



NOTTINGHAM CITY COUNCIL
HEALTH AND WELLBEING BOARD

Date: Wednesday, 30 March 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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COUNCILLORS, CO-OPTees, COLLEAGUES AND OTHER PARTICIPANTS MUST DECLARE ALL DISCLOSABLE PECUNIARY INTERESTS AND / OR ANY OTHER INTERESTS RELATING TO ANY ITEMS OF BUSINESS TO BE DISCUSSED AT THE MEETING.

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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CITIZENS ARE ADVISED THAT THIS MEETING MAY BE RECORDED BY MEMBERS OF THE PUBLIC. ANY RECORDING OR REPORTING ON THIS MEETING SHOULD TAKE PLACE IN ACCORDANCE WITH THE COUNCIL'S POLICY ON RECORDING AND REPORTING ON PUBLIC MEETINGS, WHICH IS AVAILABLE AT WWW.NOTTINGHAMCITY.GOV.UK. INDIVIDUALS INTENDING TO RECORD THE MEETING ARE ASKED TO NOTIFY THE GOVERNANCE OFFICER SHOWN ABOVE IN ADVANCE.

NOTTINGHAM CITY COUNCIL

HEALTH AND WELLBEING BOARD

**MINUTES of the meeting held at Loxley House, Nottingham on 27 January 2016
from 2.00pm – 3.53pm**

Membership

Voting Members

Present

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

Absent

Helen Jones
Dawn Smith

Non-Voting Members

Present

Lyn Bacon
Mike Manley
Leslie McDonald
Gill Moy
Chris Packham (substitute)

Absent

Candida Brudenell
Ruth Hawkins
Peter Homa
Jean Sharpe

Colleagues, partners and others in attendance:

Peter Blackburn	- Nottingham Evening Post
James Blount	- Media Officer, Communications and Marketing
Julie Carlin	- PA to Alison Challenger
Chris Common	- Senior Corporate Performance Specialist
Alison Ellis	- Nottinghamshire LPC
Jane Garrard	- Senior Governance Officer
Trevor Illsley	- Bayer
Tracy Lack	- Healthwatch Nottingham City
Pete McGavin	- Healthwatch Nottingham City
Colin Monckton	- Director of Commissioning and Policy Insight
Sean Meehan	- Public Health England East Midlands
Claire Novak	- Tobacco Control Health Promotion Officer
Chris Packham	- Nottinghamshire Healthcare NHS Trust
James Rhodes	- Strategic Insight Manager
Vinay Shankar	- Nottingham City CCG
Kate Smith	- Smokefree Nottingham Coordinator
Vikki Taylor	- NHS England

Louise Walker - East Midlands Clinical Networks Senate
John Wilcox - Insight Specialist, Public Health
Phil Wye - Governance Officer

42 APOLOGIES FOR ABSENCE

Candida Brudenell
Ruth Hawkins
Peter Homa
Helen Jones
Dawn Smith

43 DECLARATIONS OF INTEREST

Councillor Norris declared an interest in Item 6 as he is working with the Nottinghamshire Healthcare branch of UNISON.

44 MINUTES OF THE LAST MEETING

The Board confirmed the minutes of the meeting held on 25 November 2015 as an accurate record and they were signed by the Chair.

45 JOINT HEALTH AND WELLBEING STRATEGY 2.5 YEAR PROGRESS REPORT

John Wilcox, Insight Specialist, Public Health, introduced the report outlining 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, and proposed changes in the governance of the Priority Families programme.

This was the final scheduled overall progress report with an end of strategy report planned for the Board meeting in July. Updates were given on each of the Joint Health and Wellbeing Strategy's priority issues, as below:

Healthy Nottingham: Preventing alcohol misuse

- (a) there has been a reduction in the number of adults drinking at higher risk levels and binge drinkers;
- (b) street drinking is being tackled under the 'Blue Light' initiative, centred in the Arboretum Ward, and a city-wide street drinking ban has now been successfully introduced;
- (c) the 'Cardiff Model' has been introduced to improve sharing of health and police data;
- (d) in partnership with DrinkAware, 'club hosts' have been introduced to prevent fights and sexual harassment in clubs;

Supporting Older People

- (e) there has been a consistent reduction in non-elective admissions;
- (f) seven day working is now being implemented across a range of services areas with plans for further roll out based on need;
- (g) there has been service provider collaboration to develop a model of delivery for integrated reablement and urgent care pathways;

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

- (h) since the launch of the Behavioural, Emotional and Mental Health (BEMH) pathway in December 2014 there have been 2572 referrals;
- (i) in quarter one on 2016/17 there will be a comprehensive evaluation of the BEMH pathway;

Early Intervention: Improving Mental Health – Mental health and employment

- (j) the original target to support 1,100 people over 3 years to remain in work or begin working will not be met, however 800 people have been supported and there have been other positive developments under this priority;
- (k) initiatives which have been set up by partners in the city which support people with health problems to remain in or begin working include the Nottingham Jobs Fund, Access to Work and more IAPT provision;

Changing culture and systems: Priority Families

- (l) the current number of families being worked with is 521;
- (m) governance for the Priority Families is to move to the Crime and Drugs Partnership (CDP), to link it better with other relevant services.

RESOLVED to

- (1) note the reported progress on the delivery of the Joint Health and Wellbeing Strategy;**
- (2) approve the proposed change of governance for the Priority Families programme from the Health and Wellbeing Board to the Crime and Drugs Partnership.**

46 HEALTH PROTECTION ASSURANCE

Alison Challenger, Interim Director of Public Health, introduced the report on new regulations on health protection responsibilities which came into force on the 1st April 2013 including local arrangements for delivery and assurance of the local response to the revised regulations, and informing and assuring the Board that the health

protection arrangements meet the health needs of the local population. Alison highlighted the following:

- (a) health protection is the domain of public health which seeks to prevent or reduce the harm caused by communicable diseases, and to minimise the health impact of environmental hazards such as chemicals and radiation, and extreme weather events;
- (b) from 1st April 2013, the NHS transferred some of the responsibility for health protection to Public Health England, CCGs and Nottingham City Council;
- (c) uptake to vaccination programmes in Nottingham has been rising gradually over recent years, and in 2013/14, most were comparable with England, the exception being influenza vaccine uptake by the over 65s and the measles, mumps and rubella (MMR) booster at age 5;
- (d) uptake to the breast and bowel cancer screening programmes continue to remain lower than the regional and England average. Progress is monitored and reviewed regularly by regional screening boards who work with the council and the CCG to identify interventions to improve local uptake;

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

- (e) a risk register can be provided for Board members with the main potential risks for health in Nottingham. Some of the current risks are high prevalence of tuberculosis, HIV prevalence and late diagnosis, and uptake of the MMR and influenza vaccines;
- (f) some children in the city remain completely unimmunised. This situation could be improved by working more closely in partnership with children's centres, schools and other organisations that work with families.

RESOLVED to

(1) note the report and assurance;

(2) note that effective health protection mechanisms are in place;

(3) note that further work is needed to maintain and further improve awareness, accessibility and uptake to health protection services.

47 A STRATEGIC PUBLIC HEALTH FRAMEWORK FOR NOTTINGHAMSHIRE HEALTHCARE NHS TRUST

Chris Packham, Nottinghamshire Healthcare NHS Foundation Trust, introduced the report updating the Board on the development of a strategic framework for public health which has been approved by the Nottinghamshire Healthcare NHS Board.

- (a) the development of a strategic framework for public health has been approved by the Nottinghamshire Healthcare NHS Board;

- (b) the Trust supports 142,000 individual patients and is also a major local employer. It is well placed to demonstrate and champion how a public health approach can benefit patients, staff and communities;
- (c) the Trust has an important part to play in improving the health of the public and reducing inequality through its work within the local health and social care communities;
- (d) the strategic framework focusses on areas that need improvement rather than areas where the Trust is already performing well as they are aiming for overall improvement;

Members of the Board made the following comments:

- (e) it is positive that the Nottinghamshire Healthcare NHS Trust has taken the lead by producing this framework document;
- (f) all strategies from the member organisations of the Board must link together collectively through the Joint Health and Wellbeing Strategy;

RESOLVED to support the approach of a strategic public health framework towards improving the health of patients, staff and local communities

48 HEALTH AND WELLBEING STRATEGY DEVELOPMENT UPDATE REPORT

James Rhodes, Strategic Insight Manager, introduced the report, highlighting the following:

- (a) an engagement strategy was carried out in October and November and almost 500 people provided their views. These views, along with the JSNA summary and Health and Wellbeing Board development session discussion, have formed the focus for the new strategy;
- (b) the priority outcomes for the new strategy have been identified as:
 - people in Nottingham adopt and maintain healthy lifestyles;
 - people in Nottingham will have positive mental wellbeing and those with serious mental illness will have good physical health;
 - there will be a healthy culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill health;
 - Nottingham's environment will be sustainable; supporting and enabling its citizens to have good health and wellbeing;
- (c) the next steps will be nomination of Board sponsors for each outcome, nomination of lead officers for each priority area, development of delivery plane and relevant indicators and production of a first draft for consultation with stakeholders and citizens;

The Board thanked James for leading on the development of the new strategy. The following comments were made in the discussion that followed:

- (d) the strategy must fit with the Nottingham Plan and avoid duplication;
- (e) the strategy should include national policies that the Board supports, such as minimum alcohol pricing, and encourage healthy lifestyles on a national, local and personal level;
- (f) consultation from the voluntary and 3rd sector organisations has been done well and they feel that their views have been incorporated. It is important that this engagement continues;
- (g) there is little in the strategy about engagement with the private sector, and this could encourage them to take more positive roles in public health.

RESOLVED to

- (1) note the results of the initial engagement strategy activity and the summary evidence from the Joint Strategic Needs Assessment;**
- (2) approve the strategic framework proposed as the basis of the next Health and Wellbeing Strategy;**
- (3) approve the next steps for the development of the strategy.**

49 HEALTH AND WELLBEING BOARD PEER CHALLENGE 2015 - FINDINGS AND RECOMMENDATIONS

Alison Michalska, Corporate Director for Children and Adults, introduced the report highlighting a number of key areas for improvement in how the Health and Wellbeing Board operates and works following a local peer challenge. Alison highlighted the following:

- (a) it has generally been felt that the Health and Wellbeing Board is improving health, but there has also been enthusiasm for change;
- (b) a proposed action plan has been produced and this will be discussed in more detail at the next Health and Wellbeing Board Development Session;
- (c) one of the main findings was that governance of the Board is not currently fit for purpose and a clear director-level lead is needed. The Director of Public Health has been recommended for this role;
- (d) another finding was that the Commissioning Executive Group (CEG) should be broader and cover more than commissioning. The relationship between the CEG and Board should also be more two-way, with the Board having more influence over what will be discussed at the CEG;
- (e) a proper induction for new members should be introduced and the role of members should be made clear;

The following comments were made by members of the Board:

- (f) there should be a clear plan for succession if members leave the Board;
- (g) the role of each member should be made clear, particularly expectations of the 3rd sector representative and the Healthwatch representative;

RESOLVED to note the findings of the report

50 EAST MIDLANDS CLINICAL NETWORKS AND CLINICAL SENATE

Louise Walker, East Midlands Clinical Senate, introduced the report providing the 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.

RESOLVED to note the briefing on the East Midlands Clinical Networks and the Clinical Senate

51 FORWARD PLAN

RESOLVED to note the forward plan

52 UPDATES

a CORPORATE DIRECTOR OF CHILDREN'S SERVICES (Agenda Item 11a)

Alison Michalska, Corporate Director of Children's Services, introduced her update. There were no additions to the update which was circulated prior to the meeting.

b DIRECTOR OF ADULT SOCIAL CARE (Agenda Item 11b)

Alison Michalska, Corporate Director for Children and Adults, introduced the update on behalf of Helen Jones. There were no additions to the update which was circulated prior to the meeting.

c HEALTHWATCH NOTTINGHAM (Agenda Item 11c)

Martin Gawith of Healthwatch Nottingham introduced his update. There were no additions to the update which was circulated prior to the meeting.

d CLINICAL COMMISSIONING GROUP (Agenda Item 11e)

Dr Hugh Porter, Nottingham City CCG, gave the following updates on behalf of the CCG Chief Operating Officer:

- (a) NHS planning guidance was published for 2016/17 on 22 December. This sets out the national priorities for 2016/17 and longer term challenges for local systems, along with financial assumptions and business rules;
- (b) Maxine Davis, Lay Member for Patient and Public Engagement has terminated her role with the CCG. Thanks were given for Maxine's contribution and positive input to the Governing Body.

e DIRECTOR OF PUBLIC HEALTH (Agenda Item 11d)

Alison Challenger, Director of Public Health, announced the launch of the city's second Tobacco Control Strategy. 27% of adults in Nottingham are smokers, which is well above the national average of 19%. The strategy has four key aims:

- protect children from harmful effects of smoking;
- motivate and assist every smoker to quit;
- reduce the supply and demand of illegal tobacco;
- leadership, innovation and development in tobacco control.

Members of the Board were encouraged to sign the Nottingham City and Nottinghamshire County Community Declaration on Tobacco Control.

Alison gave the following further updates:

- (a) Nottingham City Council has produced a charter on Sex and Relationship Education (SRE), asking all Nottingham schools to sign up and commit to providing consistent and high-quality information for Nottingham's school children;
- (b) new guidance in relation to alcohol consumption was published in January 2016. The new guidance states that men and women should not regularly consume more than 14 units of alcohol per week, and that people should have several drink-free days per week.

HEALTH AND WELLBEING BOARD – March 30th 2016

Title of paper:	Happier Healthier Lives: Nottingham Joint Health and Wellbeing Strategy 2016 - 2020	
Director(s)/ Corporate Director(s):	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.	Wards affected: All
Report author(s) and contact details:	James Rhodes, Strategic Insight Manager, Nottingham City Council James.rhodes@nottinghamcity.gov.uk	
Other colleagues who have provided input:	Dr Rachel Sokal, Consultant in Public Health, NCC Lead officers as outlined in in Appendix B	
Date of consultation with Portfolio Holder(s) (if relevant)	16 th March 2016	
Relevant Council Plan Key Theme:		
Strategic Regeneration and Development		<input type="checkbox"/>
Schools		<input type="checkbox"/>
Planning and Housing		<input type="checkbox"/>
Community Services		<input checked="" 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 checked="" type="checkbox"/>
Leisure and Culture		<input checked="" type="checkbox"/>
Resources and Neighbourhood Regeneration		<input type="checkbox"/>
Relevant Health and Wellbeing Strategy Priority:		
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"/>
Summary of issues (including benefits to citizens/service users and contribution to improving health & wellbeing and reducing inequalities): This paper presents the draft Joint Health and Wellbeing Strategy 2016 - 2020 for consideration by the Board. The Strategy's overarching aim is to increase healthy life expectancy and reduce inequalities across the city.		
Recommendation(s):		
1	Approve the draft strategy (to be circulated ASAP) and agree the timetable for public consultation and development of a final version.	
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'): This is a core element of the strategy.		

1. REASONS FOR RECOMMENDATIONS

- 1.1 The proposed draft strategy has been developed based on evidence from the Joint Strategic Needs Assessment (JSNA) and the findings from significant engagement with citizens, partners and stakeholders.

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 29th 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 to find out what is important (as opposed to asking people to confirm a predetermined list of priorities)
- A 4/5 year lifespan aligned to the political cycle

- 2.2 A wide ranging and broad engagement strategy was carried out in October and November whereby almost 500 people provided their views¹. These results and the JSNA Evidence Summary² were presented to the Health and Wellbeing Board Development Session in December 2015 with a view to determining what the focus should be for the strategy. Based on the outcome of that session the Board agreed the Strategic Framework (Appendix A), upon which the strategy was developed, in January 2016.

- 2.3 The Strategy is based upon a vision that **‘Nottingham will be a place where we all enjoy positive health and wellbeing with a focus on improving the lives of those with the poorest outcomes the fastest’** and it aims to achieve this through the delivery of four key outcomes:

- People in Nottingham adopt and maintain **Healthy Lifestyles**
- People in Nottingham will have positive **Mental Wellbeing** and those with **Serious Mental illness** will have good physical health
- There will be a **Healthy Culture** in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill health
- Nottingham’s **Environment** will be sustainable; supporting and enabling its citizens to have good health and wellbeing

- 2.4 Each outcome includes a number of priority areas (as outlined in Appendix A) and a suite of indicators has been developed to help monitor progress against achieving the overall outcome. The Board also agreed to develop the strategy through the nomination of lead officers for each priority area with the support of a Board level sponsor for each of the four outcomes. Appendix B provides an up-to-date list of lead officers and sponsors.

CURRENT POSITION

- 2.5 The Strategic Framework (Appendix A) outlines four clear outcomes to be delivered through a focus on key priority areas. Almost all priority areas are already the subject of strategic plans and delivery/governance mechanisms, therefore, it is not the intention of the strategy to merely repeat and duplicate those plans. Rather the

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

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

Strategy is made up of those actions that either the Board need strategic oversight of or those actions that it can collectively add value to.

- 2.6 At the time of writing, lead officers were still in the process of developing the key actions against each priority and so the first draft of the strategy will be circulated as soon as possible before the Board meeting for consideration by Board members.

NEXT STEPS

- 2.7 With the approval of the Board it is proposed that the draft of the strategy be open for consultation with the public, partners and stakeholders throughout April with a view to producing a final amended strategy for agreement at the May 2016 Board.
- 2.8 Throughout the consultation period (April), the actions underpinning the four outcomes will be reviewed through four workshops made up of the lead officers, Board level sponsor, relevant Public Health Consultant and other interested parties. This will give sponsors and lead officers the opportunity to review the content of the plans to assess if the activity is likely to achieve the strategy's aims.
- 2.9 Based on the outcome of the workshops and the feed-back from the consultation a final draft will be produced for sign-off at the May Board.

It is recommended that Board members approve the draft strategy and the next steps.

3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

- 3.1 None.

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

- 4.1 None.

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

- 5.1 None.

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

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

Principles in all Themes: A focus on those communities or areas worst affected and tackling inequalities; early intervention; sustainability; engagement of the voluntary and community sector; and, integrated working (to be adopted in the action plans)

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Appendix B: Health and Wellbeing Strategy Board Sponsors and Lead Officers

Outcome	Board Sponsor	PHC Support	Priority Areas	Lead Officer
People in Nottingham adopt and maintain Healthy Lifestyles	Alison Challenger (NCC)	Rachel Sokal	People will be physically active to a level which benefits their health	John Wilcox (NCC)
			People will have a healthy and nutritious diet	John Wilcox (NCC)
			People will be able to maintain a healthy weight	John Wilcox (NCC)
			Nottingham and its citizens will be smoke free	Kate Smith (NCC)
			People will drink alcohol in a non-hazardous and non-harmful way	Jane Bethea (NCC)
People in Nottingham will have positive Mental Wellbeing and those with Serious Mental illness will have good physical health	Simon Smith (NHCT)	Helene Denness	People with serious mental illness will have healthier lifestyles	Liz Pierce (NCC)
			Those with or at risk of poor mental health and wellbeing will be able to access and remain in employment	Sharan Jones (NCC)
			People who are, or at risk of, loneliness and isolation will be identified and supported	Kevin Banfield (NCC)
			People with, or at risk of, poor mental health will be able to access appropriate level of support as and when they it	Ciara Stuart (CCG)
There will be a Healthy Culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill health	Hugh Porter/ Ian Trimble (CCG)	Helene Denness	Direct and indirect messages regarding health and wellbeing will be clear and consistent	Steve Thorne (NCC)
			Citizens will have knowledge of opportunities to live healthy lives and of services available within communities	Rasool Gore (NCC)
			Individuals and groups will have the confidence to make healthy life choices and access services at the right time to benefit their health and wellbeing	Maria Ward (NCVS)
			Services will work better together through the continued integration of health and social care that is designed around the citizen, personalised and coordinated in collaboration with individuals, carers and families	Jo Williams (CCG)
Nottingham's Environment will be sustainable; supporting and enabling its citizens to have good health and wellbeing	Helen Jones	Rachel Sokal	Housing will maximise the benefit and minimise the risk to health of Nottingham's citizens	Gill Moy (NCH)
			The built environment will support citizens having healthy lifestyles and minimise the risk of negative impact on their wellbeing	Matt Gregory (NCC)
			People will be able to engage in active travel	Chris Carter (NCC)
			People in Nottingham will have access to and use of green space to optimise their physical and mental wellbeing	Eddie Curry (NCC)
			Air pollution levels in Nottingham will be controlled to agreed standards	Ricahrd Taylor (NCC)

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HEALTH AND WELLBEING BOARD - 30th March 2016

Title of paper:	2016/17 Operational Plan (including Quality Premium Indicators)	
Director(s)/ Corporate Director(s):	Louise Bainbridge Chief Finance Officer NHS Nottingham City CCG	Wards affected: all
Report author(s) and contact details:	Louise Bainbridge, Chief Finance Officer, NHS Nottingham City CCG Email: louise.bainbridge@nottinghamcity.nhs.uk	
Other colleagues who have provided input:		
Date of consultation with Portfolio Holder(s) (if relevant)		
Relevant Council Plan Key Theme:		
Strategic Regeneration and Development		<input type="checkbox"/>
Schools		<input type="checkbox"/>
Planning and Housing		<input checked="" 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 type="checkbox"/>
Children, Early Intervention and Early Years		<input type="checkbox"/>
Leisure and Culture		<input type="checkbox"/>
Resources and Neighbourhood Regeneration		<input type="checkbox"/>
Relevant Health and Wellbeing Strategy Priority:		
Healthy Nottingham - Preventing alcohol misuse		<input type="checkbox"/>
Integrated care - Supporting older people		<input type="checkbox"/>
Early Intervention - Improving mental health		<input type="checkbox"/>
Changing culture and systems - Priority Families		<input type="checkbox"/>
Summary of issues (including benefits to citizens/service users and contribution to improving health & wellbeing and reducing inequalities):		
<p>In October 2014, the NHS Five Year Forward View was published. This sets out how health services need to change in order to meet the challenges facing the NHS as a result of people living longer and having more complex needs. In December 2015, Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21, was published. This sets out a clear list of national priorities for 2016/17 and longer-term challenges for local systems, together with financial assumptions and business rules. The guidance includes a requirement for the NHS to produce two separate but connected plans:</p> <ul style="list-style-type: none"> • A one year Operational Plan for 2016/17, organisation-based but consistent with the emerging STP; and • A five year Sustainability and Transformation Plan (STP), place-based and driving the Five Year Forward View <p>This Operational Plan has therefore been developed by NHS Nottingham City Clinical Commissioning Group in response to both the NHS Five Year Forward View and Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21. It describes the CCG's approach to delivery against the requirements as detailed in the above documents across a number of key areas during 2016/17.</p>		

Recommendation(s):	
1	The Health & Wellbeing Board is asked to note the planning guidance produced by NHS England and comment on the CCGs draft Operational Plan for 2016/17.
2	The Health and Wellbeing Board is asked to approve the decision being taken at the CCG Governing Body on the 30 th March 2016 regarding the 3 local measures associated with the Quality Premium
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'):	

1. REASONS FOR RECOMMENDATIONS

1.1 Health and Wellbeing Board approval is a statutory requirement for the Operational Plan.

2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

2.1 In October 2014, the **NHS Five Year Forward View** was published. This sets out how health services need to change in order to meet the challenges facing the NHS as a result of people living longer and having more complex needs. In December 2015, **Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21**, was published. This sets out a clear list of national priorities for 2016/17 and longer-term challenges for local systems, together with financial assumptions and business rules. The guidance includes a requirement for the NHS to produce two separate but connected plans:

- A one year Operational Plan for 2016/17, organisation-based but consistent with the emerging STP; and
- A five year Sustainability and Transformation Plan (STP), place-based and driving the Five Year Forward View

This Operational Plan has therefore been developed by NHS Nottingham City Clinical Commissioning Group in response to both the NHS Five Year Forward View and Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21. It describes the CCG's approach to delivery against the requirements as detailed in the above documents across a number of key areas during 2016/17.

Delivering the Forward View; NHS Planning Guidance requires all NHS Organisations to address nine national 'must dos' in 2016/17. Please see below the nine 'must dos' as well as the local priorities for NHS Nottingham City CCG:-

Nine 'must dos'

- Develop a high quality and agreed Sustainability and Transformational Plan
- Return the system to aggregate financial balance

- Develop and implement a local plan to address the sustainability and quality of general practice
- Get back on track with access standards for A & E and ambulance waits
- Deliver the NHS Constitution Standard for waiting times
- Develop the NHS Constitution Standards for cancer
- Achieve and maintain the two new mental health access standards
- Deliver actions set out in local plans to transform care for people with learning disabilities
- Maintaining and improving quality

Local Priorities

- **Primary Care** – As part of the work to implement the vision in 2016/17 the CCG plans to undertake a sustainability and workforce review of primary care; introduce a standardized primary care offer; redesign primary care weekend opening services to further refine the most appropriate model and gain further patient feedback via a ‘mystery shopper’ initiative.
- **Mental Health** – To review and integrate mental health services with the aim of better management of the illness within the wider context of achieving a fulfilling life.
- **Learning Disabilities** – Nottinghamshire has been selected to be a ‘Fast Track’ site for Transforming Care for people with disabilities and a local transformation plan, detailing the objectives for service change, was developed in September 2015.
- **Long Term Conditions** – In 2016/17 the CCG aims to support people with long term conditions to create a more sustainable way of living, enabling, encouraging and facilitating better outcomes through self-management. Areas of focus for the CCG will be, Diabetes, Weight Management, Respiratory, Cardiac Rehabilitation and Stroke.
- **Maternity, Children & Young Adults** – The CCG will continue to review and agree actions to improve care pathways for children and young adults from birth to 24 years, and for their families.
- **Children & Young Adults** – There are a number of priorities, underpinned by the JSNA that will be taken forward in 2016/17 to improve the health and wellbeing of children and young adults; Reducing Emergency Admissions, Improving Mental Health and Wellbeing, Reducing Child Obesity, Looked After Children and Implementing the Children and Families Act, specifically in relation to Special Educational Needs.

Quality Premium 2016/17

Introduction

Guidance has been issued for calculation of the Quality Premium (QP) available to CCGs in 2016/17. A total of £5 per head of population is available to CCGs. QP will be earned by achievement of four national measures and three local measures which are aligned to Right Care Metrics. QP will be reduced by 25% for each of four NHS Constitution measures that are missed.

National measures

The national measures are;

1. Cancers diagnosed at early stage – 20% of QP
2. Increase in the proportion of GP referrals made e-referrals – 20% of QP
3. Overall experience of Making a GP appointment – 20% of QP

4. Antimicrobial resistance (AMR) Improving Antibiotic prescribing in primary care – 10% of QP

Local Measures

The CCG should also identify and set three measures identified through the Commissioning for Value packs. Each measure will be worth 10% of QP. Selection of improvement programmes will be supported by NHS England Regional Teams. Submission of these plans will be 11th April 2016. Suggested indicators are outlined in Appendix 3 of Quality Premium Guidance for 2016/17.

Next Steps

The CCG performance team will assess the Commissioning for Value pack for the CCG, identifying which actions have the most potential for impact on outcomes for our population. We will then consider which of these best align to our local priorities. The CCG Executive Management Team will then agree and propose the local QP measures for inclusion in the 2016/17 plan and these will be presented to the HWB meeting on the 30th March for ratification.

3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

3.1 N/A

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

4.1 N/A

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

5.1 N/A

6. EQUALITY IMPACT ASSESSMENT

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

No

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 5 Year Forward View

<https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

<https://www.england.nhs.uk/wp-content/uploads/2015/12/planning-guid-16-17-20-21.pdf>

Quality Premium 16/17

[NHS England » Search Results » quality premium](#)

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HEALTH AND WELLBEING BOARD - March 2016

Title of paper:	Health and Wellbeing Strategy Alcohol Misuse Priority update	
Director(s)/ Corporate Director(s):	Candida Brudenell Strategic Director of Early Intervention	Wards affected: All
Report author(s) and contact details:	Ian Bentley; Strategy and Commissioning Manager, Crime and Drugs Partnership, 0115 8765701. ian.bentley@nottinghamcity.gov.uk	
Other colleagues who have provided input:	Alison Challenger, Consultant in Public Health, Nottingham City Council Christine Oliver; Head of Service Crime and Drugs Partnership.	
Date of consultation with Portfolio Holder(s) (if relevant)	Cllr Norris 16.3.16	
Relevant Council Plan Strategic Priority:		
Cutting unemployment by a quarter		<input type="checkbox"/>
Cut crime and anti-social behaviour		<input checked="" type="checkbox"/>
Ensure more school leavers get a job, training or further education than any other City		<input type="checkbox"/>
Your neighbourhood as clean as the City Centre		<input type="checkbox"/>
Help keep your energy bills down		<input type="checkbox"/>
Good access to public transport		<input type="checkbox"/>
Nottingham has a good mix of housing		<input type="checkbox"/>
Nottingham is a good place to do business, invest and create jobs		<input type="checkbox"/>
Nottingham offers a wide range of leisure activities, parks and sporting events		<input type="checkbox"/>
Support early intervention activities		<input checked="" type="checkbox"/>
Deliver effective, value for money services to our citizens		<input checked="" type="checkbox"/>
Relevant Health and Wellbeing Strategy Priority:		
Healthy Nottingham: Preventing alcohol misuse		<input checked="" type="checkbox"/>
Integrated care: Supporting older people		<input type="checkbox"/>
Early Intervention: Improving Mental Health		<input type="checkbox"/>
Changing culture and systems: Priority Families		<input type="checkbox"/>
Summary of issues (including benefits to citizens/service users and contribution to improving health & wellbeing and reducing inequalities):		
<p>Alcohol misuse can impact on the health and wellbeing of the drinker, their family, friends and wider community within the city. It also contributes to crime and antisocial behaviour and loss of economic productivity. An estimated 1.6 million people in England (1 in 20 adults) are dependent on alcohol and many more are damaging their health by drinking at unsafe levels. Harmful drinking is not always easy to detect because dependent drinkers do not always present in a stereotypical guise; many dependent drinkers are employed, in stable relationships and raising families. The “alcohol paradox” effect identifies that individuals from more affluent societies drink more alcohol than their counterparts from more deprived areas with less damaging effects on their health, this suggests that other factors come into play such as poor nutrition, smoking and lack of exercise.</p> <p>Rates of alcohol related hospital admissions, alcohol specific mortality, and binge drinking are significantly higher in the city than the England average, In England, male and female mortality from Alcohol Related Liver Damage (ARLD) is rising and it is rising more quickly for females and people</p>		

are dying younger. Liver disease, to which alcohol is a major contributor, is the only one of the major diseases in the UK for which mortality is still increasing. Cirrhosis death figures are rising in the UK whilst decreasing across other European countries.

The Joint Nottingham City Health and Wellbeing Strategy 2013-2015 sets out a range of actions to address alcohol misuse that complement those in the Nottingham Plan, the City's Alcohol Strategy and the Nottinghamshire Police and Crime Commissioner's Alcohol Strategy and Action Plan.

Recommendation(s):

1 To note the progress against the Health and Wellbeing strategy actions for addressing alcohol misuse.

2 To note additional activity to address alcohol misuse

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

Individuals are more likely to reach for a drink of alcohol to change the way they feel, maybe they want to relax, to celebrate or to forget a stressful day. More concerning is that some individuals will drink to mask or alleviate anxiety, depression or other low level mental health problems.

While alcohol can have a very temporary positive impact on our mood in the long term alcohol misuse can cause big problems for our mental health. Alcohol can be linked to a range of mental health issues from depression and memory loss through to suicidal ideation and at its worse alcohol related brain injuries such as Wernicke's encephalopathy and /or Wernicke-Korsakoff syndrome.

The prevalence of alcohol dependency among people with severe mental health conditions is twice as high as the general population; as such it is of great importance that commissioners and alcohol treatment providers work closely with the mental health services to develop robust pathways to treatment to support patients with co-morbidity.

The link between alcohol use, mental health and the support services should be communicated to citizens through the implementation of the Health and Wellbeing Strategy and an emphasis, where applicable should be made on warning signs and the preventative measures that could prevent low level mental health problems. These include finding alternative ways to deal with stress such as talking to people, exercise and good nutrition. Keeping an eye on what you drink using the numerous alcohol calculators that are currently available. Ensuring you have alcohol free days.

The CDP is currently in the process of re-commissioning all community substance misuse services and are using the crisis concordat to inform the easy access to the mental health pathways for this service user group.

1. REASONS FOR RECOMMENDATIONS

To note the progress against the Health and Wellbeing strategy actions for addressing alcohol misuse.

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 endorse the strategy.

The Health and Wellbeing Board agreed four priorities in the Nottingham City Joint Health and Wellbeing Strategy 2013-2016. Preventing alcohol misuse to reduce the number of citizens who develop alcohol related diseases is the first such priority.

The Board requested that lead officers prepare performance reports at regular intervals to enable the board to effectively oversee and monitor the delivery of the strategy.

2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

Alcohol consumption, health and crime in the city

Drinking alcohol plays an important cultural and economic role in society and Nottingham has a thriving night-time economy that draws numerous visitors to the city and makes a significant contribution to the local economy. The Nottingham Citizen Survey 2015 indicates that 60.2% of the respondents drink alcohol and that alcohol drinking is highest in Arboretum, Radford and Park, Dunkirk and Lenton. Alcohol drinking is highest amongst those who are in full time education and is also high amongst the 16 – 24 age groups.

3. UPDATE AGAINST HEALTH AND WELLBEING OBJECTIVES

3.1. Reduce Alcohol related anti-social behaviour including street drinking.

In October 2014 the Designated Public Place Orders (DPPO) migrated to a Public Space Protection Order (PSPO) under the Anti-Social and Policing Act of 2013. The change allowed the police and community protection officers to confiscate alcohol that is being consumed in a public place; a review will be undertaken and reported on to consider the effect of this order. Nottinghamshire Police and Community Protection Service continue to proactively police the city centre at night with Operation Promote consistently finding and removing drugs and weapons from the city centre. Venues have also received vulnerability training while the city's partnership with Drinkaware has been renewed to provide Club Hosts in major venues for a further six months. The Street drinkers and beggars case conferencing group worked to identify the different cohorts of street drinkers and beggars to consider individual problematic behaviour and again this will be reported on.

Led by Community Protection, the DPPO have been employed effectively; while training to enforcement staff ensures that risks to dependent drinkers are understood and addressed. This training is delivered by Framework's Last Orders, one of the commissioned alcohol services.

The Arboretum street drinkers' project is part of the Cities "Blue Light" initiative designed to engage treatment resistant drinkers who are drinking on the streets of the Arboretum ward and causing a degree of anti-social behaviour. Within this initiative there is also scope to

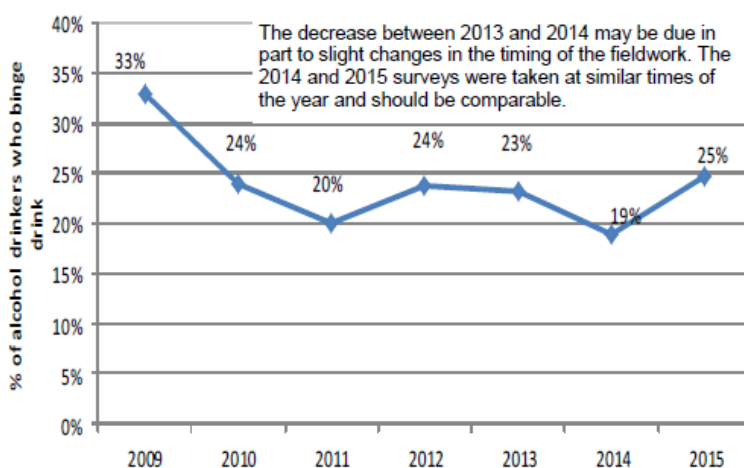
train Community Protection Officers and Fire and Rescue Officers in Identification and brief advice.

We will aim to achieve a reduction in the level of alcohol related anti-social behaviour. This will include street-drinking to lower the rates of alcohol attributable crime, to decrease the numbers of adults who binge drink and to aim to reduce the number of alcohol related deaths through the following interventions and projects.

3.2. Binge Drinking

Binge drinking is defined as men drinking eight or more units in one session and women drinking six or more units in one session. Of the respondents to the Nottingham Citizen's Survey 2015, 25% reported that they binge drink; which is an increase of 6% from the Citizen's survey of 2014, Nottingham City is still above the national average.

City Change over time (percentage who binge drink)



The survey established that around 12% of adults who drink alcohol do so at levels which put them at increased or higher risk of developing alcohol related diseases, again this is an increase of 3% against the Citizen's survey of 2014 returning to the same levels as 2012-13, which again could be attributed to the timing of the 2014 survey. The proportion of citizens drinking at this level is estimated to be statistically similar to the England average (Local Alcohol Profiles). It is estimated that there are 10,687 people in Nottingham City who are dependent on alcohol.

The proportion of adults consuming alcohol at increasing and higher risk levels as reported in the Citizen's Survey has increased from 9% in 2014 to 12% in 2015. The proportion of adults consuming alcohol in binge drinking patterns as reported in the Citizen's Survey increased from 19% in 2014 to 25% in 2015. The decrease between 2013 (23%) and 2014 may be due in part to slight changes in the timing of the fieldwork. The 2014 and 2015 surveys were taken at similar times of the year and should be comparable.

The latest published data is for 2012/13 when the alcohol-attributable crime rate was 9.7 per 1000 population. This rate is higher, but not statistically significantly higher than the England rates

3.3. Lower rates of alcohol attributable crime

Nottingham City also uses the Alcohol Diversion Scheme, a project that was set up by Framework, the Police and the CDP to address those in the city who are drunk and disorderly. The issuing of a Fixed Penalty Notice generates an £80 fine for offenders; the diversion scheme allows this to be halved and the remaining amount to be used to fund costs and a one off advice intervention on alcohol. The scheme has been running for nearly three years and has maintained a 0% level of re-offending and hospital attendance for alcohol related issues

The 2015 Respect for Nottingham Survey of crime and anti-social behaviour recorded the level of reported citizen feelings of safety in the city centre after dark as a decrease to 51% from the all-time high of 55% recorded in 2014.

Following the re-establishment of a consistent baseline of crime recording in 2015 violence in the city centre's night time economy continues to fall, down by nearly a quarter (23.44%) from 2011 with a positive in-year direction of travel from April 2015.

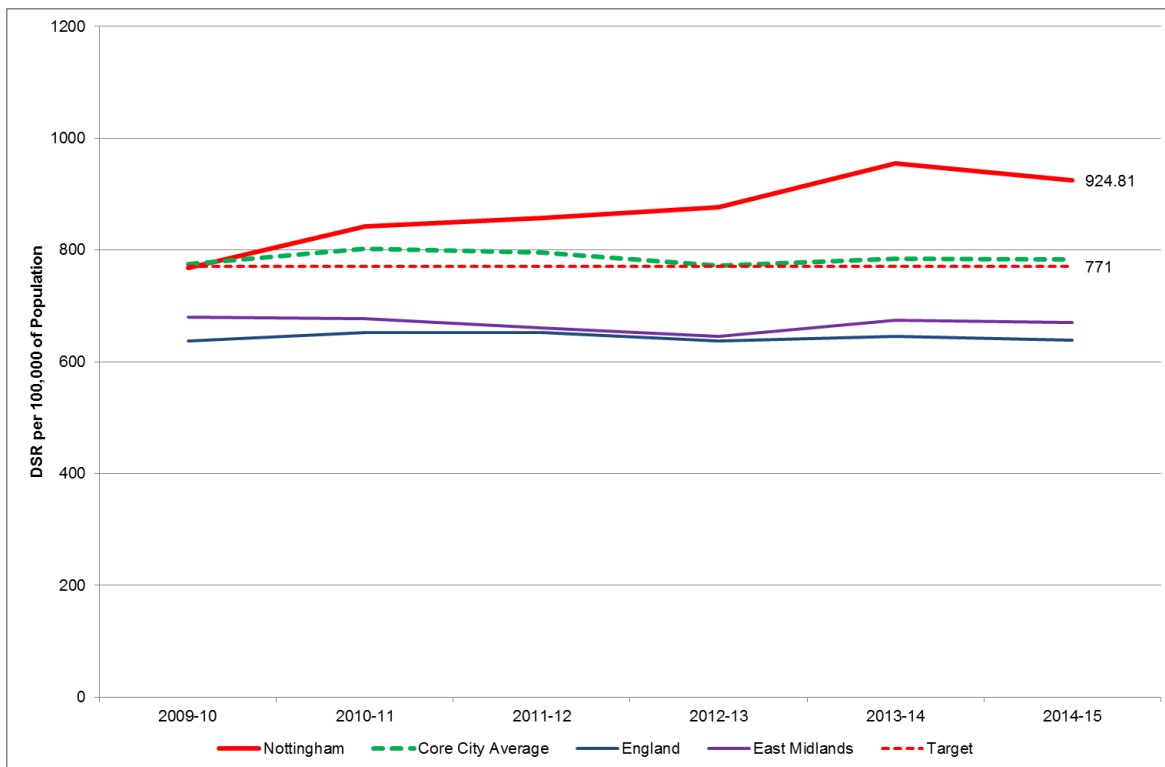
3.4. Fewer alcohol related deaths.

Alcohol Related Hospital Admissions

The target for alcohol related hospital admissions for Nottingham City is 771 per 100,000 of the population; this was the core cities average rate in 2012 – 13. Nottingham City is considerably off target ending 2014 – 15 with a rate of 924.81 per 100,000 of the population. This is considerably higher than the core cities average, the East Midlands rate and the England rate. Notwithstanding this performance picture, some progress has been made in Nottingham with a reduction of 3.3% compared to the figures for 2013 – 14.

Alcohol-related hospital admissions are used as a way of understanding the impact of alcohol on the health of a population. Hospital admissions are coded to show the main and secondary reasons why people have been admitted to hospital. The extent to which alcohol contributes to a health outcome such as an unintentional or intentional injury is called an Alcohol Attributable Fraction (AAF) this is measured by calculating the percentage of cases that can be attributed to alcohol and applying this as a fraction. 100% of cases of alcohol poisoning can be attributed to alcohol so that is given a fraction of 1.0, 25% of non- alcoholic poisoning is attributable to individuals being under the influence of alcohol when the poisoning occurred so the fraction is 0.25. New versions of this calculation were published in 2014: a 'broad' definition includes all codes that can be linked with alcohol; and a new 'narrow' definition is used in the Public Health Outcomes Framework (PHOF) which seeks to count only those admissions where the *primary code* has an Alcohol-Attributable Fraction.

The Nottingham Plan uses this PHOF indicator for the 'narrow' definition of alcohol related hospital admissions. The 2020 refreshed target is to reduce the rate in Nottingham City from (878 per 100,000 citizens) to the mean rate for core cities (771 per 100,000 citizens).



- DSR: Directly Standardised Rates

Liver Disease

In England the mortality rate for alcohol related liver disease (ARLD) is rising especially amongst women, and people are dying younger. Liver disease, to which alcohol misuse is a major contributor, is the only one of the major diseases in the UK for which mortality is increasing. Cirrhosis deaths are rising across the UK whilst decreasing in most other EU countries. Liver disease mortality in people aged less than 75 years in Nottingham (28.6 per 100,000) is significantly higher than the England average (17.9 per 100,000).

4. OVERALL PROGRESS AGAINST HEALTH AND WELLBEING STRATEGY

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

Progress

Last Orders, part of the Framework Housing Services deliver the alcohol pathway service in the city; this position is subject to a current tender. The new contract will deliver a joint drugs and alcohol provision. Framework has experience in alcohol provision and identifying and delivering housing support and social care needs advice.

Lifeline delivers family support and carers support for this cohort in the city.

Framework is the alcohol lead for the Multi Agency Risk Assessment Conference (MARAC) which deals with domestic violence from a victim, perpetrator and childrens' perspective. They also deliver Opportunity Nottingham, worth £9.8 million to the city, by the big lottery funding. Opportunity Nottingham considers the needs of the most vulnerable individuals and delivers or directs the beneficiaries into the correct level of care/support

Support families, and their carers to reduce their drinking, and join up referral between alcohol health promotion, treatment and aftercare services

Progress

The CDP commission Lifeline to deliver “Explore Family” which is a family and carers support service to deliver advice and information to the family and carers of those with substance misuse problems.

All current services across the spectrum of substance misuse have protocols in place to link up with and share information with the Explore Family service.

Raise awareness of the risk of excessive alcohol consumption among students through targeted health promotion work to the wider 18-29 year olds age group.

Progress

The Last Orders service actively undertake dedicated outreach to the students of both Nottingham Universities

The outreach service is supported by the Ending Alcohol Harm Campaign that is co-ordinated by the CDP. Students account for 23% of the victims of alcohol related crime.

Provide universal good quality drug and alcohol education and deliver effective harm reduction messages to children & young people.

Progress

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.

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

Support professionals working with citizens to identify harmful levels of drinking and signpost to and support a healthier approach to alcohol consumption

Progress

Last Orders continue to deliver Identification and Brief Advice (IBA) training to a wide number of professionals working with alcohol problems across the city.

Last Orders are currently training the Fire and Rescue service to deliver IBA and alcohol awareness to a very vulnerable cohort of people.

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

Progress

The Super Strength Free campaign was extended beyond the City Centre to the neighbourhoods but has been less successful in take up.

The cumulative Impact Policy (saturation zone) has been extended to cover Sneinton Market creative quarter and the Castle area.

Work towards a net reduction in the number of licensed premises and off-licences

Progress

The Local Alcohol Activity Area partners are looking to have health as a license objective with consideration of the impact on a neighborhood health with the granting of licenses.

Support national campaigns to tackle alcohol misuse, such as introducing a minimum unit price for alcohol

Progress

*The Police and Crime Commissioner on behalf of the Crime & Drugs Partnership Board wrote in 2013 to the Prime Minister expressing the disappointment of local partners that minimum unit pricing would not be implemented in England and Wales further to the government’s National Alcohol Strategy. Partners have **consistently demonstrated** their support for this proposed approach through consultation with central government.*

5. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

Do nothing. A substantial amount of work has taken place in the partnership relating to alcohol in the last year, doing nothing was not a preferred option.

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

Alcohol treatment services

The alcohol contract was commissioned in 2014 on a short term basis resulting in considerable savings. A complete review of the drug and alcohol provision has been undertaken resulting in a commissioning process to align both drugs and alcohol in one provision. Implementation of the new service will be July 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.

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

8. EQUALITY IMPACT ASSESSMENT

Has the equality impact been assessed?

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

- ✓ **No. Existing Equality and Impact assessments were used in the commissioning of the new treatment system because of the short contract and the short procurement period. A full EIA will be conducted as part of the new procurement process in 2015.**



Yes – Equality Impact Assessment attached



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

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

None

10. PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

Nottingham Joint City Health and Wellbeing Strategy 2013-2016.
Nottingham City Health and Wellbeing Board Report January 2016
Joint Health and Wellbeing Strategy 2013-16.
Public Health Outcomes Framework.
Local Alcohol Profile for Nottingham City.

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HEALTH AND WELLBEING BOARD - 30th March 2016

Title of paper:	DRAFT REPORT OF THE JOINT HEALTH & WELLBEING BOARD WORKSHOP ON WORKFORCE	
Director(s)/ Corporate Director(s):	Lyn Bacon CEO of CityCare, Chair of LETC and Executive Workforce Lead for Greater Nottinghamshire Transformation Programme Helen Jones Director of Adult Social Care, DASS	Wards affected: ALL
Report author(s) and contact details:	Elaine Mitchell Integrated Workforce Strategy Manager elaine.mitchell@nottinghamcity.gov.uk Cathy Quinn Associate Director of Public Health cathy.quinn@nottscc.gov.uk	
Other colleagues who have provided input:	Helen Hemming, Locality Delivery Facilitator, NHS Improvement Tina Morley Ramage, Adult Social Care County Lynn Robinson, HR Business Partner Wayne Bowcock, Deputy Chief Fire Officer Liz Maslan, Children's Workforce, County Antony Dixon, Strategy and Commissioning Rosamunde Willis-Read, Quality and Market Management, County Jackie Brocklehurst, Health Education England Owen Harvey N2 Skills & Employment Partnership Manager Karla Kerr Acting Market Strategy and Development Manager Katy Ball, Director of Procurement and Children's Commissioning	
Date of consultation with Portfolio Holder(s) (if relevant)	16 th March 2016 Chairs brief	
Relevant Council Plan Key Theme:		
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 checked="" type="checkbox"/>
Adults, Health and Community Sector		<input checked="" type="checkbox"/>
Children, Early Intervention and Early Years		<input checked="" type="checkbox"/>
Leisure and Culture		<input type="checkbox"/>
Resources and Neighbourhood Regeneration		<input type="checkbox"/>
Relevant Health and Wellbeing Strategy Priority:		
Healthy Nottingham - Preventing alcohol misuse		<input 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"/>

Summary of issues (including benefits to citizens/service users and contribution to improving health & wellbeing and reducing inequalities):

This report summarises the findings from the Joint Nottinghamshire and Nottingham City Health & Wellbeing Boards workshop, which took place on 4th November 2015. It identifies key opportunities and asks the Health & Wellbeing Board to support the development of a joint health and care sector strategic workforce development plan for Nottinghamshire including the City.

Benefits will be to streamline the system and define shared goals of delivering health and social care with commissioners, providers, health and local government. This will be linked into to the Greater Nottingham Transformation programme, the Mid-Nottinghamshire Transformation programme, the four Vanguard pilots held in our area and the D2N2 Local Enterprise Partnership (LEP) Health and Social Care Skills Action Plan; all informing the Sustainability and Transformation Plan for Nottinghamshire (5 year plan).

Recommendation(s):

1	To create a single Strategic Workforce Development Plan for health and social care across Nottinghamshire including the City and reflecting on previous strategies for lessons learnt
2	To ensure Workforce Groups, such as Local Education and Training Council LETC (Health Education England, working across the East Midlands), D2N2 LEP Health & Social Care Action Plan and the service transformation programmes have alignment with one another and make best use of resource for the whole system
3	To support Nottingham CityCare's joint bid with the City Council, New College Nottingham and D2N2 for the National Skills Academy: Establishing Excellence Centres for the training of health and social care support workers
4	To note the D2N2 Skills and Employment Board Health and Social Care Sector Skills Action Plan is due in the spring of 2016
5	To note a Workforce Transformation Group and a HR Directors' Network has been established to develop a collaborative action plan and will identify the resources and funding to realise the projects required for local implementation. This plan will need to come back to Commissioning Executive Group for oversight on funding and delivery

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'):

Health Education England's Mandate and 5 year plan prioritise Mental Health and the recommendation to align the work of the transformation programmes, LETC and the Health and Well-Being Boards will help to achieve this aspiration

1. REASONS FOR RECOMMENDATIONS

1.1 This area is complex around health and social care integration and nationally and locally a range of service transformations are required to be more effective and efficient in both Children's and Adult services. These recommendations show the link with a range of planned work streams and intentions for a system wide response, so that we can make best use of the limited resources available and look to increase our capacity and capability across the sector.

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

2.1 The idea of a joint session of County and City Health & Wellbeing Boards on Workforce was proposed, as similar workforce issues have surfaced across the whole system. Councillor Nick MacDonald and Councillor Joyce Bosnjak opened the session as Joint Chairs of the Health and Wellbeing Boards.

2.2 The event was jointly designed by the Integrated Workforce Team at the City Council, Public Health at County Council and Health Education England, to give participants the opportunity to share experiences and to explore possible local solutions to known workforce issues. We used an open space type event to give opportunity for greatest contribution from the floor whilst also having 'experts' available to drive discussion.

2.3 The session was attended by **83 participants from health and social care across the City and County**, including a wide range of professionals (providers and commissioners) and third sector partners. Feedback from the event was extremely positive.

2.4 The event focussed on seven themes along with the opportunity for open discussion on any additional themes raised by participants. The themes covered during the event and summary of discussions were as follows:

- **Seven day services** - Discussion highlighted the importance of an appropriate approach to seven day services. Blanket application would not address real need, so a focus on patient flow, multi-disciplinary approaches and self-management is required to identify a workable and sustainable solution.
- **Holistic worker** - The new Nottingham CityCare multi-skilled worker model. The holistic worker model within CityCare was recognised as excellent practice that could be transferrable to many care situations and could support other workforce issues such as 7 day services, workforce transformation & retention. Promoting the key benefits of such a model may help support implementation in practice.
- **Integrated working in Adult Social Care.** Integration was raised in almost all discussions. The need for a common understanding of integration, agreement around individual responsibilities, the need to work across professional boundaries and importance of a system-wide approach were considered essential. A joint strategic development plan for health and social care workforce was proposed that included third sector partners.
- **Strategies to help manage the use of agency staff.** The discussion accepted that the use of agency staff was important to a well-functioning system, but a proper root-cause analysis can help identify reasons for high usage and help find solutions. Organisations will need to consider new ways to make jobs more attractive to existing and new staff, highlighting benefits for staff and service users.
- **Transforming the Fire & Rescue Workforce.** The Fire & Rescue service transformation highlighted a number of general issues applicable to workforce change management. Discussions also focussed on the importance of prevention and cross-sector working, keeping the person at the centre and making every contact count, sharing information across the services involved.
- **Workforce retention issues in Children's social work.** Workforce retention was a common theme across many discussions. Organisations were already taking action to address need independently. The example of Children's Social Services

highlighted issues that were common across the health and care system. The need for a flexible and holistic approach to support staff and maintain wellbeing should help retain staff. Consistency in salary, terms & conditions etc across the region could help alleviate problems of staff migration.

- **Implementing the living wage in care settings.** The national living wage poses a particular challenge for the care sector. The discussions highlighted the need to consider holistic benefits for staff and a whole system approach to make the roles more attractive and broaden career progression.
- **Open discussions.** In addition there was a wide ranging debate as part of the open discussions. The main elements included the need to improve joint working across organisational boundaries, using the skills of the wider workforce and allowing career progression around the system; the importance of promoting primary care medicine as a valuable career and the need to include the third sector as valuable partners in the care sector.

2.5 The City also has **an existing Vulnerable Adults Workforce Strategy** that is linked to the City Vulnerable Adults Plan (VAP) and a **Nottingham Children's Partnership Workforce Strategy** that follows the Children and Young People's Plan CYPP). Both of these documents are now up for renewal and could be subsumed into the new Strategic Nottinghamshire and Nottingham City Workforce Development Plan which could sit under the new Health and Well-Being Boards Strategy.

2.6 **D2N2 Local Enterprise Partnership (LEP)** have a Skills for Growth Strategy, and will support partners to work collaboratively to design training and placement pathways and delivery models across the health and social care system. Health and social care is a priority employment sector for D2N2 and is a key priority for the Nottingham and Nottinghamshire Skills and Employment Board (SEB). The N2SEB has acknowledged that further work is needed to develop a clear written statement of the skills and employment challenges affecting employers in Derby, Derbyshire, Nottingham and Nottinghamshire in the health and social care sector, and set out employer views on the actions necessary to address these challenges through a D2N2 Health and Social Care Skills Action Plan. With that in mind, the N2SEB is leading a working group of employers and stakeholders that will publish the sector skills plan in the spring of 2016.

2.7 Health Education England and the local **LETC have started to identify priorities for collaboration based on whole system solutions** for Nottinghamshire and Nottingham City. Key areas of workforce transformation; human resources policy and practice; organisational development; workforce intelligence, modelling and analysis; and workforce productivity have been mooted to shape the work stream and funding options going forward.

2.8 Nottingham CityCare as lead within a consortium with the City Council and New College Nottingham and D2N2 have bid for the National Skills Academy: **Establishing Excellence Centres for the training of health and social care support workers** This could secure funding from the Department for Business Innovation and Skills. This will be an employer led centre to act as a hub for facilitating learning and development for health and social care support workers. The outcome should be to improve the competencies of health and social care support workers and increase capacity locally.

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

- 3.1 Other options considered have been to stay in professional and/or organisational silos and work with small pockets of innovation and change. This has not brought the learning and improvements we need for whole system change where real sustainable benefits will be gained.
- 3.2 We need to be innovative and creative about working across the whole system as this is fundamental to creating improvements required on such a scale and at pace. We need to work collaboratively with place based planning and to look to system leadership to drive workforce transformation and support the breaking down of silo solutions.

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

4.1 Financial implications will be considered as part of the development of the strategic workforce development plan

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

5.1 Procurement and legal implications will be considered as part of the development of the strategic workforce development plan.

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)

An EIA is not required because: this is an initial scoping document to recommend action to work more collaboratively across Nottinghamshire and Nottingham City. Further detailed work will need to be agreed to be a position to assess potential impact.

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 National Skills Academy – establishing excellence centres for the training of healthcare support workers – expression of interest (EOPF project).

8. PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

8.1 None

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HEALTH AND WELLBEING BOARD - 30th March 2016

Title of paper:	Personal Health Budgets (PHBs) – Developing a Local Offer	
Director(s)/ Corporate Director(s):	Sally Seeley, Director of Quality & Personalisation Dawn Smith, Chief Officer Nottingham City CCG	Wards affected: All
Report author(s) and contact details:	Nick Davies, Interim PHB Manager 0115 883 9260	
Other colleagues who have provided input:	Jane Godden, Head of Commissioning Care Homes & Individual Care Packages	
Date of consultation with Portfolio Holder(s) (if relevant)	N/A	
Relevant Council Plan Key Theme:		
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 type="checkbox"/>
Children, Early Intervention and Early Years		<input type="checkbox"/>
Leisure and Culture		<input type="checkbox"/>
Resources and Neighbourhood Regeneration		<input type="checkbox"/>
Relevant Health and Wellbeing Strategy Priority:		
Healthy Nottingham - Preventing alcohol misuse		<input type="checkbox"/>
Integrated care - Supporting older people		X
Early Intervention - Improving mental health		<input type="checkbox"/>
Changing culture and systems - Priority Families		X
Summary of issues (including benefits to citizens/service users and contribution to improving health & wellbeing and reducing inequalities):		
<p>As a result of the 'Forward View into action: Planning for 2015/16' directive CCGs are required to develop a local offer for personal health budgets (PHBs) for approval by the Health and Wellbeing Board prior to its publication on the CCG website by 1st April 2016.</p> <p>The CCG's proposal is to continue offering PHBs to those groups who are already entitled to have a PHB, continue with existing pilot schemes and build on this to extend the offer to other groups over the next 5 years. By the end of quarter 2 2016/17, the CCG will have developed a plan to set out how the local offer will be implemented. It is important to note that implementing PHBs is a complex and developmental emerging policy initiative that is still being tested.</p> <p>The 5 year Sustainability and Transformation Plan, required to be developed by CCGs and partners requires a 'major' expansion of Personal Health Budgets and choice and specifically references PHBs for Children and people with Learning Disabilities, linking with the Transforming Care Programme.</p> <p>The Local Offer will have links with the following relevant Health and Wellbeing Strategic Priorities</p>		

a) Integrated care - Supporting older people and b) Changing culture and systems - Priority Families. It is a requirement of the planning guidance that the Local Offer is signed off by the Health and Wellbeing Board.

Recommendation(s):

1 The Health and Wellbeing Board is asked to approve the CCG's Local Offer for Personal Health Budgets as attached in Appendix 1

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'):

It has been evidenced through a national evaluation study that PHBs contribute to people's health and well-being. The CCG is currently undertaking a pilot to give PHBs to people with mental health needs and subject to the outcome of an evaluation study to be carried out in 2016/17, the CCG will extend the Local Offer to include mental health.

1. REASONS FOR RECOMMENDATIONS

1.1 It is a requirement of the Planning Guidance that CCGs develop a local offer for PHBs for approval by the Health and Wellbeing Board prior to its publication on the CCG website by 1st April 2016.

2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

As a result of the 'Forward View into action: Planning for 2015/16' directive CCGs are required to develop a local offer for personal health budgets (PHBs) for approval by the Health and Wellbeing Board prior to its publication on the CCG website by 1st April 2016.

A personal health budget (PHB) is an amount of money to support a person's identified health and wellbeing needs, planned and agreed between the person and their local NHS Team. The aim of a personal health budget is to give individuals more choice and control over the money spent on meeting their health and wellbeing needs. PHBs support the objective of delivering a more personalised and patient-focused NHS. At the centre of the personal health budget is a care and support plan. This sets out the agreed health and wellbeing outcomes that the patient wants to achieve and how the budget will be spent to help the individual.

Personal Health Budgets – Local Offer

As a statutory requirement adults who are eligible for NHS Continuing Healthcare and children in receipt of continuing care have had a right to have a personal health budget (PHB) since October 2014.

In Nottingham City CCG, as of 1st February 2016, there are 38 adults that have a PHB for NHS continuing healthcare (there are usually around 310 people in receipt of NHS continuing healthcare at any one time). In addition there are 81 adults and 6 children that have a combined health and social care personal budget, demonstrating the joint work that continues to take place in the city (there are around 280 people in receipt of a joint funded package at any one time).

The CCG has worked closely with Nottingham City Council to develop PHBs and to learn from the Council's experience of Personal Budgets and direct payment services. A joint brokerage service is already in place and discussions are being held with regards to a future shared direct payment service

Given the complexities of developing PHBs and how funding them affects existing contracts, it is proposed to adopt a steady approach in 2016-17 by concentrating the local offer on a small number of areas, an approach recommended by NHS England. These are as follows:

1. The CCG will continue to provide PHBs for adults eligible for NHS Continuing Healthcare and children eligible for children's continuing care, including children with special educational needs and disabilities. This will include adults who are not eligible for NHS Continuing Healthcare but whose care package is jointly funded with the Local Authority.
2. Focus on developing PHBs for adults with a Learning Disability in line with the plans for 'Transforming Care' for People with Learning Disabilities in Nottinghamshire.
3. Expand the local offer to include citizens with a range of long-term conditions and may include mental health (depending on the outcome of the evaluation of the Mental Health PHB Pilot – which will take place in 2016/7).

The Government's recently published Mandate to NHS England has set a national target of between 50 -100,000 individuals to be in receipt of a PHB by 2020. For Nottingham City this target will equate to between 300 and 600 people.

PHBs are already available to adults in receipt of NHS continuing healthcare or a joint funded package of care and for children eligible for continuing care. The CCG is currently running a pilot for a group of people with mental health needs to have a PHB.

The CCG is responsible for managing the process for implementing PHBs and will implement processes based on both what is already in place and learning from the pilots that have been undertaken.

The CCG's proposal for developing the Local Offer was approved by the CCG Executive Management Team in December 2015. The draft Local Offer is attached in Appendix 1.

Eligibility for a Personal Health Budget

Currently any adult eligible for NHS continuing healthcare funding is eligible to have a PHB Children eligible for continuing care are also eligible .Ten people are taking part in the mental health PHB pilot. The CCG has identified areas for focus in 2016/17 which includes evaluating the mental health pilot and also focusing on implementing PHBs for people with a learning disability. During 2016/17, the CCG in conjunction with partners will be developing an implementation plan for PHBs.

Cost Implications

There are likely to be cost implications for expanding PHBs further than people in receipt of continuing care. The concept of a PHB is that the funding is extracted from existing contracts as the person in receipt of a PHB is choosing that option instead of traditional NHS commissioned services. The CCG is working with NHS England through the pilots to develop a mechanism to implement this moving forward.

Personalisation and links with Partnership Plans

The CCG has worked closely with Nottingham City Council to develop PHBs and to learn from the Council's experience of Personal Budgets and direct payment services. A joint brokerage service is already in place and discussions are being held with regards to a future shared direct payment service.

The 5 year Sustainability and Transformation Plan, required to be developed by CCGs and partners requires a 'major' expansion of Personal Health Budgets and choice, and specifically references PHBs for Children and people with Learning Disabilities, linking with the Nottinghamshire Transforming Care Programme.

Next Steps

- Local Offer to be presented at the Health and Well Being Board on 30th March 2016 for approval.
- From 1st April 2016 the approved Personal Health Budget Local Offer to be published on CCG website.
- Development of a PHB implementation plan by quarter 2 2016/17.

3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

3.1 N/A

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

4.1 N/A

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

5.1 N/A

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: it is a statutory requirement for the CCG to provide a Local Offer for Personal Health Budgets.

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

7.1 7.1 Personal Health Budgets – Developing a Local Offer (EMT Paper) 10.12.15
Page 44

7.2 Personal Health Budgets – Developing a Local Offer (CEG Paper) 17.3.16

8. PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

8.1 The 'Forward View into action: Planning for 2015/16'

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Nottingham City CCG Personal Health Budgets (PHBs) Local Offer April 1st 2016

What is a personal health budget?

A personal health budget (PHB) is an amount of money to support a person's identified health and wellbeing needs, planned and agreed between the person and their local NHS Team.

At the centre of the personal health budget is a care and support plan. This sets out the agreed health and wellbeing outcomes that the patient wants to achieve and how the budget will be spent to help the individual.

More choice and control

The aim of a personal health budget is to give individuals more choice and control over the money spent on meeting their health and wellbeing needs.

PHBs support the vision of a more personalised and patient-focused NHS.

Who can have a personal health budget?

1. From 2014, those patients eligible for NHS Continuing Healthcare and children and young people eligible for a continuing care package have the right to request a personal health budget. Therefore, Nottingham City CCG will continue to provide PHBs for adults eligible for NHS Continuing Healthcare and children eligible for children's continuing care, including children with special educational needs and disabilities. This will include adults who are not eligible for NHS Continuing Healthcare but whose care package is jointly funded with the Local Authority.
2. Adults with a Learning Disability in line with the plans for 'Transforming Care' for People with Learning Disabilities in Nottinghamshire.
3. During the next 5 years the Local Offer is likely to be expanded to include those individuals with a range of long-term conditions and may include mental health (depending on the outcome of the evaluation of the Mental Health PHB Pilot – which will take place in 2016/7).

Children and Young people

For children and young people with special educational needs and disabilities (SEND), the personal health budget is likely to form part of their Personal Budget for their Education, Health and Care (EHC) Plan.

More information is available on the Nottingham City Council website:

<http://www.nottinghamcity.gov.uk/article/23481/Education-Health-and-Care-Plans-and-Statutory->

What can a personal health budget be spent on?

Everyone with a personal health budget can get support to think through how they would like to use their budget to meet their health and wellbeing needs.

It is the responsibility of local NHS Teams to advise people, and recommend a range of organisations who can offer local support. This is often described as brokerage.

A personal health budget can be spent on any care or services that are set out in the care and support plan that has been put together with the NHS Team or Voluntary Organisation working with the person - and this needs to be agreed by the CCG (clinical commissioning group).

What it doesn't cover

There are things that it would not be right for the Government to fund such as alcohol, tobacco, gambling or debt repayment, or anything that is illegal.

A personal health budget cannot be used to buy Emergency Care - for example if someone in receipt of a personal health budget had an accident, they would go to A&E like everyone else - they would not use their personal health budget to arrange for example an x-ray or plaster a broken arm.

A personal health budget also cannot buy Primary Care Services such as seeing a GP or Dental Treatment.

Co-production and changing the conversation

One of the central aims of personal health budgets is to enable people to play an active role in managing their health. This can be described as Co-Production - working together with health professionals as an equal partner, deciding together how best to achieve goals.

This may lead to people using their budgets in innovative ways rather than relying on services that the NHS would normally provide.

I am interested in a PHB – what should I do?

The first step is to talk to your NHS Professional about your request or telephone Nottingham City Clinical Commissioning Group (0115) 883 9260.

Working with the Local Authority

The CCG works with the Local Authority to use the same support providers and way of paying the money.

This means that people who have a personal budget from the council who move from social care to health funding will have a better experience.

HEALTH AND WELLBEING BOARD – 30th March 2016

Title of paper:	Nottingham City Council Commissioning Intentions 2016/17	
Director(s)/ Corporate Director(s):	Candida Brudenell, Strategic Director/Assistant Chief Executive	Wards affected: ALL
Report author(s) and contact details:	Clare Gilbert clare.gilbert@nottinghamcity.gov.uk	
Other colleagues who have provided input:		
Date of consultation with Portfolio Holder(s) (if relevant)		
Relevant Council Plan Key Theme:		
Strategic Regeneration and Development		<input type="checkbox"/>
Schools		<input checked="" type="checkbox"/>
Planning and Housing		<input checked="" type="checkbox"/>
Community Services		<input checked="" 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 checked="" type="checkbox"/>
Leisure and Culture		<input checked="" type="checkbox"/>
Resources and Neighbourhood Regeneration		<input type="checkbox"/>
Relevant Health and Wellbeing Strategy Priority:		
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 type="checkbox"/>
Summary of issues (including benefits to citizens/service users and contribution to improving health & wellbeing and reducing inequalities):		
<p>This report sets out Nottingham City Council's draft commissioning priorities for the Health and Well-Being Board Commissioning Executive Group. These priorities will form the basis of the work programme for the City Council and will inform prioritisation of resources within partner organisations. This will inform the joint commissioning plan with the Clinical Commissioning Group which is in development.</p>		
Recommendation(s):		
1	To note the activity identified subject to further prioritisation work with Nottingham City Clinical Commissioning Group	
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'):		
Key elements of the work plan and report recognise and promote mental health and wellbeing on an equal par with physical health.		

In particular the Future in Mind Transformation Plan and the Integrated Mental Health Pathways are priority work areas and the influence of risk behaviour on mental health is recognised and incorporated into reviews.

1. REASONS FOR RECOMMENDATIONS

1.1 The reports intention is to give the Board early opportunity to note future commissioning direction and activity which will underpin the work of the Health & Wellbeing Board, The Commissioning Executive Group and the Nottingham City Clinical Commissioning Group.

2. BACKGROUND

2.1 BACKGROUND

Discussion has been held with partners responsible for Children's and Adults Health and Social Care, Public Health and Crime and Drug commissioning as to partnership commissioning priorities for the forthcoming year. These are based on consideration of: citizen outcomes, policy and legislative requirements, contractual issues, budgetary issues, time elapse and outcome of last review, deliverability. The plan will form the basis for the allocation and prioritisation of partner resources for the forthcoming year in order to deliver improved outcomes for Nottingham citizens, transformational change and systemic efficiencies.

This plan is being presented alongside the Nottingham City CCGs Operational Plan. Further work will then be undertaken to produce a joint work plan that will identify combined priorities across health and social care provision. This will then underpin the work of the Commissioning Executive Group and the Health and Wellbeing Board.

PRESENT POSITION

As a result of this engagement and prioritisation process, commissioning activity for the coming year has been divided into new Strategic Commissioning Reviews, on-going priorities and additional contracts that do not fall within the scope of existing reviews (Appendix 1). On-going priorities predominantly relates to planning and implementation activity in relation to previous commissioning reviews although it does include new smaller scale thematic reviews including Carers and CAMHS Services. A more detailed description of each of the new reviews and on-going priorities is provided in Appendix 2.

Additional work is taking place with the Children and Adult Leadership Team to determine the priorities in regard to the Child Development Review.

In addition to the activity outlined it is recognised that all partners will have additional priorities and 'business as usual' that will require some allocation of resource.

Work is currently taking place with Nottingham City CCG to ensure the production of a Joint Commissioning Plan to be presented at the next CEG.

EXPECTED OUTCOME

Agreement of commissioning priorities for the forthcoming year is required in order to ensure appropriate use of resources and to drive the transformative change required to deliver joint strategic priorities and improved citizen outcomes. This work will also inform the development of joint priorities with the CCG.

NEXT STEPS

Development of joint commissioning priorities plan with the CCG to be presented to the CEG on 16th April 2016 and the Health and Wellbeing Board on the 25th May
Allocation of partner resources to facilitate commissioning – **CM/KB/CO/MP/LA**
Scheduling of reporting for CEG – May Forward Plan - **CW**

3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

3.1 Not applicable

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

4.1 Not applicable at this stage but will be considered as part of the commissioning and procurement process.

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

5.1 Not applicable at this stage but will be considered as part of the commissioning and procurement process.

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)

Not applicable at this stage but will be considered as part of the commissioning and procurement process.

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

7.1 Not applicable

8. PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

8.1 Provisional City Council Work Plan
Appendix 1 Commissioning Planning 2016/17

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Provisional City Council Work Plan 2016/17

Population	New Strategic Commissioning Review	Priority Work Areas	Other Non- Aligned Contractual Activity
Children	Child Development Review Phase 2 (5-19 Universal and Early Help. Begin analysis of 0-19 targeted services)	Children's 0-5 Integration Programme	Fostering and Adoption provision/assessments
	Young People's Substance Misuse Treatment	Future in Mind Transformation Plan (including CAMHS work)	Homeless Families Contracts
		Commissioning and Sufficiency for Children in Care Placements	
		CYP Sexual Health Services implementation	Independent advocacy service
		WLD/SEND children's element / Integration	
Adult Social Care Provision	Home Care	Whole Life Disability Programme Transforming Care/Adult Services/SEND	Advocacy
	Integrated Mental Health Pathways	Carers Provision	Integrated assistive technology service
	Development of Integrated Commissioning between NCC and CCG (New Section 75 Pooled Budget)	Day and Evening Services Framework	
		Vulnerable Adult Plan	
Other Vulnerable Adults	Social Inclusion- Housing Related Support	Implementation of adult substance services model	EGYV Skillforce /Mediation 1 year
	Drug and alcohol inpatient Review	Implementation of Financial Vulnerability model	Shared Care
		Implementation of Healthy Lifestyles model	Pharmacy supervised consumption
	Criminal Justice Treatment Service Review	Looking After Each Other	
	Drug and alcohol inpatient Review	Healthwatch	
	Hospital Substance Misuse Care Team	Integrated health and social care provision	
	Domestic and Sexual Violence Review and Implementation of Model	Implementation of Sexual Health Services	
	Implementation of Information and Advice		

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Commissioning Planning 2016/17**New Strategic Commissioning Reviews**

Outcome to be delivered	Scope	Rationale	Key Milestones	Lead	Director Sponsor	Year End Outcome – where will we be?
CHILDREN						
Extensive and Specialist Pathway for 0-19 is defined in Nottingham <i>(if agreed)</i>	tbc	tbc	tbc			
Universal and Early Help Pathway for 5-19s defined in Nottingham.	In scope will be NCC's Youth and Play Service and other internal and external contracts relating to the 5-19 age range. Schools not directly in scope but the analysis of what works and recommendations for delivery will be made available to them.	Following on from the 0-5 pathway of services, this next phase will focus on the Universal and Early Help services and interventions available to 5-19 year olds to enable a completely revised 0-19 pathway to be developed through the strengthening of evidence-based approaches	<ul style="list-style-type: none"> • Analysis reviewed by May 16 • Recommendations completed by June 16 • 5-19 Pathway developed by June 16 • Integrated service specification completed by July 16 <i>(Procurement or alignment decision required)</i>	Chris Wallbanks/ Bobby Lowen	Candida Brudenell Sally Seely Katy Ball Helen Blackman	Universal and Early Help Pathway 0-19 defined. Evidence-based programmes recommended for delivery. Integrated service specification for 5-19 completed. Services procured or aligned.
Integrated 5-19 young people's teams <i>(to be agreed)</i>	In scope will be NCC's Youth and Play Service and other internal and external contracts relating to the 5-19 age range.	To extend the integration begun by the 0-5 children's teams and maximise the potential of integrated delivery for 0-19s	<ul style="list-style-type: none"> • Timeline to be agreed by partners and dependent on whether a procurement process was undertaken for 0-5 integrated services 	Chris Wallbanks/ Bobby Lowen	Candida Brudenell Sally Seely Katy Ball Helen Blackman	To be agreed by partners

Outcome to be delivered	Scope	Rationale	Key Milestones	Lead	Director Sponsor	Year End Outcome – where will we be?
Young Peoples Substance Misuse Treatment	Lifeline Journey. CAMHS Head2Head DrugAware.	To refresh and provide a progress update on the young people's substance misuse review. Specialist young people's substance misuse service contract comes to an end 30/04/17.	<ul style="list-style-type: none"> Review to be complete by Sept 2016 and recommendations for future commissioning made. Procurement for any new services to be complete end Jan 17. Any new services to be operational April 17. 	CDP	Christine Oliver	Review complete. Any procurement complete. Any new services operational.
ADULT SOCIAL CARE PROVISION						
Effective Personal Care at Home	Review of Homecare system including Framework provision and role of internal provision. Aim to align with Notts County provision and potential for joint commissioning	Current System does not have enough capacity and is under increasing pressure. Current Framework expires Dec 2017.	<ul style="list-style-type: none"> Model agreed Jan '17 ITT April '17 Award contract Jul '17 Commence Sep/Oct '17 	Michael Rowley	Colin Monckton	Model agreed and tender in progress
Integrated Mental Health Pathways* To be decided	Requires scoping. Opportunity to consider whole system support from inpatient mental health services through to community based accommodation and support. Note may be under consideration as part of Adult Integrated Care Programme (above)	Overall performance of MH provision not well understood. Commissioning activity to date has not looked across areas of provision or produced joined-up plans. Opportunity to explore integration. Increase in MH presentations in general needs homelessness services.	Subject to initial scoping and further development of model. <ul style="list-style-type: none"> Scope – March 16 Review arrangements and governance – April 16 Research and engagement – April to June 16 Development of model – July/Aug 16 Plan for procurement 	TBC	TBC	Cross system plan for provision of MH services aligned to priorities in Wellness in Mind. Further outcomes (i.e. design of services and award of contracts) subject to plan.

Outcome to be delivered	Scope	Rationale	Key Milestones	Lead	Director Sponsor	Year End Outcome – where will we be?
	through MH Integration Steering Group (more info may be available from Rachel Jenkins / Jo Williams)	Initial 3 year contract term for supported accommodation due to expire end 16/17.	agreed (and approval) Sept 16 <ul style="list-style-type: none"> • Procurement to commence Oct/Nov 16 • Implementation from April 17 			
Integrated Commissioning of health and social care provision	The development of a new Section 75 agreement to develop a pooled budget across health and social care assessment and provision functions.	Legislative requirement – development of pooled budget arrangements – more effective and efficient cross agency commissioning	<ul style="list-style-type: none"> • Develop new Section 75 agreement –May 2016 • Develop performance management metrics • Develop savings plan- July 2016 	Colin Monckton/Jo Williams	Candida Brudenell/ Dawn Smith	Three year savings plan agreed and being implemented
OTHER VULNERABLE ADULTS						
Provision of housing related support services for citizens at risk of social inclusion	Review of current contracts providing supported housing projects and related Independent Living Support Services	Understanding impact of LHA cap and other social housing changes. Delivering significant on-going efficiencies	<ul style="list-style-type: none"> • Undertake analysis of current services- June 2016 • Develop new operational models Sept 16 • Issue ITT Oct 16 • New services in place April 17 	TBC	Colin Monckton	New services in place
Drug and alcohol inpatient Review	Woodlands Inpatient Service (NHT) Michael Varnam House (Framework)	Inpatient was out of scope for the current commissioning of substance misuse services. It is unlikely that further efficiencies could be found within the current contract	Timescales to be confirmed. All of the following to be completed by end of 16/17: <ul style="list-style-type: none"> • Review level and profile of need • Review current provision • Identify unmet need 	CDP	Christine Oliver	Review completed. Commissioning intentions determined. Plan for any procurement in place (any procurement to begin Q1 17/18). Current providers

Outcome to be delivered	Scope	Rationale	Key Milestones	Lead	Director Sponsor	Year End Outcome – where will we be?
		<p>arrangement for subsequent years. The market has not been tested locally. The demand for inpatient has been managed down over the last 12 months and a further review of level of need is required based on 16/17 activity.</p>	<ul style="list-style-type: none"> Options appraisal Commissioning intentions determined Current provider notified <i>Should decision be to tender</i>, procurement plan developed and market development undertaken 			notified.
Domestic and Sexual Violence Review	<p>Domestic Violence Refuges.</p> <p>Stronger Families & Rise</p> <p>Children’s Workers</p>	<ul style="list-style-type: none"> Refuges contracts end in September. Commitment at JCG to reissue contracts for refuges due to buildings. Dispensation will be sought. Stronger Families & Rise dispensation has been granted to extend contracts in line with recently awarded Additional funding required for children’s workers in refuges (circa £80K). Domestic & Sexual Violence JCG has identified gaps in provision and will be considering these in year. 	<ul style="list-style-type: none"> Timescales to be confirmed. 	CDP	Tim Spink	<p>New refuge contracts existing providers. New Stronger Families & Rise contracts with existing providers.</p> <p>Hopefully secured additional funding to ensure sustainability of children’s workers. Review and plan for identified gaps through the D&SV JCG.</p>

Outcome to be delivered	Scope	Rationale	Key Milestones	Lead	Director Sponsor	Year End Outcome – where will we be?
	Implementation of domestic & sexual violence contracts	<ul style="list-style-type: none"> New domestic and sexual violence contracts awarded in 15/16 to be implemented. Partnership arrangements with other funders to be finalised. 				New services fully operational. Partnership requirements regarding performance and financial management being met.
Hospital Substance Misuse Care Team	Hospital Liaison Service (Framework – CDP Commissioned) Rapid Response Liaison Psychiatry Substance Misuse Element (NHT – CCG Commissioned)	Alignment of current two services through tendering will allow for a more streamlined and effective service (including covering more wards) with reduced duplication.	<ul style="list-style-type: none"> Timescales are to be confirmed. Funding issues are currently being resolved and additional funding to provide an even more holistic service (covering ED) is being sought through Vanguard. 	CDP	Christine Oliver	New integrated Hospital Substance Misuse Care Team procured and operational.
Criminal Justice Treatment Service Review	Clean Slate (Framework)	Contract due to end April 2018. Lease on current Adult Offender Building December 2017. Review will begin in 2016/17.	<ul style="list-style-type: none"> Review to begin January 2017 	CDP	Christine Oliver	Review underway.

Priority Work Areas

Outcome to be Delivered	Scope	Rationale	Key Milestones	Lead	Director Sponsor (draft)	Year End Outcome – where will we be?
CHILDREN						
Integrated 0-5 children’s teams	Health Visitors, Family Nurse Partnership, Breast Feeding Peer Supporters, Early Help Team (Potentially Children’s Nutrition Team, Portage)	Maximise the potential of commissioned services; Health Visitors, FNP, Breast Feeding Peer Supporters and internal Early Help Service to work in an integrated way with a shared outcomes framework.	From April 16, • Joint Venture Governance Structure is established and a model for the delivery of the integrated service specification is developed. • Implementation date to be agreed by partners depending on whether a procurement process needs to be undertaken.	Chris Wallbanks/ Bobby Lowen	Candida Brudenell Sally Seely Katy Ball Helen Blackman Phyllis Brackenbury	0-5 children’s teams are established, aligned to the 8 Care Delivery Group areas and delivering the specification.
Future in Mind Transformation Plan (including CAMHS work)	Promoting resilience, prevention and early intervention Improving access to effective support Care for the most vulnerable Accountability and transparency Developing the workforce	Future in Mind is Government Guidance on promoting, protecting and improving children and young people’s mental health and wellbeing. All areas have been asked to baseline their provision and submit an action plan. Supportive funding has been made available nationally.	(34 point action plan available) • Promoting whole school approaches to promoting MHWB April 16-March 17 • Develop and implement care bundles across the CAMHS pathway by Dec 16 • Increase capacity in the system to support more CYP by March 16 • Develop a website for CYP by June 16	TBC		

			<ul style="list-style-type: none"> • Review Crisis and Intensive Home Treatment Service by Sept 16 • Review support to vulnerable groups (tbc) 			
<p>Page 61</p> <p>Commissioning and Sufficiency of Children in Care Placements</p>	<p>Ensure sufficient accommodation for Looked After Children and Young People. Determine new methods and models (local, regional and sub-regional) for the commissioning and contract management of care placements, informed by current and anticipated sufficiency requirements.</p> <p>Maximise quality, value for money and opportunities to reduce spend on CiC placements.</p>	<p>£34m annual spend, changing cohort needs, market sufficiency and capability needs, outcomes still relatively poor for this group.</p>	<ul style="list-style-type: none"> • Sufficiency analysis to inform 2016-18 strategy to commence April 2016. • Commence implementation of semi-independent block and framework contracts August 2016. 	<p>Anne Partington Holly Macer</p>	<p>Candida Brudenell, Helen Blackman, Katy Ball</p>	<p>Semi-independent (16yrs+) accommodation and support block contract and framework to be implemented in August 2016.</p> <p>Formalised commissioning arrangements for Edge of Care support to be agreed and implemented (date tbc).</p> <p>New commissioning models identified and in place for; fostering bridging placements, fostering block contracting/formal volume discount</p> <p>Continued implementation of residential block contract (projected saving of circa</p>

						£300k+ in year)
Enhanced Whole Life Choices for Children With Disabilities	See Enhanced Whole Life Choices for People with Disabilities under Adult Social Care Provision					
ADULT SOCIAL CARE PROVISION						
Enhanced Whole Life Choices for People With Disabilities	Transforming Care Accommodation and support, life opportunities, integrated working. SEND Reforms integrated planning between adults and children transition Make/buy/sell decisions Provide commissioning support to Whole Life Disability Programme	Continuation of 15/16 review – area of high spend – Transforming Care Fast Track requirements Legislative change, demographic increase and potential for budget pressures, partnership work	<ul style="list-style-type: none"> • Short break services ITT March 16 • Review of residential short breaks May 16 • New services in place Sept 2016 • New staffing assessment model Aug 16 • Implementation of Whole Life Disability Programme April 16 onwards • New Fast Track Transforming care Model in place April 16 onwards 	Clare Gilbert	Colin Monckton/Katy Ball/Lucy Davidson	Improved choice of short breaks Integrated model for short breaks between CCG and NCC Savings identified in relation to short breaks Fast Track Programme fully operational
Carers Provision	Review of current carer services commissioned by CCG and NCC	Alignment of carer services to increase alignment and support BCF arrangements Services need to align better to Care Act requirements	<ul style="list-style-type: none"> • Joint Strategic Commissioning Review by NCC and CCG completed June 2016 • New service model developed May/June 2016 • Aligned/joint commissioning of new services to take place 	Lisa Lopez	TBC	New services in place ready to commence. Work taking place with Health and Social Care providers to integrate carers into the planning and support for the cared-for citizens.

Appendix 1

			<p>from August 2016</p> <ul style="list-style-type: none"> • New services in place April 2017 			
Day and Evening Services Framework	<p>Review of current framework for the provision of day and evening activities</p>	<p>Current framework ends February 17. Current framework does not deliver sufficient flexibility and does not support innovation. No learning disability services are on the current framework</p>	<ul style="list-style-type: none"> • Analysis of services and model Aug 16 • Develop new model Sept 16 • Day and Evening ITT Issued Oct 16 • New Framework in place Feb 2017 	TBC	TBC	<p>New framework or approved provider list of Day and Evening Opportunities will be developed</p>
Implementation of Financial Vulnerability Services	<p>Implementation of new elements of system of Advice Services:</p> <ul style="list-style-type: none"> • Shared appointment setting • Shared information / database • Shared access systems – e.g. telephone line <p>Development & implementation of trial preventative approaches (using 5% annual contract value reduction)</p> <p>Development & implementation of projects funded through Transformation Challenge Award – focus on</p>	<p>Improved coordination and efficiency of advice services.</p> <p>Improved ease of access to advice services.</p> <p>Earlier identification of people experiencing or at risk of financial difficulty</p> <p>Earlier intervention with people experiencing or at risk of financial difficulty</p> <p>Agreed following the findings of Financial Vulnerability Strategic Commissioning Review and set out in the commissioning recommendations to</p>	<p>Implementation Steering Group and project planning – Mar/Apr 2016</p>	Michael Rowley	CM	<p>New elements of advice system implemented and in daily use by services and citizens.</p> <p>First year trial project of preventative approaches in operation and identifying and supporting people at risk sooner.</p> <p>TCA projects developed and in operation.</p>

	sustainable financial security through employment education & training	CPSC. New elements of system included in procurement of services				
OTHER VULNERABLE ADULTS						
Page 64	Implementation of adult substance services model Integrated alcohol drug & alcohol treatment & support service (new). Specialist needle exchange & sexual health service (new). Family support service (new).	New substance misuse adult treatment system contracts tendered in 15/16 with contracts anticipated to be awarded April 16 and operational July 16. Safe implementation of new services required to ensure safe transfer of care and prescribing for existing service users. Performance typically dips during implementation and first year of new substance misuse contracts.	<ul style="list-style-type: none"> • Contracts awarded April 16 • Service to be operational July 16. • Ongoing support and full implementation 	CDP	Christine Oliver	New treatment system fully operational. All current service users safely transferred to the new provider/service. Performance returning to current levels.
	Implementation of Healthy Lifestyles Model Make or Buy considerations, in scope - smoking cessation, weight management on referral, public health nutrition team, and physical activity on referral, healthy lifestyles hub and access to leisure services. Public Health efficiencies.	To determine the most effective use of resource available from the Public Health Grant in supporting citizens to increase physical activity, improve diet and nutrition, reduce obesity and reduce smoking.	<ul style="list-style-type: none"> • New model confirmed April `16 • Draft spec May `16 • CEG May `16 • Exec Board June, `16 • Tender process July `16 • Award Sept `16 • Mobilisation March `17 • Service starts March `17 	John Wilcox and Gayle Aughton	Alison Challenger	More effective and efficient healthy lifestyles model to address the healthy life expectancy for adults in Nottingham City.
	Implementation of sexual health services Ensure implementation of re-commissioned services	Maximise the potential of recently commissioned services:	<ul style="list-style-type: none"> • Commissioning of main Integrated Sexual Health Service (ISHS) 	TBC		New services delivering against respective

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 65</p>	<p>Undertake a review of current primary care services, (including service review of specific services) to determine future commissioning proposals</p>	<ul style="list-style-type: none"> • ISHS • sexual health and needle exchange service, • STI and social care, • primary care services; • online STI testing services (chlamydia, HIV) • C-card <p>To work in an integrated way to deliver improvements in sexual health outcomes.</p>	<p>undertaken in 2015/16, however requires an on-going review including managing activity within the financial cap / offer an opportunity to ensure main service provides full integration of contraception and STI services</p> <ul style="list-style-type: none"> • Primary care services due to expire end 16/17. 			<p>specifications and performance indicators</p> <p>Handover to new providers (where applicable) and mobilisation/implementation of new services completed</p> <p>Integrated Sexual Health Service (ISHS) delivering an integrated STI & contraceptive service</p> <p>Service review of primary care services, with new model and recommendations for future commissioning.</p>
<p>Looking After Each Other (LAEO)</p>	<p>Building capacity of citizens and in communities, so that better able to look after themselves and each other. By doing so significantly reduce the demand, and cost of, public services Phase 1 targeted at Vulnerable Adults (VA) (reducing demand for health and social care services) Phase 2 Vulnerable Children and Families (reducing flow of children</p>	<p>Universally accepted that public services cannot continue to operate as they are – and that there is a need to rebalance the system so that citizens and communities do more</p> <p>LAEO programme designed to be a key mechanism to bring about this change and rebalancing of the system</p>	<ul style="list-style-type: none"> • Volunteering Strategy and supporting action plan agreed by sponsor and executive lead councillor Feb 16 • Impact analysis of Vulnerable Adults pilots complete – decisions on scaling-up made March 16 • Loneliness action plan agreed (linked to HWBB) – April 16 • CSR initiatives of city's 	<p>Kevin Banfield</p>	<p>Candida Brudenell</p>	<p>Volunteering Plan implemented – resulting in increased levels of informal volunteering</p> <p>Year 1 of Loneliness action plan implemented, with measureable reduction in levels of loneliness amongst target groups</p>

Appendix 1

	into care)		<p>major businesses aligned around a small number of key priority areas May 16</p> <ul style="list-style-type: none"> • Overall Communications strategy agreed and starting to be implemented July 16 • All strands of Bulwell Pilot implemented and impacts of early projects evaluated Oct 16 			<p>Bulwell pilot complete, results and impacts evaluated – and model being rolled-out to other areas of the city</p> <p>Volunteering efforts of the city’s major businesses aligned around city priorities</p>
<p>Implementation of Information and Advice Provision</p> <p>Page 66</p>	<p>Implementation of a web based service directory. Information and Advice direction for City included in the Health & Well Being Strategy.</p>	<p>Statutory Compliance under the Care Act Section 4.</p>	<ul style="list-style-type: none"> • Approval of finance (March/April 2016) • Signing of contract with successful provider (March 16) • Implementation project team in place. • Key staff in place by June 2016. • Marketing & Communications Plan being implemented September 16. • 1st Phase of Directory development in place by October 2016. • Handover fully to market development team by Nov/Dec 16. 	<p>RG/KK/AG & KL</p>	<p>Helen Jones/ Linda Sellars Helen Blackman Alison Michalska</p>	<p>Phase 1 of Directory on the web. Citizen, workforce and provider buy – in.</p>

HEALTH AND WELLBEING FORWARD PLAN 2016/2017

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

25 th May 2016			
Area	Report Title	Report Author	
Public Health topic: Director of Public Health	Work place health	Alison Challenger Alison.challenger@nottinghamcity.gov.uk Helene Denness Helene.denness@nottinghamcity.gov.uk	NO
Health and Wellbeing Strategy (HWS), Nottingham Plan, and other Key Strategies: Nottingham Plan Programme Group HWS Accountable Board members	Health & Wellbeing Strategy 2016 – 2019 Housing & Health Strategy	James Rhodes James.rhodes@nottinghamcity.gov.uk Alison Challenger Alison.challenger@nottinghamcity.gov.uk Gill Moy Gill.moy@nottinghamcityhomes.org.uk Graham De Max grahamdemax@nottinghamcity.gov.uk	YES NO
Commissioning and JSNA: Nottingham City Council Clinical Commissioning Group, NHS Commissioning Board Commissioning Executive Group	Children's Strategic Commissioning Development Review	Chris Wallbanks Chris.wallbanks@nottinghamcity.gov.uk	YES
Other relevant reports (safeguarding and social determinants of health): Safeguarding Boards Provider organisations and council services relating to the social determinants of health	Independent Safeguarding Chairs' Annual Report: Children's report Adult's report	Chris Cook chris.cook58@btinternet.com Clive Chambers clive.chambers@nottinghamcity.gov.uk Malcolm Dillon malcolm.dillon1@gmail.com John Matravers john.matravers@nottinghamcity.gov.uk	NO
Standing items	Corporate Director of Children and Families Director of Public Health Healthwatch Nottingham Clinical Commissioning Group Director for Adult Social Care	Alison Michalska Alison.michalska@nottinghamcity.gov.uk Alison Challenger alison.challenger@nottinghamcity.gov.uk Martin Gawith martin.gawith@healthwatchnottingham.co.uk Dawn Smith Dawn.Smith@nottinghamcity.nhs.uk Helen Jones Helen.jones@nottinghamcity.gov.uk	

27th July 2016			
Area	Report Title	Report Author	
Public Health topic: Director of Public Health	Health Protection; outcomes and progress	Alison Challenger Alison.challenger@nottinghamcity.gov.uk	
Health and Wellbeing Strategy (HWS), Nottingham Plan, and other Key Strategies: Nottingham Plan Programme Group HWS Accountable Board members	HWS 2015-2016 final report	John Wilcox John.wilcox@nottinghamcity.gov.uk	YES
Commissioning and JSNA: Nottingham City Council Clinical Commissioning Group, NHS Commissioning Board Commissioning Executive Group			
Other relevant reports (safeguarding and social determinants of health): Safeguarding Boards Provider organisations and council services relating to the social determinants of health			
Standing items	Corporate Director of Children and Families Director of Public Health Healthwatch Nottingham Clinical Commissioning Group Director for Adult Social Care	Alison Michalska Alison.michalska@nottinghamcity.gov.uk Alison Challenger alison.challenger@nottinghamcity.gov.uk Martin Gawith martin.gawith@healthwatchnottingham.co.uk Dawn Smith Dawn.Smith@nottinghamcity.nhs.uk Helen Jones Helen.jones@nottinghamcity.gov.uk	

Future meetings (to be confirmed)28th September 201630th November 201625th January 201729th March 2017**Items for scheduling:**

Memorandum of Understanding CCG & PH

DPH Annual report

Statutory Officers Report for Health and Wellbeing Board

Corporate Director of Children's Services

March 2016

Child Sexual Exploitation

Throughout March the Department for Education has been running a national campaign about child abuse and neglect to encourage the public to report their concerns and tackle the barriers that stop people taking action if they see a child being abused. Research for this campaign has shown that if people feel they are part of their community's response to child abuse and neglect, this encourages them to report.

To coincide with the national work we ran our own CSE Awareness Campaign Week (14th – 18th March) through; social media campaigns, an inter-agency National CSE Awareness Day, inviting people to make their own personal pledge to raise awareness of CSE (#HelpingHands) and working with communities alongside local charity NWG Network which runs the [Stop CSE Website](#). All campaign communications have been signposting towards a single point of contact for Nottingham - [Children & Families Direct](#)

East Midlands Child Sexual Exploitation Framework

Across the East Midlands a local authority regional framework is being developed, to be agreed by all 9 Corporate Directors for Children's Services, Lead Members and Children's Safeguarding Board Chairs. The aim of the East Midlands Child Sexual Exploitation Framework is to raise standards, promote good practice and improve the quality and consistency of service delivery across the region.

The development of the framework has been informed by reference to the key questions considered by Ofsted during their thematic inspection of CSE 'the sexual exploitation of children: it couldn't happen here, could it?' (Ofsted 2014) in addition to the NWG summary of recommendations from a range of reports, inquiries, serious case reviews and research. The framework is based on work undertaken by the Office of the Children's Commissioner (OCC) in developing the 'See Me Hear Me Framework' following their inquiry into CSE in gangs and groups (OCC 2013). The See Me, Hear Me Framework sets out the functions, processes and a proposed structure that will assist in the safeguarding of children from CSE. Each of these functions and processes when brought together forms a comprehensive response to CSE. The overarching aim of the framework is that CSE is responded to as a child protection and safeguarding issue as per Working Together guidance on CSE (DCSF 2009).

Independent Inquiry into Child Sexual Abuse

As you may be aware, there is an ongoing Police operation in Nottingham and Nottinghamshire that is focused on historical abuse. Nottinghamshire Police launched this operation in 2011, which has so far looked at over 100 allegations, some of which have been of sexual abuse.

In March 2015 the National Independent Inquiry into Child Sexual Abuse was established by the Government in order to make recommendations to ensure the best possible protection for children in future. The Inquiry, known as The Goddard Inquiry, has identified 13 investigations that it will pursue and in

November it was announced that one of these would focus on children in the care of Nottingham City and Nottinghamshire County Council.

I have now had the opportunity to meet with those who are leading the Inquiry locally, and have provided them with the initial information that they have asked for, which was mainly information about policies, procedures and processes, which was what I had anticipated from the information which is published on the Inquiry website. I anticipate that further requests will be made as the Inquiry moves forward and will keep you informed about future developments.

The inquiry website is <https://www.iicsa.org.uk/>

Local Area Special Educational Needs and Disability (SEND) Inspection

From May, Ofsted and the Care Quality Commission will inspect local areas' responsibilities to children and young people with SEND. The inspection assesses how effectively local areas fulfil their responsibilities towards children and young people and those who have special educational needs. They will do this by:

- assessing how well the local area identifies children and young people who have special educational needs and/or disabilities
- evaluating how effectively the local area meets the needs and improves the outcomes of children and young people who have special educational needs and/or disabilities
- using a wide range of information to evaluate how effectively the local area fulfils its responsibilities
- talking to children and young people, and their parents and carers, and local partners, including nurseries, schools, colleges and specialist services

Inspectors will assess how SEND services are being delivered through the wide range of partners in the local area, including nurseries, schools, further education colleges, and through health and care services. The majority of statutory duties in relation to SEND rest at a local area level, predominantly with local authorities but now also with Clinical Commissioning Groups (CCGs). It will be the performance of local partners and settings which will underpin the successful delivery of the reforms set out in Part 3 of The Children and Families Act 2014. The Act strengthens local authorities' key duties in respect of children and young people with SEND across the 0-25 age range, regardless of where they are educated. It places duties on health and education settings to use their best endeavours to meet the needs of children and young people with SEND; and requires local authorities and other listed bodies to have regard to the statutory guidance set out in the SEND Code of Practice: 0-25 years.

The Health and Wellbeing Board have accountability/responsibility around:

1. Ensuring a joint strategic needs assessment (JSNA) of the current and future needs of the whole local population is developed. The JSNA will form the basis of NHS and local authorities' own commissioning plans, across health, social care, public health and children's services. This is likely to include specific needs of children and young people with SEN or disabilities.
2. Ensuring that the membership of the Health and Wellbeing Board includes at least one local elected councillor, as well as a representative of the

local Health watch organisation. It must also include the local DCS, Director of Adult Social Services (DASS), and a senior CCG representative and the Director of Public Health.

Further information can be found in the DfE published SEND reforms inspection Accountability Framework guide (March 2015)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416347/Accountability_Publication.pdf

Children's Social Care Reform – A Vision for Change

As mentioned in my January newsletter, Nicky Morgan MP made a speech on 14th January, outlining a number of announcements about the Government's programme of social work reform. Alongside this speech, the Department for Education have set out their vision for children's social care reform. The paper sets out 3 areas where the government intends to drive change: people and leadership; practice and systems; and governance and accountability. To read this over-arching vision paper, you can visit this [website](#).

The government has committed to publish a full children's social care strategy in the coming months, and of course I will share more details with you about this once it is available.

Prevent – A Safeguarding Issue?

Prevent is part of the government's approach to counter-terrorism. It's often confused by the press and others with the whole of counter-terrorism, but the government view is that protecting children and young people from radicalisation and extremism is a safeguarding issue. That is also the view in Nottingham and Nottinghamshire, where the management of Prevent sits under the City Safeguarding Children Board. New legislation in 2015 placed a duty on all public bodies for staff to be trained to recognise vulnerability to being drawn into terrorism, and be aware of available programmes and how to refer to Channel, the multi-agency panel that supports referrals. Training about Prevent will be woven into safeguarding training over time, but in the short-term you are encouraged to do the short e-learning course that can be accessed as described in the "New Year, New Skills" article above. Also, if you would like someone to come to a managers meeting or other briefing opportunity, contact Steve Harrison (details below) to discuss this. This is a developing area of work and more detailed guidance and training opportunities will be made available in due course. In the meantime if you have concerns about an individual, speak to your manager in the first instance.

Before any decision to make a referral, contact: **Nottinghamshire Police Prevent Team** prevent@nottinghamshire.pnn.police.uk or call 101 and ask for Nottinghamshire's Prevent Team who can advise you. If you want to discuss Prevent arrangements, including training or other general queries, contact Steve Harrison, Cohesion, Community Protection steve.harrison@nottinghamcity.gov.uk or 0115 8765512.

Shared plan to improve schools in Nottingham

A 10-year plan to help drive up standards in schools across Nottingham has been set out by the Education Improvement Board.

Led by Sir David Greenaway, the Vice Chancellor of the University of Nottingham, the Board will work with schools and academies on four priorities:

1. **Smoothen transition** for pupils moving from primary to secondary school
2. Raising standards in **Maths**
3. Improving levels of **English**
4. **Attracting** new teachers to the city and **retaining** those already working here

People were asked to have their say on the plans. Two thirds (66%) agreed with the Board's vision – and many supported the priority areas: Maths (79% agreed), transition (78% agreed) and teacher retention and recruitment (87% agreed).

Improving standards of English has been added as a priority as a result of feedback from teachers, parents and the wider public in the consultation in November and December. Action plans are now being drawn up with schools and academies. You can find out more about the Board's work at www.nottinghamschools.org

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

Statutory Officers Report for Health and Wellbeing Board

Director of Adult Social Care

March 2016

Health and Social Care Integration

On February 10th and 11th 2016, senior leaders from provider and commissioner organisations across Nottingham City spent time together to vision what health and social care services for adults will look like in Nottingham in 5 years' time. The event was attended by leaders from the CCG, Nottingham City Council, Nottingham University Hospital, Nottingham Healthcare and Citycare who worked together to:

- Develop a shared vision for health and care for adults in Nottingham;
- Identify the key challenges that need to be overcome to realise this vision and consider how these could be overcome;
- Agree next steps for working together to tackle the key challenges including priority actions for the next 6 weeks.

Care Act Statutory Guidance

On 10 March 2016, the Department of Health published the refreshed edition of the Care and Support statutory guidance. It is available at <https://www.gov.uk/guidance/care-and-support-statutory-guidance>.

The statutory guidance supports implementation of part 1 of the Care Act 2014 by local authorities, the NHS, the police and other partners. The new edition supersedes the version issued in October 2014. It takes account of regulatory changes, feedback from stakeholders and the care sector and developments following the postponement of social care funding reforms to 2020. See more at: http://www.local.gov.uk/care-support-reform/-/journal_content/56/10180/7740017/ARTICLE#table

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

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Health and Wellbeing Board Update – March 2016

Healthwatch

Performance update

2015-16 Quarter 3 performance dashboards are attached for information.

Personnel Changes

Since the last meeting of this Board, Healthwatch Nottingham has appointed Tracy Lack as its new Engagement officer. Tracy started with Healthwatch in January, having previously worked in Childrens services with NHCT. Phil Teall, previously a Group Manager in the County adult care department has also been appointed to job-share the chief executive role alongside Pete McGavin. Bea Giaquinto, currently heading up HLG, has joined the Board.

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. We are now collecting the data to enable us to evaluate the patient experience of the new pathway for children and young people with behavioural, emotional or mental health needs. Approximately 300 questionnaires have been distributed with the co-operation of NHCT and the City Council.

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

We continue to work in partnership with the City and County Councils to develop a new multi-level process to ensure that local people's voices and experiences of local services are represented in this document. Work has now commenced on the refresh of the chapter covering Neurological Conditions. One of our volunteers with strong links to the neurological conditions networks has helped us to develop a questionnaire to distribute to patients and service users, so we can better understand their views about - and experience of - current services. We will shortly be running a series of focus groups to explore these issues in more detail.

Mental health crisis services

Together with Healthwatch Nottinghamshire we have submitted a bid to the City CCG to undertake engagement activity with users of mental health crisis services across the city and county, to inform the further development of the local Crisis Concordat action plan.

Improving the Quality of Care in Care Homes

We are now working with the City Council/CCG to assist with their Early Intervention work with City care homes. Staff and volunteers working with Healthwatch will be visiting homes that have been identified as needing support, to talk to residents and families and so help to identify what the issues are for them and what would make a difference to their experience. We intend to revisit the homes after action plans have been implemented, to find out what the impact has been and if the changes have 'fed through' to resident experience.

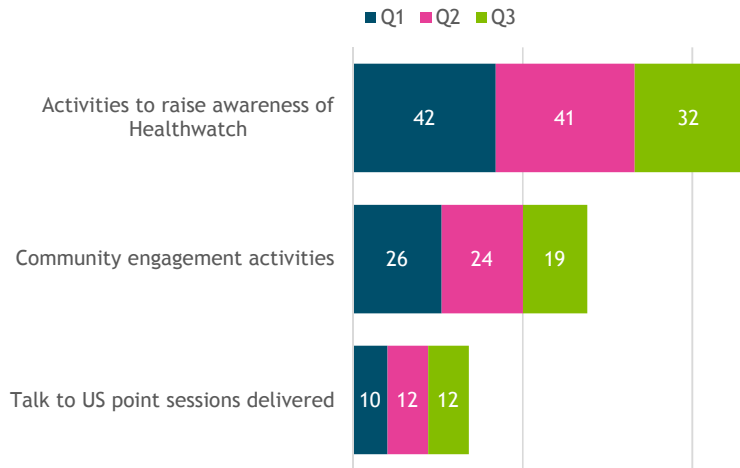
Information provision and support at dementia diagnosis

Together with County Healthwatch we are now undertaking research that will enable us to understand better the experience of patients and their carers when receiving a diagnosis of dementia. We are working with local support groups to identify people who have had a diagnosis in the past year and hope to gain a better understanding of how NICE guidance has been implemented locally. A report will be published of our findings.

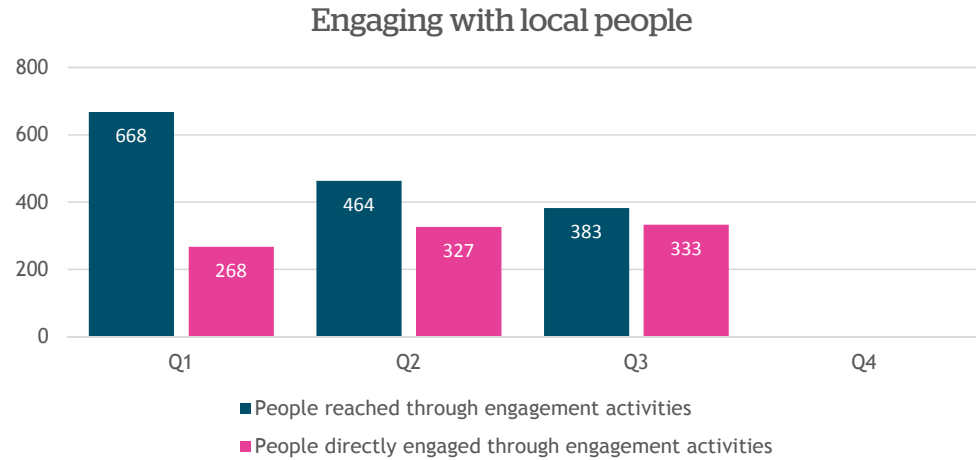
NUH Long Term Partnership with SFHT

When the partnership arrangement that is now (almost) in place between NUH and SFHT was under consideration, we wrote to Monitor setting out our views on the proposal. In our letter we highlighted the generally positive findings of the Healthwatch survey of patient views that had been submitted to CQC to assist them with their recent inspection. We sought and received assurances from the CEO that there would be no negative impact on patient care for Nottingham residents arising from this partnership and we will be monitoring the impact going forward.

115 activities to raise awareness of Healthwatch

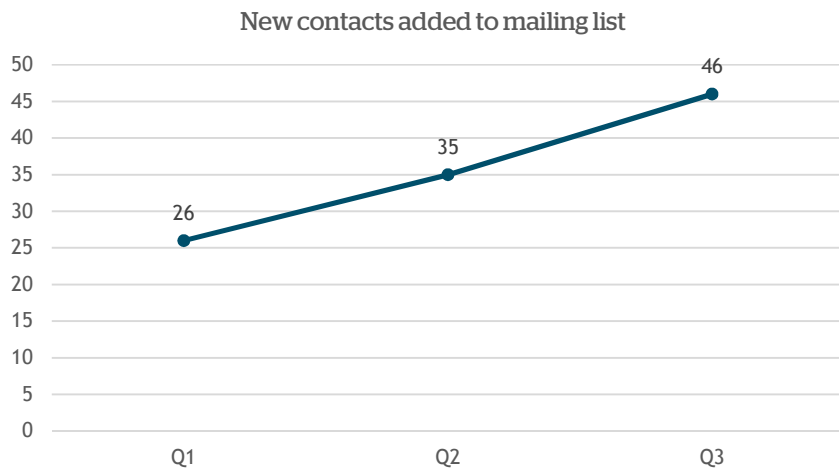


928 people directly engaged through activities



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1064 Contacts on the mailing list



	Total	Q1	Q2	Q3	Q4
No. PR and comms activities	92	30	31	31	0
No. newsletters published	6	2	2	2	0
No. of website hits	13512	4267	4336	4909	0
No. of tweets published	114	24	29	61	0

Notes

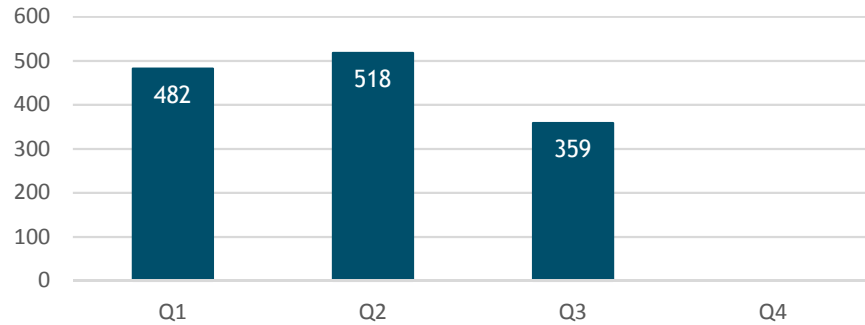
- * A double page article was published in the Nottingham Post in December to raise awareness of Healthwatch across the city and county.
- * Our Chair and Chief Executive have featured in the local written, radio and tv media this quarter.
- * The number of new contacts to our mailing list continues to increase indicating public awareness is increasing.

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Q3 reporting April - December 2015

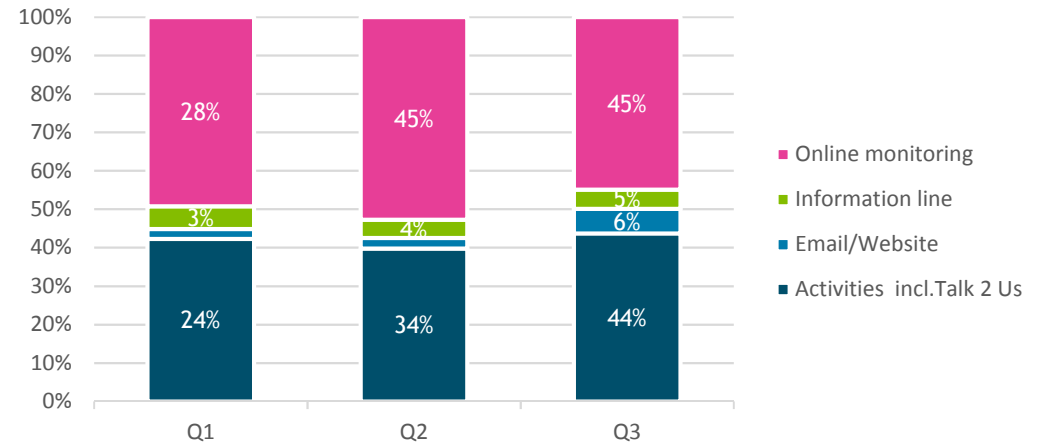
Collecting local peoples views and experiences

1359 Detailed experiences collected



62 activities used to gather experiences
34 Talk 2 Us Points delivered

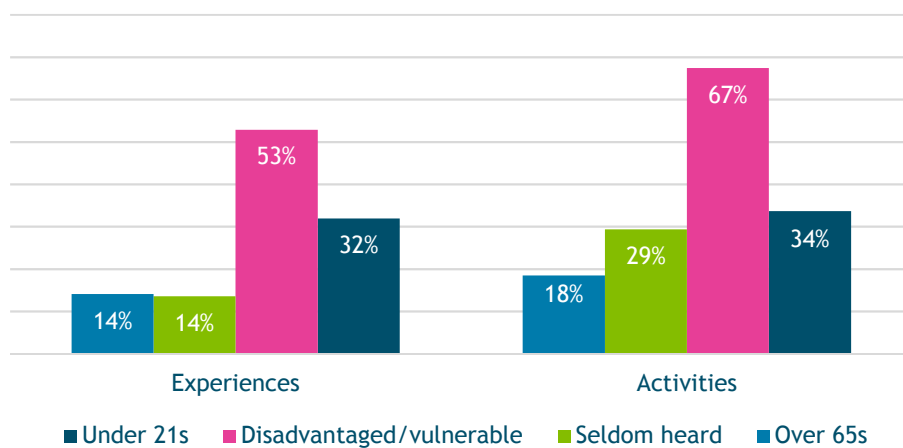
Sources of experiences gathered



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92 Activities related to targeted groups, which is **40%** of all activities undertaken
632 Experiences gathered from people in targeted groups, which is **47%** of all experiences collected

Working with targeted groups



Notes

- * Talk to Us points have been held in a range of community venues targeting specific groups including at a supported housing facility, a parent and toddler group, a cancer awareness event and a Framework Job Club.
- * We have started conversations with FuturePulse to share health experiences of children and young people across the city. This will should see our under 21 data improve during Q4.
- * The number of service reviews submitted through our website continues to improve.
- * Experience figures do not include the interviews and focus groups undertaken for contribution to the JSNA chapter on physical disabilities and sensory impairments.
- * Numbers of experiences have dropped from Q2 as data collection for phase 1 of our mental health insight project has finished. Collection for phase 2 will start in Q4.

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