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Nottingham City Council

NOTTINGHAM CITY COUNCIL
HEALTH AND WELLBEING BOARD

Date: Wednesday, 25 June 2014

Time: 1.30 pm

Place: New Art Exchange, Gregory Boulevard, Nottingham

Councillors are requested to attend the above meeting to transact the following business

Deputy Chief Executive, Corporate Director and Chief Finance Officer

Constitutional Services Officer: Direct Dial:

AGENDA		**Pages**
1	**APPOINTMENT OF VICE-CHAIR**	
2	**APOLOGIES FOR ABSENCE**	
3	**DECLARATIONS OF INTERESTS**	
4	**MINUTES** Last meeting held on 30 April 2014 (for confirmation)	3 - 12
5	**HEALTH AND WELLBEING STRATEGY 12 MONTH UPDATE**	
5a	**JOINT REPORT OF CORPORATE DIRECTOR FOR CHILDREN AND ADULTS AND DIRECTOR OF PUBLIC HEALTH, NOTTINGHAMSHIRE COUNTY AND NOTTINGHAM CITY**	13 - 18
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Discussion item

9 HEALTHWATCH NOTTINGHAM UPDATE 75 - 78
Report of Chair of Healthwatch Nottingham

10 STATUTORY UPDATES

10a CORPORATE DIRECTOR, CHILDREN AND ADULTS
Verbal update

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Verbal update

10c CHIEF OFFICER, NHS NOTTINGHAM CITY CCG 81 - 84

11 HEALTH AND WELLBEING BOARD MEETING DATES 2014-15
To consider meeting on the following Wednesdays at 1.30pm:
2014: 27 August, 29 October
2015: 28 January*, 28 February and 29 April

*originally scheduled for 7 January

IF YOU NEED ANY ADVICE ON DECLARING AN INTEREST IN ANY ITEM ON THE AGENDA, PLEASE CONTACT THE CONSTITUTIONAL SERVICES 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

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 30 April 2014 from 1.30pm – 3.26pm

Membership

Voting members

Present

Councillor Alex Norris (Chair)	Portfolio Holder, Adults and Health
Dr Ian Trimble (Vice-Chair)	NHS Nottingham City CCG
Councillor Dave Liversidge	Portfolio Holder, Commissioning and Voluntary Sector
Dr Hugh Porter	NHS Nottingham City CCG
Dawn Smith	NHS Nottingham City CCG
Candida Brudenell (substitute for Alison Michalska)	Corporate Director, Children and Adults
Dr Chris Kenny	Director of Public Health, Nottingham City and Nottinghamshire County
Martin Gawith	Healthwatch Nottingham

Absent

Councillor David Mellen	Portfolio Holder, Children's Services
Alison Michalska	Corporate Director, Children and Adults
Dr Arun Tangri	NHS Nottingham City CCG
Vikki Taylor	NHS England

Non-Voting members

Present

Gill Moy	Nottingham City Homes
Rosemary Galbraith (substitute for Lyn Bacon)	Nottingham CityCare Partnership
Christine Oliver (substitute for Peter Moyes)	Nottingham Crime and Drugs Partnership
Dr Michele Hampson	Nottinghamshire Healthcare NHS Trust

Absent

Tim O'Neill	Director, Family Community Teams
vacancy	Nottingham JobCentre Plus
Sarah Collis	Nottingham Third Sector Forum
Angela Kandola	Nottingham Third Sector Forum
Peter Homa	Nottingham University Hospitals NHS Trust
Steven Cooper	Nottinghamshire Police

Colleagues, partners and others in attendance:

Paul Burnett	Independent Chair, Safeguarding Children Board and Adult Safeguarding Partnership Board
	Corporate Policy, Nottingham City Council
Alison Challenger	Public Health, Nottingham City Council
Colin Monckton	Commissioning and Insight, Nottingham City Council
Noel McMenamin	Constitutional Services Officer
John Wilcox	Public Health, Nottingham City Council
Dot Veitch	Early Intervention, Nottingham City Council

53 APOLOGIES FOR ABSENCE

Councillor David Mellen
Alison Michalska
Sarah Collis
Angela Kandola
Tim O'Neill
Peter Homa
Dr Arun Tangri

54 DECLARATIONS OF INTERESTS

Dr Ian Trimble declared a personal interest in item 9 'Primary Care Vision' as a general practitioner providing primary care services. The interest was considered insufficient to prevent him from speaking or voting on the item.

55 MINUTES

The Board confirmed the minutes of the meeting held on 26 February 2014 as a correct record and they were signed by the Chair.

56 NOTTINGHAM CITY HEALTH AND WELLBEING BOARD, HEALTHWATCH NOTTINGHAM AND HEALTH SCRUTINY JOINT WORKING AGREEMENT

John Wilcox, Public Health Development Manager, Nottingham City Council, introduced a report requesting the Board to endorse a working agreement drawn up between the Health and Wellbeing Board, Healthwatch Nottingham and the City Council's Health Scrutiny function. Mr Wilcox made the following points:

(a) the joint working agreement sets out the roles of health scrutiny, the Board and Healthwatch Nottingham, and their legal obligations;

(b) there is a balance to be struck between maintaining the independence of each entity while also ensuring no duplication of effort. The Board will share its forward plan with Healthwatch and health scrutiny, and this will help inform the objectives of the other 2 bodies. Key colleagues will also hold regular informal meetings to keep each party to the agreement up to speed with latest issues;

(c) there is scope within the arrangements to undertake work on the Board's priorities, (subject to resources being available).

The Board and made the following comments:

(d) the Board welcomed the joint agreement, which built on good informal relations already established between each party;

(e) Mr Wilcox explained that health scrutiny activity was driven by councillors, and that greater awareness of the Board's priorities through the agreement could help focus future health scrutiny activity

(f) Martin Gawith, Chair of Healthwatch Nottingham, acknowledged the potential of his organisation appearing less independent, especially when working with health scrutiny and exercising its 'powers of entry' rights. Mr Gawith confirmed that Healthwatch Nottingham will work hard to retain its independence.

RESOLVED to endorse the working agreement between the Nottingham City Health and Wellbeing Board, Healthwatch Nottingham and Health Scrutiny.

57 NOTTINGHAM PLAN REFRESH 2013-14 - HEALTHY NOTTINGHAM TARGETS

Laura Catchpole, Policy Officer, Nottingham City Council, introduced a report of the Director of One Nottingham presenting proposals to refresh the Nottingham Plan to 2020, and especially the 6 Healthy Nottingham targets for which the Health and Wellbeing Board is the accountable partnership. Ms Catchpole made the following points:

(a) the refresh is not a full revision of the Plan, but looks to keep the targets aligned with those in the national Public Health Outcomes Framework (PHOF). The revisions also keep the targets appropriate, credible, measurable, ambitious and challenging;

(b) no change is proposed to the Health Inequality target. While the PHOF indicator uses the national integrated household survey to measure Smoking prevalence, the proposal is to continue to collect data through the Citizen's Survey, because of the trend data already held, and the larger sample size;

(c) changes to the wording of 2 targets is proposed. The revised wording of the Physical Activity target is in line with the corresponding PHOF indicator, referring to '150 minutes of moderate physical activity per week', rather than 3x30 minutes of moderate physical activity'. Mental Wellbeing is amended to take account of the proportion of adults with poor mental wellbeing, and a comparison of Nottingham's mean mental wellbeing score to the England mean score;

(d) the measurement for Adult Overweight and Obesity has changed to use the PHOF indicator, using data from the new Active People survey, and the target is now 58%, in line with the new data. The Alcohol target will be reset in line with the PHOF indicator once the data is published, but will continue to measure alcohol-related hospital admissions;

(e) no changes are planned to the health-related targets on childhood obesity and teenage pregnancy;

(f) the report also highlighted the final position for all other targets within the Nottingham Plan.

The Board made the following comments:

(g) the closer alignment with PHOF indicators was welcomed, and Board members agreed that the changes did not dilute the Nottingham Plan's ambition to significantly improve the health and wellbeing of Nottingham citizens;

(h) in response to a Board member's question about data on smoking among under 18s, Ms Catchpole advised that data on smoking prevalence currently covered all those aged 16 and over, but that no comprehensive data was held on smoking prevalence for under-16s.

RESOLVED to

(1) approve the changes at paragraphs (b) to (d) above, detailed at Appendix 1 to the report, and to note the final position for all other targets within the Nottingham Plan, detailed at Appendix 2 to the report;

(2) note the Board's role in relation to healthy Nottingham's ambitions in the Nottingham Plan.

58 PARITY OF ESTEEM - VALUING MENTAL HEALTH EQUALLY WITH PHYSICAL HEALTH

Dr Joanna Copping, Consultant in Public Health Medicine, introduced a report of the Director of Public Health, Nottingham City and Nottinghamshire County. The report highlighted proposed action to tackle inequalities between physical and mental health, and updated the Board on the progress of the Nottingham Mental Health Strategy. Dr copping made the following points:

(a) parity of esteem between mental and physical health is enshrined in the Health and Social Care Act 2012. However, there is an imbalance nationally between physical and mental health in terms of both resource allocation and access to services;

(b) examples of inequalities include lower life expectancy and diagnosis rates, and higher levels of avoidable deaths, among those with mental illness;

(c) a report from the Royal College of Psychiatrists entitled 'Whole-person Care: from Rhetoric to Reality' highlights the significant inequalities between mental and physical health, and outlines key areas for action to address the issue;

(d) the draft Nottingham Mental Health Strategy, 'Wellness in Mind' has adopted parity of esteem and is awaiting the inclusion of children's mental health, once the children's mental health needs assessment is complete;

(e) specifically, each organisation represented on the Board is asked to identify a parity of esteem 'champion' to become involved in steering the implementation of the Nottingham Mental Health Strategy.

During discussion, the Board made the following comments:

(f) there was strong support for endorsing the parity of esteem approach and for the proposal to nominate a parity of esteem/mental health 'champion' from each organisation. A Board member made the point that the CCG was fully committed to the principle of parity of esteem;

(g) a Board member queried the lack of information on financial implications within the report. In response, Dr Copping explained that the main purpose of the report was to

have the Board's endorsement of the parity of esteem principle, but acknowledged that there could well be financial implications in the future;

(h) several Board members made the point that hospital bed closures were not down to a lack of funding, but to a shift towards community-based services;

(i) a Board member made the point that targeted and early intervention funding will provide a better return on investment, while another Board member stated that shifts in attitude and approach were needed to ensure progress on parity of esteem.

RESOLVED to

(1) endorse the parity of esteem approach to ensure equal status for mental and physical health;

(2) request all organisations represented on the Board to nominate a mental health lead to champion the parity of esteem approach and work collectively to steer the implementation of the forthcoming Nottingham Mental Health Strategy;

(3) ask for a future development session to consider the Board's role in supporting the mental health strategy and parity of esteem.

59 NOTTINGHAM CITY SAFEGUARDING CHILDREN BOARD AND NOTTINGHAM CITY ADULT SAFEGUARDING PARTNERSHIP BOARD BUSINESS PLANS 2014-15

Paul Burnett, Independent Chair of the Nottingham City Safeguarding Children Board and Adult Safeguarding Partnership Board, introduced his report, making the following points:

(a) the Nottingham City Safeguarding Children Board has a statutory requirement to produce an annual business plan setting out key objectives for action in each financial year. The Safeguarding Adult Board produces a similar business plan as a matter of good practice;

(b) this year's Business Plan is briefer than in the past, has taken into account the views of service users and sets out clear success criteria;

(c) the key priorities identified for the Business Plan in 2014/15 are:
- Priority 1: to be assured that 'Safeguarding is everyone's responsibility',
- Priority 2a: to be assured that children and young people are safe across the child's journey,
- Priority 2b: to be assured that adults in need of safeguarding are safe,
- Priority 2c: to be assured that safeguarding services are effectively co-ordinated across children and adult services – applying the 'Think Family' concept,
- Priority 3: to be assured of the quality of care for any child not living with a parent or someone with parental responsibility,
- Priority 4: to be assured that our Learning and Improvement Framework is raising service quality outcomes for children, young people and adults,
- Priority 5; to be assured that the workforce is fit for purpose;

(d) Mr Burnett highlighted specific risk issues, including ensuring that safeguarding roles, responsibilities and outcomes are explicit within commissioning and contracting issues, identifying high risk children, with evidence suggesting self-harm is increasing, ensuring that thresholds for safeguarding adults are clear, understood and consistently applied, and ensuring 'whole family' services are effectively co-ordinated.

The Board welcomed the report's clarity and noted that there were no direct financial implications for the Board at this time. However, it emerged from discussion that the documents before the Board were not the latest versions. In the circumstances, the Board agreed that the Business Plan should be submitted to the Commissioning Executive Group for its consideration and approval.

RESOLVED to refer the Business Plan 2014/15 to the Commissioning Executive Group for its consideration and approval.

60 NHS NOTTINGHAM CITY CLINICAL COMMISSIONING GROUP (CCG) 5 YEAR PLAN 2014-2019

Dawn Smith, Chief Officer, NHS Nottingham City CCG, introduced her report on the development of the CCG's 5 year Operational Plan, highlighting the following points:

(a) NHS England planning guidance requires NHS commissioners to work with local authorities and providers to develop an operational plan to show how services will be delivered within budget constraints over the next 5 years;

(b) groups of CCGs have come together to form Units of Planning (UoP). NHS Nottingham City CCG has joined up with Rushcliffe, Nottingham North and East and Nottingham West CCGs to form the South Nottinghamshire UoP;

(c) there has been strong engagement with patients and the public through a 'Call to Action';

(d) the South Nottinghamshire 5 year Strategic Vision is to 'support independence, personalisation and empowerment through the provision of compassionate and seamless integrated health and social care';

(e) the South Nottinghamshire Transformation direction to close the estimated gap between funding and costs of care of £140 million involves:
- putting people in charge of their own health through education and self-management as part of care;
- integrating working between health and social care;
- reducing reliance on the acute sector;
- reducing the proportion of community care delivered in community beds;
- increasing home based care, and
- enhancing primary care;

(f) the Board was asked to note the development of the Plan, approve the direction of travel and delegate final sign-off of the Plan to Commissioning Executive Group.

During discussion, the Board made the following points:

(g) in response to a Board member's query, Ms Smith confirmed that the intention is not to take away services but to make them more targeted, integrated and efficient. However, it was recognised that the proposed direction required diverting funding away from urgent care provision;

(h) Ms Smith acknowledged that changing patient and service user behaviours and expectations was a challenge, but that feedback from engagement with patients and the public strongly supported the move towards greater independence, personalisation and empowerment;

(i) on consultation, a Board member highlighted the need to consult 'non-engaged' sections of the community, including those without a GP. A second Board member made the point that young people had very different and more flexible expectations of health and social care access and provision;

(j) several Board members welcomed the joined-up approach being adopted across the Greater Nottingham area. It was pointed out that health and social care services in Nottingham City were not particularly integrated with those in Nottinghamshire County, so there will be a need for a common approach across the South Nottinghamshire UoP area if efficiencies are to be achieved consistently.

RESOLVED to

(1) note the development of the CCG 5 Year Plan and endorse it's 'direction of travel';

(2) delegate approval of the final version of the Plan to the Commissioning Executive Group prior to submission before 20 June 2014.

61 PRIMARY CARE VISION

Dr Ian Trimble, NHS Nottingham City CCG, introduced a report of the Director of Primary Care Development and Service Integration, and gave a presentation on the future vision for primary care, and specifically General Practice. The main points arising from the presentation were:

(a) Nottingham was one of 20 areas nationally to benefit from a Challenge Fund to improve primary care access and services;

(b) Nottingham faces specific local challenges, including:
- a transient and aging population,
- variations in access to primary care medical services,
- variations in clinical quality and patient health outcomes,
- variations in service delivery and in the quality and size of premises where primary health care is delivered,
- capacity issues, including workforce retention;

(c) patient feedback indicated strong support for increased telephone contact with GPs, increased opening hours, consistency of approach to booking appointments, increased use of technology and shared data;

(d) the actions identified to deliver the primary care vision are:
- deliver a high quality, equitable primary care service that is accessible to all,
- listen and act upon our patients concerns,
- respond to financial pressures within the system as a whole,
- manage the workforce challenge and how this impacts on our patients,
- review clinical variation in a bid to improve outcomes,
- respond to the changing demographics of the city;

(e) the vision is to be achieved through integrating care, innovative use of IT and technology, standardising access and improving quality, funded through a mix of Challenge fund and non-recurrent CCG funding;

(f) envisaged outcomes include improved primary care uptake, usability and satisfaction, better patient outcomes and improved cost-effectiveness.

The Board supported the proposed primary care vision and plan and during discussion made the following points:

(g) in response to a Board member's question, Dr Trimble explained that a suite of performance framework frameworks underpinned the success criteria at paragraph (f) above, and that these could be shared with Board members on request;

(h) several Board members highlighted the importance of GP receptionists to the patient experience and to the success of the vision and plan as the first point of contact with GP practices. Dr Trimble confirmed that a programme of training for receptionists was under way;

(i) the Board noted that there was no specific leverage available to 'make' GP practices open in specific areas of need;

(j) a Board member highlighted the involvement of Nottingham City Homes in the delivery of telecare services as a good example of Board partners taking forward the health agenda.

RESOLVED to note the primary care vision and plan, and the Board's comments.

62 FORWARD PLAN

RESOLVED to note the Forward Plan without discussion.

63 HEALTHWATCH NOTTINGHAM UPDATE

Martin Gawith, Chair of Healthwatch Nottingham, introduced his report, outlining activity since the last report in February 2014 and setting out developing work areas and plans. Mr Gawith made the following points:

(a) the Evidence and Insight Manager is now in post and will head up the organisation's research programme;

(b) work is underway on an analysis of GP practices' patient participation arrangements and action plans;

(c) Healthwatch Nottingham has worked closely with the Joint City and County Health Scrutiny Committee on scrutinising service providers' Quality Accounts, and has provided input to the Care Quality Commission's inspection of the Nottingham University Hospitals NHS Trust;

(d) a programme of volunteer recruitment is underway, while the City Council's Citizen's Panel provides an opportunity for people to become aware of and get involved with Healthwatch Nottingham;

(e) Healthwatch Nottingham continues to prioritise care homes in its work, and a communications strategy is under development.

RESOLVED to note the update.

64 STATUTORY UPDATES

The Board received the following updates:

(a) Chief Officer, NHS Nottingham City CCG

(i) New NHS Chief Executive

Simon Stevens is the new Chief Executive of NHS England, following the retirement of Sir David Nicholson.

(ii) Quarter Three Assurance

The CCG was 'assured' against all 6 domain headings at its meeting with Area Team in early March 2014, but the status of one assurance domain – 'Are patients receiving clinically commissioned, high quality service?' – was changed to 'assured with support'. This was because of failure to hit the 4-hour Accident and Emergency standard and the management of the urgent care system as a health community.

(iii) Challenge Fund

Nottinghamshire and Derbyshire have been given £5.25 million to improve access to care as part of the £50 million Challenge Fund. Surgeries will trial a number of initiatives to make services more flexible and accessible under the banner 'Transforming General Practice'.

(iv) new Urgent Care Centre

The CCG is publicising proposals for a new NHS Urgent Care Centre, urging partners and the public to have their say on its location and services provided.

(v) Visit of Chief Executive, Public Health England

Duncan Selbie, Chief Executive Public Health England, visited Public Health teams in Nottingham City and Nottinghamshire County in March 2014 to see how Public Health has integrated with local authorities, to discuss local priorities and to explore ways to achieve more effective joint working between local authorities and the NHS.

(vi) South Nottinghamshire Transformation

A draft strategy has been submitted to NHS England, showing how services could be transformed in South Nottinghamshire over the next 5 years to address the estimated health and social care funding gap of £150 million. The final version will be submitted in June 2014, after further modelling and engagement.

(b) Director of Public Health, Nottingham City and Nottinghamshire County

(i) Public Health Grant

A stakeholder group is being established to look at how best to use the Public Health grant going forward.

(c) Corporate Director, Children and Adults

(i) Operating Model Changes

Phase one of the City Council's new Operating Model came into effect on 1 April 2014. Children and Families department is now called Children and Adults, and has responsibility for all adult social care provision. The Safeguarding Directorate is now called Children's Social Care and Family Community Teams is now called Vulnerable Children and Families. Candida Brudenell is Strategic Director for Early Intervention, overseeing Crime and drugs

Partnership, Public Health, Corporate policy, Marketing and Communications and the Quality and Commissioning functions.

(ii) Safeguarding Inspection of services for Children in need of help and Protection, Children Looked After and Care Leavers

A 4-week Safeguarding Inspection ended on 2 April. Colleagues worked very hard to provide all the information required while maintaining 'business as usual'. The final report will be available in mid-May 2014

(iii) Schools Challenge Board

A Schools Challenge Board has been established to drive improve improvements in secondary schools' performance, with Task and Finish groups looking at specific work streams. Issues being addressed include behaviour, attendance, teaching, learning and teacher recruitment.

(iv) DrugAware Resources Accreditation

The City Council's DrugAware resources for primary and secondary schools have been awarded Personal Social Health and Economic Education (PHSE) Association Quality Mark for meeting their standards of effective practice.

(v) Small Steps Big Changes

Nottingham is in the final 15 for up to £41 million over 10 years from the Big Lottery Fund – Fulfilling Lives 'A better Start'. 3-5 areas will be successful and the Nottingham 'pitch' is to transform the early years of children in 4 of our most deprived wards.

65 HEALTH AND WELLBEING BOARD MEETING DATES 2014-15

RESOLVED to meet on the following Wednesdays at 1.30pm:

2014	2015
25 June	**7 January***
27 August	**25 February**
29 October	**29 April**

***Note: it is now proposed to meet on 28 January 2015 instead of 7 January. For consideration at June 2014 meeting.**

Health and Wellbeing Board 25th June 2014

Title of paper:	Joint Health and Wellbeing Strategy 12 month progress report	
Director(s)/ Corporate Director(s):	Alison Michalska Corporate Director for Children & Adults Nottingham City Council Dr Chris Kenny, Director of Public Health Nottinghamshire County and Nottingham City.	**Wards affected:** All
Report author(s) and contact details:	John Wilcox, Public Health Manager, Nottingham City Council.	
Other colleagues who have provided input:	Nicky Dawson, Priority Families Programme Coordinator, Nottingham City Council. Sarah Quilty, Public Health Manager, Nottingham City Council. Alex Castle-Clarke, Strategy & Commissioning Officer, Crime & Drugs Partnership. Joanne Williams, Programme Manager for Adult Integrated Care, Nottingham City Clinical Commissioning Group. Sharan Jones, Health and Wellbeing Manager, Nottingham City Council. Alison Challenger, Public Health Consultant, Nottingham City Council. Uzmah Bhatti, Public Health Manager, Nottingham City Council. Joanna Copping, Consultant in Public Health Medicine. Lynne McNiven, Public Health Consultant, Nottingham City Council. Antony Dixon, Strategic Commissioning Manager, Nottingham City Council.	
Date of consultation with Portfolio Holder(s) (if relevant)	3rd June 2014	

Relevant Council Plan Strategic Priority:	
Cutting unemployment by a quarter	☐
Cut crime and anti-social behaviour	☒
Ensure more school leavers get a job, training or further education than any other City	☐
Your neighbourhood as clean as the City Centre	☐
Help keep your energy bills down	☐
Good access to public transport	☐
Nottingham has a good mix of housing	☐
Nottingham is a good place to do business, invest and create jobs	☐
Nottingham offers a wide range of leisure activities, parks and sporting events	☐
Support early intervention activities	☒
Deliver effective, value for money services to our citizens	☒

Summary of issues (including benefits to citizens/service users):

- Progress on the delivery of the Nottingham City Joint Health and Wellbeing Strategy 12 months after it was endorsed by the Health and Wellbeing Board.
- Achievements that have been made to date that will contribute to improving the health and wellbeing of citizens.
- Challenges to future implementation of the strategy.

Recommendation(s):	
1	To consider the reported progress on the delivery of the Joint Health and Wellbeing Strategy and how the organisations represented on the board are contributing to its implementation

2	Alcohol misuse priority – To support the Crime and Drugs Partnership in the delivery of its inter-agency alcohol communications plan which aims to inform stakeholders, partners and citizens on a range of alcohol policy issues as well as motivate behavioural change to reduce harm.
3	Alcohol misuse priority –To amend the strategy action to *"raise awareness of the risk of excessive alcohol consumption* among *students through targeted health promotion work"*, to the wider 18-29 year olds age group.
4	Mental health priority – Board members are asked to work with their nominated mental health champions to promote the Fit for Work service across their organisations.
5	Mental health priority – Board members are requested to support the implementation of a mental health literacy programme
6	Priority Families –For the Board to receive and consider local evaluation reports in order to make strategic decisions about early adoption of phase 2 of the National Troubled Families Initiative (December 14).

1. REASONS FOR RECOMMENDATIONS

1.1 To consider the reported progress on the delivery of the Joint Health and Wellbeing Strategy and how the organisations represented on the board are contributing to its implementation

There is a duty through the Health and Social Care Act 2012 on Local Authorities and Clinical Commissioning Groups to produce a joint health and wellbeing strategy. In Nottingham City, the statutory Health and Wellbeing Board has delegated responsibility to develop and oversee the joint health and wellbeing strategy, and is therefore the appointed body to oversee the delivery of the strategy.

The organisations that make up the board also have key roles in implementing the strategy. After 12 months, there is an opportunity for board members to reflect upon how their organisations are contributing to the strategy priorities.

1.2 Alcohol misuse priority - Support the Crime and Drugs Partnership in delivering key messages to affect citizen alcohol consumption behaviour.

The Crime & Drugs Partnership has recruited a Communications and Marketing Officer to coordinate the delivery of an inter-agency communications plan to support the city's alcohol strategy. The support of the Board in delivering key messages to affect citizen behavioural change is sought.

1.3 Alcohol misuse priority –To amend the strategy action to *"raise awareness of the risk of excessive alcohol consumption* among *students through targeted health promotion work"*, to the wider 18-29 year olds age group.

As part of the Local Alcohol Action Area programme Nottingham and Nottinghamshire have been successful in securing a unique, funded project to affect behaviour change to be delivered in partnership with Drinkaware. It is intended that this project will reduce alcohol related harm among the 18-29 year old age group and is supported by a unique research product.

It is proposed that the action to target messages to university students be widened to 18-29 year olds more generally. Students receive a considerable amount of campaign and outreach work (as detailed above); there is also an opportunity to align this action with the project to be delivered by Drinkaware which has a wider 18-29 years focus.

1.4 Mental health priority – Board members are asked to work with their nominated mental health champions to promote the Fit for Work service across their organisations.

The Nottinghamshire Fit for Work Service is a central component of the delivery of the mental health and employment priority. However the service is not at full capacity and referrals need to be increased from various sources, including effective links with

Priority Families. At the 30th April 2014 meeting of the Board, the board supported the recommendation to nominate mental health champions in their organisations.

1.5 Mental health priority – Board members are requested to support the implementation of a mental health literacy programme.
A wide range of approaches to mental health education is required to promote resilience, reduce stigma and encourage early intervention. This is an important part of the mental health and employment priority. Support is sought from the Board for members to champion the development of mental health literacy programme this within and beyond their organisations in work places and communities.

1.6 Priority Families – For the Board to receive and consider local evaluation reports in order to make strategic decisions about early adoption of phase 2 of the National Troubled Families Initiative (December 14).
Government resources have been successfully used to accelerate the pre-existing Priority Families partnership programme. The Board will make strategic decisions around the next steps following receipt of monitoring information and interim local evaluation reports. Phase 2 of the National Troubled Families Initiative – where government criteria widen to include earlier intervention for families with complex needs – will begin in April 2015. Nottingham is eligible to be an early adopter in October 2014. As part of this decision making we will recommend the Board considers delay of early adoption until wave 3 in December, so that Nottingham can continue to determine best use of government resource locally, based on evidence and local needs.

2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

In June 2013 the Board endorsed its Joint Health and Wellbeing Strategy for 2013-2016. The strategy sets out 4 priority health and wellbeing issues for Nottingham which the board will deliver on:

- **Healthy Nottingham: Preventing alcohol misuse**
- **Integrated care: Supporting older people**
- **Early Intervention: Improving Mental Health**
- **Changing culture and systems: Priority Families**

The information provided by officers leading on the strategy priorities in appendix 1, gives a summary of the key achievements in the first 12 months since the strategy was endorsed and the actions planned for the next 12 months.

This information is provided to enable the board to plan how it will continue to work towards achievement of its strategy priorities.

5. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

None.

6. FINANCIAL IMPLICATIONS (INCLUDING VALUE FOR MONEY/VAT)

Healthy Nottingham: Preventing alcohol misuse

The programme is majority funded through the Nottingham City Council Public Health Grant. The programme will therefore be subject the general pressure on the Public Health budget and on the budget provision to universal and targeted services generally.

Integrated care: Supporting older people

There are no specific financial implications to report. The programme is funded through the Better Care Fund which reports to the Health and Wellbeing Board and the Commissioning Executive Group.

Early Intervention: Improving Mental Health
Improving early years experiences to prevent mental health problems in adulthood
NHS Nottingham City Clinical Commissioning Group has committed funding to the development and implementation of the emotional health and wellbeing pathway. There are no additional pressures to bring to the boards attention.

Mental health and employment
The Fit for Work service is only contracted until the end of March 2015. Although the Health at Work national service is due to be implemented in the autumn, it is likely that there will be gaps in provision for Nottingham citizens, especially for those unemployed with health issues. There is no local authority budget allocated for public mental health – this is not only a risk for the Fit for Work programme but also for taking forward any further evidence based interventions.

Changing culture and systems: Priority Families
Savings targets £208k for 2013/14 were set against edge of care placements costs. Target was exceeded with £271k cashable savings after cost of support was removed against six months support. National targets were met for year one and two meaning the programme accessed full attachment grant funding for phase 1 of the programme £2,532,800.
A further £302,000 has been claimed for improved outcomes for families. The new national costs savings calculator was released for testing May 2014 and will be in full use later this year. Signed off as fiscal by Treasury this will provide cashable savings figures and Social Return on Investment. Priority Families operating is showing good early signs of producing efficiencies in use of partnership resource.

7. RISK MANAGEMENT ISSUES (INCLUDING LEGAL IMPLICATIONS AND CRIME AND DISORDER ACT IMPLICATIONS)

Alcohol misuse
- Budgetary pressures on the City Council and partners will continue to present a risk to the delivery of universal and targeted services.
- The government has resiled on its intention to introduce minimum unit pricing (MUP) for alcohol in this Parliament. The continued availability and relatively low cost of alcohol is likely to present an abiding risk to local efforts to reduce harmful citizen consumption.
- Lack of engagement from super markets in the Super Strength Free campaign continues to be hampered by a lack of engagement by super markets.

Integrated care: Supporting older people
- Inequity identified in regard to access for citizens who only meet the one of the service components within the aligned service c e.g. those registered with a Nottingham City GP but resident out of the city boundary or those resident in the City but registered with an out of area GP practice.
- There is a risk that that there is a lack of available estates with the appropriate infrastructure to support co-location for the Care Delivery Groups and the independence pathway, resulting in difficulty in multi-disciplinary working.

Early Intervention: Improving Mental Health
- The Nottingham Fit for Work Service, currently NCC and CCG jointly-funded for the financial year 2014-15 is subject to non-recurrent funding. Budgetary pressures in the City Council and partners will continue to present a risk to the delivery this service thus affecting the achievement of outcomes.
- Budgetary pressures in the City Council and partners will present barriers in the development of new programmes such as preventative educational activity.

Changing culture and systems: Priority Families

- The risk register for the Priority Families programme is managed through the Programme Leadership and Partnership Board. There are no risks to escalate to the Health and Wellbeing Board at this point.

8. EQUALITY IMPACT ASSESSMENT

Has the equality impact been assessed?

Not needed (report does not contain proposals or financial decisions) ☐

No ☐

Yes – (EIA prepared when the strategy was developed) ☒

Due regard should be given to the equality implications identified in the EIA.

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

Priority Families phase 2 draft indicators. Not published as draft government policy.

10. PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

Nottingham City Joint Health and Wellbeing Strategy 2013-2016.

Nottingham City Health and Wellbeing Board report 30th October 2013, Joint Health and Wellbeing Strategy 2013-16 update.

Health and Wellbeing Board report 26th June 2013, Joint Health and Wellbeing Strategy 2013-16.

Nottingham City Health and Wellbeing Board report 30th April 2014, Parity of Esteem – Valuing Mental Health Equally with Physical Health.

Nottingham City Joint Health and Wellbeing Strategy 12 month progress report
Appendix 1 Progress tables

Healthy Nottingham: Preventing alcohol misuse

	What We Will Do	RAG	Achievements to Date/Next Steps
Headline Outcome	We will reduce the proportion of adults who drink at harmful levels by a third	AMBER	• The proportion of adults consuming alcohol at increasing and higher risk levels as reported in the Citizen's Survey, remained at 12% in 2013 as in 2012.[1]
Secondary Outcomes	Reduced alcohol-related anti-social behavior including street drinking	AMBER	• This data is collected by Community Protection and analysis detailing progress against this outcome will be available in due course.
	Fewer adults binge drinking	AMBER	• The proportion of adults consuming alcohol in binge drinking patterns as reported in the Citizen's Survey decreased from 24% in 2012 to 23% in 2013, but this change was not statistically significant.[1]
	Lower rates of alcohol-attributable crime	AMBER	• The latest published data is for 2012/13.[2] In 2012/13 the alcohol-attributable crime rate was 9.7 per 1000 population. This rate is higher, but not statistically significantly higher than the England rates. • Operation Promote, the night time economy intervention to reduce alcohol related violence through the removal of stimulant drugs from the city centre has been successful in reducing violence by 20% during the periods of the operation at Christmas 2013 and in April 2014. The operation is now due to run for the next three years. • In February 2014 Nottingham and Nottinghamshire were successful in their joint bid to become a Home Office Local Alcohol Action Area (LAAA). The local project will focus on the improvement of data sharing arrangements between local Acute Hospital Trusts, the Ambulance Service and the police. This intervention will allow for more dynamic and effective interventions and tasking to address alcohol related harms in the night time economy.
	Fewer alcohol-related deaths	AMBER	• The latest published data is for 2012.[2] In 2012 the alcohol-related mortality rate was 80.9 per 100,000 population for males and 33.4 per 100,000 population for females. These rates are higher, but not statistically significantly higher than the England rates.

[1] Nottingham City Citizen Survey Report 2013. Available at: http://www.nottinghaminsight.org.uk/insight/library/citizens-survey.aspx

[2] Local Alcohol Profile for Nottingham. Available at: http://www.lape.org.uk/LAProfile.aspx?reg=X25002AC

	What We Will Do	RAG	Achievements to Date/Next Steps
Key Actions	A complete ban on street drinking across the city	GREEN	• Following consultation and engagement the expansion of the Designated Public Place Orders (DPPOs) was ratified by Full Council in January and came into force in March 2014. • The establishment of a city-wide street drinking ban through the DPPO represents a piece of best practice for the city and a national first. The work led by Community Protection will also place the city in a strong position with regard to the effective use of the new anti-social behaviour tools and powers due to come into effect in October. Community Protection has also advised the Home Office on the development of these.
	Ensure that the recovery of those in treatment is supported by addressing wider factors associated with dependency, including housing and social care needs, employability, family support needs and domestic violence	GREEN	• To further support domestic violence survivors with alcohol treatment needs work is being undertaken to ensure that information sharing arrangements are in place between alcohol treatment providers and processes to support medium and higher-risk abuse survivors such as the Multi-Agency Risk Assessment Conference (MARAC), Multi-Agency Public Protection Arrangements (MAPPA,) Domestic Abuse Referral Team (DART) and City Domestic Abuse Panel (CDAP).
	Support families, and their carers, to reduce their drinking, and join up referral between alcohol health promotion, treatment and aftercare services	GREEN	• The Crime & Drugs Partnership commissions the Explore Family service which is provided by Lifeline in partnership with the Children's Society. The service provides support to children, adults and whole families that are affected by someone else's substance misuse. • The ongoing process of service review for Explore Family, alongside the review of the city's treatment systems for substance misuse seeks to ensure that referrals into the service are maximised appropriately. This is to be achieved through the continuous development and improvement of the pathway to ensure as seamless a treatment journey as possible.
	Raise awareness of the risk of excessive alcohol consumption among students through targeted health promotion work	GREEN	• The Last Orders services undertakes wide ranging engagement with students on the risks of alcohol misuse and provides an intensive programme of engagement at induction weeks and other events.
	Provide universal, good quality drug and alcohol education and deliver effective harm reduction messages to children & young people	GREEN	• Nottingham currently employs the DrugAware scheme to schools in the city which delivers drugs and alcohol education to children and young people in an educational setting. The scheme is due to be evaluated to ensure that it is functioning as effectively as possible. Results of this evaluation will be made available as they become available. • Of 103 primary and secondary schools in Nottingham 74 currently

	What We Will Do	RAG	Achievements to Date/Next Steps
			deliver the DrugAware scheme. Work between NCC Children and Families department and the CDP is underway to ensure take-up of the service across all of the city's schools. In April 2014 DrugAware was awarded a PSHE Quality Mark.
	Support professionals working with citizens to identify harmful levels of drinking and signpost to and support a healthier approach to alcohol consumption	GREEN	• The commissioned Last Orders Service has delivered alcohol awareness and Identification and Brief Advice (IBA) training across a range of professional disciplines including police officers, PCSOs and CPOs, dentists, social workers, magistrates, Street Pastors, Complex Care staff and pharmacists. In 2012/13 807 individuals were trained in IBA alongside a further 839 professionals trained in alcohol awareness. This level of delivery has been sustained into 2013/14. • The recommissioning of the city's alcohol treatment model from September 2014 will provide an opportunity to develop an enhanced understanding of how the model interacts with neighbouring treatment models for criminal justice clients, young people and for those in drug treatment. This process may realise efficiencies as well as provide opportunities for more streamlined treatment journeys.
	Extend to neighbourhoods the successful schemes which encourage responsible drinking and enforcement, so that alcohol-related harm is reduced across the whole city, such as the introduction of the voluntary "super strength free" code for off-licences	GREEN	• From quarter two of 2013/14 the Super Strength Free (SSF) campaign to reduce the sale of beers, lagers and ciders over 5.5% volume had signed up 80% of city centre venues. The programme is now being expanded to all of the city's neighbourhoods with the aim of addressing the nuisance, cost and harm represented by the use of cheap strong alcohol. A SSF condition is being sought by Community Protection on all new alcohol license applications in the city.
	Work towards a net reduction in the number of licensed premises and off-licences	GREEN	• The management of alcohol sales plays an important part in the delivery of alcohol related strategy and management. Strategic leads for licensing are currently considering how best to manage the city's Cumulative Impact Policy (saturation zone) with regard to managing the number and concentration of licensed premises while accommodating the city's Time and Place Plan. This is to include the expansion of the city centre saturation zone east and west to protect the Sneinton Market area and Castle district.

	What We Will Do	RAG	Achievements to Date/Next Steps
	Support national campaigns to tackle alcohol misuse, such as introducing a minimum unit price for alcohol	GREEN	• The Police and Crime Commissioner on behalf of the Crime & Drugs Partnership Board wrote in 2013 to the Prime Minister expressing the disappointment of local partners that minimum unit pricing would not be implemented in England and Wales further to the government's National Alcohol Strategy. Partners have consistently demonstrated their support for this proposed approach through consultation with central government.

Supporting Older People Priority

	What We Will Do	RAG	Achievements to Date/Next Steps
Headline Outcome	More elderly citizens will report that their quality of life has improved as a result of integrated health and care services	AMBER	• Baseline to be established as part of evaluation for Integrated Adult Care programme – on agenda for Evaluation T&F Group - June • Monitoring of performance against baseline
Secondary Outcomes	The number of older citizens remaining independent after hospital admission will increase	AMBER	• Performance target for 14/15 established – 7%increase from 12/13 baseline • Monitoring of performance against target
	Develop community health services with social care support based on geographically proximate GP associations	GREEN	• Care Delivery Groups operational across the City (8 areas). MDT working within CDG's commenced • Review of Specialist Services and how fit with CDG's commenced
Key Actions	Provide better information about services and how to contact them so that citizens know what health and social care choices are available locally and who to contact when they need help	GREEN	• Choose My Support now live • Promotion of Choose my Support to increase coverage of Health and Social Care services • Further development of Care Coordinator role as a resource for citizens
	Develop a process to identify individuals who will benefit from earlier intervention as well as those requiring support from health and social care services, building on risk stratification, risk registers and data held by relevant agencies	AMBER	• Wider multi-disciplinary working across Care Delivery Groups is supporting earlier identification of risk • The social care link role within the Care Delivery Groups will assist the development of a social care focus within the existing Health risk stratification tool utilized in multi disciplinary working • Integrated Care risk stratification T&F group is examining ways to overlay different data sources
	Support citizens maintain their independence and manage their own care through the creation of effective networks with community, housing and health support services	AMBER	• Integrated Adult Care Self Care framework agreed and established • Implementation of self-care pathway linked to Enablement Gateway planned for 2014/15
	Ensure that there is a single person responsible for coordinating the care of citizens with complex needs	GREEN	• Care Coordinators now in post in each Care Delivery Group • Ongoing development of the Care Coordinator role
	Restructure and skill up our workforce so that health and social care services work better together to deliver the right care at the right time	GREEN	• Bespoke website for vulnerable adults strategy now available • Core knowledge standard for vulnerable adult workforce now agreed – needs to be aligned with care certificate when available • Ongoing development of a Nottingham Skills Passport • Integrated care champions present across services and trained in change management

	What We Will Do	RAG	Achievements to Date/Next Steps
	Develop a range of transparent quality measures appropriate to the service being delivered and publish the results so that citizens know what standards of service that they can expect and how this is improving	RED	• Plan to take this action forward across Health and Social Care to be developed through HWB Commissioning Executive Group
	Increase the number of people signing up to the Nottingham Circle and develop other provision to address social isolation and loneliness	GREEN	• Circle registrations have increased by 58% to 870 during 2013/14 • A major event (Looking After Each Other) was held in April to explore ways to address social isolation and promote community capacity • A LAEO action plan is being developed
	Integrated assessment and reablement services	GREEN	• Reablement and urgent care services across Health and Social Care have aligned operational processes • A plan is being developed to fully integrate services by April 15
	Putting more technology into people's homes to support them and their carers	GREEN	• A new TeleHealth service went live in April 2014 • A 64%increase in telecare installations during 2013/14 (290 installed)
	Creation of a telephone number for citizens requiring both health and social care support	GREEN	• A vision for simplified access and navigation through Health and Social Care services has been agreed • An implementation plan for the vision is in development

Early Intervention: Improving Mental Health
Improving early years experiences to prevent mental health problems in adulthood

	What We Will Do	RAG	Achievements to Date/Next Steps
Headline Outcome	We will increase the proportion of children referred for specialist Community Paediatrician assessment due to behavioural problems who have been offered access to earlier parenting intervention	AMBER	• The measure for this outcome is in development through the implementation of the Emotional Health and Wellbeing Pathway which is also central to it's implementation. Baseline measures will be in place by December 2014. • The overall aim of the pathway is to implement Nottingham City's multi-agency approach to support children and young people (ages 0-24 years) with emotional, mental health and wellbeing needs, and their parents/carers. It will facilitate early intervention approaches; appropriate and timely multi-disciplinary assessment and diagnosis of autism spectrum disorders and attention deficit hyperactivity disorder (if clinically indicated); and ensure on-going care planning and support for the children and young people and family/carers including inter-agency packages of care and transition to adulthood. • It is anticipated that the proportion of referrals who have had prior access to parenting programmes through the pathway will increase from Quarter 4 2014/15.
Secondary Outcomes	The number of parents and carers who feel well equipped to have a positive influence on their children's' behaviour will increase	AMBER	• This is in progress and will be measured through the emotional health and wellbeing pathway by Quarter 4 2014/15. • The recently recruited emotional health and wellbeing pathway Coordinator will progress this work by developing referral routes for parents and children to be referred into the pathway with a primary outcome being that parents will feel equipped in being able to effectively parent their children as they have participated in an evidence based parenting programme. This process will provide the baseline information for the measurement of the outcome.
	The number of children and families affected by behavioural problems will decrease.	AMBER	• A measure of increased numbers of referrals to the emotional health and wellbeing pathway will act as a proxy reducing currently unmet need. • Baseline will be established through the numbers of referrals coming through the emotional health and wellbeing pathwayand their associated outcomes.

	What We Will Do	RAG	Achievements to Date/Next Steps
	The number of children going on to develop mental health problems in adulthood will decrease	AMBER	• Baseline numbers of children transitioning to adult services will be established by the end Quarter 3 of 2014 This is a long term outcome, however we will endeavour to measure this through a reduction of young people transitioning into adult mental health services. This will however not pick up number of adults accessing services in adulthood who previously access CAMHS. • Baselines numbers of children being referred into the Community Paediatrician Service.
Key Actions	We will ensure appropriate pathways are in place to enable children with behaviour problems are able to receive specific help earlier	GREEN	• The Coordinator for the pathway has started to create referral routes and data collection.] • The next planned steps are linking in with existing provision which support parents, children and young people, developing evidenced based parenting programmes and ensuring effectively referral routes into the pathway.
	Providing tailored parenting programmes for citizens whose children at age 0-5 are at highest risk of developing conduct disorders	GREEN	• The Coordinator for the pathway is in the initial stages of creating pathways. • The next planned steps are the development and promotion of existing and new evidenced based parenting programmes in appropriate and accessible community venues.
	Commissioning health and wellbeing services jointly for children to ensure resources are deployed efficiently and services work together to give children the best start in life. Including undertaking two joint commissioning reviews in 2013/14 covering all services for children age 0-5 and 6-19	AMBER	• A comprehensive health needs assessment of children and young people's mental health needs was completed in May 2014 with recommendations feeding into the review of the child and adolescent and mental health service (CAMHS) and the emotional health and wellbeing pathway. • Stakeholders are currently being consulted on new service models for CAMHS The review of child and adolescent and mental health service (CAMHS) and wellbeing services. • The children's joint strategic commissioning review has just started and will be finished by April 2015.Joint commissioning specifications will be developed and written in association with partners as part of the review process. • Services will be commissioned and delivered in the near future based on identified need in accordance with the findings of the health needs assessment and the emotional health and wellbeing pathway work.

	What We Will Do	RAG	Achievements to Date/Next Steps
	Work with partners to ensure parents and carers of children involved in parenting interventions are offered the opportunity to access help to improve their literacy and numeracy skills and signpost to advisors for debt management, benefits maximisation, housing, and other related services	RED	• Baseline information and data will be collated by the end of quarter 3 2014. • Once the pathway is fully developed, information and signposting mechanisms will be established for financially vulnerable parents and carers on available financial and welfare support. This will link with the councilsemployment and welfare support workstream.

Mental health and employment

	What We Will Do	RAG	Achievements to Date/Next Steps
Headline Outcome	We will support 1,100 people over the next 3 years to remain in work or begin working, through enabling them to be in work where previously their health was a barrier to employment, including a focus on supporting people with mental health problems	AMBER	• This key area of work is being taken forward under the umbrella of the new Nottingham Mental Health and Wellbeing Strategy. • There are 5 strategic priorities: promoting mental resilience and preventing mental health problems; identifying problems early and supporting effective interventions; improving outcomes through effective treatment and relapse prevention; ensuring adequate support for those with mental health problems; and improving the wellbeing and physical health of those with mental health problems. The strategy has been out to consultation and will be formerly ratified by the Health and Wellbeing Board in summer 2014. • A mental health steering group is being developed to implement the strategic priorities and working groups with a specific remit will be taking forward the detailed actions. A health and employment working group is being established to drive forward this Health and Wellbeing Board priority area. • The Fit for Work service is jointly commissioned by the CCG and Nottingham City Council (Public Health). The service supports people off sick or unemployed due to health issues. The service is contracted to support 426 people per year. Last year 306 people were supported our of a target of 426 (72%): 185 of clients were off sick and 121 were unemployed. Of those off sick, 60% returned to work on average after 6 weeks of support. 12% of the unemployed clients returned to work, volunteering or training. Around 67% of clients seen had a long term condition and 47% had a mental health condition. • This outcome is behind target as the Fit for Work scheme engaged only 72% of their annual target. • **Next Steps** • Referrals to the Fit for Work service need to be increased through proactive marketing of the service, especially within primary care and establishing links with Priority Families. • The new national Health and Work service is being rolled out autumn 2014. This will support people off sick but not those who are out of work. There is a need to identify potential gaps in this new service with a view to ensuring we are commissioning adequate interventions to achieve this headline outcome.

	What We Will Do	RAG	Achievements to Date/Next Steps
			• These actions will be taken forward by the health and employment working group.
Secondary Outcomes	Increase the proportion of people living with diagnosed mental health conditions who are in employment	RED	• The percentage of people in contact with secondary care services who are in paid employment (Public Health and Social Care outcomes frameworks) is low in Nottingham, at 2.1% of people on the Care Programme Approach (those with highest level of mental health need) in 2013. This is the lowest level in the East Midlands and has decreased over the past three years. • **Next Steps** • Priority 4 of the mental health strategy is around ensuring adequate support for those with mental health problems, including supporting those with mental health conditions into employment. The new joint commissioning group for mental health (for NHS and local authority) will be taking this workstream forward. One key action is to identify the levels of employment and volunteering by the group of people in contact with wider mental health services (both psychological therapies and secondary care) and commissioning evidence based interventions. • On 23 July 2014 a Health and Work Employment and Support Allowance (ESA) Workshop is being held to consider how we can support people from ESA into employment.
	Improve the quality of jobs that people with mental health problems are able to access	RED	• This area has not been progressed but forms part of the mental health strategy priority 1 action plan. • **Next Steps** • Action to support this outcome will be developed by the health and employment partnership group.
	Ensure that people with mental health problems have access to joined up support to help them in gaining and maintaining employment	AMBER	• The Fit for Work Service is providing access to support for people to gain and maintain employment. The Department for Work and Pensions also provides support through disability employment advisors. • **Next Steps** • Action to support this outcome will be developed by the health and employment partnership group.

	What We Will Do	RAG	Achievements to Date/Next Steps
Key Actions	Promote openness and awareness regarding mental health problems and how to maximise health and wellbeing amongst employers and the general population	AMBER	• A multi-faceted mental health literacy programme is currently being finalised. This programme includes mental health awareness training to reduce stigma, individual behaviour change to improve mental wellbeing and the training of front line staff (such as police and housing officers) to deal with mental health issues. • **Next Steps** • Jointly commission the mental health literacy programme (CCG and local authority).
	Work with the voluntary sector to allow people to get the mental health benefits of being in work in other ways than through paid employment alone	GREEN	• Integrated links have been established with the Department of Work and Pensions (DWP) to focus on developing more opportunities for unpaid work experience. • Partnership action has seen the development of the Looking After Each Other initiative which aims to build stronger communities where volunteering and looking after each other is the norm rather than the exception. • The Nottingham Community and Voluntary Service (NCVS) is taking a proactive approach to building capacity of vulnerable groups.
	Work with communities, schools and colleges to help encourage an understanding and willingness to discuss mental health illness to reduce stigma.	AMBER	• As part of priority 1 of the mental health strategy, a multi-faceted mental health literacy programme is being developed (see above). This will emphasise the *5 ways to Wellbeing*. Nottingham has also committed to support the *Time to Change* initiative which is focusing on reducing stigma. • A health promotion specialist has been appointed to lead on the emotional health of schoolchildren. A consultation event has been held with schools (over 30 schools were represented). Healthy Schools are working to build resilience in schools and a workshop is planned for July. PHE are working to develop a schools toolkit for emotional health. Nottingham has offered to be a pilot site for its introduction. • **Next Steps** • The health promotion specialist will map what is available in schools (as we are aware that many schools are buying in services through pupil premium).

	What We Will Do	RAG	Achievements to Date/Next Steps
	Consider ways in which Nottingham City Council can be an exemplar employer by ensuring that policies to support employees with mental health problems are translated to their experience 'on the ground'.	AMBER	• Nottingham City Council has committed to the Local Authority Mental Health Challenge. The portfolio holder for adults and health is the mental health champion and taking a proactive lead in improving mental health and wellbeing in the city. • Mental health training workshops are offered for managers and specific advice is available for managers to help make reasonable adjustments for colleagues with mental health problems. • Twice monthly wellbeing clinics (PAM Assist) provide mental health advice and support have been introduced for employees. • **Next steps:** • A mental health support group will be set up for employees. • The Nottingham City Council Health and Wellbeing for Work Strategy is being developed by the Employee Wellbeing Team supported by Public Health. This will include a mental health literacy and training programme. • Accredited free distance learning on mental health will be introduced in the autumn for any member of staff. • Targeted initiatives will be developed for departments experiencing the highest level of sickness/absence due to mental health problems.
	Provide support to employers of all sizes to adapt their business to provide support for individual employees, flexible ways of working to maximise mental wellbeing and allow staff to remain in work and promote employee wellbeing to reduce the impact of mental health problems.	AMBER	• Wellbeing clinics (PAM Assist) are offered through the Occupational Health Service at Nottingham City Council which provide employee mental health guidance. • **Next Steps** • Wellbeing clinics will be promoted to other employers. • The Nottingham City Council Health and Wellbeing for Work Strategy is being developed by the Employee Wellbeing Team supported by Public Health. This will include a mental health literacy and training programme. This strategy will be shared across other employers and an award scheme will be introduced based on the national Public Health England (PHE) Workplace Wellbeing Charter.
	Providing programmes to help at least 300 citizens on Jobseekers Allowance return to work where health has been a barrier.	AMBER	• Fit for Work engaged 121 unemployed clients (target 166). 12% of these individuals got back into work/volunteering/training. Out of the 121 clients one person went into employment and 2 onto self-employment.

	What We Will Do	RAG	Achievements to Date/Next Steps
			• **Next steps** • Learn from the evaluation of other pilots how to increase the number of people getting back into work.
	Providing programmes to help at least 800 citizens manage their health condition so that they can remain in work.	AMBER	• Fit for Work engaged 185 off sick clients (target 260). 60% of these patients returned to or were sustained in employment. The average duration of total sickness absence was 18 weeks. • 100% patients reported satisfaction with the service and 91% reported that the service has helped them to stay in, return to or be closer to getting back into work. • **Next steps** • Referrals to the Fit for Work service need to be increased through proactive marketing of the service, especially within primary care and establishing links with Priority Families.

Changing culture and systems: Priority Families Priority

	What We Will Do	**RAG**	**Achievements to Date/Next Steps**
Headline Outcome	We will engage 1200 targeted families with the Priority Families programme. By 2016 at least 800 of these will have seen improvements in their school attendance rates, levels of anti-social behaviour and youth offending and/or worklessness.	GREEN	• To May 2014 **1,019 families** have been worked with **(85% of our total** 1200 target families). • **In total 454 families** have seen improvements in school attendance rates, levels of school exclusions, levels of anti-social behaviour and youth offending and/or worklessness (**57% of HWBB target** 800 families by 2016). These successes have been evidenced, audited and subject to payment by results claims. • **Next steps:** to engage with the remaining 181 families by March 31st 2015. We anticipate achieving this well in advance of the target date. • To demonstrate improvements in a further 346 families by 2016.
Secondary Outcomes	We will also aim to achieve the following outcomes: Support at least 800 of the 1,200 families engaged to achieve at least two of the three key criteria and one local criteria in line with national targets. Local criteria is made up from the local filter menu in the national guidance and audited for payment by results claims to agreed local measures approved by audit. Local criteria examples : *Successful treatment completion within the last 12 months for: a) drug use (all types) b) alcohol use* *Numerical reduction in the number of reported incidents of domestic abuse in the last 12 months* So there will still be three improved outcomes per family. Where all 3 main criteria are matched families will be tracked across these. However, criteria A and B are to be achieved within the same timeline, criteria C worklessness is not in the same timeline and can be worked on until significant progress is achieved (and claimed for separately under Payment by Results). Progress results reflect the number of possible combinations of local and national criteria. **Of 454 families with improved outcomes:**		
	A) Each child in the family had had fewer than 3 fixed exclusions and less than 15% of unauthorised absences in the	GREEN	• **326 families** have children who have fewer than 3 fixed exclusions and less than 15% unauthorized absences in the last 3 school terms. • Impact assessment has demonstrated that the Priority Families

	What We Will Do	RAG	Achievements to Date/Next Steps
	last 3 school terms;		way of working provides significantly more success in achieving improvements with the most challenging and entrenched 15% of persistent absentees. • From a research sample period 20 permanent exclusions reducing to 7, 450 fixed term exclusions reducing to 302, rate of unauthorised absence reducing from 13.1% to 10.5%
	B) A 60% reduction in anti-social behaviour across the family in the last six months	GREEN	• **242 families** have achieved 60% reduction or cessation in anti-social behaviour and/or a 33% reduction in offending by all minors in the family in the last 6 months • A research sample demonstrated a 58% reduction in offending across the family in comparison to rates prior to support and there was a corresponding reduction in the seriousness of the nature of the incidents/offences.
	And/or B) Offending rate by all minors in the family reduced by at least a 33% in the last six months.	GREEN	See section above. • **126 families** achieved improvements in both crime/ASB and education
	C) If they do not enter work, but achieve the 'progress to work' (one adult in the family has either volunteered for the work programme or attached to the ESF provision in the last 6 months).	AMBER	• **59 families** have achieved progress to work. • ESF provision has been repeatedly marketed to ensure the partnership is aware of the intervention. A module on employment support was added to the 3 day core training as this is a new area of support for children and families partnership staff. • **Next steps:** More adults have now completed or nearly completed progress to work measures and will be added to July and October government figures. Continue to market the ESF employment support service and other provision/interventions. Finalise bespoke employment training for Family Partnership Workers to better enable them to provide support to families (this is a new area of work for children and families staff). Deliver more advanced training to Accredited Practitioners to enable them to support the workforce.

	What We Will Do	RAG	Achievements to Date/Next Steps
	Or C) At least one adult in the family has moved off out of work benefits into continuous employment in the last 6 months (and is not on the ESF provision or Work Programme)	RED	• **One family** has an adult newly in sustained employment. • **Next steps:** More adults are in continuous employment and will be claimed in our July submission. There are 11 Priority Families apprentices who will have reached six months of sustained employment (as they are paid a full salary) tol be claimed in the October submission. Intergenerational unemployment means that significant work on 'progress to work' must take place before employment can be gained and sustained for six months. An increasing number of adults have made progress to work and are ready to seek employment, their workers are supporting them to take the next step.
Key Actions	Selecting the initial group of families according to the Government criteria	GREEN	• All 1200 families have been identified. • **Next steps:** This list is refreshed periodically to ensure it is up-to-date. • A 'tracker' database ensures that all families are tracked in 'real time' in respect of case status and progress to outcomes. Additional data is collected for local and national evaluations.
	Providing a lead professional or Family Partnership Worker to be accountable for the relationship with each family The 'worker' will have the support of all agencies involved with the family and will have strong supervision	GREEN	• Each family worked with in the Priority Families way has an allocated trained partnership professional who takes on the role of Family Partnership Worker. This worker hold the relationship with the family and coordinates and 'owns' the multi-agency package of support. • Each worker receives 6 months of mentoring and coaching to enable them to embed their training and the new way of working; alongside their usual line management and supervision. For partners not experienced in working this way there is a link to Family and Community Teams who continue to hold case accountability for safeguarding. • Over 300 workers have been trained across the partnership. • **Next steps:** To train remaining partnership staff (100 staff)
	Undertaking a whole family assessment for each family, supported by a Whole	GREEN	• The Family Assessment, Family Map and Family Plan have been co-designed by the partnership and are live on a

	What We Will Do	RAG	Achievements to Date/Next Steps
	Family Plan. More specialist assessments will be provided to support the plan where needed		partnership web based online platform. Signs of Safety forms part of the Assessment. Forms are part of a document package that also includes tools and specialist assessments (that can be uploaded and attached to a family's case file area). The platform is secure through password access and managers can see their workers files.
	Support the workforce to deliver culture and practice change in line with this work	GREEN	• Extensive communications work has been undertaken in line with the approved communications strategy and plan for example, regular newsletters, Priority Families website, publication of case studies, quarterly practitioner seminars. • An intensive partnership training and mentoring programme has been successfully delivered that has included 3 day family intervention training and training on supporting families into employment. • The partnership has supported development of new business processes, and case management guidance. These are published on the Priority Families website. • The partnership has developed a new document package that has been placed on a bespoke partnership online web based platform. • Change resource includes 20 Accredited Practitioners to be hosted across the partnership and act as change champions and local experts. • **Next steps:** Continue to evolve and develop the new way of working and communicate the same. Test flexibilities under the operating model with partners through the local evaluation. • Test the impact on families and front line workers through monitoring and evaluation • Complete recruitment of Accredited Practitioners and induction training. • Embed training and mentoring within the workforce strategy as part of core induction workforce training to work with children and families.

	What We Will Do	RAG	Achievements to Date/Next Steps
			• Provide Accredited Practitioners with level 4 training and qualification.
	Develop a single interagency database of families who are involved with the following programmes and services, to ensure appropriate support is provided: Ending gang and youth violence (EGYV) Family Intervention Project Youth Offending Team Priority Families	AMBER	• This is amber as the target cannot be applied in the way described. • This is **green** in terms of progress in the way we *are* able to apply the work. • A Priority Families database has been created through partnership information sharing and there are protocols in place to facilitate this, for example with Jobcentre DWP and police – this is the programme tracker. • Allocated workers receive the collective data held for the family they have been allocated and some collective data is shared with partners to enable identification of families to be supported. • Significant progress has been made towards a single partnership database but there are still barriers to overcome for example accessing health data. • There is an online web based partnership platform for family assessment, genealogies and planning. The IT action plan has phases taking us through to 2017. Phase 1 also included Priority Families 'markers' added to the Jobcentre database. • **Next steps:** Phase 2 of the national programme sees a widening of the criteria, all complex needs families will then be qualified as Priority Families enabling earlier intervention than in phase 1 of the initiative. At this point it should be possible to further widen the database to include all families and remove other identification databases. Consideration will need to be given in how this will relate to MASH and work is underway to merge with CAF processes under the Family Intervention Strategy refresh. • The IT action plan is entering phase 2 for delivery – this will

	What We Will Do	RAG	Achievements to Date/Next Steps
			see changes to enable identification of Priority Families on Care First and an online monitoring and evaluation form and case closure/step down or up document. Phase 3 specification is being developed and will include provision for a partnership e-CAF. • Plans will be put in place to link with their case databases across agencies to avoid duplication of case management information and or add 'markers' for identification.
Rolling out to social care	Edge of Care Hub	GREEN	• Edge of Care Hub initiated in September 2013 to test model within social care. In first 6 months 40 children kept from being taken into care. Cashable savings of £271k on placement costs (after deducting cost of service). (New Multi Systemic Therapy Service – all families for this service meet criteria for Priority Families and are given wider support to achieve outcomes). • **Next steps:** Target savings for full year (2014/15) £696k. Designing flexibilities and options for wider roll out across social care of new way of working and looking at business processes.
Progress nationally	Annual Face to Face Progress check with DCLG	GREEN	• Graded as top of 'good' at annual progress check 14th May 2014, 2 points from 'excellent' category.

Health and Wellbeing Board – 25th June 2014

Title of paper:	Cancer and Nottingham – June 2014	
Director(s)/ Corporate Director(s):	Chris Kenny – Director of Public Health, Nottingham City Council/ Nottinghamshire County Council	**Wards affected:** **All**
Report author(s) and contact details:	Jennifer Burton, Public Health Manager; Tel: 0115 8765421 Jennifer.Burton@nottinghamcity.gov.uk Jean Robinson – Senior Public Health Analyst jean.robinson@nottinghamcity.gov.uk	
Other colleagues who have provided input:	Mary Corcoran – Consultant in Public Health 0115 9772585 Mary.corcoran@nottscc.gov.uk	

Relevant Council Plan Strategic Priority:	
World Class Nottingham	x
Work in Nottingham	x
Safer Nottingham	x
Neighbourhood Nottingham	x
Family Nottingham	x
Healthy Nottingham	x
Leading Nottingham	x

Summary of issues (including benefits to citizens/service users):

The paper outlines the impact of cancer on the citizens of Nottingham, highlighting the high incidence of the disease locally. It provides a rationale to improve efforts at primary prevention, the need to improve uptake of screening and early detection to improve citizens' health.

Recommendation(s):

The Health and Well Being Board is asked to note and endorse the contents of the report and recommend that all partner organisations consider:

1 Promoting the key primary prevention measures for cancer, prioritising funding for programmes which impact directly on the primary prevention of cancer, especially smoking cessation and weight management
2 Promoting the national awareness and early detection initiatives locally
3 Promoting cancer screening programmes, especially the uptake of bowel cancer screening

1. REASONS FOR RECOMMENDATIONS

1.1 Cancer is the third highest cause of premature death in Nottingham, accounting for 28% of all deaths in the city. The incidence is increasing nationally and locally and mortality rates locally are significantly higher than the national average and have remained higher for many years. Cancer is therefore a major public health problem and relevant to the work of the Health and Wellbeing Board.

1.2 The evidence indicates that of all cancer-related deaths, almost 25–30% are due to tobacco, as many as 30–35% are linked to diet and about 15–20% are due to infections. Most skin cancers are the result of excess exposure to sunlight. Primary prevention is therefore an essential aspect of reducing the burden of cancer in Nottingham.

1.3 Many people are unaware of the common early symptoms of some cancers, such as a cough for over 3 weeks or blood in their pee or poo. The impact of the Be Clear on Cancer campaigns locally has resulted in marked increases in the referral of people for Chest Xrays and for 2 week wait (urgent cancer referrals), demonstrating the value of increased awareness locally.

1.4 Uptake of all 3 national cancer screening programmes for breast cancer, bowel cancer and cervical cancer has been reducing recently and uptake rates in Nottingham are below that of most other areas in the East Midlands. All national cancer screening programmes have been shown to reduce mortality, so it is important that Nottingham citizens are encouraged and enabled to take up these screening opportunities.

2. BACKGROUND

2.1 Cancer is an umbrella term used to cover over 200 different diseases resulting from cells dividing in a tissue or system in an uncontrolled way. The most common cancers affect the skin, lung, large bowel, breast and prostate. Many cancers are preventable: most skin cancers are caused by excessive exposure to sunlight and 90% of lung cancers are caused by tobacco smoke. Obesity is the second biggest contributor to cancer mortality. It is estimated that up to half of all cancer cases diagnosed in the UK could be avoided if people made changes to their lifestyle

2.2 Cancer is the 3rd highest cause of premature death in Nottingham City. Each year, 1,300 citizens are diagnosed with cancer and 653 people die from the condition. There are at least 4,499 people living with cancer in the city. Both mortality rates and annual incidence rates of people newly diagnosed with cancer are significantly higher than the average for England and the East Midlands. Cancer mortality is linked to deprivation and 50% of the population of Nottingham City live in the most deprived national quintile, with 75% of the population living in the 2 most deprived quintiles. Taking this into account, Nottingham City has the expected outcomes for the level of deprivation.

2.3 Cancer incidence is rising and cancer mortality is falling both nationally and locally. A number of factors will lead to increased incidence including increased awareness of symptoms, earlier detection and diagnosis and increases in the older population. Screening, increased awareness and early diagnosis will improve mortality and survival rates. Incidence of lung cancer is significantly higher in Nottingham than elsewhere in the East Midlands, while the incidence of other common cancers is similar to the national average. Nationally and locally, survival with cancer is improving gradually. Over 90% of women with breast cancer survive one year and over 80% survive 5 years. One year survival for prostate cancer is similarly 90% and 5 year survival 75-80%. Lung cancer survival remains poor at both 1 and 5 years.

2.4 The Clinical Commissioning Group (CCG) has identified priority targets for increasing survival rates for breast, lung and bowel cancer and improving uptake rates of the bowel and cervical screening programmes. One of the most common reasons for poor cancer outcomes experienced by people in England is late presentation. A number of interventions have been implemented across Nottingham City to address the issue of late presentation and early diagnosis.

2.5 It is estimated that approximately 5% of the NHS budget is spent on cancer - approximately £76 per head each year in England, costing around £4.5 billion a year in total. This would equate to approximately £26,600,000 across Nottingham City.

2.6 There are three national cancer screening programmes, for breast, large bowel and cervical cancer. However we know that some groups and communities are not accessing this service. Coverage for breast screening in Nottingham City was 75.5%, exceeding the national standard of 70%. Over 78% of eligible women in Nottingham City had received their cervical smear test, similar to the national average, although there is a decreasing trend in screening uptake nationally; particularly in younger women aged 25-49. Bowel screening uptake is less good, at 50%, compared to 60% in Nottinghamshire County and 54.8% nationally. Low up take in BME communities has been identified as an issue.

2.7 End of life and palliative care services are especially important in respect of cancer care. People with cancer should be offered the opportunity of advance care planning, including their preferred place of death. In 2010/11, over half of the people with cancer died in hospital, many of whom had no clinical need of hospital care and most would prefer to die in their own home or be supported in a community setting.

3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

None.

4. FINANCIAL IMPLICATIONS (INCLUDING VALUE FOR MONEY

There are no direct financial implications or value for money issues arising from this report.

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

Risk management issues relate to the increasing incidence and prevalence of cancer among citizens in Nottingham City, resulting mainly from the increase in the proportion of people aged over 65 and also from improved treatment for many cancers, so that there are now more cancer survivors in the population.

There are no implications relating to Crime and Disorder.

6. EQUALITY IMPACT ASSESSMENT

Has the equality impact been assessed?

Not needed (report does not contain proposals or financial decisions)	☒
No	☐
Yes – Equality Impact Assessment attached	☐

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

1. Nottingham City Public Health Department: Evaluation of Blood in Pee campaign. 2013.
2. Nottingham City Public Health Department: Public Health Mortality Files, Office of National Statistics 2012
3. Nottingham City Public Health Department, Quality Outcome Framework Register 2012/13
4. Nottingham City Public Health Department: Health Informatics Service Data 2014
5. Nottinghamshire Bowel Cancer Screening Centre Data 2014
6. Nottingham City Public Health Department, Summary of the Change Maker programme 2013
7. Nottingham City Public Health Department: Smoking Prevalence: Citizens Survey 2010-2012

8. PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

1. Cancer Research 2012, The cost of cancer care, available at: http://scienceblog.cancerresearchuk.org/2008/10/21/ncri-session-the-cost-of-cancer-care/
2. Cancer Incidence: New cases of lung cancers, standardised registration ratio, 2005-2009.available at: http://www.cancerresearchuk.org/cancer-info/cancerstats/types/lung/survival/lung-cancer-survival-statistics
3. Department of Health 2011, Improving Outcomes: A Strategy for Cancer, available at:https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213785/dh_123394.pdf
4. Department of Health, 2012, The Public Health Outcomes Framework for England, 2013-2016: available at: http://www.phoutcomes.info/
5. Department of Health, 2010, NHS White Paper, Equity and Excellence: Liberating the NHS available at: https://www.gov.uk/government/publications/liberating-the-nhs-white-paper
6. Health and Social Care Information Centre Indicator Portal, 2009-2011, available at: https://indicators.ic.nhs.uk/webview/

7. Macmillan 2014, A tale of our time: The complexities of cancer diagnosis, treatment and survival, available at: http://blogs.deloitte.co.uk/health/2014/04/a-tale-of-our-time-the-complexities-of-cancer-diagnosis-treatment-and-survival-.html
8. National Cancer Intelligence Network, 2009, Cancer Incidence and Survival by Major Ethnic Group 2002-2006, available at: http://publications.cancerresearchuk.org/downloads/product/CS_REPORT_INCSURV_ETHNIC.pdf
9. NHS Nottingham City Clinical Commissioning Group, Working together for a healthier Nottingham: Our commissioning strategy 2013-2016 available at: http://www.nottinghamcity.nhs.uk/about-us-284/publications/strategy-and-planning.html
10. Parkin, D.M, 2011. Cancers attributable to consumption of alcohol in the UK in 2010, available at: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3252062/
11. Thompson, R 2013, Hear Me Now: The uncomfortable reality of prostate cancer in black African-Caribbean Men, available at: http://bmecancer.com/index.php/hmnreports/hear-me-now-reports/83-hear-me-now
12. Trent Cancer Registry, Cancer Fact Sheet, available at:http://www.empho.org.uk/Download/Public/10923/1/Notts%20City_1.pdf

Appendix 1

CANCER AND NOTTINGHAM CITY

1. BACKGROUND

1.1 WHAT IS CANCER?

Cancer is a disease caused by normal cells changing so that they grow in an uncontrolled way. The uncontrolled growth usually causes a tumour to form. If not treated, the tumour can cause problems in one or more of the following ways:

- Spreading into normal tissues nearby
- Causing pressure on other body structures
- Spreading to other parts of the body through the lymphatic system or bloodstream

There are more than 200 different types of cancer, as there are many different types of cell in the body. Any of these cell types can grow into a primary cancer. Different types of cancer behave very differently. The type of cancer affects whether it is:

- Likely to grow quickly or slowly
- Likely to produce hormones or other chemicals that change the way the body works
- Likely to spread in the blood or lymphatic system
- Likely to respond well to particular treatments, such as surgery, chemotherapy or radiotherapy

Five sites: skin, breast, lung, large bowel (colorectal) and prostate, account for the majority of all new cancers. The majority of skin cancers, apart from a rare type called melanoma, are easily curable and are not included in most of the statistics in this report. Breast, large bowel, lung and prostate cancers account for over half (54%) of all new cancers excluding the non-melanoma skin cancers.

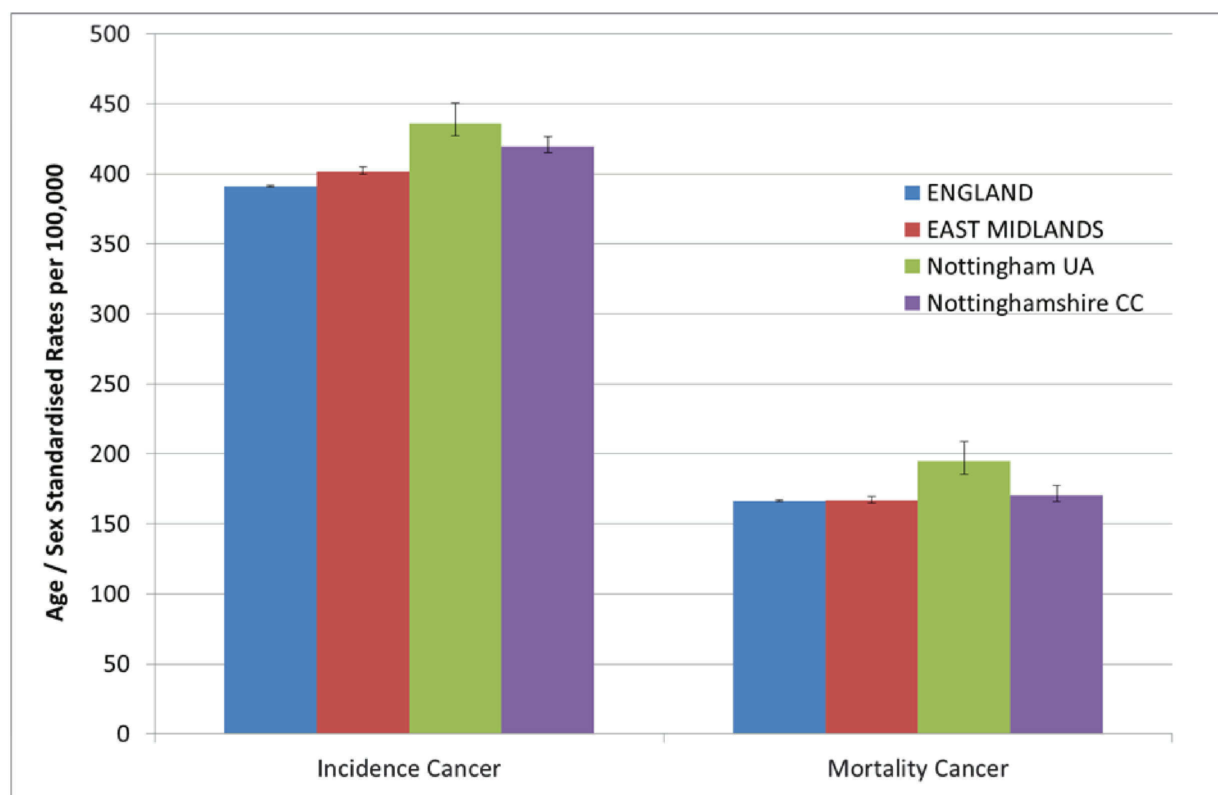
1.2 WHY IS CANCER A PUBLIC HEALTH ISSUE?

Cancer is the 3rd highest cause of premature death in Nottingham City, accounting for 28% of deaths and is therefore an important local health priority (Public Health Mortality File, ONS, 2012). In the City, there are at least 4,499 people living with cancer (QOF registers 2012/13). This is based on the number of people on GP lists with a diagnosis of cancer

recorded since 2003 and so is likely to be an under-estimate as many patients will have survived more than 10 years with their cancer.

The local mortality rates are significantly higher than the average for England and the East Midlands (see Fig 1.1). Incidence rates for people newly diagnosed with cancer each year are also significantly higher than the rates for England and the East Midlands.

Figure 1.1 Comparison of Cancer Incidence and Mortality Rates



Source: Health and Social Care Information Centre Indicator Portal, Incidence 2009-2011; Mortality All Cancers, 2010-2012

Cancer mortality is linked to deprivation and 50% of the population of Nottingham City live in the most deprived national quintile, with 75% of the population living in the 2 most deprived quintiles. Taking this into account, Nottingham City has the expected outcomes for the level of deprivation.

1.2 WHO IS AT RISK OF DEVELOPING CANCER?

An individual's risk of developing cancer depends on many factors, including age, lifestyle and genetic make-up. It is estimated that up to half of all cancer cases diagnosed in the UK could be avoided if people made changes to their lifestyle. The changes include:

- stopping smoking
- moderating alcohol intake
- maintaining a healthy weight
- having a high fibre diet
- increased consumption of fruit and vegetables
- reduced consumption of red and processed meats
- reduced salt intake
- reduced saturated fat intake
- reduced exposure to UV radiation

More than a quarter of all deaths from cancer (including 90% of lung cancer deaths) are linked to tobacco smoking. Estimates suggest that, in the UK, up to 12,500 new cancers each year could be avoided if alcohol consumption was reduced and 17,000 new cancers are linked to obesity (Parkin 2006) A small number of infectious agents, especially selected viruses, play a key role in causing certain types of cancer. It is estimated that inherited factors cause up to 10% of all cancers. Factors such as the age at which a woman has her first child and the number of children she has affect the risk of breast and gynaecological cancers. Cancer Research UK has summarised the research on the potential impact of known lifestyle and environmental factors and a graphical representation is shown at Appendix A.

The Health and Wellbeing Board priorities underpin many of these issues. Improvements in the lifestyle factors highlighted above would have an impact on cancer incidence through their contribution to decreased risk of cancer at individual and population levels.

2. HEALTH NEED

In Nottingham City about 1,300 people are diagnosed with cancer each year and 653 people die from the disease. Incidence of cancer in Nottingham women is higher than the national average but broadly similar to regional rates. Cancer incidence is higher in men than women.

2.1. Incidence of types of cancer

Skin cancers are the most common form of cancer but most of these are easily treated basal cell and squamous cancers, caused by sun damage. Only a small proportion of skin cancers are malignant melanoma. Breast cancer is the next most common cause of cancer

followed by prostate cancer in men, lung cancer and bowel cancer (Cancer Research UK) People under 75 years account for 64% of all those with newly diagnosed cancers in Nottingham City.

Table 2.1 Incidence of most common types of cancer per 100,000 population; all ages, 2009-2011; Nottingham City

	Incidence per 100,000		
Incidence of cancer	Male	Female	Number per year
Breast*	0.9	125.2	176
Prostrate	115.2	-	155
Lung	85.1	47.9	191
Large Bowel	64.6	35.9	152
Bladder	19.4	4.8	37
Stomach	19.6	6.3	39
Oesophagus	18.1	6.7	35
All skin cancer	135.1	96.1	363
Malignant melanoma	11.3	9.9	31
All Cancers	486.1	404.3	1298
All Cancers Under 75 years	355.8	344.0	832

*Breast cancer in men is rare; figure given is UK incidence rate.

Source: Health and Social Care Information Centre Indicator Portal, Incidence 2009-2011

2.3 Mortality from cancer

Cancer is responsible for around 25% of all deaths and is the second highest cause of death in BME groups. Lung cancer is by far the most common cause of death from cancer, followed by bowel cancer and breast cancer. Approximately 50% of all cancer deaths are in people under 75 years. The most common cancers causing death are lung cancer; bowel cancer and prostate cancer in men and breast cancer in women. Skin cancers, other than malignant melanoma, very rarely cause death (DH 2011)

Nottingham City has significantly poorer survival rates for cancer, with one year survival rates for breast, bowel and prostate cancer in the bottom 20% for England. This is thought to be partly as a result of patients leaving it longer before seeing a health professional, meaning that their cancer is more advanced when diagnosed

Table 2.2 Mortality from most common types of cancer (Directly Standardised Rate per 100,000 (2010-2012); Nottingham City

	Mortality per 100,000		
Cancer Mortality	Male	Female	Number per year
*Breast**	0.2	24.1	42
Prostrate	22.06	-	34
Lung	62.6	35.4	148
Large Bowel	27.4	13.0	66
Bladder	8.7	4	21
Stomach	10.3	2.74	20
Oesophagus	16.0	4.9	31
All Cancers	230.8	169.1	634
All Cancer <75	143.0	121.6	316

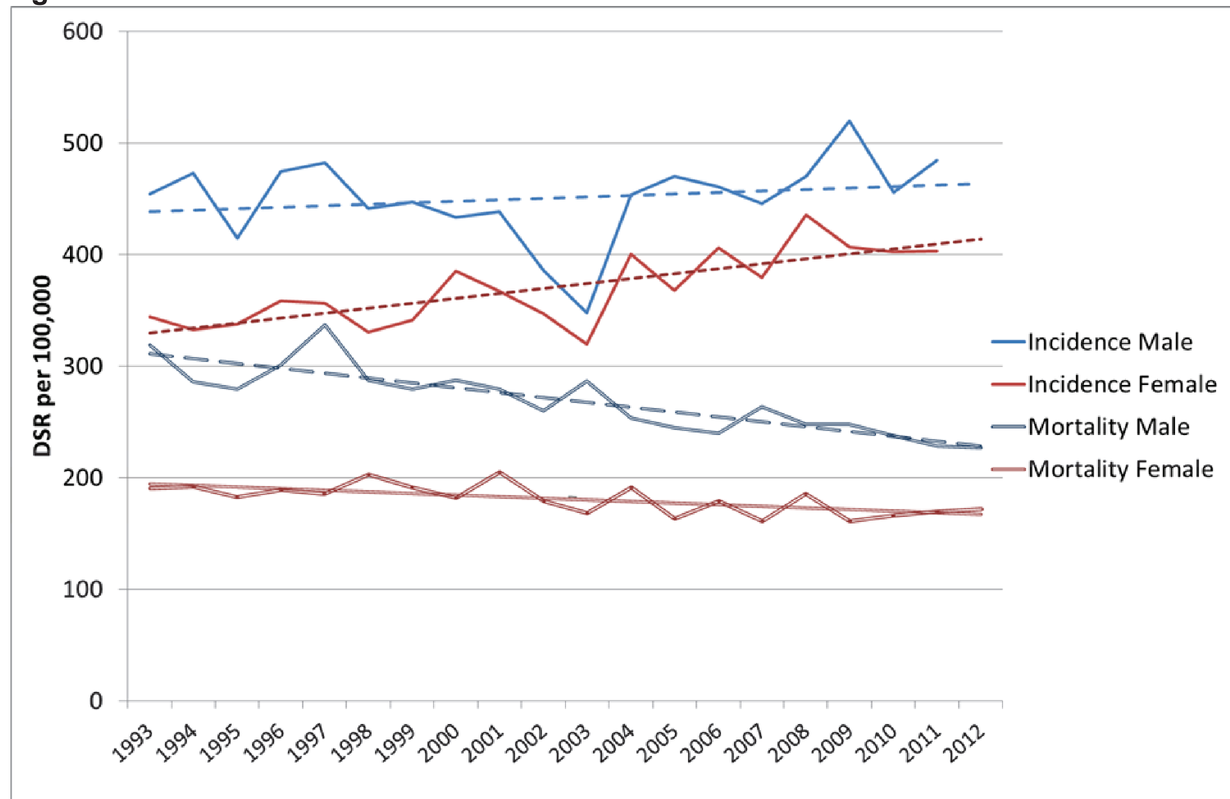
*Breast cancer in men is rare; figure given is UK mortality rate.

Source: Source: Health and Social Care Information Centre Indicator Portal: https://indicators.ic.nhs.uk/webview/

2.4 Trends in cancer incidence and mortality

In both men and women, cancer death rates are falling and incidence is rising (Figure 2.1). Incidence of cancer in men is increasing at around 1.3% per year and 4.4% in women. However, mortality rates are falling more slowly in women than in men at 1.5% per year compared to 4.3% in men. A number of factors will lead to increased incidence including increased awareness of symptoms, earlier detection and diagnosis and increases in the older population. Increased awareness and early diagnosis will improve mortality and survival rates. The changes in incidence and mortality vary between tumour sites.

Figure 2.1 Incidence and Mortality trends in Males and Females; All Cancers, All Ages

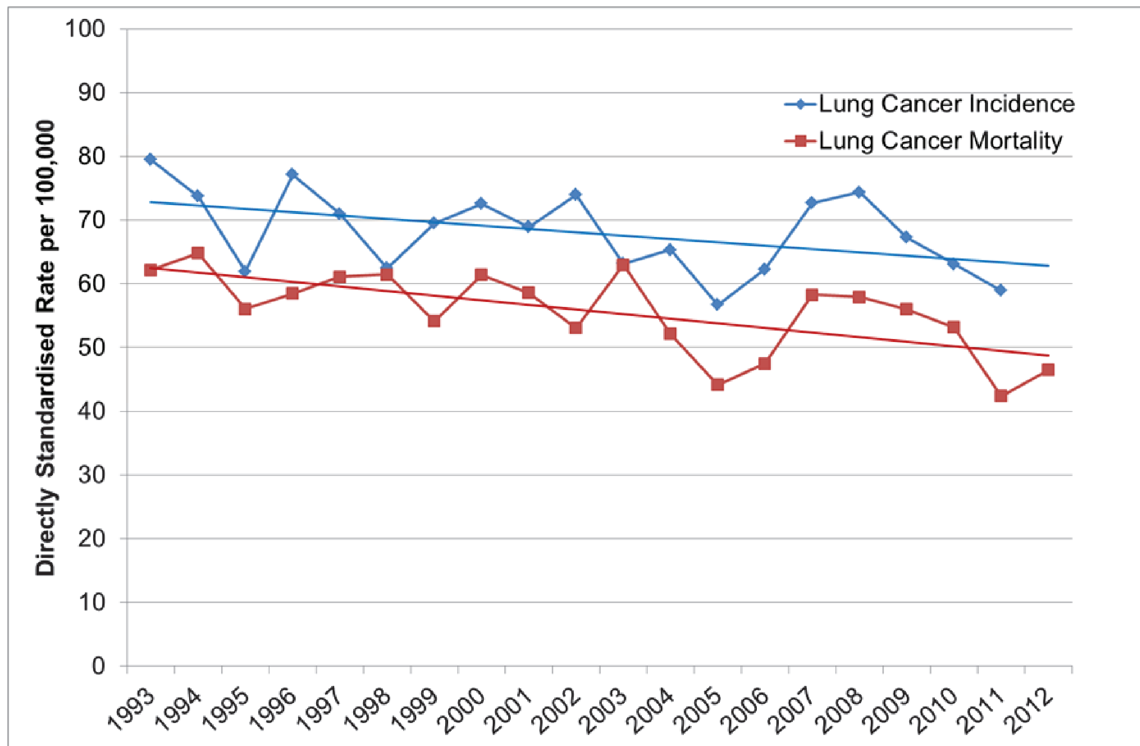


Source: Health and Social Care Information Centre Indicator Portal

2.5 Lung Cancer incidence and mortality

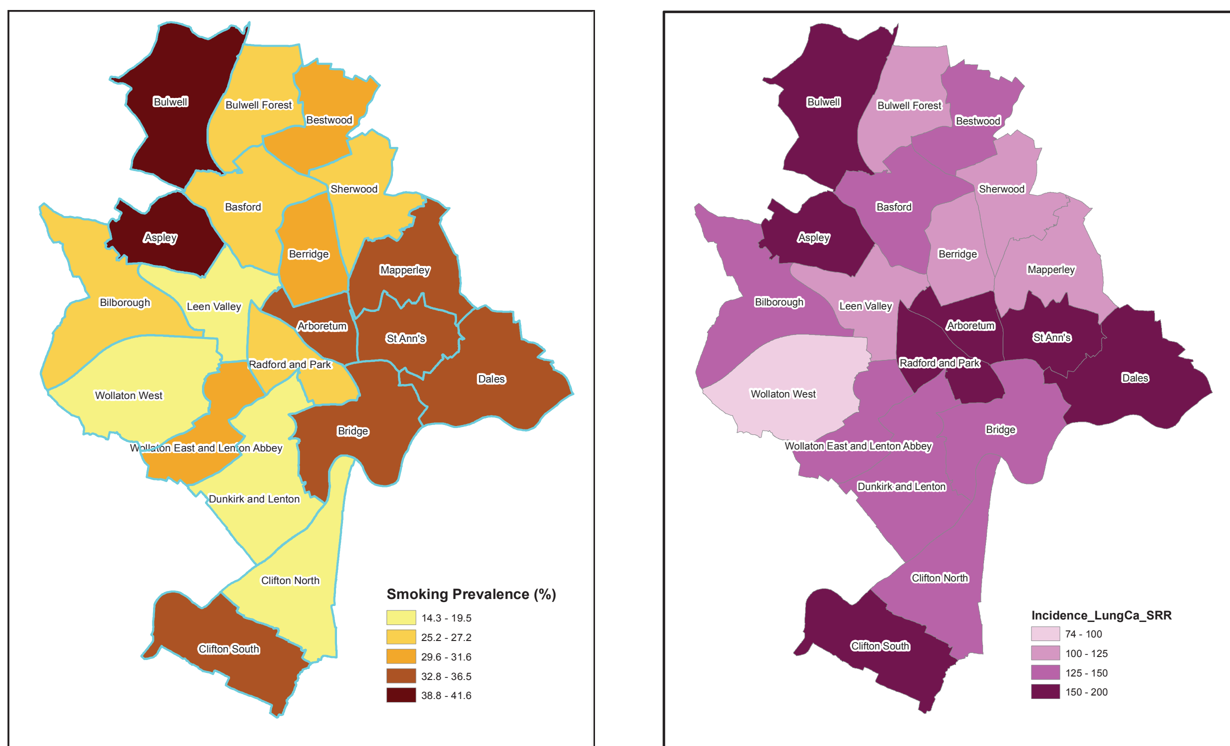
Incidence of lung cancer in Nottingham City is significantly higher than the national and regional average in both men and women. Levels are comparable with the more deprived area of the city and there is a clear correlation between deprivation and incidence, linked to smoking. Incidence and mortality from lung cancer are falling, reflecting reductions in smoking prevalence.

Figure 2.2 Incidence and mortality from Lung Cancer (All Persons, All Ages) in Nottingham City



Source: Health and Social Care Information Centre Indicator Portal, Incidence 2009-2011; mortality 2010-2012

Figure 2.3 Lung Cancer Incidence and Smoking Prevalence by Ward



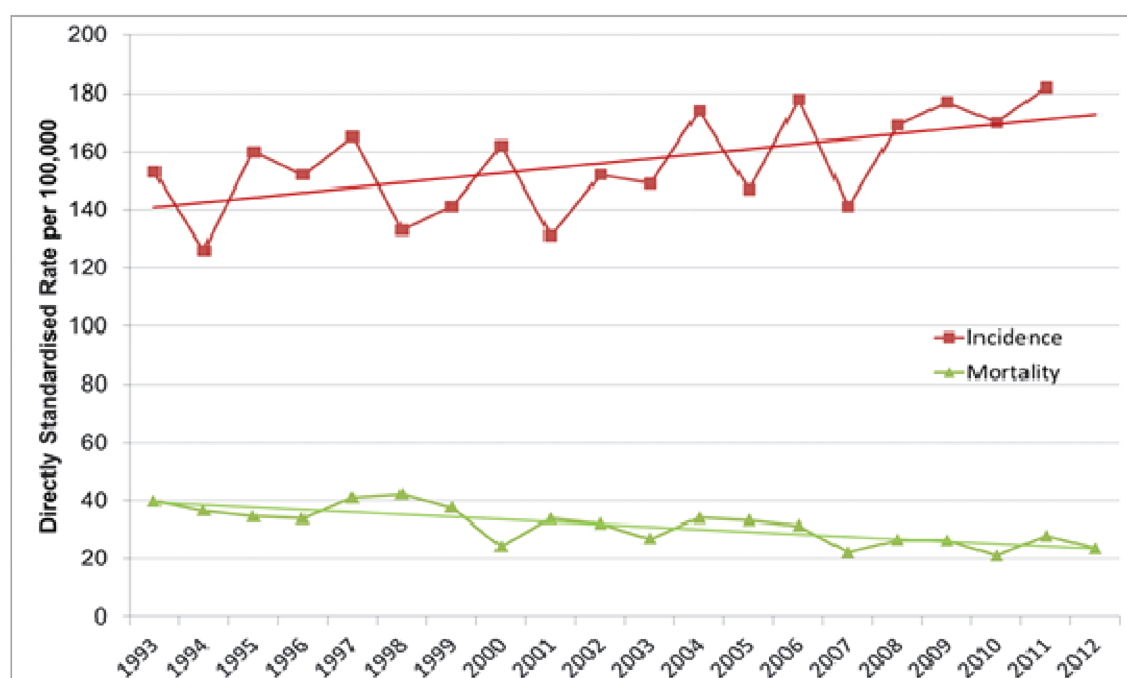
Source: Smoking Prevalence: Citizens Survey pooled 2010-2012; Cancer Incidence: New cases of lung cancers, standardised registration ratio, 2005-2009.

The maps in Figure 2.4 show the close relationship between smoking and lung cancer incidence, with the areas in the north and east of the city having the highest smoking prevalence and lung cancer incidence rates.

2.6 Breast Cancer incidence and mortality

Breast cancer incidence is not related to deprivation and local rates are similar to national and regional ones. Incidence of breast cancer is increasing, perhaps due to improved screening uptake and greater awareness of symptoms. Mortality rates are falling.

Figure 2.4 Incidence and mortality from Breast Cancer (All Persons, All Ages) in Nottingham City

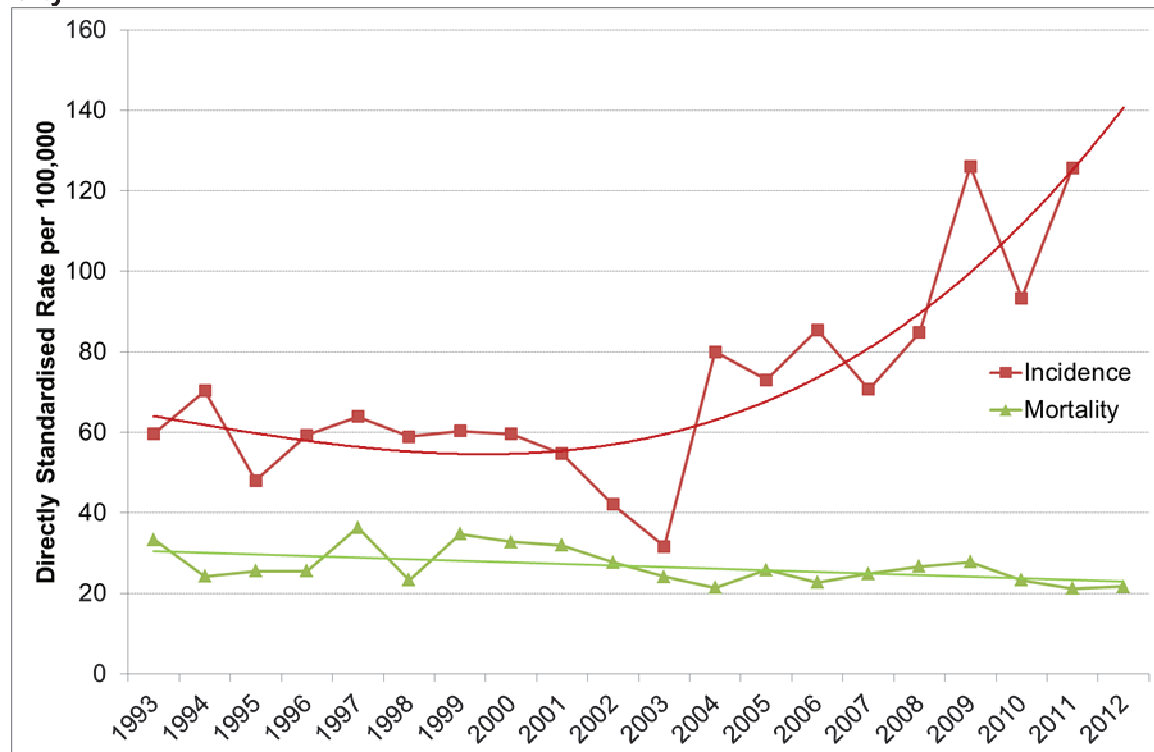


Source: Health and Social Care Information Centre Indicator Portal

2.7 Prostate Cancer incidence and mortality

Incidence of prostate cancer in Nottingham City is similar to the national and regional average and comparable to rates in the surrounding districts. The incidence of prostate cancer has risen sharply in recent years, reflecting the increased awareness of this disease and detection of very early disease using the PSA (Prostate Specific Antigen) test. Mortality rates are falling slowly.

Figure 2.5 Incidence and mortality from Prostate Cancer (All Persons, All Ages) in Nottingham City

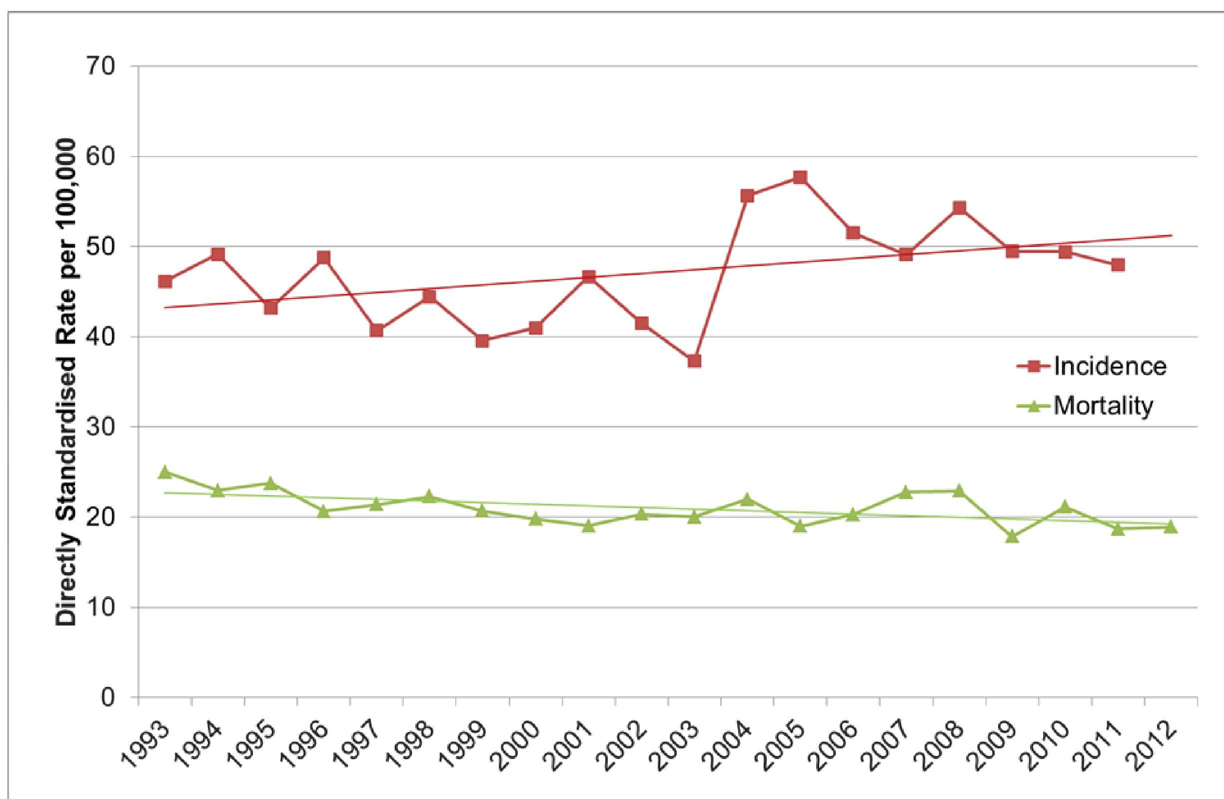


Source: Health and Social Care Information Centre Indicator Portal

2.8 Bowel Cancer incidence and mortality

Incidence of bowel cancer is not significantly different to England or the East Midlands. There is no clear association between incidence rate and deprivation. Incidence is much higher in men than in women. Incidence rates for bowel cancer have risen but it is unclear whether this is related to the introduction of screening in 2008 or due to the increase in the number of older people, as bowel cancer increases significantly with age. Mortality rates are falling slowly at around 1% per year.

Figure 2.6 Incidence and mortality from Bowel Cancer (All Persons, All Ages) in Nottingham City



Source: Health and Social Care Information Centre Indicator Portal, Incidence 2009-2011; mortality 2010-2012

2.9. Survival with cancer

Nationally and locally, survival with cancer is improving gradually. Over 90% of women with breast cancer survive one year and over 80% survive 5 years. One year survival for prostate cancer is similarly 90% and 5 year survival 75-80%. Lung cancer survival remains poor at both 1 and 5 years.

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Health and Wellbeing Board 25th June 2014

Title of paper:	Avoidable Injuries in Children & Young People (0-17yrs)	
Director(s)/ Corporate Director(s):	Dr Chris Kenny – Director of Public Health	**Wards affected: All**
Report author(s) and contact details:	Sarah Quilty Sarah.quilty@nottinghamcity.gov.uk Sonya Clark Sonya.Clark@nottscc.gov.uk	
Other colleagues who have provided input:	Lynne McNiven lynne.mcniven@nottinghamcity.gov.uk Penny Spring penny.spring@nottscc.gov.uk	
Date of consultation with Portfolio Holder(s) (if relevant)		

Relevant Council Plan Strategic Priority:	
Cutting unemployment by a quarter	☐
Cut crime and anti-social behaviour	☐
Ensure more school leavers get a job, training or further education than any other City	☐
Your neighbourhood as clean as the City Centre	☐
Help keep your energy bills down	☐
Good access to public transport	☐
Nottingham has a good mix of housing	☐
Nottingham is a good place to do business, invest and create jobs	☐
Nottingham offers a wide range of leisure activities, parks and sporting events	☐
Support early intervention activities	x
Deliver effective, value for money services to our citizens	x

Summary of issues (including benefits to citizens/service users):

- A renewed focus on avoidable injury prevention within Nottingham City with the collaborative development of the Avoidable Injuries Strategy.
- NHS Nottingham City CCG has committed £460k to the development of a home safety equipment and education scheme initially focusing in the wards with the highest A&E admissions.
- A&E attendances for 0-4's in the City are significantly worse than the England average at a rate of 588.2 per 100,000 compared with 483.9

Recommendation(s):	
1	That the Board notes the report.
2	That the Board endorses the Avoidable Injuries Strategy for Nottingham City.
3	That the Commissioning Executive Group will monitor delivery of the document on behalf of the Nottingham City Health and Wellbeing Board.

1. REASONS FOR RECOMMENDATIONS

1.1. In Nottingham City there were a total of 27,117 Accident and Emergency (A&E) attendances for injury of which 5.1% (1,384) became inpatients during 2010 - 2013, there are further details in Table 4.

1.2. The overall rate of A&E attendances in the City is not significantly different from the national average. However, A&E attendances for 0-4's in Nottingham City are **significantly worse than the England average at a rate of 588.2 per 100,000 compared with 483.9**

1.3. **How many injuries could be prevented?** If all the wards in Nottingham City reduced the rate of accidents to that of the best performing ward, we could expect 8,303 fewer A&E attendances and 709 fewer inpatient admissions over a four year period.

1.4. There is a strong social gradient present when examining avoidable injuries in children and young people's data, with those living in more deprived wards having more avoidable injuries and presenting to A&E more than those in less deprived wards

1.5. There is a long term economic impact on families where children have experienced a burn or traumatic injury; with parents and carers having taken time off work for hospital appointments, operations, etc. and children being unable to attend school or nursery.

2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

2.1. The purpose of this report is to highlight the impact of avoidable childhood injuries, to update on the progress being made by the Avoidable Injuries Strategic Partnership for Children & Young People (Nottingham and Nottinghamshire) and to ask the Health and Wellbeing Board to endorse the recommendations.

2.2. A draft strategy has been developed to cover both Nottingham City and Nottinghamshire County. This paper focuses predominantly on the issues affecting Nottingham City.

2.3. Full public consultation has been undertaken on the strategy and feedback incorporated.
There were 283 individual responses in addition to feedback from various groups. A full report on the consultation and the response to it is available on request.

2.4 Outcomes will be delivered in the areas of home safety, road safety and leisure time safety.
All interventions developed and implemented to achieve the stated outcomes will be based on best practice, evidence and building on the good work already being achieved. The added value will be through the coordination of existing services identifying gaps and addressing these where possible

2.5 The Public Health Department already commission DREEAM (Department of Research and Education in Emergency Medicine, Acute Medicine and Major Trauma) to deliver the Injury Minimisation Programme for Schools (IMPS).

I.MP.S is divided into 3 elements:

1. In school learning
2. Hospital visits
3. I.M.P.S. follow-up lessons

Action to date

- On the 13th July 2013 Nottingham City and Nottinghamshire County hosted a stakeholder event to galvanize interest in preventing avoidable injuries in children and young people and to stimulate the development of a strategy.

- **NHS Nottingham City CCG has committed £460k over 2 years for the delivery of a home safety equipment and education scheme**. The objective of the scheme is to cover at least 60% of homes within the five highest wards of A&E attendances initially (Aspley, Bestwood, Bulwell, Clifton North and South) then move outwards to cover the whole of the city with home safety equipment in order to prevent avoidable injuries within the home. In addition there is an extensive education programme provided by the Injury Minimisation Programme (IMPS) focusing on children centres and pre-school aged children and their parents. The contract for the tender will be awarded on the 12th June and the successful organisation will be announced on the 23rd June with the launch of the strategy.

- A Strategic Group for Nottingham and Nottinghamshire has been established to work collaboratively across agencies, districts, boroughs and wards to ensure a coordinated approach to avoidable injuries in CYP.

- Following the stakeholder event a review was undertaken which highlighted the following:

  I. There are a range of local interventions delivered by agencies that aim to reduce avoidable injures in children and young people. Some of these interventions (particularly home equipment schemes) are patchy dependent upon location and are usually dependent upon volunteers and charitable donations/funding bids.

  II. There is a requirement to improve coordination and communication between agencies. The agencies who have made pledges are all participating in delivery against the strategy and action plan in a coordinated way.

  III. Resources: There is a commitment to reducing avoidable injuries in many agencies across Nottingham and Nottinghamshire. All of these have some resource, mostly staff time. It is recognised that in order to have a substantial impact upon this most important of issues, further financial resources will be required and explored.

  IV. There are many avoidable injuries interventions focusing on the under 5's, but many of the agencies who are delivering them are not working collaboratively.

  V. There is potential to utilise the statutory agencies more, for example Nottinghamshire Fire and Rescue in the delivery of avoidable injuries interventions.

  VI. Nottingham City Council and Nottinghamshire County Council have excellent road safety partnerships

  VII. The voluntary sector is an important contributor to tackling avoidable injuries within Nottinghamshire County.

- A draft strategy has been developed with partners and a full public consultation process undertaken from week commencing 10th February 2014 – 18th April 2014; the strategy has been revised in line with feedback from the public and stakeholders.

Priorities for 2014 - 2020

- Launch the Avoidable Injuries Strategy in June 2014 to coincide with activity planned for national Childhood Injury Prevention Week 2014.

- Develop working groups to take forward actions in the following areas;

  I. Home: Establish a group to focus on interventions to improve home safety and reduce risks in the home setting.

  II. Road: Link in with the existing road safety partnership group.

  III. Leisure: A longer term aim is to establish a group to focus on risk reduction in the leisure setting.

- To determine additional resources and requirements to enable the implementation of interventions within the strategy and action plan.

- **Actions for 0-17 years age groups**: Ensure education, enforcement and promotion of appropriate fit and use of car seats, booster seats and seat belts.

- **Actions for 0-5 years age groups**: Establish consistent, equitable and sustainable home safety education and equipment schemes prioritising areas of greatest need. This will require partnership working and identification of funding.

- Ensure a consistent multiagency approach to risk assessment in the home, with development of improved referral pathways and communication channels.

- **Actions for 6-17 years age groups**: Introduce speed reduction schemes of maximum 20mph in urban areas and locations within proximity to schools.

- Expand and standardise road safety education for school aged children delivered in a multi-agency strategic approach.

- Increase coverage of cycle training and education including helmet safety.

3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

N/A

4. FINANCIAL IMPLICATIONS (INCLUDING VALUE FOR MONEY/VAT)

There are no financial implications for this Council linked to this strategy currently, we are not requesting funding at this time but will attempt to source funds from other sources.

City CCG have pledged £460k over 2 years for a home safety equipment scheme.

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

N/A

6. EQUALITY IMPACT ASSESSMENT

Any interventions, projects or programmes resulting from this strategy will adopt a proportionate universalist approach, to ensure that areas of greatest need are met and to support the reduction in health inequalities.

Any interventions, projects or programs will ensure that they have an equality impact assessment completed and that individuals that fall into one or more of the project characteristics are not prejudiced in anyway directly or indirectly.

Has the equality impact been assessed?

Not needed (report does not contain proposals or financial decisions) ☒

No ☐

Yes – Equality Impact Assessment attached ☐

Due regard should be given to the equality implications identified in the EIA.

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

1. Draft Strategy for Avoidable Injuries in Children and Young People (0-17yrs) for Nottingham City and Nottinghamshire County (for consultation purposes)
2. Consultation Feedback report
3. Final Draft strategy for Avoidable Injuries in Children and Young People (0-17yrs) for Nottingham City and Nottinghamshire County (post consultation)

8. PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

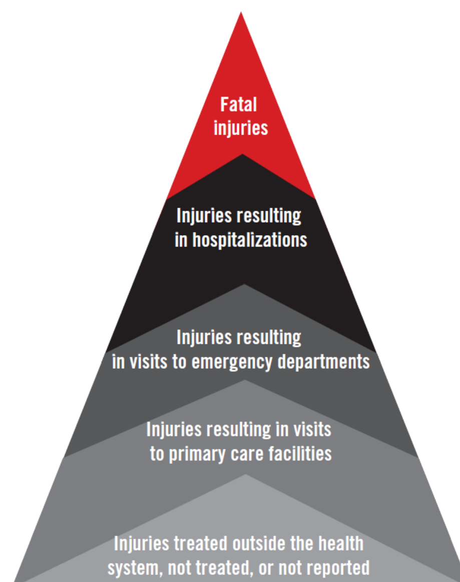
9. APPENDIX

Definition

- The term ‘injury' is now used in place of ‘accident’ as ‘most injuries and their preceding events are predictable and preventable.' The term ‘accident' implies an unpredictable and therefore unavoidable event[i].

- The scope of the strategy is unintentional avoidable injuries and does not report or aim to reduce intentional injuries i.e. it does not cover data on self-harm, injury from abuse or assault etc.

- Avoidable injuries can be categorised according to their severity, treatment type and reporting. The World Health Organisation[ii] likened avoidable injuries to a pyramid, with fatalities from avoidable injuries being only a small fraction of the total numbers injured. The pyramid highlights the burden of ill health and utilisation of NHS and non-NHS resources as well as giving an indication of the number of injuries not reported.



- We all have a responsibility to ensure that children are able to grow up in an environment that does not expose them to unreasonable hazards, without impinging excessively on their play and learning freedoms.

Background and Context - Nationally

- Avoidable Injuries are a leading cause of death and hospital admission for children and young people (CYP) in the United Kingdom aged between 1 and 14 years[iii] and, therefore, a serious public health issue. Most of these injuries happen in the home, outdoors or on the roads.

- In England there are more childhood deaths from avoidable injury than from leukemia or meningitis.

- The social class gradient in child injury is steeper than for any other cause of childhood death or long-term disability[iv].

- Overall rates of death from injury in children have fallen in England and Wales over the past 20 years. However, rates for children living in disadvantaged social and economic circumstances have not seen the same improvement[v] .

Who is most at risk

- NICE (2010) highlights that under 5’s are at greatest risk of injuries in the home and over 11’s are more vulnerable to road injuries.

- Children from the most disadvantaged backgrounds are at significantly increased risk of injury. Compared to their peers, children from the poorest homes are (CAPT):
  - 13 times more likely to die in an accident
  - 21 times more likely to die as a pedestrian on the roads
  - 38 times more likely to die in a house fire

- Other factors include disability or impairment (physical or learning), some minority ethnic groups, low income families, Children who live in accommodation which potentially puts them more at increased risk.

Local Data - A Picture of Nottingham and Nottinghamshire

- There were a total of 5,700 hospital admissions to hospital as a result of avoidable injuries between April 2010 - March 2013.

- There were 44 hospital admissions for burns and scalds, 88.5% of which were in the 0-5yr age group but mostly 1-2 yrs.

- The rate of childhood injuries in Nottingham City overall is comparable with the England average.

- The most common cause of injuries in 0-17yr age groups is falls and the second most common cause is contact with non-living objects officially termed ‘exposure to inanimate mechanical forces’ this includes contact with for example furniture, sports equipment, sharp glass, pins, nails etc. The causes then tend to split by age group after this with poisonings, burns and scalds being more predominant in the 0-5 and transport accidents in the 6-17 age groups (See Table 3).

Table 3: Causes of Injuries by Age 2012/13.

	Nottingham City	
	0-5 yrs	**6-17yrs**
Falls	34%	38%
Exposure to inanimate mechanical forces - contact with non-living objects - such as furniture, sports equipment, sharp glass, pins, nails etc.	29%	24%
Poisoning.	13%	6%
Burns.	6%	
Transport.	4%	18%
Contact with a living object (official title ‘exposure to animate mechanical forces’) includes being accidentally hit or struck by a living object such as a person, animal etc.	3%	6%

- In Nottingham City there were a total of **27,117** Accident and Emergency (A&E) attendances for injury of which 5.1% (1,384) became inpatients during 2010 - 2013, there are further details on this in Table 4.

- The overall rate of A&E attendances in City is not significantly different from the national average. However, **A&E attendances for 0-4’s in the City are significantly worse than the England average at a rate of 588.2 per 100,000 compared with 483.9**.

- During 2012/13; there were **3,322** A&E attendances due to burns and scalds in Nottingham City and Nottinghamshire County which is an average of 9.1 per day or 63.8 per week.

Table 4: The number of A&E Attendances that became Inpatient Admissions for Avoidable Injuries 0-17years as whole numbers and as a percentage across the whole of Nottingham City.

A&E Attendances	27,117
A&E Inpatient Admissions	1,384
Other sources of inpatient admission	305
Percentage of A&E attendances that became admissions	5.10%
Total number of admissions	1,689
Percentage of admissions via A&E	81.94%

- Locally the four main reasons for attendances to A&E are bruising/abrasions, fractures, ligament sprain and cuts.

- **Road Traffic Accidents**: Local Hospital data (2010-2013) for road traffic injuries in the 0-17 year olds; shows that injuries on Pedal cycles 86, Pedestrians 53, Car occupants 10 Motorcycles 8.

Priority Areas: Disadvantage & Geography

- In Nottingham City children in the most deprived quintile are 1.23 times more likely to be an inpatient and 1.11 times more likely to attend ED than in those in the least deprived quintile (Indices of Multiple Deprivation Quintiles).

- The wards with the highest rates of A&E attendance in Nottingham City are Aspley, Bilborough, Clifton North and Clifton South.

What works? Evidence Base

- The Centre for Disease Control [14] details 5 areas that need to be addressed to have the greatest impact to reduce and prevent serious avoidable injuries: Environment, Education, Empowerment, Enforcement and Engineering. Successful strategies will consider all 5 areas in the planning and development stages, a combination of approaches may be needed.

- **In the Home Setting**: Evidence from the National Institute of Clinical and Healthcare Excellence (NICE) shows that the following actions will reduce avoidable injuries:
  - Ensure that there is a co-ordinated approach to Avoidable injuries for C&YP and a CYP injury prevention coordinator
  - Installation and maintenance of permanent safety equipment in social and rented dwellings
  - Incorporating home safety assessments and equipment provision within local plans and strategies for CYP health and wellbeing

- **On the roads**: There is strong evidence to suggest that reducing speed limits to 20mph in built up urban areas will have a significant impact on reducing injuries on the roads and outdoors for anyone under the age of 25 [11, 12, 13, 15]. It is noted that the City already implemented the 20pmh speed limit in some wards with an intention to roll out City wide.

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[i] Davis R, P. B. (2001). BMJ bans accident. BMJ, 322: 132
[ii] WHO. Injury Pyramid. http://www.who.int/violence_injury_prevention/key_facts/en/ (Accessed 06-01-2014)
[iii] The Audit Commission. Better safe than sorry, Preventing unintentional injury to Children. London : s.n., 2007
[iv] The Marmot Review. Fair Society. Healthy Lives: Strategic Review of Health Inequalities in England post-2010. London : s.n., 2010.

[v] Elizabeth Towner, Therese Dowswell, Gail Errington, Matthew Burkes, John Towner. Injuries in children aged 0–14 years and inequalities. s.l. : Health development Agency, 2005

Avoidable Injuries Strategy in Children and Young People (0-17 years)

Lynne McNiven- Consultant in Public Health

Nottingham City Council

Scale of the Issue in Nottingham City

- Avoidable Injuries are a leading cause of death and hospital admissions for children and young people in the UK aged between 1 and 14 years.
- Most injuries take place in the home (0-4 years). Outdoors and on the Roads (4-17 years).
- The social class gradient in child injury is steeper than other causes of childhood death or long term disability.
- Emergency Department (ED) for the 0-4 years are significantly worse than the England average at a rate of 588.2 per 1000,000 compared to 483.9 per 1000,000
- There were 5,700 hospital admissions as a result of avoidable admissions between April 2010- March 2013

Nottingham City Council

Action to Date

- Strategy development in partnership with key agencies
- Full public consultation has taken place and strategy ratified in light of the consultation.
- NHS Nottingham City CCG has committed £460k over 2 years to the development of a Home Safety and Education Initiative
  - Aim to cover 60% of all homes in Aspley, Bestwood, Bilborough and Clifton North and South with home safety equipment.
  - Provide education classes within Children's Centres using the Early Learning For Safety programme (ELFS)
- Public Health commission the Injury Minimisation Programme (IMPs) to provide injury education into all primary schools in Nottingham City
- A number of other initiatives are planned to reduce ED attendances in the under 5's alongside this including implementation of the urgent care pathways, modelling of community services provision that will act as ED alternatives, Health Visitor minor ailments clinic pilot and an asthma event on the 19th June.

Nottingham City Council

ELFS and IMPS in Nottingham City

"I really like the fact that IMPS are teaching schools what to do in case of an emergency. It is really inspiring."

"I really liked the staff because they were really helpful and kind."

Walter Halls School

Nottingham City Council

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16.06.14

HEALTH AND WELLBEING FORWARD PLAN 2014/2015.

All future submissions for the FWD plan should be made at the earliest stage through Dot Veitch: dot.veitch@nottinghamcity.gov.uk

AUGUST 2014				
			Format	**CEG**
Public Health topic: Director of Public Health	Sustainable Development and Health	Helen Ross, City Public Health. Helen.ross@nottinghamcity.gov.uk Lynne McNiven Lynne.mcniven@nottinghamcity.gov.uk John Tomlinson, County Public Health John.tomlinson@nottscc.gov.uk		
Health and Wellbeing Strategy (HWS), Nottingham Plan, and other Key Strategies: Nottingham Plan Programme Group HWS Accountable Board members	HWS Mental Health Theme update Nottingham Plan Annual Report *Choice Policy (tbc)*	Jo Copping Joanna.copping@nottinghamcity.gov.uk Lynne McNiven, City Public Health. Lynne.mcniven@nottinghamcity.gov.uk Liz Jones, Chief Execs. Liz.jones@nottinghamcity.gov.uk *Helen Jones* *Helen.jones@nottinghamcity.gov.uk*		6/08/14 *tbc*
Commissioning and JSNA: Nottingham City Council Clinical Commissioning Group, NHS Commissioning Board Commissioning Executive Group	NHS Health Checks Commissioning Report. JSNA update report.	Alison Challenger Alison.challenger@nottinghamcity.gov.uk Helen Scott, County Council Public Health Helen.scott@nottscc.gov.uk Jo Copping, City Public Health Joanna.copping@nottinghamcity.gov.uk		06/08/14 06/08/14
Other relevant reports (safeguarding and social determinants of health): Safeguarding Boards Provider organisations and council services relating to the social determinants of health				
Standing items	Corporate Director of Children and Families Director of Public Health Healthwatch Nottingham Clinical Commissioning Group	Alison Michalska Alison.maiclska@nottinghamcity.gov.uk Chris Kenny chris.kenny@nottscc.gov.uk Martin Gawith martin.gawith@healthwatchnottingham.co.uk Dawn Smith Dawn.Smith@nottinghamcity.nhs.uk	Verbal update/report	

October 2014				
Public Health topic: Director of Public Health	Sexual Health & HIV Teenage Pregnancy Plan	Alison Challenger, City Public Health. alison.challenger@nottinghamcity.gov.uk Lynne McNiven Lynne.mcniven@nottinghamcity.gov.uk		 N/R
Health and Wellbeing Strategy (HWS), Nottingham Plan, and other Key Strategies: Nottingham Plan Programme Group HWS Accountable Board members	HWS Overall 18 month Report	John Wilcox, City Public Health. John.Wilcox@nottinghamcity.gov.uk		7/10/14
Commissioning and JSNA: Nottingham City Council Clinical Commissioning Group, NHS Commissioning Board Commissioning Executive Group	Better Care fund. Nottingham CityCare Partnership update on Health Visiting (commissioning transferring to Local Authority from NHS England in 2015	Maria Principe Maria.principe@nottinghamcity.nhs.uk Antony Dixon, Quality and Commissioning. Anthony.dixon@nottinghamcity.gov.uk Lyn Bacon, Nottingham CityCare Partnership. lyn.bacon@nottinghamcitycare.nhs.uk		7/0/14 07/10/14
Other relevant reports (safeguarding and social determinants of health): Safeguarding Boards Provider organisations and council services relating to the social determinants of health				
Standing items	Corporate Director of Children and Families Director of Public Health Healthwatch Nottingham Clinical Commissioning Group	Alison Michalska Alison.maiclska@nottinghamcity.gov.uk Chris Kenny chris.kenny@nottscc.gov.uk Martin Gawith martin.gawith@healthwatchnottingham.co.uk Dawn Smith Dawn.Smith@nottinghamcity.nhs.uk	Verbal update/report	

January 2015				
Public Health topic: Director of Public Health				
Health and Wellbeing Strategy (HWS), Nottingham Plan, and other Key Strategies: Nottingham Plan Programme Group HWS Accountable Board members	HWS Priority Families Theme update.	Nicky Dawson, Family and Community teams Nicky.dawson@nottinghamcity.gov.uk		tbc
Commissioning and JSNA: Nottingham City Council Clinical Commissioning Group, NHS Commissioning Board Commissioning Executive Group	Pharmaceutical Needs Assessment Sign Of.	Jo Copping, City Public Health Joanna.copping@nottinghamcity.gov.uk		tbc
Other relevant reports (safeguarding and social determinants of health): Safeguarding Boards Provider organisations and council services relating to the social determinants of health	Safeguarding Annual Report	Paul Burnett; independent chair of NSCB pr.burnett@btopenworld.com		tbc
Standing items	Corporate Director of Children and Families Director of Public Health Healthwatch Nottingham Clinical Commissioning Group	Alison Michalska Alison.maiclska@nottinghamcity.gov.uk Chris Kenny chris.kenny@nottscc.gov.uk Martin Gawith martin.gawith@healthwatchnottingham.co.uk Dawn Smith Dawn.Smith@nottinghamcity.nhs.uk	Verbal update/report	

Feb 2015				
Public Health topic: Director of Public Health				
Health and Wellbeing Strategy (HWS), Nottingham Plan, and other Key Strategies: Nottingham Plan Programme Group HWS Accountable Board members	HWS Alcohol Theme update.	Barbara Brady, County Public Health Barbara.brady@nottscc.gov.uk		tbc
Commissioning and JSNA: Nottingham City Council Clinical Commissioning Group, NHS Commissioning Board Commissioning Executive Group				
Other relevant reports (safeguarding and social determinants of health): Safeguarding Boards Provider organisations and council services relating to the social determinants of health				
Standing items	Corporate Director of Children and Families Director of Public Health Healthwatch Nottingham Clinical Commissioning Group	Alison Michalska Alison.maiclska@nottinghamcity.gov.uk Chris Kenny chris.kenny@nottscc.gov.uk Martin Gawith martin.gawith@healthwatchnottingham.co.uk Dawn Smith Dawn.Smith@nottinghamcity.nhs.uk	Verbal update/report	

April 2015				
Public Health topic: Director of Public Health				
Health and Wellbeing Strategy (HWS), Nottingham Plan, and other Key Strategies: Nottingham Plan Programme Group HWS Accountable Board members				
Commissioning and JSNA: Nottingham City Council Clinical Commissioning Group, NHS Commissioning Board Commissioning Executive Group	Better Care Fund.	Antony Dixon, Quality and Commissioning. Antony.dixon@nottinghamcity.gov.uk		tbc
Other relevant reports (safeguarding and social determinants of health): Safeguarding Boards Provider organisations and council services relating to the social determinants of health				
Standing items	Corporate Director of Children and Families Director of Public Health Healthwatch Nottingham Clinical Commissioning Group	Alison Michalska Alison.maiclska@nottinghamcity.gov.uk Chris Kenny chris.kenny@nottscc.gov.uk Martin Gawith martin.gawith@healthwatchnottingham.co.uk Dawn Smith Dawn.Smith@nottinghamcity.nhs.uk	Verbal update/report	

Notes on the new format:

Column 2: report title and content will in the future have a brief 1 sentence summary. This will enable board members to identify items which are of specific interest to them and may require prior work or contact to support the item. I will ask report authors to give me this when submitting an item for the forward plan.

Column 3: contains the contact details. This will enable board members to contact the report writer for key areas on which they may wish to consult their members prior to the meeting.

Column 5. This will be a cross reference against the CEG forward plan.

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Agenda Item 9

Health & WellBeing Board 25th June 2014

Title of paper:	Healthwatch Nottingham Update – June 2014	
Director(s)/ Corporate Director(s):	n/a Martin Gawith, Chair – Healthwatch Nottingham	**Wards affected:** All
Report author(s) and contact details:	**Ruth Rigby, Managing Director – Healthwatch Nottingham** **0115 859 9528** healthwatch Nottingham	
Other colleagues who have provided input:		
Date of consultation with Portfolio Holder(s) (if relevant)		

Relevant Council Plan Strategic Priority:	
Cutting unemployment by a quarter	☐
Cut crime and anti-social behaviour	☐
Ensure more school leavers get a job, training or further education than any other City	☐
Your neighbourhood as clean as the City Centre	☐
Help keep your energy bills down	☐
Good access to public transport	☐
Nottingham has a good mix of housing	☐
Nottingham is a good place to do business, invest and create jobs	☐
Nottingham offers a wide range of leisure activities, parks and sporting events	☐
Support early intervention activities	☐
Deliver effective, value for money services to our citizens	☐

Summary of issues (including benefits to citizens/service users):

Information report outlining the current activity, findings and future work of Healthwatch Nottingham.

Recommendation(s):	
1	The content of the report is noted and the work of Healthwatch Nottingham is supported.
2	The Board continues to receive reports outlining evidence and insight gathered by Healthwatch Nottingham and the outcomes from any specific work at its future meetings.

1. REASONS FOR RECOMMENDATIONS

This report outlines Healthwatch activity since the last report to the Board in April 2014. It also outlines developing work areas and plans.

2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

Evidence and Insight

2.1 Attached, as Appendix 1, is the standard report, developed during the course of 2013/14, used to outline data gathered via the Healthwatch Nottingham (HWNottm) Information Line between January and March 2014. The information and signposting service offered by Healthwatch Nottingham, under its contract with Nottingham City Council, provides a useful service for the public who wish to navigate their way through or complain about the health and social care system in the city as well as providing information about how the public view local services and how easily they access the services they may need. We are planning to make major changes to the operation of the Information line during 2014/15. This should see a significant increase in its profile and therefore the volume of calls, providing better information both to and from the public.

2.2 From April 2014/15, we are revising the way in which we present our evidence and insight information to stakeholders, to provide a fuller picture of citizens' views. This will allow us to incorporate a broader range of information and will be introduced alongside the regular reporting of information gathered to key providers and commissioners to support improved system and service quality and responsiveness.

2.3 We are about to pilot *Talk to Us* points in two Joint Service Centres the City. These access points will provide an opportunity for direct dialogue with the public across the city, to be used for both general feedback and for specific campaigns. During the pilot phase, the points will be staffed by volunteers who may be current staff at the venue or Healthwatch Nottingham volunteers who would staff the 'Talk to Us' points at specific times during the week. Evaluation of the Talk to Us points will include the extent to which 'participants' matched the demographics of the population and the 'reach' into seldom heard communities.

Engagement

2.4 Healthwatch Nottingham is currently supporting community engagement in two major consultations. Firstly, HWNottm is involved in citizen involvement in the work of the South Notts Transformation Board through its Citizen's Advisory Group and its role - shared with Healthwatch Nottinghamshire – as participating observer on the Board itself.

2.5 Secondly, HWNottm is supporting the consultation process around the Walk In/Urgent Care centres. In the latter case, we are specifically looking to ascertain the views of seldom heard groups, to complement and build on the feedback already received through the CCG's own consultation.

2.6 This area of work continues to expand as our network of Healthwatch Champions extends across the city, increasing our awareness of ongoing and emerging issues.

Board Priorities and campaigns

2.7 HWNottm is currently developing its strategic and operational plans for the coming year alongside the production of its first Annual Report. Colleagues will be aware that the launch of the Annual Report took place immediately prior to this meeting. It will be formally presented to the next meeting of this Board.

2.8 HWNottm is about to launch a campaign, in conjunction with Healthwatch Nottinghamshire and the Local Pharmaceutical Committee, providing information regarding the Electronic Prescription Service (EPS). EPS enables prescribers - such as GPs and practice nurses - to send prescriptions electronically to a dispenser (such as a pharmacy) of the patient's choice. This makes the prescribing and dispensing process more efficient and convenient for patients and staff. There are however some potential negative effects of having a more remote relationship with, for example, a regularly used local pharmacist, particularly given the increased role pharmacists play in the provision of information and advice. It is this aspect of the service that we will be looking to ensure people are aware of; to enable individuals to make an informed choice about what is best for them.

2.9 HWNottm is also supporting Healthwatch England's Special Inquiry into what happens to people when they are discharged from a hospital, care home of secure mental health setting. In conjunction with Healthwatch Nottinghamshire and HLG, we will be seeking to engage with people who have experienced homelessness looking at:

- Their involvement in decision making
- Their treatment by staff
- Access to intermediate services
- Availability of and adherence to medication
- Self discharge
- Support in emergency/temporary accommodation
- Housing support and security of tenure
- Family care and support, and
- Rights and entitlements

The outcome of this work will be fed into the Special Inquiry and will be used to inform our work locally.

3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

None specifically.

4. FINANCIAL IMPLICATIONS (INCLUDING VALUE FOR MONEY/VAT)

None specifically.

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

None specifically.

6. EQUALITY IMPACT ASSESSMENT

Has the equality impact been assessed?

Not needed (report does not contain proposals or financial decisions)	☒
No	☐
Yes – Equality Impact Assessment attached	☐

Due regard should be given to the equality implications identified in the EIA.

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

None specifically.

8. PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

None specifically.

Nottingham City Health and Wellbeing Board – 25th June 2014

Director of Public Health Report

1. Public Health Outcomes Framework, quarterly update

The Public Health Outcomes Framework was refreshed in May 2014 and now includes 119 indicators populated with at least one year's data. There are10 new indicators and a new group of 12 Inequalities reports which look at a number of indicators broken down by deprivation decile (for England). Trend data have been added for 7 indicators and 22 indicators have been updated with new data.

Comprehensive local profiles for each local authority are available here:-

http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000041/pat/6/ati/102/page/9/par/E12000004/are/E06000018

Key points for Nottingham City:

- Although life expectancy for Nottingham City is significantly lower than England, the gap between the City and England appears to be closing. Ten years ago, the gap between Nottingham and England was 2.6 years for men and 2.2 years for women. It is now 2.3 years for men and 1.5 years for women
- Detection rates for Chlamydia are significantly higher than the England average
- Uptake of the HPV vaccine (prevention of cervical cancer) is high
- Treatment completion for Tuberculosis is good
- Mortality rates showing some improvement

Areas highlighted for improvement:

- Breastfeeding
- Smoking (including smoking in pregnancy)
- Teenage conceptions
- Falls in older people
- Late presentation of HIV
- Alcohol admissions
- Obesity

2. Earlier diagnosis of kidney and bladder cancer – 'Blood in pee' campaign

NHS England, in partnership with Public Health England and DH has announced it will re-run the 'Blood in Pee' campaign designed to promote earlier diagnosis of kidney and bladder cancer. This national campaign will re-launch in autumn and is part of the Be Clear on Cancer programme. It highlights the symptom of blood in urine to help improve early diagnosis of cancer by raising awareness and encouraging people to see their GP earlier.

Nottingham City was one of two earlier DH pilot schemes to raise awareness of the symptoms of these cancers. Results demonstrated a clear increase in the number of people visiting their GP with symptoms including referrals to hospital specialists.

3. Health Checks

Nottingham City pharmacies delivered NHS Health Checks to Nottingham City Council employees, including community protection officers and Nottingham City Homes staff, across a range of venues. The aim of these sessions is to offer a NHS Health Check to people that may be at increased risk of cardiovascular disease but may not access this through the core offer from their GP. They are then supported to take action to reduce their risk if appropriate. Further targeted sessions are being planned.

4. Falls and bone health

A stakeholder event on falls and bone health was held on 15th May; the outputs from this will help update the local falls and bone health strategy

5. Public Health Stakeholder Group

A stakeholder group has been set up to consider the appropriate use of the public health grant against the needs and priorities of Nottingham to inform and advise local decision making on public health outcomes and commissioning decisions.

NHS Nottingham City Clinical Commissioning Group

Chief Officer Update

1. 360° Survey Results

Prior to authorisation all shadow CCGs were required to undertake a 360° survey in order to assess the quality of the key relationships that would be critical to the success of the new organisation. This information helped to identify where relationships needed to be further developed and similarly confirmed what behaviours had been successful and needed to be continued.

.

NHS England has conducted a further survey this year which was designed to allow stakeholders to provide feedback on working relationships with CCGs for two purposes:

1. To provide data for CCGs to help with their on-going organisational development.
2. To feed into assurance conversations between NHS England area teams and CCGs.

The summary of the results is attached at appendix 1 and it can be seen that there are a number of areas where the CCG has performed higher than the national average for all CCGs across the country. We are strongly encouraged by the feedback received and the level of confidence in our ability to commission high quality services that will improve outcomes for patients. However, neither are we complacent. Of particular note were some of the comments from member practices which indicate a concern about the workload in primary care given the context of our plans to strengthen services in the community and reduce the need for care to take place in the acute sector. The full report which includes the detailed response to each question is available on request.

2. Co-commissioning of Primary Care

Speaking at the Annual Conference of NHS Clinical Commissioners in London on Thursday 1 May, NHS Chief Executive Simon Stevens announced a new option for local CCGs to co-commission primary care in partnership with NHS England.CCGs will get new powers to improve local health services under a new commissioning initiative that will give CCGs "greater influence over the way NHS funding is being invested for local populations." Simon Stevens invited CCGs that are interested in an expanded role in primary care to come forward and show how new powers would enable them to drive up the quality of care, cut health inequalities in primary care, and help put their local NHS on a sustainable path for the next five years and beyond.

NHS England has written to all CCGs in England with details of how to submit expressions of interest in taking on enhanced powers and responsibilities to co-commission primary care (see appendix 2). Though they have called this initiative 'co-commissioning' the exact models are open for negotiation. This could range from CCGs simply having greater influence in commissioning decisions, to joint commissioning, to at the other end of the spectrum NHS England delegating commissioning responsibility to CCGs.

The opportunities include making primary care commissioning more responsive and locally sensitive, potentially allowing us to develop flex around local contracts (PMS and APMS). It could also enable primary care commissioning to be delivered in a more coherent fashion to support the integration agenda and Better Care Fund work. However, there is no new resource available to help CCGs take on any extra responsibility and the organisation would have to continue to operate within current and reducing management cost requirements.

The CCG has engaged with member practices and at the time of writing an expression of interest was being prepared for submission on June 20th 2014. This is likely to be supportive

of more formal working relationships with NHS England in relation to primary care commissioning but fall short of requesting delegated authority. However this will mark the start of the process and the CCG is keen to further develop its thinking and explore how it can work both with neighbouring CCGs and also the Local Authority on this important agenda.

3. CCG manifesto from NHS Clinical Commissioners

NHS Clinical Commissioners launched a CCG manifesto for a high-quality sustainable NHS on 1 May. Making change happen: A CCG manifesto for a high-quality sustainable NHS was handed to the Rt Hon Jeremy Hunt MP, Secretary of State for Health and Simon Stevens, at the NHS Clinical Commissioners annual members' event, which was attended by more than 200 CCG leaders from around the country.

The manifesto for change, which speaks for NHS Clinical Commissioner's membership, identifies a series of challenges that clinical commissioners currently face, as they strive to make a real difference to the health outcomes of patients and populations. It requests eight specific solutions from the system in order to enable CCGs to effectively deliver high-quality, sustainable healthcare: free clinical commissioners to act in the best interest of patients; make local system leadership a priority; health and wellbeing boards as the focus of joined-up commissioning; CCGs must not be a risk pool for the NHS; support to deliver large-scale transformation at pace; connecting national and local commissioning; better alignment of local commissioning to healthcare quality and the new inspection regime; and competition in the NHS in the best interest of patients.

4. South Nottinghamshire Transformation

Following a third and final care design event on 5 June involving clinicians and senior managers from across the 12 health and social care partners in Greater Nottingham, the four CCGs in South Nottinghamshire submitted their five year strategy to NHS England on 20 June. NHS Nottingham City CCG has come together with Nottingham West, Nottingham North and East and Rushcliffe CCGs to form a 'unit of planning', to work with Local Authority partners, NHS providers and the third sector to identify the transformation that would need to take place across health and social care to mitigate against and estimated funding gap of around £140m over the next five years. The five year strategy looks at four domains; Children's Services, Urgent Care, Proactive care and Elective Care and includes initial financial modelling to identify where efficiencies might be realised.

5. Non-recurrent funding for operational resilience and referral to treatment

NHS England has published a framework to support planning for operational resilience during 2014/15 which covers both urgent and planned care. All NHS accountable officers and local authority chief executives have received letters setting out NHS England's expectations for how the system will work together to develop robust plans for managing operational resilience through 2014/15.

This is a directive beyond planning for urgent care over winter, bringing this together with planned care to system wide, year round resilience. The guidance sets out best practice each local system should reflect in their local plan, and the evolution of Urgent Care Working Groups into System Resilience Groups (SRGs). CCGs are expected to play a full role in leading these groups, ensuring that all partners across health and social care are included, whether commissioners or providers.

Non recurrent funding for 2014/15 is being made available to support the successfuldelivery of these plans to ensure that resilience planning does not lead to a deterioration in the financial position of member organisations.

6. Choice Policy across South Nottinghamshire and Nottingham City

Most people return home after a period of acute care, some after a period of intermediate care. Increasingly, in line with the policy of supporting independent living, those who are immediately unable to return to their previous place of residence are offered more appropriate extra care housing or other provision.

The South Nottinghamshire health and social care community is working together to develop a model of 'transfer to assess'. The objective of this is to ensure that patients who are having a supported transfer of care from the hospital move within 24 hours of being medically safe for transfer to a suitable environment for them to receive further assessment of their long term needs.

Where a place is not available in the individual's preferred residential or nursing care home or there is a wait whilst packages that will support the citizen from returning home are put in place, remaining in an acute hospital setting is undesirable both for the patient and for other patients trying to access care within that hospital. There are particular risks of increasing dependency and acquiring infections. In addition the acute care provision is needed for those with acute care needs.

The health community has therefore developed a policy to support the timely, effective transfer of care of medically fit patients, ready for discharge from an NHS inpatient setting who need to move into a care home. It is to be used in conjunction with the Hospital Discharge Policy and is for use by all staff with responsibility for arranging the transfer of care for patients. The aim of this policy is to reduce the length of time a patient waits in an acute hospital bed whilst waiting to be transferred to a care home of choice. In particular the policy aims to

a) Be patient centred, aiming to improve the welfare of the patient and minimise frustration and distress.
b) prevent the development of expectation that a person may stay in the hospital indefinitely
c) offer guidance to staff who have responsibility in arranging the transfer of care from hospital of those patients who need to move to a care home
d) ensure that there is a clear escalation process in place for when patients remain in hospital longer than is clinically required
e) ensure NUH inpatient beds will be used appropriately and efficiently for those who require that service.

The full policy will be brought back for consideration at a future meeting of the Health and Wellbeing Board

Dawn Smith
June 2014

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