



NOTTINGHAM CITY COUNCIL
HEALTH AND WELLBEING BOARD

Date: Wednesday, 28 September 2016

Time: 2.00 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

Corporate Director for Resilience

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

- | | | |
|----------|--|-----------|
| 1 | APOLOGIES FOR ABSENCE | |
| 2 | DECLARATIONS OF INTERESTS | |
| 3 | MINUTES | 3 - 12 |
| | To confirm the minutes of the meeting held on 27 July 2016 | |
| 4 | HEALTH AND WELLBEING BOARD TERMS OF REFERENCE | 13 - 16 |
| | To note the revised Health and Wellbeing Board Terms of Reference. | |
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IF YOU NEED ANY ADVICE ON DECLARING AN INTEREST IN ANY ITEM ON THE AGENDA, PLEASE CONTACT THE SENIOR GOVERNANCE OFFICER SHOWN ABOVE, IF POSSIBLE BEFORE THE DAY OF THE MEETING

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

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

NOTTINGHAM CITY COUNCIL

HEALTH AND WELLBEING BOARD

MINUTES of the meeting held at Loxley House on 27 July 2016 from 2.02 pm - 4.00 pm

Membership

Voting Members

Present

Councillor Steve Battlemuch
Dr Marcus Bicknell (Vice-Chair)
Alison Challenger
Martin Gawith
Helen Jones
Councillor Neghat Nawaz Khan
Councillor Alex Norris (Chair)
Jonathan Rycroft
Dawn Smith

Absent

Councillor David Mellen
Alison Michalska
Dr Hugh Porter

Non-voting Members

Present

Lyn Bacon
Stephen Dudderidge
Peter Homa
Leslie McDonald
Gill Moy
Maria Ward

Absent

Wayne Bowcock
Ruth Hawkins
Chief Superintendent Mike Manley
Michelle Simpson

Colleagues, partners and others in attendance:

- | | |
|-------------------|--|
| Ian Bentley | - Strategy and Commissioning Manager, Crime and Drugs Partnership |
| Sandra Crawford | - Nottinghamshire Healthcare |
| Nickey Dawson | - Priority Families Programme Co-ordinator, Nottingham City Council |
| Helene Denness | - Consultant in Public Health, Nottingham City Council |
| Jane Garrard | - Senior Governance Officer, Nottingham City Council |
| Ruth Hawley | - Library Lead – Economic Health and Wellbeing, Nottingham City Council |
| Dr David Hughes | - GP, NHS |
| David Johns | - Speciality Registrar, Nottingham City Council |
| Vanessa MacGregor | - Consultant, Public Health England |
| Pete McGavin | - Nottingham Healthwatch |
| Colin Monckton | - Director of Commissioning and Policy Insight, Nottingham City Council |
| Christine Oliver | - Head of Commissioning, Nottingham City Council |
| David Pearson | - Corporate Director, Adult Social Care, Health and Public Protection and Deputy Chief Executive, Nottinghamshire County Council |

- Lorraine Raynor - Chief Environmental Health and Safer Housing Officer, Nottingham City Council
- James Rhodes - Strategic Insight Manager, Nottingham City Council
- Rachael Shippham - Housing Strategy Specialist, Nottingham City Council
- John Wilcox - Public Health Insight Specialist, Nottingham City Council
- Laura Wilson - Governance Officer, Nottingham City Council

16 APOLOGIES FOR ABSENCE

Wayne Bowcock
Candida Brudenell
Chief Superintendent Mike Manley
Councillor David Mellen
Alison Michalska
Dr Hugh Porter
Michelle Simpson
Simon Smith

17 DECLARATIONS OF INTERESTS

None.

18 MINUTES

Subject to the title of minute 7 being amended to read 'Nottinghamshire NHS Sustainability and Transformation Plan', the minutes of the meeting held on 25 May 2016 were confirmed as a true record and signed by the Chair.

19 CHANGES TO HEALTH AND WELLBEING BOARD MEMBERSHIP AND REPRESENTATION

Councillor Alex Norris, Chair of the Board, introduced the report which detailed that the City Council had agreed changes to the Board's membership and voting arrangements at its meeting on 11 July 2016.

RESOLVED to

- (1) support the following amendments to the Health and Wellbeing Board membership:**
 - (a) add a representative of Nottinghamshire Fire and Rescue Service as a non-voting member;**
 - (b) add a representative of Nottingham universities as a non-voting member;**
 - (c) amend the Community and Third Sector representative (non-voting) to up to two individuals representing the interests of the third sector (non-voting);**
 - (d) amend the representative of JobCentre Plus (non-voting) to the representative of the Department for Work and Pensions (non-voting);**

- (2) **note that the following individuals have been nominated as representatives on the Health and Wellbeing Board:**
- (a) **Wayne Bowcock – Nottinghamshire Fire and Rescue Service representative (non-voting);**
 - (b) **Stephen Dudderidge – Nottingham universities representative (non-voting);**
 - (c) **Leslie McDonald and Maria Ward – Third Sector representatives (non-voting);**
 - (d) **Michelle Simpson – Department of Work and Pensions representative (non-voting);**
- (3) **note that Jonathan Rycroft has been nominated to represent NHS England (voting) on the Health and Wellbeing Board.**

20 JOINT HEALTH AND WELLBEING STRATEGY 2013-2016 END OF STRATEGY REPORT

John Wilcox, Public Health Insight Specialist, Nottingham City Council, introduced the report on the delivery of the City's first Joint Health and Wellbeing Strategy 2013-16, and highlighted that the Board's first Strategy was endorsed in June 2013, with four priorities:

- prevent alcohol misuse;
- provide more integrated care services for older people;
- intervene earlier to increase good mental health;
- support priority families.

Ian Bentley, Strategy and Commissioning Manager, Crime and Drugs Partnership, highlighted the following achievements and ambitions in relation to alcohol misuse:

- (a) a new integrated drugs and alcohol service to address the increasing numbers of poli-substance misuse problems has been commissioned;
- (b) clear mental health pathways have been put in place to assist an increasing number of chaotic, vulnerable drinkers into mental health treatment;
- (c) 36.5% of alcohol users and 48.7% of alcohol and substance misusers referred to the service have successfully completed the programme, which gives a mean average of 42.5%, well above the local mean target of 33%;
- (d) there are plans to increase the number of providers of identification and brief advice;
- (e) a new hospital alcohol carepath service needs to be commissioned to ensure robust treatment for those who are admitted for alcohol related illnesses;
- (f) the development of interventions to engage street drinkers and beggars into treatment needs to continue.

Christine Oliver, Head of Commissioning, highlighted the following achievements and ambitions in relation to supporting older people:

- (g) the ambition to deliver more proactive care is starting to be realised through multi-disciplinary teams working in Care Delivery Groups;
- (h) risk profiling and other relevant information is being used to support holistic care across organisational boundaries;
- (i) new roles have been established to support the integrated care model, eg care co-ordinators and housing health co-ordinators;
- (j) assistive technology has been expanded to support early intervention and more robust case management;
- (k) the integration of health and social care reablement and urgent care services will reduce duplication and ensure a period of rehabilitation to meet individual needs is available for citizens;
- (l) the self care pilot, which includes social prescribing, community navigators, and self care hubs is being rolled out across the City to support the shift to prevention and early intervention.

Helene Denness, Public Health Consultant, highlighted the following achievements and ambitions in relation to improving mental health:

- (m) the behavioural, emotional and/or mental health pathway for early years has been launched to ensure:
 - more children and young people have access to required support;
 - parents and carers are provided with parenting and behavioural support;
 - more appropriate referrals to Community Paediatricians for ADHD/ASD assessment;
 - there is a strategic link with wider children's mental health work through the Future in Mind Transformation Plan;
- (n) in relation to employment:
 - 1,054 people with health problems have been supported to remain in work, return to work, or gain employment through Fit for Work;
 - there is improved access and uptake of NHS psychological therapy services;
 - improved individualised mental health support is offered through the new Wellness in Mind service;
 - the Health, Wellbeing and Recovery College has improved the skills/knowledge/education of people with mental health problems;
 - cross sector front line staff are better able to support people with mental health problems after attending training;
 - the Individual Placement Support was successfully piloted in Nottingham;
 - there is targeted mental health and employment support for BME communities through STEPS;
 - Nottingham City Council has signed up to Time to Change and has become a Mindful Employer.

Nicky Dawson, Priority Families Programme Co-ordinator, highlighted the following achievements and ambitions in relation to priority families:

- (o) an evidence based way of working with whole families is being embedded, aligning public sector adults and children's services and using existing resources in a sustainable, cost effective and integrated way;
- (p) cross sector workforce development is taking place to support transformation and equip the city partnership with the skills needed to turn prevention and early intervention, with Nottingham work informing national policy;
- (q) employment support is now seen as integral to improved outcomes for families, especially for vulnerable citizens;
- (r) to date, improved outcomes have been achieved across all risk indicators for 1,292 families, or over 4,600 citizens (based on average family size). A further 1,113 families are currently in support, and by the end of the programme in 2020 at least 5,040 families will have been supported, which is approximately 18,000 citizens;
- (s) the programme has promoted improvements in joint strategic planning, information sharing, needs led assessment and planning, and evidencing the impact of interventions.

The following comments were made during the discussion:

- (t) great improvements have been made over the last 3 years, but there is further work to do and less resources so co-production needs to increase;
- (u) it is important to let the changes embed and be brave on how issues are tackled;
- (v) voluntary groups that aren't commissioned also need to be engaged to reach more communities.

RESOLVED to

- (1) note the progress and achievements on the delivery of the City's first Joint Health and Wellbeing Strategy 2013-16;**
- (2) support and endorse the future direction on the priority issues.**

21 HAPPIER HEALTHIER LIVES: NOTTINGHAM JOINT HEALTH AND WELLBEING STRATEGY

Further to minute 6 dated 25 May 2016, James Rhodes, Strategic Insight Manager, Nottingham City Council, introduced the report presenting the final version of the Joint Health and Well-being Strategy 2016 to 2020, with the overarching aim to increase healthy life expectancy and reduce health inequalities across the City, and highlighted the following points:

- (a) consultation on the strategy was undertaken throughout June. The feedback was predominantly positive, but some issues were raised and have been addressed:

Issue	Response
Delivery and accountability	The Health and Wellbeing Board will review progress and hold each other to account against the strategy's detailed action plans with each meeting focusing on one of the four outcomes of the strategy on a rolling basis. Detailed action plans will be refreshed annually to ensure they remain current.
Delivery should be targeted	Detailed action plans will be produced to focus on those areas/ communities disproportionately affected .
Missing priorities (sexual health, drugs, safe relationships)	The Health and Wellbeing Strategy Steering Group recommended the inclusion of sexual health in the strategy. Given the wide scope of the strategy, it was felt substance misuse was not generally an issue experienced in isolation to other problems and that this client group would be picked up throughout the strategy's themes. There was not sufficient evidence to prioritise safe relationships above the other issues already included in the strategy.
Jargon	The final strategy has been amended to make it more citizen focused.

- (b) detailed action plans will be submitted to the September meeting;
- (c) it is proposed that the Health and Wellbeing Strategy and the CCG Strategy are officially launched through a joint event.

The following comments were made during the discussion:

- (d) the action plans will include details of which proposals are currently resourced and which aren't;
- (e) changing the wording to 'I' statements may have more of an impact, ie "I will be physically active", instead of 'citizens will be physically active';
- (f) the Strategy needs to be branded with all partners logos;
- (g) relationships have been cemented through the first Strategy, which should make achieving the targets in the second Strategy more straightforward;
- (h) it could be useful to run case studies for each of the four priorities over the life of the Strategy, ie a current smoker accessing the support available and see whether they are still smoking in four years' time.

RESOLVED to approve the final version of the Strategy, and note the next steps.

22 NOTTINGHAMSHIRE NHS SUSTAINABILITY AND TRANSFORMATION PLAN

Further to minute 7 dated 25 May 2016, David Pearson, Corporate Director, Adult Social Care, Health and Public Protection and Deputy Chief Executive, Nottinghamshire County Council, introduced the report providing an update on progress to approve and develop the Nottingham and Nottinghamshire Sustainability and Transformation Plan (STP) which will address key gaps around health and wellbeing, care and quality, and finance and efficiency; and highlighted the following points:

- (a) the STP was submitted to NHS England by the deadline of 30 June;
- (b) the feedback so far has been positive and it has strong support across all partnerships;
- (c) a key target is to increase life expectancy by 3 years across the City and County by addressing cardiovascular disease, mental health and childhood obesity;
- (d) social care is an issue nationally, and both authorities are making considerable improvements;
- (e) financial modelling has changed from population based to place based which should provide more opportunities;
- (f) cost improvement plans will be put in place, as well as implementation plans;
- (g) there is a fourth gap which requires a cultural change to ways of working and approaches in order to address it;
- (h) there is a need to translate the high level plans into action plans to ensure that the objectives are achieved;
- (i) the final submission will be in October 2016, and implementation will be towards the end of this financial year.

RESOLVED to

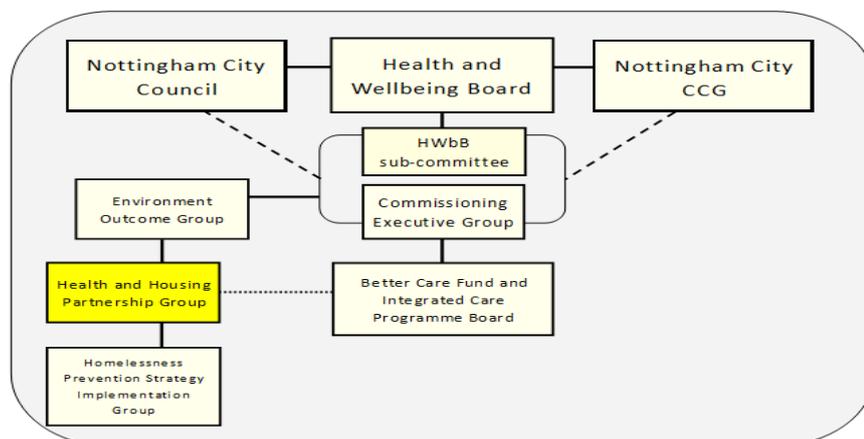
- (1) note that the Nottingham and Nottinghamshire STP was submitted on time and is awaiting final feedback and timescales for the next steps from NHS England;**
- (2) continue to secure support and resources from partner organisations for the planning and delivery of the Nottingham and Nottinghamshire STP;**

- (3) **continue to secure commitment to develop the ‘fourth gap’ around culture, leadership and changed mindsets in order to successfully implement the STP.**

23 NOTTINGHAM MEMORANDUM OF UNDERSTANDING

Gill Moy, Director of Housing Services, Nottingham City Homes, and Rachael Shippam, Housing Strategy Specialist, Nottingham City Council, introduced the report providing an update on progress on developing the Nottingham Memorandum of Understanding (MoU) and the implementation of the action plan to accompany it, and highlighted the following points:

- (a) the MoU is to support joint action on improving health through the home;
- (b) in December 2014 a national MoU was published, which led to a recommendation for local version in May 2015, with a task group being set up in October 2015;
- (c) this will be the first local MoU in the country and the intended outcome of the MoU is for citizens to report that they are healthier, happier and live independently for longer;
- (d) the objectives are:
- integration;
 - impact of housing sector;
 - reducing health inequalities;
 - reducing demand for health and social care;
 - supporting self care;
- (e) priority areas of focus include:
- evidencing need and impact;
 - developing innovative ways of working, sharing information, and maximising funding;
 - private sector homes;
 - financial resilience;
 - homelessness prevention;
- (f) the strategic alignment and governance:



- (g) consultation took place in May/June 2016;
- (h) to put it into place a new Health and Housing Partnership Group has been established, and reporting and governance arrangements are in place. The MoU will then be launched and reviewed in due course.

The Board welcomed the MoU and were supportive of its development.

RESOLVED to

- (1) note the drivers for the development of a Nottingham MoU, including the need for further integration of health, housing and social care services to support the delivery of positive health and wellbeing outcomes for citizens;**
- (2) endorse the MoU and encourage members to fully commit to supporting the delivery of the action plan;**
- (3) support a renewed Health and Housing Partnership Group to take responsibility for co-ordinating the implementation of the action plan and report back to the Environment Outcome Group of the Health and Wellbeing Board;**
- (4) sponsor the local and national launch of the Nottingham MoU.**

24 HEALTH PROTECTION ASSURANCE - UPDATE

Alison Challenger, Director of Public Health, Nottingham City Council, introduced the report focussing on potential risks and areas for development in relation to vaccination or screening intervention that would enable prevention or earlier detection of disease, and highlighted the following points:

- (a) a number of programmes in Nottingham suggest a lower uptake compared with the East Midlands and England. These include:
 - the seasonal influenza immunisation programme;
 - the measles, mumps and rubella (MMR) vaccination;
 - breast cancer screening;
 - bowel cancer screening;
 - HIV prevention and diagnosis.
- (b) different ways of marketing vaccination and screening need to be investigated, for example:
 - continuing reminders about MMR vaccination up until age 18, through the school nurse service in primary and secondary school and when young people first start university;
 - working with children's centres and antenatal clinics.

RESOLVED to note the contents of the report.

25 FORWARD PLAN

RESOLVED to note the Forward Plan.

26 UPDATES

(a) Corporate Director for Children's Services

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

(b) Director for Adult Social Care

There were no updates to be given.

(c) Director of Public Health

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

(d) Nottingham City Clinical Commissioning Group

Dawn Smith, Nottingham City Clinical Commissioning Group (CCG), informed the Board that an inspection of the CCG has taken undertaken by NHS England and, due to a rating of 'requires improvement' in finance, an overall rating of 'requires improvement' has been given.

(e) Healthwatch Nottingham

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

Health and Wellbeing Board Terms of Reference

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

- Developing a shared understanding of the health and wellbeing needs of its communities from pre-birth to end of life including the health inequalities within and between communities
 - Providing system leadership to secure collaboration to meet these needs more effectively
 - Having strategic influence over commissioning decisions across health, public health and social care encouraging integration where appropriate
 - Recognising the impact of the wider determinants of health on health and wellbeing
 - Involving patient and service user representatives and councillors in commissioning decisions.
-
- a) Publish and refresh the Joint Strategic Needs Assessment, including the Pharmaceutical Needs Assessment to provide an evidence base for future policy and commissioning decisions
 - b) Produce a Joint Health and Wellbeing Strategy to identify priorities and provide a strategic framework for future commissioning
 - c) Consider local commissioning plans to ensure that they are in line with the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy; and specifically to consider the NHS Nottingham City Clinical Commissioning Group's commissioning plans to ensure that they are in line with the Joint Health and Wellbeing Strategy and to provide an opinion for publication
 - d) Liaise with NHS England as necessary on the NHS Nottingham City Clinical Commissioning Group's annual assessment
 - e) Encourage integrated working between health and social care commissioners including, where appropriate, supporting the development of arrangements for pooled budgets, joint commissioning and integrated delivery under Section 75 of the National Health Service Act 2006
 - f) Oversee the Better Care Fund¹
 - g) Encourage close working between health and social care commissioners and the Board itself

¹ Given that some members of the Board represent provider organisations, strategic funding decisions relating to the Better Care Fund are delegated to the Health and Wellbeing Board Commissioning Sub-Committee which is a commissioner-only body

- h) Encourage close working between health and social care commissioners and those responsible for the commissioning and delivery of services related to the wider determinants of health
- i) Establish one or more sub-committees to carry out any functions delegated to it by the Board
- j) Delegate any of its functions to an officer
- k) Establish one or more time limited task and finish groups to carry out work on behalf of the Board
- l) Carry out any other functions delegated to it by Nottingham City Council under Section 196(2) of the Health and Social Care Act 2012

In the interests of public accountability and transparency the Board is subject to the statutory overview and scrutiny function of Nottingham City Council. All Board partner organisations agree to provide information to; attend meetings of; and answer questions from the relevant City Council overview and scrutiny committee about the planning, provision and operation of services within their area as required by the committee to carry out its statutory scrutiny functions.

Partners will not, however, be required to give:

- Confidential information which relates to and identifies an individual unless the information is disclosed in a form ensuring that individuals' identities cannot be ascertained, or an individual consents to disclosure;
- Any information, the disclosure of which is prohibited by or under any enactment;
- Any information, the disclosure of which would breach commercial confidentiality.

The committee will give reasonable notice of the request for information and/or attendance at a meeting.

Membership

Voting members

Nottingham City Council Portfolio Holder with a remit covering health

Nottingham City Council Portfolio Holder with a remit covering children's services

Two further City Councillors

Three representatives from NHS Nottingham City Clinical Commissioning Group's Governing Body

NHS Nottingham City Clinical Commissioning Group Chief Officer

Nottingham City Council Corporate Director for Children and Adults (Director of Children's Services vote)

Nottingham City Council Director of Adult Social Care (Director of Adult Social Services vote)

Nottingham City Council Director of Public Health

One representative of the Healthwatch Nottingham Board

One representative of NHS England

Non-voting members

One representative of Nottingham University Hospitals NHS Trust

One representative of Nottinghamshire Healthcare NHS Foundation Trust

One representative of Nottingham CityCare Partnership

One representative of Nottingham City Homes
One representative of Nottinghamshire Police
One representative of Department for Work and Pensions
One representative of Nottingham Universities
One representative of Nottinghamshire Fire and Rescue Service
Up to two individuals representing the interests of the Third Sector

Political proportionality does not apply to membership of the Board.

All members of the Board are accountable to the organisation/ sector which appointed them. Each member has a responsibility to communicate the Board's business through their respective organisation/ sector's own communication mechanisms.

Each Board member can nominate up to 3 substitutes and any one of those named substitutes can attend a Board meeting in their place. Substitutes must be from the same organisation/ sector as the Board member and be of sufficient seniority and empowered by the relevant organisation/ sector to represent its views; to contribute to decision making in line with the Board's Terms of Reference and to commit resources to the Board's business.

If a member of the Board misses 3 consecutive meetings without giving apologies, their continued membership of the Board will be reviewed with the organisation that they represent.

The Board may, with agreement of Nottingham City Council's Full Council, add additional voting or non-voting members to support effective delivery of its responsibilities.

Chairing

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

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

Voting arrangements

It is expected that most decisions will be agreed by consensus but, where this is not the case, then only those members listed as voting members may vote. Voting on all issues will be by show of hands.

In Nottingham City Council, the statutory roles of Director of Children's Services and Director of Adult Social Services are held by the same post holder. Therefore the Director of Adult Social Services vote will be held by the City Council Director of Adult Social Care.

The Chair of the Board shall have a second or casting vote.

Meeting arrangements

The Board meets every other month. The Chair of the Board, in consultation with the Vice Chair, can convene special meetings of the Board as appropriate.

All business of the Board shall be conducted in public in accordance with Section 100A of the Local Government Act 1972 (as amended). When the Board considers exempt information and/or confidential information is provided to Board members in their capacity as members of the Board all Board members agree to respect the confidentiality of the information received and not disclose it to third parties unless required to do so by law or where there is a clear and over-riding public interest in doing so.

The quorum for meetings shall be three voting members and must include at least one Nottingham City Council councillor and one representative of the Clinical Commissioning Group.

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

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

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

All voting members of the Board are governed by the Nottingham City Council Code of Conduct. In addition, all Board members may also be bound by a code of conduct/ professional standards of the organisation/ sector that they represent.

HEALTH AND WELLBEING BOARD - 28th September 2016

Title of paper:	Happier Healthier Lives: Nottingham City Joint Health and Wellbeing Strategy 2016 – 2020 Progress Update	
Director(s)/ Corporate Director(s):	Alison Michalska Corporate Director for Children & Adults, Nottingham City Council. Colin Monckton, Director of Commissioning, Policy and Insight, 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:	James Rhodes, Strategic Insight Manager, Nottingham City Council James.rhodes@nottinghamcity.gov.uk	
Other colleagues who have provided input:	Dr Rachel Sokal, Consultant in Public Health, NCC Helene Denness, Consultant in Public Health, NCC Jane Bethea, Consultant in Public Health, NCC Various priority action leads as outlined in the action plans	
Date of consultation with Portfolio Holder(s)	14 th Sep 2016	
Relevant Council Plan Key Theme:		
Strategic Regeneration and Development		<input type="checkbox"/>
Schools		<input type="checkbox"/>
Planning and Housing		<input checked="" type="checkbox"/>
Community Services		<input checked="" type="checkbox"/>
Energy, Sustainability and Customer		<input type="checkbox"/>
Jobs, Growth and Transport		<input type="checkbox"/>
Adults, Health and Community Sector		<input checked="" type="checkbox"/>
Children, Early Intervention and Early Years		<input checked="" type="checkbox"/>
Leisure and Culture		<input checked="" type="checkbox"/>
Resources and Neighbourhood Regeneration		<input 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 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):		
This paper presents the agreed strategy in its final designed format and the detailed action plans that sit behind it.		
Recommendation(s):		
1	Note the agreed strategy (Enc. 1) and the contribution of all the lead officers involved in its production (as detailed in Enc. 2 to 5).	
2	Approve the detailed action plans (Enc. 2 to 5) and the next steps	
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'): This remains a core element of the strategy.		

1. **REASONS FOR RECOMMENDATIONS**

1.1 The content of the strategy was approved at the last Health and Wellbeing Board (HWB). The strategy and the action plans have been developed based on evidence from the Joint Strategic Needs Assessment (JSNA) and the findings from significant engagement with citizens, partners and stakeholders.

2. **BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)**

2.1 A proposed strategic framework was agreed by the HWB in January. The framework was developed based upon the engagement findings¹ and the evidence from the JSNA². The strategy is based around four key outcomes:

- **Healthy Lifestyles**
- **Mental Health and Wellbeing**
- **Healthy Culture**
- **Healthy Environment**

2.2 In developing the strategy, lead officers have been identified for each of the priority areas who have been responsible for developing the action plans upon which the strategy is based. A Board level sponsor and Consultant in Public Health were also identified who have provided an overall steer regarding content, advice on performance indicators and help removing barriers/ blockages.

CURRENT POSITION

2.3 The production of the strategy (Enc. 1) and the action plans (Enc. 2 to 5) are the result of input and contribution from over 30 officers from across the Health and Wellbeing Board's partners. Detailed action plans have been produced for the 4 outcome areas and it is recommended that the Board approve them and support delivery.

2.4 In terms of delivery and monitoring a number of proposals were suggested at the August Health and Wellbeing Development Session:

- Future reporting should be provided as part of the written report with authors (working under the assumption that Board Members have read the detail prior) pulling out the salient points with a particular focus successes, areas of concern and clear requests of partners where appropriate.
- The report and presentation should highlight blockages to delivery and where Board members can help. This should be reflected in clear recommendations to the Board.
- It should be acknowledgement that for some outcomes the action plans do not include/represent all the required actions to improve the headline metric – rather these are the things that the Board can add most value to.
- Steering/ delivery groups for the strategy are where the work is done that is reported to the Board.
- The Board should have an increased focus on a small number of priority actions that they can collectively add value to.
- The inclusion of citizen stories to make progress/performance more meaningful and real.
- Partner organisations to have corporate alignment and commitment to the strategy

¹ The engagement results report can be found here: <http://www.nottinghamcity.gov.uk/hwb>.

² The JSNA Evidence Summary can be found here: <http://jsna.nottinghamcity.gov.uk/insight/Strategic-Framework/Nottingham-JSNA/Related-documents/Executive-summary.aspx>

- Partner organisations lead by example in terms of leading agendas and signing up to specific initiatives e.g. like tobacco declaration/future alcohol declaration and be exemplar of the desired approaches/ standards (e.g. work place health)

2.5 Reporting will be initiated based on the above steer and refined following feedback.

NEXT STEPS

3.1 The March Health and Wellbeing Board agreed the following **timetable**:

- November Board – Thematic Focus on Healthy Lifestyles (inc. progress reporting against actions)
- January Board - Thematic Focus on Mental Health and Wellbeing
- March Board - Thematic Focus on Healthy Culture
- May Board - Thematic Focus on Healthy Environment

3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

3.1 Not applicable.

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

4.1 Not applicable.

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

5.1 Not applicable.

6. EQUALITY IMPACT ASSESSMENT

6.1 Has the equality impact of the proposals in this report been assessed?

No

An EIA is not required because:
(Please explain why an EIA is not necessary)

Yes

Attached as Appendix x, and due regard will be given to any implications identified in it.

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

7.1 None

8. PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

8.1 None

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Happier Healthier Lives

Nottingham City Joint Health and Wellbeing Strategy
2016 – 2020

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Foreword from the Chair and Vice Chair

Welcome to the Nottingham City Joint Health and Wellbeing Strategy 2016 to 2020, which sets out our vision and ambitions for making our city happier and healthier. Since the first strategy in 2012 we are pleased to see that overall people in Nottingham are living longer. In our new strategy, we now seek to improve the quality of that longer life – adding life to years not just years to life. We also remain committed to tackling the differences in health between our neighbourhoods and in the city as a whole compared to other similar cities. Tackling those inequalities remains at the heart of our new strategy.

The strategy has been developed based upon significant engagement with citizens and partners and alongside evidence of the health and wellbeing needs in the city. Using this knowledge we outline our objectives to meet our ambition to ensure ‘Nottingham will be a place where we all enjoy better health and wellbeing, with a focus on improving the lives of those with the poorest outcomes the most’. We will do this by focusing on four outcomes:

- Children and adults in Nottingham adopt and maintain **Healthy Lifestyles**
- Children and adults in Nottingham will have positive **Mental Wellbeing** and those with long-term mental health problems will have good physical health
- There will be a **Healthy Culture** in Nottingham in which children and adults are supported and empowered to live healthy lives and manage ill health well
- Nottingham’s **Environment** will be sustainable; supporting and enabling its citizens to have good health and wellbeing

Whilst people are living longer it is often with increasingly complex health needs, many of which are preventable. The activity in this strategy is designed to see a radical shift towards early intervention and prevention so

that we can improve health, reduce hospital admissions and when people are in need of hospital treatment they are able to return home quickly. With help and support - from before pregnancy to the end of people’s lives - we hope to inspire and empower citizens to live happier healthier lives, protect themselves from ill health and, where necessary, support people to manage their own ill health as much as possible.

Our ambitions require change and integration across the entire health and social care system. This represents an outstanding opportunity to improve the lives of the people of Nottingham. As chair/ vice chair of the Health and Wellbeing Board, and reflecting the truly joint nature of the strategy, we are absolutely committed to its implementation. Member organisations will work together to deliver our ambitions and the board will serve to strengthen our commitments as partners.



A handwritten signature in black ink, appearing to read 'Alex Norris'.

**Councillor
Alex Norris
Chair**



A handwritten signature in black ink, appearing to read 'Marcus Bicknell'.

**Dr Marcus Bicknell
Vice Chair**

Role of the Health and Wellbeing Board

Under the Health and Social Care Act 2012, all areas in England must have a Health and Wellbeing Board (HWB). The board is made up of:

- Representatives of citizens (Healthwatch Nottingham) and voluntary and community sector providers of health and social care services
- Organisations directly involved in commissioning and providing healthcare, including Nottingham City Council, NHS Nottingham City Clinical Commissioning Group, Nottingham CityCare Partnership, Nottinghamshire Healthcare NHS Foundation Trust and Nottingham University Hospitals NHS Trust, and NHS England
- Other organisations whose work impacts the health and wellbeing of citizens, including the Crime and Drugs Partnership, Nottinghamshire Police, the Department of Work and Pensions, Nottinghamshire Fire and Rescue Service, Public Health England, The University of Nottingham, Nottingham Trent University and Nottingham City Homes

The role of the board is to lead on work to improve the health and happiness of Nottingham and specifically to reduce health inequalities. It oversees joint commissioning and joined up provision for citizens and patients, including social care, public health and NHS services. It also considers the impact on health and happiness of the wider local authority and partnership agenda, such as housing, education, employment, and crime and antisocial behaviour.



Purpose of the Strategy

The purpose of the strategy is to enable:

- All HWB partners and citizens to be clear about our agreed priorities for the next four years
- All members of the HWB to embed these priorities within their own organisations and ensure that these are reflected in their commissioning and delivery plans
- Key agencies to develop joined-up commissioning and delivery plans to address these priorities
- The HWB to add value to the planned activity and hold member organisations to account for their actions towards achieving the objectives and priorities within the strategy
- Members of the HWB to work with and influence partner organisations outside the HWB to contribute to the priorities agreed within this strategy

Development of the Strategy

The strategy has been developed based upon evidence of health needs in the city and significant engagement with citizens, partners and stakeholders. A range of engagement

events were held to shape the strategy and almost 500 people provided their views on what was important to them¹.



Health and Wellbeing in Nottingham

A local assessment of current and future health and social care needs tells us what is causing people to become unwell or die prematurely (before the age of 75). This is why²:

Healthy Life Expectancy

Nationally and locally we are living longer but for some - particularly amongst those in our most deprived neighbourhoods - increased life expectancy³ is accompanied by many years of poor health. It has significant implications for people's health and happiness.

In Nottingham, healthy life expectancy⁴ (the number of years we can expect to live in good health) is 57.8 years for men and 58.4 years for women compared to a life expectancy of 77.1 years for men and 81.6 years for women⁵. This means that the local population can be expected to live approximately a quarter of their life in poor health. In comparison to the rest of the country, people in Nottingham die younger and are less healthy than most regions in England. Figure 1 (below) highlights how we compare to England.

Since 'life expectancy' is increasing at a faster rate than 'healthy life expectancy' we are spending a greater proportion of life in poor health. This has implications for both individuals – due to increased proportion of life spent with illness and disability – and society due to associated health and social care costs.

Whilst on average men and women in the city can expect to live in good health to around 58 years-old (figure 2). This figure masks significant differences between Nottingham's neighbourhoods. People in the poorest neighbourhoods on average experience poor health 17 years earlier than those in the wealthiest neighbourhoods (figure 2).

Figure 1: Healthy Life Expectancy in Nottingham compared to the England average

Healthy Life Expectancy in Nottingham City for men is...



57.8 years

This is significantly lower than England, with Nottingham City males living for...



5.5 years less

Healthy Life Expectancy in Nottingham City for women is...



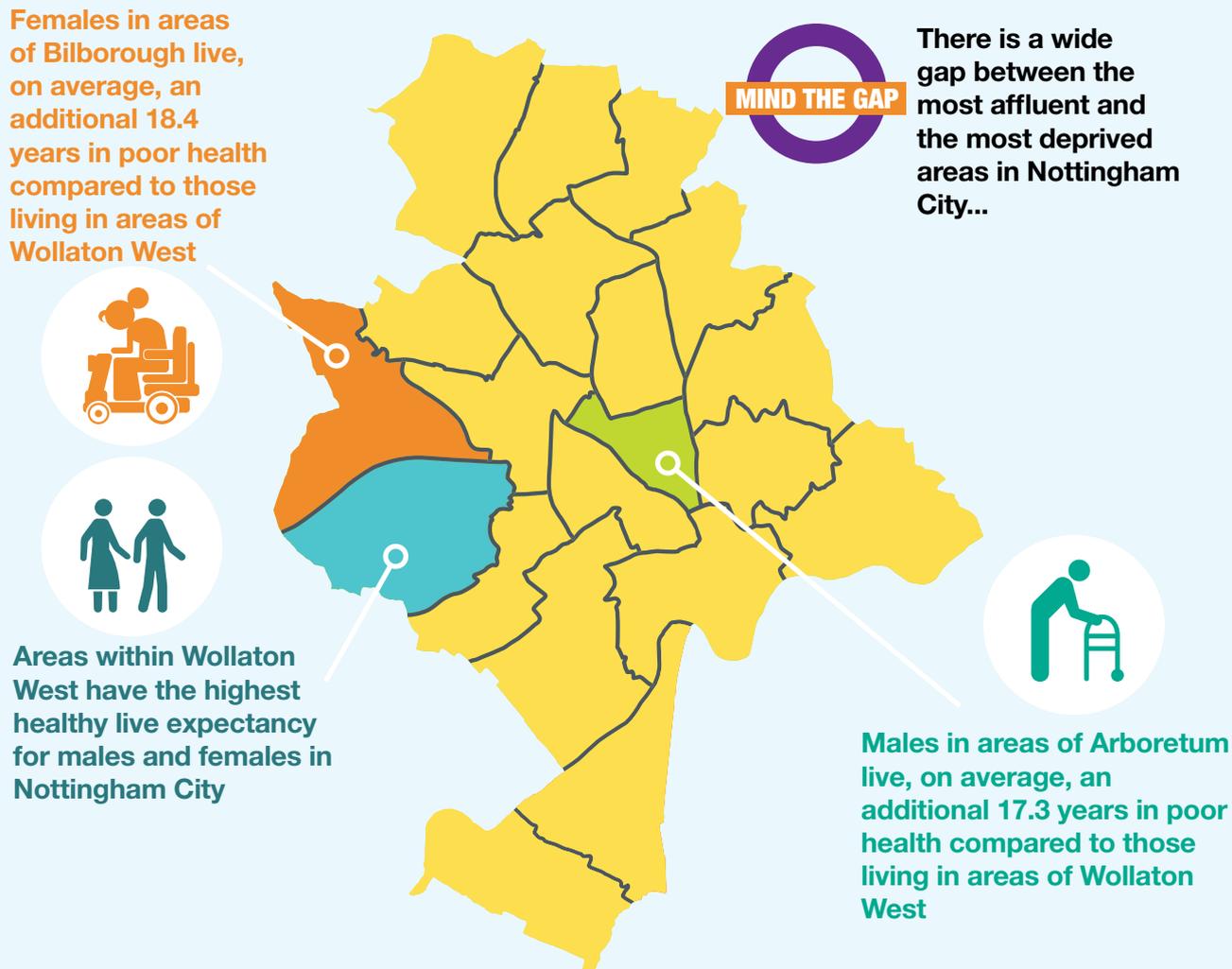
58.4 years

This is significantly lower than England, with Nottingham City females living for...



5.6 years less

Figure 2: Healthy Life Expectancy across Nottingham's neighbourhoods



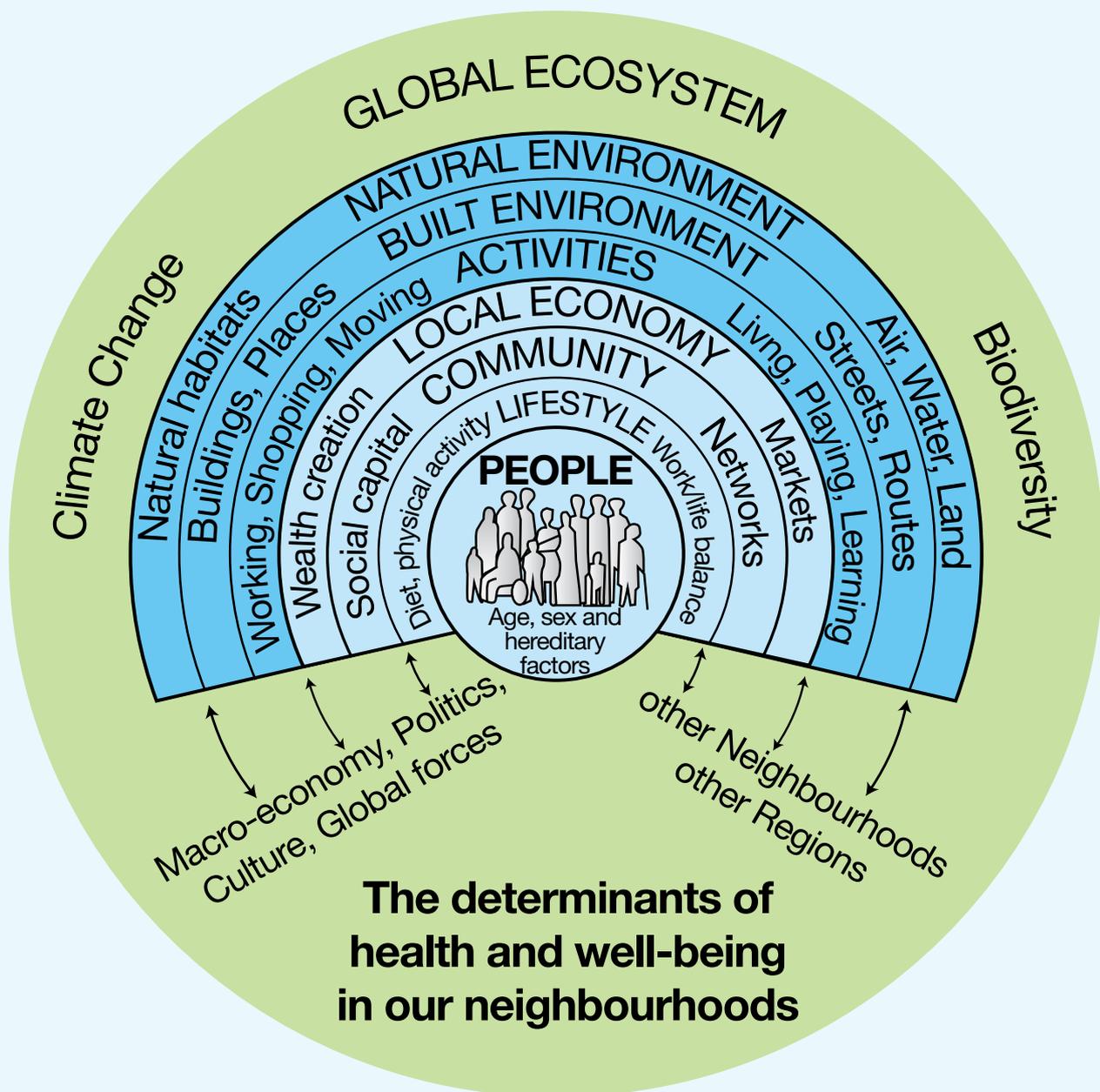
These inequalities in health represent unjust differences in health status experienced by certain population groups within the city. A wide range of factors contribute to these differences in health including the places we live, the communities we live in, the lives we lead and our access to services. Importantly these differences are preventable.

Influences on Health

Many factors determine how happy and healthy we will be. Lifestyle factors – such as smoking, alcohol, diet and exercise – are strongly linked to our health. These lifestyle factors are influenced by where we live, economic deprivation, the quality of our housing and our neighbourhoods,

education, employment, lack of green open spaces and air pollution - to name but a few but they are all things that everyone can improve. Figure 3 shows some of the many factors that influence our health and happiness.

Figure 3: The wider determinants of health⁶



Source: Barton H, Grant M. A health map for the local human habitat. *Journal of the Royal Society for the Promotion of Public Health* 2006;126(6):252-261.



Living unhealthy lifestyles and poor socio-economic conditions can lead to illnesses such as cancer, heart disease, diabetes and lung disease.

These conditions are more common amongst people from deprived neighbourhoods and certain Black, Asian and minority ethnic (BAME) communities⁷. The number of people with long-term conditions is increasing. This is partly due to the fact that we are living longer lives but it is also related to an increase in our unhealthy lifestyles such as physical inactivity, smoking, excessive consumption of alcohol and poor diet. These lifestyle causes are largely preventable and make a huge difference to our lives.

We also know that physical health and mental health are closely linked. People with mental health problems tend to have poorer physical health outcomes. Research shows that those suffering from serious mental illness, die up to 20 years earlier⁸ and those suffering with depression have double the risk of heart disease⁹.

Mental health and lifestyle factors were common themes identified when we talked to communities as part of the engagement work that underpins our priorities. In addition, you told us that the culture within which we live and our environment play a big part in our health and happiness.

Our Vision, Aims and Outcomes

We have established a clear vision and aim based on what citizens have told us.

Our Vision

Nottingham will be a place where we all enjoy better health and wellbeing with a focus on improving the lives of those with the poorest outcomes the most.

Our Aim

- To increase healthy life expectancy in Nottingham and make us one of the healthiest big cities
- To reduce inequalities in health by targeting the neighbourhoods with the lowest levels of healthy life expectancy

This vision is underpinned by a commitment to achieve the following four outcomes:

- **Outcome 1:** Children and adults in Nottingham adopt and maintain **Healthy Lifestyles**
- **Outcome 2:** Children and adults in Nottingham will have positive **Mental Wellbeing** and those with long-term mental health problems will have good physical health
- **Outcome 3:** There will be a **Healthy Culture** in Nottingham in which children and adults are supported and empowered to live healthy lives and manage ill health well
- **Outcome 4:** Nottingham's **Environment** will be sustainable; supporting and enabling its citizens to have good health and wellbeing



Delivery and Monitoring

Detailed action plans have been developed for each of the four outcomes and will be refreshed annually to ensure that they remain relevant¹⁰. The plans will be implemented by four delivery groups reporting to the Health and Wellbeing Board. In delivering the strategy, the Health and Wellbeing Board will monitor annually the headline targets (as outlined on page 23) and the performance indicators set out in the detailed action plans.



Principles Underpinning the Strategy

A number of cross-cutting principles will be adopted across all action plans:

- **A focus on communities or areas worst affected by tackling inequalities:** Detailed action plans will identify and address any disproportionate impact. This could mean a focus on particular geographic areas or particular groups.
- **Early Intervention:** Activity will be targeted at identifying and preventing problems early before they become established and problematic.
- **Sustainability:** Action plans will consider the sustainability of their funding arrangements and the impact on health and the environment.
- **Engagement of the Voluntary and Community Sector:** The action plans will value and utilise the role of the voluntary and community sector in developing and implementing interventions.
- **Integrated Working:** In order to improve citizen outcomes we know that health and social care services need to work better together to provide more effective and seamless care. Action plans will consider how they are furthering the need to integrate services where possible.



Outcome 1: Children and adults in Nottingham adopt and maintain healthy lifestyles

Smoking, harmful use of alcohol, physical inactivity and poor diet are key lifestyle factors which both cause and affect the consequences of many major illnesses. In addition, unsafe sex can lead to unwanted pregnancies and sexually transmitted infections (STIs) including HIV.

Levels of smoking in the city are significantly higher than the national average and as a consequence rates of lung cancer, heart disease and other smoking-related diseases are much higher. Smoking is higher in areas of deprivation and a major cause of the inequalities in healthy life expectancy experienced across the city. Smoking during pregnancy is also a key concern as it increases the risk of complications of the pregnancy and the health of the child. Children who grow up in communities with a high proportion of smokers are more likely to become smokers themselves, emphasising the importance of taking a community-based approach.

Being overweight significantly increases the risks of developing and dying from diabetes, heart disease, cancer and kidney and liver disease. Research shows that 80% of children who are obese will become obese adults, further highlighting the need to tackle the issue early through physical activity and a healthy diet.

An individual's physical activity level, diet and nutrition status have a massive impact on health. A third of adults in Nottingham are 'inactive' and three-quarters do not eat enough fruit and vegetables¹¹.

Alcohol-related admissions to hospitals in Nottingham are significantly higher than the England average and they are continuing to increase. Excessive alcohol consumption has a wide range of impacts for individuals - in terms of their mental and physical health - and upon families and communities in terms of

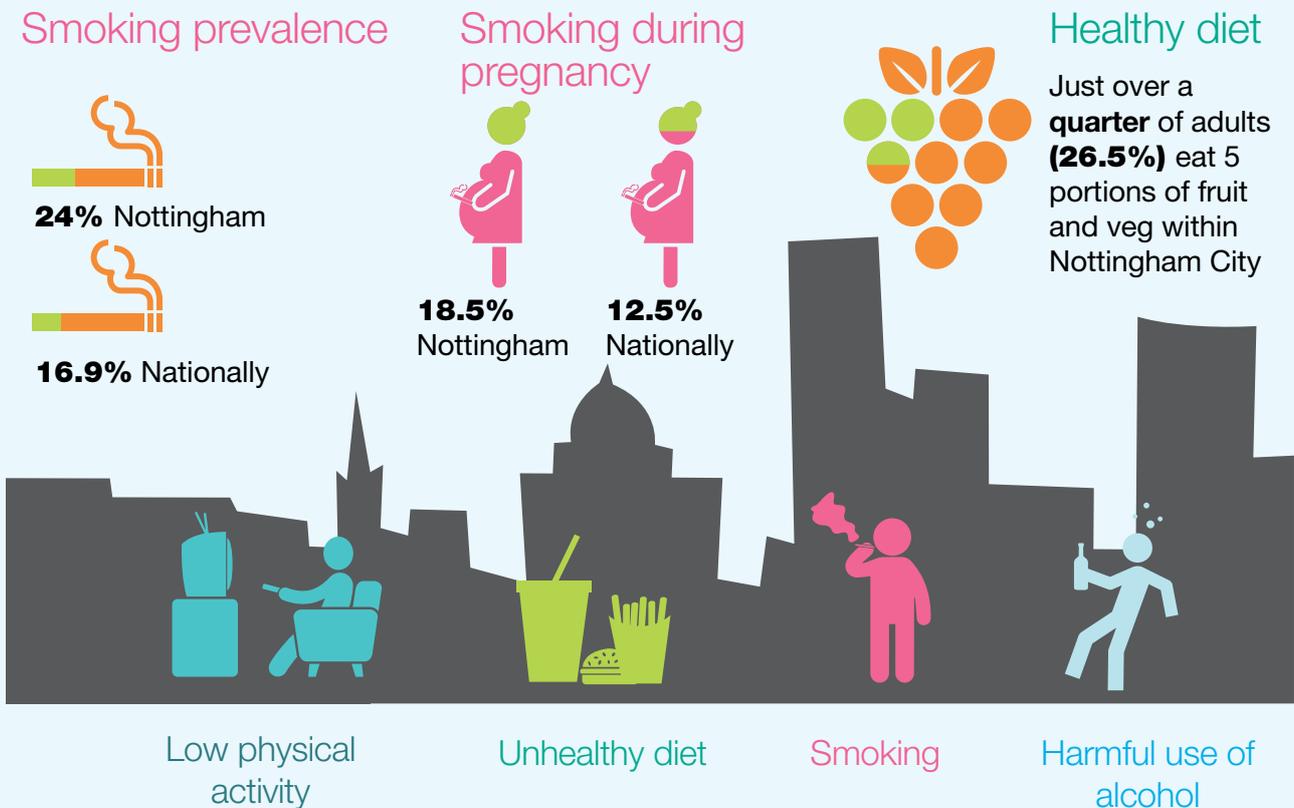
relationships, violence and anti-social behaviour.

STIs can lead to health complications and affect fertility. STI rates in Nottingham are significantly higher than the England average. HIV is a complex medical condition which makes it challenging for individuals to maintain a good quality of life. Early diagnosis of HIV leads to better outcomes but citizens in Nottingham are more likely to be diagnosed with HIV at a later stage. Teenage pregnancy is associated with poorer outcomes for mothers and babies. The teenage pregnancy rate in Nottingham is significantly higher than the England average.

Supporting the people of Nottingham to adopt and maintain healthy lifestyles will help prevent illnesses occurring in the first place for many people and postpone the onset or reduce the impact of disease for many others, improving life expectancy and healthy life expectancy in the city.

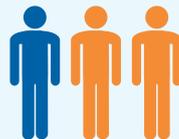


Figure 4: A Snapshot of Lifestyles in Nottingham



Physical activity

74,500 adults within Nottingham City are inactive...



...which is just about **1 in every 3** adults...



Alcohol

Rate of alcohol-related hospital admissions is nearly double that of the England average



Locally the figure is 1,278 per 100,000



Nationally the figure is 835 per 100,000

Healthy Lifestyles

Our priorities and what we plan to do

In order to achieve our outcome a number of broad priority actions have been identified. **By 2020 Nottingham will be a city where children and adults will:**

- Be physically active to a level which benefits their health
- Enjoy a healthy and nutritious diet
- Be able to achieve and maintain a healthy weight
- Be inspired to be smoke-free

Additionally,

- People who drink alcohol will drink responsibly, minimising the harms to themselves and those around them
- Young people and adults will choose to have safe sex reducing the risk of unwanted pregnancies and sexually-transmitted infections

To achieve the outcome and deliver our priority actions, we will:

- Give children and adults the skills and knowledge to prioritise healthy lifestyles
- Ensure there are opportunities to adopt a healthy lifestyle including access to services where necessary
- Ensure our workforce is equipped to identify and deliver brief intervention around healthy lifestyles and signpost to services when needed
- Motivate adults, children and young people to make healthy choices and avoid harmful behaviour
- Protect adults, children and young people from the harmful effects of other people's behaviour including smoking (e.g. smokefree public places) and excessive alcohol consumption





Outcome 2: Children and adults in Nottingham will have positive mental wellbeing and those with long-term mental health problems will have good physical health

Mental health problems are very common – it is estimated that up to half of all people will experience problems at some point in their life and one-in-six will have a common mental health problem¹². In Nottingham, there are estimated to be more than 51,000 people with a mental health problem ranging from those with a common problem like depression or anxiety to more severe disorders such as psychosis (figure 5). These estimates are considerably greater than the number of people recorded on local GP registers, suggesting that people with these conditions may not be getting sufficient support to meet their health and wellbeing needs¹³.

Mental health and wellbeing is a broad term and does not necessarily have to be defined by a 'mental illness'. Measures of mental wellbeing in the City suggest that 14% of citizens could be described as having poor mental wellbeing. Loneliness was the most commonly identified issue by citizens and is a key driver for poor physical and mental health.

Poor mental health is also closely linked to poor physical health as people with long-term mental health problems are four times more likely to die early. Most early deaths are from preventable causes that are similar to the wider population¹⁴. It is known that health services have not been as responsive in identifying or meeting the physical health needs of people with mental health problems in the past.

Preventing and treating mental health problems in childhood and adolescence is particularly important due to their far-reaching consequences on health, social and educational

outcomes. Mental illness, unlike other health problems, tends to start early in life and can persist into and throughout adulthood¹⁵.

It is recognised that half of all mental health problems have started by the age of 14. It is estimated that one-in-ten children have a clinically recognisable mental health problem, with boys more likely than girls to be affected highlighting the importance of early intervention. There are also certain groups (inc. homeless people, armed forces veterans Black, Asian and minority ethnic (BAME) communities) who may be at increased risk of mental health problems, or have specific needs in terms of their care, and so activity will be delivered to improve equity of access to treatment and care.



Figure 5: A Snapshot of Mental Health in Nottingham (people aged 16 and over)



One in six people will have mental health problems at any one time

At any one time it is estimated that there are...

41,000 people with common mental health problems like depression and anxiety

7,000 people with Post Traumatic Stress Disorder

3,000 with severe mental health problems such as psychosis & personality disorders

Mental Health and Wellbeing

Our priorities and what we plan to do

In order to achieve our outcome a number of broad priority actions have been identified. **By 2020 Nottingham will be a city where:**

- Children and adults with, or at risk of, poor mental health will be able to access appropriate level of support as and when they need it
- Those with long-term mental health problems will have healthier lives
- Those with, or at risk of, poor mental health and wellbeing will be able to access and remain in employment
- People who are, or at risk of, loneliness and isolation will be identified and supported

To achieve the outcome and deliver our priority actions, we will:

- Ensure that children and adults know how to get support for mental health problems

- Improve care to women who experience mental health problems during and after pregnancy
- Ensure access to mental health services within a primary care setting and early access to care for those with more serious mental health problems
- Provide access to wider social and community support for people with mental health problems and their carers to support social and financial inclusion
- Prevent poor physical health outcomes for those experiencing long-term mental health problems
- Increase understanding of the interdependence of mental and physical health¹⁶
- Help citizens to move towards recovery from mental illness
- Work with employers, and people with mental and physical health problems, to support them to access and remain in employment

Outcome 3: There will be a healthy culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill health well

Our beliefs and attitudes towards our own health and those around us play a huge part in how healthy and happy we will be. The communities we live in, and the degree to which they encourage and promote healthy behaviour, have a massive impact upon our health. Social capital describes the links that bind and connect people within and between communities – and provide a source of resilience against life's stresses through social support. Throughout the engagement events many people told us that 'sense of community' had reduced and people saw this as having a big impact on health and wellbeing.

In particular one of the strongest themes to emerge was around loneliness and the importance of the community in supporting each other and fostering a healthy culture where the healthy choice is the easy choice. People wanted there to be more social interaction in neighbourhoods and saw the value in initiatives like social prescribing and identifying and tackling issues early before they developed into more serious long-term problems.

Debt and household income were consistently highlighted as the main driver behind poor physical and mental health; with not enough being done to help people prioritise healthy lifestyle choices. People also said that availability of services was not necessarily the issue. Rather it was not knowing which services and opportunities were available or not having the confidence to use them. Many people wanted to have clear information so that they could make healthier choices, manage their own health and only contact services if and when they needed them. When using services, however, the current system was said to be too complex and not joined up. At the same time people often felt their problems were treated in isolation - rather than holistically, by dealing with

a range of underlying issues that were at the heart of the problem (like debt, unhappiness or loneliness).

Healthy Culture

Our priorities and what we plan to do

In order to achieve our outcome, a number of broad priority actions have been identified. **By 2020 Nottingham will be a city where:**

- Messages regarding health and wellbeing will be clear and consistent
- Citizens will have knowledge of opportunities to live healthy lives and of services available within their communities
- Individuals and groups will have the confidence to make healthy life choices and access services at the right time to benefit their health and wellbeing
- Services will work better together through the continued integration of health and social care that is designed around the citizen, personalised and coordinated in collaboration with individuals, carers and families
- We will reduce the harmful effects of debt and financial difficulty on health and wellbeing

To achieve the outcome and deliver our priority actions, we will:

- Further integrate services for adults across health and social care, including through the creation of aligned commissioning and pooled budgets
- Create integrated health and social care services for young children (0 -5s)
- Ensure that citizens can access the right information and support services in one place
- Promote key messages around how to stay healthy and happy
- Support people to care for themselves and know when to access additional support
- Ensure our workforce is equipped to identify, and respond early, to issues affecting health and wellbeing including healthy lifestyles, debt management and social isolation
- Enable citizens to remain independent, and within their own homes, for as long as they are able to or choose to
- To work with public, private and voluntary sector partners to improve people's financial resilience



The Council House, Old Market Square

Outcome 4: Nottingham's environment will be sustainable - supporting and enabling its citizens to have good health and wellbeing

The environment within which we live, work and relax plays a major role in our health and happiness. Cities and neighbourhoods that offer attractive green spaces and parks, well-maintained cycling and walking routes and access to nature can improve our health and make us happier. Increasing the number of people who regularly walk or cycle will provide a number of positive benefits from reduced air pollution and carbon emissions to addressing congestion and helping people live active, healthier and happier lives. As well as benefiting our health, healthy environments benefit environmental sustainability due to lower carbon and pollutant emissions.

Throughout the engagement events, citizens highlighted their concerns about air pollution and the importance of living in neighbourhoods where the built environment promoted healthy lifestyles such as active travel (like walking or cycling to work) and access to good quality parks and facilities for exercising and socialising.

A healthy environment is supported by strong scientific evidence. There is clear evidence of the adverse effects of air pollution¹⁷ and poorer communities experience higher concentrations of pollution resulting in a higher prevalence of related diseases¹⁸.

Creating an environment in which people can live healthier lives with a greater sense of wellbeing is hugely significant in reducing health inequalities. An environment that encourages walking and cycling can also support the local economy, providing a vibrant and attractive neighbourhood¹⁹. Access to attractive green spaces, aside from encouraging physical activity, can also improve mental wellbeing and help support social inclusion and community cohesion²⁰.

Poor-quality housing in particular has a big impact on both physical and mental health and wellbeing²¹. Housing inequality is a key determinant of the difference in health outcomes across the city. Those in the most deprived neighbourhoods are more likely to be living in the poorest-quality housing. The private rented sector is the area of most concern as this is likely to account for much of the poor-quality housing within the city.

Healthy Environment

Our priorities and what we plan to do

In order to achieve our outcome a number of broad priority actions have been identified. **By 2020 Nottingham will be a city where:**

- Housing will maximise the benefit and minimise the risk to health of Nottingham's citizens
- The built environment will support citizens leading healthy lifestyles and minimise the risk of negative impact upon their wellbeing
- Children and adults will be able to engage in active travel
- Children and adults in Nottingham will have access to and use of green space to optimise their physical and mental wellbeing
- Air pollution levels in Nottingham will be reduced

To achieve the outcome and deliver our priority actions, we will:

- Work with housing providers to support people to live healthy lifestyles, keep well and live supported at home when unwell
- Improve housing standards and support vulnerable people who may be at risk of becoming homeless
- Consider the impact of planning decisions upon health and wellbeing
- Improve the city's infrastructure and encourage more people to walk and cycle or use public transport
- Improve the quality of our green spaces and encourage their use by the community
- Raise awareness of the positive impact small changes in behaviour can have on the environment



Wollaton Park, Nottingham



Our Headline Targets

The strategy's overall aim is to increase healthy life expectancy and reduce the inequalities across Nottingham's neighbourhoods. Healthy life expectancy describes how long a person might be expected to live in 'good health'²². Locally and nationally healthy life expectancy has remained fairly constant since it first started to be measured in 2009 but at the same time 'life expectancy' has increased meaning that people, on average, are spending a greater proportion of their life in poor health²³. There are significant differences between Nottingham and other similar cities²⁴ and also amongst Nottingham's neighbourhoods (figure 2). The strategy aims to address this by improving the quality of life for people as they get older by increasing the number of years spent in good health.

Two headline targets have been set in order to measure our success in improving people's health and tackling inequalities:

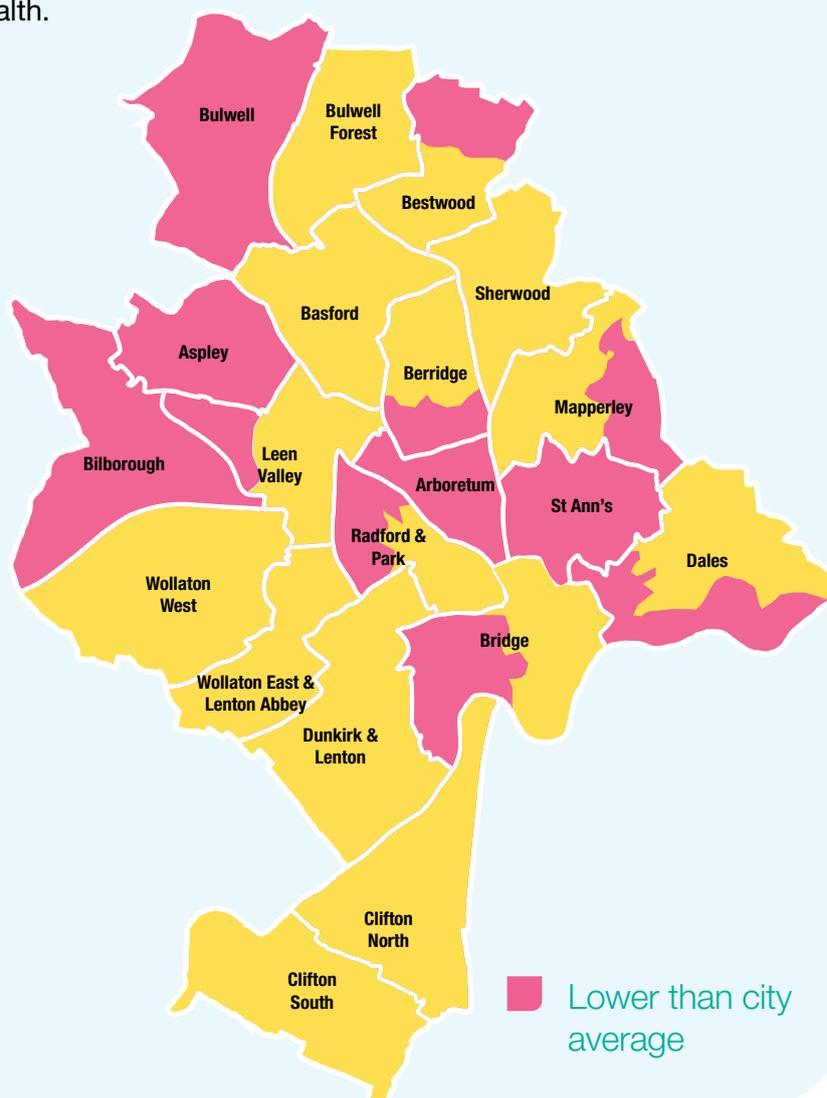
To increase healthy life expectancy in Nottingham and make us one of the healthiest big cities

We will compare our performance to that of the top four English Core Cities and aim to achieve the average of these for men and women. This would be the equivalent of both men and women in the city today living a further three years in good health.

To reduce inequalities in the city by improving the health of people in the neighbourhoods that have the worst healthy life expectancy

Figure 6 shows that there are a number of areas in Nottingham where the healthy life expectancy for men and women is significantly below the city average. We will prioritise work in these neighbourhoods to decrease the scale of inequalities in the city.

Figure 6: Neighbourhoods below the city average for Healthy Life Expectancy (2009-2013)



Links to Other Strategies and Plans



Martin Jackaman Centre, Nottingham

For many of our priorities, there already exist local strategies with detailed action plans and governance arrangements. This strategy does not intend to repeat or duplicate those plans. Instead, the Health and Wellbeing Board will focus on the areas which will benefit from a partnership approach. The Board will have oversight of the key strategic actions, consider where it can add value and hold partners to account for delivery. There are a number of key strategies that link directly or work alongside this strategy.

The Nottingham and Nottinghamshire Sustainability and Transformation Plan

NHS England, through its 'Five Year Forward View', set out the need to radically increase the emphasis on prevention in order to improve health and achieve a sustainable health and social care system. The Nottingham and Nottinghamshire Sustainability and Transformation Plan (STP) is our five-year plan setting out how local services will work together

to improve the quality of care, the health and wellbeing of our population and NHS finances. The plan is built upon the needs of the population and the priorities identified in the Health And Wellbeing strategy ensuring that the two are contributing to the same outcomes for citizens.

The Nottingham City Clinical Commissioning Group Strategy

This Strategy has been produced alongside the Nottingham City Clinical Commissioning Group's (CCG) Strategy. Both these strategies have the same aims of improving healthy life expectancy, reducing inequalities and empowering citizens to be able to better take care of their own health.

This strategy and the Health and Wellbeing Strategy shaped the development of STP. As such the local plans for Nottingham are crucial elements of how the STP will be delivered, particularly in relation improving the city's health through prevention (healthy lifestyles and healthy environment) and empowering citizens to better look after themselves and maintain independence through self-care (healthy culture).



The Carers' Strategy

Carers provide a massive contribution to maintaining the health and wellbeing of others in the city and we want to ensure that their value is recognised and does not come at a cost to their own health and happiness. More than one-in-ten people in the city are carers and a significant number provide in excess of 50 hours care per week²⁵. Our aim is to improve the carer's quality of life by ensuring they receive early identification and holistic assessment of their needs, and by supporting them to realise their potential so that they can have a life outside caring. By providing effective support to improve carers' wellbeing and avoid carer breakdown, we will support vulnerable people and those with long-term conditions to continue to live as independently as possible in their own homes.

The Vulnerable Adults Plan

The Joint Health and Wellbeing Strategy is about improving the overall health and happiness of all city residents, but there are certain groups of adults who have more specific needs or who may be at an increased risk of poor health and wellbeing. In response, Nottingham City Council and Nottingham City CCG came together with other partners in the City (including those working in the voluntary sector) to develop the City's Vulnerable Adults Plan. Launched in 2012, the Vulnerable Adults Plan set out vision for how the city could work together to manage the challenges of the changing health and social care landscape and continue work to help vulnerable adults to live safer, happier, longer and more fulfilling lives, and to have more choice and control over their support and other aspects of how they live.

In this context, vulnerable adults are considered to be those in receipt of specialist health and social services, those who either have lost or who are at risk of losing their independence, and those at risk of social exclusion and harm²⁶. Those areas of the Vulnerable Adults Plan 2016 – 2020 that the

Health and Wellbeing Board can add value to will be incorporated into this strategy.

Children and Young People's Plan

Nottingham Children's Partnership has had a Children and Young People's Plan since 2010 which covers all services for children, young people and their families. For young people leaving care, our responsibility extends beyond the age of 20. For those with learning difficulties it extends to the age of 25 to ensure the transition to adult services is properly planned and delivered.

The Plan is updated on an annual basis to ensure all new national and local policies and guidance relating to improving outcomes for children and young people are incorporated in a timely way and influence its delivery. The Plan brings together the children and young people's elements of our other partnership plans including the Nottingham Plan, the Education Improvement Board Strategic Plan: A Brighter Future for Nottingham Children and this newly-developed Health and Wellbeing Strategy: Healthier, Happier Lives; providing one shared framework for the Children's Partnership Board and their organisations to focus on.



Broxtowe Children's Centre, Nottingham



Get Moving Nottingham launch, Old Market Square, Nottingham

Summary: Our strategy on a page

Our vision	Nottingham will be a place where we all enjoy better health and wellbeing with a focus on improving the lives of those with the poorest outcomes the most.			
Our aims	To increase healthy life expectancy in Nottingham and make us one of the healthiest big cities To reduce inequalities in health by targeting the neighbourhoods with the lowest levels of healthy life expectancy			
Our outcomes	Children and adults in Nottingham adopt and maintain Healthy Lifestyles	Children and adults in Nottingham will have positive Mental Wellbeing and those with long-term mental health problems will have good physical health	There will be a Healthy Culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill-health well	Nottingham's Environment will be sustainable; supporting and enabling its citizens to have good health and wellbeing
Our priority actions	<p>By 2020 Nottingham will be a city where children and adults will:</p> <ol style="list-style-type: none"> 1 Be physically active to a level which benefits their health 2 Enjoy a healthy and nutritious diet 3 Be able to achieve and maintain a healthy weight 4 Be inspired to be smoke-free <p>Additionally,</p> <ol style="list-style-type: none"> 5 People who drink alcohol will drink responsibly, minimising the harms to themselves and those around them 6 Young people and adults will choose to have safe sex reducing the risk of unwanted pregnancies and sexually transmitted infections 	<p>By 2020 Nottingham will be a city where:</p> <ol style="list-style-type: none"> 1 Children and adults with, or at risk of, poor mental health will be able to access appropriate level of support as and when they need it 2 Those with long-term mental health problems will have healthier lives 3 Those with, or at risk of, poor mental health and wellbeing will be able to access and remain in employment 4 People who are, or at risk of, loneliness and isolation will be identified and supported 	<p>By 2020 Nottingham will be a city where:</p> <ol style="list-style-type: none"> 1 Messages regarding health and wellbeing will be clear and consistent 2 Citizens will have knowledge of opportunities to live healthy lives and of services available within their communities 3 Individuals and groups will have the confidence to make healthy life choices and access services at the right time to benefit their health and wellbeing 4 Services will work better together through the continued integration of health and social care that is designed around the citizen, personalised and coordinated in collaboration with individuals, carers and families 5 We will reduce the harmful effects of debt and financial difficulty on health and wellbeing 	<p>By 2020 Nottingham will be a city where:</p> <ol style="list-style-type: none"> 1 Housing will maximise the benefit and minimise the risk to health of Nottingham's citizens 2 The built environment will support citizens leading healthy lifestyles and minimise the risk of negative impact upon their wellbeing 3 Children and adults will be able to engage in active travel 4 Children and adults in Nottingham will have access to and use of green space to optimise their physical and mental wellbeing 5 Air pollution levels in Nottingham will be reduced
Principles	Tackling Inequalities; Early Intervention; Sustainability; Engagement of the Voluntary and Community Sector; and Integrated Working			



Appendix

- 1 The full engagement results can be found here: www.nottinghamcity.gov.uk/hwb
- 2 The JSNA Evidence Summary can be found here: <http://jsna.nottinghamcity.gov.uk/insight/Strategic-Framework/Nottingham-JSNA/Related-documents/Executive-summary.aspx>
- 3 Based on 'Life expectancy at birth' which shows the average number of years a person would expect to live based on contemporary mortality rates. For a particular area and time period, it is an estimate of the average number of years a new born baby would survive if he or she experienced the age-specific mortality rates for that area and time period throughout his or her life.
- 4 Based on 'Healthy life expectancy at birth' which is a measure of the average number of years a person would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health.
- 5 Public Health England (2016) www.phoutcomes.info/search/life%20expectancy#page/1/gid/1/pat/6/par/E12000004/ati/102/are/E06000018
- 6 Barton and Green (2006)
- 7 Research shows that certain BAME groups are more likely to be affected by heart disease, diabetes, mental health issues and some types of cancer
- 8 Parks J et al. Morbidity and Mortality in people with Serious Mental Illness. 2006. See also: De Hert, M. et al. Physical illness in patients with severe mental disorders. *World Psychiatry* 2011;10:52-77.
- 9 Van der Kooy, K. et al. Depression and the risk for cardiovascular diseases: systematic review and meta analysis. *International Journal of Geriatric Psychiatry*, Volume 22, Issue 7, pages 613–626, July 2007.
- 10 The detailed delivery plans can be found here: www.nottinghamcity.gov.uk/hwb
- 11 According to Department of Health classifications and recommendations
- 12 McManus S, et al. Adult Psychiatric Morbidity in England, 2007: Results of a household survey.: NHS Information centre for health and social care. 2009
- 13 According to GP records there are round 20,000 people registered with depression and around 3,500 with severe mental health problems recorded on local GP registers for depression and severe mental health (2014 Quality and Outcomes Framework (QOF)
- 14 Hiroeh et al. Deaths from natural causes in people with mental illness *Journal of Psychosomatic Research*. Mar 2008 vol. 64(3) pp.275-83
- 15 Kessler R et al. Lifetime prevalence and age-of-onset distributions of mental disorders in the World Health Organization's World Mental Health Survey Initiative. *World Psychiatry* 2007. Available from www.ncbi.nlm.nih.gov/pmc/articles/PMC2174588/
- 16 Also know as Parity of esteem
- 17 Fair Society, Healthy Lives: The Marmot Review (2010)
- 18 FOE (2001) Pollution and poverty- Breaking the link.
- 19 Walking and Cycling, National Institute for Health and Care Excellence (NICE) Local Government Briefings (January 2013)
- 20 Porritt J, Colin-Thomé D, Coote A, Friel S, Kjellstrom T and Wilkinson P (2009) Sustainable development task group report: health impacts of climate change.
- 21 Marmot Review, London, 2010

22 'Healthy life expectancy' is based on applying data from the Annual Population Survey to birth and mortality rates by area ONS (2016)

23 In Nottingham, healthy life expectancy for males is 57.8 years and 58.4 years for females compared to a life expectancy of 77.1 years for males and 81.6 years for females (2012-2014 data, ONS 2016).

24 People in Nottingham will spend more of their life living in poor health than those living in other areas. In terms of the proportion of total life expectancy spent in a healthy state, the city is ranked 6th out of 8 for men amongst the England Core Cities and 7th for women (2012-2014 data, ONS 2015).

25 There are around 27,500 people in the city who care for another person and around 28% provide in excess of 50 hours care per week.

26 This would include those with alcohol and substance misuse issues, refugees and asylum seekers, those with a physical and sensory impairment, people with learning disabilities, carers, older people, those who are homeless or at risk of homelessness and those with mental health problems.





Thanks to our partners

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Pensions

Healthy Lifestyles Outcome 2016/17 Action Plan

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

Priority Actions:

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

Headline measures / metrics	Metric/ KPI	Baseline	Target			
			16/17	17/18	18/19	19/20
	Under 18 conception rate (per 100,000) (PHOF indicator 2.04)	37.5	31.1	27.9	24.8	21.7
	All new STIs diagnosis (excluding Chlamydia age <25) (per 100,000) (Sexual Health and Reproductive Health Profile)	1040	989	938	888	837
	HIV late diagnosis (PHOF indicator 3.04) (newly diagnosed CD4 count <350 cells per mm ³)	55.3%	52.4%	49.5%	46.7%	43.8%
	A reduction in hospital admissions for alcohol related causes (<i>as measured by the PHOF narrow measure</i>) to be in-line with the average for the English core cities.	927.5	850.9	812.6	774.3	736.0
	A reduction in the number of reported incidents of alcohol related ASB and violent crime in the night time economy, specifically:					
	<ul style="list-style-type: none"> • Alcohol related Crime 		↓	↓	↓	↓
	<ul style="list-style-type: none"> • Alcohol related Violence 					
	<ul style="list-style-type: none"> • Alcohol related ASB incidents 					
	<ul style="list-style-type: none"> • Alcohol related offences in the Night-Time Economy (NTE) 					
	Reduce the percentage of adults who smoke to the top 4 Core Cites 2014 average (PHOF 2.14)	24.2%	23.4%	22.6%	21.0%	20.3%
	Reduce the percentage of adults in routine and manual groups who smoke to the top 3 Core Cites 2014 average (PHOF 2.14)	28.1%	26.9%	26.3%	25.7%	25.1%
	Reduce the percentage of pregnant women who smoke to the top 4 Core Cites 2014 average (PHOF 2.03)	18.1%	15.8%	14.7%	13.5%	12.4%
	Increase the proportion of adults that meet the recommended 5-a-day to the top 4 Core	43.6%	44.4%	46.7%	48.9%	53.4%

	Cities Average (PHOF 2.11i)					
	Increase breastfeeding prevalence at 6-8 weeks after birth to the top 3 Core Cities Average (PHOF 2.02ii)	48.6%	49.7%	50.8%	51.9%	53.1%
	Increase percentage of active adults to the Top 4 Core Cities average (150 mins a week equivalent) (PHOF 2.13i; APS)	56.5%	57.6%	58.7%	59.8%	60.9%
	Decrease the percentage of inactive adults to the Top 4 Core Cities average (<30 mins a week equivalent) (PHOF 2.13ii; APS)	29.1%	28.1%	27.6%	27.1%	26.6%
	Reduce the percentage of adults with excess weight to the top 3 Core Cities average (PHOF 2.12)	62.3%	61.6%	60.8%	60.1%	59.3%
	Reduce the percentage of children aged 4-5 yrs with excess weight to the top 4 Core Cities average (PHOF 2.06i)	26.7%	24.8%	23.9%	22.9%	22.0%
	Reduce the percentage of children aged 10-11 yrs with excess weight to the top 4 Core Cities average (PHOF 2.06ii)	37.9%	37.5%	37.3%	37.1%	36.9%
Priority Groups <i>(who is disproportionately affected or who do we need to target to reduce inequalities?)</i>	<p>Sexual Health: Young people including care leavers and those with learning disabilities, young people living from deprived households, men who have sex with men (MSM), single homeless people, intravenous drug users and sex workers.</p> <p>Alcohol misuse: All adults whose drinking behaviour puts them at risk of alcohol related harm, including dependent drinkers. Adults living in the most deprived areas are disproportionately affected by alcohol related harm. Students and young people whose drinking behaviour puts them at risk of alcohol related harm.</p> <p>Smoke-Free: Those living in deprived areas, children and young people, pregnant women and their unborn babies, black and minority ethnic groups, those with mental health needs and those in routine and manual jobs.</p> <p>Diet and Nutrition: Children aged 18 years and under, young adults aged 19-24 years, smokers, citizens in lower socio-economic groups, BME groups, pregnant women and adults aged 65 years and older living in institutions.</p> <p>Physical Activity: Children and adults from deprived households, women, older people and adults with a disability or long term limiting illness</p> <p>Healthy Weight: Low income groups, pregnant women, adults with learning disability, older people, black and minority ethnic groups.</p>					

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

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

Action	Milestone	Success measure	Year				Lead Officer
			16/17	17/18	18/19	19/20	
	in delivery of alcohol IBA.						
	Ensure that all relevant client facing staff are delivering alcohol IBA in a systematic and consistent manner.	Alcohol IBA being delivered systematically and consistently		✓	✓	✓	
	Agree strategic approach to communicating messages around alcohol harm and misuse to students.	Methods of communicating messages are agreed with key partners.	✓				
	Ensure the agreed approach is delivered systematically by key partners.	Messages are delivered systematically and consistently.		✓	✓	✓	
Theme: More people will recover from alcohol misuse							
To increase the number of people who are drinking at higher risk levels accessing and successfully completing alcohol treatment.	As described in Theme 1, ensure that all relevant client facing staff are delivering alcohol IBA in a systematic and consistent manner.	Alcohol IBA being delivered systematically and consistently		✓	✓	✓	NCC, Public Health All Board members
	Ensure that high volume service users with alcohol misuse issues are identified and supported into appropriate treatment.	Sustainable funding is identified to support a post in the ED setting.	✓	✓			
	Ensure access to high quality drug and alcohol services.	Aligned drug and alcohol service is fully mobilised with partners aware of referral routes into the service.	✓				CDP, NCC, Public Health
Theme: Less people will be a victim of crime or antisocial behaviour linked to alcohol misuse.							
Reduce levels of alcohol related violence and crime both in the city centre and neighbourhoods.	Ensure use of local insight and expertise to inform preventative approaches and delivery of a number of key activities	Activities continue to be supported and to be accessible for citizens.	✓	✓	✓	✓	CDP, NCC, Public Health Nottinghamshire Police Community Protection Police and Crime Commissioner Nottinghamshire Healthcare NHS

Action	Milestone	Success measure	Year				Lead Officer
			16/17	17/18	18/19	19/20	
							Foundation Trust
	Agree strategic approach to the role of alcohol licensing in minimising harms from alcohol.	Strategic approach agreed with key partners.	✓				CDP, NCC, Public Health Community Protection Nottinghamshire Police
	Ensure that agreed approach is taken forward and role of licensing in minimising harm is maximised.	Approach taken forward and embedded.		✓	✓	✓	Police and Crime Commissioner
Theme: Protect children from the harmful effects of smoking							
Further develop specialist support for all pregnant smokers and their families	Smoking in pregnancy pathway that extends into early years established and routinely implemented.	Reduction in numbers of pregnant smokers	✓	✓	✓	✓	NCC, Environmental Health, Public Health, NUH, maternity, CityCare, New Leaf
		Reduction in numbers of women smoking at six weeks post delivery					
Deliver a rolling programme of extending outdoor public spaces where citizens support them	Implementation plan for extending smokefree outdoor public spaces and events agreed	Increase in citizen support for extending smokefree outdoor spaces	✓	✓	✓		NCC, Environmental Health, Sports Culture and Parks
	Ensure on-going citizen consultation to demonstrate citizen support for extending smokefree outdoor public spaces	Children and family events routinely promoted as smokefree	✓	✓	✓		Communication s
Theme: Motivate and assist every smoker to quit							
Ensure health and social care and frontline colleagues employed by Health and Wellbeing Board member	Very brief advice training for relevant frontline and health and social care staff	Health and social care and frontline colleagues, including those employed by Health and Wellbeing Board member organisations, routinely trained in very brief advice.	✓	✓	✓	✓	Board members

Action	Milestone	Success measure	Year				Lead Officer
			16/17	17/18	18/19	19/20	
organisations are routinely referring patients and service users to the stop smoking service.	Very brief advice training incorporated as part of induction for frontline and health and social care staff	Increase in referrals to stop smoking services	✓	✓	✓	✓	
All Health and Wellbeing Board member organisations implement up to date and robust smokefree workplace policies	Policy promoted at all stages of recruitment and as part of colleague induction	Reduction in sickness absence and increased workplace productivity		✓	✓	✓	Board members
	Staff, service users, patients, visitors and contractors routinely made aware of smokefree Policy	High levels of compliance with smokefree workplace policies Increased awareness of smokefree workplace policies		✓	✓	✓	
Theme: Leadership, innovation and development in tobacco control							
Health and Wellbeing Board members to support a comprehensive partnership approach to the wider tobacco control agenda	All Health and Wellbeing Board members sign the Community Declaration on Tobacco Control	Partners demonstrate a shared understanding on effective measures to reduce tobacco related harm	✓	✓	✓	✓	Board members
Health and Wellbeing Board members support and embed Nottingham's tobacco control vision and strategic priorities within organisational strategies and plans	Actions mapped and linked to tobacco control strategy	Health and Wellbeing Board member organisations review and update tobacco control action plans which are shared with partners and communities	✓	✓	✓	✓	Board members
	Actions targeted at high risk smoking populations including routine and manual workers		✓	✓	✓	✓	
	Monitor progress of plans and commitments and share results		✓	✓	✓	✓	
Theme: Diet & Nutrition Strategic Planning							
Develop a broad partnership for diet and nutrition across the Health and Wellbeing Board as part of a Physical Activity, Obesity and Diet (POD) Strategy	Diet and Nutrition working group formed	Diet and Nutrition Partnership Strategic Plan in place	✓				NCC, Public Health
	POD Strategic group formed	POD Strategy published	✓				NCC, Public Health

Action	Milestone	Success measure	Year				Lead Officer
			16/17	17/18	18/19	19/20	
Theme: Diet & nutrition in children							
Develop local programmes to support mothers to breastfeed for as long as possible in line with the City and County Breastfeeding Framework	Partners engaged	Partners have explored development of breastfeeding policies for breastfeeding employees returning to work	✓	✓			Board members
	Action Plan developed		✓	✓			
Influence our early years settings such as schools, childcare and children's centres to use the 'School Food Standards', the 'Eat Better Do Better' tool, Healthy Children's Centre Standards or equivalent	Improvement in the number of children's centres using Healthy Children's Centre Standards	Children's centres are using Healthy Children's Centre Standards	✓	✓	✓	✓	NCC, Early Years
Support our children to get the best nutritional start in life	Review guidelines to inform commissioning and promotion of Healthy Start	All key Early Years professionals are aware of guidelines Uptake of Healthy Start and Healthy Start Vitamins has improved	✓	✓			NCC, Strategic Commissioning
	Findings of review implemented				✓	✓	
Create a positive breastfeeding culture	Training package developed and delivered	Training package for Early Years staff has been developed and delivered	✓	✓	✓	✓	CityCare
	Referrals to Breastfeeding Peer Support from staff who have received training have increased		✓	✓	✓	✓	CityCare
Theme: Diet & nutrition in adults							
Explore policy and other options for interventions to reduce the impact of fast food outlets on health	Options explored	Options to increase healthy options in fast food outlets have been explored ?and considered by...		✓			NCC
Reduce access to unhealthy food and increase access to healthy food in workplaces and public buildings	Lead identified across Health and Wellbeing Board members	Access to unhealthy food has been reduced	✓				NCC, Public Health
	Plans identified across Health and Wellbeing Board members	Plans agreed and implemented		✓			All Board members
Theme: Diet & nutrition in vulnerable groups							
Ensure all food provided and procured for citizens in our care helps create an	Healthy eating (or eating for health) element written into contract variation for care	Healthy eating (or eating for health) in care establishments has improved		✓			NCC, Strategy & Commissioning

Action	Milestone	Success measure	Year				Lead Officer
			16/17	17/18	18/19	19/20	
environment which makes eating for health an easy option	establishments						
Ensure our workforce is equipped to deliver brief interventions around diet and nutrition for specific vulnerable groups	Specific workforce identified Plans and resources identified Training implemented	Workforce is delivering brief interventions confidently	✓	✓	✓	✓	All Board members
Improve knowledge of diet and nutrition in minority ethnic groups	Complete and distribute findings of the BME Health Needs Assessment (HNA)	Options and need for intervention based on BME HNA findings has been explored	✓				NCC, Public Health, Strategic Insight
	Options for interventions have been considered			✓			
Theme: Physical Activity Strategic Planning							
Develop a broad partnership for physical activity across the Health and Wellbeing Board as part of a Physical Activity, Obesity and Diet (POD) Strategy	Physical Activity working group formed	Physical Activity Partnership Strategic Plan in place	✓	✓			NCC, Public Health
	POD Strategic group formed	POD Strategy published	✓	✓			NCC, Public Health
Theme: Physical activity in children							
Develop physical activity in commissioned children's services	Services which can include promoting physical activity are identified	Service specifications include promoting physical activity Physical activity is incorporated into the service model		✓	✓	✓	NCC, Strategic Commissioning
Develop physical activity in children's centres and schools	Physical activity is a part of the Healthy Children's Centre Standard	Children's centres signed up to Healthy Children's Centre Standard	✓	✓	✓	✓	NCC, Early Years
	Sherriff's Challenge and Daily Mile are launched within schools	Schools are delivering these initiatives	✓	✓			NCC, School Sports.
Theme: Physical activity in adults							
Develop physical activity in the workplace and public spaces	VCS organisations are aware of how they can improve the physical activity of their employees and others who use their premises	VCS organisations are aware of and implementing activities	✓	✓	✓	✓	NCSV (CYPPN and VAPN)

Action	Milestone	Success measure	Year				Lead Officer
			16/17	17/18	18/19	19/20	
	Public Sector organisations are aware of how they can improve the health of their employees and others who use their premises	Public Sector organisations are aware of and implementing activities	✓	✓	✓	✓	Board members
Develop pathways into broader physical activity from commissioned weight management pathways	Service specification written	Function described in service specification	✓				NCC, Public Health, Strategic Insight
	Service commissioned	Function operating in commissioned service		✓	✓	✓	
Theme: Physical activity in vulnerable groups							
Ensure the workforce is equipped to deliver brief interventions around physical activity for specific vulnerable groups	Specific workforce identified	Workforce delivering brief interventions confidently	✓				NCC, Public Health, Strategic Insight
	Plans and resources identified			✓			
	Training implemented				✓	✓	
Develop physical activity in care settings	Physical activity included in contracts with care providers	Improved level of physical activity in care settings		✓	✓	✓	NCC, Strategy & Commissioning
Develop the use physical activity as part of a care pathways to improve care and treatment of long term conditions and prevent falls	Pathways identified	Increase in pathways with physical activity specified		✓	✓	✓	CityCare
	Physical modality identified	Increase in clients with physical activity included as part of their care		✓	✓	✓	CCG NCC, Public Health, Strategic Insight
	Physical activity included in pathways			✓	✓	✓	
Work with the Community Voluntary Sector to ensure physical activity is promoted in community settings through community groups and organisations	CYPPN and VAPN members and their clients engaged in physical activity	Increased awareness raising of benefits of physical activity and events happening in 3 rd sector.	✓	✓	✓	✓	NCVS, CYPPN & VAPN
	Mechanism for engagement and delivery identified and developed		✓	✓	✓	✓	
Theme: Healthy Weight Strategic Planning							
Develop a broad partnership for physical activity, diet and obesity across the Health and Wellbeing Board as part of a Physical Activity, Obesity and Diet (POD) Strategy	Physical Activity, Diet and Obesity/pathways working group formed	Physical Activity Partnership Strategic Plan in place	✓	✓			NCC, Public Health
	POD Strategic group formed	POD Strategy published	✓	✓			NCC, Public Health

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

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Mental Health and Wellbeing 2016/17 Action Plan

Priority Outcome: Children and adults in Nottingham will have positive **Mental Wellbeing** and those with long-term mental health problems will have good physical health

Priority Actions

1. Children and adults with, or at risk of, poor mental health will be able to access appropriate level of support as and when they need it
2. People with long-term mental health problems will have healthier lives
3. People with, or at risk of, poor mental health will be able to access and remain in employment
4. People who are, or at risk of, loneliness and isolation will be identified and supported

Headline measures / metrics	Metric/ KPI	Baseline	Target			
			16/17	17/18	18/19	19/20
Page 65	Priority 1 Timely access to responsive mental health services in line with the Mental Health Taskforce recommendations : <ul style="list-style-type: none"> • increase timely uptake and effectiveness of psychological therapy services -Referrals (Quarterly rate per 100,000 population aged 18+) -Recovery(% of people (in month) who have completed IAPT treatment who are "moving to recovery") <ul style="list-style-type: none"> • care within 2 weeks from referral for those with first episode of psychosis for 50% of people (National standard) (Experimental statistics at present but baseline to be reported within year) 	778	826	874	922	970
		48	53.5	59	64.5	70
	Priority 2 <ul style="list-style-type: none"> • Reduce the rate of early deaths in people with serious mental illness to be in line with the average of the top 4 core cities. Measure PHOF/ NHSOF indicator which describes the rate of deaths of people in contact with secondary mental health services compared to the general population as an SMR • Rate of smoking in people known to adult mental health services in Nottinghamshire Healthcare Trust 	457.5 (2013-14 baseline)	446.4	435.3	424.2	413.2
		To be established by NHFT	Year on year reduction			

	<p>Priority 3</p> <ul style="list-style-type: none"> Health and employment support service. People supported: <ul style="list-style-type: none"> -In work/off work with health problems -Unemployed with health problems -With long term conditions (% of total) Individual Placement Support (IPS) – percentage of people entering employment 	NA NA NA 24%	43 48 60% 26%	85 95 60% 28%	85 95 60% 30%	42 47 60%
<p>Priority Groups <i>(who is disproportionately affected or who do we need to target to reduce inequalities?)</i></p>	<p>Priority 4 Citizens' Survey question on loneliness</p> <ul style="list-style-type: none"> Reduce the gap between percentage of people with a disability or long term condition and the general population reporting feeling lonely <p>Priority 1 Homeless people, survivors of violence or abuse, armed forces veterans. Black, Asian, minority ethnic and refugee(BMER) communities, people in care homes, LGBT groups, those with disabilities or physical health problems, looked after children and young people, unemployed or at risk of losing their job, students, and those in touch with criminal justice system</p> <p>Priority 2 People with long term mental health problems known to GPs and secondary mental health services</p> <p>Priority 3 People who are unemployed or at risk of becoming unemployed due to poor management of their mental and physical health problems. People aged 50+, people with long term health conditions and people experiencing mental health problems</p> <p>Priority 4 People aged 50+, People with Long term conditions, People with mental health problems</p>	12.6%	1% point reduction in gap year on year			

Action	Milestone	Success measure	Year				Action Owner
			16/17	17/18	18/19	19/20	
Priority 1 Theme: People in Nottingham will know how to get support for mental health problems							
Provide a mental health and wellbeing service/hub that helps people access the right	Established new Wellness in Mind service (mental health and	Evaluation of new Wellness in Mind which will act as a hub for mental health and	✓	✓	✓		CCG as Commissioner /Framework as the service provider

Action	Milestone	Success measure	Year				Action Owner
			16/17	17/18	18/19	19/20	
level of support and includes more visible promotion for mental health support that reduces stigma	wellbeing hub) which includes information and advice, navigation, outreach and a telephone advice service Provision of promotional materials	wellbeing in the City. EG Number of people accessing the Wellness in Mind (website/attending drop ins/using telephone helpline)					
		Equity of access to Wellness in Mind service.		✓	✓		CCG as Commissioner/ Framework as the service provider
For those who support people who may be at risk of mental health problems, increase awareness about mental health and the range of support available	Delivery of Wellness in Mind training programme. Delivery of Every Colleague Matters partnership programme of events.	Evaluation of training programme by Nottingham Trent University and reporting of reach of training programmes	✓				NCC Public Health/NCC/CCG/ Harmless/
	Specific services in place to reach communities with specific needs (eg STEPS, Rape Crisis)	Reported outcomes of specific commissioned services to target BMER groups	✓	✓			NCC Public Health/NCC/CCG/ NHFT/STEPS/ Rape Crisis
Priority 1 Theme: Support children's and young people's emotional and mental health and wellbeing (in line with the Nottingham City Transformation Plan)(2015-2020)							
Enable schools and health service providers and VCS to better support children and young people with emotional health needs	Training, consultation , advice and guidance to workforce who support young people	Improved skills and confidence of wider workforce. Number of different types of professionals accessing training. Feedback from training sessions		✓	✓		CCG/NCC/CYPPN
Improve the access to child and adolescent mental health services (CAMHS) so that children in need of support get prompt access to the right	Redesign of current tiered system in CAMHS Work to support different organisations providing mental health services to	Monitoring of timely, responsive pathway to demonstrate improvements. Average waiting time for referral to assessment and	✓	✓			CCG/NHFT/NHS England/NCVS

Action	Milestone	Success measure	Year				Action Owner
			16/17	17/18	18/19	19/20	
service	children and young people to work together effectively	referral to treatment (Tier 2 and Tier 3, quarterly					
Respond quickly to young people who have a mental health crisis	Set up a crisis team specifically for children and young people	Monitoring of more timely, responsive service closer to home Urgent assessments undertaken within four hours		✓			CCG/NHFT
Priority 1 Theme: Improve support to women who experience mental health problems during and after pregnancy							
Earlier identification of mental health problems through universal health services and access to early help	Development of perinatal mental health pathway Development of clear pathways into primary care psychological therapies	Increased identification /monitoring of mental wellbeing in universal services. Recording of pregnant and postpartum women who access secondary mental health services (not confined to perinatal) Increased uptake of psychological therapy by women during or after pregnancy Overall improvement in self-reported MH and wellbeing during and after pregnancy		✓			CCG/NCC Public Health/NUH/ CityCare/NHFT
Support and treatment is available to women who develop more serious mental health problems	Clearly defined perinatal mental health pathway	Improved access to, and waiting times for specialist service	✓	✓			CCG/NHFT
Priority 1 Theme: Access to mental health services within a primary care setting							
Increase the skills and confidence of people who experience common mental health problems within a recovery focussed approach	Establish a Primary Health, Wellbeing and Recovery College Sustain the 'Books on Prescription' scheme and improve monitoring.	Positive uptake and evaluation of courses Increased uptake of 'Books on Prescription' collections for common mental health problems	✓	✓ ✓			CCG/NHFT NCC – Library Service and NCC Public Health

Action	Milestone	Success measure	Year				Action Owner
			16/17	17/18	18/19	19/20	
Support improved response in primary care to people who are experiencing mental health problems.	Establish skilled primary care mental health service to advise on and support good practice in management of mental health problems in primary care.	Less people referred to secondary mental health services inappropriately		✓			CCG/NHFT
	Include mental health in Nottingham City integration programme, to ensure services are as joined up as possible, giving equal value to mental and physical health.	Evidence of pathways that are increasingly joined up across mental and physical health.	✓	✓	✓	✓	CCG/NCC/NHFT/ Citycare
Increase the reach and effectiveness of primary care psychological therapy services	Well publicised psychological therapy providers linked to other community and primary care services.	Decrease in waiting times for psychological therapies. (Target Treatment within 6 weeks for 75% of people referred to the Improving Access to Psychological Therapies programme, with 95% of people being treated within 18 weeks. Increased proportion of those estimated to have common mental health problems to be receiving treatment. Increased rates of recovery.	✓	✓	✓	✓	CCG/psychological therapy providers
Priority 1 Theme: Access to care for those with more serious or urgent mental health problems							
Ensure early access to care for a first episode of psychosis	External review undertaken into EIP services Implement outcomes of the review	Achieve access target of 50% of people receiving NICE compliant treatment within 2 weeks of referral		✓			CCG/NHFT

Action	Milestone	Success measure	Year				Action Owner
			16/17	17/18	18/19	19/20	
Ensure effective service response to mental health crisis	<p>Progress against implementation of the action plan for the Nottingham and Nottinghamshire Crisis Care Concordat.</p> <p>Progress towards an all age, CORE 24hr acute liaison service at NUH</p>	<p>24/7 access to crisis support and assessment.</p> <p>Reduction of detention under section 136 of the mental health act and end of detention in police cells</p> <p>Reduction in out of area placements for acute mental health inpatient care.</p>	✓	✓			CCG and all concordat signatories
Make suicide prevention a priority across the City.	<p>Implement the action plan for the Nottingham Suicide Prevention Strategy that aims to reduce the rate of suicide in Nottingham City. The plan includes: Provide community based suicide prevention training. Share learning from audit of suicide and self-harm deaths. Partner actions from the detailed action plan to target those at risk.</p>	<p>Increased skills and confidence in the community to support people at risk of suicide.</p> <p>Improved response to those bereaved by suicide</p>	✓	✓			NCC Public Health and Suicide Prevention Strategy Group partners
Priority 1 Theme: Access to wider social and community support for people with mental health problems and their carers to support social and financial inclusion.							
Support access to social and community support	Inclusion of organisations able to give support for those with mental health problems and their carers in the development of support directories in Nottingham.	More people have their [wider] needs met in the community (& corresponding improvement in MH)	✓				<p>NCC/NCVS</p> <p>CCG/Framework</p>

Action	Milestone	Success measure	Year				Action Owner
			16/17	17/18	18/19	19/20	
Page 71	Wellness in Mind Service established with a remit to include the consideration of the wider social circumstances and needs of people with mental health problems, and to support access to further support (including though self-care and social prescribing) where needed		✓	✓			NCC
	Meet Care Act responsibilities re assessment of those with mental health problems and their carers in line with the commitment to 'Parity of Esteem'			✓			
Support to identify appropriate housing and support to maintain housing for those with mental health problems	Agreed protocol for DTOCs which outline a clear escalation route and timescale Review of the role of CCG funded social workers inputting into the NHFT inpatient wards Review of supported mental health accommodation provision and broader arrangements to ensure the appropriate level of care for those with	Adult Social Care Outcomes Framework measure of people with serious mental health problems who are in settled accommodation. Fewer people with MH difficulties experience homelessness	✓				NCC/CCG/NHFT/ Homelessness strategy implementation group

Action	Milestone	Success measure	Year				Action Owner
			16/17	17/18	18/19	19/20	
	serious mental health problems as part of a system side view.						
Ensure appropriate and timely access to financial and welfare advice	Effective links are made between services in Nottingham that offer advice and support to address debt and financial difficulty and services that provide mental health support (in particular through the <i>Wellness in Mind</i> service).	More people with MH difficulties who experience financial difficulty access appropriate support	✓	✓	✓		NCC/CCG/ Framework/Advice Nottingham/ NHFT/ Psychological therapy providers/STEPS
Access to support to improve chances of being in employment	For employment see specific action plan under strategy	For employment see specific action plan under strategy					
Priority 1 Theme: Ensure services are equitable and based on need							
Provide a focus on identifying issues of equity of access to treatment and care for specific groups who may be at increased risk or have specific needs in terms of mental health care by equalities profiling those accessing services in relation to population need. (see list above)	<p>Ensure systems are in place for mental health service providers to gather feedback on their services from diverse groups.</p> <p>Understand the profile of the people in the City in need of (or likely to benefit from) their service(s), and of their corresponding needs and preferences (with particular reference to the groups listed above and the protected equalities characteristics).</p>	<p>Uptake of services will closer reflect needs of the diverse communities of Nottingham</p> <p>Evidence of service user insight to drive improvements in access and delivery</p> <p>Monitored use of their services by these groups in respect of access, efficacy and satisfaction.</p> <p>Demonstrate improvements to the provision of their service(s) in regard to the overall aim equitable and based on need.</p>		✓			CCG/NCC/NHFT/ NCVS
				✓	✓		

Action	Milestone	Success measure	Year				Action Owner
			16/17	17/18	18/19	19/20	
Ensure learning from Opportunity Nottingham is used to improve services for those with complex needs leading to earlier identification of mental health problems by health and social care services and improved knowledge of appropriate services to signpost people to	Multi-organisation sign up to the Practice Development Unit (PDU) Explore requirement of PIE in all Health & Social Care contracts	Setting up of PDU Cross sector development of Psychologically Informed Environments to improve understanding and identification of mental health issues Improved skills and confidence of wider (non-MH) workforce in providing MH brief interventions	✓	✓	✓		Opportunity Nottingham
Priority 2 Theme: Poor physical health outcomes are prevented							
Reduction in smoking in people with mental health problems	-Implementation of smoke free NHFT -Training of NHFT staff at range of levels -Increased uptake of New Leaf by people with mental health problems	Reduction in smoking prevalence in NHFT patients	✓	✓	✓	✓	NHFT/Public Health
Improved uptake of preventative screening and vaccination	Awareness raising in NHFT and through Enhanced Physform project	Increased reporting of screening uptake through Physform and NHS England data	✓	✓			primary care/NHFT
Inclusion of people with mental health problems in health improvement strategies and services (eg physical activity, healthy eating and alcohol reduction)	-Inclusion of NHFT service users in all health promotion activity -Inclusion of people with mental health problems as a priority equality group in commissioned services	Increased awareness of health improvement opportunities in people with serious mental illness, increased referrals to Healthy lifestyle services for this group		✓	✓	✓	Public Health and health improvement providers
Physical health promotion is included in mental health care	Activity specifically related to preventing or	Engagement of CAMHS in physical health partnerships		✓			NHFT

Action	Milestone	Success measure	Year				Action Owner
			16/17	17/18	18/19	19/20	
of children and young people	reducing smoking, substance misuse, increasing physical activity and healthy eating.	and activity in NHFT					
Priority 2 Theme: Identify physical health problems early							
Effective monitoring for side effects in people on antipsychotic medication	Shared care arrangements clear re responsibility for monitoring improved joint working between primary and specialist care in monitoring physical health parameters in young people on psychotropic medication	Guidance on responsibilities re monitoring are agreed and shared locally		✓			NHFT/primary care
Health checks delivered by either secondary or primary care that lead to an agreed action plan.	Increased health checks undertaken as part of Physform project between NHFT and primary care.	Evidence of development of health plans shared with patients and across primary/secondary care. Level of achievement of national CQUIN target	✓	✓			NHFT/CCG
Good communication between primary and secondary care about physical health needs	Electronic methods of communication agreed		✓				NHFT/CCG
Priority 2 Theme: Increased understanding of health inequalities experienced by people with mental health problems							
Better understanding local needs	Publication of this information in JSNA chapter	Detailed understanding of specific needs		✓			NCC Public Health with HWBB partners
Raised awareness across the health and social care system of health inequalities in people with serious mental	Inclusion of relevant issues in training and awareness sessions for staff across professional	Increased awareness of wide range of citizens/ VCS/partners/professionals	✓	✓	✓		NCC Public Health/CCG /NHFT/NCVS

Action	Milestone	Success measure	Year				Action Owner
			16/17	17/18	18/19	19/20	
health problems	boundaries (across mental and physical health) including peer-led or co-produced approaches.						
Priority 2 Theme: Interdependence of mental and physical health reflected across the health and care system							
Physical health services are in place to meet the needs of people with mental health problems	<p>-Commissioned pathways reference this group under equality section.</p> <p>-All JSNA chapters reflect on the needs of this group and make appropriate recommendations</p> <p>-Assessment of variation in access to physical health support services for mental health inpatients compared to acute inpatients.</p>	Balance of emergency/planned care for this group compared to the general population		✓	✓		CCG/Nottingham City Council
Priority 3 Theme: People in Nottingham are able to access a holistic health and employment support							
Develop an early intervention pathway to support people with long term health problems to remain in employment or to gain employment	New service jointly commissioned for 2016-2019	Improved partnership working results in more jointly commissioned services (NCC, CCG and DWP)	✓				Nottingham City Council (NCC) / Nottingham CCG / DWP
	Service launch	Citizens and stakeholders are aware of the service	✓				
	Annual service review	85 employed individuals supported to remain in work	✓	✓	✓	✓	
		95 unemployed individuals supported to manage their health problems	✓	✓	✓	✓	
		60% clients have one or more	✓	✓	✓	✓	

Action	Milestone	Success measure	Year				Action Owner
			16/17	17/18	18/19	19/20	
		long term conditions					
Develop a strategic approach to improving the mental health of people in employment	Health and Employment Strategic Group formed	Cross-sector actions agreed and implemented		✓			Nottingham City Council
	HWBB organisations develop health and wellbeing at work strategies	Health and Wellbeing Board (HWBB) organisations become exemplar employers for health and wellbeing (including specific mental health commitments eg 'Mindful Employer')	✓	✓			All HWBB partners
	VCS organisations access awareness raising training on improving mental health of the workforce	VCS organisations develop policies and environments which support the mental health of their employees and volunteers		✓			NCSV – via VAPN and CYPPN
Page 76	Annual reporting of number of placements / vacancies offered	HWBB organisations offer work experience opportunities for people who have mental health problems and are unemployed	✓	✓	✓	✓	All HWBB partners
	Priority 3 Theme: People in contact with mental health services are assisted to work						
Individual Placement Support (IPS) model is used to assist people into employment	Annual review	Percentage of people referred to IPS service who obtain paid employment increases year on year	✓	✓	✓		Nottinghamshire Healthcare NHS Trust
Increase access to IAPT services by the unemployed	6-monthly progress reporting	Nottingham (and Nottinghamshire) CCG(s) involved in the national pilot	✓	✓			CCG / DWP
Priority 4 Theme: Identify those most at risk of loneliness and isolation							
Develop a clearer understanding of levels and key causes of loneliness and social isolation	Findings shared across all partners and baselines established	Analysis of data and information related to loneliness in the city identifies the main factors and those most at risk.		✓			Nottingham City Council
Develop cross-sector	Loneliness Steering	Action plan for reducing and	✓				Nottingham City Council

Action	Milestone	Success measure	Year				Action Owner
			16/17	17/18	18/19	19/20	
partnership working to tackle loneliness of all ages	Group to tackle loneliness formed	preventing loneliness agreed and implemented by partners					All HWBB Partners
	Learning opportunities (and take up) for cross-sector workforce	Raised worker awareness of loneliness and isolation	✓	✓	✓	✓	
Priority 4 Theme: Create supportive conditions and environments conducive to social inclusion							
Continue to develop 'Age Friendly Nottingham' (AFN)	Annual review of progress against the AFN action plan indicates improvement across all domains of age-friendliness	Older citizens are enabled to live as independently as possible through age friendly partnership action.	✓	✓	✓	✓	Nottingham City Council
Develop stronger communities which encourage people to look after each other	Looking After Each Other (LAEO) approaches developed including a strategic approach to encourage volunteering	Reducing loneliness is embedded across services Rolling programme of support and initiatives in place which reduce levels of loneliness in the city	✓	✓	✓	✓	Nottingham City Council / CCG / NCVS
Develop Nottingham as a Dementia Friendly City	Development of a Dementia Framework that includes action around loneliness	Nottingham achieves Dementia Friendly City status Health and Wellbeing Board partners become dementia friendly		✓			All Health and Wellbeing Board Partners
Develop access to information on a wide range of opportunities and support	Launch of integrated health and social care on-line directory	Citizens, their families and carers, and the cross-sector workforce are able to access information on reducing loneliness	✓				Nottingham City Council / CCG
Priority 4 Theme: Promote wellbeing and social inclusion of citizens							
Promote initiatives and opportunities	Three month campaign to raise awareness about loneliness and opportunities to reduce loneliness is launched	Ongoing communications plan developed to addressing loneliness	✓				Nottingham City Council / CCG / NCVS
Target individuals from most at risk groups	Mapping of current offer to reach at risk groups	Suite of targeted and aligned initiatives and support in place to support those most at risk eg Click Nottingham, befriending groups etc.		✓			Nottingham City Council / NCVS

Action	Milestone	Success measure	Year				Action Owner
			16/17	17/18	18/19	19/20	
		Increased involvement of the VAPN members services where they are providing services for lonely and isolated people in the community					

Healthy Culture 2016/17 Action Plan

Priority Action: Individuals and groups will have the confidence to make healthy life choices and access services at the right time to benefit their health and wellbeing

Headline measures / metrics	Metric/ KPI (inc. Source and definition)	Baseline	Target			
			16/17	17/18	18/19	19/20
	4% increase in effectiveness of reablement	66.7%	tbc	These targets are developed each year, based on performance, as part of the BCF planning process. To set targets outside of this process is inappropriate.		
	0.5% reduction in delayed transfers of care	13,466 (No delayed days)	tbc			
	A decrease in the percentage of citizens who report, through the Citizen Survey, that they struggle to keep up with bills and credit commitments	28%	26%	24%	22%	20%
	An increase in the percentage of citizens who report, through the Citizen Survey, that they know where to go for advice, help and support if they are experiencing financial hardship	New question in survey will establish baseline	tbc	tbc	tbc	tbc
	PHOF – Children in low income families (all dependent children under 20)	31.6%	29.4	27.2	25.0	22.8
Page 79 Priority Groups	<p>Older people, people with physical and/or learning disabilities, people with long-term conditions, mental health problems and/or dementia and those living in deprived households.</p> <p>The Citizen Survey report 2015 identifies areas of the City that have the highest percentages of citizens ‘struggling to keep up’ financially. Locality based interventions will be focussed in the areas of the highest need.</p> <p>Area 1 33.2% Area 2 27.9% Area 3 33.9% Area 4 26.6% Area 5 26.0% Area 6 29.0% Area 7 12.5% Area 8 22.3%</p> <p>Cohorts especially negatively affected by financial vulnerability include:</p> <ul style="list-style-type: none"> • Citizens with mental health issues • Families • Citizens with physical disabilities, sensory disability, learning disabilities and/or chronic illness • Refugees and asylum seekers • Elderly citizens • Citizens with drug and alcohol misuse issues • Young people • Care leavers • Citizens with experience of intimate partner abuse • Job seekers and/or citizens in work and on low pay/in insecure employment • Users of health and social care services • Ex-offenders 					

Action	Milestone	Success measure	Year				Lead Officer
			16/17	17/18	18/19	19/20	
Theme: Theme: Services will work better together through the continued integration of health and social care that is designed around the citizen, personalised and coordinated in collaboration with individuals, carers and families.							
Development of a shared outcomes framework to ensure that we are all working to improve citizen outcomes	Partners, including those in the VCS, identified and working group established Outcomes framework agreed Framework adopted by identified partners	Frame work in place Contract management focused on monitoring outcomes with less focus on activity	✓				Clinical Commissioning Group
			✓				
			✓	✓	✓	✓	
Work with HEE to create a sustainable workforce to support integration and community care	Workforce plan in place and linked to Integrated Care Strategy Personalisation lead in post, to lead on improved outcomes for citizens. Core Competency training programme in place to upskill Practitioners at all levels within adult social care. New business processes implemented along with new social care computer system. Accessible Information Standards implemented to ensure practitioners can seek support to convert information for citizens.	Reduced vacancies in community services Reduced agency spend 'Holistic worker' model established with Practitioners working across health and social care. Attractive career pathways for staff at all levels with opportunities for progression.	✓	✓	✓	✓	NCC (Adults' Social Care)
Implementation and development of a Making Every Contact Count (MECC)	Agree strategy and identify named link workers in sectors outside of health and social care such as fire	Strategy in place and increased involvement from relevant agencies in Multi-disciplinary Team process	✓				Clinical Commissioning Group

Action	Milestone	Success measure	Year				Lead Officer
			16/17	17/18	18/19	19/20	
programme across partner organisations to enable identification, brief advice and referral (inc. Healthy lifestyles and self-care)	and rescue, police, third sector organisations including VAPN and CYPN and develop processes to incorporate self-care actions into care planning						
	Resources identified and in place	Delivery plan signed-off		✓			
	Training delivered to relevant staff and programme begins	Increase in number of contacts to lifestyles services from agencies identified			✓	✓	
Multi-disciplinary teams will include mental health support	Development of training programme for identified staff	Citizens experience well-coordinated care from a team who are aware of each other's interventions.	✓				Clinical Commissioning Group
	Implementation of support	Citizens only tell their story once.		✓	✓	✓	
		Care plan will include actions for physical and mental health where appropriate	✓	✓	✓	✓	
Continue to implement fully integrated reablement and urgent care services to support citizens to be as independent as possible.	A reablement service offering the right level of care support and appropriate clinical interventions is accessible to citizens when they need it.	70% of citizens will increase their ADL outcome measure score on exit from the service	✓				Clinical Commissioning Group
	Teams will be relocated with joint operational processes in place.	All 'supported' transfers of care from NUH will access reablement (unless there is a recorded reason for exclusion)	✓	✓	✓	✓	
	Access to the service will be through the community triage hub only to ensure appropriate utilisation of the service.	Alliance agreement in place to support service delivery through the Joint venture	✓				
Children's Health and Social Care Integration for 0-19 year olds	Development of an Integrated service specification	The functions of the Health Visiting Service, Family Nurse Partnership, School Nursing Services, Breastfeeding Peer	✓				Nottingham City Council

Action	Milestone	Success measure	Year				Lead Officer
			16/17	17/18	18/19	19/20	
	<p>Pathway of services and interventions agreed with partners</p> <p>Procurement of integrated service by April 2018</p> <p>Delivery of integrated service</p>	Supporters, the Children's Nutrition Team and the Early Help Service have been incorporated into integrated teams.		✓	✓	✓	
Integration of messages between health and care	Production of joined-up communications with Nottingham City CCG and the VCS via VAPN and CYPN on the integrated care agenda	Successful delivery of shared messages through local channels	✓	✓	✓	✓	Nottingham City Council
Theme: Individuals and groups will have confidence to make healthy life choices and access services at the right time to benefit their health and wellbeing.							
Rollout of the Self-Care Approach across the city based on the model and learning from the Bulwell & Bulwell Forest Self-Care Pilot	<p>Complete Evaluation of pilot to inform roll-out</p> <p>Establish strategy for city-wide roll-out defining which of the following elements will be used and where:</p> <ul style="list-style-type: none"> • Social Prescribing • Community Navigators • Web-based Self-Care Directory • Self-Care hubs to access directory • Community Clinics <p>Agreement and sign-up of partners to rollout plan</p> <p>Implementation</p>	<p>Evaluation report and recommendations published</p> <p>Strategy agreed</p> <p>Delivery plan in place</p> <p>Increase use of social prescribing in targeted areas, increase in use of self-care hubs and directory</p>	✓	✓	✓	✓	Nottingham City Council and Clinical Commissioning Group

Action	Milestone	Success measure	Year				Lead Officer
			16/17	17/18	18/19	19/20	
Deliver an annual Be Self-Care Aware campaign across Nottingham City to promote the national Self-Care week.	Awareness raising and information materials agreed and produced in accessible formats.	Increased citizen awareness and understanding of Self-Care. Self-Care is contributing to citizens leading a healthier lifestyle.	✓	✓	✓	✓	Clinical Commissioning Group
	Implement Self-assessment tool (online or app) available to enable citizens to identify areas of their lifestyle that could benefit from adopting Self-Care practices.	Self-Care is contributing to citizens managing long term conditions.	✓	✓	✓	✓	
	Calendar of community events established to provide information, advice and support and encourage self-care		✓	✓	✓	✓	
VCS organisations will have an understanding of the self-care agenda and how they can contribute to the integrated care agenda	Development of regular training to ensure that VCS are kept informed	Via the VAPN and CYPPN organisations will receive up to date information on the agenda and regular information to inform contribution to the integration / self-care agenda.	✓				Nottingham Community and Voluntary Sector
	Delivery of Training for VCS on MECC and self-care			✓	✓	✓	
	Links established to community navigators project and community clinics				✓		
VCS organisations will be aware of where they can find out about local services	Promotion of the self-care Nottingham website, NCVS database and the proposed Nottingham City Council city wide directory	VCS organisations are aware of local services and are directing citizens to the appropriate service	✓	✓	✓	✓	Nottingham Community and Voluntary Sector

Action	Milestone	Success measure	Year				Lead Officer
			16/17	17/18	18/19	19/20	
VCS Organisations will refer to local services, such as lifestyles services, on behalf of their clients	VCS organisations will work with local services to implement measures to enable them to track the progress of clients referred to other services. Development of sector wide tracking system to help particularly smaller organisations monitor the number of referrals and track client progress	Tracking shows sustained increase in referrals from VCS to local services. Access to these services enables citizens to make positive changes to their lifestyle. Increase in referrals from VCS to local services such as lifestyles services.	✓	✓	✓	✓	Nottingham Community and Voluntary Sector
Provision of an up-to-date web based directory of activity that is the “citizen hub”.	Web based directory is developed which is accessible including printed versions, audio, translated, easy read etc.	Web based directory in place and accessed regularly. The number of unique hits increase year-on-year	✓	✓	✓	✓	Nottingham City Council
Encourage providers, citizens and workforce to populate, rate and use the online directory.	Use of Google analytics will show usage by citizens from different demographic groups establishing equitable access	700 adult social care providers are signed up to the directory by 19/20	Establish baseline	500	600	700	Nottingham City Council
	The majority of providers will be registered within 2 years	500 health care providers are signed up to the directory by 19/20	Establish baseline	300	400	500	
	Additional providers will come in to the market but there will be some net movement	800 number of other providers of services signed up to directory by 19/20	Establish baseline	600	700	800	

Action	Milestone	Success measure	Year				Lead Officer
			16/17	17/18	18/19	19/20	
Provide accurate and up to date information to enable citizens to self-manage a range of needs and empowering them with healthy choices.	Establishment and promotion of the directory	<p>Percentage of citizens stating that as a result of the information they were empowered to manage their situation better by 19/20</p> <p>Percentage of providers stating that as a result of the directory they were able to sell their services to the right people.</p> <p>Percentage of the workforce stating that as a result of the directory they were able to offer up to date, valuable and worthwhile advice to citizens.</p>	Establish baseline	✓	✓	✓	Nottingham City Council
Establish an integrated citizen triage function to support access to appropriate support	A metric is developed and piloted that identifies and records service 'hand-offs'	<p>Reduced 'hand offs' between services</p> <p>Citizens only tell their story once and receive the right support at the right time</p>	✓	✓	✓	✓	Clinical Commissioning Group
Expand the use of assistive technology to support proactive care.	<p>Increase in referrals for assistive technology services for priority groups:-</p> <ul style="list-style-type: none"> To prevent a hospital admission / support a timely discharge; To prevent / delay residential care admissions; Adults with long term conditions; Adults with dementia; Adults with learning disabilities. 	There is a sustained increase in the number of citizens being supported by assistive technology.	8,615	10,115	11,615	13,115	Nottingham City Council

Action	Milestone	Success measure	Year				Lead Officer
			16/17	17/18	18/19	19/20	
	High levels of user/carer satisfaction evidenced by evaluation	There is an increase in the satisfaction ratings from citizens and their carers who use assistive technology	85%	87%	89%	90%	
Theme: Citizens will have knowledge of opportunities to live healthy lives and of services available within communities							
Promote campaigns on Healthy Lifestyles and Mental Wellbeing	Delivery of campaigns to give citizens knowledge and tools to make the right decisions to have a healthy culture	Successful delivery of campaigns through local channels	✓	✓	✓	✓	Nottingham City Council
Clear and consistent messages	Agree key messages and key lines-to-take with the Health and Wellbeing Board	Clear, signed-off agreed messages on all aspects of health and wellbeing	✓	✓	✓	✓	Nottingham City Council
	Key spokespeople identified to speak on topics related to health and wellbeing	Spokespeople identified	✓	✓	✓	✓	Nottingham City Council
Signposting to relevant help, advice and support	Ensure there is clear information on public website and through leaflets and social media including in easy read formats.	Easy access to information for children, adults and older people	✓	✓	✓	✓	Nottingham City Council
Communities will work together to challenge stigma around mental health, disability and other protected characteristics	Participation in national campaigns and initiatives such as <i>Time to Change</i>	Time to Change campaign takes place on an annual basis	✓	✓	✓	✓	Nottingham City Council
		HWB members support weeks of action such as learning disability week	✓	✓	✓	✓	
Communities will work together to develop a healthy, inclusive culture that is adapting to the needs of different citizens	Nottingham works towards <i>Autism Friendly</i> city status identifying opportunities where actions will also contribute to <i>Dementia Friendly</i> , <i>Age Friendly</i> etc.	Nottingham develops a reputation as a healthy, inclusive community	✓	✓	✓	✓	Nottingham City Council
	Development of local initiatives using a social movement approach	Nottingham achieves 'Autism Friendly' status		✓	✓	✓	

Action	Milestone	Success measure	Year				Lead Officer
			16/17	17/18	18/19	19/20	
	<p>'Safe places' scheme expanded.</p> <p>The number of dementia friends and dementia champions across the city increase.</p>			✓	✓	✓	
			✓	✓	✓	✓	
Theme: We will reduce the harmful effect of debt and financial difficulty on health and wellbeing.							
Develop a Financial Resilience Strategy and Action Plan	Identify key stakeholders including, NCC, CCG and VCS representatives, to be part of the group to drive the creation of the strategy	There will be a coherent and joined up strategy and action plan in place to improve financial resilience in Nottingham City. This will have been signed off by and be governed via the Health and Wellbeing Board.	✓				Nottingham City Council
	Commitment and resources secured to progress the development of the plan		✓				
	Priorities for action identified with SMART actions for implementation		✓				
	Partners signed up to plan. Strategy and plan are dynamic and responsive to priority needs and issues arising from communities and the local financial resilience groups		✓				
Implement a shared approach to accessing and assessing for financial vulnerability for advice services in Nottingham	Develop shared assessment approach with providers	Citizens and professionals report that they know how to access financial resilience services across the City and that there is a consistent approach from services to assessing and dealing with citizens' need	✓				Nottingham City Council
	Roll out shared assessment methodology across advice services in Nottingham		✓				
	All providers using shared assessment process with standardised quality, processes and positive outcomes for citizens across advice services in		✓				

Action	Milestone	Success measure	Year				Lead Officer
			16/17	17/18	18/19	19/20	
	Nottingham						
	Analysis work to scope the feasibility, practicality , potential benefits and timescales of implementing a shared telephone number and access arrangements for advice services in Nottingham			✓			
Introduce new approaches to help prevent or intervene sooner against financial difficulty	Develop and agree proposals to use Transformation Challenge Fund and reinvestment monies to reduce the occurrence and/or severity of financial difficulty. Examples (to be agreed) include: <ul style="list-style-type: none"> • Training for frontline staff (e.g. from health services, social care, support for families and VCS) to aid earlier detection and support • Preventative courses or other advice / information for citizens at risk • Locating advisors within other services including VCS 	Evaluation indicates that people have been helped to avoid the occurrence or escalation of financial difficulty through access to preventative advice and support	✓				Nottingham City Council
	Implement proposals			✓			
Develop locality based services in communities to serve specific local needs	Groups will have been supported to identify funding to: increase uptake of debt and advice services, increase citizen income, increase awareness of affordable credit, increase financial capability education, support citizens to	Increased successful activity in locality areas with higher need evidence through the annual report Fairer access to assistance in line with need across the City		✓			Nottingham City Council

Action	Milestone	Success measure	Year				Lead Officer
			16/17	17/18	18/19	19/20	
	save, mitigate the impact of the switch to Universal Credit and support the cohorts of citizens most at risk of financial vulnerability.						

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Environment 2016/17 Action Plan

Priority Outcome: Nottingham's Environment will be sustainable; supporting and enabling its citizens to have good health and wellbeing including good air quality, parks and open spaces, active travel, housing and the built environment.

Priority Actions:

- Housing will maximise the benefit and minimise the risk to health of Nottingham's citizens
- The built environment will support citizens leading healthy lifestyles and minimise the risk of negative impact upon their wellbeing
- Children and adults will be able to engage in active travel
- Children and adults in Nottingham will have access to and use of green space to optimise their physical and mental wellbeing
- Air pollution levels in Nottingham will be reduced (to agreed standards)

To achieve the outcome and deliver our priority actions, we will:

1. Work with housing providers to support people to live healthy lifestyles, keep well and live supported at home when unwell
2. Improve housing standards and support vulnerable people who may be at risk of becoming homeless
3. Consider the impact of planning decisions upon health and wellbeing
4. Improve the city's infrastructure and encourage more people to walk and cycle or use public transport
5. Improve the quality of our green spaces and encourage their use by the community
6. Raise awareness of the positive impact small changes in behaviour can have on the environment

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Headline measures / metrics	Metric/ KPI	Baseline	Target			
			16/17	17/18	18/19	19/20
	Ensure homes are safe & well managed protecting the health & wellbeing of tenants: PHOF 4.15iii - Excess winter deaths (all ages): The ratio of extra deaths from all causes that occur in the winter months compared with the expected number of deaths, based on the average of the number of non-winter deaths.	21.8 (2011-2014)	19.9	18.15	16.33	14.5
	Develop joint housing actions to prevent admissions, reduce re-admissions, and speed up hospital discharge: PHOF 1.17 The percentage of households estimated to be fuel poor: new measure: the Low Income High Cost (LIHC) indicator. Under the "Low Income, High Cost" measure, households are considered to be fuel poor where: 1 - They have required fuel costs that are above average (the national median level)	14	13.55	13.1	12.65	12.2

	2 - Were they to spend that amount, they would be left with a residual income below the official fuel poverty line. Target based on top core cities					
	Partnership will look to identify an appropriate metric. Potentially contribute to reducing the percentage of children aged 10-11 yrs with excess weight to the top 4 Core Cities average (PHOF 2.06ii)	37.9%	37.5%	37.3%	37.1%	36.9%
	PHOF 2.13i APS: Contribute to increasing the percentage of active adults to the Top 4 Core Cities average (150 mins a week equivalent)	56.5%	57.6%	58.7%	59.8%	60.9%
	PHOF 2.13ii APS: Contribute to decreasing the percentage of inactive adults to the Top 4 Core Cities average (≤30 mins per week equivalent)	29.1%	28.1%	27.6%	27.1%	26.6%
	(PHOF 2.06ii) Contribute to reducing the percentage of children aged 10-11 yrs with excess weight to the top 4 Core Cities average	37.9%	37.5%	37.3%	37.1%	36.9%
	PHOF 1.16 Percentage of people using outdoor space for exercise / health reasons: Numerator: The weighted estimate of the proportion of residents in each area taking a visit to the natural environment for health or exercise purposes.	Tbc following new citizen survey measure in 2016	Year on year increase			
	Air Quality ¹ :HWB (in conjunction with Nottinghamshire HWB) to protect and improve health by 'leading by example' and ensuring partner HWB organisations reduce air pollution by adopting & implementing measures that may be detailed in the (Nottingham/shire) Air Quality Strategy and relevant Air Quality Action Plans) that : 1 Reduce emissions from HWB partner organisations' transport and buildings; contributing to a reduction in nitrogen dioxide (NO2) and particles , assisting local authorities meet national air quality targets. 2 Promote and publicise action and measures that reduce air pollution amongst service users, partner organisations and suppliers. Reduce current emissions by organisation	NO2 48 ug/m3 PM10: 17 PM2.5 12 ug/m3 Baseline to be established:	46 17 12 Year on year reduction	44 16 11 Year on year reduction	42 15 11 Year on year reduction	40 15 10 Year on year reduction
Priority Groups (who is disproportionately affected)	1 Housing: Those living with an increased risk of living in poverty and poor quality housing e.g. children of teenage mothers, low income groups and vulnerable people who have sensitivity to cold damp housing and those with pre-existing conditions e.g. CHD asthma and COPD. 2 Planning: a) Children aged 11 to 16 and b) staff and service users within health and social care facilities and services' catchments 3 Active Travel: Children (particularly 10 to 11 year olds) and adults from deprived households, women, older people and adults with a disability or long term limiting illness.					

or who do we need to target to reduce inequalities?	4 Greenspace: to be confirmed - National survey - Adults 16+ and /or Nottingham Citizens survey participants
	5 Air Quality: 1 Low income groups live in the more polluted areas of the City and are therefore exposed to higher levels of air pollution. 2 Vulnerable people who have special sensitivity to air pollution and those with pre-existing conditions e.g. asthma and COPD. Target Population: All HWB organisations to encourage staff and visitors to reduce their emissions.

Action	Milestone	Year				Success Measures	Action Owner ⁱⁱ
		16/17	17/18	18/19	19/20		
General							
Support all action plan leads to consider the Health and wellbeing Strategy's sustainability cross-cutting principle that all action plans will consider the sustainability of their funding arrangements and the impact on the environment.	Review action plans for their prospective impact on the environment and report findings to the Health and Wellbeing Board.	✓				All action plans show how they have considered the Health and wellbeing strategy's sustainability cross-cutting principle for the sustainability of their funding arrangements and the impact on the environment.	with Green Theme Partnership with Strategy Procurement and Commissioning
	Support action plan leads to make adjustments in line with recommendations.	✓	✓				
	Report changes to Health and Wellbeing Board.		✓				
	Monitor outcome.			✓	✓		

<p>Support Joint bids for funding that support improvements in air quality, increased access to greenspace, active travel and healthier housing.</p>	<p>Identify opportunities to bid for funding.</p> <p>Develop protocols and expertise in writing and supporting joint bids</p> <p>Collaborate to gather baseline information and develop SMART targets</p> <p>Submit bids</p>	<p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p>	<p>10 opportunities identified</p> <p>Protocols developed and agreed.</p> <p>Baseline information and targets developed and agreed for 5 bids</p> <p>5 bids for funding submitted to support the actions within this programme.</p>				
<p>HWB partner organisations to collaborate to improve the social and environmental impacts of current commissioning and procurement practices in accordance with the Social Value Act and other relevant NHS and Local Authority guidance.</p>	<p>realise supply chain efficiency opportunities which reduce indirect costs, environmental impacts and increase social value.</p> <ul style="list-style-type: none"> • identify tools and opportunities for sustainable development investment through match funding, partnerships and collaboration; for transport, energy and infrastructure and supply chain collaboration and innovation e.g. with D2N2 Local Enterprise Partnership, central government and universities. 	<p>✓</p>	<p>✓</p>	<p>✓</p>	<p>✓</p>	<p>4 Pilots that illustrate a measured reduction in financial costs, environmental impacts and increased social value by focusing Health & Wellbeing Board commissioning and procurement on creating a social and environmental return on investment utilising national tools.</p>	<p>NCC Strategy & Commissioning Nottingham City CCG Nottingham Sustainable Procurement hub</p>

Action	Milestone	Year				Success Measures	Action Owner ⁱⁱⁱ
		16/17	17/18	18/19	19/20		
Develop joint housing actions to prevent hospital admissions, reduce re-admissions, and speed up hospital discharge	<ul style="list-style-type: none"> Health and Wellbeing Board to support the development of a partnership approach to ensuring effective hospital discharge into suitable accommodation, including agreeing the renewed hospital discharge protocol. 	✓	TBC	TBC	TBC	<ul style="list-style-type: none"> Reduced hospital admissions, re-admissions, and speed up hospital discharge Hospital 2 Home project is re-commissioned and extended to cover more at risk groups Better utilisation of specialist housing stock 10,000 Telehealth/Telecare users by 2018 Reduced hospital admissions, re-admissions, and speed up hospital discharge A more joined up and simplified process for accessing and utilising AT to support independent living. Reduction in the number of people discharged from hospital with no fixed abode Reduction in excessive length of stay in hospital Reduction in repeat admission to hospital 	NCH NCC Housing Strategy Health and Housing Partnership Group Homeless SIG VAPN
	<ul style="list-style-type: none"> Evaluation of the impact of the Hospital 2 Home Pilot, agreement to re-commission and expand the service to people who are homeless or with mental health support needs 	✓	✓				
	<ul style="list-style-type: none"> Health and Wellbeing Board members to facilitate an integrated approach to alternative solutions to residential care and hospital: promote and market Assistive Technology solutions to help people to stay independent; homes that are energy efficient and adapted to meet needs to reduce falls and which enable support to be provided in the home and local community. 	✓	✓	✓	✓		
Enable local health, housing and social	<ul style="list-style-type: none"> Support collective systematic review into the accommodation 		✓			<ul style="list-style-type: none"> Fewer people in need of residential care and more 	NCC Housing Strategy (NCC commissioning, CDP, CCG)

<p>care partners to identify and fulfil their role in preventing homelessness, reducing repeat homelessness and meeting the health and wellbeing needs of homeless people</p>	<p>and support provision and pathways available for people who have multiple or complex needs, mental health support needs or substance misuse issues or learning disabilities and set out a clear strategy for implementation of locally preferred options promoting early intervention activity for the prevention of homelessness and using joint assessment processes, collectively established referral procedures and monitoring mechanisms</p>					<p>people able to live independently</p> <ul style="list-style-type: none"> • Increased choice in housing options with more flexibility within the system allowing for changeable circumstances • Levels of provision are adequate and don't lead to unsuitable accommodation placements or access issues • Resources are targeted efficiently • People do not fall between threshold gaps 	<p>and OPCC) NCVS</p>
<p>Ensuring homes are safe and well managed protecting the health and wellbeing of tenants</p>	<ul style="list-style-type: none"> • Support the promotion and use of the single point of contact for households & stakeholders in relation to private rented housing conditions • Utilise regulatory and non-regulatory activity to reach more and higher risk houses/ people in the private rented sector delivering safer, energy efficient & healthier homes • Evaluation and development of improvement plans for the highest housing and health challenges for the city • Strong user friendly web site • Marketing action plan with 	<p>tbc</p>	<p>tbc</p>	<p>tbc</p>	<p>tbc</p>	<ul style="list-style-type: none"> • Health protection through removing hazards to safety and health in homes • Well known and publicised contact point with simple referral mechanism • Consideration of extension of licensing of houses in the city • Delivery of existing licensing schemes • Collaborative delivery plan to tackle unsafe & unhealthy homes supporting landlord's & tenants • Increase in voluntary property improvement of homes through accreditation and other measures 	<p>NCC Environmental Health and Safer Housing</p>

	<p>focus on citizen and partners in health and social care</p> <ul style="list-style-type: none"> • Delivery plan developed to consider wider licensing and deliver licensing improvements • Assess benefits outcome and the future of existing schemes • Partnership task and finish group to develop planned action • Proactive action to tackle rogue landlord's • Monitor and evaluate home improvements that impact on health and wellbeing • Strong links/ referral mechanism to deliver wider beneficial health outcomes linked to housing such as homelessness, mental health, fuel poverty, smoking falls reduction etc. • 					<ul style="list-style-type: none"> • No of homes where improvement has been achieved 	
Develop a programme of energy efficiency works, targeting poorly performing homes, to reduce the health impacts from cold homes and fuel poverty	<ul style="list-style-type: none"> • Review survey data / BRE Study data and access landmark data to target poorest performing homes / low income areas • Review of current front line staff training and referral processes and identify any opportunities for improving value for money and outcomes 		✓			<ul style="list-style-type: none"> • Highest core city for ECO funding by 2019 • Number of landlords and owner occupiers improving their homes to EPC C or above. All homes meeting the EPBD requirements • Reduction in the number of households living in fuel poverty and/or at risk of excess 	<p>NCC head of Energy NCH NEP Health and Housing Partnership Group NCVS & VAPN</p>

	<ul style="list-style-type: none"> • Increase level of ECO funding used in Nottingham for affordable warmth measures • Produce Nottingham fuel poverty and energy efficiency strategy • Deliver programme of activity on enforcement by Environmental Health, including but going further than EPBD, and linking to facilitation of energy improvement works and developing sustainable financing models such as equity release • Working with Universities to analyse dwelling types and road maps to EPC C or above, and developing innovative (cost effective) solutions for hard to treat homes • Bring together an evidence base to show the impact of cold homes on health and the impact of energy efficiency work on health budgets. 		<p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p>	<p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p>	<p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p>	<p>seasonal deaths.</p>	
<p><i>Supporting health choices through planning policy</i></p>							

HWB partner organisations to manage patient travel and improve access to health and care services by locating new health and social care facilities to maximise accessibility for customers and patients and reduce the need to travel.	Establish baseline for accessibility of healthcare services	✓				Accessibility & sustainable transport options fully considered within design and build for new healthcare services and facilities to maintain/ improve accessibility and reduce travel barriers. Outcomes: reduced journey times/ distance by sustainable travel mode for staff and service users within health and social care facilities and services' catchments	NCC - Transport Strategy
	Review good practice e.g. Bristol	✓					
	Develop action plan to maintain/ improve accessibility.		✓				
	Produce guidance for healthcare service commissioners on designing for accessibility		✓				
	Agree protocol for providing bid support from Health & Wellbeing Board partners for NCC active travel funding bids	✓	TBC	TBC	TBC		
Controlling Hot Food Take Aways near Secondary schools Page 99	<ul style="list-style-type: none"> Local Plan policy supported by Inspector at Public Examination and adopted by City Council (2017). Policy implemented through Development Management process 		✓			Hot Food Take Aways not permitted in accordance with the Local Plan policy.	NCC Planning and Transport
			✓	✓	✓		
Explore options for creating built environments that enable good health, e.g. Ensure new housing development (above 10 homes) makes provision for open space	Share learning and good practice. Apply learning to developments. Report outcomes	✓	✓	✓	✓	Awareness raised about impacts of environment on health. Developments in Nottingham take account of health benefits	
Active and sustainable travel							
Manage health and social care staff and	Resource developed and provided for health and social care (H&SC)		✓	✓	✓	Reduced congestion, carbon emissions and improved AQ	NCC - Transport Strategy with HWB partner organisations

<p>business travel through Workplace Travel Plans (WTPs) including support for cycling for commuter and business travel.</p> <p>HWB partner organisations lead by example to influence wider business sector and supply chain/sub-contractors</p>	<p>commissioners and providers to support the development of their Workplace Travel Plans (WTP) through a support programme eg Access Fund bid to DfT 2017/18 – 19/20</p>					<p>particularly in the vicinity of and between the NUHT campus sites</p> <ul style="list-style-type: none"> • Reduced carbon footprint for staff and business travel in the health sector. • Improved workforce health and wellbeing – reduced absenteeism and stress. 	
	Publicise best practice to wider business community.			✓	✓		HWB partner organisations
	WTPs to inform actions for each organisation regarding Go Ultra Low fleet and energy reduction from transport		✓	✓	✓		
	Establish baseline for no. of H&SC worksites/ employees with an active WTP		✓			<p>All health and social care commissioners and providers in Nottingham City to report on outcomes of their Workplace Travel Plans developed in accordance with PHE and NHS England Guidance.</p> <p>Anticipated outcomes: Reduction in journey times/ distance by travel mode for staff within health and social care facilities and services' catchments.</p>	NCVS
	Establish NHS H&SC Travel Plan Partnership Group		✓				
	Produce good practice guidance for development of WTPs for H&SC sector incl. carrying out baseline staff travel surveys		✓				
	Provide WTP support programme		✓	✓	✓		
	Identify and promote local case studies			✓	✓		

<ul style="list-style-type: none"> Support joint bids including DfT and EU for sustainable and active travel funding eg forthcoming DfT Access Fund (revenue competition) 	<p>Successful joint bids to secure additional funding to support programmes to achieve healthier more active workforce and communities e.g. DfT's Access Fund, to support community cycling programmes and health and social care providers' workplace travel plan (WTP) support programme.</p>	<p>✓ ✓</p>	<p>✓</p>	<p>✓</p>	<p>✓</p>	<p>Support to include, as appropriate:</p> <ul style="list-style-type: none"> Letters of support Supporting data/evidence Local match funding contributions (incl. in kind) 	<p>NCC – Transport Strategy</p>
<p>Improve the access to and use of green space to optimise their physical and mental wellbeing</p>							
<p>Support and endorse plans developments and proposals for improving access to and through Green Flag award standard Parks and Green Spaces.</p>	<p>Work with partners to identify and link up Parks and open spaces via improved cycle and walking routes.</p> <ul style="list-style-type: none"> Review park boundary fences to identify new entrances and more direct routes into Parks Develop interpretation maps to locate Parks next to the NET and Bus routes Identify opportunities to improve DDA and bench type / locations en route and with Parks. 	<p>✓</p>	<p>✓</p>	<p>✓</p>		<p>Continued expansion of cycle and walking routes through parks and green spaces</p> <p>New interpretation map produced and circulated</p>	<p>NCC Parks Development</p>
	<ul style="list-style-type: none"> Identify opportunities to improve parks and green space infrastructure including Cafes, supervised toilet facilities footpaths, cycle parking, lighting, biodiversity and maintenance 	<p>✓</p>	<p>✓</p>	<p>✓</p>		<p>Undertake review and create new improved access</p>	<p>NCC Parks Development</p>

	standards.						
	•Work with partner organisations to deliver Green Flag improvements to land not managed by the Council.	✓	✓	✓	✓	Undertake review implement improvements	NCC Parks Development
Page 102	Support Improvements in Green Flag standard Parks in the in neighbourhoods with the lowest healthy life expectancy levels.	✓	✓	✓	✓	Prioritised local investment plans to be produced for each ward in the City. Confirm a annual programme of parks and green space improvements	NCC Parks Development
	Recruit and support a network of local volunteer ambassadors and activators to help promote and deliver healthy life style activities within the local community.	✓	✓	✓	✓	Identify major land owners and negotiate opportunities to apply for Green Flag Improvements and applications to gf Awards	NCC - Parks with nature champions
	Support an Increase in community activity and involvement in local parks, including cycling.	✓	✓	✓	✓	Charitable status Secured Hold regular open forum meetings Provide advice and support to friends groups	NCC - Parks with nature champions NCC Parklives NCVS
	Deliver a City wide programme of activities and community engagement to encourage local	✓	✓	✓	✓	Work with the Nottingham Parklives Team to identify and recruit volunteer activators	NCC Park Rangers & Parklives

	communities to take pride and ownership in their street / local area and participate in the Nottingham in Bloom / RHS it's your Neighbourhood campaign						
	<ul style="list-style-type: none"> Improve the design and quality of amenity green space located within housing areas. Seek to adopt Green Flag Standards for housing areas. 	✓	✓	✓	✓	Develop and support local communities to actively; <ul style="list-style-type: none"> participate in the annual RHS it's your Neighbourhood campaign Deliver an annual programme of active park based activities 	NCH NCC parks Dev & NCH Nottingham in Bloom Team
	<ul style="list-style-type: none"> Ensure new housing development (above 10 homes) makes provision for open space (new or a qualitative improvement to nearby existing) 	✓	✓	✓		Improvements in open space in new or existing developments	NCC Planning
<ul style="list-style-type: none"> Support an Increase in the provision and improve the quality (to Green Flag Standard) of facilities and maintenance standards in Parks and Green spaces located within all areas of the City. 	<ul style="list-style-type: none"> Improve the design and quality of amenity green space located within housing areas. Seek to adopt Green Flag Standards for housing areas. Ensure new housing development (above 10 homes) makes provision for open space (new or a qualitative improvement to nearby existing) 	✓	✓	✓		Carry out neighbourhood environmental improvements Identify trial area and agree with NCH All developments to secure Green space	NCC Parks Dev with Champions.

Tackling air pollution								
HWB partner organisations to develop more efficient systems by working together to reduce their energy usage and emissions from transport, heating/cooling and lighting and implementing energy efficiency measures. Page 104	Partner organisations to: 1. identify their organisations action owner/reporter 2. establish baseline/ report energy usage and emissions data 3. identify, implement and report active travel/vehicle emission reductions/energy efficiency measures 4. raise awareness of outcomes and impacts e.g. Website/page promoting how HWB have saved money reducing air pollution. 5. review and plan next steps	✓					Business signed up/ Enter annual awards. Clear downward trend (and projections) in nitrogen dioxide and particle concentrations across conurbation.	Environmental Health & Public Health with named leads from each participating HWB partner organisation
	Link review of transport energy usage with Workplace Travel Plan action programme on p4	✓	✓	✓	✓	✓	See p4	Jennie Maybury
Raise awareness of pollution levels and health/environmental impacts of air pollution to encourage behavioural change to reduce emissions.	Awareness raising via a communications engagement strategy with schools/ students and community groups about NO2 and other pollution levels throughout Nottingham.		✓	✓	✓	Communications strategy implemented and reviewed.	NCC Education NCVS, CYPPN and VAPN Nottingham Academies Universities Environmental Health & Communications	
HWB partner organisations to sign up to creating	Information about the health benefits of trees and greenspace for commuting, health and general	✓				Awareness raised of the benefits of trees and greenspace to health and	Public Health	

opportunities to engage their organisations and /or communities in a City wide Tree planting Initiative.	recreation, to be presented to the Health and Wellbeing Board.					wellbeing to the HWB Board.	
	HWB organisations to Identify champions to work together to draft a HWB action plan for Tree Planting and include in organisation plans and strategies. Link to NHS Forest and Healthy and Biophyllic cities initiatives.	✓	✓			Review of plans and strategies and engagement of local people to help confirm locations and plant Trees	NCC Tree Team Health and Wellbeing Board champion Public Health
	Develop an annual community tree planting programme in all areas of the city that links with number of babies born in Nottingham.	✓	✓	✓	✓	Plant 5000 young trees in locations around the City	NCC Park Rangers
	Carry out survey work and Management operations to regenerate Woodlands in various locations around the City		✓	✓		Regenerate and improve 10ha of Woodland	NCC Parks and Tree Teams
Health and Wellbeing Board partner organisations signed up to Go Ultra Low programme (Supports actions on sustainable procurement and Workplace Travel Plans below)	Explore sign up of HWBBd members and define ambition for future years.	✓	✓			Increased awareness of opportunities re Go Ultra Low and consideration given to sign up by HWBBd member organisations.	NCC - Transport Strategy
	Establish baseline data for composition of pool and grey fleet (including leased for business purposes and staff owned vehicles) for Health and Wellbeing Board partners participating in Go Ultra Low programme. Monitor annually.		✓			Data recorded regarding pool fleet composition in participating organisations	NCC - Transport Strategy
	Agree Go Ultra Low action plans for each participating organisation to			✓	✓	X HWB partner organisations have Go Ultra Low action plans	

	<p>improve their fleet and travel from the following menu of options :</p> <ul style="list-style-type: none"> • Becoming corporate car club members • Investing in Low Emission vehicles for fleet, and lease car schemes including EVs and electric bikes • Develop long term staff/pool bike loan scheme in partnership with Citycard Cycles • Eco driving accreditation and training 			✓	✓	<p>resulting in:</p> <ul style="list-style-type: none"> • Increased car club membership • Investment in Low Emission vehicles for fleet, and lease car schemes including EVs and electric bikes • Development of long term staff/pool bike loan scheme in partnership with Citycard Cycles • VCS to raise awareness of these opportunities with 100 VCS and other not for profit organisations • Increase in Eco driving accreditation and training 	NCVS
<p>Use health and social care partners' commissioning powers to green the supply chain through sustainable procurement and contract and SLA requirements.</p>	<p>Agree sustainable procurement contract standards for commissioning H&SC providers including business travel and fleet activities. (Needs reinforce WTP and Go Ultra Low activities)</p>	✓				<p>Sustainable operations requirements within contracts and SLAs</p> <p>Sustainable procurement contract standards drafted and agreed</p>	<p>NCC</p> <p>Transport Strategy input to NCC Procurement</p>
	<p>Consult with stakeholders and partners through existing networks and partnerships</p>		✓			<p>Consultation with key stakeholders and partners.</p>	
	<p>Establish BSG supplier standards</p>		✓			<p>Approve and adopt sustainable procurement contract standards</p>	
	<p>Include standards in commissioning and procurement processes.</p>			✓		<p>Sustainable operations requirements embedded within all health and social care</p>	

						contracts and SLAs for Nottingham City.	
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ⁱ Baseline/target values notes:

- i. PM₁₀ is airborne particulate matter with a diameter of less than or equal to 10 micrometres which can enter the respiratory system and are consequently often called “inhalable”. Those smaller than PM_{2.5} can penetrate into the lungs and are often called “respirable”. The concentration of Nitrogen Dioxide, a brown gas, with the chemical formula NO₂ is measured in micrograms in each cubic metre of air (µg m⁻³). A microgram (µg) is one millionth of a gram. A concentration of 1 µg m⁻³ means that one cubic metre of air contains one microgram of pollutant.
- ii. Nitrogen dioxide, particles and carbon dioxide are the main pollutants emitted when fossil fuels e.g. natural gas, oil/petrol are combusted to power vehicles and provide heat and electricity for industrial, commercial, public/third sector/NHS and domestic use. Therefore reducing emissions can effectively reduce emissions that contribute to global climate change and local air pollution that impact on health and wellbeing. An emission reduction target (in addition to air pollution concentration targets) ensures practical measures to reduce emissions are being taken/demonstrated by HWB partners.
- iii. Highest annual mean concentration of nitrogen dioxide (NO₂) monitored at the facade of a residential property (an air pollution sensitive receptor) and annual mean particle PM₁₀ and PM_{2.5} concentration monitored in the Nottingham City Area. These enable direct comparison with the Air Quality Regulations, Air Quality Objectives and WHO guideline values. Each year’s targets were chosen to reflect the predicted effects of energy efficiency measures (in conjunction with Nottingham/Nottinghamshire’s Air Quality Strategy and Action Plans) and demonstrate how incremental progress can be made to achieve the Air Quality Regulation targets/Air Quality Objectives and World Health Organisation guideline values to protect health, by 2019/20.

ⁱⁱ Health and Wellbeing Board partners to identify leads to work with Action Owners to deliver on the success measure.

ⁱⁱⁱ Health and Wellbeing Board partners to identify leads to work with Action Owners to deliver on the success measure.

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HEALTH AND WELLBEING BOARD – 28 SEPTEMBER 2016

Title of paper:	Joint Strategic Needs Assessment Annual Report	
Director(s)/ Corporate Director(s):	Alison Challenger, Director of Public Health Colin Monckton, Director of Strategy and Policy	Wards affected: All wards
Report author(s) and contact details:	Rachel Sokal, Public Health Consultant: Rachel.Sokal@nottinghamcity.gov.uk Caroline Keenan, Insight Specialist Public Health: Caroline.Keenan@nottinghamcity.gov.uk	
Other colleagues who have provided input:	None	
Date of consultation with Portfolio Holder(s) (if relevant)	None	
Relevant Council Plan Key Theme:		
Strategic Regeneration and Development		<input type="checkbox"/>
Schools		<input type="checkbox"/>
Planning and Housing		<input type="checkbox"/>
Community Services		<input type="checkbox"/>
Energy, Sustainability and Customer		<input type="checkbox"/>
Jobs, Growth and Transport		<input type="checkbox"/>
Adults, Health and Community Sector		<input checked="" type="checkbox"/>
Children, Early Intervention and Early Years		<input checked="" type="checkbox"/>
Leisure and Culture		<input type="checkbox"/>
Resources and Neighbourhood Regeneration		<input 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):		
The report provides information on the progress and development of Nottingham City's Joint Strategic Needs Assessment (JSNA) for 2016/17. The JSNA evidence contributes towards improving health and wellbeing and reducing inequalities for Nottingham's citizens.		
Recommendation(s):		
1	It is recommended that the Board endorses the revised JSNA Policy and Procedure (Appendix 1) and supports the approach it sets out	
2	It is recommended that the Board notes the 2016/17 Work Plan (Appendix 2)	
3	It is recommended that the Board notes the progress and development of the JSNA	
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'):		
The JSNA directly informs health and wellbeing strategy formulation and commissioning.		

1. REASONS FOR RECOMMENDATIONS

- 1.1 Statutory guidance states that local authorities and clinical commissioning groups (CCGs) have equal responsibility for the Joint Strategic Needs Assessment (JSNA). Overall responsibility falls on health and wellbeing boards (Health and Social Care Act 2012 & Department of Health, 2013).

2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

- 2.1 Nottingham City's JSNA is an assessment of the current and future health and social care needs of its citizens. The JSNA should identify the needs of citizens as well as highlight inequalities and, in doing so; inform priorities, targets and commissioning decisions.
- 2.2 This report provides Nottingham City's Health and Wellbeing Board with an annual update on the JSNA; including key achievements and the 2016/17 work plan.
- 2.3 The City's JSNA is produced in collaboration with public health, social care, the CCG and the Crime & Drugs Partnership. There are nearly 50 individual chapters covering clinical topics such as diabetes and mental health, behavioural topics such as smoking and alcohol, and vulnerable client group chapters such as children in care and homelessness.

Governance

- 2.4 Following restructure as a result of the Health and Social Care Act 2012, including the transition of public health to local authorities, there was a lack of clarity regarding the local government arrangements, responsibility and resourcing of the City's JSNA. To address this, the JSNA Steering Group was refreshed in July 2015 to reflect organisational responsibility for the JSNA and the membership of the Health and Wellbeing Board. The Steering Group, which reports to the Commissioning Executive Group (CEG) and the Health and Wellbeing Board, oversees the maintenance and development of the JSNA.

Key Achievements

- 2.5 Since the last update to the Health and Wellbeing Board in September 2015, the JSNA Steering Group has led a major project to re-establish across organisation responsibility and resourcing in respect of the JSNA. The project's outcome was the revision of the Nottingham City JSNA Policy and Process, which was completed in April 2016.
- 2.6 The revised policy and process, including the prioritisation matrix against which prioritisation of chapter updates is determined, is contained within Appendix 1. The document sets out the collaborative approach to authorship, the necessity for engagement of partners and stakeholders and the requirement of JSNA utilisation in informing strategy and commissioning. The policy and procedure was agreed at the CEG on 20th April 2016. A recommendation is made to the Board to endorse the revised JSNA Policy and Process.

The 2016/17 Work Plan

Chapter and Content Development

- 2.7 The JSNA Steering Group met in June 2016 to finalise the JSNA work plan for 2016/17. Eight of the 34 chapters that were due for update last financial year are yet to be completed and the majority of these are now at the stage of final amendments. As well as completion of the outstanding chapters, an additional six chapters will be refreshed this financial year. Further detail on the 2016/17 work plan is contained within Appendix 2.

Evaluation

- 2.8 An evaluation of the JSNA's process and outcomes will be conducted during 2016/17 in line with the revised policy and process. The evaluation framework is currently under development and will be presented to the JSNA Steering Group for approval. Health and Wellbeing Board members will be consulted as part of the evaluation and its findings will be shared with the Board in September 2017.

3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

- 3.1 Not applicable.

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

- 4.1 Ongoing financial commitment to Nottingham Insight is assumed.

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

- 5.1 The JSNA must be recent, relevant and timely so that its recommendations may be fully considered by commissioners in decisions regarding the commissioning or decommissioning of services. The JSNA Steering Group has regular oversight of JSNA progress and development to ensure any risk is mitigated.

6. EQUALITY IMPACT ASSESSMENT

- 6.1 Has the equality impact of the proposals in this report been assessed?

No

An EIA is not required because:

The report does not contain proposals or financial decisions

Yes

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

- 7.1 The following background papers accompany this report:

- Appendix 1: JSNA Policy and Process; and
- Appendix 2: JSNA Work Plan 2016/17.

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

8.1 The following documents were referred to in compiling this report:

Department of Health. (2013). *Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies*. London: Department of Health.

The Health and Social Care Act 2012. Available at:
<http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>. Accessed: 22/08/2016.

Joint Strategic Needs Assessment Annual Report

Appendix 1:

Nottingham City Joint Strategic Needs Assessment: policy and process

April 2016

Policy

Background

From 1 April 2013, the Nottingham City Health and Wellbeing Board has the legal responsibility to produce the Joint Strategic Needs Assessment (JSNA) under the Health and Social Care Act 2012.

Purpose of JSNA

JSNAs are local assessments of current and future health, wellbeing and social care needs that could be met by the local authority, Clinical Commissioning Groups (CCGs), or the NHS England.

The aim of a JSNA is to improve the health and wellbeing of the local community and reduce inequalities for all ages. It is used to help to determine what actions local authorities, the NHS and other partners need to take to meet health and social care needs and to address the wider determinants that impact on health and wellbeing.

Duties and Powers relating to JSNAs

The Health & Social Care Act gives the Health & Wellbeing Board a range of duties and powers to ensure the JSNA is produced to accurately reflect the needs and views of the local population. These include the following main elements:

- Powers to request information to assist it carrying out its functions, and members and partners have a duty to provide it.
- Duties and Powers to involve and consult any appropriate person in the preparation of JSNA have due regards to the NHS England mandate.
- Duty to promote the involvement of patients, their carers and representatives in decisions about the provision of health services.
- Duty to have regard to JSNA in the exercise of functions and need to reduce inequalities.
- Duties and Powers to promote the alignment of commissioning plans.
- Duty to promote integration of services, innovation and continual improvement in services and outcomes.

Nottingham City JSNA model

The Nottingham City JSNA model is a systematic review of the health, wellbeing and social care issues facing a population. The JSNA informs local priorities and resource allocation that will improve health and wellbeing and reduce inequalities.

Principles

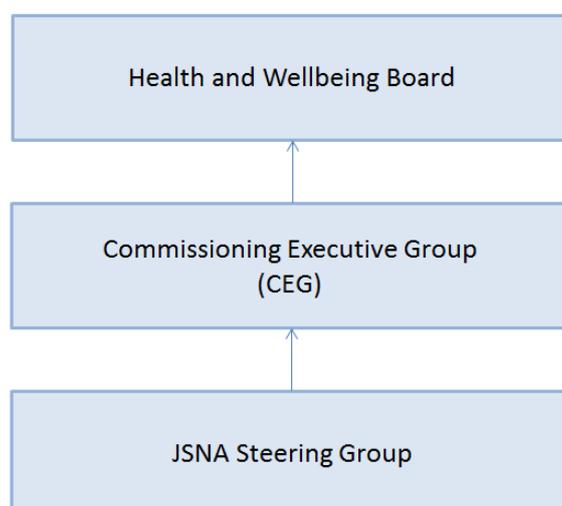
Production of Nottingham City JSNA products is underpinned by the following principles:

- Partnership approach to the JSNA and co-authorship for written JSNA products.
- Engagement and involvement of partners and stakeholders in the whole JSNA process including, but not limited to: citizens, workforce, service users, Healthwatch and the community and voluntary sector.
- Embedding the JSNA within existing commissioning structures and processes.
- Requirement of commissioners to use the JSNA to inform strategy and commissioning

Governance and responsibilities

The statutory JSNA guidance states that Local Authorities and Clinical Commissioning Groups (CCGs) have equal and joint duties to prepare JSNAs through the Health and Wellbeing Board.

The formal governance of the JSNA is shown below:



Health & Wellbeing Board

The JSNA is a core statutory function of Health and Wellbeing Boards. In relation to the JSNA, the Nottingham City Health and Wellbeing Board are responsible for:

- Using the JSNA to direct commissioning and policy, at both a partnership level and within individual member organisations
- Influencing and approving the JSNA strategic direction and work plan on an annual basis
- Approving the content of the JSNA on an annual basis

In addition the JSNA is approved annually by Nottingham City CCG (the CCG) Governing Body and Nottingham City Council (NCC).

Commissioning Executive Group (CEG)

The CEG are responsible for ensuring:

- The Steering Group discharge the statutory function of producing a JSNA
- The JSNA is used to inform strategy development and commissioning decisions in NCC and the CCG
- NCC and the CCG fully contribute to the development of the JSNA including identification of resource where required

JSNA Steering Group

The JSNA steering group are responsible for:

- Discharging the statutory function to produce a JSNA for Nottingham City
- Driving innovation and improvement of the JSNA over time
- Provide overall guidance and direction to the JSNA on behalf of the Health and Wellbeing Board and responsible organisations
- Identifying resource to produce the JSNA and its chapters
- Assuring the use of JSNA to inform strategy and commissioning in own organisations
- Championing the wider use of and involvement in JSNA, in members' own and partner organisations
- Prioritising chapters for update or new chapters for inclusion
- Overseeing the balance of chapters within the JSNA
- Ensuring the JSNA is made available to commissioners, partners and the public
- Ensuring the quality and visibility of the JSNA
- Ensuring the JSNA process and content
- Ensuring coverage of protected groups in process and content

The membership of the Steering Group will reflect that of the Health and Wellbeing Board and be drawn from:

- Responsible commissioning organisations (NCC and CCG)
- Organisations that are able to represent the views of citizens, workforce, service users, Healthwatch and the community and voluntary sector.

The Steering Group will be chaired by the Consultant in Public Health JSNA lead.

The Steering Group will meet quarterly and report to CEG biannually or more frequently by invitation

Leadership and coordination

The Director of Public Health will lead the JSNA on behalf of both Nottingham City Council and Nottingham City CCG. A JSNA Coordinator will be nominated from the Strategic Insight function in the local authority.

The Director of Public Health and JSNA Coordinator will work together to lead the project management of the JSNA and identify priorities for the Steering Group agenda.

Process

Nottingham City's JSNA consists of a number of chapters (the 'content'), each focussing on a Health, wellbeing or social care strategic or commissioning priority.

Each chapter follows a standardised needs assessment model to identify and describe key issues regarding the quality, service gaps and/or policy direction.

1. Identification and prioritisation of JSNA content

a) Work planning

An annual work plan of new and refreshed chapters plus other areas for development led by the Steering Group will be approved annually by the Health and Wellbeing Board.

Individual project plans will be developed by the JSNA coordinator (Insight Specialist) to support the delivery of the annual work plan.

Progress of the work plan will be monitored by the Steering Group.

b) Identification of topics not currently included in the JSNA

New topics to be included in the JSNA will be considered by the Steering Group on an annual basis. Topics not currently included will be identified by the Steering Group members by reviewing organisational strategic and commissioning plans. Each proposed topic will be considered for inclusion in the JSNA using agreed prioritisation matrix (see appendix).

Where a decision is made not to include a proposed topic within the JSNA alternative ways of providing evidence to support the agenda will be discussed with the proposer.

c) Review of existing chapters

Alongside proposals for new chapters, all existing JSNA chapters will be considered for refresh annually against agreed prioritisation matrix (see appendix). Chapters last updated more than 3 years ago and deemed not to require refresh will be moved into the JSNA archive.

2. JSNA content development

For each chapter to be developed/ refreshed, the Steering Group will identify an 'owning group'. The role of the Owing Group is to provide expert opinion regarding content and endorse the chapter on behalf of the Steering Group. The Owing Group will be an existing group that has responsibility for strategic oversight of the topic agenda for the CCG and / or NCC. Where possible it should have strategic commissioning responsibilities and multi-agency membership. For chapters where no Owing Group can be identified, a task and finish group with multi agency and expert membership will be established.

As well as providing oversight in the development of the chapter, the Owing Group will be responsible for considering the recommendations contained in the specific JSNA chapter as well as others relevant to the agenda.

The Steering Group and JSNA leads within organisations will identify a lead author for each chapter. Lead authors will have the appropriate skills and knowledge to assess the evidence in order to produce the JSNA chapter. Potential authors include commissioning officers and agenda leads in the CCG and NCC or NCC Public Health Insight Specialists.

An 'owner' will be identified for each chapter by the owning group. In most cases this will be the lead commissioner or Consultant in Public Health. They will have oversight of the development of the chapter and ensuring recommendations are taken forward for consideration in commissioning.

A Project Initiation Document (PID) is completed by the lead author; this will be taken back to the owning group for information and agreement.¹ Blank templates², short guidance notes³ and full support notes⁴ are all available on the JSNA website.

Technical support and oversight will be provided by the Consultants in Public Health, the JSNA Coordinator and the Owner. Lead GPs will be identified by the Owner and CCG for relevant chapters to provide clinical input to the development of the chapter. Authors will be supported by NCC Knowledge and Resources and NCC and CCG Information Analysts who will conduct and provide literature reviews and data analysis as required.

3. Quality assurance of JSNA content

Chapter templates and author guidelines are provided to ensure consistency and quality of JSNA chapters. Each chapter will be peer reviewed against standard criteria⁵ and endorsed by Owing Groups prior to publication.

An ongoing programme of JSNA training for authors and owners will be developed and delivered by the JSNA coordinator and the Public Health Consultant.

¹ Project Initiation Document (PID):

<http://www.nottinghaminsight.org.uk/insight/handler/downloadHandler.ashx?node=125003>

² Blank template:

<http://www.nottinghaminsight.org.uk/insight/handler/downloadHandler.ashx?node=65658>

³ Template with short guidance notes:

<http://www.nottinghaminsight.org.uk/insight/handler/downloadHandler.ashx?node=65893>

⁴ Detailed support notes:

<http://www.nottinghaminsight.org.uk/insight/handler/downloadHandler.ashx?node=66325>

⁵ Quality Review document:

<http://www.nottinghaminsight.org.uk/insight/handler/downloadHandler.ashx?node=124671>

4. Publication and communication

The JSNA will be published and communicated as following:

- JSNA chapters and supporting documents will be published on the Nottingham Insight website and in both web-based and downloadable formats
- Individual chapters will be communicated through Owing Groups
- Steering Group members will champion the JSNA in their teams and organisations and provide training as required.

5. Evaluation and audit

The JSNA programme and content will be evaluated. The focus, frequency and extent of this evaluation will be determined by the Steering Group and CEG. At a minimum the evaluation and audit will include equality impact assessment of both the process and content of the JSNA.

Appendix Nottingham City JSNA prioritisation matrix

Criteria \ Score	HIGH	MEDIUM	LOW	ZERO
Impact (size) – volume, trends, benchmarks	<p>Issue in City has high negative impact on 3 of the below factors:</p> <ul style="list-style-type: none"> • % of City affected • Worsening prevalence or outcomes • Poor relative position of City <p>9 points</p>	<p>Issue in City has moderate negative impact on 2 of the below factors:</p> <ul style="list-style-type: none"> • % of City affected • Worsening prevalence or outcomes • Poor relative position of City <p>6 points</p>	<p>Issue in City has low negative impact on 1 of the below factors:</p> <ul style="list-style-type: none"> • % of City affected • Worsening prevalence or outcomes • Poor relative position of City <p>3 points</p>	<p>Issue in City has no impact in terms of the below factors:</p> <ul style="list-style-type: none"> • % of City affected • Worsening prevalence or outcomes • Poor relative position of City <p>0 points</p>
Impact (severity)	<p>Issue has significant effect on</p> <ul style="list-style-type: none"> • Aspects of health functioning. • Long-term health or social care need. • Cost to HWB commissioners and /or society <p>9 points</p>	<p>Issue has moderate effect on</p> <ul style="list-style-type: none"> • Aspects of health functioning • Long-term health or social care need. • Cost to HWB commissioners and /or society <p>6 points</p>	<p>Issue has minor effect on</p> <ul style="list-style-type: none"> • Aspects of health functioning • Long-term health or social care need. • Cost to HWB commissioners and /or society <p>3 points</p>	<p>Issue has little/no effect on</p> <ul style="list-style-type: none"> • Aspects of health functioning. • Long-term health or social care need. • Cost to HWB commissioners and /or society <p>0 points.</p>
Local commissioning review due	<p>Local commissioning review due in current financial year</p> <p>6 points</p>	<p>Local commissioning review due next financial year</p> <p>4 points</p>	<p>Local commissioning review due in 2 or more years or has just been completed</p> <p>2 points</p>	<p>No specific review due</p> <p>0 points</p>
Significant shift in policy direction, evidence and/ or guidelines, which would be expected to change recommendations	<p>Significant shift</p> <p>6 points</p>	<p>Moderate shift</p> <p>4 points</p>	<p>Minor shift</p> <p>2 points</p>	<p>No shift</p> <p>0 points</p>

Acceptability- Stakeholder, citizen or service user views	Strong evidence of serious concerns on this issue from stakeholders, citizens or service users 6 points	Some evidence of serious concerns on this issue from stakeholders, citizens or service users 4 points	Some evidence of concerns on this issue from stakeholders, citizens or service users 2 points	No evidence of stakeholder, citizens or service user concerns 0 points
Impact (inequalities) – effect on inequalities	Likelihood of major inequalities in population 6 points	Likelihood of moderate inequalities in population 4 points	Likelihood of minor inequalities in population 2 point	Likelihood of no inequalities in population 0 points
Coverage in JSNA	No JSNA chapter written or updated in last 3 years 3 points	JSNA produced or updated in last three years 2 points	JSNA produced or updated in previous financial year 1 point	JSNA written or updated in current financial year 0 points
<p>Maximum points = 45</p> <p>Existing chapters scoring less than 25 will not be refreshed, if more than 3 years old will be moved into JSNA archive. Potential new chapters scoring less than 20 will be rejected.</p>				

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Joint Strategic Needs Assessment Annual Report

Appendix 2: JSNA Work Plan 2016/17

Chapter	Due	Owning Group	Progress
Adult Learning Disabilities	2016	Learning Disabilities Joint Commissioning Monitoring Group	Final amendments
Adults with Physical & Sensory Impairments	2016	Whole Life Disability Group	In progress
Care Home Residents	2017	Care Homes Steering Group	Planned
Carers	2017	Long Term Conditions Strategic Group	Planned
Children & Young People Disabilities and Learning Difficulties	2016	Special Educational Needs Board	Final amendments
Children in Care	2017	Nottingham City Council Parenting Board	In progress
CYP Dental	2017	Dental Public Health Board	Planned
Diet and Nutrition	2016	Sustainable Health Lifestyles Strategy Group	Final amendments
End of Life	2017	Long Term Conditions Strategic Group	In progress
Homelessness	2017	Nottingham Homelessness Prevention Strategy Implementation Group	In progress
Obesity	2016	Sustainable Health Lifestyles Strategy Group	Final amendments
Safeguarding	2016	Safeguarding Board	In progress
Suicide	2016	Mental Health Joint Commissioning Group	In progress
Teenage Pregnancy	2016	Teenage Pregnancy Task Group	In progress

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HEALTH AND WELLBEING BOARD – 28 SEPTEMBER 2016

Title of paper:	Nottingham City Council Declaration on Alcohol	
Director(s)/ Corporate Director(s):	Alison Challenger (Director of Public Health).	Wards affected: All wards
Report author(s) and contact details:	Sean Meehan. Health and Wellbeing Programme Manager (lead for health inequalities). Public Health England. Sean.meehan@phe.gov.uk . Jane Bethea. Consultant in Public Health. Nottingham City Council. Jane.bethea@nottinghamcity.gov.uk .	
Other colleagues who have provided input:	Ian Bentley (Strategy and Commissioning Manager). Crime and Drugs Partnership. Nottingham City Council.	
Date of consultation with Portfolio Holder(s) (if relevant)		
Relevant Council Plan Key Theme:		
Strategic Regeneration and Development		<input type="checkbox"/>
Schools		<input type="checkbox"/>
Planning and Housing		<input type="checkbox"/>
Community Services		<input type="checkbox"/>
Energy, Sustainability and Customer		<input type="checkbox"/>
Jobs, Growth and Transport		<input type="checkbox"/>
Adults, Health and Community Sector		<input checked="" type="checkbox"/>
Children, Early Intervention and Early Years		<input type="checkbox"/>
Leisure and Culture		<input type="checkbox"/>
Resources and Neighbourhood Regeneration		<input type="checkbox"/>
Relevant Health and Wellbeing Strategy Priority:		
Healthy Nottingham - Preventing alcohol misuse		<input checked="" type="checkbox"/>
Integrated care - Supporting older people		<input type="checkbox"/>
Early Intervention - Improving mental health		<input type="checkbox"/>
Changing culture and systems - Priority Families		<input type="checkbox"/>
Summary of issues (including benefits to citizens/service users and contribution to improving health & wellbeing and reducing inequalities):		
<p>Alcohol is associated with a range of health and social issues and people from more deprived communities are disproportionately affected by alcohol related harm. Compared to the national average Nottingham has higher rates of alcohol related hospital admissions and more people die aged under 75 from liver disease.</p> <p>As part of a commitment to reducing the harms from alcohol, it is proposed that Nottingham City Council sign up to a declaration on alcohol. The declaration is a statement about the Local Authority's commitment to reducing the harms from alcohol and is a pledge to take evidence-based action. It is intended that the commitments made in the declaration will result in action across the health and social care system.</p> <p>The Health and Wellbeing Board are asked to consider and support the declaration which will be presented by Councillor Alex Norris to a Full Council meeting in November 2016.</p>		

Recommendation(s):	
1	The Health and Wellbeing Board consider and support the proposed Nottingham City Council Declaration on Alcohol.
<p>How will these recommendations champion mental health and wellbeing in line with the Health and Wellbeing Board aspiration to give equal value to mental health and physical health ('parity of esteem'):</p> <p>Prevalence of mental health problems is higher in those who are alcohol dependent¹ and it may be that people with mental health problems use alcohol as a form of self-medication². The harms from alcohol are felt more by those living in deprived communities³ and these communities are also known to have lower levels of mental well-being⁴. A declaration that includes a number of commitments to reducing the harms from alcohol could be associated with improvements in mental health and wellbeing and in physical health both for the wider local population and for those living in our most deprived communities.</p>	

1. REASONS FOR RECOMMENDATIONS

1.1 The Board is asked to consider and support the Nottingham City Council Declaration on Alcohol. The key aim of the declaration is to demonstrate Local Authority leadership in relation to tackling the harms from alcohol and to make a collective statement about the importance of alcohol harm both locally and nationally. In supporting the declaration the Health and Wellbeing Board will be demonstrating cross organisational support for the commitments laid out in the declaration that include:

- Influencing national government to take the most effective, evidence-based action to reduce alcohol harm, particularly via the introduction of greater regulations around the price, promotion and availability of alcohol;
- Influencing national government to rebalance the Licensing Act in favour of local authorities and communities, enabling local licensing authorities to control the number, density and availability of alcohol according to local requirements;
- Developing evidence-based strategies and commissioning plans with our local communities and partners including the local NHS Acute Trust, Clinical Commissioning Groups and the Police;
- Ensuring that public health and community safety are accorded a high priority in all public policy-making about alcohol;
- Making best use of existing licensing powers to ensure effective management of the night-time economy;
- Raising awareness of the harm caused by alcohol to individuals and our communities, bringing it closer in public consciousness to other harmful products, such as tobacco.

2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

- 2.1 Alcohol misuse is a major cause of ill health and in England it is estimated that treating people for alcohol related health problems costs the NHS £3.5billion per year⁵. Alcohol related crime is estimated to cost £11billion each year and loss in productivity a further £7.3billion⁶. Alcohol contributes to more than 60 diseases and after smoking and obesity it is the next biggest lifestyle risk factor for ill health⁷. There is also evidence that the harms from alcohol are felt disproportionately by more deprived communities. Although people living in more affluent areas may consume more alcohol, they suffer less related harm than those who consume less but who live in more deprived areas³.

In Nottingham alcohol misuse continues to represent a significant public health challenge. Local data estimates that in the city there are 12,000 increasing risk drinkers, 4,000 higher risk drinkers and 44,000 people who binge drink⁸. Alcohol consumption varies across the city with the highest levels of higher risk and binge drinkers reported in area 4. Women in Nottingham are more likely than men to drink at lower risk levels and are less likely to binge drink. Consumption is highest among young people aged 16-24 years⁸. In terms of health outcomes, alcohol related hospital admissions are higher than the national average and are also high in comparison to other core cities⁹.

3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

- 3.1 As there are already a number of existing plans and strategies in place across the city and across partners in relation to minimising the harms from alcohol, the alternative to what is proposed is to not pursue a Local Authority Declaration. The declaration would though support these existing strategies by demonstrating high level organisational support for a range of commitments around minimising harm, some that are specific to Local Authority functions (such as for example around licensing) and others that are focussed on effecting change through local partnerships.

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

- 4.1 None to report

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

- 5.1 None to report

6. EQUALITY IMPACT ASSESSMENT

- 6.1 Has the equality impact of the proposals in this report been assessed?

No



An EIA has not been completed. At the current time the draft declaration has not yet been agreed by full council and is being presented for information only.

Yes

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

7.1

8. PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

1. Coulthard, M. Farrell, M. Singleton, N. Meltzer, H. (2002) *Tobacco, Alcohol and Drug Use and Mental Health*. London: The Stationery Office.
2. Mental Health Foundation (2006) Cheers? Understanding the relationship between alcohol and mental health. Available at: https://www.mentalhealth.org.uk/sites/default/files/cheers_report.pdf
3. Anderson. P. and Baumberg. B. (June 2006) *Alcohol in Europe, a public health perspective*. A report for the European Commission, P 99.
4. Nottingham City Council Joint Strategic Needs Assessment: Mental Wellbeing. Available at: [http://jsna.nottinghamcity.gov.uk/insight/Strategic-Framework/Nottingham-JSNA/Adults/Mental-Wellbeing-\(2016\).aspx](http://jsna.nottinghamcity.gov.uk/insight/Strategic-Framework/Nottingham-JSNA/Adults/Mental-Wellbeing-(2016).aspx)
5. Public Health England (2014). Alcohol Treatment in England 2013-14. Available at: <http://www.nta.nhs.uk/uploads/adult-alcohol-statistics-2013-14-commentary.pdf>
6. Lister, G. et al (2008), Measuring the Societal Impact of Behavior Choices, *Social Marketing Quarterly* 14:1, pp. 51–62; Lister, G. et al (2006), Comparing the Societal Impacts of Common Health Risks. National Social Marketing Centre.
7. World Health Organisation (2009) *Harmful Use of Alcohol*. Available at: http://www.who.int/nmh/publications/fact_sheet_alcohol_en.pdf
8. Nottingham City Council Joint Strategic Needs Assessment: Alcohol. Available at: <http://jsna.nottinghamcity.gov.uk/insight/Strategic-Framework/Nottingham-JSNA/Adults/Alcohol.aspx>
9. Public Health England. Public Health Outcomes Framework. Available at: <http://www.phoutcomes.info/search/alcohol>

Nottingham City Council Declaration on Alcohol.

We acknowledge that:

- Alcohol is one of the greatest causes of premature death and morbidity in our communities;
- Reducing alcohol harm in our communities significantly reduces costs to public services;
- Although lower income groups are not the heaviest drinkers, they suffer from the greatest alcohol harms;
- Evidence-based, government-led action to regulate the price, promotion and availability of alcohol is the most effective option for tackling alcohol harm;
- Although it might be appropriate to engage with elements of the alcohol industry around the management of the night-time economy, the alcohol industry should have no role in the development of alcohol policy or strategy;
- The volume and content of alcohol advertising influences young people to drink earlier and to consume more

As leaders of our communities we welcome the:

- Opportunity for local government and key partners to lead local action to tackle alcohol harm and secure the health, welfare, social, economic and environmental benefits that come from reducing excessive alcohol consumption;
- Opportunity to further embed public health priorities within the local authority framework, particularly in relation to community safety, regulatory activity and economic regeneration;

We commit Nottingham City Council from this date X XXX 2016 to act at a local level to reduce alcohol harm and health inequalities by:

- Influencing national government to take the most effective, evidence-based action to reduce alcohol harm, particularly via the introduction of greater regulations around the price, promotion and availability of alcohol;
- Influencing national government to rebalance the Licensing Act in favour of local authorities and communities, enabling local licensing authorities to control the number, density and availability of alcohol according to local requirements;
- Developing evidence-based strategies and commissioning plans with our local communities and partners including the local NHS Acute Trust, Clinical Commissioning Groups and the Police;
- Ensuring that public health and community safety are accorded a high priority in all public policy-making about alcohol;
- Making best use of existing licensing powers to ensure effective management of the night-time economy;
- Raising awareness of the harm caused by alcohol to individuals and our communities, bringing it closer in public consciousness to other harmful products, such as tobacco.

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Health and Wellbeing Board Forward Plan 2016/17

Submissions for the Forward Plan should be made at the earliest stage through Jane Garrard, Senior Governance Officer, Nottingham City Council:
jane.garrard@nottinghamcity.gov.uk 0115 8764315

NB:

- Updates from Nottingham City Corporate Director of Children and Families, Nottingham City Director for Adult Social Care, Director of Public Health, Healthwatch Nottingham and Nottingham City Clinical Commissioning Group at every meeting

Date of meeting	Issue	Report title	Report author	CEG?
28 September 2016	Public health topic <ul style="list-style-type: none"> • Director of Public Health 			
	Health and Wellbeing Strategy, Nottingham Plan and other key strategies <ul style="list-style-type: none"> • Nottingham Plan Programme Group • HWS Accountable Board members 	Health and Wellbeing Strategy 2016-20 – action plans	James Rhodes James.rhodes@nottinghamcity.gov.uk	Yes
	Commissioning and Joint Strategy Needs Assessment <ul style="list-style-type: none"> • Nottingham City Council • Clinical Commissioning Group, NHS England • HWB Commissioning Sub-Committee • Commissioning Executive Group 	Revised Policy and Procedure for Joint Strategic Needs Assessment	Caroline Keenan Caroline.keenan@nottinghamcity.gov.uk	Yes
	Other relevant reports (safeguarding and social determinants of health) <ul style="list-style-type: none"> • Safeguarding boards • Provider organisations and council services relating to social determinants of health 	Nottingham City Council Alcohol Declaration	Jane Bethea/ Sean Meehan Jane.bethea@nottinghamcity.gov.uk Sean.meehan@phe.gov.uk	
30 November 2016	Public health topic <ul style="list-style-type: none"> • Director of Public Health 			
Healthy Lifestyles	Health and Wellbeing Strategy, Nottingham	Healthy Weight Strategy	John Wilcox	

Date of meeting	Issue	Report title	Report author	CEG?
	Other relevant reports (safeguarding and social determinants of health) <ul style="list-style-type: none"> • Safeguarding boards • Provider organisations and council services relating to social determinants of health 			
29 March 2017 Healthy Culture theme Page 133	Public health topic <ul style="list-style-type: none"> • Director of Public Health 			
	Health and Wellbeing Strategy, Nottingham Plan and other key strategies <ul style="list-style-type: none"> • Nottingham Plan Programme Group • HWS Accountable Board members 			
	Commissioning and Joint Strategy Needs Assessment <ul style="list-style-type: none"> • Nottingham City Council • Clinical Commissioning Group, NHS England • HWB Commissioning Sub-Committee • Commissioning Executive Group 			
	Other relevant reports (safeguarding and social determinants of health) <ul style="list-style-type: none"> • Safeguarding boards • Provider organisations and council services relating to social determinants of health 			

Items to be scheduled:

- Memorandum of Understanding CCG & PH
- Director of Public Health Annual report (Alison Challenger)
- Commissioning Executive Group – twice a year
- Workplace Health (Alison Challenger/ Helene Denness)

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Corporate Director of Children's Services**September 2016****GCSE Results in Nottingham**

I would like to offer my congratulations to all pupils on getting their GCSE results. Early indications show our results are improving, with some schools recording their best ever results. I would also like to say a big well done and thank you to all parents and carers and school staff, for their hard work and support.

To read more about how Nottingham has performed, see the full results here: <http://www.mynottinghamnews.com/gcse-results-in-nottingham/>

Nottingham A-level Results Improvement

Off the back of GCSE results success, provisional figures in Nottingham show A-level results have improved. More students have taken and passed A-levels in Nottingham this year than 2015. Figures received so far from city schools show that Nottingham's overall pass rate has improved compared to last year. This year a total of 456 students were entered for A-levels, up from 389 last year. Congratulations to our A-level pupils and everyone involved.

You can get a full break down of results here: <http://www.mynottinghamnews.com/early-data-shows-nottingham-a-level-results-have-improved/>

Independent Inquiry into Child Sex Abuse – New Chairperson

As you may have heard within the media, Professor Alexis Jay is to be the new chairwoman of the inquiry into child sex abuse in England and Wales. This announcement, by the Home Secretary, followed the resignation of the previous Chair, Judge Dame Lowell Goddard at the beginning of August.

Professor Jay was already among the panel of advisers taking part in the independent investigation into claims made against public and private institutions. You may have previously heard of Professor Jay as she led the independent inquiry into child sexual exploitation in Rotherham which found that at least 1,400 children were subjected to sexual exploitation in the town between 1997 and 2013. Professor Jay has worked in local government for over 30 years and is the first of the chairwomen who is not a lawyer.

As mentioned in my previous newsletter, the Inquiry has named Nottingham as one of the 13 investigations that it will pursue and in November it was announced that one of these would focus on children in the care of Nottingham City and Nottinghamshire County Council.

The Home Secretary has confirmed the Government's commitment to the Inquiry. It is important that this work continues without delay and that the success of the Inquiry remains a priority for this Government.

If you would like more information on historical abuse or the Inquiry please visit our [website](#) or the Inquiry [website](#).

Inspectors praise Nottingham's Youth Offending Team

I would like to offer my congratulations to Nottingham's Youth Offending Team, who have been described as "high performing" by an independent inspector. The comments were made following a recent visit by HM Inspectorate of Probation in June. Inspectors said case managers were enthusiastic and knowledgeable and used creative approaches to help build positive relationships, encourage the engagement of children and young people and their parents/carers, and enhance the positive impact of their work. Staff were also praised for being committed to achieving the best outcomes for children and young people and they were able to demonstrate their understanding of effective practice. Inspectors said they saw some excellent work to keep children and young people safe.

<http://www.mynottinghamnews.com/inspectors-praise-nottinghams-youth-offending-team/>

Sheriff's bid to get primary schools running

Thousands of primary pupils in Nottingham are being urged to run 100 miles over the next school year in a bid to get fit and healthy – and complete the Sheriff's Challenge. Children aged five to 11 will be encouraged to run a one-mile course around their school playgrounds at least twice a week to hit the 100-mile target – that's the equivalent of running four full marathons each over the 2016/17 academic year! Schools are being asked to sign up to the Sheriff's Challenge, which is being organised by Nottingham City Council as part of the Opportunity Notts initiative to encourage more young people to get active and broaden their horizons.

<http://www.mynottinghamnews.com/sheriffs-bid-to-get-primary-schools-running/>

Physical Activity Challenge

During our Extended DLT (managers) meeting in March, we explored the theme of physical activity, and the benefits that increased levels of physical activity can bring to our citizens and our colleagues. Did you know that physical inactivity is the 4th leading cause of death worldwide? The recommendation for children under 5 years old is that they should participate in at least 3 hours of physical activity per day. In Nottingham, 2,090 under-5s meeting this target, but 18,810 don't. For children in the city aged 5-15, only 21% of boys and 16% of girls participate in at least 1 hour of physical activity per day. 29% of adults over 16 years did less than 30 minutes physical activity per week. 74,525 Nottingham citizens aged 16 and over are inactive.

Research tells us that people who are inactive are more likely to respond positively to physical activity that is built into some of the outcomes they want to achieve, rather than being told for instance to "get off the bus a stop early" or "go to a gym" by well-meaning professionals. However, encouraging someone to walk to the football to watch their favourite team, walk to pick collect a cup of tea in a day centre rather than having it served to them, or walking to the park with a child or adult as part of a visit are all examples of normalising physical activity.

As part of our conversations following our Extended DLT meeting, we came up with the idea of a summer physical activity team challenge. Could your

team think of an idea of how physical activity can be encouraged as part of our work with citizens? Or even how the physical activity of your team can be improved? We would love for you to have a go at making a positive change during the summer, to see how our service users and staff can benefit.

Managers will be asked to feed back about all the great ideas that teams have in September, as we would like to choose an idea that supports physical activity for children or adults to sponsor - on behalf of the C&A Directorate - a bid to the 'Being Great' fund.

In addition, please let us know if you have done anything so far that's made a difference, by emailing [Emily Humphreys](mailto:Emily.Humphreys@readingagency.org.uk) (ensuring you anonymise citizens' names). We really want to hear where you've increased physical activity in people's lives in however small a way.

Reading Well Books on Prescription for long-term conditions

You may have seen the e-mail circulated by Jane Garrard regarding the development of a new national **Reading Well Books on Prescription for long-term conditions** scheme. This exciting initiative will provide helpful information and advice in public libraries for people with long-term conditions, their carers and families. Nottingham City Libraries are excited to be part of the scheme and look forward to developing existing and new partnerships with local stakeholder organisations as we work together to improve the health of citizens across Nottingham City.

Reading Well Books on Prescription makes high quality, self-help reading, selected by experts by profession and experience, available in English public libraries. The books are endorsed by leading health organisations and can be recommended to people by GPs and other health professionals. The programme was launched in 2013 with a list of titles for common mental health conditions, followed by lists for people with dementia and their carers, and young people's mental health. It is delivered by The Reading Agency and Society of Chief Librarians, and funded by the Wellcome Trust and Arts Council England. To date, the programme has reached almost half a million people.

As part of the development of the new scheme, The Reading Agency are circulating a consultation paper (attached as Appendix A) and would welcome your views. The recommendations that arise from the consultation will be instrumental in shaping the scheme, you can submit your response to the consultation through [this online survey](#).

If you have any questions about completing the survey or would like to discuss this project further please contact Rosie
Walworth: rosie.walworth@readingagency.org.uk

Alison Michalska, Corporate Director of Children's Services (September 2016)

Reading Well Books on Prescription for long-term conditions: consultation paper August 2016

1. Introduction

As part of its successful Reading Well Books on Prescription (RWBOP) programme, The Reading Agency and the Society of Chief Librarians are planning to develop a new scheme for public libraries focusing on the needs of people with long-term conditions (LTCs). This work will be developed and delivered with relevant health agencies and organisations. It supports the Society of Chief Librarians' Public Library Health Offer, a national strategy that articulates the role that libraries can play in promoting the health and wellbeing of local communities.

1.1 Reading Well Books on Prescription

[Reading Well Books on Prescription](#) is delivered by The Reading Agency in partnership with the Society of Chief Librarians with funding from Arts Council England and the Wellcome Trust. The scheme is endorsed by leading [national health organisations](#), works within national clinical guidelines and provides book-based support available from public libraries for a variety of health conditions. It is the first national Books on Prescription programme in England and builds on a model that was first developed in Wales in 2005 by Professor Neil Frude.

Health professionals can refer people to recommended reading from quality assured lists of around 25/30 books, but people can also use the scheme independently as the first step to understanding and managing symptoms and seeking help. The programme has been used extensively by GPs and psychological wellbeing practitioners delivering supported self-help for anxiety and depression within Improving Access to Psychological Therapy services (IAPT).

Launched in 2013 with a list providing adults with self-help reading for [common mental health conditions](#) such as depression and anxiety, RWBOP is delivered by 97% of English public libraries. A second list supporting people with [dementia and their carers](#) was launched in 2015, while a third list supporting [young people's mental health](#) was launched in April this year.

In its first two years, the programme reached almost 445,000 people, with loans of the adult mental health list increasing by 97% and of the dementia list by 346% compared to borrowings in the previous year.¹ The programme is used regularly by around 6,500 health professionals. In addition, the majority of users of the adult mental health and dementia schemes are self-referring, rather than being signposted by a health professional.

¹ [Reading Well Books on Prescription Evaluation Report - BOP consulting \(2015\)](#)

A survey of people using RWBOP conducted as part of the 2014/15 evaluation found that 90% of those who had read a title from the adult mental health list had found it helpful and 85% said that it had made them feel more confident about managing their symptoms. [Read the second year evaluation in full](#). In addition to boosting access to relevant books, the scheme also promotes the role of public libraries in enhancing health literacy generally and signposting the public to local services and charities.

1.2 Partners

Current programme partners include:

Alzheimer's Society, British Association for Counselling and Psychotherapy, British Association for Behavioural and Cognitive Psychotherapies, The British Psychological Society, Carers UK, Dementia UK, NHS England (IAPT and Children and Young People's Mental Health), Innovations in Dementia, Mental Health Foundation, Mind, National Association of Primary Care, Public Health England, Royal College of GPs, Royal College of Nursing, Royal College of Psychiatrists, YoungMinds.

New partners representing long-term conditions will be invited to support work on the new scheme and people with experience of long-term conditions will also be closely involved in its development following a co-production model. All partners will be credited on relevant leaflets and materials. A list of potential partner organisations is presented in the [Appendix](#).

Consultation question 1

Are there any additional organisations with whom we should consult in developing RWBOP for LTCs that are not identified in the Appendix?

Please submit your response at the following link: www.surveymonkey.co.uk/r/consultationLTC

2. The consultation

The purpose of this consultation is to map out an appropriate framework for constructing a RWBOP booklist and delivery framework to help people understand and manage both the physical and mental health symptoms associated with LTCs. This will draw on our experience of developing the three previous lists but will also be informed by the views of experts and the target audience to make it relevant to the needs of people with LTCs and their families. It will focus on the underlying policy framework, the evidence base, and the needs of the potential community of users for the scheme. This consultation is aimed primarily at professionals, professional bodies and charities. A parallel consultation process involving people with LTCs, and their families or carers will also be undertaken. Responses to the consultation questions can be made online at: www.surveymonkey.co.uk/r/consultationLTC

3. Classification of long-term conditions

Physical illnesses such as asthma or diabetes, which following diagnosis usually continue to present throughout a person's lifetime, were once referred to as *chronic* physical diseases or illnesses. Unlike *acute* physical health problems for which successful medical treatment can often provide a cure and lead to full patient recovery, LTCs are best characterised as those for which a cure leading to full recovery does not exist and medical treatment comprises the management of symptoms for the remainder of the person's life. As such, LTCs have a lasting and persistent impact on people's functioning that may affect quality of life, as well as placing great demands on health services through GP consultations, out-patient clinics, hospital admissions and the costs of prescribed medications and interventions.

3.1 Long-term conditions

Although LTCs are wide-ranging, from idiopathic neurological diseases such as multiple sclerosis or Parkinson's through to cancer, cardiovascular disease and renal failure, and have their own individual pathologies and treatments, they also share common aspects of treatment and management that has led to them being frequently referred to in the last couple of decades as 'long-term conditions' by health professionals. Moreover, these illnesses are becoming more prevalent due to the combined effects of an ageing population and the impact of lifestyles and behaviours (for example diet and obesity, smoking, alcohol abuse) on their occurrence. Encouragingly, however, the increase in prevalence of LTCs is also partly due to people with many more conditions that once resulted in considerably reduced life expectancy now living much longer and fuller lives as a result of advances in medical science.

Although health care organisations have devised a variety of definitions for LTCs, they have extensive overlap:

- **The Department of Health:** 'A long term condition is a condition that cannot, at present, be cured but is controlled by medication and/or other treatment/therapies.'²
- **NICE Guidelines (NG22):** 'One that generally lasts a year or longer and impacts on a person's life... may also be known as a chronic condition.'³
- **The King's Fund:** 'Long-term conditions or chronic diseases are conditions for which there is currently no cure, and which are managed with drugs and other treatment.'⁴
- **The Royal College of GPs (RCGP):** 'A long term condition is any medical condition that cannot currently be cured but can be managed with the use of medication and/or other therapies. This is in contrast to acute conditions which typically have a finite duration such as a respiratory infection, an inguinal hernia or a mild episode of depression.'⁵

² [Long Term Conditions Compendium of Information: Third Edition - Department of Health \(2012\)](#)

³ [Older people with social care needs and multiple long-term conditions \[NG22\] - NICE \(2015\)](#)

⁴ [Long Term Conditions & Multi-morbidity - The King's Fund](#)

⁵ [Written Evidence Long Term Conditions - Royal College of GPs \(2012\)](#)

However, the RCGP then goes on to say that the best way to gauge whether a patient has a LTC is on an individual basis with discussion between a patient and their health practitioner. As we will review within Section 4, contemporary approaches to the management of LTCs stress the need to treat the whole patient rather than just the disease, to emphasise the importance of proactive ‘living well and wellbeing’ approaches, as well as medical interventions that can include a consideration of patient goals and the need to individually plan care taking into account multiple co-morbidities and the impact of these conditions on social care needs and support.

Health conditions that are often identified as coming under the LTCs banner include, but are not restricted to: asthma, cancer, cardiovascular disease, chronic fatigue syndrome, chronic kidney disease, chronic obstructive pulmonary disease, chronic pain, diabetes, irritable bowel syndrome, multiple sclerosis, obesity/weight loss intervention, osteoarthritis, rheumatoid arthritis, Parkinson’s disease, stroke. This is the list used in NHS Scotland’s Matrix Guide⁶ to delivering psychological therapies for LTCs.

Long-term mental health problems, especially depression but also schizophrenia and bipolar disorder, together with some dementias, are also regarded as LTCs. The RWBOP list for LTCs will not deal *specifically* with serious mental illnesses such as recurrent depression, psychoses and dementia since some of these conditions have already been referred to within the adult mental health and dementia lists. However, when depression or anxiety are associated with a LTC, their management will be considered. Other persistent conditions such as HIV and AIDS and sickle cell disease are also sometimes included. Indeed, the term LTCs is designed to be inclusive and not strictly defined by a rigid diagnostic scheme.

3.2 Long-term conditions and mental health

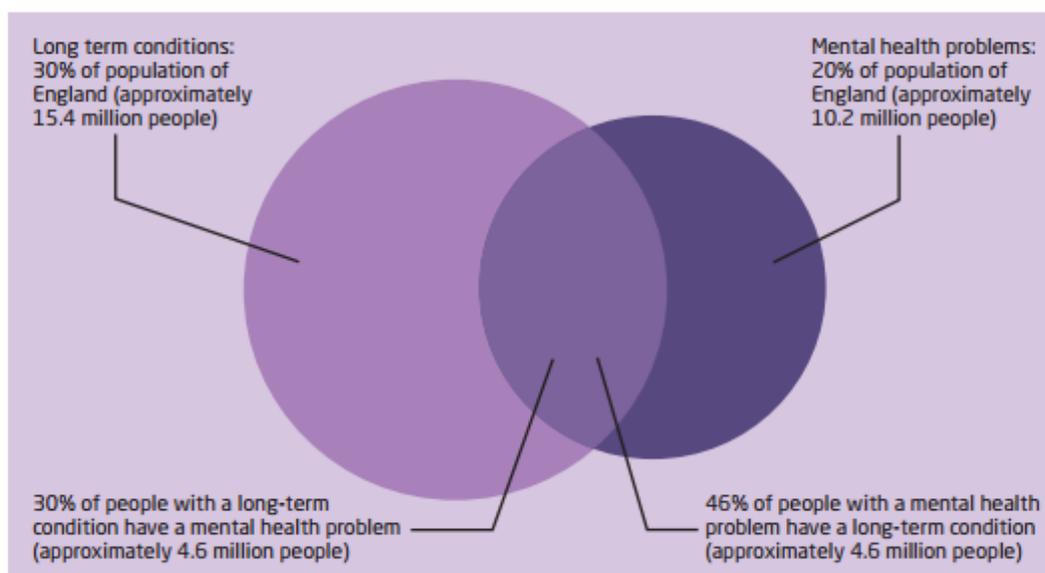
LTCs have also been of interest to mental health practitioners since, unsurprisingly, rates of common mental health conditions such as anxiety and depression are frequently elevated within these patient groups.⁷ The emphasis on more holistic treatment of the individual has meant that it has become more common to offer both physical and psychological treatments to people with LTCs. The overlap between the conditions is illustrated strikingly in Figure 1 below, taken from a King’s Fund report. Providing effective treatment for co-morbid conditions such as depression often results in improved quality of life and more effective physical management of the condition, leading to savings in health care provision. In 2011 the Department of Health’s Improving Access to Psychological Therapies (IAPT) programme undertook to establish a series of pathfinder projects to examine the viability of extending IAPT services to encompass LTCs. This was an extension of the most prevalent collaborative care model, as reflected in the recently published NICE guidance on depression and LTCs,⁸ of building partnerships between specialist mental health services and primary care in tackling LTCs.

⁶ [Matrix Guide to delivery psychological therapies for LTCs - NHS Scotland](#)

⁷ [Long-term conditions positive practice guide - IAPT \(2008\)](#), [Long-term conditions and mental health: the cost of co-morbidities - The King's Fund \(2012\)](#), [Emotional and psychological wellbeing for patients with long-term conditions - NHS confederation \(2012\)](#)

⁸ [Depression in adults with a chronic physical health problem: recognition and management \[CG91\] – NICE \(2009\)](#)

Figure 1 The overlap between long-term conditions and mental health problems



3.3 Medically unexplained symptoms or functional symptoms

The distinction, however, between physical and mental health conditions is not straightforward. There are many conditions which impact on patients' lives, through either loss of function or debilitating pain, for which clinical and diagnostic assessments provide no identifiable physical diagnosis or pathology. These conditions are often referred to as 'medically unexplained symptoms' (MUS) but previously have been described as 'functional or psychosomatic complaints'. It should be noted that this diagnostic term relies not on the positive identification of a disease by the presentation of specific symptoms but the absence of pathology. These terms are often disliked by patients since they imply that their physical symptoms and suffering are 'all in the mind' and hence not amenable to medical treatment. The term is also unpopular with many health professionals since it encourages false dualistic thinking that illnesses are either physically or psychologically caused.⁹ Indeed, Roth and Pilling¹⁰ when scoping competences for the IAPT workforce in delivering psychological interventions for people with LTCs and MUS, suggested using the more comprehensive and descriptive term of 'persistent physical health conditions' when referring to both LTCs and MUS.

Conditions frequently identified as MUS include fibromyalgia, irritable bowel syndrome and chronic fatigue syndrome. A recent good practice guide published by IAPT¹¹ lists in addition to these three common conditions: temporomandibular joint dysfunction, atypical facial pain, non-cardiac chest pain, hyperventilation, chronic cough, loin pain haematuria syndrome, functional weakness/movement disorders, dissociative (non-epileptic) attacks and chronic pelvic pain/dysmenorrhea.

Furthermore, in as many as 30% of patients referred for diagnostic tests for common complaints such as chest or back pain, no physical pathology or medical diagnosis will be revealed, suggesting that these complaints might be functionally associated with anxiety or depression. It is argued that MUS cost the NHS significant resources in terms of repeated and unrevealing outpatient appointments and diagnostic testing.

⁹ [The cognitive behavioural model of medically unexplained symptoms: A theoretical and empirical review - Deary, Chalder & Sharpe \(2007\)](#)

¹⁰ [Psychological Interventions with People and Persistent Physical Health Problems - Kings College London \(2011\)](#)

¹¹ [Medically unexplained symptoms good practice guide - IAPT \(2015\)](#)

Recently it has been suggested that services might consider identifying MUS or offering these patients the opportunity for psychological interventions in order to reduce the financial impact of MUS on acute hospital services.

3.4 Summary

Persistent physical health conditions have major impacts on individuals and their families/carers, together with growing demands on both health and social care. Rather than dealing with each chronic physical condition separately, health professionals have striven to adopt a common approach to assessing and managing people with these physical illnesses. As we will see in the next sections, this has emphasised personalised care, which is proactive and planned to encompass all LTCs, and integrates *both* physical and psychological needs, *together* with health and social care provision. It is also argued that people with MUS where clinical assessments have failed to identify an underlying pathology or physical diagnosis would also benefit from systems of care developed for people with LTCs, together with interventions targeting positive adaptation and living well, and wellbeing.

Consultation question 2

- a. 'Long-term condition' is an inclusive term and many conditions can be defined as such. However, we need to produce a booklist of approx. 25–35 titles for this scheme and so will not be able to provide targeted books for all long-term conditions. Taking into account prevalence, need and relevance of book-based information provided by RWBOP please select the 10 LTCs that you believe the RWBOP LTC scheme should target from the list below:

- *Angina*
- *Arthritis – includes osteoarthritis and rheumatoid arthritis*
- *Asthma*
- *Cancer*
- *Cardiovascular disease (CVD) – includes coronary heart disease, stroke, peripheral arterial disease and aortic disease*
- *Chronic fatigue syndrome (CFS), or ME*
- *Chronic kidney disease (CKD)*
- *Chronic obstructive pulmonary disease (COPD) – includes chronic bronchitis, emphysema, chronic obstructive airways disease*
- *Chronic pain*
- *Chronic skin conditions – includes eczema and psoriasis*
- *Diabetes*
- *Endometriosis*
- *Epilepsy*
- *Fibromyalgia*
- *High blood pressure, or hypertension*
- *HIV and AIDS*
- *Inflammatory bowel disease (IBD) – includes Crohn's Disease and Ulcerative Colitis*
- *Irritable bowel syndrome (IBS)*
- *Motor Neuron Disease (MND)*
- *Multiple sclerosis (MS)*
- *Parkinson's Disease*
- *Sickle cell disease*

- b. Please indicate any additional LTCs not identified above that you think should be prioritised by the list and tell us why.**
- c. Is there any terminology relating to long-term conditions that you would advise we avoid using?**

Please submit your response at the following link: www.surveymonkey.co.uk/r/consultationLTC

4. Policy framework

Delivering health services for people with chronic disease or LTCs has been a major focus for policy makers, health professionals and charities for the last two decades. A summary of international approaches and a strategic framework identifying key policy issues surrounding long-term care was published in 2003 by the World Health Organisation.¹² It was becoming clear that the demands on health service provision arising from a growing and ageing population requiring medical and social care for a variety of different LTCs was a major challenge for health care planners and policy makers, not to mention health economists and politicians.

Below we summarise our understanding of the scale of the challenge in meeting the needs of people with LTCs and the associated costs of providing services and impact on health care in general. We also review the most recent UK developments in policy within this area originating from governments, professional bodies, and patient groups and charities. Based on this evidence we argue the case that the current policy framework supports the development by The Reading Agency and Society of Chief Librarians of a Books on Prescription scheme for people with LTCs and their relatives/carers.

4.1 The extent of the problem: statistics and costs

Statistical and economic profiles

Numerous reports detail the prevalence of common LTCs, the changing demographic profile, the impact on the uptake of GP and hospital outpatient and inpatient services, and the overall economic burden of providing care and meeting the needs of these patients. For example, the Department of Health's own LTC Compendium of Information¹³ lists the following statistics:

- **Fifteen million people** in England have one or more LTCs, and the number of people with multiple conditions (multi-morbidity) is rising.
- Around **70%** of the total healthcare spend in England is attributed to caring for people with long-term conditions.
- People with long-term conditions account for **50%** of all GP appointments.
- The majority of people aged over 65 have two or more LTCs; the majority of over 75s have three or more; and, overall, the number of people with multiple conditions is rising.

¹² [International policy issues in long-term conditions - World Health Organisation \(2003\)](#)

¹³ [Long Term Conditions Compendium of Information: Third Edition - Department of Health \(2012\)](#)

A more recent set of revised statistics produced by NHS England reports the following:¹⁴

- About **26 million** people in England have at least one LTC.
- About **10 million** people have two or more LTCs, 1 million with frailty, 0.5 million at end of life.
- There's a three-fold increase in cost of health care for those with frailty.
- Some people living in deprived areas will have health problems 10–15 years earlier than people in affluent areas.
- **15%** of young adults aged 11–15 have a LTC.
- Only **59%** of people living with LTCs are in work, compared with **72%** of the general population.
- LTCs account for:
 - **50%** of all GP appointments
 - **64%** of all hospital outpatients appointments
 - **70%** of all hospital bed days
 - **70%** of health and care spend
 - **33%** of GP appointments for patients with multiple LTCs
 - **50%** of emergency bed days for over 75s
 - **25%** of bed days occupied by someone dying
- **64%** of people living with LTCs at present say they feel supported, so there is room for improvement.
- People living with LTCs are being supported to develop their own care plans. However, at present, only **3.2%** have written their own plan.
- On average people living with LTCs spend just four hours a year with a health professional and **8,756 hours** self-managing.
- **80%** of carers report that caring for someone living with a LTC has had a negative impact on their health. In addition, **£1 billion** in carer's allowance is unclaimed each year.

Multi-morbidity and mental health problems

A major contributor to the costs of LTCs care is the frequent co-morbidity with mental health problems, particularly depression. A recent King's Fund report¹⁵ indicates that people with a LTC are two to three times more likely to also experience depression. Similarly, around 30% of people with a LTC will experience some form of mental health problem. Furthermore, having depression alongside a LTC can exacerbate the physical condition(s) and raises health care costs by 45% for each person affected. Furthermore, experiencing depression alongside at least one LTC significantly worsens quality of life compared to the experience of the LTC alone¹⁶ with the impact of depression becoming greater the more LTCs the patient experiences.

¹⁴ [Long-term conditions metrics infographic - NHS England \(2016\)](#)

¹⁵ [Long-term conditions and the cost of co-morbidity - The Kings Fund \(2012\)](#)

¹⁶ [Depression, chronic diseases, and decrements in health: results from the World Health Surveys - Moussavi et al \(2007\)](#)

Similar conclusions were reached by the British Heart Foundation in their publication *Twice as likely: Putting long term conditions and depression on the agenda*.¹⁷ Indeed, the NHS Confederation also published a report reviewing the impact of LTCs on people's mental health and wellbeing and recommending how services should respond to this challenge.¹⁸

Impact on unemployment, benefits and work

An important area that has received considerable attention is the impact of LTCs on work and employment. A recent report by the Work Foundation has calculated the impact of LTCs on working lives. People with LTCs frequently struggle to maintain employment due to significant disabilities. This impacts on business and employers in terms of skill shortages and unemployment, sickness absence and presentism. They illustrate the scale of the problem by presenting relevant statistics for six common LTCs:¹⁹

- The average age of retirement for someone with multiple sclerosis is **42 years old**
- Over **45%** of people with asthma report going to work when ill, increasing the risk of prolonged sickness and affecting their ability to perform effectively
- Just **8%** of people with schizophrenia are in employment, despite evidence that up to 70% of people with severe mental illness express a desire to work
- People with heart failure lose an average of **17.2 days** of work per year because of absenteeism caused by their condition
- Over **52%** of people with diabetic macular oedema are of working age
- A **10%** reduction in sickness absence for people with psoriasis would provide a **£50 million** boost to the UK

[Public Health England](#) and [NHS Employers](#) have both published advice to employers about positive approaches to supporting people with LTCs within employment.

Impact of long-term conditions and services on people's lives

Finally, a recent report published by the Richmond Group of Charities documents the impact of LTCs on people's lives, together with the quality of services provided to people with LTCs. Some relevant findings are summarised below.²⁰

- **44%** of adult inpatients say they are not sufficiently informed about clinical decisions.
- Only **40%** of people could understand the stroke information packs given to them.
- Only **1.6%** of people with diabetes attended structured courses in education that met NICE standards.
- More than **two thirds** of people with neurological conditions report not having been offered a care plan.

We should also stress the burden of care and associated costs of employment and benefit support for the families and carers of people with LTCs. For example, in a recent survey circulated by Carers UK the costs of

¹⁷ [Twice as likely: putting long-term conditions and depression on the agenda - The British Heart Foundation \(2012\)](#)

¹⁸ [Investing in emotional and psychological wellbeing for patients with long-term conditions - NHS confederation \(2012\)](#)

¹⁹ [The impact of long-term conditions on the economy - The Work Foundation, The University of Lancaster \(2016\)](#)

²⁰ [Vital Signs report - The Richmond Group of Charities \(2015\)](#)

informal caring are estimated as being equivalent to the NHS budget.²¹ Previous reports by Carers UK have also emphasised the increase in stress, depression and social isolation felt by carers of people with LTCs. Indeed, a recent [King's Fund report](#) on integration between physical and mental health care emphasises the importance of providing support to carers of people with LTCs.²²

Consultation question 3

Are there important socio-economic impacts relating to long-term conditions that we have missed?

Please submit your response at the following link: www.surveymonkey.co.uk/r/consultationLTC

4.2 Policy development: reviews and guidance

It is clear that LTCs have had a major impact on the delivery of health care and the costs of NHS provision. It is not surprising, therefore, that LTCs have been the subject of numerous policy reviews and reports coming from both health professionals and the Government. Moreover, in recent years it has been acknowledged that patients with LTCs need to be consulted more extensively and encouraged to actively engage in their treatment. This has come from patients themselves and also the various charities and voluntary organisations representing them.

We will not attempt an exhaustive review of policy development in the last decade or so, but instead will attempt to identify the key issues that have emerged. There are several key reports that mark significant milestones in the development of health care provision for LTCs. Perhaps the publication of the first National Service Framework (NSF) for Long-term Conditions in 2005 is a convenient starting point, which illustrates some of the key policy areas and their development in the coming years. The NSF specifically targeted people with long-term neurological conditions such as multiple sclerosis, Parkinson's disease, and cerebral palsy in adults. Nevertheless, a key purpose was to describe how health and social services should provide an integrated service to support and rehabilitate people with neurological conditions and other LTCs. It listed a number of quality requirements including:²³

- A person-centred service
- Early recognition, prompt diagnosis and treatment
- Emergency and acute management
- Early and specialist rehabilitation
- Community and vocational services
- Providing practical support including equipment and accommodation
- Personal care and support
- Palliative care
- Supporting families and carers

²¹ [State of Caring 2016 - Carers UK \(2016\)](#)

²² [Bringing together physical and mental health: a new frontier for integrated care - The Kings Fund \(2016\)](#)

²³ [National Service Framework for Long Term Conditions - Department of Health \(2005\)](#)

Many of the principles identified above have become incorporated into service planning for a whole range of LTCs. Perhaps the most important is the recognition of **personalised care** and the importance of treating the person/patient and not the condition.²⁴ Other important principles have included encouraging **self-management**, and the development of the expert patients programme and patient held records. These innovations have arisen particularly for people with diabetes where the focus has been to encourage patients to be actively involved in managing their own condition. Asthma is another area where there has been a focus on self-management and patient recorded outcomes.

These approaches very much rely on the provision of accessible and high quality information.²⁵ Indeed, there have been several recent initiatives to provide greater access to learning about **self-care** for both patients and professionals through e-learning resources. For many conditions, there has been a shift towards pro-active and innovative programmes aimed at facilitating **positive adaptation** to living with a LTC, as well as general improvements in **healthy lifestyles and wellbeing**. Good examples being for people with cardiovascular disease, arthritis, Parkinson's disease, some types of cancer and HIV. For people with more disabling conditions, or older people with LTCs who may also have mobility or social care needs, the focus has been on **integrated care planning** involving health and social services assessments, co-ordinated **written care plans** and **individualised budgets and payments**.²⁶ More recently, the focus has been on multi-morbidities which are usually the norm within older populations.²⁷

Many of the above initiatives have been combined in a single initiative promoted by the [King's Fund](#) and [NHS England](#), termed the *House of Care*.²⁸ The 'House' is a metaphor, whereby the central aspect of delivering care for LTCs is personalised care planning. However, for this to be effective, patients have to be informed and motivated, and staff committed to partnership working. The foundations for this are responsive commissioning, whereas the entire process requires oversight and appropriate organisational processes.

²⁴ [Improving the wellbeing of people with LTCs - Department of Health \(2010\)](#), [Improving health and wellbeing of people with long term conditions in Scotland - NHS Scotland \(2009\)](#), [Our vision for the future: action on long-term conditions - Coalition of collaborative care \(2011\)](#)

²⁵ [Our health, our care, our say: A new direction for community services - Department of Health \(2006\)](#), [Patients in control: why people with long-term conditions must be empowered - Institute for Public Policy Research \(2014\)](#)

²⁶ [Multimorbidity: clinical assessment and guidelines - NICE \(2016\)](#), [Improving the lives of people with long term conditions - Royal College of GPs \(2012\)](#), [Executive summary: Personalised care and support planning handbook The journey to person-centred care - NHS England \(2016\)](#)

²⁷ [Older people with social care needs and multiple long-term conditions \[NG22\] - NICE \(2015\)](#)

²⁸ [Delivering person centred care in long term conditions - BMJ Eaton Simon, Roberts Sue, Turner Bridget \(2015\)](#)



4.3 Policy implications for a Reading Well Books on Prescription for long-term conditions scheme

Due to the widespread and major impacts that LTCs have on people's lives, the delivery of health services and the socioeconomic costs, it is not surprising that these conditions have been a prime focus for government thinking and policy formulation. The priority that has been given to tackling LTCs and introducing new models of care, therefore, would support The Reading Agency and Society of Chief Librarians' decision to target LTCs for its next Reading Well Books on Prescription scheme. As can be seen from the policy review, there are certain key principles such as providing high quality information to patients and their relatives, self-care and management, personalised care planning, providing group education and support, emphasising healthy lifestyles and wellbeing, and tackling anxiety and depression, which are all consistent with the aims of RWBOP. The focus of RWBOP is the provision of evidence-based, quality-endorsed books designed to inform, educate and help people manage their health conditions. This is made possible by widely disseminated reading lists of relevant books either from health professionals or made available through public libraries and other community resources.

The recent emphasis on treating mental health conditions alongside LTCs²⁹ is also consistent with the RWBOP approach and would allow for titles relating to the mental health implications of living with a LTC to be featured on the list, as well as signposting to the existing adult common mental health conditions and dementia lists. The common mental health conditions booklist was shaped by the views of IAPT therapists (both low and high intensity psychological therapists) and we would envisage that this would also be appropriate for a LTCs list.

²⁹ [Long-term conditions positive practice guide - IAPT \(2008\)](#), [MUS positive practice guide - IAPT \(2014\)](#), [Long-term conditions and mental health: the cost of co-morbidities - The Kings Fund \(2012\)](#), [Investing in emotional and psychological wellbeing for patients with long-term conditions - NHS confederation \(2016\)](#), [Investing in emotional and psychological wellbeing for patients with long-term conditions - NHS confederation \(2016\)](#), [Bringing together report - The Kings Fund \(2016\)](#).

Consultation question 4

- a. How far do you agree or disagree with our analysis of the policy framework for a RWBOP scheme for LTCs? Please let us know the reasons for your answer.**
- b. If you are aware of any relevant policy initiatives that we have not included please tell us about them here.**

Please submit your response at the following link: www.surveymonkey.co.uk/r/consultationLTC

5. Clinical guidelines, quality standards and the evidence base

5.1 Overview

A major effort was made when establishing the English RWBOP for common mental health conditions scheme to ensure that it was informed by the relevant NICE guidance surrounding particular conditions. There was also a strong focus on corroborating research evidence supporting the use of particular books or manuals. A summary of the evidence base is provided on [The Reading Agency website](#).³⁰ Where there was evidence of ineffective or potentially harmful self-help interventions, these conditions (for example, post-traumatic stress disorder) were not included on the book list.

With the original [RWBOP list for common mental health conditions](#) the strategy for gathering evidence to support particular self-help books for conditions where they might be beneficial relied heavily on recommendations about the use of guided CBT self-help books or self-help groups contained within the relevant NICE clinical guidelines. Given that the majority of books offering CBT self-help were for identified conditions where NICE guidance was available, this ensured that an identifiable and transparent evidence base was deployed. Additional guidance was provided by an expert panel of relevant health professionals. Some books on the list referred to problems where no *specific* NICE guidance was available (these included anger, relationship problems, self-esteem, sleep, stress and worry). It was, however, acknowledged that there was a need for quality endorsed guidance relating to these everyday problems associated with psychological distress. The books selected were endorsed by professionals and had been subject to evaluation research and scientific scrutiny.

When attempting a similar exercise in scoping the evidence for the RWBOP dementia list, we became aware that the evidence base for individual self-help books was less developed. We therefore adopted a more general approach that critically examined the role of books and psycho-educational materials in enhancing care standards as identified by NICE and key charities in promoting the quality of dementia services. Rather than just focusing on self-help strategies to ameliorate symptoms, titles from the dementia list were about providing information for people worried about symptoms at the time of diagnosis, about how to 'live well with dementia,' and providing support for relatives and carers. Several biographical and

³⁰ [Evidence base for Reading Well Books on Prescription - The Reading Agency website](#)

fictional accounts of dementia were also recommended by both individuals and charities as being extremely useful in helping people to understand the experience and inner worlds of people with dementia. For the young people's list, we adopted aspects of both approaches identified above. We were also strongly guided by the views of young people themselves since for this particular project we adopted a strong co-production model for consultation and book selection.

The situation regarding LTCs is less than clear. Although many self-help books are available that cover LTCs in general, very few appear to be evidence-based or derived from clinical evaluations or trials. A few titles have been based on educational programmes³¹ that have tended to be delivered in a group format (see next section). Some are extensions of well researched interventions such as CBT³² or mindfulness³³ that have been applied to specific LTCs. However, very few, if any, of these books are specifically recommended in NICE clinical guidelines. This is in contrast to the RWBOP common mental health conditions list, where direct links with NICE could be made.

In order to summarise the potential links between NICE and a list for RWBOP for LTC, we have scanned and summarised the relevant NICE guidance and identified either specific psychological approaches or self-help materials that might form the basis for recommendations for a list. A useful reading list and summary of the LTC literature was published by the King's Fund³⁴ in 2014. We have also scoped various systematic reviews of LTCs and searched the literature for relevant psychological interventions, self-help strategies and self-management and support programmes. We will also aim to foster an active dialogue with people with LTCs, relatives, carers, professionals and charities concerning additional titles not necessarily associated with NICE guidance that should also be considered. Given the absence of clinical trials or evaluations of specific titles, we believe that professional endorsement, together with the views of people with lived experience of LTCs, will be major components of the book selection process. A library survey of existing titles regarding LTCs and the extent to which they have been borrowed will also inform the later book selection process.

5.2 NICE³⁵ and long-term conditions

There are three sources of NICE guidance that are relevant to the development of the book list. First, there have been several general guidelines about LTCs, together with care planning for older people. There are also condition-specific NICE guidelines (for example, diabetes, epilepsy), which cover the majority of conditions relevant to our list. Finally, there are NICE guidelines for mental health conditions such as depression, which is often seen as a LTC in itself, plus specific NICE guidance for depression experienced by people with LTCs.

General guidance

NICE guidelines ([NG22](#)) provide the framework for integrated care planning, self-management and support for carers of older people with multiple LTCs. It stresses the importance of accessible and good quality information at every stage of the development of the patient's care plan. It also stresses providing relevant information and support to carers. Guidance that is about to be published (expected September 2016) on

³¹ [Living a Healthy Life with Chronic Conditions: For Ongoing Physical and Mental Health Conditions - Kate Lorig, Halsted Holman, David Sobel \(2013\)](#)

³² [Overcoming chronic pain - Cole et al \(2010\)](#)

³³ [Mindfulness for Health: A practical guide to relieving pain, reducing stress and restoring wellbeing - Burch et al \(2013\)](#)

³⁴ [Library reading list: long-term conditions - The Kings Fund \(2014\)](#)

³⁵ [National Institute for Health and Care Excellence \[NICE\]](#)

multi-morbidity in LTCs will also help select those at risk and who would particularly benefit from more intensive and individualised care. Although it is doubtful that older people with multi-morbidity may benefit directly from RWBOP, relevant information from a LTC list, together with the RWBOP for dementia list, might benefit relatives and carers.

Specific NICE guidance

Most individual conditions such as asthma ([QS25](#)), arthritis ([CG79](#)), diabetes ([CG87](#)) and epilepsy ([CG137](#)) have individual NICE clinical guidelines about treatment and management. Generally, they all emphasise the importance of providing good quality information to patients and their relatives from the time of diagnosis onwards. Good quality, according to NICE, means individually tailored to the patient's level of understanding and designed to be accessible. Providing information is said to improve a patient's understanding of their condition, which can then help motivate them to control their symptoms through self-management. Indeed, it is argued that good information provision leads to an increase in perceived control over the condition (i.e. self-efficacy) and also better understanding (for example, health literacy). The latter is seen as a good predictor for positive outcomes in treatment trials of people with LTCs.³⁶ Individual guidance for asthma and diabetes particularly recommend setting up psycho-educational groups to encourage self-management of the condition. It also suggests that information sessions and support should be offered on an individual basis to both patients and carers.

For some LTCs, specific psychological interventions are also mentioned:

- For rheumatoid arthritis ([CG79](#)), psychological interventions such as stress management and relaxation, together with cognitive coping skills, are recommended.
- For asthma ([QS25](#)) and chronic obstructive pulmonary disease ([CG101](#)), psychological approaches to breathing control are suggested as components of an education programme.
- For stroke, the teaching of psychological principles within rehabilitation programmes is stressed.
- For epilepsy ([CG137](#)), psychological interventions such as CBT, relaxation training and biofeedback are recommended.
- NICE guidelines for some specific conditions such as coronary heart disease ([CG108](#)), stroke ([CG162](#)), multiple sclerosis ([CG186](#)) and chronic kidney disease ([QS25](#)) all emphasise the importance of detecting depression and making adequate provision for treatment.

We have dealt with some of the most common NICE clinical guidelines referring to LTCs; others also exist (for example, chronic fatigue syndrome, chronic pain and irritable bowel syndrome) but space prevents comprehensive coverage.

NICE guidance for depression and long-term conditions

It has already been stressed that individual NICE guidance marks out the importance of diagnosing and treating depression in people with LTCs. Indeed, a specific guideline was produced that was intended to supplement the recently published NICE guideline on depression ([CG90](#)) and to focus specifically on managing depression associated with LTCs, particularly within the context of primary care. As well as recommending the provision of good quality information, the guideline also

³⁶ [Health Literacy website](#)

recommends that for cases of mild to moderate depression, guided self-help CBT should be provided either individually or within a group, and possibly supplemented with computerised or online resources. It is suggested that a collaborative care model might be adopted whereby people with depression are seen within primary care but with inputs and supervision from secondary care mental health specialists. For more severe depression, intensive psychological therapy and/or medication are recommended.

5.3 Meta-analyses and systemic reviews

There have been several important meta-analyses and systematic reviews of LTCs published, many written as the basis for reports published by the King's Fund and other organisations. Perhaps the most current has been published by National Voices, outlining the evidence supporting person centred care.³⁷ They conclude that the provision of personalised information specific to an individual's condition, preferably online and with some source of support (online/telephone), should improve patients' knowledge of their condition, enhance their experience of services, and have positive impacts on service use and cost and ultimately patients' health. Similar conclusions have also been published by various other health organisations including NHS England and the Coalition for Collaborative Care, the National Institute of Health³⁸ and National Voices. These reviews have attempted to identify the most effective components of what are usually quite complex group psycho-education interventions. For example, National Voices concluded that elements such as specific education delivered in health care settings, supplemented by lay-lead generic self-management courses, with telephone support and self-monitoring were optimum. The National Institute of Health review is significant since it identifies psycho-education delivered across various formats as being important, especially when an interactive format supported by health professionals was employed. However, the passive use of education materials was concluded not to be effective. This would seem to echo the debate around supported/guided self-help³⁹ within the mental health field. A recent Cochrane review⁴⁰ looking specifically at the efficacy of personalised care planning revealed small improvements in a range of LTCs health outcomes, reduced depression and improved personal confidence and skills to manage health. Another positive meta-analysis also demonstrated psychological benefits from 'chronic disease self-management programmes', although direct impacts on health care utilisation were limited.⁴¹ A summary of these reviews, which focused on implementing best practice, was published by the Centre for Reviews and Dissemination at the University of York.⁴² The review identified key features for successful implementation, as well as identifying barriers such as other family commitments, transport and costs. Overall, they stressed the importance of clinical leadership, staff training and ongoing evaluation in the successful delivery of these programmes.

³⁷ [Improving information and understanding - National Voices \(2016\)](#)

³⁸ [A rapid synthesis of the evidence on interventions supporting self-management for people with long-term conditions - National Institute of Health \(2014\)](#)

³⁹ [Good practice guidance on the use of self-help materials within IAPT services - NHS England](#)

⁴⁰ [Personalised care planning for adults with chronic or long-term health conditions - Coulter - 2015 - The Cochrane Library - Wiley Online Library](#)

⁴¹ [A meta-analysis of health status, health behaviours, and healthcare utilization outcomes of the Chronic Disease Self-Management Program - Brady et al \(2013\)](#)

⁴² [Supporting self-management: helping people manage long-term conditions - The University of York \(2015\)](#)

The application of self-help psychological interventions to people with LTCs has also been reviewed. Matcham et al.⁴³ in a meta-analysis of self-help interventions for people with physical illnesses provide some support for the efficacy of CBT for depression. Similarly, a systematic review by Farrand and Woodford identified 11 studies that yielded small effect sizes for treating depression or anxiety using CBT.⁴⁴ They comment on the poor quality of studies conducted in this area. A recent unpublished review by Hadert makes some useful practical suggestions as to how CBT for LTCs might be modified to make it more acceptable to these patients.⁴⁵

In summary, there is considerable evidence to support the effectiveness of personalised, self-management programmes for LTCs. While the cost-effectiveness of these programmes has yet to be convincingly demonstrated since impacts on physical symptom outcomes and health care utilisation are difficult outcomes to achieve, there is substantial evidence for the positive impacts of these programmes on patient quality of life, wellbeing and sense of control. The provision of both condition-specific information and more generic information are important components of these self-management programmes. However, the literature supports the provision of psycho-education in group formats provided by health care professionals over a period of time, rather than the passive provision of bibliotherapy or unsupported self-help. In addition, there is some support for the use of psychological interventions such as CBT in the treatment of depression and anxiety in people with LTCs.

Consultation question 5

- a. How far do you agree or disagree with our summary of NICE guidelines relevant to a RWBOP scheme for LTC? Please let us know the reasons for your answer.**
- b. How far do you agree or disagree with our summary of meta-analyses and systematic reviews relevant to a RWBOP scheme for LTCs? Please let us know the reasons for your answer.**
- c. If you are aware of any key reviews relevant to a RWBOP scheme for LTCs that we have not included please tell us about them here.**

Please submit your response at the following link: www.surveymonkey.co.uk/r/consultationLTC

⁴³ [Self-help interventions for symptoms of depression, anxiety and psychological distress in patients with physical illnesses - Matcham et al \(2014\)](#)

⁴⁴ [Effectiveness of Cognitive Behavioural Self-Help for the Treatment of Depression - Farrand & Woodford \(2015\)](#)

⁴⁵ [Adapting Cognitive Behavioural Therapy Interventions for Anxiety or Depression to Meet the Needs of People with Long-term Physical Health Conditions - Hadert \(2013\)](#)

6. Developing a Reading Well Books on Prescription for long-term conditions scheme

6.1 Function of scheme

In order to outline the potential of the RWBOP scheme to help and support people with LTCs it is helpful to consider how the current schemes, for people with mental health conditions and dementia, and young people with mental health issues, are used. These existing RWBOP schemes serve a number of useful purposes which include the following:

- a. Provision of general information concerning health conditions for the general public and raising levels of health literacy.
- b. Enhancing awareness and promoting help-seeking for unrecognised/undiagnosed conditions.
- c. Providing self-help books for specific conditions or problems, which can be used by the individual in confidence and without stigma, either unguided or guided by a health professional.
- d. Provision of self-help resources, which may be adopted either within face-to-face or group-facilitated therapy and/or education.
- e. Provision of information for relatives and carers.
- f. Support for living well with a diagnosed condition.
- g. Support for understanding the experience from an informed personal/fictional perspective.
- h. Provision of information for non-health care professionals (for example teachers, care workers, etc.).
- i. Provision of a non-stigmatised, community-based resource for associated meetings/group activities (for example, memory cafes for dementia).
- j. Provision of signposting to relevant local services and charities through the provision of the RWBOP leaflet and [website](#), or through library staff and enquiries. It should be noted that over two million RWBOP leaflets have been distributed across public libraries in England.

Consultation question 6

- a. Which three functions from this list would you consider to be the most important for the new LTC list and why?**
- b. Are there any functions listed above that you consider inappropriate for the new list?**
- c. If you answered 'Yes', please tell us why:**
- d. Are there any additional functions that the LTC list could serve that are not identified above?**

Please submit your response at the following link: www.surveymonkey.co.uk/r/consultationLTC

6.2 Format of books

To achieve the goals identified above, a variety of different types/styles of books were recommended by professionals and service users for the existing RWBOP schemes and these include:

- a.** Books that provide general information about a specific condition, ranging from medical and psychological explanations of the condition, prognosis and outcomes, common treatments, ways of managing the condition, and more.
- b.** Specific self-help books based on a clinical trial or published therapy manual. These may take the form of a traditional book or a workbook for completion by the reader.
- c.** Books written for relatives and carers about supporting and caring for an individual with a specific condition.
- d.** Books written for common problems and difficult experiences (for example sleep, anger, relationships, stress).
- e.** Biographical and fictional accounts of a particular condition which may be written from the perspective of the person with the condition, or from that of a relatives or carers.

Consultation question 7

- a. Which of the five types of book listed above would you recommend including within the LTC booklist? Please say why.**
- b. Would you recommend including any other types of books not mentioned above?**

Please submit your response at the following link: www.surveymonkey.co.uk/r/consultationLTC

6.3 Access to the book list

As with previous RWBOP schemes, people will access the LTCs list through their public library service – books will be displayed on the open shelves of library branches for anyone to borrow and library staff can also recommend titles to visitors. We would envisage people will also be recommended specific titles from the list by their GP or by staff at specialist clinics for LTCs, or mental health services (for example IAPT services).

Consultation question 8

Do you consider the following to be appropriate ways for people to access the RWBOP LTC scheme?

- **Through recommendation by GPs**
- **Through recommendation by specialists in outpatient clinics**
- **Through recommendation by specialist nurses**
- **Through recommendation by IAPT / mental health services**
- **Through Patient Advice and Liaison Services**
- **Accessing the books independently from public libraries**
- **Other (please specify)**

Please submit your response at the following link: www.surveymonkey.co.uk/r/consultationLTC

6.4 What would a Reading Well Books on Prescription for long-term conditions scheme look like?

We would argue that many of the benefits of existing RWBOP schemes will be relevant for people with LTCs and their relatives and carers. The review of current policy and clinical guidance emphasises the importance of providing quality information about medical conditions. This is usually considered to be part of a patient's treatment: the information is provided through booklets and leaflets during the consultation and possibly followed up with individual counselling or group educational programmes. RWBOP could supplement this strategy by providing supporting information through the public library system to patients and their carers and family awaiting referral, during or following treatment, or when the provision of routine information leaflets may not be available. As such, it could be seen as a safety net to ensure adequate provision of quality information. For some patients, relatives and carers, books might provide a more comprehensive guide to a particular condition than leaflets and booklets available from clinics. The RWBOP for LTCs titles could also supplement online information available from charities (for example [Asthma UK](http://www.asthma.org.uk), [Diabetes UK](http://www.diabetes.org.uk)).

As well as providing specific information about individual LTCs, RWBOP could also usefully offer more generic information about positively managing LTCs and ways of facilitating healthy living. It may be that there are some common areas such as exercise, nutrition and diet, sleep, meditation, stress reduction and relaxation that could be addressed. This could also be extended to common mental health conditions, especially depression, which frequently exist as co-morbid conditions. Titles that specifically deal with depression in the context of specific medical conditions would be most appropriate. However, it might also be appropriate to signpost patients to the RWBOP for common mental health conditions list. The approach to mental health problems such as depression needs sensitive treatment. People with LTCs might be reluctant to accept that they are also experiencing psychological problems. Indeed, some might argue that depression is a realistic response to disabling and frequently life-threatening conditions. Although, this doesn't mean that it shouldn't be amenable to some sorts of treatment.

A decision will need to be made concerning whether biographical or fictional accounts of people with LTCs should be included on the list. This category of book was not considered for the first RWBOP scheme for common mental health conditions. However, biographical titles were included in the dementia list and feedback indicated that they were highly valued. Similarly, the inclusion of fiction within the young people's list was a key requirement emerging from the consultation and co-production process and has received very positive feedback from young people and health professionals. The general view is that the young people's list is accessible and appealing.

In summary, our recommendation is that the titles chosen for the list should address a number of specific LTCs, generic approaches to managing LTCs and promoting healthy living, and approaches to managing associated mental health problems. The target readers would be people with LTCs and their relatives and carers.

6.5 Book selection

A book selection group will be created to choose the titles for the RWBOP LTC list. This group will be made up of invited representatives from professional bodies and charities, and people with LTCs. This consultation paper, and responses to the linked survey, will contribute to the framework for book selection. These will also be discussed, together with a survey of titles already in use with public libraries in England, at a roundtable discussion held in September 2016 at the Free Word Centre, London, which will then shape a [book selection protocol](#).

When deciding which titles and LTCs the book list should prioritise, we envisage that the book selection panel will need to take into account, among other things: which are the most prevalent LTCs within society as a whole, where additional support for LTCs is most needed, evidence of the efficacy of self-help for particular LTCs, availability of suitable titles, and the absence of any reports of negative effects of bibliotherapy for a LTC. The choice of titles is also likely to be determined by design features, length, accessibility and suitability for library use (such as the nature of binding).

To ensure wide accessibility of the list, materials for people with learning disabilities and people with lower reading levels will be considered. Titles available in a wide range of different formats (including e-books, audio and large print) will also be sought. We are proposing the final list be targeted at adults.

Consultation question 9

- a. How far do you agree or disagree with our approach to book selection for the RWBOP scheme for LTCs in terms of prevalence and efficacy? Please let us know the reasons for your answer.
- b. How far do you agree or disagree with our proposed focus on an adult audience? Please let us know the reasons for your answer.
- c. Please tell us about any other factors that the book selection panel should take into consideration when choosing titles for the list.
- d. Are there any specific books relating to LTC that you or your organisation would recommend for inclusion on the list? Please say why.
- e. Are there any titles relating to LTC that you would not recommend? Please say why.
- f. Please provide details of any relevant booklists that provide support for people with LTC. Where possible, please provide a URL or send a PDF/Word doc of the booklist to readingwell@readingagency.org.uk.

Please submit your response at the following link: www.surveymonkey.co.uk/r/consultationLTC

7. Professional bodies and patient organisations that should be consulted

To date, the RWBOP programme has been developed with and supported by a group of health organisations and charities, which have included the following:

Alzheimer's Society, British Association for Counselling and Psychotherapy, British Association for Behavioural and Cognitive Psychotherapies, The British Psychological Society, Carers UK, Dementia UK, NHS England (IAPT and Children and Young People's Mental Health), Innovations in Dementia, Mental Health Foundation, Mind, National Association of Primary Care, Public Health England, Royal College of GPs, Royal College of Nursing, Royal College of Psychiatrists, YoungMinds.

We hope to work with these supporting organisations to develop the new RWBOP scheme for LTC and have also sent a briefing paper about the initiative to the organisations listed in Appendix 1. We would be keen to receive suggestions of any other organisations, especially those representing patients or carers that we may have omitted from this list. We are particularly keen to involve people with the lived experience of LTCs directly with the consultation, although are also aware of the practical challenges of working with a broad range of partners and targeted communities of people with specific long-term conditions. We are keen to receive suggestions as to possible co-production models and approaches.

Consultation question 10

- a. **Are there any professional or patient groups that we should add to our list of potential partners?**
- b. **Do you have any suggestions as to how we might engage people with long-term conditions or patient groups in the development of the scheme?**

Please submit your response at the following link: www.surveymonkey.co.uk/r/consultationLTC

Appendix

Action for ME
 Action on Hearing Loss
 Association of Directors of Adult Social Services
 Age UK
 Anglia Ruskin University
 Arthritis Care Pain UK
 Arthritis Research UK
 Arthritis UK Pain Centre
 Association of British Clinical Diabetologists
 Association of British Neurologists
 Association of Chartered Physiotherapists in Respiratory
 Care
 Asthma UK
 British Association for Behavioural and Cognitive
 Psychotherapies
 British Psychological Society
 Breast Cancer Now
 British Association for Counselling and Psychotherapy
 British Association for Sexual Health and HIV
 British Association of Social Workers
 College of Occupational Therapists
 British Heart Foundation
 British Kidney Patient Association
 British Lung Foundation
 British Thoracic Society
 Cancer Research UK
 Centre for Mental Health
 Cystic Fibrosis Trust
 Cystitis and Overactive Bladder Foundation
 Devon Partnership NHS Trust
 Diabetes and Research Wellness Foundation
 Diabetes UK
 Endometriosis UK
 Epilepsy Action
 Epilepsy Research
 Fibromyalgia Action UK
 Herpes Virus Association
 Hypermobility Syndromes Association
 Kidney Research UK
 Macmillan Cancer Support
 Mental Health Foundation
 Mind
 MND Association
 MS Trust
 Multiple Sclerosis Society
 Muscular Dystrophy UK
 National Association of Primary Care
 National AIDS Trust
 National Centre for Children and Families
 National Collaborating Centre for Mental Health
 National Council for Palliative Care
 National Institute for Health Research
 National Osteoporosis Society
 National Voices
 NHS Choices
 NHS England (IAPT)
 Nottingham University
 Pain Concern National
 Parkinson's UK
 Primary Care Respiratory Society
 Public Health England
 Rethink Mental Illness
 Rheumatoid Arthritis Society
 Royal College of GPs
 Royal College of Nursing
 Royal College of Physicians
 Royal College of Psychiatrists
 Royal Society of Public Health
 Self Management UK
 Sickle Cell Society
 Social Care Institute for Excellence
 Society for Academic Primary Care
 Stroke Association
 Tavistock and Portman NHS Foundation Trust
 The British Society of Rheumatology
 The IBS Network
 The King's Fund
 The Nuffield Trust
 The Open University: Faculty of Health and Social Care
 The Richmond Group of Charities
 The Work Foundation
 Trigeminal Neuralgia Association UK
 UK Kidney Research UK
 University of Exeter
 University of Hull
 University of Manchester School of Nursing, Midwifery
 and Social Work
 University of the West of England
 Vulval Pain Society

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Chief Officer Update

1. CCG AGM

We are holding our AGM on Thursday 29 September 6pm – 9pm at the New Art Exchange, 39 – 41 Gregory Boulevard, Nottingham NG7 6BE

BSL interpreters will be at the event. The building is wheelchair accessible.

The New Art Exchange has easy access to the tram stop, buses and ample parking.

To book your place, to reserve a disabled parking space or for more information please contact Guyle Wilson guyle.wilson@nottinghamcity.nhs.uk tel number 0115 883 9228

2. Temporary Closure of Mapperley Park Medical Centre

Following an inspection by the Care Quality Commission which found that the practice failed to meet expected standards, Mapperley Park Medical Centre situated at Malvern House, 41 Mapperley Rd, Nottingham has closed temporarily until further notice.

The closure took effect from 12 noon on Wednesday 7 September 2016 and the CCG has made arrangements with another local practice (Mapperley and Victoria Practice) to ensure that patients are able to access primary care services during the period of closure.

All patients registered at the practice have received a letter informing them of the closure and providing useful information. Any patient who had a booked appointment or requiring repeat prescriptions in the week following the closure have been contacted by telephone to advise them what they needed to do next. A list of frequently asked questions (FAQs) can be found at the following link.

<http://www.nottinghamcity.nhs.uk/news-projects/press-releases/1349-temporary-closure-of-mapperley-park-medical-practice.html>

Patients or members of the public with any queries or concerns are encouraged to contact the NHS Nottingham City CCG Patient Experience Team either by email at patientexperienceteam@nottinghamcity.nhs.uk or by calling **0115 883 9570**.

3. Continuing HealthCare

The NHS Continuing Healthcare (CHC) team at the Department of Health, along with NHS England, is planning to visit selected local health economies during October 2016. The purpose of this is to enable them to look at areas where it is felt that there are effective models and systems for commissioning and providing NHS CHC services which could be shared and for them to understand any issues that commissioners are experiencing. NHS Nottingham City CCG is delighted to have been asked to host a visit and pleased to have the opportunity to share our examples of good practice with the national team.

Dates for the visit will be confirmed and any feedback will be shared with either Governing Body or the most relevant sub-committee.

Dawn Smith
Chief Officer, Nottingham City CCG
September 2016

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Health and Wellbeing Board Update - September 2016**Closure of GP practices/GP lists**

There is broad and national acceptance that primary care is facing unprecedented problems of a multi-faceted nature. The range of problems is complex and the impact is not easy to describe. It is important therefore that as a local Healthwatch we try to understand the implications in our own area, where we have seen a number of practice closures, mergers, list dispersals, and list closures. In particular we are interested in the experiences of patients of GP services who have been affected, specifically:

- Patients who were registered with a practice that has now closed;
- Patient who are registered with a practice that has closed their list.

The objective of this work is to provide a snapshot of patient experience in a specific area of Nottingham and identify if there are issues for patients. We are particularly interested in whether there are trends in the demography of an individual and their experience. We are currently scoping this piece of work.

Mental health crisis services

As reported in our last update, we have been working with Healthwatch Nottinghamshire on a commissioned piece of engagement work to understand the experiences of people who have experience of mental health crisis services in the city and county. In total we engaged with:

- 73 people from a black and minority ethnic community;
- 55 students studying at University of Nottingham or Nottingham Trent University;
- 83 carers of people with a mental health illness;
- 21 veterans/ex-military personnel;
- 37 people who are homeless or at risk of homelessness;
- 215 people who did not fit into any of the five communities above.

The final report is currently in the process of being signed off by Nottingham City Clinical Commissioning Group and both Healthwatch Boards and will be in the public domain in the coming weeks. We would welcome the opportunity to present our report at a future Health and Wellbeing Board meeting.

Joint Strategic Needs Assessment

We continue our work with the City and County councils to help ensure that local people's voices and experiences of local health and social care services are represented in this document. We will be attending the next Disability Involvement Group to answer questions about our report on the experiences of people living with a physical and/or sensory impairment. We currently hosting focus groups with people living with neurological condition. To date we have spoken with people living with epilepsy and myasthenia gravis and have arranged to speak with people who are living with multiple sclerosis.

Nottingham University Hospital

Healthwatch has in recent weeks commented on both the cleaning issues (Martin Gawith interviewed on East Midlands Today 13/9/16) and the increase in 'Never Events' (HW statement the front page lead in EP 15/916) at NUH. Together with the well documented pressures on A&E, there are clearly reasons for patients to be concerned about the increasing pressures facing our local hospitals. And we will continue to monitor these issues.

Lesbian, Gay, Bisexual and Transsexual (LGBT) engagement

One of our current engagement objectives is to engage with the LGBT communities in Nottingham City to help inform a focused LGBT Health and/or Social Care specific piece of work. We are currently reviewing all the LGBT engagement resources gathered to-date and making contact with local groups, with a view to planning visits to collect experiences from members of this community. Early indications are that despite the progress that has been made in recent years, members of the LGBT community do not always feel that their specific needs are being met.

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