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ADDITIONAL / TO FOLLOW AGENDA ITEMS

This is a supplement to the original agenda and includes reports that are additional to the original agenda or which were marked 'to follow'.

NOTTINGHAM CITY COUNCIL HEALTH AND WELLBEING BOARD

Date: Wednesday, 28 March 2018

Time: 2.00 pm

Place: NHS Nottingham City Clinical Commissioning Group, 1 Standard Court, Park

Row, Nottingham, NG1 6GN

Governance Officer: Jane Garrard Direct Dial: 0115 8764315

AGENDA Pages

5 JOINT HEALTH AND WELLBEING STRATEGY HEALTHY CULTURE 3 - 12 ACTION PLAN UPDATE



Health and Wellbeing Strategy 2016-2020 Outcome Progress Highlight Report

Completed by:	Uzmah Bhatti	Reporting period:	From:	April 2017	То:	March 2018
Board meeting:	28 th March 2018	Next meeting at which this Priority Outcome will be discussed:		28 th Septemb	er 2018	3

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

Themes:

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

For information

Key Progress to bring to the Board's attention:

Progress on metrics in this reporting period:

1. Increase in effectiveness of reablement.

Integration was on hold during CCG Out of Hospital reprocurement. New service to commence in July 2018. Nottingham City is anticipating support from Newton Europe to support DTOCs and this is likely to be focused on reablement.

YTD performance is 87.8% against a target of 79%. The last few months we have been over 95%. Last reportable month, January, saw us at 98%. The end of 16-17 and beginning of 17-18 saw the service settling into new ways of working following a reorganisation; since the service has been stable it has performed exceptionally well against this metric.

2. Reduction in delayed transfers of care.

DTOC continue to be challenging. The metric will remain red for the rest of the year however it is hoped there will be month on month improvement.

DTOCs are impacted by anomalously high levels of waits for care packages at home and evidence that social care assessment waits are increasing. In terms of NHS waits they remain largely flat however the reduction that was hoped to be seen via the roll out of D2A has been impacted by the closure of Connect and increase in cohort patients who become stuck in the system. Capacity within the homecare has recently been increased via NHSE funding and the recommendations from the Newton Europe work are being implemented. The CCG has created a Systems Capacity post to provide a focus on reducing DTOCs. Support is being provided by NHS Elect to

reduce DTOCs across community facilities and a new project group has been set up.

3. A decrease in the percentage of citizens who report, through the Citizen Survey, that they struggle to keep up with bills and credit commitments.

23.6% is an increase on the previous year which fared particularly well, but figures remain within target. Of the 23.6%, 21.6% were struggling to keep up whilst 2% were behind with bills.

4. An increase in the percentage of citizens who report, through the Citizen survey, that they know where to go for advice, help and support if they are experiencing financial hardship.

Baseline was set last year, this year has seen an increase which is slightly under target.

5. PHOF – Children in low income families (all dependent children under 20)

(Published on a 2 year delay) Locally set aspirations base on "A New Approach to Child Poverty: Tackling the Causes of Disadvantage and Transforming Families Lives" which sets out the Government's approach to tackling poverty for this Parliament and up to 2020. This strategy meets the requirements set out in the Child Poverty Act 2010, focuses on improving the life chances of the most disadvantaged children.

Key progress on delivery of action plans themes in this reporting period

1. LION - Online directory

LiON has been operational since May 2016 and had 47k unique hits and 113k unique page views within the last 12-months. The Health and Care Point are currently using LiON to signpost citizens to appropriate activities and services. There are over 2,000 services registered on LiON and LiON has been embedded within the Adult Social Care Community Led Pathway.

The way internet users view or find information online is changing. Traditionally a user who uses Google to search the internet would view text-based results, i.e. an article or webpage. However, this trend is changing and there is an increased emphasis on video content. Therefore, as part of our strategy, we are producing videos and dynamic content to be uploaded to LiON (and LiON's YouTube channel) around key themes that impact citizen's lives. The videos and other dynamic content needs to get the message across in under 60 seconds, as generally there is a 50% drop off rate after 40 seconds.

Next Steps

- Is to continue to promote and market LiON to the wider workforce and citizens.
- Develop a Wellbeing Wheel that will sit on LiON and use the information within LiON. The wheel will be used as part of the social prescription/health coaching pathway.
- Further development to the What's On pages, which will enable easier navigation of events/activities.
- Continued development of 60-second videos to communicate key messages to citizens. This in response to the changes in surfing habits of internet users.

2. Self Care

Social Prescribing roll out to all City GP Practices completed. Work is underway

- with Community Pharmacies, Community Led Support project, Employment and Housing to improve access to social prescriptions currently only available through a GP or a member of the GP Practice Team.
- In preparation for adopting the Greater Nottingham Model in Q3/Q4 this year the
 City's model is adopting a face to face health coaching assessment approach and
 using the "Patient Activation Measure" as an outcome measure. This update to
 the City model will go live in April. Working with GP practices to identify CoPD
 patients who would benefit from health coaching/a social prescription.
- Working with LiON to develop the Wellbeing Wheel this will be used as part of the social prescription/health coaching pathway. This will deliver the online self assessment tool for self care that will have longevity if the LiON and Notts Help Yourself directories merge.
- 2017 Self Care Aware Campaign promoted a more traditional self care/wellbeing
 message about taking time for yourself. CDG specific leaflets promoted local
 activities and a standardised back page of 10 top tips to take a break and feel
 good. Leaflets were distributed to all GP Practices, Leisure Centres and Libraries
 across the City and this was backed up by a social media campaign during the
 week through the Council's twitter, facebook and email newsletter channels.

3. Assistive Technology

The integrated Assistive Technology Service continued to grow in 2017/18 and by March 2018 is expected to have supported 9600 citizens to have lived more independently, with 7,000 still with equipment. The Service retains very high satisfaction levels. There have been many case studies produced to evidence the impact the Service has on citizens independence and safety.

From May 2018 service delivery is being re-aligned to be targeted at citizens in receipt of a social care service, and to support social care demand management. This is common as best practice in most local authorities and reflects the budget pressures the service is under. As in many areas citizens will have the opportunity to self-fund to support themselves where they want equipment but do not meet eligibility to be provided with it.

4. Financial Resilience

Following austerity and budget cuts, it has become necessary to reduce funding to financial vulnerability advice services. It is intended to work with services between March and June 2018 to understand how to transform delivery from the year 2019/20 onwards to manage services with a reduced budget.

Analysis showed that the implementation of a shared free phone number for citizens and the consequent advertising of this would put undue demand on services that are already operating at capacity and triaging effectively. Instead, it was agreed to put in place a phone number for professionals to refer into the service and to support them to ensure citizens who come into the service are 'advice ready'. This work is however on hold due to the reduction in budget for the service. It is not now clear if this is a viable approach within the future budget.

Work between March and June will be to review and consult on current provision and national and local context in order to inform the design of a model that will deliver effective, quality services that meet the demand for accessible financial vulnerability advice services in the City within available resources. Detailed analysis will be undertaken to understand what the difference is between the internal Welfare Rights Service and externally commissioned services.

5. Integration

As part of the Integrated Care System Development one of the key interventions is to develop recommendations for outcome measures and KPIs that will be system wide.

In light of this larger project and due to financial pressures It was decided by as part of the joint financial recovery work which reviewed BCF spend to pause the Patient Centred Outcomes work. It was agreed at the Health and Wellbeing SubCommittee that funding identified for the PCOM project was redirected to the BCF savings.

Primary Care Multi-disciplinary Teams

Primary Care Mental Health Service has been in place since Jan 17. The service inputs into the MDTs and provides a bridge between GP, secondary mental health services and wider health and social care teams.

CCG Executive team are currently reviewing plans to develop a primary care pathway for mental health and align this across Greater Nottinghamshire. A draft plan will be shared at CEG in April.

LTC Psychological therapies pilot is underway which joins up physical and mental health support.

Health and Care Point

The performance delivered by NHCP is high and a range of performance measures are analysed and reported on monthly basis in order to enhance demand management and excellent citizen outcomes.

Prior to the changes made at NHCP in January 2017 there was a high number of complaints received about the service mainly from citizens and professionals who were unable to get through on the telephone lines; since January 2017 there have been no complaints received about the service and a number of compliments have been received.

Performance improvement achieved includes: a high number of citizens have their needs resolved at first contact with NHCP and are successfully signposted or connected to appropriate services as well as being provided with relevant information, advice and guidance from the skilled operatives at NHCP.

Citizens who are connected to alternative services are contacted 2 weeks after their initial contact with NHCP to find out whether their needs have been met and to seek feedback on the service. All information gathered from these contacts is used by the responsible managers to inform service improvement and delivery.

'Key asks' progress reported by HWB Members

In March 2017 a Healthy culture Action plan update was provided and HWB members were presented with a set of 'key asks' to support the delivery of the action plan. In the lead up to the March 2018 HWB meeting, members were contacted and asked for updates against these. These are set out in the table below.

'Key Asks' from HWB (March	Feb 2018 update from HWB members	
17)	Actions taken to support 'key asks'	HWB Member Name
Theme 1: Services will work better	together through the continued integration of health and social care that is designe	d around the
citizen, personalised and coordina	ted in collaboration with individuals, carers and families.	
Assistive Technology – HWB is requested to ensure that member organisations work with the Assistive Technology Service (delivered by Nottingham City Homes) to raise awareness and take up, especially with hard to reach groups such as those from BAME communities.	The proposals to reduce the AT budget has hindered the delivery of this action. Production of a joint strategy with Adult Social Care was halted due to proposed budget cuts and changes to eligibility. The proposed new eligibility criteria will re-focus the funded service on those who have long-term care needs. Those who are not social care eligible will still be able to access the commercial offer provided by Nottingham on Call and it would be helpful if HWB members could reaffirm their commitment to promote this. Work has recently commenced with the Hospital Discharge Team to implement 'Just Checking' as an assessment tool for social care eligible hospital discharge cases. This is proceeding well – it would be helpful if the integrated Reablement service would commit to utilising AT in the same manner. NoC will offer a 'try before you buy' option for hospital discharge cases who are not social care eligible – again it would be helpful if NHS colleagues could promote this offer. Other than from the Care Coordination Team engagement from specialist City Care services has been poor particularly from frontline staff such as District Nurses, District Matrons, COPD Nurses etc Nottingham Fire and Rescues Service have engaged very proactively with the service. Assistive Technology staff continue to offer training for any referral agency on the benefits and use of assistive technology solutions. The service has engaged proactively with The Indian Community Centre the Pakistani Community centre in order to raise awareness within these communities and had a stall at the 2017 Caribbean Carnival	
	Due to budget cuts it is no longer appropriate to promote this service.	Helen Jones

	Community partners within the Integrated Discharge Function (hosted by NUH) recommend sensors and AT to support the management of falls, improve safety in the home etc. If the need is identified, IDF refer for telecare to facilitate discharge to patient's own home wherever possible	NUH		
	The IDF access interpreting services as necessary to enable BAME citizens to be fully involved in individual discharge planning and goal setting (which may include the need for AT)			
	The consideration for AT already exists within our Safe and Well check delivered to targeted vulnerable members of the community. Notts Fire and Rescue Prevention Team reminded of the HWB key ask.	Wayne Bowcock Notts Fire and Rescue		
Theme 2: Individuals and groups we their health and wellbeing.	will have confidence to make healthy life choices and access services at the right tin	ne to benefit		
Self-Care – HWB members are requested to identify key individuals from their respective organisations	NCH would nominate Antony Dixon, head of Supported Housing to support Rachael The Hospital to Home project aims to keep people living independently in their own homes, prevention hospital admission and readmission and speeding up DTOC.	Gill Moy, NCH		
to work with Rachel Jenkins to develop Self-Care across the City	Linda Sellars and Karla Banfield are working with and supporting Rachael Jenkins from an ASC perspective.	Helen Jones		
	Clinical Leads & Project Team Members identified for the Prevention, Independence and Self-Care workstream, including NUH representation for the workforce element of prevention and self-care workstream	NUH		
	Rachel Jenkins has met with NUH's Head of Patient and Public Involvement, Patient Representative and STP Programme Manager			
	NUH representatives put forward to support self-care COPD pathway development work			
	Notts Fire and Rescue Prevention Team key individual will be Emma Darby	Wayne Bowcock		
		Notts Fire and Rescue		
Theme 3: Citizens will have knowledge of opportunities to live healthy lives and of services available within communities				

access to) advice and assistance

HWB members are requested to

once this has been established

HWB members are requested to Promote LiON and encourage groups, organisations, services to	NCH have promoted LiON in its publications to staff and tenants, including our tenant and resident associations. A further promotion of the LiON will be undertaken in the Spring.	Gill Moy, NCH
register on LiON and promote the use of it amongst the workforce.	Cascaded information about LiON to all GP practices in the city	
	LiON has been embedded in the community led pathway (ASC).	Helen Jones
	Promotion and awareness of LION using various forms of media	
	ASC colleagues made aware of LION and encouraged to use during assessments	
	Awareness raising to be included in in safe and well contacts and wider prevention work carried out by NFRS	Wayne Bowcocl
		Notts Fire and Rescue
Theme 4: We will reduce the harm	ful effect of debt and financial difficulty on health and wellbeing	
HWB members are requested to	As the City's biggest social landlord, NCH already undertake a lot of work within this area.	Gill Moy, NCH
use opportunities to raise awareness of the relationship between financial vulnerability and	We have a Tenancy Sustainment Team dedicated to supporting those in debt as well as promoting financial resilience.	
health and wellbeing	NCH is running a 'Rent First' campaign promoting the importance of paying rent and	
HWB members are requested to	keeping a roof over your head.	
champion training for front line workers on how to identify financial	We promote Credit Unions as a source of responsible saving and borrowing.	
vulnerability and provide (or support	NCH has an 'Eyes Wide Open' campaign which encourages all staff to report issues of	

All new tenants have a support needs assessment undertaken, which will highlight any

concerns, including those around financial vulnerability.

concerns around financial resilience.

encourage minor process changes to embed recognition of financial vulnerability and access to assistance (e.g. via clear referral arrangements) within services	We are members of the Financial Resilience group. We have a tenancy sustainment officer(TSO) based within the DWP to support new UC claimants. We have a specialist TSO who has a focus of health related debt issues.	
	All our front line staff are trained to support those experiencing debt. Once we are notified training and specific advice and assistance has been established, we will ensure that it is embedded within our information and advice and staff are briefed. As adult social care is chargeable, people in need of services already have a financial assessment when information about benefits will be provided. However, this work will	Helen Jones
	particularly enhance our preventative offer. Work is underway with Nottinghamshire Carers Hub to raise awareness of support available for Carers. Drop in sessions during Q4 17/18 offer information/advice, including help for the financially vulnerable to access assistance if required	NUH
	Cancer Nurse Specialists (CNSs) routinely discuss financial issues with patients during initial consultations and at further points in their journey via Holistic Needs Assessment. This includes exploring financial vulnerability and signposting people to help if needed (e.g. drop-in sessions offering benefits advice at Maggie's)	
	Financial status is considered by social workers in the Integrated Discharge Team. If assessment highlights concerns with financial abuse, vulnerable patients will be discussed with NUH's safeguarding team to determine further actions required As part of its Employee Assistance Programme, NUH is currently exploring how to further	
	support staff (many who will be Nottingham City citizens) with worries about their financial well-being Consideration to include front line worker training and engagement with referral pathways once FRS national negotiations are concluded.	Wayne Bowcock Notts Fire and
		Rescue

General comments		
	 Notts HC Trust has: A public health strategy for the trust that includes action both on patients and staff well being A biannual survey of staff well-being (using the national ONS four question metrics) and adjust our staff support to reflect those findings Adopted a range of physical healthcare initiatives for patients with SMI Strong track record of patient involvement Major theme on recovery in mental health and host the national research centre for that theme Number one in the uk on the stonewall index of ALL companies 	Dr Chris Packham

Table 1: Updates on 'key asks' (2017) from HWB members

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