



NOTTINGHAM CITY COUNCIL
HEALTH AND WELLBEING BOARD

Date: Wednesday, 29 July 2015

Time: 1.30 pm

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

Councillors are requested to attend the above meeting to transact the following business

Acting Corporate Director for Resources

Governance Officer: Phil Wye **Direct Dial:** 0115 8764637

AGENDA

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| 4 | JOINT HEALTH AND WELLBEING STRATEGY 2 YEAR PROGRESS REPORT
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8 VERBAL UPDATES

- a Corporate Director for Children and Adults**
- b Director of Public Health**
- c Healthwatch Nottingham**
- d Clinical Commissioning Group**
- e The Care Act**

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

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NOTTINGHAM CITY COUNCIL

HEALTH AND WELLBEING BOARD

MINUTES of the meeting held at Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG on 27 May 2015 from 13.32 - 15.22

Membership

Voting Members

Present

Councillor Alex Norris (Chair)
Dr Ian Trimble (Vice Chair)
Alison Challenger (NCC)
Councillor Steve Battlemuch
Dr Marcus Bicknell (CCG)
Helen Jones (NCC)
Councillor Sally Longford
Councillor David Mellen
Alison Michalska (NCC)
Dr Hugh Porter (CCG)
Dawn Smith (CCG)

Absent

Martin Gawith (Healthwatch)
Vikki Taylor (NHS England)

Non-Voting Members

Present

Supt Steven Cooper
Leslie McDonald
Gill Moy

Absent

Lyn Bacon
Candida Brudenell
Ruth Hawkins
Peter Homa
Jean Sharpe

Colleagues, partners and others in attendance:

Helene Denness	- Public Health, Nottingham City Council
Alison Ellis	- Nottinghamshire LPC
Duncan Goodall	- NHS Sports Medicine
Dan Lucas	- Nottingham City Homes
Lorraine Raynor	- Head of Environmental Health and Trading Standards
Helen Ross	- Public Health, Nottingham City Council
Karen Stainer	- NHS England
John Wilcox	- Public Health, Nottingham City Council
Phil Wye	- Governance Officer, Nottingham City Council

61 APPOINTMENT OF VICE CHAIR

The Board agreed to appoint Dr Ian Trimble as Vice-Chair for the 2014-15 municipal year.

62 APOLOGIES FOR ABSENCE

Lyn Bacon (Nottingham Citycare Partnership)
Peter Homa (Nottingham University Hospitals NHS Trust)

63 DECLARATIONS OF INTEREST

Leslie McDonald declared interests in agenda items 6 and 7 as representative of the Health and Wellbeing 3rd Sector Forum, but this interest did not prevent him from speaking or voting on the items.

64 MINUTES

The minutes of the meeting held on 25 February 2015 were confirmed by the Board, with the exception of the following:

- a) in item 50 (Apologies for absence), Councillor Alex Norris' name was recorded incorrectly;
- b) the list of voting and non-voting members was incorrect.

The minutes, including changes as above, were signed by the Chair.

65 NOTTINGHAM SUSTAINABLE HEALTH AND CARE LOCAL IMPLEMENTATION PLAN

Helen Ross, Insight Specialist, Public Health Sustainable Development lead, presented her report on the outcomes of the Health and Wellbeing Board Development Session on Sustainable Development. This session demonstrated how health can be improved and how health inequalities can be reduced through the further development of a local Sustainable Health and Care Local Implementation Plan. Helen gave the following updates:

- a) the Nottingham Clinical Commissioning Group (CCG) has recently won a Green Award for its work on carbon reduction. The Nottingham CCG is the first in the UK to reduce carbon from data transmission, setting a benchmark;
- b) Carillion, who caters for the Nottingham University Hospital NHS Trust, has achieved gold status for its food;
- c) Helen recently spoke at a national event in Bristol about sustainable food work in Nottingham and other delegates were impressed with Nottingham's achievements. Nottingham is on its way to becoming a sustainable food city;
- d) a bid has been submitted to the European Regional Development Fund for £1m to support private care homes in Nottingham to carry out sustainability activities and

initiatives;

- e) a second focussed workshop would be required to develop an action plan in the priority areas identified in the session. A provisional date of 24 August 2015 has been set for this workshop.

Helen gave the following answers in response to questions from members of the Board:

- f) Helen is able to attend the next meeting of the Health and Wellbeing 3rd Sector Forum to engage smaller organisations, and Leslie McDonald is invited to attend the workshop in August as a representative of the 3rd sector;
- g) work on sustainable development could be promoted by ward councillors. They are welcome to attend the workshops but it is difficult to accommodate a date which would suit all of them;
- h) Helen will meet with the CCG to discuss co-ordinating tying these initiatives with their Vanguard Status work. Dawn Smith can help with any issues arising;
- i) sustainability should be encouraged in all health and wellbeing work in Nottingham, under a strategic plan.

RESOLVED to

- 1) note the outcomes of the Sustainable Development Health and Wellbeing Board workshop;**
- 2) draft a Nottingham Sustainable Health and Care Local Implementation Plan and develop action plans in the priority areas mentioned in the report, through a second focussed workshop that utilises the Sustainable Development Unit Local Implementation Toolkit and an Action Learning approach, in consultation with representatives from other partnerships such as the Nottingham Green Theme Partnership, to ensure that value is added to others' work and potential duplication is avoided;**
- 3) agree finance for room booking, meeting expenses and participation from partner organisations through existing budgets.**

66 HOUSING'S CONTRIBUTION TO THE HEALTH AND WELLBEING AGENDA

Gill Moy, Director of Housing and Lorraine Raynor, Chief Environmental Health & Safer Housing Officer, Nottingham City Homes (NCH) presented their report, identifying the contribution housing services make to improving the mental and physical health outcomes for Nottingham citizens. The following points were highlighted:

- a) poor housing has an impact on citizens' physical and mental wellbeing. The 2004 Housing Act made it the duty of local authorities to ensure that all homes are safe and healthy, but this is a huge challenge in Nottingham due to the size and variety

- of the housing stock;
- b) housing problems cause huge cost to the NHS. Nationally, £1.4bn would be saved annually if 3.3m poor homes were brought up to a decent standard. The local figures for Nottingham are unknown as homes have not been surveyed since 2006. NCH is intending to commission the Building Research Establishment (BRE) to survey homes in Nottingham;
 - c) over 1300 complaints have been made by residents about housing in Nottingham, mainly amongst the private rental sector. 435 homes have been improved by enforced legal action, along with a significant number which have been improved without having to resort to legal action;
 - d) all social housing in Nottingham (around 30% of the housing stock) meets the 'Decent Homes Standard', but it is a challenge to keep the housing at this high standard. The Nottingham Trent University Decent Homes Impact Study found that the work carried out by NCH:
 - i) avoids 2 excess winter deaths a year from excess cold;
 - ii) reduces respiratory illness in over 1000 children;
 - iii) avoids 178 accidents at home, including 12 falls;
 - iv) improves mental health and wellbeing;
 - v) saves the NHS £700,000 a year (from a sample of health benefits);
 - e) the success of NCH's work on housing improvement has been promoted as a leading example by Lilian Greenwood, MP for Nottingham South, in the House of Commons;
 - f) the city council has recently been successful in obtaining funding for home improvements in Clifton, Bulwell and Sneinton, for example refurbishment of tower blocks in Sneinton;
 - g) Nottingham On Call has received 11,000 calls, and made 1,007 emergency call-outs in 2014/15, saving £302,100 by avoiding 999 call-outs. Only 1500 of these calls were from private rentals, so there is considerable scope to increase the number of people benefiting from the service;
 - h) Around 1000 housing adaptations are made each year by NCH, along with the provision of hundreds of specialist houses. Other schemes such as Homelink, Independent Living Schemes and the Hospital to Home Project have also been successful;
 - i) poor quality housing has an impact on mental health, including social isolation. Recent and future welfare reform may also create significant future challenges as residents receive fewer benefits. An example of a scheme which helps reduce social isolation is Fit in the Community, which helps to increase physical activity as well as improving mental health;
 - j) the Joint Memorandum of Understanding has been signed by a wide range of health, social care and housing organisations including the Department of Health and the Department for Communities and Local Government. It sets out:

- i) shared commitment to joint action across government, health, social care and housing sectors;
- ii) principles for joint-working to deliver positive outcomes;
- iii) a framework for partnerships, to design and deliver healthy homes, communities and neighbourhoods as well as integrated and effective services that meet individuals', their carers' and their family's needs.

Gill and Lorraine provided the following answers in response to questions from the Board:

- k) a business manager has recently been recruited to help widen the scope of Nottingham On Call;
- l) the number of homes which require improvement to bring them up to decent standard is not known as the last survey was carried out in 2006;
- m) licensing in the private rental sector is currently discretionary, however licensing could be introduced for the whole sector. This would give the council additional tools and powers to intervene, but intervention and the closure of housing is expensive. Other enforcement options include the Nottingham Standard accreditation scheme, and a requirement for pre-checks prior to rental of a house;
- n) there is a problem with the under-reporting of poor quality housing stock. The council is working with the police to create a single point of contact receive complains about landlords. Health and care partners could also report cases they are aware of;
- o) a French model where students live with older tenants to improve their mental wellbeing is being investigated;
- p) the 30% figure of for social housing in Nottingham includes all housing associations, not only NCH. Social Landlord Forum members are welcome to attend Health and Housing Partnership Board meetings;
- q) the Health and Housing Referral Service helps to pick up housing problems in the private sector in the council. The council also provides funding to Age UK to support older people living in their own homes;
- r) the Health and Housing Partnership Board is trying to get as many partners as possible around the table and would welcome new members from social care and the CCG.

RESOLVED to

- 1) note the contribution that housing providers, and housing interventions, make to the health and wellbeing of Nottingham Citizens, particularly in reducing demand for primary and secondary health and social care services, and to consider the contribution that housing services can make**

when commissioning health services;

- 2) note the Memorandum of Understanding (MOU) to 'support joint action on improving health through the home' and to agree that the Health and Housing Partnership Board should own such actions locally and make future recommendations to the Commissioning Executive Group (CEG);**
- 3) note the outcomes from the Health and Housing event on 28th November 2014 organised by the Strategic Housing Network and the Nottingham Health and Housing Partnership Board.**

67 CHANGE TO THE HEALTH AND WELLBEING BOARD TERMS OF REFERENCE AND ESTABLISHMENT OF A SUB-COMMITTEE

Councillor Alex Norris introduced the report of the Acting Corporate Director of Resources proposing a sub-committee of the Health and Wellbeing Board with responsibilities including:

- a) performance management and amendment of the Health and Wellbeing Commissioning Plan;
- b) making funding decisions relating to the spend of the Better Care Fund, Domestic Violence Commissioning pooled budgets and the Priority Families Scheme.

RESOLVED to

- 1) note the changes to the Terms of Reference for the Health and Wellbeing Board;**
- 2) establish a sub-committee of the Health and Wellbeing Board called the Health and Wellbeing Board Commissioning Sub-Committee, and agree the terms of reference subject to the following changes:**
 - i that the Terms of Reference allow for additional meetings as and when required, should a decision be needed urgently, and;**
 - ii that the Terms of Reference include reference to the Section 75 agreement signed by the CCG;**
- 2) note that Full Council approved the membership and voting arrangements for the Health and Wellbeing Board Commissioning Sub-Committee, subject to the establishment of the sub-committee by this Board.**

68 FORWARD PLAN

RESOLVED to note the forward plan, subject to the addition of a report on Child Sexual Exploitation as agreed at the meeting on 25 February 2015.

69 UPDATES

- a CORPORATE DIRECTOR FOR CHILDREN AND FAMILIES (Agenda Item 9a)

Alison Michalska, Corporate Director for Children and Adults, gave the following updates:

- a) Changes to the Adult Social Care structure
Linda Sellars is now Director for Quality and Change and remains Chief Social Worker for Adults;
Julie Sanderson is now in the new post of Head of Adult Safeguarding;
Gemma Poulter is the Head of Integration;
Wendy Griffiths will take on a broader portfolio; her job title is now Head of Commercial Services and Change;
Oliver Bolam and Paul Haigh retain their roles as Head of Specialist Services and Head of Social Care Provision respectively;
- b) Fostering and Adoption
the number of adoptions completed has increased greatly from 43 in 2013/14 to 70 in 2014/15. There has also been an increase in the numbers of foster carers following a successful advertising campaign;
- c) Education Improvement Board
the Board has a new chair, Professor David Greenaway, Vice Chancellor of the University of Nottingham. School attendance has improved and Nottingham City is now 109 in the ranking of Local Authorities. This is the second most improved school attendance in the country;
- d) Early Help, Safeguarding and Family Support Delivery Plan
a new Delivery Plan has been produced to help make clear where responsibilities lie for Children's Social Care and Vulnerable Children and Families, which will be rolled out and embedded across teams in the next few months;
- e) Project Evolution
tendering and procurement is now complete on a new case management system to replace CareFirst, which should improve connectivity with partner agencies;
- f) Independent Chair – Safeguarding Boards
the current independent chair of the Adults' and Children's Safeguarding Boards, Paul Burnett, is leaving in September. Two new chairs (separate Adults' and Children's) are currently being recruited;
- g) Dolly Parton's Imagination Library
The Imagination Library, which currently operates in the four most deprived areas of Nottingham (Aspley, Arboretum, Bulwell and St Anns), is being expanded across the city as part of the 'Small Steps Big Changes' programme. Funding is being generated by donations from the City Council workforce through a workplace giving scheme.
- b DIRECTOR OF PUBLIC HEALTH (Agenda Item 9b)

Alison Challenger, Interim Director of Public Health, gave the following updates:

- a) the Joint Strategic Needs Assessment (JSNA) is currently being refreshed;
- b) as part of the smoke-free agenda, the Nottingham University Hospitals NHS Trust is making its grounds completely smoke-free. This is a huge challenge but should be in place by October.
- c) HEALTHWATCH NOTTINGHAM (Agenda Item 9c)

No update

- d) CLINICAL COMMISSIONING GROUP (Agenda Item 9d)

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

- a) NHS 111 re-procurement
the CCGs in Nottingham City and Nottinghamshire County (excluding Bassetlaw) are beginning a re-procurement process for the NHS 111 service, with the service needing to commence in March 2016. 20 CCGs are involved and there is national interest. The service aims to help smaller services who struggle to manage their communications;
 - b) The selection of Quality Premium Indicators for 2015/16
targets have been selected by the Nottingham CCG as its Quality Premium Indicators for 2015/16. These will be assessed and used to reward any improvement;
 - c) 360° Stakeholder Survey
NHS England has conducted a further survey this year which allowed stakeholders to provide feedback on working relationships with CCGs. There are a number of areas where the CCG has performed higher than the national average;
 - d) Diabetes Care in Nottingham City
the CCG is currently seeking the views of patients and carers living with diabetes in the city to help them shape and improve local NHS services;
 - e) Improving Patient Flow through Nottingham University Hospitals NHS Trust
Nottingham University Hospitals NHS Trust is holding two 'Breaking the Cycle' sessions at Queens Medical Centre and City Hospital, working with partner organisations to help ward teams chase and resolve patient delays. The former took place from 29 April and was successful, and the initiative met its target of 95% every day over 20 consecutive days.
- e) THE CARE ACT (Agenda Item 9e)

Helen Jones, Director of Adult Social Care, Nottingham City Council, provided an update on the implementation of the Care Act in Nottingham City:

- a) Nottingham City Council has delivered against all legal requirements in the implementation of the care act to date;
- b) Nottingham City Council has volunteered to undertake a piece of work on the funding impacts of new reforms, as there has been national lobbying for additional guidance prior to consultation taking place.

70 HEALTH AND WELLBEING BOARD MEETING DATES 2015-16

RESOLVED to meet on the following Wednesdays at 1.30pm:

2015: 29 July, 30 September, 25 November

2016: 27 January, 30 March

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HEALTH AND WELLBEING BOARD - 29th July 2015

Title of paper:	Joint Health and Wellbeing Strategy 2 year progress report	
Director(s)/ Corporate Director(s):	Alison Michalska Corporate Director for Children & Adults, Nottingham City Council Alison Challenger, Interim Director of Public Health, Nottingham City Council. Dawn Smith, Chief Operating Officer, Nottingham City Clinical Commissioning Group.	Wards affected: All
Report author(s) and contact details:	John Wilcox, Insight Specialist – Public Health, Nottingham City Council.	
Other colleagues who have provided input:	Alex Castle-Clarke, Strategy & Commissioning Officer, Crime & Drugs Partnership. Antony Dixon, Strategic Commissioning Manager, Nottingham City Council. Joanne Williams, Programme Manager for Adult Integrated Care, Nottingham City Clinical Commissioning Group. Sarah Quilty, Public Health Manager, Nottingham City Council. Sharan Jones, Health and Wellbeing Manager, Nottingham City Council. Liz Pierce, Insight Specialist – Public Health Nicky Dawson, Priority Families Programme Coordinator, Nottingham City Council.	
Date of consultation with Portfolio Holder(s) (if relevant)	14th July 2015	
Relevant Council Plan Strategic Priority:		
Cutting unemployment by a quarter		<input checked="" type="checkbox"/>
Cut crime and anti-social behaviour		<input checked="" type="checkbox"/>
Ensure more school leavers get a job, training or further education than any other City		<input checked="" type="checkbox"/>
Your neighbourhood as clean as the City Centre		<input type="checkbox"/>
Help keep your energy bills down		<input type="checkbox"/>
Good access to public transport		<input type="checkbox"/>
Nottingham has a good mix of housing		<input type="checkbox"/>
Nottingham is a good place to do business, invest and create jobs		<input type="checkbox"/>
Nottingham offers a wide range of leisure activities, parks and sporting events		<input type="checkbox"/>
Support early intervention activities		<input checked="" type="checkbox"/>
Deliver effective, value for money services to our citizens		<input checked="" type="checkbox"/>
Relevant Health and Wellbeing Strategy Priority:		
Healthy Nottingham: Preventing alcohol misuse		<input checked="" type="checkbox"/>
Integrated care: Supporting older people		<input checked="" type="checkbox"/>
Early Intervention: Improving Mental Health		<input checked="" type="checkbox"/>
Changing culture and systems: Priority Families		<input checked="" type="checkbox"/>

Summary of issues (including benefits to citizens/service users and contribution to improving health & wellbeing and reducing inequalities):

- Progress on the delivery of the Nottingham City Joint Health and Wellbeing Strategy 2 years after it was endorsed by the Health and Wellbeing Board.

Recommendation(s):

1 To consider the reported progress on the delivery of the Joint Health and Wellbeing Strategy.

2 To note changes in the leadership of the strategy priorities.

How will these recommendations champion mental health and wellbeing in line with the Health and Wellbeing Board aspiration to give equal value to mental health and physical health ('parity of esteem'):

One of the Nottingham City Joint Health and Wellbeing Strategy priorities is to intervene earlier to increase the number of citizens with good mental health. This will be achieved through actions to improve early year's experiences to prevent mental health problems in adulthood; and addressing mental health issues which are barriers to employment. This priority and actions also contribute to the city's vision for mental health and wellbeing set out in the Wellness in Mind Strategy.

1. REASONS FOR RECOMMENDATIONS

1.1. To consider the reported progress on the delivery of the Joint Health and Wellbeing Strategy

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

The Board receives reports on the overall strategy progress at approximately 6 monthly intervals, with more in-depth progress reports on specific priorities at other meeting dates.

The information provided in **Appendix 1** by officers working on strategy delivery, gives details of the progress and impact in relation to the strategy actions at approximately 2 years since the strategy was endorsed in June 2013. Actions are rated in the following manner:

RAG	Criteria
RED	Significant slippage or risk re timescale, costs or benefits OR where slippage /risk is unlikely to be recoverable
AMBER	Some slippage re time, costs or benefits but fully recoverable
GREEN	Fully on track in relation to time, costs or benefits

The Board may delegate further follow up of any actions to the Commissioning Executive Group.

A summary of the headlines achievements in delivering the strategy to date are presented in the **Background section**.

1.2 To note changes in the leadership of the strategy priorities.

The following changes to the leadership of the strategy priorities should be noted:

- The accountable board member for the Preventing Alcohol Misuse priority is now Alison Challenger, Interim Director of Public Health, Nottingham City Council.
- The accountable board member for the Early Intervention: improving mental health priority is now Alison Challenger, Interim Director of Public Health, Nottingham City Council.
- The lead officer for the Early Intervention: improving mental health priority is now – Helene Deness, Public Health Consultant, Nottingham City Council.

2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

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

- **Healthy Nottingham: Preventing alcohol misuse**
- **Integrated care: Supporting older people**
- **Early Intervention: Improving Mental Health**
- **Changing culture and systems: Priority Families**

Headlines Achievements at 2 years

Healthy Nottingham: Preventing alcohol misuse

- The proportion of adults drinking at increasing or higher risk levels reduced from a baseline of 12% in 2012 to 9% in 2014. The proportion of binge drinkers also decreased from 23.7% to 18.7%.
- The city has made progress on a range of interventions in the life of the strategy having successfully introduced a city-wide 'street drinking ban', now under the terms of a Public Space Protection Order.
- There has been successful engagement with national programmes such as the Home Office and Public Health England led Local Alcohol Action Area (LAAA) scheme which has led to the introduction of the 'Cardiff Model' of health and police data sharing.
- Specialist alcohol treatment provision has been maintained with the entire model having been recommissioned as of November 2014. Current performance information is as yet awaited for the new provision although initial feedback is suggestive of improved intra-system referral processes following the successful tender of a single provider, Last Orders.

Supporting Older People

- Re-organisation and streamlining of programme governance.
- There has been sign off of the Better Care Fund (BCF) Sector 75 agreement and development of Care Delivery Group level performance monitoring to enhance service delivery improvements
- There has been service provider collaboration to develop a model of delivery for integrated reablement and urgent care pathways and health and social care "front door".
- There has been a reduction in non-elective admissions – part attainment of BCF pay for performance target (66%).
- The 2014/15 assistive technology target has been delivered (4800+ citizens over 65 years have been supported through assistive technology). A forward vision for integrated assistive technology offer has been approved.

- Self Care Hubs have been established across the city. A self-care training programme for the workforce is now being delivered.
- 83% of citizens reported improved experience of health and social care services.

Early Intervention: Improving Mental Health

Improving early years experiences to prevent mental health problems in adulthood

- The Behaviour, Emotional and Mental Health (BEMH) Pathway was launched in December 2014. The aims of the BEMH Pathway are:
 - To deliver positive outcomes for children and young people and their families;
 - To ensure that children and young people have their needs identified and met at the earliest opportunity;
 - To prevent behavioural, emotional or mental health needs escalating;
 - To ensure that children and young people who may be experiencing mental health issues or present with difficulties that may indicate possible ASD or ADHD have a timely assessment by the most appropriate professional.
- Since the launch there have been 1141 referrals of which 696 were for behavioural and neurodevelopmental concerns.
- There have been 211 families offered parenting programmes and 133 families are currently being provided parenting interventions.
- Since March 2015, 128 referrals have been made and accepted to community paediatricians.
- 102 parents booked on or have participated in parenting programmes.
- 193 children aged between 0-5 years have been referred into the Single Point of Access since the launch of the pathway in December.
- There has been a 58% increase (from 722 between January to March 2014 to 1141 between January to March 2015) in the number of referrals into the Single Point of Access and the BEMH pathway since its launch.

Mental health and employment

- Nottingham's mental health and wellbeing strategy, Wellness in Mind, was launched in October 2014 and a steering group established consisting of Mental Health Champions identified by the Health and Wellbeing Board.
- The mental health and employment theme cuts across all five priorities in Wellness in Mind's action plan and the steering group is responsible for implementation.
- The Nottinghamshire Fit for Work service is jointly commissioned by the Nottingham City CCG and Nottingham City Council (Public Health). The service supports people with health problems to sustain or work towards employment.
- The service supported 356 individuals during 2014/15:
 - 172 (48%) were 'in work' achieving 66% of target, although 90% of these returned to/sustained employment against a target of 70%.
 - 184 (52%) were 'out of work' achieving 111% of target. 27% of this cohort moved into work, volunteering or training (an increase of 15% on 2013/14).
 - 306 (86%) had a long term health condition - 46% reporting mental health problems and 25% reporting musculoskeletal conditions.
- A comprehensive mental health training programme has been developed for cross-sector front-line workers and training will commence in August 2015. This is linked to the Crisis Care Concordat training objectives.

Priority Families

The Troubled Families National Policy Initiative commenced April 2012. Phase 1 of the programme ran from 2012 to 2015 against criteria for Employment, Education and Crime/ASB.

Phase 1 summary of achievements:

- 1200 of 1200 target families engaged with the programme
- 1200 of 1200 target families met the required improvement for outcomes to enable Payment by Results claims for all target families. (Statistical breakdown was reported in full in the 18 month report).
- 300 partnership workers trained in new systems and the new way of working in support of families
- 11 Partnership senior practitioner 'change champion' posts in place
- Ranked joint number 1 nationally at phase end.
- All targets achieved at 100% six months early qualifying Nottingham City as Wave 2 'Early Starters' commencing Phase 2 delivery 1st January 2015

Recognition:

- For apprentice scheme (with Neighbourhood Services) National APSE award October 14, GEM Apprentice of the Year 2014 (Priority Families apprentice), DWP Innovation award for Priority Families Employment Advisers
- Queen's Birthday Honour for FIP Deputy Manager for Priority Families support.
- Linked with Municipal Journal Award for schools attendance campaign

Phase 2 Delivery and Targets

Phase 2 commenced 1st January 2015 and runs to 31st March 2020. There are now 6 overarching criteria:

1. Parents and children involved in crime or anti-social behaviour
2. Children who have not been attending school regularly
3. Children who need help
4. Adults out of work or at risk of financial exclusion and young people at risk of worklessness
5. Families affected by domestic violence and abuse
6. Parents and children with a range of health problems

Under these criteria are 36 national indicators used to identify eligible families. Families must achieve significant and sustainable outcomes against all indicators present/baselined in the family on entry, without regression, to be deemed to have improved outcomes and to be eligible for a payment by results claim. Measures to evidence success have been developed by the partnership and are to be found in the Nottingham Troubled Families Outcomes Plan.

Risks and issues

Claims: Wave 1 areas had very low claims in May due to audit rejection of claims insufficiently evidenced. Nottingham is mitigating the risk of rejection by agreeing measures with audit in advance of the first Wave 2 claim period in September.

Families worked with and successfully achieving improved outcomes are subject to an agreed 'wait' period to test sustainability and impact. 'Wait' periods are six months to a year for some statutory metrics e.g. school attendance at 90% must be maintained for three consecutive school terms to be considered a sustained outcome. Any regression

during the 'wait' period disqualifies the whole family from a results claim. To mitigate regression it is aimed to work with a third more families than target numbers.

There is an increased risk of regression if claims have to be 'banked' due to:

- the 'wait' period completing just after a claim point (6 monthly)
- eligible claims exceeding the accumulative target number of families in-year

The wait periods also mean that the programme will not start to accumulate significant PbR income until the latter half of 2016.

Target cohorts will be proportionate from the most complex/high cost families, families at risk of escalating to a higher level of need, and 'front door' and partner priority nominations.

Phase 2 Targets

- The target number of families is 3,870 over 5 years.
- The target number of families to be identified and worked with for 2015/16 is 852 or 22% of 3,870.
- Number identified at end of June 2015 = 2000
- Number to be working with in the approach as an early starter target for January to March 2015 was 194 families. Achieved 197 families.
- Submission deadlines: percentages of families are being agreed for new government submissions, New reports are:
 - National Impact Study – control and Priority Families. Statistical Neighbour data will be returned. First submission June.
 - Cost Savings Calculator – 25% of current families as a minimum. First submission July.
 - Family Progress Data (outcomes monitoring data). First submission September.

Analysis and breakdown of cohorts will be available as data systems are populated with new families.

3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

No other options were considered.

4. FINANCE COMMENTS (INCLUDING IMPLICATIONS AND VALUE FOR MONEY/VAT)

Healthy Nottingham: Preventing alcohol misuse

There are no additional implications to report to the Board since the Health and Wellbeing Board update in January and the CEG update in June.

Integrated care: Supporting older people

There are no additional financial implications to report to the Board.

Early Intervention: Improving Mental Health

Improving early years experiences to prevent mental health problems in adulthood

NHS Nottingham City Clinical Commissioning Group in conjunction with partners has implemented a 2 year pilot Children and Young People's Behavioural, Emotional or Mental Health (BEMH) Needs pathway. This is supported with 2 years funding from NHS Nottingham City Clinical Commissioning Group. Demand to the pathway is high and it is anticipated that capacity will need to increase to manage the demand. This will require

additional funding to support the 2 year contract that ends November 2016. There are no additional pressures to bring to the boards attention.

Mental health and employment

The Nottinghamshire Fit for Work Service, jointly funded by the CCG and Nottingham City Council, is subject to non-recurrent funding. Budgetary pressures which in 2015-16 have resulted in a reduction of 17% funding present a risk to the delivery of this service thus affecting the achievement of outcomes. Funding for the continuation of a local health and employment support service that is complementary to the new national Fit for Work service needs to be identified for 2016 onwards.

At present no recurrent funding is identified to support people with MH problems to remain in work.

The mental health training programme has been jointly-funded by £100,000 non-recurrent funding by the CCG and Nottingham City Council for two years.

Changing culture and systems: Priority Families

£1,246,000 grant income has been received for 2015. This comprises £825,000 attachment fee, £44,000 one off funding for data support, £350,000 ring fenced service transformation grant (for programme coordinator and team). A further £495,000 is available if all Payment by Results claims are successfully made against income apportioned for 2015/16.

Total potential income for phase 2 is £8,760,000 including ring fenced funding.

Funding is currently committed to training, developing and mentoring the partnership workforce, 20 partnership senior practitioner 'change champions' and a small number of projects that are supporting transformation such as the multi-award winning apprentice scheme, the Edge of Care Hub, the FIP (Family Intervention Project), MST standard (Multi-Systemic Therapy).

The programme is also supporting delivery of projects through adding value for example the Rebalancing Project in partnership with Economic Development (employment focused).

- The financial modelling of Priority Families has been undertaken in conjunction with the Priority Families Programme coordinator.
- The financial programme is based on 3,870 families and has been incorporated into the Medium Term Financial Plan.
- Spend associated with Priority Families funding is approved in accordance with the City Council constitution and associated internal processes.

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

Alcohol misuse

There are no additional implications to report to the Board since the Health and Wellbeing Board update in January and the CEG update in June.

Integrated care: Supporting older people

There are no additional implications to report to the Board.

Early Intervention: Improving Mental Health

Improving early years experiences to prevent mental health problems in adulthood

There are no current procurement implications, there will be established following the evaluation of the Behavioural, Emotional and Mental health pathway pilot.

Mental health and employment

There are no additional implications to report to the Board.

Changing culture and systems: Priority Families

- The risk register for the Priority Families programme is managed through the Programme Leadership and Partnership Board. There are no risks to escalate to the Health and Wellbeing Board at this point.
- Priority Families has criteria and reduction targets specific to supporting families where crime and anti-social behaviour is an issue. These are now expanded to include adult offenders.

6. EQUALITY IMPACT ASSESSMENT

Has the equality impact been assessed?

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

No

Yes – (as part of strategy development)

- Yes – An Equality Impact Assessment was prepared when HWBB strategy was developed.

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

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

None.

8. PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

Nottingham City Joint Health and Wellbeing Strategy 2013-2016, Report to Nottingham City Health and Wellbeing Board, 26th June 2013.

Nottingham City Joint Health and Wellbeing Strategy 12 month progress report. Report to Nottingham City Health and Wellbeing Board, 25th June, 2014.

Nottingham City Joint Health and Wellbeing Strategy 18 month progress report. Report to Nottingham City Health and Wellbeing Board, 25th February, 2015.

Nottingham City Joint Health and Wellbeing Strategy 2 year progress report

Appendix 1 Progress tables

Healthy Nottingham: Preventing alcohol misuse

	What We Will Do	RAG	Progress and Impact
Headline Outcome	We will reduce the proportion of adults who drink at harmful levels by a third	AMBER	•
Secondary Outcomes	Reduced alcohol-related anti-social behavior including street drinking		•
	Fewer adults binge drinking	AMBER	•
	Lower rates of alcohol-attributable crime	AMBER	•
	Fewer alcohol-related deaths	AMBER	•
Key Actions	A complete ban on street drinking across the city	AMBER	•
	Ensure that the recovery of those in treatment is supported by addressing wider factors associated with dependency, including housing and social care needs, employability, family support needs and domestic violence	AMBER	•
	Support families, and their carers, to reduce their drinking, and join up referral between alcohol health promotion, treatment and aftercare services	AMBER	•
	Raise awareness of the risk of excessive alcohol consumption among students through targeted health promotion work	AMBER	•

1

RAG	Criteria
RED	Significant slippage or risk re timescale, costs or benefits OR where slippage /risk is unlikely to be recoverable
AMBER	Some slippage re time, costs or benefits but fully recoverable
GREEN	Fully on track in relation to time, costs or benefits

	What We Will Do	RAG	Progress and Impact
	Provide universal, good quality drug and alcohol education and deliver effective harm reduction messages to children & young people	AMBER	•
	Support professionals working with citizens to identify harmful levels of drinking and signpost to and support a healthier approach to alcohol consumption	AMBER	•
	Extend to neighbourhoods the successful schemes which encourage responsible drinking and enforcement, so that alcohol-related harm is reduced across the whole city, such as the introduction of the voluntary “super strength free” code for off-licences	AMBER	•
	Work towards a net reduction in the number of licensed premises and off-licences	AMBER	•
	Support national campaigns to tackle alcohol misuse, such as introducing a minimum unit price for alcohol	AMBER	•

RAG	Criteria
RED	Significant slippage or risk re timescale, costs or benefits OR where slippage /risk is unlikely to be recoverable
AMBER	Some slippage re time, costs or benefits but fully recoverable
GREEN	Fully on track in relation to time, costs or benefits

Supporting Older People Priority

	What We Will Do	RAG	Progress and Impact
Headline Outcome	More elderly citizens will report that their quality of life has improved as a result of integrated health and care services	AMBER	
Secondary Outcomes	The number of older citizens remaining independent after hospital admission will increase	AMBER	•
	Develop community health services with social care support based on geographically proximate GP associations	AMBER	•
Key Actions	Provide better information about services and how to contact them so that citizens know what health and social care choices are available locally and who to contact when they need help	AMBER	•
	Develop a process to identify individuals who will benefit from earlier intervention as well as those requiring support from health and social care services, building on risk stratification, risk registers and data held by relevant agencies	AMBER	•
	Support citizens maintain their independence and manage their own care through the creation of effective networks with community, housing and health support services	AMBER	•
	Ensure that there is a single person responsible for coordinating the care of citizens with complex needs	AMBER	

3

RAG	Criteria
RED	Significant slippage or risk re timescale, costs or benefits OR where slippage /risk is unlikely to be recoverable
AMBER	Some slippage re time, costs or benefits but fully recoverable
GREEN	Fully on track in relation to time, costs or benefits

	What We Will Do	RAG	Progress and Impact
	Restructure and skill up our workforce so that health and social care services work better together to deliver the right care at the right time	AMBER	•
	Develop a range of transparent quality measures appropriate to the service being delivered and publish the results so that citizens know what standards of service that they can expect and how this is improving	AMBER	•
	Increase the number of people signing up to the Nottingham Circle and develop other provision to address social isolation and loneliness	AMBER	•
	Integrated assessment and reablement services	AMBER	•
	Putting more technology into people's homes to support them and their carers	AMBER	•
	Creation of a telephone number for citizens requiring both health and social care support	AMBER	•

RAG	Criteria
RED	Significant slippage or risk re timescale, costs or benefits OR where slippage /risk is unlikely to be recoverable
AMBER	Some slippage re time, costs or benefits but fully recoverable
GREEN	Fully on track in relation to time, costs or benefits

Early Intervention: Improving Mental Health

Improving early years experiences to prevent mental health problems in adulthood

	What We Will Do	RAG	Progress and Impact
Headline Outcome	We will increase the proportion of children referred for specialist Community Paediatrician assessment due to behavioural problems who have been offered access to earlier parenting intervention	AMBER	•
Secondary Outcomes	The number of parents and carers who feel well equipped to have a positive influence on their children's' behaviour will increase	AMBER	•
	The number of children and families affected by behavioural problems will decrease.	AMBER	
	The number of children going on to develop mental health problems in adulthood will decrease	AMBER	•
Key Actions	We will ensure appropriate pathways are in place to enable children with behaviour problems are able to receive specific help earlier	AMBER	•
	Providing tailored parenting programmes for citizens whose children at age 0-5 are at highest risk of developing conduct disorders	AMBER	
	Commissioning health and wellbeing services jointly for children to ensure resources are deployed efficiently and services work together to give children the best start in life. Including undertaking two joint commissioning	AMBER	

5

RAG	Criteria
RED	Significant slippage or risk re timescale, costs or benefits OR where slippage /risk is unlikely to be recoverable
AMBER	Some slippage re time, costs or benefits but fully recoverable
GREEN	Fully on track in relation to time, costs or benefits

	What We Will Do	RAG	Progress and Impact
	reviews in 2013/14 covering all services for children age 0-5 and 6-19		
	Work with partners to ensure parents and carers of children involved in parenting interventions are offered the opportunity to access help to improve their literacy and numeracy skills and signpost to advisors for debt management, benefits maximisation, housing, and other related services	AMBER	

RAG	Criteria
RED	Significant slippage or risk re timescale, costs or benefits OR where slippage /risk is unlikely to be recoverable
AMBER	Some slippage re time, costs or benefits but fully recoverable
GREEN	Fully on track in relation to time, costs or benefits

Mental health and employment

	What We Will Do	RAG	Progress and Impact
Headline Outcome	We will support 1,100 people over the next 3 years to remain in work or begin working, through enabling them to be in work where previously their health was a barrier to employment, including a focus on supporting people with mental health problems	AMBER	•
Secondary Outcomes	Increase the proportion of people living with diagnosed mental health conditions who are in employment	AMBER	•
	Improve the quality of jobs that people with mental health problems are able to access	AMBER	•
	Ensure that people with mental health problems have access to joined up support to help them in gaining and maintaining employment	AMBER	•
Key Actions	Promote openness and awareness regarding mental health problems and how to maximise health and wellbeing amongst employers and the general population	AMBER	•
	Work with the voluntary sector to allow people to get the mental health benefits of being in work in other ways than through paid employment alone	AMBER	•
	Work with communities, schools and colleges to help encourage an understanding and willingness to discuss mental health illness to reduce stigma.	AMBER	•

7

RAG	Criteria
RED	Significant slippage or risk re timescale, costs or benefits OR where slippage /risk is unlikely to be recoverable
AMBER	Some slippage re time, costs or benefits but fully recoverable
GREEN	Fully on track in relation to time, costs or benefits

	What We Will Do	RAG	Progress and Impact
	Consider ways in which Nottingham City Council can be an exemplar employer by ensuring that policies to support employees with mental health problems are translated to their experience 'on the ground'.	AMBER	•
	Provide support to employers of all sizes to adapt their business to provide support for individual employees, flexible ways of working to maximise mental wellbeing and allow staff to remain in work and promote employee wellbeing to reduce the impact of mental health problems.	AMBER	•
	Providing programmes to help at least 300 citizens on Jobseekers Allowance return to work where health has been a barrier.	AMBER	•
	Providing programmes to help at least 800 citizens manage their health condition so that they can remain in work.	AMBER	•

RAG	Criteria
RED	Significant slippage or risk re timescale, costs or benefits OR where slippage /risk is unlikely to be recoverable
AMBER	Some slippage re time, costs or benefits but fully recoverable
GREEN	Fully on track in relation to time, costs or benefits

Changing culture and systems: Priority Families Priority

	What We Will Do	RAG	Progress and Impact
Headline Outcome	We will engage 1200 targeted families with the Priority Families programme. By 2016 at least 800 of these will have seen improvements in their school attendance rates, levels of anti-social behaviour and youth offending and/or worklessness.	AMBER	•
Secondary Outcomes	We will also aim to achieve the following outcomes: Support at least 800 of the 1,200 families engaged to achieve either [A] or [B] or both: [A] • All children; fewer than three fixed exclusions and less than 15% unauthorised absence in last three terms • A 60% reduction in anti-social behaviour across the family in the last six months • Under 18 offending to have reduced by at least 33% in last six months • Progress to work for one adult not working e.g. volunteered for work programmes in last six months [B] • At least one adult moved off out-of-work benefits into continuous employment in the last six months.	AMBER	•
	Selecting the initial group of families according to the Government criteria	AMBER	•
	Providing a lead professional or	AMBER	•

9

RAG	Criteria
RED	Significant slippage or risk re timescale, costs or benefits OR where slippage /risk is unlikely to be recoverable
AMBER	Some slippage re time, costs or benefits but fully recoverable
GREEN	Fully on track in relation to time, costs or benefits

	What We Will Do	RAG	Progress and Impact
	Family Partnership Worker to be accountable for the relationship with each family The 'worker' will have the support of all agencies involved with the family and will have strong supervision		
	Undertaking a whole family assessment for each family, supported by a Whole Family Plan. More specialist assessments will be provided to support the plan where needed	AMBER	•
	Support the workforce to deliver culture and practice change in line with this work	AMBER	•
	Develop a single interagency database of families who are involved with the following programmes and services, to ensure appropriate support is provided: Ending gang and youth violence (EGYV) Family Intervention Project Youth Offending Team Priority Families	AMBER	•
Rolling out to social care	Edge of Care Hub	AMBER	•
Progress nationally	Annual Face to Face Progress check with DCLG	AMBER	•

RAG	Criteria
RED	Significant slippage or risk re timescale, costs or benefits OR where slippage /risk is unlikely to be recoverable
AMBER	Some slippage re time, costs or benefits but fully recoverable
GREEN	Fully on track in relation to time, costs or benefits

HEALTH AND WELLBEING BOARD - 29th July 2015

Title of paper:	Development of the Nottingham City Joint Health and Wellbeing Strategy 2016-2019	
Director(s)/ Corporate Director(s):	Colin Monkton – Director of Commissioning, Policy and Insight, Nottingham City Council. Alison Challenger – Interim Director of Public Health, Nottingham City Council.	Wards affected: All.
Report author(s) and contact details:	John Wilcox – Insight Specialist - Public Health, Nottingham City Council. James Rhodes – Strategic Insight Manager, Nottingham City Council.	
Other colleagues who have provided input:	Commissioning Executive Group 14 th July 2015.	
Date of consultation with Portfolio Holder(s) (if relevant)	Health and Wellbeing Board Development Session 22 nd June 2015.	
Relevant Council Plan Strategic Priority:		
Cutting unemployment by a quarter		<input type="checkbox"/>
Cut crime and anti-social behaviour		<input type="checkbox"/>
Ensure more school leavers get a job, training or further education than any other City		<input type="checkbox"/>
Your neighbourhood as clean as the City Centre		<input type="checkbox"/>
Help keep your energy bills down		<input type="checkbox"/>
Good access to public transport		<input type="checkbox"/>
Nottingham has a good mix of housing		<input type="checkbox"/>
Nottingham is a good place to do business, invest and create jobs		<input type="checkbox"/>
Nottingham offers a wide range of leisure activities, parks and sporting events		<input type="checkbox"/>
Support early intervention activities		<input checked="" type="checkbox"/>
Deliver effective, value for money services to our citizens		<input checked="" type="checkbox"/>
Relevant Health and Wellbeing Strategy Priority:		
Healthy Nottingham: Preventing alcohol misuse		<input checked="" type="checkbox"/>
Integrated care: Supporting older people		<input checked="" type="checkbox"/>
Early Intervention: Improving Mental Health		<input checked="" type="checkbox"/>
Changing culture and systems: Priority Families		<input checked="" type="checkbox"/>
Summary of Issues (including benefits to citizens/service users and contribution of the improving health and wellbeing and reducing inequalities)		
This reports sets out the initial plans for the development of the city’s Joint Health and Wellbeing Strategy 2016-2019. The strategy will lead on specific aspects of health and wellbeing improvement and reducing health inequalities.		
Recommendation(s):		
1	To support principles for the development of the city’s Joint Health and Wellbeing Strategy 2016-2019 described in appendix A which were proposed at the Board Development Session held on the 22nd June 2015.	
2	To endorse the formation of a steering group described in appendix A for the development of the city’s Joint Health and Wellbeing Strategy 2016-2019.	
3	To endorse the proposed process for the development of the city’s Joint Health and Wellbeing Strategy 2016-2019, particularly noting the process for engagement and consultation, and timeline set out in appendix A.	

How will these recommendations champion mental health and wellbeing in line with the Health and Wellbeing Board aspiration to give equal value to mental health and physical health ('parity of esteem'):

Parity of esteem will be one of the principles considered in the development of the strategy and its priorities.

1. REASONS FOR RECOMMENDATIONS

1. Options for the strategy and its development were discussed at a Board Development Session on the 22nd June 2015. Board members present, included the Chair and Vice Chair, and representatives from the City Council, CCG, Healthwatch, Health and Wellbeing Third Sector Forum, Nottinghamshire Healthcare Trust and Nottingham University Hospital Trust. It was agreed that development of the strategy should commence as soon as possible with the intention of the next strategy starting in June or July 2016 (depending on the timing of the board meeting to sign off the strategy). Members at the board development session proposed principles for the development of the strategy which are described in appendix A.

2. At the February 2016 Health and Wellbeing Board meeting, the Health and Wellbeing Board agreed to delegate responsibility for the management of the Health and Wellbeing Strategy to the Commissioning Executive Group (CEG). In order to develop the strategy over the next 10 months, it is proposed that a dedicated steering group described in appendix A is formed, which will report progress directly to the board and consult the CEG.

3. Due to the work required to develop the strategy and the statutory requirement to engage Healthwatch Nottingham and citizens, a two stage process of citizen and partner organisation engagement is proposed in appendix A. An initial timeline has been drafted, which will be developed into a project plan in coming weeks. This is set out as part of appendix A. This includes regular reporting of progress back to the Board meetings.

2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION AND SURVEYS)

There is a duty through the Health and Social Care Act 2012 on Local Authorities and Clinical Commissioning Groups to produce a Joint Health and Wellbeing Strategy (JHWS). In Nottingham City, the statutory Health and Wellbeing Board has delegated responsibility from the City Council and Clinical Commissioning Group to develop and oversee the JHWS. The current Nottingham City JHWS 2013-2016 ends on the 31st May 2016. The City Council and the CCG have a duty to involve local Healthwatch and the people who live or work in the local authority's area in the development of the Joint Health and Wellbeing Strategy.

At the Board meeting on the 25th February 2015 the Nottingham City Health and Wellbeing Board approved the commencement of the development of a timetable for the development of the next strategy.

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

There are no financial implications to bring to the attention of the board at this stage of the strategy development. It is currently planned that strategy development will be completed using existing resources. Any financial implication from the proposed strategy will be brought to the attention of the Commissioning Executive Group (CEG).

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

There are no risk management issues to bring to the attention of the board at this stage.

5. EQUALITY IMPACT ASSESSMENT

Has the equality impact been assessed?

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

No

Yes – Equality Impact Assessment

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

The requirement for a equality impact assessment of the strategy will be considered as part of development.

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

None to report.

7. PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

Health and Social Care Act 2012.

Nottingham City Joint Health and Wellbeing Strategy 2013-2016.

Nottingham City Joint Health and Wellbeing Strategy 18 month progress report.

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HEALTH AND WELLBEING BOARD - 29th July 2015
Development of the Nottingham City Joint Health and Wellbeing Strategy 2016-2019
Appendix 1 – Project Initiation Document version 1.0

Principles and Cross cutting themes

The following principles and cross cutting themes were proposed at the Board Development Session on the 22nd June 2015 with regard to developing the city's next Joint Health and Wellbeing Strategy:

- There should be engagement with citizens and stakeholders from an early stage of strategy development.
- Strategy development should be aligned with the development of the next Clinical Commissioning Group Strategy and the Vulnerable Adults Plan which are also taking place in 2015.
- The strategy should take into consideration the commitments in the Council Plan 2016-2019 which is due for publication shortly.
- The strategy should demonstrate the added value the board can bring to a discreet number of identified priorities.
- The strategy should have cross cutting themes which could include:
 - addressing the health inequalities that persist in the city.
 - utilising and build the community assets which exist in the city.

Other principles include how the strategy will deliver the Board's commitment to parity of esteem, integration of health and social care, sustainable health and wellbeing principles, and early intervention.

Project management and governance

The following is proposed in relation to the roles and responsibilities for the development of the strategy over the next 10 months:

Responsible	Joint Health and Wellbeing Strategy Project Steering Group (see below)
Accountable	Nottingham City Health and Wellbeing Board on behalf of Nottingham City Clinical Commissioning Group and Nottingham City Council.
Consulted	Commissioning Executive Group. Citizens with an emphasis on groups and communities who experience the most health inequalities. Health and Wellbeing Board members and their organisations. Other organisations with a stake in health and wellbeing. Nottingham City Healthwatch and members Nottingham City Health and Wellbeing Third Sector Provider Forum Nottingham Citizens Social Care group
Informed	Other strategic partnership in the city, national agencies and government. Other areas.

It is proposed that a steering group will lead the development of the strategy and oversee project management which will consult the Commissioning Executive Group and report to the Board. The steering group will meet monthly from July 2015 and initially comprise of:

- Colin Monkton – Director of Commissioning, Policy and Insight, Nottingham City Council
- Alison Challenger – Interim Director of Public Health, Nottingham City Council
- James Rhodes – Strategic Insight Manager, Nottingham City Council.
- John Wilcox – Insight Specialist - Public Health, Nottingham City Council.
- Bobby Lowen, Lead Commissioning Manager.
- Clinical Commissioning Group representative(s) TBC

Additional members may join the group. Exact project management roles are to be confirmed asap.

The steering group will be supported in the development of the strategy by a Working Group and an Engagement and Consultation Group. It is currently envisaged that all resources will be sought from existing resources from across the Health and Wellbeing board.

Strategic drivers and alignment

As in the development of the 2013-16 strategy it is recognised that the strategy should take into account national drivers such as the NHS Five Year Forward view, ADASS Policy Report 2015, and frameworks such as the Public Health, and NHS and Social Care Outcome Frameworks. Also local strategic drivers such as the Nottingham Plan, the Council Plan, the CCG Commissioning Strategy, the Vulnerable Adults Plan and the Children and Young People's Plan.

As the next CCG Commissioning Strategy and the Vulnerable Adults Plan are also being developed in 2015/16, opportunities to collaborate in strategy development, share engagement and consultation learning will be explored and implemented so that where relevant the strategic are aligned.

Understand health and wellbeing needs

An initial desk top exercise will be undertaken to collate and summarise what is currently known about health and wellbeing needs in the city. This will utilise evidence in the JSNA and the various nationally published health and social care outcomes frameworks and health profiles. The steering group and project management team will work with the JSNA lead and steering group to ensure that needs identified in the JSNA are taken into consideration in developing the strategies priorities. Additional data and policy analysis will be undertaken where required to undertake benchmarking and other comparative assessments.

Engagement and Consultation

The City Council and the CCG have a duty to involve Healthwatch Nottingham and the people who live or work in the local authority's area in the development of the Joint Health and Wellbeing Strategy. Board members at the recent Development Session endorsed the importance of meaningful citizen and stakeholder engagement as part of strategy development. It is proposed that this engagement, together with that of the Board and its members is conducted throughout strategy development structured into two broad stages:

Stage one – July to October 2015 – Agreeing Strategy Priorities and Themes

- Engagement with Board members in relation to identified health and wellbeing needs to generate a "long list" of potential priorities and themes.
- Engagement with citizen and groups on this long list, to develop a "short list" of potential priorities and themes.
- Options appraisal with Board members to agree strategy priorities and themes.

Stage two – February to May 2016 - Agreeing delivery of Strategy Priorities and Themes

- Consultation with board members on objectives and actions in a draft strategy document.
- Consultation with citizen and groups on objectives and actions in a draft strategy document.

As stated above, where possible, this process will be aligned with the consultation and engagement for the next CCG Commissioning Strategy and the Vulnerable Adults Plan where possible. The City Council's Research and Engagement team, together with the CCG's team and Healthwatch Nottingham could work together in this engagement and consultation process.

Proposed Initial Development Timetable

The initial development timetable below is proposed. This will be refined further as part of project planning. A brief update report will go to each CEG and Board meeting. Board Development sessions will be utilised to develop the strategy.

Task	Date
Project initiation and development of project plan	July 2015
CEG and Board report on project proposals	July 2015
Development of engagement and consultation plan	July 2015
Engagement of individual board members on strategy scope and priorities	July - August 2015
Analysis of focus of strategies in other cities	July - August 2015
Summarize and benchmark health need	July - August 2015
Board Development session – on Strategy Development (board views, health needs, engagement plan)	24 th August
Health and Wellbeing Board report	30 th September 2015
Engagement of citizens and representative groups	September-October 2015
Board Development session – on Strategy Development (initial engagement findings to date)	19 th October
Analysis and formulation of strategy options	November 2015
Health and Wellbeing Board report	25 th November 2015
Board Development session – on Strategy Development (strategic options appraisal)	16 th December 2016
Health and Wellbeing Board report	27 th January 2016
Writing of draft strategy document	January-February 2016
Board Development session – Draft strategy	22 nd Feb 2016
Board report on draft strategy	30 th March 2016
Consultation on Draft strategy	April-May 2016
Analysis of consultation findings and amendment of strategy	June 2016
Board report on draft strategy	July 2016

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HEALTH AND WELLBEING BOARD - 29 July 2015

Title of paper:	Health and Employment	
Director(s)/ Corporate Director(s):	Alison Michalska, Corporate Director for Children & Adults, Nottingham City Council	Wards affected: All
Report author(s) and contact details:	Sharan Jones, Health and Wellbeing Manager, Nottingham City Council sharan.jones@nottinghamcity.gov.uk	
Other colleagues who have provided input:	Helene Denness, Consultant in Public Health, Nottingham City Council Liz Pierce, Public Health Insight Specialist, Nottingham City Council Nicki Jenkins, Head of Employment and Skills, Nottingham City Council	
Date of consultation with Portfolio Holder(s) (if relevant)	14 July 2015	
Relevant Council Plan Strategic Priority:		
Cutting unemployment by a quarter		<input checked="" type="checkbox"/>
Cut crime and anti-social behaviour		<input type="checkbox"/>
Ensure more school leavers get a job, training or further education than any other City		<input checked="" type="checkbox"/>
Your neighbourhood as clean as the City Centre		<input type="checkbox"/>
Help keep your energy bills down		<input type="checkbox"/>
Good access to public transport		<input type="checkbox"/>
Nottingham has a good mix of housing		<input type="checkbox"/>
Nottingham is a good place to do business, invest and create jobs		<input checked="" type="checkbox"/>
Nottingham offers a wide range of leisure activities, parks and sporting events		<input type="checkbox"/>
Support early intervention activities		<input checked="" type="checkbox"/>
Deliver effective, value for money services to our citizens		<input checked="" type="checkbox"/>
Relevant Health and Wellbeing Strategy Priority:		
Healthy Nottingham: Preventing alcohol misuse		<input type="checkbox"/>
Integrated care: Supporting older people		<input type="checkbox"/>
Early Intervention: Improving Mental Health		<input checked="" type="checkbox"/>
Changing culture and systems: Priority Families		<input type="checkbox"/>
Summary of issues (including benefits to citizens/service users and contribution to improving health & wellbeing and reducing inequalities):		
Recommendation(s):		
1	The Health and Wellbeing Board to support the health and employment action plan developed by the Mental Health and Wellbeing Steering Group	
2	<p>The organisations represented on the Health and Wellbeing Board to:</p> <ul style="list-style-type: none"> • Commit to improve the health and wellbeing of their workforces • Consider how their procurement processes could improve the health and wellbeing • Explore how their organisations can provide work opportunities for people with health problems 	

How will these recommendations champion mental health and wellbeing in line with the Health and Wellbeing Board aspiration to give equal value to mental health and physical health ('parity of esteem'):

Both mental and physical health outcomes have been considered in the above recommendations.

1. REASONS FOR RECOMMENDATIONS

The Mental Health and Wellbeing Steering Group (MHWBSG) has been set up as a sub-group of the Health and Wellbeing Board to lead the implementation of Wellness in Mind, the city's mental health and wellbeing strategy. Employment is a cross-cutting theme of the priorities in the strategy and the group has identified actions (Appendix A) to be taken in order to implement the Wellness in Mind.

2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

This paper relates to health (both physical and mental) and its links to employment and unemployment in Nottingham. It does not cover specific health conditions or learning disability etc.

A Nottingham workforce with good health and wellbeing and low levels of sickness absence would not only improve the quality of lives of citizens but also bring economic benefits to the city through encouraging business growth and job creation.

Poor health and wellbeing in the working age population costs the UK over £100 billion each year through lost productivity, long-term sickness absence, unemployment and the increased costs of health and social care. There is extensive evidence that work is beneficial to people's physical and mental health and wellbeing, although this is dependent on the nature and quality of the work being undertaken.

There is also a strong link between unemployment and poorer physical and mental health resulting in an increased use of medication, health and care services including higher hospital admission rates. The social gradient in unemployment generally sees the most disadvantaged being more likely to be unemployed and lower paid unskilled workers are more likely to experience working conditions that exacerbate work-related stress.

Cohesive action to improve employment prospects for people with health problems is made more difficult by the national indicators not being aligned around employment. A summary of current employment related measures in health and social frameworks is given in appendix B. For example, around mental health:

- Adult Social Care (ASCOF) reports employment rates of those on 'Care Programme Approach' (CPA), who are the group with the most severe mental health problems under the care of secondary mental health services. The reported figure for Nottingham in 2013/14 is 1.5%, compared to similar Local Authorities of 4.7%. It is not yet known to what extent local clinical practice in the use of CPA affects this rate compared to areas served by different mental health services.
- The NHS outcomes framework based on a population survey reports an employment rate of people with mental health problems in the community of 32% for the final quarter of 2014 compared to 69% in the wider population. However

this rate fluctuates greatly at local level with hugely varying estimates of mental health problems, with no confidence intervals reported.

- The Public Health Outcomes Framework compares the level of employment of those on CPA with the general population rate.
- The CCG Outcome Indicator Set reports the employment of those in contact with secondary mental health services and breaks it down depending on the type of mental health problems. For Nottingham City there is reported 2.4% employment rate of those with psychosis compared to a rate of 7.2% for those with mental health problems without psychosis. However recording levels were reported to be at 14%.

As the numbers of people claiming Job Seeker's Allowance (JSA) in the city continue to lower, the number of employment support allowance (ESA) claimants remains higher than the national average (Nottingham 7.8% of the working age population compared to 6% nationally). In November 2014 over 15,000 people were in receipt of ESA, of whom over 12,500 for longer than 6 months. In Nottingham the largest proportion of ESA claimants (50.8%) are recorded as having 'mental and behavioural disorders'. This broad category includes those with mental health problems, learning disabilities and autism. The proportion of claimants with mental health problems far outweighs the number with musculoskeletal problems (13.5%) or following injury (4.9%).

Employment statistics indicate that it is those aged 50+ who are at most risk of becoming long-term unemployed (for more than 6 months). The risk increases for those with few qualifications and limited skills, particularly as many in this cohort will be living with disability or long term conditions.

A review of employment and welfare support has recently been undertaken in the council. A key element of the Employment and Welfare Support Programme concerns the links between health, employment and training, and advice services. Action has already been undertaken to improve links between these service areas but more needs to be done to cement the connections in practice and create clear and consistent referral routes which support more multi-agency approaches.

Although there is no overall remit for local areas to consider health along with employment, there are both economic and social benefits in doing so and various initiatives have been set up across the city to support achievement of relevant local targets eg the mental health targets in the Health and Wellbeing Strategy which focus on employment. The table in appendix C highlights some of the main initiatives currently operating in the city.

Since March 2015 Nottingham has been participating in a NHS England funded project, Building Health Partnerships (BHP). The aim of this project has been to improve awareness of existing health and employment support in the city and improve cross-sector partnership understanding of respective commissioning processes in order to better inform future decision-making. The programme is due for completion in September 2015.

3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

The health and employment action plan is only one of the action plans developed by the MHWBSG that contribute to the implementation of Wellness in Mind.

4. **FINANCE COMMENTS (INCLUDING IMPLICATIONS AND VALUE FOR MONEY/VAT)**

The Nottinghamshire Fit for Work Service, jointly funded by the CCG and Nottingham City Council, is subject to non-recurrent funding. Funding for the continuation of a local health and employment support service that is complementary to the new national Fit for Work service needs to be identified for April 2016 onwards.

5. **LEGAL AND PROCUREMENT COMMENTS (INCLUDING RISK MANAGEMENT ISSUES, AND LEGAL CRIME AND DISORDER ACT AND PROCUREMENT IMPLICATIONS)**

None

6. **EQUALITY IMPACT ASSESSMENT**

Equality impact assessments will be undertaken on the overarching Wellness in Mind action plan to which this will contribute.

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

None

8. **PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT**

- The Work Foundation. Healthy, working economies: improving the health and wellbeing of the working age population locally. (April 2015)
- NICE guidance: Workplace policy and management practices to improve the health and wellbeing of employees. (June 2015)
- Public Health England and UCL Institute of Health Equity: Increasing employment opportunities and improving workplace health. (September 2014)
- Black C (2008). Working for a healthier tomorrow. Dame Carol Black's review of the health of Britain's working age population. London: Department for Work and Pensions.
- Gov.UK (2015) Help with moving from benefits to work.
- Public Health England and UCL Institute of Health Equity: Increasing employment opportunities and retention for people with long-term conditions and disability

Mental Health and Wellbeing Steering Group Action Plan for Health and Employment – Update 17 July 2015

Outcome	Action	By whom	By when	Progress
1. Improved leadership and cross sector partnership working	a) Health and employment strategic partnership to be considered	Public Health (PH)	Jan 2016	<ul style="list-style-type: none"> The NHS England funded Building Health Partnership (BHP) work commenced March 2015 and three development sessions have been held
	b) Improve engagement with voluntary/community sector partners	PH, CCG	Jan 2016	<ul style="list-style-type: none"> See above
	c) Map current activity and increase understanding of different partners' contributions	PH, NCVS	July 2016	<ul style="list-style-type: none"> Mapping undertaken to identify cross-sector commissioned services that support health and employment and vulnerable adults
	d) Link to the employment and welfare support programme	PH	Mar 2015	<ul style="list-style-type: none"> Public health are now involved with the employment and welfare support programme
	e) Build links between public health and the Local Enterprise Partnership (LEP)	PH	Dec 2015	<ul style="list-style-type: none"> Initial discussions have taken place and future funding calls are expected to include health and wellbeing support for employment
	f) Consider a JSNA chapter on health and employment	PH	Dec 2015	<ul style="list-style-type: none"> To be considered at the next JSNA steering group meeting
	g) Work together to improve insight into current health and employment needs	PH, all partners	Mar 2016	<ul style="list-style-type: none"> Work to understand the national indicators and their limitations has been done Discussions on how to improve understanding is taking place with different partners
2. Increased take-up of health and employment support services	a) A pathway is created and shared with clinicians, citizens and cross-sector workers	PH, CCG	Mar 2015	<ul style="list-style-type: none"> The initial mapping has been undertaken
	b) Improve take up of schemes such as Access to Work and the Recovery College	All partners	Mar 2016	<ul style="list-style-type: none"> Schemes promoted at the BHP event on 15 July 2015
	c) Primary and secondary care clinicians consider the contribution employment makes to good clinical care	PH, CCG, NHCT	Mar 2016	
	d) Work with the national Fit for Work service to ensure maximum possible take up of their service and promotion of local services	PH	Oct 2015	<ul style="list-style-type: none"> Discussions are currently taking place
	e) Increase promotion of Nottingham Fit for Work and other support services	All partners	Sep 2015	<ul style="list-style-type: none"> Take up of the Fit for Work service has increased but could still be improved
	f) Identify joint commissioning opportunities for local health and employment support services post March 2016	PH, CCG	Sep 2015	<ul style="list-style-type: none"> An options appraisal considering different approaches is being undertaken

Outcome	Action	By whom	By when	Progress
3. Employers support mental health and wellbeing	a) Health and Wellbeing Board (HWBB) organisations to become exemplar employers for health and wellbeing	All partners	Jul 2016	<ul style="list-style-type: none"> • A initial survey on mental health support for employees has been undertaken
	b) HWBB organisations to improve health and wellbeing of local employees through their procurement processes	All partners	Jul 2016	
	c) HWBB organisations consider providing more work opportunities for people with health problems	All partners	Jul 2016	
	d) Mental health training programme to be introduced for front line workers including those at the Jobcentre	PH, CCG	Sep 2015	<ul style="list-style-type: none"> • The programme has commenced and recruitment is taking place

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Summary of current employment related measure in national health and social care frameworks

<i>NHS Outcomes Framework</i>	<p>Improving functional ability is people with long-term conditions:</p> <ul style="list-style-type: none"> • 2.2 - Employment of people with long-term conditions (ASCOF 1E, PHOF 1.8) <p>Enhancing quality of life for people with mental illness:</p> <ul style="list-style-type: none"> • 2.5 - Employment of people with mental illness (ASCOF 1 F, PHOF 1.8)
<i>Adult Social Care Outcomes Framework</i>	<p>People are able to find employment when they want, maintain a family and social life, and contribute to community life, and avoid loneliness or isolation.</p> <ul style="list-style-type: none"> • 1E - Proportion of adults with a learning disability in paid employment (PHOF 1.8, NHSOF 2.2) • 1F - Proportion of adults in contact with secondary mental health services in paid employment (PHOF 1.8, NHSOF 2.5)
<i>Public Health Outcomes Framework</i>	<ul style="list-style-type: none"> • 1.08i – Gap in the employment rate between those with a long term health condition and the overall employment rate. • 1.08ii – Gap in the employment rate between those with a learning disability and the overall employment rate. • 1.08iii – Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate. • 1.09i – Sickness absence. The percentage of employees who had at least one day off in the previous week. • 1.09ii – Sickness absence. The percentage of working days lost due to sickness absence.
<i>Clinical Commissioning Group Outcomes Indicator Set</i>	<ul style="list-style-type: none"> • Proportion of adults in contact with secondary mental health services in paid employment

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Summary of local activity around health and employment policy and services in Nottingham

Service	Target Beneficiaries	Funding commitment	Key elements
Nottingham Health and Wellbeing Strategy 2013-2016	Citizens and local workforce		The Health and Wellbeing Board have committed to improve services to support those with health problems to gain and remain in employment.
Wellness in Mind Strategy 2014-17	All citizens but particularly those with mental health problems		Employment crosses over all 5 priorities of the city's mental health and wellbeing strategy.
Learning Disability and Autism Partnership Board	People living with learning disability or autism		The Learning Disability and Autism Partnership Board have prioritised the need for more support into employment and have made links with a number of small providers eg Autistic Nottingham.
Mental health training programme 2015-16	Cross-sector front-line workers	Jointly commissioned by (Nottingham City Council (NCC) and the Nottingham City Clinical Commissioning Group (CCG))	One year programme focussing on training for front-line workers who have regular interaction with citizens at risk of mental health problems. It addresses a range of issues across the mental health and wellbeing spectrum from building resilience to suicide prevention. The programme will be reviewed 2015-16 with view to recommissioning for a further year.
Building Health Partnerships initiative	Nottingham cross-sector organisations who have influence over health and employment	Funded by NHS England	This initiative running between March-September 2015 aims to improve partnership working around health and employment and better link fragmented services which have developed as a result of isolated service planning and delivery.
National Fit for Work Service	Citizens 'in work but off work'. This service will not cover the self-employed or unemployed.	Commissioned nationally by Department of Work and Pensions (DWP)	This national service is currently being rolled out in Nottingham. It provides a biopsychosocial assessment (telephone) to 'in work but off work' people referred by their GP after an absence of 4 weeks..
Nottinghamshire Fit for Work	Individuals who are registered with a Nottingham City GP	Jointly commissioned by NCC and CCG	<p>The Nottingham Fit for Work Service provides support for both employed and unemployed clients. The service includes includes telephone support, face to face case management and group interventions with a focus on self-management of health conditions providing</p> <ul style="list-style-type: none"> • Help for individuals with a physical or psychological health condition who are: <ul style="list-style-type: none"> ➢ In work/at work who are struggling with health issues ➢ In work/off work through health issues ➢ Not in work with health issues. • Healthcare support and also non-medical interventions such as employer liaison/mediation, signposting to help with housing, debt advice, skills etc. • Liaison with other health professionals – including GP's, the Back Pain Team, Community Stroke Team, Working Age Dementia Team, etc.

Service	Target Beneficiaries	Funding commitment	Key elements
Access to Work	Adults about to start a job or work trial or in a paid job or self-employed (not voluntary work)	Commissioned by DWP	An Access to Work grant supports those with a disability, health or mental health condition to pay for practical support in order to start working, stay in work or move into self-employment. It can be used for a wide variety of support such as adaptations or a support service if you have a mental health problem and finding it difficult to work.
Work Choice	Referrals made by Disability Employment Adviser only	Commissioned by DWP	In Nottingham this service is provided by Remploy. The aim is to provide a voluntary, tailored, coherent range of specialist employment services which can respond more flexibly to the individual needs of disabled people and their employers and make better use of resources.
Woodfield Industries	Job seekers and adults of a working age with disabilities	Commissioned by NCC	Woodfield Industries is the supported employment facility of Nottingham City Council. They provide a number of commercial services as well as training and education to both employees and external partners.
Occupational Health Service	Employees of Nottingham City Council Employers/employees in the city	NCC	A City Council Occupational Health Service offers its services internally and externally and provides expert advice across a range of mental and physical health problems.
Nottingham Futures	Young people and adults most in need	NCC, Nottinghamshire County Council and part-financed by the European Union through the European Social Fund (ESF)	In addition to providing jobs and skills advice, training, apprenticeships and support to young people and adults who need help preparing for work or training, Nottingham Futures also provides transition planning for young people with health problems and disabilities.
Recovery College	People with mental health problems	Commissioned by CCG	The Nottingham Recovery College opened its doors in May 2011, providing a range of courses to help people to develop their skills and understanding, identify their goals and ambitions and give them the confidence and support to access opportunities.

In addition, there are several primary care services such as improving access to psychological therapies (IAPT) and physiotherapy, and numerous smaller, commissioned projects that provide community and voluntary sector support for mental and physical health problems impacting on people's employment prospects.

Large initiatives such as Priority Families and Opportunity Nottingham deal with people with complex needs and a wide range of problems. Health and employment are included as part of the support offered.

HEALTH AND WELLBEING FORWARD PLAN 2014/2015.

All future submissions for the FWD plan should be made at the earliest stage through Dot Veitch: dot.veitch@nottinghamcity.gov.uk

For information on development sessions please contact Bridget Scanlon: bridget.scanlon@nottinghamcity.gov.uk

Monday 24th August	HWB development session	Loxley House room LB31	1 - 4
30th September 2015			
Area	Report Title	Report Author	CEG
Public Health topic: Director of Public Health	Topic TBC		Yes
Health and Wellbeing Strategy (HWS), Nottingham Plan, and other Key Strategies: Nottingham Plan Programme Group HWS Accountable Board members	Nottingham Plan annual report	Policy Officer (TBC)	Yes
	Health and Wellbeing Strategy - Early Intervention: Improving Mental Health update	Lynne McNiven Lynne.mcniven@nottinghamcity.gov.uk	Yes
	Tobacco Control strategy	Kate Thompson Kate.thompson@nottinghamcity.gov.uk	Yes
Commissioning and JSNA: Nottingham City Council Clinical Commissioning Group, NHS Commissioning Board Commissioning Executive Group	JSNA report	Louise Noon Louise.noon@nottinghamcity.gov.uk	Yes
Other relevant reports (safeguarding and social determinants of health): Safeguarding Boards Provider organisations and council services relating to the social determinants of health	Adult safeguarding annual report & Children's safeguarding annual report	Paul Burnett; Clive Chambers pr.burnett@btopenworld.com Clive.Chambers@nottinghamcity.gov.uk	NR
Standing items	Corporate Director of Children and Families	Alison Michalska Alison.michalska@nottinghamcity.gov.uk	NR
	Director of Public Health	Alison Challenger alison.challenger@nottinghamcity.gov.uk	NR
	Healthwatch Nottingham	Martin Gawith martin.gawith@healthwatchnottingham.co.uk	NR
	Clinical Commissioning Group	Dawn Smith Dawn.Smith@nottinghamcity.nhs.uk	NR
	The Care Act	Helen Jones Helen.jones@nottinghamcity.gov.uk	NR
Monday 19th October		Loxley House room 2.13	1 - 4

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

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

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

Notes on the new format:

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

27.05.2015

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

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

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