental Health Profile 2012

Nottingham

nepho
NORTH EAST PUBLIC HEALTH OBSERVATORY

	Wider Determinants of Health	Local value	Eng. avg.	Eng. worst	England Range	Eng. best
1	Percentage of 16-18 year olds not in employment, education or training	4.90	5.98	11.40		2.70
2	Episodes of violent crime, rate per 1,000 population	22.83	14.78	35.06		6.35
3	Percentage of the relevant population living in the 20% most deprived areas in England 2010	51.48	19.77	82.99		0.27
4	Working age adults who are unemployed, rate per 1,000 population	82.43	64.24	120.38		32.60
5	Directly standardised rate for hospital admissions for alcohol attributable conditions, rate per 1,000 population	21.81	17.43	31.14		8.49
6	Numbers of people (aged 18-75) in drug treatment, rate per 1,000 population	9.02	5.46	0.88		16.26
	Risk Factors					
7	Homeless households rate per 1,000 population	4.48	2.03	10.36		0.13
8	Percentage of the population with a limiting long term illness (based on 2001 census data)	19.12	16.93	24.35		10.25
9	Percentage of pupils participating in physical activity 5-16 year olds	57.94	86.36	57.94		100.00
10	Percentage of adults (16+) participating in recommended level of physical activity	10.79	11.45	5.76		16.93

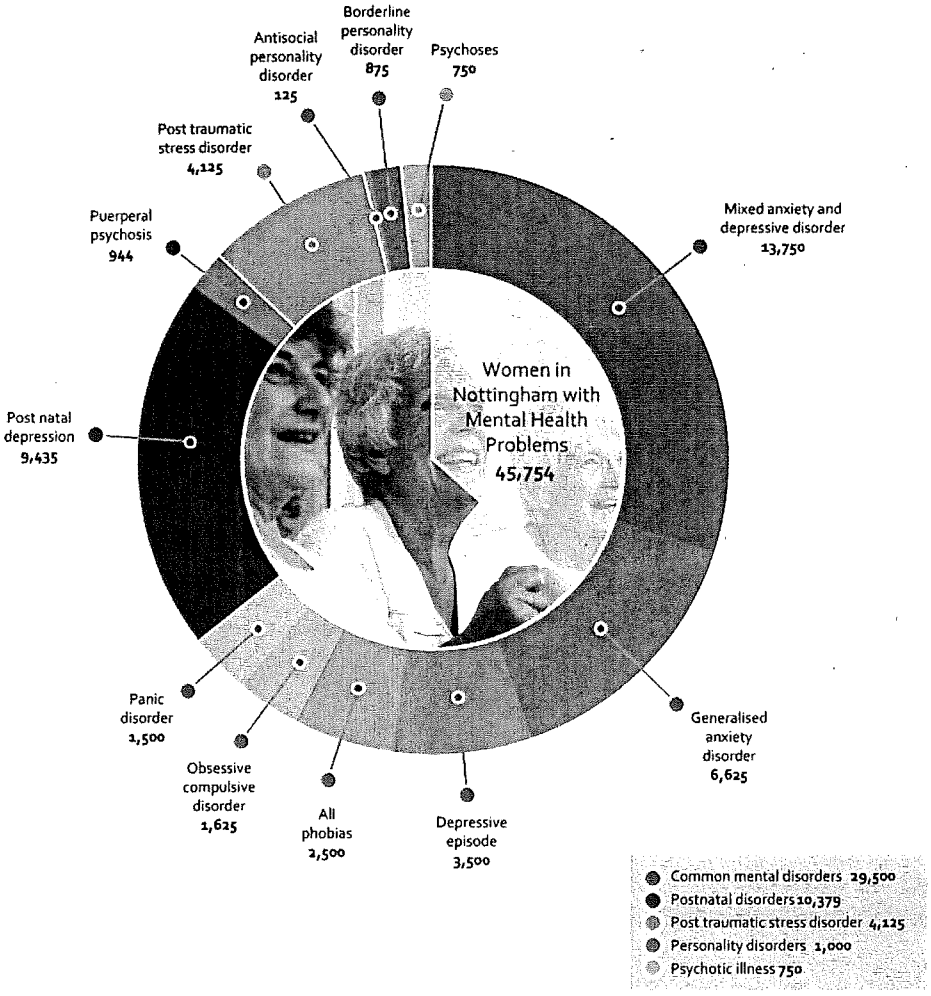
Nottingham has a young, geographically mobile and ethnically diverse population, as well as a high proportion of students, which explains much of the additional risk of mental health problems in the population. Differing risk factors for mental health problems can be identified for specific groups within the Nottingham population such as ethnic minority groups, students, older people, travellers, lesbian, gay, bisexual and transgender (LGBT) groups, and carers. For more detail see the Nottingham Joint Strategic Needs Assessment – chapters on Mental Health, Suicide, Carers, Students, Asylum seekers, Refugees and Migrant workers, and Long-term conditions of older people (link at the end of this section).

Nottingham has a relatively low rate of people under the care of secondary mental health care in settled accommodation when compared with the East Midlands, and a lower proportion in paid employment than England. This suggests a need to address social factors in promoting recovery to full health.

The largest group of people with mental health problems are people with common mental disorders such as anxiety and depression. Often these are under reported because people do not seek help, or due to the way the data are recorded. Care of these problems largely occurs in primary (community) care, and we know that the burden on GPs and other community services is substantial.

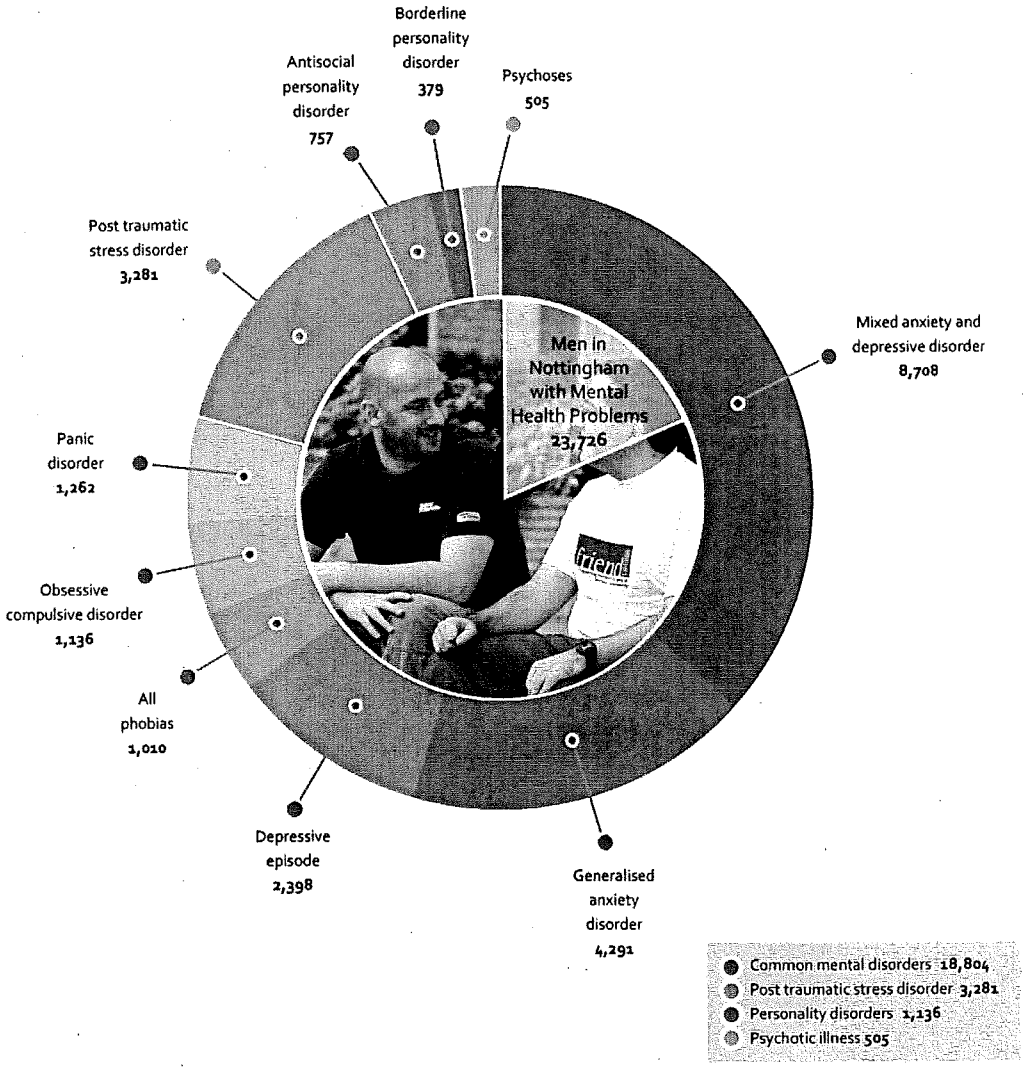
Figures 2 and 3 below show the type of mental health problems experienced by men and women in Nottingham. The burden of ill health represented here is likely to be underestimated (by approximately 30% for common mental health problems and up to 100% for psychosis) due to differences in the local Nottingham population compared to the national survey data they were drawn from[4]. The key thing to note is the common nature of common mental health problems amongst the population.

Figure 2: Mental health problems amongst women in Nottingham



[4] Prevalence figures have been taken from the Psychiatric Morbidity Survey (2007), and applied to the Nottingham population. Whilst the survey is thought to be nationally representative, they are likely to underestimate the burden of mental ill health in Nottingham given its younger, more deprived and more ethnically diverse population.

Figure 3: Mental health problems amongst men in Nottingham



A full description of mental health and other related issues and needs identified within Nottingham city in the Joint Strategic Needs Assessment (JSNA) can be accessed at: Joint Strategic Needs Assessment (JSNA) - Nottingham Insight

PROMOTING MENTAL HEALTH AND WELL-BEING

The evidence

Evidence shows that a population-based approach has potential to improve mental health and wellbeing and reduce inequality[5]. However, focusing on groups with less material wealth misses an important part of the picture. Somewhat surprisingly, higher levels of material wealth have also been linked to poorer psychological effects[6]. More recent research has discovered that the damaging effects of inequalities within our society are partly due to social and psychological effects, rather than simply low income, poorer housing etc.[7,8]. In essence, communities can have high levels of mental wellbeing even in extremely difficult circumstances. Therefore building strong, supportive communities will increase resilience.

The WHO[9], suggests that good mental health is produced socially. Individuals and communities that are part of society are more resilient. However, economic downturn, impact of Welfare reform and other issues such as families living further apart, an ageing population, relationship breakdown, and materialistic culture threatens resilience. Being in work is an important part of improving and maintaining mental wellbeing and good mental health, as well as contributing to effective recovery[10]. Mental health and wellbeing needs to be considered not for individuals but in light of our living, working, and social lives.

Figure 8 Promoting mental wellbeing

[5] Aked et al. 2010. The role of local government in promoting wellbeing. Local Government improvement and development (available at www.local.gov.uk).
[6] Joseph Rowntree Foundation (2009) Contemporary social evils (UK: The Policy Press).
[7] Danny Dorling. Various publications (see www.dannydorling.org).
[8] Friedli L (2009) *Mental Health, Resilience and Inequalities* (Denmark: WHO).
[9] Friedli L (2009) *Mental Health, Resilience and Inequalities* (Denmark: WHO).
[10] Georgia Pomaki et al. 2010. Best Practices for Return-to-Work/ Stay-at-Work Interventions for Workers with Mental Health Conditions. Available at: http://www.ccohs.ca/products/webinars/best_practices_rtw.pdf

Figure 8 above shows areas that have been shown to promote mental wellbeing in groups or at a population level. It is helpful to note, many of these can be influenced by statutory services, and many can be tackled within communities themselves.

Numerous studies show strong links between serious mental illness and health outcomes. For people with schizophrenia and bipolar disorder, estimates of reduction in life expectancy are between 16 and 25 years. For people with depression there is a doubling of risk of early death from cardiovascular disease (CVD). CVD is the biggest cause of years of life lost for those with mental health problems, largely due to smoking. Health problems are, in part, linked to the side effects of long term medication, but lifestyle and poor access to healthcare play an important part.

In 2006 a formal investigation by the Disability Rights Commission, *Equal Treatment: Closing the Gap* identified obesity, high blood pressure, smoking, heart disease, respiratory disease, diabetes and stroke as being more prevalent in people with mental health problems and also identified higher rates of bowel cancer in people with schizophrenia. Standard treatments and screening were offered less to these groups. Physical health is therefore an important equalities issue that this strategy will address.

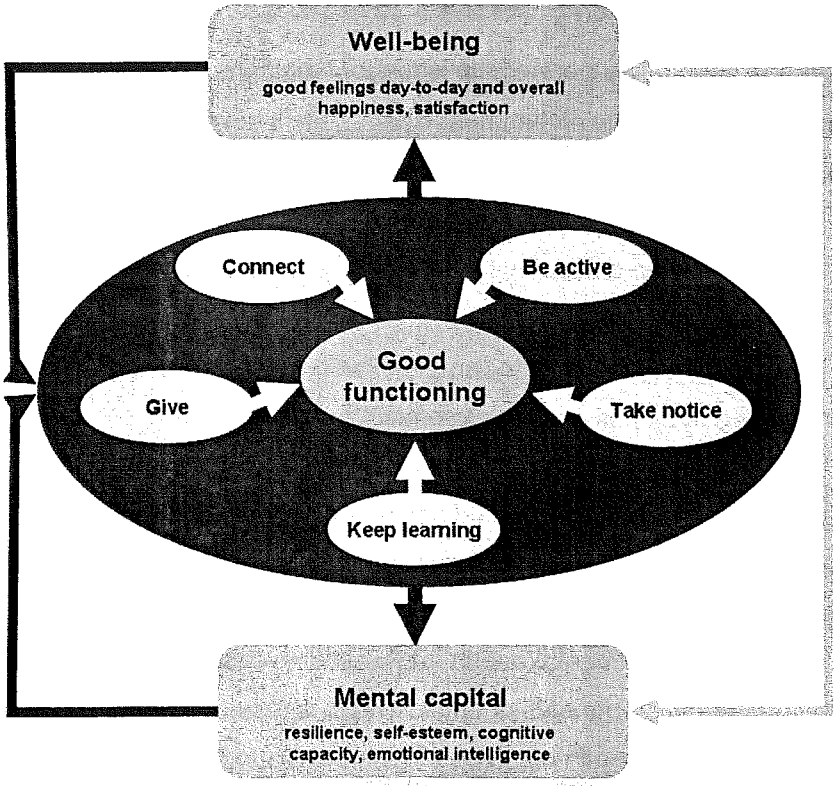
National policy

The Foresight report[11], published in 2008 spoke of the need for policy and strategy to nurture mental wellbeing in the wider population to enable individuals to function in families, communities and society. Improving mental wellbeing across the population by even a small amount would increase resilience, and decrease the percentage of those with mental health problems. This is particularly true for those with mild mental health problems who may not be receiving services or treatment.

The report highlighted the importance of the whole life course approach. It recognises the importance of good mental wellbeing in childhood and adolescence for positive mental wellbeing in adulthood and old age. The evidence-based *Five Ways to Wellbeing*[12] (suggestions for individual actions to improve our own wellbeing) came out of this report (Figure 8).

[11] *Mental Capital and Wellbeing* The Foresight Report: DH: London 2008
[12] The New Economics Foundation. 2008. Five Ways to Wellbeing. Available at: http://www.neweconomics.org/projects/five-ways-well-being

Figure 4: Five Ways to Well-being (from The Foresight Report 2008).



No Health Without Mental Health[13]: a cross-government strategy was also launched in February 2011 and builds on priorities previously identified in New Horizons -a shared vision for mental health, (February 2010). It highlights the equal importance of mental and physical health, the need to focus on prevention, intervene early and encourage partnership working to improve mental wellbeing across the population.

The term 'parity of esteem' was introduced in 'No Health Without Mental Health'. Parity of esteem ensures that all health and social care services view and treat mental and physical health problems equally. The Royal College of Psychiatrists recently produced a document[14] outlining recommendations of ways to achieve this including leadership, policy change, preventing premature mortality, equal care of physical and mental health problems, ways to influence across the life course, funding and research. One of the priority areas identified was tackling stigma and discrimination. A key recommendation was to ensure that parity should be evident in public health, and that strategies should promote wellbeing as well as the health of the population. Services that address issues normally thought of as physical problems such as smoking, obesity, drugs and alcohol should also have mental health and wellbeing at the centre of their thinking.

[13] HM Government. 2011. No health without mental health: a cross-government mental health outcomes strategy for people of all ages. Department of Health.
[14] Whole person care: from rhetoric to reality, 2013 Royal College of Psychiatrists, London.

LOCAL CONCERNS – WHERE WE ARE NOW

Mental health has been a key partnership issue for Nottingham and improving mental wellbeing is an objective in the Nottingham Plan. This is now being taken forward through the Health & Wellbeing Strategy, which has two main areas of focus for mental health:

- To identify more children with behaviour problems earlier so that they can receive specific help.
- To support 1,100 people to remain in work or begin working, through removing health as a barrier to employment.

Much of the evidence surrounding mental health recognises the importance of nurturing good mental wellbeing in childhood and adolescence in order to produce good mental health outcomes in adulthood and older age. In adulthood, the recognition that being in work has a major impact on mental health and wellbeing has led to local partnership work focusing on the health benefits of employment, and health in the workplace. Actions to improve mental health outcomes in the population are proposed in more detail in the Nottingham Health and Wellbeing Strategy (link in appendix B). This commitment to early intervention is intended to produce a benefit across the whole population both in the short and longer term.

Under the terms of the Health and Social Care Act (2012) Local Authorities are now responsible for improving the health of their local population including mental health. Public health transferred fully into Nottingham City Council in April 2013, and this position to be able to influence positive mental health within the population through the wider social and environmental factors discussed in the introduction to this strategy is a welcome opportunity.

To establish our local concerns, the stakeholder group has drawn on information from a number of sources, principally:

- Nottingham's Joint Strategic Needs Assessment[15]
- Local voice[16]
- Local professional views[17]
- National reports and policy drivers[18]

[15] Mental health chapter and other relevant chapters (Domestic Violence, Substance Misuse, Alcohol, Children's Mental Health, Dementia) – also includes specific needs assessment work and data from health equity audit reports.
[16] Patient and carer surveys, service user feedback and engagement groups
[17] Through joint commissioning meetings, mental health clinical meetings and a Mental Health Summit

The stakeholder group found that people in Nottingham generally have access to a good range of services with competent, highly trained specialist staff. However, there are some gaps. In particular, some patient groups find the existing services difficult to access, something that local commissioners and services are working hard to improve.

We know that Nottingham has higher than average levels of mental health problems in the population, and there appears to be room for more action to prevent mental illness and intervene early. Adult mental health problems often reach back into childhood, or adolescence and action is required at all stages of life to promote good mental health as we move through life. Interventions in childhood are covered in more detail in the Children and Adolescent Mental Health Services strategy. Future work should consider how strategies could be even better aligned across the life course to create a clear pathway from pre-conception in to older age.

There is also potential for more work through partners who are in a position to influence the lives of people with mental health problems when coming into contact with services such as housing, police, emergency services, neighbourhood services, drug and alcohol services, education etc.

This strategy aims to address the following concerns:

A need to broaden the public mental health approach

We want to have a positive effect on mental health and wellbeing across the whole population. Interventions that help to build good foundations for mental health in childhood are key, and are covered in the Children and Young People's Plan. Interventions in adulthood need to include improvements in housing, environment, workplace mental health promotion, healthy ageing, and reducing social isolation. Mental health promotion activities where there is evidence of effectiveness include encouraging physical activity, involvement in arts, learning, volunteering and interventions such as mindfulness (listed on page 15). A community development approach is also part of the strategy; working with communities to build on their own assets[19].

Suicide is a particular issue that needs to be addressed through communities as well as services. An updated joint strategy spanning Nottingham City and Nottinghamshire County is currently in development to address this.

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[18] e.g. *No Health Without Mental Health* – National strategy and implementation plans

[19] An example could be use of green spaces for ecotherapy (improving mental health working in the outdoor environment)

Changing attitudes to and stigma surrounding mental illness

The Attitudes to Mental Illness report [20] showed the proportion of people who agree that mental illness is like any other increased to 77% in 2011. Although the proportion who remain uncomfortable talking to an employer about mental health problems has also reduced, it still stands at 43% (from 50% when measured the previous year). This suggests that whilst people understand mental health issues, there is still a fear of seeking help and support, which needs to change.

Variability of access to psychological therapies

Common mental health problems are the biggest contributor to mental ill health and can be addressed through talking therapies such as cognitive behavioural therapy. Access to psychological therapy services has been patchy and uptake has been variable, and work is on going to improve this. Particular groups affected are those with long-term physical illness frequently affected by poor mental health, older people, those who are lesbian, gay, bisexual or transgender (LGBT), and some black and minority ethnic groups that access the service less. There is a need to ensure appropriate access for all by ensuring adequate capacity and the right type of services are offered.

Improving care of people with mental health problems

Commissioners and providers of services need to listen carefully to those who use the services and act on what they tell them. There are very good systems in place with the main mental health care provider in Nottingham (Nottingham Healthcare Trust) to involve patients and carers in the way that care is delivered. Patient involvement systems in community based care are less focused on mental health, and we need to ensure that we actively seek views of those with mental health problems who often find it difficult to express their needs. New opportunities are available with Healthwatch[21] to hear what users of mental health services locally have to say.

People with serious mental illness often have complex health and social care needs. Good social care is essential to enable people to live well with their condition, and promote wellbeing and recovery wherever possible. Where people have required hospital admission, social services are also needed to support recovery and re-establish a person in their role in their home, workplace and community.

Other support services such as social housing providers (Nottingham City Homes) are a good example of other partners to health care services who are very aware of their potential to influence mental health, and who play a very important role.

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[20] Attitudes to Mental Illness, 2011, NHS Information Centre (available at: http://www.ic.nhs.uk/pubs/attitudestomi11).

[21] Healthwatch England is the independent consumer champion for health and social care in England. For more information go to: http://www.healthwatch.co.uk

For those with serious mental illness in the community, medical care is often shared between primary and secondary care teams. There is a need to ensure that as new treatment and care options come along, these are implemented in a coordinated way to ensure safe and seamless care. This needs to be supported by excellent education and continuous professional development for all professionals who will be providing these services.

Addressing gaps in service provision and ensuring those in most need can get the services they require

The Joint Strategic Needs Assessment and other work identified some gaps in service provision (see mental health chapter – link in Appendix B). For some groups (such as ethnic minority groups) we know that they do not use the services to the same extent as others, but still do not always fully understand the reasons why. Continuous review by commissioners in partnership with expert clinical groups, public health and providers will identify opportunities for more appropriate and efficient care as the new structure of health and social care services settles in (following the Health and Social Care Act, 2012).

The strategy aims to bring together non clinical services such as housing, police, faith groups, education, drug and alcohol services and the business sector to address the need for co-ordinated provision through the development of the Action Plan.

Improving physical health in people with poor mental health

There are a variety of factors underlying this issue: side effects of long-term use of medication, challenges in managing physical problems in patients who often have difficulty caring for themselves, tackling lifestyle issues (such as smoking, drinking, or poor diet) which have in the past been perceived as less important for those with severe mental health problems by both patients and clinicians, and difficulty in accessing general services for people with mental health problems and who may be deterred by issues such as stigma. At times, a lack of awareness and understanding amongst professionals can lead to less health promotion active and sometimes, poorer care for those with mental health problems, adding to these challenges.

STRATEGIC PRIORITIES

1. Promoting mental resilience and preventing mental illness

– by working with communities to promote the factors that contribute to mental wellbeing, aligning local services to include mental wellbeing at the centre of their aims, and supporting individuals to adopt healthy lifestyles.

We have described the ways that wider environmental and social factors, such as employment education and housing are strongly linked to mental health and how some communities are more resilient than others. We know that common mental health problems can be helped at an early stage with support from families, friends and community, which can also facilitate access to professional help. People who have had mental health problems also have an increasingly recognised role in supporting others as a part of their own recovery. However, we need to get better at providing services in a way that makes the best use of these assets. Keeping well also entails activities that promote mental health. Mental health promotion is therefore essential to encourage individuals to adopt healthy lifestyles. Part of the strategy is therefore aimed at discovering how we can align local strategic plans and mobilise our communities' own assets.

Key work areas include:

- Review of effective interventions for promotion of mental health and mental wellbeing to inform commissioning
- Review evidence for effective approaches to engage communities in promoting resilience, and supporting people at risk of mental health problems, particularly in areas of high need
- Assessing and aligning a wide range of policies and strategies to improve impact on mental health and well-being and where possible minimise any adverse effects
- Commissioning effective mental health promotion interventions in various settings and groups (e.g. educational establishments, those aimed at older people, the workplace, and interventions that help people into work) to support individuals to achieve healthy lifestyles.
- Supporting people whose health is a barrier to working, to remain in work or begin working.

2. *Early detection and intervention*

– by promoting awareness, reducing stigma, improving screening, suicide prevention, improving access to early management such as social and psychological interventions.

Early intervention can reduce how long people suffer with some mental health problems and improve outcomes. However, there are significant barriers – the onset of mental health problems may go unrecognised or get explained in different ways both by individuals themselves and professionals. Stigma may also deter people from seeking help early. There is therefore a need to raise awareness of mental health issues, to dispel the myths, and to support a wide range of professional groups to spot problems early and feel confident in referring on or signposting to other services.

Key work areas include:

- Continuing to commission interventions and support campaigns that promote awareness of mental health issues and reduce stigma
- Supporting training and continuing development of professionals and front-line staff to increase awareness of mental health problems, improve their ability to spot mental health problems, and understand pathways for securing appropriate treatment and also reduce stigma associated with mental illness
- Support initiatives that raise awareness and support a wide range of services such as housing providers, police, educational establishments, emergency services to better understand the needs of those with mental health problems
- Improving pathways for individuals with poor mental well-being and common mental disorders to get appropriate access to services for assessment, advice, and support
- Ensuring early access to treatment by commissioning improved access to psychological therapies for a broader range of mental health problems and for the groups who are identified as most in need
- Improving uptake of use of mental health screening questions in any contact with health services in primary or secondary care
- Improving opportunistic screening for individuals to reduce suicide risk
- Providing early assessment and referral to appropriate care for those with mental health problems who come into contact with hospital services
- Linking adult and childhood mental health work. Future mental health work should consider how strategies could be even better aligned across the life course to create a clear pathway from pre-conception in to older age.

3. *Improving outcomes through effective treatment and relapse prevention*
– by clinicians, commissioners and providers working together to provide the *right care* and support in the *right place*, & improve understanding amongst patients and professionals of what is most effective to improve mental health outcomes.

As clinical practice advances and the needs of the population changes, commissioners and service providers need to continually review treatments and pathways of care with those who use the services. Delivery of care needs to be reviewed through the commissioning process to ensure that quality is maintained, and the best outcomes are achieved for all patients, whilst ensuring that individuals are placed at the centre of their own care. Holistic support for people living with mental health problems needs to address issues such as loneliness, isolation and reduction of stigma associated with their condition. Increased choice of social support tailored to the needs of those with mental health problems is needed to enable people to live their lives in a way that they feel is meaningful and connected to the rest of society.

Key areas of work include:

- Continuing to support joint work through the Clinical Mental Health Group (a local group of clinicians with expertise in mental health care) to implement changes in practice according to best guidance and evidence
- Developing and putting in place shared care arrangements, including professional development to support new care pathways
- Ensuring an emphasis on how mental health providers address physical healthcare needs by working with commissioners and the full range of providers
- Continually reviewing outcome measures and quality incentive schemes for hospital care as a way of focusing on recovery and improving patient outcomes
- Reviewing referrals to secondary care services to make sure that care is as far as possible given at the right place and time
- Working with providers to fully understand service user experiences of care

4. *Ensuring adequate treatment & support for all with mental health problems*

- supporting recovery and rehabilitation by ensuring pathways are in place to provide appropriate care, housing, employment and a place in society.

Serious mental health problems frequently prevent people from being able to care effectively for themselves. This means that people with serious mental illness have complex needs and are frequently vulnerable. For some there is a continuing need for care but all will need a plan and support toward their recovery. This needs to include pathways into appropriate care, housing, employment and help them to find a place in society. It also often includes need for support for those in the immediate circle of carers.

Key work areas of work include:

- Commissioning appropriate support to empower individuals and their families to cope with the hurdles on the path to recovery
- Working with providers of services such as police, housing, employment support, education and training to help them better understand and meet the needs of those with on-going mental health problems
- Continue to monitor progress towards greater flexibility and choice over accommodation and social support for citizens with on-going needs
- Ensure that services are provided in a way that enhances choice and control of the user, but that also meet the needs of the local population
- Continuing to review placement of patients in residential mental health care settings to ensure that their needs are met in the best way possible whilst maximising best use of NHS rehabilitation services

5. *Improving the wellbeing and physical health of those with mental health problems*

– by ensuring good physical care for people with mental health problems. This includes physical health promotion and ill health prevention strategies, particularly in relation to heart disease and smoking.

Social issues such as homelessness, seeking asylum, unemployment, life changes such as retirement, disability, family difficulties and domestic violence also cause people to be vulnerable to mental health problems. Often, these are associated with lifestyle behaviours that are also detrimental to mental health such as alcohol and substance misuse and criminal behaviour. Tackling the wider factors as outlined in the 'Local concerns' section above is the first step to reducing the impact on mental health. However, for those already affected, specific measures need to be put in place. These are taken forward in more specific work outlined elsewhere (see Appendix B: Links to other strategies).

People with mental health problems can experience good mental wellbeing. For example, a person living with a serious long-term mental health problem can feel socially connected and live a fulfilled life. In order to do this, people may need additional assistance to access opportunities and services, such as appropriate housing, employment, and leisure facilities.

Key areas of work are:

- Keeping the parity of esteem approach central to all services. Both commissioners and providers need to ensure that it is considered in existing and new services
- Promoting awareness of the link between mental health and physical health outcomes (and parity of esteem) through training, and as a part of the initiatives outlined above
- Supporting organisations and groups to deliver support services to people with mental health problems in a way that will enable them to access services they need more easily
- Better identification and assessment of aspects of physical health and lifestyle in primary and secondary care, and development of care pathways for intervention
- Development of tools and incentives to providers to support assessment, recording and communication between professionals across sectors

- Shared-care protocols to improve clinical management, to clarify roles and responsibilities and empower service users to be able to manage their own condition better and get access to the services and support they need.
- Ensuring that new initiatives to address physical needs in mental health services and vice versa are focused on patient and population outcomes
- Once robust data are available, monitoring progress on outcomes through the public health outcome framework indicator: *reducing premature mortality in people with serious mental illness.*

TAKING THE STRATEGY FORWARDS

Leadership

Improving mental health is everyone's business. To improve mental health and wellbeing there is a need for leadership and strong champions at all levels. The work outlined in this strategy begins to move Nottingham towards a coordinated approach with actions being taken forwards by leads across the public, private and voluntary sectors. Processes, structures and accountabilities for individual areas of work will be appropriate to the required actions and responsible organisations. Dedicated teams commission health and social care within the Clinical Commissioning Group and the Local Authority. These are brought together under the Commissioning Executive Group of the Health and Well-being Board (Appendix A: Strategic Stakeholders).

Strategic work includes:

- Annual updating of the Joint Strategic Needs Assessment for mental health.
- Further work to understand the mental health needs of minority ethnic groups and other potentially disadvantaged groups within a diverse population
- Assessment of the impact of commissioned services on improving outcomes in mental health
- Identification of indicators and suitable targets for assessing progress
- Alignment of various strategic approaches and actions impacting on mental health, and supporting the work of the Nottingham partnerships.
- Ensuring that mental health strategy and actions are aligned across Nottingham City and Nottinghamshire County wherever possible, and working towards a single strategic approach for both areas in the longer term.

Governance

Overall implementation of this strategy will be monitored by the Nottingham City Health & Well-being Board Commissioning Executive Group. Regular quarterly progress reporting will be received by this group. Specific actions that sit within the Action plan will continue to be owned by the lead organisations responsible for their implementation, and will be operationalised by the relevant strategies and plans that they link to.

Action Plans

A detailed action plan to take forward this strategy is included in the appendices (Appendix E: Outline Action Plans). Key areas of work outlined in the strategy have identified leads and stakeholders who will coordinate progress reporting to the Commissioning Executive subgroup of Nottingham's Health and Wellbeing Board.

Appendix A: Strategic Stakeholders

List of participants and roles of strategic stakeholders

Appendix B: Links to other strategies

Brief description and link to other strategies such as the Children and Young People's Plan, Vulnerable Adults Plan, Complex Families, Alcohol Strategy, Substance Misuse Strategy, Housing Strategy, Social Inclusion Strategy, CAMHS Strategy

Appendix C: Diagram of Nottingham Mental Health Strategy relationship to Nottingham Plan, Joint Health and Well Being, Clinical Commissioning Group and National Strategy

Diagram showing alignment of key elements of each and demonstrating how they are achieved within local work.

Appendix D: Equality Impact Assessment

Brief description and link to EIA of the strategy.

Appendix E: Outline Action Plans

Table of key areas outlined in the strategy named lead and stakeholders and timeframe for delivery

Appendix A: Strategic Stakeholders & contributors

The original stakeholder group was represented by:

- Nottingham City Council - Strategic housing, adult and children's health/social care commissioning, employment
- NHS Nottingham City - Public Health, adult and children's mental health commissioning
- Nottingham Clinical Commissioning Group - GP lead for mental health
- Nottinghamshire Healthcare NHS Trust
- Service users
- Nottinghamshire Police
- Crime and Drugs Partnership
- Nottingham Self-help
- University sector
- Academic expertise - Institute of Mental Health

The table below is a lists the major contributors to the strategy to date, and their role:

Individual contributor	Organisation represented	Role(s)
Dr Jo Copping	Nottingham City Council	Consultant in Public Health Medicine
Dr Caroline Hird	Nottingham City Council	Consultant in Public Health Medicine
Dr Michele Hampson	Nottingham Partnership Trust	Honorary Consultant and Health and Wellbeing Board representative
Charlotte Reading	Nottingham Clinical Commissioning Group	Head of Commissioning -Mental Health and Learning Disabilities
Liz Pierce	Public Health Nottingham City	Public Health Manager for Vulnerable adults
Alex Castle-Clarke		
Sue Taylor	GP with special interest	
Marcus Bicknell	Nottingham City Clinical Commissioning Group	GP, Beechdale Surgery and Executive Lead
Chris Grocock/Jill Smith	Nottingham City Council	Partnership Development Officer
Ciara Scarff	Nottingham Clinical Commissioning Group	Scarff Ciara - Head of Contracts - Mental Health/Learning Disabilities and Community
Claire Thompson	University of Nottingham	
Steven Cooper	Nottingham City Homes	Project manager
David Manley	Nottingham Health Care Trust	Substance misuse lead
David Potter	Self Help Nottingham	
Lucy Davidson	Nottingham Clinical Commissioning Group	Assistant Director of Commissioning – Mental Health
Heather Flambert	Nottingham Health Care Trust	
Deborah Hooton	Nottingham City Council	Head of Joint Commissioning for Children and Families
Jill Smith	Nottingham City Council	Employment and Skills Officer
Julie Hall	Nottingham City Council	
Justine Schneider	Institute of Mental Health	
Lorna Beedham	Nottingham City Council	Advisor for the achievement of vulnerable groups
Mat Rawsthorne	Self Help Nottingham	
Simon Nickless	Chief Superintendent	Nottingham Police
Chris Packham	Nottingham Health Care Trust	Associate Medical Director
Bert Park	Nottingham Health Care Trust	
Ian Trimble	Nottingham City Clinical Commissioning Group	GP, Sherwood Health Centre and Executive Lead
David Edgley		Equality and Diversity Champion
Sarah Andrews	Nottingham City Council	Specialist Housing Development Officer
Karen Archer	Health Watch Nottingham	Director of local Health Watch
Catherine Cook and Rachel Shippam	HWB3	

Thanks also go to the following people who were very instrumental in developing the Strategy in its early stages, but have moved on in their role:
Dr Jane Bethea - Specialty Registrar in Public Health, NHS Nottingham City; Dr Peter Cansfield - Consultant in Public Health Medicine, Nottingham Primary Care Trust and Nottingham City Council; Kiran Loi - Specialty Registrar in Public Health,Nottingham City Council; Onyi Duru - Foundation Doctor, NHS Nottingham City

Appendix B: Links to other strategies and resources

If viewing this document electronically, these links should take you to the relevant pages on the internet.

No Health Without Mental Health:
A cross-government mental health outcomes strategy for people of all ages

Nottingham Plan

Nottingham City Joint Health and Wellbeing Strategy

Working together for a healthier Nottingham, Nottingham City Clinical Commissioning Group Strategy 2013-2016

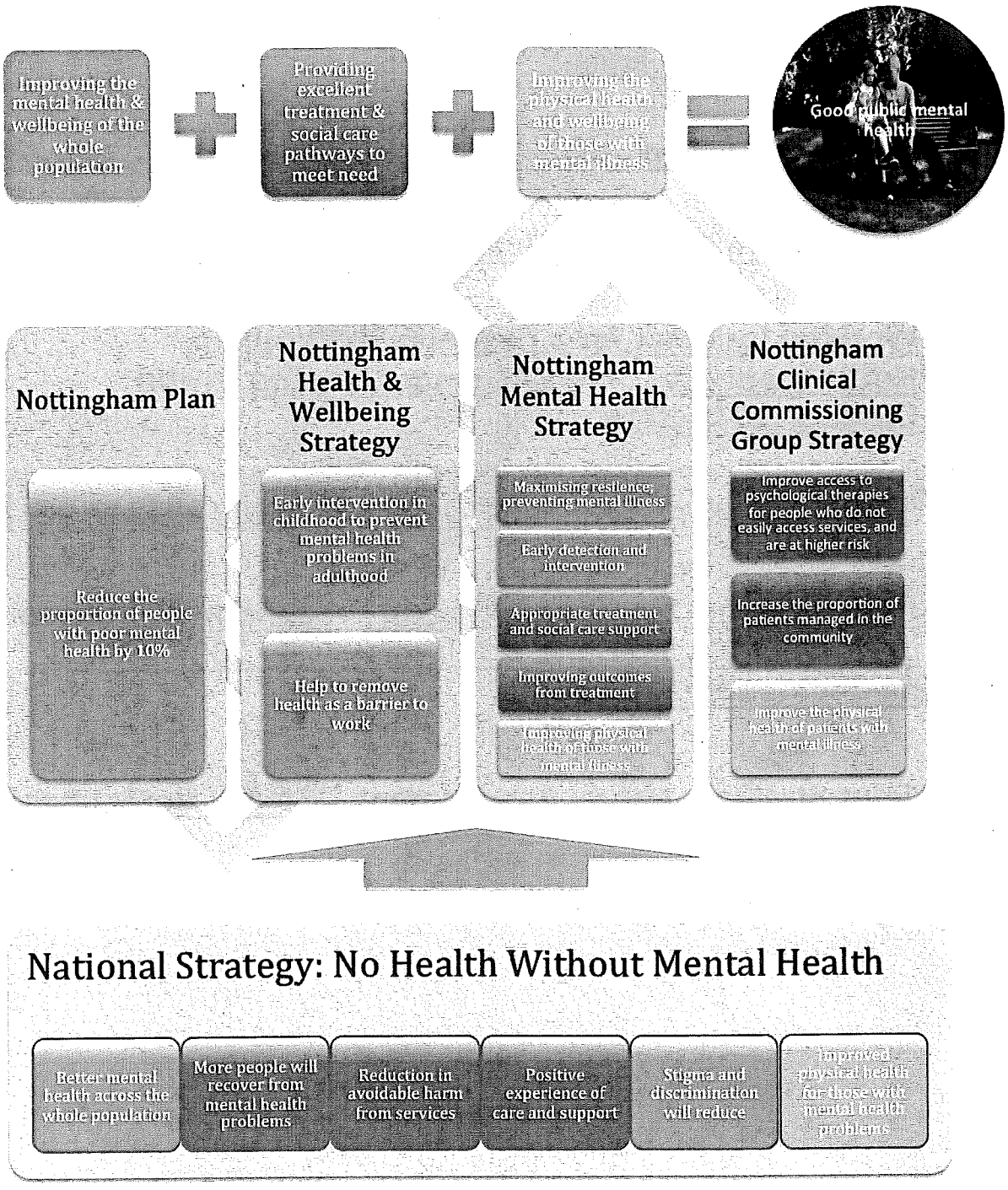
The Nottingham City Joint Carers Strategy 2012 to 2017

A Strategy for the Reduction and Prevention of Suicide in Nottinghamshire and Nottingham City 2009-2012 (to be updated in 2013)

Joint Strategic Needs Assessment (JSNA) - Nottingham Insight

Appendix C: Diagram of the relationship of the Nottingham Adult Mental Health Strategy to the Nottingham Plan, Joint Health and Well Being Strategy, Clinical Commissioning Group Strategy and National Strategy.

The picture below shows how the colour coded key elements of achieving good public mental health are aligned between the National strategy and Nottingham strategies. The Action Plan in Appendix E demonstrates how these will be achieved locally.



HEALTH SCRUTINY PANEL
25 SEPTEMBER 2013
WORK PROGRAMME 2013/14
REPORT OF HEAD OF DEMOCRATIC SERVICES

1. Purpose

1.1 To consider the Panel's work programme for 2013/14, based on areas of work identified by the Panel at previous meetings and any further suggestions raised at this meeting.

2. Action required

2.1 The Panel is asked to note the work that is currently planned for municipal year 2013/14 and make amendments to this programme if considered appropriate.

3. Background information

3.1 The Health Scrutiny Panel is responsible for carrying out the overview and scrutiny role in relation to health and social care matters and for exercising the Council's statutory role in scrutinising health services for the City.

3.2 The Panel is responsible for determining its own work programme to fulfil its terms of reference. The work programme is attached at Appendix 1.

3.3 The work programme is intended to be flexible so that issues which arise as the year progresses can be considered appropriately. This is likely to include consultations from health service providers about substantial variations and developments in health services that the Panel has statutory responsibilities in relation to.

3.4 Where there are a number of potential items that could be scrutinised in a given year, consideration of what represents the highest priority or area of risk will assist with work programme planning. Changes and/or additions to the work programme will need to take account of the resources available to the Committee.

3.5 Councillors are reminded of their statutory responsibilities as follows:

While a 'substantial variation or development' of health services is not defined in Regulations, a key feature is that there is a major change to services experienced by patients and future patients. Proposals may range from changes that affect a small group of people within a small

geographical area to major reconfigurations of specialist services involving significant numbers of patients across a wide area.

This Panel has statutory responsibilities in relation to substantial variations and developments in health services set out in legislation and associated regulations and guidance. These are to consider the following matters in relation to any substantial variations or developments that impact upon those in receipt of services:

(a) Whether, as a statutory body, the relevant Overview and Scrutiny Committee has been properly consulted within the consultation process;

(b) Whether, in developing the proposals for service changes, the health body concerned has taken into account the public interest through appropriate patient and public involvement and consultation;

(c) Whether a proposal for changes is in the interests of the local health service.

Councillors should bear these matters in mind when considering proposals.

3.6 Nottingham City and Nottinghamshire County Councils have established a Joint Health Scrutiny Committee which is responsible for scrutinising decisions made by NHS organisations, together with reviewing other health issues that impact on services accessed by both City and County residents.

3.7 The Care Quality Commission (CQC) has announced that Nottingham University Hospitals NHS Trust (NUH) will be included in the first wave of Trusts being inspected under the new approach to inspection of acute hospitals. It is understood that this inspection will take place during November 2013. Correspondence has been received from the CQC regarding opportunity for health scrutiny to get involved with the inspection process:

- By providing evidence in advance of the inspection
- Attending 'public listening events' to be held on the first day of the inspection
- Through the Quality Summit held at the end of the inspection to discuss findings and improvement action needed.

As the lead committee for scrutinising matters relating to NUH, the Joint Health Scrutiny Committee will take the lead in engaging with the inspection process.

4. List of attached information

4.1 The following information can be found in the appendix to this report:

Appendix 1 – Health Scrutiny Panel 2013/14 Work Programme

5. Background papers, other than published works or those disclosing exempt or confidential information

None

6. Published documents referred to in compiling this report

Reports to and minutes of Health Scrutiny Panel meetings held on 29 May and 24 July 2013

7. Wards affected

All

8. Contact information

Jane Garrard, Overview and Scrutiny Review Co-ordinator
Tel: 0115 8764315
Email: jane.garrard@nottinghamcity.gov.uk

APPENDIX 1

Health Scrutiny Panel 2013/14 Work Programme

29 May 2013	• **CityCare Partnership Quality Account 2012/13** To consider CityCare Partnership's Quality Account 2012/13 and whether to make a statement for inclusion • **Adult integrated care** To consider the adult integrated care programme • **'Community case finders' hospital discharge** To consider work to facilitate timely hospital discharge and prevent unnecessary hospital admissions through the 'community case finders' model
24 July 2013	• **Healthwatch Nottingham** To meet with Healthwatch Nottingham and agree a protocol for the working relationship between health scrutiny and Healthwatch Nottingham • **Public health** To take an overview of the Council's public health responsibilities and key priorities and challenges • **Portfolio Holder for Adults and Health/ Chair of Health and Wellbeing Board** To consider the Portfolio Holder for Adults and Health's priorities for the Portfolio and Health and Wellbeing Board, including implementation of the Joint Health and Wellbeing Strategy • **Standards of care in Nottingham care homes** To scrutinise action taken to ensure high standards of care at care homes in Nottingham
25 September 2013	• **Changemakers scheme** To hear about the role of the Nottingham Changemakers and to consider how the benefits of this scheme can be maximised

	• **Draft Adult Mental Health Strategy** To consider the draft Adult Mental Health Strategy as part of the public and stakeholder consultation process
27 November 2013	• **CityCare Partnership complaints** To review how CityCare Partnership responds to patient comments and complaints • **Quality of care in Nottingham City Council care homes (tbc)** *Focus to be determined*
29 January 2014	• **CityCare Partnership Quality Account 2013/14** Preliminary consideration of priorities for CityCare Partnership's Quality Account 2013/14 • **Strategic Review of the Care Home Sector** To consider the findings of the Strategic Review of the Care Home Sector • **Care at home (tbc)** *Focus to be determined*
26 March 2014	• **Healthwatch Nottingham (tbc – depending on publication of Healthwatch Annual Report)** To review the first year since the establishment of Healthwatch Nottingham • **Health and Wellbeing Board and Joint Health and Wellbeing Strategy** To review the first year of Health and Wellbeing Board and progress in implementing the Joint Health and Wellbeing Strategy • **Adult Integrated Care** To review progress in the Adult Integrated Care Programme, since commencement of the new model of working in January 2014

To schedule:

- Integration of children's health and care services
- GP waiting times
- How do individuals and their families/ carers make informed decisions and choices about care homes?
- Review of a public health commissioned service (focus to be determined)

2014/15

- Impact of introduction of new residential care home contracts on quality
- Discussion with Portfolio Holder for Adults and Health/ Chair of the Health and Wellbeing Board

Written reports requested:

- How can public health support work at a neighbourhood/ ward level?
- The extent to which the needs of the care home market are taken into account when planning applications are considered