

## NOTTINGHAM CITY HEALTH AND WELLBEING BOARD

**Date:** Wednesday, 30 May 2018

**Time:** 2.00 pm

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

**Contact:** Jane Garrard **Direct Dial:** 0115 8764315

### 1 **MEMBERSHIP CHANGE**

To note that:

- a) Councillor Sam Webster has been appointed as the Nottingham City Council Portfolio Holder for Adult Social Care and Health and has therefore replaced Councillor Nick McDonald as Chair of the Health and Wellbeing Board; and
- b) Councillor Carole McCulloch has replaced Councillor Marcia Watson as a Nottingham City Council representative on the Board.

### 2 **APOLOGIES FOR ABSENCE**

### 3 **DECLARATIONS OF INTERESTS**

### 4 **APPOINTMENT OF VICE CHAIR**

### 5 **MINUTES**

To confirm the minutes of the meeting held on 28 March 2018

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### 6 **ACTION LOG**

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### 7 **HEALTH AND WELLBEING STRATEGY OUTCOME 4 HEALTHY ENVIRONMENT**

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### 8 **IMPACT OF COMMISSIONING REVIEWS 2017-18**

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### 9 **COMMISSIONING PLANS 2018-19**

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### 10 **FUTURE MEETING DATES**

To agree to meet on the following Wednesdays at 2pm:

- 25 July 2018
- 26 September 2018
- 28 November 2018

- 30 January 2019
- 27 March 2019

<b>11</b>	<b>FORWARD PLAN</b>	115 - 118
<b>12</b>	<b>BOARD MEMBER UPDATES</b> Updates on issues of relevance to the Health and Wellbeing Board and/or delivery of the Joint Health and Wellbeing Strategy For information	
<b>a</b>	<b>Third Sector</b>	No written update
<b>b</b>	<b>Healthwatch Nottingham</b>	No written update
<b>c</b>	<b>NHS Greater Nottingham Clinical Commissioning Partnership</b>	119 - 122
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<b>13</b>	<b>MINUTES OF THE HEALTH AND WELLBEING BOARD COMMISSIONING SUB COMMITTEE MEETING HELD ON 28 MARCH 2018 (DRAFT)</b> For information	129 - 132
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<b>15</b>	<b>NEW JOINT STRATEGIC NEEDS ASSESSMENT CHAPTER - SUICIDE</b> For information	135 - 140
<b>16</b>	<b>QUESTIONS FROM THE PUBLIC</b> Opportunity for members of the public to ask questions relating to matters within the Health and Wellbeing Board's remit.	

The maximum amount of time allocated to questions and responses is 30 minutes.

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

**Members:**

Voting members

Councillor Sam Webster (Chair)	City Council Portfolio Holder with a remit covering health
Dr Marcus Bicknell	NHS Nottingham City Clinical Commissioning Group representative
Councillor Cheryl Barnard	City Councillor
Councillor Carole McCulloch	City Councillor
Councillor David Mellen	City Council Portfolio Holder with a remit covering children's services
Dr Hugh Porter	NHS Nottingham City Clinical Commissioning Group representative
Sam Walters	Greater Nottingham City Clinical Commissioning Groups Accountable Officer
Gary Thompson	Greater Nottingham Clinical Commissioning Groups
Alison Michalska	City Council Corporate Director for Children and Adults
Helen Jones	City Council Director of Adult Social Care
Alison Challenger	City Council Director of Public Health
Martin Gawith	Healthwatch Nottingham representative
Samantha Travis	NHS England representative

Non-voting members

Lyn Bacon	Nottingham CityCare Partnership representative
Tracy Taylor	Nottingham University Hospitals NHS Trust representative
Chris Packham	Nottinghamshire Healthcare NHS Foundation Trust representative
Gill Moy	Nottingham City Homes representative
Ted Antil	Nottinghamshire Police representative
vacancy	Department for Work and Pensions representative
Leslie McDonald	Representing interests of the Third Sector
Louise Craig	Representing interests of the Third Sector
Wayne Bowcock	Nottinghamshire Fire and Rescue Service representative
Andy Winter	Nottingham Universities representative

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

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

CITIZENS ARE ADVISED THAT THIS MEETING MAY BE RECORDED BY MEMBERS OF THE PUBLIC. ANY RECORDING OR REPORTING ON THIS MEETING SHOULD TAKE PLACE IN ACCORDANCE WITH THE COUNCIL'S POLICY ON RECORDING AND REPORTING ON PUBLIC MEETINGS, WHICH IS AVAILABLE AT

[WWW.NOTTINGHAMCITY.GOV.UK](http://WWW.NOTTINGHAMCITY.GOV.UK). INDIVIDUALS INTENDING TO RECORD THE MEETING ARE ASKED TO NOTIFY THE GOVERNANCE OFFICER SHOWN ABOVE IN ADVANCE.

QUESTIONS FROM THE PUBLIC: WHILE IT IS NOT NECESSARY TO DO SO, SUBMITTING A QUESTION IN ADVANCE WILL ENABLE THE BOARD TO PROVIDE AS FULL A RESPONSE AS POSSIBLE. QUESTIONS SHOULD BE SUBMITTED TO [CONSTITUTIONAL.SERVICES@NOTTINGHAMCITY.GOV.UK](mailto:CONSTITUTIONAL.SERVICES@NOTTINGHAMCITY.GOV.UK) THE ACCEPTANCE OF QUESTIONS AT THE MEETING IS AT THE DISCRETION OF THE CHAIR AND ANY INAPPROPRIATE QUESTIONS, FOR EXAMPLE THOSE THAT ARE OUTSIDE THE REMIT OF THE BOARD OR VEXATIOUS WILL NOT BE CONSIDERED.

**NOTTINGHAM CITY COUNCIL**

**HEALTH AND WELLBEING BOARD**

**MINUTES of the meeting held at NHS Nottingham City Clinical Commissioning Group, 1 Standard Court, Park Row, Nottingham, NG1 6GN on 28 March 2018 from 2.35 pm - 4.45 pm**

**Membership**

**Voting Members**

Present

Councillor Nick McDonald (from 3:15pm)  
 Dr Marcus Bicknell (Chair until 3:15pm)  
 Councillor Cheryl Barnard  
 Alison Challenger  
 Martin Gawith  
 Helen Jones  
 Councillor David Mellen (until 3:30pm)  
 Alison Michalska (until 3:30pm)  
 Dr Hugh Porter

Absent

Gary Thompson  
 Samantha Travis  
 Sam Walters  
 Councillor Marcia Watson

**Non Voting Members**

Present

Wayne Bowcock (until 4:05pm)  
 Phyllis Brackenbury (as substitute)  
 Antony Dixon (as substitute)  
 Tim Guylar (as substitute)  
 Chris Packham (until 3:50pm)  
 Jules Sebelin (as substitute)

Absent

Ted Antil  
 Lyn Bacon  
 Louise Craig  
 Leslie McDonald  
 Gill Moy  
 Tracy Taylor  
 Andy Winter

**Colleagues, partners and others in attendance:**

- |                 |   |
|-----------------|---|
| Karla Banfield  | - Market Strategy and Development Manager, Nottingham City Council  |
| Uzmah Bhatti    | - Insight Specialist – Public Health, Nottingham City Council   |
| James Blount    | - Communications, Nottingham City Council   |
| Jennifer Burton | - Insight Specialist – Public Health, Nottingham City Council   |
| Kinsi Clarke    | - Nottingham Refugee Forum  |
| Helene Denness  | - Public Health Consultant, Nottingham City Council   |
| Jane Garrard    | - Senior Governance Officer, Nottingham City Council  |
| Rachel Jenkins  | - Nottingham City Clinical Commissioning Group  |
| David Johns     | - Public Health Registrar, Nottingham City Council  |
| Caroline Keenan | - Insight Specialist – Public Health, Nottingham City Council   |
| Bobby Lowen     | - Commissioning Lead, Nottingham City Council   |
| Sean Meehan     | - Public Health England, East Midlands  |
| Dave Miles      | - Assistive Technology Specialist, Nottingham City Council and Nottingham City Clinical Commissioning Group |
| Peter Morley    | - Commissioning Manager, Nottingham City Council  |

- Claire Novak - Insight Specialist – Public Health, Nottingham City Council  
-  
Christine Oliver - Head of Commissioning, Nottingham City Council  
David Pearson - Nottinghamshire Sustainability and Transformation Partnership  
Ciara Stuart - Assistant Director Out of Hospital Care, Nottingham City Clinical Commissioning Group

## **71 APOLOGIES FOR ABSENCE**

Lyn Bacon – Phyllis Brackenbury attended as substitute  
Louise Craig – Jules Sebelin attended as substitute  
Leslie McDonald  
Gill Moy – Antony Dixon attended as substitute  
Tracy Taylor – Tim Guyler attended as substitute  
Samantha Travis  
Marcia Watson

## **72 DECLARATIONS OF INTERESTS**

Hugh Porter declared an interest in Agenda Item 9 ‘Targeted Interventions Savings’ in that the University of Nottingham Health Service is a Level 2 Sexual Health Services Provider.

Tim Guyler declared an interest in Agenda Item 9 ‘Targeted Interventions Savings’ in that Nottingham University Hospitals NHS Trust is a Level 3 Sexual Health Services Provider.

## **73 JOINT HEALTH AND WELLBEING STRATEGY HEALTHY CULTURE ACTION PLAN UPDATE**

Marcus Bicknell, Lead Board Member for the Healthy Culture Outcome of the Joint Health and Wellbeing Strategy introduced the report providing information on developments in relation to the Healthy Culture Outcome. A presentation was given by Karla Banfield, Rachel Jenkins, Dave Miles and Bobby Lowen in which the following information was highlighted:

- a) LION is over-performing against targets, with 47,000 unique hits on the website last year (compared to a target of 20,000) and 30,000 people returning and regularly using LION. This suggests that LION is pitched correctly and people like what is available. LION is also over-performing in terms of the number of providers listed on the site.
- b) The next steps for LION are to focus on creating more dynamic content for the website.
- c) A self-care awareness campaign was run last year in conjunction with LION. The campaign encouraged people to think about their wellbeing and ‘try something new today’. The campaign was run through social media and leaflets in GP surgeries, libraries and leisure centres.

- d) The social prescription scheme is now in operation across all GP practices in the City, and prescriptions can be given by any practitioner in the surgery not just doctors.
- e) So far there have been just over 500 social prescriptions made in the City and there are opportunities to significantly increase this.
- f) Over 7300 citizens currently have an assistive technology package, which supports vulnerable citizens and helps to reduce social care costs and demand for the ambulance service.
- g) Consultation has been carried out on revising the eligibility criteria for assistive technology. All those currently accessing the service were consulted and a response rate of 43% was achieved. The consultation findings reaffirmed the proposal to focus on supporting people most in need and targeting those in receipt of social care. Individuals not eligible will still be able to self-fund. Work is required to address concerns raised in the consultation and mitigate risks. A decision about eligibility criteria is due to be taken by the Health and Wellbeing Board Commissioning Sub Committee at its meeting on 28 March 2018.
- h) Lots of City residents are exposed to financial difficulty and this was one of the most commonly mentioned issues affecting wellbeing when consultation on the Health and Wellbeing Strategy was carried out.
- i) A multi-agency Financial Resilience Strategy has been developed and is now being delivered.
- j) The City Council commissions a range of advice services in addition to its internal welfare rights service but there are significant funding challenges and a new plan is needed to respond to those challenges.
- k) £300,000 funding has been received from the Local Government Association to fund prevention work in relation to financial vulnerability.
- l) There is a lack of awareness of the issues relating to financial vulnerability and there are opportunities for partners to identify individuals in financial difficulty and sign post them to available support and services.
- m) Current work aims to bring partners together to work to reduce financial difficulties, which might include exploring the need for community specific advice e.g. for the deaf/ hard of hearing. A review of support for people in financial difficulty will take place over the next 3 months to inform service delivery from October 2018.

During discussion the following comments were made:

- n) Progress with LION is really positive but there is scope to make it more 'young-people' friendly, including links to websites that young people more readily access.

- o) There is a need for more information for frontline staff about social prescriptions but progress is positive. A report on social prescribing is going to the Clinical Commissioning Group Cluster Boards in May to reinvigorate the scheme.

**RESOLVED to**

- (1) note the contents of the report;**
- (2) support the transition of assistive technology service delivery focusing on targeting support for citizens in receipt of social care;**
- (3) ask Board members to promote the self-pay element of the assistive technology service to maximise the number of citizens supported through assistive technology;**
- (4) ask Board members to identify key individuals from their organisation/ sector to get involved in work to develop self-care across the City;**
- (5) ask Board members to encourage their workforce to use LION and promote LION to their partners and within the communities that they operate;**
- (6) ask Board members to nominate a representative from their organisation/ sector to get involved with work to address financial vulnerability and encourage process changes to embed recognition of financial vulnerability and access to assistance and advice within their services; and**
- (7) raise awareness of the links between poverty and health and wellbeing.**

**74 BME HEALTH NEEDS ASSESSMENT - COMMUNITY OF PRACTICE**

Jennifer Burton, Insight Specialist – Public Health, introduced the report updating on work to develop a Community of Practice Group to take forward the recommendations of the Black and Minority Ethnic Health Needs Assessment, which had been considered by the Board in September 2017. She informed the Board that work had taken place to develop the Community of Practice Group but unfortunately the first meeting had to be postponed due to poor weather. The first meeting has been rescheduled for May 2018.

Kinsi Clarke from the Nottingham Refugee Forum, which is involved with the Health Needs Assessment and the Community of Practice, gave a presentation about healthcare for refugees and asylum seekers. She highlighted the following information:

- a) The Refugee Forum provides a 'one stop shop' for a range of services including housing, legal services, welfare rights, employment, Vulnerable Persons Resettlement, health, ESOL classes and support for Unaccompanied Asylum Seeking Children. Due to a lack of funding, legal services, welfare



rights and support for Unaccompanied Asylum Seeking Children are coming to an end.

- b) Between January 2017 and January 2018, the Forum saw 2,201 new people and opened 11,579 new cases. Of these 698 related to health.
- c) Lots of people seen by the Forum speak little or no English and therefore the Forum has an interpreting service.
- d) The Migrant Health Project supports people to engage with primary care, for example registering with a GP and dentist and, where necessary, accessing maternity and midwifery services.
- e) Approximately half of City GPs are taking part in the Clinical Commissioning Group's Local Enhanced Service Scheme enabling practices to spend more time with patients who need interpretation services. This has helped to improve the situation.
- f) Women in the later stages of pregnancy is one of the most common emergency situations affecting refugees and asylum seekers and good relations have been developed with the midwifery service.
- g) New NHS regulations restricting free access to services have created problems. In many cases individuals are now required to pay for care and the cost prevents many people from being able to do so. It is also affecting individuals who are still able to get free care because they are now fearful of trying to access services. As a result individuals go untreated for conditions such as tuberculosis until it becomes an emergency situation which is then more costly to deal with.
- h) It can be difficult for refugees and asylum seekers to access mainstream mental health services and this is an important issue – recently there was one suicide and one attempted suicide in Nottingham. There was a small pilot carried out in conjunction with the Clinical Commissioning Group but, despite its success, it was not possible to continue with it.
- i) Language barriers are an increasing issue and there is inadequate interpreting provision. This affects access to primary care.

**RESOLVED to**

- (1) note the progress in developing a Community of Practice Group to take forward the recommendations from the Black and Minority Ethnic Health Needs Assessment and develop into actions;**
- (2) note the progress in sharing the findings of the Black and Minority Ethnic Health Needs Assessment with the Sustainability and Transformation Partnership Leadership Team and other key stakeholders; and**
- (3) thank Kinsi Clarke, from the Refugee Forum, for sharing useful information on healthcare for refugees and asylum seekers.**

**75 NOTTINGHAM CITY PHARMACEUTICAL NEEDS ASSESSMENT 2018 COMPLETION**

Claire Novak, Insight Specialist – Public Health, introduced the Pharmaceutical Needs Assessment (a full copy of which had been circulated to Board members in advance and was available at the meeting), development and publication of which is a statutory function of the Board. She highlighted the following information:

- a) A range of partners had been involved in development of the revised Pharmaceutical Needs Assessment (PNA) including the Local Pharmaceutical Committee, the Local Medical Committee and the Clinical Commissioning Group Medicines Management Team.
- b) A formal 60 day consultation was carried out on the assessment, and information about the consultation had previously been presented to the Board.
- c) The assessment outlines information on services provided by community pharmacies and dispensing appliance contractors, including essential services and advanced services, by Care Delivery Group area.
- d) Some services are commissioned by NHS England and some are commissioned locally, for example the needle exchange.
- e) The assessment found a density of pharmacy 2:1 per 10,000 population, which is the same as the England average.
- f) The assessment found that the current balance of services does provide a comprehensive range of services and found no evidence of a lack of provision.
- g) The PNA will be reviewed by 2021 or sooner if there is a significant change in need or supply.

During discussion, the following points were made:

- h) Community pharmacies provide an invaluable service.
- i) There are two distance selling pharmacies in the City but they are major national chains. Distance selling pharmacies could be a risk to local community pharmacies and they don't have the same direct links to patients, for example the ability to provide advice. It is difficult to predict the future of distance selling pharmacies and the situation is being kept under review.
- j) There is scope to increase the role of community pharmacies in prevention activity.

**RESOLVED to approve the revised Nottingham City Pharmaceutical Needs Assessment 2018.**

**76 HEALTH AND WELLBEING BOARD COMMISSIONING SUB COMMITTEE  
TERMS OF REFERENCE**

**RESOLVED to approve the revised Terms of Reference for the Health and Wellbeing Board Commissioning Sub Committee.**

**77 STP UPDATE**

David Pearson, STP Lead and Corporate Director for Adult Social Care and Health Nottinghamshire County Council, and Hugh Porter, GP and Chair of Nottingham City Clinical Commissioning Group Governing Body gave an update and presentation on the work of the Sustainability and Transformation Partnership (STP) and Greater Nottingham Integrated Care System (ICS) over the last six months. They highlighted the following information:

- a) The purpose of this work is to integrate health and social care systems to provide integrated services for citizens and make best use of resources.
- b) Since the previous update to the Board, two additional workstreams have been added to the STP: development of an acute clinical services strategy; and development of an overarching mental health strategy.
- c) Phase 3 in development of the ICS is looking at what is required to progress the framework and deliver the enablers (identified in Phase 2). This includes establishing best practice care, developing optimal infrastructure and putting an operating/ governance model in place. The Integrated Discharge workstream is an example of early success reaching 240 supported discharges against a target of 180.
- d) There are other examples of successes so far, for example Health Foundation research on Enhanced Care in Care Homes found a 48% reduction in emergency admissions as a result. There have also been technological improvements with the establishment of a data warehouse that is more advanced than elsewhere in the Country. Integrated personal budgets are also being piloted.
- e) There are major challenges including financial challenges for organisations and performance on A&E waits.
- f) This is a big journey for the system and it needs to be done with citizens through engagement at an STP level and engagement at a Greater Nottingham level.
- g) The next steps include aligning best practice with Mid Notts across the STP; developing optimal system infrastructure including IT; exploring how the commissioning of services needs to change; and strengthening leadership and governance.

During discussion, Board members made the following comments:

- h) There needs to be clarification about the role of the Health and Wellbeing Board. It was suggested that the Board could play a role in looking at the detail of the Phase 3 analysis to explore and debate options in public before making recommendations to individual organisations and the STP Leadership.
- i) It will be difficult to achieve integration because it will require major change by organisations.
- j) Support of Board members is needed in order to deliver the STP workstreams.
- k) There are risks to the STP and ICS from individual organisational decisions which may fragment or dismantle services while the ICS is being developed.

**RESOLVED to**

**(1) include regular updates about progress of the Sustainability and Transformation Partnership and Greater Nottingham Integrated Care System on the Board's Forward Plan for 2018/19; and**

**(2) hold an additional Board meeting specifically to look at the results of the Greater Nottingham Integrated Care System Phase 3 analysis.**

**78 MINUTES**

The minutes of the meeting held on 31 January 2018 were agreed as an accurate record.

**79 ACTION LOG**

**RESOLVED to note the progress recorded in the Health and Wellbeing Board Action Log.**

**80 ANNUAL REVIEW OF JOINT HEALTH AND WELLBEING STRATEGY PERFORMANCE METRICS**

Caroline Keenan, Insight Specialist – Public Health, introduced the report setting out the first annual performance dashboard of Happier Healthier Lives, Nottingham City's Joint Health and Wellbeing Strategy 2016-2020. During her presentation she highlighted the following information:

- a) The Strategy has two overarching aims: to increase healthy life expectancy; and reduce inequalities by targeting neighbourhoods with the highest preventable mortality.
- b) The City is on track to achieve the aim of reducing preventable mortality in the worst affected areas. Rates of preventable mortality are significantly higher than the City average in 7 of the 35 Middle Layer Super Output Areas (MSOAs).
- c) Male healthy life expectancy has remained stable over the last 3 years but female healthy life expectancy has reduced significantly. Therefore

performance is not on track to deliver the Strategy's ambition. Alcohol related hospital admissions; physical activity and excess weight; and poverty and air quality have been identified as the three key performance metrics to focus on in order to increase healthy life expectancy in the City.

#### Outcome 1: Healthy Lifestyles

- d) In terms of sexual health, rates of under 18 conceptions have reduced but are not quite achieving the target; but the target trajectories have been met in relation to reducing new sexually transmitted infection diagnosis to the top 4 core cities average and reducing the percentage of HIV late diagnosis.
- e) In terms of alcohol, performance in reducing alcohol related anti-social behaviour is on track but the target is not being met for reducing night time economy violence, however there are issues with crime reporting. Alcohol related hospital admissions is getting worse and is significantly worse than comparators.
- f) In terms of smoking, progress is being made in reducing the percentage of pregnant women who smoke to the top 4 core cities average but it is not on target; and performance in reducing the percentage of adults in routine and manual groups who smoke is also not on track. However, performance is on track to reduce the percentage of adults who smoke to the top 4 core cities average.
- g) In terms of physical activity, obesity and diet, performance against most of the metrics is moving in the wrong direction and getting significantly worse.

#### Outcome 2: Mental Health

- h) Performance in increasing IAPT (Psychological Therapy Services) referrals is not being met rather than 'on track' as stated in the report, although there has been an improvement in referrals compared with the baseline year of 2015/16.
- i) The target for early access to psychosis services is on track with the current rate 65% compared to a target of 50%.
- j) Indicators for employment and health have not been met and the service is now being decommissioned.

#### Outcome 3: Healthy Culture

- k) The main areas of concern are performance in reducing the percentage of children in low income families; and reducing delayed transfers of care both of which are not on target.
- l) There are significant challenges in reducing delayed transfers of care and the metric will not be met for the rest of the year.
- m) Good progress is being made around reablement.

Outcome 4: Healthy Environment

- n) The percentage of households experiencing fuel poverty is getting worse and more focus is required.
- o) In terms of air quality, one metric is on track and the other two are not. However there is some concern about the robustness of air quality data.

During discussion, Board members made the following comments:

- p) As outlined, for example, in Agenda Item 9 'Targeted Interventions Savings', some of the services supporting metrics which are not being met are being dismantled due to budgetary pressures within commissioning organisations.
- q) It is concerning that the most recent data shows female healthy life expectancy is lower than male healthy life expectancy, when historically it has been the opposite.
- r) It is concerning that performance on some metrics is going backwards.
- s) This is half way through the life of the Strategy and it is important to focus on what can be achieved in the remaining two years.

**RESOLVED to note Nottingham City's position against the Joint Health and Wellbeing Strategy's performance metrics and acknowledge the progress made to date.**

**81 TARGETED INTERVENTIONS SAVINGS**

Alison Challenger, Director of Public Health, introduced the report providing an overview of savings which were proposed and agreed by Nottingham City Council following a review of its targeted intervention activity. She highlighted the following information:

- a) 'Targeted intervention' refers to non-statutory services commissioned or provided by the Council that contribute to the improvement of health and wellbeing. These services were reviewed and savings proposals identified.
- b) Consultation was carried out on the proposals and consultation responses were taken into account during decision making.
- c) It is acknowledged that the agreed savings do raise some concerns but with changes in culture and approach it will not be the end of the story in terms of improving the health and wellbeing of citizens in these areas.
- d) When public health responsibilities were transferred to local authorities in 2013 it created opportunities for things to be done differently, with greater reach into local communities. Many current services are still based on what was commissioned historically. This provides an opportunity to develop new approaches to improving health and wellbeing.

During discussion, Board members made the following comments:

- e) It is understood that these were difficult decisions for the City Council to make but it is difficult for partners due to the pace of decision making, a feeling that consultation was limited and a lack of information about the organisational context in which decisions were made, for example the extent to which public health is affected by budget pressures compared to other services provided by the local authority.
- f) There is a concern that savings to the City Council will shift work and cost onto other partners.
- g) The Joint Health and Wellbeing Strategy has a strong public health and prevention focus but the ability to deliver on this is likely to be adversely affected by these changes.
- h) Other Council services beyond those considered directly to be focused on prevention contribute to improving health and wellbeing, for example access to leisure centres facilitates social prescribing and encouraging use of public transport facilitates financial savings to be made to other services.
- i) There are opportunities to build on the positive work already taking place within the system, for example Nottingham University Hospitals NHS Trust is doing more to address alcohol misuse and smoking than ever before. These issues aren't just the responsibility of the local authority and there is a role for the Board to consider what all Board members can reasonably do to contribute and how the Board, as a partnership, can help to mitigate associated risks.
- j) It is important that the impact of these savings is measured and understood.
- k) There is concern about whether there will be further cuts to public health services in future years and the additional impact that this could have.
- l) The Clinical Commissioning Group is supporting the City Council by agreeing a 90/10 split in favour of the City Council on Better Care Fund savings.
- m) It is really important that integration happens at pace to help alleviate pressure on all health and social care organisations. One of the challenges is that there isn't funding to support 'double running' so tough decisions will have to be made from the outset. There is a need to identify a first significant step that can be taken to build trust between organisations whilst things develop further.

In response the Nottingham City Council Portfolio Holder for Adults and Health commented that:

- n) The budgets of all Council departments have been significantly reduced with the exception of adult social care, so it is not just public health services that have been affected.
- o) The Council has other areas of responsibility, not just public health and adult social care, that it has to fulfil.

- p) Unless things significantly change, the City Council is likely to have to make further difficult decisions next year.

Alison Challenger offered to speak to Board members on an individual basis to address any specific questions or concerns.

**RESOLVED to**

**(1) note the contents of the report; and**

**(2) consider proposals for how things can/ will be done differently to mitigate risks associated with Nottingham City Council's savings to its targeted intervention services at a future meeting of the Board.**

**82 HEALTH AND WELLBEING BOARD FORWARD PLAN**

**RESOLVED to note the Health and Wellbeing Board Forward Plan for 2018/19.**

**83 BOARD MEMBER UPDATES**

**RESOLVED to note the Board Member Updates circulated with the agenda.**

**84 NEW JOINT STRATEGIC NEEDS ASSESSMENT CHAPTER - CHILDREN IN CARE**

**RESOLVED to note the new Joint Strategic Needs Assessment Chapter on Children in Care.**

**85 NEW JOINT STRATEGIC NEEDS ASSESSMENT CHAPTER - LIFE EXPECTANCY AND HEALTHY LIFE EXPECTANCY**

**RESOLVED to note the new Joint Strategic Needs Assessment Chapter on Life Expectancy and Healthy Life Expectancy.**

**86 NEW JOINT STRATEGIC NEEDS ASSESSMENT CHAPTER - EVIDENCE SUMMARY**

**RESOLVED to note the new Joint Strategic Needs Assessment Chapter Evidence Summary.**

**87 MINUTES OF THE HEALTH AND WELLBEING BOARD COMMISSIONING SUB COMMITTEE MEETING HELD ON 31 JANUARY 2018 (DRAFT)**

**RESOLVED to note the draft minutes of the Health and Wellbeing Board Commissioning Sub Committee meeting held on 31 January 2018.**

**88 QUESTIONS FROM THE PUBLIC**

The Chair informed the Board that two questions had been received from members of the public.



## **Question 1**

### Question

I write to ask, as a concerned resident, that ACO/ICS plans are rejected. Further, I ask that those members of the boards representing residents be fully informed from a wide range of sources, and the plans understood in the context of the government's long term aims to americanise our system. I believe that the plans represent the downgrading and rationing of services in line with wider government plans to eventually fully privatise the NHS and have no faith in their promise that comprehensive healthcare will always remain free at the point of use. ACO's/ICS's open the door for a two tier health service or worse - full privatisation requiring patients to have health insurance. Government need to fund the NHS appropriately instead of using the 10 billion they plan to raise by selling off our NHS buildings and land. I do not believe that any change to the organisation and delivery of health services can be legally made without passing through parliament and being voted on as per the Judicial Review Challenge of Stephen Hawking et al. I believe that any changes to the organisation and delivery of services and accountability should be subject to a full Public Formal Consultation Process. To my knowledge, this has not happened and the public remain largely unaware.

### Response

The Chair responded that, as agreed under Agenda Item 8 'STP Update', the Board will be holding a specific meeting to look at issues relating to development of the Greater Nottingham Integrated Care System.

## **Question 2**

### Question

Cigarette and tobacco smoking continues to be the single most significant determinant of preventable ill health in Nottingham City. There is a positive correlation between smoking prevalence and deprivation within the City. Work done while preparing plans for Nottingham and Nottinghamshire STP recognised promoting wellbeing and prevention as one of the priorities to have the biggest impact on improving health and wellbeing of the population. How then does the Council justify cutting down on services which promote healthy lifestyle? The decision appears to be taken in silo for an organisation instead of working towards healthier communities as a partner in Integrated care systems.

### Response

The Chair responded that savings to targeted intervention services, including smoking cessation, were discussed under Agenda Item 9 'Targeted Interventions Savings'. It is acknowledged that the impact of smoking on health is an issue for the City. The Council is sighted on the risks of disinvesting in the current smoking cessation service and anticipates that there will be an impact. A comprehensive approach is needed to reduce smoking prevalence in the City. Work is taking place to analyse options for supporting people to stop smoking and, as agreed under Agenda Item 9, a report will be coming back to a future Board meeting on this.

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## Health and Wellbeing Board Action Log

### Outstanding actions:

Ref.	Meeting	Action	Lead	Progress update	Date for completion
170927/07	27 September 2017	Board member organisations to sign the Tobacco Control Declaration and develop action plans to demonstrate their contribution to the achievement of the City's tobacco control priority objectives	All Board members  Shade Agboola Kate Smith	Action plans have been submitted by Nottinghamshire Healthcare Trust, Nottingham City Clinical Commissioning Group, Nottingham University Hospitals and Nottingham City Council. Other Board member organisations haven't submitted an action plan yet. Support and information is available to organisations in relation to both the Declaration and the development of an action plan.	
170927/08 170927/11	27 September 2017	BME Community of Practice Group to: <ul style="list-style-type: none"> <li>share learning on improving the reporting of Protected Characteristics</li> <li>Develop recommendations of the BME Health Needs Assessment into actions</li> </ul>	Helene Denness Jen Burton	These actions are being progressed by the BME Community of Practice Group.	To be determined by CoP group
171129/08	29 November 2017	Schedule a Development Session on safeguarding issues	Chair/ Alison Challenger	Provisionally scheduled for Development Session in June 2018	During 2018/19 Development Session period
171129/09	29 November 2017	Board members (or the organisations they represent) to sign the Physical Activity and Nutrition Declaration and develop action plans as outlined in the Declaration's commitments	All Board members  David Johns	Underway. Progress to be reported to Board meeting in November 2018	November 2018 (for signing of Declaration)
180131/01	31 January 2018	Align metrics of indicators (based on those in NHS and Public Health Outcome Frameworks and MH%YFV) across both the Mental Health and	Mental Health Delivery Group	The Mental Health Strategy is currently being refreshed. A long list of indicators has been established from which the main ones will be identified	June 2018

Ref.	Meeting	Action	Lead	Progress update	Date for completion
		Health and Wellbeing Strategies from 2018 onwards		following engagement with partners.	
180131/02	31 January 2018	Board members support the Practice Development Unit through actively promoting the opportunities across their organisations and with their staff in order to encourage wider statutory agency representation	All Board members  Mental Health Delivery Group	Opportunity Nottingham has indicated that the situation has not changed and that the most recent PDU session was on the whole attended by Third Sector colleagues. Opportunity Nottingham intend to raise this with the Commissioning Executive Group. Written briefing on the Practice Development Unit to be circulated to all Board members.	Ongoing
180131/03	31 January 2018	Hugh Porter to discuss with the Mental Health Delivery Group about ensuring that all General Practices have access to the Physical Health Risk Assessment Tool	Mental Health Delivery Group  Hugh Porter	In progress - being led by the CCG's Clinical Lead for Mental Health working with Nottinghamshire Healthcare Trust. A meeting is scheduled for March about sharing gaps in patients' health data between the Trust and GP practices.	
180131/04	31 January 2018	Explore in more detail the local reasons for the excess mortality rate in adults with serious mental illness;; and model when a reduction in excess mortality is likely to be seen.	Mental Health Delivery Group	Work has begun to investigate whether this is doable locally and whether Public Health has access to the relevant data.  Public Health have consulted analysts in City Council who confirm this would be a complex piece of work requiring partners involvement and a number of assumptions being built into any modelling work. The Local Authority/Public Health do not have access to the Mental Health Minimum Dataset which would be essential to undertake this work.  If this specific piece of work is deemed to be a priority i.e. there is indication	To be confirmed

Ref.	Meeting	Action	Lead	Progress update	Date for completion
				that Nottingham may differ to the national picture of what contributes towards excess mortality amongst those with SMI then a joint piece of work would need to be planned with Nottinghamshire Healthcare NHS Trust.	
180328/01	28 March 2018	Board members to promote the self-pay element of the assistive technology service to maximise the number of citizens supported through assistive technology	All Board members	Progress to be reported to Board meeting in November 2018	November 2018
180328/02	28 March 2018	Board members to identify key individuals from their organisation/ sector to get involved in work to develop self-care across the City	All Board members	Email sent to Board members on 1 May 2018 requesting nomination Progress to be reported to Board meeting in November 2018	November 2018
180328/03	28 March 2018	Board members to encourage their workforce to use LION and promote LION to their partners and within the communities that they operate	All Board members	Progress to be reported to Board meeting in November 2018	November 2018
180328/04	28 March 2018	Board members to nominate a representative from their organisation/ sector to get involved with work to address financial vulnerability and encourage process changes to embed recognition of financial vulnerability and access to assistance and advice within their service	All Board members	Email sent to Board members on 1 May 2018 requesting nomination Progress to be reported to Board meeting in November 2018	November 2018
180328/05	28 March 2018	Hold an additional Board meeting specifically to look at the Greater Nottingham Integrated Care System	Chair		Autumn 2018
180328/06	28 March 2018	Report to the Board on how things can/ will be done differently to mitigate risks associated with Nottingham City Council's savings to its targeted intervention services	City Council Portfolio Holder for Adults and Health/ Alison Challenger	Report scheduled for Board meeting in November 2018	November 2018

**Completed actions (within the last six months):**

Ref.	Meeting	Action	Lead	Progress update and any comments	Date completed
170726/01	26 July 2017	Report to the Board bringing together data on people at risk of losing their accommodation and the link to health and wellbeing	Alison Challenger Gill Moy	Included on agenda for 31 January 2018 Board meeting	January 2018
170726/03	26 July 2017	Report to the Board in January to identify what additional action is required to further reduce teenage pregnancy rates	Marie Cann-Livingstone Helene Denness	Included on agenda for 31 January 2018 Board meeting	January 2018
170927/04	27 September 2017	Explore the feasibility of using advertising space in the City to promote healthy lifestyle messages	Healthy Lifestyles Delivery Group	The feasibility of using advertising space in the City to promote healthy lifestyles messages was discussed at the Physical Activity, Obesity and Diet Strategic Group meeting on 4 December 2017. The option of developing standalone health promotion messages was considered as well as the option of including health promotion messages alongside campaigns ran by other local authority services, such as Markets and Fairs. Whilst the latter option would cost less, it was decided that the required funding was not available at this time.	December 2017
170927/05	27 September 2017	Explore how the use of sport facilities in the City can be maximised, particularly to increase use by those people who may typically find access more challenging	Healthy Lifestyles Delivery Group	Access to sports facilities for people who may find access more challenging was discussed at the Physical Activity, Obesity and Diet Strategic Group on 4 December 2017.  There continue to be physical activity related health inequalities demonstrated according to disability both national and locally (Nottingham City Council Joint Strategic Needs Assessment, 2016). The Disability	December 2017

Ref.	Meeting	Action	Lead	Progress update and any comments	Date completed
Page 23				<p>Sport Insight and Participation Project has now been successfully launched. A disability sport network has been formed consisting of service users and service providers from a range of voluntary sector groups working with, and for, disabled people and people with health issues. A quarterly meeting is held to discuss issues that the network would like to raise with regards to disability and the project. Thirty groups have engaged with the four meetings held so far. An action plan was developed from network feedback and improvements have been made to facilities and services to enhance the accessibility and suitability of the offer.</p> <p>Since forming the disability sport network and offering three months free leisure centre access to service users, 185 have signed up with 151 attending at least one session. The fitness suite, health suite and swimming have been identified as being the most popular activities amongst the service users, with group fitness becoming more popular.</p> <p>Successfully launched in December 2016, The Get Out Get Active project has seen a total of 7,736 attendances across a total of 360 sessions delivered. Successful sessions have included Cycle for All from Harvey Hadden which saw 414 participants</p>	

Ref.	Meeting	Action	Lead	Progress update and any comments	Date completed
				until the sessions stopped for winter, swim inclusive sessions which engaged 902 participants as well as a variety of other sessions including Yoga, Table Tennis and Amputee Football.	
170927/09	27 September 2017	Establish a BME Health Needs Community of Interest, which includes citizen involvement	Helene Denness Jen Burton	Group has been established. First meeting had to be rescheduled and is being rearranged for April 2018	March 2018
170927/10	27 September 2017	Share the findings and recommendations of the BME Health Needs Assessment with: a) STP Leadership Team b) Key stakeholders	Helene Denness Jen Burton	Progress reported to Board on 28 March – at that time, sharing findings with STP Leadership Team was outstanding but intended to take place during March 2018 and first meeting of CoP Group was scheduled to take place in May	March 2018
171129/01	29 November 2017	Board members to ensure that they are taking appropriate steps to plan for winter pressures	All Board members  Shade Agboola	Assurance sought from Board members at Board meeting on 31 January 2018	January 2018
171129/02	29 November 2017	Board members to consider Public Health England's Cold Weather Plan and satisfy themselves that the suggested actions and the Cold Weather Alert services are understood across their locality	All Board members  Shade Agboola	Assurance sought from Board members at Board meeting on 31 January 2018	January 2018
171129/03	29 November 2017	Explore opportunities for closer partnership working with the voluntary and community sector because this sector can help reduce vulnerability and support the planning and response to cold weather, particularly through identifying and engaging vulnerable people	Shade Agboola		
171129/04	29 November 2017	Include cold related harm in Joint Strategic Needs Assessments	Claire Novak	The Excess Winter Deaths Joint Strategic Needs Assessment (JSNA) chapter is in the process of being	January 2018



Ref.	Meeting	Action	Lead	Progress update and any comments	Date completed
				revised in line with current JSNA guidelines. The chapter author or owning group (the Health and Housing Partnership Board) will consider broadening the scope of the chapter to include all cold-related harm.	
171129/05	29 November 2017	Include cold related harm in the Health and Wellbeing Strategy	Caroline Keenan	Cold-related harm is included in Nottingham City's Joint Health and Wellbeing Strategy 2016-2020 under the Environment outcome. The associated action plan contains actions to reduce health impacts from cold homes and fuel poverty. The delivery group will continue to ensure these actions are implemented.	January 2018
171129/06	29 November 2017	Board members to identify opportunities within their organisations to communicate key winter messages to citizens	All Board members	Assurance sought from Board members at Board meeting on 31 January 2018	January 2018
171129/10	29 November 2017	Board members to respond to the Pharmaceutical Needs Assessment and distribute the consultation within their organisation	All Board members	Consultation closed on 12 January 2018	January 2018

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**HEALTH AND WELLBEING BOARD****30 MAY 2018**

	<b>Report for Resolution/ Report for Information</b>
<b>Title:</b>	Health and Wellbeing Strategy Outcome 4 Healthy Environment report
<b>Lead Board Member(s):</b>	Alison Challenger, Director of Public Health, Nottingham City Council
<b>Author and contact details for further information:</b>	Nick Romilly Insight Specialist Public Health, Nottingham City Council <a href="mailto:Nick.Romilly@nottinghamcity.gov.uk">Nick.Romilly@nottinghamcity.gov.uk</a> Shade Agboola Consultant in Public Health, Nottingham City Council <a href="mailto:Shade.Agboola@nottinghamcity.gov.uk">Shade.Agboola@nottinghamcity.gov.uk</a>
<b>Brief summary:</b>	This report updates the Health and Wellbeing Board on the strategic progress relating to the indicators and actions set out in the Health and Wellbeing Strategy's Healthy Environment action plan.

**Recommendation to the Health and Wellbeing Board:**

The Health and Wellbeing Board is asked to note the content of the report and in relation to each theme support the following recommendations by asking Board Members to:

**A. Housing**

1. Identify named contacts from Adult Social Care, Nottingham University Hospitals Trust and Nottingham City Clinical Commissioning Group to help coordinate and drive input into the new Homelessness Prevention Strategy
2. Nominated officers to support the pilot of the 'duty to refer' software within the health and social care sectors
3. Consider how health, housing and adult social care can develop and deliver joint preventative initiatives that reduce the risk of homelessness, positively impact on health and wellbeing and reduce the costs to the health and adult social care system
4. Support for the selective licensing scheme from all Health and Wellbeing Board partners
5. Recognise the role housing plays in improving health outcomes for citizens and the role housing workers can play as part of the wider workforce addressing health inequalities
6. Support the Hospital to Home (H2H) project beyond March 2019
7. Enable referrals to the H2H project to maximise early intervention/prevention opportunities
8. Enable referrals for Assistive Technology services which are part of the early intervention/prevention initiative
9. Reporting any properties of concern that agencies come across

**B. The Built Environment**

1. Participate in the Public Examination in order to ensure the views of the Health and Wellbeing Board are considered by the Inspector. Local specific evidence presented by experts will be critical in substantiating the Health and Wellbeing Strategy's approach.

### C. Transport

1. Continue to lead by example by taking part in the Workplace Travel Service business support programme to become early adopters of ultra-low emission fleets and sustainable commuter and business travel practices, with business case and monitoring supported by SDU Health Outcomes Travel Tool  
<https://www.sduhealth.org.uk/delivery/measure/health-outcomes-travel-tool.aspx>
2. Nominate an air quality travel and infrastructure change champion within their organisation as lead contact for Workplace Travel Service and joint working on sustainable procurement good practice.
3. Agree clear and consistent messages to use with their employees and citizens to raise public awareness regarding health impacts of air quality and actions that can be taken to support cleaner air in Nottingham.
4. Participate in the ULEV and LEVEL good practice networks and business events to share their organisations' expertise with local partners and cascade through supply chains.

### D. Parks and Green Spaces

1. Support the principle of provision of a free healthy lifestyle programme, where mass participation activities take place regularly across the City's parks continues
2. Consider ways in which more support for local communities can help maintain improvement to the parks and continue to deliver healthy lifestyle activities within the parks

### E. Air Quality

1. Seek assurances that Health and Wellbeing Board organisations are committed to contributing to improving air quality
2. Identify named persons within Nottinghamshire Police, Nottingham City Homes and the local Universities responsible for sponsoring air quality improvement and emission reductions and share current plans with the Air Quality Partnership
3. Establish commitment to implement Health Outcomes Travel Tool (HOTT)  
<https://www.sduhealth.org.uk/delivery/measure/health-outcomes-travel-tool.aspx> across Health and Wellbeing Board member organisations and identify persons responsible for implementation

<b>Contribution to Joint Health and Wellbeing Strategy:</b>	
<b>Health and Wellbeing Strategy aims and outcomes</b>	<b>Summary of contribution to the Strategy</b>
Aim: To increase healthy life expectancy in Nottingham and make us one of the healthiest big cities	The report relates to progress on Outcome 4: Nottingham's environment will be sustainable – supporting and enabling its citizens to have good health and wellbeing.
Aim: To reduce inequalities in health by targeting the neighbourhoods with the lowest levels of healthy life expectancy	
Outcome 1: Children and adults in Nottingham adopt and maintain healthy lifestyles	
Outcome 2: Children and adults in Nottingham will have positive mental	

wellbeing and those with long-term mental health problems will have good physical health	
Outcome 3: There will be a healthy culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill health well	
Outcome 4: Nottingham's environment will be sustainable – supporting and enabling its citizens to have good health and wellbeing	

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

<p><b>Background papers:</b>  <i>Documents which disclose important facts or matters on which the decision has been based and have been relied on to a material extent in preparing the decision. This does not include any published works e.g. previous Board reports or any exempt documents.</i></p>	None
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## Health and Wellbeing Strategy 2016-2020 Outcome 4: Healthy Environment Report

<b>Compiled by</b>	Nick Romilly, Shade Agboola Public Health NCC	<b>Reporting period</b> From: July 2017 To: May 2018	
<b>Completed by</b>	Richard Taylor, Matt Gregory, Jennie Maybury, Eddie Curry (all NCC), Gill Moy (NCH) and Alison Rowell (CCG)		
<b>HWBB meeting date</b>	30 <sup>th</sup> May 2018	<b>Next meeting this priority outcome will be discussed</b>	Between September and December 2018

**Priority Outcome 4: Nottingham's Environment will be sustainable – supporting and enabling its citizens to have good health and wellbeing**

**Priority Actions: By 2020 Nottingham will be a city where:**

**A. Housing:** will maximise the benefit and minimise the risk to health of Nottingham's citizens.

**B. The Built Environment:** will support citizens leading healthy lifestyles and minimise the risk of negative impact upon their wellbeing.

**C. Transport:** Children and adults will be able to engage in active travel.

**D. Parks and green spaces:** Children and adults will have access to and use of green spaces to optimize their physical and mental health.

**E. Air quality:** Air pollution levels in Nottingham will reduce.

## Executive summary

This report informs Health and Wellbeing Board members of the progress and continuing challenges that exist locally in advancing the Health and Wellbeing Strategy Healthy Environment Outcome. The report covers the five themed areas relating to housing, the built environment, transport and active travel, parks and green spaces and improving air quality.

### A. Housing

Clear strategic planning and improved housing provision can maximise the benefit and minimise the risk to health of citizens.

Progress and key areas of development include

- Establishing a common hospital discharge scheme across the STP footprint
- Engagement with the consultation and implementation of the Homelessness Prevention strategy
- Complying with the introduction of the Homelessness Reduction Act
- Introduction of the Selective Licensing scheme to regulate minimum standards for 32,000 homes in the private rental sector from August 2018
- Over the last year more citizens, who were unsatisfied with their housing conditions, have been supported than ever before

Challenges include

- Uncertainty about funding and commissioning arrangements across the system i.e. that are not specifically related to housing but can adversely impact on citizens and their housing situation / need
- Further consideration needs to be given to how the whole system can contribute to delivery of prevention initiatives that minimise the risk of homelessness

### B. Built environment

The environment and the way it is planned can have significant impacts on health and wellbeing outcomes. Creating an environment in which people can live healthier lives with a greater sense of wellbeing is hugely important in reducing health inequalities.

Progress and key areas of development include

- The Nottingham Land and Planning Policies Document (LAPP) sets out a proposal to control provision of hot food takeaway premises being established near to secondary schools. Hearing sessions are anticipated to take place in September this year.
- A new Open Spaces Supplementary Planning Document aims to ensure open space contributions can be negotiated in all new housing developments of 10 or more homes.

Challenges include

- The proposal will face stiff opposition from fast food outlets and similar policies have been challenged in other local authorities e.g. Gedling District Council



### **C. Transport and active travel**

Transport is a major source of air pollution and accelerating transition to sustainable travel options including low emission vehicle fleets will help to improve air quality and increase physical activity.

Progress and key areas of development include

- £7.8m of additional investment has been secured from 2016/17-2019/20 to support Go Ultra Low, Access Fund and Air Quality Grant initiatives that support the HWBS
- A new enhanced [Workplace Travel Service](#) offering a package of advice, grants and support services to help business and organisation adopt sustainable and low emission travel options is in place. HWBB member organisations are engaging in the programme.
- Contract awarded to Chargemaster to implement electric vehicle charging infrastructure network across Nottingham and Derby construction started in April.
- An increasing number of sustainable travel options are available to employers and citizens e.g. personalised travel plan advice, alternative business and commuting travel options, community cycle centres offering free services, organised and self guided rides and construction of pedestrian and cycle routes across the city

Challenges include

- Uncertainty over funding for 2020/21 onwards – many of the Transport initiatives achieved to date that are contributing towards a healthier environment have been dependent on successful bids for external funding.

### **D. Parks and green spaces**

An environment that encourages walking and cycling can also support the local economy, providing a vibrant and attractive neighbourhood. Access to attractive green spaces, aside from encouraging physical activity, can also improve mental wellbeing and help support social inclusion and community cohesion.

Progress and key areas of development include

- Expansion of cycle and walking routes through parks and green spaces and new footpaths upgraded at multiple sites across the city
- Parks and open spaces infrastructure has improved with new cafes installed at The Arboretum, Wollaton park, Woodthorpe Grange Park and the Forest Recreation Ground.
- All University Campuses within the City now hold the Green Flag Status award. Twenty-two organisations have entered the Community Green Flag awards for 2018.
- Work is underway with NCH to develop a programme of new Green Flag status housing estates in the City

Challenges include

- Sustaining healthy lifestyle initiatives in parks and green spaces when external funding ceases

## **E. Air Quality**

Air pollution adversely affects people's health. Long-term exposure to air pollution at the levels experienced in many Town and Cities in the UK, including Nottingham, causes respiratory and cardiovascular disease and lung cancer. Short-term exposure to episodes of elevated air pollution also leads to a worsening of symptoms for those with existing asthma, respiratory or cardiovascular disease, and can trigger acute events such as heart attacks in vulnerable individuals.

Progress and key areas of development include

- A wide range of initiatives across a number of HWBB member organisations including improved public transport infrastructure, eco expressway, transition to Ultra Low Emission Vehicles (ULEV), reduced single occupancy vehicle journeys
- Secured £1.1m grant funding to support the transition of Hackney and Private Hire Vehicles (taxis) to ULEV
- Greater co-ordination and participation in National Clean Air Day
- HWBB member organisations revised procurement policies to include social value, reviewing staff travel arrangements, implementing staff survey, implementing travel plans
- Reduction of carbon emitting vehicles within service fleets
- Two air quality measures are on track or meeting the recommended and target levels (see Table 2 and appendix 1)

Challenges include

- Establishing greater consistency and equity in implementing air quality improvement measures across HWBB member organisations

## Healthy Environment action plan measures (summary only, further detail in Appendix1)

Table 1 showing Outcome 4: headline measures comparing Nottingham to region, England and baseline values by theme

Item	HE theme this relates to	Measure (source)	Nottingham value (data period)	Baseline (year)	Direction since time period (value)	Comparison to HWBS (baseline)	Comparison to East Midlands	Comparison to England	Comparison to HWBS (target)
1	Housing	<b>Excess Winter Deaths Index (PHOF 4.15iii)</b>	23.5%* (2014-17)	21.8% (2011-14)	Worse than 2013-2016 (22.9%)	Worse (21.8%)	Not compared	Not compared	Worse (18.15%)
2		<b>Fuel Poverty (PHOF 1.17)</b>	15.8% (2015)	14% (2013)	Worse than 2014 (13.5%)	Worse (14%)	Not compared	Not compared	Worse (13.1%)
3	The Built Environment and Transport (active travel)	<b>Proportion of physically active adults (PHOF 2.13i)</b>	65.3% (2016/17)	NA**	Better than 2015/16 (64.4%)	Not comparable**	Similar	Similar	Not comparable**
4		<b>Proportion of physically inactive adults (PHOF 2.13ii)</b>	23.3% (2016/17)	NA**	Better than 2015/16 (24.6%)	Not comparable**	Similar	Similar	Not comparable**
5		<b>Proportion of children aged 10-11 years with excess weight (PHOF 2.06ii)</b>	39.7% (2016/17)	37.9% (2014/15)	Worse than 2015/16 (37.0%)	Worse (37.9%)	Worse	Worse	Worse (37.3%)
6	Parks and Green Spaces	<b>Proportion of people using outdoor space for exercise/health reasons (PHOF 1.16)</b>	15.6% (2015/16)	7.8% (2013/14)	Better than 2014/15 (10.5%)	Better (7.8%)	Similar	Similar	Not compared no trajectory set
7	Air Quality	See table 2 below							

Source PHOF - Public Health Outcomes Framework <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>

\*locally calculated based on HES data and ONS not publically available on PHOF yet so no comparison with region or England available

\*\*the measure changed in 2015/16 see full report in appendix for details

Table 2: Showing Nottingham City Air Quality measure's performance in relation to baseline and targets 2016/17 and 2017/18. Values are annual mean readings.

Indicator and Target	Baseline	2016/17	2017/18	RAG
<b>Air quality:</b> reduce NO <sub>2</sub> to WHO recommended and Air Quality Objective (AQO) level of 40ug/m <sup>3</sup> , measured locally	<b>48</b>	42	44	ON TRACK TO MEET TARGET (40ug/m <sup>3</sup> ) (GREEN)
<b>Air quality:</b> reduce PM <sub>10</sub> to WHO recommended level of 25ug/m <sup>3</sup> , Air Quality Objective (AQO) level is 40ug/m <sup>3</sup> , measured locally	<b>17</b>	17	18	NATIONAL AQO AND WHO MET LOCAL TARGET (15ug/m <sup>3</sup> ) NOT MET (AMBER)
<b>Air quality:</b> reduce PM <sub>2.5</sub> (WHO recommended level is 10ug/m <sup>3</sup> , measured locally)	<b>12</b>	12	12	LOCAL TARGET (10ug/m <sup>3</sup> ) NOT MET (RED)

## Key Progress

### A. Housing

#### Background

Housing is a priority within the Healthy Environment outcome of the HWBS because through housing strategy and good quality housing provision Nottingham can maximise the benefit and minimise the risks to health of citizens. The HWBS aims to achieve this through improving housing standards and direct support to vulnerable people who may be at risk of homelessness and to work with housing providers to support people to live healthier and independent lives at home.

#### Progress with key areas of action include:

- *Developing joint housing actions to prevent hospital admissions, reduce re-admissions, and speed up hospital discharge*

A lot of work has been done to develop a common hospital discharge scheme across the whole of the STP footprint. This has been held up as an example of good practice nationally. However, it has been difficult to secure funding for the scheme both in the City and across mid Notts.

The Hospital to Home (H2H) project in the City has been funded until March 2019. It has been extended and there is now a post based within NUH. This post is jointly funded by the County CCG and in addition to referrals within the City; we are also making referrals to the local authorities in Greater Notts. This is a new post and no data is yet available, but early indications are that this is a much valued post and is already producing some good outcomes for both health and adult social care. The 2017/18 evaluation report for the Hospital to Home project is due to be finalised soon and a headline report will be available to share with the HWB Board in May.

#### Status - GREEN

- *Enable local health, housing and social care partners to identify and fulfil their role in preventing homelessness, reducing repeat homelessness and meeting the health and wellbeing needs of homeless people*

The new Homelessness Prevention strategy is under development and will be available for consultation from Monday 7<sup>th</sup> May. It is a statutory requirement for the strategy to be developed by a cross-sector partnership and therefore health and adult social care need to engage with the consultation process. This includes identifying the actions that are to be owned and delivered by each sector and developing a pledge outlining their commitment to delivering activity that helps to prevent homelessness in Nottingham. It would be helpful to have a named contact point from adult social care, NUH NHS Trust and Nottingham City CCG who could help to drive this forward within the organisations.

The review of housing related support provision has concluded and contracts have been awarded. However, service development continues due to the introduction of the Homelessness Reduction Act and rising levels of homelessness (including rough sleeping).

Recently NCC have developed a bid to the Life Chances Fund to support rough sleepers into accommodation and away from emergency healthcare. All cost avoidance would be of benefit to the health and social care system further consideration needs to be given to how to maximise these

funding opportunities.

The Homelessness Reduction Act has introduced a new statutory duty on all public bodies (including health and social care) to refer people for support if they believe them to be at risk of homelessness. The Head of Housing Solutions at NCC has been delivering training to inform local stakeholders about the new legislative requirements. NCC is working with the National Practitioner Support Service (NPSS) to pilot software that supports the referral process. It would be worthwhile for health and adult social care to participate in this pilot and be informed of the processes they will need to implement when this part of the legislation comes into force in October 2018.

### Status - GREEN

- *Ensuring homes are safe and well managed protecting the health and wellbeing of tenants*

The scheme of Selective Licensing bringing 32,000 homes into a framework of regulation to ensure minimum standards of safety and management has been agreed and will go live in August 2018. As well as looking at housing conditions, outcomes will include tenancy and health protection, homelessness prevention safeguarding and the ability to signpost citizens for key areas of support. As this scheme is implemented further potential benefits will be explored which could include links to for example, the hospital discharge schemes. Priorities for delivery of inspections will include the areas identified in the Building Research Establishment (BRE) report on housing condition.

A further dedicated rogue landlord team is in place focussing on the worst properties with history of poor management. As part of this and the routine work of the team there are joint operations to deliver wider benefit than housing conditions outcomes have included tenant protection, safeguarding, homelessness prevention, housing related crime responses and responses to exploitation including modern day slavery .

There has been significant work with other service areas, organisations, partners and reaching into communities especially emerging communities about housing expectations, safer homes and tenancies and the housing service offer. Visits and investigations will include partners and as appropriate community and voluntary sector support.

There has been further work on tackling excess cold including bids for supportive funding to assist landlords and tenants with property improvement

### Status - GREEN

- *Develop a programme of energy efficiency works, targeting poorly performing homes, to reduce the health impacts from cold homes and fuel poverty*

The Healthy Housing Service provided by Nottingham Energy Partnership (NEP) has exceeded 100% of all of its contractual requirements delivering its key objectives around training of front line staff around fuel poverty and the impact of cold homes on health; numbers of vulnerable people referred from target groups and delivery of energy efficiency / home improvement measures such as boiler installations. Owing to budget decisions, Nottingham City Council has disinvested in the service from 31<sup>st</sup> May 2018. However, NEP have secured independent funding and will continue to provide a service across the City.

The Nottingham Fuel Poverty and Energy Efficiency Strategy is in a near final draft stage and will

be circulated when complete.

### Status - Amber

#### Other developments / success for the HWBB to note include:

- The Hospital Co-ordinator post for the H2H project has been jointly funded by the County. There were delays in securing funding for the H2H project for 2018/19 and there is uncertainty as to whether the scheme will be funded beyond this. Early referrals are around Assistive Technology (AT) to support discharge, but also prevent admission and readmission.
- H2H project has been the subject of several national reports, including Kings Fund.
- The Healthy Environment Housing Lead was asked to give evidence at a Parliamentary Select Committee in December 2017. The outcomes from the Committee were reported and can be accessed through the following link. <https://publications.parliament.uk/pa/cm201719/cmselect/cmcomloc/370/37002.htm>
- Housing work within Nottingham has also been reported by the Kings Fund - Report on Housing and Health <https://www.kingsfund.org.uk/publications/housing-and-health>
- The H2H project featured in a report produced by the National Housing Federation <https://www.housing.org.uk/partnership-case-study-hospital-to-home-by-nottingham-city-homes/>
- The Secretary of State's approval for a Selective Licensing bringing 32,000 homes into a framework of regulation received national recognition.
- Over the last year more citizens unsatisfied with their housing conditions have been reached than ever before and the number of known properties improved is just under 500.
- A partnership Warm Homes bid for "off gas" properties to have adaptations such as modern energy efficient boilers installed has been submitted the outcome of which is pending.

#### Risks and challenges with delivery of the key areas of action:

- *Develop joint housing actions to prevent hospital admissions, reduce re-admissions, and speed up hospital discharge*

Uncertainty about the future of the H2H project makes it difficult to plan and can hold back innovation. It also means NCH run the risk of losing staff who are dedicated to the project. NCH are constantly evaluating the project for future funding, and we need to focus on delivery.

- *Enable local health, housing and social care partners to identify and fulfil their role in preventing homelessness, reducing repeat homelessness and meeting the health and wellbeing needs of homeless people*

The decommissioning of the dual diagnosis service is likely to increase the risk of homelessness for people who will be left unsupported. The decision seems to have been taken without consultation with the housing sector about the impact. It is also not in line with the findings of the recent research commissioned by the CCG on mental health and homelessness which recommends the provision of dual diagnosis and other multi-needs services to tackle the social exclusion that leads to homelessness.

- *Ensuring homes are safe and well managed protecting the health and wellbeing of tenants*

Priorities for delivery of inspections will include the areas identified in the BRE report on housing condition to mitigate the greatest risks. The work of Rogue Landlord team also targets enforcement action against the worst landlords.

### **Recommendations relating to Housing**

It is recommended the HWBB note the content of the report on housing and that members of the board:

1. Identify named contacts from Adult Social Care, NUH Trust and Nottingham City CCG to help coordinate and drive input into the new Homelessness Prevention Strategy
2. Nominated officers to support the pilot of the 'duty to refer' software within the health and social care sectors
3. Consider how health, housing and adult social care can develop and deliver joint preventative initiatives that reduce the risk of homelessness, positively impact on health and wellbeing and reduce the costs to the health and adult social care system
4. Support for the selective licensing scheme from all HWBB partners
5. Recognises the role housing plays in improving health outcomes for citizens. The role housing workers can play as part of the wider workforce addressing health inequalities
6. Support the Hospital to Home project beyond March 2019
7. Enable referrals to the H2H project to maximise early intervention/prevention opportunities
8. Enable referrals for Assistive Technology services which are part of the early intervention/prevention initiative
9. Reporting any properties of concern that agencies come across

## **B. The Built Environment**

### **Background**

The environment and the way it is planned can have significant impacts on health and wellbeing outcomes. Creating an environment in which people can live healthier lives with a greater sense of wellbeing is hugely important in reducing health inequalities. Local building and planning policies that aim to achieve a high quality environment, non-threatening and accessible open spaces, opportunities to grow healthy food along with planning controls on access to energy dense food can encourage healthy activities and help to tackle obesity.

### **Progress with key areas of action include:**

- *Controlling Hot Food Take Aways near secondary schools*

The Nottingham Land and Planning Policies Document (LAPP), referred to as the [Local Plan Part 2](#) was approved by NCC full council on 5<sup>th</sup> March 2018. The Local Plan Part 2, when adopted, will

- set out planning policies for Nottingham City
- guide how decisions on planning applications will be made
- allocate land for development

The Local Plan was submitted to the Secretary of State for independent examination in April 2018, and the hearing sessions are anticipated to take place in September 2018.



Section 4 of the plan focuses on Local Services and Healthy Lifestyles states,

*“The Local Plan also has an important role to play in influencing wider health and wellbeing objectives by facilitating the development of appropriate education and health proposals and supporting healthy eating. The provision of facilities such as allotments, open space and play areas provide opportunities for exercise, recreation and for citizens to grow their own fresh food (policies relating to these topics can be found within the ‘Our Environment’ section). Locational policies ensure hot food takeaways are appropriately located, particularly in relation to school age children, and can assist in tackling obesity and encouraging healthier eating behaviours.”*

The proposed policy development LS1: Food and Drink Uses and Licensed Entertainment Venues Outside the City Centre stipulates that

*“...planning permission will be granted for development involving food and drink uses (Use Class A3, A4 and A5) and licensed entertainment venues where it is located within an existing Centre or at least 400 metres from a secondary school unless it can be clearly demonstrated that the proposal will not have a negative impact on health and wellbeing”.*

However, objections to the policy have been received from Hot Food restaurant operators and recently the Examination Inspector recommended that Gedling District Council withdraw their similar policy.

#### **Status Amber**

- *Explore options for creating built environments that enable good health, e.g. Ensure new housing development (above 10 homes) makes provision for open space.*

A new Open Spaces Supplementary Planning Document is being prepared by colleagues in NCC. This work is ongoing and aims to ensure open space contributions from new developments can be negotiated.

#### **Status Green**

#### **Other developments / success for the HWBB to note include:**

Further to the controlling hot food take away policy the Local Plan Part 2 includes policies that advance public health and healthier lifestyles in relation to enhancing the quality of existing open spaces, protection of playing fields and sports grounds, preservation of and improved access to allotments.

#### **Risks and challenges with delivery of the key areas of action:**

There is a significant (amber) risk that the Examination Inspector could recommend that the proposed Controlling Hot Food Take Aways near secondary schools policy be deleted or amended, as has happened in the case of the Gedling District Council Local Plan. In this case, it will not be possible to adopt the Local Plan with the policy in place.

#### **Recommendations relating to the Built Environment**

It is recommended the HWBB note the content of the report on the built environment and that members of the board:

1. participate in the Public Examination in order to ensure the views of the HWBB are considered by the Inspector. Local specific evidence presented by experts will be critical in substantiating the HWB strategy's approach.

## C. Transport

### Background

The scientific evidence regarding the impacts of air pollution on health is very clear. Transport is a major source of air pollution and accelerating transition to sustainable travel options including low emission vehicle fleets will help to improve air quality and increase physical activity.

There is also a strong Invest to Save case for supporting travel behaviour change and green fleet initiatives for Nottingham's citizens and workforce. Particularly amongst Health and Wellbeing Board partners, in terms of the scale of impact that could be achieved through workforce behaviour change for business and commuter travel and the NHS savings which would be achieved through the wider health benefits for citizens, of both improved air quality and take up of more active travel.

The collective purchasing power of HWBB member organisations can significantly influence local supply chains to adopt greener fleets through working in partnership to implement sustainable procurement and commissioning processes.

### Progress with key areas of action include:

- *to secure bids for sustainable and active travel projects*

A funding package of £7.8 million has been secured for Nottingham City for 2016/17 – 2019/20 (Go Ultra Low, Access Fund and Air Quality Grant) which supports a range of initiatives and have delivered the following actions to support the Health and Wellbeing Strategy.

### Status Green

- *support the development of Workplace Travel Plans*

NCC launched a new enhanced [Workplace Travel Service](#) in October 2017 offering a package of advice, grants and support services to help business and organisation adopt sustainable and low emission travel options for commuter and business trips including finance and support for transition towards electric fleet. To be eligible to access the Bronze, Silver and Gold level funding packages participating organisations need to commit to developing a Travel Action Plan including regular monitoring of travel behaviour through staff travel surveys.

A number of Health and Wellbeing Broad partners are now actively engaged in the programme. NCC has received 44 Expressions of Interest in the Workplace Travel Service and the grant scheme and to date 7 grants have been approved providing £81k of support for local organisations to install electric vehicles charge points or facilities to enable cycling.

### Status Amber

- *Establish a Go Ultra Low programme for Nottingham*

The support offer has recently been strengthened by the appointment of a consortia led by Cenex

through a competitive tender to provide an ULEV business engagement package offering fleet reviews, ULEV fleet experience vehicle loans and staff engagement events.

A tender is in preparation to appoint providers for sustainable travel services including workplace engagement events employee personalised travel planning, active travel support services, driver training packages for professional drivers from summer 2018 until March 2020.

Since the launch of the Go Ultra Low Nottingham programme in October 2016, 8 high profile events have been held to engage businesses and citizens and the LEVEL training programme has provided 6 business training events in Nottingham and Derby. A further 11 engagement events and 4 training events are currently planned up to December 2018. These include a 2 day public FestEVal 29 – 30 June to offer residents and businesses the opportunity to view the latest range of electric vehicles, talk to ULEV champions, arrange test drives and find out more about the future of ultra low emission transport.

A contract has been awarded to Chargemaster for development of electric vehicle charging infrastructure network across Nottingham and Derby and construction started in April 2018 in Nottingham.

### Status Green

- *to raise awareness of pollution levels and health /environmental impacts of air pollution to encourage behavioural change to reduce emissions*

The first phase of the household Personalised Travel Planning (Travel Choices) project has taken place in four areas of the City targeting households with above average car ownership in area of poor air quality.

The project has involved a team of trained Travel Advisors visiting 4,700 households in Silverdale, Old Lenton, the Park and The Meadows to talk about each household's travel needs and promote appropriate travel options. This is supported by a comprehensive Travel Choices information and incentives pack; with resources about the City's travel offer including leaflets about simple steps to improve air quality and promotion of [PHE Active 10 walking tracker](#) and public transport taster tickets. The evaluation results for phase 1 will be available in autumn 2018 and a second phase is planned for 2019.

NCC co-ordinated a citywide participation in the National Clean Air Day on 15<sup>th</sup> June including a workplace event at Loxley House promoting alternative commute and business travel options to NCC and DWP employees.

### Status Green

- *Children and adults will be able to engage in sustainable and active travel and supporting an increase in community activity in local parks*

Sustainable Travel Collective has been appointed through competitive tender to deliver four Community Cycle Centres. These launched in Lenton Abbey and The Meadows in October 2017 and King Edwards Park and Bulwell in March 2018. They provide a range of cycling services twice monthly in each location from March to October to give people the skills and confidence to start cycling. All services and activities are free to City residents and are targeted at communities with low levels of physical activity. The project is funded until March 2020.

A partnership with British Cycling has secured a two year programme of cycle events, organised

and self-guided rides in Nottingham to keep people cycling, including Let's Ride, guided rides, Breeze programme for women cyclists, Go Ride programme in schools and HSBC City Ride in September.

The Nottingham Cycle City Ambition programme has delivered the following cycle network improvements funded through Local Growth Fund:

- ❖ *Western Cycle Corridor* now provides fully segregated cycle corridor from City centre to University of Nottingham/Lenton Abbey via QMC following completion of upgrade to Abbey Bridge.
- ❖ *Cycle bridge to Boots Enterprise Zone* - construction has started on a new pedestrian and cycle bridge across the Midland Main Line to link the Western Cycle Corridor and allow bus/tram passengers on University Boulevard to cross the rail line near the Tennis Centre to access the Boots/Enterprise Zone site. The route is expected to be completed in December 2018.
- ❖ *Construction of the Eastern Cycle Corridor* is now complete (bar some signing and lining) allowing cyclists to travel east from the City along Manvers Street and Daleside Road, segregated from traffic with priority over traffic at all junctions and side roads. The recently upgraded crossing connecting Manvers Street and Sneinton Greenway with City Link allows cyclists and pedestrians to cross Manvers Street in a single stage, whereas previously they were required to cross in two stages and wait on a traffic island. The Eastern Cycle Corridor forms part of the Daleside Road Improvement Scheme providing a priority bus and ULEV lane which opened in April 2018.
- ❖ *The Island Site link* – work is nearing completion on a temporary route across the site to connect City Link with Station Street removing the need for cyclists heading east - west to go on London Road and improving connections between the Eastern Cycle Corridor and Bio City with the Rail Station.

### Status Green

- *Supporting actions to improve access to and use of green space*

Children's bike track and lighting – Nottingham Embankment has the first track in the Country which simulates a road environment for children. The track which includes roundabouts and traffic lights is proving very popular. In addition, lighting has been installed along the length of the Embankment Road making it a much more attractive environment for commuters and more welcoming for cyclists and pedestrians at night. The lighting turns off at midnight to preserve the corridor for bats.

Upgrades have taken place to routes across the Forest Recreation Ground (used by Park Run and cyclists) as have routes through Colwick Park.

### Status Green

#### **Other developments / success for the HWBB to note include:**

NCC is working in partnership with WEGO couriers on Clean Air Delivery project to expand the EU Remourban funded home delivery project in Sneinton across the city to provide a zero emission local last mile delivery service for residents, local businesses and independent retailers including piloting a last mile parcel consolidation hub at a park and ride site.

Work is ongoing to increase the number of electric and ULEV in to NCC's own fleet including

installation of solar canopies, battery storage and vehicle to grid compatible charge points at Eastcroft depot and supporting trials of electric 7.5 tonne trucks and cage tipper vans. To support this, NCC has been successful in securing £1.5million of Early Measures funding to replace conventional diesel and petrol specialist vehicles into ULEVs, including electric cage tippers, street sweepers and up to 3 electric refuse collection vehicles.

NCC won the 2017 Ashden Award for Clean Air in Towns and Cities based on our integrated approach to transport including the introduction of the Workplace Parking Levy in 2011, the introduction of smart ticketing through the Robin Hood smartcard in 2015 and a significant electric and gas fuelled bus fleet. *“Nottingham City Council is a sustainable transport exemplar and on a par with top European cities like Berlin and Vienna. It has achieved full public transport integration and brought in a unique Workplace Parking Levy and, in doing so, has succeeded in changing behaviour as well as transforming parts of the city into quieter, less polluted zones.”* For more information go to <https://www.ashden.org/winners/nottingham>

#### **Risks and challenges with delivery of the key areas of action:**

Uncertainty over funding for 2020/21 onwards – many of the Transport initiatives achieved to date that are contributing towards a healthier environment have been dependent on successful bids for external funding. The current Local Growth Funding packages for cycle infrastructure projects end in 2018/19 and the Access Fund and Go Ultra Low programme funding ends in March 2020.

#### **Recommendations relating to Transport**

It is recommended the HWBB note the content of the report on Transport and active travel and that members of the board:

1. Continue to lead by example by taking part in the Workplace Travel Service business support programme to become early adopters of ultra-low emission fleets and sustainable commuter and business travel practices, with business case and monitoring supported by SDU Health Outcomes Travel Tool  
<https://www.sduhealth.org.uk/delivery/measure/health-outcomes-travel-tool.aspx>
2. Nominate an air quality travel and infrastructure change champion within their organisation as lead contact for Workplace Travel Service and joint working on sustainable procurement good practice.
3. Agree clear and consistent messages to use with their employees and citizens to raise public awareness regarding health impacts of air quality and actions that can be taken to support cleaner air in Nottingham.
4. Participate in the ULEV and LEVEL good practice networks and business events to share their organisations' expertise with local partners and cascade through supply chains.

### **D. Parks and Green Spaces**

#### **Background**

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 neighbourhood. Access to attractive green spaces, aside from encouraging physical activity, can also improve mental wellbeing and help support social inclusion and community cohesion.

In the early 2000's the government set targets to increase levels of participation in physical activity

and sport including measures for providing cleaner, safer and greener public spaces. The Marmot Review (2010) stressed the importance of maintaining access to good quality open space and improvements where it is lacking in order to help tackle health inequalities.

Public parks account for one-third of all the public green space and 90% of peoples green space use. If an area has high quality parks, it is likely that more residents will use them more often; resulting in people being more satisfied with their neighbourhood and are more likely to report better health. However, there are stark differences in the provision and accessibility of green space based on socio economic status and ethnicity. Provision of green space is generally worse (less access and lower in quality) in deprived areas than in affluent areas.

**Progress with key areas of action include:**

- *Support and endorse plans developments and proposals for improving access to and through Green Flag award standard Parks and Green Spaces.*

Continued expansion of cycle and walking routes through parks and green spaces, new footpaths upgraded at Forest Recreation Ground, Valley Road, The Arboretum Woodland Walk, Colwick Country Park, Bilbrough Park and Whitemore nature reserve. Improved social media platforms have been established for all major parks and a number of smaller local parks friendship groups.

**Status Green**

- *Identify opportunities to improve parks and green space infrastructure including Cafes, supervised toilet facilities footpaths, cycle parking, lighting, biodiversity and maintenance standards.*

New cafes installed at The Arboretum, Wollaton park, Woodthorpe Grange Park and the Forest Recreation Ground. Work is ongoing.

**Status Amber**

- *Work with partner organisations to deliver Green Flag improvements to land not managed by the Council.*

All University Campuses within the City now hold the Green Flag Status award. 22 community organisations have entered the Community Green Flag awards for 2018. Discussions currently taking place with Nottingham City Homes regarding the development of Green Flag Estates.

**Status Green**

- *Support the delivery of the Nottingham Open Space Forum (NOSF) charitable objective:- To enhance public health and wellbeing Identify and support active Parks friends groups to deliver regular healthy lifestyle activity programmes within the Park*

Prioritised local investment plans to be produced for each ward in the City. Area action plans completed and approved by each area committee. Confirmed annual programme of parks and green space improvements.

**Status Green**



- *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 Status improvements and progress applications for Green Flag awards. Local activators engaged and helping to deliver the PARKlives Nottingham Programme to get more people active outdoors. Since the start of Parklives over 100,000 citizens have engaged with the programme.

#### Status Amber

- *Support an increase in community activity and involvement in local parks, including cycling.*

Nottingham Open Space Forum charitable status secured. Now holding regular open forum meetings and provide advice to park friends groups. Parklives Nottingham and Ranger led events take place at regular occasions across all parks in the City.

#### Status Amber

- Improve the design and quality of amenity green space located within housing areas. Seek to adopt Green Flag status for housing areas.

Develop and support local communities to actively participate in the annual Royal Horticultural Society - It's Your Neighbourhood campaign. Delivery of an annual programme of active [park based activities](#) is progressing well across the city. Work is underway with NCH to develop a programme of new Green Flag status housing estates.

#### Status Green

- *Ensure new housing development (above 10 homes) makes provision for open space (also in Built Environment actions)*

Work is underway to make improvements to open space in new and existing developments. New Open Spaces Supplementary Planning Document is currently being drawn up.

#### Status Amber

#### **Risks and challenges with delivery of the key areas of action:**

On going budget reductions will impact on future delivery of park improvements and the scale of community engagement / physical activity programmes that can take place across the City. 2018 is to be the last year of the externally funded Parklives programme delivering a free healthy lifestyle programme across the City.

#### **Recommendations relating to Parks and Green Spaces**

It is recommended the HWBB note the content of the report on Parks and Green Spaces and that members of the board:

1. Support the principle of provision of a free healthy lifestyle programme, where mass participation activities take place regularly across the City's parks continues

2. Consider ways in which more support for local communities can help maintain improvement to the parks and continue to deliver healthy lifestyle activities within the parks

## **E. Air Quality<sup>1</sup>**

### **Background**

Air pollution adversely affects people's health. Long-term exposure to air pollution at the levels experienced in many Town and Cities in the UK, including Nottingham, causes respiratory and cardiovascular disease and lung cancer. Short-term exposure to episodes of elevated air pollution also leads to a worsening of symptoms for those with existing asthma, respiratory or cardiovascular disease, and can trigger acute events such as heart attacks in vulnerable individuals.

With respect to nitrogen dioxide(NO<sub>2</sub>): in 2015 the Committee on the Medical Effects of Air Pollutants (COMEAP), published a statement concluding that:

*“Evidence of associations of ambient concentrations of NO<sub>2</sub> with a range of effects on health has strengthened in recent years. These associations have been shown to be robust to adjustment for other pollutants including some particle metrics. Although it is possible that, to some extent, NO<sub>2</sub> acts as a marker of the effects of other traffic-related pollutants, the epidemiological and mechanistic evidence now suggests that it would be sensible to regard NO<sub>2</sub> as causing some of the health impact found to be associated with it in epidemiological studies.”*

In Nottingham in 2010, it was estimated that 150 deaths (persons 25+ years) were 'attributable' to particulate air pollution (PM<sub>2.5</sub>).

Particles are emitted by combustion processes (PM<sub>10</sub> - solid fuel combustion PM<sub>2.5</sub> (and smaller) - internal combustion engines), road surface, road vehicle tyre and brake wear, and by secondary particle formation from chemical reactions.

'Local authorities in England have a new role to work towards reducing emissions and concentrations of PM<sub>2.5</sub>, which is a very important area of focus due to the well-documented health impacts' (LAQM-TG16 Feb18).

A reduction in particle levels may therefore be achieved as a by-product of the measures to reduce levels of NO<sub>2</sub> and by discouraging/limiting the use of solid fuel heating systems and their replacement with ultra-low or zero emission alternative (fuel cells/electricity). Implementing physical infrastructure measures that minimise particle emissions and airborne transport include planting grass, hedges and trees to reduce entrainment and generation of particles.

### **Progress with key areas of action include:**

- *Reduce emissions from HWBB partner organisations' transport and buildings; contributing to a reduction in nitrogen dioxide (NO<sub>2</sub>) and particles, assisting local authorities to meet national air quality targets. Promote and publicise action and measures that improve air quality amongst service users, partner organisations and suppliers. Reduce current emissions by organisation.*

Progress is being made due to a range of national and local NCC strategies and policies to promote

- Public transport - (Local Transport Plan) (Eco Express Way)



- Active travel - (Local Transport Plan, Cycle Ambition, Safe Routes to School, Eco Express Way)
- Reduce single occupancy private car journeys - (Local transport plan)
- Transition to Ultra Low and Zero Emission vehicles
- Study into potential of Clean Air Zone in Nottingham currently underway.
- Trial of fuel cell technology underway to demonstrate viability of technology to replace commercial gas fired boiler plant (DEFRA grant funding), with opportunity to trial fuel cell technology for residential gas fired boilers.

Nottingham City Council's strategy and projects to increase and promote energy efficiency measures include:-

- Communications and awareness raising
- Clean Nottingham (2017) – promoting clean/zero emission from public transport to improve air quality
- National Clean Air Day June 2018 – NCC and Health supported event
- Greener Housing project – energy efficiency and reduced emissions elements continuing through 2018-20.
- Clean Air Zone awareness raising (March 2018)
- British Lung Foundation Breathe Easy Week 18th -24th June (Joint activity with Environmental Health)
- Clean Air Day 21st June (Joint activity with Environmental Health and Public Health)
- FestEVal Nottingham's Ultra Low Emission Vehicle event 29th and 30th June
- Local Air Quality Management submission to DEFRA for 30th June 2018
- Clean Air Zone – public consultation June-July 2018
- New Nottinghamshire Air Quality Strategy website due Summer 2018

NHS Nottingham City CCG have:

- Revised procurement policy, to include a Social Value weighting which incorporates environmental consideration (including air quality) into service specification development and procurement
- Reviewing travel facilities for staff and changing staff travel behaviour
- Changing taxi booking process
- Promoting public transport and providing more information so that staff can make more informed decisions
- Limiting the need for long-distance travel to reduce train usage

Other developments for general environmental sustainability:

- New kitchen boilers which save energy
- Changing printing facilities, to reduce amount printed
- Reviewing waste and recycling arrangements, with a view to increasing recycling and reducing general waste

Nottinghamshire Healthcare NHS Trust

- The Trust undertook its first all staff travel survey in January this year and the responses are currently being reviewed. Approximately 5% of staff responded and on first analysis, there

seems to be some key messages/opinions emerging which will help shape future action on this agenda going forward.

- NHFT has produced, in line with current National Planning Policy Framework a Travel Plan for Hopewood - the Trust's new CAMHS (Child and Adolescent Mental Health Services) and Perinatal Services campus in Nottingham. The travel plan encourages the use of sustainable travel, and its overall objective is to reduce the environmental impact of transport associated with travel to and from the site. However, this has been expanded to include:
  - ❖ Reduce single occupancy car usage for all users when travelling to and from the site
  - ❖ Manage car parking demand so that on-site parking can be reduced
  - ❖ Promote and facilitate alternative sustainable modes of travel for all users, including walking, cycling, bus and car sharing
  - ❖ Achieve 100% staff awareness of the Travel Plan
  - ❖ Monitor the effectiveness of the Travel Plan initiatives and modal shifts of all users over 5 years after occupation of the new site.
- The Trust will be supporting/promoting National Clear Air Day 2018 and encouraging site teams across the Trust to engage with a number of awareness raising activities including health walks in green space for example, to support the national Sustainable Health and Care Week campaign in June.
- The Trust continues to promote Liftshare, its Cycle to work scheme and discounted bus travel passes which are available for use within the city. The Travel Survey did highlight that work is needed around raising awareness of these options so this will be a priority over the coming 6 months.
- The Trust hopes to be able to expand the number of Electric Vehicle charging points available to staff across its sites.

#### East Midlands Ambulance Service

EMAS have implemented the following initiatives to reduce emissions and improve Air Quality, and reduce public health impact of our operational business:

- Board approved 5 year 30% carbon reduction target against 2014/15 baseline
- Board approved environmental policy statement and sustainable development plan (SDMP)
- Clinical model to support 'Hear & Treat' and 'See & Treat' to ensure patient received best possible care remaining within the community.
- Operational in July 2017, optimising resources sent to scene to ensure patient receives highest possible quality of care
- Over the last three years, EMAS has included over 300 newer healthcare and operational vehicles into its fleet. These newer vehicles have reduced the carbon we emit per km travelled by EMAS' emergency healthcare vehicles have reduced by 9.1% from 200 g/km to 182 g/km. We have continued to invest in newer less polluting vehicles. In addition, the fuel we used per 999 calls we received reduced by approximately 20% from 4.8 litres in 2014/15 to 3.8 litres in 2017/18
- As part of our commitment to comply with the Carter Review recommendations we have invested over half a million pounds in energy efficiency initiatives across our premises, these have contributed to the reduction in electricity (4%) and gas (19%)
- Between 2013/14 and 2017/18, the average carbon emitted per km travelled by EMAS' emergency healthcare vehicles have reduced by 9.1% from 200 g/km to 182 g/km. We have

continued to invest in newer less polluting vehicles.

- Approximately 40,000 miles (3.2%) of EMAS business miles were avoided by car sharing. Car-sharing contributed to 12.5 tonnes of CO<sub>2</sub>e avoid 15% reduction in this aspect our carbon footprint compared to our 2014/15 baseline.
- 4% of business miles were travelled by ultra-low emission vehicles (ULEVs)
- Actively encouraging all operational staff to switch off emergency vehicles whenever they are not in use, or plug these vehicles into shore-lines (a device used to charge the electrical systems within these vehicles) whenever the vehicles are parked within EMAS' premises.
- EMAS encourage the use of ULEVs, currently there are 14 lease vehicles within our grey fleet. Approximately 50,000 miles (4%) of our 2017/18 business miles were travelled by this ULEV.

#### Nottingham Trent University

- Regular staff and student travel survey
- 2017 survey 80% of all trips to campuses for education and employment purposes were by sustainable transport (non-car)
- Travel planning has been taking place since 1990s with campus travel plans in place for all 4 NTU sites
- NTU supports the Nottingham Go Ultra Low campaign promoting use of EV. NTU has 14 charging points in place over 3 campuses
- The NTU fleet is becoming increasingly more sustainable, with all security vehicles and a number of maintenance fleet now ultra-low emission
- Car sharing is promoted and run through NTU Liftshare
- Developed a robust model hierarchy in favour of sustainable transport promoting public transport use, walking and cycling
- NTU benefits scheme enable staff to discounted season tickets for all main Nottingham transport providers
- Cycle to work scheme
- NTU cycle hire available for staff and students
- Discounted student public transport season tickets

#### Nottingham University Hospital NHS Trust

The following are the developments at Nottingham University Hospitals NHS Trust (NUH) in its financial year 2016/2017 in relation to air quality improvement.

#### Promotion of Sustainable Transport

- NUH continues promoting its Travel to Work scheme, which aims to make access to NUH via public transport more attractive for NUH staff. In 2017/18 membership to the scheme grew by circa 25% in the number of staff acquiring an annual public transport pass through the scheme.
- NUH continues promoting active travel via a number of initiatives including Dr Bike, Cycle to Work scheme, bike maintenance classes and roadshows aiming to promote health, wellbeing and active travel.
- NUH continues supporting the Medilink Bus service which is estimated displaces circa 700 tCO<sub>2</sub> from road emissions.

- NUH actively promotes the use of park & ride sites linked to the Medilink Bus service to reduce vehicles circulating within the City.
- NUH continues supporting a car-sharing platform for staff to find car-sharing partners.

#### Air Quality Improvements

- Shift from coal to gas as main means to heat City Hospital Campus. Since August 2017, NUH has made its gas boiler house the leading heating infrastructure, making its coal-fired boiler house the backup heating infrastructure. This has reduced the emission of particulates and has reduced the Trust's carbon footprint by circa 8,000 tCO<sub>2</sub>. This has a positive impact on the local air quality.
- NUH was an active partner and collaborator during the promotion of the Clean Air Day in June 2017, organising a roadshow to promote sustainable travel.

#### Infrastructure work

- NUH is working on the business case to replace the heating infrastructure at City Hospital Campus with a sustainable solution. This will see NUH completely moving away from coal, and producing on-site electricity. The project specifies that at least 5% of energy produced on campus come from renewable sources which will be delivered via photovoltaic panels, air source heat pumps and biogas).
- NUH inaugurated in summer 2017 the bridge connecting the Tram stop at QMC with the main building, increasing access to QMC services via this public transport service.
- NUH continues working in partnership with Nottingham City Council to install in each Hospital Campus a NCC cycle HUB.

#### **Status Amber**

#### **Other developments / success for the HWBB to note include:**

- Nottingham City Council won an Ashden Award in 2017 for their work to reduce air pollution in the city. [Nottingham City Council | Ashden Award Winner 2017 | Ashden.](#)
- Clean Air Zone early measure funding award (2018) to retrofit Euro 5 buses to Euro 6 standard.
- New Taxi Licensing Strategy (2017-2020) to require and ensure transition from old diesel vehicles to Ultra-Low Emission Vehicles (ULEV) by 2025. <https://www.nottinghamcity.gov.uk/media/456172/taxi-strategy-feb17.pdf>
- NCC has received £1.1m grant funding to support the transition of Hackney and Private Hire Vehicles to ULEV. Funding is being invested into creating a dedicated taxi charge point infrastructure network. Site visits commence May 18 to investigate suitable locations. Further funding has been secured to provide a ULEV taxi try before you buy scheme. This project is currently in development and plans are being explored with Coventry City Council who have received funding to deliver a similar initiative.
- NHS Nottingham City CCG's Large Out of Hospital procurement included a 16% Social Value weighting, 4% of which was specifically about the environment impact of the bidding

organisation and service delivery.

### **Risks and challenges with delivery of the key areas of action:**

The combustion of carbon containing (mainly fossil) fuels and surface/tyre/brake wear are responsible for a large proportion of urban nitrogen dioxide (NO<sub>2</sub>) and particle pollution.

It is therefore necessary to target emission reduction at:

1. *Fixed sources*: Energy efficiency and alternative (fuel cell, Ground Source Heat Pump, Solar Hot water, LED/sensor lighting etc.)
2. *Commercial vehicles*: LGV/Taxis – transition to hybrid, ULEV, pure EV.  
HGV - retrofit to Euro 6, transition to hybrid/EV when developed.
3. *Private motor vehicles*: Transition to active travel, public transport. Transition of 'necessary private vehicle use' to hybrid/ULEV/EV vehicles. Reduction in vehicle ownership/Transport as a Service.

Currently the following barriers/risks exist across the system:

1. Alternative technology capital expenditure costs are a barrier to their adoption by Local Authority/NHS. Current LA/NHS business models are not able to calculate savings/return on investment to support a business case to adopt alternative technologies.
2. The availability/scalable/reliability of suitable alternative technologies are a potential barrier to acquisition.
3. Perceived limited (but ever increasing) choice of vehicles, range, charging infrastructure – this should not be considered a risk beyond 2020. The reason for this is that the funding of the infrastructure will be in place. Construction commenced in April 18 with the aim of installing 230 charging points across Nottingham City.
4. Partner procurement policies may require amendment to specify environmental performance of suppliers.
5. Staff resource to ensure Clean Air project delivery
6. Ongoing Communication of Air Quality messages, requires staff, material and media resource.
7. Reduced budgets limit public realm greening (e.g. 'soft' measures such as tree planting, hedges, planters).

### **Recommendations in relation to Air Quality**

Greater progress to delivering air quality improvements can be realised through partner organisations implementing initiatives such as staff travel plans, mileage reduction, fleet transition to Ultra Low Emission Vehicles, estate energy efficiency measures (such as improved lighting and heating ventilation and air conditioning) facilitating low/zero emission and active travel choices by service users and suppliers.

It is recommended the HWBB note the content of the report on air quality and that members of the board:

1. Seek assurances that HWBB organisations are committed to contributing to improving air quality
2. Identify named persons within Nottinghamshire Police, Nottingham City Homes and the local Universities responsible for sponsoring air quality improvement and emission reductions and share current plans with the Air Quality Partnership
3. Establish commitment to implement Health Outcomes Travel Tool (HOTT) <https://www.sduhealth.org.uk/delivery/measure/health-outcomes-travel-tool.aspx> across HWBB member organisations and identify persons responsible for implementation

## Appendix 1

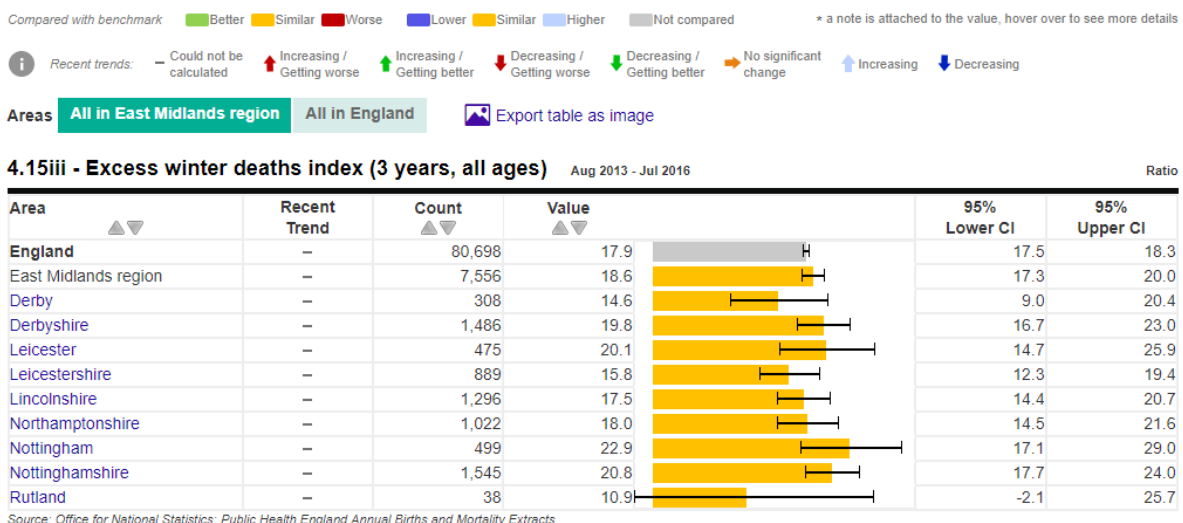
The Health and Wellbeing Strategy's Healthy Environment action plan includes the following headline measures (separated out here by each of the five priority themes). A brief overview of the measure and why it is important is given along with analysis of the direction the measure is going (better or worse) compared to the England and the region where appropriate and in relation to the targets set in the action plan where applicable. It is important to note whilst the data presented is the latest data available for some measures this is more than one year old and that the current situation could have changed for better or worse.

### A. Housing

The Excess Winter Deaths Index (EWD Index) indicates whether there are higher than expected deaths in the winter compared to the rest of the year. The measure adopted in the HWBS is [PHOF 4.15iii](#) excess winter deaths index for a three year period relating to all ages.

Figure 1 shows that Nottingham City had an EWD Index of 22.9% for 2013-16 with an average of 499 more deaths in the winter period than would be expected from the rate of death in the non-winter months or between 1/4<sup>th</sup> and 1/5<sup>th</sup> more deaths in winter than non-winter.

Figure 1: Excess winter deaths index all ages showing Nottingham, East Midlands and England for 2013-16



The value for Nottingham (22.9%) is statistically similar to that of England (17.9%) and the East Midlands (18.6%). The Nottingham value is slightly higher (worse) than the 2011-14 baseline

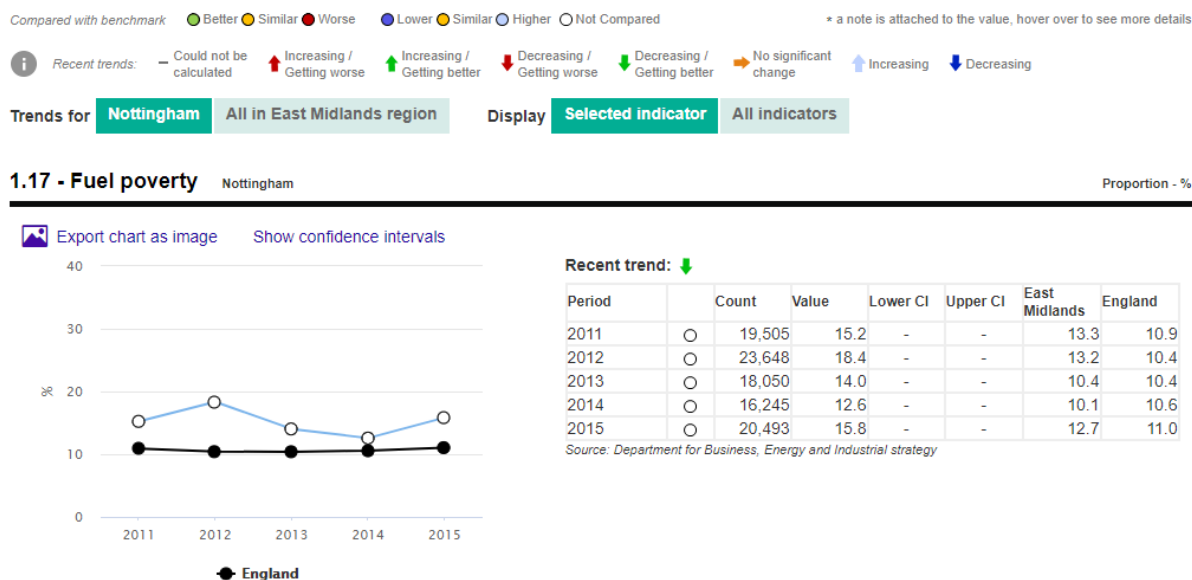
data of 21.8% and the target of 18.15% for this year of the strategy. However, the excess winter deaths index is lower than that of the three year period (2012-15) where there were 567 (26.3%), or slightly more than a quarter more deaths in winter than the non-winter period in Nottingham. Whilst not yet available from PHE, locally calculated data based on Hospital Episode Statistics and ONS indicates that there were 515 excess winter deaths (23.5%) for the more recent period August 2014 – July 2017 which is slightly more (worse) than 499 deaths (22.9%) reported in 2013-16. However, it is not established whether this is significantly different.

The fuel poverty measure [PHOF 1.1.7](#) identifies the proportion of households that are considered to be fuel poor, whereby they experience above average (the national median level) fuel costs and were they to spend that amount they would be left with a residual income below the official fuel poverty line. The key elements that determine whether a household is fuel poor include – income, fuel price and fuel consumption (which is dependent on the quality of accommodation and lifestyle of the occupants).

There is evidence that these drivers of fuel poverty are strongly linked to living at low temperatures and evidence shows that low temperatures are strongly linked to a range of negative health outcomes (Marmot, Wilkinson, PHE, NICE QS117).

Figure 2 identifies that 20,493 (15.8%) households in Nottingham experienced fuel poverty in 2015 (latest reported data). This proportion is higher (worse) than in 2013 and 2014. This proportion is also higher than the regional and national figure although no comparison is made with England so it is not possible to report whether the difference is statistically significant or not.

Figure 2: Proportion of Nottingham, East Midlands and England households living in fuel poverty 2011-2015



## B. The Built Environment and C. Transport

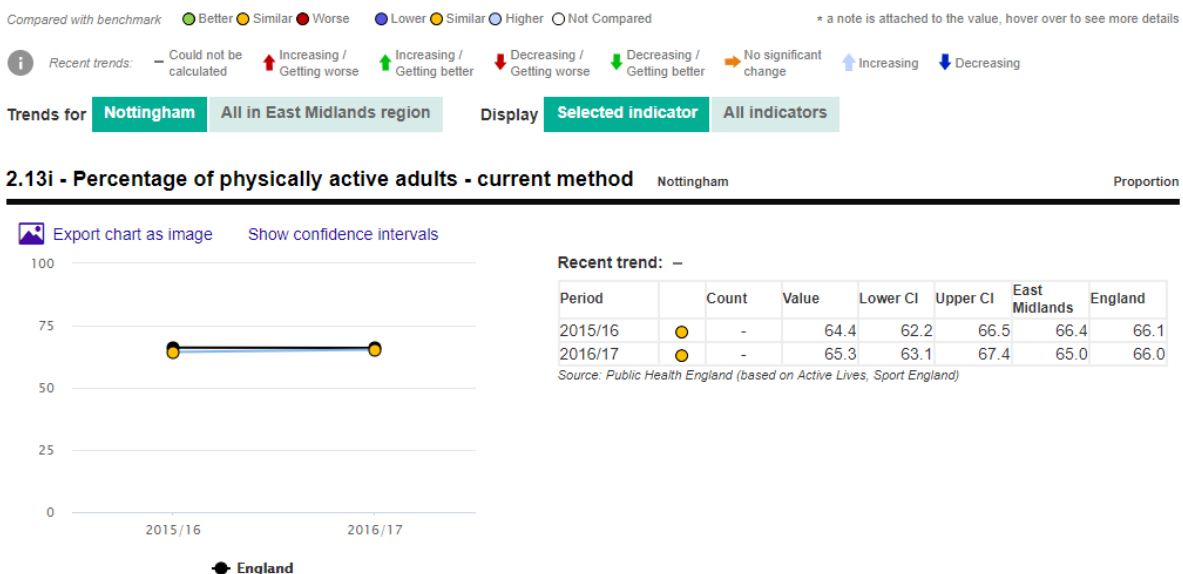
The measures in the Healthy Environment Action Plan for these two themes relate to increasing the proportion of adults who are physically active and decreasing the percentage of adults that are inactive. In addition to this, the desire is to see the proportion of children aged 10-11 years

with excess weight to reduce. Further information on trends and performance against these measures can be found [here](#).

Changes to our built environment, enabling access to parks and open spaces and leisure facilities and shifting how people travel in and around the city for work and leisure can contribute to increases in how physically active citizens are overall. The proportion of adults that are physically active remains fairly consistent over the period of the HWB strategy so far. The measure calculates the percentage of adults (aged 19+) that meet the Chief Medical Officer’s recommendations for physical activity which is 150+ minutes of moderate intensity activity per week.

In 2015, 55% of adults in Nottingham were physically active. This is statistically similar to that of the East Midlands and England and has been consistently around this proportion since 2012 (range 52% to 56.5% during this time). In 2016, how the measure is calculated changed consequently comparisons to the trajectory set in the Environment action plan are not plausible. In 2016/17 (under the current method) 65.3% of adults were physically active up from 64.4% in 2015/17. This continues to be statistically similar to the proportion of physically active adults across the East Midlands and England (Figure 3).

Figure 3: Proportion of physically active adults in Nottingham, East Midlands and England 2016/17



Physical inactivity is defined as the proportion of adults (19+) engaging in less than 30 minutes of physical activity per week. Figure 4 shows the proportion reduced slightly in Nottingham between 2015/16 (24.6%) and 2016/17 (23.3%). This improvement shifts Nottingham from being statistically significantly worse than that of England to now being similar to that of England and the East Midlands. The way this measure is recorded also changed in 2016 and historically the proportion of adults that were physically inactive Nottingham was statistically significantly higher (worse) than England.

Figure 4: Proportion of physically inactive adults in Nottingham, East Midlands and England 2016/17



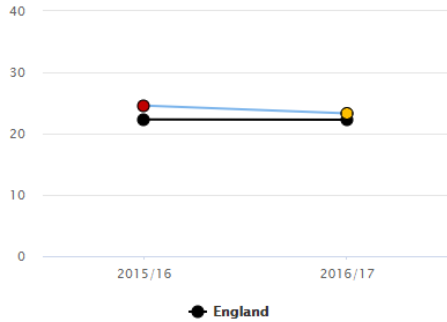
Compared with benchmark: Better (green), Similar (yellow), Worse (red), Lower (blue), Similar (yellow), Higher (blue), Not Compared (grey). \* a note is attached to the value, hover over to see more details

Recent trends: - Could not be calculated, ↑ Increasing / Getting worse, ↑ Increasing / Getting better, ↓ Decreasing / Getting worse, ↓ Decreasing / Getting better, → No significant change, ↑ Increasing, ↓ Decreasing

Trends for **Nottingham** All in East Midlands region Display **Selected indicator** All indicators

**2.13ii - Percentage of physically inactive adults - current method** Nottingham Proportion

Export chart as image Show confidence intervals



Recent trend: -

Period	Count	Value	Lower CI	Upper CI	East Midlands	England
2015/16	-	24.6	22.7	26.6	22.5	22.3
2016/17	-	23.3	21.4	25.3	23.1	22.2

Source: Public Health England (based on Active Lives, Sport England)

The proportion of children experiencing excess weight (including overweight and obese) has increased nationally over the last ten years. This trend also exists for Nottingham however the proportion of 10-11 year olds (primary school year 6) with excess weight in Nottingham is consistently higher (worse) than that of England and the East Midlands (figure 5). The current proportion 39.7% is both higher (worse) than the target 37.3% set in the Healthy Environment Action plan and has increased since the baseline year 2014/15 (37.9%).

Figure 5: The percentage of children aged 10-11 years with excess weight in Nottingham, East Midlands and England 2006/7 to 2016/17

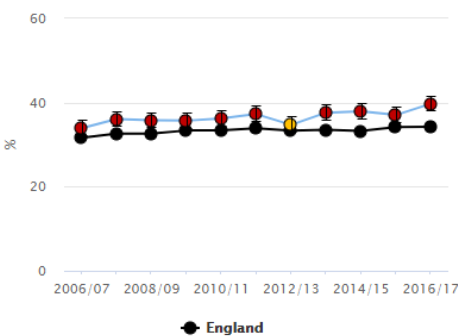
Compared with benchmark: Better (green), Similar (yellow), Worse (red), Lower (blue), Similar (yellow), Higher (blue), Not Compared (grey). \* a note is attached to the value, hover over to see more details

Recent trends: - Could not be calculated, ↑ Increasing / Getting worse, ↑ Increasing / Getting better, ↓ Decreasing / Getting worse, ↓ Decreasing / Getting better, → No significant change, ↑ Increasing, ↓ Decreasing

Trends for **Nottingham** All in East Midlands region Display **Selected indicator** All indicators

**2.06ii - Child excess weight in 4-5 and 10-11 year olds - 10-11 year olds** Nottingham Proportion - %

Export chart as image Hide confidence intervals



Recent trend: ↑

Period	Count	Value	Lower CI	Upper CI	East Midlands	England
2006/07	809	33.9	32.0	35.8	*	31.7
2007/08	1,002	36.1	34.3	37.9	31.7	32.6
2008/09	967	35.8	34.0	37.6	32.3	32.6
2009/10	967	35.7	33.9	37.5	32.9	33.4
2010/11	943	36.2	34.4	38.1	32.4	33.4
2011/12	978	37.3	35.4	39.1	33.2	33.9
2012/13	871	34.7	32.9	36.6	32.7	33.3
2013/14	1,034	37.6	35.8	39.4	32.2	33.5
2014/15	1,070	37.9	36.2	39.7	32.4	33.2
2015/16	1,084	37.0	35.3	38.8	33.3	34.2
2016/17	1,315	39.7	38.1	41.4	33.5	34.2

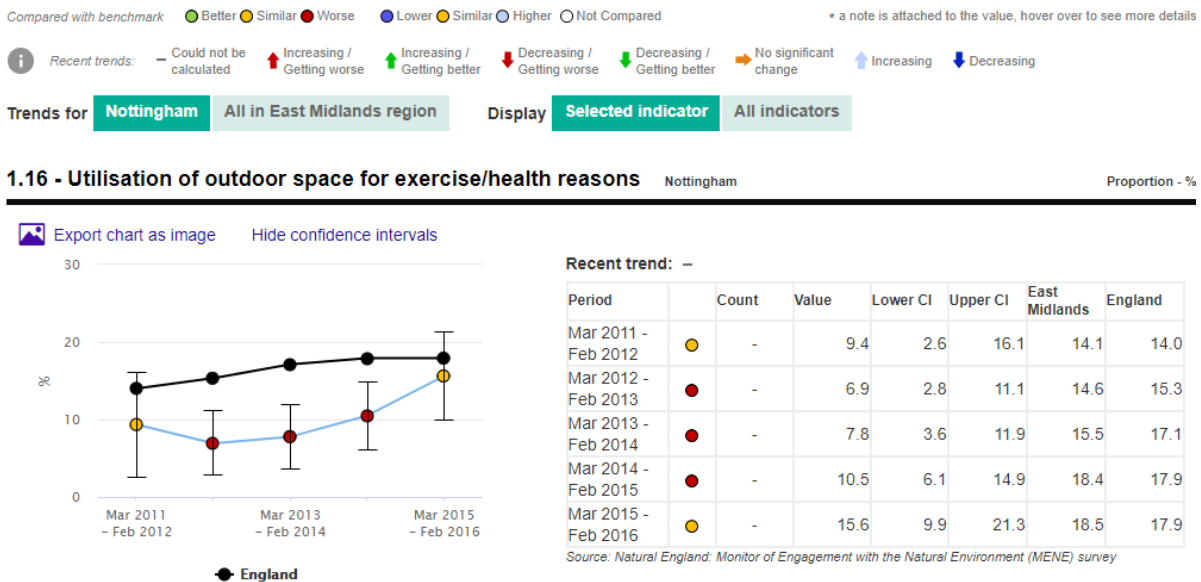
Source: NHS Digital, National Child Measurement Programme

## D. Parks and Green spaces

People using outdoor space for exercise and health reasons ([PHOF 1.16](#)) is the measure on the Healthy Environment action plan. This measure of access to outdoor space is a weighted (using standard demographic weights age, sex socioeconomic status etc) estimate of the proportion of residents in each area taking a visit to the natural environment for health or exercise purposes. There is evidence to suggest that green spaces have a beneficial impact on physical and mental wellbeing and cognitive function through both physical access and usage.

Figure 6 shows that since 2011 fewer people in Nottingham have made use of outdoor space for exercise and health reasons than the regional and national average. However, more recently 2015/16 the proportion of people in Nottingham has increased to 15.6% which is now not statistically different to the England average and is similar to other local authorities across the East Midlands.

Figure 6: Proportion of people using outdoor space for exercise/health reasons in Nottingham, East Midlands and England 2011/12-2015/16



## E. Air Quality <sup>i</sup>

There is a close relationship between exposure to high concentrations of small particulates (PM<sub>10</sub> and PM<sub>2.5</sub>) and increased mortality and morbidity. When concentrations of small and fine particulates are reduced, related mortality will also go down – presuming other factors remain the same. Small particulate pollution has health impacts even at very low concentrations – indeed no threshold has been identified below which no damage to health is observed. Therefore, the WHO guidelines aim to achieve the lowest concentrations of particulates possible.

Table 2: Showing Nottingham City Air Quality measure's performance in relation to baseline and targets 2016/17 and 2017/18

Indicator and Target	Baseline	2016/17	2017/18	RAG
<b>Air quality:</b> reduce NO <sub>2</sub> to WHO recommended and Air Quality Objective (AQO) level of 40ug/m <sup>3</sup> , measured locally	<b>48</b>	42	44	<b>ON TRACK TO MEET TARGET</b> (40ug/m <sup>3</sup> )  (GREEN)
<b>Air quality:</b> reduce PM <sub>10</sub> to WHO recommended level of 25ug/m <sup>3</sup> , Air Quality Objective (AQO) level is 40ug/m <sup>3</sup> , measured locally	<b>17</b>	17	18	NATIONAL AQO AND WHO MET  LOCAL TARGET (15ug/m <sup>3</sup> ) NOT MET  (AMBER)
<b>Air quality:</b> reduce PM <sub>2.5</sub> (WHO recommended level is 10ug/m <sup>3</sup> , measured locally)	<b>12</b>	12	12	LOCAL TARGET (10ug/m <sup>3</sup> ) NOT MET  (RED)

Table 2 shows three air quality measures and Nottingham City's performance since baseline and against target and WHO recommended levels. The 2017/18 nitrogen dioxide (NO<sub>2</sub>) locally recorded reading of 44µg/m<sup>3</sup> (micrograms per cubic metre of air) shows Nottingham's nitrogen dioxide levels have reduced by 4µg/m<sup>3</sup> from a baseline score of 48µg/m<sup>3</sup>. Whilst this value has increased from 42 to 44µg/m<sup>3</sup> between 2016/17 and 2017/18 this remains on track to achieve the Air Quality Objective and WHO recommended level of 40µg/m<sup>3</sup> over the life of the HWBS.

PM<sub>10</sub> is airborne particulate matter with a diameter of less than or equal to 10 micrometres which can enter the respiratory system and are consequently referred to as "inhalable" particles. Nottingham's PM<sub>10</sub> level for 2017/18 is 18µg/m<sup>3</sup>. This is lower than the national Air Quality Objective level (40µg/m<sup>3</sup>) and the WHO recommended level (25µg/m<sup>3</sup>). However, locally the aim for this measure is to reduce this further to 15µg/m<sup>3</sup> which is not yet achieved.

Finally, airborne particles smaller than  $PM_{2.5}$  penetrate into the lungs and are considered “respirable”. The WHO recommended level for  $PM_{2.5}$  is  $10\mu\text{g}/\text{m}^3$  which is not yet realised in Nottingham ( $12\mu\text{g}/\text{m}^3$ ) and further action is required in order to achieve this target as the current level recorded locally has been static since the baseline reading.

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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  $\text{NO}_2$  is measured in micrograms in each cubic metre of air ( $\mu\text{g m}^{-3}$ ). A microgram ( $\mu\text{g}$ ) is one millionth of a gram. A concentration of  $1\mu\text{g m}^{-3}$  means that one cubic metre of air contains one microgram of pollutant.

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.

Highest annual mean concentration of nitrogen dioxide ( $\text{NO}_2$ ) monitored at the facade of a residential property (an air pollution sensitive receptor) and annual mean particle  $PM_{10}$  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.

## 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:

- A. **Housing** will maximise the benefit and minimise the risk to health of Nottingham's citizens
- B. **The built environment** will support citizens leading healthy lifestyles and minimise the risk of negative impact upon their wellbeing
- C. **Transport:** Children and adults will be able to engage in **sustainable and active travel**
- D. **Greenspace:** Children and adults in Nottingham will have access to & use of **green space** to optimise their physical and mental wellbeing
- E. **Air Quality:** levels in Nottingham will be improved (to agreed standards)

**To achieve the outcome and deliver our priority actions Health & Well Being partner organisations will;**

#### General:

1. 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.
2. support Joint bids for funding that support improvements in air quality, increased access to greenspace, active travel and healthier housing.
3. 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.

#### Specific areas:

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

Headline measures / metrics	Metric/ KPI	Baseline	Target			
			16/17	17/18	18/19	19/20
	<b>Ensure homes are safe &amp; well managed protecting the health &amp; wellbeing of tenants: PHOF 4.15iii</b> - 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
	<b>Develop joint housing actions to prevent admissions, reduce re-admissions, and speed up hospital discharge:</b> Target based on top core cities <b>PHOF 1.17</b> 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) 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	14	13.55	13.1	12.65	12.2
	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			

	<p><b>Air Quality</b><sup>1</sup>: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 &amp; implementing measures that may be detailed in the (Nottingham/shire) Air Quality Strategy and relevant Air Quality Action Plans) that :</p> <p><b>1 Reduce emissions from HWB partner organisations’ transport and buildings;</b> contributing to a reduction in nitrogen dioxide (NO2) and particles , assisting local authorities meet national air quality targets.</p> <p><b>2 Promote and publicise action and measures</b> that improve air quality amongst service users, partner organisations and suppliers. Reduce current emissions by organisation</p>	<p>NO2 48 ug/m3</p> <p>PM10: 17</p> <p>PM2.5 12 ug/m3</p> <p>Baseline to be established:</p>	<p>46</p> <p>17</p> <p>12</p> <p>Year on year reduction</p>	<p>44</p> <p>16</p> <p>11</p> <p>Year on year reduction</p>	<p>42</p> <p>15</p> <p>11</p> <p>Year on year reduction</p>	<p>40</p> <p>15</p> <p>10</p> <p>Year on year reduction</p>
<p><b>Priority Groups</b> <i>(who is disproportionately affected or who do we need to target to reduce inequalities?)</i></p>	<p><b>1 Housing:</b> 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.</p> <p><b>2 Built Environment</b> a) Children aged 11 to 16 and b) staff and service users within health and social care facilities and services’ catchments</p> <p><b>3 Transport – Sustainable and Active Travel:</b> 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.</p> <p><b>4 Greenspace: to be confirmed</b> - National survey - Adults 16+ and /or Nottingham Citizens survey participants</p> <p><b>5 Air Quality:</b> 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.</p> <p><b>Target Population:</b> All HWB organisations to encourage staff and visitors to reduce their emissions.</p>					

	Action	Milestone	Year				Success Measures	Action Owner <sup>ii</sup>
			2016/ 17	2017/ 18	2018/1 9	2019 /20		
	<b>General</b>							
1	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.	<p>Review action plans for their prospective impact on the environment and report findings to the Health and Wellbeing Board.</p> <p>Support action plan leads to make adjustments in line with recommendations.</p> <p>Report changes to Health and Wellbeing Board.</p> <p>Monitor outcome.</p>	✓				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.	Green Theme Partnership with Strategy Procurement & Commissioning
2	Support Joint bids for funding that support improvements in air quality, increased access to greenspace, active travel and healthier housing.	<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>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>	



	Action	Milestone	Year				Success Measures	Action Owner <sup>ii</sup>
			2016/ 17	2017/ 18	2018/1 9	2019 /20		
3	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.	realise supply chain efficiency opportunities which reduce indirect costs, environmental impacts and increase social value. • 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.	✓	✓	✓	✓	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.	NCC Strategy & Commissioning Nottingham City CCG Nottingham Sustainable Procurement hub
	<b>Specific Areas</b>							
<b>A</b>	<b>Housing</b>							
A1	Develop joint housing actions to prevent hospital admissions, reduce re-admissions, and speed up hospital discharge	<ul style="list-style-type: none"> <li>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.</li> <li>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</li> </ul>	✓	TBC	TBC	TBC	<ul style="list-style-type: none"> <li>Reduced hospital admissions, re-admissions, and speed up hospital discharge</li> <li>Hospital 2 Home project is re-commissioned and extended to cover more at risk groups</li> <li>Better utilisation of specialist housing stock</li> <li>10,000 Telehealth/Telecare users by 2018</li> <li>Reduced hospital admissions, re-admissions, and speed up hospital</li> </ul>	NCH NCC Housing Strategy Health and Housing Partnership Group Homeless SIG VAPN

	Action	Milestone	Year				Success Measures	Action Owner <sup>ii</sup>	
			2016/ 17	2017/ 18	2018/1 9	2019 /20			
Page 66		<ul style="list-style-type: none"> <li>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.</li> </ul>	✓	✓	✓	✓	discharge <ul style="list-style-type: none"> <li>A more joined up and simplified process for accessing and utilising AT to support independent living.</li> <li>Reduction in the number of people discharged from hospital with no fixed abode</li> <li>Reduction in excessive length of stay in hospital</li> <li>Reduction in repeat admission to hospital</li> </ul>		
	A2	Enable local health, housing and social care partners to identify and fulfil their role in preventing <b>homelessness</b> , reducing repeat homelessness and meeting the health and wellbeing needs of homeless people	<ul style="list-style-type: none"> <li>Support collective systematic review into the accommodation 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</li> </ul>		✓			<ul style="list-style-type: none"> <li>Fewer people in need of residential care and more people able to live independently</li> <li>Increased choice in housing options with more flexibility within the system allowing for changeable circumstances</li> <li>Levels of provision are adequate and don't lead to unsuitable accommodation placements or access issues</li> <li>Resources are targeted efficiently</li> <li>People do not fall between threshold gaps</li> </ul>	NCC Housing Strategy (NCC commissioning, CDP, CCG and OPCC) NCVS
	A3	Ensuring homes are safe and well managed	<ul style="list-style-type: none"> <li>Support the promotion and use of the single point of contact for</li> </ul>	tbc	tbc	tbc	tbc	<ul style="list-style-type: none"> <li>Health protection through removing hazards to safety and</li> </ul>	NCC Environmental

	Action	Milestone	Year				Success Measures	Action Owner <sup>ii</sup>
			2016/ 17	2017/ 18	2018/1 9	2019 /20		
Page 67	protecting the health and wellbeing of tenants	<p>households &amp; stakeholders in relation to private rented housing conditions</p> <ul style="list-style-type: none"> <li>• Utilise regulatory and non-regulatory activity to reach more and higher risk houses/ people in the private rented sector delivering safer, energy efficient &amp; healthier homes</li> <li>• Evaluation and development of improvement plans for the highest housing and health challenges for the city</li> <li>• Strong user friendly web site</li> <li>• Marketing action plan with focus on citizen and partners in health and social care</li> <li>• Delivery plan developed to consider wider licensing and deliver licensing improvements</li> <li>• Assess benefits outcome and the future of existing schemes</li> <li>• Partnership task and finish group to develop planned action</li> <li>• Proactive action to tackle rogue landlord's</li> <li>• Monitor and evaluate home improvements that impact on health and wellbeing</li> </ul>					<p>health in homes</p> <ul style="list-style-type: none"> <li>• Well known and publicised contact point with simple referral mechanism</li> <li>• Consideration of extension of licensing of houses in the city</li> <li>• Delivery of existing licensing schemes</li> <li>• Collaborative delivery plan to tackle unsafe &amp; unhealthy homes supporting landlord's &amp; tenants</li> <li>• Increase in voluntary property improvement of homes through accreditation and other measures</li> <li>• No of homes where improvement has been achieved</li> </ul>	Health and Safer Housing

	Action	Milestone	Year				Success Measures	Action Owner <sup>ii</sup>
			2016/ 17	2017/ 18	2018/1 9	2019 /20		
		<ul style="list-style-type: none"> <li>Strong links/ referral mechanism to deliver wider beneficial health outcomes linked to housing such as homelessness, mental health, fuel poverty, smoking falls reduction etc.</li> </ul>						
A4	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"> <li>Review survey data / BRE Study data and access landmark data to target poorest performing homes / low income areas</li> <li>Review of current front line staff training and referral processes and identify any opportunities for improving value for money and outcomes</li> <li>Increase level of ECO funding used in Nottingham for affordable warmth measures</li> <li>Produce Nottingham fuel poverty and energy efficiency strategy</li> <li>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</li> <li>Working with Universities to</li> </ul>		✓			<ul style="list-style-type: none"> <li>Highest core city for ECO funding by 2019</li> <li>Number of landlords and owner occupiers improving their homes to EPC C or above. All homes meeting the EPBD requirements</li> <li>Reduction in the number of households living in fuel poverty and/or at risk of excess seasonal deaths.</li> </ul>	NCC head of Energy NCH NEP Health & Housing Partnership Group NCVS & VAPN

	Action	Milestone	Year				Success Measures	Action Owner <sup>ii</sup>
			2016/ 17	2017/ 18	2018/1 9	2019 /20		
		<p>analyse dwelling types and road maps to EPC C or above, and developing innovative (cost effective) solutions for hard to treat homes</p> <ul style="list-style-type: none"> <li>Bring together an evidence base to show the impact of cold homes on health and the impact of energy efficiency work on health budgets.</li> </ul>		✓	✓			
<b>B</b>	<b><i>Built Environment: Supporting health choices through planning policy</i></b>							
Page 69	<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.</p>	Establish baseline for accessibility of healthcare services	✓				<p>Accessibility &amp; 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</p>	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		
B2	Controlling Hot Food Take Aways near secondary schools	<ul style="list-style-type: none"> <li>Local Plan policy supported by Inspector at Public Examination and adopted by City Council (2017).</li> <li>Policy implemented through Development Management process</li> </ul>		✓			Hot Food Take Aways not permitted in accordance with the Local Plan policy.	NCC Planning and Transport

	Action	Milestone	Year				Success Measures	Action Owner <sup>ii</sup>
			2016/ 17	2017/ 18	2018/1 9	2019 /20		
				✓	✓	✓		
B3	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	
<b>Transport: Active and sustainable travel</b>								
Page 70	Manage health and social care staff and business travel through Workplace Travel Plans (WTPs) including support for cycling for commuter and business travel.  HWB partner organisations lead by example to influence wider business sector and supply chain/sub-contractors	Resource developed and provided for health and social care (H&SC) 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		✓	✓	✓	Reduced congestion, carbon emissions and improved AQ particularly in the vicinity of and between the NUHT campus sites • Reduced carbon footprint for staff and business travel in the health sector. • Improved workforce health and wellbeing – reduced absenteeism and stress.	NCC - Transport Strategy with HWB partner organisations
		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		✓	✓	✓		

	Action	Milestone	Year				Success Measures	Action Owner <sup>ii</sup>
			2016/ 17	2017/ 18	2018/1 9	2019 /20		
		transport						
		Establish baseline for no. of H&SC worksites/ employees with an active WTP		✓			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. Anticipated outcomes: Reduction in journey times/ distance by travel mode for staff within health and social care facilities and services' catchments.	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			✓	✓		
C2	<ul style="list-style-type: none"> <li>Support joint bids including DfT and EU for sustainable and active travel funding eg forthcoming DfT Access Fund (revenue competition)</li> </ul>	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.	✓ ✓	✓	✓	✓	Support to include, as appropriate: <ul style="list-style-type: none"> <li>Letters of support</li> <li>Supporting data/evidence</li> <li>Local match funding contributions (incl. in kind)</li> </ul>	NCC – Transport Strategy

	Action	Milestone	Year				Success Measures	Action Owner <sup>ii</sup>
			2016/ 17	2017/ 18	2018/1 9	2019 /20		
<b>D</b>	<b><i>Greenspace: Improve access to and use of green space to optimise physical and mental wellbeing</i></b>							
D1	Support and endorse plans developments and proposals for improving access to and through Green Flag award standard Parks and Green Spaces.	<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"> <li>Review park boundary fences to identify new entrances and more direct routes into Parks</li> <li>Develop interpretation maps to locate Parks next to the NET and Bus routes</li> </ul> <p>Identify opportunities to improve DDA and bench type / locations en route and with Parks.</p>	✓	✓	✓		Continued expansion of cycle and walking routes through parks and green spaces  New interpretation map produced and circulated	NCC – Parks Development & Transport Strategy
		<ul style="list-style-type: none"> <li>Identify opportunities to improve parks and green space infrastructure including Cafes, supervised toilet facilities footpaths, cycle parking, lighting, biodiversity and maintenance standards.</li> </ul>	✓	✓	✓		Undertake review and create new improved access	NCC Parks Development
		<ul style="list-style-type: none"> <li>Work with partner organisations to deliver Green Flag improvements to land not managed by the Council.</li> </ul>	✓	✓	✓	✓	Undertake review implement improvements	NCC Parks Development
D2	Support Improvements in Green Flag standard Parks in the in neighbourhoods with the lowest healthy life	Support the delivery of the Nottingham Open Space Forum (NOSF) charitable objective:- To enhance public health and	✓	✓	✓	✓	Prioritised local investment plans to be produced for each ward in the City.  Confirm a annual programme of parks	NCC Parks Development



	expectancy levels.	wellbeing Identify and support active Parks friends groups to deliver regular healthy lifestyle activity programmes within the Park					and green space improvements	
		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
D3	Support an Increase in community activity and involvement in local parks, including cycling.	Develop a programme of park based activities that provides regular opportunity for people to participate, build friendships and gain confidence e.g. bowling groups, Health Walks, Community Gardening groups. Include cycle rides and cycle try out sessions	✓	✓	✓	✓	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 communities to take pride and ownership in their street / local area and participate in the Nottingham in Bloom / RHS it's your Neighbourhood campaign	✓	✓	✓	✓	Work with the Nottingham Parklives Team to identify and recruit volunteer activators	NCC Park Rangers & Parklives
		<ul style="list-style-type: none"> <li>Improve the design and quality of amenity green space located within housing areas.</li> </ul>	✓	✓	✓	✓	Develop and support local communities to actively; <ul style="list-style-type: none"> <li>participate in the annual RHS it's your Neighbourhood campaign</li> </ul>	NCH NCC parks Dev & NCH Nottingham in

		<ul style="list-style-type: none"> <li>Seek to adopt Green Flag Standards for housing areas.</li> </ul>	✓	✓			<ul style="list-style-type: none"> <li>Deliver an annual programme of active park based activities</li> </ul>	Bloom Team
		<ul style="list-style-type: none"> <li>Ensure new housing development (above 10 homes) makes provision for open space (new or a qualitative improvement to nearby existing)</li> </ul>	✓	✓	✓		Improvements in open space in new or existing developments	NCC Planning
D4	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"> <li>Improve the design and quality of amenity green space located within housing areas.</li> <li>Seek to adopt Green Flag Standards for housing areas.</li> <li>Ensure new housing development (above 10 homes) makes provision for open space (new or a qualitative improvement to nearby existing)</li> </ul>	✓	✓	✓		<p>Carry out neighbourhood environmental improvements</p> <p>Identify trial area and agree with NCH</p> <p>All developments to secure Green space</p>	NCC Parks Dev with Champions.

<b>E</b>	<b><i>Improving Air Quality</i></b>
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<p>E1</p>	<p>HWB partner organisations to develop more efficient systems by working together <b>to reduce their energy usage and emissions from transport, heating/cooling and lighting</b> and implementing energy efficiency measures.</p>	<p>Partner organisations to:</p> <p>identify their organisations action owner/reporter</p> <p>establish baseline/ report energy usage and emissions data</p> <p>identify, implement and report active travel/vehicle emission reductions/energy efficiency measures</p> <p>raise awareness of outcomes and impacts e.g. Website/page promoting how HWB have saved money reducing air pollution.</p> <p>review and plan next steps</p>	<p>✓</p>	<p>✓</p> <p>X/Part</p> <p>Partial</p> <p>Partial</p> <p>Partial</p>			<p>PROPOSED REVISED SUCCESS MEASURES (MARCH 2018)</p> <p>Partner organisations/Business signed up to Strategy</p> <p>Partner organisations to publish plans to reduce their own and service user emissions (e.g. promotion/uptake of active travel/public transport/ulev).</p> <p>Partner organisations to enter (sector appropriate) annual awards. E.g. LG award. Ashden award. Partner organisations to enter Public Sector awards categories for energy efficiency, emission reduction, communications strategies/plans. AND/OR submit annual report on measures to HWbB <b>demonstrating organisational action.</b></p> <p>Clear downward trend (and projections) in nitrogen dioxide and particle concentrations across conurbation.</p>	<p>Environmental Health (reporting Air Quality)</p> <p>&amp; Public Health (reporting PHOF)</p> <p>Named leads from each participating HWB partner organisation reporting their organisations contribution .</p>
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		Link review of transport energy usage with Workplace Travel Plan action programme on p4	✓	✓	✓	✓	See p4	Jennie Maybury
E2	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. <a href="#">Work on Nottingham Clean Air Zone currently prioritised BUT it's Comms will contribute to awareness raising. Notts Air Quality Strategy (website) content to be finalised/published. Breathe Easy Week, National Clean Air Day and FestEval events in June 2018. Engagement with schools still proving difficult.</a>	NCC Education NCVS, CYPPN and VAPN Nottingham Academies Universities Environmental Health & Communications
E3 Page 77	HWB partner organisations to sign up to creating opportunities to engage their organisations and /or communities in a City wide Tree planting Initiative.	Information about the health benefits of trees and greenspace for commuting, health and general recreation, to be presented to the Health and Wellbeing Board.	✓				Awareness raised of the benefits of trees and greenspace to health and wellbeing to the HWB Board.	Public Health
		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 and improve 10ha of Woodland	NCC Parks and Tree Teams

		regenerate Woodlands in various locations around the City						
E4	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 improve their fleet and travel from the following menu of options : <ul style="list-style-type: none"> <li>• Becoming corporate car club members</li> <li>• Investing in Low Emission vehicles for fleet, and lease car schemes including EVs and electric bikes</li> <li>• Develop long term staff/pool bike loan scheme in partnership with Citycard Cycles</li> <li>• Eco driving accreditation and training</li> </ul>				✓	✓	X HWB partner organisations have Go Ultra Low action plans resulting in: <ul style="list-style-type: none"> <li>• Increased car club membership</li> <li>• Investment in Low Emission vehicles for fleet, and lease car schemes including EVs and electric bikes</li> <li>• Development of long term staff/pool bike loan scheme in partnership with Citycard Cycles</li> <li>• VCS to raise awareness of these opportunities with 100 VCS and other not for profit organisations</li> <li>• Increase in Eco driving accreditation and training</li> </ul>

E5	Use health and social care partners' commissioning powers to green the supply chain through sustainable procurement and contract and SLA requirements.	Agree sustainable procurement contract standards for commissioning H&SC providers including business travel and fleet activities. (Needs reinforce WTP and Go Ultra Low activities)	✓				Sustainable operations requirements within contracts and SLAs  Sustainable procurement contract standards drafted and agreed	NCC  Transport Strategy input to NCC Procurement
		Consult with stakeholders and partners through existing networks and partnerships		✓			Consultation with key stakeholders and partners.	
		Establish BSG supplier standards		✓			Approve and adopt sustainable procurement contract standards	
		Include standards in commissioning and procurement processes.			✓		Sustainable operations requirements embedded within all health and social care contracts and SLAs for Nottingham City.	

<sup>i</sup> Baseline/target values notes:

- i. PM<sub>10</sub> 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<sub>2.5</sub> can penetrate into the lungs and are often called "respirable". The concentration of Nitrogen Dioxide, a brown gas, with the chemical formula NO<sub>2</sub> is measured in micrograms in each cubic metre of air (µg m<sup>-3</sup>). A microgram (µg) is one millionth of a gram. A concentration of 1 µg m<sup>-3</sup> 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 (NO<sub>2</sub>) monitored at the facade of a residential property (an air pollution sensitive receptor) and annual mean particle PM<sub>10</sub> and PM<sub>2.5</sub> concentration monitored in the Nottingham City Area. These enable direct comparison with the Air

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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.

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



**HEALTH AND WELLBEING BOARD**

**30 MAY 2018**

	<b>Report for Information</b>
<b>Title:</b>	Impact of Commissioning Reviews 2017-18
<b>Lead Board Member(s):</b>	
<b>Author and contact details for further information:</b>	Chris Wallbanks, Strategic Commissioning Manager <a href="mailto:chris.wallbanks@nottinghamcity.gov.uk">chris.wallbanks@nottinghamcity.gov.uk</a>
<b>Brief summary:</b>	<p>This report provides progress to date on the Commissioning Priorities for Nottingham City Council and the joint Commissioning Priorities for Nottingham City Council (NCC) and Nottingham City Clinical Commissioning Group (CCG) for 2017-18. Some of the reviews started in 2016/17 have been categorised as 'continuing'. These Commissioning Priorities formed the basis of the work programme for both organisations last year.</p> <p>The progress of each review, including impact where this can be evidenced, is detailed in Appendix 1, (NCC Commissioning Plan 2017/18) and Appendix 2, (NCC and CCG Commissioning Plan 2017/18). The report shows progress on the process of undertaking each review and has taken into consideration each of the following key aims:</p> <ul style="list-style-type: none"> <li>• Improving outcomes and choice for adults, families and children</li> <li>• Improving service provision</li> <li>• Promoting prevention and early intervention, where possible</li> <li>• Reducing cost where appropriate</li> </ul> <p>Whilst in many cases improved outcomes for adults, families and children cannot be identified within a short time period, there are a number of reviews where some improvements can be evidenced.</p> <p>In-depth progress reports on individual reviews are presented to the Health and Wellbeing Board on a regular basis.</p>

**Recommendation to the Health and Wellbeing Board:**

The Health and Wellbeing Board is asked to:

- a) note the progress made in relation to last year's Strategic Commissioning Priorities

**Contribution to Joint Health and Wellbeing Strategy:**

<b>Health and Wellbeing Strategy aims and outcomes</b>	<b>Summary of contribution to the Strategy</b>
Aim: To increase healthy life expectancy in Nottingham and make us one of the healthiest big cities	The Commissioning Reviews undertaken address most of the aims and outcomes within the Health and Wellbeing Strategy. The appendices attached align each review with the appropriate outcome
Aim: To reduce inequalities in health by targeting the neighbourhoods with the lowest levels of healthy life expectancy	
Outcome 1: Children and adults in Nottingham adopt and maintain healthy lifestyles	
Outcome 2: Children and adults in Nottingham will have positive mental wellbeing and those with long-term mental health problems will have good physical health	
Outcome 3: There will be a healthy culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill health well	
Outcome 4: Nottingham's environment will be sustainable – supporting and enabling its citizens to have good health and wellbeing	

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

There is a commissioning review dedicated to improving community based accommodation and support for citizens with mental health needs.

**Background papers:**

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

None

## **Impact of the Commissioning Reviews 2017-18**

### **REPORT**

The Commissioning Priorities of NCC and the joint priorities of NCC and the CCG are brought to the Health and Wellbeing Board on an annual basis. Last year, members requested a mid-year and end-of-year progress report on the Commissioning Plans.

### **PRESENT POSITION**

The timeline for each review will vary due to a range of factors, but the larger reviews which are based on system transformation usually take between 18 months and 2 years (sometimes even longer), before they reach the stage of implementation.

Following implementation, a further period of monitoring against expected performance indicators is required before any judgement can be made in relation to the impact the new or adapted services are having on the wellbeing of citizens. In some instances, case studies or anecdotal evidence can provide an interim measure of that impact.

Impact on service provision can be identified from a commissioner or provider perspective at an early stage, but impact from a citizen perspective, similarly, may take a little longer to be identified. This is central to the performance management of the new or adapted services and to the 'Review' stage of the Commissioning Cycle, when service users are asked about their experiences of the new or adapted services.

Potential cost efficiencies relating to a review are usually identified during the planning stage of a review as options are considered, although any final cost efficiencies will be agreed and confirmed through the formal governance process.

Where a review is still in its early stages and impact on citizens or services cannot be assessed, progress in relation to the process has been identified in this report.

### **NEXT STEPS**

Each review will continue to its implementation stage when further evidence of impact will be available.

### **EXPECTED OUTCOME**

That each review is successful in achieving positive change for citizens.

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**NCC Commissioning Plan 2017/18. End of Year Update**

Commissioning Activity and Scope	Rationale and Aim	Outcomes	Citizens at the Heart/Impact and Changes
<b>1. People in Nottingham adopt and maintain healthy lifestyles</b>			
<p><b>1a. Drug and Alcohol Detoxification Inpatient Provision</b></p> <p>This relates to inpatient provision for alcohol and drug users who cannot sustain a detoxification programme within the community. The service offers a full range of detoxification and psycho-social support.</p>	<p>Inpatient provision was out of scope for the current substance misuse services. A review of the level of need is now required.</p> <p>The aim of the review is to ensure the service meets the needs of this group and reduces the need for hospital admissions.</p>	<p>The closure of the current provision was announced earlier in the year. Negotiations with an alternative community provider have resulted in the retention of a service for the following 10 months.</p> <p>A tender process for a longer term solution will take place in 2018/19</p>	<p>An engagement event for all stakeholders took place on 26<sup>th</sup> March to inform new service provision from June 2018.</p> <p>There has been a high level of citizen interest to retaining a local service in Nottingham. Health Scrutiny endorsed this at their meeting in March 2018.</p> <p>The target rate for successful completions from drug and alcohol treatment is exceed the measure set to be more than 5% above the Core Cities average. The target rate is currently at 20.3% Nottingham exceeded this by 113 successful completions. The current rate is 24.5%</p> <p>Nottingham has provided high quality, safe and accessible services for citizens and their families</p>
<b>2. People in Nottingham will have positive mental wellbeing and those with serious mental illness will have good physical health</b>			
<b>All activity in joint plan</b>			
<b>3. There will be a Healthy Culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill-health</b>			
<p><b>3a. Care, Support and Enablement (CSE)</b></p> <p>CSE refers to the provision of support for citizens with social care</p>	<p>There is a strong policy drive to support people to be independent for as long as possible and to live in their own homes.</p> <p>The aim of the review is to support citizens with social care needs to develop or maintain the skills required to remain as independent as possible. The focus is to</p>	<p>New contracts will be in place from 1<sup>st</sup> March 2018 ending all previous spot contracts. There is now a consistent pricing model in place based on either Standard or Enhanced support.</p> <p>Mechanisms are in place to move people from residential accommodation to accommodation- based CSE through de-registration and transfer</p>	<p>The new model focusses on 'recovery and progression', assisting citizens to become more independent and less reliant on services</p> <p>More citizens will be moving out of residential care into their own tenancies, thus promoting independence and a better quality of life. This work looks at citizen need and how best the Local Authority can deliver in</p>

<b>Commissioning Activity and Scope</b>	<b>Rationale and Aim</b>	<b>Outcomes</b>	<b>Citizens at the Heart/Impact and Changes</b>
<p>needs within their homes, (including placed accommodation)</p>	<p>re-able' citizens to minimize their dependency on services where practical.</p> <p>This re-ablement service aims to reduce the demand on higher cost residential care.</p> <p>This area of work became a key element of the ASC Big Ticket savings work to support the move from residential care to accommodation-based CSE.</p>	<p>There is now reduced social worker time required for assessment</p>	<p>accordance with those needs.</p>
<p><b>3b. Social Inclusion/ Homelessness</b></p> <p>This is a review of services that contribute to preventing homelessness through early advice and support and services that respond to homelessness.</p> <p><b>Wider Homelessness Support</b></p>	<p>Homelessness has increased across the country over the last few years resulting in a high number of 'rough-sleepers'</p> <p>There has also been a sharp rise in the number of families housed temporarily in costly bed and breakfast provision.</p> <p>The aim of the review is to strengthen the preventative and responsive services and to address the lack of accommodation available.</p> <p>The review will also ensure the Council's response to Homelessness is in line with the new Homelessness Reduction Act 2017</p>	<p>New arrangements are now in place between commissioned services and Housing Aid to strengthen prevention</p> <p>There is more flexibility in the Supported Accommodation contracts to increase capacity, reduce reliance on big hostels and provide accommodation better suited to different needs</p> <p>A cross-Council response to reducing the number of households in Bed and Breakfast provision has been successful</p> <p>The delivery of the 'Winter Measures' initiatives, which included a voluntary and partnership 'Sit-Up' Service with the Fire and Rescue Service has been</p>	<p>More households will be supported to avoid homelessness</p> <p>Extra supported accommodation is now available to relieve homelessness through a newly commissioned service.</p> <p>There is now more appropriate matching of citizens to appropriate accommodation for individual needs.</p> <p>The number of households in B&amp;B has reduced from 140 to 37(highest and lowest)</p> <p>Winter measures in place from mid-November and extended over the Easter Period 2018 due to adverse weather at no additional cost.</p>

Commissioning Activity and Scope	Rationale and Aim	Outcomes	Citizens at the Heart/Impact and Changes
		successful.	<p>260 individuals did not rough sleeping in this period due to winter measures being in place. There was no extra cost for the Easter extension.</p> <p>In 2016/17, 193 people were prevented from sleeping rough and due to the severe weather conditions this year, the number is expected to be higher</p> <p>No Second Night Out maintains to avoid citizens sleeping rough throughout the year.</p>
<p><b>3c. Domestic and Sexual Violence Services' Review</b></p> <p>In scope: Domestic Violence Refuges.</p> <p>Stronger Families Programme (working with surviving children and their carer)</p> <p>Rise (Independent Living Support Accommodation for low-medium risk survivors)</p> <p>Children's Workers</p> <p>Implementation of domestic &amp; sexual violence contracts</p>	<p>New services for Domestic Violence, Sexual Violence and prevention commenced in April 2016.</p> <p>These contracts have an end date of March 2019</p> <p>The aim of the review is to ensure the services are fit for purpose and to consider whether efficiencies can be made.</p> <p>The review to begin in <u>January 2018</u> and a timeline to be agreed</p>	<p>The outcome of the review is to have in place the new services by April 2019; an options appraisal was presented to the DV/SV joint commissioning group to ascertain agreement.</p> <p>The outcome was that there will be a female DV service consisting of</p> <ul style="list-style-type: none"> <li>• Combined Independent Domestic Violence Advisor (IDVA)</li> <li>• Teen advocate</li> <li>• Stronger families</li> <li>• RISE (ILS)</li> </ul> <p>There will be a male support service consisting of:</p> <ul style="list-style-type: none"> <li>• Male IDVA</li> <li>• Medium risk support for male survivors</li> </ul> <p>In addition the following contracts will be kept separate</p> <ul style="list-style-type: none"> <li>• Refuges</li> <li>• DV Helpline</li> <li>• Sexual violence support</li> </ul> <p>The agreement from the JCG was that the procurement timetable would be in two stages Stage one over 2018/19 to consist of the female and male services to be commissioned for April 2019</p> <p>The second stage would consist of contract extensions for refuges, Sexual violence and prevention.</p>	<p>The intended outcome is to make access to services easier and quicker for citizens by engaging with all stakeholders to seek ways to improve existing provision</p> <p>Quarter 3 figures for Refuges indicate that housing for 91 survivors and families took place in these supported services. Alongside this 177 engaged with Rise to maintain their own properties safe from the perpetrators.</p> <p>The helpline engaged with 610 survivors in Q3 totalling over 1500 engagements with citizens for the full year to date</p> <p>IDVAs are engaging around 250 survivors per quarter although the figures for Integrated Offender Management (IOM) IDVAs are not yet available, so the total will increase.</p> <p>The majority of survivors are aged between 20 and 45 years old</p> <p>50% of survivors are white British, but increasingly there is engagement from BME communities</p> <p>Housing and mental health alongside substance misuse are high on the list of survivor needs that are being met by the DV and SV services</p>

Commissioning Activity and Scope	Rationale and Aim	Outcomes	Citizens at the Heart/Impact and Changes
		Sexual violence and prevention would be commissioned in 2020/21	<p>Funding for 2018/19 has been protected by partners</p> <p>DV and SV interventions are in other contracts for services such as substance misuse to ensure we meet citizen needs.</p> <p>The increase in numbers of citizen survivors who engage with services is possibly a result of adverts for services and other services are becoming better at identifying victims/survivors and know the pathway to refer onwards.</p>
<p><b>3d. Criminal Justice Treatment Service Review</b></p> <p>This relates to all adults whose offence is linked to Drug and Alcohol issues and the team who work with them to offer support.</p>	<p>Contract due to end April 2018.</p> <p>The aim of the review is to ensure that the service is fit for purpose to contribute to reducing re-offending and anti-social behaviour and supporting citizens to live a meaningful life outside of drugs and crime.</p>	<p>There have been turnarounds in the future of the CJ substance misuse service; Work continues with legal and procurement to come to a finalised decision for the service. Areas discussed have included directly awarding the service to the current provider aligning community and criminal justice into one service and directly awarding to the current provider. Decommissioning CJ service completely or commissioning a reduced service.</p> <p>Currently we are working with partners to finalise the requirements of the OPCC who may wish to consider expanding the service to cover both city and county. This will delay any near future commissioning and may impact on the proposed savings from this year's budget cuts</p>	<p>Initial findings of the Criminal Justice Needs Assessment indicated the Pathway was not working effectively for citizens. However, there has been a renaissance, which suggests that it is contributing considerably to the outcomes for the City especially around reducing substance misuse related crime.</p> <p>The service currently engage with about a third of all those in treatment within the City. Successful completions for CJ clients stands at around 20%. The service concentrates on class A drug use (heroin and crack cocaine) and has one of the best completion rates across the core cities.</p> <p>Partnership working has seen an increase in Community Orders (DRR and ATR) and has seen an increase in prison releases engaging with the service, currently at around 35%, which is one off the best performances for citizens in the country.</p> <p>Work with colleagues in Community Protection has seen the introduction of the Street Engagement Team who offer interventions for those who are homeless</p>



Appendix 1

Commissioning Activity and Scope	Rationale and Aim	Outcomes	Citizens at the Heart/Impact and Changes
			and/or begging. This has positive results with over 100 citizen contacts in the first two weeks and engagement or re-engagement into treatment for around twenty people. Citizens at risk are issues with Naloxone, which was administered on three occasions. Identification of mental health are also occurring.

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**NCC and CCG Joint Commissioning Plan 2017/18 End of Year update**

Commissioning Activity and Scope	Rationale for the Review and Aim	Outcomes	Citizens at the Heart/Impact and Changes
1. People in Nottingham adopt and maintain healthy lifestyles			
No reviews			
2. People in Nottingham will have positive mental wellbeing and			
<p><b>2a.Integrated Mental Health Accommodation Pathways</b></p> <p>This Review offers the opportunity to consider the whole system of support for citizens with mental health needs.</p> <p>It includes inpatient mental health services delivered by the Mental Health Trust through to community-based accommodation and support.</p>	<p>The overall performance of Mental Health provision is not well- understood and commissioning activity to date has not looked across areas of provision or produced joined-up plans with CCG colleagues.</p> <p>This is an opportunity to explore the potential for integrating provision for citizens with a physical or mental health need.</p> <p>The aim of the Review is to develop a more integrated support system for this cohort of citizens and ensure they receive the right level of support and are able to live as independently as possible within their own homes where practical.</p>	<p>The review began with some analyse of current Housing –Related Support (HRS) Mental Health provision. The outcome of the analysis showed that these services were extremely good value for money and they now supported people with high level needs (formally low-level).</p> <p>The review also looked at other parts of the Mental Health Pathway, specifically, Residential and Care Support and Enablement. It highlighted that the packages that were being developed were not always good value for money.</p> <p>This has been addressed through a more pro-active approach to placing people with packages of care, involving commissioners, social workers contracts officers and providers. This recommendation is highlighted in the Newton Europe Report, an external review undertaken by consultants.</p> <p>A dedicated session of the Commissioning Executive Group (CEG) was held on 10.1.18 to review current changes and cost savings programmes currently being delivered by NCC, Notts CCGs and Notts Heathcare Trust. It was agreed that a wider review of health and social care provision for people with mental ill-health would be undertaken in 2019/20</p>	<p>The overall iimpact is that a greater number of citizens with mental health needs receive services appropriate to their level of need within the HRS Services.</p> <p>The HRS Services have increased their capacity to support a greater number of citizens to become more independent and move into supported living provision or move back into the community.</p> <p>Over a 12 month period, 28% of residents in HRS Mental Health Accommodation were supported to safely move out into the community</p> <p>Over a 3 year period, 58 citizens were placed in Stephanie Lodge and 47 were supported to move out.</p> <p>The HRS Services (in particular Stephanie Lodge) support the discharge of patients from the Specialist Mental Health wards into a safe and recovery-focussed environment.</p>
<p><b>2b.Future in Mind Transformation Plan (including</b></p>	<p>FiM provides a clear national ambition in the form of key proposals to transform the design and delivery of a local offer of</p>	<p>Providing early support to children and young people through universal services, including schools</p>	<p>Children and young people receiving evidence-based programmes such as ‘Zippy’, ‘Apple’s Friends’ and ‘Academic Resilience’ will develop positive emotional health</p>

Appendix 2

Commissioning Activity and Scope	Rationale for the Review and Aim	Outcomes	Citizens at the Heart/Impact and Changes
<p><b>CAMHS work)</b></p> <p>Future in Mind (FiM) is Government Guidance on promoting, protecting and improving children and young people's mental health and wellbeing</p> <p>The Nottingham and Nottinghamshire Plans have been merged to create the delivery plan for the Sustainability and Transformation Partnership's (STP) ambitions of achieving better mental health for children and young people</p> <p>Development of a Section 75 Agreement between NCC and CCG to formalise the joint funding arrangements</p>	<p>services for children and young people with mental health needs.</p> <p>The aim of the work is to strengthen the way that we promote children and young people's mental health and wellbeing and improve their access to services</p>	<p>Involving more young people in designing the services and support they receive</p> <p>Focus on simplifying access to services and improving integration between targeted and specialist CAMHS</p> <p>The Section 75 Agreement is still in draft form although the principles of the agreement have been signed off by NCC and CCG</p>	<p>and wellbeing</p> <p>Within Targeted CAMHS, the Service User's Group (SUG) have been empowered to Influence plans for future CAMHS group interventions by giving a young person's perspective on what works well/less well in group work and to suggest new support groups to aid their recovery</p> <p>There is a well-established single point of access (SPA) located within the Local Authority This model has ensured that over the last 4 years 95% of cases referred through SPA remain at a Targeted CAMHS or universal level, only escalating to specialist community CAMHS when absolutely essential</p>
<p><b>3. There will be a healthy culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill-health</b></p>			
<p><b>3a. Self-Care</b></p>	<p>'Self-care' or 'edge of care' services have</p>	<p>Social Prescribing roll out to all City GP</p>	<p>Individuals and groups will have confidence to make</p>

Appendix 2

Commissioning Activity and Scope	Rationale for the Review and Aim	Outcomes	Citizens at the Heart/Impact and Changes
<p><b>Review</b></p> <p>This relates to giving people the means to improve the way in which they are able to manage their own low-level needs, where this is appropriate.</p> <p>Self-care is a key work strand within the Sustainability and Transformation Plan</p>	<p>been recognised as a key mechanism for effectively managing demand on the Adult Social Care System and the Health System.</p> <p>The aim of the Review is to support citizens with relatively low level needs (pre-care packages), to maintain their independence within the community for as long as possible by providing a range of preventative and early intervention services.</p>	<p>Practices has been completed. Work is underway with Community Pharmacies, Community Led Support project, Employment and Housing to improve access to social prescriptions – currently only available through a GP or a member of the GP Practice Team.</p> <p>In preparation for adopting the Greater Nottingham Model in Q3/Q4 this year, the City’s model is adopting a face to face health coaching assessment approach and using the “Patient Activation Measure” as an outcome measure. This update to the City model will go live in April. Working with GP practices to identify COPD patients who would benefit from health coaching/a social prescription.</p> <p>We are working with LiON to develop the Wellbeing Wheel – this will be used as part of the social prescription/health coaching pathway. This will deliver the online self-assessment tool for self care that will have longevity if the LiON and Notts Help Yourself directories merge.</p> <p>A more traditional self-care/wellbeing message about taking time for yourself is being promoted. Care Delivery Group (CDG) specific leaflets are promoting local activities with a standardised back page of 10 top tips to take a break and feel good. Leaflets were distributed to all GP Practices, Leisure Centres and Libraries across the City and this was backed up by a social media campaign during the week through the Council’s Twitter, Facebook and email newsletter channels.</p>	<p>healthy life choices and access services at the right time to benefit their health and wellbeing.</p> <p>Citizens will have knowledge of opportunities to live healthy lives and of services available within communities .</p>

Commissioning Activity and Scope	Rationale for the Review and Aim	Outcomes	Citizens at the Heart/Impact and Changes
<p><b>3b. Home and Nursing Care Provision including Pricing Structures</b></p> <p>This is a review of services that provide residential care to vulnerable adults including:                      Older adults                      Adults with Learning Difficulties                      Adults with Mental Health needs                      Adults with Physical and Sensory Impairment</p>	<p>There is a need to review the pricing structure for care homes as it is inconsistent and complex and to link this work to the CCG's review of their health offer to this cohort of citizens.</p> <p>The aim of the review is to ensure that citizens receive the right level of support and nursing care and are accommodated appropriately to minimize the inappropriate use of high cost residential care</p>	<p>The pricing structure for standard packages has been completed. Work on high cost packages is ongoing by consultants.</p> <p>The CCG has re-configured the offer to Nursing Homes within its new community contract.</p> <p>It has become clear that a full comprehensive review will not be required, as the focus will be considering the 1:1 contact time with citizens and how that can be reduced.</p>	<p>The intended impact is to support vulnerable citizens appropriately and dependent on their level of need</p>
<p><b>3c. Information, Advice and Support Services for Children and Young People with Special Educational Needs and Disabilities (SEND)</b></p>	<p>The provision of Information, Advice and Support (IAS) Services for Children and Young People with Special Educational Needs and Disabilities and their carers is a statutory function in line with the national SEND reforms.</p> <p>The Review will bring together a range of separate contracts to maximise efficiency and create better integration for families.</p> <p>The aim of the Review is to ensure that these children, young people and their parents have a voice and are appropriately represented within the Education and Health Care Plan process.</p> <p>Current contracts/SLAs end 31<sup>st</sup> March 2018</p>	<p>The new service rationalises a number of contracts into 1 over-arching contract to meet the statutory requirements within the SEND Reforms</p>	<p>The new service will ensure continued support for children and young people with SEND and their families.</p> <p>The new service will provide a single point of contact for all relevant information, making access to information and services much easier for families.</p> <p>Children and young people will be encouraged to contact services themselves developing their confidence and sense of independence.</p> <p>Children and young people will be more involved in making decisions about their own future.</p>

Commissioning Activity and Scope	Rationale for the Review and Aim	Outcomes	Citizens at the Heart/Impact and Changes
<p><b>3d. Integrated Commissioning of Health and Social Care Adult Provision supported by the Better Care Fund (BCF)</b></p> <p>This is a national initiative that brings together a joint budget (NCC and CCG) to support a more integrated approach to supporting vulnerable adults</p>	<p>The BCF supports integrated provision between Health and Social Care</p> <p>The aim is to agree on the most effective way to reduce the demand on high cost services through achieving the Government's targets of:</p> <ul style="list-style-type: none"> <li>-Reducing the number of unplanned visits to hospital</li> <li>-Reducing the number of people in residential care</li> <li>-Reducing the number of people in hospital with delayed transfer of care (DTC)</li> <li>-Re-abling people successfully so they are still at home 91 days after hospital discharge</li> </ul>	<p>This joint work has addressed over-commitment within the budget and achieved in-year savings</p> <p>Mechanisms to support savings requirements for 2018/19 have been identified</p> <p>Assistive Technology has been re-modelled and now includes a self-funded alarm service for adults who are not eligible for social care support</p>	<p>Most outcome targets associated with this work have been achieved supporting citizens to remain independent for longer and receive support appropriate to their needs. There have been</p> <ul style="list-style-type: none"> <li>- Reductions in residential admissions</li> <li>- Reductions in unplanned admissions to hospital</li> <li>- More citizens staying in their own homes for 90 days after hospital discharge (Re-ablement target)</li> </ul> <p>The target of reducing the number of people in hospital with delayed transfer of care (DTC) has not been achieved because of the challenging nature of the target alongside the inconsistencies of flow from the hospital, the impact of the new Discharge to Assess model and the lack of capacity within the homecare market.</p>
<p><b>3e. Child Development Review Phase 1 (Integrated 0-5 Children's Services)</b></p> <p><b>In scope:</b> Health Visitors, Family Nurse Partnership (FNP), 5-19 Public Health Nurses Breast Feeding Peer Supporters,</p>	<p>This review will bring together five external contracts in order to create a consistent, evidence-based approach to supporting the health and wellbeing of pregnant women and their children aged 0-19. This will also maximise efficiencies, including management costs.</p> <p>The service delivery for 0-5 year olds will be closely aligned to NCC's internal Early Help Team with both providers working within an integrated service specification with a shared outcomes framework and indicator set.</p>	<p>The contract for this Integrated Children's Public Health Service (ICPHS) has been awarded.</p> <p>The Governance arrangements to steer the integration of the ICPHS with the Early Help Service are now in place and closely aligned to the Small Steps Big Changes System Change Programme.</p>	<p>The contract ensures that the valued universal services for children and young people are maintained.</p> <p>An integrated 0-5s service will provide families with a consistent and coherent offer, with all practitioners working in an evidence-based way to a shared set of outcomes.</p> <p>With the adoption of a more integrated approach, families will experience fewer handovers from one professional to another, an issue raised by them during the consultation phase.</p>

Commissioning Activity and Scope	Rationale for the Review and Aim	Outcomes	Citizens at the Heart/Impact and Changes
Children's Nutrition Team,	The aim of the Review is to develop an integrated service which utilises the 0-5s workforce in a flexible but streamlined way and improves the experience of families with fewer handovers between professionals		
<p><b>3f. Home Care</b></p> <p>This is a Review of the whole Homecare system which includes the provision of personal care and domestic support within the home to vulnerable adults.</p>	<p>The current Home Care System does not have enough capacity to meet the needs of an increasing elderly population.</p> <p>There are number of Home Care Providers with separate contracts and there is a need for a more streamlined and efficient system.</p> <p>The Review aims to improve the quality of care and support to citizens and to improve the offer to providers, including an increased hourly rate in line with market analysis.</p>	<p>The new contract has simplified a 4 tier structure (Leads, Supports, Accredited Providers and Spots) to 2 tiers – Leads and Accredited Providers</p> <p>The new system builds upon internal service structure to maximise the efficiency of external services</p>	<p>The new model is more responsive to the needs of the citizen, ensuring they receive a timely intervention appropriate to their level of need.</p> <p>The internal NCC team are able to pick up cases more quickly and provide reablement input to increase the independence of the citizen</p> <p>The introduction of a new initiative, 'Discharge to Assess', which supports citizens to leave hospital more quickly, reduced the waiting list for Homecare from 140 to 14, although this has increased over recent months to 40</p>
<p><b>3g. Assistive Technology expansion</b></p> <p>Integrate existing assistive technology (AT) services (Telecare and Telehealth) into a single service.</p> <p>Develop an AT commercial service.</p> <p>Provide clinical hub video conferencing</p>	<p>The aim of the service is to support more people to live as independently as possible within their own homes, where appropriate, through the use of a range of technologies including personal alarms, home sensors and other supportive devices some of which link directly to an 'on-call' response service.</p>	<p>The integration of existing AT services has been achieved.</p> <p>AT services are now more targeted at those citizens most in need.</p> <p>A citizen-funded model for the provision of alarms has been developed for those people with a low level of need for this service.</p> <p>There is also a self-funded offer for other citizens who feel more confident with AT equipment but are not deemed to be in need of it.</p>	<p>Citizens are enabled to live more independently with the provision of AT.</p> <p>Those with the highest level of need have been prioritised</p>



Appendix 2

Commissioning Activity and Scope	Rationale for the Review and Aim	Outcomes	Citizens at the Heart/Impact and Changes
<p>support for care home residents.</p> <p>Develop new AT initiatives.</p>		<p>Video conferencing clinical support for residents has been delivered in a number of care homes</p> <p>New initiatives are under development, including the use of a web-based system for managing and monitoring Chronic Obstructive Pulmonary Disease (COPD)</p>	<p>Initial evaluation has shown that the service has reduced the volume of ambulance call-outs and GP appointment requests</p>

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**HEALTH AND WELLBEING BOARD**

**30 MAY 2018**

	<b>Report for Information</b>
<b>Title:</b>	Commissioning Plans 2018-19
<b>Lead Board Member(s):</b>	
<b>Author and contact details for further information:</b>	Chris Wallbanks, Strategic Commissioning Manager <a href="mailto:chris.wallbanks@nottinghamcity.gov.uk">chris.wallbanks@nottinghamcity.gov.uk</a>
<b>Brief summary:</b>	<p>This report sets out the commissioning plan for Nottingham City Council and the joint commissioning plan for Nottingham City Council (NCC) and NHS Nottingham City Clinical Commissioning Group (CCG) for 2018-2019, which will form the basis of the work programme for both organisations and will inform the prioritisation of resources.</p> <p>The commissioning plans will provide an important catalyst for:</p> <ul style="list-style-type: none"> <li>• Improving outcomes and choice for adults, families and children</li> <li>• Improving service provision</li> <li>• Increasing the focus on prevention and early intervention, where possible</li> <li>• Reducing cost where appropriate</li> </ul>

**Recommendation to the Health and Wellbeing Board:**

The Health and Wellbeing Board is asked to:

- a) note the main areas of activity identified within the Nottingham City Council Commissioning Plan (Appendix 1) and the Nottingham City Council and Nottingham City Clinical Commissioning Group Joint Commissioning Plan (Appendix 2)

**Contribution to Joint Health and Wellbeing Strategy:**

<b>Health and Wellbeing Strategy aims and outcomes</b>	<b>Summary of contribution to the Strategy</b>
Aim: To increase healthy life expectancy in Nottingham and make us one of the healthiest big cities	The Commissioning Reviews address most of the aims and outcomes within the Health and Wellbeing Strategy. The appendices attached align each review with the appropriate outcome.
Aim: To reduce inequalities in health by targeting the neighbourhoods with the lowest levels of healthy life expectancy	
Outcome 1: Children and adults in Nottingham adopt and maintain healthy	

lifestyles	
Outcome 2: Children and adults in Nottingham will have positive mental wellbeing and those with long-term mental health problems will have good physical health	
Outcome 3: There will be a healthy culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill health well	
Outcome 4: Nottingham's environment will be sustainable – supporting and enabling its citizens to have good health and wellbeing	

<b>How mental health and wellbeing is being championed in line with the Board's aspiration to give equal value to mental and physical health</b>
There is a joint commissioning review dedicated to improving community based accommodation and support for citizens with mental health needs.

<p><b>Background papers:</b>  <i>Documents which disclose important facts or matters on which the decision has been based and have been relied on to a material extent in preparing the decision. This does not include any published works e.g. previous Board reports or any exempt documents.</i></p>	None
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## Commissioning Plans 2018-19

### REPORT

#### **BACKGROUND**

Discussions have taken place with key stakeholders within the Council and CCG partners in relation to the commissioning priorities for 2018-19. The discussions were based on consideration of citizen outcomes, policy and legislative requirements, contractual issues, budgetary issues, time since the last review, partnership priorities and deliverability. The plans will form the basis for the allocation and prioritisation of resources for the forthcoming year in order to deliver improved outcomes for Nottingham citizens, transformational change and systemic efficiencies.

The plans identify NCC priorities and our combined priorities across Health and Social Care provision.

We continue to look for opportunities for joint working wherever possible, including being more linked up internally across Council departments.

#### **PRESENT POSITION**

As a result of this engagement and prioritisation process, commissioning activity for the coming year has been aligned as far as possible with the outcomes and priority areas identified within the Health and Wellbeing Strategy.

Activity relating to improving physical health outcomes has been listed under the outcome 'People in Nottingham adopt and maintain Healthy Lifestyles'.

Activity relating to improving mental health has been listed under the outcome 'People in Nottingham will have positive Mental Wellbeing and those with Serious Mental illness will have good physical health'

Activity relating to empowering people to live healthy lives or activity relating to wider system change, including services working better together, which will ultimately support people to live healthier lives, has been listed under the outcome 'There will be Healthy Culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill-health'.

Finally, activity relating to improving citizens' physical environment has been listed under the outcome 'Nottingham's Environment will be sustainable; supporting and enabling citizens to have good health and wellbeing', but at present, there are no commissioning reviews in relation to this area.

The attached plans identify activity undertaken by NCC Commissioners only (Appendix 1) and activity that is being undertaken jointly by NCC and CCG Commissioners (Appendix 2)

In addition to the activity identified in the plans, it is recognised that all partners will have additional priorities and 'business as usual', including an existing programme of commissioning and contract-related activity that will also require resource allocation.

#### **EXPECTED OUTCOME**

Agreement of commissioning priorities for 2018-19 is required in order to ensure appropriate use of resources and to drive the transformational change required to deliver joint strategic priorities and improved citizen outcomes.

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**NCC Commissioning Plan 2018/19**

Commissioning Activity and Scope	Rationale	Key Milestones	Date	Director /Sponsor	Funding Source
1. People in Nottingham adopt and maintain Healthy Lifestyles					
<b><u>Continuing</u></b>					
<p><b>1a. Review Drug and Alcohol Inpatient Services</b></p> <p><b><u>New review based on current situation</u></b></p>	<p>Nottinghamshire Healthcare Foundation Trust announced that they were to close down the Woodlands In-patient detoxification service.</p> <p>This decision requires commissioning an alternative provision.</p> <p>In the interim, a contract has been awarded for the use of Edwin House for the next 10 months</p> <p>Without provision we would potentially put service users at risk of serious illness or death</p>	<p>Review undertaken</p> <p>Recommendations and decisions</p> <p>Implementation of the new Service</p>	<p>May – August 2018</p> <p>September 2018</p> <p>March 2019</p>	<p>KB CO</p>	<p>Public Health (PH)</p> <p>CCG</p>
2. People in Nottingham will have positive Mental Wellbeing and those with serious mental illness will have good physical health					
<p>All activity relating to improving mental health is within the joint plan</p>					

Commissioning Activity and Scope	Rationale	Key Milestones	Date	Director /Sponsor	Funding Source
3. There will be a Healthy Culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill-health					
<b><u>New</u></b>					
<b>3a. Review of Extra Care Services</b>  <u>Review</u>	<p>Extra Care is a cost effective alternative to residential care.</p> <p>Extra Care is specialist accommodation for older people with onsite care provision. The provision of wrap around care and the early identification of developing needs can prevent care needs from escalating and increase independence.</p> <p>The new model will contain reablement apartments and potentially night care in the community to support the homecare framework.</p> <p>Night care is to be put in place at Albany House</p>	<p>Review undertaken</p> <p>Recommendations and Decision</p> <p>Implementation of the new services</p>	<p>January - March 2018</p> <p>April 2018</p> <p>June – December 2018</p>	HJ	Adult Social Care
<b>3b. Review of Sheltered Alarms provision</b>  <u>Small scale Review</u>	<p>Current contracts will end in the financial year giving an opportunity to review existing provision.</p> <p>The objective is to ensure a consistent service across alarm provisions and align to the dispersed alarm service. There are opportunities for financial savings. .</p>	<p>Review undertaken</p> <p>Recommendations and Decision</p> <p>Implementation of the new services</p>	<p>April – June 2018</p> <p>August 2018</p> <p>September 2018 – April 2019</p>	HJ	Adult Social Care



Commissioning Activity and Scope	Rationale	Key Milestones	Date	Director /Sponsor	Funding Source
<b>Continuing</b>					
<b>3c. Support Adult Social Care to implement the Better Lives Better Outcomes Strategy</b>	This programme supports vulnerable citizens to live as independently as possible in the community and deliver efficiencies through a Recovery and Progression approach	On-going support to Adult Social Care in relation to Big Ticket projects, in particular for older people and those with mental health needs or learning difficulties	April 2018-March 2019	HJ	
<b>3d. Implement the new Care, Support and Enablement contract(CSE) Provision</b>  <b><u>Implementation of new service model</u></b>	CSE provides supported living for citizens in their own tenancies as well as outreach support to enable participation within the community.  There is a strong policy drive to place citizens into 'settled tenancies' rather than residential care.  This forms part of a wider review of all residential provision	Implement the contract to deliver the new service.  Convert residential homes into CSE Provision  Pilot the process of moving people from residential homes to CSE Provision  Provide ongoing commissioning support in relation to de-registration and placement of citizens	February- July 2018  February- April 2018  February- May 2018  April 2018 – March 2019	HJ	Adult Social Care
<b>3e.Homelessness</b>  <b>Implement the new contracts and model of provision</b>  <b><u>Implementation of new service model</u></b>	Contracts providing assistance to prevent or resolve homelessness retendered due to expiry of existing contracts.  Review of provision as increase in people experiencing financial difficulty.  Potential need to reduce budget. .  Review ensured the Council's response to Homelessness was in line with the new Homelessness Reduction Act 2017	Contracts commence  Implement the new arrangements / model of provision:  Negotiate and implement Winter Measures for 2018/19  Support for B&B reduction (TBD)	April 2018  February-June 2018  March - December 2018  Ongoing – 2018/19	KB CH	HRS  Development & Growth  HRS

Commissioning Activity and Scope	Rationale	Key Milestones	Date	Director /Sponsor	Funding Source
		Work on savings requirements for 2018/19:	Mar-Apr 2018		
<p><b>3f. Commissioning of Domestic and Sexual Violence Services</b></p> <p><u>Commissioning of new services</u></p>	<p>DSV contracts expire at the end of the financial year.</p> <p>Associated contracts have an end date of March 2019</p>	<p>Proposal to procure DSV services in two separate stages.</p> <p>Review undertaken</p> <p>Recommendations and decisions</p> <p>Implement new services</p>	<p>April – June 2018</p> <p>July 2018</p> <p>September 2018 – March 2019</p>	<p>AE/TS</p> <p>CO</p>	<p>NCC</p> <p>Mainstream CDP</p> <p>Priority Families</p> <p>OPCC</p> <p>Public Health</p> <p>PH Reinvestment</p> <p>DCLG</p> <p>CCG</p>
<p><b>3g. Review of Criminal Justice Treatment Service</b></p> <p><u>Review</u></p>	<p>The contract is due to end in September 2018.</p> <p>The review will focus on how the service has been impacted by changes in the criminal</p>	<p>Review undertaken (to include PCC review which may require an alternative course of action)</p> <p>Recommendations and Decisions</p>	<p>October 2017 – April 2018</p> <p>March 2018</p>	<p>KB /AE</p> <p>CO</p>	<p>OPCC</p> <p>PH</p>

Commissioning Activity and Scope	Rationale	Key Milestones	Date	Director /Sponsor	Funding Source
	justice system such as the split in the probation service and the re-alignment of Integrated Offender Management	Implement new service	April – August 2018		
<b>3h. Financial Vulnerability Review</b>	<p>The review will focus on advice services for people who are vulnerable to financial difficulty. Indebtedness is increasing in the city.</p> <p>The aim is to have a joined up city model with good reach and impact</p>	<p>Review undertaken</p> <p>Recommendations and Decision</p> <p>Implement new services</p>	<p>February-May 2018</p> <p>June 2018</p> <p>October 2018</p>	KB	<p>PH</p> <p>Commissioning Budget</p>
<b>3i. Independent Living Support Services (ILSS) Social Care Review</b>  <b><u>Small scale Review</u></b>	<p>The review will consider the fit and model for the future delivery of ASC orientated ILSS services, including</p> <ul style="list-style-type: none"> <li>• 60+ Service</li> <li>• Mental Health and Forensic ILSS</li> <li>• Physical, Sensory impairment and HIV</li> <li>• Learning Disability – Include</li> </ul> <p>This review will seek to ensure ILSS work efficiently and support the interface between housing and ASC in order to promote independent living and reduce unwarranted dependency on ASC provision.</p>	<p>Review undertaken</p> <p>Recommendations and Decision</p> <p>Implement new services</p>	<p>February – September 2018</p> <p>October 2018</p> <p>November 2018 – June 2019</p>	KB/HJ	HRS

Appendix 1

Name abbreviations:

**NCC Colleagues**

HJ – Helen Jones

KB – Katy Ball (Christine Oliver covering)

CH – Chris Henning

AE – Andrew Errington

TS – Tim Spink

**NCC and CCG Joint Commissioning Plan 2018/19**

Commissioning Activity and Scope	Rationale	Key Milestones	Date	Director /Sponsor	Funding Source
<b>1. People in Nottingham adopt and maintain Healthy Lifestyles</b>					
No reviews					
<b>2. People in Nottingham will have positive Mental Wellbeing and those with serious mental illness will have good physical health</b>					
<b><u>New</u></b>					
<b>2a. Develop an Integrated Mental Health Accommodation Pathway</b>  <b><u>Strategic Review</u></b>	Recent agreement by NCC, CCG and Notts Healthcare Trust to review current provision for people with mental ill health and explore a more integrated and cost effective approach to the health and care delivery system. Detailed scope of work to be determined	To be determined.	April 2018-March 2019	HJ CF(CCG)	Adult Social Care(ASC), Housing-Related Support (HRS)  Better Care Fund (BCF)  CCG
<b><u>Continuing</u></b>					
<b>2b. Support 'Future in Mind' Transformation Plan (including CAMHS work)</b>  <b><u>Implementation of National Guidance</u></b>	Future in Mind is Government Guidance on promoting, protecting and improving children and young people's mental health and wellbeing. The Nottingham and Nottinghamshire Local Transformation Plan 2015-20 focuses on 5 key areas <ul style="list-style-type: none"> <li>• Promoting Resilience, Prevention and Early Intervention</li> <li>• Improving Access to Effective Support</li> <li>• Accountability and transparency</li> <li>• Developing the workforce</li> </ul>	Focus areas for 2018-19 include:-  Further embedding whole school approaches to Academic Resilience and independently evaluating the programmes in Nottingham.  Further developing joint working between Targeted and Specialist/Community CAMHS in Nottingham City, prioritising the joint workforce development, joint working in the SPA and developing care bundles and reducing waiting times.  Continuing to develop ways to support	April 18-March 19	KB HD SS (CCG)	National funding received by CCG  Section 75= NCC and CCG

Commissioning Activity and Scope	Rationale	Key Milestones	Date	Director /Sponsor	Funding Source
		universal services in supporting children and young people's mental health, and knowing how and when to refer to CAMH Services and other local support services, with the aim of reducing waiting times			
3. There will be a Healthy Culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill-health					
<b><u>New</u></b>					
<b>3a. Review Residential Provision including Nursing Care</b>  <b><u>Strategic Review</u></b>	A full scoping of activity in relation to residential provision is required in light of the following: <ul style="list-style-type: none"> <li>Recent work on a fair pricing structure</li> <li>A focus on a Care, Support and Enablement approach</li> <li>Developing outcomes for residential provision</li> <li>The need for capacity considerations for Nursing Homes</li> <li>Development of more outcome based contracts</li> </ul>	Review undertaken  Recommendations will determine future direction	March – June 2018	HJ JG (CCG)	Adult Social Care
<b>3b. Review of Reablement Provision</b>  <b><u>Strategic Review</u></b>	Reablement Services commissioned by health and social care are currently aligned but are not fully integrated. Reablement is a key mechanism for reducing Delayed Transfer of Care (DTC). A fully integrated pathway should create efficiencies and improve system flow.	Develop milestones once the recommendations from the Newton Europe report are received.		HJ CS (CCG)	Adult Social Care
<b><u>Continuing</u></b>					
<b>3c. Implement the new 0-19s Children's Public Health Contract.</b>	Amalgamating five contracts incorporating Health Visitors, Family Nurse Partnership, Breast Feeding Peer Supporters, Children's Nutrition Team	Implementing the new service and working towards full integration will include:	March 2018 – March 2020	KB HD SS (CCG)	Public Health

Commissioning Activity and Scope	Rationale	Key Milestones	Date	Director /Sponsor	Funding Source
<p><b>Start the process of integrating the 0-5s workforce through the development of 8 area teams</b></p> <p><u><b>Implementation of new service</b></u></p>	<p>and Public Health Nurses into one overarching contract to maximize efficiencies.</p> <p>This Integrated Children's Public Health Service (ICPHS) will work with our internal Early Help Service 0-5s in an increasingly integrated way with a shared outcomes framework and indicator set.</p>	<p>Establishing Governance arrangements to align with SSBC System Change Programme</p> <p>Establishing a Joint Operational Group between the ICPHS and the Early Help Team to develop and implement a fully integrated service by April 2019</p>			
<p><b>3d. Implement the new Homecare model to increase efficiencies</b></p> <p><u><b>Implementation of new service</b></u></p>	<p>The previous system:</p> <ol style="list-style-type: none"> <li>1. Did not have sufficient capacity to support the increased demand</li> <li>2. There were pricing issues</li> <li>3. The Framework of Accredited Providers expired in December 2017.</li> </ol>	<p>A new Lead Provider contract is in place</p> <p>Invitation to Tender for Accredited Providers</p> <p>Issue New Contracts to Accredited Providers</p> <p>Provide commissioning support to Adult Social Care to meet ongoing homecare pressures</p>	<p>April 18</p> <p>May 18</p> <p>July 18</p> <p>Ongoing</p> <p>Ongoing</p>	<p>HJ CS and JG(CCG)</p>	<p>Adult Social Care</p>
<p><b>3e. Integrate the Commissioning of Health and Social Care Adult Provision through the Better Care Fund (BCF)</b></p>	<p>The BCF supports integrated provision between Health and Social Care with a particular focus on Delayed Transfers of Care (DToC) from hospital to the community</p>	<p>Input to the development and implementation of the revised 18/19 Plan</p> <p>Consider how the BCF will fit as part of the future Integrated Care System</p> <p>Each organisation to performance manage the services it provides or commissions</p>	<p>April 2018 – March 2019</p>	<p>KB/HJ/CS</p>	<p>Better Care Fund</p>
<p><b>3f. Implement the new Advice and Support Services</b></p>	<p>The new service rationalises a number of contracts into one over-arching contract to meet the statutory requirements within</p>	<p>Due to procurement/TUPE issues, the new service is now unlikely to be in place from April 2018</p>	<p>New services expected to be in place by</p>	<p>JW CR (CCG)</p>	

Commissioning Activity and Scope	Rationale	Key Milestones	Date	Director /Sponsor	Funding Source
<b>contract (including Keyworker Service, SEND Engagement and link with the LiON Directory)</b>  <u>Implementation of new service</u>	the SEND reforms and ensures support for the Education and Health Care Plan process is sustainable.	Considering options to extend the existing services until at least the end of June 2018 to allow for the implementation of the new service.	July 2018		
<b>3g. Implement the revised service model for Assistive Technology</b>  <u>Implementation of new model</u>	<p>Implement the revised service delivery models within Telecare, Telehealth and Dispersed Alarms.</p> <p>Realign the service provision to achieve Adult Social Care priorities.</p> <p>To deliver within reduced budget envelope.</p>	<p>Develop a process to promote self-funding to retain an alarm service</p> <p>New staffing structure and service provision in place</p> <p>Promote the new service model within ASC and with other stakeholders</p> <p>Monitor and evaluate the impact of the revised model</p>	<p>April – August 2018</p> <p>June 2018</p> <p>April 2018 – March 19</p>	HJ KB	Better Care Fund
<b>3h Support the Transforming Care Partnership</b>	The partnership between NCC, the County and the CCGs is working to minimise the number of citizens with learning disabilities and/or autism who are inappropriately in secure accommodation and to ensure appropriate community provision is in place to meet the needs of this cohort.	<p>Develop a pooled budget</p> <p>Provide strategic input to the Transforming Care Board Work streams 1,3 &amp; 4</p> <p>Progress proposals within the Capital Grant Bid</p> <p>Support the submission of the Life Chances Bid for Forensic Services.</p>	April 18 - March 2019	HJ SS (CCG)	<p>NHS Funding</p> <p>CCG CHC Funding</p> <p>ASC Purchasing Budget</p>



## Appendix 2

### Name abbreviations:

#### **NCC Colleagues**

HJ – Helen Jones

KB – Katy Ball (Christine Oliver covering)

HD – Helen Denness

JW – Janine Walker

#### **CCG Colleagues**

CF – Clare Fox

SS – Sally Seeley

JG – Jane Godden

CS – Ciara Stuart

CR – Charlotte Reading

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## Health and Wellbeing Board Forward Plan 2018/19

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

[jane.garrard@nottinghamcity.gov.uk](mailto:jane.garrard@nottinghamcity.gov.uk)

Date of meeting	Report title	Lead report author and contact details
25 July 2018	Joint Health and Wellbeing Strategy Healthy Lifestyles Outcome - Progress	Caroline Keenan <a href="mailto:caroline.keenan@nottinghamcity.gov.uk">caroline.keenan@nottinghamcity.gov.uk</a>
	Teenage Pregnancy Annual Report	Marie Cann-Livingstone <a href="mailto:marie.cann-livingstone@nottinghamcity.gov.uk">marie.cann-livingstone@nottinghamcity.gov.uk</a>
	STP and ICS Update (tbc – depending on latest position)	David Pearson
	Forward Plan	Jane Garrard <a href="mailto:jane.garrard@nottinghamcity.gov.uk">jane.garrard@nottinghamcity.gov.uk</a>
	Board member updates	Board members
	Draft minutes of the HWB Commissioning Sub Committee meeting held on 30 May 2018	-
	New JSNA Chapters	Claire Novak <a href="mailto:claire.novak@nottinghamcity.gov.uk">claire.novak@nottinghamcity.gov.uk</a>
	Public questions	-
26 September 2018	Joint Health and Wellbeing Strategy Mental Health Outcome - Progress	Nick Romilly <a href="mailto:nick.romilly@nottinghamcity.gov.uk">nick.romilly@nottinghamcity.gov.uk</a>
	STP and ICS Update (tbc – depending on latest position)	David Pearson
	Forward Plan	Jane Garrard <a href="mailto:jane.garrard@nottinghamcity.gov.uk">jane.garrard@nottinghamcity.gov.uk</a>
	Board member updates	Board members
	Draft minutes of the HWB Commissioning Sub Committee meeting held on 25 July 2018	-
	New JSNA Chapters	Claire Novak <a href="mailto:claire.novak@nottinghamcity.gov.uk">claire.novak@nottinghamcity.gov.uk</a>
	Public questions	-
28 November 2018	Joint Health and Wellbeing Strategy Healthy Culture Outcome - Progress	Uzmah Bhatti <a href="mailto:uzmah.bhatti@nottinghamcity.gov.uk">uzmah.bhatti@nottinghamcity.gov.uk</a>

Date of meeting	Report title	Lead report author and contact details
	Physical Activity and Nutrition Declaration - Progress	Caroline Keenan <a href="mailto:caroline.keenan@nottinghamcity.gov.uk">caroline.keenan@nottinghamcity.gov.uk</a>
	Nottingham City Safeguarding Children Board Annual Report 2017/18	John Matravers <a href="mailto:john.matravers@nottinghamcity.gov.uk">john.matravers@nottinghamcity.gov.uk</a>
	Nottingham City Safeguarding Adults Board Annual Report 2017/18	Louisa Butt <a href="mailto:louisa.butt@nottinghamcity.gov.uk">louisa.butt@nottinghamcity.gov.uk</a>
	Update on Nottingham City Councils fulfilment of public health responsibilities	Alison Challenger <a href="mailto:alison.challenger@nottinghamcity.gov.uk">alison.challenger@nottinghamcity.gov.uk</a>
	STP and ICS Update (tbc – depending on latest position)	<b>David Pearson</b>
	Forward Plan	Jane Garrard <a href="mailto:jane.garrard@nottinghamcity.gov.uk">jane.garrard@nottinghamcity.gov.uk</a>
	Board member updates	-
	Draft minutes of the HWB Commissioning Sub Committee meeting held on 26 September 2018	-
	New JSNA Chapters	Claire Novak <a href="mailto:claire.novak@nottinghamcity.gov.uk">claire.novak@nottinghamcity.gov.uk</a>
	Public questions	-
30 January 2019	Joint Health and Wellbeing Strategy Healthy Environment - Progress	Nick Romilly <a href="mailto:nick.romilly@nottinghamcity.gov.uk">nick.romilly@nottinghamcity.gov.uk</a>
	STP and ICS Update (tbc – depending on latest position)	David Pearson
	Forward Plan	Jane Garrard <a href="mailto:jane.garrard@nottinghamcity.gov.uk">jane.garrard@nottinghamcity.gov.uk</a>
	Board member updates	Board members
	Draft minutes of the HWB Commissioning Sub Committee meeting held on 28 November 2018	-
	New JSNA Chapters	Claire Novak <a href="mailto:claire.novak@nottinghamcity.gov.uk">claire.novak@nottinghamcity.gov.uk</a>
	Public questions	-
27 March 2019	Joint Health and Wellbeing Strategy Healthy Lifestyles	Caroline Keenan

Date of meeting	Report title	Lead report author and contact details
	<b>Outcome - Progress</b>	<a href="mailto:caroline.keenan@nottinghamcity.gov.uk">caroline.keenan@nottinghamcity.gov.uk</a>
	<b>Annual review of Joint Health and Wellbeing Strategy performance metrics</b>	Caroline Keenan <a href="mailto:caroline.keenan@nottinghamcity.gov.uk">caroline.keenan@nottinghamcity.gov.uk</a>
	<b>STP and ICS Update</b> (tbc – depending on latest position)	David Pearson
	<b>Forward Plan</b>	Jane Garrard <a href="mailto:jane.garrard@nottinghamcity.gov.uk">jane.garrard@nottinghamcity.gov.uk</a>
	<b>Board member updates</b>	Board members
	<b>Draft minutes of the HWB Commissioning Sub Committee meeting held on 30 January 2019</b>	-
	<b>New JSNA Chapters</b>	Claire Novak <a href="mailto:claire.novak@nottinghamcity.gov.uk">claire.novak@nottinghamcity.gov.uk</a>
	<b>Public questions</b>	-

**Items to be scheduled:**

- Page 117
- Review of progress and outcomes of Board members signing up to the tobacco declaration
  - Review of progress and outcomes of Board members signing up to the alcohol declaration
  - Nottingham City Clinical Commissioning Group Operational Plan
    - Universal credit (suggested by Tim Brown) – need to discuss
    - Autism Strategy (Helene Denness/ Autism Strategy Group)

**Items for 2019/20**

**Health and Wellbeing Board Stakeholder Event** – 6 June 1pm, Council House

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## **Health & Wellbeing Board Update**

**May 2018**

### **1. Delayed Transfers of Care (DToC)**

Partners are working together with an organisation called Newton Europe to establish a system wide approach with the aim of sustainably reducing DToC. The opportunity has developed through an initiative funded jointly by NHS England, Department of Health and Social Care, Ministry of Housing, Communities & Local Government, Local Government Association and NHS England.

Specifically, the programme will be achieved in two key stages which are gathering and analysing information and taking the experience and insight from this stage to implement short and medium term changes. The first stage will provide a trusted base of evidence on the root causes of DToC challenges facing Acute Hospitals, Councils and Community Health providers that, if changed, would deliver long-term, improvement not just short-term repairs. The work will include studies on the wards and with social work teams, multidisciplinary workshops and conversations with frontline staff. Leaders have requested that as part of this stage there is a specific deep dive into reablement services, due to known pressures in this area. Following the diagnostic, Newton Europe will work with leaders and staff to identify, quantify and prioritise changes to ways of working and mindset to deliver the greatest impact on patient flow and delays.

It's important that the programme provides sustainable improvements and this will be achieved through plans that are realistic, agreed medium term changes that will deliver permanent outcomes and support for the plans across health and local authority partners.

### **2. Additional GP Appointments in Nottingham City**

Since January/February all Nottingham City GP Practices have been able to book appointments for patients in the evening and on weekends through a central location on Upper Parliament Street, GP+. This service is being delivered by the Nottingham City GP Alliance (NCGPA), which is a membership of 47 GP practices in Nottingham City and covers a population of over 336,000 patients. GP+ is available to all 53 GP practices in Nottingham City and for any patients registered with a Nottingham City GP. Appointments are available Monday to Friday 4:00pm to 8:00pm and Saturday and Sunday 09:00am to 1:00pm with a range of clinicians including GPs, physiotherapists, pharmacists, nurse practitioners and healthcare assistants.

During April the service peaked at 1,300 additional appointments that month, the number of additional appointments available continues to grow and patient feedback has been very positive about the service. Just over 90% of the appointments available are used by patients, the NCGPA continues to promote GP+ through websites, posters at tram stops, posters in GP practices and through a variety of media opportunities.

### **3. CCG Alignment**

There is a well-established and long history of collaborative working between the Greater Nottingham CCGs. The extent of this collaborative working has in more recent times been reviewed, driven by a range of new collective challenges. The commissioning issues that are facing the CCGs include the development of new models of care, significantly increasing financial pressures, increased challenges around performance of our health system, and stretched capacity to deliver all our commissioning functions.

At Governing Body meetings during May and June 2017, the CCGs agreed to establish a Joint Commissioning Committee as this was seen as the best solution to help address these challenges. It was also seen as an important first step toward developing an Accountable Care System in Greater Nottingham.

The establishment of the Joint Commissioning Committee provides an opportunity to better align CCG commissioning across Greater Nottingham. This brings a range of benefits, including:

- a) Commissioning at scale to help lead to better outcomes;
- b) Meeting the needs of people not organisations;
- c) Reducing unwarranted variation and improving consistency of pathways;
- d) Being an enabler for the development of an Integrated Care System; and
- e) Ensuring the local NHS commissions services within its available resources.

In addition to changes to CCG governance arrangements, there is now a single management structure. The single management structure will allow us to align and provide a consistent approach where relevant, whilst also maintaining a locality focus. The locality focus will be led by the Clinical Chairs as well as a Director and supporting team for each CCG geographical area.

### **4. Treatment Centre**

The Nottingham Treatment Centre has been operated by Circle Nottingham Ltd since opening in 2008. Their current contract was awarded in July 2013 for five years, expiring on 31 July 2018. Currently Circle offers a variety of services including outpatients, surgical theatres and dedicated diagnostic facilities such as scans and x-rays. In addition, the centre has some inpatient beds for patients who have undergone surgery and cannot go home that night.



The contract was retendered by the Greater Nottingham Clinical Commissioning Partnership in January 2018 then reissued in February 2018 with a deadline for submissions in March. The CCGs received high quality bids to run the Treatment Centre through this process.

Circle Nottingham Ltd issued two sets of legal proceedings against NHS Rushcliffe Clinical Commissioning Group at the end of March on the basis of procurement law and by way of Judicial Review.

The Greater Nottingham CCGs and Circle have reached an agreement to protect patients interests by ending the legal challenge which raised the risk of a break in healthcare services at the treatment centre in Nottingham.

Circle's current contract to run the service expires in July 2018. The out of court agreement ends Circles legal challenge to the CCGs current process to procure the next contract and the CCGs will relaunch the procurement. The providers who previously submitted bids are being encouraged to resubmit.

## **5. Community Services Contract Mobilisation**

Nottingham CityCare Partnership CIC, won the contract in 2017 to run community services for the region of NHS Nottingham City CCG. We are now working with CityCare to mobilise services in line with the tender and service specifications. The new contract term is from 1 July 2018 to 31 March 2025. The contract specifications have been consolidated, reviewed and integrated to allow for a much more flexible approach to service delivery. The specifications have been made less prescriptive which allows the provider to use their innovation and experience in order to meet the contract outcomes.

The contract aligns to the CCG's three main objectives on social value to ensure that the provider not only improves the health of the patient, but also contributes to the health of the City through: improving employment and training; promoting healthy lifestyle behaviours; and supporting a healthy environment.

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## Statutory Officers Report for Health and Wellbeing Board

From Corporate Director for Children & Adults & Director for Adult Social Care

May 2018

### Independent Inquiry into Child Sexual Abuse (IICSA)

Previous updates have detailed the Independent Inquiry into Child Sexual Abuse (IICSA) and the Nottingham context. The Public Hearing for the 'Nottinghamshire Councils' investigation has been scheduled for 1<sup>st</sup> October 2018 and will last three weeks. We now know that the first week of the inquiry is going to be held at Trent Bridge Cricket Ground.

As part of our ongoing response to allegations of historical physical and sexual abuse in former children's homes, we have settled a number of civil claims for compensation. A number of other claims are ongoing. Compensation is paid from our insurance fund. We continue to take these matters seriously and help the police and the national independent inquiry with their investigations, as well as supporting survivors. The safety and quality of care for children has changed and improved beyond recognition in the intervening years both locally and nationally, meaning we have robust measures in place to protect children in our care today from harm.

For more information on IICSA please visit their website <https://www.iicsa.org.uk/>

### Ask LiON – the new Online Directory

Ask LiON [www.asklion.co.uk](http://www.asklion.co.uk) is the new Online Directory for information, advice and guidance for Adult and Children's Health and Social Care in Nottingham.

LiON has information about Schools, Children's Centres, Childcare, Play & Youth provision and the Local Offer for Children and Young People with Special Educational Needs and Disabilities.

Additionally LiON also has information about support services for children and families, including Education Support Services, Family Support including safeguarding children, Health, Social Care, Advice & Guidance and SEND services.

LiON can be used as a resource for professionals when supporting parents as well as for parents to use themselves.

All services included on LiON, have accounts to update and maintain information.

We strongly encourage you to use Ask LiON as a resource as well as encourage parents to use it as well.

If you would like a demonstration on how to use LiON, please contact the Families Information Service on 0800 458 4114 or email [FIS@nottinghamcity.gov.uk](mailto:FIS@nottinghamcity.gov.uk)

## **Update from Carers UK- Inclusion of Health Partners**

After some successful engagement amongst umbrella members, Employers for Carers (EfC) umbrella membership has been extended to health partners of all sizes within the locality. These can include NHS Trusts and hospitals, down to smaller GP practices. Engaging health partners is another effective way of reaching more working carers in the locality. It is hoped that this will increase the number of carers we support together, and the number of employers providing carer-friendly workplaces.

Umbrella membership is an extended EfC membership arrangement, which gives SMEs and local health partners the opportunity to engage with EfC through a coordinating body, such as a local authority. This then gives SMEs and health partners free access to EfC membership and resources.

This model therefore benefits both the 'umbrella' organisation and its local organisations who might not otherwise access EfC's support or resources. It is essentially a block membership arrangement, which enables SMEs and health partners to engage through the co-ordinating body, rather than by paying membership fees individually.

Resources include relevant legal information, practical case studies, template leaflets and workplace surveys, and a monthly newsletter. Membership gives opportunities to make connections with other employers and benefit from peer support.

Further information is available on the website: [www.employersforcarers.org](http://www.employersforcarers.org)

Alison Michalska  
Corporate Director for Children and Adults

Helen Jones  
Director for Adult Social Care

Statutory Officers Report for the Nottingham City Health and Wellbeing Board – 30<sup>th</sup> May 2018

### Director of Public Health

#### 1. Inaugural Nottingham City Relationship & Sex Education Day – Thursday 28<sup>th</sup> June

Nottingham City will be holding its first Relationship and Sex Education (RSE) Day at the end of June. The focus will be on sharing good practice and celebrating our work in Nottingham. RSE is vital to ensure every child is safeguarded, receiving the knowledge and skills they need to make informed healthy choices and how to seek help should they need it.

RSE Day is about everyone taking responsibility and recognising their role in providing effective relationships and sex education, whether that be directly, for example a teacher delivery a RSE lesson to pupils or indirectly through signposting parents/carers to resources that help them talk to their child.

#### How can you get involved?

I would encourage all Board Members to think about how they may be able to support RSE Day:

- Have a look at the ideas for action on the day which have been developed for inspiration: <http://www.nottinghamschools.org.uk/leadership-and-management-support/partnerships/nottingham-city-rse-day/>
- Support us to generate interest on social media on the day itself by using the hashtag #RSEday
- Pop into the foyer at Loxley House where there will be an RSE exhibition.

I, myself, am very much looking forward to visit some of Nottingham's schools to see the great work which takes place in action.

If you are planning something for RSE Day or if you need any support do please contact our RSE Consultant [Catherine.kirk@nottinghamcity.gov.uk](mailto:Catherine.kirk@nottinghamcity.gov.uk).

#### 2. Public Health Forums

Nottingham City Council hosts monthly public health forums, lasting an hour and a half. Forums are used to disseminate information, raise awareness of a topic, provide training or as a means of consultation. Recent topics have included dementia, homelessness, LGBT health and social prescribing.

With the rapidly approaching deadline for new General Data Protection Regulations (GDPR) we require our current mailing list of 2000 to let us know they still want to receive information about future public health forums. Public health forums provide a valuable opportunity for learning, skills and knowledge sharing and networking which can lead to improved joint working. Please do encourage your colleagues to opt-in and let us know they want to continue to receive this information.

If you would like to join the mailing list or check whether you are already on there please email [healthandwellbeing@nottinghamcity.gov.uk](mailto:healthandwellbeing@nottinghamcity.gov.uk).

### **3. Joint Strategic Needs Assessment (JSNA) update**

Since the Board received the Joint Strategic Needs Assessment Annual Report in September, I am pleased to say that progress has been made to refine and develop the JSNA chapter production process. The JSNA Steering Group met in December 2017 and approved revised terms of reference. Membership comprises officers from the CCG, Healthwatch, NCVS, Nottingham Counselling Centre, alongside the lead Consultant in Public Health, Insight Specialists and Commissioning leads from within the local authority.

The group also approved a streamlined chapter production process in response to feedback from chapter authors and users. This has seen new guidelines for chapter length to be 10-15 pages, with the use of hyperlinks for further information. Moreover the recommendations place an onus on chapter owning groups and stakeholders to support authors to gather information and respond to requests for comments on drafts in a timely manner. There is also an escalation process where authors require support in overcoming barriers to progress.

Recently published chapters which have followed this new format include:

- [Life Expectancy and Healthy Life Expectancy](#)
- [Evidence Summary](#)
- [Dementia](#)
- [Suicide](#)

Initial feedback from partners has been very positive. Quarterly Board papers include the front ends of recently published JSNA chapters. This includes the Executive Summary, Unmet Needs and Gaps, and Recommendations for Consideration by Commissioners. Full chapters are published on the Nottingham Insight website, under the Health and Wellbeing tab.

At the last JSNA Steering Group in April this year, the 2018/19 JSNA Chapter Prioritisation was considered to determine the work plan for this financial year.

The prioritisation matrix was applied for chapters which are updated annually, those generally updated every three years and newly requested chapters.

Organisational restructure and changes to commissioned services affecting the CCG, City Council and commissioned organisations, alongside the wider move to an STP footprint has created a complex landscape. In light of this state of flux, the JSNA Steering Group agreed to adopt a pragmatic approach, including an informal second stage prioritisation process. Views from key stakeholders including CCG and city council commissioners were incorporated, including reviewing capacity and links to commissioning reviews and future procurement criteria. Final results will be agreed shortly.

### **4. Supporting employees with long term conditions, disabilities and mental health problems**

Happier Healthier Lives includes a commitment to working with employers and people with mental and physical health problems to support them to access and remain in employment.

MP Alex Norris will be hosting an event for employers at **Bulwell Riverside on Friday 29 June 2018.**

Employers will share best practice around supporting employees with long term conditions, disabilities and mental health problems. They will learn of the benefits of being an employer who believes in supporting employee health and wellbeing and how to access support with this, including

how to sign up to Disability Confident, Time to Change and other support. Nottingham Jobs will be supporting the event.

Keep an eye out for more information in the coming weeks!

#### **5. Clean Air Day – Thursday 21<sup>st</sup> June**

Building on the success of last year, Nottingham City Council will again be supporting and promoting Clean Air Day on Thursday 21<sup>st</sup> June. The aim of the day is to raise awareness of air pollution and the things we can all do to reduce it and our exposure to it.

The City Council will be encouraging community groups, partner organisations, its own staff and citizens to make a difference. Social media will be utilised to enable citizens and groups to make pledges and celebrate their action on the day (and beyond) to reduce air pollution.

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**NOTTINGHAM CITY COUNCIL**

**HEALTH AND WELLBEING BOARD COMMISSIONING SUB COMMITTEE**

**MINUTES of the meeting held at Board Room, Nottingham City Clinical Commissioning Group, Standard Court, Park Row, Nottingham, NG1 6GN on 28 March 2018 from 4.58 pm - 5.03 pm**

**Membership**

**Voting Members**

Present

Dr Marcus Bicknell  
Councillor Nick McDonald (Chair)

Absent

Katy Ball  
Gary Thompson

**Non Voting Members**

Present

Alison Challenger  
Martin Gawith  
Christine Oliver (substitute for Katy Ball)

Absent

Lucy Anderson  
Colin Monckton

**Colleagues, partners and others in attendance:**

- |               |   |
|---------------|---|
| Darren Revill | - Senior Commercial Business Partner (Adult Social Care), Nottingham City Council           |
| Ciara Stuart  | - Assistant Director for Out of Hospital Care, Nottingham City Clinical Commissioning Group |
| Jane Garrard  | - Senior Governance Officer, Nottingham City Council  |

**130 APOLOGIES FOR ABSENCE**

Katy Ball

**131 DECLARATIONS OF INTERESTS**

None

**132 MINUTES**

The minutes of the meeting held on 31 January 2018 were agreed as an accurate record.

**133 BETTER CARE FUND FINANCIAL PLAN 2017/ 18**

Darren Revill presented the report on the Better Care Fund Financial Plan 2017/18.

**RESOLVED to**

- (1) approve the 2017/18 Better Care Fund financial plan as set out in Appendix 1 to the report;**

**(2) note the savings below included within the Better Care Fund 2017/18 plan that have been agreed through the Health and Wellbeing Board Commissioning Sub Committee**

<b>2017/18 APPROVED CHANGES</b>			
<b>Scheme</b>	<b>Service</b>	<b>Commissioner</b>	<b>Value £</b>
Access and Navigation	Nottingham Health and Care Point	Local Authority	36,000
Independence Pathway	Health Reablement Service	CCG	46,000
Co-ordinated Care	Hospital Discharge Team	Local Authority	32,000
Access and Navigation	Care Co-ordination	CCG	69,000
Independence Pathway	Older People Living Support Service	Local Authority	30,000
<b>Total</b>			<b>213,000</b>

**(3) note the current forecast underspend within the Better Care Fund 2017/18 plan as detailed below and recognise the 90/10 percentage split of efficiencies and underspends between Nottingham City Council and NHS Nottingham City Clinical Commissioning Group as agreed by the Health and Wellbeing Board Commissioning Sub Committee on 13 December 2017;**

<b>NOTTINGHAM CITY BETTER CARE FUND – MONITORING STATEMENT (QUARTER 3)</b>			
<b>Area of spend (Scheme)</b>	<b>2017/18 (£000)</b>		
	<b>S75 Annual Budget (Plan)</b>	<b>Annual Forecast</b>	<b>Forecast Variance Over/ (Under) Spend</b>
Access and Navigation	2,331	2,294	(37)
Assistive Technology	1,210	1,083	(127)
Carers	1,444	1,376	(68)
Co-ordinated Care	6,734	6,669	(65)
Co-ordinated Care – Improved BCF	8,570	8,570	0
Capital Grants	2,075	1,985	(90)
Independence Pathway	12,002	1,992	(10)
Programme Costs	247	(108)	(355)

<b>Total</b>	<b>34,613</b>		<b>(752)</b>
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- (4) delegate authority to the Head of Commissioning (Nottingham City Council) to agree the City Council schemes that will be identified to utilise the underspend in the 2017/18 Better Care Fund ensuring these align to the objectives of the Better Care Fund; and**
- (5) delegate authority to the Assistant Director of Out of Hospital Care (NHS Nottingham City Clinical Commissioning Group) to agree the Clinical Commissioning Group schemes that will be identified to utilise the underspend in the 2017/18 Better Care Fund ensuring these align to the objectives of the Better Care Fund.**

**134 BETTER CARE FUND PROGRAMME 2017/18 - 2018/19**

**RESOLVED to**

- (1) ratify savings for the LION Directory of £29,000 for the period 1 April 2018 to 31 March 2019; and**
- (2) approve the utilisation of £100,000 of the Disabled Facilities Grant allocation for the period 1 April 2017 to 31 March 2018 to meet capital costs within the Assistive Technology Service.**

**135 ASSISTIVE TECHNOLOGY ELIGIBILITY CONSULTATION AND FINANCE REPORT**

**RESOLVED to**

- (1) note the findings and conclusion of the citizen consultation regarding the proposal to revise eligibility to receive a subsidised alarm service;**
- (2) approve the proposed eligibility criteria for the Dispersed (subsidised) Alarm service and Telecare equipment as part of the Assistive Technology Service with effect from 1 May 2018;**
- (3) approve the budget breakdown and savings level for Assistive Technology services in 2018/19 as set out in the report; and**
- (4) sanction an options appraisal to consider how the risks identified through the citizen consultation and stakeholder engagement can be mitigated, potentially through some additional flexibility in the service eligibility criteria.**

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## JSNA Chapter – Dementia

Topic information	
Topic title	Dementia – Working Age and 65+
Topic owner	Shade Agboola, Public Health Consultant
Topic author(s)	Louis Choo, Foundation Year Doctor
Topic quality reviewed	December 2017
Topic endorsed by	Dementia Strategy Group
Current version	March 2018
Replaces version	2014
Linked JSNA topics	Depression, Carers

### Executive summary

#### Introduction

Dementia encompasses a range of brain disorders resulting in a progressive and severe loss of brain function. It affects over 5% of people over 65. The number of people living with dementia in Nottingham will reach over 4,000 by 2035, almost doubling from 2017. Dementia has superseded cardiovascular disease as the leading cause of death.

This needs analysis considers dementia of all causes. There is significant overlap with the Carers and Care Homes JSNAs, and there is signposting to these where appropriate.

The Department of Health's Living Well With Dementia (2009) strategy on dementia provides a framework through which this needs analysis will be conducted. The Prime Minister's Challenge on Dementia 2020 requires action on 5 themes: global leadership, risk reduction, healthcare, social action and research.

#### Unmet needs and gaps

1. There remains poor awareness of dementia risk factors among the general public – see *section 4, Prevention*. Although there are many existing interventions and services that target dementia risk factors locally, the links between these risk factors and dementia are not made explicit.
2. Uptake of NHS Health Checks overall remains poor – see *section 4, Prevention*. The 40- to 64-year-old age group has not been sufficiently targeted. The dementia component within the NHS Health Check targets only people over 65, despite there being evidence that risk factor modification should occur in early life.
3. Current local Memory Assessment Services are not accredited by the Memory Services National Accreditation Programme (MSNAP) – see *section 5, Diagnosis*.
4. BME groups continue to experience inequities in access to diagnostic services and consequently social support – see *section 2, Diversity*.

5. Following diagnosis, there are few options for support for BME groups which are sensitive to specific cultural needs. This is a pertinent issue as people from BME groups are more likely to develop dementia at a working age.
6. Although the number of people with dementia using inpatient services in Nottingham is reducing, it is not reducing as quickly as the national benchmark – see *section 2, Severity*. There needs to be greater work to understand what more can be done to reduce utilisation of inpatient services by people with dementia, to meet the national benchmark.
7. There is poor awareness that dementia is a terminal illness – both in the general public and among health professionals – see *section 5, Dying*. Consequently, advance care planning and access to palliative care services is limited. This has shifted dementia deaths from the community to the hospital.
8. The performance of community services in reducing admissions to hospital is not being measured.
9. Information about available services and support is needed on paper and verbally through formal and informal networks.
10. Data regarding service utilisation is not shared with commissioners

#### **Recommendations for consideration by commissioners**

1. Commissioning should reflect NHS England's Well Pathway for Dementia and Nottingham City's Dementia Framework for Action
2. Map service provision currently available in the city to identify gaps and areas of duplication
3. Train GPs and healthcare workers across the city regarding risk factors for dementia and interventions that can prevent dementia.
4. Increase uptake of diagnostic services in BME groups, possibly through the use of community outreach programs
5. Increase rates of diagnosis of dementia subtypes / information sharing with community care providers to assist targeted care provision
6. Develop a robust plan to generate evidence showing a reduction in hospital admissions due to dementia following the provision and development of community dementia services
7. Increase choice and control in care homes for service users
8. Increase percentage of care homes rated 'Good' or 'Outstanding' by the Care Quality Commission from 45.3% to 60% by 2019
9. Form a City-wide joint approach to supporting people with dementia
10. Increase learning for family carers, supporting carers to understand the different types of dementia, support self care
11. Continue to develop local services to meet standards for Nottingham City to achieve dementia-friendly status
12. Develop a dementia-friendly employer framework and encourage organisations to sign up to committed actions
13. Write sustainable development plans that specifically consider dementia
14. Provide specialist end-of-life care for people with dementia through palliative care services integrated in the community
15. Educate health professionals and the public that dementia is a terminal illness

## JSNA Chapter – Suicide

Topic information	
Topic title	Suicide
Topic owner	Jane Bethea, Public Health Consultant
Topic author(s)	Liz Pierce, Nick Romilly ( with acknowledgement to Susan March, Nottinghamshire County Council)
Topic quality reviewed	September 2017
Topic endorsed by	Suicide Prevention Steering Group
Current version	April 2018
Replaces version	2010
Linked JSNA topics	<a href="#">Adult mental health</a> <a href="#">Emotional health</a> <a href="#">mental health needs of children and young people aged 0 – 18 years old living in Nottingham City</a> <a href="#">Students</a> <a href="#">Adult drug users</a> <a href="#">Homelessness</a>

## Executive summary

### Advice when reading this document:

If by reading and reviewing this Joint Strategic Needs Assessment you become concerned about your own or someone else’s suicidal and or self-harm thoughts or behaviour we advise that you speak to a trained healthcare professional by either:

- Contacting your GP
- Phoning the Samaritans for free from any phone on **116123**

## Introduction

“There is no single reason why people take their own lives. Suicide is a complex and multi-faceted behaviour, resulting from a wide range of psychological, social, economic and cultural risk factors which interact and increase an individual’s level of risk. Socioeconomic disadvantage is a key risk factor for suicidal behaviour” (Samaritans 2017).

Although relatively rare, the impact of suicide is devastating. Suicide can have a lasting harmful impact- economically, psychologically and spiritually on individuals, families, and communities. Understanding risk factors for suicidal thoughts, behaviour and self-harm may lead to problems being identified earlier and people being better supported.

Suicide prevention is a public health priority both nationally and locally, with a role for a wide range of statutory and community organisations. The national strategy [Preventing Suicide in England](#) was refreshed in 2017 following a detailed [Health Select committee](#) process. The strategy now aims to reduce suicide rates by 10%. Nottingham City has a [Suicide Prevention Strategy](#) and works in partnership with organisations across the City and County with the aim of reducing levels of suicide.

Local suicide prevention priorities sit alongside initiatives to improve and respond to mental health in children, young people and adults, including work to improve Crisis Care (Crisis care Concordat).

Suicide prevention is concerned with improving population mental health, encouraging help seeking behaviour including mental health treatment and support, understanding those who may be at highest risk, reducing access to means, emergency response and supporting those who are affected and bereaved.

Influences on self-harm and suicidal behaviour differ through the life course, and may include impulsive acts in younger people, reactions to economic or relationship stresses, mental health problems during pregnancy or young adulthood, sense of hopelessness in prison, deaths where intention is not clear in people using alcohol or substances, or reactions to physical ill health or loneliness in older people.

Suicide disproportionately affects men, accounting for around three quarters of all suicides. It remains the biggest killer of men under 49 and the leading cause of death in people aged 15–24.

Groups at higher risk include, men in middle age, people in contact with secondary mental health services, particularly post discharged from inpatient care, people in contact with the criminal justice system, people experiencing social pressures such as financial hardship or after relationship breakdown, those using alcohol or substances, groups experiencing discrimination or abuse e.g. LGBT communities, or some BME communities and those with long term physical health problems

Three times as many men as women take their own life and rates are highest in middle age. There is a socioeconomic gradient to suicide with people in the most deprived communities experiencing far higher rates of suicide.

Latest research into population mental health show that suicidal thoughts at some point in a person's life are relatively common, and particularly high rates are reported in those in receipt of disability and out of work benefits. Most people do not seek professional help for such thoughts, while many will turn first to family and friends (McManus et al 2016). The research points to increasing concern over the mental health of young women, but points to the group with highest need being middle aged men. Research also identifies protective factors and ways services can be organised to promote safety.

Suicide prevention goes hand in hand with addressing self-harm. People who self-harm are at increased risk of suicide. Self-harm, including attempted suicide, is the single biggest indicator of suicide risk. The UK has high rates of self-harm resulting in over 200,000 hospital attendances per year in England. Approximately 50 per cent of people who have



died by suicide have a history of self-harm, and in many cases there has been an episode of self-harm shortly before someone takes their own life.

Suicide rates are reported by the Office for National Statistics and include deaths where there is a Coroner's conclusion of suicide, and deaths where there was injury or poisoning where the intent was undetermined. Rates of suicide fluctuate. Having been at an all-time low in 2006/7, they rose from 2010 to 2014 and most recent reports show they have decreased again to a rate of 9.5 deaths per 100,000 in 2016. Figures released show that 4,575 people were registered as having died as a result of suicide in England in 2016 (ONS definition 2017b).

In the most recent three year period reported, 85 deaths in Nottingham City were recorded as suicide using the ONS definition, over 78% of whom were men. In 2015/16 there were 886 emergency admissions to hospital for intentional self-harm, and 6.6% of the Nottingham population were in contact with secondary mental health services, which equates to 15,211 people (PHE public health profiles).

The most recent analysis estimates that each suicide costs the economy in England around £1.67 million, although the full costs may be difficult to quantify, with 60 per cent of the cost of each suicide attributed to the impact on the lives of those bereaved by suicide. (HM Gov 2017).

### **Unmet needs and gaps**

The following unmet needs and service gaps have been identified and are aligned to the Nottinghamshire and Nottingham City Suicide Prevention Steering Group Action Plan and includes;

- Improved access to mental health crisis intervention services for all ages, including services that respond to people in distress who are not necessarily mentally ill.
- Targeted health promotion initiatives towards men in middle age to encourage help seeking behaviour and reducing stigma of discussing mental health.
- Targeted suicide prevention programmes to those groups and organisations in contact with people who may be at higher risk e.g. specific groups such as: BME and LGBT groups, those in contact with alcohol and substance use services and those in receipt of out of work disability benefits.
- Sustainable training on self-harm and suicide awareness for frontline staff in a range of organisations in order to improve early identification and signposting those at risk of suicide and/or self-harm.
- Improved early identification and access to treatment of depression for older people and those experiencing long term physical conditions.
- The provision of risk assessment and safety planning as part of routine clinical assessment and care provided by front line staff working with high risk groups, particularly in primary care and A & E.
- Monitoring of means of self-harm and suicide through better public health information, including timely surveillance in order to put in place targeted strategies and interventions.

- Sustainable services to offer improved information and access to support for those bereaved or affected by someone else's suicide. This includes support to families immediately following a suicide, support in dealing with the bereavement and follow up for the bereaved families.
- Needs relating to self-harm and mental ill health are growing in girls and young women ( including young adults).
- Continuity of care for students living away from home and not being able to register with a GP in two places. Students can face difficulty in accessing support if they spend time between two areas of the country.
- An agreed and joined up approach by all Suicide Prevention steering group stakeholders in communicating self-harm and suicide to the local media.
- Need to respond to increase in mental health need in young women.

### **Recommendations for consideration by commissioners**

- Continue to work collaboratively across professional and local authority boundaries e.g. Crisis Concordat, Suicide Prevention Strategy, Future in Mind, Perinatal mental health development.
- Update the current Suicide Prevention strategy during 2018 in collaboration with local partners and community.
- Plan for how to secure national funding arising as part of the Five Year Forward View implementation.
- Establish training to improve greater understanding of responding to suicidal behaviour across health, social care and wider frontline services.
- Map the provision of self-harm and suicide prevention training for all ages across the City and the County to identify workforce gaps
- All partner organisations to actively challenge mental health stigma and discrimination, contributing towards the Time to Change programme
- Monitor improvements across the mental health system in line with the aspirations of the five year forward view for mental health (access to psychological therapies, early intervention in psychosis, access to treatment for young people, perinatal mental health, liaison psychiatry).
- Ensure specialist response for those at particularly high risk, post discharge from inpatient mental health services, home treatment for mental health crisis, repeated self-harm and those in contact with the criminal justice system both in police custody, prison and post release.
- Work collaboratively to reduce access to means and maintain overview of public places associated with repeated suicide or attempts at suicide.
- Raise awareness and understanding in primary care-particularly with regard to safety planning.
- Ensure support is accessible for those experiencing distress who may not have a diagnosed mental illness.
- Ensure services are responsive to the growing need related to self-harm and poor mental health in girls and young women (up to 25 years of age).
- Make links with services and support for those people experiencing financial or relationship problems.

- Suicide awareness and suicide prevention training should be targeted at services that are working with those who are at high risk e.g. those on Employment and Support Allowance (e.g. DWP, social housing providers).
- Continue to encourage media reporting to follow Samaritans guidelines.
- Learn from the Tomorrow Project to inform how services are designed for people bereaved by suspected suicide, and those expressing suicidal thoughts.
- Plan for how services that offer information and access to support for those bereaved or affected by someone else's suicide can be sustained.
- Ensure alcohol and substance use services prioritise safety planning for suicide prevention and are involved in suicide prevention partnership work.
- Ensure good communication and understanding of roles between services across health and support services, particularly in response to Coroner reports on 'Preventing Future Deaths'.
- Look for opportunities to design in safety with regard to suicide prevention and raise awareness of those with influence in this field (e.g. bridges, tall buildings, railway crossings and in prison and hospital settings).
- Ensure learning from Opportunity Nottingham and the Sheffield Hallam research into the mental health needs of the homeless inform future commissioning.

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