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**NOTTINGHAM CITY COUNCIL**
**HEALTH AND WELLBEING BOARD**

**Date:** Wednesday, 27 August 2014

**Time:** 1.30 pm

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

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

**Corporate Director for Resilience**

**Governance Officer:** **Direct Dial:** 0115 8764315


| | | |
|---|---|---|
| 1 | **APOLOGIES FOR ABSENCE** | |
| 2 | **DECLARATIONS OF INTEREST** | |
| 3 | **MINUTES**<br>Last meeting held on 25 June 2014 (for confirmation). | 5 - 16 |
| 4 | **SUSTAINABLE HEALTH AND CARE: LOCAL IMPLEMENTATION**<br>Report of Director of Public Health, Nottinghamshire County and Nottingham City | 17 - 36 |
| 5 | **WELLNESS IN MIND: THE NOTTINGHAM CITY MENTAL HEALTH AND WELLBEING STRATEGY 2014-2017**<br>Report of Director of Public Health, Nottinghamshire County and Nottingham City | 37 - 96 |
| 6 | **NOTTINGHAM PLAN 2013-14 (YEAR 4): HEALTHY NOTTINGHAM TARGETS PERFORMANCE**<br>Report and Presentation of Director of One Nottingham | 97 - 148 |
| 7 | **SOUTH NOTTINGHAMSHIRE HEALTH AND SOCIAL CARE COMMUNITY- LEAVING HOSPITAL DIRECTIVE POLICY AND GUIDANCE** | 149 - 162 |

Report of Corporate Director for Children and Adults, Nottingham City Council

**8** **NHS HEALTH CHECK PROGRAMME** 163 - 168
Report of Director of Public Health, Nottinghamshire County and Nottingham City

**9** **JOINT STRATEGIC NEEDS ASSESSMENT ANNUAL REPORT 2014** 169 - 176
Report of Director of Public Health Nottinghamshire County and Nottingham City.

**10** **FORWARD PLAN** 177 - 182
To consider and approve

**11** **HEALTHWATCH NOTTINGHAM UPDATE** 183 - 200
Report of Chair of Healthwatch Nottingham

**12** **STATUTORY UPDATES**

**a** **CORPORATE DIRECTOR, CHILDREN AND ADULTS**
Verbal update

**b** **DIRECTOR OF PUBLIC HEALTH, NOTTINGHAMSHIRE COUNTY AND NOTTINGHAM CITY**
Verbal update

**c** **CHIEF OFFICER, NOTTINGHAM CITY CCG** 201 - 202

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**NOTTINGHAM CITY COUNCIL**

**HEALTH AND WELLBEING BOARD**

**MINUTES of the meeting held at New Art Exchange, Gregory Boulevard, Nottingham on 25 June 2014 from 1.30 pm - 3.30 pm**

**Membership**

**Voting Members**

Present

| | |
|---|---|
| Councillor Alex Norris (Chair) | Portfolio Holder, Adults, Commissioning and Health |
| Councillor Dave Liversidge | Portfolio Holder, Community Safety, Housing and the Voluntary Sector |
| Councillor David Mellen | Portfolio Holder, Children's Services |
| Martin Gawith | Healthwatch Nottingham |
| Dr Chris Kenny | Director of Public Health, Nottinghamshire County and Nottingham City |
| Alison Michalska | Corporate Director, Children and Adults |
| Anthony Nicholls | NHS England (substitute for Vikki Taylor) |
| Dr Hugh Porter | NHS Nottingham City CCG |
| Dawn Smith | NHS Nottingham City CCG |

Absent

| | |
|---|---|
| Dr Ian Trimble (Vice Chair) | NHS Nottingham City CCG |
| Dr Arun Tangri | Nottinghamshire Police |

**Non-voting members**

Present

| | |
|---|---|
| Lyn Bacon | Nottingham CityCare Partnership |
| Dr Michele Hampson | Nottinghamshire Healthcare NHS Trust |
| Dr Peter Homa | Nottingham University Hospitals NHS Trust |
| Peter Moyes | Nottingham Crime and Drugs Partnership |

Absent

| | |
|---|---|
| Sarah Collis | Nottingham Third Sector Forum |
| Steven Cooper | Nottinghamshire Police |
| Tim O'Neill | Director for Vulnerable Children |

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

| | |
|---|---|
| Mark Andrews | Priority Families, Nottingham City Council |
| Jennifer Burton | Public Health, Nottingham City Council |
| Alison Challenger | Public Health, Nottingham City Council |
| Mary Corcoran | Public Health, Nottinghamshire County/Nottingham City |
| Nicky Dawson | Priority Families, Nottingham City Council |
| Sharan Jones | Public Health, Nottingham City Council |
| Lynne McNiven | Public Health, Nottingham City Council |

| | |
|---|---|
| Noel McMenamin | Constitutional Services Officer |
| Sarah Quilty | Public Health, Nottingham City Council |
| Charlotte Reading | NHS Nottingham City CCG |
| Dot Veitch | Early Intervention, Nottingham City Council |
| John Wilcox | Public Health, Nottingham City Council |
| Jo Williams | NHS Nottingham City CCG |

## 1 APPOINTMENT OF VICE-CHAIR

The Board agreed to appoint Dr Ian Trimble as Vice-Chair for the 2014-15 municipal year.

## 2 APOLOGIES FOR ABSENCE

| | |
|---|---|
| Sarah Collis | Nottingham Third Sector Forum |
| Steven Cooper | Nottinghamshire Police |
| Dr Arun Tangri | NHS Nottingham City CCG |
| Vikki Taylor | NHS England (substitute: Anthony Nicholls) |
| Dr Ian Trimble | NHS Nottingham City CCG |

## 3 DECLARATIONS OF INTERESTS

None.

## 4 MINUTES

The Board confirmed the minutes of the meeting held on 30 April 2014 as a correct record and they were signed by the Chair.

## 5 HEALTH AND WELLBEING STRATEGY 12 MONTH UPDATE

Councillor Alex Norris introduced the joint report of the Corporate Director for Children and Adults and the Director of Public Health, Nottinghamshire County and Nottingham City, informing the Board of progress in delivering the Joint Health and Wellbeing Strategy one year after its approval by the Board. Councillor Norris made the following points:

(a) the Board had deliberately focussed on 4 priorities it believed would have the greatest positive impact on Nottingham citizens. The 4 priorities were ‘prevent alcohol misuse’, ‘supporting older people’, improve mental health’ and ‘support priority families’;

(b) the progress table at Appendix 1 to the report showed the achievements to date and next steps planned against the ‘What we will do’ statements within the Strategy. Councillor Norris commended this transparent way of presenting progress and asked that future progress reports adopt the same model;

(c) a majority of indicators were currently highlighted as ‘Amber’ which demonstrated, in Councillor Norris’ view, considerable progress against challenging targets within the Strategy;

(d) Councillor Norris thanked the hard work of colleagues in partner organisations to deliver achievements to date.

The Board received a presentation covering progress against all 4 priorities, and highlighting the following:

(e) on the Supporting Older People priority, the main thrust to date has been on structural reorganisation and integration. 8 Care Delivery Groups (CDGs) are established, and the Care Co-ordinators are now in place, supporting GPs and neighbourhood teams. Feedback from front-line staff has been positive, for example, a Community Matron commented that ‘Since the new CDG group has been in place it has made the accessing of information more transferable and effective in decision making regarding patient referrals’;

(f) reablement and urgent care services have aligned to ensure the right level of support at the right time for older citizens, while a new TeleHealth service went live in April 2014, supporting self care;

(g) with structures now largely in place, the next steps for the Supporting Older People priority includes reviewing specialist services’ support to CDGs, developing a joint assessment and care planning approach, rolling out ‘choose to admit/transfer to assess’ process and further developing the Care co-ordinator role;

(h) the Improving Mental Health priority addressed Early Years and Employment issues. On Early Years, a comprehensive health needs assessment of children and young people’s mental health needs was completed in May 2014, and this will inform the review of the child and adolescent mental health service (CAMHS) and development of the Emotional Health and Wellbeing Pathway;

(i) the Emotional Health and Wellbeing Pathway for 0-24 years is expected to handle referrals from its launch in October 2014. An Emotional Health and Wellbeing Pathway Co-ordinator has been recruited;

(j) one area currently rated ‘Red’ was helping parents and carers of children and young people with mental health needs to access help to improve literacy and numeracy skills, and the Board was asked to support the implementation of a new mental health literacy programme;

(k) under the Employment element of the Improving Mental Health priority, the Fit for Work service has supported 306 people. Off these, 185 were on sick leave and 121 were unemployed. 60% of those off sick returned to work following on average 6 weeks of support. 12% of unemployed clients returned to work;

(l) the Council is committed to the Local Authority Mental Health Challenge, and Wellbeing clinics were being provided through the Council Occupational Health Service;

(m) the Mental Health and Wellbeing Strategy is being finalised and is expected to come to the August 2014 meeting of the Board;

(n) further work is needed to improve referral rates to the Fit for Work Service, while other next steps identified going forward include jointly commissioning a mental health literacy programme, improving mental health illness awareness in schools, developing further the health and employment partnership group and promoting Wellbeing clinics to other employers;

(o) under the Preventing Alcohol Misuse priority, achievements in the previous year included a Home Office Local Alcohol Action Area award and achieving Home Office 'mentor' status. Closer partnership working with the Drinkaware campaign was also ongoing;

(p) the Operation PROMOTE initiative, targeting white powder substance misuse, also had a positive impact, as the combination of alcohol and drug use often created a violent reaction in individuals;

(q) next steps include the expansion of the alcohol saturation zone, the roll-out of the Late Night Levy, the re-procuring of alcohol treatment services and initiatives to clamp down on drunk selling;

(r) on the Support Priority Families priority, over 1,000 families have been engaged to date, with over 450 families already demonstrating improvements in school attendance rates, anti-social behaviour and/or worklessness;

(s) in April 2014 there was a successful launch of the shared IT platform, while 11 Priority Families apprentices have been taken on;

(t) Phase 2 of the national programme will see a widening of the criteria, enabling earlier intervention for all complex needs families.

The Board welcome the progress made to date. During discussion, the Board made a number of points:

(u) Councillor Norris requested that all indicators currently rated 'Red' are sent to the Board's Commissioning Executive Group for its consideration and comment. He also requested an update on the performance of the Fit for Work Service to come to a future meeting of the Board;

(v) a Board member was unconvinced that partnership working with an organisation funded by the drinks industry (DrinkAware) will benefit Nottingham's citizens;

(w) Board members understood that lots of work was being carried out to address domestic violence issues, including tackling repeat offending but increased and consistent reporting was needed to capture this work;

(x) a Board member highlighted the need to ensure a consistent approach with Nottinghamshire County on the issue of hospital discharges of the elderly, and it was confirmed that this was in hand;

(y) a Board member pointed out that emotional wellbeing was not the same as conduct disorder, and was reassured that conduct disorder was being picked up as part of the Improving Mental Health priority.

**RESOLVED to**

**(1) note the progress on the delivery of the Joint Health and Wellbeing Strategy, and Board members' comments;**

**(2) 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 to motivate behavioural change to reduce harm;**

**(3) approve amending 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-old age group;**

**(4) agree that Board members work with their nominated mental health champions to promote the Fit For Work service in their respective organisations;**

**(5) support the implementation of a mental health literacy programme;**

**(6) receive and consider local evaluation reports in order to make strategic decisions about the early adoption of Phase 2 of the National Troubled Families Initiative;**

**(7) request the Corporate Director for Children and Adults and Director of Public Health, Nottinghamshire County and Nottingham City to refer actions rated 'Red' at Appendix 1 to the report to the Commissioning Executive Group for comment;**

**(8) request an update report on the implementation of the Fit for Work Service to a future meeting of the Board, to be confirmed within the Forward Plan.**

## 6 CANCER AND NOTTINGHAM

Mary Corcoran, Consultant in Public Health and Jennifer Burton, Public Health Manager, introduced a report and presentation of the Director of Public Health, Nottinghamshire County and Nottingham City. The report highlighted the incidence of cancer locally and the need to improve primary prevention and improve early screening uptake and detection of the disease. Ms Corcoran and Ms Burton made the following points:

(a) cancer is the third highest cause of premature death in Nottingham, the most common cancers being of the bowel, breast, prostate and lung;

(b) the incidence of cancer and mortality rates in both Nottingham and Nottinghamshire are higher than the national average, and uptake for the 3

national cancer screening programmes is lower than in the rest of the East Midlands;

(c) late presentation is a key reason for higher-than-average mortality rates in Nottingham and Nottinghamshire;

(d) stopping smoking and weight management remain the 2 key factors in reducing the risk of cancer, and there are clear links between smoking prevalence and lung cancer incidence locally;

(e) recent initiatives such as the 'Blood in Pee' campaign had helped raise awareness of early signs of cancer. The report recommended further partnership working to deliver cancer prevention measures and to highlight early detection and screening measures across all Board partners.

The Board supported the recommendations and during discussion made the following points:

(f) there was a consensus that primary prevention measures should continue to focus on smoking cessation and weight management. These measures were supported by enforcement action to limit the availability and impact of cheap, imported tobacco products;

(g) while recent campaigns have made an impact in terms of awareness, several Board members spoke of the need to target interventions to specific hard-to-reach, vulnerable groups, including immigrant communities and those with mental health issues. In response, Ms Corcoran confirmed that work was ongoing with Area Teams to ensure that screening programmes were targeted appropriately;

(h) Board members undertook to make the presentation available to their individual organisations' Boards to consider how best to support cancer prevention and detection measures.

**RESOLVED to note and endorse the report and presentation, and to agree that all partner organisations consider how best to:**

**(1) promote key primary prevention measures for cancer, prioritising funding for programmes impacting directly on primary prevention, especially smoking cessation and weight management;**

**(2) promote national awareness and early detection locally;**

**(3) promote cancer screening programmes, especially bowel cancer screening.**

## 7 AVOIDABLE INJURIES

Sarah Quilty, Public Health Development Manager, introduced a report and presentation of the Director of Public Health, Nottinghamshire County and Nottingham City. The report highlighted the impact of avoidable childhood injuries

and progress on tackling the issue in Nottingham, and asked the Board's support for an Avoidable Injuries Strategy for Nottingham City.

Ms Quilty made the following points:

(a) avoidable injuries are a leading cause of death and hospital admissions for children and young people in the UK;

(b) in Nottingham, there were over 27,000 Accident and Emergency (A&E) admissions in the period 2010-13. Although this is not significantly different from the national average, there were significantly more A&E admissions in the 0-4 age range in Nottingham;

(c) there is a strong correlation between social deprivation and the incidence of avoidable injuries among children and young people;

(d) in response, a Strategic Group for Nottingham and Nottinghamshire has been established to work collaboratively across organisations and local government boundaries to ensure a co-ordinated approach to avoidable injuries among children and young people. An Avoidable Injuries Strategy for Nottingham City has also been developed in conjunction with key partners, addressing safety issues in the home, on roads and while taking part in leisure activities;

(e) NHS Nottingham City has committed £460,000 to develop a 2-year Home Safety and Education Initiative, providing equipment and education in priority areas, while Public Health has commissioned an Injury Minimisation Programme for Schools (IMPS), providing injury education at all primary schools in Nottingham City. Programme feedback has been very positive;

(f) the launch of the Avoidable Injuries Strategy coincides with the national National Child Injury Prevention Week.

The Board welcomed the report and supported its recommendations, and made the following points:

(g) a Board member noted the correlation between avoidable injuries and deprivation, and made the point that wider efforts to address deprivation should impact positively on avoidable injury levels in the longer term;

(h) in response to a Board member's question, Ms Quilty advised that initial avoidable injuries work was targeted in identified wards rather than specifically through the Priority Families programme;

(i) Ms Quilty advised that health visitors will play a key role in the implementation of the Strategy.

**RESOLVED to**

**(1) note the report and endorse the Avoidable Injuries Strategy for Nottingham City;**

**(2) ask the Commissioning Executive Group to monitor delivery of the Strategy on the Board's behalf.**

## 8 FORWARD PLAN

**RESOLVED to note the Forward Plan, subject to correcting the email address for the Corporate Director for Children and Adults.**

## 9 HEALTHWATCH NOTTINGHAM UPDATE

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

(a) the Healthwatch Nottingham Annual General Meeting (AGM) which had taken place earlier that day had been a great success. The AGM received the first Healthwatch Nottingham Annual Report at the meeting;

(b) the organisation is about to pilot 'Talk to Us' points at 2 Joint Service Centres, to be used for both specific consultation and for general feedback on health services;

(c) Healthwatch Nottingham is currently involved in citizen engagement work with South Notts Transformation Board, and with consultation on Walk-in/Urgent Care centres;

(d) Healthwatch Nottingham will launch a campaign providing information on the Electronic Prescription Service, enabling prescriptions to be sent directly from prescribers to dispensers. It is also involved with Healthwatch England's Special Inquiry into discharges from hospitals and care homes.

**RESOLVED to note the report and Mr Gawith's verbal update.**

## 10 STATUTORY UPDATES

The Board received the following updates:

### (a) Corporate Director for Children and Adults

(i) Small Steps Big Changes

Nottingham's 'Small Steps Big Changes' bid to the Big Lottery Fund has successfully secured £45 million funding over 10 years to deliver a wide range of initiatives to improve the lives of 0-3 year-olds in Nottingham. Nottingham's bid, put together by a partnership led by Nottingham CityCare Partnership and including the City Council, was 1 of just 5 successful bids.

(ii) Safeguarding Inspection of Services for Children in Need of Help and Protection, Children looked After and Care Leavers

The final report arising from the City Council's Safeguarding Inspection in March/April 2014 identifies a number of areas for improvement required to achieve a 'good' rating. Improvement Plans are being compiled.

(iii) Staff changes

Tim O'Neill, Director for Vulnerable Children at Nottingham City Council, is leaving to take up a senior role at Rutland County Council. The new role of Director of Education at the City Council is about to be advertised.

(iv) School Attendance

The City Council is launching a major initiative, adopting a 'zero tolerance' approach to parents whose children are persistently absent from school.

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

(i) Public Health Outcomes Framework (PHOF) Update

The PHOF was refreshed in May 2014. Positive points for Nottingham City include a long-term closing of the gap in life expectancy between Nottingham and the England average (currently 2.3 years for men and 1.5 years for women), and improved mortality rates. Areas requiring improvement include smoking, obesity, alcohol admissions, breastfeeding rates and falls in older people.

(ii) 'Blood in Pee' campaign

There will be a national re-run of the successful 'Blood in Pee' campaign to promote earlier diagnosis of kidney and bladder cancer as par of the Be Clear on Cancer programme.

(iii) Health Checks

City Council and Nottingham City Homes colleagues have received NHS Health checks via a programme delivered by Nottingham City pharmacies. The checks seek to reach people who may be at increased risk of cardiovascular disease and are not targeted via the GP health check service.

(iv) Falls and bone health

A recent stakeholder event will inform the update of the local falls and bone health strategy.

(v) Public Health Stakeholder Group

A stakeholder Group has been established to inform the appropriate use of Public Health grant against local needs and priorities and inform commissioning decisions.

**(c) Chief Officer, NHS Nottingham City CCG**

(i) 360 degree Survey outcomes

NHS England conducted a survey earlier in 2014 to allow stakeholders to provide feedback on working relations with CCGs. The CCG performed strongly, the results indicating confidence in the CCG's ability to commission high quality services to improve outcomes for patients.

(ii) Co-commissioning of Primary Care

In May 2014, the NHS Chief Executive announced a new option for local CCGs the option to 'co-commission' primary care in partnership with NHS England, providing CCGs with greater influence over how NHS funding is being invested locally. Early indications are that member practices support more formal working relations with NHS England in relation to primary care commissioning, but that there is less appetite for delegating commissioning responsibility from NHS England to CCGs.

(iii) CCG Manifesto

NHS Clinical Commissioners have launched a Manifesto for Change, identifying challenges currently faced by commissioners and identifying 8 solutions to 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.

(iv) South Nottinghamshire Transformation

The 4 CCGs in South Nottinghamshire have submitted their 5 Year Strategy to NHS England. The Strategy covers Children's Services, Urgent Care, Proactive Care and Elective Care, and includes initial financial modelling to identify where health and social care efficiencies might lie to address future funding gaps.

(v) 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, covering both urgent and planned care.

(vi) Choice Policy across South Nottingham and Nottingham City

The South Nottinghamshire health and social care community has developed a policy for use in conjunction with the Hospital Discharge Policy to support the timely, effective transfer of medically fit patients ready for discharge from an NHS inpatient setting who need to move into a care home. The full policy will be considered at a future meeting of the Health and Wellbeing Board.

**RESOLVED to note the updates.**

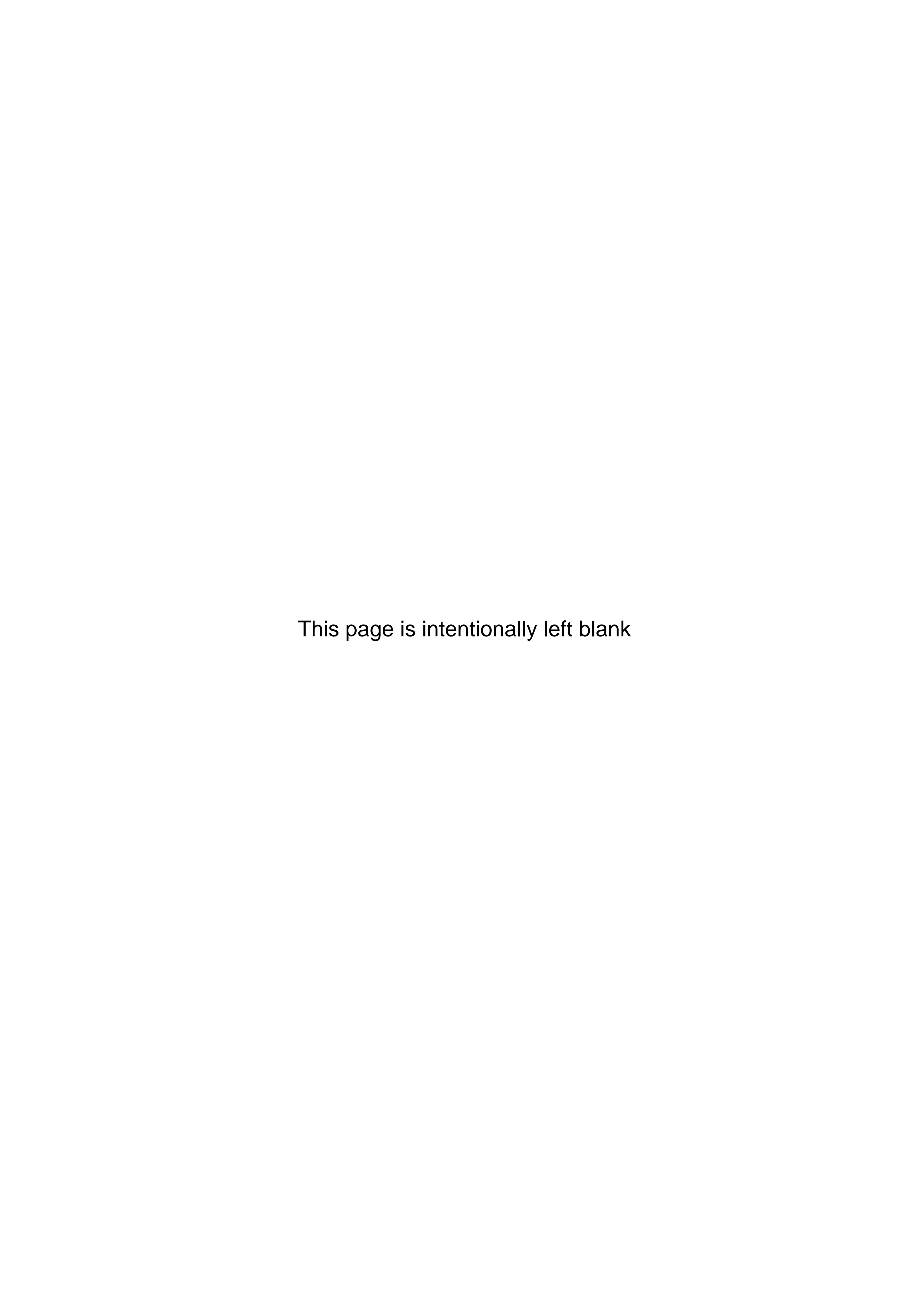
## 11 HEALTH AND WELLBEING BOARD MEETING DATES 2014-15

**RESOLVED to meet on the following Wednesdays at 1.30pm:**

**<u>2014:</u>** **27 August** **29 October**

**<u>2015:</u>** **28 January*** **25 February**** **29 April**

***originally scheduled for 7 January**
**** <u>not</u> 28 February, as stated on the agenda**



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**Health & Wellbeing Board 27 August 2014**

| **Title of paper:** | **Sustainable Health and Care: Local Implementation** | |
|---|---|---|
| **Director(s)/ Corporate Director(s):** | Dr Chris Kenny - Director of Public Health Nottinghamshire County and Nottingham City. | **Wards affected: All** |
| **Report author(s) and contact details:** | Helen Ross<br>Public Health Manager – Sustainable Development lead<br>Helen.ross@nottinghamcity.gov.uk 0115 876 5759 Loxley House | |
| **Other colleagues who have provided input:** | Catherine Jew Carbon Development Officer - Climate Change Team<br>Dr John Tomlinson – Consultant SD lead – Nottinghamshire County<br>Dr David Pencheon – NHS and Public Health Sustainable Development Unit<br>Eddie Curry - Head of Parks and Open Spaces<br>John Wilcox – Public Health Development Manager | |
| **Date of consultation with Portfolio Holder(s)** | Thursday 7 August 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):**

This paper sets out how we can improve health and reduce health inequalities through developing a local Sustainable Health and Care: Local Implementation Plan that will promote healthy sustainable lifestyles and the sustainable management of health, social and healthcare services. In this time of austerity a Sustainable Health and Care: Local Implementation Plan will also identify ways of saving money and bringing additional resources into Nottingham and contribute to existing priorities of the Nottingham Health and Wellbeing Board, particularly reducing overweight and obesity, increasing physical activity and improving mental wellbeing.

| **Recommendation(s):** | |
|---|---|
| **1** | To note the sustainable development and health work undertaken in Nottingham City by Public Health and partner organisations. |
| **2** | To approve the development of a Nottingham Sustainable Health and Care Local Implementation Plan that builds on local and national good practice and drives the work. |
| **3** | To approve a HWBB development session on sustainable development and health facilitated by the Sustainable Development Unit in partnership with Public Health. |
| | **Finance Required:** room booking, meeting expenses & participation from partner organisations already identified through existing budgets. |

## 1. REASONS FOR RECOMMENDATIONS

**1.1** Sustainable Development is a way of delivering good health and healthcare services that are resource efficient and well managed for optimal health outcomes. The ground-breaking work carried out through Public Health and partner organisations to support health services to become more sustainable, resulted in improvements in health and financial savings for the NHS.

A Health and Wellbeing Board development session facilitated by the NHS and Public Health England Sustainable Development Unit in partnership with Nottingham Public Health will; -

- increase awareness and understanding of this agenda and how it improves health and enhances health and care services
- contribute a Nottingham perspective to the national work.
- help us to build sustainable health and care services that are resilient to Climate Change, make effective and sustainable use of our resources and contribute to health improvement and a reduction in health inequalities in Nottingham.

By acknowledging achievements and mapping them across to the priorities of the Health and Wellbeing Board through the development of the Sustainable Health and Care: Local Implementation Plan, we can apply and roll out good practice.

**1.2** As pointed out in the "*Sustainable, Resilient, Healthy People & Places A Sustainable Development Strategy for the NHS, Public Health and Social Care system*", launched in January 2014 by the Chief Executives of Public Health England and NHS England; -

> "The purpose of the health and care system is to continually improve health and wellbeing and deliver high quality care when necessary. The challenge is how to do this now and for future generations within available financial, social and environmental resources. Understanding these challenges and developing plans to achieve improved health and wellbeing and continued delivery of high quality care is the essence of sustainable development."

The strategy demonstrates responsibility and commitment to a broader and global perspective of health and wellbeing which is particularly important to Nottingham, a vibrant city with people living and working here from many different countries.

**1.3** To contribute to the Nottingham Plan and particularly the targets to; -

- reduce the city's carbon emissions by 26% of 2005 levels,
- eradicate fuel poverty by 2016
- tackle congestion by achieving no more than a 10.5% increase in person journey times on the monitored transport network
- produce 20% of energy used in the city within the Greater Nottingham area from renewable or low carbon sources

**1.4** The **Social Value Act 2012** requires public authorities to have regard to economic, social and environmental wellbeing in connection with public services contracts; and for connected purposes. [8th March 2012].

Source: Public Services (Social Value) Act 2012 (c. 3)
http://www.legislation.gov.uk/ukpga/2012/3/pdfs/ukpga_20120003_en.pdf

### 1.4 What do we need to do?

There are 6 steps that will help to turn this ambition into reality locally and improve health as follows; -

1. map services against sustainable evidence based practice
2. identify gaps
3. appraise options to develop and evaluate sustainable innovative pilots such as designing sustainable health and healthcare pathways.
4. identify areas where we can be more effective and efficient.
5. support a whole health community approach to sustainable development
6. make the case for bringing additional resources to Nottingham e.g. from national and international sources.

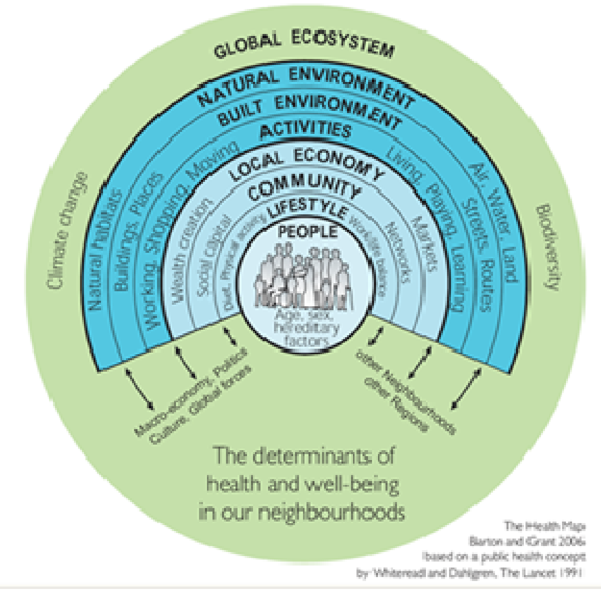
This approach is achievable and will be weaved into the Health and Wellbeing Board development session.

### 1.5 Definitions

**Sustainable Development** is defined as "meeting the needs of the present without compromising the ability of others, in future (or elsewhere now) to meet their own needs."

**Health** is "a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity"
Source: World Health Organisation http://www.who.int/about/definition/en/print.html

The diagram below illustrates the determinants of health which are bounded by the Global Ecosystem; clearly of vital importance to health and wellbeing.



## 2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

2.1 A letter from more than 60 leading physicians and medical scientists called for an urgent response to climate change following the latest report from the Intergovernmental Panel on Climate Change (IPCC) on the current and projected impact of global warming and climate change (Source: The Times Saturday, 29 March 2014). The report added substantially to the existing evidence that climate change represents, as The Lancet put it, "the greatest threat to human health in the 21st century".

2.2 The latest national Adaptation Sub Committee Report highlights wellbeing and public health as a key area of concern; -

> "Cold-related mortality is likely to decline slightly with rising mean temperatures, but is projected to remain the largest weather-related risk to health in the future. Due to an ageing population, approximately 40,000 excess deaths per year are still expected in the 2050s as a result of cold weather compared to 41,000 today. Without adaptation, the number of additional deaths and illness associated with heat is likely to increase. Current estimates, based on increasing mean temperatures only rather than extremes, suggest approximately 7,000 excess deaths per year in the 2050s; a tripling of the current average.
> The impacts of climate change on health from flooding, changes in air quality including ground level ozone, UV radiation and pathogens are uncertain, but could be substantial. Impacts in terms of illness and wellbeing could be large, but are harder to project, measure and assess." (Figures for England).

Account needs to be taken not just of mitigating the impacts of climate change, but ensuring that we are adapting to the potential impacts and developing resilience.

Many homes, hospitals and care homes are already at risk of overheating. By the 2040s, half of all summers are expected to be as hot, or hotter, than in 2003 when tens of thousands of people across Europe died prematurely. Exposure to extreme heat is already a health issue, with currently one-fifth of homes in England potentially experiencing overheating even in a cool summer. In the UK, excess deaths from high temperatures are projected to triple to 7,000 per year on average by the 2050s as a result of climate change and a growing and ageing population.
Cold winters remain the largest weather-related risk to health in England. Flood risk and the impact on mental health of severe flooding events is an important issue.
*Source: Adaptation Sub Committee "Managing climate risks to wellbeing and the economy" Chapter 5 Well Being and Public Health*

2.3 Open and Green Spaces play a huge role in helping to improve the Health and Wellbeing of our Citizens. Freely accessibly good quality well maintained open spaces can provide greater opportunities for organised and informal physical activity and improved quality of life within our neighbourhoods. The spaces also support food growing activities and improved biodiversity of the areas. These spaces also provide

opportunities to help mitigate the effects of climate change through Sustainable Urban Drainage systems and Tree planting.

**2.4** The issues contained within this document together with the recommendations were consulted upon at the Nottingham Public Health Forum on 7 August 2014. A brief report with the key points from speakers and participants is in the process of being written.

**2.5 Resources**

**National**

- The Sustainable Development Unit (SDU) for NHS England and Public Health England and Social Care, as part of the Sustainable Development 5 year Strategy, is committed to helping localities (especially top tier authorities and their Health and Wellbeing Boards) develop and address the opportunities and challenges that help embed the principles and benefits of sustainable development within local cross system approaches to health and wellbeing. This is part of a wider call to embed action on resource use, a healthier environment and climate change within all we do in local communities – particularly as the near term benefits for health and wellbeing that come from far sighted and strategic actions are clear.

- Many local authorities and their partners are seeking innovative ways of delivering improvement to health and wellbeing - the SDU is keen to work with these pioneers to build on the learning and share this amongst a group of leading local councils/HWBs to promote rapid progress. The initial task is to build on some of the innovative practice in many Local Councils around the country and systematically share effective practice and promising possibilities based on the best evidence and experience that others can use to accelerate progress.

- Further guidance is available from the World Health Organisation, the NHS and Public Health Sustainable Development Unit and The Faculty of Public Health.

**Regional**

Public Health England Centre Team are supporting Sustainable Development and health work particularly around Sustainable Healthy Food in the East Midlands and are keen to share good practice. There is also an NHS East Midlands transition document that contains guidance on the transition work on sustainable development and heath that was passed on from the health system before the implementation of the Health and Social Care Act and this informs the work of the East Midlands NHS Sustainable Development Network.

**Local**

- Nottingham Green Theme Partnership has a Health Action Plan that can contribute to the Sustainable Development and Health strategy simply by making the links between the two partnerships and their networks.
- Health and Healthcare Sustainable Development Network; - Nottingham & Nottinghamshire is a network that aims to develop a whole health and healthcare

community approach to sustainable development and carbon reduction that delivers benefits to citizens and patients in Nottingham and Nottinghamshire.

- An on-line resource is being developed with the Public Health Resource Centre about Sustainable Development and Health for use by the Nottingham Health and Social Care Community. [http://www.knowledgeresources.nottinghamcity.nhs.uk/index.php/our-services/457-current-awareness.html](http://www.knowledgeresources.nottinghamcity.nhs.uk/index.php/our-services/457-current-awareness.html)

**2.6 Anticipated outcomes**

1. A plan that will; -
    a. document what we are doing in Nottingham against the requirements of the national Strategy
    b. set out clear actions
    c. identify ways of saving money and bringing additional resources to Nottingham.
2. Sustainable Development Management Plans developed collaboratively by Health service commissioners and providers resulting in shared good practice and resources
3. Sustainable models of care developed by commissioners and providers
4. Tools and resources developed and shared that support sustainable healthy lifestyles and places with local people**.**
5. Local Authority and NHS colleagues and commissioners enabled to commission and provide quality sustainable health and healthcare services, reduce waste and save money.
6. Identification of Sustainable projects and services that will improve the health of people in Nottingham.
7. Improved recognition of the contribution that open and green spaces make towards the delivery of Public Health and Health and Wellbeing Board objectives.
8. Development of; -
    a. a sustainable healthy lifestyles strategy for Nottingham that for example contributes to a reduction in obesity
    b. a sustainable Primary Care blueprint with organisations signing up to it
    c. a sustainable obesity care pathway
9. Good practice shared with others nationally and regionally to reduce duplication and improve health at low cost.
10. Sustainable health and care services commissioned and developed in Nottingham and Nottinghamshire.
11. The number of people travelling actively and more frequently resulting in increased opportunities to incorporate physical activity into daily life whilst saving money and reducing carbon emissions.
12. increased uptake of healthy and sustainable food that is likely to result in; -
    a. faster recovery by patients from illness
    b. prevention of ill health
    c. keeping more money in the local or regional economy and
    d. a reduction in food miles contributing to a reduction in carbon emissions and road traffic accidents.
13. Increasing understanding by joining up agendas e.g. planning and sustainable development strategies and outcomes mapped against obesity strategies and outcomes through joint work e.g. with Nottingham Green Theme Partnership.

14. Better targeting of resources to people most in need of help with housing such as energy efficiency measures have net benefits for health, mainly through improved indoor temperature and air quality but also to tackle fuel poverty.
15. Sustainable Dementia Care pathway process developed leading to improvements in care of people with dementia.
16. Development of a Sustainable Care Homes Blueprint leading to improvements in the health of residents in care homes and their carers. For example, resilient health infrastructure (e.g. care homes adapted to include passive cooling measures (not air conditioning, which exacerbates the urban heat island effect).
17. Raised awareness of Heatwave and Cold weather plans and better community engagement in resilience planning.

## 3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

None

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

The costs of developing the plan through a Health and Wellbeing Board development session will include meeting expenses. These can be met through the usual channels for the development session.

The financial benefits in taking a sustainable development approach to health and care services will be addressed in the development session.

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

The main risks associated with this paper are in not going forward with the work: -

- non-compliance with national guidance such as the Sustainable Development Strategy for the NHS, Public Health and Social Care system 2014 – 2020" January 2014 and the Public Services (Social Value) Act 2012.
- losing momentum for Nottingham as a cutting edge City with respect to Sustainable Development and Health.
- not mitigating against or building resilience for climate change and its impacts on health and wellbeing.
- not recognising the co-benefits of sustainable development and health and the positive impacts on health inequalities.

## 6. EQUALITY IMPACT ASSESSMENT

Has the equality impact been assessed?

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

No as the positive equality impact assessment will be included in the development of the Implementation Plan √

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

Nottingham Green Theme Partnership: -
http://www.onenottingham.org.uk/index.aspx?articleid=12834

## 8. PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

- Adaptation Sub Committee "Managing climate risks to wellbeing and the economy" Chapter 5 Wellbeing and Public Health - accessed 25/7/2014
- http://www.theccc.org.uk/publication/managing-climate-risks-to-wellbeing-and-the-economy-asc-progress-report-2014/ . The Committee on Climate Change (the CCC) is an independent, statutory body established under the Climate Change Act 2008. Their purpose is to advise the UK Government and Devolved Administrations on emissions targets and report to Parliament on progress made in reducing greenhouse gas emissions and preparing for climate change.

- NHS England and Public Health England: "Sustainable, Resilient, Healthy People & Places: A Sustainable Development Strategy for the NHS, Public Health and Social Care system 2014 – 2020" January 2014 accessed 25/7/2014 http://www.sduhealth.org.uk/policy-strategy/engagement-resources.aspx

- Public Services (Social Value) Act 2012 - An Act to require public authorities to have regard to economic, social and environmental wellbeing in connection with public services contracts; and for connected purposes. [8th March 2012]

- The Nottingham Plan

# Appendix 1

## What has been done to address climate change and the causes of climate change specific to health in Nottingham?

NHS and Public Health England's "Sustainable, Resilient, Healthy People & Places a Sustainable Development Strategy for the NHS, Public Health and Social Care system" builds on the work already carried out through the earlier NHS Carbon Reduction Strategy

The national NHS Carbon Reduction Strategy was launched in January 2009. It made clear the 2015 carbon equivalent emissions reduction goal which is a legal requirement with the United Kingdom, set at a 10% reduction of Carbon Dioxide Equivalent gases on 2007 levels from 21 MtCO2e to 19 MtCO2e. There are also challenging reduction targets of 26% by 2020 and 80% CO2e target for 2050 across the UK.

The Parks and Open Space Team in partnership with the Open and Green Spaces Champions Group have produced "Breathing Space". Breathing Space is the Strategic Framework for improving the quality and accessibility to the City's Open and Green Spaces. The Framework also provides detailed action plans to Improve Food Growing opportunities, and increase the Tree Canopy within the City.

### The role of health and health service commissioners and providers

Health, social and healthcare service commissioners and providers have a duty to manage scarce resources sustainably. In the process, there are environmental, social and economic benefits. Figure 3 below illustrates the type of measures necessary to meet the 2020 target and the East Midlands NHS Carbon Footprint diagram illustrates how the carbon footprint is made up.

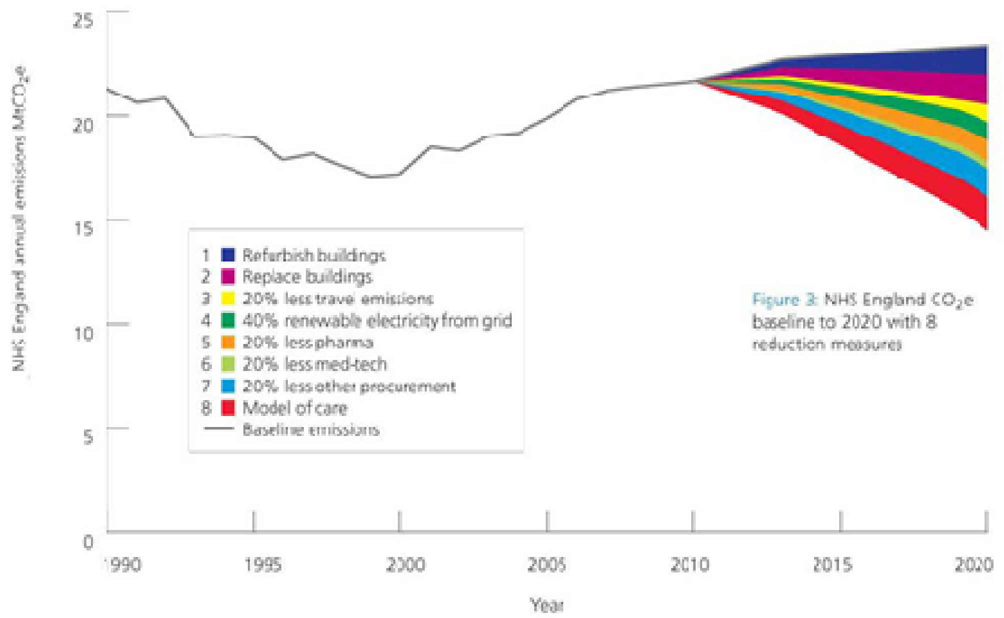
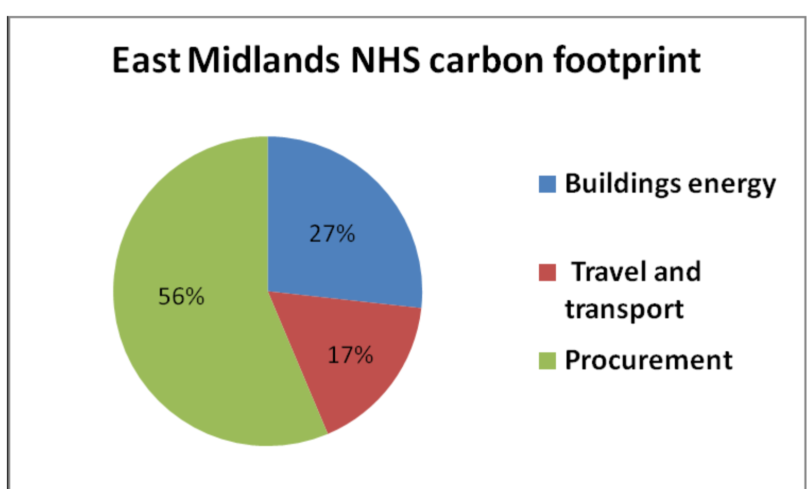



Figure 3: NHS England $CO_2e$ baseline to 2020 with 8 reduction measures

Diagram courtesy of the NHS Sustainable Development Unit 'Saving Carbon, Improving Health - Update' (Sustainable Development Unit, 2010)

The baseline carbon footprint was gathered through the East Midlands NHS Carbon Reduction Project and analysed to help identify the key areas to be addressed for reducing the carbon footprint as shown in the diagram below.




Further action is also needed to adapt the existing building stock and design new buildings to counter the impacts of high temperatures on health and wellbeing. Unpublished data indicates that around 90% of hospital wards are of a type that is prone to overheating, and the ability to control temperatures is often limited. Awareness of the Government's Heatwave plan amongst healthcare professional and uptake of the actions advised within it should be independently reviewed.

Health and Wellbeing Boards should consider how to ensure delivery of the plan in care homes.

**Nottingham & Nottinghamshire**

Locally NHS Nottingham and Nottinghamshire have been carrying out ground-breaking sustainable development work in the community from 2001 to develop healthy housing referral and sustainable food systems, and walking and cycling services at strategic and operational levels that achieved national recognition.

From 2008 this work continued, however the focus moved to the NHS Nottingham City Primary Care Trust's operations, plans and people to deliver a reduction in carbon equivalent emissions in estates and develop Sustainable Development Carbon Reduction Management Plans, Travel Plans and Good Corporate Assessment plans. Improving the sustainability of NHS Nottingham City and Nottinghamshire and reducing the carbon footprint also had the benefit of saving money and making the way we do business more efficient.

In 2012 Nottingham and Nottinghamshire NHS Primary Care Trusts in partnership with Nottingham Energy Partnership (NEP) won a BMJ award for their work in

reducing carbon emissions. The Sustainable Healthcare Award recognised organisations that went beyond their core business of providing healthcare and committed to and achieved greater sustainability. The Trusts worked with NEP to train staff to find ways to cut carbon emissions reduce waste and improve efficiency and sustainability in social, financial and environmental terms.

Over two years, the Trusts achieved over 85% recycling rates for their domestic waste –described as “a remarkable achievement” by the award judges. Nottingham Energy Partnership also won a Queens award for Sustainable Development this year for their work.

There are many other examples and the new Health and Healthcare Sustainable Development Network: Nottingham and Nottinghamshire is supporting a whole health community approach to the development of sustainable health and healthcare. Examples of good practice locally are; -

- Nottingham City Clinical Commissioning Group has already picked up the baton to continue this Sustainable Development work and held workshops with Public Health and Nottingham Energy Partnership to raise awareness with GP practices around Nottingham about sustainability issues such as Waste Reduction, Active Travel and Carbon Reduction.
- Nottingham University Hospital Trust has also been carrying out inspiring sustainable health care work and is an exemplar in achieving a Gold Standard in Sustainable Food with the Food Catering Mark.
- Nottinghamshire Healthcare Trust has improved the energy efficiency of their buildings worked with staff to reduce Carbon equivalent emissions and trialled electric car use for staff.

## Appendix 2

**Health, care and sustainable development. Local implementation Toolkit. 2014. V 22 4/8/14**
***Sustainable Healthy Resilient Communities and Places: Working with localities, and Health and Wellbeing boards for a toolkit to guide action.***

***A developing tool for embedding sustainable development/climate change action in local cross system planning***

The Sustainable Development Unit (SDU) for NHS England and Public Health England and Social Care, as part of the next 5 year Strategy, is committed to helping localities (especially top tier authorities and their Health and Well-Being Boards) develop and address the opportunities and challenges that help embed the principles and benefits of sustainable development within local cross system approaches to health and well-being. This is part of a wider call to embed action on resource use, a healthier environment and climate change within all we do in local communities – particularly as it is clear the near term benefits for health and wellbeing that come from far sighted and strategic actions.

Many local authorities and their partners are seeking innovative ways of delivering improvement to health and wellbeing - the SDU is keen to work with these pioneers to build on the learning and share this amongst a group of leading local councils/HWBs to promote rapid progress.

The initial task is to build on some of the innovative practice in many Local Councils around the country and systematically share effective practice and promising possibilities based on the best evidence and experience that others can use to accelerate progress.

The following process has happening throughout 2014

- An initial meeting/communication between Dr David Pencheon from NHS England and PHE (www.sduhealth.org.uk/about-us/who-we-are/meet-the-team.aspx) and interested health and wellbeing board members / DPH /council members and officers to understand local priorities and how the SDU can help support these, and share different approaches.
- Those interested in exploring this further can choose various options that can be taken forward depending on your local context. For instance:
  - A) The SDU helps facilitate an agenda item discussion at one of your health and wellbeing board meetings or any other appropriate local forum.
  - C) The SDU (David Pencheon) can come and meet with a small number of key people in the locality to share what is happening locally and in other similar localities.
  - B) Localities and Health and Wellbeing Boards can call upon the SDU (working with colleagues in NHS England, Public Health England and the Environment Agency) to support an enabling workshop for interested stakeholders in the locality.
- The learning from these pilots will be fed into the evolution of the approach for other interested localities.

The tool will be one of the mechanisms cited in the PHE Framework for Health and Wellbeing due to be published on September 16th 2014 in Warwick. The sustainability tool however, will continue to develop and improve as an online resource, constantly gathering the best practice from across the country into a systematically toolkit to fast track action in multiple themes: Housing and homelessness, Planning, infrastructure, built and natural environment, Energy, Transport, access, and active travel, Food and water, Jobs/ local economy / prosperity, Education, training, skills, Climate resilience, adaptation, extreme weather events, Cultural and community development, Faith Groups; Social capital / cohesion / isolation;, Inequalities; prevention; Social/health care, Commissioning / Procurement (incl. Waste)...

**Potential objectives of initial meetings and possible Pilot Workshops:**

The job of the SDU is to offer support and expertise by building on the existing experience and evidence of partners locally and nationally. The purpose of this work is to develop a clearer understanding and menu of the best local approaches to embed sustainable development into how e.g. a Health and Wellbeing Board stimulates local action. The workshops might cover the following:

- An explanation of the evolving framework (enabling policy, legislation, funding, experimentation, best practice…) used to date to help embed sustainable development and health and well-being in all aspects of a localities work (see framework in Appendix)
- Consideration of what is already happening and ways organisations are tackling these issues
- Exploration of the principles, issues, opportunities and challenges locally
- Consideration of projects and plans and best practice that can support the local approach, including sharing evidence of what has worked elsewhere.
- Facilitation of a local network and taking it forward
- Clarification of the evolving legal and statutory responsibilities and expectations locally
- Discussion of the different levers, incentives and barriers that influence pace and scale of change.
- Agreements on how can a national strategy and associated implementation guidance best support the development of local sustainable healthy resilient communities / places.
- The role of Local Authority Peer Support systems.

**Why Now?**

The growing interest, capacity and commitment to local sustainable development approaches and health means there is an appetite to understand the most effective ways to coordinate and encourage whole system approaches to collaboration and delivery. This is particularly timely as:

- The 29th Jan 2014 saw the launch of a national cross system strategy for sustainable development by local government leaders, Public Health England, and NHS England.

- Many local structures and systems are seeking innovative new ways of delivering improvement: including Health and Wellbeing Boards, Clinical Commissioning Groups, Local Health and Resilience Forums (e.g. See Blue Sky Commissioning in BMJ Jan 25th 2014).

- Other local partnerships (For example, Local Resilience Forum, Local Enterprise Partnerships, Local Nature Partnerships, Local climate change partnerships) are increasingly keen to collaborate and share delivery plans.

- Health and wellbeing boards have a responsibility to take note of the Joint Strategic Needs Assessment (JSNA) and find ways of incorporating this into their Health and Wellbeing Strategies. In some parts of the country, there is already coordination and support of such activity (e.g. by PHE and NHS England SD leads) via the JSNA route.

- Public Health England is planning to publish an overarching Framework to support HWBs in the summer of 2014. This toolkit is designed to follow up this framework as one of the practical tools available.

- The LGA have published an important online resource of HWB priorities across England (see reference list)

See also page 4 of the Module: "Healthy, sustainable and resilient communities" page 4, "Developing Local Frameworks" http://www.sduhealth.org.uk/policy-strategy/engagement-resources.aspx

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**Appendix: DRAFT Local Implementation Toolkit. v23. 6th August 2014.**

**Helping local Wellbeing Boards /strategies embed sustainable development in health protection / improvement / inequalities actions.**

| ***4 Areas*** | ***12 Themes*** | *Examples of legal guidance/drivers, **implementation mechanisms and machinery.*** | *Examples of Policy alignment National, European, International Policy* | *Examples of Case Studies (Evaluated and generalisable)* | *Examples of LOCAL and national Partner organisations: local, national, global.* | *Examples of Funding opp's* | *Examples of OUTCOMES, Metrics, Guidance and Toolkits; MINIMUM EXPECTATIONS. (Public Health Outcomes Framework)* |
|---|---|---|---|---|---|---|---|
| **A. Housing and place.** | **1. Housing and homelessness.** | Local Housing Strategy;<br>Green Deal; | "Under the Weather"<br>EA/CR/SDU | Gentoo Green<br>PHE Winter XS deaths<br>Warm Homes P'boro.<br>BIOPICCC[1]; | DCLG<br>PHE: People and Places.<br>CIEH;<br>Shelter;<br>Care and Repair;<br>RoSPA; | SALIX; | Households taken out of Fuel Poverty (PHOF 1.17)[2]<br>Standard Assessment Procedure (SAP) of Properties;[3]<br>BRE Cost benefit toolkit for health and house improvements |
| | **2. Planning,[4] infrastructure, built and natural environment** | Community Infrastructure Levy.[5] | NPPF[6 7]<br>NPPG[8]<br>Localism Act, 2011;<br>NICE Guidance[9] | Northants LNP[10],<br>NHS Forest. Mersey Forest, Todmorden: Incredible Edible.<br>Kent AONB, | Local Nature Partnerships, RTPI, LEP[11]<br>Project Wild Thing; | | Air Quality data. (3.1)<br>Biodiversity. Use of outdoor space.(1.16)<br>Hectares public green space/1000 population. |

[1] Built Infrastructure for Older People's Care in Conditions of Climate Change (BIOPICCC)
[2] Example of PHOF indicator taken from Appendix: Table, of PHOG indicators categorised by relationship to SD.
[3] https://www.gov.uk/standard-assessment-procedure
[4] The role of health and wellbeing in planning, and vice versa?
http://planningguidance.planningportal.gov.uk/blog/guidance/health-and-wellbeing/what-is-the-role-of-health-and-wellbeing-in-planning/
[5] https://www.gov.uk/government/policies/giving-communities-more-power-in-planning-local-development/supporting-pages/community-infrastructure-levy
[6] National Policy and Planning Framework.
[7] Link to output from meeting by PSI/SDRN/Defra/Town & Country Planning Association on Sustainable Development in the National Planning Policy Framework Town & Country Planning Association (10/6/2014).
[8] National Planning Practice Guidance.
[9] NICE Guidance on built and natural environments that encourage and support physical activity
[10] Local Nature Partnership

| | | | Section 106 of the TCP Act 1990 | DeDeRHeCC,<br>BIOPICCC;<br>National Trust;<br>MIND:Ecotherapy | Transition Towns.<br>PHE: “People and Places” work.<br>CIEH.<br>MIND | | Asthma/COPD admissions avoided. |
|---|---|---|---|---|---|---|---|
| | **3. Energy** | Climate Change Act, 2008<br>Merton Rule.[12] | The National Carbon Plan,<br>IPCC. | Oldham and Kent’s Fuel Poverty work.<br>CHP with District Community Heating in Oxford/Carbon Trust. | DECC,<br>Carbon Trust,<br>EST;<br>Housing Developers; | Carbon and Energy Fund;<br>FiTs; | GHG emissions for LA;<br>SDU Carbon Hotspots;<br>Accreditation Audits;<br>Trajectory towards zero/negative carbon. |
| | **4. Transport, access, and active travel** | Local Transport Plan; | NICE: Physical activity and the environment (PH8)<br>“Under the Weather” EA/CR/SDU | Safe places to be active;<br>Community wide speed limits (Portsmouth); | RTPI[13]<br>TCPA[14]<br>RTPI;<br>Sustrans local leads | | KSI road casualties (1.10)<br>Noise (1.14).<br>Access to services;<br>Inactivity in Adults (2.13) |
| | **5. Food and water** | | Food Standards Agency;<br>NICE diet/obesity guidance. | Nottingham;<br>Incredible Edible;<br>Back to Front, Leeds;<br>Fast food outlets;<br>MIND:Ecotherapy;<br>Lambeth GPs Allotments; | Soil Association;<br>Children’s Food Trust;<br>EA;<br>Water Companies;<br>NFU; | EU Apprentice s | Water use/quality/availability.<br>Diet (2.11)<br>XC adult/children weight (2.12/2.6) |
| **B. Jobs and** | **6. Jobs/ local** | | Business Advisory | Birmingham UHB, | JobCentre Plus, | | Unemployment > 12/12. |

[11] Local Enterprise Partnerships are partnerships between local authorities and businesses. They decide what the priorities should be for investment in roads, buildings and facilities in the area

[12] Local targets for sustainable energy in local planning requirements.

[13] Royal Town Planning Institute.

[14] Town and Country Planning Association.

| **Skills.** | **economy / prosperity.** | | Board of LWEC | Liverpool Royal, BiTC Business Connectors. | BiTC Local Enterprise Partnerships; LRP (Local resilience forums)[15]<br>JobCentre Plus, | | (Defra).<br>Children in poverty.<br>Human capital (Defra)<br>Social mobility (Defra) |
|---|---|---|---|---|---|---|---|
| | **7. Education, training, skills** | Eco Schools | | Greeniversity, P'boro | NUS,<br>U3A | | |
| **C. Family, friends and community** | **8. Climate resilience, adaptation, extreme weather events** | The National Adaptation Programme;<br>Heatwave Plan > Extreme weather plan;<br>Climate Change Mitigation and Adaptation<br>*Public Service Reform*[16]<br>Climate Change Committee Adaptation Sub Committee "Managing climate risks to well-being and the economy" Chapter 5 Well Being and Public Health[17] | LGA Climate Local;[18]<br>National Adaptation Programme (NAP);<br>Adaptation Reporting Power (ARP).<br>"Under the Weather"<br>EA/CR/SDU | Village and Community Agents (e.g. in Gloucestershire County Council and CCG);<br>Strategic Health Asset Planning and Evaluation (SHAPE) toolkit to identify flood risks to health service access (Case Study: being trialled in Kent).<br>Leeds City Council: Climate change vulnerability in Cities using GIS.[19] | LRF (Local resilience forums)<br>VCOs, NCVO[20],<br>Local Climate Change Partnerships.<br>LWEC, EA.<br>Transition network.<br>JRF ClimateJust. | Social Impact Bonds | "Under the Weather"<br>UKCIP data (used?)<br>Public engagement;<br>LWEC P&P guidance<br>SDU Adaptation Guide<br>Inter-agency Extreme Events Planning (3.7)<br><br>Strategic Health Asset Planning and Evaluation (SHAPE) toolkit. |

[15] Local resilience forums (LRFs) are multi-agency partnerships made up of representatives from local public services, including the emergency services, local authorities, the NHS, the Environment Agency and others. These agencies are known as Category 1 Responders, as defined by the Civil Contingencies Act.
[16] Public Service Reform: http://www.local.gov.uk/public-service-reform
[17] http://www.theccc.org.uk/publication/managing-climate-risks-to-well-being-and-the-economy-asc-progress-report-2014/
[18] Climate local is an LGA initiative to drive, inspire and support council action on climate change. Launched in June 2012, it supports councils to both reduce carbon emissions and to increase resilience to a changing climate - See more at: http://www.local.gov.uk/climate-local (including which local councils have signed up).

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | **9.** | **Cultural and community development, Faith Groups; Social capital / cohesion / isolation;** | Public Services (Social Value) Act, 2012 | Arts Council;<br><br>Arts & Humanities Research Council; | Safe places to socialise;<br>Libraries: "primary care of Local Authorities"<br>Leisure Services;<br>Leisure Trusts[21] | Transition network<br>Transition Towns and communities.<br>MCDT Sheffield. | | Social isolation (1.18)<br>Social isolation data[22];<br>Social fragmentation index[23];<br>Social capital / volunteering / trust (Defra)<br>Library access |
| | **10.** | **Inequalities; prevention;** | Joint Health and Wellbeing Strategies.<br>IPCC<br>CCRA and National Adaptation Programme. | Marmot;<br><br>2012 Health and Social Care Act: a duty on Secretary of State, NHS England and CCGs re: inequalities;<br><br>Equality Act 2010; | JSNA: Sustainability and Health Toolkit, Kent;<br>London CCP's JSNA guidance;<br>Thanet's Triple Aim/IHI work on SD and inequalities;<br>JRF ClimateJust. | New Economics Foundation (nef).<br>Joseph Rowntree Foundation.<br>Young Foundation;<br>Child Poverty Action Group; | | Marmot: E1/E2/E3;<br>IMD, Interquartile variation, smoking prevalence.<br>Social mobility (Defra)<br>Excess weight[24] (2.6/2.12)<br>Inequalities in (Healthy) life expectancy (0.1/0.2)<br>National child measurement programme: childhood inequalities; |
| **D: Services** | **11.** | **Social/health care** | Health and Social Care Act, 2012;<br>NHS England and Public Health England: | CCG 2 and 5 year plans<br>Integrated Care Fund. SDU Routemap, | Kent: 1 of 14 pioneers of health and social care integration in UK.<br>BIOPICCC.<br>NHS prevention | IPPR: "Many to Many". | Better Care Fund;<br>Personal Budgets; | Outcomes Framework;<br>QOF;<br>CCG Assurance;<br>Mental health indicators.<br>SDMP/Board/Annual (3.6); |

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[19] Leeds City Council (LCC) initiated this project with the aim of developing an innovative mapping tool to identify those people most vulnerable to the impacts of climate change and extreme weather events. The tool will help to prioritise emergency response and adaptation actions. Following the development of the pilot tool for LCC, the tool was then to be adapted for use in other Core Cities.

[20] National Council of Voluntary Organisations (NCVO): ?identifying four London boroughs who may interested in engaging with the voluntary sector in the second phase of their Vulnerable People and Climate Change Project. (Leesa Herbert)

[21] http://www.theguardian.com/social-enterprise-network/2013/mar/21/leisure-trusts-save-money

[22] Sarah Curtis

[23] Sarah Curtis

[24] PHE National Obesity Observatory: http://www.noo.org.uk/

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | “Sustainable, Resilient, Healthy People & Places: A Sustainable Development Strategy for the NHS, Public Health and Social Care system 2014-2020”[25] | SD Strategy / Modules Asset and place based approaches. “Under the Weather” EA/CR/SDU | services Workforces Sustainable Models of Care.[26] Sheffield Primary Care: 9 pilot practices[27] | | | |
| | **12. Commissioning / Procurement (incl. Waste)** | Public Services (Social Value) Act, 2012; Organisational Sustainable Development / CSR Plans; | Commissioning for outcomes and co-production in local government.[28] Local interagency Forward Commitment Procurement (FCP) | Contract Specifications for commissioning local partners. Community Wellbeing Hubs, Northants | BIS, The Commissioning Academy | Outcome based commissioning | BIS: FCP know-how programme Trajectory towards zero waste. |
| ***GENERIC*** | ***Pledges, Manifestos…*** | *Local Government Act 2000*[29] | *Faculty of Public Heath Manifesto on Health and Climate Change.* | | *- WLGA Sustainable Development Framework.*[30] *- Local Agenda 21* | | *Pledges and manifestos can set aspirations, ambitions, timelines, measurables…* |

[25] http://www.sduhealth.org.uk/policy-strategy/engagement-resources.aspx
[26] SDS Module: “Sustainable Models of Care” (e.g. from Prevention to residential care places/integrated care/use of technology and telehealth/telecare.) (http://www.sduhealth.org.uk/policy-strategy/engagement-resources.aspx)
[27] Increasing sustainability and increasing financial savings: moving towards mobile technology and community clinics
[28] Nef: New Economics Foundation: Commissioning for outcomes and co-production A practical guide for local authorities. http://b.3cdn.net/nefoundation/974bfd0fd635a9ffcd_j2m6b04bs.pdf
[29] Community Strategy to improve the economic, social and environmental well-being of their area and contribute to the achievement of sustainable development in the UK.
[30] http://www.wlga.gov.uk/sustainable-development-framework

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|---|---|---|---|---|---|---|---|
| | | | | | *from Rio earth Summit 1992. Manifesto for Democracy and Sustainability*[31] *- ADPH: Convergence of health and sustainable development.*[32] *- The Nottingham Declaration on Climate Change*[33] | | |



**Further references:**

LGA: Local Authorities: The use of Peer Challenge (http://www.local.gov.uk/peer-challenge)

Rewiring Public Services – LGA (http://www.local.gov.uk/rewiring-public-services-key-resources)

http://www.local.gov.uk/health-and-wellbeing-boards/-/journal_content/56/10180/6111055/ARTICLE (An online map designed to identify opportunities for learning from and sharing experience across areas addressing similar priorities by highlighting and signposting health and wellbeing boards' priorities across England courtesy of Paul Ogden and colleagues at LGA.)

Many to many: How the relational state will transform public services. IPPR.
http://www.ippr.org/publications/many-to-many-how-the-relational-state-will-transform-public-services

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[31] http://www.fdsd.org/2013/03/manifesto-for-democracy-and-sustainability/
[32] http://www.adph.org.uk/wp-content/uploads/2013/08/warwick_manifesto.pdf
[33] http://www.nottinghamcity.gov.uk/CHttpHandler.ashx?id=27628&p=0

**Health and Wellbeing Board - 27 August 2014**

| **Title of paper:** | Wellness in Mind, The Nottingham Mental Health Strategy | |
|---|---|---|
| **Director(s)/ Corporate Director(s):** | Dr Chris Kenny, Director of Public Health Nottinghamshire County and Nottingham City | **Wards affected:** All |
| **Report author(s) and contact details:** | Dr Joanna Copping, Consultant in Public Health Medicine, Nottingham City Council. Joanna.copping@nottinghamcity.gov.uk | |
| **Other colleagues who have provided input:** | Liz Pierce, Public Health Development Manager<br>Sharan Jones, Health and Wellbeing Manager | |
| **Date of consultation with Portfolio Holder(s) (if relevant)** | Consulted with Councillor Norris throughout the period from August 2013 – August 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):**

Nottingham has high levels of mental health problems. Wellness in Mind, the new Nottingham City Mental Health and Wellbeing Strategy 2014-17 sets out the five key priorities identified to improve mental health and wellbeing in Nottingham:

(1) Promoting mental resilience and preventing mental health problems
(2) Identifying problems early and supporting effective interventions
(3) Improving outcomes through effective treatment and relapse prevention
(4) Ensuring adequate support for those with mental health problems
(5) Improving the wellbeing and physical health of those with mental health problems

The strategy has been developed following wide stakeholder engagement and public consultation and is presented to the board for approval.

| **Recommendation(s):** | |
|---|---|
| **1** | The Board is requested to approve the final version of Wellness in Mind, the Nottingham City Mental Health and Wellbeing Strategy. |
| **2** | The Board is asked to commit to take forward the strategy through individual organisations and collective leadership. |
| **3** | The Board is asked to champion mental health and wellbeing in line with the previous commitment to give equal value to mental health and physical health ('parity of esteem'). |
| **4** | Mental health should be a consideration within all reports to the board. |

## 1. REASONS FOR RECOMMENDATIONS

Mental health is a key partnership issue for Nottingham, and stakeholder consultation has demonstrated widespread support for a mental health and wellbeing strategy. This strategy provides an opportunity to bring together actions to address mental health and wellbeing across all ages in the city. Improving mental health is associated with significant positive impacts for individuals, their families and wider society including better physical health, improved academic achievement, reduced sickness absence, enhanced productivity and reduced costs to welfare, health and social care services.

In order to see significant improvements in Nottingham, the profile of mental health needs to be raised further and to be embedded across all health and social care activity. Understanding of the causes and impacts of poor mental health needs to be realised across communities and within partner organisations. The Board is fundamental in providing leadership and championing the mental health agenda in order to drive these improvements.

## 2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

It is estimated that up to half of all people will experience a mental health problem[1] at some stage in their life, and one in six will have a common mental health problem at any one time, although in Nottingham this figure is likely to be higher. The causes and influences on mental health problems are wide ranging. Often they are a result of adverse life events, but interacting circumstances such as poverty, level of education, employment and social networks as well as individual biological, lifestyle and psychological factors have a significant impact on resilience to these challenges. Many of these wider determinants of poor mental health are higher in Nottingham than in England as a whole.

The impacts of poor mental health are considerable both for the individual and their families, but also for communities and for society. Poor mental health is associated with low levels of educational attainment, higher levels of crime and antisocial behaviour, poor physical health, poor productivity and lower levels of social cohesion. Mental health problems often arise in childhood and they cause more disability than any other chronic illness. Mental health problems cost England around £105 billion each year and consume around 13% of NHS spending.

Improving mental health and wellbeing is associated with significant positive impacts, including improved physical health, improved academic achievement, reduced sickness absence, improved productivity and reduced costs to welfare, health and social care.

Good quality, personalised treatment and care are vital for people with mental health problems. However even if all those with mental illness were given the most effective treatments available, the burden of disability from mental illness would still be significant, highlighting the importance of supportive networks in enabling recovery. Since mental illness is underdiagnosed, and treatment is only part of an effective

[1] The phrase ‘mental health problem’ mirrors the terminology used in the National Strategy ‘No Health Without Mental Health’, and is used as an umbrella term to describe the full range of diagnosable mental illnesses and disorders, including personality disorder.

response, this emphasises the need to address the wider risk factors for poor mental health and increase protective factors.

Mental health has already been identified as a priority in Nottingham by One Nottingham, the Health and Wellbeing Board and the Clinical Commissioning Group (CCG). In developing *Wellness in Mind* consideration has been given to the relevant national and local strategies (see sections 7 and 8 of this report).

A wide range of stakeholder views were gathered prior to the development of the draft mental health strategy before it was presented to the Health and Wellbeing Board in August 2013. This has been followed by full public and partner consultation, which demonstrated a high level of support for improving mental health across the city and the need to produce a strategy that covered the mental health of both adults and children. Specific issues were identified as:

- Raise awareness of mental health issues and reduce stigma
- Capitalise on inter-agency working to improve pathways of care and ensure good social care support and settled accommodation for people with mental health problems
- Support whole family interventions to impact upon both children's and adult mental health

There were also requests for more consideration of the needs of people from particular communities of interest, specifically, black and minority ethic (BME) groups, those with disability (including sensory impairment), carers, students, those with long term conditions and those from the lesbian, gay, bisexual and transgender community.

The strategy is now in its final form and five strategic priorities have been identified for Nottingham:

1) Promoting mental resilience and preventing mental health problems
2) Identifying problems early and supporting effective interventions
3) Improving outcomes through effective treatment and relapse prevention
4) Ensuring adequate support for those with mental health problems
5) Improving the wellbeing and physical health of those with mental health problems.

Detailed action plans are being developed by working groups to address each of these five priority areas.

Health and Wellbeing Board members have each been asked to nominate a mental health champion for their organisation. These champions will form the Nottingham Mental Health Strategy Steering Group. This group will be chaired by the portfolio holder for adults and health, and will oversee the implementation of the strategy.

## 3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

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

There are no immediate additional financial implications for Board members resulting from adoption of the strategy. The focus is initially on optimising ways of working across organisations in order to produce the desired outcomes.

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

No issues identified.

## 6. EQUALITY IMPACT ASSESSMENT

A full summary of the consultation results with regard to equality impact is also given in the associated Equality Impact Assessment and is attached to this report.

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

Draft Nottingham and Nottinghamshire Suicide Prevention Strategy

## 8. PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

Health and Social Care Act (2012)
Care Act (2014)
Nottingham Plan to 2020
Nottingham City Joint Health and Wellbeing Strategy 2013-2016.
Working Together for a Healthier Nottingham – Our Commissioning Strategy, NHS Nottingham Clinical Commissioning Group 2013-2016
*No health without mental health*:A Cross-Government Mental Health Outcomes Strategy for People of All Ages, DH 2011
Vulnerable Adults' Plan for Nottingham City 2012–2015
Nottingham Children's and Young People's Plan 2010
Nottingham City Joint Carers' Strategy
Nottingham City Joint Strategic Needs Assessment

**Name and brief description of proposal / policy / service being assessed**

One in four people will encounter mental health problems[1] at some stage of life. Mental health is a key priority for Nottingham City because there is evidence to suggest that people living in Nottingham City have lower levels of good mental health and wellbeing compared to the national level.

Mental health has been recognised as a key issue for Nottingham City and this strategy has been developed in partnership - by Nottinghamshire Healthcare NHS Trust, Nottingham City Clinical Commissioning Group, and Nottingham City Council, in addition to other partners represented at the Health and Wellbeing Board. Mental health has already been identified as a priority in the One Nottingham Plan, and as an Early Intervention theme in the Health and Wellbeing Strategy.

The national strategy for mental health published in February 2011, was entitled 'No Health Without Mental Health' in recognition of the fact that mental health and physical are inseparable. It also gave weight to the campaign for mental health to be given equal status to physical health, both by health professionals and by society as a whole. We wish to ensure that this is fully implemented in Nottingham, by bringing together efforts to improve mental health and wellbeing across the whole of the City.

A new city wide strategy entitled *Wellness in mind – The Nottingham City Mental Health and Wellbeing Strategy* has been developed to co-ordinate this work. The strategy aims to:

- ensure improvements in mental wellbeing for the whole population
- result in fewer people suffering from mental health problems
- result in fewer people suffering disability due to mental health conditions
- ensure that those with mental health problems and their carers feel supported to live with their condition
- enable communities to take their own actions to foster positive mental health and mental wellbeing
- reduce the stigma associated with mental health problems, and ensure equality with physical health.



**Information used to analyse the effects on equality**

The Joint Strategic Needs Assessment for Nottingham City has been used as a source of information for considering equity in relation to the strategy.

The strategy has been consulted on in two stages. During the first phase of its development, key stakeholders have been consulted on its content and structure following early stakeholder workshops to identify its strategic priorities. Once the strategy was in final draft stage, Nottingham City Council undertook a full formal public and partner consultation exercise between the 8th October and 21st November 2013.

[1] The phrase 'mental health problem' mirrors the terminology used in the National Strategy 'No Health Without Mental Health', and is used as an umbrella term to describe the full range of diagnosable mental illnesses and disorders, including personality disorder.

The council used a variety of communication channels to publicise the strategy during consultation including:

- a link to a web based survey, with named contact to obtain paper version where required
- named contact for responses with email, telephone number and address available to enable people to use other formats to the web based survey
- direct communication to relevant heads of service across health and social care services, with request to cascade to relevant partners and staff
- cascades through organisations and individuals with links to relevant communities of interest and third sector and community groups
- presentation at relevant forums such as the Health Scrutiny Panel, Health and Wellbeing Board, Clinical Council of the Clinical Commissioning Group (CCG), Locality Boards and Neighbourhood action Teams
- engagement through the Nottinghamshire NHS Healthcare Trust Involvement Centre for service users
- internal communications within Nottingham City Council, CCG and Nottinghamshire NHS Healthcare Trust
- press release and promotion via social media
- discussion at various health and social meetings and events.

The formal consultation responses produced the following ‘headlines’ relating to groups or communities affected, (comprising the most frequently mentioned themes or new issues not previously considered in the strategy):



- Raising awareness and reducing stigma was the most frequent action mentioned overall.
- Physical health was perceived to be important, but only mentioned under priority 5.
- Improving pathways was mentioned several times as a theme, mainly in priorities 3 and 4.
- Lack of funding for services or to maintain adequate service capacity was mentioned several times, in relation to priorities 1,2,3 and 4.
- Training and awareness raising amongst professional groups and voluntary/third sector and community groups was mentioned a number of times across all priority areas.
- Issues with general access to services were mentioned once in priority 2, 4 and 5 and four times in priority 3. Access to psychological therapies identified as a problem by two respondents.
- Workplace support and good practice/example setting by large employers (including NCC & NHS) was mentioned a few times, across priorities 1 and 2.
- The need for supporting those who are unemployed or those with MH problems to get into work was also mentioned.
- The role of carers was mentioned at least once in all priority areas. Most responses spoke about the importance of involving carers and what they can contribute. A few responses identified specific needs to support carers to protect their own physical and mental health.
- The importance of settled accommodation for people with MH problems was mentioned in priority areas 1, 2 and 4.
- Service user engagement mentioned twice. Difficulty in engaging those really in need of services was mentioned by one respondent.

- Drugs or dual diagnosis mentioned but not alcohol specifically. The effect of tobacco on mental health was raised in addition to the role of smoking cessation in improving the physical health of those with MH problems.
- Maternal mental health identified as important in relation to teenage pregnancy in particular. Other children's interventions were not frequently mentioned, but identified by one respondent in relation to looked-after children and the need for early intervention for children in the community.
- Specific needs of population groups or communities of interest: BME groups' specific needs were underlined several times by provider of culturally specific MH service, and need to provide culturally sensitive services identified by one other respondent. Specific needs of LGBT groups, older people, those with long term conditions and students were also identified by one respondent for each group.
- Increased risk of mental health problems in people who are blind, visually impaired, deaf or hearing impaired were drawn attention to by one respondent.
- Impact of sexual health services was raised by one respondent, in particular women’s sexual health.



| | **Could particularly benefit (X)** | **May adversely impact (X)** | How different groups could be affected: Summary of impacts | Details of actions to reduce negative or increase positive impact (or why action not possible) |
|---|---|---|---|---|
| People from different ethnic groups | ☒ | ☐ | Many of the groups with protected characteristics defined for equality purposes are more likely to be:<br>a) at risk of mental health problems due to discrimination based upon their characteristic<br>b) disproportionately affected by stigma surrounding mental health problems due to misconceptions or labelling by others.<br><br>People with enduring mental health problems may be considered to have a disability, and therefore be part of the protected characteristics group.<br><br>The strategy may benefit the following groups by reducing stigma, & ensuring that treatment and support services can be accessed, and provide good outcomes for each group compared to the population as a whole. Examples of specific issues for groups with protected characteristics are detailed below: | Objective:<br>To develop three action plans by Autumn 2014 detailing how the strategy will be implemented, and reflecting how the benefits for groups with protected characteristics will be maximised. The action plans will cover:<br>• Promoting positive mental health and ensuring early intervention for mental health problems<br>• Effective care and support for those with mental health problems<br>• Improving the physical health and wellbeing of those with mental health problems<br><br>Work will be coordinated across Public Health, Nottingham Clinical Commissioning Group, Nottinghamshire Healthcare Trust, and Council colleagues in children’s, adults’ and older people’s services, in the form of working groups responsible for developing detailed action plans to implement the aims of the strategy. Work will include the following actions for each group: |
| Men, women (including maternity/pregnancy impact), transgender people | ☒ | ☐ | | |
| Disabled people or carers | ☒ | ☐ | | |
| People from different faith groups | ☒ | ☐ | | |
| Lesbian, gay or bisexual people | ☒ | ☐ | | |
| Older or younger people | ☒ | ☒ | | |
| Other (e.g. marriage/civil partnership, looked after children, | ☒ | ☐ | | |

| | | | | |
|---|---|---|---|---|
| cohesion/good relations, vulnerable children/adults) | | | Ethnicity<br>• Black persons (British and non-British) and various ethnic minority groups are known to have different levels of risk for mental health problems. There may however be problems at times with under or over diagnosis of conditions in some groups.<br>• Expressions of cultural beliefs can sometimes be perceived as mental health problems by public and professionals<br>• Cultural responses to mental health problems differ between ethnic groups, often affecting the likelihood of seeking or accepting professional help.<br>• Previous audit[i] has shown that Asian/Asian British groups use the services less than would be expected, and that Black/Black British groups had a significantly poorer outcome than White ethnic groups.<br><br>Sex<br>• Prevalence of certain mental health problems differs by sex<br>• The way that men and women respond to mental health problems differs as a whole<br>• Women are at risk of specific mental health problems due to pregnancy and childbirth, other issues may include sexual violence<br>• Transgender people are at higher risk of mental health problems<br><br>Disabled people or carers<br>• Disabled people and those with long term conditions are at increased risk of mental health problems<br>• Carers are also at risk of problems with | • Work closely with BME groups to ensure services are responsive to cultural needs<br>• Further explore the reasons why BME groups access services less<br>• Repeat audit of access to and outcomes from services by ethnic group, either as a discrete audit or as part of service reviews<br><br>• Work with providers of services to ensure services meet specific needs based on sex and other protected characteristics |

| | | | | |
|---|---|---|---|---|
| | | | their physical and mental health due to the strain of their caring role<br>• Based upon previous audit in 2011[i], despite higher levels of need amongst adults with learning disabilities or sensory impairments, they were found to access services less than the general population. | • Involve carers in the development and implementation of the action plans<br>• Consider ways in which carers can be screened for signs of mental health problems |
| | | | • The Nottingham autism strategy has identified that there is a need for better recording of Autism Spectrum Conditions (ASC) in order to understand the needs of this group and their carers. It is understood that people with ASC experience higher rates of mental health problems. . | • Make links with the Autism Strategy to increase identification and appropriate support for people with ASC |
| | | | People from different faith groups<br>• Faith is an important part of life for many people belonging to an ethnic minority group and is therefore highly relevant for this reason<br>• Certain faith groups may experience tensions between different faith communities, or at the extreme may be victims of crime based upon their religion which will adversely affect mental health | • Support faith groups in understanding the needs of, and in providing support to people with mental health problems<br>• Support interfaith projects linked with mental health that will help to increase understanding and community cohesion |
| | | | Lesbian, gay or bisexual people<br>• Lesbian, gay and bisexual people have a higher risk of mental health problems | |
| | | | Other<br>• Reduction in stigma is linked closely to community cohesion and vice versa<br>• Promotion of mental wellbeing and increasing resilience in communities through community development will have positive impacts for mental health and enhance relationships<br>• Adults with enduring mental health | • Work closely with LGBT community of interest groups to ensure services are responsive to their needs<br>• Ensure that services meet needs of vulnerable adults |

| | | | | |
|---|---|---|---|---|
| | | | problems are also likely to be defined as vulnerable adults, provision of adequate support is key to enabling them to maximise their own mental wellbeing<br><br>The strategy may have a mix of positive and negative effects of the following groups:<br><br>Older or younger people<br>• Younger people will benefit from improved adult mental health across the population,<br>• Children and young people have mental health needs that are addressed through the Strategy and the Children and Young People's Strategy, and review of services. However, transition into adult hood and adult services are a potential gap<br>• Older people have specific mental health needs that will be addressed through this strategy | • Consider direct and indirect effects of adult mental health on children's wellbeing<br>• Include specific interventions that will impact on children's wellbeing such as positive parenting, and maternity services<br>• Work with children's services to improve transition between young peoples' and adult services<br>• Involve older people's groups in ensuring that specific mental health and wellbeing needs of older people are addressed |



**Outcome(s) of equality impact assessment:**

No major change needed ☐ Adjust the policy/proposal ☐ Adverse impact but continue ☐ Stop and remove the policy/proposal ☐

**Arrangements for future monitoring of equality impact of this proposal / policy / service:**

This assessment for the whole strategy should be reviewed in 6 months, by which time all action plans will be in place. Each action plan should have an EIA completed to ensure that effects on all protected groups are considered, for example in any changes to ways of working as a result of the strategy.

At this point, quarterly monitoring of the implementation of the action plans, and data on access to services by specific groups will form part of the indicators to be monitored.

Note when assessment will be reviewed (e.g. Review assessment in 6 months or annual review); Note any equality monitoring indicators to be used; consider existing monitoring/reporting that equalities information could form part of.

| Approved by (manager signature): The assessment must be approved by the manager responsible for the service/proposal (this does not need to be an actual signature). Include a contact tel & email to allow citizen/stakeholder feedback on proposals. | Date sent to equality team for publishing: Send document or link to equalityanddiversityteam@nottinghamcity.gov.uk |
|---|---|

[i] Little, I. 2011 Health Equity Audit of the Improving Access to Psychological Therapy (IAPT) service in Nottingham City.

# Wellness in Mind

# The Nottingham City Mental Health and Wellbeing Strategy 2014-2017



NHS
Nottingham City
Clinical Commissioning Group

## Foreword

Welcome to *Wellness in Mind*, the Nottingham City Mental Health and Wellbeing Strategy 2014-2017. This sets out our ambition over the next three years to improve the mental health and wellbeing of citizens in Nottingham and to meet the aims of the national mental health strategy.

Mental health is central to our quality of life, to our economic success, to improving education and employment and tackling social exclusion. Levels of mental health problems are high in Nottingham and addressing mental health is one of the key priorities of the Nottingham City Joint Health and Wellbeing Strategy. Through the Nottingham Health and Wellbeing Board we intend to use our influence to build on current partnerships to support communities to achieve high levels of mental wellbeing. In addition we need to ensure effective mental health services are available for all ages experiencing mental health problems and to promote equal status for mental and physical health.

Although good mental health treatment and care is essential, we recognise that influencing the wider social and environmental determinants of mental health and wellbeing is key to preventing mental health problems developing, and to support recovery. Addressing mental health and wellbeing will have positive impacts across the city, improving the lives of not just individuals and families, but also impacting the wider community who will benefit from increased community cohesion, improved educational attainment and productivity, less demand on social welfare, health and care services, and reduced crime and antisocial behaviour.

The five priorities in this strategy support our ambitious aim to improve citizens' mental health and wellbeing:

- 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
- Improving the wellbeing and physical health of those with mental health problems.

Action to address these priorities will build upon and complement existing work in the city. However, in order to achieve significant improvements, we believe we need to raise the profile of mental health and wellbeing in Nottingham further. We need to increase understanding of the causes of poor mental health and the impact this has on our city, and to steer closer cross functional working and co-operation at all levels. We are therefore committed to working with citizens, families, local businesses, education, community and voluntary groups, and the public sector in order to deliver our ambitious priorities.

Thanks go to all those who have contributed to the development of the strategy.

**Councillor Alex Norris**
**Chair of Nottingham City**
**Health and Wellbeing Board**

**Dr Ian Trimble OBE**
**Vice Chair of the Nottingham City**
**Health and Wellbeing Board**

## CONTENTS

Introduction and Executive Summary....6

*Our vision for mental health and wellbeing in Nottingham*....9

*Our priorities for 2014-17*....9

Mental health and mental wellbeing explained....10

*What is mental health?*....10

*What is mental wellbeing and resilience?*....10

*What are mental health problems?*....11

*What is public mental health?*....12

*What are the causes of mental health problems?*....12

*What are the impacts of mental health problems?*....14

*What are the benefits of improving mental health?*....15

Context....16

*National drivers*....16

*Parity of esteem*....18

*Five Ways to Wellbeing*....18

*Local drivers*....19

Strategic overview....21

Current picture of mental health and wellbeing in Nottingham....22

*Risk factors and social factors*....22

*Mental wellbeing in Nottingham*....25

*Mental health problems in Nottingham*....25

What will success of this strategy look like for Nottingham?....28

*A positive impact on the mental health of the whole population*....28

*A change in attitudes to, and stigma surrounding, mental health problems*....28

*Continued improvements in access to psychological therapies*....28

*improvement in meeting the emotional needs of children and young people*....28

*People with mental health problems will have a positive experience of care and support*....29

*Those in most need will be able to get the services they require*....29

*The physical health of people with poor mental health will be improved, and vice versa*....29

*A reduction in deaths associated with mental health problems*....30

**Strategic priorities for Nottingham**....31

*Priority 1: Promoting mental resilience and preventing mental health problems*....31

*Priority 2: Identifying problems early and supporting effective interventions*....34

*Priority 3: Improving outcomes through effective treatment and relapse prevention*....36

*Priority 4: Ensuring adequate support for those with mental health problems*....38

*Priority 5: Improving the wellbeing and physical health of those with mental health problems*....40

**Taking the strategy forwards**....42

*Leadership*....42

*Monitoring outcomes*....42

*Action plans*....42

*Governance*....43

*Equality impact assessment*....43

**Appendix A: The National Outcomes Frameworks**....44

**Appendix B: Mental Health Dashboard**....45

**References**....46

## INTRODUCTION AND EXECUTIVE SUMMARY

*Wellness in Mind,* Nottingham City's Mental Health and Wellbeing Strategy 2014-17, demonstrates the city's ambition to improve the mental health and wellbeing of all its citizens across the life course

Mental health is defined by the World Health Organisation as a state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community[1]. Mental health is fundamental to our physical health, our relationships, our education and our work. There is no health without mental health.

Mental health problems[*] impact on individuals, families, communities and society as a whole, with immense associated social and financial costs, and they contribute to perpetuating cycles of inequality through generations. Mental illness is an important cause of social inequality as well as a consequence. Mental health problems contribute a higher percentage of total disability adjusted life years in the UK than any other chronic illness (14%, or 23% with drug and alcohol abuse included, compared to cardiovascular disease 12%, cancer 13% and respiratory illnesses 8%)[2]. Recent estimates put the full cost of mental health problems in England at £105.2 billion[3], and mental illness accounts for about 13% of total National Health Service (NHS) spend[4].

Mental health problems are very common – it is estimated that up to half of all people will experience problems at some point in their life[6] and one in six will have a common mental health problem at any one time[5]. We recognise that mental health problems often start in childhood, and that opportunities to promote and protect good mental health arise from pre conception through to old age. Mental health and physical health are interlinked, with people with mental illness experiencing higher rates of physical illness and lower life expectancy, and people with chronic physical health problems often experiencing mental health problems. Due to the continuing stigma that exists about mental health problems, many individuals are reluctant to talk about any mental health problems they may have experienced. It is therefore easy to underestimate how widespread these issues are.

Preventing and treating mental health problems in childhood and adolescence are particularly important due to their far reaching consequences on health, social and educational outcomes. Mental health problems, unlike other health problems tend to start early and persist into and throughout adulthood[6].

According to the National Child and Adolescent Mental Health Service (CAMHS) review (2008)[7], children and young people expressed that their own mental wellbeing is more than 'just being happy' but includes

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[*] Mental health problems' is an umbrella term used to describe the full range of diagnosable mental illnesses and disorders, including personality disorder. Dementia is covered in Living a full life with dementia: A dementia strategy for Nottingham.

'feeling in control' or 'feeling balanced,' and 'having the resilience, self-awareness, social skills and empathy required to form relationships, enjoy one's own company and deal constructively with the setbacks that everyone faces from time to time.'

The causes and influences of mental health problems are wide ranging and interacting. Often they occur because of adverse events in our lives, and other circumstances, such as poverty, unemployment, levels of supportive networks, levels of education and the broader social environment interact and affect how resilient we are in coping with the challenges.

Good quality personalised treatment and care is vital for people with mental health problems and achieving equal status for mental and physical healthcare is a key national driver. However, it has been estimated that even if all those with mental illness were given the best available treatment, the total burden of disability across the population would still be considerable[8], demonstrating the importance of wider supportive networks in enabling people to live full and meaningful lives. Since mental illness is underdiagnosed, and treatment is only part of an effective response, this highlights the need to address the wider risk factors for poor mental health and increase the protective factors.

On a daily basis, social and emotional support from our families, friends and communities play a big part in keeping us healthy and help us to cope with events that can cause unhappiness and stress. Cohesive, tolerant and economically vibrant communities, free from discrimination and inequality help to support our mental wellbeing. The way in which urban areas are planned, designed and built to incorporate transport links, green spaces and access to physical activity are instrumental to good mental health as are financial security, feeling safe and having control over our lives and jobs.

As well as enhancing these protective factors for mental health, there is a good evidence base for a number of mental health interventions that improve mental health and wellbeing and support the delivery of a wide range of outcomes relating to health, education and employment[9]. Improving mental health and wellbeing is associated with significant impacts for individuals and society, including better physical health, longer life expectancy, reduced inequalities, healthier lifestyles, improved academic achievement, enhanced community participation, reduced sickness absence and improved productivity as well as reduced costs from welfare, health and social care[10].

Although measured levels of mental wellbeing in Nottingham are similar to England, there are significant variations in areas within the city and amongst certain groups such as those who are unemployed or living with a long term illness. The high levels of deprivation, unemployment, low educational attainment and unhealthy lifestyles in Nottingham contribute to higher levels of mental health problems in the city. Using national estimates, around 51,000 adults and over 3,400 school-age children are likely to have a mental health problem in Nottingham, although this is likely to be an underestimate due to the higher levels of risk factors for poor mental health found in the city.

In developing this strategy, as well as considering the objectives outlined in the national mental health strategy, No Health Without Mental Health: A Cross-Government Mental Health Outcomes Strategy for People of All Ages (NHWMH)[11] and the Nottingham Joint Strategic Needs Assessment (JSNA) for mental health[12], a wide range of stakeholders' views have been gathered. This has been achieved through public events, workshops, open dialogue with service user and carer groups, consultation with statutory and third sector partners and other frontline staff. Stakeholders have been instrumental in identifying gaps in current services and what our key priorities in Nottingham should be for improving mental health and wellbeing.

As a result of this stakeholder consultation, in order to improve mental health in Nottingham City, we aim to:

- identify better ways of promoting positive mental health amongst local people and improving resilience to life's problems
- nurture the things that contribute to mental wellbeing
- promote open attitudes to mental health and tackle the stigma felt by people when they suffer from mental health problems
- identify those most at risk of mental health problems and put measures in place to detect problems early
- ensure that the best treatment and support are available at the right time and the right place.

These aims are particularly important in times of economic downturn when stresses such as unemployment, money and housing worries increase and contribute to mental health problems.

In order to achieve these aims, we have developed 5 strategic priorities. For each objective, a number of key areas for action have been described, as identified through a review of the evidence base and highlighted by stakeholders.

This strategy also supports the delivery of a number of other strategies, including The Nottingham Plan to 2020[13], Nottingham City Joint Health and Wellbeing Strategy[14], Working together for a healthier future - the Nottingham Clinical Commissioning Group Strategy[15] and The Nottingham Children and Young People's Plan[16]

The alignment of cross cutting strategies to *Wellness in Mind* is essential as there is potential for more work through wider partner organisations that are in a position to influence the lives of people with mental health problems. Contact with services such as housing, ambulance, police, fire and rescue, youth services, offender services, neighbourhood services, drug and alcohol services and education are all opportunities for promotion of good mental health and mental wellbeing.

## OUR VISION FOR MENTAL HEALTH AND WELLBEING IN NOTTINGHAM

Nottingham aspires to be a city where good mental health is everyone's business and all citizens benefit from improved wellbeing. We aim to ensure mental health is given equal status to physical health. We want to inspire confidence in people and families using mental health services by ensuring that mental health services are safe and effective and promote recovery from mental health problems, so that all using the services will reach their full potential, be encouraged to live independently and have an enhanced quality of life.

## OUR PRIORITIES FOR 2014-17

The five priorities in this strategy have clear, ambitious aims to improve citizens' mental health and wellbeing:

1. Promoting mental resilience and preventing mental health problems
2. Identifying problems early and supporting effective interventions
3. Improving outcomes through effective treatment and relapse prevention
4. Ensuring adequate support for those with mental health problems
5. Improving the wellbeing and physical health of those with mental health problems.

# MENTAL HEALTH AND MENTAL WELLBEING EXPLAINED

## WHAT IS MENTAL HEALTH?

Mental health is about how we think, feel and behave. Good mental health is not simply the absence of diagnosable mental health problems, although it is likely to help protect against them. Good mental health means that we are able to carry out some essential activities including the ability to:

- Learn
- Feel, express and manage a range of positive and negative emotions
- Form and maintain good relationships with others
- Cope with and manage change and uncertainty.

## WHAT IS MENTAL WELLBEING AND RESILIENCE?

One way of describing positive mental health is 'mental wellbeing'. Mental wellbeing is more than simply feeling good, it means that we can:

- Make the most of our potential
- Cope with life
- Play a full part in our family, workplace, and community, among friends.

Many different aspects of our lives contribute to our mental wellbeing and it is usual for levels to fluctuate. Resilience is the ability to cope with life's challenges and to adapt to adversity. It is important because it can help protect against the development of some mental health problems. Resilience helps us to maintain our wellbeing in difficult circumstances[17].

Many people who live with mental health problems experience good mental wellbeing. Poor mental wellbeing does not necessarily lead to mental health problems, but if it continues over a long period of time it can make us more susceptible to them.

## WHAT ARE MENTAL HEALTH PROBLEMS?

Mental health problems are very common. They are wide ranging in nature from common mental health problems such as depression and anxiety to rarer problems such as schizophrenia and other psychoses[18] (mental health problems that stop the person from thinking clearly, telling the difference between reality and their imagination). Mental health problems can be surrounded by prejudice, ignorance and fear. This can result in stigma and discrimination that makes it harder for those with mental health problems to live a normal life.

- At any one time 1 in 6 adults will suffer from a common mental health problem like depression or anxiety[5], which can be wide ranging in severity.
- It is estimated that 1 in 10 children have a clinically recognisable mental health problem with boys more likely than girls to have a mental health problem, with the highest prevalence amongst 11-16 year olds[19].
- For other serious mental illness like psychosis and bipolar disorder it is estimated that 4 in 1000 people will be affected each year[5], but it is likely that Nottingham will experience higher rates. Primary care records show that nearly 1 in 100 people in Nottingham City are recorded as having a serious mental health problem[20].
- People with serious mental health problems may have complex needs and require high levels of care involving community and hospital services, and social care.
- In the UK, mental health problems are the biggest single cause of disability, accounting for 14% of all years lived with a disability, rising to 23% if drugs and alcohol misuse are included.[2].
- Poor mental health is strongly linked with poor physical health, resulting in over three times the risk of dying early for those with long term mental health problems[21].
- People with severe mental illness are 3 times more likely to be a victim of any crime than those without[22].
- Mental illness is under diagnosed and under treated - only a minority of people with clinically recognisable mental illness in the UK receive treatment[5].
- Mental illness, unlike other health problems tends to start early and persist into and throughout adulthood. It is recognised that about half of all lifetime mental health problems have started by the age of 14[6].
- A range of behavioural and emotional problems in young children have been linked to maternal anxiety during pregnancy[23,24].
- Self-harm is an emerging public health issue, particularly with regard to young people[25]. Research by the Cello Group and Young Minds[26] describes some of the contributory factors why young people self-harm. Many described how self-harm 'gets out all the hurt, anger and pain' but that relief is so short-lived the behaviour is repeated.

## WHAT IS PUBLIC MENTAL HEALTH?

Public mental health aims to improve mental wellbeing and reduce the burden of mental health problems across the whole population by:

- Assessing risk factors for mental health problems
- Nurturing good mental wellbeing
- Understanding the levels of mental health problems and wellbeing in the local population
- Delivering appropriate, evidence based interventions to promote wellbeing, prevent mental health problems and treat mental health problems early
- Ensuring those at 'higher risk' are prioritised for services in proportion to their needs.

## WHAT ARE THE CAUSES OF MENTAL HEALTH PROBLEMS?

There are many factors which influence our mental health and may make us more vulnerable to mental health problems. Some of these are based in our own genetics and biology, but most influences are at a wider social, community or cultural level. Figure 1 uses a 'rainbow' image to show how these influences contribute together to mental health across the life course. Research has shown that work, income, gender, ethnicity, education and socioeconomic position are key influences on mental health[27]. Often mental health problems occur because of adverse events in our lives, and our ability to cope will be influenced by other factors such as our family, early attachment[†28], and supportive networks. They can be both caused and influenced by unemployment, debt, poor housing or housing problems, deprivation, domestic violence, discrimination, feeling marginalised within society, loneliness and isolation, and drug and alcohol misuse. The way in which urban areas are planned, designed and built are of major significance to good mental health. Access to high quality housing in safe neighbourhoods, green spaces, strong communities with good transport systems all contribute. Factors such as air pollution, traffic, noise, lack of space, feeling unsafe and insecure, anti-social behavior and limited options for physical activity also impact on mental wellbeing.

[†] "Attachment is a specific outcome of early care and is related to socio-emotional skills and resilience. Through their relationships with their mothers and fathers, children develop an "internal working model" of social relationships. If an infant experiences her or his parents as a source of warmth and comfort, she or he is more likely to hold a positive self-image and expect positive reactions from others later in life. Children who have experienced care responsive to their emotional needs since infancy are better able to manage their own feelings and behaviour because they feel secure themselves. Securely attached children are better able to relate to others."

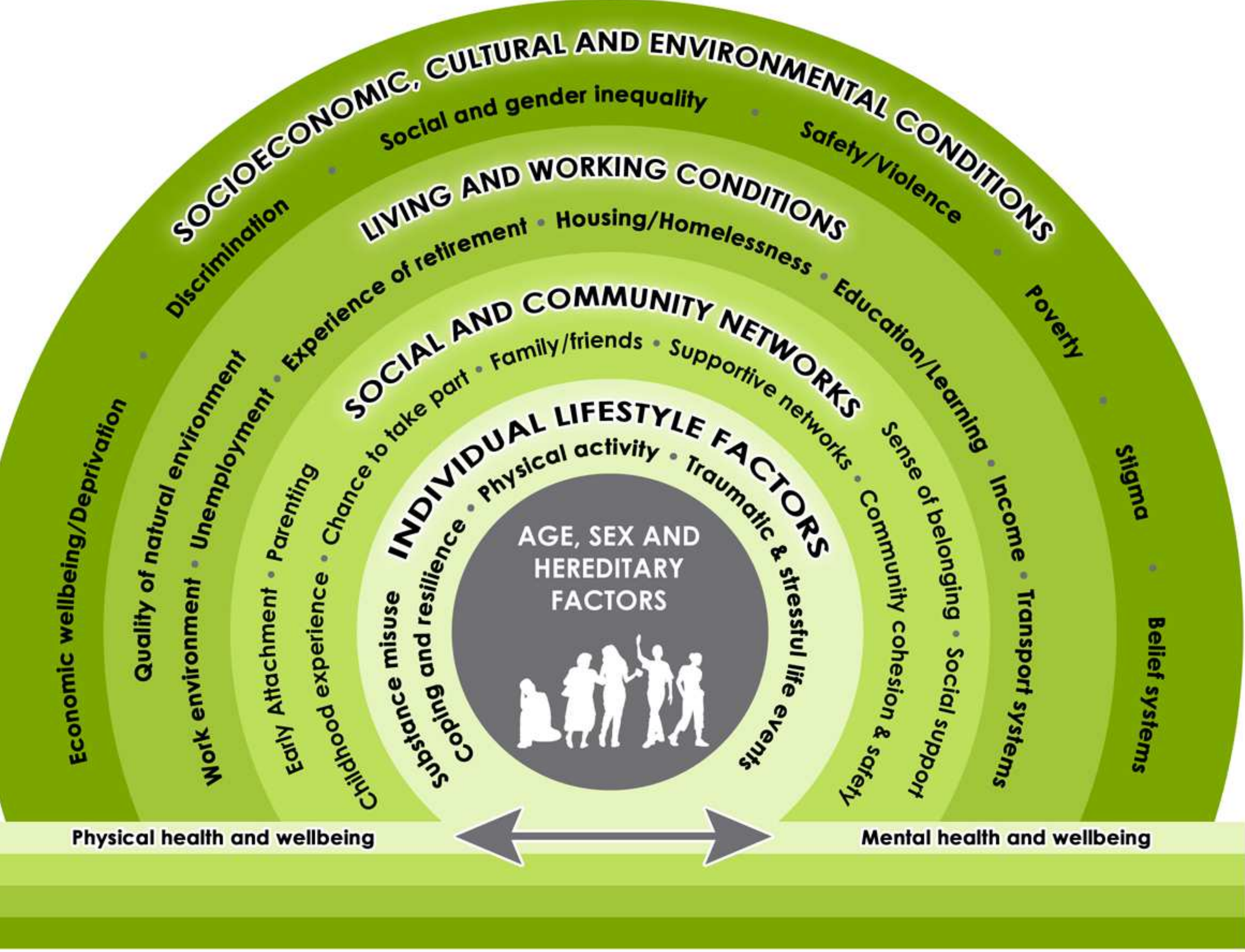



*FIGURE 1: Influences on Mental Health*

Inequalities in society lead to inequalities in mental health and many of the social influences on mental health can be exacerbated by mental health problems.

There are groups who are particularly at risk, either at certain points in life or due to social circumstances. These include older people; women during pregnancy and the post-natal period; carers; those living with long term physical health conditions; those with disability including sensory impairment; adults who have experienced mental health problems in childhood; offenders; students; homeless people; substance misusers; those who are socially excluded; those from black minority ethnic (BME) groups; lesbian, gay, bisexual and transgender (LGB&T) groups and asylum seekers/refugees. There are also groups of children and young people who are vulnerable and at particular risk from developing mental health problems e.g. teenage mothers, those within the Youth Justice System, those who are who are looked after, and those with long term medical conditions.

Research has shown that many mental health problems begin in childhood or early adulthood[6] and that the likelihood of diagnosis, seeking help and responses to mental health problems differ also according to factors such as ethnic background, family history and social/cultural norms.

## WHAT ARE THE IMPACTS OF MENTAL HEALTH PROBLEMS?

Mental health problems impact on the lives of individuals, families, communities and society as a whole. Poor mental health contributes to socio-economic and health problems such as higher levels of illness and earlier death, higher crime rates, greater incidence of addiction, poorer work performance/productivity, poor educational attainment and lower levels of social cohesion.[29] Mental health problems impact on the economy:

- It is responsible for more sickness absence than any other illness
- In England, mental health conditions cost approximately £105 billion a year[30], due to loss of earnings and associated treatment and welfare costs
- Mental health problems represent the largest single cost to the NHS (13% of current spending).

The cost to an individual with poor mental health can be high because it can result in unemployment, crime, homelessness, the break-up of families and even self-harm or suicide.[31] Whilst mental health problems are rarely life threatening, life expectancy for people experiencing poor mental health is lower than for people with good mental health due to a combination of unhealthy behaviours, particularly smoking, side effects of treatment and less responsive healthcare.[32]

## WHAT ARE THE BENEFITS OF IMPROVING MENTAL HEALTH?

Good mental health is linked to better outcomes for people of all ages and backgrounds. It benefits not only individuals but their families and society as a whole. Individuals benefit as a result of being more likely to have healthier relationships, making good life choices, maintaining their physical health, being able to deal with life's ups and downs and developing their own potential. The reduced emotional and behavioural problems in children and young people result in improved educational outcomes which in turn increase their long-term career prospects.

Communities and society as a whole benefit from improved resilience, increased social and community participation, less demand on health and social care services, reduced crime and anti-social behaviour. Better mental health and wellbeing in the workplace result in higher levels of job satisfaction, improved retention rates and reduced sickness absence which in turn increases productivity and reduces reliance on welfare benefits.

# CONTEXT

## NATIONAL DRIVERS

Under the terms of the Health and Social Care Act (2012) local authorities are responsible for improving the health of their local population including mental health. This includes enabling better mental health within the population through influencing the wider social and environmental factors discussed in this strategy. The Care Act (2014) identifies that local authorities are responsible for promoting wellbeing through all of their care and support functions.

There are three national outcomes frameworks that include specific indicators for people's mental health (including wider determinants): the Public Health Outcomes Framework, the NHS Outcomes Framework and the Adult Social Care Outcomes Framework (see Appendix A).

No Health without Mental Health: A Cross-Government Mental Health Outcomes Strategy for People of All Ages (NHWMH)[11] was launched in February 2011 and highlights the equal importance of mental and physical health, the need to focus on prevention, to intervene early and encourage partnership working to improve mental wellbeing across the population to achieve the following outcomes:

1. More people will have good mental health
2. More people with mental health problems will recover
3. More people with mental health problems will have good physical health
4. More people will have a positive experience of care and support
5. Fewer people will suffer avoidable harm
6. Fewer people will experience stigma and discrimination.

In 2012 the Government published Preventing Suicide in England[33], a cross-government strategy which aims to reduce the suicide rate in England and better support those bereaved or affected by suicide. In common with NHWMH it aims to improve mental health and improve early support for people experiencing mental health problems. It also focuses on improving the monitoring of suicide, particularly tailoring support to high risk groups

Closing the Gap: Priorities for essential change in mental health[34] was published by government in January 2014 to support the delivery of NHWMH, the Mental Health Implementation Framework and the Suicide Prevention Strategy. It is intended to bridge the gap between long term strategic ambitions and short term actions through 25 priorities for action.

Support for people in mental health crisis is a national priority with key organisations signing up to the Mental Health Crisis Concordat[35].

The annual report of the Chief Medical Officer, Our children deserve better: Prevention pays[36] was published in 2012 and sets out the challenges for the health and wellbeing of children and young people. Key messages for policy include:

- The investment in and focus on children and young people's mental health should be proportionate to the associated health burden
- Supporting parents as well as strengthening parenting skills has the potential to yield benefits in relation to physical and mental health
- Service design should recognise the role and importance of schools in relation to children and young people's health in terms of both the potential of schools to foster the development of resilience and providing opportunities for the delivery of interventions to improve mental health.

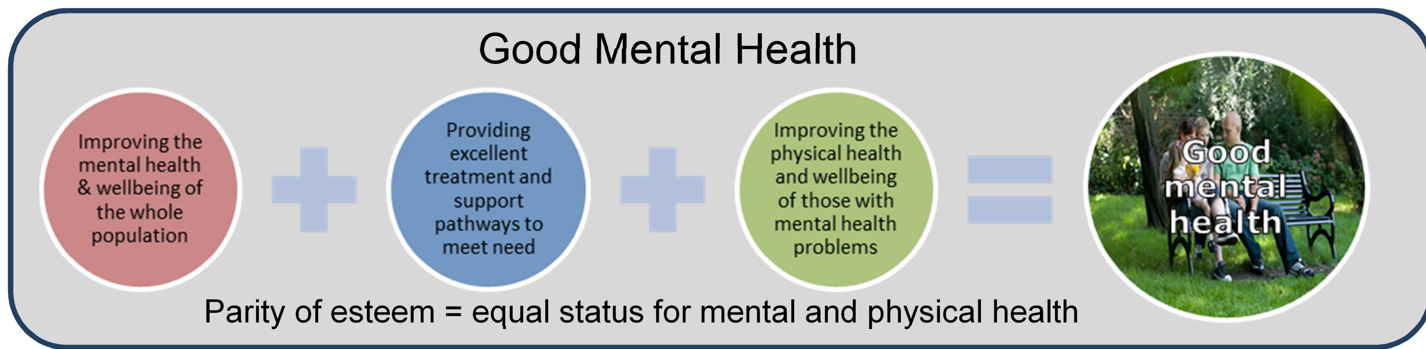
The Good Childhood Report 2013[37]provides an update on research and analysis which has been undertaken by the Children's Society since 2012 and identifies some priorities for future research on children's wellbeing. These are:

- To explore in more detail the wellbeing of specific groups of children who may not be represented in general population surveys
- To undertake research that explores the connections between wellbeing and other issues in children's lives
- To learn more about ways in which children's wellbeing can be enhanced
- To continue to monitor children's wellbeing particularly in view of changes in our society.

## PARITY OF ESTEEM

The term 'parity of esteem' was introduced in NHWMH to refer to equal status for mental and physical health. Parity of esteem seeks to ensure that all health and social care services view and treat mental and physical health problems equally.

*FIGURE 2: Good mental health and parity of esteem*



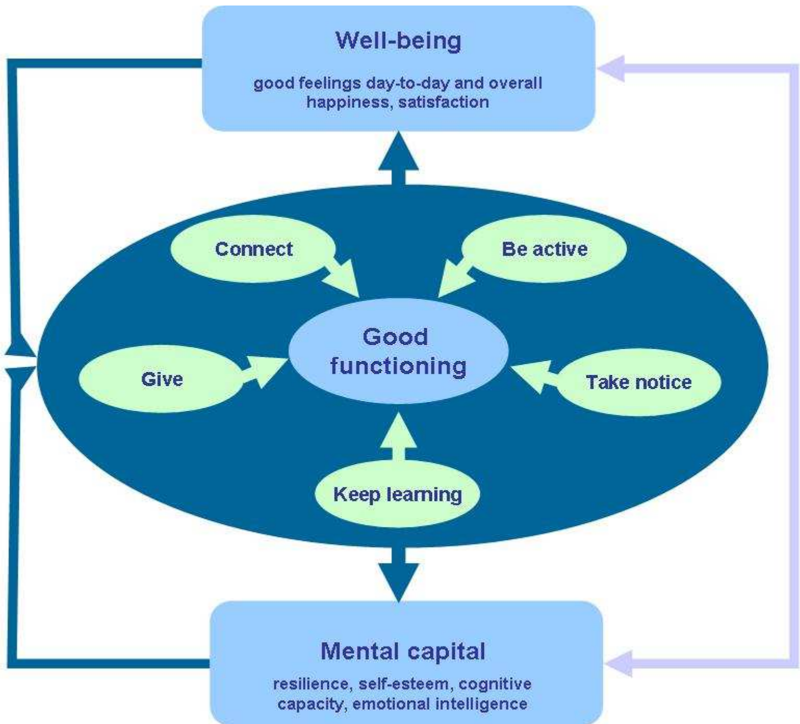

The Royal College of Psychiatrists produced Whole person care: from rhetoric to reality[38], a report outlining recommendations for ways to achieve this, which included: leadership, policy change, preventing premature mortality, equal standards in the care of physical and mental health problems, ways to influence across the life course, funding and research. Key recommendations were:

- Tackle stigma and discrimination
- Ensure parity is evident in public health approaches
- All strategies should promote mental health and wellbeing as well as the physical health of the population
- Ensure services that address issues normally thought of as physical problems such as smoking, obesity, drugs and alcohol have mental health and wellbeing at their centre.

## FIVE WAYS TO WELLBEING

The Foresight Mental Capital and Wellbeing Project[39] outlined the need for policy and strategy to nurture mental wellbeing in the wider population. It proposed approaches to improving mental wellbeing across the population; even a small amount of improvement has a positive effect upon mental health throughout the whole of society. The report emphasised a whole life course approach, highlighting the importance of good mental wellbeing in childhood and adolescence, to create positive mental wellbeing in adulthood and old age. The Five Ways to Wellbeing (Figure 3) are a set of evidence-based actions which promote wellbeing that individuals can build into their everyday lives:

FIGURE 3: Five Ways to Wellbeing (from the Foresight Report 2008)




## LOCAL DRIVERS

National policy underpins *Wellness in Mind*, whilst enabling Nottingham city to respond to local need in the best way to improve the mental health and wellbeing of all citizens. The crucial role of councils in improving the mental health of everyone in their communities and in tackling health inequalities has resulted in a national call to action – the Local Authority Mental Health Challenge[40]. Nottingham City Council has committed to the challenge and has appointed the portfolio holder for adults and health as their mental health champion to take a proactive lead in improving mental health and wellbeing in the city.

The priorities within the strategy capture local concerns and link with other local strategies including:

- Nottingham Plan to 2020[13] which aims to reduce the proportion of people with poor mental health by 10% by 2020 and maintain Nottingham's mental wellbeing level in line with England as a whole[41].
- Nottingham City Joint Health and Wellbeing Strategy[14] which has identified mental health as an early intervention priority. This includes two areas of special focus: improving early years experiences to prevent mental health problems in adulthood, and enabling people to begin working or remain in work where previously their health (especially mental health problems) has been a barrier. Alongside these two specific areas, the Nottingham Health and Wellbeing Board has expressed an overall commitment to improving mental health for the city.
- Working together for a healthier Nottingham: the NHS Nottingham City Clinical Commissioning Group Commissioning Strategy[15] has also identified mental health as a priority within their

commissioned services. This includes three focus areas: to improve access to psychological therapies, to increase the proportion of patients who receive their care in the community, and to improve the physical health of those with mental health problems.

- Nottingham's Children and Young People's Plan[16] includes 'improving mental health' as a priority, particularly early intervention approaches to preventing mental health problems and improving aspirations, resilience and life skills.

- Adults with mental health problems are one of the most socially excluded groups and many of the features that define individuals as a vulnerable adult increase the risk of mental health problems. Therefore this strategy shares the vision of the Vulnerable Adults Plan for Nottingham City[42].

- Carers of people with mental health problems often need support to enable them to continue their caring role and The Nottingham City Joint Carers Strategy[43] outlines the vision and priorities for the improvement of services to achieve better outcomes for carers in Nottingham City over the next five years.

- A joint Nottingham and Nottinghamshire Suicide Prevention Strategy is currently being developed. It will develop a local action plan to take forward the agreed strategic priorities which are informed by the national strategy.

## STRATEGIC OVERVIEW

The following diagrams use colours (as described in the key below) to show how each part of national and local strategies fit with the elements of good mental health.

*FIGURE 4: Diagram of the relationship of Wellness in Mind to national and local strategy*

National strategy: No Health without Mental Health

Better mental health across the whole population

More people will recover from mental health problems

Reduction in avoidable harm from services

Positive experience of care and support

Stigma and discrimination will reduce

Improved physical health for those with mental health problems

Nottingham Plan to 2020

Reduce the proportion of adults with poor mental wellbeing by 10%, and maintain the city mental wellbeing level in line with England as a whole

Nottingham City Joint Health and Wellbeing Strategy

Early intervention in childhood to prevent mental health problems

Help to remove health as a barrier to work

Nottingham Children and Young People's Plan

Early intervention in childhood to prevent mental health problems

Improving mental health

Improving aspirations, resilience and life skills

Nottingham Clinical Commissioning Group Strategy

Improve access to psychological therapies for people who do not easily access services, and are at higher risk

Increase the proportion of patients managed in the community

Improve the physical health of patients with mental illness

Wellness in Mind

Promoting mental resilience: and preventing mental 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

Improving the wellbeing and physical health of those with mental health problems

**Key to the colour coding throughout the document**

Improving the mental health and wellbeing of the whole population

Providing excellent treatment and support pathways to meet need

Improving the physical health and wellbeing of those with mental health problems

## CURRENT PICTURE OF MENTAL HEALTH AND WELLBEING IN NOTTINGHAM

In order to gain a picture of mental wellbeing and mental health needs across Nottingham a range of sources can be used. These include assessing the wider influences on mental health, many of which demonstrate that the City is likely to have greater needs than England. Estimates of the numbers of people affected by mental health problems have been made based on national surveys, but it can be assumed that these will underestimate the needs of the Nottingham population due to the increased risk factors. At any one time, in Nottingham, it is estimated that over 51,000 adults (16+) and 3,437 children and young people (5-15 years) experience mental health problems.

Nottingham's Joint Strategic Needs Assessment (JSNA) [44] includes specific chapters on mental health both for adults, and children and young people.

### RISK FACTORS AND SOCIAL FACTORS

Nottingham has a geographically mobile population of 305,700 (Census 2011) and has seen an increase of 38,700 people since the 2001 Census. International migration and an increase in student numbers (1 in 8 citizens are students) are the main reasons for this growth. The city is ethnically diverse (35% of the population were shown as being from BME groups in the 2011 Census) with a higher than average rate of people with a limiting long-term illness or disability, particularly in the BME groups. The Nottingham JSNA has chapters on mental health, suicide, carers, students, looked after children, maternities and pregnancy, asylum seekers, refugees and migrant workers, domestic violence, priority families, safeguarding, teenage pregnancy, and long-term conditions of older people which give more detail on groups at risk. Nottingham has a high proportion of the social and environmental factors that contribute to poor mental health. High levels of deprivation, high levels of unemployment, low educational attainment, high levels of domestic violence, a high rate of looked after children, and unhealthy lifestyles (high smoking, poor diet, low physical activity) are all interrelated determinants of poor health outcomes and health inequalities. Indicators from Nottingham's community mental health profile[45] and Child Health Profile[46] (Figure 5) on the following page show that a wide range of risk factors for poor mental health in the city compare unfavourably against the England averages (indicated by the red dots, which show that the measure is statistically lower than the England average). Risk factors for poor mental health outcomes for children vary across the City (Figure 6). Nottingham has a relatively low rate of people under the care of secondary (specialist) mental health care who are in settled accommodation when compared with the East Midlands, and a lower proportion in paid employment than England. This underlines the importance of addressing social factors in promoting recovery and independent living.

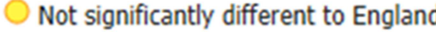
*FIGURE 5 Measures of risk factors for poor mental health in Nottingham*

# Measures of risk factors for poor mental health in Nottingham

*(Sources: Community Mental Health Profiles and Child Health Profiles)*

| Wider Determinants of Health | Local Value | Eng. Avg | Eng. Worst | Eng. Best |
|---|---|---|---|---|
| Episodes of violent crime, rate per 1,000 population, 2010/11 | 22.4 | 14.6 | 34.5 | 6.3 |
| Percentage of the relevant population living in the 20% most deprived areas in England, 2010 | 51.5 | 19.8 | 83.0 | 0.3 |
| Working age adults who are unemployed, rate per 1,000 population, 2010/11 | 85.2 | 59.4 | 106.2 | 8.3 |
| Rate of hospital admissions for alcohol attribution conditions, per 1,000 population, 2011/12 | 22.4 | 23.0 | 38.6 | 11.4 |
| Numbers of people (ages 18-75) in drug treatment, rate per 1,000 population, 2011/12 | 8.9 | 5.2 | 0.8 | 18.4 |
| **Risk Factors** | **Local Value** | **Eng. Avg** | **Eng. Worst** | **Eng. Best** |
| Statutory homeless households, rate per 1,000 households, all ages, 2010/11 | 4.5 | 2.0 | 10.4 | 0.1 |
| Percentage of the population with a limiting long term illness, 2001 | 19.1 | 16.9 | 24.4 | 10.2 |
| Percentage of adults (16+) participating in recommended level of physical activity, 2009/10 to 2011/12 | 10.9 | 11.2 | 5.7 | 17.3 |
| **Wider Determinants of Health Specific to Children** | **Local Value** | **Eng. Avg** | **Eng. Worst** | **Eng. Best** |
| Percentage of children achieving a good level of development at the end of reception, 2012/13 | 39.9 | 51.7 | 27.7 | 69.0 |
| GCSE achieved (5A*-C inc. English and Maths), 2012/13, (% of pupils) | 50.3 | 60.8 | 43.7 | 80.2 |
| GCSE achieved (5A*-C inc. English and Maths) for children in care, 2012/13, (% of children looked after) | 15.6 | 15.3 | 0.0 | 41.7 |
| Percentage of 16-18 year olds not in education, employment or training, 2012 | 6.3 | 5.8 | 10.5 | 2.0 |
| First time entrants into the youth justice system 10 to 17 year olds, 2012, (rate per 100,000) | 1,107.7 | 537.0 | 1,426.6 | 150.7 |
| Percentage of children in poverty (under 16 years), 2011 | 35.2 | 20.6 | 43.6 | 6.9 |
| Family homelessness, 2012/13, (rate per 1,000 households) | 2.9 | 1.7 | 9.5 | 0.1 |
| Children in care, 2013, (rate per 10,000 children under 18) | 90.0 | 60.0 | 166.0 | 20.0 |

Not significantly different to England



Significance Not Tested

England Average

*Where percieved polarity:*

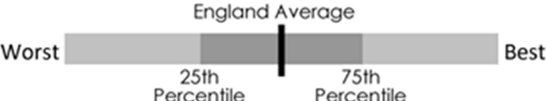
Significantly worse than England

Significantly better than England

*Where no percieved polarity:*

Significantly lower than England

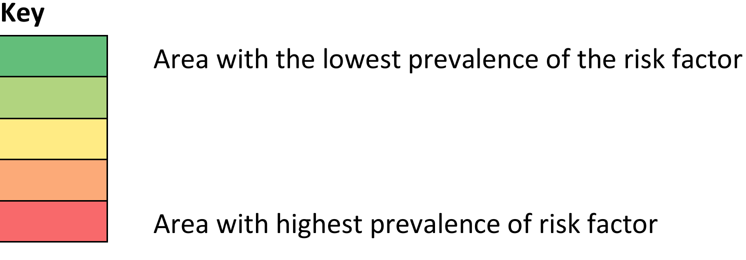
Significantly higher than England



## *FIGURE 6 Prevalence of risk factors for child and adolescent emotional and mental health disorders (2011)*

| | Arboretum | Aspley | Basford | Berridge | Bestwood | Bilborough | Bridge | Bulwell | Bulwell Forest | Clifton North | Clifton South | Dales | Dunkirk and Lenton | Leen Valley | Mapperley | Radford and Park | Sherwood | St Ann's | Wollaton East and Lenton Abbey | Wollaton West | Nottingham | East Midlands | England |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Lone parent household with dependent child(ren) | 6.1% | 23.5% | 12.6% | 7.5% | 12.7% | 11.6% | 6.4% | 15.2% | 9.1% | 6.9% | 9.0% | 9.4% | 2.5% | 8.0% | 7.5% | 4.3% | 8.2% | 10.5% | 7.4% | 4.5% | 9.5% | 6.7% | 7.1% |
| %of all households in social rented housing | 42.7% | 48.3% | 28.3% | 16.5% | 40.8% | 44.1% | 31.0% | 40.4% | 16.1% | 19.5% | 31.4% | 26.7% | 23.5% | 20.0% | 20.0% | 27.4% | 18.2% | 46.8% | 28.5% | 10.9% | 29.7% | 15.8% | 17.7% |
| % of all households in private rented housing | 40.4% | 13.2% | 17.3% | 36.8% | 11.6% | 8.0% | 39.4% | 13.6% | 11.7% | 10.5% | 9.0% | 24.5% | 55.1% | 15.3% | 29.4% | 46.6% | 22.3% | 27.3% | 25.2% | 10.9% | 23.1% | 14.9% | 16.8% |
| Reference person in household from Routine Occupational group | 9.3% | 21.1% | 16.1% | 12.1% | 20.9% | 21.6% | 11.4% | 20.9% | 16.8% | 14.7% | 21.5% | 16.6% | 4.9% | 13.7% | 11.3% | 7.0% | 12.1% | 14.2% | 5.0% | 6.8% | 13.8% | 13.6% | 11.0% |
| Households with no adults in employment with dependent children | 5.9% | 19.1% | 7.5% | 6.1% | 8.6% | 8.8% | 5.3% | 10.9% | 4.9% | 4.1% | 5.7% | 7.8% | 2.7% | 5.9% | 4.7% | 4.5% | 4.2% | 7.9% | 7.3% | 2.4% | 6.9% | 3.8% | 4.2% |
| Percentage of usual residents over the age of 16 with no qualifications | 16.1% | 38.1% | 29.8% | 21.4% | 35.7% | 41.9% | 19.6% | 39.2% | 29.7% | 29.6% | 37.9% | 29.6% | 9.5% | 30.4% | 20.2% | 11.0% | 22.1% | 25.2% | 11.2% | 18.2% | 25.6% | 24.7% | 22.5% |
| One person in household with a long term health problem or disability, with dependent children | 4.1% | 9.7% | 6.0% | 4.9% | 5.6% | 7.0% | 3.8% | 6.0% | 4.7% | 4.8% | 4.7% | 6.2% | 1.9% | 6.9% | 3.9% | 2.9% | 4.7% | 4.6% | 4.6% | 4.2% | 5.1% | 4.6% | 4.6% |






**Notes on table:**
All data originated from the 2011 Census.

Ward data in this table are ranked according to prevalence, and colour coded to assist rapid interpretation. Please note colours do not indicate statistical significance from the national, regional or local average.

## MENTAL WELLBEING IN NOTTINGHAM

Mental wellbeing in adults is measured in Nottingham in the annual citizens' survey[47], using the Warwick Edinburgh Mental Wellbeing Scale (WEMWBS)[48]. We do not know how well it reflects the mental wellbeing of citizens who do not take part in the survey, but the measure itself is a good indicator for those who do take part. A higher score indicates better mental wellbeing. In 2013 the individual scores showed a pattern similar to populations across England, with the majority of people scoring around the mean score. However, there are variations at an individual and local area level that would suggest the need to improve mental wellbeing e.g. unemployed people, those with a disability or long term illness and people living in social rented housing tend to have lower mental wellbeing scores. The same measure is being piloted with young people in some city schools with a view to wider use later in 2014.

## MENTAL HEALTH PROBLEMS IN NOTTINGHAM

Nottingham has higher levels of mental health problems in the population compared to the national population and action is needed to prevent mental health problems and to intervene early.

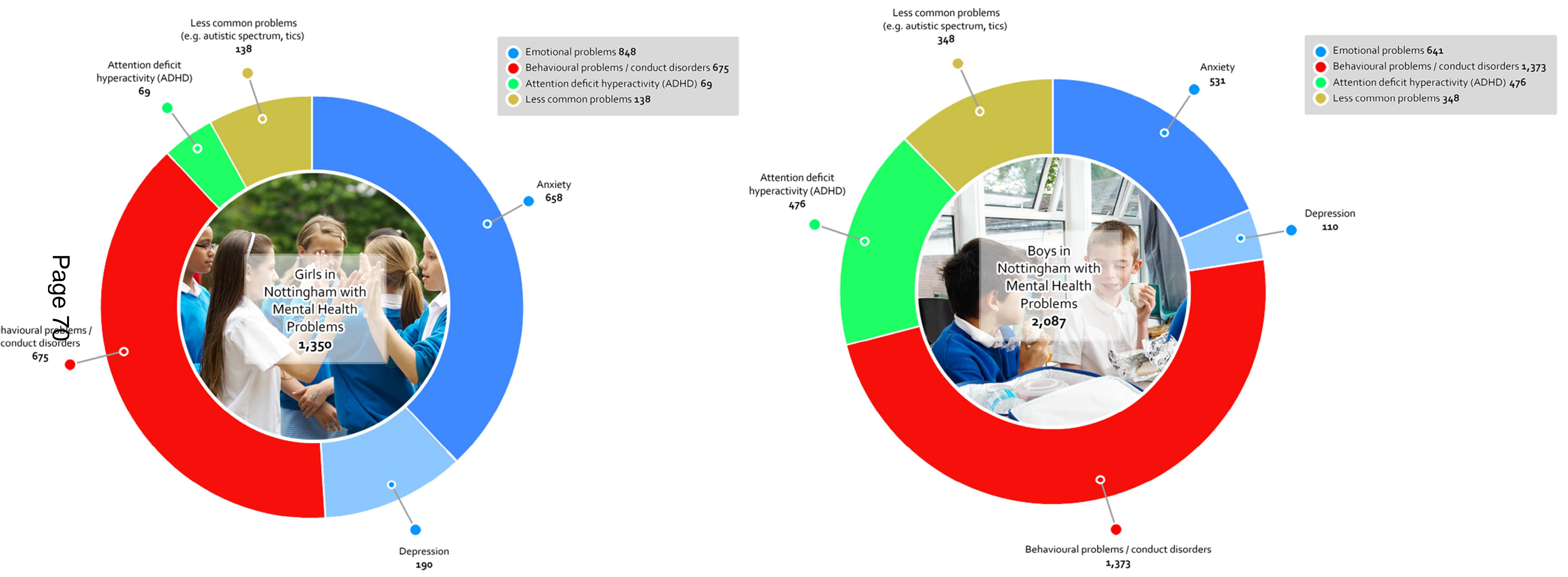
It is possible to estimate the numbers of people experiencing mental health problems based on national surveys[5,49]. Figures 7, 8, 9 and 10 provide a visual representation of the spread of mental health problems likely to be experienced by the population of Nottingham at any one time. However, the high level of risk factors in Nottingham, together with a younger, more deprived and ethnically diverse community, mean that these estimates need to be treated with some caution, and are likely to underestimate the level of mental health problems in Nottingham.

It is estimated that there are 3,437 school age children (aged 5-15 years) experiencing mental health problems in Nottingham (Figures 7 and 8). Emotional and behavioural problems are the most common, and these vary by age and gender. Estimates of the rate of mental health problems among pre-school children (age 2-5 years) vary considerably but are reported to be at similar levels to older children.

At any one time Nottingham is estimated to have over 51,000 people ( aged 16+) affected, of whom 41,000 will have common mental health problems such as depression or anxiety, about 7,000 will have post-traumatic stress disorder and 3,000 people will have severe mental health problems such as psychosis or personality disorder (Figures 9 and 10). Depression and anxiety problems are often underreported because people do not seek help, or they are not always recorded. Care of these problems largely occurs in primary (community) care and we know that these health problems form a large part of the workload of GPs and other community services.

*FIGURE 7: Mental health problems amongst girls in Nottingham*

*FIGURE 8: Mental health problems amongst boys in Nottingham*






**Notes:** Prevalence figures have been taken from the 'Mental health of children and young people in Great Britain 2004[49] (table 4.1) and applied to the ONS 2011 mid-year estimates of the Nottingham population (ages 5-15). Some children may be counted more than once as they may experience more than one mental health problem.

*FIGURE 9: Mental health problems amongst women in Nottingham*

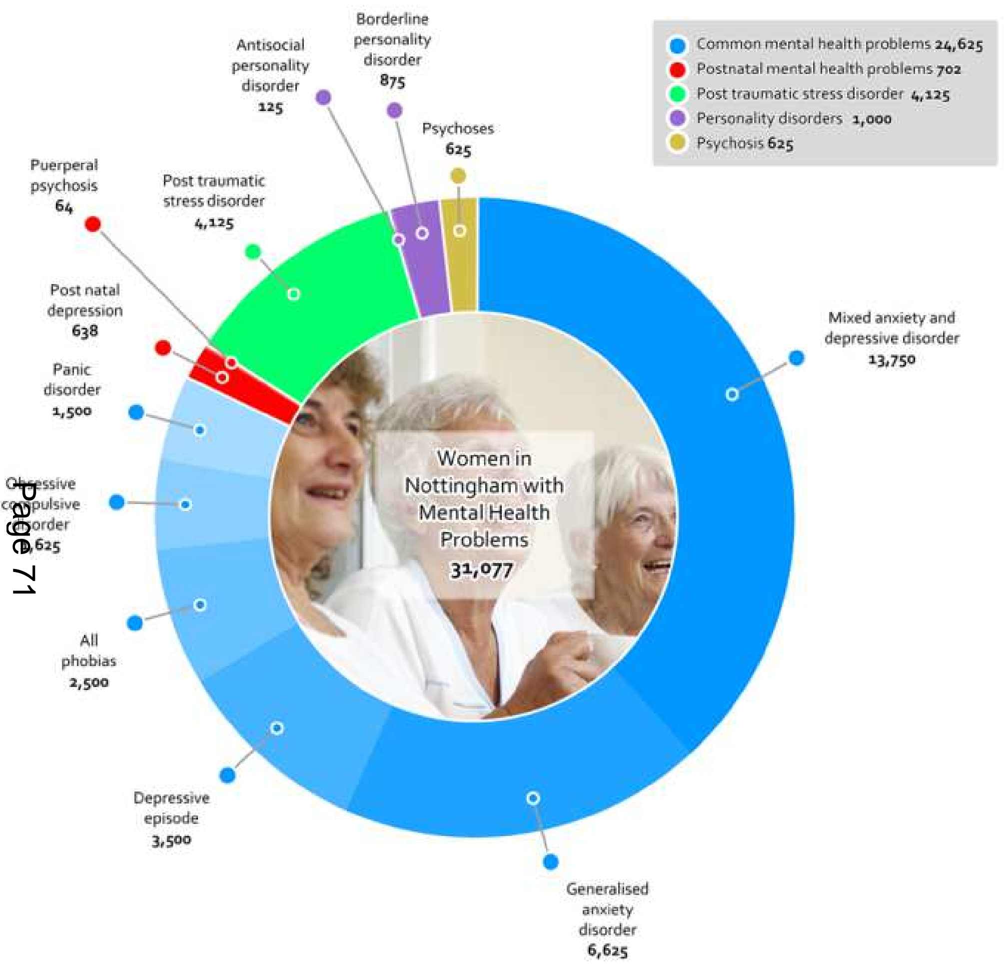
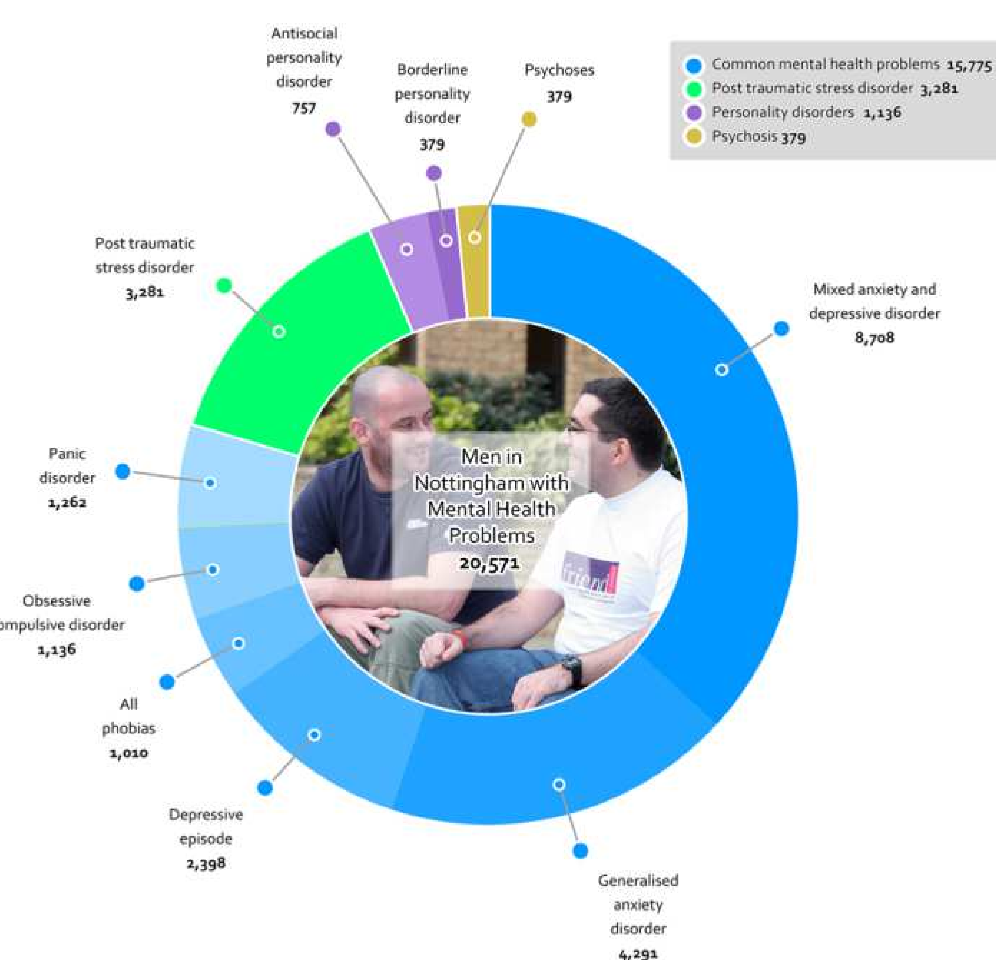



*FIGURE 10: Mental health problems amongst men in Nottingham*




**Notes:** Prevalence figures have been taken from the Psychiatric Morbidity Survey (2007)[5] and applied to the ONS 2011 mid-year estimate of the Nottingham 16+ population. Some people may be counted more than once as they may experience more than one mental health problem. Prevalence for common mental health problems is based on people experiencing symptoms within the past week. Psychosis and personality disorder is based on experience within the past year. Postnatal mental health problems estimated based on annual births to women in Nottingham.

# WHAT WILL SUCCESS OF THIS STRATEGY LOOK LIKE FOR NOTTINGHAM?

## A POSITIVE IMPACT ON THE MENTAL HEALTH OF THE WHOLE POPULATION

The aim of this strategy is to have a positive effect on the mental health and wellbeing of the whole population. Interventions that focus on the needs of families and help to build good foundations for mental health in childhood will result in:

- Improvements in mental wellbeing
- Fewer people experiencing mental health problems
- Citizens with mental health problems and their carers feeling supported
- Communities taking action to maintain positive mental health and mental wellbeing
- Improved recovery and less disability due to mental health conditions.

## A CHANGE IN ATTITUDES TO, AND STIGMA SURROUNDING, MENTAL HEALTH PROBLEMS

People with mental health problems should not face social exclusion. Talk of mental health and mental wellbeing across the city will raise awareness and ensure it is viewed as everybody's concern. Mental health will be viewed with equal status and importance compared to physical health problems. This strategy will provide ways in which parity of esteem can be raised on everybody's agenda and will work to reduce stigma surrounding mental health problems.

## CONTINUED IMPROVEMENTS IN ACCESS TO PSYCHOLOGICAL THERAPIES

Common mental health problems are the biggest contributor to mental ill health and can be effectively addressed through talking therapies (psychological therapies) such as cognitive behavioural therapy (CBT). All the partners engaged with this strategy support appropriate access to psychological therapies. There is continued commitment to ensure adequate capacity for the right type of services to be offered to groups with higher levels of need (but who currently access the service less) such as those with long-term physical conditions who are frequently affected by poor mental health, older people, those who are from LGB&T and some BME groups. .

## IMPROVEMENT IN MEETING THE EMOTIONAL NEEDS OF CHILDREN AND YOUNG PEOPLE

There will be systematic mental health support for all pregnant women who are identified as having emotional and mental health problems, and universal parenting programmes will promote and encourage early attachment.

Parents and children who need support will be identified earlier, and an 'emotional health and wellbeing pathway' will be developed aimed at preventing mental health problems developing further.

If additional support is needed, timely and appropriate access to CAMHS is of paramount importance. This will include skilled, timely, community CAMHS provision where the child or young person is at the centre of delivery.

## PEOPLE WITH MENTAL HEALTH PROBLEMS WILL HAVE A POSITIVE EXPERIENCE OF CARE AND SUPPORT

People with mental health problems will have a positive experience of care, and informal carers of people with mental health problems will be adequately supported in their role.

People with serious mental illness often have complex health and social care needs. Good social care will be available to enable people to live well with their condition, promoting wellbeing and recovery wherever possible.

Support services such as social housing providers (e.g. Nottingham City Homes) are a good example of non-health care services that understand their potential to influence mental health, and their role in ensuring citizens with mental health problems receive the support that they need.  This strategy aims to equip all services that come into contact with people with mental health problems to feel confident and be able to demonstrate commitment to improving mental health.

*Wellness in Mind* aims to bring together a wide range of services such as housing, police, fire and rescue, youth services,  third sector groups (such as not for profit or community groups), voluntary groups, faith groups, education, schools, employment services, benefits services, drug and alcohol services and the business sector to address the need for co-ordinated provision.

## THOSE IN MOST NEED WILL BE ABLE TO GET THE SERVICES THEY REQUIRE

Strategic partners wish to ensure that services can be easily accessed by those who need them.  At risk groups (such as particular BME groups) who currently do not use treatment services to the same extent as the rest of the population will be able to use services in appropriate ways.  People will move within a pathway of services based upon evidence of current need.

## THE PHYSICAL HEALTH OF PEOPLE WITH POOR MENTAL HEALTH WILL BE IMPROVED, AND VICE VERSA

The strategy will raise awareness of the risks to physical health for those with mental health problems. Parity of esteem (equal status of physical and mental health) will be championed across all commissioned services.  The strategy also aims to bring an improvement to the mental health of those with physical health problems and long term conditions.

## A REDUCTION IN DEATHS ASSOCIATED WITH MENTAL HEALTH PROBLEMS

The strategy aims to contribute to a reduction in the gap in life expectancy between those with and without mental health problems. Improvements will be measured through the Public Health and NHS Outcomes Frameworks (see appendix A). The areas which will have most impact will be those which target premature mortality due to cardiovascular disease, respiratory conditions, cancer and diabetes. A reduction in smoking and obesity would be important to achieving these early aims.

Suicide is a concern for Nottingham and it is intended that this strategy will dovetail with the new joint strategy currently in development across Nottingham City and Nottinghamshire County to reduce the number of deaths from suicide.

## STRATEGIC PRIORITIES FOR NOTTINGHAM

The *Wellness in Mind* Strategy encompasses the three elements of good mental health in its five key priorities. These priorities address issues raised in NHWMH. Some have a new emphasis, building on the Council's remit for public mental health and the role of Clinical Commissioning Groups in developing better care pathways through public and clinical engagement.

### PRIORITY 1: PROMOTING MENTAL RESILIENCE AND PREVENTING MENTAL HEALTH PROBLEMS

***1. Promoting mental resilience and preventing mental health problems***

– by working with communities to promote the factors that contribute to mental wellbeing and prevent mental health problems, aligning local services to include mental wellbeing at the centre of their aims, and supporting individuals to adopt healthy lifestyles.

Central to this priority is the need to raise awareness of mental health and the importance of mental wellbeing. Stigma associated with mental health problems still exist but will reduce where there is greater understanding. The *Five Ways to Wellbeing* are a set of simple evidence-based actions which promote people's wellbeing:

| Mental health's '5-A-Day' | Partnership action to support this activity: |
|---|---|
| **Connect** | • Support interventions that improve relationships and reduce loneliness and social isolation<br>• Support parenting programmes which help families re-connect<br>• Promotion of good attachment for mother and baby<br>• Encourage a sense of community and social cohesion<br>• Develop environments that encourage wellbeing, are inclusive, promote self-esteem and are non-stigmatising<br>• Promote emotional health and wellbeing systematically within schools<br>• Promote wellbeing in the workplace<br>• Reduce stigma and discrimination |
| **Be active** | • Encourage active travel<br>• Build and maintain environments that encourage physical activity in everyday lives<br>• Provide accessible, well maintained, safe green spaces<br>• Promote and provide a variety of exercise and sporting opportunities, including community based activities |
| **Take notice** | • Raise the profile of the concept of 'mindfulness' |
| **Learn** | • Improve academic achievement<br>• Provide lifelong learning and educational opportunities<br>• Support people to stay in work and develop new skills<br>• Promote access to the arts, creativity and cultural opportunities<br>• Encourage individuals to become more financially literate<br>• Improve self-management of long term conditions |
| **Give** | • Support and encourage volunteering<br>• Promote citizen participation |

Wellbeing involves both the mind and the body, and further work needs to be done to help people to view mental health and wellbeing in the same way as physical health and wellbeing. Initiatives focusing on tobacco and drug use (which are both associated with an increased risk of mental health problems), sexual health promotion, physical activity and nutrition all have much to contribute to mental wellbeing.

Mental wellbeing can be enhanced by support from families, friends and community. Opportunities to learn and a good education enable people to achieve their full potential. The way in which urban areas are planned, designed and built are of major significance to good mental health. Access to high quality housing in safe neighbourhoods, green spaces, strong communities with good transport systems all contribute. Factors such as air pollution, traffic, noise, lack of space, feeling unsafe and insecure, anti-social behavior and limited options for physical activity also impact on mental wellbeing.

Mental health and wellbeing differs between communities, e.g. people of different cultural and ethnic backgrounds, sexual orientation or age. Mental health and wellbeing can be improved by working closely with communities of interest to identify the best approaches. Making the most of a community's own assets (a community development approach) can bring mental health benefits to individuals. Addressing loneliness and isolation is also a key part of improving mental wellbeing.

Effective mental health promotion activities include physical activity, involvement in arts, learning, volunteering and interventions such as mindfulness. Figure 11 summarises areas shown to promote mental wellbeing or improve mental health in groups or at a population level[17,50,51,52,53,54,55,56,57,58].

*FIGURE 11: Promoting mental wellbeing*

Encourage use of green space
Promote physical activity
Promote participation in clubs and societies
Promote arts and creative activity
Reduce domestic violence
Reduce harm from drugs and alcohol
Ensure access to good housing
Promote activties for mental wellbeing in schools
Provide good quality psychological therapies
Ensure access to debt counselling services
Promote activites for mental wellbeing such as mindfulness
Enhance built environments and transport systems
Tackle loneliness and isolation
Encourage citizen participation
Promote mental wellbeing within the workplace
Promote good childhood experiences

It is argued that becoming 'wellbeing aware' at every level of public service has the potential to save costs, and at the same time build healthier, more equal and more resilient communities[59].

Work is an important part of maintaining and improving mental health and wellbeing, as well as contributing to effective ill-health recovery[50]. By addressing issues such as the working environment and work-life balance, employers can create a culture where their staff wellbeing increases, resulting in increased productivity, loyalty and a reduction in sickness absence. Being out of work, or never having been in work, increases the risk of developing mental health problems.

Inequalities exist in mental health in a similar way to those linked with physical health with more deprived communities being disproportionately affected. Reducing inequalities in health therefore remains a major priority. However research has found that wellbeing does not depend on spending money or consumerism; it is more about developing wellbeing through the social and environmental factors that build resilience [60,61,62]. Efforts to challenge racism and gender inequalities and to build strong and cohesive communities will have a positive impact on public mental health.

## TO ACHIEVE PRIORITY 1 WE SHALL:

- Promote population wide good mental wellbeing and reduce stigma by raising awareness and understanding of mental health problems.
- Promote good attachment between mother and baby.
- Provide effective mental health promotion interventions targeted at those groups who are most at risk.
- Align policy, strategy and services across health, care and the wider determinants such as housing, planning, leisure and employment to improve their impact on mental health and wellbeing.
- Build resilient communities where citizens have greater control of their lives, promote opportunities for participation, reduce isolation and encourage healthy lifestyles.
- Encourage the development of healthy working environments that promote wellbeing and guide employers to the best practice and interventions for those with mental health problems.
- Work with schools and partners to ensure the social and emotional health needs of children and young people are addressed.

## PRIORITY 2: IDENTIFYING PROBLEMS EARLY AND SUPPORTING EFFECTIVE INTERVENTIONS

**2. *Identifying problems early and supporting effective interventions***

– by promoting awareness, reducing stigma, improving screening, suicide prevention, improving access to early management such as social and psychological interventions.

Early intervention can improve outcomes for people experiencing some mental health problems. However, there are significant barriers such as the onset of mental health problems going unrecognised, ignored or explained in different ways both by individuals and professionals particularly in BME groups. Fear of stigmatisation may deter people from seeking help early.

Involving parents and carers can help to alert professionals to symptoms that individuals may not disclose, and 'early warning systems' can be developed to enable people to receive help earlier.

There is a need to raise awareness of mental health issues, to dispel myths, and to support a wide range of professional groups to spot problems early and ensure that they feel confident in referring on or signposting to other services. Clear pathways are needed to help service users, carers and professionals navigate to the right mental health services quickly for people, and gain a clearer understanding of the entry and exit points.

Self-help resources such as good quality websites, self-help groups and 'Reading Well', the national books on prescription scheme[63] (available in Nottingham libraries), are useful for individuals to use on their own or with other forms of treatment as part of a stepped care pathway[*].

The Attitudes to Mental Illness report [64] showed the proportion of people who agree that 'mental illness is like any other illness' increased to 77% in 2011, but 43% of people remain uncomfortable talking to an employer about mental health problems. Whilst people understand mental health issues, fear of seeking help and support remains.

Certain groups such as those with long term physical conditions[65], those with disabilities including those with sensory impairment, students, older people, carers, LGB&T, some BME groups, teenage mothers, young people within the Youth Justice System, children with long term and unexplained medical conditions, and looked after children have a particular risk of mental health problems. Services already in contact with groups known to be at higher risk can help by improving early detection and signposting or referring to

[*] A stepped care recovery model seeks to treat service users with the least intensive intervention for their need in the first instance, 'stepping up or down' in accordance with their needs and recovery progress

services. In particular for those living with long term conditions, health and care services need to intervene early in a more integrated and timely way so that support is in place before a crisis occurs.

## TO ACHIEVE PRIORITY 2 WE SHALL:

- Increase access to treatment by psychological therapies for a broad range of mental health problems, particularly for those groups who are identified as being at higher risk.
- Involve citizens, particularly those with mental health problems, their families and carers, in the coproduction of pathways for assessment, advice and support of common mental health problems.
- Increase the ability of healthcare professionals and other front-line staff to identify mental health problems, particularly in groups at highest risk, to understand how to reduce stigma and to make appropriate referrals.
- Raise awareness across a wide range of services including housing providers, police, educational establishments and emergency services so that they better understand the needs of those experiencing mental health problems and how they can support and signpost citizens to receive the best care.
- Improve opportunistic screening for individuals to reduce suicide risk.
- Work with employers to reduce the risks of unemployment due to mental health problems.
- Link adult and childhood mental health work more closely. Future mental health work should consider how strategies could be even better aligned across the life course to create a clear pathway from pre-conception in to older age. This may include systematic mental health support for children and young people whose parents are diagnosed with a mental health problem.
- Work with universal services (GPs, health visitors, schools and school nurses) to identify children and young people who are at risk of developing mental health problems and provide appropriate support and referral into CAMHS.

## PRIORITY 3: IMPROVING OUTCOMES THROUGH EFFECTIVE TREATMENT AND RELAPSE PREVENTION

***3. Improving outcomes through effective treatment and relapse prevention***

– by clinicians, commissioners and providers working together to provide the *right care* and support in the *right place*, and improve understanding amongst patients and professionals of what is most effective to improve mental health outcomes.

As clinical practice advances and the needs of the population change, commissioners and service providers need to review treatments and pathways of care with those who use their services. Robust commissioning and review processes will ensure that the quality of care is maintained so that the best outcomes are achieved for everyone. Individuals will be placed at the centre of their own care, in partnership with carers. Holistic support for people living with mental health problems needs to address issues such as loneliness, isolation and stigma associated with their condition. This includes acknowledging the needs of families and carers.

For those with serious mental health problems in the community, medical care is often shared between primary and secondary care teams. New treatment and care options need to be implemented in a coordinated way. This will be supported by excellent education and continuous professional development for providers of these services. It is vital for children and young people to have an effective CAMHS service which places the child at the centre of intervention and ensures positive outcomes which continue into adulthood.

The JSNA and a recent Nottingham Health Needs Assessment into the emotional and mental health needs of children and young people[66] have identified some gaps in service provision. Some groups have particular needs when accessing services: e.g. students under the care of geographically separated services can experience delayed referrals or difficulties in shared care arrangements. There is also a need to reduce barriers to the use of services e.g. understanding better the cultural needs of some BME groups. Consideration will be given to how groups can be enabled to use mental health services successfully. Continuous review by commissioners in partnership with expert clinical groups, public health and providers will identify opportunities for more appropriate and efficient care.

Nottingham has good systems in place with providers of mental health services to ensure patient and carer involvement in the way that care is delivered. However public involvement in community based mental health care needs to increase as it is essential that we actively seek the views of those with mental health problems who may find difficulty in expressing their needs. The newly formed Healthwatch will ensure users of mental health services locally have a 'voice'.

## TO ACHIEVE PRIORITY 3 WE SHALL:

- Work with people with mental health problems and their carers to improve services based upon their experience of care.
- Continue to support joint work through local groups of clinicians with expertise in adult mental health, and child and adolescent mental health care, in order to implement changes in best practice.
- Improve integration of health and social care to support effective care pathways.
- Ensure that shared care arrangements between primary and secondary health services are effective and responsive.
- Ensure that pathways of care are flexible enough to provide opportunity for patients to access care at the most appropriate point for their needs and move throughout the system quickly as their condition changes.
- Consider how local pathways need to support people with on-going problems who may be known to services elsewhere such as students, travelling communities and those who are homeless.
- Understand the cultural needs of particular at risk groups to reduce barriers and improve outcomes.
- Ensure an emphasis on how mental health providers address people's physical healthcare needs by working with commissioners and other providers.
- Continually review outcome measures and quality incentive schemes for hospital care as a way of focusing on recovery and improving outcomes.
- Review referrals to secondary care services to make sure that care is as far as possible given at the right place and time.
- Ensure that transition of children into adult care services allows for continuity of care and meets the needs of young adults.
- Implement a new emotional health and wellbeing pathway for children and young people in light of recommendations of the health needs assessment and the CAMHS pathway review.

## PRIORITY 4: ENSURING ADEQUATE SUPPORT FOR THOSE WITH MENTAL HEALTH PROBLEMS

***4. Ensuring adequate support for those with mental health problems***

- supporting recovery and rehabilitation by ensuring pathways are in place to provide appropriate care, housing, employment support and a place in society.

Some people with serious or on-going mental health problems may require support or assistance to enable them to care for themselves effectively and to access opportunities to live with greater independence. They may often have complex needs linked to their poor mental health and may be frequently vulnerable. Some people are likely to have a continuing need for care. In each case, each person should be a partner in the planning and delivery of support that is orientated towards opportunities for their recovery. This should include access to appropriate care, housing and employment to help each person to find a place in society, and to live according to their needs, choices and preferences.

Families and carers often play a significant role in ensuring that these goals can be met. As severe mental illness is often a long term condition, it can impact on the health and wellbeing of carers and, in the case of children and young people, it could have an impact on emotional development. Carers may also be affected by the stigma and discrimination associated with mental illness. Meeting this priority should therefore also include ensuring appropriate support to carers and to protect them from developing physical or mental health problems themselves as a result of their caring role.

Many people with long term mental health problems experience problems of sufficient severity and duration to be considered a disability[67]. It is therefore important that all services understand their duty under the Equality Act to ensure services are accessible to this group. This will include making 'reasonable adjustments' to the way services are delivered. There is a role for those who support people with long term mental health problems to champion equality of access to mainstream services for this group.

## TO ACHIEVE PRIORITY 4 WE SHALL:

- Commission appropriate support to empower individuals, their families and carers to cope with the challenges on the path to recovery.
- Address social factors that promote recovery, and work with providers of services such as police, housing, employment support, benefits support and advice, education and training to help them better understand and meet the needs of those with on-going mental health problems.

- Help those with mental health problems find support for issues such as housing and financial advice.
- Support people with mental health problems to remain in work or begin working.
- Identify carers and ensure their needs are assessed and appropriate support in place.
- Maximise opportunities for effective partnership working across agencies to provide adequate support for vulnerable adults, including sharing of information where appropriate.
- Continue to monitor and promote the flexibility and choice of accommodation and social support that is available for citizens with on-going needs.
- Ensure that services are provided in a way that enhances choice and control for the user, whilst also meeting the needs of the local population.
- Continue to review the placement of people with mental health problems in residential mental health care settings to ensure that their needs are met in the best way possible whilst maximising best use of NHS rehabilitation services.
- Ensure that children and young people accessing CAMHS are supported with evidence-based interventions that are focused on outcomes.

## PRIORITY 5: IMPROVING THE WELLBEING AND PHYSICAL HEALTH OF THOSE WITH MENTAL HEALTH PROBLEMS

***5. Improving the wellbeing and physical health of those with mental health problems***

– by ensuring good physical care for people with mental health problems. This includes physical health promotion and ill health prevention strategies, particularly in relation to heart disease and smoking.

Physical health and mental health are closely linked. The factors that affect poor physical health can also contribute to poor mental health and vice versa. These can include social factors, such as homelessness, domestic abuse, deprivation and unemployment, stressful life events, and health related behaviours, such as smoking, alcohol or substance abuse. The Kings Fund[65] identified that "people with long term conditions and mental health problems disproportionately live in deprived areas and this interaction makes a significant contribution to generating and maintaining inequalities".

People with mental health problems have poor physical health outcomes and research shows that they die far younger (up to 20 years younger for people with schizophrenia)[68,69] People in contact with secondary mental health services, have over 3 times the rate of early death as the wider population[21] and those with depression have double the risk of heart disease[70].

Most early deaths are from preventable causes that are similar to the wider population[71]. CVD and diabetes account for most years of life lost[72]. Poor health is influenced predominantly by unhealthy lifestyle behaviours, particularly smoking, and may be exacerbated by medication used to treat mental health problems. It has also been shown that health services have not been as responsive in identifying or meeting the physical health needs of people with mental health problems.

In 2006 a formal investigation by the Disability Rights Commission, Equal Treatment: Closing the Gap[73] identified obesity, high blood pressure, smoking, heart disease, respiratory disease, diabetes and stroke as being more prevalent in people with mental health problems and also identified higher rates of bowel cancer in people with schizophrenia. Standard treatments and screening were offered less to these groups. This report also highlighted the gap in life expectancy as an equality issue. The Equality Act requires that services make reasonable adjustments to enable people with disabilities to benefit. This would include people with long term mental health problems.

Smoking has been highlighted as a key area for improvement. People who have mental health problems smoke at higher levels than the general population, and experience greater health problems as a result. It has been estimated that 42% of all cigarettes smoked in the UK are smoked by somebody with a mental health problem[74]. Recent NICE guidance[75] includes recommendations to improve mental health services'

response to smoking, as it has been shown that this has not been given a high enough priority in the past[76,77].

The parity of esteem approach aims to keep mental and physical aspects of health linked, and give each equal priority. Services and health workers have traditionally focussed on one aspect or the other, which can lead to gaps in addressing health needs.

Whilst reducing the gap in health inequalities for those with mental health problems is a current focus, it is also important to retain the goal of holistic care for all. As well as improving treatment of physical health needs, all health services need to ensure mental health problems are detected early and addressed promptly for their service users, as detailed in Priority 2. This is particularly relevant for those with long term physical conditions, but is also applicable to people who require treatment for acute health needs, e.g. following heart attack or trauma.

## TO ACHIEVE PRIORITY 5 WE SHALL:

- Increase understanding and awareness of the factors that influence the poor physical health outcomes for people with mental health problems.
- Prevent physical health problems by ensuring health promotion and screening include a focus on people with mental health problems, particularly focussing on smoking and other cardiovascular risk factors.
- Ensure health services identify physical health problems in people with mental health problems and that appropriate treatment is accessible.
- Keep the 'parity of esteem' approach central to the commissioning of all health and care services to ensure both mental and physical health aspects are taken into account.

# TAKING THE STRATEGY FORWARDS

## LEADERSHIP

To realise the aims of *Wellness in Mind*, champions are required at all levels across the public, private, voluntary and community sectors.

Improving mental health is everyone's business, but clear leadership needs to be demonstrated by partnership organisations, including those in the third sector. Those of particular note are:

- Councillors and officers in Nottingham City Council (the Council has already committed to prioritise mental health by signing the Mental Health Challenge[40] but all councillors have an important leadership role to play).
- Senior leaders, including clinicians, from NHS Nottingham City Clinical Commissioning Group.
- Service providers including Nottinghamshire Healthcare NHS Trust, Nottingham University Hospitals, Nottingham CityCare Partnership and the voluntary sector.

## MONITORING OUTCOMES

Measuring mental health using a single indicator poses considerable challenges. Although Nottingham has been measuring wellbeing for a few years, there is limited wellbeing data from other areas by which to benchmark ourselves. Due to significant under diagnosis and under reporting of mental illness, the usefulness of prevalence data is limited. Mortality data, such as suicide data lacks timeliness and does not fully capture the prevalence of mental illness nor the disability it causes.

For the purposes of this strategy, we will continue to monitor progress using targets agreed in the Nottingham Plan to 2020, the Nottingham City Joint Health and Wellbeing Strategy, Working Together for a Healthier Nottingham: Nottingham City Clinical Commissioning Group Strategy 2013-2016, and the Children and Young People's Plan.

In addition, we will be monitoring our progress using the Mental Health Profiles[78] and against the new Department of Health's Mental Health Dashboard[79], which brings together a number of indicators from a wide range of sources to reflect progress against the national mental health strategy (see appendix B).

## ACTION PLANS

Detailed action plans will be developed by working groups set up to achieve each of the five priorities in the strategy.

## GOVERNANCE

The strategy is owned by the Nottingham City Health and Wellbeing Board. Overall implementation will be monitored by the Board's Commissioning Executive Group and regular quarterly progress reporting will be received by this group. Specific actions that sit within each action plan will continue to be owned by the lead organisations responsible for their implementation.

## EQUALITY IMPACT ASSESSMENT

An equality impact assessment (EIA) is an assessment to ensure that policies do not discriminate and that where possible, equality is promoted. A full EIA of this strategy has been undertaken in accordance with the Nottingham City Council Equality and Diversity Policy and is available on the Nottingham Insight website. Further equality impact assessment will be undertaken on the action plans resulting from this strategy.

## APPENDIX A: THE NATIONAL OUTCOMES FRAMEWORKS

The actions resulting from this strategy will have an impact on many of the indicators across the Public Health, NHS and Adult Social Care Outcomes Frameworks. The figure below shows the relationship of the overarching domains of all three frameworks.

The Children and Young People's Health Benchmarking Tool brings together and builds upon health outcome data from the Public Health Outcomes Framework and the NHS Outcomes Framework.[80]

| Public Health Outcomes Framework | NHS Outcomes Framework | Adult Social Care Outcomes Framework |
|---|---|---|
| 1. Improving the wider determinants of health | | |
| 2. Health improvement | | |
| 3. Health protection | | |
| 4. Healthcare public health and preventing premature mortality | 1. Preventing people from dying prematurely | |
| | 2. Enhancing quality of life for people with long term conditions | 1. Enhancing the quality of life for people with care and support needs |
| | | 2. Delaying and reducing the need for care and support |
| | 3. Helping people to recover from episodes of ill health or following injury | |
| | 4. Ensuring that people have a positive experience of care | 3. Ensuring that people have a positive experience of care and support |
| | 5. Treating and caring for people in a safe environment and protecting them from avoidable harm | 4. Safeguarding adults who are vulnerable and protecting them from avoidable harm |

Taken from: Improving health and care: the role of the outcomes frameworks, DH 2012.

## APPENDIX B: MENTAL HEALTH DASHBOARD

This gives an overview of The Mental Health Dashboard which has been produced by the Department of Health to bring together relevant measures from a wide range of sources to bring the outcome framework measures together and show how progress is being made nationally against the objectives of the national strategy.

| **1. More people have better mental health** | **2. More people with mental health problems will recover** | **3. More people with mental health problems will have good physical health** |
|---|---|---|
| ***Mental health and wellbeing of the whole population***<br>• Self-reported wellbeing **(PHOF 2.23)**<br>• Percentage of the population with possible mental health problems (HSE)<br>• Percentage of the population with long-term mental health problems (HSE)<br>• Number of days lost due to common mental illness (LFS)<br>***Wider determinants of mental health and illness***<br>• Number of households accepted as being homelessness (PHOF 1.15)<br>• Number of homeless in temporary accommodation (PHOF 1.15)<br>***Low Income Households***<br>• Proportion of people in households with income below 60% of the median net disposable household income (HBAI)<br>***Illicit drug use***<br>• Proportion of 16–24 year-olds who are frequent drug users<br>• Proportion of 15–64 year-olds using opiates or crack cocaine | ***Care and treatment***<br>• Proportion of people with anxiety or depression are accessing Psychological Therapies (IAPT services) (NHSOF 3.1)<br>• Proportion of people who complete IAPT treatment who are moving to recovery (NHSOF 3.1)<br>***Recovery and quality of life***<br>• Proportion of people with a mental illness are in employment (NHSOF 2.5 , ASCOF 1F, PHOF 1.8)<br>• Proportion of people with a serious mental illness and of working age are in employment (NHS OF 2.2, ASCOF 1E, PHOF 1.8)<br>• Proportion of people with mental health problems are in stable accommodation (PHOF1.8, ASCOF 1H)<br>• Number of people with a mental illness have a social care quality of life (ASCOF 1A) | ***Physical health of people with serious mental illness***<br>Excess under 75 mortality rate in adults with serious mental illness (PHOF 4.9, NHS OF 1.5)<br>***Physical health of people with mental health problems***<br>• Proportion of people with a long term physical health conditions with a long term mental health problems (GPPS)<br>• Proportion of people with a long term mental health problems with a long term physical health conditions (GPPS)<br>• Proportion of people with a possible mental health problem misuse alcohol (HSE)<br>• Proportion of people with a possible mental health problem that are obese (HSE)<br>• Proportion of people with a possible mental health problems that are current smokers(HSE) |
| **4. More people will have a positive experience of care and support** | **5. Fewer people will suffer avoidable harm** | **6. Fewer people will experience stigma and discrimination** |
| ***Detention***<br>• Number of people that are formally detained subject to the Mental Health Act (MHMDS)<br>• Percentage of all detained patients subject to the Mental Health Act from a Black and Minority Ethnic (BME) background (MHMDS)<br>• Number of people subject to Community Treatment Orders (CTOs) at 31st of March in each year (MHMDS)<br>***Satisfaction with mental health services***<br>• Percentage of patients with positive experiences of mental health services (NHSOF 4) (CMHS)<br>• Percentage of patients with an overall satisfaction with services among people with mental health related social care needs (ASCOF 3A) (ASCS)<br>• Proportion of people with long term mental health problems feeling supported to manage their condition (NHSOF) (GPPS) | ***Safety incidents in mental health settings***<br>• Safety incident reports (ONS) (per 100,000) (NHSOF 5a)<br>• Safety incidents involving severe harm or death (per 100,000) (ONS) (NHSOF 5b)<br>***Suicide and self-harm incidents***<br>• Suicide rate (ONS) (per 100,000) (PHOF 4.10)<br>• Self-harm rate (PHOF 2.10) | ***Knowledge, attitudes and behaviour amongst the general public***<br>• Mental health related knowledge (IOP)<br>***Attitudes towards metal health amongst the general public***<br>• Attitudes towards mental illness (IOP)<br>• Reported intended behaviour in relation to people with mental illness (IOP)<br>***Service users' experience of stigma and discrimination***<br>• Proportion of people who use secondary mental health services who have no experience of discrimination (IOP)<br>• Proportion of people who use secondary mental health services who feel confident in challenging stigma and discrimination (IOP) |

**KEY:**

| **Link to Outcomes Frameworks** | **Links to other sources** | | |
|---|---|---|---|
| ASCOF – Adult Social Care Outcomes Framework<br>NHSOF – NHS Outcomes Framework<br>PHOF – Public Health Outcomes Framework | • APS) – Annual Population Survey<br>• (CCG OI) Clinical Commissioning Group Outcomes Indicator<br>• (CSEW) – Crime Survey for England and Wales<br>• (HSE) – Health Survey for England | • (IOP) – Institute of Psychiatry survey for Time to<br>• (MHMDS) – Mental Health Minimum Dataset<br>• ASCS) – Adult Social Care Survey<br>• (CMHS) – Community Mental Health Survey | • (GPPS) – GP Patient Survey<br>• (LFS) – Labour Force Survey<br>• (HBAI) – Households below average income survey for change |

(www.gov.uk/government/publications/mental-health-dashboard )

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Agenda Item 6

## HEALTH AND WELLBEING BOARD - 27 August 2014

| Title of paper: | Nottingham Plan Annual Report 2013-14 (Year 4) – Healthy Nottingham targets performance | |
|---|---|---|
| Director(s)/ Corporate Director(s): | Nigel Cooke, Director of One Nottingham | Wards affected: All |
| Report author(s) and contact details: | Liz Jones, Interim Head of Corporate Policy<br>0115 8763367 liz.jones@nottinghamcity.gov.uk<br>Laura Catchpole, Corporate Policy Team<br>0115 87 64964 laura.catchpole@nottinghamcity.gov.uk | |
| Other colleagues who have provided input: | John Wilcox, Public Health Manager<br>0115 87 65110 John.wilcox@nottinghamcity.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 | ☒ |
| Deliver effective, value for money services to our citizens | ☒ |

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

This presents the draft Nottingham Plan Year 4 Annual Report for consideration, set out in Appendix 1, which outlines the progress in achieving the ambitions in the Nottingham Plan to 2020.

The Health and Wellbeing Board is responsible for the Healthy Nottingham theme of the Nottingham Plan, so this report focuses on this area of performance of the 6 Healthy Nottingham targets.

| Recommendation(s): | |
|---|---|
| 1 | Note the progress on Healthy Nottingham targets and delivery against the Action Programme |
| 2 | Note overall progress of the Plan set out in Appendix 1. |
| 3 | Support the examination of the child obesity and alcohol-related hospital admissions targets at the joint One Nottingham and Scrutiny Performance Panel in September. |

### 1. REASONS FOR RECOMMENDATIONS

1.1 The Health and Wellbeing Board is responsible for the Healthy Nottingham theme of the Nottingham Plan to 2020, therefore it is recommended that the Board note the progress over 2013/14.

1.2 It will also be of interest to the Health and Wellbeing Board to be aware of Year 4 performance in the round.

## 2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

2.1 The Nottingham Plan to 2020 is the city's Sustainable Community Strategy, setting out a 10 year plan to bring the city half way to achieving the 2030 vision for Nottingham.

2.2 Annual performance of the plan is considered by the One Nottingham Board and the City Council. Targets which are not at expected position are considered by a joint One Nottingham and Scrutiny Performance Panel.

2.3 Given the significant political and economic changes since the plan's launch, the One Nottingham Board and the leadership of Nottingham City Council approved a refresh of the Nottingham Plan in May 2014, to ensure the right areas of work are prioritised, that partnership resources targeted efficiently and the best measures are used to ensure it is delivering effectively for Nottingham citizens.

2.4 The Health and Wellbeing Board considered the refreshed targets for Healthy Nottingham and endorsed these recommendations at the April board meeting.

2.5 **Overall performance**
Appendix 1 is the draft annual performance report using the refreshed targets, setting out progress during Year 4 (2013/14). In Year 4 around half of the targets are performing well, while a small percentage are 'amber' - just below expected levels. Just under a third remain behind target.

2.6 **Healthy Nottingham commitments**
There are 6 targets in the Healthy Nottingham section and 3 other targets of particular interest to the Health and Wellbeing Board. The table below sets out the progress on delivering these targets. Progress against the commitments for the Healthy Nottingham 'Action programme' can be found on p23-26 of Appendix 1, which includes other priorities that are important determinants of health recognised in the public health outcomes framework.

| Healthy Nottingham 2020 targets | Year 4 | Commentary |
|---|---|---|
| Reduce smoking prevalence to 20%, which is below the national average | Green | Results from the Nottingham Citizens Survey 2013 show smoking prevalence has decreased by 3 percentage points (31% to 28%) from the previous year and continues a downward trend. |
| Refreshed target: Reduce the proportion of overweight and obese adults to 58%<br>Previous target: Reduce the proportion of overweight and obese adults to the 2000 average levels for England (60%) | Green | Prevalence is below the England average of 63.8%. |
| Refreshed target: Increase the proportion of adults achieving 150 minutes of physical activity per week to 56% | Green | 52% of adults are achieving 150 minutes of physical activity per week. This is good progress towards achieving our target of 56% adults |

| | | |
|---|---|---|
| Previous target: Increase levels of physical activity to 32% of adults participating in 3 x 30 minutes moderate physical activity per week | | being physically active at this level. |
| Reduce the health inequality gap between Nottingham City and England by 70% | Green | Deaths from circulatory diseases at ages under 75, increased slightly in 2013/14 (2012 data). However the trajectory of the health inequality gap between Nottingham and England continues to close and has reduced since the plan was launched. (Please note that health inequalities within the city remain significant) |
| Refreshed target: Reduce alcohol related hospital admissions to 771 per 100,000 population, the average rate for Core Cities (2012/13)<br>Previous target: Reduce alcohol related hospital admissions to 1,400 per 100,000 population | Red | Nottingham continues to experience high levels of alcohol-related hospital admissions, which are significantly above the England average. This area will require significant long term change in lifestyles and behaviours to buck this trend. |
| Refreshed target: Reduce the proportion of people with poor mental wellbeing by 10% and maintain the city wellbeing level in line with England as a whole<br>Previous target: Improve mental health and wellbeing across the city (defined by reducing the proportion of people with poor mental health by 10%) | Green | The proportion of people with poor mental wellbeing has decreased to its lowest level since 2010. The average wellbeing score for Nottingham was 51.6 for women and 53.4 for men, in line with 52.2 for women and 52.5 for men in England. |
| **Other targets of interest** | | |
| Child obesity will be reduced to 18% | Red | Levels of child obesity at age 10-11 (Year 6) remain significantly higher than the England average of 18.9%. However, the rise in obesity appears to have levelled off; since the start of the plan, at approximately 22% and is comparable to the average of the Core Cities. |
| The teenage pregnancy rate will be halved | Green | Teenage conceptions continue to decrease – down from 49.5 last year, to 37.6 per 1,000 females aged 15-17 this year. |
| Increase the number of people successfully completing drug treatment from 14.28% to 20.5% by March 2014 | Red | The number of people successfully completing drug treatment continues to increase with 18.4% of clients completing which is significantly above the national average and the level of other similar cities. However, this is not quite on track to meet the current target. |

2.7 **Fit with other work**
Delivery of the Healthy Nottingham commitments contributes to the work on many other priority areas, including:

- Nottingham City Health and Wellbeing Strategy
- Public Health Outcomes Framework

2.8 **Performance Panel**
The targets which are not at expected position or which merit a greater understanding of performance measurement will be considered by the joint One Nottingham and Scrutiny Performance Panel in September. This will give Scrutiny Councillors and One Nottingham Board members the opportunity to look in more depth at particular targets, to understand the causes behind the performance position and invite the Lead Officers responsible for delivery to provide more detail. The child obesity and alcohol-related hospital admissions targets will be considered at the Performance Panel due to the stubbornly static performance since the start of the plan.

2.9 **Communications**
When the final version of the report has been approved, it is proposed that it is published online, with external communications via a press release, social media, the Arrow, the One Nottingham Bulletin and One Nottingham Partnership network. Internal communications are also suggested via Impact, cascade and the plasma screens at Loxley House. It is proposed that a summary version of the report is also produced, aimed at citizens.

## 3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

N/a

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

4.1 There are no financial implications arising from the refresh targets. Lead Officers recommended proposals can continue to be delivered within existing service plans.

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

5.1 Risk is managed through the departmental risk register and Partnership Governance Framework.

## 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

7.1 None

## 8. PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

8.1 Nottingham Plan to 2020

# The Nottingham Plan to 2020
# Annual report 2013/14 Year 4 - DRAFT

## Contents

Performance headlines

Foreword from the Leader of Nottingham City Council and Chair of One Nottingham

Nottingham Plan refresh 2013/14

World Class Nottingham

Neighbourhood Nottingham

Family Nottingham

Working Nottingham

Safer Nottingham

Healthy Nottingham

Green Nottingham

Performance picture to March 2014

Indicators, targets and reporting 2014-2020

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# Performance headlines

Positive signs of growth

- Delivering the Growth Plan, with a package of business support of over £50m to help businesses grow and our thriving Creative Quarter helping entrepreneurs.
- 2,524 people helped into work and our employment rate is holding up well.
- 100,000s of people welcomed to Nottingham's international and national events.

BUT

- Levels of children living in poverty remains stubbornly high - despite the signs of economic growth, issues such as low wages and low income levels remain.

Cohesive communities

- 88% citizen satisfaction with their neighbourhood – our best rate yet, up from 84% last year. 90% of people from different backgrounds are getting on well together, also an all time high.
- Signs of progress with an increase in the number of new homes being built in the city.

BUT

- Fuel poverty rates remain high - despite progress in energy efficiency investments for homes and businesses, issues such as the cost of fuel and income levels persist.

Supporting families and young people

- Teenage pregnancy rates continue to fall, down this year to 38 per 1,000 amongst 15-17 years old girls, down 24% since 2010 and down over 50% since 1998.

- 72% of our 10/11 year olds achieved 4+ in Reading, Writing and Maths (Key Stage 2), up from 69% (2011/12 academic year).

BUT

- Levels of child obesity remain high - 22% of children aged 10-11 (Year 6) are obese, well above the England average of 18.9%.

Safer Nottingham

- A modest fall in crime compared to last year.
- An increase in the number of people successfully completing drug treatment to 18.4% - better than the national average and the level of other similar cities.

Tackling health inequality

- A fall in smoking prevalence – down by 3 percentage points (31% to 28%) from last year, showing a downward trend.
- Good progress on the number of adults who do at least 150 minutes of physical activity per week.
- A fall in the level of people with poor mental wellbeing in the city – down to its lowest level since 2010.

BUT

- We still have stubbornly high levels of alcohol-related hospital admissions, significantly above the England average.

Cleaner and greener

- $CO_2$ emissions continue to fall and our levels of energy from low or zero carbon emission technology have risen.

BUT

- Improving our recycling rate remains challenging.

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## Nottingham Plan refresh

Given the significant political and economic changes since the plan's launch in 2010, the One Nottingham Board and the leadership of Nottingham City Council asked for the Nottingham Plan to be 'refreshed', to make sure that we continue to focus on the right areas of work for the city, use our partnership resources in the most efficient way and check our progress using the best target measures so we can be confident about how well we are delivering for the citizens of Nottingham.

The refresh of the Nottingham Plan to 2020 was completed in 2014, with the help of the Nottingham Plan lead officers and partners. Recommendations for changes to 2020 targets went through a challenge process with colleagues and partners, taking account of performance to date.

A number of the 2020 targets have been 'refreshed' to make sure they are credible, robust and measurable for the remainder of the Plan, whilst maintaining the ambition that was established when the plan was launched. The refresh is not a full revision of the Plan. Some of the refreshed targets refer to a comparison with *Core Cities*, these are the eight largest city economies outside of London and include Birmingham, Bristol, Leeds, Liverpool, Manchester, Newcastle, Nottingham and Sheffield.

**Overall consensus is that the current focus of the targets continues to articulate outcomes for Nottingham citizens.**

# Foreword

**from the Councillor Jon Collins, Leader of Nottingham City Council and Councillor Mellen, Chair of One Nottingham**

To be drafted

# World Class Nottingham

**2013/14 Headline Achievements**

**Delivering the Growth Plan**
Nottingham now has an unrivalled package of business support of over £50m, responding to the lack of finance to encourage business growth.

**Creative Quarter**
Our flagship Creative Quarter turned one year old – a successful partnership bringing creative businesses together to grow and thrive.

**World class events**
Nottingham welcomed 100,000s of people to its international and national events this year.

**Action Programme: Year Four**
1) **Science City**

The Growth Plan continues to drive Nottingham's development as a Science City. Projects include:

- The Nottingham Technology Grant Fund – 37 awards totalling £4.2m have been committed from the overall £10m to help businesses start and grow in our priority growth sectors of life science, clean tech and digital content. This funding will unlock over 800 jobs and generated £23m private-sector match-funding.
- Boots have opened MediCity on the Enterprise Zone in collaboration with Biocity. This is a health and beauty incubator providing business start-ups with expertise from Boots and help to tap into the Boots supply chain.
- *Next Business Generation* is an accelerator programme for high growth business start ups in our three priority sectors supporting 23 projects so far.
- Growth 100 is supporting businesses to realise their growth potential. The first cohort of 21 businesses has graduated, with business growth plans to support them access finance and create jobs, with the second cohort of 30 businesses commencing in January 2014.

2) **Priority Economic Sectors**

The Growth Plan continues to develop the three sectors by:

- Fostering enterprise – business and financial support for entrepreneurs.
- Developing a skilled workforce – connecting people to jobs and aligning skills provision to meet the needs of employers.
- Building a 21st century infrastructure – sustained investment in business accommodation, public transport, digital infrastructure and improved housing.

The Growth Plan is helping to deliver our ambitious targets for more jobs in the knowledge economy, encouraging new business growth and creating wealth, via key projects such as the £40m Foresight Nottingham Investment Fund and the £10m Nottingham Technology Grant Fund.

**Retail**
Work to strengthen Nottingham's retail offer is underway with a focus on improving the visitor experience and the physical space:

- £40m refurbishment of Victoria Centre is underway and we have secured a conditional development agreement for £150m redevelopment of the Broadmarsh Centre
- 21 vacant shops have been brought back into use through awards from the £100,000 Vacant Shops Grant Scheme.
- Independent retailers are also being supported, such as Cobden Chambers

**Creative Quarter**
The Quarter covers Hockley and the Lace Market and is home to many of Nottingham's growing creative businesses. It is the focus of concerted business development activity to support entrepreneurs and is where new creative businesses are encouraged to locate.

- The £1m CQ Loan Fund has approved 15 loans (£319,000) to support start-ups and the CQ business rate relief scheme is now in place.
- Boosting digital connectivity through an upgrade to super-fast broadband

and a pilot of ultra-band, with an aim to deliver free public WIFI.

3) **Inward investment**

Inward Investment activity achieved the following:

- 18 companies supported to invest or expanding in Nottingham
- 304 jobs created half in financial and business services and a quarter in digital media and creative industries
- 39 foreign direct investment enquiries, over half from North America

4) **City regeneration projects**

Progress includes:

- Southern Gateway: work continues on the tram extension & station redevelopment. The City Council has reached an agreement for a deal to develop office and hotel accommodation in Unity Square, which could see construction of Phase 1 start in 2015.
- Waterside: The Homes and Communities Agency have demolished buildings and cleaned up the site ready for redevelopment, which, subject to securing planning permission, will provide a mix of 140 contemporary, high quality, low energy homes.
- City centre work is taking place within the Creative Quarter Lace Market area, to make substantial improvements to the streetscape for pedestrians and in Trinity Square, providing high quality public spaces.

5) **Culture city**

This year has seen a range of fantastic events. Highlights include:

- 16,000 people attended National Armed Forces day in Old Market Square and 84,000 people joined in events throughout the day at Victoria Embankment.
- Nottingham has signed up to the Creative England Film Friendly Charter, committing to support the film industry by welcoming filmmakers and productions to the city.
- The council submitted a successful bid to the Heritage Lottery Fund for £12.9m of funding to help transform Nottingham Castle into a major heritage attraction and a nationally significant centre for learning about protest and rebellion.
- Art exhibitions of international significance included *The Treasures of Nemi: Finds from the sanctuary of Diana* and *All that is solid melts into air* curated by Jeremy Deller
- Lakeside hosted a successful exhibition of LS Lowry
- A partnership between the council and Nottingham Playhouse delivered the first Citywide Read of Khaled Hosseini's *The Kite Runner to coincide* with the European stage premiere of the play.
- The Splendour music festival was attended by 16,000 people, a 20% increase on the previous year.

**6) A decade for sport**

Events included:

- Hosted the first test of 2013 Ashes at Trent Bridge. Visiting Australians are thought to have injected £1.58m into the local economy.
- The first Milk Race in two decades attracting an additional 60,000 people to the city.
- Nottingham Festival of Tennis, including AEGON trophy and AEGON Nottingham Challenge, attracted 6,000 people and involved 61 primary schools and 3,000 school children
- The National Series Archery final which took place at Wollaton Park.

7) **Destination Nottingham**

Expenditure by visitors has increased by 4% and the highest area of growth is in accommodation and overnight visitors, indicating that visitors are staying longer and spending more.

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Nottinghamshire was selected as one of 14 destinations nationally to benefit from Visit England's 'Growing Tourism Locally' project, aimed at growing domestic tourism in England.

Experience Nottinghamshire's 'One Day in Notts is never enough' campaign has generated £4.8m of additional spend in the Nottinghamshire economy, directly helped to support or create 91 jobs in year 1.

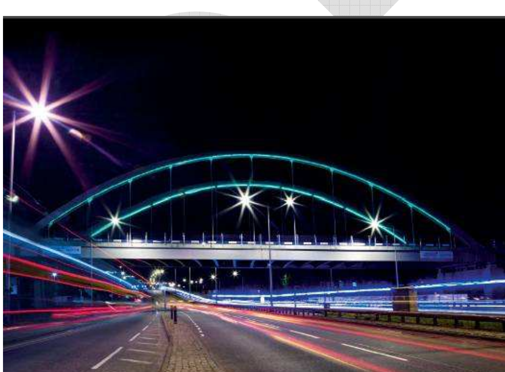
£11.8m conference business was booked by the Nottingham Event Team in its first year.

8) **A city of design**

- Work is progressing on the new Harvey Hadden Leisure Centre, involving £13.5m of investment. It is expected that the new Centre will open in spring 2015, providing a facility for the community and a venue for national and international events.

9) **Transport**

The second phase of the tram is scheduled for completion by the end of 2014 with the construction programme in its final stages. The 2 new lines to Chilwell and Clifton will allow cross-city journeys to be made, as well as connecting to main facilities such as the NG2 business park, Queens Medical Centre and Nottingham University main campus.



The £60m redevelopment of Nottingham Station was completed in spring 2014, with the opening and restoration of the Grade II listed Porte Cochere and brand new ticket office. Once the tram lines open, the tram stop will directly connect to the new southern concourse allowing direct interchange between tram and train.

£16m is being invested to deliver improvements to the Ring Road, which are underway. The works are increasing capacity along this important corridor and are expected to be complete by spring 2016.

The Highways Agency A453 widening scheme improving links between Nottingham and the M1 (Junction 24) is now well advanced, with the works expected to be completed by summer 2015.

**Lead Partnerships**

The D2N2 LEP assessed itself as being excellent in terms of decision making and membership structure and good in terms of performance management and finance. The Strategic Cultural Partnership rated themselves excellent for decision making, accountability and performance and good for finance and membership structure.

**Looking Ahead: What is changing?**

- The creation of a Growth and Innovation Hub to provide support for local growth businesses.
- The establishment of a new Place Marketing Organisation to raise Nottingham's profile and reputation in order to attract investment and grow the visitor economy.
- The Nottingham University Academy of Science and Technology will open in September 2014.
- International and national events confirmed for 2014/15 include: the Nottingham Festival of Tennis; an international test Cricket; and the Trent to Trenches Exhibition WW1 Centenary Event. Looking beyond 2014/15, the city has will host the 2015 Cerebral Palsy World Games; the 2015 Ashes at Trent Bridge; a new LTA Women's Tennis event in 2015; and the 2016 European Archery Championships.
- Robin Hood Festival to be launched in 2015
- Notts TV will launch in May 2014. The Nottingham-based TV station is part of a Government initiative which will see 21 cities across the UK have their own freeview channel to broadcast local content to local audiences. Notts TV

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Ltd is a consortium led by Confetti Media Group, Nottingham Post Media Group, Nottingham Trent University and Inclusive Digital Ltd.

- The second phase of the High Speed 2 project involves extending one of the lines from Birmingham through the East Midlands to Leeds, with a proposed hub station at Toton. The Government is due to announce line of route and station locations later this year following an extensive consultation period that ended in January 2014. Phase 2 is anticipated to open in 2032.
- The upgrade and electrification of the Midland Mainline will be completed by 2019.
- The D2N2 LEP is currently negotiating its Single Growth Deal with Government. This will be in 2 parts; firstly specific projects that the Government will fund in 2015/16, decisions on which projects will be supported will be announced in July 2014. There are several Nottingham projects on the shortlist for potential funding including Broadmarsh / Southern Gateway and Bio City expansion. Secondly a set of ‘asks’ around freedom and flexibilities will be developed post July and if agreed provide additional powers and devolution to the LEP.

**Our Key Priorities for 2014/15**

- Commit to new jobs in priority sectors (life sciences, digital content and clean tech).
- Continued development of infrastructure to help business growth.
- Increase inward investment and enterprise support to boost new private sector job growth and reduce unemployment.

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# Neighbourhood Nottingham

### 2013/14 Headline Achievements

**Citizen perceptions**
Residents satisfaction with their neighbourhood this year reached an all time high of 88%.

The number of people who feel they can influence decisions has hit the original 2020 target, so this has been made more challenging.

**New homes**
The net number of new homes being built in the city is progressing well.

**Action Programme: Year Four**

1) **Working together for our citizens**

There is a sustained focus on neighbourhood working, clean and safe neighbourhoods and active citizen involvement.

Each ward has a Neighbourhood Development Officer who is the key point of contact for the ward, working closely with Councillors, local communities, health colleagues and partner agencies to improve life in the local area.

The approach to neighbourhood working begins at ward level to ensure issues are tackled at the right level and provides a collaborative approach to problem solving which is consistent across the city:

- 20 Neighbourhood Action Teams (one per ward) identify and solve ward issues, e.g. bins left on streets.
- Area Committees consider performance against local priorities and take decisions on local issues and funding.
- Locality Boards consist of Police, Council officers, Community Protection, Fire and Rescue Services, Nottingham City Homes (NCH), voluntary sector representatives and others. These partners work together to address performance and other identified priorities for the locality e.g. worklessness, crime, and domestic abuse.

Weeks of Action were delivered in the priority wards of Arboretum, Meadows, Aspley, St. Ann's and Bulwell. These Weeks of Action bring partners together to make a real and visible difference to the issues affecting citizens in those neighbourhoods, and offer opportunities for citizens to engage with local service provision. Days and Weeks of Action were also delivered in the other city wards.

2) **Investing in housing and infrastructure**

**New homes**
Several sites across Nottingham have been cleared to pave the way for new, better quality housing, with an overall target of building 350 new council houses by April 2017.

The Council's house building programme has progressed, with a total of 40 homes built in Bestwood Park, Clifton, Radford, Sneinton and Top Valley.

Non-council housing on sites where the council provided the land included a total of 101 family houses for sale across the city in Clifton, the Meadows, Stonebridge and Top Valley.

During the year, other developments have been ongoing, although not yet completed. These include family housing for sale and affordable renting in the Meadows, St. Anns and Top Valley.

The numbers of new homes built and the proportion of family housing has improved since last year. However, the 2020 target remains a challenge.

**Empty homes**
The council is working with partners to bring long term empty homes back into use. The Homes and Communities Agency's programme, the council (with NCH), Tuntum Housing Association and Nottingham Community Housing Association have now purchased and refurbished the majority of the 45 empty homes targeted in years 2012-2015.

The council has brought a further 22 properties back into use by working with owners or through enforcement activity.

**Public sector housing**
Under its *Secure, Warm, Modern* decent homes programme, NCH has just 9% of its homes classed as 'non-decent' (compared to 20% at the end of the previous year). Investment in improvements to council-

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owned homes will continue to be modernised to meet decency standards as time goes on. NCH is also helping residents to tackle fuel poverty through improving insulation and solid wall insulation.

**Private Sector**
An additional licensing scheme for Houses in Multiple Occupancy (HMO) has been introduced in some areas of the city, providing further protection for occupants of these properties through better standards of management and repair. Since the scheme was introduced in January 2014, more than a 1,000 applications have been received.

Community Protection Services have an HMO team which investigates 'rogue landlords', their portfolio of properties and association with other businesses. The team can track landlords and follow up offences under the Housing Act 2004 as well as fraud or proceeds of crime. The team have secured £124,000 of Government funding over 2 years to improve data collection and intelligence gathering.

Through the new Nottingham Standard for landlord accreditation, we have significantly increased the number of accredited private rented properties in the city. This protects tenants, ensuring they receive a minimum standard of management.

3) **Strengthening communities, improving services**

- Citizens' satisfaction with their local area is at 88% (a 4% increase from last year).
- 90% of respondents felt that people from different backgrounds get on well together in their local area, which remains consistent over the past four years.
- 55% of respondents felt they could influence decisions (up 6% compared to 2012).
- 86% of respondents thought public services treat all people fairly (up 3% from 2012).
- The Respect survey indicates 80% of residents are satisfied with the Council's effort to keep their neighbourhood clean (up from 77% in 2012). This year all 20 wards have achieved a 'cleansing index' benchmark score to achieve the 'Neighbourhood as clean as the city centre' ambition.

'Street Level Problem Solving' is a new initiative between the police and Community Protection to improve joint working. This means taking more responsibility for making decisions about how policing, regulation, compliance and enforcement services are delivered.

In 2013/14 funding for voluntary and community groups moved to an area-based grant approach, with lead voluntary and community organisations in each area of the city. Funding is used to provide support for people such as digital inclusion work, and help to get young people into work.

Nottingham won its twentieth Gold in the East Midlands Britain in Bloom competition, and the council for the second year won the Association of Public Services Excellence award for best parks, grounds and horticultural service in the UK. Our parks also achieved 17 Green Flags and the £5.1m investment in the Forest Recreation Ground was completed and received a Green Heritage Award.

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The most important anti-social behaviour (ASB) issues for citizens in neighbourhoods continue to be dog fouling, rubbish and litter.

Since 2011 there has been a 43% reduction in fly-tipping and 34% reduction in graffiti compared to last year.

334 enviro-crime orders were obtained, including statutory notices, cautions, prosecutions and works in default. Over 4,400 fixed penalty notices relating to enviro-crime, were issued.

**4) Community sport**

Community Sport continues to be a main focus for the development of sport and physical activity in Nottingham:

- The council working together with NCH are encouraging NCH tenants to get involved in sport and physical activity and develop a network of community volunteers to promote this.
- The weekly Parkrun continues to be a success with 11,780 people walking, jogging or running 5k at Colwick Park and the Forest Recreation Ground.
- Cycling also was a focus with 154 people taking part in the Skyride program. This is a series of free led rides delivered through a partnership with British Cycling. The programme has grown by 30% this year.
- Best Foot Forward, Nottingham's walking for health scheme, saw 3,767 attendances

A programme of work has been underway to improve play and recreation areas. New and refurbished facilities were completed this year, including:

- Bulwell Forest play area, tennis courts & multi-use games area
- Colwick Woods play area
- Broxtowe Country Park BMX track
- Tintangel Green play area, Clifton
- Poplar Park play area, Sneinton
- Wollaton Park play area

5) **City Connectivity**

Over £30m is being invested to support bus operators in the provision of a high quality integrated bus network. This includes:

- Investment to improve bus priority at signal junctions, CCTV enforcement of bus lanes, new shelters and real time information displays at bus stops to create ten premium bus corridors.
- Launch of the electric Medilink service to add to the already electric Centrelink bus service. Plans are in place for the conversion of the Worklink bus fleet to electric vehicles along with the associated charging infrastructure.
- Introducing minimum quality standards for bus service operation across the city.

The city along with other partners is on track to deliver the £16m Local Sustainable Transport Fund package, enabling:

- Significant investment in smartcard development and integrated ticketing
- Discounted offers for travel to employment and training to help people get back into work
- The operation of 5 community smart travel hubs across the urban area to support communities in travel choices and address barriers to accessing jobs and services

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- Expansion of the Citycard cycle parking and cycle hire scheme, providing 24hour smartcard access for free cycle parking. The Citycard cycle hire scheme was launched in 2013 with a fleet of 400 bikes.

- 20mph limits introduced in Sherwood, Bulwell, Bramcote and Bestwood to lower driving speeds and create a walking and cycling friendly city.
- Supporting businesses and other organisations to encourage staff and visitors to take up sustainable travel options for business journeys and commuting.
- Big Wheel Workplace Challenge 2013, supporting businesses to increase levels of walking and cycling. Journeys totalling 118,848 miles were logged.

Additional funding secured from the Department for Transport for walking and cycling infrastructure improvements enabled works to be completed at Dunkirk roundabout and Mansfield Road/Forest Road junction. Small scale improvements to cycle routes at The Embankment, Colwick Park and Harvey Hadden were also completed.

**Lead Partnership**

The Housing Strategic Partnership assessed itself as excellent in terms of finance and being good in terms of decision making and accountability and performance management.

The Greater Nottingham Transport Partnership assessed itself as being excellent in terms of decision making and accountability and performance management and good in terms of finance.

**Looking Ahead: What is changing?**

- Twenty parks will be put forward for Green Flag status in 2014/15.
- A bid has been submitted to the Heritage Lottery Fund for £4.2m to restore Highfields Park. The outcome will be announced in November 2014.
- The Community Protection Services HMO team and the Police will be working together to tackle crime and enforce landlords to make safety improvements to HMO properties.
- Construction of 54 independent living flats at Palmer Court is underway due for opening spring 2015. The accommodation replaces the former high rise tower block of Lenton Court and will be managed NCH.
- In April 2013 a number of changes to Housing Benefit were introduced, including the under-occupancy rules, which have put citizens and landlords under financial pressure. It is estimated, by the main public and community providers that around 4,000 Nottingham households are currently affected (Q4 2013/14), meaning that they are required to pay more rent because they have a spare room(s) in their home. Across the city, there is a shortage of one and two bedroom homes for people to move into. Others, who can move, may experience negative social impacts if they have to move away from friends, family and other support networks and children may need to move schools.
- There has been an increase in demand for emergency housing support. During 2013/14, demand for Discretionary Housing Payments (DHPs) increased as did the number of awards made to tenants. Since April 2013, the council and partners have actively promoted the availability of DHPs to help alleviate the impact of the under occupancy rules for vulnerable tenants in Nottingham.

**Our Key Priorities for 2014/15**

- Every neighbourhood as clean as city centre.
- Use of technology to improve responsiveness.
- More targeted enforcement.

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# Family Nottingham

### 2013/14 Headline Achievements

**Teenage Pregnancy**
Conception rates are down to 38 per 1,000 amongst 15-17 years old girls, a 24% reduction since 2010 at the start of the Nottingham Plan and a reduction of over 50% since 1998.

**GCSEs**
Over half of our pupils achieved 5 A*-C GCSEs (including English and Maths) in 2013, up from 49.6% in 2012.

**Key Stage 2 results**
The percentage of our 10/11 year olds reached 4+ in Reading, Writing and Maths (Key Stage 2), rising from 69% (2011/12 academic year) to 72% (2012/13).

**Action Programme: Year Four**
1) **Early effective protection**

**Safeguarding inspection**
Our recent Ofsted inspection of Services for Children in Need of Help and Protection, Children Looked After and Care Leavers, found that Nottingham's children remain safe and that there are effective measures in place to safeguard and protect the most vulnerable. This was the first inspection under the new framework, which is a tougher test to assess how well we safeguard our most vulnerable children and young people. As part of its judgement, Ofsted set out some improvements for the council and Safeguarding Children Board to implement.

**Nursery provision – free child care**
Free childcare for eligible 3 and 4 year olds is in place and we have received Government funding to extend this to eligible 2 year olds, to help parents get back to work and training sooner. This forms the basis of a new target for the Nottingham Plan, aiming to ensure 100% of eligible children are accessing this provision by 2020. Up to 15 hours per week of free childcare is available for children who have parents or carers receiving certain benefits or earning up to £16,190 a year.

2) **Family support**

**Priority Families**
Our Priority Families programme works with families facing multiple problems such as worklessness, poor school attendance, or being involved in ASB and who require significant support from a range of agencies. A single dedicated worker liaises with the whole family and takes on the essential coordination role with all the other organisations who are helping the family. This builds stronger relationships to help sustained improvement in the lives of the whole family unit. 991 families were supported in 2013/14, exceeding our targets. Resulting outcomes include sustained school attendance, progression to work and crime free.

The success of our programme means we have received £2.8m in Government funding which will be reinvested to support Nottingham families. The successful aspects of the programme will be used to improve how other families are supported.

Family Community Teams continue to identify, reach and help the families in greatest need. They support parents to improve their skills and get into education, training and employment. They help children and their families to keep safe and to improve both their immediate wellbeing and their future life chances. Work focuses on the strengths in families and supporting aspirations, promoting good physical and mental health for both children and their family.

Levels of child obesity at age 10-11 (Year 6) remain significantly higher than the England average of 18.9%. However the rise in obesity appears to have levelled off; since the start of the Nottingham Plan, at approximately 22% and is comparable to the average of the Core

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Cities. To tackle this, a focus on healthy weight has been included within School Nursing priorities to support school nurses and other relevant partners in implementing a consistent and coordinated approach. The Healthy Schools team support schools in developing a whole school approach to this issue and 86% of city schools have achieved Healthy Schools Status.

During 2013/14, over 1900 new mothers used Nottingham's Baby Feeding Team which provides breastfeeding peer support, which has resulted in a significant increase in breastfeeding rates among mothers aged under 25, who are the least likely to breastfeed.

Low cost activities for children and young people continue to be offered during school holidays. During 2013/14 over 1,700 hours of activities were delivered, with over 10,000 places taken up.

3) **Emotional resilience**

Levels of teenage pregnancy continue to fall, down 12% from last year (from 49.5 last year to 37.6 per 1,000 females aged 15-17). Continuing efforts need to be made as the rate is still above that of the England average of 27.7.

There has been a smaller year-on-year reduction the youth re-offending rate, compared to previous years but performance remains well ahead of target. However, Nottingham continues to have one of the highest rates of first-time entrants in the country and so new youth support posts were introduced in January 2014 to try to reduce this.

A new strategy Child and Adolescent Mental Health Services is currently being consulted on, with focus on early intervention.

Our early intervention work continues to help build the social and emotional skills and resilience of our children and young people. We have helped a further 19 schools this year achieve exemplary practice with their Personal, Social and Health Education Programme. 73 of 103 schools and Learning Centres have achieved or maintained the DrugAware Standard. Of the 18 schools that have completed the programme this year, 6 have already completed their follow up work suggests pupils demonstrate better resilience to resist an offer of drugs.

Nottingham succeeded in becoming an Early Intervention Pioneering Place, along with 19 other areas in the UK. Working with the Early Intervention Foundation the aims is to:

- Improve outcomes for children and young people by increasing access to effective early intervention and preventative services
- Increase the effectiveness and value for money of these early intervention services
- Build the evidence base on the interventions that work
- Promote effective approaches to early intervention nationally

4) **Learning and skills**

In 2013/14 the council created an additional 1,271 primary school places costing £16.5m.

A 2013 inspection of city's Secondary Schools resulted in 7 schools being deemed 'inadequate'. In response the Nottingham Education Improvement Board has been formed with a remit to ensure that all city children are educated in a good or outstanding school. The Board are focussing on key areas where schools, academies and other education partners can work together to make a difference:

- How we can attract the best teachers to work in our schools.
- How we can ensure that all children receive good and outstanding teaching provision.
- How we can encourage pupils and parents to see school attendance as a priority – including the use of incentives and sanctions.
- How we can address the issues of poor behaviour and disruption in many of our school settings.

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- How we can ensure that our young people leave education with the right skills and capabilities to find work.
- How we can share information to ensure that we have an effective early warning system which allows the partnership to support and challenge where outcomes for children may be affected.

50.3% (1,365) of pupils achieved 5 A*-C GCSEs including English and Maths, our best result ever. 98.5% of pupils achieved at least one GCSE. The aim is to raise attainment to above the average of all Core Cities. Nottingham is below the current Core City average of 55.4%, meaning the city is ranked 8th out of the 8 Core Cities for GCSE results.

The gap between Nottingham and the national average continues to reduce. Nottingham is currently below the national average of 59.2%.

The proportion of 16-18 year olds not in education, employment or training (NEET) rose slightly from 6.2% to 6.5%. However the number of young people who have left their last activity and it is not known what they went on to do next, 'not known', has reduced significantly from 5.4% to 2.2% because of work undertaken through the Innovation Fund.

**Lead Partnership**

The Children's Partnership assessed itself as being good in terms of decision making and accountability, performance management and finance, but would revisit aims and objectives in light of the Health and Wellbeing Board being established.

**Looking Ahead: What is changing?**

- Nottingham has been successful in a Big Lottery Fund 'Small Steps, Big Changes' bid bringing £45m into the city to work on the Early Years agenda over the next 10 years. The money will be used for a wide range of programmes, from peer breast feeding support classes, to nutrition initiatives, supported book-gifting, parent-child relationship programmes, infant massage classes and learning-through-play schemes in the home.

- From September 2014 all Nottingham school children in reception, year 1 and year 2 will receive free school meals.

- In 2014/15 the council is planning on creating an additional 900 primary school places costing £3.8m.

- Continue to drive improvements in our education settings to ensure that all young people are in a good or better school. This includes work on achievement and attainment, behaviour, recruitment, quality of teaching and leadership and governance.

**Our Key Priorities for 2014/15**

- Education Improvement Board's remit to ensure that all city children are educated in a good or outstanding school.

- Ensure delivery of the post-Ofsted Safeguarding inspection action plan.

- Implementation of the 'Small Steps, Big Changes' programme.

# Working Nottingham

**2013/14 Headline Achievements**
**Helping people into work**
A total of 2,524 people have been helped into jobs.

**Apprenticeship Hub**
Our Apprenticeship Hub has helped 482 young people resident in the city, into work.

**Employer Hub**
Our Employer Hub has helped 956 people get jobs.

**Action Programme: Year Four**
1) **Connecting people to work**

Helping people access training, connecting people to jobs and improving their employability is a key focus for partners in Nottingham. Strong links with employers have helped to create jobs and apprenticeships for local people.

The council's Employer Hub works with Job Centre Plus to help employers across the city to recruit and train local people. The Hub has helped 956 people into work this financial year, building on the 486 supported into employment in 2012/13. It has also supported 554 job seekers receive accredited qualifications. The Employer Hub is expanding to combine with the Department of Work and Pension's (DWP) employment advisors and will become *Nottinghamjobs.com* creating a single place for local employers to advertise vacancies, get help to fill vacancies and link to local people to those jobs.

The Nottingham Jobs Fair, delivered in partnership with Job Centre Plus, helped over 500 people to find work.

The council secured £3m of additional government funding to tackle youth unemployment in the city. The money will be used to help reduce unemployment amongst 18-24 year olds in Nottingham over the next 2 years. Young people will receive help through a range of community-based tailored help, to develop their skills and get jobs.

2) **Employer pledges**

Employers across the city are being invited to Pledge to one or more activities such as creating apprenticeships, offering work experience placements or working with city schools to improve young people's employability. The Nottingham Pledge hopes to support 1,000 residents into work, create 500 work experience placements, and engage with 300 employers. To date 116 pledges have been made.

The Nottingham Jobs Fund (NJF) created 271 jobs from April 2013-March 2014, 25% were apprenticeships intended to better skill young people in the city. The NJF is being combined with the DWP Wage Incentive (where employers receive a financial incentive for employing young people for at least 26 weeks), to increase the number of jobs available to Nottingham residents. The majority of employers using the NJF are small medium enterprises with fewer than 25 employees, helping them to grow their businesses.

3) **Skills training to raise earnings**

Improving skills continues to be a priority and is on track for the 2020 target.

Our work to promote apprenticeships, through the Apprenticeship Hub, has resulted in a 20% growth in apprenticeship starts for 16-18 year olds and a 30% growth in apprenticeship starts for 19-24s, compared to the same period in the previous year. The Hub's promotional campaign, aimed at both employers and young people, has received national recognition, winning a Platinum Award in the Public Sector Communications Excellence Awards.

567 young people, of which 482 are resident in the city, have been helped into work through the Apprenticeship Hub. It is on track to support 1,000 city residents

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into an apprenticeship in 3 years. After 2 years it is on course to achieve this target, with 689 city residents.

The Nottingham Apprenticeship Grant was launched in April 2013. 335 Grants of up to £2,300 were made to employers who took on a city resident as an apprentice. The scheme proved so successful that funding has been identified to continue the scheme into a second year with a further 75 grants being made available (including some ring-fenced for employers on the city's Enterprise Zones).

NCH continues to ensure training and apprenticeships are helping to improve the skills of our residents. The NCH new build programme, insulation programmes, decent homes work, maintenance and back office services all offer apprenticeship places. This has helped 163 people so far, with a further 74 young people undertaking school work experience placements in 2013/14.

NCH launched its Tenant Academy in 2013, to help NCH tenants and leaseholders develop a range of skills through training and learning opportunities. Over 300 places were delivered in the first year on a wide variety of different courses.

The Innovation Fund delivered by Nottingham and Nottinghamshire Futures has helped 260 young people into work and helped 286 achieve a level 1-4 qualification. The Innovation Fund focuses young people who have disengaged from work, training or education and helps them back into training or jobs.

4) **Financial inclusion**

The council has continued to invest in advice and financial inclusion services to support citizens and is working closely with partners including Advice Nottingham Consortium, Nottingham Credit Union, registered social landlords and the faith community and volunteers, to respond to welfare reforms and ensure that citizens understand the changes and where they can go for advice, budgeting support and affordable lending.

The council and partners have worked hard to help households affected by the new housing benefit under-occupancy rules. This includes developing and implementing the eviction prevention protocol in partnership with landlords across the city and using our discretionary housing payment funds to help alleviate the impact of the welfare reforms for vulnerable tenants in Nottingham.

NCH has a team of Financial Inclusion Officers to help council tenants maximise income, to ensure rent payments are made and to help prevent tenants falling into rent arrears when in difficult financial circumstances. Almost 2,500 referrals for assistance were made in 2013/14 and almost £1.5m in Housing Benefit was awarded to the households concerned.

Changes as a result of welfare reforms are continuing. The Council Tax Support Scheme was introduced from April 2013, and everyone (except Pensioners) must now pay something towards their Council Tax bill. Since June 2013, a new benefit called the Personal Independence Payment (PIP) began a phased introduction to replace the Disability Living Allowance for people of working age who require assistance with some of the extra costs caused by long-term ill-health or a disability. PIPs have new eligibility criteria and require regular re-assessment.

Launched in April 2013 Nottingham's Discretionary Hardship Support Scheme supports eligible Nottingham citizens by providing assistance to alleviate provides short-term hardship and essential household goods. During 2013/14, over 1,500 hardship awards were made to Nottingham citizens. Our small loan scheme funded by the council and run by Nottingham Credit Union provides affordable loans to people, based on need and ability to repay the loan. This also helps them to have access to other financial products provided by Nottingham Credit Union such as savings accounts.

The council banned access to around 200 websites of payday loan companies from computers in its public buildings (e.g. libraries, joint service centres).

During 2013, the council stated a commitment to support a living wage for the lowest paid employees with full implementation from the 1 April 2014.

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The national changes to the welfare system are having a significant impact on our most financially vulnerable households and the percentage of children living in poverty (locally defined as households dependent on out-of-work benefits) remains disappointingly high.

**Looking Ahead: What is changing?**

- Youth Contract: The council's programme to reduce youth unemployment focuses on the 18-24 age group who are between 13-39 weeks unemployed with a view to preparing them for the labour market and preventing them from becoming long term unemployed. The primary objective is the reduction in unemployment for this group and the increase in the take up of the Youth Contract wage incentive. The intention is:

  - to create a seamless journey for the jobseeker through strong relationships with community providers

  - through joint working, focus on forthcoming recruitment projects, major developments and other labour market activity

  - to focus on the 7 areas of the city with the highest rates of youth unemployment

  - work with 3,000 young people over 2 years. 70% of these should access some sort of learning or skills development with 40% progressing into work.

  - that 1,200 young people will progress into sustainable work (26 weeks or more) during its lifetime.

- The timescale for the roll out of Universal Credit in Nottingham, is still uncertain. This will bring risks as citizens will have more responsibility for their own budgeting.

- There is evidence of an upturn in labour market conditions in Nottingham. Economic output has shown small increases and unemployment has started to decline. 11,300 people in Nottingham were claiming JSA in April 2014, 5.2% of the population and a 20% decline in the last year. Also, the proportion of people claiming any benefit is approaching pre-recession level. However, these improvements are yet to translate into significant changes in the survey based employment rate which now stands at 65.1% (Greater Nottingham, Jan-Dec 2013). There are also concerns about the quality of jobs which people are moving in to.

**Our Key Priorities for 2014/15**

- Connecting people from our most disadvantaged groups to job opportunities.
- Engaging with local employers to ensure that new jobs are created and that local job opportunities are accessible to local people.
- Ensuring local people have adequate skills to enable them to access job opportunities.

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## Safer Nottingham

**2013/14 Headline Achievements**

**Reduced level of crime**
There has been a slight fall in crime compared to last year, which includes a reduction in mobile phone theft by 30%. Crime has reduced by 16.5% since 2010/11 and many other similar cities have experienced an increase in 2013.

**Drug Treatment**
The number of people successfully completing drug treatment continues to increase with 18.4% of clients completing which is significantly above the national average and the level of other similar cities. However this is not quite on track to meet the 2020 target.

**First time entrants**
First time entrants to the Criminal Justice system in Nottingham are at the lowest they have ever been.

**Action Programme: Year Four**

1) **Keeping people safe in the public realm**

Neighbourhood policing teams and partners are working better together to respond to issues that matter to our local communities, such as the 'Street Level Problem Solving' new initiative (see Neighbourhood Nottingham).

Volunteer Street Pastors helped over 10,000 people get home safely from a night out, keeping over 1,320 out of A&E by offering basic first aid. The scheme has been expanded into neighbourhoods and over 1,000 people have been helped to access additional support services.

Perception of ASB continues to fall to an all time low with only 17% of residents highlighting it as a problem in 2013 (compared to 22% in the previous year). People feel safer in their neighbourhoods and satisfaction with the police and council remains high with 63% of people confident that they are tackling the crime and ASB issues that matter.

The council and police continue to deal with a wide range of ASB including street drinking, begging and prostitution using 790 court orders or equivalents were issued and 4,764 alcohol confiscations made last year.

The city and county councils successfully bid to the Home Office to become a joint Local Alcohol Action Area, to combat drink-fuelled crime and disorder and the damage caused to people's health. There will also be focus on promoting diverse night time economies.

Nottingham retained its Purple Flag status (a national accreditation for excellence in the management of the night time economy) for the 4th consecutive year.

Since the launch of the Super Strength Free campaign, 80% of existing licensed premises have signed up in the city centre, with new off-licences who apply to trade in the city centre encouraged to sign up. The campaign has the support of agencies such as Framework and was launched by the council, police and health partners.

The council carried out 100% of high risk Food Safety Inspections ahead of schedule. This approach has helped to give Nottingham one of the best 'Scores On The Doors' of all major and core cities.

2) **Keeping people safe in the private sphere**

Tackling domestic abuse continues across all partner organisations in the City, aiming to increase reports of domestic abuse and to decrease repeat referrals. The Domestic Abuse Referral Team (DART) works to safeguard children and vulnerable people affected by domestic abuse. It works jointly across health, social care and the police.

Calls to the Women's Aid 24hr free phone helpline have increased resulting in an increase in the number of domestic abuse survivors being offered advice, support, safety planning and an assessment of risk.

29 injunctions have been obtained to protect survivors of domestic abuse. In addition to this, all Enforcement Officers and CPOs have attended training on domestic abuse.

Pilot work in Aspley, taking a whole community approach to reducing repeat domestic abuse has trained over 140 professionals working in the ward,

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resulting in a reduction in domestic violence crime in the area by 6%.

Healthy relationship work has been delivered by Equation in 32 primary schools to 1,550 pupils and staff and in 9 secondary schools to 3,300 pupils and staff. Around 100 young women and men at risk of harm have completed the 'Know More' and 'Choices' programmes respectively. Schools have reported improved behaviour and attainment as a result of these programmes.

The National Institute for Health and Care Excellence (NICE) quoted Nottingham as an example of good practice in support for domestic abuse, when the national guidance was published earlier this year.

The establishment of Operation Graduate, which is a comprehensive police and partnership operation addressing domestic burglary, uses a preventative approach focussing on hotspot areas. This operation has led to significantly reduced burglary levels in the areas targeted

3) **Tackling ingrained criminality**

Nottinghamshire Probation Trust and the police's Integrated Offender Management approach brings together the different agencies involved in tackling re-offending. The approach has had national success and has been expanded across Nottinghamshire. Following the pilot period this approach has seen a drop in re-offending for the cohort of 51% compared to the previous 6 months and a cumulative drop of 58% compared to year on year figures.

NCH obtained 30 possession orders against tenants for violence and drug offences.

The Peer Support pilot, initiated from the Ending Gang Youth Violence programme, is led by the DWP. This project offers an 8 week training programme, with an assurance of interview with selected employers at the end. From the initial cohort, 17 people secured employment.

The Streetaware programme, delivered in 60 schools, has reached over 1,800 children aged 10/11yrs, on the dangers of being involved in gang-related crime. This work is recognised nationally as effective practice in relation to early intervention.

Trading Standards ran over 124 enforcement operations, making 4 arrests with some notable prosecutions resulting in some offenders serving significant prison sentences and recovering 152,832 cigarettes and 1,352kgs of tobacco.

4) **Supporting cohesive communities**

The police, working with both universities and other agencies, has reduced student crime in respect of burglary, theft and violent crime. During the first term, all crime was reduced by 39% within the targeted areas. The council is also working closely with students to integrate them into the City, ensuring they enjoy the nightlife in a safe environment, engage with local residents and understand the expectations of living away from home. This has included crime prevention advice, student weeks of action and volunteering.

The Community Relations and Resilience Team within Community Protection works directly to support strong communities and over the year has provided support to 65 groups. The Team works with partner agencies and other council services to ensure that community support is targeted where it is most needed and that actions do not undermine community cohesion, such as settling asylum seekers and refugees in a sensitive manner.

Neighbourhood Watch continues to expand, helping build safer more cohesive communities. This year 26 new Neighbourhood Watch schemes with coordinators were registered. There are over 380 schemes within Nottingham and over 11,100 residents receiving Neighbourhood Alerts.

Triage Cars have been introduced during incidents, to help identify people who may have mental health issues. The police get on-the-spot advice from trained NHS professionals and a mental health assessment can be done too. This reduces the risk of people being taken into custody when this is not the best solution.

5) **Building institutional capacity**

9 auxiliary CPOs have been recruited and trained, bringing the current total to 20. Auxiliary CPOs have the majority of CPO

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powers at their disposal and the programme supports people back into work. Four have progressed to become regular CPOs.

Community Protection has also taken 5 apprentices, with 4 moving into permanent employment.

The Nottinghamshire Police and Crime Commissioner continues to deliver against strategic policing priorities as outlined in his Police and Crime Plan. There has been focused work on the recruitment of police officers and Police Community Support Officers, together with cadets, volunteers and Specials and priorities continue to be focused on: anti-social behaviour; tackling alcohol related crime; expanding services for domestic violence; ensuring citizens with mental health problems to receive the proper treatment; and commissioning of victims' services. He has continued to lobby the Government for more resources to help cut crime. The challenges require joined up approaches to ensure that we work with communities to pursue swift and sure justice for victims, prevent crime, protect and intervene early and reduce re-offending.

**Lead Partnership**

The Crime and Drugs Partnership assessed itself as being good in terms of decision making and accountability, and excellent in terms of aims and objectives, performance management and finance.

**Looking Ahead: What is changing?**

- The Anti-Social Behaviour, Crime and Policing Act 2014 creates a number new powers for agencies to use in tackling anti-social behaviour, these powers replace the previous civil tools and powers and will affect a range of agencies across the Partnership. The ASB Transition Working Group has been working to establish a consistent approach across agencies in the City.
- The Offender Rehabilitation Act 2014 makes provision for the new National Probation Service which will manage all initial risk assessments, high risk offenders and enforcement and recall arrangements. Low and medium risk offenders will initially be managed by the Community Rehabilitation Companies until successful prime contractors and supply chains are identified. Contracts for these will be in place by spring 2015.
- NCH 2014-15 investment in new "secure by design" doors and windows is forecasted at £6.7m to improve security on a further 9,000 properties.

**Our Key Priorities for 2014/15**

- Continue to cut 'victim based' crime.
- Continue to cut anti-social behaviour
- Increase the proportion of people recovering from alcohol and drug addiction.

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# Healthy Nottingham

**2013/14 Headline Achievements**

**Smoking**
Results from the Nottingham Citizens Survey 2013 show smoking prevalence has decreased by 3% from the previous year and continues a downward trend.

**Physical activity**
2013/14 data shows 52% of adults participating in some form of physical activity. This is good progress towards achieving our target of 56% adults participating in 150 minutes of physical activity per week.

**Mental wellbeing**
The proportion of people with poor mental wellbeing has decreased to its lowest level since 2010. We also want to maintain citizen's wellbeing in line with England. The average wellbeing score for Nottingham was 51.6 for women and 53.4 for men, in line with 52.2 for women and 52.5 for men in England.

**Action Programme: Year Four**
1) **How we deliver services**

Over 4,100 citizens receive a personal budget, giving them more choice and control over their personal care.

Our Adult Social Care Survey shows overall satisfaction with their care and support and in the proportion of people feeling safe when using services.

Nottingham Circle, a membership based service which develops social and support networks for citizens aged 50+, has continued. Membership now stands at 872. Reported member improvements include 67% having improved confidence, 50% feeling less unwell and 89% feeling happier.

Nottingham Health and Care Point, a joint team of City Council social care and CityCare community health services, has been launched, making it quicker and easier for citizens to contact adult social care and Citycare community health services.

Nottingham's eligibility level for care services currently remains at a more generous level than over 85% other local authorities.

2) **Empowering people to make healthy lifestyle choices**

From April 2013 responsibility for Public Health transferred from the NHS to the council, placing a duty to take appropriate steps to improve the health of citizens.

Deaths from circulatory diseases at ages under 75, increased slightly in 2013/14. However the health inequality gap between Nottingham and England continues to close and has reduced since the plan was launched.

There has been little change in levels of adult obesity in Nottingham, currently at 60.7%, although prevalence is below the England average of 63.8%

Work continues to help people make healthy lifestyle choices to reduce their risk of developing heart disease, stroke and cancer, including:

- Our Healthy Change service, which provides telephone-based referral and support for adults at risk of cardio-vascular disease, this helped approximately 5,000 people
- 3,024 people attended weight management services and 1,118 successfully lost their target amount of weight. This included one citizen who lost 15 stone and became 10th place finalist in the Slimming World Slimmer of the Year.
- Of the 3,694 people who set a quit date with the New Leaf stop smoking service, 2,272 successfully stopped smoking.
- 12,932 people were offered an NHS Health Check between April 2013 and

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March 2014. 6,390 people received an NHS Health Check where they were able to find out their risk of heart disease, kidney disease, stroke and type 2 diabetes, as well as what action would prevent these and other conditions.

- Promotion of active travel (see Neighbourhood Nottingham)

3) **Improve mental health**

Mental wellbeing is measured each year through the Nottingham Citizens' Survey. Results for 2013 indicate a higher proportion reporting good mental wellbeing than in previous surveys (87% of survey respondents reported good or average mental wellbeing) and remains very similar to England.

Primary Care Psychological Therapy services (talking therapy services) are available across the City, with 3,155 people entering therapy in 2013/14.

There is a new mental health strategy for the city, with a focus on prevention and early intervention, ensuring effective treatment and support and improving the wellbeing and physical health of those with mental health problems.

The Council has also committed to the Local Authority Mental Health Challenge and has appointed the Portfolio Holder for Adults and Health as their mental health champion, to take a proactive lead in improving mental health and wellbeing in the city.

Nottingham participated in the 'Time to Talk' programme which aims to reduce stigma by encouraging conversations around mental wellbeing and two local organisations have secured funding to deliver projects in communities.

4) **Older people and vulnerable adults and their carers**

The integrated adult care programme aims to improve the experience of health and social care service for older citizens and those with long term conditions by better joined up delivery and planning. Phase one of the programme is complete:

- 8 Care Delivery Groups (CDG's) are now working across the city mirroring Area Committee boundaries and include GP practices, community health teams and social care link workers
- Multi-disciplinary team meetings are now taking place in GP practices within the CDG's to better coordinate the care of the most vulnerable
- Care coordinators work to support CDG staff to navigate the system and provide timely support for citizens.
- Reablement and Urgent Care teams across health and social care have aligned how they work, to ensure more citizens will remain independent at home.

A new Homecare Framework is now running with lead providers appointed to areas of the city to ensure better continuity of care and workforce standards.

NCH has been working to improve insulation for homes, the provision of telecare and newly introduced telehealth services across the city and the redesign of services for older tenants to place a greater focus on health and wellbeing.

Nottingham has become an Age Friendly City and held the city's first Older People's Festival in October when older citizens came together to develop the Older Citizen's Charter and action plan that will promote health, wellbeing and independence of those aged 50+.The city is working with the national Campaign to End Loneliness to use best practice to drive partnership action at a local level.

5) **Substance misuse**

Nottingham continues to experience high levels of alcohol-related hospital admissions, which are significantly above the England average, and rates of alcohol-specific and liver disease deaths in men are significantly higher than the national average.

In 2013-14, 18.4% of citizens that used structured drug services successfully completed their treatment journey. This level of performance is significantly better than the average for England (14.9%) and Nottingham's Most Similar Family (15.9%). However, performance is still below target. Successful completions from substance misuse treatment are important as they measure recovery from substance dependency and this leads to considerable savings associated with crime, health and

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other partnership areas (see Safer Nottingham).

6) **Health at work**

The Fit for Work service continues to help city residents whose health is a barrier to them remaining in work or beginning work. This year the service helped 185 workers to return to work and 121 unemployed citizens to manage their health and begin job hunting. Around 67% of clients seen had a long term condition and 47% had a mental health condition.

Citizens have been supported to stay in work by workplace health initiatives agreed by a 'workplace health partnership' group across several employers. A 'stress at work' course has been commissioned as well as an online wellbeing network. Regular wellbeing events promoting NHS Health Checks, cancer screening and heart health have also been organised for employees in the partnership.

7) **Sexual health**

During 2013 Nottingham met the recommended diagnosis rate for Chlamydia, showing that City has a good level of coverage for Chlamydia testing and that services are accessible and provided across a range of venues.

The City does have some of the highest rates of sexually transmitted infections compared to similar local authorities and the England average. It is also has above England average rates for STI re-infection rates, a marker of persistent risky behaviour.

The numbers and percentage of patients being offered an HIV test in sexual health clinics increased from 2012 to 2013, this also resulted in an increase in the numbers and percentage of those taking up the offer of an HIV test. This should lead to earlier diagnosis and treatment of HIV which is an important public health issue in the City.

8) **Locally sourced food**

Phase one of Bulwell Forest Community Garden has been a success and the group are looking to expand the project.

Norish Associates are championing Foodshare, a national not-for-profit, volunteer-powered charity which connects growers (schools, allotments, community and kitchen gardeners) with local charities. Their vision is for every school to have a Foodshare Bed and every grower to sow a little extra and share their surpluses with local charities that feed people.

The Grow Your Own event at Woodthorpe Grange is in its 4th year and continues to celebrate, educate and inspire community food growing across the City.

Nottingham University NHS Hospital Trust is one of the first Hospital Trusts to be supported through the local NHS Sustainable Development networks to achieve Food for Life 'Gold'. Food is now prepared locally for patients staff and visitors at both hospital sites.

**Lead Partnership**

The Health and Wellbeing Board assessed itself as being good in terms of performance management and finance, with some areas for improvement in terms of decision-making and accountability.

**Looking Ahead: What is changing?**

- The demand for health and social care services is expected to continue to increase due to the growing number of people aged 85+ and more people with complex care needs.
- Strategies to be published in the coming year include:
  - The Nottingham Children and Young People's Avoidable Injuries Strategy; The Nottingham and Nottinghamshire Suicide Prevention Strategy; and the Nottingham Mental Health and Wellbeing Strategy
- The city's alcohol treatment model will be re-commissioned from September 2014.

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- The City Council will take responsibility for commissioning 0-5 public health services from October 2015.
- Work is underway to reduce late diagnosis of HIV, as late diagnosis significantly worsens health outcomes. The Council is working with the University of Nottingham, voluntary and community services and the NHS to deliver this.
- The Council are working with the sexual health services in the City to develop an integrated service model which aims to improve sexual health.
- An Emotional Health and Wellbeing Pathway is being developed to support children and young people (ages 0-24 years) with emotional, mental health and wellbeing needs, and their parents/carers.
- Referrals to the Fit for Work service will 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 working people who are off sick.
- From April 2015, the Council will have to implement key duties of the Care Act 2014, which updates and consolidates adult social care legislation. Duties include supporting carers, providing deferred payment options and information and advice. From April 2016, the legislation brings in a new funding model introduces a 'care cap' limiting the amount individuals have to pay for their care.
- Older people: The City Council is developing, in partnership with Nottingham Clinical Commissioning Group (CCG) and Nottingham Community and Voluntary Service, an initiative to build stronger communities where looking after each other is the norm rather than the exception.

**Our Key Priorities for 2014/15**

In 2013 the Health and Wellbeing Board endorsed the City's Joint Health and Wellbeing Strategy for 2013-2016. The priorities are:

- Prevent alcohol misuse to reduce the number of citizens who develop alcohol-related diseases.
- Provide more integrated health and social care services that will ensure abetter experience of care is offered to older people and those with long term conditions.
- Intervene earlier to increase the number of citizens with good mental health.
- Support priority families to get into work, improve their school attendance and reduce their levels of anti-social behaviour and youth offending.
- Addressing smoking remains a priority in the city and there will be continued focus on tobacco control and stopping smoking.

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# Green Nottingham

**2013/14 Headline Achievements**
**Greener homes**
External wall insulation programme was completed in Clifton North ward with 65% of eligible properties achieving domestic energy savings of on average £400 per year.

**Carbon reductions**
$CO_2$ emissions continue to fall and our levels of energy from low or zero carbon emission technology has risen. Citywide $CO_2$ emissions per capita fell to 5.6 tonnes per annum.

**Action Programme: Year Four**
1) **Governance and leadership**

The Green Theme Partnership continues to meet, bringing city stakeholders together to review progress and explore new activities to meet our city-wide carbon reduction ambitions.

2) **Mainstreaming environmental objectives**

The council and its partners continue to integrate environmental objectives into business as usual activities.

The continued efforts of citywide capital programmes and awareness raising initiatives have yet again successfully reduced $CO_2$ emissions for the city, putting it amongst the best performing core cities.

The council won a prestigious award from the Local Government Chronicle (LGC) for Energy Efficiency. Nottingham is the most energy self sufficient city in the UK, with over 40,000 social and private homes receiving energy efficiency measures.

Focus has also been on the following projects:

**Nottingham Energy Park**
Negotiations are ongoing over the best options for the Energy Park. This is a significant opportunity for the city and dovetails the strategic vision of city's energy ambitions.

**SCoRE (Schools Collaboration on Resource Efficiency)**
This fully fledged programme offers all schools across Nottingham the opportunity to receive expert support, advice and finance to deliver behavioural change and energy efficiency measures. The programme is supported through a range of funding options to suit all circumstances. The project is operating over approximately 55 schools as present.

**City Deal**
Successful completion of two solid wall insulation programmes culminated in a £5.4m Green Deal Communities funding award from the Department of Energy and Climate Change (DECC). This fund will be used to continue the programme across Clifton. This scheme is a flagship for both the city and the Government.

**Heat strategy masterplanning**
The city completed an assessment of opportunities for delivery of low carbon district heating solutions to four regeneration sectors. This study highlighted a number of opportunities and further funding has been secured from DECC to take these forward.

**Energy efficiency investments**
The council is continuing to identify and invest in energy efficiency measures looking to be more efficient, lower carbon and provide better services:

- The council has delivered an energy performance contract with Eon to 8 of its highest energy consuming properties. This has implemented a sophisticated mix of energy efficiency measures and control systems to allow the council to remotely monitor and control energy consumption.
- LED lighting continues to be rolled out across the council's estate.

The LGC award confirms the success of the energy efficiency programmes we are running.

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### District Heating

New heat meters have been rolled out across the majority of homes that receive district heating. This has improved the accuracy and efficiency of the district heating network.

### Recycling

Kerbside recycling collections are now available city-wide and the range of materials has expanded to include textiles and batteries.

### Switch and Save

The council is still promoting energy switching as the quickest and easiest way to save money on energy bills.
Its switching website still offers the best available energy tariffs to households across the city and beyond.

### Lead Partnership

The Green Nottingham Partnership assessed itself as being good in terms of finance, decision making and accountability and excellent in terms of performance management.

### Looking Ahead: What is changing?

- The Electricity Market Reform is changing the way suppliers need to operate. This may have benefits to consumers, but offers opportunities for new players to enter the market and provide domestic energy services.
- The availability of financial assistance has meant the Green Deal is now more attractive to a wider range of consumers.
- The transposition of the revised Waste Framework Directive (WFD) refocuses the delivery of sustainable waste management.
- Nottingham is still seeking to maximise the opportunities for developing decentralised energy generation so that it can become more self sufficient and increase its resilience to external market forces

### Our Key Priorities for 2014/15

- Continue to invest in our own estate to reduce operating costs and $CO_2$ emissions.
- Utilise city partners to support the delivery of city-wide programmes.
- Support community groups to participate in generating energy and sharing knowledge of how to save energy.
- Set up an energy supply company.
- Increase green jobs by encouraging local supply chain development.
- Develop and adopt sustainable procurement policies across the partnership.

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**Performance Picture to March 2014**
2020 targets: Progress at end of Year 4

| Status | Target |
|---|---|
| Greenest | WCN4: Host a minimum of 4 internationally significant and 4 regional/city events per year |
| | FN3: The number of first-time entrants each year into the criminal justice system aged 10-17 will be halved |
| Green | FN4: The teenage pregnancy rate will be halved |
| | FN6: Reduce the percentage of pupils leaving school with no qualifications to 0% |
| 51% | NN2: Raise resident satisfaction with their locality to no less than 5% below the city average in every neighbourhood |
| | NN5: Increase the percentage of people who believe that people from different backgrounds get on well together in their local area to 80% |
| | GN1: Reduce the city's carbon emissions by 26% of 2005 levels |
| | SN2: Reduce core ASB calls to the Police by 39% (over a 2006/07 baseline) by March 2014 |
| | HN1: Reduce smoking prevalence to 20%, which is below the national average |
| | NN1: Raise resident satisfaction with their neighbourhood (across the city) to 80% |
| | GN3: 20% of energy used in the city will be produced within the Greater Nottingham area from renewable or low/zero carbon sources |
| | WCN5: Increase the rate of new business VAT registration to match that of the East Midlands |
| | NN7: Increase the use of public transport by 2 million trips to 58 million trips per year by 2020 |
| | HN6: Reduce the proportion of people with poor mental wellbeing by 10% and maintain the city wellbeing level in line with England as a whole |
| | WCN1: Achieve and maintain Nottingham City GVA per capita to at least 30% above the England average |
| | HN4: Reduce the health inequality gap between Nottingham city and England by 70% by 2020. Defined as mortality rate from all circulatory diseases at ages under 75 |
| | NN6: Increase the percentage of people who feel they can influence decisions in their locality to 55% |
| | HN2: Reduce the proportion of overweight and obese adults to 58% |
| | HN3: Increase the proportion of adults achieving 150 minutes of physical activity per week to 56% |
| | WN2: Raise the proportion of adults with at least Level 2 qualifications to 80% |
| AMBER | WN1: Increase the city's employment rate to 70% |
| 11% | NN3: 9,900 net new homes from 2008-2020 |
| | WCN2: By 2020 Nottingham will have greater proportion of its population working in the knowledge economy than any other Core City. |
| | NN4: Increase family housing stock outside of the city centre (as defined in the Nottingham Local Plan) to at least 33% of all housing stock |
| | FN5: The percentage of pupils achieving 5 or more A*-C GCSEs including English and Maths is above the average of all Core Cities |
| | FN2: Child obesity will be reduced to 18% |
| | SN3: Increase the number of people successfully completing treatment from 14.28% (2010/11 baseline) to 20.5% by March 2014 |
| Red | FN1: Each year, all of our eligible 2 yr olds (as specified by the DfE), access free nursery provision (15hrs per week) |
| 27% | GN2: Increase the reuse, recycling and composting of household waste to 50% |
| | HN5: Reduce alcohol related hospital admissions to 771 per 100,000 population, the average rate for Core Cities (2012/13) |
| | WN5: The proportion of children living in poverty will be halved |
| | SN1: Reduce 'all crime' to the average for Nottingham's family of similar Community Safety Partnerships and the Core Cities |
| Reddest | NN8: By 2020 Nottingham will have reduced fuel poverty below that of any other Core City. |

**No data available**

- WCN3: 5% growth in the visitor economy year on year
- WN3: Move the city of Nottingham up out of the 10% most deprived authorities in England i.e. out of the bottom 35
- WN4: Ensure that no neighbourhood is in the most deprived 5% nationally (Indices of Multiple Deprivation)
- SN4: By 2014 reduce the total proven re-offending rate for all adult and juvenile offenders to 2009 national average

**Performance picture 2010- 2014**

| Nottingham Plan Target (refreshed) | Previous target | 2010/11 | 2011/12 | 2012/13 | 2013/14 |
|---|---|---|---|---|---|
| WCN1: Achieve and maintain Nottingham City GVA per capita to at least 30% above the England average | To recover and continue growth in Nottingham GVA (per capita) of 3.8% per year | R | R | G | G |
| WCN2: By 2020 Nottingham will have greater proportion of its population working in the knowledge economy than any other Core City. | 20,000 new jobs created in the science and technology sectors (to 75,100 jobs) | R | R | R | A |
| WCN3: 5% growth in the visitor economy year on year | | n/a | n/a | n/a | n/a |
| WCN4: Host a minimum of 4 internationally significant and 4 regional/city events per year | Host at least 12 internationally significant cultural and sporting events per year | R | G | G | G |
| WCN5: Increase the rate of new business VAT registration to match that of the East Midlands | Continue the increase in new business starts by 10% per year | R | R | R | G |
| NN1: Raise resident satisfaction with their neighbourhood (across the city) to 80% | | G | G | G | G |
| NN2: Raise resident satisfaction with their locality to no less than 5% below the city average in every neighbourhood | Raise resident satisfaction with their neighbourhood to no less than 5% below the city average in every neighbourhood | G | R | G | G |
| NN3: 9,900 net new homes from 2008-2020 | 11,500 net new homes from 2008-2020 | R | R | R | A |
| NN4: Increase family housing stock outside of the city centre (as defined in the Nottingham Local Plan) to at least 33% of all housing stock | | A | R | R | R |
| NN5: Increase the percentage of people who believe that people from different backgrounds get on well together in their local area to 80% | | G | G | G | G |
| NN6: Increase the percentage of people who feel they can influence decisions in their locality to 55% | Increase the percentage of people who feel they can influence decisions in their locality to 40% | G | G | G | G |
| NN7: Increase the use of public transport by 2 million trips to 58 million trips per year by 2020 | | G | G | G | G |
| NN8: By 2020 Nottingham will have reduced fuel poverty below that of any other Core City. | Eradicate fuel poverty by 2016 | G | R | R | R |
| FN1: Each year, all of our eligible 2 yr olds (as specified by the DfE), access free nursery provision (15hrs per week) | Raise the percentage of children developing well across all areas of the early years foundation stage so that Nottingham is in the top 25% of local authorities | R | R | R | R |
| FN2: Child obesity will be reduced to 18% | | R | R | R | R |
| FN3: The number of first-time entrants each year into the criminal justice system aged 10-17 | | G | G | G | G |

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| Nottingham Plan Target (refreshed) | Previous target | 2010/11 | 2011/12 | 2012/13 | 2013/14 |
|---|---|---|---|---|---|
| will be halved | | | | | |
| FN4: The teenage pregnancy rate will be halved | | R | G | G | G |
| FN5: The percentage of pupils achieving 5 or more A*-C GCSEs including English and Maths is above the average of all Core Cities | Raise the percentage of pupils achieving 5 or more A*-C GCSEs including English and Maths so that Nottingham is in the top 20% of the most improved local authorities | G | R | G | R |
| FN6: Reduce the percentage of pupils leaving school with no qualifications to 0% | | G | G | G | G |
| WN1: Increase the city's employment rate to 70% | Increase the city's employment rate to 75% | R | G | G | A |
| WN2: Raise the proportion of adults with at least Level 2 qualifications to 80% | Raise the proportion of adults with at least Level 2 qualifications to 90% | R | R | G | A |
| WN3: Move the city of Nottingham up out of the 10% most deprived authorities in England, i.e. out of the bottom 35 | | G | n/a | n/a | n/a |
| WN4: Ensure that no neighbourhood is in the most deprived 5% nationally | | G | n/a | n/a | n/a |
| WN5: The proportion of children living in poverty will be halved | | n/a | R | R | R |
| SN1: Reduce 'all crime' to the average for Nottingham's family of similar Community Safety Partnerships and the Core Cities | | G | R | R | R |
| SN2: Reduce core ASB calls to the Police by 39% (over a 2006/07 baseline) by March 2014 | | G | R | G | G |
| SN3: Increase the number of people successfully completing treatment from 14.28% (2010/11 baseline) to 20.5% by March 2014 | | R | G | R | R |
| SN4: Reduce the total proven re-offending rate for all adult and juvenile offenders to the 2009 national average (26.6%) by March 2014 | | A | n/a | n/a | n/a |
| HN1: Reduce smoking prevalence to 20%, which is below the national average | | G | G | R | G |
| HN2: Reduce the proportion of overweight and obese adults to 58% | Reduce the proportion of overweight and obese adults to the 2000 average levels for England (60%) | G | G | n/a | G |
| HN3: Increase the proportion of adults achieving 150 minutes of physical activity per week to 56% | Increase levels of physical activity to 32% of adults participating in 3 x 30 minutes moderate physical activity per week | R | R | G | G |
| HN4: Reduce the health inequality gap between Nottingham city and England by 70% by 2020. Defined as mortality rate from all | | R | R | n/a | G |

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| Nottingham Plan Target (refreshed) | Previous target | 2010/11 | 2011/12 | 2012/13 | 2013/14 |
|---|---|---|---|---|---|
| circulatory diseases at ages under 75 | | | | | |
| HN5: Reduce alcohol related hospital admissions to 771 per 100,000 population, the average rate for Core Cities (2012/13) | Reduce alcohol related hospital admissions to 1,400 per 100,000 population | R | R | R | R |
| HN6: Reduce the proportion of people with poor mental wellbeing by 10% and maintain the city wellbeing level in line with England as a whole | Improve mental health and wellbeing across the city (defined by reducing the proportion of people with poor mental health by 10%) | n/a | G | G | G |
| GN1: Reduce the city's carbon emissions by 26% of 2005 levels | | R | G | G | G |
| GN2: Increase the reuse, recycling and composting of household waste to 50% | | G | R | R | R |
| GN3: 20% of energy used in the city will be produced within the Greater Nottingham area from renewable or low/zero carbon sources | | n/a | G | G | G |

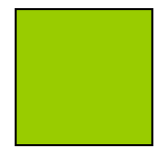
# Nottingham Plan Annual Report 2013-14 (Year 4) – Healthy Nottingham targets performance

# Overall performance so far

| % | | | | |
|---|---|---|---|---|
| Year 1 | 44% | 5% | 38% | 13% |
| Year 2 | 41% | 0 | 45% | 14% |
| Year 3 | 52% | 0 | 32% | 16% |
| Year 4 | 51% | 11% | 27% | 11% |

Axis: 0, 10, 20, 30, 40, 50, 60

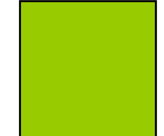
## Reduce smoking prevalence to 20%, which is below the national average



Citizens' Survey respondents who smoke

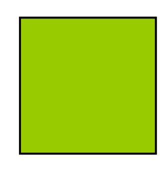
| | Baseline 2008 | Year 1: 2010/11 | Year 2: 2011/12 | Year 3: 2012/13 | Year 4: 2013/14 | 2020 Target |
|---|---|---|---|---|---|---|
| Target | | 32% | 30% | 29% | 30% | 20% |
| Actual | 39% | 32% | 28% | 31% | 28% | |

## Reduce the proportion of overweight and obese adults to 58%

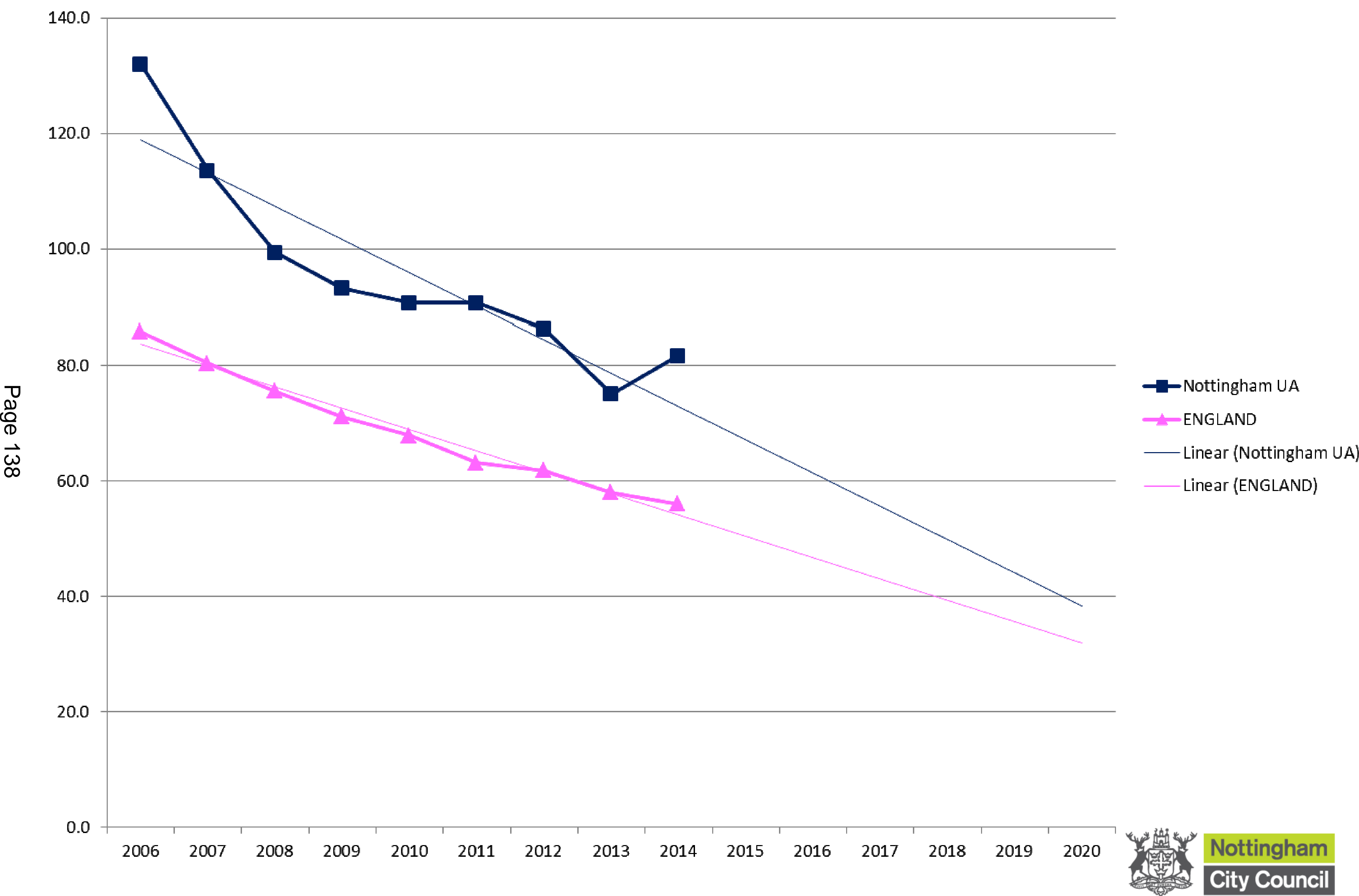


| | Target | Actual |
|---|---|---|
| Baseline 2007 | | |
| Year 1: 2010/11 | | |
| Year 2: 2011/12 | | |
| Year 3: 2012/13 | | |
| Year 4: 2013/14 | | 60.7% |
| 2020 Target | 58% | |

## Increase the proportion of adults achieving 150 minutes of physical activity per week to 56%

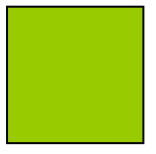


| | Target | Actual |
|---|---|---|
| Baseline 2007/08 | | |
| Year 1: 2010/11 | | |
| Year 2: 2011/12 | | |
| Year 3: 2012/13 | | |
| Year 4: 2013/14 | | 51.9% |
| 2020 Target | 56% | |


140.0
120.0
100.0
80.0
60.0
40.0
20.0
0.0
2006
2007
2008
2009
2010
2011
2012
2013
2014
2015
2016
2017
2018
2019
2020
Nottingham UA
ENGLAND
Linear (Nottingham UA)
Linear (ENGLAND)
Nottingham
City Council

**Reduce alcohol related hospital admissions to 1,400 per 100,000 population**

# Reduce the proportion of people with poor mental health by 10% and maintain the City wellbeing level in line with England as a whole



Respondents with poor mental health

| | Baseline: 2009-11 | Year 2: 2011/12 | Year 3: 2012/13 | Year 4: 2013/14 | 2020 Target |
|---|---|---|---|---|---|
| Target | | 12.20% | 13.60% | 13.60% | 10.98% |
| Actual | 13.6% | 13.6% | 13.8% | 12.7% | |

**England average mental wellbeing score = 53.5**

**Nottingham = 52.6**

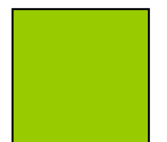
## Child obesity will be reduced to 18%

% children recorded as obese

| | Baseline 2007/08 | Year 1: 2010/11 | Year 2: 2011/12 | Year 3: 2012/13 | Year 4: 2013/14 | 2020 Target |
|---|---|---|---|---|---|---|
| Target | | 20% | 20% | 19.8% | 19.75% | 18% |
| Actual | 20% | 21.9% | 22.2% | 22.6% | 21.7% | |

25%
20%
15%
10%
5%
0%

# Teenage pregnancy rate will be halved (defined as the under 18 conception rates)



Conception rate per 1,000 girls age 15-17

80
70
60
50
40
30
20
10

74.7
59
61.6
57.7
54.3
55.2
49.5
52.6
37.6
37.35

Baseline 1998
Year 1: 2010/11
Year 2: 2011/12
Year 3: 2012/13
Year 4: 2013/14
2020 Target

Target
Actual

## Increase the number of people successfully completing drug treatment from 14.28% to 20.5% by March 2014 (as a proportion of all in treatment)

% people successfully completing drug treatment as a proportion of all ir treatment

22%
20%
18%
16%
14%
12%
10%

20.50%
19.17%
18.17%
18.38%
18.12%
18.40%
14.28%

Baseline: 2010/11
Year 2: 2011/12
Year 3: 2012/13
Year 4: 2013/14

Target
Actual

# Discussion for Health and Wellbeing Board

- Comments and observations on Year 4 position

- Is there more the Board can do to drive improvement?

# For more information please contact:

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**Health and Wellbeing Board 27 August 2014**

| | | |
|---|---|---|
| **Title of paper:** | **South Nottinghamshire Health and Social Care Community- Leaving Hospital Directive Policy & Guidance** | |
| **Director(s)/ Corporate Director(s):** | **Alison Michalska, Corporate Director for Children and Adults** | **Wards affected: All** |
| **Report author(s) and contact details:** | **Gemma Poulter, Interim Health Integration Manager, Nottingham City Council, tel: 0115 8763495** | |
| **Other colleagues who have provided input:** | **Robert Heywood, Director of Operations, Nottingham University Hospitals NHS Trust; Maria Principe, Director of Cluster Development and Performance, Nottingham City CCG** | |
| **Date of consultation with Portfolio Holder(s) (if relevant)** | **5th August 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):**

The South Nottinghamshire Leaving Hospital Policy is a joint health and social care strategy to reduce the pressures on the acute hospital.

Pressure on our emergency services continues to be high. We have seen an increase in patients aged over 65 being admitted to our hospital who are staying longer. A combination of factors has impacted on hospital performance, notably insufficient flow and capacity at QMC where the hospital is too often operating at near-full capacity.

The hospital is determined to improve the timeliness of emergency care that patients receive, and to do this with commissioning and other provider partners across South Nottinghamshire. The hospital has plans to open additional beds at NUH by October and increase capacity in the Emergency Department by the beginning of next year.

Health and social care community services need to continue to work with the hospital to ensure patients are transferred from acute care to the community in a timely manner. This will help to maximise efficiency and flow at the acute hospital enabling more people to receive acute care in a timely and dignified manner.

This policy will enable patients to be discharged from acute hospital beds to community care as soon as they are medically stable. Timely hospital discharge will enable patients to have their needs met in an appropriate community setting in which care is more specialised towards increased opportunities for maximising independence and ensuring people are supported to return home.

| Recommendation(s): | |
|---|---|
| 1 | To approve and support the intention of the policy which will enable patients requiring recuperation to receive this in an appropriate community setting. |
| 2 | To support Nottingham City's intention as a health and social care community to promote independence through early intervention. |
| 3 | To support the intention of the policy to improve efficiency and flow at the acute hospital by releasing hospital beds for those in need of urgent medical care. |

## 1. REASONS FOR RECOMMENDATIONS

- To enhance the health and social care community's ability to successfully respond to routine and extraordinary pressures at the acute hospital.
- To improve health and social care outcomes for patients medically fit for discharge from acute care.

## 2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

An acute hospital is not the most appropriate place for a patient to be once they have recovered from an illness to a point where they can be clinically described as medically fit for transfer to other places of care. Such places may be community hospitals, nursing homes, residential care, or health and social care in the patient's own home. Widespread evidence shows that recovery and rehabilitation from illness is more successful and long-lasting in the most appropriate setting.

The impact of delayed transfers of care on patient flow at the acute hospital is significant, resulting in reduced capacity to deal with the demand for admissions for in-patient treatment. This is particularly difficult at times of extraordinary demand such as during a flu pandemic or an extremely cold winter.

The South Nottinghamshire Leaving Hospital policy has been developed in order to significantly reduce the numbers of delayed transfers of care thereby improving patient flow at the hospital. It is the product of partnership working across the health and social care community in order to provide suitable alternatives to hospital beds for patients who are ready for discharge but are waiting for a placement in their home of choice or whilst a home care package in their own home is being organised.

## 3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

Doing nothing, but this would result in continued delayed discharges of patients medically fit for transfer which lead to poor health and social care outcomes for these patients and which reduces efficiency and flow at the hospital. Continued delayed discharges would additionally have a significant financial cost since additional beds would be necessary to meet demand for acute care.

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

This policy facilitates more efficient and effective use of acute hospital beds. It also delivers better outcomes for patients who are at reduced risk of contracting infections and of becoming dependent on care when discharged into appropriate community settings as soon as they are medically fit for transfer. This in turn could result in financial savings for health and social services and for patients themselves, many of whom make a financial contribution to the cost of their social care services.

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

Effective communication is central to the success of managing choice on hospital discharge and should be supported by the whole health and social care community. Regular communication across the system, in the form of leaflets, posters and verbal communication will reinforce the message that once patients are clinically ready for discharge they cannot continue to occupy an inpatient bed. A communication strategy will be agreed and initiated by all partner agencies to reduce the potential for misunderstanding, a lack of clarity or failure to adhere to this policy or implement it effectively and fairly.

Nottingham City Council has a Quality Improvement Forum which oversees quality and standards in residential care homes. Our intention in implementing this policy would be to encourage patients being discharged to residential care to choose homes of good quality. Due regard will be given to the Mental Capacity Act throughout.

## 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

## 8. PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

None

**APPENDIX 1**

**SOUTH NOTTINGHAMSHIRE HEALTH AND SOCIAL CARE COMMUNITY**

**LEAVING HOSPITAL DIRECTIVE POLICY & GUIDANCE**

## 1. BACKGROUND

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.

This policy is needed 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. It is based on direction given by the Department of Health in the document, 'Discharge from Hospital: Pathway, process and practice (2003) and 'NHS Responsibility for meeting Continuing Health Care Needs' (HSG (95)5)

## 2. AIM AND OBJECTIVES

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.

## 3. PATIENT GROUP

The policy needs to apply to patients who meet the following criteria:

1. The patients needs cannot be adequately provided for in their usual place of residence
2. The agreed initial assessment shows that the patient can be discharged from hospital, requires a nursing home or residential care home (and this placement will be funded by either a patient, Adult Social Services or the NHS) or requires care at home, but is waiting for the package to be ready
3. The patient has identified a preferred home, or is having difficulty in identifying one.
4. The patient is unwilling to be discharged until a preferred placement is available
5. An interim, or alternative long term placement exists which meets the patients assessed needs.

## 4. UNDERLYING PRINCIPLES / STANDARDS

- All patients should be treated fairly and without discrimination
- Patients, relatives and carers should be fully involved from the beginning in the discharge planning process which should be initiated when the patient is admitted to hospital. This adheres to the Hospital Discharge Policy.
- If the patient is unable to contribute to the assessment the wishes and views of their relatives and carers must be sought.
- The patient, their relatives, carers or advocate should be informed at the outset of planning that while every effort will be made to transfer the patient to the home of choice, if the home has no vacancy an interim arrangement will need to be made.
- Patients would only be expected to make one move before entering the care home of their choice
- If the patient is awaiting a care home, the patients name will remain on the list for their preferred choice whilst they are discharged to an alternative or interim location.

## 5. MANAGING CHOICE

### 5.1 Communication to patients

Communication is central to the policy for managing choice on hospital discharge.  This policy should be supported by the whole health and social care community – ensuring regular communication across the system (through posters, leaflets etc.) to reinforce the message that once patients are clinically ready for transfer they cannot continue to occupy an inpatient bed.

Interactions with patients and or representatives will need to acknowledge and offer support with any concerns, whilst reinforcing the message that everyone will work towards the patients discharge from hospital. At the time of admission, all patients must understand that once they are clinically ready for transfer of care they cannot continue to occupy the inpatient bed. See Appendix 1 and 2.   All patients must understand that they will be supported by a social worker and given relevant information to help them choose an interim placement (where a choice is available) until a vacancy becomes available in the home of their choice.

### 5.2 Support for patients who lack capacity to make decisions

If the patient has been assessed as lacking capacity to make decisions around their transfer of care and is unable to contribute to the assessment, a best interests decision must be made. Under the Mental Capacity Act, s4(7), the decision maker has a duty to take into account the views of

significant others where it is practical and appropriate to do so (see paragraph 5.49 of Mental Capacity Act Code of Practice (p84) for who should be consulted when working out someone's best interests).

It is essential that staff determine at admission whether the patient has, an Advance Decision to Refuse Treatment (ADRT), statement of wishes and feelings, a Lasting Power of Attorney for Health and Welfare or Property and Affairs or is under a Safeguarding protection plan and the contact details of those persons who manage any of these instruments.

In circumstances where a patient lacks capacity and has no 'significant other' able to contribute to a Best Interests decision, then an Independent Mental Capacity Advocate (IMCA) must be appointed if the decision for transfer of care necessitates a change in the venue of care from that pertaining at admission and is likely to be effective for a period longer that 28 days (Mental Capacity Act 2005; MCA Code of Practice, Chapter 10).

**5.3 Escalation process**

When the Multi-disciplinary team is certain the key principles have been met, that the patient's eligibility for Continuing Healthcare has not altered and that the patient or their relative/carer/advocate on the patients behalf refuses to leave hospital to an address other than the care home of choice then the following escalation process must begin.

- Responsible Consultant to meet with patient, family and MDT to advise that the patient no longer requires an Acute Care NHS bed and that an alternative arrangement must be made.

The following points should be confirmed:

- The patient no longer requires the services of an acute hospital and that the MDT decision is to transfer their care
- The inadvisability of remaining in hospital for the patient (i.e. that the acute hospital environment is no longer of benefit)
- Ensure that all necessary information and support is available to the patient and all involved in the selection of appropriate venues of further care.
- Confirm with the Social Worker or advocate that an appropriate placement which is able to meet the persons care needs is available within the area.
- Explain to the patient and carers that a further period of up to seven days from the date of the meeting is available in which to find an appropriate venue for further care.

If, after a further 5 days there are no indications that transfer of care is imminent, the Ward Manager should inform the responsible provider Head of Service.

- The Head of Service should convene the Final Review Meeting and invite the patient, family or advocate attending in order to mandate and action the transfer of care plans. This should be confirmed in writing and posted by recorded first class delivery.
- This meeting should take place within 2 working days of the expiry of the extended period (maximum 2 weeks from completion of assessments).
- The Hospital Adult Services Team Manager (if Social Services are involved) should be invited to attend. It is recommended that a 'minute taker' be appointed.

- If it becomes apparent at this meeting the patient/relative/advocate, do not intend finding a placement immediately, it should be advised that the Trust may instigate legal proceedings to ensure that the patient is transferred to an appropriate placement.
- The details of this meeting must be sent to all attendees including the responsible Consultant, relative/carer/advocate, Trust Legal team, Executive Directors

If there is no agreement to a placement within this meeting, then a meeting should be convened to discuss, assess risk and plan the patients transfer to a care facility which meets their assessed need, where necessary taking legal action to ensure this happens.

Attendees should include Head of Service, Director of Operations, General Manager or Clinical Lead, Adult Services Team Manager and NUH Legal Services Officer.

## 6. MEETING THE COSTS

For self- funding patients who are waiting for a care home of choice, they will not be required to pay for an interim placement for a maximum of 2 weeks.

Where the cost of interim accommodation is higher than the usual cost paid by Social Services due to a shortage of care homes, market conditions or other commissioning difficulties the person and/or third parties should not be asked to pay more towards their accommodation than s/he would normally be expected to contribute.

## 7. MONITORING AND REVIEW

This policy will be monitored by an on-going programme of weekly audit of the delayed discharges reported by the ward staff as being delayed due to ‘awaiting placement in care home’ or ‘patient or family choice’ by the Care Co-ordination team manager.

**APPENDIX 2**

Equality Impact Assessment

**Name and brief description of proposal / policy / service being assessed**

South Nottinghamshire Leaving Hospital Directive Policy and Guidance

There is significant demand for acute hospital beds in Nottingham and delayed discharges from the acute hospital impact negatively on the effective admission and treatment of citizens in need of acute medical treatment and care. A "delayed discharge" occurs where a citizen has been assessed by their doctor as medically stable and in no further need of in-patient treatment in the acute hospital. Citizens' discharges from hospital are most frequently delayed due to a lack of immediate availability of care packages or placements in their preferred residential or nursing home.

The pressure at the acute hospital has been assessed and monitored on a weekly basis via agreed joint health and social care strategies and health and social care representatives are involved in these The Leaving Hospital policy is informed by the findings of this group. The policy enables citizens who are medically fit to be discharged to an interim residential or nursing home whilst waiting for their preferred placement to be available.

An 8 week Interim bed pilot was completed from May 2014 to the end of June 2014 during which all eligible were offered the opportunity to move to an appropriate residential or nursing home for interim care until their placement of choice was available. There has been no charge to citizens transferred to interim care during the length of the pilot, however the Leaving Hospital policy allows for a maximum of 2 weeks in interim care without charge for self-funding citizens and any subsequent charges will be at a rate commensurate with their assessed contribution to the cost of their preferred support package. The policy also includes an explicit procedure for engaging with citizens (& their families) who refuse to leave the acute hospital despite having been assessed as medically fit for transfer.

**Information used to analyse the effects on equality**

The main users of health services are people aged 65 and over and over 80% pf people aged 70 and over suffer from a significant physical illness (in need of treatment-Nottingham City JSNA 2010). Department of Health figures published in 2001 highlight that older people occupy two thirds of hospital beds in the UK. People with long term health conditions (LTC) frequently have more than one condition. Around half of this population will have more than 1 major health problem and around one quarter will have 3 or more problems (British Household Panel survey 2001). The percentage of people with LTC rises with age. 32.8% percent of those aged 50 and over have a LTC, but 66.9% of those aged 80 and over have a LTC.

In all age groups under 80, the percentage amongst men is slightly higher than amongst women. The higher rate of women with LTC aged 80 and over may be because they have an older age profile than men in this group. There are approximately 34,800 over 65s living in Nottingham

city (11.66% of the population) and 18,165 of these have a LTC. 10, 000 of these live alone. It is predicted that the numbers of city citizens aged 85 and over will increase by 500 in 2015 due to improved survival rates in that age group, particularly amongst men. The top 1% of the population at highest risk consists of 3, 182 citizens of whom 84% were aged 65 and over. Women account for over 50% of this group which is expected since 60% of the over 65s population in Nottingham is female. 70% of citizens accessing adult social care are aged over 65.

The prevalence of people living with LTC in the county is similar to the national average and older people are three times more likely to have an emergency admission to hospital than any other age group (Nottinghamshire JSNA 2012). Figures highlight that the rates of hospital admission largely reflect levels of deprivation with those living in more deprived areas in the county having higher rates of emergency admission. The numbers of emergency admissions to hospital, both locally and nationally, have increased over the past 4 years.

There were 7649 citizens in receipt of social care services from Nottingham city council in the year 2013/2014 and the percentage of these by ethnicity is as follows:
White (including British/Irish/Gypsy or Irish Traveller/Other white): 90.5%
Mixed or multiple ethnicity: 0.1%
Asian or Asian British (including Indian/Pakistani/Bangladeshi/Chinese/Other Asian): 2.8%
Black/African/Caribbean/Black British: 6.4%
Other ethnic group (including Arab & any other ethnic group): 0.4%

An analysis has been undertaken to identify the numbers of citizens whose discharges from the acute hospital have been delayed due to delays in their care at home or placement of choice being available alongside an analysis of their age. Further analysis has been completed to identify the proportion of these who have accessed interim beds during the pilot to inform planning. Unfortunately, the acute hospital (which is responsible for collating the data on delayed discharges) does not have data regarding the ethnicity of citizens whose discharges are delayed.

There were 76 Nottinghamshire county and Nottingham city citizens who were assessed as having delayed transfers of care from the acute hospital from 19/12/2013 to 16/7/2014. The percentage of these according to age are as follows:
Age 85 or over: 61.8%
Age 75 or over: 32.9%
Age 65 or over: 4%
Age 18-65: 1.3%

There were 52 Nottingham city citizens who accessed interim care beds during the pilot and the percentage of these according to age are as follows:
Age 85 or over: 43.137%
Age 75 or over: 33.333%

Age 65 or over: 19.607%
Age 18-65: 3.92156%

The percentage of these by ethnicity are :
White British: 80.762%
White-any other White background: 1.923%
Black/Black British-Caribbean: 7.692%
Mixed-White & Black Caribbean: 1.923%
Asian/Asian British-Pakistani: 1.923%
Asian/Asian British-Indian: 1.923%
No valid ethnicity recorded: 3.846%

These findings are generally reflective of the general population.

22 Nottinghamshire County citizens accessed interim beds during the pilot & the percentage of these by age & ethnicity are detailed below:
Age 85 plus: 57.14%
75 plus: 33.3%
65 plus: 0%
18-65: 9.53%

95.24% of these were White British & 4.76% were White Irish.

Although from both the City and County findings are generally reflective of the both local authorities' general populations, more time is needed to gather and analyse data due to the small sample size available from the pilot. A clear strategy has been identified to do this on an ongoing basis in order to inform any future changes to communication about the policy or to the policy itself.

No consultation has been completed with citizens or carers in either local authority, but this will now be planned and completed within the next 6 months in order for views and information gathered to inform the first review of the policy. Details of consultation plans are identified below.

| | **Could particularly benefit (X)** | **May adversely impact (X)** | How different groups could be affected: Summary of impacts | Details of actions to reduce negative or increase positive impact (or why action not possible) |
|---|---|---|---|---|
| People from different ethnic | ☐ | ☐ | The policy will predominantly affect citizens aged 18 | This policy is owned by local health and |

| | | | | |
|---|---|---|---|---|
| groups | | | and over in a positive manner, but will have the most impact on citizens aged 65 and over. It enables their timely discharge from acute care to community care in the form of interim residential placement when their care package or residential placement of choice is not immediately available. Timely hospital discharge reduces the risk of contracting infections and of becoming dependant on care. It also maximises efficiency and flow at the acute hospital enabling more citizens to receive acute care in a timely and dignified manner.<br><br>It will affect a slightly higher number of women than men due to their older age profile. Those living with LTC are classed as having a disability and, therefore, the policy will have a significant impact on citizens with disabilities.<br><br>The potential negative impacts of this policy on citizens include the fact that a move to an interim placement could be distressing for some citizens, particularly for those with functional and organic mental health needs; interim care beds may not be immediately available in a citizen's home locality and this may increase their social isolation & limit the ability of their friends and family to visit them; citizens may be expected to contribute towards the cost of interim care if their placement in this setting exceeds 2 weeks. | social care agencies and multi-disciplinary colleagues working in the acute hospital have an excellent knowledge of the policy and of how it works in practice. All colleagues are committed to explaining the policy to citizens and their families at the earliest opportunity in order to plan for discharge from the point of admission.<br><br>The offer of interim care will be made to all eligible citizens (and their carers) in order to facilitate discharge once they are medically fit. Specific information regarding the homes in which this is available will be provided verbally and in writing. Details of any potential cost to the citizen and of potential implications for citizens who refuse to leave hospital when medically stable will also be given in writing and verbally.<br><br>All written information will be easy to read and available in a range of languages. Interpreters will be used to enable effective communication with citizens and families whose first language is not English.<br><br>Distance from local community, family and friends will be considered by social care staff arranging interim placements and they will, wherever possible, ensure that citizens are not placed in homes which isolate them further from their informal support networks and will |
| Men, women (including maternity/pregnancy impact), transgender people | x | x | | |
| Disabled people or carers | x | x | | |
| People of different faiths/beliefs and those with none. | ☐ | ☐ | | |
| Lesbian, gay or bisexual people | ☐ | ☐ | | |
| Older or younger people | x | x | | |
| Other (e.g. marriage/civil partnership, looked after children, cohesion/good relations, vulnerable children/adults) | ☐ | ☐ | | |

| | | | | |
|---|---|---|---|---|
| | | | | ensure that family & friends are able to access homes using public transport.<br><br>Financial assessments will be completed with all citizens in order to determine their assessed contribution towards the cost of their placement where this exceeds the maximum cost free period. The assessment takes into account income, assets, debts & outgoings to ensure that citizens are only asked make an appropriate contribution.<br><br>Mental Capacity tests will be completed with all citizens who appear to lack capacity to make a decision about interim care. Best interests' decisions will be made in partnership with citizens, relatives and friends and advocates for all citizens who are assessed as lacking capacity to make this decision.<br><br>A series of consultation strategies will be initiated jointly by the city and county councils and NUH with citizens and carers over the next 6 months. These will take the form of short questionnaires to be given/sent to all eligible citizens and their carers (irrespective of whether they accept interim care) to seek their views. Telephone or face to face interviews will be available for those who are unable to complete a questionnaire independently A citizen and carer |

| | | | | |
|---|---|---|---|---|
| | | | | consultation event will be held in October/November 2014 facilitated by all agencies in order to share information on the policy and to seek citizen and carer views. Information gathered through these methods will be collated and analysed by January 2015 and will inform formal review of the equality impact assessment.<br><br>Formal review of the equality impaxt assessment will be completed every 6 months in order to identify and implement any necessary changes to reduce any identified adverse impacts. |

**Outcome(s) of equality impact assessment:**

No major change needed ×☐ Adjust the policy/proposal ☐ Adverse impact but continue ☐ Stop and remove the policy/proposal ☐

**Arrangements for future monitoring of equality impact of this proposal / policy / service:**

Review to be completed in 6 months time and then annually thereafter. Equalities information to now be included in the existing reporting completed by the hospital discharge teams to inform reviews.

| Approved by (manager signature): Gemma Poulter | Date sent to equality team for publishing: |
|---|---|

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| Title of paper: | NHS Health Check Programme | |
|---|---|---|
| Director(s)/ Corporate Director(s): | Dr Chris Kenny, Director of Public Health | Wards affected: All |
| Report author(s) and contact details: | Helen Scott, Senior Public Health Manager<br>Tel: 01623 433209 / Mob: 07872 420790<br>helen.scott@nottscc.gov.uk | |
| Other colleagues who have provided input: | Dr John Tomlinson, Deputy Director of Public Health | |
| Date of consultation with Portfolio Holder(s) (if relevant) | Cllr Norris | |

| 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):**

The provision of NHS Health Checks is a mandatory requirement for Local Authorities (LAs) following the transfer of responsibilities for the programme from Primary Care Trusts to LAs on 1 April 2013.

The NHS Health Check programme is a cardiovascular risk assessment programme in England which aims to delay or prevent the onset of diabetes, heart and kidney disease and stroke for eligible citizens aged 40-74. The risk assessment element of the check provides a key route into existing lifestyle interventions through well-established pathways to support citizens to stop smoking, lose weight, be more active and drink alcohol within recommended limits as appropriate.

The contracts for existing services that deliver the programme locally were extended for one year from 1 April 2013 to cover the transition period from Primary Care/GP and Pharmacy Local Enhanced Services, to Local Authority contracts. New local authority contracts were issued to providers on 1 April 2014 to continue provision of the service for another year until 31st March 2015.

**The report summarises performance during 2013-14.**

| Recommendation(s): | |
|---|---|
| **1** | The Board to note programme performance and outcomes |
| **2** | The Board to support ongoing work with Nottingham City CCG and practices to increase the proportion of eligible people invited to have a NHS Health Check, via dissemination of best practice, inter-practice arrangements and resource-sharing agreements |
| **3** | The Board to support the use of social marketing techniques to increase uptake of the invitation to have a NHS Health Check |
| **4** | The Board to support continuation of outreach pilots pending formal procurement |
| **5** | The Board to support ongoing work with the CCG to ensure that people identified as a result of a NHS Health Check and placed on their practice CVD high risk register are appropriately supported and followed up |

## 1. REASONS FOR RECOMMENDATIONS

1.1. There was considerable variation in performance between practices and clusters last year. Overall the proportion of people receiving invitations for a NHS Health Check was below target, and uptake was below the aspirational target.

1.2. Early feedback from consultation with GP practices indicates:

- a desire to maintain GP delivery of the programme, as practices already have a relationship with the eligible population and are usually the first point of contact for health issues
- some practices have capacity issues due to the additional workload created by delivery of the NHS Health Check Programme
- variation between practices in how they administer and deliver the programme
- some practices have low uptake despite following up the initial invitation with two reminders.

1.3. National and local market research has provided behavioural insights and highlighted a variety of techniques that can be used by programme leads and providers to increase uptake e.g. opportunistic offers, changes to the standard invitation letter and use of motivational messages within targeted promotional campaigns.

1.4. There have been a number of successful pharmacy-run outreach sessions as a pilot within workplaces, community centres and faith groups. Following engagement with employers, trade unions and voluntary sector organisations further sessions have been planned. There is further potential to target these sessions to engage hard to reach high risk groups that are unlikely to take up the invitation from their GP.

1.5. For the programme to be effective, citizens that are identified during a NHS Health Check assessment as being at high risk of cardiovascular disease must be appropriately supported to manage and reduce their risk. Responsibility for the management of patients on the high risk register at their GP practice lies with the CCG. Responsibility for commissioning lifestyle services to support risk reduction e.g. smoking cessation, weight management, substance misuse lies with the LA.

## 2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

1.6. On 1 April 2013, responsibility for the NHS Health Checks programme transferred from primary care trusts to local authorities. The Public Health Grant gives ring-fenced funding to local authorities until 31st March 2015 for their public health functions, of which NHS Health Checks is a mandatory programme.

1.7. Under the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013, LA's must offer an NHS Health Check to every eligible citizen aged 40-74 every five years and must achieve a year-on-year improvement in uptake rate.

1.8. The number of offers made and the number of health checks received must be monitored by councils; both measures are indicators within the Public Health Outcomes Framework for England 2013-2016.

1.9. The NHS Health Checks programme is currently delivered through a GP Locally Commissioned Public Health Services (LCPHS) contract and a pharmacy LCPHS contract.

1.10. Consultation with citizens revealed:

- A preference for NHS Health Check assessments to be done in a GP practice by a GP or practice nurse; as local, trusted, competent providers
- Uncertainty about the purpose and content of the NHS Health Check
- Perceived barriers for some groups of citizens around availability of convenient appointment times, particularly outside working hours.

1.11. The programme target is to invite one-fifth of the eligible population every year, as part of a five-year programme cycle.

- In 2013-14, 17.2% of the eligible population (12,636 citizens) was invited to have a NHS Health Check
- The national average was 18.5%, and the East Midlands average was 20.1%.

1.12. The aspiration was to achieve 50% uptake in 2013-14 and to increase this to 55% in 2014-15.

- In 2013-14, 49.8% of the invited population (6,295 citizens) had a NHS Health Check
- The national average was 49.0%, and the East Midlands average was 59.5%.

1.13. In comparison with the previous year:

- The invitation rate was down 7.8% (from 25.0% in 2012-13)
- Uptake was up 8% (from 41.8% in 2012-13).

This reflects a change in programme emphasis both locally and nationally from offers to uptake of the checks, which was conveyed via newsletters, contractual correspondence and in direct contact with practices.

1.14. Health outcomes for 2013-14 will not be available until August 2014. Up to 31st March 2013, however, a total of 1,051 citizens were found to have previously undiagnosed cardiovascular conditions, and 3,883 citizens were found to be at high risk of developing cardiovascular conditions:

| | New diagnoses | | High Risk identified | |
|---|---|---|---|---|
| | Year 3 2012 – 2013 | Cumulative 2010-2013 | Year 3 2012 - 2013 | Cumulative 2010-2013 |
| Nottingham City | 349 | 1,051 | 980 | 3,883 |

The figures for 2012-2013 are included above to highlight that a significant number of cases of previously undiagnosed cardiovascular disease and high risk individuals are still being identified several years into the programme, despite the programme having targeted people with estimated high risk in the first two years.

Breakdown of new diagnoses (cumulative 2010-2013):

| | Hyper-tension | Cardio-vascular disease | Diabetes | Atrial fibrillation | Chronic kidney disease | Peripheral vascular disease | Familial hypercholesteraemia |
|---|---|---|---|---|---|---|---|
| Nottingham City | 562 | 55 | 218 | 22 | 174 | 13 | 7 |

The largest number of new diagnoses was cases of high blood pressure (hypertension), followed by significant numbers of cases of diabetes and chronic kidney disease.

A further 1,416 diagnoses were made and a further 1,190 high risk cases were identified more than 90 days after a NHS Health Check. It can take some time to conclude the process of diagnostic testing to reach a definitive diagnosis; therefore a significant number of these diagnoses are likely to be attributable to findings made during the check.

## 3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

This report is for information and therefore no other options were considered.

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

None

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

5.1 The NHS Health Checks programme is a mandatory service; failure to offer an NHS Health Check to all eligible 40-74 year olds, to deliver the required standard of risk assessment and to seek continuous improvement in the uptake of the NHS Health Checks would leave Nottingham City Council in breach of the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 S.I. 2013/351.

5.2 There are no crime and disorder implications arising out of the proposals within the report.

5.3 From a legal perspective the key issues relate to the delivery of the services by the providers in order to fulfil the LA's mandated duty. Individual contracts have been checked and confirmed to specify correctly and fully the required outputs and outcomes, and corresponding remuneration.

## 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 ☒

A comprehensive Health Equity Audit is being undertaken that is due for completion in August 2014. This will consider any inequity in take up of the NHS Health Check and make recommendations for service improvement.

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

None

## 8. PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

- Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013
- NHS Health Check Frequently asked questions (LGA/PHE, 2013)

**APPENDIX A – Equality Impact Assessment**

| **Name and brief description of proposal / policy / service being assessed**<br>NHS Health Checks programme commissioning and implementation from April 2014. The programme aims to offer an NHS Health Check to all eligible 40-74 year olds once every five years and to increase uptake of offers, as per mandatory requirements. |
|---|
| **Information used to analyse the effects on equality**<br>NHS Health Checks data reports. Consultation with stakeholders is underway but still at an early stage; there are some initial responses from GP practices that support the assessment below. |

| | **Could particularly benefit (X)** | **May adversely impact (X)** | How different groups could be affected: Summary of impacts | Details of actions to reduce negative or increase positive impact (or why action not possible) |
|---|---|---|---|---|
| People from different ethnic groups | ☒ | ☒ | The core service provision is systematically delivered through GP practices; there may therefore be an adverse impact regarding provision of **offers** on groups that are less likely to be registered with a GP practice, or whose contact details are less likely to be up to date, such as some vulnerable adults, gypsy and traveller and some migrant groups.<br><br>The **uptake** of the Health Check offer is likely to vary between groups and different groups may have different levels of need, e.g. men and some ethnic groups are less likely to access primary care. The uptake rate of different groups is not yet known specifically for the NHS Health Checks programme<br><br>The outreach service will be targeted at those groups where need is known to be greater and/or where uptake of the programme is known to be lower. It will also be used to target groups that may be less likely to be registered with a GP and would otherwise miss being offered a NHS Health Check.<br><br>LGB<br>Data on sexual orientation is not currently collected | Undertake a detailed Health Equity Audit to report in August 2014.<br>This work will inform the targeting of the outreach service and help to further develop the core GP practice-delivered service.<br><br>Use the results of the Health Equity Audit, along with existing data, to inform a targeted plan of work for the outreach service, in August 2014.<br><br>LGB<br>Investigate whether sexual orientation |
| Men, women (including maternity/pregnancy impact), transgender people | ☒ | ☒ | | |
| Disabled people or carers | ☒ | ☒ | | |
| People from different faith groups | ☒ | ☒ | | |
| Lesbian, gay or bisexual people | ☒ | ☒ | | |
| Older or younger people | ☒ | ☒ | | |
| Other (e.g. marriage/civil partnership, looked after children, cohesion/good relations, vulnerable children/adults) | ☒ | ☒ | | |

| | | | | |
|---|---|---|---|---|
| | | | by the programme; the likely impact on lesbian, gay or bisexual people is therefore not known. | data is collected by GP practices and, if so, whether it could be included in the NHS Health Checks dataset in order to assess whether there are any access equity concerns for lesbian, gay or bisexual people by March 2014. |

**Outcome(s) of equality impact assessment:**
No major change needed ☒ Adjust the policy/proposal ☐ Adverse impact but continue ☐ Stop and remove the policy/proposal ☐

**Arrangements for future monitoring of equality impact of this proposal / policy / service:**
Review assessment in August 2014 following completion of the Health Equity Audit and commissioning of proposed services.

| Approved by (manager signature): Awaiting approval | Date sent to equality team for publishing: Send document or link to equalityanddiversityteam@nottinghamcity.gov.uk |
|---|---|

**Health and Wellbeing Board–27th August 2014**

| **Title of paper:** | **Annual report on the Joint Strategic Needs Assessment 2014** | |
|---|---|---|
| **Director(s)/ Corporate Director(s):** | Chris Kenny, Director of Public Health | **Wards affected:**All |
| **Report author(s) and contact details:** | Dr Joanna Copping, Consultant in Public Health Medicine, joanna.copping@nottinghamcity.gov.uk<br>Dr Kristina McCormick, Public Health Manager Kristina.mccormick@nottscc.gov.uk | |
| **Other colleagues who have provided input:** | | |
| **Date of consultation with Portfolio Holder(s) (if relevant)** | August 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 | x |
| Deliver effective, value for money services to our citizens | x |

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

This report provides information on the progress of the Joint Strategic Needs Assessment (JSNA) for Nottingham City during 2013/2014 and plans to further develop the JSNA during 2014/15.

| **Recommendation(s):** | |
|---|---|
| **1** | The Board are asked to note the progress which has been made to ensure the continual quality improvements, refresh and accessibility of the Nottingham City Joint Strategic Needs Assessment. |
| **2** | The Board are asked to endorse the proposed plans for further development of the Joint Strategic Needs Assessment. |

## 1. REASONS FOR RECOMMENDATIONS

The Health and Wellbeing Board is responsible for producing the Joint Strategic Needs Assessment. Statutory guidance for Joint Strategic Needs Assessments requires JSNAs to be regularly updated and outlines the requirements which JSNAs should meet.

## 2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

**Joint Strategic Needs Assessment**

Local authorities and clinical commissioning groups have had a statutory duty to deliver a Joint Strategic Needs Assessment since 2007.

The Health and Wellbeing Board approves the Joint Strategic Needs Assessment annually and in Nottingham has delegated the responsibility to manage the JSNA to the Commissioning Executive Group (CEG). The CEG is a working group to develop aligned, joint and integrated commissioning. It feeds into three formal bodies; the Health and Wellbeing Board, the City Council Executive Commissioning Sub-Committee and the Clinical Commissioning Group.

Government reforms have placed emphasis on an expanded role for the Joint Strategic Needs Assessment including ensuring that the links between the JSNA, the Health and Wellbeing Strategy and commissioning plans are clear and embedding involvement and engagement with partners, public and the voluntary sector within the Joint Strategic Needs Assessment process.

Joint Strategic Needs Assessments should be easy to use and understand. They should be used routinely by commissioners to ensure that commissioning plans are developed from a robust and objective intelligence and evidence base, and to justify their commissioning decisions. They should be used by local partnerships to help identify local needs and priorities for their populations, and providers of care and treatment to identify local needs and opportunities to support their business plans. The general public, patients and their representatives (including Healthwatch) should be encouraged to contribute their experience and opinions to JSNAs.

Together, the Joint Strategic Needs Assessment and Health and Wellbeing Strategy should be used to understand the health and wellbeing needs of different populations in Nottingham City, what public organisations are going to do, and what difference this will make.

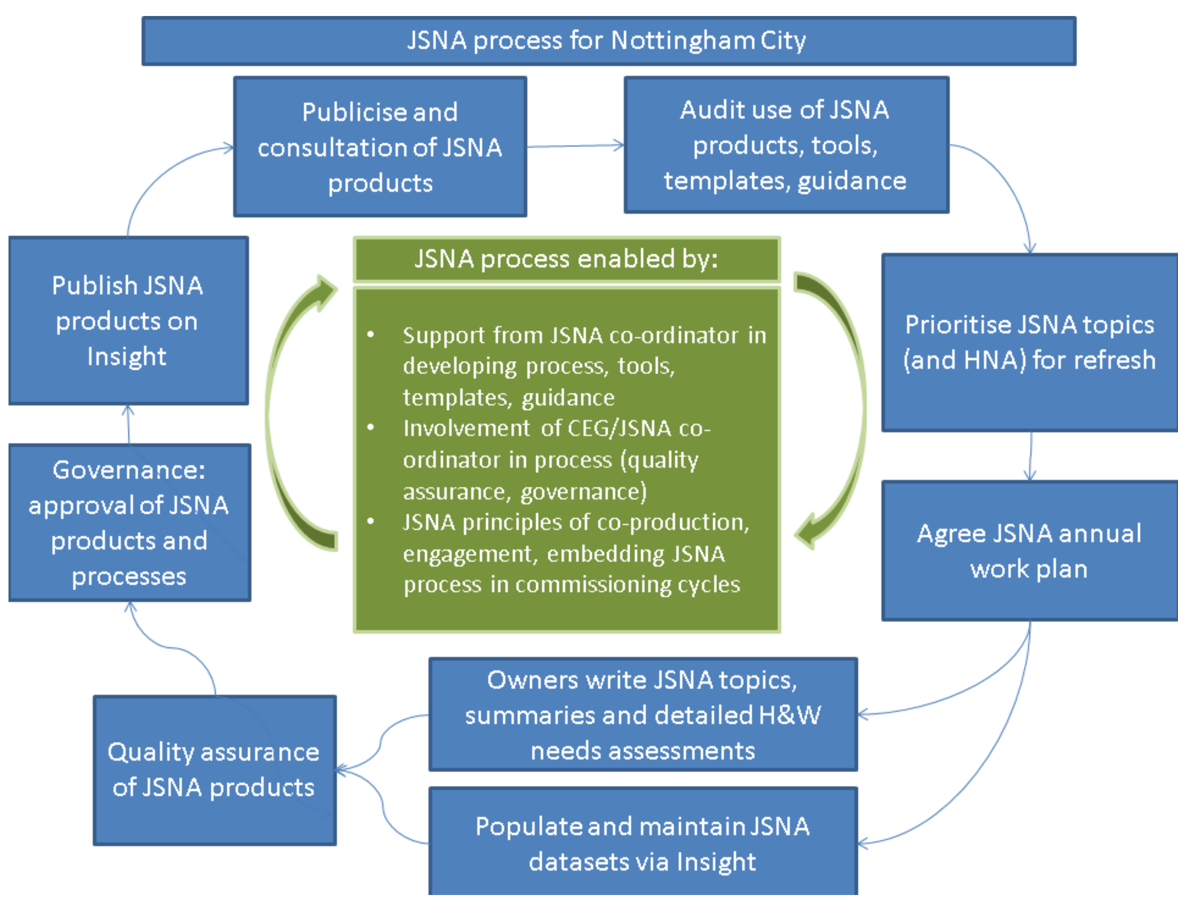
Our Nottingham City Joint Strategic Needs Assessment should enable us to understand, improve and address people's health and wellbeing. It should help determine our Health and Wellbeing Strategy, our commissioning plans and how we address inequalities. Through our JSNA process we hope to achieve:

- Delivery of high quality JSNA products
- Confidence in and use of JSNA products
- Clarity of priority issues
- Understanding of gaps in knowledge
- Strengthened partnership approach
- More informed, effective and integrated commissioning

**JSNA process and governance**

The Health and Wellbeing Board approves the Joint Strategic Needs Assessment annually and has delegated the responsibility to manage the JSNA to the Commissioning Executive Group (CEG).This group ensures that the appropriate resources are available for its development and co-ordination. The CEG is supported by the lead public health consultant and the JSNA co-ordinator.

Joint Strategic Needs Assessment is a process. It is not just a document or a website. It needs to be a clear process whereby a consensus is reached in the light of the available evidence. The JSNA process is outlined below.




**Progress and development of the JSNA in 2013/2014**

Work areas for the Joint Strategic Needs Assessment come under three main themes: JSNA governance and process, the JSNA local information system and the JSNA topic chapters and summary refreshes. Information on progress for each of these work areas is described below.

**a) Group ownership of JSNA chapters**

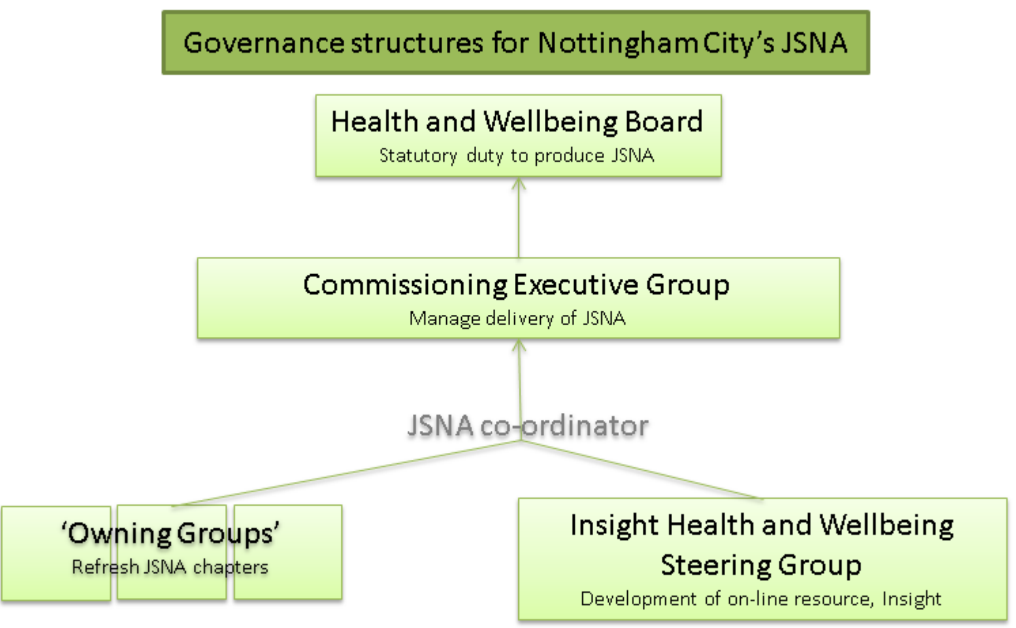
Each Joint Strategic Needs Assessment topic chapter is now ‘owned’ by a group with strategic commissioning responsibilities and multi-agency membership, usually an integrated commissioning group. The role of the owning group is to identify authors to refresh or develop chapters, provide expert opinions regarding content and to endorse the Joint Strategic Needs Assessment chapter. This new approach is anticipated to improve quality through wider involvement and better integration into commissioning cycles. It should enhance commitment to support the Joint Strategic Needs Assessment and provide clarity of priority issues.

**b) Revised JSNA template**

The template for the JSNA chapters, which provides a consistent structure and guidance for authors, has been revised and updated further to feedback from users and authors.

**c) New peer review process**

A new peer review procedure has been established which involves peer critical appraisal of JSNA topic chapters against specific criteria in order to ensure JSNA topics chapters meet accepted quality standards. The quality reviews are carried out in a supportive and constructive manner with suggestions and recommendations for improvements wherever possible.




**d) Establishment of the Nottingham Insight Steering Group**

Our Joint Strategic Needs Assessment process delivers a range of JSNA products including topic chapters (there are 48 chapters in the Nottingham City JSNA), an executive summary, detailed datasets, maps, and a document library. These are published on a web-based system; Nottingham Insight. Development of Insight is co-ordinated and managed by the Insight Health and Wellbeing Steering Group which has been established this year. The aim of the group is to oversee the development of effective on-line sharing of data and intelligence through Insight to meet the needs of JSNA and wider health and wellbeing intelligence requirements across Nottingham City Council.

**e) Updated JSNA chapters**

The table in Appendix A shows which sections have been refreshed or are expected to be completed in 2014/15. All the completed Joint Strategic Needs Assessment topics listed above can be accessed via http://www.nottinghaminsight.org.uk/insight/jsna/jsna-home.aspx

**Proposed developments for the JSNA in 2014/2015**

The following further developments are planned:

a) The establishment of a small steering group for the JSNA which will be accountable to the Commissioning Executive Group.
b) Further support to newly established 'owning groups' will continue in 2014/2015to ensure they understand and can implement their new responsibilities for JSNA topic chapters.
c) A work programme is being developed for Nottingham Insight which includes: the development of the internet pages to improve the content and usability; updating and maintaining the JSNA area of Insight and how the user views the Joint Strategic Needs Assessment documents; reviewing and improving the data, profiles and the document library; clarifying the roles of partners in maintaining and developing Insight; communications and training.

d) There are a number of JSNA topic chapters which are due to be refreshed in 2015/16(see appendix A).The schedule of refresh will be negotiated with owning groups for each topic chapter.

e) Developing wider stakeholder engagement in the JSNA process, particularly with the voluntary and community sector and Healthwatch.

## 3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

Not applicable

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

Ongoing financial commitment to Nottingham Insight is assumed.

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

If the JSNA is not easily usable, of good quality or accessible it may not be fully considered by commissioners in decisions regarding commissioning or decommissioning of services. In addition, in view of the challenging financial times, evidence in the JSNA regarding unmet needs or competing priorities may not be taken into consideration.

These risks are being mitigated by ensuring quality assurance processes are in place and that governance for JSNA chapters is extended to appropriate strategic commissioning groups. This will help to ensure that our commissioning decisions are based upon a robust and objective intelligence and evidence base.

## 6. EQUALITY IMPACT ASSESSMENT

Has the equality impact been assessed?
Not needed (report does not contain proposals or financial decisions) X

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

## 7.1 Appendix A: JSNA topic chapter refresh status as at August 2014

| Life course | JSNA topic chapter | Due date | Status |
|---|---|---|---|
| Cross cutting | Executive summary | Jul-14 | COMPLETED |
| Cross cutting | Demographic, social and environmental context | Jul-14 | COMPLETED |
| Cross cutting | Smoking | 2014 | In progress |
| Cross cutting | Diet and nutrition | 2015 | In progress |
| Cross cutting | Obesity | 2015 | In progress |
| Cross cutting | Physical activity | 2015 | In progress |
| Cross cutting | Housing | TBA | Not started |
| Cross cutting | Homelessness | 2016 | Not due |
| Cross cutting | Life Expectancy | 2016 | Not due |
| Cross cutting | Carers | 2016 | Not due |
| Children and Young People | Children's mental health | Oct-14 | In progress |
| Children and Young People | Maternities & pregnancy | Oct-14 | In progress |
| Children and Young People | CYP disabilities and learning difficulties | 2014/15 | In progress |
| Children and Young People | Teenage pregnancy | 2014/15 | In progress |
| Children and Young People | Safeguarding | 2014/15 | Not started |
| Children and Young People | Children's avoidable injuries | 2015 | In progress |
| Children and Young People | Children's dental health | 2015 | In progress |
| Children and Young People | CYP substance misuse | 2015 | Not started |
| Children and Young People | Child Poverty | TBA | Not started |
| Children and Young People | Immunisations & vaccinations | TBA | Not started |
| Children and Young People | Priority families | TBA | Not started |
| Children and Young People | Children in Care | 2016 | Not due |
| Adults | Domestic violence | 2014 | COMPLETED |
| Adults | Communicable diseases: Hep B & C | 17-Sep-14 | In progress |
| Adults | Sexual Health | 16-Sep-14 | In progress |
| Adults | Adult mental health | 31-Oct-14 | In progress |
| Adults | Adult learning disabilities | 2014/15 | In progress |
| Adults | Adult physical and sensory impairment | 2014/15 | In progress |
| Adults | Adult mental wellbeing | 2014/15 | In progress |
| Adults | Suicide | 2014/15 | In progress |
| Adults | Asylum Seekers/Refugees/Migrant Workers | 2014/15 | In progress |
| Adults | Cancer | 2014/15 | In progress |
| Adults | Adult Oral Health | 2015 | In progress |
| Adults | Alcohol | 2015 | Not started |
| Adults | Adult problem drug use | 2015 | Not started |
| Adults | Students | TBA | Not started |
| Adults | Cancer screening | TBA | Not started |
| Adults | Cardiovascular disease | Information governance regulations delaying progress | |
| Adults | COPD | Information governance regulations delaying progress | |
| Adults | Diabetes | Information governance regulations delaying progress | |
| Adults | Offenders (in the community) | TBA | Not started |
| Older people | Stroke & TIA | 2013 | COMPLETED |
| Older People | Dementia | Sep-14 | In progress |
| Older people | Excess winter deaths | Sep-14 | In progress |
| Older people | Falls and bone health | Jan-15 | In progress |
| Older people | Healthy Ageing (formerly complex needs of OP) | 2015 | Not started |
| Older people | Care home residents | 2016 | Not due |
| Older people | End of Life | TBA | Not started |

## 8. PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

8.1 None

# 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 Health and Care: Local Implementation Plan | Helen Ross, City Public Health.<br>Helen.ross@nottinghamcity.gov.uk<br>Lynne McNiven<br>Lynne.mcniven@nottinghamcity.gov.uk<br>John Tomlinson, County Public Health<br>John.tomlinson@nottscc.gov.uk | Written report | N/R |
| **Health and Wellbeing Strategy (HWS), Nottingham Plan, and other Key Strategies:** Nottingham Plan Programme Group<br>HWS Accountable Board members | Endorsement of the Mental Health & Wellbeing Strategy<br><br>Nottingham Plan Annual Report<br><br>Integrated Health & Social Care :Leaving Hospital. | Jo Copping<br>Joanna.copping@nottinghamcity.gov.uk<br><br>Liz Jones, Chief Execs.<br>Liz.jones@nottinghamcity.gov.uk<br><br>Helen Jones<br>Helen.jones@nottinghamcity.gov.uk | Written report<br><br>Written report<br>Written report | 5/08/14<br><br>N/R<br><br>05/08/14 |
| **Commissioning and JSNA:**<br>Nottingham City Council<br>Clinical Commissioning Group, NHS Commissioning Board Commissioning Executive Group | NHS Health Checks Commissioning Report.<br><br>JSNA update report. | Helen Scott, County Council Public Health<br>Helen.scott@nottscc.gov.uk<br><br>Jo Copping, City Public Health<br>Joanna.copping@nottinghamcity.gov.uk | | 5/08/14<br><br>5/08/14 |
| **Other relevant reports (safeguarding and social determinants of health):**<br>Safeguarding Boards<br>Provider organisations and council services relating to the social determinants of health | | | | |
| **Standing items** | Corporate Director of Children and Families<br>Director of Public Health<br><br>Healthwatch Nottingham<br><br>Clinical Commissioning Group | Alison Michalska<br>Alison.michalska@nottinghamcity.gov.uk<br>Chris Kenny<br>chris.kenny@nottscc.gov.uk<br>Martin Gawith<br>martin.gawith@healthwatchnottingham.co.uk<br>Dawn Smith<br>Dawn.Smith@nottinghamcity.nhs.uk | Verbal update/reports | |

| October 2014 | | | | |
|---|---|---|---|---|
| **Public Health topic:** Director of Public Health | Sexual Health & HIV<br><br>Teenage Pregnancy Plan<br><br>*Immunisation Report*<br>*Health Screening Report*<br><br>Air Quality | Alison Challenger, City Public Health. alison.challenger@nottinghamcity.gov.uk<br><br>Lynne McNiven Lynne.mcniven@nottinghamcity.gov.uk<br><br>*Linda Syson- Nibbs, Public Health. linda.syson-nibbs@nhs.net*<br><br>Jonathan Gribbin Jonathan.Gribbin@nottscc.gov.uk<br>Dawn Jenkin, Public Health Specialty Registrar, dawn.jenkin@phe.gov.uk<br>Richard Taylor, Operations Manager: Pollution Control Team Richard.taylor@nottinghamcity.gov.uk | Written report | N/R<br><br>*Tbc*<br><br>N/R |
| **Health and Wellbeing Strategy (HWS), Nottingham Plan, and other Key Strategies:** Nottingham Plan Programme Group<br>HWS Accountable Board members | | | | |
| **Commissioning and JSNA:** Nottingham City Council Clinical Commissioning Group, NHS Commissioning Board Commissioning Executive Group | Better Care fund.<br><br>Health Visiting (commissioning transferring to Local Authority from NHS England in 2015) | Maria Principe Maria.principe@nottinghamcity.nhs.uk<br><br>Antony Dixon, Quality and Commissioning. Anthony.dixon@nottinghamcity.gov.uk<br><br>Lyn Bacon, Nottingham CityCare Partnership. lyn.bacon@nottinghamcitycare.nhs.uk | | 7/10/14<br><br>07/10/14 |
| **Other relevant reports (safeguarding and social determinants of health):** Safeguarding Boards<br>Provider organisations and council services relating to the social determinants of health | 0-25 Special Educational Needs (SEN) System (Children and Families Act 2014) | Kevin Banfield Kevin.banfield@nottinghamcity.gov.uk | Written report | 2.9.14 |
| **Standing items** | Corporate Director of Children and Families<br>Director of Public Health<br><br>Healthwatch Nottingham | Alison Michalska Alison.michalska@nottinghamcity.gov.uk<br>Chris Kenny chris.kenny@nottscc.gov.uk<br>Martin Gawith | Verbal update/reports | |

| | | | | |
|---|---|---|---|---|
| | Clinical Commissioning Group | martin.gawith@healthwatchnottingham.co.uk<br>Dawn Smith<br>Dawn.Smith@nottinghamcity.nhs.uk | | |

| January 2015 | | | | |
|---|---|---|---|---|
| **Public Health topic:** Director of Public Health | | | | |
| **Health and Wellbeing Strategy (HWS), Nottingham Plan, and other Key Strategies:** Nottingham Plan Programme Group<br>HWS Accountable Board members | HWS Priority Families Theme update. | Nicky Dawson, Family and Community teams<br>Nicky.dawson@nottinghamcity.gov.uk | | 2/12/14 |
| **Commissioning and JSNA:**<br>Nottingham City Council<br>Clinical Commissioning Group, NHS Commissioning Board Commissioning Executive Group | Pharmaceutical Needs Assessment Sign Of. | Jo Copping, City Public Health<br>Joanna.copping@nottinghamcity.gov.uk | | tbc |
| **Other relevant reports (safeguarding and social determinants of health):**<br>Safeguarding Boards<br>Provider organisations and council services relating to the social determinants of health | Safeguarding Annual Report | Paul Burnett; independent chair of NSCB<br>pr.burnett@btopenworld.com | | 02/12/14 |
| **Standing items** | Corporate Director of Children and Families<br>Director of Public Health<br><br>Healthwatch Nottingham<br><br>Clinical Commissioning Group | Alison Michalska<br>Alison.michalska@nottinghamcity.gov.uk<br>Chris Kenny<br>chris.kenny@nottscc.gov.uk<br>Martin Gawith<br>martin.gawith@healthwatchnottingham.co.uk<br>Dawn Smith<br>Dawn.Smith@nottinghamcity.nhs.uk | Verbal update/reports | |

| **Feb 2015** | | | | |
|---|---|---|---|---|
| **Public Health topic:** Director of Public Health | | | | |
| **Health and Wellbeing Strategy (HWS), Nottingham Plan, and other Key Strategies:** Nottingham Plan Programme Group<br>HWS Accountable Board members | HWS Overall 18 month Report | John Wilcox, City Public Health.<br>John.Wilcox@nottinghamcity.gov.uk | | |
| **Commissioning and JSNA:** Nottingham City Council<br>Clinical Commissioning Group, NHS Commissioning Board Commissioning Executive Group | *CEG Commissioning Intentions - tbc* | *Candida Brudenel*<br>*Maria Principe* | | 3/2/14 |
| **Other relevant reports (safeguarding and social determinants of health):** Safeguarding Boards<br>Provider organisations and council services relating to the social determinants of health | | | | |
| **Standing items** | Corporate Director of Children and Families<br>Director of Public Health<br><br>Healthwatch Nottingham<br><br>Clinical Commissioning Group | Alison Michalska<br>Alison.michalska@nottinghamcity.gov.uk<br>Chris Kenny<br>chris.kenny@nottscc.gov.uk<br>Martin Gawith<br>martin.gawith@healthwatchnottingham.co.uk<br>Dawn Smith<br>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<br>HWS Accountable Board members | | | | |
| **Commissioning and JSNA:**<br>Nottingham City Council<br>Clinical Commissioning Group, NHS Commissioning Board Commissioning Executive Group | Better Care Fund. | Antony Dixon, Quality and Commissioning.<br>Antony.dixon@nottinghamcity.gov.uk | | tbc |
| **Other relevant reports (safeguarding and social determinants of health):**<br>Safeguarding Boards<br>Provider organisations and council services relating to the social determinants of health | | | | |
| **Standing items** | Corporate Director of Children and Families<br>Director of Public Health<br><br>Healthwatch Nottingham<br><br>Clinical Commissioning Group | Alison Michalska<br>Alison.michalska@nottinghamcity.gov.uk<br>Chris Kenny<br>chris.kenny@nottscc.gov.uk<br>Martin Gawith<br>martin.gawith@healthwatchnottingham.co.uk<br>Dawn Smith<br>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.**

## Health and Wellbeing Board – August 27th 2014

| Title of paper: | Healthwatch Nottingham Update – August 2014 | |
|---|---|---|
| Director(s)/<br>Corporate Director(s): | n/a<br>Martin Gawith, Chair – Healthwatch Nottingham | Wards affected:<br><br>All |
| Report author(s) and contact details: | Ruth Rigby, Managing Director – Healthwatch Nottingham<br>0115 859 9528<br>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 June 2014. It also outlines developing work areas and plans.

## 2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

**Evidence and Insight**

2.1 In this period we received 39 contacts from the public via our Info line or email. 29 of these calls were for information or signposts to other organisations. The remainder were people sharing experiences/information.

2.2 69% of enquiries were made in a personal capacity while 10% were from professionals. We received more calls from women (69%) in comparison to men (31%). Calls were received from people across Nottingham with 13% of callers from outside the city. People aged of 66 and older accounted for 53% of calls in the quarter. This group has also been responsible for the most calls during the last three quarters.

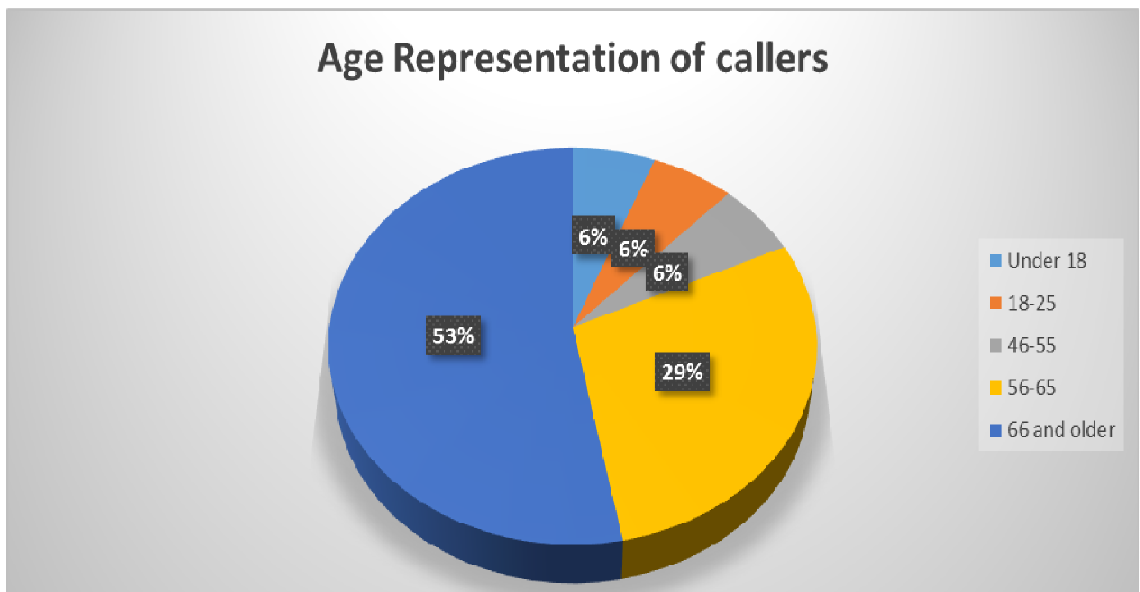



**Figure 1: Representation of the age categories of callers to the Healthwatch Nottingham Information line.**

2.3 We received calls from a wide range of ethnic groups in Nottingham. Of this amount who gave their ethnicity, 71% were from people of White – British, Scottish, Welsh and Northern Irish backgrounds.

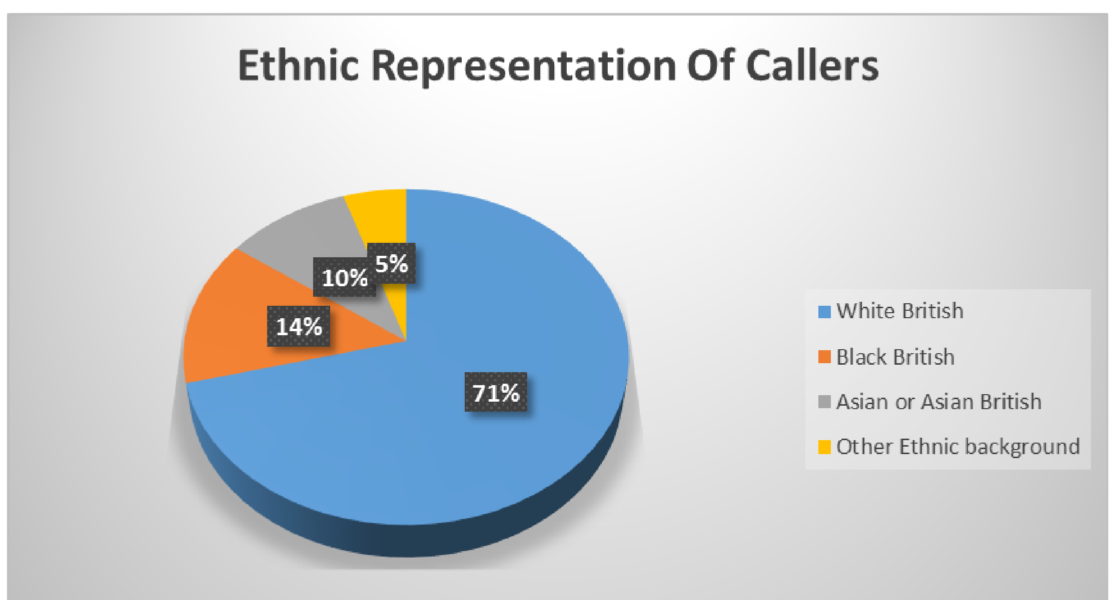



**Figure 2: Representation of the ethnic background of callers.**

2.4 The enquiries in this quarter were varied with most relating to GPs, accounting for 34% of calls. Whilst dentist-related enquires accounted for 18 % of calls.

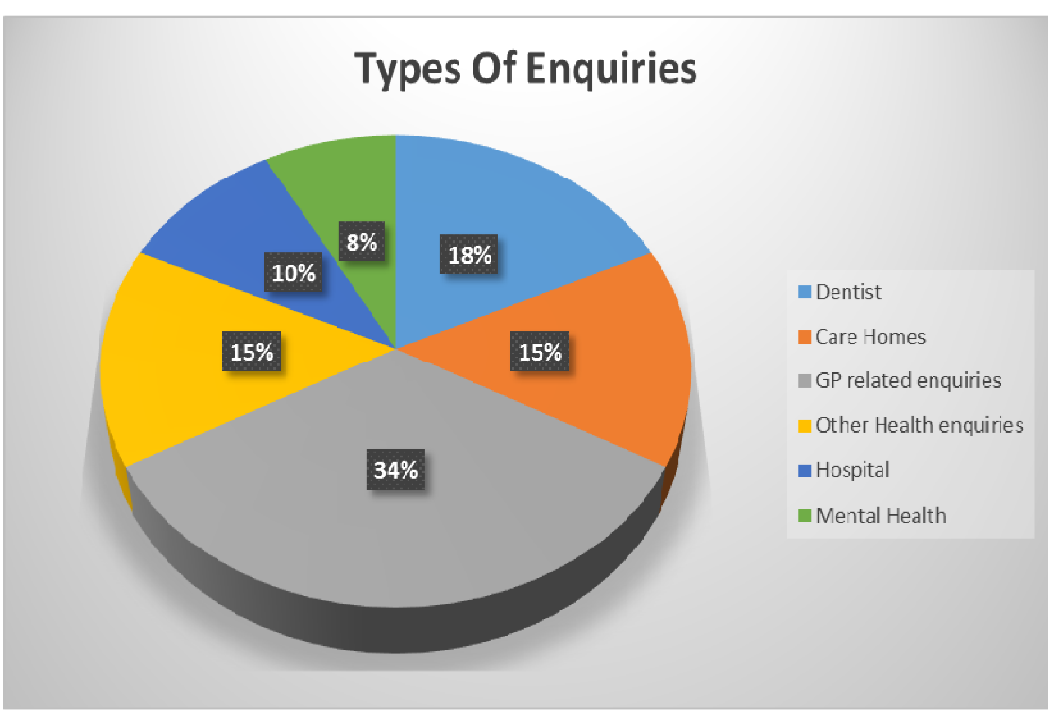



**Figure 3: Representation of the types of enquiries received.**

**Talk to Us points**

2.5 We are currently piloting *Talk to Us* points in two Joint Service Centres in the City: Clifton Cornerstone and the Mary Potter Centre in Hyson Green. These will provide an opportunity for both general feedback regarding health and social care matters and for specific campaigns. These points will be staffed by Healthwatch Nottingham volunteers at specific times during the week. It is intended that *Talk to Us* points will be established in each area of the city.

**Engagement**

2.6 Healthwatch Nottingham has supported public engagement regarding the CCG's proposals to revise the current Walk In Centres to Urgent Care centres. This work sought to encourage the views of seldom heard groups, to complement and build on the feedback already received through the CCG's own consultation. A report on our findings has been presented to the CCG.

**Annual Report 2013/14 and Reflective Audit**

2.7 Healthwatch Nottingham has produced its first annual report (Appendix 1) in line with statutory requirements. Whilst much of 2013/14 was spent building links with key stakeholders and raising the profile of the new organisation, a reflective audit – which sought to gain the views of over 800 people who had had contact with the organisation in its first year - was used to compile the views of a wide cross section of people and has also been used to inform plans for the current year.

2.8 Key findings from the audit were that:

- We need to do more to ensure that all local people know who we are and what we do. This was unanimously agreed by the vast majority of respondents to our survey, irrespective of whether they had a professional or service user role.

- There is more we can do to gather and share the experiences of seldom heard groups. Only 50% of providers and commissioners agreed that we identify and represent the needs of seldom heard groups. 41% couldn't make a decision, which illustrates we need to get better at communicating this; we need to be overt and shout about it. You also told us that doing this was one of the ways we can best support you and make a difference locally.

- We've built some good strong relationships with decision makers in the city. The vast majority of professionals responding to our survey have had a positive experience of working with us and we have strong relationships with them. What we need to do now is build on this, ensure we remain independent and provide confirmation and challenge where necessary to deliver the best outcomes for local people.

## 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) ☐Y

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.

# Annual Report 2013/14

# Foreword

## Developing a strong voice for Nottingham citizens in shaping health and social care.

This is our first annual report, covering a year that has seen a huge amount of change in local health structures, the establishment of the city's Health and Well-being Board and our own development as the new voice for patients, services users, carers and the wider public committed to ensuring that the health and social care system that is as good as it possibly can be for our diverse population.
So, how have we done in our first year? This report sets out how we have made a difference. To do this, we have put new structures in place:

- We have a five-strong Board directing our work and setting our priorities;
- We have a small team engaging with the public and other networks, compiling the information we receive and ensuring is is fed into the development of local services and systems;
- We have developed relationships with a broad range of other bodies that will help us garner the views of Nottingham citizens, including:
  - the Partnership that hosts us, comprising AWAAZ, HLG, Independent Voices for Engagement (IVE) and Self Help Nottingham
  - HWB3, the voice of the third sector around health and wellbeing
  - Nottingham City Voices, the CCG's online consultation community that we link into

  There are many other networks that help us to hear the voices of those seldom heard.
- We have attracted a number of volunteers to help us reach into Nottingham communities and champion our role and the voice we offer

Also, we have developed relationships with:
- Our key commissioning stakekholders – the Nottingham City Clinical Commissioning Group (CCG), the City Council in relation to Public Health, Adult Social Care and Children and Young People's Services, NHS England.
- Our major providers, including Nottingham University Hospitals NHS Trust, Nottinghamshire Healthcare NHS Trust, Nottingham CityCare Partnership and a range of other smaller organisations providing health and care services in the city.
- The organisations that regulate and monitor our health and care services – the Care Quality Commission (CQC), Monitor, the Trust Development Authority.

We know that these orgnaisations need to trust us to act independently of the health and social care system, champion the views of local people and act as critical friend to them. They also need to trust that we understand the challenges they face, the constraints placed on them as they plan for major change which will see reduced funding whilst both people's expectations of the system and the needs of the local population increase.

**Who's missing from this?**
Our most important relationship is that between ourselves and Nottingham citizens:
- We have developed a membership of 800 Nottingham residents keen to be involved and hear more about our work. We know we need to work more closely with them.
- We have developed our relationships with local media so they understand our role.

But we need to do more. We want everyone in Nottingham to tell us about every experience they have of a health or social care service that they think must or could be improved. Alongside that, we want to know about every experience that exceeded their expections so that we can identify good practice.

Over the forthcoming year, we will put the development of our relationship with all Nottingham's citizens as our top priority as we want the whole of the city to Talk to Us to improve health and social care in Nottingham.

Martin Gawith,
Chair of the Board

# Making a difference through statutory activities

## Government legislation gives us some powers and requires us to undertake particular activities. This section details our actions over the last year and how we're starting to work for our local people.

### Promoting and supporting the involvement of local people in in the commissioning, provision and scrutiny of local services

As well involving local people in our work we have worked with service providers and commissioners to promote and support the involvement of local people in the design and delivery of local services. Two thirds of the commissioners who responded to our annual survey told us we are making a difference to their work. When asked how, one respondents said this…

> *Raising awareness of the service user/patient perspective; being an active voice and participant.*
>
> Service commissioner

Here are some examples to illustrate our work in this area…

**Urgent care public consultation…**

We worked with the Clinical Commissioning Group (CCG), who were also acting on behalf of NHS England, on their plans for involving all local people in the consultation on the planned changes to walk-in centre provision and primary care access. We are supporting their consultation through targeted work with seldom heard groups.

**Equality and diversity engagement network…**

This is a commissioner and provider forum to share engagement findings and ensure that this activity represents the diversity of our local community. We have contributed to a shared work programme to promote best practice and partnership working.

**South Nottingham Transformation Board…**

We're participating observers on the board which is overseeing the transformation of local services to deliver improved outcomes for patients. Through our role in attendance at the Citizen Advisory Group of this board we have fed our views into proposals for how they will involve and engage local people. We raised the need for specific methods of engagement to ensure the voice of seldom heard groups is heard.

**As well as promoting the involvement of local people in other organisations we're doing this too!**
We're strongly committed to involving the diverse communities of Nottingham in our organisation so we've developed and promoted our volunteering strategy and our first wave of volunteering roles, which include:

**Champion volunteers…**
will help us reach the diverse groups and communities in the city, collecting local people's views on and experiences of services.

**Administration volunteers…**
will provide administrative support to our staff team, including responding to calls on our information line.

**Event volunteers…**
will help promote Healthwatch Nottingham at community events.

**We're also adopting the Older Citizens Charter.** We have supported the city council work to involve a group of older citizens to develop a charter of pledges around how they should be involved in the design and delivery of local services. We've adopted their charter to inform our own development and engagement activities.

## Enabling local people to monitor the standard of care

We felt we needed to fully understand the work already being undertaken by commissioners and regulators to monitor the standard of care, before we put our volunteers into these complex situations to undertake Enter and View visits. We wanted to make our work in this area complementary to other regulatory activities. Over the next year we will design and develop our Enter and View visits across all health and social care services to ensure that this activity fills gaps in existing regulatory activities.

Here are some examples of our other work in monitoring standards of care...

### Dignity in Care Board...

This board oversees a series of pilots to develop community-based 'governing bodies' in local care homes. We're key participants of the board, and are supporting the development of the project to help fill the intelligence gap between the experience of residents and their family and friends, and the assessment of the regulators and contractors. Healthwatch Nottingham volunteers will join these boards, gathering information to monitor how the home works. This evidence will feed into quality improvement work undertaken by commissioners and providers, will act as an alternative to Enter and View visits and inform our future work with this sector.

### Care Homes...

We acknowledged the view expressed by the Care Quality Commission (CQC) that the quality and standard of care in our care homes in our community is below average. We recognised that there has been some good multi-agency work to establish early warning systems, and so decided not to conduct Enter and View visits so as not to conflict with, or replicate, other regulatory activities.

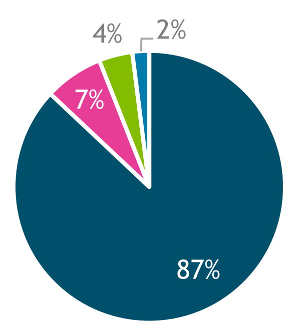
## Providing advice and guidance

Our Information Line provides information and signposting services on issues relating to health and social care services in the city. The line is open 9am to 5pm. The Information Line number is:

**0115 859 9511.**

During 2013/14 we took enquiries from people in all 22 wards of the city, across a range of ethnic groups and age bands. The majority of our enquiries were about primary care services; over three quarters (77%) were related to accessing these services.

*Figure 1 Subject of information line enquiries (base: 129 enquiries)*




- Primary care services
- Hospital services
- Social care services
- Community services

Wanted information related to the administration and management of these services. Just under one in ten callers (9%) wanted advice and guidance on making a complaint. We signposted the latter to the appropriate advocacy and complaints services.

Wanted information and details for GP surgeries or health centres. We provided this where requested, and signposted people to appropriate services where required.

> *I know I can rely on the staff to do all they can to help. If it's a problem they're not familiar with, they will pass it over to someone who is. I feel that the service is vital to the people of Nottingham.*
>
> Information line user

### We're involving local people in our information line too!

We're recruiting volunteers to respond to incoming calls, provide information about local services, record local people's experiences of services, and where relevant, signpost callers to advocacy and complaints services.

### Informal resolution…

We contributed to the development of the NHS England local area Team's Informal Resolution pilot, aimed at resolving people's concerns about primary care services. This has helped to ensure that people receive advice and guidance to get a swift resolution to concerns that can be resolved through liaison and improved communication between service providers.

## Obtaining the views and experiences of local people

The views and experiences of local people have been gathered through our Information Line telephone service, through a 'Talk to Us' form on our website and attending a range of community events where we spoke with people face to face. We've also developed a relationship with Nottingham City Voices, the CCG's membership panel of local people, which is shared with the city council. When we're undertaking specific consultations we will be using this panel to gather the needs and experiences of local health and social care services.

### Reaching out to priority groups

To engage people from disadvantaged and seldom heard communities we have used a variety of methods to raise awareness of Healthwatch and gather their needs and experiences.

#### Refugees and Asylum Seekers…

We've worked with the Nottingham Refugee Forum to gather the needs and experiences of their service users. We've incorporated their most significant concerns into our responses to public consultations on the provision of urgent care and access to primary health care services.

#### Carers…

We were a partner organisation for the delivery of the 2013 Carers Workshops, delivered in seven venues across the city in May and June 2013. We had a stand to raise awareness of Healthwatch and gather needs and experiences from the 450 people who attended.

#### Seldom heard groups…

We sit on the steering group of the Nottingham Third Sector Health and Well-being Board (HWB3). This has helped to ensure other member organisations promote Healthwatch Nottingham and support the collection of needs and experiences amongst the groups they support, including the seldom heard.

#### Young people…

We participated in events which involved a panel of young people from black and minority ethnic communities asking specific questions about local health services. Through this we identified a number of young people interested in working with us as Champion volunteers, supporting the collection of needs and experiences from other young people.

We have also worked with the specialist Children and Young People Worker from Healthwatch Nottinghamshire. This has enabled us to share practice and identify opportunities to work together in gathering the needs and experiences of children and young people in the city.

#### Black and minority ethnicities…

We held a stand at the Nottingham Caribbean Carnival to promote awareness of Healthwatch Nottingham.

We've supported the Asian Mental Health Resource Unit's Macmillan Coffee morning and mental health awareness event to raise awareness of Healthwatch and talk to local people about their needs and experiences. The unit provides advocacy, support and therapy to the Asian community suffering from any form of mental health difficulties.

Our chair has also featured on the Radio Dawn Health Show and Kemet FM radio station Health and Well-being show. The radio stations targets the Asian and Arabic, and Afro Caribbean communities.

## Formulating views on the standard of provision

We take all the needs and experiences we've gathered from local people to identify trends and concerns in provision. These were the three most frequently identified concerns and what people told us about them…

**Identified concerns with their treatment and care.** Continued and increased levels of pain were the most frequently reported concern. These were all linked to either unsuccessful treatments or low standards of care.

**Talked about referrals.** Waiting times for the original service to undertake the referral and the amount of time between referral and appointment were the main concern.

**Referenced access to services.** The time it takes to access services, often in an emergency or crisis situation was the main concern reported to us.

These trends indicated that improvements could be made across a range of services. Here are some examples of how we have looked into these trends to identify potential improvements…

### Care homes…

We identified the standard of provision in care homes as an area we needed to further understand. This followed the CQC assessment that the quality of our local care homes was below the standard found in other areas across the country. We're now working through a programme of activity designed to understand service users' needs so that we can identify if and how improvements can be achieved through existing improvement activities.

### The frail and older persons journey…

We participated in an event to walk the older person's journey through the acute care setting. This was insightful in both understanding and analysing the current provision and considering improvements that could be made. This has helped us to understand how and why the system needs to change, findings which we have fed into our work on the South Nottingham Transformation Board.

## Making reports and recommendations

We've used the needs and experiences gathered to work with service providers and commissioners to improve our local services. Reports have been produced, and where appropriate we've taken our work to groups scrutinising relevant services. Our evidence suggests that we are starting to make a difference to their work. Over two thirds (68% of 16) who responded to our annual survey agreed with this statements. When asked how, they said…

*The patient feedback that is received via Healthwatch Nottingham helps to inform areas where we need to do better and well, complementing the feedback we receive from a wide range of other sources.*

Service provider

*By being involved, visible and making a contribution to future planning and current issues…working with Healthwatch has been useful and mutually beneficial. We appreciate their independence and input.*

Service commissioner

70% of providers responding to our annual survey, agreed that we're starting to make a difference for local people. When asked how, they said:

*"By providing a systematic way to engage and influence both at a strategic and high operational level."*

*"By informing local practice and policy."*

Here are some examples of how we've produced reports for service improvement...

### Care homes...

We were involved in a lessons learnt event following the closure of one of the city's care homes. Following this event, Nottingham City Council and the CCG made ammendments to their operational procedure regarding the unplanned closure of a care home. Continuing to work with Healthwatch Nottingham is referenced in their actions. We took this issue to the Quality Surveillance Group (QSG) for the city, a group wich work to safeguard the quality of care that people receive. They commended this work as a good peice of collaborative working.

### Ophthalmology...

We worked with Healthwatch Nottinghamshire to compile a report on concerns that were raised to us both about the Ophthalmology department at the Queens Medical Centre. The report was forwarded to Nottingham University Hospitals who deliver this service. They then produced an action plan which acknowledged the issues raised.

### Care homes...

We participated in a strategic review of local care homes to assess if they met the needs of local people now and in the future. Out of this review came some recommendations to commissioners about quality improvements, gaps in the market and messages to the care home sector. We contributed to the development of these, challenging them as a critical friend.

## Working with Healthwatch England

We have also worked with colleagues in our neighbouring local Healthwatch and supported Healthwatch England. For example...

### Communications working group...

We sit on the Healthwatch England Communications Working Group, working with them to help develop their communications arrangements with local Healthwatch. We have used these to develop our approach to our communications activities.

### Joint work with our neighbours...

We work closely with Healthwatch Nottinghamshire, particularly around communication – to ensure local people receive a clear message about what Healthwatch does irrespective of where they live - and we look to aggregate the information we hold about shared providers to enable us to spot trends and to help the provider make best sense of the information we have.

### Rights and responsibilities charter...

We arranged and conducted a consultation with an Asian women's groups for Healthwatch England's rights and responsibilities charter.

### Care homes...

We have met with the CQC and Healthwatch England to discuss provision in our local care homes. We alerted them to our work around one of the city's care home and sought, with CQC, to provide clear information to the public regarding the outcome of an inspection of a primary care setting that received negative media coverage.

# Being active on the Health and Well-being Board

## Local Healthwatch have a seat on their local Health and Well-being Board, leaders from local services who work together to improve the health and well-being of local people. This section illustrates how we've been an active member of the Nottingham board.

We have been an active member of the Health and Well-being Board since we started. We report back to them quarterly and provide an update for them on the issues being reported to us through our contact with the public. We've also presented back to them on the following…

**Scrutiny…**

We have presented to the Health and Well-being Board to improve their understanding of our role in scrutinising services and being the voice for local people. We have now developed a working protocol for how we work with them and the Health Scrutiny Committees.

**Roles and responsibilities…**

We have contributed to and presented at Health and Well-being Board development sessions, designed to ensure the effective operation of the Board through a clear understanding of members' roles and responsibilities.

Nottingham has a third sector provider forum - HWB3 - representing those third sector organisations with a direct interest in health and well-being. The forum meets once a year but they also have a steering group which meets bi-monthly to allow the two HWB3 representatives on the Health and Well-being Board to appropriately liaise with third sector organisations and to identify opportunities for third sector involvement and influencing. Healthwatch Nottingham sits on the HWB3 steering group as a co-opted member. Our work on the group has resulted in a clearer link between the work plan of Healthwatch Nottingham and HWB3, allowing us to gather and utilise information from local third sector organisations and feed this through into our own information gathering to support our work to identify the views of seldom heard groups.

# Making decisions at Healthwatch Nottingham

## Local Healthwatch are required to have a procedure to make decisions and involve local people in making decisions. This is how we do it at Healthwatch Nottingham.

### The Healthwatch Nottingham Board

The Healthwatch Nottingham Interim Board was selected following a widely advertised application process. Collectively, the Board brings a wealth of experience across health, social care and housing as well as the statutory and voluntary sector. Each member also brings knowledge, enthusiasm and experience of engaging with Nottingham citizens as well as a strong commitment to ensure the diversity of our local population is represented, and its views our reflected in our work. The board meets every two months and makes decisions about how we plan and deliver our activities and how much money we spend on these activities. For example…

**Care homes…**

Following the emergency closure of a care home in the city, and feedback from relatives of residents, the Board have prioritised care homes as an area of interest. They have initiated a work programme that seeks to maximise people's opportunities to tell us about their experiences of care homes.

You can find out more about our board members here:
http://www.healthwatchnottingham.co.uk/content/meet-board

During 2014/15, the Board will be further expanded, via election, to broaden our reach further into Nottingham's communities

## Prioritising our work

To help the Board to make decisions about the services and other areas our activities should focus on, we undertake a three stage process:

- Identifying priority areas based on concerns or issues raised through engagement activities and other information received from local people.
- Looking at the work programmes of partner organisations, and gathering the views of local people to support these activities, e.g. the work of Health Scrutiny.
- Identifying other areas of interest, such as work with specific seldom heard groups whose views may be underrepresented in decision making regarding health and social care services.

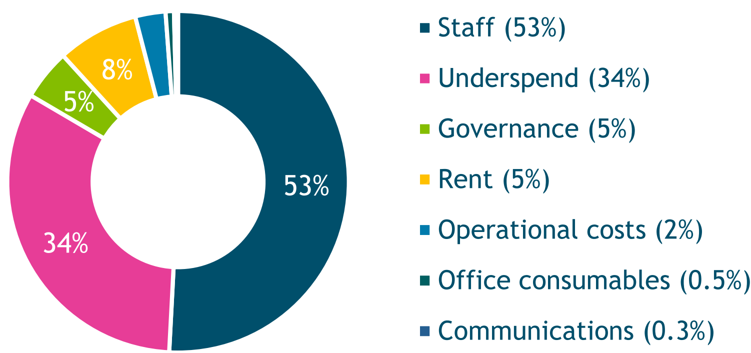
We will be reviewing arrangements during 2014/15 to increase the involvement of local people in setting our priorities.

# Financial report

Healthwatch Nottingham receives just under £160,000 per year from Nottingham City Council to fund its service. In addition, a further £20,000 was been provided to assist with set up costs.

Figure 2 illustrates how we have spent our core grant money, with over half (53%) going on staffing costs. This cost in 2013/14 was significantly reduced as the permanent staff team was not fully in place until March 2014. Over the next two years, this underspend will be used to cover staffing costs, which will form the vast majority of our spending.

Figure 2 Healthwatch Nottingham expenditure 2013/14 *Note: this does not include the £20,000 set up costs*




Around three quarters of our set up funds has been spent on IT systems to allow us to store, manage, analyse and report the on the information we receive through our engagement and other work. Additional expenditure has been on establishing the Board, through advertising the recruitment process, and on other promotional materials.

# Using the Healthwatch Trademarks

We use the Healthwatch England Brand Guidelines in all our communication material to ensure that the Healthwatch brand is distinctive and meaningful to everyone irrespective of where they live.
The Healthwatch logo is a registered trademark and is protected by law. If an external party uses it without permission, this constitutes infringement of the trademark. The use of the logo is controlled by Healthwatch England www.healthwatch.co.uk

Healthwatch Nottingham is licensed to use the Healthwatch trademark (including the logo and the Healthwatch brand) as per our license agreement with Healthwatch England and the Care Quality Commission.

# The year ahead

At the end of the first year of our three year contract we've developed a business plan for delivering our core activities and achieving a longer-term, sustainable future for Healthwatch Nottingham. The two key outcomes we've identified are:

The design and delivery of health and social care services is informed by the views of local people.

Healthwatch Nottingham is a sustainable organisation.

In order to achieve these outcomes we've identified a series of activities we will need to undertake. The development of these activities has been informed by the results of our first annual survey. For example,

You told us…
We need to make more Nottingham citizens aware of Healthwatch Nottingham and the work that we do.
We know we need to prioritise this, so we're working on the following to help us do it:

- **Our Engagement Plan for 2014/15:** This will outline how we ensure everyone in Nottingham has a chance to talk to us about their experiences of health and social care. We will build on existing networks that reach across the whole geography of the city, into communities of interest and where possible we'll use existing relationships to hear from those who are seldom heard.
- **Our Volunteering Strategy:** This identifies the key volunteer roles within Healthwatch Nottingham. It sets out the timetable for recruitment for these roles, training plans to up skill our volunteers, and looks at how we will support them to work with us.
- **Plans to roll out a series of 'Talk to Us' points that will appear across the city during 2014/15:** These will provide a single point for people to both give us information about local services and find out about access to services, complaints processes as part of our signposting work. Initially we will be piloting a couple of these points, but plans are in place to roll out them out across the city once we've found the best way to set them up.
- **Publicising our information and signposting service:** We are moving this service from being staff run to being led by volunteers during the first half of the year. Once we have done this, the increased service capacity will allow us to promote the service more widely and will allow us to provide more detailed information and support in some areas, if needed.

We've developed a work plan that identifies some key themes of our work for 2014/15, which includes the following:

| | |
|---|---|
| **April – June 2014** | **Electronic Prescriptions Scheme** - An information campaign for the public, in conjunction with Healthwatch Nottinghamshire, giving clear information about the pros and cons of the scheme, following concerns about links between the scheme and some online pharmacies.<br>**Urgent Care Centre** - Broadening consultation undertaken by the CCG to focus on the needs of seldom heard groups following the plan to move away from the current Walk In Centre model. |
| **July – September 2014** | **Dignity in Care Project in Care Homes** - work with social care to look at increasing community involvement in care homes with a view to increasing awareness of any challenges homes may be facing.<br>**Diaries Project** - looking at innovative ways of gathering information about health and social care through diaries, recording anything the diarist may hear. |

|  |  |
|---|---|
|  | **PPG survey analysis** - To identify trends in the issues identified by PPGs across the city, with a view to monitoring these over time |
| **October – December 2014** | **Seldom heard group** - Working with the transgendered community to increase awareness across health and social care staff |
| **January-March 2015** | **GP Access/Primary Care Strategy** - Looking at progress in relation to the delivery of this strategy and the linked Integrated Care Programme, and the impact on access to services |

We'll keep this work plan under review; our priority at all times will be to ensure the views of Nottingham citizens are represented.

We will also seek to develop those activities that we believe may assist in ensuring Healthwatch Nottingham is sustainable beyond 2015/16. This will primarily be in relation to:

**Engagement:** Working in conjunction with our voluntary section partners to gather and understand the needs and experiences of seldom heard groups.

**Research and Information management:** Developing our internal systems to provide robust analysis and innovative reporting of local peoples experiences to maximise its impact on decision making, and ensuring that we can measure and monitor the impact of our work and continue to add value to our partners.

# About us

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**Chair: Martin Gawith**
Adele Cresswell
Lucy Cooper
Robert Gardiner
Judith Bullimore

## Staff team

**Ruth Rigby – Managing Director**
Karen Emery - Information and Administration Worker
Courtney Nangle - Community and Partnerships Worker
Haleema Aslam - Volunteer Co-ordinator
Donna Clarke - Evidence and Insight Manager

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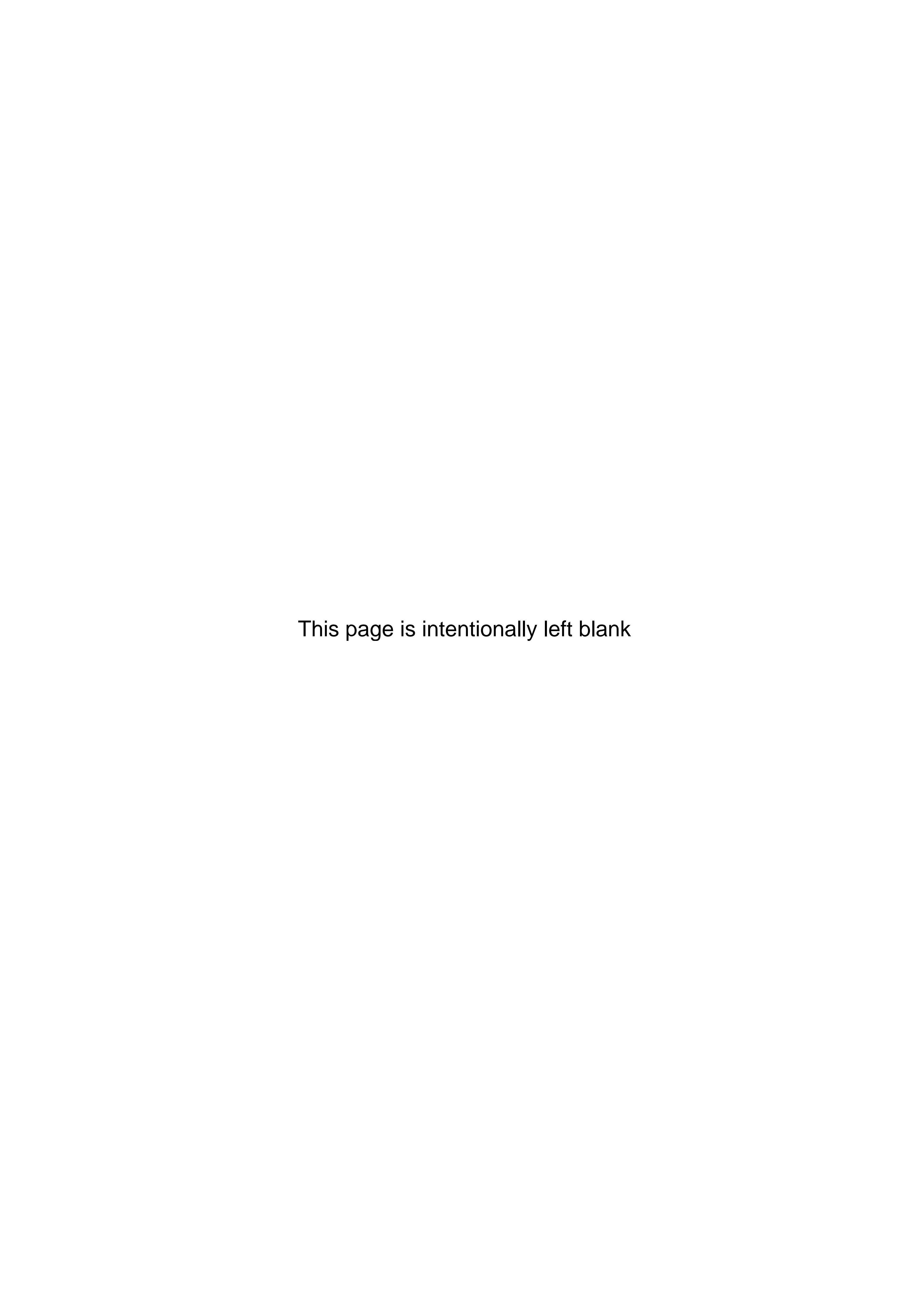
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NHS Nottingham City Clinical Commissioning Group
Health and Wellbeing Board – 27 August 2014

NHS
Nottingham City
Clinical Commissioning Group

## Chief Officer Update

### 1. CQC Inspection

The CCG was the subject of an 'unannounced' Care Quality Commission inspection during the week commencing 23 June 2014. We were given 48 hours notice that Inspectors from the Care Quality Commission would be undertaking a review of services for looked after children and child safeguarding in City. This is classed as a 'routine inspection' under the new Care Quality Commission Inspection Framework. The Inspectors visited a number of our commissioned providers and did an in-depth review of eight child safeguarding cases in the City. The Care Quality Commission inspection visit ended with an initial feedback meeting with the Executive Team and the key individuals involved. The CCG has received a draft copy of the report for comment on factual accuracy and the final report is expected to be on the CQC website by the end of August 2014.

### 2. NHS Nottingham City CCG Annual General Meeting

Following the publication of the first annual report in June 2014, the CCG will hold its first Annual General Meeting on Wednesday 24 September 2014 from 1.00 to 3.30pm at the New Art Exchange, Gregory Boulevard, Hyson Green. The Annual General Meeting will follow the September meeting of the Governing Body which will be held that morning at the same venue. GP members, partners, stakeholders, patients and carers are invited to attend for a review of our first year as a clinical commissioning organisation and for the presentation of the Annual Accounts. There will also be two short films premiered at the event; the first looking at progress in the City to integrate community health and social care services and the second which has been produced for use in City secondary schools to promote responsible use of NHS services and resources.

### 3. Better Care Fund

CCGs have received two letters regarding the Better Care Fund. The first, from Helen Edwards, Director-General Localism and Deputy Permanent Secretary, DCLG and Jon Rouse, Director-General, Social Care, Local Government and Care Partnerships, Department of Health, provided an update on some changes being made to further develop the programme, including finalising arrangements for the pay for performance element of the fund and, as part of that, putting in place a clear framework for local risk sharing.

Unplanned admissions are identified as by far the biggest driver of cost in the health service that the Better Care Fund can affect. Better Care Fund plans will need to demonstrate clearly how they will reduce emergency admissions, as a clear indicator of the effectiveness of local health and care services in working better together to support people's health and independence in the community.

The letter confirmed that a revised plan template and guidance will be issued to support the further improvement of plans locally and to underpin the strengthened pay for performance and risk sharing arrangements. Due to the additional work involved, current timescales will be reviewed to ensure areas have the time necessary to adequately prepare for implementation from next April 2015.

The second letter is an introductory letter from Andrew Ridley, the newly-appointed Better Care Fund Programme Director, setting out his plans for taking forward the

programme and supporting areas to deliver effective plans and move into implementation.

**4. NHS England announce new Health and Social Care Integration option**
Individuals with a high level of need are to be offered the ability to control their own blended NHS and community care, in partnership with the voluntary sector.

Speaking at the annual conference of the Local Government Association in Bournemouth earlier this month, NHS England Chief Executive Simon Stevens set out plans for a new Integrated Personal Commissioning programme, which will, for the first time, blend comprehensive health and social care funding for individuals, and allow them to direct how it is used.

Four groups of individuals are likely to be included in the first wave from next April 2015, although Councils, Voluntary Organisations, and NHS Clinical Commissioning Groups may also propose others.
These are:

- People with long term conditions, including frail elderly people at risk of care home admission;
- Children with complex needs;
- People with learning disabilities; and
- People with severe and enduring mental health problems.

At the same time, Voluntary/Third Sector organisations will be commissioned locally to support personal care planning, advocacy and service 'brokerage' for these individuals enrolled in the Integrated Personal Commissioning programme. This new approach builds upon, but is in addition to, the constructive joint work now under way locally on the groundbreaking Better Care Fund.
It also extends and combines current work on 'year of care' NHS commissioning, personal budgets in 'continuing care', and the early experience of 14 'integrated care pioneers'.

**5. Understanding the New NHS: A Guide for everyone working and training within the NHS**
NHS England has published 'Understanding the new NHS: a guide for everyone working and training within the NHS'. The former Chief Medical Officer, Sir Bruce Keogh, commissioned a guide to the NHS for junior doctors and it has been updated to reflect the changes in the new NHS and so Health and Wellbeing Board members may find it useful. Written by five doctors in training, the guide outlines the organisations, systems and processes that define sustain and regulate the NHS. It can be downloaded from www.england.nhs.uk.

**Dawn Smith**
**Chief Officer**
**August 2014**