

## **NOTTINGHAM CITY HEALTH AND WELLBEING BOARD**

**Date:** Wednesday, 28 November 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) Sarah Collis has replaced Martin Gawith as the Healthwatch Nottingham and Nottinghamshire representative on the Health and Wellbeing Board; and
- b) Ian Curryer, Nottingham City Council Chief Executive has joined the Health and Wellbeing Board as a non-voting member.

### **2 APOLOGIES FOR ABSENCE**

### **3 DECLARATIONS OF INTERESTS**

### **4 MINUTES**

To confirm the minutes of the meeting held on 26 September 2018

5 - 14

### **5 REDUCING ALCOHOL HARM IN NOTTINGHAM CITY**

15 - 20

### **6 CITIZENS STORIES: THE MICHAEL VARNAM AWARD 2018**

21 - 26

### **7 AUTISM STRATEGIC FRAMEWORK**

27 - 50

### **8 NOTIFICATION OF COMMUNITY PHARMACY CLOSURE**

51 - 52

### **9 NOTTINGHAM CITY SAFEGUARDING ADULTS BOARD ANNUAL REPORT**

53 - 56

### **10 FORWARD PLAN**

57 - 62

### **11 BOARD MEMBER UPDATES**

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

<b>a</b>	<b>Third Sector</b>	63 - 64
<b>b</b>	<b>Healthwatch Nottingham and Nottinghamshire</b>	No written update
<b>c</b>	<b>NHS Greater Nottingham Clinical Commissioning Partnership</b>	65 - 66
<b>d</b>	<b>Nottingham City Corporate Director for Children and Adults and Director for Adult Social Care</b>	No written update
<b>e</b>	<b>Nottingham City Council Director for Public Health</b>	67 - 68
<b>12</b>	<b>MINUTES OF THE HEALTH AND WELLBEING BOARD COMMISSIONING SUB COMMITTEE MEETING HELD ON 26 SEPTEMBER 2018 (DRAFT)</b> For information only	69 - 74
<b>13</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 Hugh Porter (Vice Chair)	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 Marcus Bicknell	NHS Nottingham City Clinical Commissioning Group representative
Sam Walters	NHS Greater Nottingham City Clinical Commissioning Partnership Accountable Officer
Hazel Buchanan	NHS Greater Nottingham Clinical Commissioning Partnership
Alison Michalska	City Council Corporate Director for Children and Adults
Catherine Underwood	City Council Director of Adult Social Care

Alison Challenger  
Sarah Collis  
Samantha Travis

City Council Director of Public Health  
Healthwatch Nottingham representative  
NHS England representative

Non-voting members

Lyn Bacon  
Caroline Shaw

Nottingham CityCare Partnership representative  
Nottingham University Hospitals NHS Trust  
representative

Hazel Johnson

Nottinghamshire Healthcare NHS Foundation  
Trust representative

Gill Moy  
Ted Antill  
vacancy

Nottingham City Homes representative  
Nottinghamshire Police representative  
Department for Work and Pensions  
representative

Leslie McDonald  
Jane Todd  
Craig Parkin

Representing interests of the Third Sector  
Representing interests of the Third Sector  
Nottinghamshire Fire and Rescue Service  
representative

Andy Winter  
Ian Curryer

Nottingham Universities representative  
City Council Chief Executive

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.

This page is intentionally left blank

**NOTTINGHAM CITY COUNCIL**

**HEALTH AND WELLBEING BOARD**

**MINUTES of the meeting held at Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG on 26 September 2018 from 2.04 pm - 3.50 pm**

**Membership**

**Voting Members**

Present

Councillor Sam Webster (Chair)  
Hugh Porter (Vice Chair)  
Marcus Bicknell  
Hazel Buchanan  
Helene Denness (substitute for Alison Challenger)  
Martin Gawith  
Councillor David Mellen  
Alison Michalska

Absent

Councillor Cheryl Barnard  
Alison Challenger  
Councillor Carole McCulloch  
Samantha Travis  
Catherine Underwood  
Sam Walters

**Non Voting Members**

Present

Tim Brown  
Leslie McDonald  
Gill Moy  
Craig Parkin  
Caroline Shaw  
Jane Todd  
Andy Winter

Absent

Ted Antill  
Lyn Bacon  
Hazel Johnson

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

Helen Carlin	- Transformation Programme Manager Adult Social Care
Amy Groom	- Market Intelligence Officer
Jane Laughton	- Interim Chief Executive, Healthwatch Nottingham and Nottinghamshire
Claire Novak	- Insight Specialist Public Health
Steve Thorne	- Communications
Jane Garrard	- Senior Governance Officer

**33 MEMBERSHIP CHANGE**

**RESOLVED to note that**

**(1) Catherine Underwood has replaced Helen Jones as the Nottingham City Council Director of Adult Social Care;**

**(2) Craig Parkin has replaced Wayne Bowcock as the Nottinghamshire Fire and Rescue Service representative on the Health and Wellbeing Board;**

**(3) Hazel Buchanan, Director of Strategy and Partnerships, has replaced Gary Thompson as the Greater Nottingham Clinical Commissioning Partnership representative on the Health and Wellbeing Board; and**

**(4) Hazel Johnson, Associate Medical Director, has replaced Chris Packham as the Nottinghamshire Healthcare NHS Foundation Trust representative on the Health and Wellbeing Board.**

**34     APOLOGIES FOR ABSENCE**

Alison Challenger (Helene Denness attending as substitute)  
Councillor Cheryl Barnard  
Councillor Carole McCulloch  
Catherine Underwood

**35     DECLARATIONS OF INTERESTS**

None

**36     MINUTES**

The minutes of the meeting held on 25 July 2018 were approved as an accurate record and signed by the Chair.

**37     ACTION LOG**

The Action Log was noted.

**38     HEALTH AND WELLBEING STRATEGY 2016-2020 - HEALTHY CULTURE**

Helene Denness, Consultant in Public Health, introduced the report updating on strategic developments in relation to the Healthy Culture outcome of the Health and Wellbeing Strategy 2016-2020. She reported that there was little new data since the previous update in March 2018.

Amy Groom, Market Intelligence Officer, gave a presentation about Ask LION which forms part of the work of the Healthy Culture workstream. She highlighted the following information:

- a) LION supports citizens to connect to their communities. This supports the Better Lives Better Outcomes work by connecting people with their communities and helping them to choose the right support for them.
- b) LION also links to the social prescription and loneliness agendas.
- c) LION can be accessed through a variety of platforms including desktop, tablet and mobile phone. It is most commonly accessed via mobile phone.
- d) Providers are asked to create their own account to upload information directly to LION themselves.

- e) There is usually a trigger that prompts citizens to use LION e.g. those with a particular health or social care need.
- f) It can be a useful resource for the health and social care workforce to signpost service users to the support available.
- g) Over 60,000 users have used LION in the last 12 months. It is hoped that this will increase over time.
- h) The website is undergoing further development including updating the 'what's on' page; developing a wellbeing wheel; and undertaking a digital marketing campaign.

In response to Board Members' questions, the following additional information was provided:

- i) There is a children's section on LION but the website is primarily aimed at adults and parents.
- j) Information about support for people who want to stop smoking can be found in the 'healthy lifestyles' section.
- k) LION plays an important role in sharing information about local community groups which would otherwise not have a significant web presence.
- l) The website is a work in progress. It is acknowledged that the search function could be improved.

The Board discussed other aspects of the Healthy Culture outcome and made the following comments:

- m) The Delayed Transfers of Care metric is challenging and it could be useful to have a conversation at a future Board meeting on the key actions that organisations are taking to try and reduce Delayed Transfers of Care.
- n) The extent to which households are 'financially struggling' is measured by self-reporting via the Citizens Survey. However this survey only provides limited information and therefore it is not possible to extract the reasons why households are struggling financially. It is difficult to find appropriate measures for this.

**RESOLVED to note the update on the Healthy Culture outcome of the Health and Wellbeing Strategy 2016-2020**

### **39 CONSULTATION ON DRAFT ADULT SOCIAL CARE STRATEGY**

Helen Carlin, Transformation Programme Manager Adult Social Care, introduced the report about the development of a new strategy for adult social care. She gave a presentation which highlighted the following information:

- a) There are approximately 22,000 contacts with Nottingham Health and Care Point every year, which equates to approximately 7,300 citizens. The majority of this relates to services for older people but, despite the lower numbers of people accessing services, the spend on services for people with learning disabilities is almost the same.
- b) There is rising demand for services. Demand for services for older people is expected to increase by 15% by 2025. The number of citizens aged 18-64 in need of care is expected to increase by 1% by 2025 with increasingly complex needs.
- c) Rising demand and financial pressures were key drivers for developing the new strategy
- d) The proposed vision for the strategy is that “we will enable all older and disabled citizens in Nottingham to live as independently as they can, with a connection to their communities. Where formal care and support is needed, its aim will be to retain and restore independence. No one will live in residential care unless all other options are exhausted”.
- e) The draft strategy contains 4 themes: prevention; community connections; independent lives; and choice and control.
- f) Prevention is key to reducing unnecessary demands on services.
- g) There are 3 Community Connector surgeries already in place and there are plans to increase this by March 2019.
- h) The provision of reablement equipment is important in helping people to retain their independence and support people in building skills.
- i) The focus of the strategy will be on outcomes that matter to individuals balanced with the need to ensure that support is proportionate and within available resources.
- j) Consultation has taken place over the previous 2 months with over 150 responses to the online survey so far.
- k) Most consultation responses are supportive of the draft strategy, but with comments around what success will look like and concern that mental health does not feature strongly enough.

During discussion the following comments were made:

- l) Housing is key to delivering sustainable adult social care, particularly for vulnerable adults.
- m) There are lots of good housing options for wealthy older citizens and these options e.g. supported living and care villages need to be accessible to all.



- n) There are a range of projects currently underway to develop housing options, for example independent living schemes and extra care villages in conjunction with Nottingham City Homes. Age UK is involved with these projects.
- o) The development of good quality housing options does cost a lot but it delivers better outcomes for citizens.
- p) There has been an over-reliance on residential care, especially for those with learning disabilities, and this has significant financial costs. Therefore there is a need to reduce unnecessary use of residential care and support citizens to live independently where possible. However it is important to recognise the legitimate role for residential care in the City and the strategy's approach to residential care could be more nuanced in this respect.
- q) Assistive technology is a good way of supporting people to stay independent in their own homes. There have recently been funding reductions to assistive technology services but, with self-funding options available, usage is still increasing.
- r) It is important to have honest conversations with citizens about demand and funding pressures so that they are aware what the issues are.
- s) Health colleagues are currently looking at population health and associated risk stratification, which is slightly different to prevention. It would be helpful if a similar approach was taken in relation to social care.
- t) The future of health and social care is integration and this could be more heavily emphasised in the strategy.
- u) The draft Strategy refers to social workers being embedded in GP practices. This is currently not the reality in all practices.

The Chair noted that the latest full version of the draft strategy had been circulated to Board Members.

**RESOLVED to request that comments made by Board Members are incorporated into the consultation feedback and used to inform development of the final adult social care strategy.**

#### **40 JOINT STRATEGIC NEEDS ASSESSMENT ANNUAL REPORT**

Claire Novak, Insight Specialist Public Health, introduced the report about the progress and development of the Joint Strategic Needs Assessment for 2018/19. She gave a presentation highlighting the following information:

- a) It has been an exceptional year with a lot of organisational changes that have impacted on processes and timescales.
- b) The chapter production process is being streamlined to fit with commissioning cycles.

- c) Discussions are taking place with colleagues from Nottinghamshire County Council to explore the possibility of producing some chapters on a wider footprint.
- d) The Board approved the Pharmaceutical Needs Assessment in March 2018 and, unless there are significant changes that require it to be published sooner, it will be refreshed in 3 years time. In the meantime the report set out a proposal for publishing supplementary statements in circumstances such as pharmacy closures and consolidations, new market entrants, and changes to opening hours that affect evenings, weekends and bank holidays.

During discussion the following comments were made and additional information provided:

- e) It is acknowledged that most people now look at websites such as NHS Choices to find out about pharmacy provision, but it is still a statutory requirement to publish a Pharmaceutical Needs Assessment.
- f) It would be helpful to be aware of the quality of pharmacy deliveries to citizens' homes, in order to protect citizens and support local markets.
- g) Chapters are produced based on prioritisation of local issues and then updated on a 3 yearly basis.

**RESOLVED to**

**(1) endorse the streamlining approach to Joint Strategic Needs Assessment chapter production;**

**(2) endorse the criteria and process for the issuing of supplementary statements to the 2018 Pharmaceutical Needs Assessment whereby the Board is consulted on notifications of proposed changes, and for notifications that require a response before the next Board meeting delegate authority to the Director for Public Health to respond to the consultation on behalf of the Board, with the consultation response reported to the next Board meeting; and**

**(3) note the 2018/19 workplan and progress and development of the Joint Strategic Needs Assessment.**

**41     AMENDMENT TO HEALTH AND WELLBEING BOARD TERMS OF REFERENCE**

**RESOLVED to recommend to Full Council that the Health and Wellbeing Board Terms of Reference are amended to add the Nottingham City Council Chief Executive as a non-voting member of the Board.**

**42     FORWARD PLAN**

The Board's Forward Plan was noted.

#### **43 HEALTHWATCH NOTTINGHAM AND NOTTINGHAMSHIRE**

Jane Laughton, Interim Chief Executive Healthwatch Nottingham and Nottinghamshire, presented the report which provided an update on the work of Healthwatch, its current priorities and challenges. She gave a presentation highlighting the following information:

- a) On 1 June 2018 Healthwatch Nottingham and Healthwatch Nottinghamshire merged to form a single organisation - Healthwatch Nottingham and Nottinghamshire.
- b) The new organisation will continue to deliver specific functions to its two commissioning organisations (Nottingham City Council and Nottinghamshire County Council), but working together and aligned to the STP footprint will be beneficial to both areas.
- c) The new single organisation will cost less to run due to efficiencies.
- d) Healthwatch currently has approximately 30 active volunteers but there aren't enough from the City so they are actively trying to recruit a more diverse range of volunteers.
- e) There will continue to be a strong focus on seldom heard groups and Healthwatch will actively seek to work with these communities.
- f) Healthwatch operates through a 'network of networks' to connect with lots of organisations and share information with them.
- g) Healthwatch collects feedback in a range of different ways. One example is the 'enter and view' visits to care homes to talk to residents and their families about the quality of care received. A minimum of 4 visits is carried out each year in the City with a follow up report sent to the care home, local authority and Care Quality Commission. Other methods for gathering feedback include 'Question of the Month' and 'Talk to Us' points.
- h) Healthwatch is starting to look at the concept of system wide equality impact assessments in Mid Notts and learning could be transferred to other areas.
- i) Most people don't know about Healthwatch, and those that do usually don't know that it also covers social care. This needs to be addressed.

Board Members discussed opportunities for promoting volunteering with Healthwatch and suggested that consideration be given to trying to engage with students, permanently excluded pupils and home educated children.

The Chair noted that it was Martin Gawith's, Healthwatch Chair, last Board meeting and thanked him for this contribution to the work of the Board over many years.

#### **RESOLVED**

**(1) to note the update on Healthwatch Nottingham and Nottinghamshire; and**

**(2) for Board Members to consider ways in which they could promote volunteering with Healthwatch.**

**44 BOARD MEMBER UPDATES**

Jane Todd, Chief Executive Nottingham CVS and Representative of the Third Sector on the Board provided an update on work taking place in relation to disability and sports as part of the prevention agenda.

Hazel Buchanan, Director of Strategy and Partnerships Greater Nottingham Clinical Commissioning Partnership, informed the Board that:

- a) The Integrated Care System had been successful in obtaining funding for Building Health Partnerships. This will be used to build relationships between the voluntary, community and social enterprise sector and the Integrated Care System. There will be events coming up that relevant organisations will be invited to participate in.
- b) There is a lot of structural change taking place across the health system and the implications of this are being worked through.
- c) The Clinical Commissioning Partnership's AGM is being held on 26 September.

Alison Michalska, Corporate Director for Children and Adults informed the Board that the Independent Inquiry into Child Sexual Abuse is due to start hearing evidence in Nottingham the following week. There is a possibility that it could result in additional new disclosures about past abuse. Local GPs had already received information about pathways for supporting any patients making disclosures but this would be recirculated.

Andy Winter, Representative of Nottingham Universities, informed the Board that the University of Nottingham had recently published a Student Health and Wellbeing Strategy. The development of the Strategy had been supported by the City Council's Director of Public Health and work included mapping how the University Strategy aligns with the City's Health and Wellbeing Strategy.

Tim Brown, Department for Work and Pensions, reminded Board Members that Universal Credit is going 'live' in Nottingham on 17 October 2018.

Caroline Shaw, Nottingham University Hospitals NHS Trust, informed the Board that the Trust was expecting an inspection of Core Services and Well Led by the Care Quality Commission in the next couple of months.

**45 QUESTIONS FROM THE PUBLIC**

The Chair reported that 3 written questions had been received in advance of the meeting. The Chair and Vice Chair provided a response to the questions.

**Question 1**

Will the Chair including all associated bodies that commission local services, ask or provide waiting lists for each contract in place for assessment and diagnosis, in the NHS and provide the total cost of clearing each waiting list?

Response:

There is already a national process in place for reporting on waiting times for NHS funded services. Depending on the particular service this includes Referral to Treatment time, 2 week waits (for cancer services), waits for mental health services and diagnostics etc. Therefore additional provision of this information will not be requested.

Question 2

Will the Chair request that the waiting list for all social care services are published on a monthly basis where people are waiting for a review emergency or otherwise, and the first assessment and provide a cost for each month to clear that waiting list?

Response:

Currently there is no waiting list for adult social care assessments.

Question 3

Will the Board then provide the list to the Secretary of State for Health and Social Care, to make sure they are aware of the waiting list and hold them to account on funding the clearing of such waiting list under the health and social care act and the care act?

Response:

There are already numerous mechanisms in place for reporting to the Secretary of State for Health and Social Care which should ensure that he is aware of waiting lists and the costs of clearing those waiting lists. Therefore it is not considered necessary to provide additional information on this to the Secretary of State.

This page is intentionally left blank

**HEALTH AND WELLBEING BOARD**

**28 NOVEMBER 2018**

	<b>Report for Information</b>
<b>Title:</b>	Reducing alcohol harm in Nottingham City
<b>Lead Board Member(s):</b>	Alison Challenger, Director of Public Health, Nottingham City Council
<b>Author and contact details for further information:</b>	Jane Bethea, Public Health Consultant, Nottingham City Council
<b>Brief summary:</b>	This report outlines the burden that alcohol represents to the health and social care system in Nottingham City. It sets out strengths and vulnerabilities within the system as well as opportunities to reduce the alcohol burden. The purpose of the report is provide context in order to inform the Nottingham City Health and Wellbeing Board's discussion about reducing alcohol harm.

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

The Health and Wellbeing Board is asked to:

- a) use the contents of the report to inform the discussion around reducing alcohol harm in Nottingham City; and
- b) discuss and agree action that will be undertaken by the Health and Wellbeing Board or its members to reduce alcohol harm, including discussing the following two questions:
  1. How could a systematic approach to Alcohol Identification and Brief Advice (IBA) be embedded within your organisation?
  2. How could 'alcohol champions' be identified and what role would you envisage them having within your organisation?

**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 measure of alcohol-related hospital admissions is indicative of the level of underlying harmful alcohol consumption in an area. There is a negative correlation between the rate of alcohol-related hospital admissions and life expectancy, whereby areas with higher hospital admissions tend to have lower life expectancy levels (Office for National Statistics, 2017).
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	
	There are considerable health inequalities

wellbeing and those with long-term mental health problems will have good physical health	related to alcohol. The impact of harmful drinking is much greater in communities within lower socio-demographic brackets, where life expectancy is also lower (Public Health England, 2016).
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**

Evidence suggests a strong link between mental health and behaviours including smoking, alcohol use and drug use.

<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>	None.
---	-------

### **References**

- Office for National Statistics. (2017, June 28). *What affects an area's healthy life expectancy?* Retrieved from:  
<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/articles/whataffectsanareashalthylifeexpectancy/2017-06-28>
- Public Health England. (2016, January 21). *Health matters: harmful drinking and alcohol dependence.* Retrieved from:  
<https://www.gov.uk/government/publications/health-matters-harmful-drinking-and-alcohol-dependence/health-matters-harmful-drinking-and-alcohol-dependence>



## **Reducing alcohol harm in Nottingham City**

### **Introduction**

Alcohol harm represents a significant public health burden in Nottingham City, with a statistically significantly higher prevalence of dependent drinkers (2.2% compared to 1.4% in England). Nottingham City has some of the worst outcomes for alcohol-related harm in England. There are significantly more years of life lost due to alcohol-related conditions (843 per 100,000 compared to 624 per 100,000 in England) and more alcohol-related road traffic accidents (51.6 per 1,000 compared to 26.5 per 1,000 in England). Additionally, there are high rates of claimants of benefits due to alcoholism (264.9 per 100,000 compared to 132.8 per 100,000 for England)<sup>2</sup>.

Nottingham City has statistically significantly higher rates of admissions for alcohol-related conditions (1,000 per 100,000 compared to 647 per 100,000 for England), for alcohol-specific mortality (19.2 per 100,000 compared to 10.4 per 100,000 for England) and significantly higher rates of admission episodes in men for alcoholic liver disease (418.8 per 100,000 in Nottingham City, compared to 160.6 per 100,000 for England)<sup>1</sup>.

A recent deep-dive analysis of alcohol-related hospital admissions for 2015/16 in Nottingham City reported the following:

1,404 people had 2,463 alcohol-specific admissions (admissions that are wholly attributable to alcohol – for example alcohol-induced chronic pancreatitis). In addition, 5,174 people contributed to 2,539.16 alcohol-related admissions (admissions that are partially attributable to alcohol, but not wholly attributable – for example oesophageal cancer).

Mental and behavioural disorders due to alcohol were the most frequently recorded reason for admission for an alcohol-specific cause (e.g. acute intoxication, harmful use).

15% of patients admitted for an alcohol-specific reason were readmitted for an alcohol-specific reason within 28 days, showing readmission is a common occurrence.

People admitted to hospital for an alcohol-specific reason are often also admitted to hospital for other reasons. In 2015/16, patients with alcohol-specific admissions had an average of 2.45 emergency department (ED) attendances compared with 0.45 attendances per year in the wider population.

The estimated total cost of alcohol-related admissions in Nottingham City was £4.72m. This cost was based on a conservative estimate whereby an average bed day cost was estimated at £200 per day for patients admitted overnight and at £100 for those discharged on the same day. The cost does not take into account costs for some alcohol-specific admissions, ED attendances, East Midlands Ambulance Service, primary care, social care and the wider system.

### **Areas of focus**

A report to the STP Leadership Board in August 2018 set out eight areas of focus for tackling the rising burden associated with alcohol. The consensus was that these areas should be considered when service planning and, where appropriate, in commissioning intentions.

#### ***Increase population level understanding of risk and harm***

Only an estimated 1 in 10 of the population have a good grasp of current alcohol guidelines and levels of understanding of the wider harms of alcohol, such as risk of developing some cancers, is low<sup>3</sup>.

Nottingham City Public Health is working to address this in part with Public Health England through the development and agreement of a campaign around alcohol harm in pregnancy.

### ***Preventing alcohol harm through wider related national and local policy***

Alcohol consumption is driven by a number of factors including acceptability, accessibility and affordability. Locally, alcohol licensing provides opportunities to influence accessibility. Alcohol licensing is a statutory duty of the Local Authority and since 2013, Directors of Public Health have been responsible authorities under the Licensing Act 2003. This provides opportunities to influence policy and to make or support representations in relation to licensing applications. This is a relatively new role for public health but there are examples of good practice as well as guidance available to develop this area of work<sup>4</sup>. Affordability is a major issue and there is good evidence to suggest that increasing price leads to reduced consumption and harm<sup>5</sup>. Price related interventions such as Minimum Unit Pricing do though require a change of national policy. There is however, a role for the Health and Wellbeing Board and STP in influencing national policy, and this is particularly timely as a national alcohol strategy is currently under development.

### ***A systematic approach to Alcohol Identification and Brief Advice (IBA)***

Alcohol IBA is a simple and brief intervention that aims to motivate at-risk drinkers to reduce their consumption and so their risk of harm. It is estimated that for every eight people who receive alcohol IBA in key settings including primary care, one will reduce their consumption to lower risk levels<sup>6</sup>. On a population level, this offers significant opportunity for change.

### ***Identification of 'alcohol champions' in key organisations across the system***

To upskill staff and embed interventions like alcohol IBA into routine practice, organisations should identify an appropriate senior member of staff to be the key point of contact for alcohol related issues and to have oversight of the organisation's work to reduce alcohol related harm.

### ***Including alcohol as a priority for employee health and wellbeing***

The workforce engaged in the Health and Wellbeing Board is large and diverse. This provides opportunities for developing and delivering consistent messages around harm reduction as well as ensuring that managers and staff across the partnership know how to access support and treatment.

### ***Better communication of identified alcohol risk between some key parts of the system***

Communication is currently variable, with inconsistent communication between ED and primary care where alcohol misuse/risk has been identified, limiting the opportunity for primary care to intervene.

### ***Case management in ED of High Volume Service Users (HVSU)***

A significant proportion of HVSU in the ED setting will have a significant alcohol misuse issue. Identifying these service users and then facilitating access to intensive case management has been shown to be associated with reduced use of services and a range of positive outcomes, including reduced attendance at ED and fewer emergency admissions<sup>7</sup>.

### ***Agreeing and embedding pathways for service users with co-existing mental health and substance misuse issues***

Service users with coexisting mental health and substance misuse issues are particularly vulnerable and can experience difficulty accessing services<sup>8</sup>.

#### Progress against the areas of focus

Work to understand the problem as it currently stands is complete. Locally monitored indicators as well as emerging published evidence and grey literature are used to identify and respond to any changes in the local picture.

There is considerable progress at an STP level; including the development of population level alcohol indicators as well as agreement on key priorities and the eight areas for focus that are outlined above.

There is some progress towards embedding pathways for service users with co-existing mental health and substance misuse issues through the co-location of an IAPT provider with the Nottingham City substance misuse service.

The systematic approach to IBA has progressed in some parts of the system. The Preventing Ill Health CQUIN has been a driver of progress in the inpatient setting, where work is ongoing to embed IBA into routine practice and raise the profile of alcohol harm. The Alcohol Pathways Group led progress in the ED, where alcohol screening questions now form part of routine patient contact.

#### Opportunities to further progress the eight areas of focus

Local system-level progress to increase population level understanding of alcohol harm is currently isolated to alcohol and pregnancy within specific areas of the city. There exists an opportunity to increase population level understanding in other specific groups as well as the general population.

The Health and Wellbeing Board and its member organisations have the opportunity to include alcohol as a priority in employee health and wellbeing, and to influence other local employers to follow suit. Whilst it is acknowledged that alcohol may already be a part of employer health and wellbeing initiatives, the nature and variation between employers remains largely unclear. Public Health England's employers' toolkit could be a useful resource for developing and standardising activity<sup>9</sup>.

Alcohol IBA is currently being delivered inconsistently across the system and intra-organisational high-level commitment is required to develop and embed this effectively. Substance misuse services currently deliver the IBA training available to staff and, considering this service has experienced funding reductions, the way in which increased demand for training can be met needs to be agreed. The impact of effective IBA delivery by trained staff would be an increase in identification of people who would benefit from alcohol treatment programmes and a similar increase in demand for access to these programmes. Whilst a positive output of IBA in terms of reducing alcohol harm, consideration must be given to the ability of substance misuse services to meet this increased demand.

#### References

Public Health England. Local Alcohol Profiles for England. <https://fingertips.phe.org.uk/profile/local-alcohol-profiles>.

Forouzanfar MH et al. Global, regional, and national comparative risk assessment of 79 behavioural, environmental and occupational, and metabolic risks or clusters of risks in 188 countries, 1990–2013: a systematic analysis for the Global Burden of Disease Study 2013. *Lancet*. 2015; 386(10010):2287–323.

Rosenberg G et al. 2017. New national alcohol guidelines in the UK: public awareness, understanding and behavioural intentions. *Journal of Public Health*. pp. 1–8 | doi:10.1093/pubmed/idx126.

Public Health England. 2014. Public health and the Licensing Act 2003 – guidance note on effective participation by public health teams.  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/733068/Public-health-and-the-Licensing-Act-2003.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/733068/Public-health-and-the-Licensing-Act-2003.pdf)

Public Health England. 2016a. The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies: An evidence review.  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/583047/alcohol\\_public\\_health\\_burden\\_evidence\\_review.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/583047/alcohol_public_health_burden_evidence_review.pdf).

Moyer, A., Finney, J., Swearingen, C. and Vergun, P. (2002) Brief Interventions for alcohol problems: a meta-analytic review of controlled investigations in treatment-seeking and non-treatment seeking populations, *Addiction*, 97, 279-292.

Hizha-Murira J, Orton E. 2015. Evaluation of the alcohol intensive case management service in Nottingham City. University of Nottingham.

Public Health England. 2017. Better care for people with co-occurring mental health and alcohol/drug use conditions.  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/625809/Co-occurring\\_mental\\_health\\_and\\_alcohol\\_drug\\_use\\_conditions.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/625809/Co-occurring_mental_health_and_alcohol_drug_use_conditions.pdf)

Public Health England 2018:  
[https://wellbeing.bitc.org.uk/sites/default/files/bitc\\_phe\\_drugs\\_alcohol\\_tobacco\\_toolkit\\_-\\_final.pdf](https://wellbeing.bitc.org.uk/sites/default/files/bitc_phe_drugs_alcohol_tobacco_toolkit_-_final.pdf)

## HEALTH AND WELLBEING BOARD

**28 NOVEMBER 2018**

	<b>Report for Information</b>
<b>Title:</b>	Citizens Stories: The Michael Varnam Award 2018
<b>Lead Board Member(s):</b>	Councillor Sam Webster (Chair)
<b>Author and contact details for further information:</b>	Nancy Cordy, Executive Officer <a href="mailto:nancy.cordy@nottinghamcity.gov.uk">nancy.cordy@nottinghamcity.gov.uk</a> 0115 876 4105
<b>Brief summary:</b>	Information about the shortlisted nominees and winners of the Michael Varnam Award 2018.

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

The Health and Wellbeing Board is asked to:

- a) recognise the dedication, enthusiasm, commitment and achievement of those shortlisted for, and particularly the winners of the Michael Varnam Award 2018.

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

<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>The Michael Varnam Award recognises those who have made a difference to the health and wellbeing either of the population as a whole or a disadvantaged section of our community.</p>
--

<b>Background papers:</b>	None
---------------------------	------

<p><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
---	------

## Citizens Stories: The Michael Varnam Awards 2018

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

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

A panel of judges met to consider all the nominees received and, from a shortlist, selected the winners. The awards were presented at an event on 31 October 2018.

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

### **Individuals**

#### Gordon Garrick – Winner

*“...He never gave up on me”*

Gordon Garrick has worked tirelessly in the substance misuse field for many years and in this time has positively impacted countless people's lives.

Gordon:

- inspires his colleagues with his dedication to service users and his ability to work with a range of partners to develop the best possible pathways and secure good outcomes for those in his care;
- is an optimist, known for taking on any case, never deterred by service user resistance to change. This optimism has paid off, transforming the lives of many;
- takes an active role in advocating for his service users, going to any length necessary, and never suggesting it was a chore;
- has earned the love and respect of colleagues and patients alike.

#### Maria Watson – Highly Commended

*“Maria is an absolute credit to our community...”*

Maria Watson is a community activist from Clifton who helps the under privileged, the homeless, the elderly and many more.

Through her charity, Clifton Donation Group, Maria:

- provides free food hampers to struggling families;
- co-ordinates litter picking in the community;
- gifting Christmas Hampers to residents in local elderly care homes;

- co-ordinates free family fun days for the local community;
- founded the Pride of Clifton Awards, in which children are celebrated for their bravery in adverse circumstances

To find out more about the Clifton Donation Group you can visit their website:

<https://www.cliftdonationgroup.co.uk/about-me> or find them on Facebook.

#### Kate Smith – Highly Commended

*“...a well loved and respected colleague and friend to many”*

Throughout her career in Nottingham City, Kate Smith has led programmes across the system to tackle smoking prevalence.

Kate’s achievements include:

- developing strategies which recognise the roles of a wide range of partners;
- working with Nottingham University Hospitals (NUH) to implement NICE guidance on smoking in acute, maternity and mental health services;
- being highlighted as taking a best practice approach in published texts;
- developing the local Strategic Tobacco Control Strategy and overseeing its implementation;
- pioneering work to introduce smokefree areas where children are likely to be present, including playgrounds and at the school gates.

#### **Groups**

##### Sit Up Shelter – Winner

*“...they help the most vulnerable when the risks are most severe...”*

The Sit-Up Shelter first opened its doors in January 2018, providing people at imminent risk of rough sleeping with a place of shelter and safety on nights when temperatures were predicted to fall to 0c or below.

The sit up shelter:

- was open for a total of 29 nights across the winter period, during which time 79 separate individuals were supported (often on multiple nights);
- those accessing the service were often those most resistant to other offers of support and accommodation. Everyone who attended was encouraged and supported to access more permanent help;
- was a true partnership effort:
  - Nottinghamshire Fire and Rescue Service provided the premises
  - British Red Cross co-ordinated the service and staffed the service with trained volunteers
  - Framework’s Street Outreach Team supported those attending to longer term accommodation and support
  - The Police and Community Protection Officers dropped-in to provide support and help ensure safety



- Muslims Hands provided sleeping bags and other kit, as well as donations from numerous other organisation and members of the public.

Partners will be running this service again in the coming 2018/19 winter and the model was so successful it is being replicated across the Country.

#### The Ferguson Family – Highly Commended

*“...they have given to so many and continue to do so every single day...”*

The Ferguson family have spent years helping foster children, and using their own resources and initiative, they have founded the My Bag Charity.

The Ferguson family have:

- dedicated their time to fostering children in Nottingham, working tirelessly to give them a better chance at life and giving the child quality experiences and memories to enjoy;
- through their My Bag Charity the family aims to ease the process of those coming into care by providing each child their very own bag complete with a blanket, colouring book/notepad, a teddy and other age appropriate items. This gives children something to call their own and a place to put their belongings, providing comfort and security at a challenging time;
- as well as this, Karen Ferguson has been incredible in helping those in need, including supporting elderly neighbours to attend dementia classes and hospital appointments.

To find out more about the My Bag Charity you can visit their website: <https://mybagcharity.co.uk/>

#### Open Minds – Highly Commended

*“Yes you can!”*

Set up in 1995, Open Minds has supported isolated disabled people through the provision of health and wellbeing activities for the last 24 years.

The service provides:

- a range of activities for members at times when isolation is known to be most noticeable, including weekdays, evenings and weekends;
- support to members, whose ages range from 25-70, and have a range of disabilities including learning disabilities and autistic spectrum disorders as well as mental health issues such as panic attacks and anxiety;
- much needed respite time for parents and carers of those attending;
- 1:1 support to help members identify personal goals and stretch their potential

To find out more about Open Minds you can visit their website: <http://www.emom.org.uk/>

This page is intentionally left blank

**HEALTH AND WELLBEING BOARD**

**28 NOVEMBER 2018**

	<b>Report for Resolution/ Report for Information</b>
<b>Title:</b>	Autism Strategic Framework for Nottingham 2018-2020
<b>Lead Board Member(s):</b>	Catherine Underwood, Director Adult Social Care, Nottingham City Council
<b>Author and contact details for further information:</b>	Helene Denness, Consultant in Public Health <a href="mailto:helene.denness@nottinghamcity.gov.uk">helene.denness@nottinghamcity.gov.uk</a>
<b>Brief summary:</b>	<p>The <i>Autism Act (2009)</i> requires councils in England to have a strategy for autistic adults led by a named Autism Lead. The autism strategic framework for Nottingham, 2018-2020, has been developed through co-production and is currently in an engagement phase.</p> <p>The strategic framework encompasses the needs of autistic children, young people, adults and their families in line with Nottingham City Council's approach to 'whole life disability'.</p> <p>The themes of the strategic framework are broad and interlinked including health and being well, housing and home and access and autism friendly. The Autism Strategy Group believe that improving outcomes for autistic people of all ages is best achieved by increasing awareness of autism through training and a network of Autism Champions.</p>

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

The Health and Wellbeing Board is asked to:

- a) note the contents of the draft strategic framework and support engagement around it's themes in their organisation; and
- b) identify Autism Champions in their organisations through their nominated lead.

**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 recommendations of the autism strategic framework for Nottingham identified recommendations which, if successfully implemented, will improve the physical and mental health and wellbeing of autistic people in Nottingham.
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	

<p><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>
---

<p>The autism strategic framework for Nottingham recognises the importance of mental health as much as physical health in improving outcomes for autistic people. For example, it highlights the importance of reducing social isolation in supporting autistic people into employment.</p>
---

<p><b>Background papers:</b></p>	<p>None</p>
----------------------------------	-------------

<p><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>	<p>None</p>
---	-------------

# **AUTISM STRATEGIC FRAMEWORK FOR NOTTINGHAM**

**2018-2020**

**DRAFT FOR ENGAGEMENT**

# Nottingham City Strategic Framework for Autism 2018-2020

## Contents

Table of Figures.....	3
1. Introduction .....	4
2. Context.....	4
3. Rationale: Why do we need a strategic framework for autism in Nottingham?.....	6
4. Strategic priorities.....	7
4.1 Understanding Autism .....	9
4.1.1 Priorities for 2018-22 .....	10
4.2 Health and being well .....	11
4.2.1 Priorities for 2018-22 .....	12
4.3 Housing and home .....	13
<b>4.3.1 Priorities for 2018-22.....</b>	<b>13</b>
4.4 Community presence including education, training and employment .....	15
4.4.1 Priorities for 2018-22 .....	16
4.5 Access and autism friendly .....	19
4.5.1 Priorities for 2018-22 .....	19
4.6 Cross-cutting themes .....	20
4.6.1 Autism Champions .....	20
5. Co-production and Engagement.....	21
6. Conclusion.....	21
7. Action plan .....	22

## Table of Figures

Figure 1: A visualisation of the differing needs of autistic people created by Nottingham's Autism Strategy group.....	5
Figure 2: A visualisation of how the themes of Nottingham's Autism Strategy interconnect created by Nottingham's Autism Strategy group .....	8

## The terminology used in this strategic framework

The term autistic people, rather than people with autism, is used in this strategic framework. This choice of language is deliberate and reflects that many autistic people see their autism as a key feature of their identity rather than as a medical diagnosis. The decision to use the term autistic people reflects the adoption of this term by national and local organisations including the National Autistic Society, Autistic Nottingham and Autism East Midlands, both of whom are represented on Nottingham's Autism Strategy Group.

## 1. Introduction

This autism strategic framework encompasses autistic people of all ages who live in Nottingham and their families and carers. Specifically, this strategy recognises the broad spectrum of autism, recognising how the needs of autistic people differ across the life course and that Nottingham needs to change to enable autistic people to fulfil their potential.

The autism strategic framework has been developed within the social model of disability. It recognises that disability is caused by the way society is organised, rather than by autism itself and considers ways of removing barriers that restrict life choices for autistic people. The strategic framework identifies opportunities to remove barriers so autistic people living in Nottingham can be independent and equal, with greater choice and control over their own lives.

## 2. Context

National data suggests that 1 in 100 people are autistic<sup>1</sup> although not all these people will have received a diagnosis of autism. Current data collection and collation makes it challenging to state accurately the number of children, young people and adults with autism in Nottingham. The needs of people on the autism spectrum are as varied as they are. Some autistic people and have an associated learning disability are non-verbal and have a life-long need for care whilst other autistic people are highly intelligent, analytical and creative. Everyone with autism benefits from the right support, delivered in the right way at the right time by the right people.

Data collection on autism, including the number of people diagnosed with autism, is limited. Many services do not collect information on the number of autistic people they have

---

<sup>1</sup> The NHS Information Centre, Community and Mental Health Team, Brugha, T. et al (2012). [\*Estimating the prevalence of autism spectrum conditions in adults: extending the 2007 Adult Psychiatric Morbidity Survey.\*](#) Leeds: NHS Information Centre for Health and Social Care



contact with and as such it can be challenging to understand whether autistic people have equitable access to, and outcomes from, services. An exploration of the needs of autistic people can be found in the autism health needs assessment [add link when complete](#).

Figure 1 is a visualisation of the needs of autistic people and how they can be supported to fulfil their potential. It was created by Nottingham's Autism Strategy group to capture the spectrum of autism and how needs differ; the tiered nature is a rough approximation of the proportion of autistic people in each segment of the pyramid. The group recognise that the visualisation has limitations in describing the broad range of needs of people on the autistic spectrum.

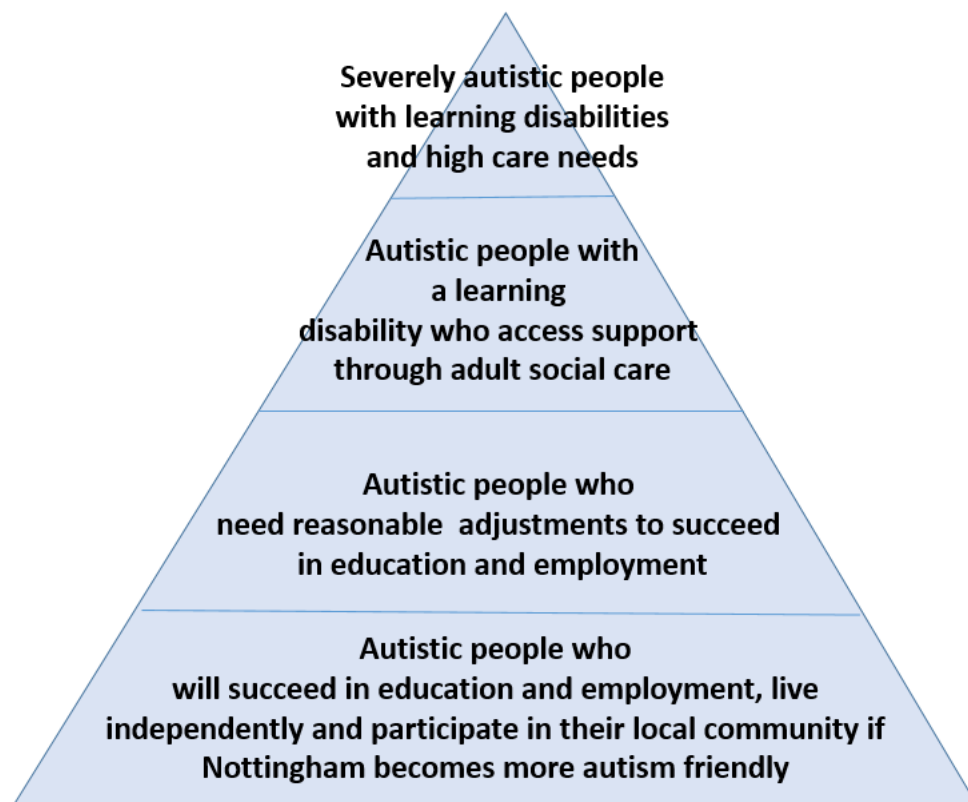


Figure 1: A visualisation of the differing needs of autistic people created by Nottingham's Autism Strategy group

### 3. Rationale: Why do we need a strategic framework for autism in Nottingham?

A requirement of the *Autism Act (2009)* is that councils in England should have a strategy for autistic adults led by a named Autism Lead. The Government published new statutory guidance in March 2015, which, in addition to the requirements of the Act, states that local authorities and the NHS:

- Should provide autism awareness training for all staff
- Must provide specialist autism training for key staff, such as GPs and community care assessors
- Cannot refuse a community care assessment for adults with autism based solely on IQ
- Have to develop a clear pathway to diagnosis and assessment for adults with autism
- Need to commission services based on adequate population data.

Nottingham's previous autism strategy, *One Size Fits One: Ensuring Autistic people Live Fulfilling and Rewarding Lives* was an adult only strategy. In line with Nottingham's move to an all-age approach to disability, this strategy will encompass priorities for children, young people, adults, families, and carers.

This strategic framework was developed with a wide range of partners from the statutory and voluntary sectors in Nottingham. Arguably most importantly, the strategic framework was developed in partnership with autistic people and agencies that represent their families and carers both as representative on the autism strategy group and through wider engagement.

This strategic framework will:

- Summarise and coordinate existing activity on autism in Nottingham

- Increase the profile of Nottingham's work on autism and the needs of autistic people of all ages in the city
- Influence decision-making including commissioning decisions
- Encompass autistic people of all ages ensuring that the needs of one age group, such as children, do not eclipse the needs of another age group.

#### 4. Strategic priorities

The final implementation plan from Nottingham's last autism strategy, 2014-2017, highlights progress that includes:

- Commissioning and delivery of an autism awareness programme open to partners across the city.
- The recruitment of Autism Champions is underway and training for these Champions has been commissioned.
- A clear pathway for the diagnosis of Asperger's in adults is in place.
- Nottingham City Council (NCC) has implemented a system to better capture the number of autistic people in its employment and is working to increase the proportion of autistic people employed by NCC.
- DVDs have been produced for and by autistic people to support their access to a range of services.

In contrast, some actions were only achieved in part, and so have informed the areas of focus for the new strategic framework 2018-2020. The Autism Strategy Group has created a visual, figure 2, to describe the interconnecting areas of focus in the new strategic framework. Namely:

- Understanding autism
- Health and being well
- Housing and home
- Community presence including education, training and employment
- Access and autism friendly

This symbolic representation of the strategy also integrates a hierarchy of needs which is fundamentally underpinned by an increased understanding of autism.

Community presence, in the context of this strategic framework, is about recognising the right of autistic people to fully participate in the community they live in including education, employment, volunteering and social opportunities. It recognises that some autistic people will need to make gradual steps towards employment. For example, an autistic person who feels unable to leave home and is socially isolated could be supported to attend a meeting in a local library; a seemingly small but significant step in community presence.

The strategic framework aims to influence education, training, business and leisure services to remove barriers that restrict autistic people's community presence, supporting and enabling autistic people to fully contribute to Nottingham's communities.

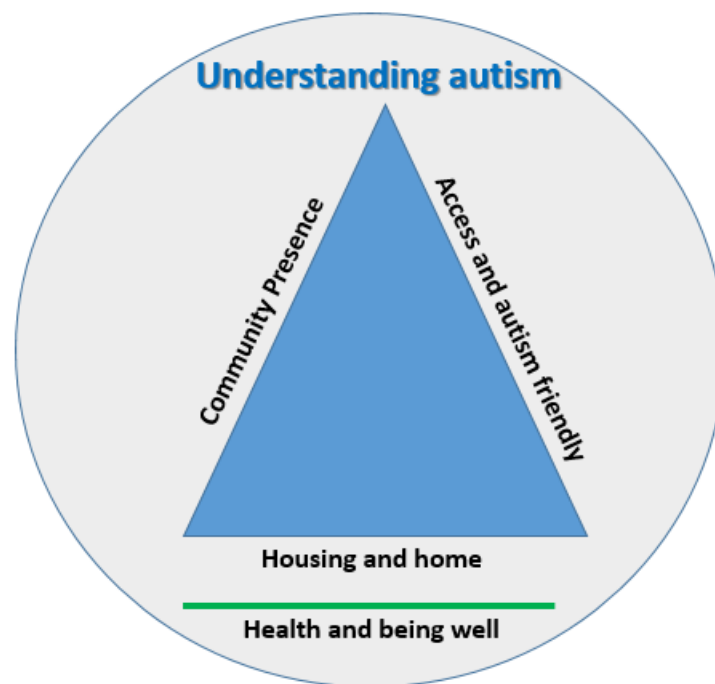


Figure 2: A visualisation of how the themes of Nottingham's Autism Strategy interconnect created by Nottingham's Autism Strategy group

The group also identified crosscutting themes including:

- Autism friendly including increase access and challenging stigma
- Identification and diagnosis of autism
- Transition between services including education, health and social care.
- The role of Autism Champions
- Early interventions and interventions at the right time

- Care and support

#### 4.1 Understanding Autism

Increasing understanding of autism, including through formal training, underpins every area of focus in this strategic framework as without adequate understanding of autism all other actions to improve the lives of autistic people in Nottingham is limited. Arguably, increasing understanding of autism is particularly important for those working on the frontline.

Increasing understanding of autism has both an internal and external focus. Within organisations, the internal focus is on recruitment, retention and reasonable adaptations. In order to do this it is important that organisations understand how many autistic people are in their employ. In the future, this could be expanded to how many people apply for jobs but are unsuccessful in their application. The external focus, on Nottingham as a city, is much more varied and includes how infrastructure developments can consider the needs of autistic people and actions to make more Nottingham more autism friendly.

The last autism strategy had objectives to:

- Raise awareness of the 'Equality Duty' and 'Reasonable Adjustments' to ensure services are accessible among employers by Jobcentre Plus, the SPLAT Partnership Board and voluntary/community organisations.
- Establish and implement an Autism Training Programme for Nottingham city incorporating voluntary/community private and public sector and the Criminal Justice System.

The strategy group members have consistently highlighted the 'Equality Duty' to their organisations and raised awareness of how 'Reasonable Adjustments' can support autistic people into employment and support those in employment. For example, Nottingham City Council has adapted recruitment processes for autistic people and used 'job carving' as one way of adapting job roles to better meet the needs of autistic people.

An 'autism awareness' training programme has been established by Nottingham City Council which is open to colleagues across Nottingham. The programme includes a web-based introduction to autism and face-to-face autism awareness sessions delivered by trainers who not only have in-depth knowledge of autism but also are able to supplement this knowledge with lived experience.

#### 4.1.1 Priorities for 2018-22

##### **Autism awareness training**

- Nottingham City Council will work with partners to identify funding to continue to offer face-to-face autism awareness and autism champions training to the workforce to supplement online training.
- Nottingham City Council will monitor who takes up the offer of training to ensure all services areas are accessing training particularly those that have citizen-facing roles.
- All partners, specifically organisations who deliver services directly to citizens, will identify what autism awareness training is provided and who takes up the offer of training.
- Nottingham City Council's Autism Team will continue to run a range of training by the Autism Education Trust (AET) to increase the skills of teaching and support staff including 'Making Sense of Autism', 'Good Autism Practice' and 'Leading Good Autism Practice'.

##### **Workforce**

- Human Resources departments in Nottingham City Council and partners will explore, with Trade Unions support, how to increase the proportion of the workforce that identify themselves as autistic.
- Partners will consider how to assess whether managers feel confident to support autistic employees including supporting 'reasonable adjustments' as identified in the Equality Act 2010.

## 4.2 Health and being well

Autism is a life-long neuro-difference that can make it more challenging for autistic people to access health services including preventative services, such as screening, that aim to support the population to remain well. The autism strategy group identified supporting health services to adapt to better meet the needs of autistic people as an area of focus.

The number of health records that identify people as being autistic is likely to be an under-representation of the 'true' number of autistic people in Nottingham as autism is not consistently recorded by health, like many other services.

As autism is not consistently recorded it is challenging to assess whether autistic people have equality of access to, and equality of outcomes from, health services. Limited availability of this information also means that, at a local level, we are unable to establish how many autistic people also have a learning disability, a mental health problem or other diagnoses such as ADHD. Without data that establishes how many autistic people are using which services, specifically when compared to the neuro-typical population, commissioners are limited in their ability to review services to ensuring their meeting the needs of autistic people.

Local intelligence suggests that both children and adults can have challenges in being assessed for autism. In adults, some of this challenge appears to be related to variation in referral by GPs. Diagnosis of autism in children in Nottingham does not currently meet NICE guidance which states that best practice is that diagnosis is made following a multi-disciplinary assessment.

The last autism strategy had objectives to:

- Set targets and monitor the impact of incentivised quality payment scheme for community forensic teams. It was recognised that there was a need for a specific service, and a new team was commissioned to provide a community forensic service for people with a learning disability and/or Autism.

- A clear and concise diagnosis and assessment pathway is clearly communicated and known by professionals, autistic people and Carers. An assessment pathway is in place although local intelligence suggests not all professionals are aware of the pathway and therefore unable to support citizens to access it.
- Improve knowledge of the numbers of autistic people using health services. This objective hasn't been achieved in full and will continue to be an objective in this strategy.

#### 4.2.1 Priorities for 2018-22

##### **Recording of autism and service provision**

- Organisations that provide health services will work towards overcoming operational and/or system barriers that prevent them accurately recording the number of autistic people using their services.
- Primary care commissions and providers will work together to improve the uptake of GP annual health checks for people with LD and ASD including continued liaison with the Primary Care LD Liaison Nurses and wider communication with GPs.
- Nottingham City CCG will work with General Practice to identify options to record Autism/Asperger's as part of Annual Health Checks for people with learning disabilities and the GP Practice Learning Disability registers. Autistic people receiving an Annual Health Check will have a health action plan that identifies needs related to their autism as well as their learning disability.
- Once data recording of autistic people using health services is more accurate and robust, Nottingham City CCG will review service provision for citizens with Autism/Asperger's.
- Commissioners will review the autism diagnostic pathway for children and consider the steps needed to move to multi-disciplinary assessment.
- Acute Primary Care Liaison Nurses and Primary Care Liaison Nurses services<sup>2</sup> within Nottingham City will be encouraged to identify 'Autism Champions' within their services who can link with network of Autism Champions across the city.

---

<sup>2</sup> The Primary Care Learning Disabilities Liaison Nurses offer advice, education and liaison to GP Practices, patients, carers and Primary Care Services. The main focus of the team is to educate and advise stakeholders around detecting unmet health needs, making reasonable adjustments to practice, and preventing unnecessary hospital admissions. The team will provide advice and short-term intervention for those people with a learning disability (LD), and those with joint LD/Autism diagnoses, requiring support to access Primary Care services.



### 4.3 Housing and home

Many autistic people live with their family, partner or friends or live independently within their community. Other autistic people will need additional support from statutory services including Social Care, for some this may be intensive support included adapted environments, to live in their local community. In September 2018, 189 adults with Autism/Autistic Spectrum Disorder/Asperger's had this diagnosis identified either as their primary support need or indicated on their social care record. This was 3.1% of the 6,098 citizens who received social care services.

Nationally and locally, efforts to ensure people with learning disabilities and/or autism can live in their community, close to home, with the right support is led by 'Transforming Care' agenda<sup>3</sup>. Building the Right Support (2015)<sup>4</sup> and Building the Right Home (2016)<sup>5</sup> focus on the community support and housing plans elements of the Transforming Care agenda.

The last autism strategy had an objective to gain further information on the types of housing options autistic people would prefer. An 'Accommodation Broker' has been in post two years for to source suitable housing providers and provision for citizens with learning disabilities and/or autism, accessible information to support choice is being developed and housing providers are engaged with the *Transforming Care* agenda to increase community placements.

#### 4.3.1 Priorities for 2018-22

---

The Acute Learning Disabilities Liaison Nurses assist hospital services at Nottingham University Hospitals NHS Trust and Circle Nottingham NHS Treatment Centre to effectively meet the healthcare needs of people with a learning disability and joint LD/Autism diagnoses, respond appropriately to the additional needs which some individuals may present, and assist individuals, their carers and supporters to achieve a positive experiences and effective outcomes at hospital. The team will assess individual's care needs and advise on specific requirements including behavioural management, communication techniques and reasonable adjustments.

<sup>3</sup> Building the Right Support (2015) <https://www.england.nhs.uk/wp-content/uploads/2015/10/ld-nat-imp-plan-oct15.pdf>

<sup>4</sup> <https://www.england.nhs.uk/wp-content/uploads/2015/10/ld-nat-imp-plan-oct15.pdf>

<sup>5</sup> <https://www.england.nhs.uk/learningdisabilities/wp-content/uploads/sites/34/2015/11/building-right-home-guidance-housing.pdf>

## **Housing strategy and housing providers**

- We will encourage housing providers including private landlords to complete autism awareness training and, where appropriate, to identify Autism Champions.
- We will explore the option to work with those building new homes and delivering housing options to better understand what housing adaptations may support autistic people.
- The Housing and Social Care forum will work in partnership to consider a broader range of supported living options.
- Housing partners will work with the adult social care strategy, Better Outcomes, Better Lives, to ensure synergy between the strategies. For example, developing a protocol to support adults leaving supported accommodation and those wanting to be part of *Shared Lives* but whose current accommodation is lacking and considering a cluster model of support for adults with learning needs within communities.
- As an increasing number of autistic people reach old age, partners will work together to consider the implications for independent living, residential and homecare.

## **Nottinghamshire Transforming Care Partnership**

- Nottinghamshire Transforming Care Partnership (TCP) will work together to facilitate access to housing with security of tenure or home ownership for all people with learning disabilities and/or autism who display challenging behaviour where this supports the least restrictive option and enables the person to feel safe and secure.
- Nottinghamshire TCP will ensure a variety of housing options are available to meet the needs of people at different stages in their journey, including:
  - Short term accommodation to prevent hospital admission or facilitate timely discharge
  - Transitional accommodation which promotes independence where people may find transition from long term hospital to supported living too big a step in one go. and the opportunity for compatibility assessment where people are preparing to live in shared accommodation
  - Bespoke robust housing options for people who challenge their physical environment
  - Access to general needs housing for people whose interests are not best served by access to specialist or clustered housing
  - *Shared Lives* placements, for both long and short term
  - Move on options for people whose support needs have reduced over time and who no longer need specialist accommodation

#### 4.4 Community presence including education, training and employment

Community presence, in the context of this strategic framework, is about recognising the right of autistic people to fully participate in the community they live in including education, employment, volunteering and social opportunities. This strategy aims to influence education, training, employers and business to remove barriers that restrict community presence, supporting and enabling Autistic people to fully contribute to Nottingham's communities.

Current data collection and collation makes it challenging to accurately identify the number of autistic children and young people in Nottingham's schools and colleges. However, children and young people with 'high-level needs' are more easily identified as they are more likely to have participated in statutory processes such as education and health care plans (EHCP). Local intelligence, from school census, suggests that the number of autistic children requiring 'high-level needs funding'<sup>6</sup> is increasing year-on-year. This increase in numbers requires careful planning to ensure that there are sufficient, suitable secondary school places.

Supporting transition is particularly important for autistic pupils whether that is from early years' settings to primary schools or secondary schools to college and remains a priority in Nottingham.

Supporting more autistic people into employment requires a partnership approach including work with schools and colleges. There are approximately 227,108 adults of working age in Nottingham<sup>7</sup>, 2271 of whom are on the autistic spectrum (assuming 1 in 100 citizens are autistic). The National Autistic Society state that 16% of autistic people are in full-time work<sup>8</sup>. Applying this research would suggest that in Nottingham:

---

<sup>6</sup> Add definition of HLN funding

<sup>7</sup> Based on mid-year population estimates

<sup>8</sup> The National Autistic Society <http://www.autism.org.uk/get-involved/media-centre/news/2016-10-27-employment-gap.aspx>

- 363 autistic people are in full-time work
- 727 autistic people are in some paid work
- 1544 autistic people are unemployed.

In July 2018, of the 351 clients 'open' to the Nottingham City Asperger Service, 63 were in employment.

Work is underway with the Department of Work and Pensions (DWP) to more accurately identify the number of autistic people claiming out of work benefits so they can be better supported into employment.

The last autism strategy had objectives to:

- Enable access to mainstream services by providing a suite of Information and Advice available at Nottingham City services and locations including Service centres. Nine instructional DVDs were produced by and for Autistic People. These include real life situations and Autistic Citizens have been involved with all elements including writing the scripts and appearing in the films. There is also an accompanying booklet.
- Provide transitions support to enable access to work placements, apprenticeships and volunteering. This work is ongoing and be reflected in the objectives of the new strategy.
- Ensure Nottingham City Council's and CCG employment initiatives are able to accommodate and include autistic people. Whilst Nottingham City have introduced data collation in order to capture better information about its employees further work is needed across the partnership and this will be reflected in the objectives of the new strategy.

#### 4.4.1 Priorities for 2018-22

To ensure that autistic people are able to flourish and contribute, achieving their potential **within education**, Nottingham City Council will continue to provide autism awareness

training for teachers and other school staff and encourage schools to use Autism Education Trust resources.

We will expand provision of autism awareness training for educational settings and encourage them to use Autism Education Trust resources.

In all our activity, we will promote co-production with autistic children, young people and their families.

To ensure that autistic people have opportunity to **transition** successfully from school to college and college to work, we will:

- Work together to raise the work aspirations and career confidence of young Autistic people. For example, through an Autism friendly careers inspiration project.
- Create new supported internships for autistic young adults with local employers.
- Connect diagnostic and healthcare services with employment services including DWP.

We will work together to ensure that employers in Nottingham are supported to **effectively recruit and retain** more Autistic people in appropriate jobs by challenging stigmas and attitudes towards employing autistic people and promoting the positive benefits of a workforce that includes autistic people. We will achieve this by:

- Working with employers to increase supported internships and work experience placements for autistic young adults.
- Promoting the 'Disability Confident' standard<sup>9</sup>
- Supporting employers to understand good practice in relation to reasonable adjustments for Autistic people, including awareness of the support that DWP's Access to Work scheme can provide.
- Engaging employers as members of the Autism Champions Network.

---

<sup>9</sup> Add brief explanation

- Including case studies of autistic people within careers campaigns in order to challenge stigmas and change attitudes.

To ensure that Autistic people are encouraged to **find and retain work**, including through accessible support, we will:

- Facilitate regular Autism and Employment focus groups that give Autistic people the opportunity to give mutual support in relation to employment.
- Offer Autistic people tailored, individual support to gain and retain employment.
- Increase understanding of Autism and the more tailored services needed within Jobcentres.

We will improve **Autism and Employment statistical insight** to provide local benchmarks, such as the number of autistic people receiving employment support allowance. Current DWP systems do not provide any means of gathering meaningful information on the number of autistic people accessing DWP support. We will evaluate the range of information available currently, such as employment levels of people registered with the diagnostic service, and in the future to build as comprehensive picture as possible.

## 4.5 Access and autism friendly

‘Autism Friendly’ is challenging to define and prescribed ‘Autism Friendly’ criteria can be hard, and costly, to implement. This strategy adopts a broader concept of ‘Autism Friendly’ that includes:

- Increased understanding of autism including through the support of Autism Champions.
- Considering the needs of autistic people in new and remodelled buildings and environments.
- Encouraging and supporting public facing organisations and businesses to make small adaptations such as having an ‘autism hour’ where music is off, lights are dimmed, a quiet space is available and staff are aware of the needs of, and welcoming to, autistic people.
- Recognising the challenges some autistic people have in accessing public transport and the support they may need to access public transport including and ‘accompanier’.

The last strategy had objectives to:

- Provide autism training and awareness to include adapting processes, design for potential sensitivities e.g. lighting and layout of space, information. In addition to referencing adapting processes and design in the autism awareness training, this is seen as a key role of our Autism Champions.
- Develop a “Charter/Quality Mark” for organisations that are autism friendly in Nottingham city. This objective was superseded by our work to make Nottingham Autism Friendly and remains a priority for the current strategy.

### 4.5.1 Priorities for 2018-22

- Increased understanding of autism across Nottingham including through the Autism Champions role.

- Work together to empower Autism Champions to make small changes to environments that make a big difference autistic people such as having a quiet space for those feeling overwhelmed and reducing ambiguity in correspondence.
- Explore how Autism Champions can influence new buildings such as Nottingham College and the city centre library and remodelled environments such as the Broadmarsh centre.
- In recognition of the challenges that some autistic people have with public transport explore access to concessionary bus passes including adding an accompanier for those autistic people that struggle to access their community without support.
- Use local networks, including free advertising space, to promote understanding of autistic people.

#### 4.6 Cross-cutting themes

Many autistic people experience societal barriers that limit their ability to participate fully in their communities in Nottingham. For example, struggling to use public buildings due to bright lights and/or intrusive noise. In addition, autistic people can experience indirect discrimination in that organisations apply practices uniformly which have a detrimental effect on autistic people.

##### 4.6.1 Autism Champions

Many areas across England have implemented the role of 'Autism Champion' although the role is not nationally defined. In Nottingham, we see the Champion role as key in influencing their own work environment to become more autism friendly, promoting autism awareness training to colleagues and other reputable sources of further information, challenging stigma and supporting colleagues with autism in their work area.

Developing the role of the Autism Champions was identified as a priority in the last strategy and remains a priority for 2018-22. We will:

- Establish a network of Autism Champions across Nottingham with a particular focus on areas that are more likely to have contact with autistic people.



- Ensure that Autism Champions are offered additional training to fulfil their role as part of regular network meetings where Champions can learn from and support each other.
- Work within organisational policies to enable Autism Champions to have dedicated time to fulfil their role including attending network meetings.

## 5. Co-production and Engagement

This strategic framework was developed in partnership with autistic people and their families and carers. Autistic people were represented on the Autism Strategy Group by self-advocates and voluntary and community sector (VCS) groups who work with autistic people. Some members of the Autism Strategy Group sought the views of autistic people through focus groups on specific topics such as employment and the learning from these focus groups fed into the development of this strategic framework.

In addition, engagement events took place with autistic people and their families and carers including those self-advocating and those represented by professionals and VCS groups. [A summary of this engagement can be found in \*\*appendix xx\*\*.](#)

## 6. Conclusion

*A summary of the strategic framework will be completed following local engagement*

## 7. Action plan

*To be developed when engagement has taken place.*

**HEALTH AND WELLBEING BOARD**

**28 NOVEMBER 2018**

	<b>Report for Resolution</b>
<b>Title:</b>	Notification of community pharmacy closure
<b>Lead Board Member(s):</b>	Alison Challenger, Director of Public Health
<b>Author and contact details for further information:</b>	Claire Novak, Insight Specialist Public Health <a href="mailto:claire.novak@nottinghamcity.gov.uk">claire.novak@nottinghamcity.gov.uk</a>
<b>Brief summary:</b>	NHS England has notified the Board of the closure of Lloyd's pharmacy within Sainsbury's Castle Marina store. This will take place on 16 February 2019 and the premises will subsequently be withdrawn from the pharmaceutical list (i.e. no other providers will take over). It is located within Bridge ward and there are 8 other providers in less than one mile radius.

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

The Health and Wellbeing Board is asked to:

- a) note the community pharmacy closure and withdrawal from the pharmaceutical list.

The closure will be recorded as a Nottingham City Pharmaceutical Needs Assessment (PNA) Supplementary Statement (published quarterly on Nottingham Insight).

It is recommended that this is not sufficiently significant to warrant a full refresh of the PNA before the 3-year refresh period.

As part of the closure and removal from the pharmaceutical list, this will be publicised and patients will be informed of alternative local providers.

**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 Pharmaceutical Needs Assessment is a statutory responsibility and directly informs Health and Wellbeing Strategy development and commissioning.  Its contribution cuts across the strategic aims and outcomes in the Health and Wellbeing Strategy.  NHS England has a duty to inform local Health and Wellbeing Boards of changes to pharmaceutical provision in its area.
Aim: To reduce inequalities in health by targeting the neighbourhoods with the lowest levels of healthy life expectancy	
Outcome 1: Children and adults in Nottingham adopt and maintain healthy lifestyles	
Outcome 2: Children and adults in Nottingham will have positive mental wellbeing and those with long-term mental	

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

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

The PNA considers the pharmaceutical need of the population of Nottingham City by Care Delivery Group areas. It also considers groups who have a greater burden of disease and are likely to have higher need for pharmaceutical services. This includes people with long term conditions, including mental health problems.

**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

**HEALTH AND WELLBEING BOARD**

**28 NOVEMBER 2018**

	<b>Report for Information</b>
<b>Title:</b>	Nottingham City Safeguarding Adults Board Annual Report 2017/18
<b>Lead Board Member(s):</b>	Catherine Underwood, Director for Adult Social Care
<b>Author and contact details for further information:</b>	Ross Leather, Nottingham City Safeguarding Adults Board and Mental Health Team North Manager <a href="mailto:ross.leather@nottinghamcity.gov.uk">ross.leather@nottinghamcity.gov.uk</a>
<b>Brief summary:</b>	Attached is an Executive Summary of the Nottingham City Safeguarding Adults Board Annual Report 2017/18 is attached for information. A copy of the full Annual Report can be found at <a href="https://www.nottinghamcity.gov.uk/health-and-social-care/adult-social-care/adult-safeguarding/about-nottingham-city-safeguarding-adults-board/">https://www.nottinghamcity.gov.uk/health-and-social-care/adult-social-care/adult-safeguarding/about-nottingham-city-safeguarding-adults-board/</a>

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

The Health and Wellbeing Board is asked to:

- a) note the Nottingham City Safeguarding Adults Board Annual Report 2017/18.

**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	<p>The overarching purpose of the Nottingham City Safeguarding Adults Board is to be assured that partners across the City are working together effectively to help and protect adults experiencing, or at risk of abuse or neglect.</p> <p>For agencies, individually and in partnership, to achieve good outcomes for citizens as a result of safeguarding activity, is an essential element of health, wellbeing and safety.</p>
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>
--

Through 'Making Safeguarding Personal, the Board seeks to achieve:
--

- |   |
|---|
| <ul style="list-style-type: none"><li>• a personalised approach that enables safeguarding to be done with, not to, people</li><li>• practice that focuses on achieving meaningful improvement to people's circumstances rather than just on 'investigation' and 'conclusion'.</li></ul> |
|---|

<b>Background papers:</b>	None
---------------------------	------

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

This Annual Report is a valuable read. At a time when organisations and many citizens are under increasing pressure, the Board continues to seek assurance that Safeguarding adults arrangements in Nottingham City are effective.

Amidst the challenges of shrinking budgets and growing demand for services, the Board has this year been assured that Safeguarding adults remains a priority across the partnership; and furthermore, some innovative ways of working are being developed. This good practice is testament to the systems, training, and commitment of our combined workforce – but we can always do better! Read on to find out more...

## Let's look at the facts

This report contains performance data (see Section 2) showing the level, type and source of referrals to Adult Social Care. The overarching message is that this is consistent with previous years.

- 1. Level of referrals:** The data shows a stable level of safeguarding referrals and enquiries. With an increase or decrease in referrals we can not be sure if that reflects occurrence or awareness and practice. But the percentage of referrals which meet the criteria for a Section 42 enquiry has actually dropped. Prior to April 2016 it was 75%-80% but it is now down to 55%-60%. A 'Making Safeguarding Personal' approach continues to be led by ASC – working with citizens to remove or manage risks and not putting them through unhelpful processes. When asked, nearly all citizens said the safeguarding outcomes they desired had been fully or partially met.
- 2. Referral sources:** The majority of safeguarding referrals which met the criteria for a Section 42 enquiry came from either the NHS or the private and voluntary sector. This is due to robust safeguarding leadership, procedures and training programmes. Additionally, providers commissioned by the Council or NHS are contractually required to have safeguarding procedures and training, monitored by the commissioners, which explain their positive awareness in relation to safeguarding.
- 3. Types of referrals:** Domestic Abuse, Modern Slavery, Self-Neglect, and Sexual Exploitation are all now recorded as separate types of abuse. Nonetheless, the profile of abuse over the previous three years has not changed significantly. The most common type of abuse remains Neglect/Acts of Omission. The majority of referrals have a recorded source of Private/Voluntary, so it is likely that this refers to abuse which has taken place in a care home or domiciliary home care service. In line with previous years, Financial/Material abuse and Physical abuse also make up a significant proportion of referrals.

## What is being done?

This report is full of case studies and best practice (see Section 3) showing innovation happening on the ground to help protect citizens. A few highlights include:

- 1. Publicity and promotion:** Locally developed posters are now available in care settings and 'Top Tips' for staff are raising awareness of safeguarding amongst staff and people living in or visiting care homes.
- 2. Community Protection:** This year, the City Safeguarding Team has undertaken effective partnership working with the Community Protection Team - making contact with socially excluded citizens and sharing intelligence

about local offenders who may target vulnerable adults. This support has been invaluable to the Safeguarding Team in supporting citizens to remain safe from harm and crime in their own homes.

- 3. Early Intervention:** The Adult Safeguarding Quality Assurance Team are holding monthly Quality Information Sharing Meetings regarding regulated providers. When early indicators show that quality is dipping the Team call Early Intervention meetings with the provider to raise their concerns. This has led to Care Homes either improving or progressing into a formal procedure more quickly.
- 4. Prevention:** The CCG continued to fund the Early Intervention Practitioner (EIP) nursing post to help identify and support nursing homes that are not reaching or maintaining adequate standards. This has led to provider services being more aware of their safeguarding responsibilities and how to carry them out.
- 5. Community Hubs:** Adult Social Care have developed Community Together Surgeries to offer local citizens the opportunity to get face-to-face advice, information and signposting. The model is a strengths based, preventative model of support which connects people to support and resources in their local community in order to reduce social isolation, increase activity and the development of robust informal networks. This innovative work is leading to better outcomes for citizens.
- 6. Joint working:** The Mental Health Triage car is a joint Police and Health initiative which responds to potential mental health incidents reported into the Police. The service is designed to prevent harm to both the subject and the public. In 2017 the triage car dealt with an average of 11 incidents per day, or over 4000 per year. This means that right from the very first interaction with services, our citizens are getting a joined up response to address their needs.
- 7. Learning from Experience:** the SAR subgroup is proactively seeking out complex cases for multi-agency review to help identify learning and improve outcomes in our work.

## What more needs to be done?

It has been heartening to see how adult Safeguarding remains at the heart of our partnership. Increasingly in local organisations Equality Impact Assessments now require a Safeguarding Assessment to be made as part of any budget reduction decision.

The Quality Assurance subgroup has been developing a replacement to the Safeguarding Adults Assurance Framework (SAAF), which works well within the NHS but is not fit-for-purpose for all partners to follow. We need a system to provide assurance and scrutiny without imposing a one-size-fits all approach. Any solution needs to encourage partners to challenge each other and hold each other to account.

Continued training and learning across all partners remains essential. The most recent Safeguarding Adults Reviews emphasised the need for professional curiosity in all our work, alertness to coercion and control and forms of modern slavery. The Board aims to further share best practice and build the resources on the Board's website.

## Should I read the full Annual Report?

This Annual Report is really rich in case studies and insight. Whilst our context remains one of austerity and pressure on services, there are so many examples of good work leading to better outcomes for our citizens. We need to remain committed and continue to build on these strengths.

The full report can be found [here](#). Read it, be informed, be inspired, help us to do even better next year. Thank you.

**Malcolm Dillon, Independent Chair, Safeguarding Adults Board**



**HEALTH AND WELLBEING BOARD**

**28 NOVEMBER 2018**

	<b>Report for Resolution/ Report for Information</b>
<b>Title:</b>	Forward Plan
<b>Lead Board Member(s):</b>	Councillor Sam Webster (Chair)
<b>Author and contact details for further information:</b>	Jane Garrard, Senior Governance Officer <a href="mailto:jane.garrard@nottinghamcity.gov.uk">jane.garrard@nottinghamcity.gov.uk</a> 0115 8764315
<b>Brief summary:</b>	The Board's Forward Plan for the remainder of 2018/19 is attached. The Board has introduced a new approach of using a proportion of each meeting for a substantial themed discussion on a specific issue of importance to the City from a health and wellbeing perspective. The first theme was 'alcohol'. The Board is asked to discuss, and identify issues for future themed discussions.

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

The Health and Wellbeing Board is asked to:

- a) note the Forward Plan for the remainder of 2018/19; and
- b) identify issues for themed discussions at future Board meetings.

**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	Publication and delivery of the Joint Health and Wellbeing Strategy is a key responsibility of the Board. In setting its programme of work, and in the outputs of that work the Board will want to ensure that it is contributing to the Strategy.
Aim: To reduce inequalities in health by targeting the neighbourhoods with the lowest levels of healthy life expectancy	
Outcome 1: Children and adults in Nottingham adopt and maintain healthy lifestyles	
Outcome 2: Children and adults in Nottingham will have positive mental wellbeing and those with long-term mental health problems will have good physical health	
Outcome 3: There will be a healthy culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill health well	
Outcome 4: Nottingham's environment will	

be sustainable – supporting and enabling its citizens to have good health and wellbeing	
---	--

<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>
--

The Board has an aspiration to give equal value to mental and physical health. In setting its programme of work, and in the outputs of that work the Board will want to ensure that it is fulfilling that aspiration.
---

<b>Background papers:</b>	None
---------------------------	------

<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>	
--	--

## \Health and Wellbeing Board Forward Plan 2018/19 WORKING DOCUMENT

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	Agenda Item	Lead
30 January 2019	Themed discussion – Mental Health	Hazel Johnson, Nottinghamshire Healthcare Trust/ Jane Bethea, Nottingham City Council
	ICS Prevention Workstream Strategy	Alison Challenger, Nottingham City Council
	Nottingham City Safeguarding Children Board Annual Report 2017/18 (for information)	John Matravers, Nottingham City Council
27 March 2019	Themed discussion – Obesity	
	‘Health in all Policies policy’	Alison Challenger, Nottingham City Council
May 2019 (date tbc)	Themed discussion – tbc	
	Annual review of Joint Health and Wellbeing Strategy 2016-2020 performance metrics	Uzmah Bhatti, Nottingham City Council
	Impact of Commissioning Reviews 2018/19 and Commissioning Intentions 2019/20	Chris Wallbanks, Nottingham City Council

NB: In addition to the items listed above, all ordinary Health and Wellbeing Board meeting agendas will normally include the following items:

- Minutes of the last meeting
- Board Forward Plan
- Board Member Updates
- New Joint Strategic Needs Assessment (JSNA) Chapters that have been published since the previous meeting
- Minutes of any HWB Commissioning Sub Committee meetings that have taken place since the previous meeting
- Citizen questions

This page is intentionally left blank

## **Health and Wellbeing Board Forward Plan – Issues for Themed Discussions**

The Board has introduced a new approach of using a substantial proportion of each meeting for a themed discussion on a specific issue of importance to the City from a health and wellbeing perspective. It is proposed that the first 3 themes are:

- Alcohol (November 2018)
- Mental health (January 2019)
- Obesity (March 2019)

The Board is asked to identify issues for themed discussions at future Board meetings. As a starting point, the following issues have previously been proposed as possible topics:

- Smoking
- Domestic and sexual violence services
- Winter preparedness
- Social prescribing
- Delayed Transfers of Care
- Children's health and wellbeing – 0-5 integration programme

Board members may have other issues that they wish to propose.

This page is intentionally left blank

#### **Building Health Partnerships**

NCVS has been working closely with IVAR to promote the BHP work around delayed transfers of care. The initial event has been heavily promoted to the wider voluntary sector and specifically to housing providers and organisations working with a focus on domestic violence. NCVS will be supporting with facilitating the event on Friday 23 November and will continue in a VCS representation and engagement role.

#### **City wide volunteering strategy**

A stakeholder engagement conference took place on 19 October. Approx. 70 attendees from a wide range of organisations across the city. The conference explored how to move forward with a city strategy and what the focus of this should be. The clear links to health and wellbeing in terms of outcomes for residents and volunteers was discussed and the wider determinants such as employment and loneliness. Attendees were asked of the commitment they could make in terms of time and skill resources to work streams. It is anticipated the strategy will be launched in June 2019 as part of Volunteers Week. Any organisation or individual interested to find out more or to be involved can contact [volunteercentre@nottinghamcvs.co.uk](mailto:volunteercentre@nottinghamcvs.co.uk) to be added to a mailing list. We're particularly keen to involve as many volunteers as possible.

#### **Community Sports**

Following on from the previous update the Disability Sport Insight and Participation Project will be presented at the Physical Activity, Obesity and Diet Strategy Group in November. The Volunteer Buddies and Friends of Leisure Centres project continue to move forward. For more information contact [ncvs@nottinghamcvs.co.uk](mailto:ncvs@nottinghamcvs.co.uk).

#### **VCS Networks**

There are many voluntary and community sector networks operating across the city. Most are linked to the Vulnerable Adults Providers Network (VAPN) and Children and Young People's Providers Network (CYPPN). There are approx. 350 organisations across both of these networks.

The VAPN has focused on mental health in November receiving presentations and discussion with NUH Crisis Team and inputting into the Safeguarding Adults Board Strategic Plan from 2019-2021. The VAPN has had a strong focus on social prescribing which has resulted in the VCSE position statement on social prescribing. The January meeting will link to Time to Change and in the future will look at alcohol in line with county wide focus on this for 19-20.

The CYPPN has also focused on mental health in November. This followed a VCS meeting with Roz Howie from the ICS regarding the Integrated All Age Mental Health Strategy. The September meeting focused on alternative provision and exclusions. The health and wellbeing considerations for children and young people experiencing exclusion, particularly SEND children was discussed and further work picked up with the Council. The January meeting will have a focus on knife crime.

Both networks have contributed to JSNA chapters on sexual health and HIV and maternity in the past few months. Both networks continue to link to strategic aims of the HWB by their nature. NCVS has recently provided space free of charge for the BME Community of Practice recognising the importance of this group across the voluntary sector, health and social care. This is an example of a meeting which is connected to the VCS networks.

NCVS continues to represent the sector at a wide range of health and social care related meetings. A review of representation is being undertaken.

There will be a Food Poverty Network meeting before Christmas, date TBC.

#### **State of the Sector**

NCVS is exploring options to develop an academically robust measure and report about Nottingham's voluntary sector. This would be a useful reference document for strategic commissioners across health and social care and have wide ranging benefits cross sectors. For example, measuring the social value of volunteering and health impact of being a volunteer. More information will be available as this idea progresses into a project. We are keen to work with partners and to have input from health and social care.

For more information about networks and the state of the sector project please contact [ncvs@nottinghamcvs.co.uk](mailto:ncvs@nottinghamcvs.co.uk).

This page is intentionally left blank



## Health & Wellbeing Board Update

November 2018

### 1. Nottingham & Nottinghamshire CCGs Accountable Officer

Amanda Sullivan has been appointed as the single Accountable Officer for the six CCGs within the Nottingham and Nottinghamshire ICS footprint, on an interim basis to 31st March 2020.

The Clinical Leads and Chairs of the Nottingham and Nottinghamshire CCG strongly welcome this appointment of a joint AO for the footprint as an important milestone on the journey to delivering a single strategic commissioner and as a critical enabler for integrated health and care across Nottingham and Nottinghamshire.

Amanda has a strong track record of delivery within Nottinghamshire along with her clinical experience as a nurse and midwife. Amanda is currently the Accountable Officer for Mansfield and Ashfield CCG and Newark and Sherwood CCG and brings considerable experience of working at a regional and national level including being a member of the Board of NHS Clinical Commissioners.

### 2. Winter Preparedness

Each year the system produces a Winter Plan which provides an overview of the key strands of our operations and provides the framework for partners to work together during the additional pressures of winter. The plan includes preventative measures including flu campaigns, joint working arrangements between health and care to prevent admissions and support discharges, ensuring operational readiness both in and out of hours.

The plan also includes communications to the public and the overall campaign message this year is Help us to Help You This Winter. The campaign includes adverts on buses to promote 111. There will also be promotional messages for GP extended hours and Pharmacy First. The Arrow will include messages around 111, GP extended hours, top tips to stay well during the winter including promoting flu jabs and psychological therapies. Promotional messages will also be disseminated through Lots for Tots, GP practice waiting rooms, social media and web-sites.

To support the winter plan and to help manage capacity, NUH are in the process of delivering transformational change across the emergency services by redesigning the A&E department and transforming the Front Door. This will allow changes to how patients are assessed and triaged. Clinical teams have been redesigning all clinical pathways for the new Urgent and Emergency Care Centre.



### **3. Changes in Prescribing**

The Greater Nottingham Clinical Commissioning Partnership (GNCCP) has reluctantly made the decision to stop funding the prescribing of gluten free food for people living with coeliac disease and Dermatitis herpetiformis and to limit the prescribing of over the counter medicines for minor illnesses from November 2018.

In 2017/18 GNCCP started to review local policies on the prescribing of gluten free products and over the counter medicines for minor ailments. As part of this review, GNCCP sought the views of Greater Nottingham residents and health and social care professionals, and a six-week public consultation for gluten free food prescribing was launched in June 2018. That was followed by a four-week engagement exercise for prescribing medicines and products to treat short term, self-limiting conditions in Nottingham City in July 2018.

### **4. National Pioneering Site - Nottingham Scarred Liver Pathway**

Nottingham are pleased to have been celebrated in a recent report on innovation in the NHS for its scarred liver pathway.

A press release from Health Secretary, Matt Hancock MP outlines - Some of England's most pioneering NHS organisations recognised for their work in adopting new technologies and models of care to improve outcomes for patients, are celebrated in a national report launched today.

*Understanding how and why the NHS adopts innovation* captures real-world insight and learning from NHS sites which have successfully implemented innovations ranging from digital to patient safety devices and models of care. The report, published by the NHS Innovation Accelerator (NIA) in partnership with The Bayswater Institute, aims to inform understanding of adoption and the enabling factors which support the uptake and embedding of innovation in the NHS.

The adoption of new technologies and innovation in the NHS is a challenge. In developing understanding as to how and why NHS organisations take up an innovation, the NIA can support the NHS to realise the potential benefits of innovation more quickly. These benefits include: improved clinical outcomes, patient empowerment, reduced health inequalities, and savings to England's health and care system.

Health Secretary Matt Hancock said: "There are pioneers across the NHS working incredibly hard to implement new technologies to support staff, make every pound go further and improve outcomes for patients - and they should be applauded for their resilience, commitment and tenacity.

"As part of our long-term plan for the NHS, we want to build an ecosystem of enterprise and innovation to allow new projects to flourish and my tech vision is the first step to making this ambition a reality."

**Statutory Officers Report for the Nottingham City Health and Wellbeing Board – 28<sup>th</sup>  
November 2018**

**Director of Public Health**

**1. Nottingham Time to Change (NTTC)**

On Saturday 17 November, I was delighted to attend the official launch of Nottingham's Time to Change Hub, with Councillor Sam Webster at Nottingham Playhouse. Time to Change hubs are networks of local organisations and individuals committed to ending negative attitudes and behaviours towards people experiencing mental health problems in their communities. NTTC activity comprises workplace and social contact events supported by Nottingham Time to Change Champions.

Both Nottingham Playhouse and Self Help UK (NTTC Hub Coordinators) signed the Time to Change Employer Pledge as part of the launch to demonstrate their commitment to change attitudes about mental health in the workplace and make sure that their employees who are facing these problems feel supported. All Health and Wellbeing Board members are requested to ensure that their organisations sign the Time to Change Employer Pledge.

The NTTC launch took place following the matinee performance of The Madness of George III. The performance was followed by a panel discussion about the nature of mental health. The panel was chaired by Lord Victor Adebawale, with professionals and people with lived experience sharing their stories about stigma and why it is so important to talk openly about mental health.

Although the NTTC hub has only been operational since March 2018, it has surpassed all targets with over 70 champions being trained, many from African and Caribbean communities, and 19 local businesses who have shown interest in signing the Employers' Pledge.

**2. Age Friendly Nottingham (ATN)**

In early October the Guardian published an article asking "What would an age-friendly city look like?". I was pleased to see recognition in the article of Nottingham's 'Take a Seat' scheme, as a positive example of what can be done to ensure older people are able to get out and about, keeping them active and reducing the risk of isolation.

There are now more than 330 locations across the city that offer a chair to older people who need to catch their breath when out and about. Locations are marked with a "We are age-friendly sticker".

'Take a Seat' has also been profiled as an example of good practice on the [Centre for Ageing Better's website](#), and it is hoped that by sharing learning and resources the scheme can be rolled out in other areas. Work is already underway to expand 'Take a Seat' across Nottinghamshire.

October also plays host to International Older People's Day. This year we marked the occasion with a seminar on 'Employment and Volunteering in Later Life'. Thank you to all

those who took part, feedback from the event will be used to inform the strategic approach being developed by the city.

### **3. 'Keep Antibiotics Working' campaign**

PHE have re-launched their 'Keep Antibiotics Working' campaign, to alert the public to the risks of antibiotic resistance, urging them to always take their doctor, nurse or healthcare professional's advice in antibiotics.

Antibiotics are a vital tool used to manage infections, more than 3 million common procedures could become life-threatening without them. Antibiotics are frequently being used to treat illnesses such as coughs, earache and sore throats that can get better by themselves. Taking antibiotics encourages harmful bacteria to come resistant – which means that antibiotics may not work when you really need them

I would ask for all Board members support in promoting the key message of the campaign – **Taking Antibiotics when you don't need them puts you and your family at risk.**

PHE have published a range of resources to support the this campaign, including posters, which can be downloaded [here](#).

You can also support the campaign by sharing campaign materials on Twitter with #KeepAntibioticsWorking.

### **4. Public Health Forums**

As you'll hopefully be aware, Nottingham City Council holds regular public health forums. With topic-focussed sessions, these are a great opportunity to learn more about current public health issues and have your say. The next public health forums will be looking at:

- 25<sup>th</sup> February – Children in Care and looked after children
- 13<sup>th</sup> March – Female Genital Mutilation

To find out more, be added to the mailing list or book your place please contact: [healthandwellbeing@nottinghamcity.gov.uk](mailto:healthandwellbeing@nottinghamcity.gov.uk)

**NOTTINGHAM CITY COUNCIL**

**HEALTH AND WELLBEING BOARD COMMISSIONING SUB COMMITTEE**

**MINUTES of the meeting held at Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG on 26 September 2018 from 4.00 pm - 4.45 pm**

**Membership**

**Voting Members**

Present

Christine Oliver (substitute for Katy Ball)  
(Chair)  
Hugh Porter  
Michelle Tilling  
Councillor Sam Webster

Absent

Katy Ball

**Non Voting Members**

Present

Helene Denness (substitute for Alison Challenger)  
Martin Gawith  
Christine Oliver (substitute for Katy Ball)  
Linda Sellars (substitute for Catherine Underwood)

Absent

Helen Blackman  
Alison Challenger  
Catherine Underwood  
Ceri Walters

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

Clare Gilbert	- Lead Commissioning Manager
Ciara Stuart	- Deputy Locality Manager – Nottingham City, Greater Nottingham Clinical Commissioning Partnership
Jane Garrard	- Senior Governance Officer

**Call In**

Unless stated otherwise, all decisions are subject to call in. The last date for call in is Monday 8 October 2018. Decisions cannot be implemented until the working day after this date.

**136 MEMBERSHIP CHANGES**

**RESOLVED to note the following changes in membership of the Health and Wellbeing Board Commissioning Sub Committee:**

- (1) Catherine Underwood has replaced Helen Jones as Director of Adult Social Care, Nottingham City Council**
- (2) Dr Hugh Porter has replaced Dr Marcus Bicknell as the GP Lead, Nottingham City Clinical Commissioning Group**

- (3) Michelle Tilling, Locality Director – Nottingham City, has replaced Gary Thompson, Chief Operating Officer, as the Greater Nottingham Clinical Commissioning Partnership representative.**

**137 APOLOGIES FOR ABSENCE**

Katy Ball – Christine Oliver attending as substitute  
Alison Challenger – Helene Denness attending as substitute  
Catherine Underwood – Linda Sellars attending as substitute

**138 DECLARATIONS OF INTERESTS**

Councillor Webster declared an interest in two of the proposals being discussed under Agenda Item 9 Better Care Fund Savings Proposals 2019/20 because he is a Board member of Nottingham City Homes. He left the meeting prior to discussion about these proposals.

**139 MINUTES**

The minutes of the meeting held on 28 March 2018 were agreed as an accurate record.

**140 FUTURE MEETINGS**

**RESOLVED to meet on the following Wednesdays at 4pm or at the rising of the Health and Wellbeing Board if that is later:**

- **28 November 2018**
- **30 January 2019**
- **27 March 2019**

This decision is not subject to call in.

**141 BETTER CARE FUND AND IMPROVED BETTER CARE FUND  
QUARTERLY PERFORMANCE REPORT - 2017/18 QUARTER 4**

Ciara Stuart, Deputy Locality Director – Nottingham City, Greater Nottingham Clinical Commissioning Partnership, presented the report providing information on the Better Care Fund and Improved Better Care Fund performance metrics for Quarter 4 2017/18. She highlighted the following information:

- a) The national conditions for Quarter 4 and for the year were met.
- b) Metrics for residential admissions and reablement were categorised as 'green' for Quarter 4 and for the year.
- c) The delayed transfers of care metric was particularly challenging and categorised as 'red' all year. The reasons for this were outlined in the quarterly return submitted to NHS England.
- d) During 2017/18 there was concern about the methodology for measuring delayed transfers of care.

- e) Performance against the 8 expected elements of the High Impact Change Model and the additional non-mandated Red Bag element was good with a score of Established for 6 of the 8 mandated elements and for the Red Bag element.
- f) During the year savings were built into the Better Care Fund Plan.
- g) There was positive feedback at the end of 2017/18, with successful reprocurement of the Out of Hospital Services contract and continued management of integration alongside such changes.
- h) In terms of the Improved Better Care Fund, funding was used across the three mandated areas. Additional funding helped to reduce the risk of homecare providers withdrawing from operating in the local area; meeting the homecare national living wage; and meeting challenges associated with Discharge To Assess.
- i) Performance on the Improved Better Care Fund metrics was mixed. The reablement metric showed improvement but there was deterioration on some other metrics.

**RESOLVED to**

- (1) note performance in relation to the Better Care Fund and Improved Better Care Fund performance metrics for Quarter 4 2017/18; and**
- (2) note the quarterly returns which were submitted to NHS England that were authorised virtually by the Chair and Vice Chair of the Health and Wellbeing Board.**

This decision is not subject to call in.

**142 BETTER CARE FUND AND IMPROVED BETTER CARE FUND  
QUARTERLY PERFORMANCE REPORT - 2018/19 QUARTER 1**

Ciara Stuart, Deputy Locality Manager – Nottingham City, Greater Nottingham Clinical Commissioning Partnership introduced the report providing information about the Better Care Fund and Improved Better Care Fund performance metrics for Quarter 1 2018/19. She highlighted the following information:

- a) All of the national conditions for Quarter 1 2018/19 were met.
- b) The residential admissions and reablement metrics were categorised as 'green' for Quarter 1.
- c) Performance against the delayed transfers of care metric remains categorised as 'red' (only April data available for Quarter 1 at the time of reporting).
- d) The methodology for delayed transfers of care has been revised for 2018/19 but it remains a challenging target.

There was a discussion about the reason for challenges in reducing delayed transfers of care and the extent to which all partners recognise the same issues and are working towards the same objectives. In response the following additional information was provided:

- e) A review of delayed transfers of care was carried out across system partners and feedback shared with organisational leaders. This led to a shared understanding of the issues.
- f) While there are lots of things that could be done to reduce delayed transfers of care, the key issue is lack of capacity in the community.

**RESOLVED to**

- (1) note performance in relation to the Better Care Fund and Improved Better Care Fund performance metrics for Quarter 1 2018/19; and**
- (2) note the quarterly returns which were submitted to NHS England on 18 July 2018 and were authorised virtually by the Chair of the Health and Wellbeing Board.**

This decision is not subject to call in.

**143 BETTER CARE FUND FINANCIAL PLAN 2018/19**

Clare Gilbert, Lead Commissioning Manager, introduced the report presenting the financial elements of the 2018/19 Better Care Fund Plan and proposing principles for the future operation of the Fund. She highlighted the following information:

- a) As a result of an ongoing over-commitment in the Plan and the need for Nottingham City Council to make further savings in order to meet its Medium Term Financial Plan and for the Greater Nottingham Clinical Commissioning Partnership to make additional savings, there has been a reshaping of schemes and the Better Care Fund Plan needs updating.
- b) The proposed principles for future operation of the Fund will provide greater flexibility and improve management of schemes.
- c) The Year 2 submission for the 2017/19 Financial Plan is very light touch and represents a 'holding position' in anticipation of more substantial changes. This approach was approved at a regional level.

**RESOLVED to**

- (1) approve the 2018/19 Better Care Fund Financial Plan as attached as Appendix 1 to the report;**
- (2) approve the revised principles for the management of the Better Care Fund as set out in Appendix 2 of the report and agree to their incorporation into a revised Section 75 Agreement; and**



- (3) approve the Year 2 submission for the 2017/19 Financial Plan as set out in Appendix 3 of the report.**

**144 BETTER CARE FUND SAVINGS PROPOSALS 2019/20**

Clare Gilbert, Lead Commissioning Manager, introduced the report outlining savings proposals from the 2019/20 Better Care Fund. She highlighted that:

- a) The savings are being proposed to meet budget requirements for 2019/20.
- b) In 2017/18 there was an agreement to make £1.5m savings from the Better Care Fund to enable Nottingham City Council to meet its Medium Term Financial Plan. It was agreed that savings would be split on a 90/10 basis in favour of Nottingham City Council. From 2019/20 the split has been set on a 50/50 basis after additional contributions have been removed. Therefore there is a shortfall of £354,000 against the Council's Medium Term Financial Plan. Further savings are required to meet this shortfall.
- c) The savings proposals total £442,000 and represent an over achievement against savings requirements because there are risks associated with implementation of some of the proposals.

**RESOLVED to**

- (1) agree the level of savings required to meet Nottingham City Council's Medium Term Financial Plan requirements as set out in the exempt minute; and**
- (2) approve the saving schemes that have been identified for delivering the saving as set out in the exempt minute.**

**145 EXCLUSION OF THE PUBLIC**

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

**146 BETTER CARE FUND SAVINGS PROPOSALS 2019/20 EXEMPT APPENDICES**

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

This page is intentionally left blank