



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

**Date:** Wednesday, 27 January 2016

**Time:** 2.00 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:** Phil Wye **Direct Dial:** 0115 8764637

**AGENDA**

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IF YOU NEED ANY ADVICE ON DECLARING AN INTEREST IN ANY ITEM ON THE AGENDA, PLEASE CONTACT THE GOVERNANCE OFFICER SHOWN ABOVE, IF POSSIBLE BEFORE THE DAY OF THE MEETING

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**NOTTINGHAM CITY COUNCIL**

**HEALTH AND WELLBEING BOARD**

**MINUTES of the meeting held at Loxley House, Station Street, Nottingham on 25 November 2015 from 1.33pm - 3.44pm**

**Membership**

**Voting Members**

Present

Councillor Alex Norris (Chair)  
Dr Ian Trimble (Vice Chair)  
Councillor Steve Battlemuch  
Dr Marcus Bicknell  
Alison Challenger  
Martin Gawith  
Helen Jones  
Councillor Sally Longford  
Councillor David Mellen  
Alison Michalska  
Dr Hugh Porter  
Dawn Smith

Absent

Vikki Taylor

**Non-Voting Members**

Present

Lyn Bacon  
Candida Brudenell  
Peter Homa  
Leslie McDonald  
Chris Packham (substitute)

Absent

Ruth Hawkins  
Mike Manley  
Gill Moy  
Jean Sharpe

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

James Blount	- Media Officer, Communications and Marketing
Wayne Bowcock	- Deputy Chief Fire Officer, Nottinghamshire Fire and Rescue Service
Clive Chambers	- Head of Service – Safeguarding and Quality Assurance
Jean Cope	- PA for Councillor Alex Norris
Helene Denness	- Consultant in Public Health
Malcolm Dillon	- Nottingham Safeguarding Adults
Nick Hunter	- Nottingham Local Pharmaceutical Committee
Trevor Illsley	- Bayer
Andy Madeley	- Department for Work and Pensions
Pete McGavin	- Healthwatch Nottingham
Lynne McNiven	- Consultant in Public Health
Colin Monckton	- Director of Commissioning and Policy Insight
James Rhodes	- Strategic Insight Manager

Vinay Shankar	- GP Fellow, Nottingham City CCG
Rachel Sokal	- Nottingham City Council
Marian Taylor	- Taylored2you.org
Sandy Utton	- Zest Consultancy
Jo Williams	- Programme Manager for Integrated Adult Care, Nottingham City CCG
Phil Wye	- Governance Officer

## **29 APOLOGIES FOR ABSENCE**

Simon Smith

## **30 DECLARATIONS OF INTEREST**

Councillor Norris declared an interest as he is working with the Nottinghamshire Healthcare branch of UNISON

## **31 MINUTES OF THE LAST MEETING**

The Board confirmed the minutes of the meeting held on 30 September 2015 as an accurate record and they were signed by the Chair

## **32 HEALTH AND WELLBEING BOARD COMMISSIONING SUB-COMMITTEE REVISED TERMS OF REFERENCE**

**RESOLVED to agree the changes to the Health and Wellbeing Board Commissioning Sub-Committee Terms of Reference, subject to the adjustment of member job titles that have changed**

## **33 MINUTES OF THE HEALTH AND WELLBEING BOARD COMMISSIONING SUB-COMMITTEE**

**RESOLVED to note the minutes of the Health and Wellbeing Board Commissioning Sub-Committee for the meetings held on 8 September 2015 and 13 October 2015**

## **34 ROLE OF THE FIRE AND RESCUE SERVICE IN HEALTH & WELLBEING**

Wayne Bowcock, Deputy Chief Fire Officer, Nottinghamshire Fire and Rescue Service, introduced his report on the service's capacity to support more partnership working to support a range of health and wellbeing objectives and to create safer, healthier communities. Wayne highlighted the following:

- (a) the role of the fire service has changed over the last 30 years as the number of fires has decreased in Nottinghamshire from around 30,000 in the 1990s to around 10,000 today. This has arisen from a shift of focus from response to prevention. Staffing levels must remain the same in order to respond to emergencies but there are opportunities for firefighters to be used in new ways to help support health and wellbeing;

- (b) the fire service is a trusted profession which has respect amongst all age groups and communities and so can reach areas where other professions, such as social workers or the police, may not so easily reach. They also have skills and equipment which can be of help in medical emergencies;
- (c) the fire service would like to formalise relations with health services in a more strategic way and has had discussions with the Nottinghamshire Health and Wellbeing Board. A similar initiative in Manchester has reduced demand on acute medical services, saved money and reduced delays in accessing healthcare;
- (d) it is recommended that a joint health summit is held in the new year, with the fire service and both Nottingham City and Nottinghamshire Health and Wellbeing Boards;

The following comments were made by members of the Committee:

- (e) making every visit to a household worthwhile is important, and this should help with shrinking workforces in other areas. Often both services will be targeting the same households;
- (f) this collaboration could contribute to the Health and Wellbeing Strategy priorities around mental health, young offending and smoking;
- (g) effective sharing of information will be essential. Gathering data on mental health can be particularly difficult.

#### **RESOLVED to**

**(1) note the report;**

**(2) support a workshop to be held with Board members and wider partners to discuss a plan for the service to work collaboratively in Nottingham and Nottinghamshire to improve health and wellbeing.**

#### **35 TEENAGE PREGNANCY IN NOTTINGHAM**

Lynne McNiven, Consultant in Public Health, presented the joint report of the Corporate Director for Children and Adults and the Director of Public Health on unplanned teenage pregnancy in Nottingham, and efforts to reduce rates of teenage pregnancy and support teenage parents. Lynne highlighted the following:

- (a) Nottingham has made significant progress over recent years in reducing rates of unplanned teenage pregnancy, however the rate still remains significantly above the England average and the levels have flat lined whereas in other areas it is reducing;
- (b) Nottingham has a solid plan already in the Teenage Pregnancy Plan 2014-16 and its associated action plan. This is led by the Teenage Pregnancy Taskforce. Information and services are encouraged to be as accessible as possible, often through schools and GPs;

- (c) it is hoped that future actions and plans be developed in partnership, and so a formal link with the Health and Wellbeing Board is proposed, with regular reports to the Board and more engagement encouraged;
- (d) sexual health services have just been recommissioned in Nottingham. The new services will make the most of modern technology with use of apps and a website to engage young people.

**RESOLVED to**

- (1) commit to the Nottingham Plan objective to reduce the rate of teenage pregnancy by a further third through collective leadership;**
- (2) support the work of the Teenage Pregnancy Taskforce and receive regular updates from the Taskforce at Health and Wellbeing Board meetings;**
- (3) explore how organisations can support the work of the Teenage Pregnancy Taskforce in supporting the Teenage Pregnancy Plan 2014-16;**
- (4) commit to support the reduction of unplanned teenage pregnancy and support teenage parents.**

**36 WELLNESS IN MIND: MENTAL HEALTH AND WELLBEING STRATEGY YEAR 1 REPORT**

Helene Denness, Consultant in Public Health, presented the report of the Director of Public Health updating the Committee on the Nottingham City Mental Health and Wellbeing Strategy, and the ongoing work of the Mental Health Steering Group, made up of champions from member organisations of the Health and Wellbeing Board to consider themed aspects of mental health and wellbeing in Nottingham. Helene highlighted the following:

- (a) Wellness in Mind, Nottingham's Mental Health and Wellbeing Strategy was approved by Health and Wellbeing Board one year ago. At the same time the Board endorsed the 'parity of esteem' approach which gives equal weight to mental and physical health;
- (b) key areas of development since the strategy was approved include:
  - mental health literacy – more access to information and training programmes;
  - children and young people – establishment of the Pathway for Children and Young People with Behavioural, Emotional or Mental Health Needs (BEMH Pathway);
  - improving care, support and treatment;
  - crisis care – development of the Crisis Concordat;
  - suicide prevention – development of the Suicide Prevention Strategy;
  - mental health and employment – supporting people with mental health problems to remain in work;
  - relationship between physical and mental health;

- (c) remaining challenges include meeting the needs of diverse communities such as the Black and Minority Ethnic (BME) and homeless communities, ensuring that professionals and communities understand the mental healthcare system, and high levels of people out of work due to mental health problems;

The following responses were given in answer to questions from the Board:

- (d) mental health is increasingly seen as a long term problem. It also has links to many other issues such as alcohol misuse, offending, and older people;
- (e) there is a negative perception of a lack of hospital beds for mental health patients, however this is because many people are now supported in the community instead. Hospital provision is not always appropriate, so this negative perception needs to be changed.

The Board suggested that it would be helpful to have some clear defined measures and metrics with which success can be measured. Helene said that she would produce these.

#### **RESOLVED to**

- (1) note the range of activity to improve mental health that has taken place in the past year and consider how that 2016 Health and Wellbeing Strategy will reflect the aspirations of Wellness in Mind;**
- (2) consider member organisations of the Health and Wellbeing Boards' own commitment to the strategy and ensure their actions are reflected in the action plans;**
- (3) commit to work together to find solutions to issues that need improved partnership working, for example the mental health needs of the homeless population;**
- (4) support strategies to ensure synergy between mental health strategies including Wellness in Mind, Future in Mind, Suicide Prevention Strategy and the Nottinghamshire Crisis Concordat.**

#### **37 HEALTH AND WELLBEING STRATEGY REFRESH UPDATE REPORT**

James Rhodes, Strategic Insight Manager, updated the Board on engagement activity being undertaken for the refreshed Health and Wellbeing Strategy, highlighting the following:

- (a) initial engagement took place with existing networks, public events and front-line workforce focus groups. An online survey has also been produced and an online toolkit for groups to run their own sessions;
- (b) the aim has been to reach as many groups as possible, and attendance at sessions has been good;

- (c) the most common themes that have been brought up at the sessions so far have been social isolation, the cost of living a healthy life, life skills, mental health, disproportionate impact on BME communities, lifestyle factors and air pollution;
- (d) engagement findings and summary evidence from the Joint Strategic Needs Assessment will be presented at the Health and Wellbeing Board development session in December. Draft outcomes and priorities will then be produced for sign-off at the January Health and Wellbeing Board.

**RESOLVED to note the engagement activity being undertaken so far**

### **38 INTEGRATED CARE : SUPPORTING OLDER PEOPLE UPDATE**

Jo Williams, Assistant Director Health and Social Care Integration, provided an update on the Integrated Care Programme for adults, highlighting the following:

- (a) the Implemented Care Programme for adults was established in July 2012 and is one of four priorities within the Health and Wellbeing Strategy with an aim to improve the experience of and access to health and social care services for citizens who are elderly or who have long term conditions;
- (b) the emphasis is to be on a more generic model of care across the health and social community rather than single disease specific care pathways. Patients should be managed in the community more effectively and efficiently, reducing emergency admissions, re-admissions and supporting the discharge pathway;
- (c) progress has been made against all of the relevant Health and Wellbeing Strategy actions. Some of these targets are long-term and may take a long time to achieve;
- (d) focus is on supporting citizens to manage their own care, with a shift to self-care at home;

Jo then showed a video showing what progress has been achieved from a patient perspective.

Board members made the following comments:

- (e) mental health should have a role in the programme, including specialist mental health workers;
- (f) a cultural shift towards care at home is positive, however all medical equipment must be suitable, labelled and easy to use at home.

**RESOLVED to**

**(1) note the progress of the Integrated Adult Care Programme;**

**(2) note the progress against the Health and Wellbeing Strategy actions**



**39 NCSCB AND NCASPB ANNUAL REPORTS 2014/15**

Alison Michalska, Corporate Director for Children and Adults presented the 2014/15 annual reports of the Nottingham City Safeguarding Children Board (NCSCB) and the Nottingham City Adult Safeguarding Partnership Board (NCASPB). Alison thanked Paul Burnett, the former chair of both Boards, who produced the reports comprehensively.

Malcolm Dillon, Nottingham Safeguarding Adults, then talked through the NCASPB report, highlighting the following:

- (a) Malcolm is the new independent chair of the NCASPB – now renamed the Safeguarding Adults Board - and Chris Cook is the new independent chair of the NCSCB. The Safeguarding Adults Board is now a statutory function;
- (b) The Care Act 2014 brings in additional areas of adult safeguarding - modern slavery, domestic violence and self-neglect including hoarding which all involve a great deal of complexity;
- (c) the number of enquiries to NCASPB in 2014/15 was just over 1000, which is similar to the previous year. Three quarters of these were older people, and 39% were in care homes. There are safeguarding concerns in both supported settings and in home settings;
- (d) preventative approaches continue to be developed and non-statutory organisations are becoming increasingly important in identifying concerns;

Clive Chambers, Head of Safeguarding and Quality, talked through the NCSCB report, highlighting the following:

- (e) there has been a statutory requirement to have a Local Safeguarding Children Board for many years. The report also includes updates from all of the sub-groups of the Board, including the Child Death Overview Panel which identifies measures and learning to prevent further child deaths;
- (f) the report is positive about the outcomes of Common Assessment Frameworks (CAFs) but there is slight concern around a reduction in numbers. This may be due to more interventions from Priority Families;
- (g) there is growing demand for specialist services such as social care and there has been an increase in Child Protection Plans but performance with regard to the numbers of children in care has been maintained. There has been improvement in certain outcomes for care leavers;
- (h) there have been improvements in policy procedure and guidance related to safeguarding;
- (i) engagement with schools has improved but engagement with local communities needs improvement.

The following answers were given in response to questions from the Board:

- (j) home-educated children can be vulnerable. There is ongoing dialogue between agencies to address these concerns where identified;
- (k) non-disclosure continues to be a problem for children as they find it difficult to report abuse. In terms of disclosing to professionals research indicates they are most likely to report to schools so these must be supported to be confident in dealing with this. For safeguarding adults, it is important that staff and volunteers continue to be trained, especially given the high turnover in some care services;
- (l) the adult Board business plan includes the intention to map where there are low levels of safeguarding referrals, to focus safeguarding awareness raising – which may be the case among certain communities.

**RESOLVED to agree the Annual Reports, subject to any comments, proposed additions or amendments.**

#### **40 FORWARD PLAN**

**RESOLVED to note the forward plan, subject to the addition of an item on outcomes of the peer review**

#### **41 UPDATES**

**a CORPORATE DIRECTOR OF CHILDREN'S SERVICES (Agenda Item 13a)**

Alison Michalska, Corporate Director for Children and Adults, introduced her update. There were no additions to the update which was circulated prior to the meeting and no questions were asked by members of the Board.

**b DIRECTOR OF ADULT SOCIAL CARE (Agenda Item 13b)**

Helen Jones, Director of Adult Social Care, introduced her update. There were no additions to the update which was circulated prior to the meeting and no questions were asked by members of the Board.

**c HEALTHWATCH NOTTINGHAM (Agenda Item 13c)**

Martin Gawith of Healthwatch Nottingham introduced his update. There were no additions to the update which was circulated prior to the meeting and no questions were asked by members of the Board.

**d DIRECTOR OF PUBLIC HEALTH (Agenda Item 13d)**

Alison Challenger, Interim Director of Public Health, gave the following updates:

- (a) work is being undertaken to keep the profile of the winter flu vaccine high as winter begins;
- (b) HIV awareness week has recently taken place. HIV figures are increasing with high levels of diagnosis;
- (c) health profiles are now published on Nottingham Insight, which are a useful tool for research and information.

e CLINICAL COMMISSIONING GROUP (Agenda Item 13e)

Dawn Smith, Chief Operating Officer, Nottingham City Clinical Commissioning Group (CCG) gave the following updates:

- (a) there have been a number of role changes in roles and responsibilities within the CCG's staffing structure from 1 November 2015;
- (b) there have also been changes to the CCG's governing body and committees. This is to ensure that the CCG governing body has sufficient representation of its member practices. Dawn offered thanks to John Taylor and Graham Ward who have both made a significant contribution to Nottingham City CCG over the last nine years.

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**HEALTH AND WELLBEING BOARD - 27th January 2016**

<b>Title of paper:</b>	Joint Health and Wellbeing Strategy 2.5 year progress report	
<b>Director(s)/ Corporate Director(s):</b>	Alison Michalska Corporate Director for Children & Adults, Nottingham City Council Alison Challenger, Interim Director of Public Health, Nottingham City Council. Dawn Smith, Chief Operating Officer, Nottingham City Clinical Commissioning Group.	<b>Wards affected: All</b>
<b>Report author(s) and contact details:</b>	John Wilcox, Insight Specialist – Public Health, Strategic Insight, Nottingham City Council. (john.wilcox@nottinghamcity.gov.uk)	
<b>Other colleagues who have provided input:</b>	Christine Oliver, Head of Service - Crime & Drugs Partnership Nottingham City Council. Ian Bentley, Strategy and Commissioning Manager - Crime and Drugs Partnership, Nottingham City Council. Antony Dixon, Strategic Commissioning Manager, Nottingham City Council. Joanne Williams, Assistant Director Health and Social Care Integration, Nottingham City Clinical Commissioning Group. Sarah Quilty, Insight Specialist – Public Health, Nottingham City Council. Helene Deness, Public Health Consultant, Nottingham City Council. Lucy Peel, Programme Lead, Children and Young People’s Mental Health and Wellbeing, (Nottinghamshire and Nottingham City), Nottinghamshire County Council. Lucy Anderson, Assistant Director of Quality Governance, Nottingham City Clinical Commissioning Group. Sharan Jones, Health and Wellbeing Manager, Nottingham City Council. Nicky Dawson, Priority Families Programme Coordinator, Nottingham City Council.	
<b>Date of consultation with Portfolio Holder(s) (if relevant)</b>	14 <sup>th</sup> January 2016	
<b>Relevant Council Plan Key Theme:</b>		
Strategic Regeneration and Development		<input type="checkbox"/>
Schools		<input type="checkbox"/>
Planning and Housing		
Community Services		<input type="checkbox"/>
Energy, Sustainability and Customer		<input type="checkbox"/>
Jobs, Growth and Transport		<input type="checkbox"/>
Adults, Health and Community Sector		<input checked="" type="checkbox"/>
Children, Early Intervention and Early Years		<input type="checkbox"/>
Leisure and Culture		<input type="checkbox"/>
Resources and Neighbourhood Regeneration		<input type="checkbox"/>
<b>Relevant Health and Wellbeing Strategy Priority:</b>		
Healthy Nottingham - Preventing alcohol misuse		<input checked="" type="checkbox"/>
Integrated care - Supporting older people		<input checked="" type="checkbox"/>

Early Intervention - Improving mental health	☒
Changing culture and systems - Priority Families	☒
<b>Summary of issues (including benefits to citizens/service users and contribution to improving health &amp; wellbeing and reducing inequalities):</b>	
<ul style="list-style-type: none"> <li>Progress on the delivery of the Nottingham City Joint Health and Wellbeing Strategy 2013-2016 approximately 2.5 years after it was endorsed by the Health and Wellbeing Board.</li> <li>Proposed changes in the governance of the Priority Families programme.</li> </ul>	
<b>Recommendation(s):</b>	
<b>1</b>	To consider the reported progress on the delivery of the Joint Health and Wellbeing Strategy.
<b>2</b>	That the Health and Wellbeing Board approve the proposed change of governance for the Priority Families Programme from the Health and Wellbeing Board to the Crime and Drugs Partnership.
<b>How will these recommendations champion mental health and wellbeing in line with the Health and Wellbeing Board aspiration to give equal value to mental health and physical health ('parity of esteem'):</b>	
<p>One of the Nottingham City Joint Health and Wellbeing Strategy priorities is to intervene earlier to increase the number of citizens with good mental health. This will be achieved through actions to improve early year's experiences to prevent mental health problems in adulthood; and addressing mental health issues which are barriers to employment. This priority and actions also contribute to the city's vision for mental health and wellbeing set out in the Wellness in Mind Strategy.</p>	

## 1. REASONS FOR RECOMMENDATIONS

### 1.1. To consider the reported progress on the delivery of the Joint Health and Wellbeing Strategy

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

The Board and Commissioning Executive Group receives reports on the overall strategy progress at approximately 6 monthly intervals, with more in-depth progress reports on specific priorities at other meeting dates. This is the final scheduled overall progress report with an end of strategy report planned for the Board meeting on the 27 July 2016.

The information provided in **Appendix 1** by officers working on strategy delivery, gives details of the progress and impact in relation to the strategy actions at approximately 2.5 years since the strategy was endorsed in June 2013. Actions are rated in the following manner:

RAG	Criteria
RED	Significant slippage or risk re timescale, costs or benefits OR where slippage /risk is unlikely to be recoverable
AMBER	Some slippage re time, costs or benefits but fully recoverable
GREEN	Fully on track in relation to time, costs or benefits

The Board may delegate further follow up of any actions to the Commissioning Executive Group.

It was agreed by the Board at the meeting on the 30<sup>th</sup> September 2015 to omit the following actions from future reporting as further scrutiny has demonstrated that they do not provide a meaningful metric for assessing progress on strategy delivery:

Priority	Action
Alcohol Misuse Priority	Secondary outcome – Lower rates of alcohol and attributable crime
	Secondary outcome – Fewer alcohol related deaths
Early Intervention: Improving Mental Health – Improving early years experiences to prevent mental health problems in adulthood	Secondary outcome – the number of children and families affected by behavioural problems will decrease
	Secondary outcome – the number of children going on to develop mental health problems in adulthood will decrease
Early Intervention: Improving Mental Health – Mental Health and Employment	Secondary outcome – Increase the proportion of people living with diagnosed mental health conditions who are in employment

The Board should note that the progress on the following actions has been rated RED in **appendix 1:**

**Supporting Older People:** Integrated assessment and reablement services.

**Mental Health and employment:** We will support 1,100 people over the next 3 years to remain in work or begin working.

**Mental Health and employment:** Providing programmes to help at least 800 citizens manage their health condition so that they can remain in work.

A summary of the headlines achievements in delivering the strategy are presented in the **Background section.**

1.2 That the Health and Wellbeing Board approve the proposed change of governance for the Priority Families Programme from the Health and Wellbeing Board to the Crime and Drugs Partnership.

The focus and design of Phase 2 of the Priorities Families Programme was reviewed in 2015. This review proposed that the strategic governance of the Programme moves from the Health and Wellbeing Board to the Crime and Drugs Partnership due to allow greater alignment of Phase 2 of the Programme with the Crime and Drugs Partnership .

The Crime and Drugs Partnership Board are willing to support this move in principle and it is recommended that the Health and Wellbeing Board approve this change of governance arrangements.

Priority Families will report to the Health and Wellbeing Board in relation to the current Joint Health and Wellbeing Strategy until July 2016. Reporting to the Crime and Drugs Partnership Board will commence during this period.

Further background is explained in **Appendix 2.**

## **2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)**

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

- **Healthy Nottingham: Preventing alcohol misuse**
- **Integrated care: Supporting older people**

- **Early Intervention: Improving Mental Health**
- **Changing culture and systems: Priority Families**

## **Headlines Achievements at 2.5 years**

### **2.1 Healthy Nottingham: Preventing alcohol misuse**

The proportion of adults drinking at increasing or higher risk levels reduced from a baseline of 12% in 2012 to 9% in 2014. The proportion of binge drinkers also decreased from 23.7% to 18.7.

The city has made progress on a range of interventions in the life of the strategy having successfully introduced a city-wide 'street drinking ban', now under the terms of a Public Space Protection Order. This includes engaging street drinkers as part of the city's "Blue Light" Initiative.

There has been successful engagement with national programmes such as the Home Office and Public Health England led Local Alcohol Action Area (LAAA) scheme which has led to the introduction of the 'Cardiff Model' of health and police data sharing.

Specialist alcohol treatment provision has been maintained with the entire model having been recommissioned as of November 2014. A new model is currently being commissioned.

### **2.2 Supporting Older People**

- There has been a consistent reduction in non-elective admissions – The Better Care Fund (BCF) Pay for Performance target has been delivered in two of three quarters this year with part attainment of the target (66%) in the other quarter.
- Seven day working is now being implemented across a range of service areas with plans for further roll out based on need.
- The 2015/16 assistive technology target has been delivered and plans have been approved for an integrated assistive technology service from 2016/17.
- Programme governance continues to be refined. Plans have been approved to bring mental health into the integrated adult care programme.
- The BCF 2016-17 Plan is well developed. Continual refinements have been made to monitoring of key BCF metrics to give much better intelligence of performance at CDG level including identification of frequent readmissions.
- There has been service provider collaboration to develop a model of delivery for integrated reablement and urgent care pathways and health and social care "front door".
- Self Care Hubs have been established across the city. A self-care training programme for the workforce is now being delivered.
- 84% of citizens surveyed reported improved experience of health and social care services against a baseline of 81%.

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

The Behavioural, Emotional and Mental Health (BEMH) Pathway was launched in December 2014 and since the launch there have been 2572 referrals.

Latest data shows the number of referrals into the BEMH pathway between March and November 2015 is as follows:

- 0-5yrs 335
- 6-10yrs 631
- 11-16yrs 772
- 17-24yrs 72
- 25+yrs 1
- **Total 1811**



Of these referrals, 302 have been sent for a specialist assessment.

In quarter one of 2016/17 there will be a comprehensive evaluation of the BEMH pathway. This will include consideration of the impact of the pathway, and parenting programmes and interventions available through the pathway, on the numbers of children going on to require a specialist assessment.

## **2.4 Early Intervention: Improving Mental Health - Mental health and employment**

This area of work is being led by the Mental Health and Wellbeing Steering Group as part of the implementation of 'Wellness in Mind', Nottingham's mental health and wellbeing strategy.

- Mental health and employment stretches across the five strategic priorities of the strategy:
  - 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
- The local Nottinghamshire Fit for Work (FFW) service has supported 800 of the target of 1100 people over the strategy period to date.
- Several other initiatives have been set up by partners in the city which support people with health problems to remain in or begin working such as the Nottingham Jobs Fund, Access to Work and more IAPT provision.
- Openness and awareness regarding mental health problems is being promoted through the Wellness in Mind mental health training programme, delivered by Harmless.

## **2.5 Priority Families**

- Nottingham City has identified 2080 families who would be eligible for the programme.
- The number of families we had to work with as an Early Starter (Jan-March 2015) was 194. We worked with 197 families during this period.
- Current number of families being worked with as at 8.12.15 is 521.
- Nottingham has met all government submission deadlines. Nationally there is around a 66% submission success rate. Submissions are prepared and pending whilst the delayed new online government submission form is launched.
- Analysis and breakdown of cohorts is starting to be available as data systems are populated with new families and business processes are refined.

Additional programme information relating to Priority Families is presented in **appendix 2**.

## **3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS**

### **3.1 Recommendation 1: To consider the reported progress on the delivery of the Joint Health and Wellbeing Strategy.**

None considered.

### **3.2 Recommendation 2: That the Health and Wellbeing Board approve the proposed change of governance for the Priority Families Programme from the Health and Wellbeing Board to the Crime and Drugs Partnership.**

The option to continue the governance of the Programme through the Health and Wellbeing Board was considered. This was rejected as it is unlikely that the Programme will be a priority in the next Joint Health and Wellbeing Strategy as Priority Families is now fully established in the city council and partners. Continuing governance through the Health

and Wellbeing Board would not best facilitate the coordination of the programme with Crime and Drugs Partnership plans described in **appendix 2**.

#### **4. FINANCE COMMENTS (INCLUDING IMPLICATIONS AND VALUE FOR MONEY/VAT)**

##### **4.1 Healthy Nottingham: Preventing alcohol misuse**

###### **Alcohol treatment services**

Background; In April 2013 the management of the alcohol service contracts transferred from the Clinical Commissioning Group (CCG) to the CDP through the Public Health funding. This included services that were in block contracts that had major financial implications on the budget for 2013-2014. To relieve these pressures the alcohol services were re-commissioned on a short term contract of one year with an option of a six month extension. This exercise was completed to allow for a full evaluation of the alcohol pathway whilst reducing financial pressures from the block contracts. Performance against target for successful completions in the city is more than 5% above the core cities and in December 2015 was the second best performing city. The Medium Term Financial Plan (MTFP) reduced the Public Health Substance Misuse budget by £2.390m - 2014 – 2017. The final £450,000 savings will be achieved through tendering of both the drug and alcohol service in the city in 2016.

Financial pressures on the city council and partners will continue to present a risk to the delivery of prevention, intervention and enforcement of alcohol related issues and services.

##### **4.2 Integrated care: Supporting older people**

There are no additional financial implications to report to the Board.

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

NHS Nottingham City Clinical Commissioning Group in conjunction with partners has implemented a 2 year pilot Children and Young People's Behavioural, Emotional or Mental Health (BEMH) Needs pathway. This is supported with 2 years funding from NHS Nottingham City Clinical Commissioning Group. Demand to the pathway is high and it is anticipated that capacity will need to increase to manage the demand. This will require additional funding to support the 2 year contract that ends November 2016.

##### **4.4 Early Intervention: Improving Mental Health: Mental health and employment**

Following a recent options appraisal, a new service specification is being developed for a health and employment service that better meets the needs of local people and fits around the DWP Fit for Work service which was introduced in July 2015. Funding implications relating to this are being established.

The mental health training programme, originally jointly-funded by £100,000 non-recurrent funding by the CCG and Nottingham City Council for two years, has been allocated a further £45,000 from the Crisis Care Concordat Resilience Fund particularly aimed at mental health crisis intervention training.

##### **4.5 Changing culture and systems: Priority Families**

£1,246,000 grant income has been received for 2015/16. This comprises £825,000 attachment fee, £44,000 one off funding for data support and £350,000 ring fenced service transformation grant (for programme coordinator and team). We are working towards achieving circa 73 successful claims in the Jan 2016 claims window which would equate to £58,400 in Payment by Results in the 15/16 financial year.

The financial programme is based on 3,870 families and has been incorporated into the Medium Term Financial Plan.

Funding is currently committed to training, developing and mentoring the partnership workforce, 20 partnership senior practitioner 'change champions' and a small number of projects that are supporting transformation such as the multi-award winning apprentice scheme, the Edge of Care Hub, the FIP (Family Intervention Project), MST standard (Multi-Systemic Therapy).

The programme is also supporting delivery of projects through adding value for example the St Ann's Domestic Abuse Project that will now be rolled out across the city under Priority Families funding.

Spend associated with Priority Families funding is approved in accordance with the City Council constitution and associated internal processes.

## **5. LEGAL AND PROCUREMENT COMMENTS (INCLUDING RISK MANAGEMENT ISSUES, AND LEGAL CRIME AND DISORDER ACT AND PROCUREMENT IMPLICATIONS)**

### **5.1 Alcohol misuse**

There are no additional implications to report to the Board.

### **5.2 Integrated care: Supporting older people**

There are no additional implications to report to the Board.

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

There are no current procurement implications, there will be established following the evaluation of the Behavioural, Emotional and Mental health pathway pilot.

### **5.4 Early Intervention: Improving Mental Health: Mental health and employment**

The current Nottinghamshire Fit for Work service contract was due to cease on 31 March 2016. In order to enable the tendering and smooth transition of a new, reduced service from 1 August 2016, a contract extension has been arranged.

Following a recent options appraisal, a new service specification is being developed for a health and employment service that better meets the needs of local people and fits around the DWP Fit for Work service which was introduced in July 2015.

### **5.5 Changing culture and systems: Priority Families**

- The risk register for the Priority Families programme is managed through the Programme Leadership and Partnership Board. There are no risks to escalate to the Health and Wellbeing Board at this point.
- Priority Families has criteria and reduction targets specific to supporting families where crime and anti-social behaviour is an issue. These are now expanded to include adult offenders.

## **6. EQUALITY IMPACT ASSESSMENT**

6.1 Has the equality impact of the proposals in this report been assessed?

No

An EIA is not required because:

(Please explain why an EIA is not necessary)

Yes

- Yes – An Equality Impact Assessment was prepared when HWBB strategy was developed.

## **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**

Nottingham City Joint Health and Wellbeing Strategy 2013-2016, Report to Nottingham City Health and Wellbeing Board, 26<sup>th</sup> June 2013.

Nottingham City Joint Health and Wellbeing Strategy 12 month progress report. Report to Nottingham City Health and Wellbeing Board, 25<sup>th</sup> June, 2014.

Nottingham City Joint Health and Wellbeing Strategy 18 month progress report. Report to Nottingham City Health and Wellbeing Board, 25<sup>th</sup> February, 2015.

Nottingham City Joint Health and Wellbeing Strategy 2 year progress report. Report to Nottingham City Health and Wellbeing Board, 29<sup>th</sup> July, 2015.

Nottingham City Joint Health and Wellbeing Strategy 2 year progress report. Chair and Vice Chair Review. Report to Nottingham City Health and Wellbeing Board, 30<sup>th</sup> September, 2015.

**Nottingham City Joint Health and Wellbeing Strategy 2.5 year progress report**  
**Appendix 1 Progress tables**

**Healthy Nottingham: Preventing alcohol misuse**

	What We Will Do	Officer RAG	Progress and Impact
Headline Outcome	We will reduce the proportion of adults who drink at harmful levels by a third	AMBER	<ul style="list-style-type: none"> <li>The proportion of adults drinking at increasing or higher risk levels reduced from a baseline of 12% in 2012 to 9% in 2014. The proportion of binge drinkers has also decreased from 23.7% to 18.7%</li> <li>The city has also made progress on a range of interventions in the life of the strategy having successfully introduced a city-wide “street drinking ban” which is now under the terms of a Public Space Protection Order (PSPO). This includes engaging street drinkers as part of the city’s “blue light project”.</li> <li>Specialist alcohol treatment provision has been maintained with the entire model having been commissioned as of November 2014. The current performance has seen an increase of successful completions (41.5% in October 2015 compared to 35% in the corresponding period last year). Waiting times for treatment are now down to one day for specialist treatment compared to 14 days in the previous pathway. This is due to the intra-system referral process following the successful tender of a single provider, Last Orders.</li> </ul>
Secondary Outcomes	Reduced alcohol-related anti-social behavior including street drinking	GREEN	<p>The annual Respect Survey of anti-social behaviour and crime recorded a range of positive results for alcohol informed ASB. In neighborhoods citizen’s negative perceptions of street drinking have reduced from 16.2% in 2012 to 13.3% in 2014. Negative perceptions of drunkenness and rowdiness in neighborhoods have reduced from 16.2% in 2012 to 13.8% in the latest survey. The city centre has also seen considerable improvements with the largest ever perception of safety in the night time economy having been registered at 55% up from 46.3% in 2012 and a majority of citizens for the first time. Perceptions of city centre street drinking have reduced to 27.9% from 36. % in 2012 while drunken / rowdy behaviour is down to 32.3% from 40.4% over the same time period.</p> <p>Public Health England has suggested that 94% of dependent drinkers are</p>

1

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	What We Will Do	Officer RAG	Progress and Impact
			<p>not engaged with treatment services and, locally, it is estimated that our penetration rate across all at risk drinkers is as low as 12%. In a borough of 200,00 people it is estimated that there will be at least 250 Blue Light clients who will cost an average of £12m per year, such is their impact on Crime, ASB, fires, domestic abuse and health interventions. The Blue Light Project is a piece of joint working between Nottingham City stakeholders and Alcohol Concern to address the disparity between dependent drinkers in treatment and those who resist entering treatment.</p> <p>Nottingham City is committed to maintain the Intensive Case Management Service to engage the high volume service users of the emergency department (ED) and NUH by motivational work until they are treatment receptive. Nottingham city partners are also applying the learning of the Blue Light Project to engage street drinkers in the Arboretum Ward who are causing a considerable amount of ASB, by case conferencing individuals to either access treatment voluntarily or to enforce some coercive treatment on those who continue to resist treatment. We are also using the learning from The Blue Light Project to apply it to Alcohol related Domestic Homicides, the aim being to identify these individuals and motivate them into treatment before the worst case scenario happens. The Blue Light Project and its application rely heavily on a multi-agency strategic statement which underlines the priority to be accorded to this group of clients and which highlights that this client group is a shared responsibility. These interventions will contribute to reducing the level of ASB caused by street drinking or being treatment resistant by engaging this cohort of drinkers into treatment either voluntarily or by coercive methods such as Alcohol treatment requirements through the magistrate's court</p>
	Fewer adults binge drinking	GREEN	<ul style="list-style-type: none"> <li>18.7% of respondents of Citizens' Survey in 2014 compared to 23.7% in 2012 were recorded as 'binge drinkers', although these finding may have been affected by a change in the fieldwork timing of the current Citizens' Survey.</li> </ul>
	Lower rates of alcohol-attributable crime		<ul style="list-style-type: none"> <li>Agreed by the Board at the meeting on the 30<sup>th</sup> September 2015 to omit this action from future reporting as further scrutiny has demonstrated that it does not provide a meaningful metric for assessing</li> </ul>

2

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	What We Will Do	Officer RAG	Progress and Impact
			progress on strategy delivery
	Fewer alcohol-related deaths		<ul style="list-style-type: none"> <li>Agreed by the Board at the meeting on the 30<sup>th</sup> September 2015 to omit this action from future reporting as further scrutiny has demonstrated that it does not provide a meaningful metric for assessing progress on strategy delivery</li> </ul>
Key Actions	A complete ban on street drinking across the city	GREEN	<ul style="list-style-type: none"> <li>In March 2013 the Designated Public Place Orders (DPPOs) in place in parts of the city were expanded to cover the whole of Nottingham. It is now a requirement to relinquish alcohol upon request to an authorised officer anywhere in the city. These terms have migrated to the new arrangements for Public Space Protection Orders (PSPOs) under the terms of the <i>Anti-Social Behaviour, Crime and Policing Act 2014</i>.</li> <li>The establishment of a city-wide street drinking ban through the DPPO represents a piece of best practice for the city and a national first. The work led by Community Protection has allowed the smooth migration of the city-wide DPPO into the new Public Space Protection Order (PSPO) arrangements.</li> </ul>
	Ensure that the recovery of those in treatment is supported by addressing wider factors associated with dependency, including housing and social care needs, employability, family support needs and domestic violence	GREEN	<ul style="list-style-type: none"> <li>To further support domestic violence survivors with alcohol treatment needs; work is being undertaken to ensure that information sharing arrangements are in place between alcohol treatment providers and processes to support medium and higher-risk abuse survivors such as the Multi-Agency Risk Assessment Conference (MARAC), Multi-Agency Public Protection Arrangements (MAPPAs), and Domestic Abuse Referral Team (DART).</li> <li>From November 2014 the alcohol treatment pathway was recommissioned with all contracts of the model being successfully tendered for by the Framework Last Orders service. A new performance framework has been established which also aims to identify the value of health promotion activity through more directly monitoring referrals, especially self-referrals. This appears to be working to the extent that individuals are being identified by other services at a rate of approx. 8% per quarter and GP services are advising clients to engage at the rate of 30% per quarter</li> </ul>
	Support families, and their carers,	GREEN	<ul style="list-style-type: none"> <li>The Crime &amp; Drugs Partnership commissioned the Explore Family service</li> </ul>

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	What We Will Do	Officer RAG	Progress and Impact
	to reduce their drinking, and join up referral between alcohol health promotion, treatment and aftercare services		<p>which is provided by Lifeline in partnership with the Children's Society. The service provides support to children, adults and whole families that are affected by someone else's substance misuse.</p> <ul style="list-style-type: none"> <li>100% of clients who are assessed and have a family member, friend or carer have a family support form completed of these 25% of those who accept family support take the offer up, this will include couples therapies. Unfortunately the figures are low with around nine individuals engaging with Explore Families and two individuals engaging with social services. All family assessments are given the explore family leaflet. Whilst these figures appear to be low a large percentage of those engaging with explore family will have self-referred after being given the information at assessment, it is impossible to estimate the exact number as they are registered as self-referral</li> </ul>
	Raise awareness of the risk of excessive alcohol consumption among students through targeted health promotion work	AMBER	<ul style="list-style-type: none"> <li>The Last Orders services undertakes wide ranging engagement with students on the risks of alcohol misuse and provides an intensive programme of engagement at induction weeks and other events. These include specific events during fresher's week, various outreach surgeries on campus and the use of Night Owls ( a student focussed street pastor service that refers students into treatment or who offer brief advice around alcohol use)</li> </ul>
	Provide universal, good quality drug and alcohol education and deliver effective harm reduction messages to children & young people	GREEN	<ul style="list-style-type: none"> <li>The <i>Children's Act 2004</i> created a statutory responsibility on local authority areas to convene a Children's Partnership Board and to bring forward joint plans to promote the protection and wellbeing of children and young people. In Nottingham the Children and Young People's Plan incorporates a commitment to increase the number young people receiving assessments for their substance misuse.</li> <li>In terms of alcohol, 39% of young people aged 11-15 report never having had an alcoholic drink, but this is associated with increasing age, with 70% of 15 year olds reporting that they have ever had an alcoholic drink compared with less than 10% of 11 year olds. Nine percent report to having had a drink in the last week, this has reduced significantly in recent years with 25% reporting this level of use in 2003. As with drugs, the proportion of boys and girls reporting alcohol use in this age group are similar. Estimated drug and alcohol use in this age</li> </ul>

4

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	What We Will Do	Officer RAG	Progress and Impact
			<p>group in Nottingham suggests that the proportion of males and females drinking alcohol or using illicit drugs is similar, but that use is most common in 13-14 year olds<sup>5</sup>. In 2013, 239 young people accessed treatment in Nottingham for substance misuse issues, of which 91% reported cannabis use and 58% alcohol.</p> <ul style="list-style-type: none"> <li>• Nottingham City Council currently delivers the drug and alcohol early intervention and prevention programme DrugAware in many of Nottingham's schools, which in 2014 was awarded a PHSE Quality Mark. DrugAware aims to provide a well-planned, relevant and modern drug education curriculum to support young people, including those most at risk. It also aims to intervene early before problems escalate; pro-actively assessing the needs of vulnerable pupils and ensuring they are referred to specialist treatment services and targeted interventions. It also helps to develop the school's drug policies, including the processes necessary to identify and respond to the substance misuse related needs of vulnerable young people, including those who may be affected by parental use. Nottingham currently employs the DrugAware scheme to schools in the city which delivers drugs and alcohol education to children and young people in an educational setting.</li> <li>• Of 103 primary and secondary schools in Nottingham 74 currently deliver the DrugAware scheme.</li> <li>• In addition recent figures for 2014-15 indicate that 26 primary schools have been fully accredited and 13 primary schools are working towards accreditation. 6 Secondary schools are fully accredited and 6 secondary schools are working towards accreditation and 4 PRU/Special schools are now fully accredited.</li> <li>• Lifeline "Journey", the young people's drug and alcohol service are also commissioned to deliver training to tier 1 providers, universal services and other agencies in contact with young people. They respond to current trends that may affect vulnerable young people and are directed to areas of high risk. Their training is aimed at enabling the recipient to identify and offer brief advice regarding substance misuse and also to enable the recipient to make appropriate referrals to specialist services and targeted interventions.</li> </ul>

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	What We Will Do	Officer RAG	Progress and Impact
			<ul style="list-style-type: none"> <li>Since April 2015 Lifeline “Journey” have received twenty-two referrals from alternate education and forty-two from universal education; this is mainly due to the training and awareness work completed in the educational environment</li> </ul>
	Support professionals working with citizens to identify harmful levels of drinking and signpost to and support a healthier approach to alcohol consumption	GREEN	<ul style="list-style-type: none"> <li>The commissioned Last Orders Service has delivered alcohol awareness and Identification and Brief Advice (IBA) training across a range of professional disciplines including police officers, PCSOs and CPOs, dentists, social workers, magistrates, Street Pastors, Complex Care staff and pharmacists. In 2015/16 the target for IBA training to take place is 300 individuals per quarter, currently this target is being exceeded. The same target for the same period for advanced alcohol awareness is also currently being met. Alongside this the Hospital liaison Team are commissioned to deliver IBA to all ED staff at the Queens Medical Centre. New commissioning intentions for 2016-17 will include similar targets across the tier 1 providers and hospital staff</li> </ul>
	Extend to neighbourhoods the successful schemes which encourage responsible drinking and enforcement, so that alcohol-related harm is reduced across the whole city, such as the introduction of the voluntary “super strength free” code for off-licences	AMBER	<ul style="list-style-type: none"> <li>From quarter two of 2013/14 the Super Strength Free (SSF) campaign to reduce the sale of beers, lagers and ciders over 5.5% volume had signed up 80% of city centre venues. <u>The programme is now being reviewed following legal rulings elsewhere in the country regarding how these measures can be put in place. As of this moment this has not been reviewed. There is no update on this</u></li> </ul>
	Support national campaigns to tackle alcohol misuse, such as introducing a minimum unit price for alcohol	GREEN	<ul style="list-style-type: none"> <li>Nottingham has introduced a new approach to the utilising and sharing of data to inform NTE policing, licensing and partnership interventions. Based on the ‘Cardiff Model’ principles of hospital and ambulance service data sharing, the project will be delivered through a project team which includes police intelligence officers and analysts. The project will deliver three core products: a revised intelligence based NTE police tasking method, a single venue level matrix of risk and a demand management tool to support emergency department and EMAS planners.</li> <li>In 2014 as part of the Local Alcohol Action Area (LAAA) programme,</li> </ul>

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	What We Will Do	Officer RAG	Progress and Impact
			<p>the city developed and launched an inter-agency communications plan to cover all areas of alcohol policy. The Ending Alcohol Harm (EAH) campaign has three core elements: protecting and enhancing the reputation of the city; providing resources and information to partner agencies, as well as motivating behavioural change for specific groups. It is intended that the EAH identity will help to place a coherent identity to alcohol related communications for citizens, conceptually linking diverse areas of activity such as licensing, policing and treatment.</p> <ul style="list-style-type: none"> <li>• In 2013 Nottingham expanded its approach to addressing cheap, strong beers and ciders through its Super Strength Free campaign. This is a voluntary scheme whereby off licences can choose to withdraw high strength drinks from sale. Three quarters of city centre alcohol retailers signed-up to the scheme.</li> <li>• The City's partnership with Drinkaware continues with the provision of club hosts in major city Centre venues. Drinkaware has trained staff in bars and clubs to increase safety by reducing drunken anti-social behavior. Club Hosts ensure that any anti-social behavior or sexual approach is dissolved early and ensure that clients can leave safely as the venues close.</li> <li>• Operation Promote works to reduce violence in Nottingham city centre's night time economy (NTE) using a Home Office recognised best practice approach of restricting the supply of cocaine and other stimulants. Following the successful deployment of a pilot in November and December of 2013 in which violence reduced by 23%; funding was secured for a further deployment of twenty nights per year. The impact of crime recording changes following inspection by HMIC resulted in an increase in incidents being recorded as 'violent crimes'. Nevertheless over the 2014/15 deployment proactive activity by Operation Promote saw violence increase by only 5.74% on the nights it operated against a city centre NTE increase of 17%.</li> </ul>

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## Supporting Older People Priority

	What We Will Do	Officer RAG	Progress and Impact
Headline Outcome	More elderly citizens will report that their quality of life has improved as a result of integrated health and care services	GREEN	84% of citizens report an improved experience of health and social care provision. Against a baseline of 81%.
Secondary Outcomes	The number of older citizens remaining independent after hospital admission will increase	AMBER	<ul style="list-style-type: none"> <li>Performance improving and just below target for 15/16 (65.4%/66.7%). Trajectory is upward with November performance being 74% as eligibility criteria for service now being applied</li> </ul>
	Develop community health services with social care support based on geographically proximate GP associations	GREEN	<ul style="list-style-type: none"> <li>CDG's are now established mirroring LA area boundaries. Plans to further develop integrated working including incorporation of mental health now being developed.</li> </ul>
Key Actions	Provide better information about services and how to contact them so that citizens know what health and social care choices are available locally and who to contact when they need help	AMBER	<ul style="list-style-type: none"> <li>Proposals for joint commissioning and funding of information and advice provision tabled at HWB CEG in Feb Interim solution being developed through self-care hubs within each CDG</li> </ul>
	Develop a process to identify individuals who will benefit from earlier intervention as well as those requiring support from health and social care services, building on risk stratification, risk registers and data held by relevant agencies	AMBER	<ul style="list-style-type: none"> <li>Multi-disciplinary team meetings using risk stratification are established across CDGs. Planning is underway to support CDGs to target the most complex patients and highest users of services utilising 'right-care' data which shows that in the last 6 months 259 patients have had 4 or more emergency admissions. Care coordinators are auditing the top 49 patients who make up 15% of these admissions; an action plan will then be agreed through MDT meetings</li> </ul>
	Support citizens to maintain their independence and manage their own care through the creation of effective networks with community, housing and health support services	GREEN	<p>A pilot is currently underway in CDG 1(Bulwell); it includes the introduction of a web based directory of services, self-care hubs, community clinics and social prescribing. Training on self-care is available for all community health and social care staff, the aim of the training is to ensure that the workforce is able to move away from traditional models of care and provide earlier intervention.</p> <p>Two housing / health coordinator posts have been funded for 12 months to</p>

8

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	What We Will Do	Officer RAG	Progress and Impact
			provide housing support to integrated care teams in CDGs 6 and 8 initially. Proposals are being developed to embed the 'Enablement Gateway' within each CDG in order to facilitate consideration of preventative provision prior to assessment and better link to community based provision
	Ensure that there is a single person responsible for coordinating the care of citizens with complex needs	GREEN	The care coordinator role has been successfully implemented in Care Delivery Groups. The role is under further development and will support patients and carers directly; the service will also operate over 7 days to ensure consistency of care wherever possible
	Restructure and skill up our workforce so that health and social care services work better together to deliver the right care at the right time	GREEN	JSNA chapters for each care delivery group have been produced and support the ongoing analysis of workforce capacity to ensure that it is aligned to health prevalence. External support on leadership and culture change is being progressed through the Integrated Care pioneer support package. Many services are reviewing their provision and considering how 7 day working can be introduced as they are re-commissioned. There will therefore be a gradual migration towards 7 day working rather than having achieved this by a fixed date. A report was presented to Health and Well-being Board Commissioning Sub-committee in September covering some initial proposals including piloting Community Matron 7 day working in 2 CDG areas, consideration of the need for a 24 hour urgent care service (already operating 7 days) and scoping the potential for 7 day working within social care hospital discharge and rapid response
	Develop a range of transparent quality measures appropriate to the service being delivered and publish the results so that citizens know what standards of service that they can expect and how this is improving	AMBER	New LA performance framework in place with RAG rating – this is published for residential care Dashboard in place to collate all performance data in one place across all partner organisations now developed – awaiting publication
	Increase the number of people signing up to the Nottingham Circle and develop other provision to address social isolation and	AMBER	Nottingham Circle has been rebranded to Click Nottingham and is now funded through the Integrated Adult Care Programme Budget as part of the Self Care Pilot. The Better Connecting Need and Support strand of the Looking After Each Other Programme continues to investigate ways of

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	What We Will Do	Officer RAG	Progress and Impact
	loneliness		addressing social isolation. Current activity is focused on Bulwell (linking in with the Self Care Pilot) and an interim evaluation is due in February which will inform consideration of scaling up the approach to other localities through the Self Care strand of the Independence Pathway workstream
	Integrated assessment and reablement services	RED	Full integration of reablement and urgent care services stalled – commissioning options to Health and Wellbeing Board Commissioning Sub Group in January
	Putting more technology into people's homes to support them and their carers	GREEN	Model for integrated assistive technology service developed and commissioning options considered by Health and Wellbeing Board Commissioning Sub Group in Jan. Currently on track to deliver BCF performance target of 6000 installations
	Creation of a telephone number for citizens requiring both health and social care support	AMBER	Dedicated integrated health and care point telephone number purchased – implementation in 16/17 following roll out of communication plan. Plans in development to fully integrate Health and Care Point

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## Early Intervention: Improving Mental Health

### Improving early years experiences to prevent mental health problems in adulthood

	What We Will Do	Officer RAG	Progress and Impact
Headline Outcome	We will increase the proportion of children referred for specialist Community Paediatrician assessment due to behavioural problems who have been offered access to earlier parenting intervention	GREEN	<p>The number of referrals into the Behavioural, Emotional and Mental Health (BEMH) pathway between March and November 2015 is as follows:</p> <p>0-5yrs 335 6-10yrs 631 11-16yrs 772 17-24yrs 72 25+yrs 1 <b>Total 1811</b></p> <p>Of these referrals, 302 have been sent for a specialist assessment. Between March and December 2015, 711 parents attended parenting programmes delivered by the Behavioural, Emotional and Mental Health Team. In quarter one of 2016/17 there will be a comprehensive evaluation of the BEMH pathway. This will include consideration of the impact of the pathway, and parenting programmes and interventions available through the pathway, on the numbers of children going on to require a specialist assessment.</p>
Secondary Outcomes	The number of parents and carers who feel well equipped to have a positive influence on their children's' behaviour will increase	GREEN	Between March and December 2015, 711 parents attended parenting programmes delivered by the Behavioural, Emotional and Mental Health Team. The evaluation of the efficacy of the BEMH pathway will consider parents' perceptions of the impact of the parenting programmes, as well as outcomes for children and young people.
	The number of children and families affected by behavioural problems will decrease.		<ul style="list-style-type: none"> <li>Agreed by the Board at the meeting on the 30<sup>th</sup> September 2015 to omit this action from future reporting as further scrutiny has demonstrated that it does not provide a meaningful metric for assessing progress on strategy delivery</li> </ul>
	The number of children going on to develop mental health problems in adulthood will decrease		<ul style="list-style-type: none"> <li>Agreed by the Board at the meeting on the 30<sup>th</sup> September 2015 to omit this action from future reporting as further scrutiny has demonstrated that it does not provide a meaningful metric for assessing progress on strategy delivery</li> </ul>

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GREEN	Fully on track in relation to time, costs or benefits

	What We Will Do	Officer RAG	Progress and Impact
Key Actions	We will ensure appropriate pathways are in place to enable children with behaviour problems to be able to receive specific help earlier	GREEN	<p>The Behaviour, Emotional and Mental Health Pathway was launched in December 2014, aiming to:</p> <ul style="list-style-type: none"> <li>• deliver positive outcomes for children and young people and their families;</li> <li>• ensure that children and young people have their needs identified and met at the earliest opportunity;</li> <li>• prevent behavioural, emotional or mental health needs escalating;</li> <li>• ensure that children and young people who may be experiencing mental health issues or present with difficulties that may indicate possible ASD or ADHD have a timely assessment by the most appropriate professional.</li> </ul> <p>All referrals to the BEMH pathway come through the Single Point of Access (SPA) where they are assessed on a case by case basis to determine the best course of actions for the child or young person.</p> <p>The pathway will be evaluated in quarter one of 2016/17 in order to assess whether it is meeting the aims stated above. This will include consideration of the views of children, young people, families and professional stakeholders, as well as analysis of quantitative data demonstrating numbers of children referred through the pathway and their outcomes.</p>
	Providing tailored parenting programmes for citizens whose children at age 0-5 are at highest risk of developing conduct disorders	GREEN	<p>Between March and November 2015, 335 children aged 0-5 were referred to the behavioural, emotional and mental health single point of access. 298 were referred on the behavioural, emotional and mental health team. As noted previously, during this time period 711 parents attended parenting programmes delivered by the Behavioural, Emotional and Mental Health Team. The parenting programmes available are evidence based:</p> <ul style="list-style-type: none"> <li>• 123 Magic</li> <li>• New Forest Parenting Programme.</li> </ul>

RAG	Criteria
RED	Significant slippage or risk re timescale, costs or benefits OR where slippage /risk is unlikely to be recoverable
AMBER	Some slippage re time, costs or benefits but fully recoverable
GREEN	Fully on track in relation to time, costs or benefits



	What We Will Do	Officer RAG	Progress and Impact
			<ul style="list-style-type: none"> <li>• Cygnet Programme.</li> <li>• Sleep Training Programme</li> </ul>
	Commissioning health and wellbeing services jointly for children to ensure resources are deployed efficiently and services work together to give children the best start in life. Including undertaking two joint commissioning reviews in 2013/14 covering all services for children age 0-5 and 6-19	GREEN	<p>The Child Development Review is being undertaken by Nottingham City Council in partnership with Nottingham City Clinical Commissioning Group (CCG) in response to the opportunity for increased integration of commissioning and service delivery offered by the transition of Health Visitors and the Family Nurse Partnership (FNP) to the Local Authority in October 2015.</p> <p>In order to maximize the potential for increased integration, an in-depth review of existing preventative services needed to be undertaken. This would then provide an opportunity to redesign universal / preventative and early help services to be more efficient and evidence-based and to develop one comprehensive written pathway of services for pregnant women, babies, children and young people up to the age of 19, which Nottingham does not presently have.</p> <p>This pathway re-design, co-produced with partners and citizens will ensure a consistency of approach throughout the City, create a mechanism for the Small Steps Big Changes programme (SSBC) to influence system change, increase integrated working to support OFSTED inspections of our Children's Centres and as an Early Intervention City, the process will enable us to identify which programmes and workforce approaches we should invest in. It is envisaged that in two years, there will be integrated teams in areas delivering this pathway.</p>
	Work with partners to ensure parents and carers involved in parenting interventions are offered the opportunity to access help to improve their literacy and numeracy skills and signpost to advisors for debt management, benefits maximisation, housing, and other related services	AMBER	711 parents have attended parenting programmes in the period March to November 2015. Further work needs to be done to ensure that they are supported to access help to improve skills and access wider services.

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## Early Intervention: Improving Mental Health - Mental Health and employment

	What We Will Do	Officer RAG	Progress and Impact
Headline Outcome	We will support 1,100 people over the next 3 years to remain in work or begin working, through enabling them to be in work where previously their health was a barrier to employment, including a focus on supporting people with mental health problems	RED	<ul style="list-style-type: none"> <li>Funding for the service has been non-recurrent over the past three years which has led to delays in approval at the beginning of each year. In addition, due to budget constraints, the amount of funding allocated by from the public health grant has reduced significantly in the past year. The targets have been reduced correspondingly.</li> <li>The service supported 138 individuals during the first 6 months of 2015-16 bringing the total number of people supported over 2.5 years to 800. <b>It is therefore challenging to achieve the original target of 1100 by June 2016.</b></li> <li>In addition, other initiatives have been set up by partners in the city. For example the Nottingham Jobs Fund is offering a grant of £2500 to employers taking on unemployed city residents with an extra £500 to support people with additional barriers such as health conditions.</li> <li>More IAPT provision has been commissioned and an increased number of referrals are being taken from all agencies. This will support people with mental health problems to return to work.</li> <li>Work Choice, funded by the DWP, provides a voluntary, tailored, coherent range of specialist employment services responding to the individual needs of disabled people and their employers.</li> <li>Other support is being provided by programmes such as the NHS Healthcare Trust's Recovery College and the DWP's Access to Work.</li> <li><b>If the contribution of all programmes are considered, the target would have been achieved as more than 1,100 people will have been supported by June 2016.</b></li> <li>Nottinghamshire Fit for Work was one of the lead's for Nottingham's bid to participate in the NHS funded 'Building Health Partnerships' initiative which resulted in improved partnership working around health and employment and cross-sector mapping of services that support people with health problems to stay/gain employment</li> <li>An options appraisal has been undertaken on the most appropriate health and employment service to support citizens in Nottingham to</li> </ul>

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RAG	Criteria
RED	Significant slippage or risk re timescale, costs or benefits OR where slippage /risk is unlikely to be recoverable
AMBER	Some slippage re time, costs or benefits but fully recoverable
GREEN	Fully on track in relation to time, costs or benefits

	What We Will Do	Officer RAG	Progress and Impact
			<p>sustain or return to employment post March 2016.</p> <ul style="list-style-type: none"> <li>The current Nottinghamshire Fit for Work service contract was due to cease on 31 March 2016. In order to enable the tendering and smooth transition of a new, reduced service from 1 August 2016, a contract extension has been arranged.</li> <li>Following a recent options appraisal, a new service specification is being developed for a health and employment service that better meets the needs of local people and fits around the DWP Fit for Work service which was introduced in July 2015.</li> <li>There will be ongoing promotion of support services such as the Nottingham Jobs Fund, Access to Work, the Recovery College etc.</li> </ul>
Secondary Outcomes	Increase the proportion of people living with diagnosed mental health conditions who are in employment		Agreed by the Board at the meeting on the 30 <sup>th</sup> September 2015 to omit this action from future reporting as further scrutiny has demonstrated that it does not provide a meaningful metric for assessing progress on strategy delivery
	Improve the quality of jobs that people with mental health problems are able to access	GREEN	<ul style="list-style-type: none"> <li>Work Choice funded by the DWP provides a voluntary, tailored, coherent range of specialist employment services responding to the individual needs of disabled people and their employers.</li> </ul>
	Ensure that people with mental health problems have access to joined up support to help them in gaining and maintaining employment	GREEN	<ul style="list-style-type: none"> <li>The Fit for Work Service provides access to support for people to gain and maintain employment.</li> <li>Work Choice funded by the DWP (see above)</li> <li>More IAPT provision has been commissioned and referrals are being taken from all agencies.</li> </ul>
Key Actions	Promote openness and awareness regarding mental health problems and how to maximise health and wellbeing amongst employers and the general population	AMBER	<ul style="list-style-type: none"> <li>The Wellness in Mind mental health training programme, delivered by Harmless, is meeting targets around numbers trained and including staff working with citizens more at risk.</li> <li>Every Colleague Matters Week for October 2015 had a mental health and wellbeing theme. 519 places were made available with total bookings reaching 613; actual attendances amounted to 415 with 98% of delegates rating the sessions as excellent/good. During this week,</li> </ul>

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	What We Will Do	Officer RAG	Progress and Impact
			<p>opportunities were taken to 'springboard' people onto the Wellness in Mind mental health training programme.</p> <ul style="list-style-type: none"> <li>• Those unable to access training during ECM week were signposted to the training commissioned from Harmless.</li> <li>• Nottingham City Council has signed up to the Time to Change alumni initiative aimed at reducing stigma and discrimination.</li> <li>• Current workplace policies and practices on mental health and wellbeing are being mapped across all organisations represented on the Health and Wellbeing Board.</li> <li>• Mental health and wellbeing promotion is ongoing.</li> </ul>
	Work with the voluntary sector to allow people to get the mental health benefits of being in work in other ways than through paid employment alone	GREEN	<ul style="list-style-type: none"> <li>• Integrated links have been established with the DWP to focus on developing more opportunities for unpaid work experience including with the voluntary sector.</li> <li>• The NCVS has participated in the mapping undertaken through the Building Health Partnerships initiative.</li> <li>• Cllr Jackie Morris has agreed to promote volunteering during her mayoral year – numerous approaches will be taken under the Looking After Each Other umbrella and any projects which sit underneath it.</li> </ul>
	Work with communities, schools and colleges to help encourage an understanding and willingness to discuss mental health illness to reduce stigma.	AMBER	<p>Nottingham has also committed to support the <i>Time to Change</i> initiative which is focusing on reducing stigma.</p> <ul style="list-style-type: none"> <li>• The Healthy Schools Team and the Health Improvement Co-ordinator are working with schools to promote The Public Health England document 'The link between pupil health, wellbeing and attainment' and 'The Future in Mind' document published by the Children and Adolescent mental health task force.</li> <li>• The Healthy Schools Team and the Health Improvement Co-ordinator are working with schools to provide information on World Mental Health Day which has a focus on dignity.</li> <li>• Emotional health and wellbeing including social and emotional resilience and anti-bullying is one of the priority issues for the Healthy Schools Team to support schools.</li> <li>• Public health consultants are working with the Directors of Education to improve relationships with schools and ensure schools recognise the</li> </ul>

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	What We Will Do	Officer RAG	Progress and Impact
			<p>importance of emotional health and wellbeing for school pupils.</p> <ul style="list-style-type: none"> <li>The Healthy improvement facilitator is mapping all services commissioned by schools to improve emotional health and wellbeing</li> </ul> <p>Healthy Schools have developed a resource for secondary aged pupils (part of PSHE). This is called the AWARE programme. The aims are:</p> <ul style="list-style-type: none"> <li>To equip young people with the skills to assess risk and make safe informed choices</li> <li>To consider the potential consequences of harmful risk-taking behaviour</li> <li>To identify sources of help and develop the skills to allow them to access this support</li> <li>To increase self-esteem and confidence through the development of social and emotional skills leading to an increase in resilience</li> <li>To support curriculum and pastoral staff to explore models and methods to deliver risk education based on pupils needs and established therapeutic and educational social/emotional intervention principles.</li> </ul>
	Consider ways in which Nottingham City Council can be an exemplar employer by ensuring that policies to support employees with mental health problems are translated to their experience 'on the ground'.	GREEN	<ul style="list-style-type: none"> <li>Nottingham City Council has committed to the Local Authority Mental Health Challenge. The portfolio holder for adults and health is the mental health champion and taking a proactive lead in improving mental health and wellbeing in the city.</li> <li>Nottingham City Council has joined the national Public Health England (PHE) Workplace Wellbeing Charter scheme.</li> <li>A Healthy Workplace strategy is in development.</li> <li>Every Colleague Matters Week for October 2015 was organised around the mental health and wellbeing theme. 519 places were made available with total bookings reaching 613, actual attendances amounted to 415 with 98% of delegates rating the sessions as excellent/good. During this week, opportunities were taken to 'springboard' people onto the Wellness in Mind mental health training programme.</li> <li>Nottingham City Council has signed up to the Time to Change initiative aimed at reducing stigma and discrimination. Mental health training</li> </ul>

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	What We Will Do	Officer RAG	Progress and Impact
			workshops are offered for managers and specific advice is available for managers to help make reasonable adjustments for colleagues with mental health problems. <ul style="list-style-type: none"> <li>• Twice monthly wellbeing clinics (PAM Assist) provide mental health advice and support have been introduced for employees.</li> <li>• A range of mental health training opportunities are available for care staff.</li> <li>• Accredited free distance learning on mental health has been introduced for any member of staff.</li> </ul>
	Provide support to employers of all sizes to adapt their business to provide support for individual employees, flexible ways of working to maximise wellbeing and allow staff to remain in work and promote employee wellbeing to reduce the impact of mental health problems.	AMBER	<ul style="list-style-type: none"> <li>• Organisations are being encouraged to adopt the approaches itemised in the previous section.</li> <li>• The Occupational Health Service at Nottingham City Council provides support to employers.</li> </ul>
	Providing programmes to help at least 300 citizens on Jobseekers Allowance return to work where health has been a barrier.	GREEN	<ul style="list-style-type: none"> <li>• Fit for Work has provided support for 378 out of work individuals during the 2.5 years April 2013 to September 2015.</li> <li>• Nottingham Jobs Fund assists citizens to return to work.</li> </ul>
	Providing programmes to help at least 800 citizens manage their health condition so that they can remain in work.	RED	<ul style="list-style-type: none"> <li>• Fit for Work has provided support for 237 individuals to remain in work with a health problems during the 2.5 years April 2013 to September 2015.</li> </ul>

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## Changing culture and systems: Priority Families Priority

	What We Will Do	Officer RAG	Progress and Impact
Headline Outcome	<p>For phase 2 (commencing 2015) we will engage 3,870 targeted families with the Priority Families programme by 2020. At least 75% of these families will have seen significant and sustained improvements by 2020 across the following criteria (as identified for each family):</p> <ul style="list-style-type: none"> <li>• Crime and Anti-social Behaviour,</li> <li>• School Attendance,</li> <li>• Children who need help</li> <li>• Worklessness,</li> <li>• Domestic Violence and Abuse,</li> <li>• Health</li> </ul> <p>Changing systems and culture to be achieved through workforce development and public sector service transformation.</p>	AMBER	<ul style="list-style-type: none"> <li>• Government is revising area target numbers against the refresh of national deprivation data. Targets are likely to increase for Nottingham.</li> <li>• Early starter target of 194 families engaged was exceeded at 197.</li> <li>• Current position @ 8.12.15 is 521 families of 852 (61% of target) have been allocated and are being worked with and 39 further families are being checked. A further 300 families have been identified. On track to reach external target and achieve full attachment fee for 2016/17.</li> <li>• Internal target set at 1200 families to account for variance and time lags to evidence sustainability of outcomes before claiming Payment by Results. This is not currently being achieved. Changes to the IT systems, workforce training and business processes to identify families and levels of need have been enacted that will remove identified barriers to case holding – especially for partners.</li> <li>• During July government launched 5 key essentials and 4 principles in respect of service transformation and delivery models. We are required to evidence these as well as outcomes against the now 39 national indicators under the six headline criteria to enable a claim therefore ...</li> <li>• ...the claim process was tested in September and a number of improvements identified to align to the new principles and key essentials. It was agreed with government that we would not submit claims in September. 50-100 claims are estimated for the January claim window and improvements identified are being actioned.</li> </ul>
Secondary Outcomes	<p>We will aim to achieve the following outcomes: Engage the target number of families for each year and provide the following data against progress to achieve outcomes (across 6 criteria and 39 indicators):</p> <ul style="list-style-type: none"> <li>• Progress against year target for</li> </ul>	AMBER	<p><b>Data as at 8.12.15</b></p> <ul style="list-style-type: none"> <li>• 521 families being worked with of the target 852. A further 39 being checked. If all these were Priority Families the total would be 560 families.</li> <li>• 453 (86.9%) of 521 families are open on our IT platform. Of these 435 have a family assessment (96% of platform cases 83.5% of all cases).</li> <li>• 74 cases are closed of which 49 are successful and closed, 13 are</li> </ul>

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	What We Will Do	Officer RAG	Progress and Impact
	<p>engaging families</p> <ul style="list-style-type: none"> <li>Number of families that have achieved outcomes and are in sustainable 'wait' period prior to results claims</li> <li>Number of families achieving sustained outcomes and claimed or identified for next claim window</li> <li>Number of regressions in reporting period</li> <li>Number of families achieving employment and in 'wait' period for continuous employment claim</li> <li>Number of families achieving sustained continuous employment and claimed or identified for next claim window</li> <li>Number of employment regressions in reporting period</li> </ul>		<p>successful and transferred, 12 are unsuccessful and closed. 19 cases are pending closure approval of which 15 are successful, 2 are successful and transferred and 2 are unsuccessful.</p> <ul style="list-style-type: none"> <li>Regression figures are not available as yet as most families are still in the sustainable wait period that are closed.</li> <li>Employment claims are waiting on the new month end automated data feed from DWP to verify claim figures. Employment tracking processes have been set up to enable closer monitoring of this activity area by the three Troubled Families Employment Advisers seconded to the team.</li> <li>DWP secondees have developed new partnership training specifically to support universal credit changes and the Welfare Reform Bill.</li> <li>We are working in closer partnership with employment and skills colleagues (including Futures) and Debt and Benefits advice services to help families achieve progress to work, continuous employment and financial stability.</li> <li>As detailed in the section above and based on learning from peer authorities we need to work with at least 33% more families than the external target number to achieve outcomes targets, possibly up to 50% more. We are not currently achieving internal targets.</li> </ul>
	Selecting the initial group of families according to the Government criteria	GREEN	<ul style="list-style-type: none"> <li>2080 families have been identified that match criteria.</li> <li>A data cleanse was performed using the Priority Families checklist to review open cases and identify those suitable for conversion that would benefit more from the Priority Families way of working.</li> <li>Priority Families allocation meetings are now weekly to support partner allocations.</li> <li>Practitioners sign up to identifying a suitable case to bring with them to training so they can begin to embed their learning straight away.</li> </ul>
	Providing a lead professional or Family Partnership Worker to be accountable for the relationship with each family	AMBER	<ul style="list-style-type: none"> <li>This is evidenced by the allocated worker opening the case and completing the assessment on the IT platform.</li> <li>At present we are at 87% compliance with opening cases and 83.5% compliance with opening assessments. (96% compliance with opening</li> </ul>

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	What We Will Do	Officer RAG	Progress and Impact
	The 'worker' will have the support of all agencies involved with the family and will have strong supervision		<p>assessments if the case is already open on the IT platform).</p> <ul style="list-style-type: none"> <li>All APs mentor as do FIP staff. However additional Accredited practitioners have been recruited that are focused on mentoring to ensure there is capacity. (There are 16 APs). Mentors work closely with supervisors and line managers.</li> <li>Level 2 cases are being supported through group sessions.</li> </ul>
	Undertaking a whole family assessment for each family, supported by a Whole Family Plan. More specialist assessments will be provided to support the plan where needed	AMBER	<ul style="list-style-type: none"> <li>96% of cases open on the platform have an assessment (435 cases) 83.5% of all cases.</li> <li>An audit process has been developed and is being tested to assure quality of assessment and planning.</li> <li>Specialist training supports skill building for example assessment training.</li> <li>Work is underway to embed the flexibilities in the operating model and as part of this more emphasis is being put onto levels of need and developing lighter touch assessments for level 2 cases for example.</li> <li>Facilities are available in the IT case platform to add specialist assessments from experts in the team around the family.</li> <li>Practitioners are beginning to embed a whole family approach and considering the needs of all members of the family in creating a safe and stable environment for the child, looking for the drivers and capacity for change.</li> </ul>
	Support the workforce to deliver culture and practice change in line with this work	GREEN	<ul style="list-style-type: none"> <li>Workforce training revised in response to identified engagement barriers. Now comprising one generic day and one thematic bespoke day for case holders.</li> <li>138 internal staff are trained to case hold with 30 waiting. Focus has been on training partner staff with 196 now trained to case hold.</li> <li>Short course developed for managers and as a refresher.</li> <li>First cohort of Accredited Practitioners has completed level 4 accredited national qualification, second cohort has commenced training.</li> <li>More mentors were recruited and are embedding the approach with newly trained workers and coordinating and monitoring activity across their geographical or thematic areas of responsibility.</li> <li>Partnership workforce strategy leads continue to hold membership of</li> </ul>

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	What We Will Do	Officer RAG	Progress and Impact
			<p>the national workforce development group that is currently focusing on leadership and management training.</p> <ul style="list-style-type: none"> <li>A group of Priority Families senior practitioners undertook residential Signs of Safety training to be able to champion and support embedding of the approach within the Priority Families model.</li> </ul>
	<p>Develop a single interagency database of families who are involved with the following programmes and services, to ensure appropriate support is provided:</p> <p>Ending gang and youth violence (EGYV) Family Intervention Project Youth Offending Team Priority Families</p>	AMBER	<ul style="list-style-type: none"> <li>Part A (identification) and Part B (evidencing outcomes) Information Sharing Agreements are in place. Data is still slow coming through from some agencies especially police (capacity, this is being jointly worked on to resolve), and health where identify sources and data owners is still an issue as is consent.</li> <li>Now that criteria has expanded to include adult needs in all areas the Priority Families data base may be the biggest matched family database in the city. Sharing access to the data is difficult under the current data protection laws and various Acts covering the thematic areas as not all the new criteria fall within statutory thresholds.</li> <li>The Welfare Reform Bill will require public sector partners to provide key data to the local authority as the accountable body for Troubled Families work. The Bill is likely to be enacted next year.</li> <li>However this database will not contain information for Troubled Individuals although government is considering expanding the Troubled Families approach to cover all complex needs individuals as well as families with children. Nottingham supported the business case for this work.</li> <li>Restructuring of the programme team has aligned work with the Family Intervention Project and Youth Offending Team. See the full report to this Board for changes to governance arrangements that should support health and EGYV alignment.</li> </ul>
Rolling out to social care	Edge of Care Hub	AMBER	<ul style="list-style-type: none"> <li>Edge of Care Hub from April to October 15 has supported 25 families (all subject to CP plans), 38 children of which 31 were presenting at the edge of care. 12 cases are closed, 9 have stepped down in need. 1 child accommodated. 100% retention rate. Net budget relief after deducting 30% variance and the cost of the service is £338k.</li> <li>Social Care Accredited Practitioner recruited. Refining model to provide</li> </ul>

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	What We Will Do	Officer RAG	Progress and Impact
			<p>additional support to social care cases without adding to social worker workloads.</p> <ul style="list-style-type: none"> <li>• 200 social care cases being checked for Priority Families match to criteria and principles to enable staged approach with Priority Families workers to be developed. Progress delayed due to Priority Families review that concluded in June.</li> </ul>
Progress nationally	Bi-Annual Face to Face Progress check with DCLG	GREEN	<ul style="list-style-type: none"> <li>• Comparison survey with other peer local authorities demonstrated we are in a similar position to peers in respect of progress and challenges for delivery of phase 2.</li> <li>• Government is still pleased with progress overall and has therefore scheduled us low down the list for the first spot check audit.</li> <li>• A short visit was paid in September to learn about the restructuring of the programme. Proposed changes were supported.</li> </ul>

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## **Appendix 2 Priority Families - Additional Programme Information**

### **Changes to governance**

In Jan 2015 Nottingham City Council commissioned a review by the Chief Social Worker about the necessary focus and design of Phase 2. This concluded in May 2015. The review made recommendations in respect of governance for the programme and appropriate structures to deliver Phase 2.

The expanded programme is hugely complex and is now a major public sector transformation programme closely linked to the devolution agenda and supporting workforce reform. The review found that the Priority Families (PF) Programme needed to be embedded across all layers of Children's Services if it were to be successful in the delivery of Phase 2 targets.

Internal restructuring took place in respect of the staffing of the programme with some changes and additions to internal leadership to create an integrated management team supporting the programme. The changed structure was enacted 1<sup>st</sup> November 2015.

The Programme Board has recently reviewed its membership to cover expanded criteria. The Board is proactively engaging in time limited working groups to move the programme forwards and championing the programme and unblocking barriers to delivery. The Priority Families Leadership Group has reviewed overarching governance and expanded partner membership of the Leadership Group to better support widened thematic criteria and targets.

The current proposal is to move strategic governance of the Programme from the Health and Wellbeing Board to the Crime and Drugs Partnership (CDP). These changes would support a better alignment of the Programme against key priority areas and city-wide strategies like the Crime and Drugs Partnership Plan. The established remit of the CDP currently covers 2 of the 6 themes (Parents and children involved in crime or anti-social behaviour and Families affected by domestic violence and abuse) within the PF Outcomes Plan. The CDP directly commissions Domestic Violence (DV) services so a more direct link will support more effective mainstreaming of PF requirements into service provision. The CDP also plays a direct role in commissioning drug and alcohol treatment services for children and adults and this contributes to the theme around parents and children with a range of health problems.

A number of other potential opportunities to drive more effective programme delivery exist through the CDP as forums and projects like the Young People's Panels, Ending Gang and Youth Violence and Vanguard+ report through to the CDP and are led by senior partners who are represented in CDP governance. There are also clear links through to the Youth Offending Team. There is CDP Board membership on the YOT Partnership Board and a current proposal is for this YOT Board to have governance of youth crime prevention and Young People's Panels, which provide additional strategic linkage.

The CDP Board are willing to support this move in principle and it is recommended that the HWBB approve this change of governance arrangements.

Consideration would need to be given to financial decision exceptions although these could still be reported to and approved by the Commissioning Sub Group if required.

## **Phase 2 Delivery and Targets**

Phase 2 commenced 1<sup>st</sup> January 2015 and runs to 31<sup>st</sup> March 2020. There are 6 overarching criteria:

1. Parents and children involved in crime or anti-social behaviour
2. Children who have not been attending school regularly
3. Children who need help
4. Adults out of work or at risk of financial exclusion and young people at risk of worklessness
5. Families affected by domestic violence and abuse
6. Parents and children with a range of health problems

Under these criteria are 39 national indicators used to identify eligible families. Families must achieve significant and sustainable outcomes against all indicators present/baselined in the family on entry, without regression, to be deemed to have improved outcomes and to be eligible for a payment by results claim. Measures to evidence success have been developed by the partnership and are to be found in the Nottingham Troubled Families Outcomes Plan. An operational version of the Outcomes Plan is in development to aid practitioners and information colleagues in evidencing outcomes.

Nottingham City's target number of families is 3,870 over 5 years. The target number of families to be identified and worked with for 2015/16 is 852 or 22% of 3,870.

In July 2015 Government announced 5 Key Essentials:

- 1) prioritised the families with multiple problems who are of most concern and highest reactive costs
- 2) appointed a keyworker/lead worker for each family who manages the family and their problems.
- 3) worked towards agreed goals for every family for each of headline problems which are shared and jointly owned across local partners
- 4) been transparent about outcomes, benefits and costs
- 5) engaged in ongoing service reform according to evidence of effectiveness and savings

And 4 Principles:

- 1) There will have been an assessment that takes into account the needs of the whole family;
- 2) There is an action plan that takes account of all (relevant) family members;
- 3) There is a lead worker for the family that is recognised by the family and other professionals involved with the family; and
- 4) The objectives in the family action plan are aligned to those in the area's Troubled Families Outcomes plan.

Both Key Essentials and Principles have to be evidenced alongside outcomes before a results claim can be made and examination of evidence for these will form part of government spot check audits.

## What are we worried about?

- All local authorities have made very low claims to date with many areas yet to make a claim. Nottingham has not yet made a PBR claim but in September 2015 we tested the claims process and identified a number of systems improvements. It was agreed that the first claim would be January 2016 to enable systems changes to be concluded.
- Families worked with and successfully achieving improved outcomes are subject to an agreed 'wait' period to test sustainability and impact. 'Wait' periods are six months to a year for some statutory metrics e.g. school attendance at 90% must be maintained for three consecutive school terms to be considered a sustained outcome. Any regression during the 'wait' period disqualifies the whole family from a results claim. To mitigate regression it is aimed to work with a third more families than target numbers. Recent learning from peer authorities would suggest that the success rate is much lower following the addition of Key Essentials and Principles so consideration will need to be given to increasing the additional number worked to 40-50% extra.
- Government is currently reviewing target numbers against refreshed deprivation data. Areas that have become more deprived (Nottingham) are likely to see an increase in target numbers. Significant partner engagement will be needed to support increased numbers. The benefit of this will be increased funding potential.
- There are still issues with some data acquisition needed to identify eligible families and to evidence outcomes. Via the programme Board the partnership is working to provide clarity around data sources for evidencing including soft outcome measurement and to mitigate capacity issues regarding data processing.

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**HEALTH AND WELLBEING BOARD – 27<sup>th</sup> January 2016**

<b>Title of paper:</b>	Health and Wellbeing Strategy Development Update Report	
<b>Director(s)/ Corporate Director(s):</b>	Alison Michalska Corporate Director for Children & Adults, Nottingham City Council. Colin Monckton, Director of Commissioning, Policy and Insight, Nottingham City Council. Alison Challenger, Interim Director of Public Health, Nottingham City Council. Dawn Smith, Chief Operating Officer, Nottingham City Clinical Commissioning Group.	<b>Wards affected: All</b>
<b>Report author(s) and contact details:</b>	James Rhodes, Strategic Insight Manager, Nottingham City Council <a href="mailto:James.rhodes@nottinghamcity.gov.uk">James.rhodes@nottinghamcity.gov.uk</a>	
<b>Other colleagues who have provided input:</b>	Dr Rachel Sokal, Consultant in Public Health Louise Noon, Insight Specialist (Public Health)	
<b>Date of consultation with Portfolio Holder(s) (if relevant)</b>	14 <sup>th</sup> January 2016	
<b>Relevant Council Plan Key Theme:</b>		
Strategic Regeneration and Development		<input type="checkbox"/>
Schools		<input type="checkbox"/>
Planning and Housing		<input type="checkbox"/>
Community Services		<input type="checkbox"/>
Energy, Sustainability and Customer		<input type="checkbox"/>
Jobs, Growth and Transport		<input type="checkbox"/>
Adults, Health and Community Sector		<input checked="" type="checkbox"/>
Children, Early Intervention and Early Years		<input type="checkbox"/>
Leisure and Culture		<input checked="" type="checkbox"/>
Resources and Neighbourhood Regeneration		<input type="checkbox"/>
<b>Relevant Health and Wellbeing Strategy Priority:</b>		
Healthy Nottingham - Preventing alcohol misuse		<input checked="" type="checkbox"/>
Integrated care - Supporting older people		<input checked="" type="checkbox"/>
Early Intervention - Improving mental health		<input checked="" type="checkbox"/>
Changing culture and systems - Priority Families		<input checked="" type="checkbox"/>
<b>Summary of issues (including benefits to citizens/service users and contribution to improving health &amp; wellbeing and reducing inequalities):</b>		
<p>The results of the initial engagement activity and evidence from the Joint Strategic Needs Assessment (JSNA) were presented to the Health and Wellbeing Board development session in December 2015 with a view to defining the focus of the next strategy. The discussion focused on where the Board should position itself along the full spectrum of tackling the wider social determinates (poverty, environment) and activity that can directly influence the factors which, it is known from the JSNA, are causing citizens to die prematurely (smoking, alcohol, diet etc).</p> <p>Based on the outcome of the session, the engagement results and the evidence from the JSNA, it is felt that the Board has enough information to define what the priority focus of the new strategy should be and this report presents a proposal for approval by the Board.</p>		
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<b>Recommendation(s):</b>	
<b>1</b>	That the Board notes the results of the initial engagement activity and the summary evidence from the Joint Strategic Needs Assessment;
<b>2</b>	That the Board approves the strategic framework proposed as the basis of the next Health and Wellbeing Strategy; and,
<b>3</b>	That the Board approves the Next Steps for the development of the strategy.
<b>How will these recommendations champion mental health and wellbeing in line with the Health and Wellbeing Board aspiration to give equal value to mental health and physical health ('parity of esteem'):</b>	
Mental health and Wellbeing is suggested to remain a continuing priority within the new strategy.	

## **1. REASONS FOR RECOMMENDATIONS**

1.1 The proposed strategic framework is the result of significant engagement and evidence from the Joint Strategic Needs Assessment and is therefore evidence based.

## **2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)**

2.1 A proposal for developing the next strategy was agreed by the Nottingham City Health and Wellbeing Board (HWB) at its meeting on 29<sup>th</sup> July 2015. The Board endorsed the project plan and engagement strategy in September 2015. It was also previously agreed by the Board that the new strategy would adopt:

- An outcome-based approach
- A broad engagement approach (as opposed to asking people to confirm a predetermined list of priorities)
- A 4/5 year lifespan aligned to the political cycle

### **PRESENT POSITION**

2.2 A wide ranging and broad engagement strategy was carried out in October and November whereby almost 500 people provided their views and Appendix A provides the executive summary<sup>1</sup>. These results and the JSNA Evidence Summary<sup>2</sup> were presented to the Health and Wellbeing Board Development Session in December with a view to determining what the focus should be for the next strategy.

2.3 The discussion focused on where the Board should position itself along the full spectrum of tackling the wider social determinates (poverty, environmental factors etc) and activity that can directly influence the factors which, it is known from the JSNA, are causing citizens to die prematurely (smoking, alcohol, diet etc). Based on the outcome of the development session, the engagement results and the JSNA evidence, a proposed strategic framework has been developed in collaboration with the Director of Public Health and the Chair and Vice Chair of the Health and Wellbeing Board for your consideration and approval.

### **PROPOSED STRATEGIC FRAMEWORK**

2.3 It is proposed that the Board adopt the following strategic framework upon which the strategy will be developed. The framework aims to capture the key areas highlighted by the JSNA, the engagement findings and the outcome of the development sessions under four key outcomes.

<sup>1</sup> The engagement results report can be found here: <http://www.nottinghamcity.gov.uk/hwb>.

<sup>2</sup> The JSNA Evidence Summary can be found here: <http://jsna.nottinghamcity.gov.uk/insight/Strategic-Framework/Nottingham-JSNA/Related-documents/Executive-summary.aspx>

## Happier Healthier Lives: Nottingham City Joint Health and Wellbeing Strategic Framework 2016 - 2020

**Vision:** Nottingham will be a place where will all enjoy positive health and wellbeing with a focus on improving the lives of those with the poorest outcomes the fastest.

**Headline Measure:** To increase Healthy Life Expectancy and close the gap between the most affluent and poorest areas of the City

**Approach:** In developing and delivering the strategy we will utilise a life-course/ vulnerable person focus to maximise, maintain and improve health. For example, the action plans will be developed with reference to young people, students, older people, people with learning disabilities etc where appropriate.

Outcomes	Priority Areas
People in Nottingham adopt and maintain <b>Healthy Lifestyles</b>	<ol style="list-style-type: none"> <li>1. People will be <b>physically active</b> to a level which benefits their health</li> <li>2. People will have a <b>healthy and nutritious diet</b></li> <li>3. People will be able to maintain a <b>healthy weight</b></li> <li>4. Nottingham and its citizens will be <b>smoke free</b></li> <li>5. People will drink <b>alcohol</b> in a non-hazardous and non-harmful way</li> </ol>
People in Nottingham will have positive <b>Mental Wellbeing</b> and those with <b>Serious Mental illness</b> will have good physical health	<ol style="list-style-type: none"> <li>1. People with <b>serious mental illness</b> will have <b>healthier lifestyles</b></li> <li>2. Those with or at risk of poor mental health and wellbeing will be able to access and remain in <b>employment</b></li> <li>3. People who are, or at risk of, <b>loneliness and isolation</b> will be identified and supported</li> <li>4. People with, or at risk of, poor mental health will be able to access <b>appropriate level of support</b> as and when they it</li> </ol>
There will be a <b>Healthy Culture</b> in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill health	<ol style="list-style-type: none"> <li>1. Direct and indirect <b>messages</b> regarding health and wellbeing will be clear and consistent</li> <li>2. Citizens will have <b>knowledge</b> of opportunities to live healthy lives and of services available within communities</li> <li>3. Individuals and groups will have the <b>confidence</b> to make healthy life choices and access services at the right time to benefit their health and wellbeing</li> <li>4. <b>Services will work better together</b> through the continued integration of health and social care that is designed around the citizen, personalised and coordinated in collaboration with individuals, carers and families</li> </ol>
Nottingham's <b>Environment</b> will be sustainable; supporting and enabling its citizens to have good health and wellbeing	<ol style="list-style-type: none"> <li>1. <b>Housing</b> will maximise the benefit and minimise the risk to health of Nottingham's citizens</li> <li>2. The <b>built environment</b> will support citizens having healthy lifestyles and minimise the risk of negative impact on their wellbeing</li> <li>3. People will be able to engage in <b>active travel</b></li> <li>4. People in Nottingham will have access to and use of <b>green space</b> to optimise their physical and mental wellbeing</li> <li>5. <b>Air pollution</b> levels in Nottingham will be controlled to agreed standards</li> </ol>

**Principles in all Themes: A focus on those communities or areas worst affected and tackling inequalities; Early Intervention; Sustainability; Involvement of the Voluntary and Community Sector; and, Integrated Working (to be adopted in the action plans)**

2.4 It, therefore, does not intend to serve as a summary of all health related actions captured in other plans (e.g. the Nottingham Plan, Council Plan, CCG plan etc). For example, teenage pregnancy and sexual health, whilst important areas, did not

emerge as priority areas in either the JSNA or the engagement findings but there are commitments made regarding both these issues in the Nottingham Plan and the Council Plan.

2.5 The strategic framework is high level and so does not therefore directly reference particular groups but the impact on particular groups (e.g. young people, older people, vulnerable adults, students etc) will be addressed in the action plans where it is appropriate to do so. For example, a focus on healthy weight will evaluate those disproportionately affected and where the most impact can be made which may lead to a focus on childhood obesity. Thus the action plan stage will consider a life course approach and assess if particular groups require a specific focus.

2.6 Additionally, a number of principles will apply to each outcome and will help shape the action planning stage. The cross-cutting principles are:

- **A focus on communities or areas worst affected and tackling inequalities:** Action plans will need to identify and address disproportionate impact by putting resources where they are most needed. This might mean a focus on a particular geographic area or particular ethnic group.
- **Early Intervention:** Activity will be targeted at identifying and preventing problems early before they become ingrained and problematic.
- **Sustainability:** Action plans will need to consider sustainability in its widest sense (funding, environmental, economic etc).
- **Involvement of the Voluntary and Community Sector:** The action planning process will value and utilise the role of the voluntary and community sector in developing and implementing interventions.
- **Integrated Working:** Linked to the priority of service integration, action plans will need to consider how they are furthering the need to join services up where appropriate.

## **DEVELOPMENT AND DELIVERY OF THE STRATEGY**

2.7 It is envisaged that the strategic framework will be developed to form the basis of the Boards work programme and meetings could focus on the outcomes on a rolling basis. Each of the four broad outcomes will need a Board level sponsor and a named lead officer for each priority area. Lead officers, with support from their Board Sponsor will develop an action plan with delivery and performance management monitored by the Board. Action planning will entail conducting a gaps analysis to assess:

- What is already being delivered
- What the engagement findings say about that particular topic
- What are the recommendations in the relevant JSNA
- What is missing in current delivery
- Which actions where the Board can collectively add value

2.8 A programme office will administer the strategy and ensure that performance monitoring arrangements are in place. Each of the broad outcomes will have a number of performance indicators to assess if the priorities, and the ultimate outcome, are being successfully delivered.

## **NEXT STEPS**

2.9 Subject to agreement of the Board, the next steps include:

- Nomination of Board Sponsors for each Outcome
- Nomination of Lead officers for each Priority Area

- Development of delivery plans and relevant indicators
- Production of first draft for consultation with stakeholders and citizens

2.10 The original project plan outlines the timetable below required to remain on course to agree the new strategy:

- Agreement of strategic framework – 27<sup>th</sup> Jan
- Identification of Board Sponsors for each Outcome – 27<sup>th</sup> to 3<sup>rd</sup> Feb
- Development of action plans – 3<sup>rd</sup> Feb to 5<sup>th</sup> March
- Production of draft strategy by 11<sup>th</sup> March
- Consultation on draft strategy 14<sup>th</sup> March to 8<sup>th</sup> April
- Production of final draft – 13<sup>th</sup> May
- Strategy Signed off by the Board – 25<sup>th</sup> May

### **3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS**

3.1 A further development session to determine the priorities was considered but it was felt that enough information was gathered through the engagement process and the JSNA to determine the focus. Additionally, the timetable and project plan dictate that a decision by the Board on the scope of the strategy be made at the January meeting in order that the new strategy will be delivered on schedule.

### **4. FINANCE COMMENTS (INCLUDING IMPLICATIONS AND VALUE FOR MONEY/VAT)**

4.1 Not applicable.

### **5. LEGAL AND PROCUREMENT COMMENTS (INCLUDING RISK MANAGEMENT ISSUES, AND LEGAL CRIME AND DISORDER ACT AND PROCUREMENT IMPLICATIONS)**

5.1 Not applicable

### **6. EQUALITY IMPACT ASSESSMENT**

6.1 Has the equality impact of the proposals in this report been assessed?

No

An EIA is not required because:  
(Please explain why an EIA is not necessary)

Yes

Attached as Appendix x, and due regard will be given to any implications identified in it.

### **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**

- Health and Wellbeing Strategy: Happier Healthier Lives Engagement Findings
- Nottingham City Joint Strategic Needs Assessment Evidence Summary

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**i Appendix A - Healthier Happier Lives Engagement Findings: Executive Summary**

i.i The Health and Wellbeing Board are in the process of developing their next strategy for implementation in 2016. A key element of the development is ensuring that the strategy is informed by the views of citizens, service providers and front-line workers. The initial engagement was designed to find out what is important to people in regards to health and wellbeing. The following provides a summary of the key findings.

<p><b>Main Issues</b></p>	<p><b>Lifestyle factors and Personal Responsibility:</b> Obesity, physical inactivity, poor diet and smoking highlighted as key issues but with mixed views as to whether they are related to poor choices or if ‘lifestyle choices’ are heavily influenced by social/ economic factors.</p> <p><b>Social Isolation and loneliness</b> was one of the most commonly identified issues impacting on physical and mental health.</p> <p><b>Mental Health:</b> Priority for many groups with significant impact on physical health. Still a stigma surrounding the subject compared to physical illness.</p> <p><b>Economic Deprivation:</b> Money and affordability highlighted as a key factor behind the inequalities in outcomes across the city.</p> <p><b>Housing:</b> Lack of affordable and good quality housing</p> <p><b>Air pollution</b> highlighted by some groups (particularly around inability to avoid car emissions).</p> <p><b>The city is not homogenous:</b> Differences were highlighted based on various types of segmentation (e.g. geographic, communities, age). Particular reference was made to the impact on Black and Minority Ethnic (BME) communities in relation to disproportionate impact regarding health outcomes.</p>
<p><b>Barriers/ Enablers</b></p>	<p><b>Affordability/Time:</b> Particularly highlighted in regards to healthy eating and exercise.</p> <p><b>Life Skills:</b> Highlighted that some people prioritise the wrong things financially, lack budgeting skills and the knowledge to cook healthy meals.</p> <p><b>Access to Services:</b> Complexity of the system, linkage between services and cost of transport.</p> <p><b>Knowledge &amp; Confidence:</b> A feeling that there is not a lack of services, instead people do not always know what is available or have the confidence to use them.</p> <p><b>Lack of Clear Messages</b> around healthy behaviour (particularly diet)</p> <p><b>Mental Health:</b> Stigma is still an issue and some concerns about service provision (e.g. access to counselling) and lack of consistency in long-term support.</p> <p><b>Deprivation, Unemployment and Funding Cuts</b> including benefit cuts.</p> <p><b>Housing:</b> Lack of affordable good quality housing</p>
<p><b>Potential Solutions</b></p>	<p>A number of principles/ approaches were highlighted including: Prioritisation and targeted service delivery, early intervention, sustainable funding, influencing decision making and co-production/commissioning. Specific interventions suggested included:</p> <p><b>Increasing social interactions</b> through volunteer schemes, social prescribing and community befrienders.</p> <p><b>Environmental improvements</b> to develop attractive safe green spaces that promote active travel.</p> <p><b>Education/Awareness Raising</b> to teach life skills, computer literacy, employability etc.</p> <p><b>Improved information and communication</b> including a single service directory.</p> <p><b>Incentivising Healthy Behaviour</b> including car free days, congestion charge, smoke free areas and subsidised healthy food.</p> <p><b>Increased Mental Health provision</b> including more counselling</p>

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**HEALTH AND WELLBEING BOARD – 27 January 2016**

<b>Title of paper:</b>	<b>Health &amp; Wellbeing Board Peer Challenge 2015 – findings and recommendations</b>	
<b>Director(s)/ Corporate Director(s):</b>	Alison Michalska, Corporate Director, Adult & Childrens Services Richard Henderson, Interim Director of HR & Transformation Colin Monckton, Director of Commissioning, Policy and Insight Alison Challenger, Director of Public Health	<b>Wards affected: All</b>
<b>Report author(s) and contact details:</b>	Chris Common Senior Corporate Performance Specialist Tel; 0115 8763435 <a href="mailto:chris.common@nottinghamcity.gov.uk">chris.common@nottinghamcity.gov.uk</a>	
<b>Other colleagues who have provided input:</b>	Tim Spink, Nottingham Crime & Drugs Partnership	
<b>Date of consultation with Portfolio Holder(s) (if relevant)</b>	14 January 2015	
<b>Relevant Council Plan Key Theme:</b>		
Strategic Regeneration and Development		<input type="checkbox"/>
Schools		<input type="checkbox"/>
Planning and Housing		<input type="checkbox"/>
Community Services		<input type="checkbox"/>
Energy, Sustainability and Customer		<input type="checkbox"/>
Jobs, Growth and Transport		<input type="checkbox"/>
Adults, Health and Community Sector		<input checked="" type="checkbox"/>
Children, Early Intervention and Early Years		<input type="checkbox"/>
Leisure and Culture		<input type="checkbox"/>
Resources and Neighbourhood Regeneration		<input type="checkbox"/>
<b>Relevant Health and Wellbeing Strategy Priority:</b>		
Healthy Nottingham - Preventing alcohol misuse		<input checked="" type="checkbox"/>
Integrated care - Supporting older people		<input checked="" type="checkbox"/>
Early Intervention - Improving mental health		<input checked="" type="checkbox"/>
Changing culture and systems - Priority Families		<input checked="" type="checkbox"/>
<b>Summary of issues (including benefits to citizens/service users and contribution to improving health &amp; wellbeing and reducing inequalities):</b>		
This report highlights a number of key areas for improvement in how the Health & Wellbeing Board operates and works following a local peer challenge. By reviewing and revising the operation of the Board, it ensures that it is as effective and efficient as possible in leading the delivery of the current and subsequent Health and Wellbeing Strategy and the benefits that this will bring to all the city's citizens and service users.		
<b>Recommendation(s):</b>		
<b>1</b>	To note the findings of the report and approve the proposed action plan (appendix 1).	
<b>How will these recommendations champion mental health and wellbeing in line with the Health and Wellbeing Board aspiration to give equal value to mental health and physical health ('parity of esteem'):</b>		

By improving the management and effectiveness of the Board, it will be better placed and able to lead and promote the improvement of the whole range of health and wellbeing issues faced across the city reflected in the Health & Wellbeing Strategy.

## **1. REASONS FOR RECOMMENDATIONS**

- 1.1 By adopting the recommended actions of the report, the board will become more effective and efficient in leading and delivering the priorities and objectives set out in the Health and Wellbeing Strategy.

## **2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)**

- 2.1 In February 2015, Nottingham City Council Chief Executive, Ian Curryer was part of the Local Government Association (LGA) peer challenge team for Hull City Council's own Health & Wellbeing Board (HWBB).

- 2.2 In order to contribute to the review of the Board and how it operates as effectively as possible in the run up to the introduction of a revised Health & Wellbeing Strategy in April 2016, he subsequently recommended to the HWBB chair, Councillor Alex Norris that a similar challenge be undertaken here and this was subsequently approved in October 2015.

### **2.3 The Challenge Team**

The challenge would be based on the LGA's challenge mythology but it was felt that it should have a more 'local' approach rather than including 'peers' from organisations outside of Nottingham and its own HWBB. Therefore the final Challenge team, led by the City Council's Corporate Director for Adults and Children, comprised of a selection of senior City Council officers with either a direct or indirect role in health and wellbeing to provide critical challenge and enquiry on the issues being raised.

### **2.4 Questionnaire**

In November 2015, an online questionnaire was sent to all 21 board members based on the LGA's own tried and tested questions based around five 'core' themes of:

- Vision, ambition and role of the HWBB
- System leadership and partnership working
- Ensuring delivery and impact
- Communications and Engagement
- Integration and system redesign.

Also included were questions on two other 'local' issues of:

- Involvement with the local third/voluntary sector and;
- Effectiveness of health and social care integration.

- 2.5 12 responses (57%) were received by the closing date.

### **2.6 Interviews**

From the survey results, the Challenge team derived six core questions that would be further explored in a series of face-to-face interviews with Board members and other associated individuals who have a direct or indirect association with the HWBB. Therefore, the Challenge Team conducted a series of 18 interviews over 2 days in December 2015.

### **2.7 Other Review Work**

The Challenge team also undertook a review of all associated local documentation, strategies, meeting minutes etc as well as a review of the findings etc from other peer challenges conducted in other local authorities, particularly from Hull City Council. Members of the team also observed at an HWB development session during the main challenge week in December. The team subsequently distilled their initial findings and fed this back to the HWBB on 18 December 2015.

## 2.8 Key Findings

Generally it was felt that health and wellbeing in the City was improving with good relationships across the Board membership with the right people round the table acting on a good evidence base. There was strong support and belief that the board has a strong role in the future and welcomed the review and the opportunity to change and move forward.

The key messages from the Challenge Team were:

- The Board was considered as being well positioned to lead health improvement and fulfils its minimum statutory requirements with strong membership, a collective drive, the right leaders around the table and good relationships in place. However, in such a climate of rapid change, the whole was not yet considered greater than the sum of the parts.
- The Board benefit from and base their work on a well-researched and evidenced Joint Strategic Needs Assessment (JSNA). However, clarity was needed to reinforce that the Board was responsible for the JSNA.
- The existing governance, accountability, roles and responsibilities are not as clear as they can be particularly between the Commissioning Executive Group (CEG), the Commissioning sub-committee and Health Scrutiny Panels and so are not effective.
- There is a need to build on the positive approach to consultation and engagement around the strategy refresh and the better use of information to communicate and engage more broadly, for example, the use of visually effective infographics.
- System leadership was not considered as mature and that sharing problems and risks across the Board needed some improvement.
- There was a need to clarify the roles of Board members, officers and citizens' representatives in order to provide further drive and challenge. It was felt that, occasionally, the Board tended to not have collective ownership or agreement on the issues it needed to tackle. Allied to this, the Challenge Team found that there was a lack of evidence that the three core elements of the Care Act 2012 for HWBBs were being focussed on i.e.
  - Improve health & wellbeing of people in our area
  - Reduce health inequalities
  - Promote the integration of services.

## 2.9 Key Areas for Improvement

- *Clarity of the purpose of the Board and its roles and responsibilities* – suggestions for how this could be improved include:
  - a nominated City Council director to lead the development and direction of the Board and its management

- Revising the support to the Board from the City's Constitutional Services
- the development of a themed forward plan
- more discussion on budget and funding
- seek assurances that decisions made by organisations represented on the Board are in line with the Health & Wellbeing Strategy
- induction for new Board members
- improved interfaces with other partnership boards
- *Systems leadership* – in order to work together across the variety of organisations within the Board, an improvement is needed to its 'systems' leadership; its ability to 'lead without authority'.
- *Performance management* - e.g. delivery plans aligned to strategy, business planning processes, ownership and accountability
- *Better balance between qualitative and quantitative evidence* – often there is over reliance on quantitative data and information to show progress and this can be difficult to understand for 'non-experts' so it was felt that a certain amount of qualitative evidence be provided where possible such as case studies, citizens and workforce accounts etc.
- *Communication and engagement* – clearer and more accessible lines of communication to show what difference the Board is making. It was suggested that the Board use social media to 'create noise' about a key subject/issue to raise awareness and dialogue more widely than just within the organisations that are involved.
- *Inclusiveness* - particularly with 3rd sector but of all contributors such as housing and to look closely at how the Board reports issues, the language used and balance of clinical and social determinants and the use of plain English.
- *Link between Board and the organisations' workforce* – organisations from the largest employers in the city are represented on the Board and it was felt that ensuring the Board's work is communicated back to these workforces are key to reaching thousands of people and ensure the priorities and values of the board are integral to the work and culture to its organisation's employees as well as the wider community.

## 2.10 Proposed Action Plan

The Challenge Team recommended a series of short and medium term actions to address the key areas for improvement and these are set out in appendix 1.

## 3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

- 3.1 A peer challenge led by the LGA directly was considered but it was felt that a more local approach was more appropriate and would lead to better engagement and acceptance by the City's Board.

## 4. FINANCE COMMENTS (INCLUDING IMPLICATIONS AND VALUE FOR MONEY/VAT)

- 4.1 Not applicable.

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

5.1 Not applicable.

**6. EQUALITY IMPACT ASSESSMENT**

6.1 Has the equality impact of the proposals in this report been assessed?

No

An EIA is not required because the report does not contain proposals or financial decisions.

Yes

Attached as Appendix x, and due regard will be given to any implications identified in it.

**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 City's Joint Health and Wellbeing Strategy 2013-2016.

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## Health & Well Being Board Peer Challenge 2015

### PROPOSED ACTION PLAN

Action	By When
1 Allocate an accountable officer to coordinate the Board directly and manage the agenda	Feb 16
2 Allocate the City Council's Director of Public Health to lead and have responsibility for development and management of the Board	Jan 16
3 Revisit the priority setting development session	Feb 16
4 Ensure Board papers are clear on the decisions and actions required by the Board, and include specific requests for action or support from specific partners and in plain English	Feb 16
5 Introduce a new member induction process	Mar 16
6 Review the roles and responsibilities of voting members and non-voting members	Apr 16
7 Establish a clear delivery plan for the agreed strategy and ensure that there are clear responsible officers allocated to the progress of those actions	Apr 16
8 Clarify the vision and purpose of the board using the strategy refresh	May 16
9 Establish a clear communications plan for the Board for at least a 12 month period and ensure that the collective communications of partners is consistent and adds to this plan	May 16
10 Consider the development of a full Executive Board,	Jun 16
11 Review the support to Healthwatch and the way in which the voice of the citizen is being mobilised	Jun 16
12 Instigate a programme for board members to visit each other's front line environments in order to build improved understand of each other's workforce and client environments	Jun 16
13 Challenge partners to take concerted action towards the delivery of the HWB Strategy	Jun 16
14 Formally establish "expectations of each other" contract between Board members	Jun 16
15 Develop proposals for how we could bring staff and citizens into the board to highlight the successes	Jun 16
16 Development of systems leadership approach	Jun 16
17 Produce a report to the Board to recognise the importance of the third sector and role to play in the Board's development	Jun 16
18 Undertake a 6 month review of the implementation of the action plan to check on progress etc	Jul 16

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**HEALTH AND WELLBEING BOARD - 27<sup>th</sup> January 2016**

<b>Title of paper:</b>	<b>East Midlands Clinical Networks and Clinical Senate Briefing for Nottingham City Health and Wellbeing Board</b>	
<b>Director(s)/ Corporate Director(s):</b>		<b>Wards affected: All</b>
<b>Report author(s) and contact details:</b>	<b>Sarah Hughes East Midlands Clinical Senate Manager NHS England sarah.hughes25@nhs.net</b>	
<b>Other colleagues who have provided input:</b>		
<b>Date of consultation with Portfolio Holder(s) (if relevant)</b>		
<b>Relevant Council Plan Key Theme:</b>		
Strategic Regeneration and Development		<input type="checkbox"/>
Schools		<input type="checkbox"/>
Planning and Housing		<input type="checkbox"/>
Community Services		<input type="checkbox"/>
Energy, Sustainability and Customer		<input type="checkbox"/>
Jobs, Growth and Transport		<input type="checkbox"/>
Adults, Health and Community Sector		<b>x</b>
Children, Early Intervention and Early Years		<b>x</b>
Leisure and Culture		<input type="checkbox"/>
Resources and Neighbourhood Regeneration		<input type="checkbox"/>
<b>Relevant Health and Wellbeing Strategy Priority:</b>		
Healthy Nottingham - Preventing alcohol misuse		<input type="checkbox"/>
Integrated care - Supporting older people		<b>x</b>
Early Intervention - Improving mental health		<b>x</b>
Changing culture and systems - Priority Families		<input type="checkbox"/>
<b>Summary of issues (including benefits to citizens/service users and contribution to improving health &amp; wellbeing and reducing inequalities):</b>		
<p>This paper provides the Nottingham City Health &amp; Wellbeing Board with information about the role and function of the East Midlands Clinical Networks and Clinical Senate and an update on progress against the business plan for 2015/16. It also provides an opportunity to brief colleagues on the current national review of improvement and leadership development across the health and care system.</p>		
<b>Recommendation(s):</b>		
<b>1</b>	The Board to note the briefing on the East Midlands Clinical Networks and the Clinical Senate	
<b>2</b>	The Board to identify if there are any local priorities for health and well-being, which are not included within the current business plan, which the Clinical Networks or Clinical Senate should consider within their 2016/17 business plan.	

**How will these recommendations champion mental health and wellbeing in line with the Health and Wellbeing Board aspiration to give equal value to mental health and physical health ('parity of esteem'):**

The report covers a programme piloting new models of working to increase parity of esteem between mental and physical health. Evaluation of the projects will be available in March 2016

## **1. REASONS FOR RECOMMENDATIONS**

### 1.1

The Board are asked to note the attached briefing. This provides information on the role and functions of the East Midlands Clinical Networks and Clinical Senate and gives an update on progress against the business plan for 2015/16. It also covers the current national review of improvement and leadership across the health and care system.

### 1.2

The Board are asked to consider if there are any local priorities for health and well-being which are not included within the current Clinical Networks or Clinical Senate business plan which should be considered for the 2016/17 business plan.

The priorities within the 2016/17 East Midlands Clinical Networks and the Clinical Senate Business plan are:

Cardiovascular disease  
Children and Maternity Services  
Mental health, dementia and neurological conditions  
Cancer  
Local priorities:  
End of life  
Diagnostics  
Respiratory

A link to the full plan can be found on the accompanying report.

## **2. BACKGROUND**

### 2.1

The East Midlands has one of 12 regional clinical senates and strategic clinical networks which have been set up as a result of NHS reforms.

**East Midlands Strategic Clinical Networks.** Their role is to support health systems to improve health outcomes of local communities by connecting commissioners, providers, professionals, patients and the public across a pathway of care to share good practice and innovation, measure and benchmark, quality and outcomes and drive improvement.

They focus on four core disease and population groupings: cardiovascular, cancer, maternity and children and mental health, dementia and neurological conditions.

They also develop improvement programmes in response to local priorities; including respiratory and end of life.

**East Midlands Clinical Senate** provides independent strategic clinical advice to commissioners and other stakeholders to support them in making the best decisions about health care for their populations. We do this by bringing together a range of health and social care professionals with patient representatives.

### **3. PUBLISHED DOCUMENTS REFERRED TO IN THIS REPORT**

East Midlands Clinical Senate Advisory Reports on:

- Commissioning Services for an ageing population and those living with frailty.
- Physical activity and exercise medicine
- Meeting the Prevention Challenges in the East Midlands: A Call to Action

East Midlands Clinical Senate and Clinical Networks:

- 2014/15 Annual Report
- 2015/16 Business Plan

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## EAST MIDLANDS CLINICAL NETWORKS AND CLINICAL SENATE BRIEFING FOR NOTTINGHAM CITY HEALTH AND WELLBEING BOARD JANUARY 2016

### INTRODUCTION

This paper provides the Nottingham City Health & Wellbeing Board with information about the role and function of the East Midlands Clinical Networks and Clinical Senate and an update on progress against the business plan for 2015/16. It also provides an opportunity to brief colleagues on the current national review of improvement and leadership development across the health and care system.

### NATIONAL REVIEW OF IMPROVEMENT AND LEADERSHIP DEVELOPMENT

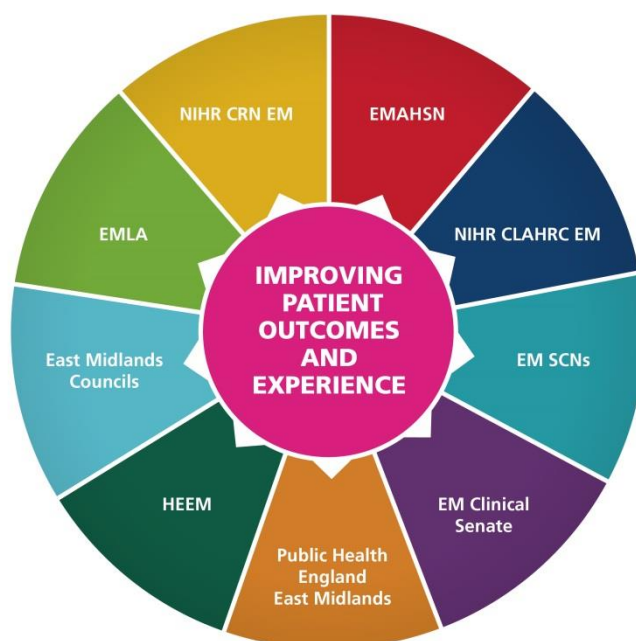
There has been a national review of improvement and leadership development, the recommendations of which were published in July 2016, and confirmed the roles for both the clinical networks and the clinical senates moving forward, supporting health economies to improve health outcomes.

### PARTNERSHIP WORKING IN THE EAST MIDLANDS

Within the East Midlands there are a number of organisations with the same region-wide footprint; whilst our remits are different we share a collective aim: to serve the East Midlands' 4.5m residents, improving health outcomes for patients and the public. A formal partnership agreement reinforces this commitment and collaborating to explore all opportunities to share resources, develop joint projects and reduce the risk of duplication. We are pleased to confirm that East Midlands Councils have recently confirmed their commitment to the partnership.

Where joint priorities (currently cancer, stroke, diabetes and mental health) exist between the Clinical Networks and the Academic Health Science Network, we are committed to aligning our work programmes and resources to maximise impact. During 2015-6 the activities, engagement and collaborative approaches above continue to be developed in order to maximise the levers for change across the East Midlands. We:

- Operate in partnership
- Avoid duplication
- Work collaboratively, not competitively
- Share knowledge through open and honest communication
- Represent each other positively



The Network and Senate team also works closely with specialised commissioning to offer support and clinical expertise into a range of programmes. We are actively supporting work programmes for the initial priorities of the East Midlands collaborative commissioning group to address whole pathways of care across specialised commissioners and CCGs.

Following a request from the East Midlands CCG Congress and with support from the Acute Chief Executives group, we are co-ordinating a mapping exercise as part of a collaborative **sustainable services review**. A number of recent issues (e.g. dermatology, spinal and breast cancer services) have highlighted that, despite significant transformational and QIPP plans within each area, there are some services where there is a significant risk to quality and sustainability and where the impact extends beyond a single CCG, provider or unit of planning.

It is recognised that we, as a system, usually have the information about current and future service pressures, but we do not always bring this together to enable a planned, proactive, timely response. This review, therefore, aims to bring this intelligence together from across multiple perspectives (within and across health organisations) to inform the agreement of appropriate joint solutions to ensure the continued delivery of affordable, high quality care. A facilitative event is planned for January 2016, where we plan to share the results of the current information sharing phase and agree priorities and an initial road map for action.

#### **EAST MIDLANDS CLINICAL NETWORKS**

The role of the Clinical Networks is to support health systems to **improve the health outcomes** of our local communities by connecting commissioners, providers, professionals, patients and the public across a pathway of care to share best practice and innovation, measure and benchmark quality and outcomes, and drive improvement.

The core offers from the Clinical Networks are to:

- **Enable clinical and patient engagement** to inform commissioning decisions
- **Define and drive quality improvements** across complex pathways of care
- **Coordinate and support commissioners and providers** to reduce unwarranted variation, improve cohesion and ensure sustainable services within a single pathway of care

The Networks focus on four core disease and population groupings: **cardiovascular (stroke, renal, diabetes, vascular and cardiology), cancer, maternity and children and mental health, dementia and neurology**. They also respond to local priorities for improvement programmes, which this year include respiratory and end of life care.

The Clinical Networks and the Clinical Senate cover the East Midlands geography of Lincolnshire, Nottinghamshire, Derbyshire, Leicestershire, Rutland and Northamptonshire.

#### **MENTAL HEALTH, DEMENTIA AND NEUROLOGY NETWORK**

The Mental Health Network has convened the first ever East Midlands **crisis concordat** event, benchmarked the provision of section 136 facilities and laterally established an East Midlands clinical network group.

The Network is also supporting commissioners with the national target ambition for **Dementia Diagnosis**. We have provided clinical and advice on best practice to all health communities. Specific support to clinical commissioning groups in Leicestershire increased dementia diagnosis rates by 10% through case finding in long term care homes. This project is now being rolled out in Lincolnshire, with a view to wider spread across the East Midlands.

The parity of esteem work programme provided two innovation funds to pilot new models of working to increase parity of esteem between mental and physical health, for people with **severe mental illness (SMI) and Dementia**. The funds have been made available to commissioners and providers to allow them to trial or pump prime new models of working that sought to reduce premature mortality rates for patients with SMI and to improve the support offered to patients with dementia e.g. hospital avoidance schemes. All projects will be submitting evaluation data in December 2015, with a final report produced in March 2016.

The network identified and benchmarked services against regional consensus-based top ten best practice indicators for **Parity of esteem**. Results have been shared with all nine East Midlands health and well-being boards with an offer to assist developing action plans for improvement.

The network has supported the review of nine local authority **learning disability self-assessment framework** submissions to ensure learning disability specialist providers shared East Midlands' best practice. Support has also been provided to the progression of the East Midlands learning Disability Network.

Clinical advice has been provided to the NHS assurance processes in relation to **Improving access to psychological therapies** (IAPT) targets for access and recovery rates. In conjunction with Health Education East Midlands, completed training needs analysis for psychological therapists and provided workshops facilitated by national team for optimum IAPT staffing models.

Guidelines for commissioning community **rehabilitation services for people with long term neurological conditions** have been developed by the East Midlands Neurological Clinical Advisory Group.

## **CARDIOVASCULAR DISEASE NETWORK**

The Cardiovascular Disease Network has made the case for change and engaged 19 East Midlands CCGs to deliver improvements in the **identification and management of common cardiovascular disease conditions within primary care**. All 19 EM CCGs have implemented atrial fibrillation upskilling programmes and 7 a heart failure upskilling programme, improving GP diagnosis and management of these conditions. It is anticipated that there will be 983 fewer strokes and 325 fewer deaths each year and stroke related hospital admission costs could be reduced by £14.7m, as a result.

The Network is specifically supporting a **diabetes prevention programme** across all 19 CCGs. This includes improving the robustness of primary care registers for people at high risk of diabetes and implementing a systematic diabetes prevention pathway to facilitate referral of patients onto existing lifestyle services or the national diabetes prevention programme and systems for recall of at risk patients. This will include provision of brief

advice and standardised written information for patients on their risk of diabetes using a standardised information booklet.

All these programmes should have a direct impact on reducing referrals into secondary care.

The East Midlands **Renal Transplantation** Improvement Group is collaborating with the CVD network on an improvement programme. This will achieve consistency of access to transplantation, patient pathways and experience, and identify areas of significant variation that impact on patient outcomes across Leicester and Nottingham renal transplant centres.

The CVD network is further collaborating with clinicians, provider organisations and both specialist and CCG commissioners to scope and undertake stocktake exercises of both Vascular and Cardiac care. These stocktakes will describe the current structure and capacity of services, with the aim of supporting the health system to meet future demand.

### **CHILDREN AND MATERNITY NETWORK**

A **CAMHS** mapping exercise was undertaken to identify gaps and variation in the current provision of CAMHS services. A self-assessment tool and user-guide for Future in Mind, have been developed by the Children's Reference Group, to support improvement in CAMHS services and disseminated nationally. The Network has supported the agreement of CAMHS as a priority for the East Midlands Collaborative Commissioning Group, and provided clinical advice to inform the CAMHS local transformation panels. We have just confirmed our engagement with the national children and young people mental health transformation programme, which we plan to progress in conjunction with local authority Directors of Children's Services in order to ensure appropriate advice across health and social care.

The Children and Maternity Network has been facilitating joint activities across Nottingham University Hospitals NHS Trust and University Hospitals Leicester NHS Trust to improve **specialised care for children and young people** within the East Midlands, including new solutions for paediatric transport. This has complemented reviews of **general paediatric surgery**, resulting in Trust-specific reports, and publication of NICE accredited guidance in conjunction with the Royal College of Surgeons for appendicectomy and orchidopexy, with work now started for testicular torsion.

A programme, has been initiated, to link data to identify pregnant and postpartum women with serious mental illness who are not being referred into **perinatal mental health services**. This will support the development of specialised services to improve access for all women to perinatal mental health care who require it, in line with national standards

### **CANCER NETWORK**

During 2015/16 the Cancer Network has focused on **cancer waiting times improvement** by shaping and providing service-specific and clinical advice to the 62 day cancer waiting times assurance process working collaboratively with NHS England assurance and delivery colleagues, locality directors, TDA, Monitor and intensive support teams.

The network identified over £1m estimated potential savings through development of [upper gastrointestinal cancer care pathway](#) and commissioning guidance, ensuring consistent



high quality care for all patients timed pathways are also being developed for prostate, lung and colorectal cancers tumour sites. There are work programmes to improve outcomes in diagnostic services and support a reduction in emergency admissions.

264 GP trainers, appraisers and observers have been trained in **early diagnosis of cancer** resources - finalist at the 2014 Health Service Journal awards and commenced **emergency presentation** work with two areas identified to carry out audits (lung and brain) to identify key issues and address challenges.

There is also a work programme to **improve outcomes in diagnostic** working collaboratively across the East Midlands with a specific focus on radiology. Health Education East Midlands has committed to increase training numbers for radiology; however, significant further progress is required to identify and embed sustainable solutions for the delivery of this specialty across the East Midlands, working closely with the Vanguard East Midlands Radiology Consortium (EMRAD).

## CLINICAL SENATE

The East Midlands Clinical Senate provides independent strategic advice to commissioners and other stakeholders to support them in making the best decisions about health care for their populations. They do this by bringing together a range of health and social care professionals, with patient representatives. More specifically the Clinical Senate can:

- Provide clinical advice, act as an honest broker and, if required, undertake reviews to areas where there may be lack of consensus in the local health system
- Provide independent clinical advice to commissioners, in respect of major change programmes, to inform the NHS England service change assurance process. For example, during the summer of 2015 the Clinical Senate undertook a 3 day clinical review of the **Leicester, Leicestershire and Rutland Better Care Together Programme** and their advice is being used to further shape the plans.
- Work with stakeholders to identify aspects of health care where there is potential to improve outcomes and value. Provide proactive advice about the areas for inquiry or collaboration, and the areas for further analysis of current evidence and practice

As well as responding to requests for reviews, the Clinical Senate has published three reports for commissioners of health and social care services:

- **Meeting the needs of an ageing population:** written in conjunction with the Royal College of Surgeons and with the support of the Academic Health Science Network: [commissioning services for an ageing population and those living with frailty](#) summarises recent national publications with guidance on delivering services for older people and those living with frailty.
- **Using exercise as treatment:** the [report on physical activity and exercise medicine](#), written in conjunction with Public Health England, looks at physical activity and the benefits through its use in prevention of ill health, risk reduction and as an active treatment.
- The Clinical Senate has worked with Public Health England to [develop a report in respect of prevention](#) and an East Midlands specific response to the Five Year Forward View.

### **2015/16 BUSINESS PLAN**

The Clinical Networks online [business plan for 2015/16](#) provides more in depth detail about our work programmes

We are currently commencing our business planning process for 2016/17 taking due consideration of national, regional and local priorities.

### **2014/15 ANNUAL REPORT**

The [Annual report for 2014/15](#) contains details of the range of programmes worked on throughout the previous year

### **ACTIONS**

Nottingham City Health and Wellbeing Board is asked to:

- note the briefing on the East Midlands Clinical Networks and the Clinical Senate
- identify if there are any local priorities for health and well-being, which are not included within the current business plan, which the Clinical Networks or Clinical Senate should consider within their 2016/17 business plan

Sarah Hughes  
East Midlands Clinical Senate Manager  
East Midlands Clinical Networks and Clinical Senate

January 2016.

30 March 2016	Report Title	Report Author	CEG
<b>Area</b>	<b>Report Title</b>	<b>Report Author</b>	<b>CEG</b>
<b>Public Health topic:</b> Director of Public Health			
<b>Health and Wellbeing Strategy (HWS), Nottingham Plan, and other Key Strategies:</b> Nottingham Plan Programme Group HWS Accountable Board members	Health & Wellbeing Strategy 2016 – 2019 progress report  Health and Wellbeing Strategy - Alcohol misuse update  Joint Workforce Plan	James Rhodes <a href="mailto:James.rhodes@nottinghamcity.gov.uk">James.rhodes@nottinghamcity.gov.uk</a>  Christine Oliver <a href="mailto:Christine.oliver@nottinghamcity.gov.uk">Christine.oliver@nottinghamcity.gov.uk</a>  Elaine Mitchell <a href="mailto:Elaine.mitchell@nottinghamcity.gov.uk">Elaine.mitchell@nottinghamcity.gov.uk</a>	Yes  Yes  No
<b>Commissioning and JSNA:</b> Nottingham City Council Clinical Commissioning Group, NHS Commissioning Board Commissioning Executive Group	Nottingham City CCG Commissioning Strategy refresh  Nottingham City CCG 2016/17 Annual Plan  Quality Premium Indicators  Children's Strategic Commissioning Development Review  Health & Wellbeing Strategic Commissioning Priorities 2016 -17	Dawn Smith <a href="mailto:Dawn.smith@nottinghamcity.nhs.uk">Dawn.smith@nottinghamcity.nhs.uk</a>  Dawn Smith <a href="mailto:Dawn.smith@nottinghamcity.nhs.uk">Dawn.smith@nottinghamcity.nhs.uk</a>  Dawn Smith <a href="mailto:Dawn.smith@nottinghamcity.nhs.uk">Dawn.smith@nottinghamcity.nhs.uk</a>  Chris Wallbanks & Phyllis Brackenbury <a href="mailto:Chris.wallbanks@nottinghamcity.gov.uk">Chris.wallbanks@nottinghamcity.gov.uk</a>  Colin Monckton <a href="mailto:Colin.monckton@nottinghamcity.gov.uk">Colin.monckton@nottinghamcity.gov.uk</a>	Yes   Yes Yes  Yes
<b>Other relevant reports (safeguarding and social determinants of health):</b> Safeguarding Boards Provider organisations and council services relating to the social determinants of health	Personal Health Budgets	Dawn Smith <a href="mailto:Dawn.smith@nottinghamcity.nhs.uk">Dawn.smith@nottinghamcity.nhs.uk</a>  Jane Goddard <a href="mailto:Jane.goddard@nottinghamcity.nhs.uk">Jane.goddard@nottinghamcity.nhs.uk</a>	Yes
<b>Standing items</b>	Corporate Director of Children and Families  Director of Public Health  Healthwatch Nottingham  Clinical Commissioning Group  Director for Adult Social Care	Alison Michalska <a href="mailto:Alison.michalska@nottinghamcity.gov.uk">Alison.michalska@nottinghamcity.gov.uk</a> Alison Challenger <a href="mailto:alison.challenger@nottinghamcity.gov.uk">alison.challenger@nottinghamcity.gov.uk</a> Martin Gawith <a href="mailto:martin.gawith@healthwatchnottingham.co.uk">martin.gawith@healthwatchnottingham.co.uk</a> Dawn Smith <a href="mailto:Dawn.Smith@nottinghamcity.nhs.uk">Dawn.Smith@nottinghamcity.nhs.uk</a> Helen Jones <a href="mailto:Helen.jones@nottinghamcity.gov.uk">Helen.jones@nottinghamcity.gov.uk</a>	NR  NR NR NR NR

**Notes on the new format:**

**Column 2:** report title 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.

**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.

## Statutory Officers Report for Health and Wellbeing Board

### Corporate Director of Children's Services

January 2016

#### Recruitment Update

Interviews took place in November for our Head of Children's Strategy and Improvement. This role is key in leading on innovative business improvement and transformation, whilst driving continual improvement in performance and practice in a significant, complex service area. Congratulations to Sophie Russell who was appointed to this role.

#### Association of Directors of Children's Services

I am pleased to let you know that I have been elected as President of the Association of Directors of Children's Services. I commence as Vice President in April 2016, I will become president of the ADCS during 2017/18.

#### Changes to the Children's Services Operating Model

We have redesigned the 'front door' to our services by strengthening Children and Families Direct. We have added more specialist expertise into the team to ensure that children are able to access proportionate support that will meet their needs. This will facilitate better pathways into targeted group work for families in Children's Centres, Targeted Family Support and, where necessary, children's social work. Partners should continue to call Children and Families Direct on 0115 876 4800 where you want to request support for a child or make a referral. From the 18<sup>th</sup> January 2016 we will be launching a "Consultation Line" for a small group of professionals. The purpose of this is to provide a dedicated phone number that key partners can use to access social work advice and support when they want to "talk through concerns" without making a referral. We have also launched a Multi-Agency Request Form (MARF) for partners to use to request support for a child or family.

In November and December 2015 we have been piloting new collaborative locality hubs which enable colleagues from Children's Social Care, Targeted Support and Early Help services to work together to transfer cases between locality-based teams in a more streamlined manner. Previously cases open to Targeted Family Support or Early Help services would be escalated through the Duty Teams when any safeguarding concerns emerged. This led to changes of workers for children and their families. In the new model known as open families will be transferred between teams within localities. This will reduce changes and duplication between our family support and social work teams. They will also be undertaking more joint visits and assessments.

The City has been organised into 3 areas (North, Central and South). In each area there will be 4 hub management meetings a month. These meetings will help to ensure that the most complex children, or children whose needs are escalating rapidly, can be considered to ensure that they are being supported appropriately. In Phase One (January to April 2016) these meetings will bring together Early Help, Targeted and Social Care colleagues. Phase Two (April

2016 onwards) will involve partner agencies. These meetings are not allocation meetings but they are an opportunity to look at the children most worrying to colleagues in family support, schools and health partners. Through these meetings we can check that those children have the right service in place and we can ensure that, collectively, we are making things better and safer for each child. These meetings are also a means of assuring me that there are no children you are worried about 'stuck' in the system and will support the escalation process by giving partners a real opportunity to reflect together. The next phase is to consider how partners are able to access these hub management meetings so that you are also able to use these opportunities to flag those children who are of most concern to you. We will be contacting partners in the early part of 2016 to consult on how this can best be achieved.

### **Ofsted Update**

I am delighted to inform you that all of our Children's Homes are now rated as Good or Outstanding. Here is an update on two of our recent inspections:

Crocus Fields has been rated as 'Outstanding', following the full inspection which took place in September. Crocus Fields provides residential Short Breaks and Outreach services for young people with learning difficulties and/or physical disabilities aged 7 to 19.

The Beckhampton Road Children's Home has been rated as 'Good' overall, with Outstanding for impact and effectiveness of leaders and managers, following the recent full inspection in October.

### **Regional Collaboration on Social Work**

The East Midlands region is currently working towards a co-operative approach to recruitment and retention of social workers, and agency supply activity. The region's ADCS Group have agreed in principle to work together to manage the agency supply and demand and the associated costs, with a view to securing a more stable and permanent workforce and to address the high levels of vacancies in our frontline teams.

We are looking to establish a regional protocol, which will outline what we will do to ensure that appropriate mechanisms are in place to share good practice in the engagement of agency workers, that we work as a region with providers of agency workers to monitor market rates, and establish a constructive dialogue with suppliers.

We have also established a regional HR Network, which will allow the region to share intelligence and data to inform our recruitment, retention and development strategies for our permanent colleagues and agency workers.

### **New Body for Social Work**

On 14<sup>th</sup> January 2016 there was an announcement by Nicky Morgan, the Secretary of State for Education, to take forward an ambitious set of reforms to improve the quality of social work. Helen Jones has outlined more detail

around these reforms within her statutory DASS update. Excellent social workers transform lives. These hard working, dedicated professionals have the ability not just to improve the circumstances of vulnerable children but to change them entirely. That is why supporting social workers, and giving them the tools they need, is a priority for this government. We welcome the government's continued investment in the social work profession.

### **Safe Families for Children Programme**

Our Safe Families for Children (SFFC) project continues to go from strength to strength following its launch in July this year.

More and more of our most vulnerable families and children are being helped out of crisis through being able to access support from a cohort of specially trained volunteers. SFFC has been fully integrated into our menu of support to families - and thirty SFFC referrals (mainly from the north of the city) have already been made by our children's Social Care and Targeted Family Support teams, involving well over fifty children.

Volunteers have helped families and children across the spectrum of support available through the SFFC model: a number of children have been "hosted" by volunteer families on a temporary basis; several families have enjoyed the benefit of vitally needed support from volunteers acting as family friends; and we've had one case where a group of resource friend volunteers have redecorated the lounge of a house and helped source children beds for the family which has helped to greatly stabilise and improve the home environment.

I'm delighted to say that feedback on SFFC has been positive from all quarters. We've had really, really positive stories from families, from children, from volunteers and from Social Care colleagues.

### **Small Steps Big Changes**

Read the [latest newsletter from Small Steps Big Changes](#). We are using the first wave of the £45m Big Lottery funding to employ local parents and grandparents as 'Family Mentors'. They will be visiting family homes and delivering early intervention sessions about nutrition, language skills and the social and emotional development of 0-3 year olds.

Family Mentors will be a really innovative new 'peer workforce'. They will be able to complement and signpost to our early help services. Candida Brudenell is on the SSBC Board and we're looking forward to working across the SSBC partnership as the Family Mentor service develops.

Alison Michalska  
Corporate Director of Children's Services  
Nottingham City Council  
(January 2016)

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## **Statutory Officers Report for Health and Wellbeing Board**

### **Director of Adult Social Care**

**January 2016**

#### **Whole Life Disability Approach Programme**

Further to a regional meeting of Portfolio Holders, Directors of Children's & Adults' services and agreement with the CCG, a joint programme of work is being established locally to drive forward change to improve outcomes for disabled children, adults and their carers. Whilst the project is still being scoped, the intended areas of focus include:

- Ensuring a personalised approach to meeting need, so that people can live their lives in the way they choose;
- Integrating health and social care responses;
- Changing how we operate so that people can transition from children's to adult services without negative impact;
- Supporting people to live at home and in the community in line with the Government's Transforming Care agenda;
- Ensuring that education and employment opportunities are maximised.

#### **Shared Lives is latest Adult Social Care Service to win CQC praise**

Our Shared Lives Service for adults with learning disabilities is the latest adult social care provision run by Nottingham City Council to be rated as 'Good' by the Care Quality Commission.

The service – which offers accommodation and support, including short breaks, within approved family homes – was inspected by the CQC in September. It described Shared Lives as 'having a positive culture that was person-centred, inclusive and open'.

Shared Lives joins the City Council's three residential care homes – which are all rated as 'Good' by the CQC. Our Social Care Reablement service also received a 'Good' rating in 2014. The full report has just been published here: <http://www.cqc.org.uk/location/1-906534472/inspection-summary#safe>

#### **Making Safeguarding Personal 2014/15 - National Evaluation**

The 'Making Safeguarding Personal' agenda is about ensuring that when we intervene to keep vulnerable adults safe from harm that they have good experiences and outcomes.

The national evaluation was produced at the end of 2015 with recommendations for national, regional and local change. A copy can be found [here](#). The Safeguarding Adults Board in Nottingham has already adopted the local recommendations.

A regional event - with a particular focus on the role of health organisations in relation to this agenda - is being held on March 17th and I am happy to provide information for partners who wish to attend.

### **New Body for Social Work**

On 14<sup>th</sup> January 2016 there was an announcement by Nicky Morgan, the Secretary of State for Education, to take forward an ambitious set of reforms to improve the quality of social work. The creation of a new regulatory body for social work recognises social work's uniqueness and importance, strengthening our shared priorities on education, training, social work regulation and practice improvement across children and adults' social care. This will enhance a system of regulation which supports a single, unified profession, with an initial qualification giving social workers the freedom to work in many settings and contexts across England and the United Kingdom. Details of the speech, press notice and the Department of Education's vision for children's social care reform are available at:

<https://www.gov.uk/government/speeches/nicky-morgan-delivering-a-revolution-in-childrens-social-care>

<https://www.gov.uk/government/news/nicky-morgan-unveils-plans-to-transform-childrens-social-work>

<https://www.gov.uk/government/publications/childrens-social-care-reform-a-vision-for-change>

### **Modern Slavery – New Duty to Report**

From 1<sup>st</sup> November 2015 a duty to report Modern Slavery to the Home Office was introduced. Modern slavery remains a hidden crime; however the understanding of the scale and nature is improving. New legislation to reinforce our response to modern slavery has been enacted this past year. The new Modern Slavery Act strengthens protection for victims of modern slavery and gives law enforcement the powers they need to bring the perpetrators to justice. The Modern Slavery Act also requires all large companies operating in the UK (with a total turnover above £36m per year) to set out every year what steps they have taken to ensure that their supply chains and businesses are slavery-free. The UK is the first country in the world to introduce such legislation. A copy of the report assessing modern slavery in the UK can be found [here](#).

Helen Jones  
Director of Adult Social Services  
Nottingham City Council  
(January 2016)

## Health and Wellbeing Board Update – January 2016

### **Young Persons Mental Health**

As previously reported to the Board, we are currently undertaking an Insight project to explore young people's experiences of seeking help for mental health issues. A summary of the first phase of the project was included in the November report to the Board. The second phase of the project is now underway, an evaluation of the patient experience of the new pathway for children and young people with behavioural, emotional or mental health needs.

### **Supporting the Joint Strategic Needs Assessment (JSNA) for Nottingham City Council**

We continue to work in partnership with the City Council to ensure that local people's voices and experiences are represented in this document. Our focus is on gathering evidence from local community groups and undertaking a series of focus groups/one-to-one interviews with local people living with sensory impairments and physical disabilities to contribute to the refresh of this JSNA chapter.

### **Access to GP Appointments**

As reported in November's update, Healthwatch undertook a 'mystery shopping' exercise across all 57 GP practices in the City, commissioned by the CCG, the purpose of which was to explore the patient experience of GP appointment booking processes across all Nottingham City GP practices. Our key findings were :

- Over two thirds (68%) of all practices were able to offer a same day appointment immediately, or offer some form of triage appointment. Of those practices signed up to the responsiveness contract
- Availability of pre-bookable routine appointments was better; 87% of all practices and 89% of those practices signed up to the responsiveness contract had routine weekday appointments available within two weeks of our call.
- The provision of information about weekend appointments during the phone calls was low. Only 6 practices signposted our callers to the Clinical Assessment Service (CAS) who administer these appointments. 19 practices which do have practices nearby which are open at weekends failed to provide any information on CAS over the phone. This was despite 13 of them displaying posters in their practices.

### **Pharmacy Report**

We wanted to hear more about people's experiences of using local pharmacies and so we asked people to rate their experience of visiting a chemist/pharmacy and tell us a little more about the experience. The main headline of our subsequent report was that of the people who attended for a prescription, 81% rated the service as 4/5 stars and only 9% rated it as 2 or less. Our recommendations included:

- We think that Chemist/Pharmacists can take a proactive role in reducing unwanted medication by asking patients if they have stopped taking any of their medication, checking if customers have any medications at home and generally talking to customers about their medication on a regular basis.
- Of our respondents who had attended for information and advice, their experience was mostly positive. If more members of the public are aware of the advice and information services that chemists/pharmacies can provide, this may reduce pressure on other medical services.

To encourage members of the public to attend their local chemist/pharmacist for advice and information, it would be beneficial if the opportunity to speak privately with staff could be clearly displayed. This would let customers know that there are facilities out of sight (for example a private room) or that it is possible to talk to someone in private.

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