Public Document Pack

NHS Nottingham City Clinical Commissioning Group

Nottingham City Council

NOTTINGHAM CITY HEALTH AND WELLBEING BOARD

Date: Wednesday, 30 January 2019

Time: 2.00 pm

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

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

11   QUESTIONS FROM THE PUBLIC
          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
vacancy	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	City Council Director of Public Health
Sarah Collis	Healthwatch Nottingham representative
Samantha Travis	NHS England representative

Non-voting members

Lyn Bacon	Nottingham CityCare Partnership representative Nottingham University Hospitals NHS Trust representative
Hazel Johnson	Nottinghamshire Healthcare NHS Foundation Trust representative

Gill Moy	Nottingham City Homes representative
Ted Antill	Nottinghamshire Police representative
vacancy	Department for Work and Pensions representative
Leslie McDonald	Representing interests of the Third Sector
Jane Todd	Representing interests of the Third Sector
Craig Parkin	Nottinghamshire Fire and Rescue Service representative
Andy Winter	Nottingham Universities representative
Ian Curryer	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. 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 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.

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NOTTINGHAM CITY COUNCIL

HEALTH AND WELLBEING BOARD

MINUTES of the meeting held at Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG on 28 November 2018 from 2.03 pm - 5.00 pm

Membership
Voting Members

Present	Absent
Councillor Sam Webster (Chair)	Councillor Carole McCulloch
Hugh Porter (Vice Chair)	Samantha Travis
Councillor Cheryl Barnard	
Marcus Bicknell	
Hazel Buchanan	
Alison Challenger	
Sarah Collis	
Councillor David Mellen	
Alison Michalska	
Catherine Underwood	

Non Voting Members	Absent
Present	Supd Ted Antill
Lyn Bacon	Ian Curryer
Tim Brown	Hazel Johnson
Antony Dixon (substitute for Gill Moy)	Gill Moy
Leslie McDonald	Craig Parkin
Caroline Shaw	Andy Winter

Colleagues, partners and others in attendance:

Rachel Carter	-	Nottingham Recovery Network/ Clean Slate Academy
Apollos Clifton-Brown	-	Nottingham Recovery Network/ Clean Slate Academy
Helene Denness	-	Consultant in Public Health, Nottingham City Council
Justin Donne	-	Autism Strategy Group
Kimberley Hoe	-	Rough Sleeping Initiative Co-ordinator, Nottingham City Council
Louise Lester	-	Speciality Registrar, Public Health, Nottingham City Council
Bobby Lowen	-	Commissioning Lead, Nottingham City Council
Lizzi Paul	-	Health Strategy and Partnerships, Department for Work and Pensions
Steve Thorne	-	Communications, Nottingham City Council
Jane Garrard	-	Senior Governance Officer, Nottingham City Council

46   MEMBERSHIP CHANGE

RESOLVED to note that:

(1) Sarah Collis has replaced Martin Gawith as the Healthwatch Nottingham and Nottinghamshire representative on the Health and Wellbeing Board; and

(2) Ian Curryer, Nottingham City Council Chief Executive has joined the Health and Wellbeing Board as a non-voting member.

47   APOLOGIES FOR ABSENCE

Ian Curryer
Councillor Carole McCulloch
Gill Moy
Jane Todd
Andy Winter

48   DECLARATIONS OF INTERESTS

None

49   MINUTES

The minutes of the meeting held on 26 September 2018 were confirmed as an accurate record and signed by the Chair.

50   REDUCING ALCOHOL HARM IN NOTTINGHAM CITY

Alison Challenger, Director of Public Health, introduced the themed discussion on reducing alcohol harm in the City.

Louise Lester, Specialty Registrar, gave a presentation on the key issues in Nottingham and how partners are trying to address them. She highlighted the following information:

(a) Alcohol harm is a significant issue nationally. Estimates show that 10.4million adults drink at levels that increase their risk of health harm and of these 595,000 may need treatment for alcohol dependence. It is estimated that there are 5515 dependent drinkers in Nottingham City.

(b) The consequences are significant, for example there are over 60 medical conditions where alcohol is a factor. It impacts on mortality and early death rates, and also has wider impacts, for example on levels of domestic violence.

(c) There are over 20 Public Health Outcomes Framework indicators used to report on alcohol harms and Nottingham is under-performing on the majority of these (however that is not dissimilar to other areas in the region). The primary measure of the impact of alcohol harm on a population is alcohol admissions to hospital.

(d) In the City, there were 2463 alcohol specific (100% attributable to alcohol) admissions and 2539.16 alcohol related (less than 100% attributable to alcohol) admissions in 2015/16. The estimated cost of the alcohol related admissions was £4.72million but that is likely to be a significant under-estimation because it does not include treatment costs, Emergency Department attendances, the costs to East Midlands Ambulance Service of transporting patients, primary care, social care and the wider system.

(e) There is a £3 social return on every £1 invested in alcohol treatment.

(f) Action that has been taken by Nottingham City Council includes training for some staff on delivering Identification and Brief Advice (IBA) as part of Make Every Contact Count; signing the Alcohol Declaration; working with alcohol licensing; co-location of an IAPT (Improving Access to Psychological Therapies) provider with the Nottingham City substance misuse service.

(g) An action plan to reduce alcohol related harm has been developed which includes actions to:
   i. increase population understanding of risk and harm
   ii. influence national and local policy
   iii. take a systematic approach to IBA
   iv. identify alcohol champions in key organisations
   v. include alcohol as a priority for employee health and wellbeing
   vi. improve communication of identified alcohol risk between some key parts of the system
   vii. case manage High Volume Service Users in the Emergency Department
   viii. agree and embed pathways for service users with co-existing mental health and substance misuse issues

Apollos Clifton-Brown, Operations Manager Nottingham Recovery Network, Clean Slate and Wellness in Mind gave a presentation about Identification and Brief Advice (IBA), including demonstrating IBA in action. He highlighted the following information:

(h) IBA is a simple 5 minute intervention.

(i) IBA should help people understand units, understand risk levels, know where they sit on the risk scale, know the benefits of cutting down; and include tips for cutting down.

(j) Evidence suggests that it is the most effective method of reducing alcohol consumption.

(k) It enables people to know how to ask questions and talk about alcohol consumption.

(l) Partners are currently discussing how to embed IBA in general services.

(m) Although IBA is already a simple intervention it can be made quicker if that is easier and can also be tailored to particular services.

(n) IBA scratchcards have been developed as another way of carrying out IBA but this doesn't include the discussion element which is most valuable.

Rachel Carter, Internal Verifier and Learning Lead, gave a presentation about transformative learning theory which is used at the Nottingham Recovery Network and Clean Slate Academies in the City. She highlighted the following information:

(o) There are two Academies operating in the City – Nottingham Recovery Network and Clean Slate. The two Academies take a slightly different approach and Clean Slate is criminal justice based.

(p) Programmes are based on transformative learning theory which uses education as a vehicle for recovery e.g. to change attitudes, change emotional responses. A bespoke journey is created for each student to support achievement of qualifications and promote personal development and personal growth.

(q) There is a higher percentage of students with learning difficulties than in the general population and students are supported to overcome such barriers to education.

(r) 87 students have been awarded accredited certificates and qualifications so far in 2018 and there are currently 67 students across both Academies. Lots of students progress onto become volunteers within the service and there are currently 20 volunteers working.

(s) The Nottingham Recovery Network (NRN) Academy is based in the Wellbeing Hub and most students are referred by other NRN workers. Clean Slate also gets referrals from probation services in the City.

Caroline Shaw, Nottingham University Hospitals NHS Trust, outlined that dealing with the impact of alcohol harm is an important part of Nottingham University Hospital's work, both in the Emergency Department and dealing with the longer term consequences of alcohol harm. One of NUH's Liver Specialists is an alcohol champion within the organisation and they are working to identify champions in other clinical areas, especially the Emergency Department. The Trust's focus is on identifying individuals and signposting them to appropriate support. There is an inpatient CQUIN for advice and support in admission areas and it is also a focus in pre-operation assessment. Caroline also outlined that a health needs assessment is now part of employee appraisals. This includes looking at alcohol, exercise and smoking and information and support is provided to staff.

During discussion the following points were made:

(t) Identification of the problem is key to supporting individuals.

(u) The Clinical Commissioning Partnership has introduced consideration of alcohol use in pre-surgery screening.

(v) Adult social care is noticing the direct and indirect impacts of alcohol harm. IBA conversations are held but it would be useful to tailor IBA for use in specific services.

(w) Alcohol and/or drug use is not a barrier to accessing talking therapies and NICE criteria are clear on access to Improving Access to Psychological Therapies (IAPT) services. There is a CQUIN relating to substance misuse and it has been agreed to accept more complex patients than NICE guidance requires.

(x) In the Suffolk Integrated Care System, all health and social care workers have to make a contribution the prevention agenda as part of their appraisal. There could be scope to work with Health Education England to require the Nottingham workforce to take action in relation to reducing alcohol harm as part of their appraisal process. This would be relatively low cost and potentially have a significant impact.

(y) It would be helpful to make the data 'real' at Care Delivery Group level so that people understand the extent of alcohol issues in their local population.

(z) Consideration should be given to working with schools as part of Personal, Health and Social Education.

(aa)   Training on carrying out IBA is available but there are capacity limitations.

RESOLVED to

(1) ask Board Members to:
    i.   **sign the Alcohol Declaration**
   ii.   **identify alcohol champions within their organisation**
  iii.   **consider how to embed Identification and Brief Advice (IBA) in their organisation and, where appropriate:**
        a)   **speak to Nottingham Recovery Network about getting support in embedding the approach and to register interest for IBA training**
        b)   **speak to Nottingham City Council Public Health Team to register interest in accessing IBA scratchcards**

(2) consider how to measure success in reducing harm from alcohol; and

(3) seek input from Nottinghamshire Healthcare NHS Foundation Trust on their perspective on reducing alcohol harm.

51   CITIZENS STORIES: THE MICHAEL VARNAM AWARD 2018

The Chair introduced the report detailing the winners, and those highly commended in the Michael Varnam Awards 2018:

Individual Award
- Gordon Garrick – winner
- Maria Watson – highly commended
- Kate Smith – highly commended

Group Award
- Sit Up Shelter – winner
- The Ferguson Family – highly commended
- Open Minds – highly commended

Bobby Lowen, Commissioning Lead, and Kimberley Hoe, Rough Sleeping Initiative Co-ordinator, representing Sit Up Shelter provided the following information about the project:

(a) Nationally and locally homelessness has increased significantly and rough sleepers often have very complex problems. Therefore the need for support for rough sleepers is high.

(b) Levels of homelessness in 2016 resulted in closer working with Framework on supporting people sleeping rough, and the further increase in need in 2017 (there were 43 rough sleepers which was much higher than in previous years) prompted the exploration of new options. Following conversations between the Director of Public Health and Nottinghamshire Fire and Rescue Service, the concept of Sit Up Shelter was developed.

(c) With the aim of saving lives, when the temperature falls below zero degrees the Fire and Rescue Service provide room for rough sleepers to come inside for shelter. The facility is staffed by the Red Cross. Some rough sleepers are more willing to engage with this project compared with commissioned services because it is staffed by volunteers.

(d) Last year the shelter opened on 29 nights (which was more than predicted due to the particularly cold weather). There was space for 8 rough sleepers each night and overall 79 people were supported during the winter period.

(e) Nottinghamshire Fire and Rescue Service and the Red Cross both supported the project without charge and have agreed to continue supporting the project for winter 2018/19. The Red Cross has increased the number of volunteers recruited.

(f) Work continues to take place to reduce levels of rough sleeping in the City so that the need for such initiatives is reduced.

Following questions from Board members, the following additional information was provided:

(g) Individuals posing a risk to others are not allowed to stay but they can remain in the main foyer to keep warm while Framework is called to identify a more appropriate solution for that individual.

(h) The Fire and Rescue Service don't staff the facility but their presence on site offers security and there were occasions last year when fire fighters provided direct assistance.

Board Members congratulated Sit Up Shelter as worthy winners of the Michael Varnam Award.

Councillor David Mellen highlighted the work of the Ferguson Family who were highly commended in the Group Award for their 'My Bag' project, which aims to ease the process of those coming into care by providing each child with their own bag complete with a blanket, colouring book/ notepad, a teddy and other age appropriate items.

RESOLVED to recognise the dedication, enthusiasm, commitment and achievement of those shortlisted for, and particularly the winners of the Michael Varnam Award 2018.

52 AUTISM STRATEGIC FRAMEWORK

Helene Denness, Consultant in Public Health, and Justin Donne, an autistic person involved with the Autism Strategy Group introduced the report and gave a presentation about the development of an autism strategic framework for Nottingham. They highlighted the following information:

(a) The autism strategic framework has been developed by a multi-agency group and co-produced with autistic people.

(b) The previous 3 year strategy contained a lot of actions but they weren't all achieved. Therefore the new strategy will focus on achieving fewer, more realistic actions.

(c) One of the aims is to make Nottingham an autism-friendly city.

(d) The Group has tried to develop recommendations that are not costly or onerous for organisations to implement.

(e) A key feature of the framework is the importance of having autism champions within organisations. There are currently 44 self-selected autism champions. Many of them have direct experience of autism. The intention is that champions will be trained to be the 'go to' person within their organisation.

(f) The Autism Network within Nottingham City Council has been given the same status as other employee networks e.g. with protected time to meet to enable colleagues to support each other and think about how to improve the working environment. It would be positive if other organisations took a similar approach.

(g) The strategic framework is currently being tested with organisations and stakeholders as part of the engagement process.

During discussion, Board Members made the following points:

(h) Adjustments to make the City autism-friendly will be similar to those needed to make the City more dementia-friendly, for example.

(i) It would be helpful for the strategic framework document to reference the Autism Health Needs Assessment that is being developed alongside the framework.

(j) There is under-diagnosis of autism in some communities but it is difficult to know the extent of this because recording of ethnicity isn't good and recording of an autism diagnosis isn't good.

RESOLVED to:

(1) note the contents of the draft autism strategic framework; and

(2) ask Board Members to:
    i. support engagement on the themes within the autism strategic framework within their organisation; and
    ii. identify autism champions in their organisation through their nominated lead.

53   NOTIFICATION OF COMMUNITY PHARMACY CLOSURE

RESOLVED

(1) to note the closure of Lloyds Pharmacy within the Sainsburys Castle Marina store on 16 February 2019 and withdrawal of the premises from the pharmaceutical list;

(2) to record the closure as a Nottingham City Pharmaceutical Needs Assessment Supplementary Statement; and

(3) that this closure is not significant enough to warrant a full refresh of the Pharmaceutical Needs Assessment before the 3 year refresh period.

54   NOTTINGHAM CITY SAFEGUARDING ADULTS BOARD ANNUAL REPORT

RESOLVED to note the Nottingham City Safeguarding Adults Board Annual Report 2017/18.

55   FORWARD PLAN

RESOLVED to

(1) note the Board's Forward Plan for the remainder of 2018/19;

(2) consider incorporating Community Adolescent Mental Health Services (CAMHS) issues within the themed discussion on mental health scheduled for January 2019; and

(3) consider holding themed discussions on the following issues:
    i.   the impact of poverty and deprivation on child health and wellbeing

ii.   reflecting on winter planning and, at an early stage, identifying lessons for next year across the system e.g. including issues such as homelessness, winter fuel poverty, adult social care

56   BOARD MEMBER UPDATES

Alison Challenger, Director of Public Health, reported that the Time to Change Hub had officially been launched.

Alison Michalska, Corporate Director for Adults and Children informed the Board that the Independent Inquiry into Child Sexual Abuse had finished hearing evidence in Nottingham and Nottinghamshire. The report, which will cover all 3 investigations with local authorities as a theme, is expected to be published in summer 2019. The immediate lessons relate to supporting the, now adult, victims. This will be discussed by the Adults Safeguarding Board and work is taking place to review pathways and access to specialised counselling services.

Hazel Buchanan, Greater Nottingham Clinical Commissioning Partnership representative, reported that an event had been held in relation to the Building Health Partnerships work and another event is planned for January. The events are generating good ideas.

Hugh Porter, Greater Nottingham Clinical Commissioning Partnership representative, advised the Board that one single Accountable Officer, Amanda Sullivan, had been appointed for all six clinical commissioning groups in Nottinghamshire.

Sarah Collis, Healthwatch Nottingham and Nottinghamshire, reported that the merged Healthwatch organisation was now developing a new strategy. Conversations with stakeholders are being held to inform the strategy. It is likely that mental health and dementia will be key issues for inclusion.

57   MINUTES OF THE HEALTH AND WELLBEING BOARD COMMISSIONING SUB COMMITTEE MEETING HELD ON 26 SEPTEMBER 2018 (DRAFT)

RESOLVED to note the draft minutes of the Health and Wellbeing Board Commissioning Sub Committee meeting held on 26 September 2018

58   QUESTIONS FROM THE PUBLIC

There were no public questions.

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Health and Wellbeing Board Action Log

Meeting and Issue	Agreed Actions	Updates received on progress
28 November 2018 Reducing Alcohol Harm	All Board Members were asked to: • Sign the Alcohol Declaration • Identify alcohol champions within their organisation • Consider how to embed Identification and Brief Advice (IBA) in their organisation	
28 November 2018 Autism	All Board Members were asked to: • support engagement on the themes within the Autism Strategic Framework within their organisation • identify autism champions within their organisation	

Agenda Item 5

HWB Meeting Action Log. Updated 21 January 2019

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HEALTH AND WELLBEING BOARD

30 JANUARY 2019

	Report for Information
Title:	Preventing mental ill health in Nottingham City
Lead Board Member:	Alison Challenger, Director for Public Health, Nottingham City Council
Author and contact details for further information:	Jane Bethea, Consultant in Public Health, Nottingham City Council Caroline Keenan, Insight Specialist – Public Health, Nottingham City Council
Brief summary:	This report outlines the extent of mental ill health in Nottingham City and sets out recommended areas of focus for the prevention of mental health problems and the promotion of mental wellbeing. Some examples of local progress in these areas are outlined and the Health and Wellbeing Board is asked to consider what additional action could be taken.

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 preventing mental ill health in Nottingham City; and

b) discuss and agree action that will be undertaken by the Health and Wellbeing Board or its members to prevent mental ill health, including considering the following questions:

   a. How could **mental health champions** be identified and what role might they have within your organisation?

   b. Could your organisation sign the **Time to Change Employer Pledge** to demonstrate its commitment to changing how people think and act about mental health in the workplace and ensure employees with mental health problems are supported?

   c. How could your organisation ensure its workforce has access to **mental health training**?

   d. In understanding the impact of **past traumatic experiences** on mental health, how might your organisation take this into account when reviewing its working practices and supporting its workforce?

Contribution to Joint Health and Wellbeing Strategy:	
Health and Wellbeing Strategy aims and outcomes	**Summary of contribution to the Strategy**
Aim: To increase healthy life expectancy in Nottingham and make us one of the healthiest big cities	This item is aligned to outcome 2 of 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	

How mental health and wellbeing is being championed in line with the Board's aspiration to give equal value to mental and physical health
This item is focused on mental ill health prevention, which helps to progress the Health and Wellbeing Board's aspiration to give equal value to mental and physical health.

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

Preventing mental ill health in Nottingham City

The size of the issue

Mental health problems are common and exist throughout the life course affecting children, adults and older people. One in four people in the UK will experience a mental health problem each year (1). Based on national estimates, over 110,000 adults aged 16+ and over 5,000 children aged 5-16 living in Nottingham City are experiencing mental health conditions.

Those with serious mental illness are experiencing inequality in life expectancy, dying on average 15-20 years younger than the general population.

Nottingham City has comparatively lower self-reported happiness, life satisfaction and worthwhile ratings but improved self-reported anxiety compared to the English Core Cities average (2), as is displayed in Figure 1 below.
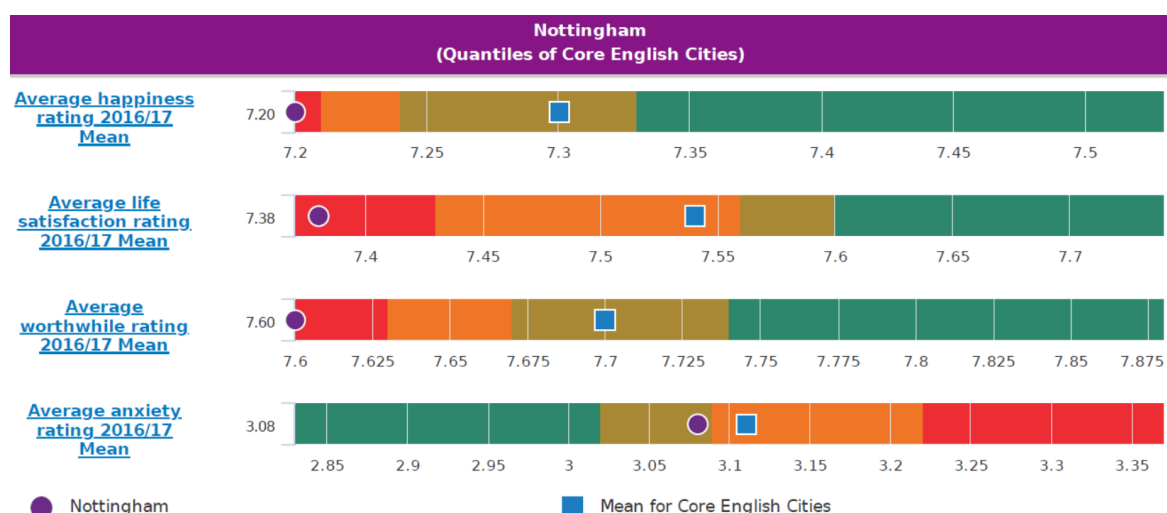

Figure 1: Personal wellbeing scores for Nottingham City, where a score of 0 is 'not at all' and a score of 10 is 'completely' (2)

Some of the inequalites in mental health that exist nationally are reflected in the local picture. Wellbeing tends to be lower in the wards where deprivation is highest and lower wellbeing scores are associated with people with physical health problems, disabilities and unemployment (3). Black, Asian and minority ethnic groups are generally considered to be at higher risk of developing mental ill health (4).

Local services

Services are commissioned by different organisations and the provision of universal services will include work around mental health. Mental health services, including primary and secondary services, are commissioned by Nottingham City Clinical Commissioning Group. Common mental health problems are primarily supported by primary care. Nottingham City Council provides mental health support for children and adolescents as well as through children and adult social care. NHS England funds specialist inpatient mental health services and services in secure settings, such as prisons.

The case for prevention

Taking a system-wide prevention-focused approach to mental health can nurture a more equitable community in which the burden associated with mental health problems is reduced. A citizen's mental health plays a significant part in determining their health and social outcomes and the volume and complexity of public services they require.

There are three levels of prevention:

- Primary prevention involves intervening before the health effect;
- Secondary prevention aims to identify and intervene at the earliest signs of mental ill health; and
- Tertiary prevention is focused upon treatment, management and recovery (5).

All public services, voluntary organisations and indeed all organisations that come into contact with citizens have the opportunity to prevent mental ill health at at least one of these three levels, as is illustrated in Figure 2 below.
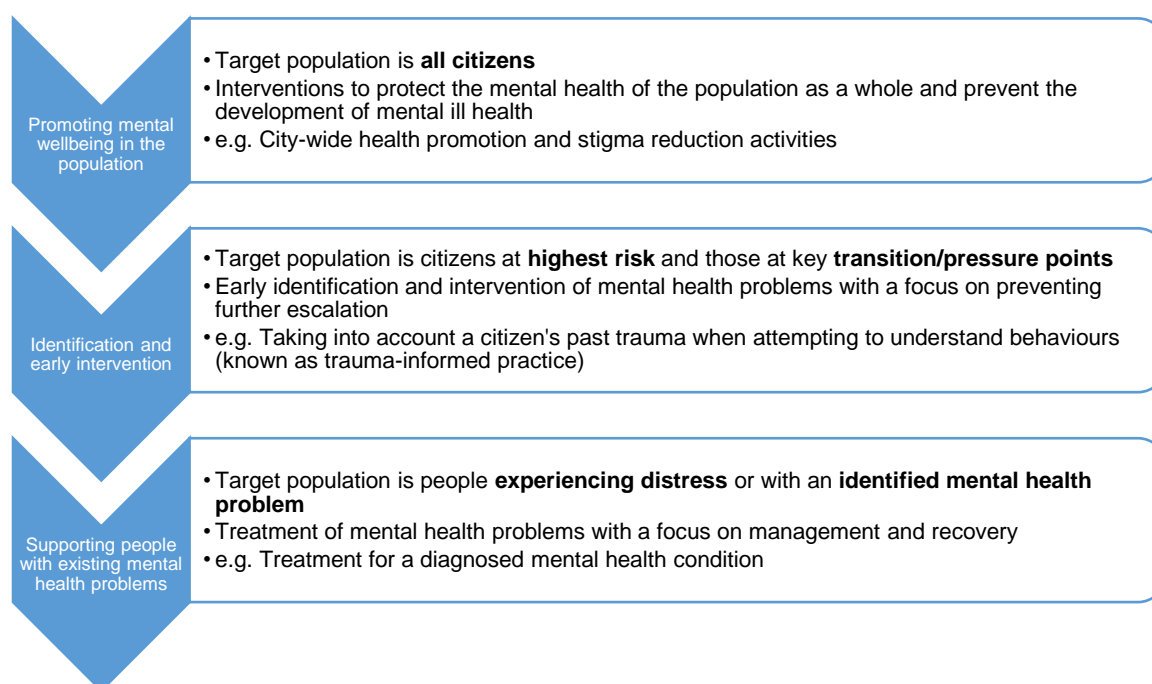
Promoting mental wellbeing in the population
- Target population is **all citizens**
- Interventions to protect the mental health of the population as a whole and prevent the development of mental ill health
- e.g. City-wide health promotion and stigma reduction activities

Identification and early intervention
- Target population is citizens at **highest risk** and those at key **transition/pressure points**
- Early identification and intervention of mental health problems with a focus on preventing further escalation
- e.g. Taking into account a citizen's past trauma when attempting to understand behaviours (known as trauma-informed practice)

Supporting people with existing mental health problems
- Target population is people **experiencing distress** or with an **identified mental health problem**
- Treatment of mental health problems with a focus on management and recovery
- e.g. Treatment for a diagnosed mental health condition

Figure 2: Types of mental ill health prevention

What are we doing?

Key areas of focus for mental ill health prevention are contained within overlapping local and national plans, strategies, policies and other publications. Some of the relevant local and national documents include:

- Happier Healthier Lives, Nottingham City's joint health and wellbeing strategy 2016-2020 (6);
- The refreshed Nottingham City Mental Health Strategy (currently in the final draft stages and due to be presented to the Health and Wellbeing Board in March 2019);

- Public Health England's Prevention Concordat for Better Mental Health (7);
- The NHS Five Year Forward View (8);
- The NHS Five Year Forward View for Mental Health (9)
- The Mental Health Foundation's Mental Health and Prevention: taking local action for better mental health (10); and
- The NHS Long Term Plan (11).

The following areas have been identified in the above listed publications as areas for focus in the prevention of mental ill health:

- Develop an adequately skilled workforce
- Promote mental health self-care
- Ensure mental health improvement is recognised and monitored as a priority outcome;
- Work together to reduce stigma and discrimination around mental health
- Develop a system that understands and mitigates the impact of adverse childhood experiences
- Consider the impact of wider influences on mental health, including:
  - Employment;
  - Financial vulnerability; and
  - Loneliness.
- Work jointly to prevent suicide.

Some examples of how progress in these areas is already being made are identified below.

Develop an adequately skilled workforce

Improving the capability of the system workforce to prevent mental health problems and support good mental health is a recognised means of improving the mental health of a population (7 and 10).

The **Nottingham City Child and Adolescent Mental Health Services** offer includes a practitioner who provides training to schools and other services. The Self-Harm Awareness and Resource Project also offers training to public services and the voluntary sector, including social workers, family support workers, healthcare workers and the education and voluntary sectors. Since the service was formed five years ago, 6,000 members of the workforce have been trained. (12)

The Practice Development Unit, a partnership between **Opportunity Nottingham** and **Nottingham Community and Voluntary Service**, also provides a learning and information resource to the local workforce around supporting people with complex needs including mental health problems.

Promote mental health self-care

Placing greater emphasis on system-wide social prescribing to improve health including mental health is encouraged in the NHS Five Year Forward View (8) and the very recently published NHS Long Term Plan (11). Evidence suggests this might be achieved in part through making evidence-based self-management resources readily accessible to all citizens (10).

Work is underway in the wider system to develop social prescribing. Plans are in place to include self-care advice and digital apps to encourage good mental health on Nottingham City Council's **AskLiON**, the local online service directory, as part of a wider healthy lifestyles presence. The healthy lifestyles site is currently in draft form undergoing consultation and will be finalised and made live in the spring of 2019.

Ensure mental health improvement is recognised and monitored as a priority outcome

Many local strategies already recognise mental health as a priority outcome. **Happier Healthier Lives**, Nottingham City's Joint Health and Wellbeing Strategy 2016-2020 (6) recognises mental wellbeing as

one of its four priority outcomes. The refreshed Nottingham City **mental health strategy** is in the final stages of drafting with a view to seeking endorsement from the Health and Wellbeing Board in the spring of 2019. The **Mental Health and Wellbeing Steering Group** coordinates the implementation of Happier Healthier Lives and other strategic developments on behalf of the Health and Wellbeing Board.

Work together to reduce stigma and discrimination around mental health

Nottingham City Council hosts Nottingham **Time to Change**, which is coordinated by **Self Help Nottingham** and is having success in increasing public awareness and understanding of mental health, particularly in African and Caribbean communities and amongst local employers. Since March 2018, 70 community Time to Change champions have been recruited. On 23 February 2019, a champions' forum is being held on tackling stigma and discrimination from a black, Asian and minority ethnic perspective.

Child and Adolescent Mental Health Services are working hard to reduce discrimination around mental health including through a newsletter, which promotes mental health and wellbeing using an anti-stigmatising approach with articles from children and young people as well as professionals on various topics related to mental health. (12)

Develop a system that understands and mitigates the impact of adverse childhood experiences

Adverse childhood experiences are defined as potentially traumatic life events that can have lasting negative effects on a person's health and wellbeing.

The targeted **Child and Adolescent Mental Health Services** offer includes a Universal Services Practitioner, who works directly with schools and universal services to offer training and gain confidence in working with mental health needs. The practitioner links with schools in a number of ways to offer support, including by offering support directly to secondary school aged children, a pilot project about the early identification of mental health needs in primary school aged children and monthly self-harm clinics. The offer also includes parent/carer psychoeducation workshops that cover anxiety, depression, attachment, self-harm awareness and transgender children. (12)

Working jointly with the MH2K project, Child and Adolescent Mental Health Services are developing a co-designed poster detailing available support, which will be on the back of all school toilet doors in order to improve access to support for those who need it. (12)

The **Self-Harm Awareness and Resource Project** offers monthly self-harm clinics to 18 secondary schools, delivers school assemblies and exam stress workshops. The service has also trained 22 primary schools in a training package for professionals about recognising and supporting self-harm and provides SHARP4Parents, which supports parents and carers through awareness workshops. (12)

Consider the impacts of wider influences on mental health

Employment and financial vulnerability

Investment in mental health in the workplace has been shown to be cost-effective. Every £1 invested in workplace wellbeing results in an estimated saving of £2.37 over one year and every £1 spent on stress prevention in the workplace saves £2 over two years (13).

Nottingham City Council is working towards being an exemplar employer around mental health. It has made a public commitment to supporting staff by signing the **Time to Change Employer Pledge** and becoming a Mindful Employer. An employee mental health policy has been introduced and there is extensive training for both managers and colleagues. The council is working towards 'Disability Confident Leader' status.

The Nottingham **Time to Change Hub** commenced in March 2018 and has identified the workplace as one of its target areas to reduce stigma and discrimination and improve wellbeing. Time to Change workshops have been held for local employers, including a masterclass on embedding mental health across workplace policy. To date, nine local employers have completed Time to Change action plans and eight more are pending.

A cross-sector **health and employment strategic group** is enabling closer partnership working around supporting people with mental health problems to sustain or gain employment. The group is currently exploring how employment can be embedded as part of social prescribing and promoting uptake of Disability Confident.

Specific short-term funded, targeted initiatives include:

- Talking therapies combined with employment support and online access to **Silvercloud**, which is being delivered by Let's Talk Wellbeing, Insight Healthcare and Trent PTS (funded by the Department for Work and Pensions).

- The **Construction Industry Peer Support programme**, which involves close working with construction employers to improve the mental health of their employees (including contracted workers) through using different peer support techniques.

Nottinghamshire Healthcare NHS Trust is a centre of excellence for the **Individual Placement Support** programme, which supports people with severe mental health conditions into employment as part of their wider recovery.

Loneliness

A **loneliness partnership** has been established to explore how more cross-sector collaborative approaches, which build on current assets, might improve social wellbeing in the city. An all-age action plan is under development.

Social prescribing has been rolled out across the city - the pilot phase indicated that the majority of referrals being made were linked to people feeling lonely. However, demand for local community and voluntary sector provision, such as befriending opportunities, is outstripping what is currently available.

AskLiON was launched in 2017 to help citizens and cross-sector partners find information about a wide range of organisations and services that promote independence, connections and self-help. Specific web pages have been dedicated to signposting activities and support that will help reduce loneliness and social isolation. A wellbeing wheel is currently being added to the site.

Age Friendly Nottingham brings together a broad selection of community and voluntary groups who support older citizens to live independently in their homes. Age Friendly Nottingham action has included an annual 'Ageing Well Day' being established in the Old Market Square where citizens aged 50+ and carers are able to access a range of advice and guidance from cross sector partners (over 30 held stalls in 2018).

Older citizens are now able benefit from the Age Friendly Nottingham '**Take a Seat**' initiative, which has resulted in additional seating being made available for people who need to sit down and catch their breath whilst out and about. The initiative is offered at over 330 locations across the city.

The Age Friendly Nottingham Bulletin has a readership of 5,500+ and focuses on improving the lives of older citizens and signposting to opportunities and reliable advice. Forums have been held to explore how volunteering can be increased, promote peer support and address specific issues such as loneliness and scams. Age Friendly Nottingham supports initiatives that promote social wellbeing such as social dining and increasing the arts and culture offer to older citizens across the city.

The **Nottinghamshire Carers Hub** has been established to provide a single point of contact offering information, advice and support to carers of citizens with disability or long-term conditions.

Work jointly to prevent suicide

Nottingham City is part of a county-wide well established **multi-agency partnership** around suicide prevention and the strategy is presently being refreshed. Recent focus has been on high-risk groups including men and people with a history of self-harm.

Every £1 spent on suicide prevention saves society £2.93 over ten years (13). This might be through targeting high-risk locations and improving support for identified high-risk groups including young people, people who self-harm and people with substance misuse problems.

Recommendations

The Health and Wellbeing Board is asked to:

a) use the contents of the report to inform the discussion around preventing mental ill health in Nottingham City; and

b) discuss and agree action that will be undertaken by the Health and Wellbeing Board or its members to prevent mental ill health, including the following questions:

   1. How could **mental health champions** be identified and what role might they have within your organisation?

   2. Could your organisation sign the **Time to Change Employer Pledge** to demonstrate its commitment to changing how people think and act about mental health in the workplace and ensure employees with mental health problems are supported?

   3. How could your organisation ensure its workforce has access to **mental health training**?

   4. In understanding the impact of **past traumatic experiences** on mental health, how might your organisation take this into account when reviewing its working practices and supporting its workforce?

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HEALTH AND WELLBEING BOARD

30 JANUARY 2019

	Report for Information
Title:	University of Nottingham Student Health and Wellbeing Strategy
Lead Board Member(s):	Andy Winter (Campus Life Director) – University of Nottingham, Representative of Nottingham Universities
Author and contact details for further information:	Andy Winter (Campus Life Director) – University of Nottingham andrew.winter@nottingham.ac.uk
Brief summary:	The University of Nottingham has recently (23rd October 2018) approved its Student Health and Wellbeing Strategy which outlines its aspirations for the health of students at the institution as well as creating a mechanism through which existing initiatives and services can be monitored. This will provide a framework for identifying strengths and areas to be addressed.

Recommendation to the Health and Wellbeing Board:

The Health and Wellbeing Board is asked to:

a)   note the University's strategy; and

b)   suggest where there are opportunities for collaboration or contribution.

Contribution to Joint Health and Wellbeing Strategy:	
Health and Wellbeing Strategy aims and outcomes	**Summary of contribution to the Strategy**
Outcome 1: Children and adults in Nottingham adopt and maintain healthy lifestyles	The University's strategy outlines a range of initiatives and services that support the health and wellbeing of students at the institution. They assist students to adopt and maintain healthy lifestyles and to have positive mental wellbeing.
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	

How mental health and wellbeing is being championed in line with the Board's aspiration to give equal value to mental and physical health
Mental Health is seen as a key theme of the strategy and its link with other factors of wellbeing is clearly identified through interconnections between the different themes within the document. Many initiatives, whilst allocated against one theme, are seen as providing positive outcomes across thematic areas – highlighting the connection between physical and

mental health, etc

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.*	n/a

Student Health and Wellbeing Strategy
Framework (approved by Education & Student Experience Committee – 24th October 2018)

Overarching Objective:

We will enhance our students' experience at Nottingham by creating a sustainable, consistent and empowering University culture where integrated, holistic health and wellbeing support helps students to make their own informed choices – developing their confidence, knowledge and resilience so that they can be successful during their studies and continue to thrive post-graduation.

Thematic areas

Healthy Campus Community

A healthy University culture is one where staff and students treat each other with respect and support each other to achieve great things. This can only be created by supporting the members of that community to develop their knowledge, understanding and behaviours. We acknowledge the importance of healthy relationships as a vital component of health and wellbeing, and the University will work to ensure that all members of our community feel included, supported, respected, and valued.

Examples of activities, interventions or initiatives that would be captured, measured, and reported against under this theme:

- *Activities that increase sense of belonging and emphasise the importance of community*
- *Educational activity to support healthy personal relationships*
- *Integration of international students and the challenges they face - i.e. projects like Global Buddies*
- *Open and varied programme that provide social opportunities*
- *Peer support networks*
- *Projects aimed at developing positive social interactions built on respect for diversity and reduction of inappropriate behaviours including harassment and assault*
- *Role modelling (peer to peer, staff to staff, staff to student, student to student etc.)*
- *Staff training and development (including PDPR process) to build capacity and confidence of staff to support wellbeing;*

Healthy Environment

The homes students live in. The campuses they learn, exercise, socialise and relax on. The spaces that they study in. The University recognises the fundamental importance of environment and will provide a setting that maximises wellbeing by building on our internationally-recognised commitment to sustainability and making the most of our unparalleled parkland campuses.

Examples of activities, interventions or initiatives that would be captured, measured, and reported against under this theme:

- *Consideration of health and wellbeing in building projects*
- *Encouraging increased cycle use and walking whilst reducing vehicle usage*
- *Maximising usage of Sports facilities (particularly DRSV)*
- *Pastoral care in Halls and Off-Campus welfare support*
- *Use of the estate to promote wellbeing*
- *Visible signs and signals of a community that values health and wellbeing*

Healthy Learning Experience

In order to be successful in their academic studies, students need to feel safe and supported. The University will ensure that consideration of health and wellbeing is an integrated part of academic decision making.

Examples of activities, interventions or initiatives that would be captured, measured, and reported against under this theme:

- *Education and curriculum development*
- *Equality Impact Assessments and related documents*
- *Healthy study habits*
- *Learner analytics*
- *Peer mentoring*
- *Personal tutor support*
- *Recognising and responding to peak stress points*
- *Reducing stress points within the academic calendar*
- *Resilience workshops*

Healthy Lifestyle

Positive and consistent engagement with physical activity aids in the success of a student's individual and professional achievements. The University will support students in making easy-to-manage, informed decisions about their lifestyle habits – providing a range of services and interventions that can help them make healthier choices which encourage the embedding physical activity and the commitment to new behaviours where students have made a decision to change their lifestyle. This work will build on the existing strengths of the Sports and Physical Activities department and the HealthyU campaign

Examples of activities, interventions or initiatives that would be captured, measured, and reported against under this theme:

- *Advice about sleep and rest*
- *Alcohol, tobacco, drugs reduction campaigning and support*
- *Cripps Health Centre: GP registration and service promotions*
- *Diet and nutrition support – including support for eating disorders*
- *Financial health support*
- *Physical activities such as UoN sport membership offers, and the range of programmes and projects students can partake including: Engage, Leadership, IMS, Sports clubs, Performance sport, disability referral process, inclusive programs*
- *Student health and communicable disease activity (including occupational health and vaccination)*

Healthy Mental Wellbeing

For everyone, our mental wellbeing is dynamic and can change regularly, impacting significantly on our productivity and our capacity to perform to the best of our abilities. Different challenges are experienced at different times in the student lifecycle. The University acknowledges the need to look after our communities in this area, and will ensure that a whole university approach is adopted to meet this challenge, building on existing high-quality services in Student Welfare.

Examples of activities, interventions or initiatives that would be captured, measured, and reported against under this theme:

- *Building resilience and promotion of protective factors*
- *Healthy U mental health campaigning*
- *Mental Health Advisory Service*
- *Mental Health First Aid*
- *University Counselling Service activities*

It is recognised that some services, initiatives, or projects may span across a range of headings. For the sake of clear reporting interventions will be placed against one specific heading but reference to other related headings will be included in the intervention description.

Underpinning principles – cutting across each of the thematic areas

Collaboration, cohesion and consistency

Actions need to be delivered consistently across the institution and must be aligned with our values. All areas of the University (including the Students' Union) should work together to ensure contradictory messages are removed and resources and opportunities are maximised.

Education

Interventions and initiatives should not simply fall into the category of specialist services that are served to students. All members of our community have a personal responsibility for their own wellbeing. Empowering students to develop their understanding of their own health and wellbeing should be a core consideration when creating support activities. This will enable students to increase their knowledge base and build their own levels of resilience.

Research

It is vital that the University gathers evidence on what a healthy work culture actually looks like whilst also continuing to monitor and measure the outcomes from existing interventions and initiatives. Continuous review and learning from inside and outside of the University should inform yearly planning of activities and help to target areas for development.

Visible to all

The support available for students will be clearly communicated and easily accessible to students and staff members.
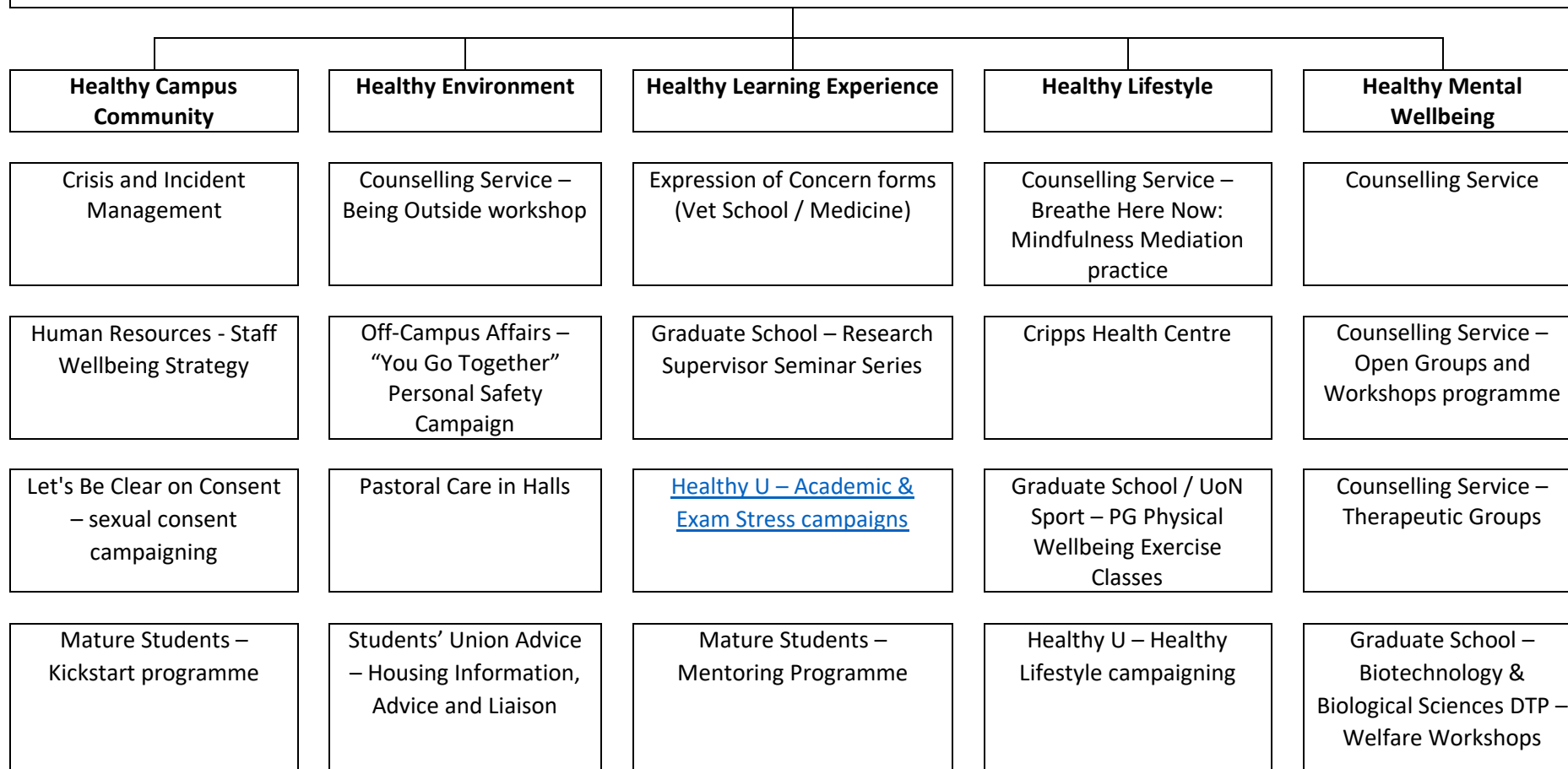
Spectrum of intervention

To ensure we create a holistic health and wellbeing culture we need to develop a range of responses to best address concerns and ensure issues do not escalate and become greater concerns. Therefore, projects, initiatives, and services will be considered as a part of a spectrum of interventions – helping us to identify where more resource or more emphasis is required. The below table gives examples of the types of interventions currently in place within the institution and where they fit within this spectrum:

Preventative promotions	Early response	Clinical and specialist services
• Health Promotion • In-school promotional activities and programmes • Sport and Physical Activity programmes and activities • Student campaigning and voluntary activities	• Dignity Advisors • Disability referral to UoN Sport • Mental Health First Aiders • Peer support networks • Personal Tutors • School Welfare Officers • Security Services • Wardens & Tutors in University accommodation	• Cripps Health Centre • Mental Health Advisory team • Safeguarding Serious Welfare Concerns • University Counselling Service

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University of Nottingham – Student Health and Wellbeing Strategy

We will enhance our students' experience at Nottingham by creating a sustainable, consistent and empowering University culture where integrated, holistic health and wellbeing support helps students to make their own informed choices – developing their confidence, knowledge and resilience so that they can be successful during their studies and continue to thrive post-graduation.

Healthy Campus Community	Healthy Environment	Healthy Learning Experience	Healthy Lifestyle	Healthy Mental Wellbeing
Crisis and Incident Management	Counselling Service – Being Outside workshop	Expression of Concern forms (Vet School / Medicine)	Counselling Service – Breathe Here Now: Mindfulness Mediation practice	Counselling Service
Human Resources - Staff Wellbeing Strategy	Off-Campus Affairs – "You Go Together" Personal Safety Campaign	Graduate School – Research Supervisor Seminar Series	Cripps Health Centre	Counselling Service – Open Groups and Workshops programme
Let's Be Clear on Consent – sexual consent campaigning	Pastoral Care in Halls	Healthy U – Academic & Exam Stress campaigns	Graduate School / UoN Sport – PG Physical Wellbeing Exercise Classes	Counselling Service – Therapeutic Groups
Mature Students – Kickstart programme	Students' Union Advice – Housing Information, Advice and Liaison	Mature Students – Mentoring Programme	Healthy U – Healthy Lifestyle campaigning	Graduate School – Biotechnology & Biological Sciences DTP – Welfare Workshops

Healthy Campus Community	Healthy Environment	Healthy Learning Experience	Healthy Lifestyle	Healthy Mental Wellbeing
Off-Campus Affairs – Hello Neighbour Campaign	Students' Union – Conservation Society	Peer Mentoring	Students' Union Advice – Money & Debt Advice	Graduate School - M3C DTP – How to take care of yourself as a researcher
People and Culture Events Calendar	Students' Union – Night Owls volunteering project	Personal Tutors	Students' Union – Easy Tiger volunteering project	Graduate School – PGR Mental Health Management Platform digital project
Students' Union – Culture Shock Training		Personal Tutors – School of Health Sciences model	UoN Sport – Healthy Lifestyle Campaigning	Graduate School – UK Council for Graduate Education PG Mental Health and Wellbeing working group
Students' Union – Global Buddies volunteering project		Placement briefing session (Bioscience)	UoN Sport – Intra Mural Sport programme	Healthy U – Mental Health and Wellbeing campaigning
Students' Union – Welcome Mentors volunteering project		Resilience-Based Clinical Supervision for Graduate Entry Nursing Students (Health Sciences)	UoN Sport – Social Sport Programme (Engage)	"Look out for each other" - SB student-led project
UoN Sport – Inclusive Sport programme		School Welfare Officers	UoN Sport – Sports Facilities & Membership	Mental Health First Aiders

Healthy Campus Community	Healthy Environment	Healthy Learning Experience	Healthy Lifestyle	Healthy Mental Wellbeing
UoN Sport – Tri Campus Games		Self-Care / Resilience taught materials (Agriculture, Dietetics)	UoN Sport – Sports Injury Clinic	Mental Health Advisory Service (MHAS)
		Students' Union Advice – Academic Advice & Representation	UoN Sport – Strength and Conditioning support	MHAS and the Primary Care Recovery College
		Widening Participation – Support for Care Leavers	UoN Sport – Student Sports Clubs	School of Health Sciences – The Bridge Network project
				Students' Union Advice – Mental Health support
				Students' Union – Nightline volunteering project
				Students' Union – Student Minds student group

Underpinning principles

Collaboration, cohesion and consistency	Education	Research	Visible to all

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\Health and Wellbeing Board Forward Plan 2018/19

Submissions for the Forward Plan should be made at the earliest opportunity through Jane Garrard, Nottingham City Council Constitutional Services Team
jane.garrard@nottinghamcity.gov.uk

Date of meeting	Agenda Item	Lead
27 March 2019	**Themed discussion – Smoking and Smoking in Pregnancy**	
	Mental Health Strategy	Jane Bethea/ Caroline Keenan, Nottingham City Council
	'Health in all Policies policy'	Alison Challenger, Nottingham City Council
	ICS Prevention Workstream Strategy	Alison Challenger, Nottingham City Council
May 2019 (date tbc)	**Themed discussion – Obesity**	
	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
July 2019 (date tbc)	**Themed discussion – Sexual health and teenage pregnancy**	

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
- Minutes of any HWB Commissioning Sub Committee meetings that have taken place since the previous meeting
- Citizen questions

Agenda Item 8

Suggested items to be scheduled:

- Winter preparedness
- Children's health and wellbeing Domestic and sexual violence services
- Social prescribing
- Delayed Transfers of Care

<u>Voluntary Sector Health and Wellbeing Board Update January 2019</u>

Building Health Partnerships
The stakeholder event took place at the end of November and was well attended. The work has become more focused on delayed transfers of care for patients with low level dementia through an action research project.

Volunteer Opportunities
The Volunteer Buddies and Poolside Helpers volunteer opportunities are now available. To find out more contact volunteercentre@nottinghamcvs.co.uk.

VCS Networks
The January Vulnerable Adults Providers Network meeting will have a focus on the EU Settlement Scheme, the NCC Autism Strategy and an update from on the ICS Community Centred Approaches. The VCSE position statement on social prescribing has been finalised (see attachment).

The January Children and Young People's Provider Network meeting had a focus on addressing weapon enabled violence. We had presentations from the Ending Youth Violence Team, Youth Offending Team and City Council. We discussed the public health approach to addressing knife crime.

There was a meeting of the Food Poverty Network in December. This group are keen to continue to meet but the network will need to access some resources to do so.

EU Settlement Scheme
The EU Settlement Scheme is likely to have a detrimental impact on the health and wellbeing of some of the EU Citizen population in Nottingham. The Nottingham Law Centre is leading a city and county wide bid to apply for funding from the Home Office. There is a need for a joined up Nottingham approach to support for EU Citizens who are registering for the scheme whether this funding bid is successful or not. There are some concerns about the wider impact of this scheme on individual's wellbeing and financial circumstances as well as the consequences for those who do not register within the allotted time period, for example, there is a risk in relation to access to healthcare. For more information on the scheme click here. To find out about the Nottingham Law Centre support project proposal contact them directly.

ICS-Voluntary and Community Sector Engagement
NCVS continues to attend ICS meetings and is involved in the formation of the new ICS Partnership Forum which will replace the ICS Advisory Board. Wider discussions about how the voluntary sector engages with each level of the ICS (PCN, ICP and ICS) are underway. This follows on from the think piece written by Jane Todd, NCVS CEO (see attached). We are fortunate to be currently working with Angela Probert who is reviewing the ICS-VCS relationship and engagement. The outcome of this work will be available in February.

State of the Sector Update
NCVS is continuing to explore options to develop an academically robust measure and report about Nottingham's voluntary sector. We are currently interviewing for a University of Nottingham student placement to support this work. We are keen to work with partners and to have input from health and social care alongside the in-depth consultation with the voluntary sector.

For more information about networks and the state of the sector project please contact ncvs@nottinghamcvs.co.uk.

Exploring a Way Forward for Integrated Care System (ICS) Engagement for Nottingham

"If you always do what you've always done, you'll always get what you've always got …"

Introduction

The Nottingham & Nottinghamshire Integrated Care System (ICS), as it is now known, is a partnership of NHS and other health organisations, formerly known as the [Sustainability and Transformation Partnership](#) (STP). STPs were introduced by the Government in 2016 in every area of the country to look at how local organisations can work together to improve care, health and wellbeing.

Partnership working across sectors can be a challenge. This is widely accepted and Nottinghamshire is no exception. For Health and the voluntary and community sector (VCS) these challenges are compounded by historical relationships, austerity driving budget cuts and the national NHS England direction on targets and STPs.

We also can't escape from or underestimate the influencing factors of limited resources and the cost saving targets placed upon ICS staff in Nottinghamshire. Large scale change is difficult for any organisation and we recognise the significant challenge of moving from what was 'health' to the vision for the ICS. For us to build a strong working relationship and partnership going forward, we first need to recognise and accept the challenges of the past and present.

The voluntary sector is diverse and can be difficult to navigate and work with as a collective. NCVS is well placed and well established to act as a conduit for the ICS-VCS partnership.

The diagram attached on page 3 demonstrates the core challenge of partnership working between health services and the VCS. By their nature they are inherently different in their ethos and culture. Both have much to offer and at the core of both sectors is a commitment to improve the lives of the people of Nottinghamshire. This shared aim is the building block we can use to develop a genuine, meaningful and functional working relationship which recognises the differences in approach which should strengthen each other.

The VCS would like to be a key partner with health: recognised for its value and knowledge, with a voice in the strategic decisions that impact on our local communities.

Where we are now

Taking stock of where we are in December 2018, the wider ICS Partnership faces similar challenges and, as a result, is fractured. With Nottingham City Council [pausing their ICS membership](#) on 20 November 2018 – citing a lack of democratic oversight and meaningful engagement of those impacted by the change – now, more than ever, it is crucial the wider ICS addresses its partnership approach. Central to this for NCVS is a healthy ICS-VCS-patient experience relationship.

The role of NCVS is to reflect the views and diversity of the VCS, which we actively seek through a variety of methods. This includes traditional communications, communities of practice and social media platforms. For example, the Vulnerable Adults' Providers Network (VAPN), which involves over 300 VCS members, directed NCVS to develop a position statement on social prescribing to capture their concerns and ambitions.

Going forward

We hear that ICS colleagues are thinking of setting up a new partnership forum as part of its consultation and engagement mechanism. NCVS is supportive of developing a new approach to working together in the form of a partnership forum, where the central aim is to build trust and mutual understanding, leading to action on the ground.

To help get this working, we have attempted to characterise health services and the Voluntary and Community Sector. Attached is our diagram which demonstrates the current position. This exercise has shown us that health is largely formal in its approach, while the VCS is largely informal. However, our aims and values are similar.

If only we could grow the trust, respect and understanding, it would be such a win-win for patients and communities. This is an opportunity to re-think our future partnerships. Otherwise there's a danger that, "if you always do what you've always done, you'll always get what you've always got …"

NCVS would like to consult with the VCS and local patients on what an effective partnership forum might look like, how it can be achieved, and who would be involved in achieving a systemised and practical way forward.

What would you want a partnership forum to do? Who should be there? What principles would it follow?

Please share this paper with your networks and respond by **Monday 14 January 2019** to janet@nottinghamcvs.co.uk.

Jane Todd
Chief Executive
Nottingham Community and Voluntary Service (NCVS)

December 2018

Health Service Characterised By:	Partnership Forum including patient voice	Voluntary Sector Characterised By:
Top Down	What?	Bottom Up
National System		Local System
Corporate / Managerial		Emotional Labour Force who are emotionally involved This is valued by beneficiaries but not the health system Hard to measure emotional labour
Professional Relationships	Why?	
Formal		Informal
Clinical Relationships with Individuals		P.I.E.
Funded		Largely Unfunded
Assessment of Need Based on a Professionalised Interpretation of Statistics	How?	Assessment of Need Based on Intuition and Knowledge of Local Communities
Distant from Local Communities of Interest or Geography		Close to their Communities and Support Base
Powerful – High Status	Who?	Lack Power – Low Status
Service Change Takes an Age		Responsive, Quick, Pop Up Care
Presenting issue		Whole person

Nottingham Community and Voluntary Service

A suggested framework for any Partnership Forum

1. Aim to build trust and understanding and action through system change.

2. Recognise this is hard going.

3. View positions through a number of lenses – not just from ICS down (assuming that is the dominant position).

4. Recognise partners' power is unequal.

5. Recognise some impacts are harder to measure but no less real.

6. Recognise pop up, responsive care.

Vulnerable Adult Providers Network (VAPN) – Social Prescribing - Position Paper for local Health and Social Care Commissioners

Background

This paper is a response on behalf of the local Voluntary Community and Social Enterprise (VCSE) sector in Nottingham, coordinated by leading members of the Vulnerable Adults' Providers Network (VAPN) to emerging proposals for the development of Social Prescribing/Community Connectivity/Community Centred Approaches across the Greater Nottingham area. It summarises the VCSE position following consultation with VAPN Members and the wider VCSE in Nottingham between September and November 2018. This incorporates the emerging information from the Integrated Care System (ICS) Prevention, Person and Community Centred Approaches work stream and recent NHS England guidance on a common outcomes framework for social prescribing.

Commitment and Opportunity

It is important to set out from the beginning that VAPN members are fully committed to working with the ICS/other Commissioners to develop best practice Social Prescribing/Community Connection Services/Systems that meet the needs of all stakeholders – primarily vulnerable people with long-term health conditions and including Commissioners, health professionals and local VCSE organisations. Working together we have an opportunity to develop fully integrated service delivery models that will:
- Deliver on the emerging Personalised Care Programme approach, local ICS priorities and the NHSE Social Prescribing Outcomes Framework.
- Reduce the need for primary and secondary health care interventions by people with long-term health conditions and other chronic issues e.g. loneliness.
- Enable improvements in the overall health and well-being of patients and in their ability to self-manage their conditions by linking them into positive and supportive activities in the community.
- Be workable, effective and cost-effective.
- Help sustain vital VCSE services.

The role of the VCSE

We firmly believe that it is vital that the VCSE is centrally involved in the design, planning, implementation, delivery and evaluation of any systems. We have:
- The expertise to understand the 'beyond medicine' needs of patients.
- The ability to match them with suitable opportunities in their local community.
- The ability to enable them to fully benefit from and sustain those opportunities.
- A presence and reach in all local communities.
- The ability to help monitor and track progress and report on outcomes and impact.
- A strong track-record of successful delivery in partnership with health and social care providers.
- An understanding of and commitment to delivering on local ICS priorities.
- Existing networks through which to mobilise and engage the sector and to share best practice and knowledge.

However, to enable us to fully contribute our expertise and make our services available we need an equitable 'seat at the table'. We need acknowledgement of our integral role in delivering a successful social

1

prescribing services to patients and the importance of our expertise in shaping any extension or development of new or existing social prescribing systems. Whilst we understand issues of resource constraints and time pressures, we are aware of a number of models of best practice that could be used/considered/built-on, all of them fully involving and in some cases led by the VCSE. These include the pilot service currently delivered in Bassetlaw, led by BCVS, and the Rotherham Model – widely regarded as a best practice model nationally. Both these models work successfully as a result of the central role of leading local VCSE organisations that coordinate and act as a central hub for the service and employ experienced VCSE Link Workers to work with and support patients. These models also invest in the VCSE to ensure sustainable models of working are established.

Issues highlighted through the September – November VCSE consultation

Capacity
- The VCSE is already stretched and has experienced years of austerity which has led to many organisations closing or reaching breaking point. There are concerns about any increases in demand on services.
- Large organisations may be better placed to cope with increased demands and therefore receive funds but smaller organisations may be better placed to offer localised services in line with the ethos of social prescribing.
- There could be waiting periods for patients the organisations cannot manage where Link Workers continuing to refer. This could have a negative impact on the organisation's reputation.
- There are VCSE organisations who do not wish to be signposted or referred to. The proposed models suggest all of the VCSE is available for the purposes of social prescribing.

Funding
- Funding restrictions – existing funders often place restrictions on the categories of people who can access the service. This information isn't currently widely available for all organisations and projects. There could be referrals and signposting to organisations who cannot take on the patient which could in turn impact on the reputation of the organisation or the patient's motivation to seek an alternative.
- Sustainable funding – long term investment and capacity of the VCSE needs to be considered.
- Not free – volunteers and voluntary sector services have costs associated to them. This appears to be regularly overlooked and perpetuate stereotypes of the VCSE as a free rather than funded. Investment and resources are needed for any social prescribing models.
- Funding for completing additional tasks and paperwork is required.

Commissioning
- The commissioner and commissioning is not explicitly mentioned in the proposed models. What is their role?
- Future commissioning intentions – there is an opportunity to reshape commissioning to create a more fair market for smaller organisations.

Safeguarding
- There is a potential increased risk of safeguarding concerns and a need for accessible safeguarding training for VCSE organisations.
- Managing complex needs and specific service needs – this is an existing issue that many VCSE organisations face. They are already supporting patients with more needs than anticipated and

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are largely left to it by health and social care who have closed their cases citing the VCSE organisation as the suitable outcome.

Information and data
- The ICS will need to be willing to share data to gain the full patient story to support meaningful social prescribing referrals. There is a need to see VCSE staff and volunteers as part of the wider workforce.
- LiON and Notts Help Yourself – these are limited resources e.g. it does not show the funder of organisations and any restrictions unless an organisation has volunteered this information. Organisations often do not prioritise keeping their entry and keywords up to date.

Infrastructure
- Infrastructure is needed for VCSE – suggestions were made for a single point of access, managing referrals, marketing, project coordination and strategic level voice needed

Social prescribing is already being delivered – social prescribing is not new. VCSE organisations have experience is delivering social prescribing and have evidence and experience to offer in how place based models are formed and developed. Develop it with the VCSE rather than impose models.

Observations on current proposals

The statement has been delayed until after the ICS Community Centred Approaches governance had been defined.

We recognise the fluid nature of the developments of the ICS and the challenges this poses to ICS staff. However, we are concerned that there has been significant change and confusion in the past 6 months which has led to decisions being taken in the absence of full consultation with the VCSE and patient voice. Whilst recognising the time constraints placed on the ICS staff to move this and similar projects forward, this has been done without considering the VCSE as a strategic partner and without democratic oversight.

The concerns laid out in this document have been raised on numerous occasions. Rather than being acknowledged and addressed they are noted as part of co-production with little evidence of being taken into consideration in the design of social prescribing models. To date there has been one co-production workshop held in September and the ongoing input of the My Life Choices group. Our concern is this process is being labelled as co-production when it is more reflective of gathering feedback from a select group. Co-production with the VCSE is not visible. With the time constraint of March 2019 for social prescribing to be in a working position, co-production, in its traditional sense is not possible. We would strongly recommend extending this time scale in order to undertake genuine co-production or to change the term being used in order to realign expectations.

Community Centred Approaches have an aim of reducing unnecessary dependence on services. Social prescribing is described as a short term intervention (approx. 12 weeks). Arguably, this raises questions about whether dependence will move to VCSE organisations along with the risk and associated costs. There is also a long term implication for the VCSE as the short term intervention increases long term usage of their services. Additionally, the cost saving for the ICS and in turn NHS from social prescribing as far as has been made clear is not available to invest in the VCSE.

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Social prescribing will be built through strengthening place based community support. It is widely known there are disparities in the level of wealth and healthy life expectancy across Nottinghamshire. If these place based models build on what currently exists it could lead to a wider gap in health inequalities. We would recommend completing asset mapping in partnership with the VCSE to not only identify gaps in services but also where health inequalities and funding disparities exist alongside population data. This would build a robust asset map that is data driven incorporating both qualitative and quantitative data. Connected to this our concern that statutory services have inferred they could remove duplications in VCSE services and support.

The VCSE is referred to as provider and partner. This implies there is an agreement from the VCSE to provide services for social prescribing and that there is a defined relationship. However, the VCSE is currently largely not commissioned and most organisations do not have formal agreements in place to be considered in this way. Moving forwards the VCSE will expect to be funded and formally acknowledged as a provider and partner. We would be keen to see clarity around the relationship with the VCSE and the expectations of organisations.

'Workability'

There is still confusion about how social prescribing might be scaled across the ICS footprint. Even within the most recent proposals there seem to be unrelated and potentially competing developments underway or emerging throughout Greater Nottingham and beyond. For example, a VCSE organisation has recently received 3 years of funding to carry out social prescribing which does not appear to relate to any of the existing place based models suggested.

The current models still appear to present as medically driven/focused and do not fully acknowledge the central role of VCSE organisations in delivering social prescribing. They do not appear to take account of the contribution we can make to ensuring patients are matched with and sustain the most suitable and helpful opportunities and activities for them as individuals, nor do they seem to acknowledge the potential additional pressures on local VCSE organisations arising from the introduction of a new system.

The current models appear to assume that the VSCE can absorb additional demand without sustainable additional resource and infrastructure. As such, we believe the proposals in their current form are unworkable. In addition there are a number of concerns regarding the plans for link workers, the role of volunteers, patient activation measures, quality assurance and language. We believe all of these concerns can be addressed through the VCSE having a consistent strategic voice and meaningful collaborative working.

Risks

There is a risk that without the full involvement of the VCSE, through consultation and meaningful dialogue and full coproduction, any system will not work effectively. It is unlikely to deliver the best outcomes for patients and will potentially place unsustainable burdens on front-line VCSE organisations. Whilst we understand that there might need to be different systems in different areas, they should be consistent and fair and will need to meet the needs of the local population. At present it appears unlikely that this will be the case. In the worst case scenario some voluntary sector organisations might decide simply not to engage as a result of the lack of clarity of what is expected of them and the potential additional burdens placed upon them. This is something we are keen to avoid.

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In summary

Our collective position in response to recent and proposed social prescribing developments can be summarised as a cautious 'Yes, but…'

In short, we believe there is a platform to build on and an opportunity to improve the proposals through dialogue and co-production. We are asking for (and believe we should be able to expect) a process of meaningful dialogue in order to:

- Clarify expectations of the VCSE.
- Ensure security of current VCSE funding (as a minimum).
- Explore the potential for additional resources/infrastructure for VCSE organisations who will be required to deliver activities and opportunities for patients, with an emphasis on enabling sustainable VCSE interventions.
- Co-produce an effective and workable system in the best interest of patients and all stakeholders.

The following quote from Dr. Marie Polley, Co-Chair of the Social Prescribing Network, during a recent episode of 'Inside Health' on BBC Radio 4 perfectly summarises our view:

> *I think fast forward 10 years…I think that there will be universal access to social prescribing and that it will be embedded within the medical profession and I think it will be embedded in local authorities and social care. That will only work…if everybody realises that it's the voluntary community sector that are the real gem in all of this because they've been supporting people in the way that's very bespoke and appropriate for years and years and years and they've always been the poor relation at the table. So, if we don't invest in the voluntary sector there won't be social prescribing in 10 years' time and that's the message from the social prescribing network.*
>
> [Dr. Marie Polley, Senior Lecturer in Health Sciences at the University of Westminster and Co-Chair of the Social Prescribing Network.]

We have written and submitted this paper in good faith, in the hope that it will enable decision-makers to understand and accept our position and make a positive response towards the development and implementation of the best possible service/system.

Written on behalf of the Vulnerable Adults' Providers Network (VAPN) Nottingham
December 2018

Statutory Officers Report for the Nottingham City Health and Wellbeing Board – 30th January 2019

Director of Public Health

1. **One You - https://www.nhs.uk/oneyou/**

January is often a time when we consider making lifestyle changes and setting ourselves resolutions for the year ahead. 'One You' is a campaign that encourages adults to avoid future diseases by making small lifestyle changes such as eating well, drinking less alcohol, quitting smoking or being more active.

This January the Physical Activity, Obesity and Diet Network are focusing on promoting the Active 10 app. Active 10 is a free app which, once downloaded, shows users how much brisk walking they are currently doing each day and provides tips and encouragement in how they can fit ten minute bursts of brisk walking, known as an Active 10, into their day. A regular brisk ten minute walk every day has numerous health benefits.

How can you support the Active 10 campaign?

- Download the Active 10 app on to your phone and encourage others to do the same
- Add the banner below to your emails
- Download or order Active 10 leaflets, posters and other resources to help promote the campaign
- Tweet (or retweet) using #Active10

There are lots of opportunities to get free or low cost physical activity across Nottingham – here are some useful links:

- Walking, outdoor gyms, orienteering and more in Nottingham's parks
- Parkrun – Free, 5km times run, jog or walk taking place every Sunday at 9am in two Nottingham locations
- Table tennis
- Get Out Get Active
- Notts Girl Can
- ParkLives
- Fit In The Community
- Join Active Nottingham and use the city's eight leisure centres

2. Getting Active Together – Nottingham's Local Delivery Pilot

Tackling levels of inactivity in Nottingham is a priority within our joint Health and Wellbeing Strategy, as well as a number of other plans and strategies in the city. I am delighted that by working in partnership One Nottingham, Active Notts and Nottingham City Council have been able to secure grant funding from Sport England to help make that happen.

The funding will be used to develop a systems-based approach to tackling inactivity in the city, recognising that there is no single solution and a broad range of action is needed. The pilot plans to target three priority areas; Broxtowe/Aspley, Bulwell and St Ann's/Sneinton/Dales, taking an asset based community development (ABCD approach). This will mean a focus on the specific needs of the communities in those areas, ensuring that any interventions build on the assets, or strengths, which already exist. This is a great opportunity to test and learn from new approaches to reducing physical inactivity, working alongside local communities.

A steering group has been established for the Local Delivery Pilot but day-to-day it will be led by Amanda Chambers, who has recently started in post as Strategic Lead. If it is to be a success it will require the support of Health and Wellbeing Board members and organisations. Amanda is keen to have a conversation with Board members about the early learning from Sport England's national Local Delivery Pilot programme and how this could help us in developing our approach in Nottingham and you are therefore welcome to contact her on: Amanda Chambers (Strategic Lead), Amanda.chambers@onenottingham.org.uk

3. Prevention is better than cure

It was encouraging to hear Matt Hancock, Health Secretary, state that 'prevention is better than cure', a principle which is at the heart of public health. In early November the Government published this policy document, setting out a vision for putting prevention at the heart of the nation's health. It acknowledges that preventing ill-health is not only beneficial to individuals who live longer, healthier lives but it also vital for a strong economy and to reducing pressures on the NHS, social care and other public health services. Nationally we have seen great success in relation to prevention, for example mass vaccination programmes have substantially reduced the harm of many infectious diseases but there is much more that can be done, particularly in relation to the behavioural, social and environmental factors which have such a significant impact on our health. The vision states that prevention is everyone's business and requires individuals, health and social care services, national and local governments must work together, alongside communities and employers. I am confident that the strong partnerships we have established within the Health and Wellbeing Board mean that Nottingham is well placed to do this. The Government have committed to publishing a Prevention Green Paper in the first half of 2019 and I look forward to seeing how this vision translates into action.

Prevention is also a strong theme, in the recently published NHS Long Term Plan, along with a focus on early support and reducing health inequalities. Chapter Two sets out actions the NHS will take to strengthen its contribution to prevention and health inequalities, complementing the equally important roles of individuals, communities, local govern and businesses. With a focus on the top five risk factors causing premature deaths in England; smoking, poor diet, high blood pressure, obesity and alcohol and drug use, local areas will be required to set out specific measurable goals which will contribute to narrowing health inequalities in the next five and ten years. Air pollution and lack of exercise are also recognised as significant. The plan makes numerous commitments but

as always it will be the detail and local interpretation that will be most significant. Initial local plans are due to be published in April 2019.

4. Nottingham Time to Change (NTTC) – Employer Pledge

When an organisation signs the Time to Change (TTC) Employer Pledge they demonstrate their commitment to change how people think and act about mental health in the workplace and make sure that employees who are facing these problems feel supported.   By signing the Pledge, they join a growing movement of almost 1,000 employers in England across all sectors from FTSE 100 companies and leading retailers to government departments and local authorities. Unfortunately, the number of local employers who have made this commitment to date is particularly low and I would like to request your assistance in promoting this Time to Change Employer Pledge Workshop within your own organisation and through you supply chains and other networks.

Why should organisations sign the TTC Employer Pledge?

Mental health is an issue organisations cannot ignore

- 1 in 4 British workers are affected by conditions like anxiety, depression and stress every year
- Mental ill-health is the leading cause of sickness absence in the UK, costing an average of £1,035 per employee per year
- 95% of employees calling in sick with stress give a different reason.
- Looking after the mental health of employees makes business sense: tackling stigma can make a real difference to sickness absence rates, staff wellbeing, productivity and retention. Since signing the Employer Pledge, 95% of employers said it had a positive impact on their organisation.

Employers also benefit from the FREE, ongoing specialised support and training offered through Time to Change.

What support is there for employers considering making a pledge?

To find out more about the Employer Pledge, you are invited to the above workshop session that will include:

· A presentation giving more information
· A question and answer session
· Examples of workplace action plans in development and an opportunity to start drafting your own workplace action plan.

For more information on the Employer Pledge or to book your place at the workshop on 31 January, please email Nottingham Time to Change at sharan.jones@nottinghamcity.gov.uk.

5. Public Health Forums

With topic-focussed sessions, Public Health Forums 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:

- 25th February – Children in Care and looked after children

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

Avoiding scams, doorstep crime and staying safe

Wednesday 6 February 2019, 10.30 am – 12.30pm

Nottingham City Council, Loxley House, Ground Floor Committee Room, Nottingham, NG2 3NG

Are you over 50 and want to find out more about protecting yourself and your home from doorstep crime and scams?

Age Friendly Nottingham invites you to a <u>free</u> seminar where local experts will be sharing preventative measures older citizens can take to avoid crimes and scams in the home and online.

- Hear about the latest scams affecting older people.
- Explore the best ways to improve home safety.
- Be clear on how to report suspicious activity and access support.
- Visit a marketplace of stallholders offering advice on remaining safe and independent in your home.

To reserve a place please email
healthandwellbeing@nottinghamcity.gov.uk

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JSNA Chapter – Sexual Health and HIV

Topic information	
Topic title	Sexual Health and HIV
Topic owner	Helene Denness, Consultant in Public Health
Topic author(s)	Uzmah Bhatti – Nottingham City Council Matthew Osborne – Nottinghamshire County Council
Topic quality reviewed	9th October 2018
Topic endorsed by	Nottingham & Nottinghamshire Sexual Health Strategic Advisory Group December 2018
Current version	December 2018
Replaces version	February 2014
Linked JSNA topics	Reducing Unplanned Teenage Pregnancy and Supporting Teenage Parents (2017), Safeguarding Children (2017), Viral Hepatitis, Domestic & Sexual Violence and Abuse (2018), Female Genital Mutilation (2017)

Executive summary

Introduction

Sexual health is defined by the World Health Organisation as: 'a state of physical, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled'.1

Good sexual health is an important aspect of health and wellbeing and it is vital that people have the information, confidence and the means to make choices that are right for them. It helps people to develop positive relationships and enables them to protect themselves and their partners from infections and unintended pregnancy. Sexual health services can provide cost savings to the NHS and can significantly reduce physical and emotional ill health through prevention work and early intervention. Poor sexual health can occur at any stage of life, and can have an enduring and severe impact upon people's overall quality of life.

Nottingham City is similar to the rest of the country when considering key sexual health outcomes. In Nottingham there has been a slight increase in new diagnoses of STIs, similar to the rise seen nationally. The chlamydia detection rates have declined slightly. remains low compared to the rest of the county although improvements have been made. Nottinghamshire is performing well in relation to the rate of Longer Action Reversible Contraception (LARC) prescribed but there are local differences in demand and provision.

This JSNA chapter was produced in collaboration with Nottinghamshire County Public Health. This chapter focuses on Nottingham City and considers the need, evidence of effective interventions and current service provision for:

- Sexually transmitted infections including HIV
- Contraception
- Terminations of pregnancy

This chapter identifies unmet needs and knowledge gaps and reflects on potential future changes in sexual health. A series of recommendations are made for stakeholders across the sexual health system to consider. This JSNA chapter has been endorsed by the Nottinghamshire/Nottingham Sexual Health Strategic Advisory Group (SHSAG). The chapter will be used to refresh the Sexual Health Framework for Action, which aims to provide a clear and ambitious plan for improving the sexual health and wellbeing of the people of Nottingham and Nottinghamshire. A summary of the responses to the preceding assessment can be found in appendix 1, some of these were fully achieved and others remain a recommendation.

Topics with direct links to sexual health such as, domestic abuse, teenage pregnancy, sexual violence or gynaecology are not the focus of this chapter. They are covered in other published documents. Further information can be found on the Nottingham Insight website.

Unmet needs and service gaps

The following unmet needs and service gaps have been identified:

- National data systems alone do not always present an accurate picture of activity as an indication of need. This can be due to time lag in data recording or due to quality of data. Work often needs to be done at local level with providers to verify the understanding derived from data.
- Emerging threats such as antimicrobial resistance and mycoplasma genitalium arrive with risks around increased STIs, increased demand and increased costs in a challenging economic climate.
- Managing demand and pathways across services to ensure effective and efficient delivery of sexual health services remains a challenge
- Increasingly diverse populations and sexual lifestyles increases complexity in understanding need and planning provision that meets the needs of citizens equally.
- Access to, and effective use of contraception continues to be a priority in preventing unplanned pregnancy.

These are explored in more detail in section 8 of this JSNA chapter.

This chapter does not focus on domestic abuse, teenage pregnancy, sexual violence or gynaecology as they are covered in other published documents. Further information can be found on the Nottinghamshire Insight website.

The previous version of the sexual health JSNA was completed for Nottingham City in January 2014. Since 2014, a number of achievements have been made against the previous JSNA recommendations:

- The sexual health commissioning model has become embedded across local government, clinical commissioning groups (CCGs) and NHS England.
- Implementation of integrated pathways for sexual and reproductive health that reflect evidence based practice and deliver an improved patient journey that is equitable, accessible, high quality and reflects value for money.
- Completion of a Health Equity Audit
- High levels of satisfaction of sexual health services reported by services users

Recommendations for consideration by commissioners

1. Understand and plan for issues on the horizon such as testing for Mycoplasma Genitalium (Mgen), roll of out pre-exposure prophylaxis (PrEP) and increased service demand. Explore options for funding where the impact involves increased cost to services.
2. Work with a range of partners and stakeholders from within the health care system with the aim of establishing clear pathways between primary care and integrated sexual health services, and ensuring commissioners and providers keep up with changes and pressures in the health care system in order for citizens to continue to receive the right care in the right place at the right time.
3. Work with partners to improve the quality of chlamydia testing data at testing sites to help improve the understanding of fluctuations in numbers.
4. Consider reviewing and refining service user satisfaction data collection methods to understand how people use sexual health services and what services citizens want.
5. Consider further evaluations/audits including engagement with specific sexual health needs of some at risk groups such as young offenders, sex workers, men who have sex with men (MSM) and LGBT communities.
6. Make efforts to ensure MSM are being tested for HIV and STIs regularly in line with current guidance.
7. Improve the recording and monitoring of patient ethnicity in services to obtain a better picture of the burden of STIs within ethnic groups.
8. Understand the views and barriers of citizens who do not access sexual health services on time.
9. Plan support in preparing for Relationships and Sex Education becoming a statutory subject in 2020 in order to provide quality and evidence based content.
10. Improve pathways and testing opportunities for women accessing termination of pregnancy services.
11. Understand local response to offers and uptake of HIV testing targeted at some BME groups at high risk of HIV.
12. Improve recording and monitoring of data on sexual orientation of service users to understand needs and access to services. Explore any issues around 'asking the

question' and utilise verified resources to support people, particularly young understand data collection.

13. Consider more robust planning and evaluation around communications for sexual health campaigns.
14. Develop a further understanding of factors contributing to reinfections with STIs and how behaviour change can be encouraged via sexual health services and health promotion routes.
15. Consider a service evaluation of the online chlamydia testing service to understand who is using it, the cost effectiveness of the service and anticipated future demand.