



NOTTINGHAM CITY COUNCIL
HEALTH AND WELLBEING BOARD

Date: Wednesday, 25 May 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

Senior Governance Officer: Jane Garrard **Direct Dial:** 0115 8764315

- 1 APPOINTMENT OF VICE CHAIR**
- 2 CHANGE TO BOARD MEMBERSHIP**
To note that Councillor Neghat Khan has been appointed to replace Councillor Sally Longford.
- 3 APOLOGIES FOR ABSENCE**
- 4 DECLARATIONS OF INTERESTS**
- 5 MINUTES** 5 - 18
To confirm the minutes of the last meeting held on 30 March 2016.
- 6 FINAL DRAFT OF THE JOINT HEALTH AND WELLBEING STRATEGY 2016 TO 2020** 19 - 42
- 7 GREATER NOTTINGHAMSHIRE NHS SUSTAINABILITY AND TRANSFORMATION PLAN** 43 - 46
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15	FUTURE MEETING DATES	
	To agree to meet on the following Wednesdays at 2pm:	
	• 27 July 2016	
	• 28 September 2016	
	• 30 November 2016	
	• 25 January 2017	
	• 29 March 2017	

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

CITIZENS ATTENDING MEETINGS ARE ASKED TO ARRIVE AT LEAST 15 MINUTES BEFORE THE START OF THE MEETING TO BE ISSUED WITH VISITOR BADGES

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.

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NOTTINGHAM CITY COUNCIL

HEALTH AND WELLBEING BOARD

MINUTES of the meeting held at Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG on 30 March 2016 from 14.00 - 15.40

Membership

Voting Members

Present

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

Absent

Alison Michalska
Vikki Taylor

Non-Voting Members

Present

Lyn Bacon
Candida Brudenell
Peter Homa
Leslie McDonald
Gill Moy
Simon Smith

Absent

Superintendent Mike Manley

Lorraine Raynor (representing
Superintendent Mike Manley)

Colleagues, partners and others in attendance:

Ian Bentley	- Crime and Drugs Partnership
Julie Carlin	- PA to Alison Challenger
Jane Godden	- Head of Commissioning Care Homes and Individual Care Packages, Nottingham City CCG
Laura Hailes	- Nottingham CityCare Transformation Fellow
Christine Oliver	- Crime and Drugs Partnership
James Rhodes	- Strategic Insight Manager
Vinjay Shankar	- GP, Nottingham City CCG
Dot Veitch	- Partnership Support Officer

- Jo Williams - Assistant Director of Health and Social Care Integration,
Nottingham City CCG and Nottingham City Council
- Jane Garrard - Senior Governance Officer

53 CHAIR'S INTRODUCTION

The Chair noted that Dot Veitch's role is changing and she will no longer be providing support to the Board. On behalf of the Board he thanked her for her work and contribution. He also noted that support to the Board will now be provided by Jane Garrard, Senior Governance Officer.

54 APOLOGIES

Alison Michalska
Superintendent Mike Manley (represented at the meeting by Lorraine Raynor)

55 DECLARATIONS OF INTEREST

None.

56 MINUTES OF THE LAST MEETING

At the meeting on 27 January 2016 a query about the commissioning and scrutiny of NHS 111 had been raised and this was not included within the minutes. Subject to inclusion of this issue, the Board confirmed the minutes of the meeting held on 27 January 2016 as an accurate record and they were signed by the Chair.

57 HAPPIER HEALTHIER LIVES: NOTTINGHAM JOINT HEALTH AND WELLBEING STRATEGY 2016 - 2020

James Rhodes, Strategic Insight Manager, gave a presentation outlining the work that had taken place to develop the Joint Health and Wellbeing Strategy and next steps. He noted that it had not been possible to circulate the draft Strategy to Board members prior to the meeting, as indicated in the report, and therefore he proposed changes to the recommendations set out in the report. The following key issues were highlighted:

- a) In January the Board agreed the vision, framework and priorities (summarised in Appendix A to the report) and nominated sponsors and lead officers for each area (set out in Appendix B to the report).
- b) During March sponsors and lead officers developed the actions plans and Strategy, including ensuring links to relevant Nottingham City Clinical Commissioning Group plans. Several of the action plans still need further refining.
- c) Some of the proposed targets include terminology that could be difficult for members of the public to understand e.g. 'improving healthy life expectancy in

comparison with other Core Cities' and there is a need to identify citizen-friendly ways of explaining them.

- d) The first draft of the Strategy will be circulated to Board members within the next week for comment.
- e) During April further work will take place to refine the action plans, including holding 4 workshops. Lead officers for each outcome area will also be identified.
- f) The final draft Strategy will be presented to the Board in May to approve for public consultation.
- g) Following public consultation in June the Board will be asked to approve the final Strategy in July and detailed action plans in September.

During discussion the following comments were made:

- h) Whether there is scope to differentiate between different groups within the Strategy where appropriate, for example targets and actions that are particularly relevant to children and young people.
- i) It is important that information about sponsors and lead officers is kept up to date. It was suggested that responsibility for this lie with the post of the relevant sponsor.
- j) Given that the Strategy will last until 2020, is it realistic to aim to be 'smoke free'?
- k) It is important that the narrative of the Strategy makes it clear how it links with other work rather than duplicating it.

RESOLVED to:

- (1) note the progress so far in developing the Nottingham Joint Health and Wellbeing Strategy;**
- (2) request that Health and Wellbeing Board members review the initial draft of the Strategy to be circulated following the meeting;**
- (3) approve the principle of adopting the same headline targets as Nottingham City Clinical Commissioning Group;**

(4) approve additional governance arrangements to appoint a lead officer for each outcome from either Nottingham City Council or Nottingham City Clinical Commissioning Group; and

(5) approve the amended timetable for development of the Strategy as:

- **April: review and refine high level action plans and nominate lead officers for each outcome**
- **May: draft Strategy to Health and Wellbeing Board for approval for consultation**
- **June: consultation on the draft Strategy**
- **July: final Strategy to Health and Wellbeing Board for approval**
- **September: detailed action plans to Health and Wellbeing Board.**

58 2016/17 CCG OPERATIONAL PLAN

Dawn Smith, Chief Operating Officer of Nottingham City Clinical Commissioning Group introduced the report detailing how Nottingham City CCG is responding to the NHS Five Year Forward View and associated national planning guidance. The CCG has developed an Operational Plan for 2016/17 (attached to the report) and is required to submit it to the Health and Wellbeing Board for approval. The following information was highlighted:

- a) The Operational Plan has been produced to NHS England specifications, and a more public-friendly, accessible version will be produced.
- b) In drafting the Operational Plan consideration was given to the draft Joint Health and Wellbeing Strategy and discussions of the Health and Wellbeing Board;
- c) Quality Premiums are a mechanism by which CCGs can access additional government funding. There are a number of national standards and CCGs can also choose 3 local measures to include. Local measures must be chosen from a restricted list, be an area in which the CCG is a current outlier and be something that is measurable within a one year timeframe.
- d) The CCG's Governing Body considered the Operational Plan on 30 March 2016 and identified the following areas for inclusion as the Quality Premium local measures:
 - a. improving access to psychological therapies
 - b. reducing numbers of pregnant women smoking at the time of birth
 - c. increasing the number of people who have stopped smoking beyond 4 weeks.

During discussion the following comments were made:

- e) GP recruitment and retention is a national issue and is often more acute in inter-city areas. It is not allowed to be a priority within the Operational Plan but is a priority area for the CCG. Work is already taking place, including establishment of a GP Fellowship Scheme and forming alliances to enable

GPs to better support each other, especially important for smaller practices. Improving GP provision is indirectly incentivised in many of the national measures because availability of robust primary care will be key to achieving them.

- f) The inclusion of measures focused on reducing smoking was welcomed, particularly the focus on reducing smoking by pregnant women as this is a really challenging issue. Measures to reduce smoking support ambitions within the Council Plan.
- g) The City has a problem with social isolation and loneliness. It has been included within various strategies e.g. the draft Joint Health and Wellbeing Strategy but it was suggested that there was scope for a greater, more transformational focus.
- h) The CCG is facing financial and political pressures but achievement of the Plan is manageable assuming national demands don't increase further. It is beneficial that key partners share ambitions, are undertaking joint working and looking for opportunities to achieve efficiencies.

RESOLVED to:

- (1) note the planning guidance produced by NHS England and approve Nottingham City Clinical Commissioning Group Operational Plan 2016/17; and**
- (2) approve the decision taken at the Nottingham City Clinical Commissioning Group Governing Body on 30 March 2016 identifying local measures associated with the Quality Premium as:**
 - a. improving access to psychological therapies;**
 - b. reducing numbers of pregnant women smoking at the time of birth; and**
 - c. increasing the number of people who have stopped smoking beyond 4 weeks.**

59 HEALTH AND WELLBEING STRATEGY ALCOHOL MISUSE PRIORITY UPDATE

Christine Oliver, Head of Service Crime and Drugs Partnership, introduced the report updating the Board on progress against health and wellbeing objectives and the specific actions within the Health and Wellbeing Strategy 2013-2016 relating to alcohol misuse. She highlighted that:

- a) Reducing alcohol misuse is a broad agenda encompassing a wide range of activities on prevention, treatment and enforcement.
- b) Successful completion of treatment programmes has improved and Nottingham is now the second best performing Core City for drugs and alcohol.

- c) Representations to treatment have reduced from 21% in June 2015 to 10% in January 2016. This is in line with the national average.
- d) Drop outs from treatment services are at an all-time low.
- e) Violence in the night-time economy has fallen.
- f) There are long term challenges, including reducing alcohol related hospital admissions; reducing alcohol related mortality; and reducing the percentage of people drinking at a high level.
- g) Current risks are the tender process aligning drug and alcohol services; and penetration of the population into treatment.

In response to questions the following additional information was provided:

- h) Work is taking place to target specific communities, for example Big Lottery funding is being used to target entrenched drinkers who aren't in treatment. There is also a specific project targeting street drinking with both treatment and enforcement. There is a specific operation in the Forest/ Arboretum/ Berridge area trying to get treatment resistant individuals into treatment using a multi-agency approach. The top cases are subject to case conferencing.
- i) Prevention is crucial to changing the culture across the City. Cultural ambitions are included within the new draft Health and Wellbeing Strategy.
- j) There is a case for rethinking how performance is measured as the statistics are volatile and may not give a clear picture of progress.

RESOLVED to:

(1) note the progress against the Health and Wellbeing Strategy actions for addressing alcohol misuse; and

(2) note additional activity to address alcohol misuse.

60 REPORT OF THE JOINT HEALTH AND WELLBEING BOARD WORKSHOP ON WORKFORCE

Lyn Bacon, Chief Executive of CityCare presented the report and gave a presentation about the findings from the Joint Nottinghamshire and Nottingham Health and Wellbeing Boards workshop on workforce and next steps. During the presentation she highlighted the following information:

- a) There are a number of drivers for focusing on workforce issues including strategic workforce activity arising from the Sustainability and Transformation Plan.

- b) Each Sustainability and Transformation Plan area is required to have a Local Workforce Action Board (LWAB) by April 2016. Supported by Health Education England, the LWAB will oversee strategic workforce activity relating to the Sustainability and Transformation Plan. It needs sign off from the system leader.
- c) The LWAB will be responsible for 4 key areas of work:
 - i. assessment of the current NHS and social care workforce and labour market issues;
 - ii. development of a high level workforce strategy setting out the workforce implications of the Sustainability and Transformation Plan's ambitions;
 - iii. development of a workforce transformation plan for what is needed to deliver the Sustainability and Transformation Plan's ambitions; and
 - iv. development of an action plan identifying the necessary investment in workforce needed for Sustainability and Transformation Plan delivery.
- d) Health Education England has commented that Nottinghamshire is ahead of others in embracing the transformation agenda.
- e) Five key work streams have been identified:
 - i. Workforce transformation e.g. role redesign, new ways of working
 - ii. Human resources policy and practice - bringing HR leads together to discuss what is needed and how it can be achieved
 - iii. Organisational development – including cultural change, collective leadership and workforce engagement
 - iv. Workforce intelligence, modelling and analysis – looking at what the ideal workforce is
 - v. Workforce productivity e.g. use of pharmacists
- f) Funding has been received to pump-prime the development of a local employer-led health and social education facility for the whole workforce to support workers to graduate/ post-graduate level.
- g) The outcome of the bid for the National Excellence Centre will be announced in July 2016.
- h) Resource is being identified to develop training for new and existing homecare staff.
- i) Resource is being identified for an urgent care training hub.
- j) A hub and spoke model of working with New College and D2N2 is being developed.

- k) The intention is to look at the workforce by place, rather than by organisation or profession. This could be done by identifying one Care Delivery Group area to focus on.

During discussion the following comments were made:

- l) Tackling workforce issues connects to delivery of the Joint Health and Wellbeing Strategy action plans.
- m) It is important to consider the wider workforce beyond NHS and social care, for example the Fire Service.
- n) Workforce issues are part of wider strategies and need to be tackled across Nottinghamshire. There are differences between the City and County and also variations within the City. The focus on place should help to make sure City-specific issues are not lost by looking at community needs and bringing workforce and place together.
- o) There was support for the proposal to focus on a Care Delivery Group area.
- p) Leslie McDonald, Third Sector Representative, welcomed opportunity to engage voluntary and community organisations. He suggested that this could help to develop leadership skills in smaller organisations supporting their future sustainability and improving the quality of services they provide.
- q) There are opportunities to promote wider aspects of the health and wellbeing agenda, such as employment e.g. providing employment opportunities for women can help to address issues such as poverty, social exclusion.

Lyn Bacon said that she would welcome suggestions of a Care Delivery Group area to focus on.

RESOLVED to:

- (1) create a single Strategic Workforce Development Plan for health and social care across Nottinghamshire including the City reflecting on previous strategies for lessons learnt;**
- (2) ensure workforce groups, such as Local Education and Training Council (LETC), Health Education England working across the East Midlands, D2N2 LEP Health and 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) 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) note the D2N2 Skills and Employment Board Health and Social Care Sector Skills Action Plan is due in the spring of 2016; and**
- (5) 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 come back to Commissioning Executive Group for oversight on funding and delivery.**

61 2016/17 BETTER CARE FUND PLAN

Jo Williams, Assistant Director Health and Social Care Integration, Nottingham City CCG and Nottingham City Council introduced the report setting out the draft 2016/17 Better Care Fund Plan that was submitted to NHS England on 21 March 2016. She informed the Board that the Plan will be amended following feedback before final submission on 25 April 2016 (the Regional Team have now requested it by 15 April). During her introduction and in response to questions she provided the following information:

- a) Requirements for submission include:
- i. A narrative plan describing the system wide vision and how the Better Care Fund will support it. This will show the changes made to last year's Plan to reflect progress made;
 - ii. Confirmation of funding contributions. Additional funding contributions are the same as last year. There have been no discussions to expand contributions because of work to look at establishing a pooled budget for adult social care;
 - iii. Scheme level spending plans. This is unchanged from last year.
 - iv. Metrics – there are 4 national and 2 local metrics. The local metrics include reducing delayed transfers of care. There will be a deep dive to look at the reasons for delayed transfers of care.
- b) The pooled budget (established under Section 75) is in place and amendments will be made to reflect this year's Plan.
- c) There is no national assurance process for the Plan this year. Instead it will require regional assurance and sign off.
- d) Initial feedback on the draft Plan has been received from the Regional Team. An initial rating of 'assured' has been received subject to three key lines of enquiry.

- e) Local action plans will include mental health issues.

During discussion the importance of having agreed definitions around delayed transfers of care was raised.

RESOLVED to ensure an agreed definition of a delayed transfer of care is applied to the deep dive analysis into reasons for the recent increase in delayed transfers of care.

62 PERSONAL HEALTH BUDGETS (PHBS) – DEVELOPING A LOCAL OFFER

Jane Godden, Head of Commissioning Care Homes and Individual Care Packages, presented the report on developing a local offer for personal health budgets. She highlighted the following information:

- a) National planning guidance relating to the NHS Five Year Forward View requires clinical commissioning groups to develop a local offer for personal health budgets by 1 April 2016.
- b) The guidance requires the local offer to be approved by the Health and Wellbeing Board prior to publication.
- c) Personal health budgets are already provided to some individuals, for example those entitled to NHS Continuing Healthcare.
- d) The extension of personal health budgets to other groups is complex and it is proposed to take a steady approach by focusing on a small number of areas – continuing to provide personal health budgets for adults eligible for NHS Continuing Healthcare and children eligible for children’s continuing care (including adults whose care package is jointly funded with the local authority); and developing personal health budgets for adults with a learning disability in line with wider plans to transform care for people with learning disabilities across Nottinghamshire, and for citizens with a range of long term conditions possibly including mental health.
- e) There is no new money available to develop personal health budgets.
- f) For Nottingham City there is a target of between 300-600 people to be in receipt of a personal health budget by 2020.
- g) Lessons are being learnt from the experience of Nottingham City Council in developing personal budgets.
- h) Discussions are being held between the CCG and City Council about the possibility of a future shared direct payment service.

During discussion the following comments were made:

- i) From 1 April 2016 there will be a push to ensure those eligible for NHS Continuing Healthcare are in receipt of a personal health budget; and then plans will be identified to roll it out to those with learning disabilities. Based on NHS England guidance the approach will be a slow roll out to ensure it is right.
- j) When personal budgets were introduced in adult social care additional funding was available to enable 'double running' in the beginning. It will be challenging to introduce personal health budgets without this additional funding.
- k) Given the tight criteria for eligibility the numbers of individuals affected is small. There is potential to do a lot more.
- l) In the future there could be scope to have just one personal budget rather than some individuals having a personal budget for social care and a personal health budget.

RESOLVED to approve the Nottingham City Clinical Commissioning Group's local offer for personal health budgets.

63 NOTTINGHAM CITY COUNCIL COMMISSIONING INTENTIONS 2016/17

Candida Brudenell, Strategic Director for Early Intervention, introduced the report setting out commissioning intentions that the City Council has identified as relevant to the Health and Wellbeing Board. She informed the Board that it is intended to bring a report detailing the City Council and Nottingham City Clinical Commissioning Group's joint commissioning intentions to the Health and Wellbeing Board in May.

RESOLVED to note the commissioning activity identified subject to further prioritisation work with Nottingham City Clinical Commissioning Group.

64 FORWARD PLAN

Alison Challenger, Director of Public Health, reminded Board members that a Development Session looking at the Peer Review had been scheduled for 8 April 2016.

RESOLVED to note the Forward Plan subject to inclusion of a report regarding the City Council and Nottingham City Clinical Commissioning Group's joint commissioning intentions in May.

65 UPDATES

66 CORPORATE DIRECTOR OF CHILDREN'S SERVICES

Helen Jones, Director of Adult Social Care, introduced the written update from the Corporate Director of Children and Families. There were no additions to the update which was circulated with the agenda.

67 DIRECTOR OF ADULT SOCIAL CARE

Helen Jones, Director of Adult Social Care, introduced the update. There were no additions to the update circulated with the agenda.

68 HEALTHWATCH NOTTINGHAM

Martin Gawith, Chair Healthwatch Nottingham, introduced the update from Healthwatch Nottingham. There were no additions to the update which was circulated with the agenda.

69 CLINICAL COMMISSIONING GROUP

Dawn Smith, Chief Operating Officer Nottingham City Clinical Commissioning Group introduced the update from the Clinical Commissioning Group. In addition to the written update circulated with the agenda she highlighted that:

- a) The footprint for the Sustainability and Transformation Plan is the whole of Nottinghamshire, except for Bassetlaw. David Pearson, Corporate Director for Adult Social Care, Health and Public Protection, Nottinghamshire County Council has been appointed as the lead.
- b) There had been two significant Care Quality Commission inspection reports published recently. One related to Nottingham University Hospitals NHS Trust which received a 'Good' rating; and the other related to a GP practice and appropriate action had been taken in response to the issues identified.
- c) The CCG was currently refreshing its strategy and strategic priorities.

a DIRECTOR OF PUBLIC HEALTH (Agenda Item 12e)

Alison Challenger, Director of Public Health, gave an update on relevant public health issues including:

- a) The results of the Citizens Survey are now available on the Nottingham Insight website. It found that smoking prevalence had dropped and the City was on track to meet the 2020 target.
- b) The Chancellor had announced a 'sugar tax' in the recent Budget. Local implications are not yet clear.
- c) Public Health England has launched a big campaign 'How Are You?' Materials are available for local use and there is a need to consider how Nottingham can benefit locally from this campaign.

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HEALTH AND WELLBEING BOARD – 25 MAY 2016

Title of paper:	Happier Healthier Lives: Nottingham Joint Health and Wellbeing Strategy 2016 – 2020 (final draft)	
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 Helene Denness, Consultant in Public Health, NCC Lead officers for each priority action	
Date of consultation with Portfolio Holder(s) (if relevant)	11 th May 2016	
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 checked="" 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 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):		
This paper presents the final draft Joint Health and Wellbeing Strategy 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 final draft for consultation with partners, providers and stakeholders.	
2	Note the next steps and timetable.	

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 remains a core element of the strategy.

1. REASONS FOR RECOMMENDATIONS

1.1 The proposed final 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 proposed strategic framework was agreed by the Board in January. The framework was developed based upon the engagement findings¹ and the evidence from the JSNA². The draft strategy is based around four key outcomes:

- ***Adults, children & young people in Nottingham adopt and maintain Healthy Lifestyles***
- ***Adults, children & young people in Nottingham will have positive Mental Wellbeing & those with long term mental health problems 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***

2.2 In developing the strategy, lead officers have been identified for each of the priority actions who will be responsible for developing the content of the detailed action plans. A Board level sponsor and Consultant in Public Health has also been identified who has provided an overall steer regarding content, advice on performance indicators and help to remove any barriers/ blockages.

2.3 Four workshops were held throughout April to review the content of the action plans as they currently stand with the aim of presenting final detailed plans back to the Board in September.

CURRENT POSITION

2.5 The content of the strategy is based on the strategic framework previously agreed. An additional priority action, however, has been added following one of the workshops. The following has been added under the Healthy Culture outcome: *Reduce the harmful effects of **debt** and financial difficulty on health and wellbeing*. The evidence and views from the public consultation present a compelling argument for its inclusion (subject to the Board's agreement).

2.6 Appendix A presents the final draft for the Board's consideration. The strategy's aim is to increase healthy life expectancy and tackle inequities. Two corresponding headline targets are outlined in the strategy and you will notice that each of the four outcomes includes a number of broad priority actions. The strategy is intended to be high level and a detailed action plan will sit behind each of the four outcomes. A set of sub-indicators/targets will be developed and included in the action plans to help monitor

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>

progress against achieving the overall outcome. It is proposed that the detailed action plans are refreshed annually to ensure that they remain relevant.

- 2.7 The draft strategy in appendix A is intended for use amongst partners and a more public facing summary can be developed once approved. The detailed action plans are intended for internal use only. **It is recommended that the Board approve the final draft of the strategy.**

NEXT STEPS

- 2.8 The March Health and Wellbeing Board agreed the following **timetable**:

- June – Consultation on the final draft strategy
- July – Final Strategy presented to the Board for approval
- Sep – Detailed action plans presented to the Board for approval

- 2.9 Subject to agreement by the Board the Strategy will be consulted upon in June with partners, stakeholder and the public with a revised strategy presented to the Board in July. During this time the Nottinghamshire Sustainable Transformation Plan (STP) will also be submitted by the end of June and provide an opportunity to make sure that the Health and Wellbeing Strategy is aligned.

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**

8.1 None.

happier healthier lives

Nottingham City
Joint Health and Wellbeing Strategy

2016 - 2020

Draft

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Foreword from the Chair and Vice Chair

Welcome to the Nottingham City Joint Health and Wellbeing Strategy 2016 to 2020, which sets out our vision and ambitions for making our city happier and healthier. Since the first strategy in 2012 we are pleased to see that overall the people of Nottingham are living longer. In our new strategy, we now seek to improve the quality of that longer life – adding life to years not just years to life. We also remain committed to tackling the differences in health between our neighbourhoods and in the city as a whole compared to other similar cities. Tackling those inequalities remains at the heart of our new strategy.

The strategy has been developed based upon significant engagement with citizens and partners and alongside evidence of the health and wellbeing needs in the city. Using this knowledge we outline our objectives to meet our ambition to make ‘Nottingham 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’. We will do this by focusing on four outcomes:

- Adults, children and young people in Nottingham adopt and maintain **Healthy Lifestyles**
- Adults, children and young people in Nottingham will have positive **Mental Wellbeing** and those with long-term mental health problems 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

Whilst people are living longer it is often with increasingly complex health needs, many of which are preventable. The activity in this strategy is designed to see a radical shift towards early intervention and prevention so that we can improve health, reduce hospital admissions and when people are in need of hospital treatment they are able to return home quickly. With help and support - from before pregnancy to the end of people’s lives - we hope to inspire and empower citizens to live happier healthier lives, protect themselves from ill health and, where necessary, support people to manage their own ill health as much as possible.

Our ambitions require change and integration across the entire health and social care system. As Chairman and Vice Chairman of the Health and Wellbeing Board, and reflecting the truly joint nature of the Strategy, we are absolutely committed to its implementation. Member organisations will work together to deliver our ambitions and the Board will serve to strengthen our commitments as partners.



A handwritten signature in blue ink that reads "Alex Norris".

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



A handwritten signature in black ink that reads "Ian Trimble." with a horizontal line underneath.

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

Role of the Health and Wellbeing Board

Under the Health and Social Care Act 2012, all areas in England must have a Health and Wellbeing Board. The Board is made up of:

- Representatives of citizens (Healthwatch Nottingham) and third sector providers of health and social care services
- Organisations directly involved in commissioning and providing healthcare, including Nottingham City Council, NHS Nottingham City Clinical Commissioning Group, Nottingham CityCare Partnership, Nottingham Healthcare NHS Foundation Trust and Nottingham University Hospitals NHS Trust, and NHS England
- Other organisations whose work impacts the health and wellbeing of citizens, including the Crime and Drugs Partnership, Nottinghamshire Police, Jobcentre Plus, and Nottingham City Homes

The role of the Board is to lead on work to improve the health and happiness of Nottingham and specifically to reduce health inequalities. It oversees joint commissioning and joined up provision for citizens and patients, including social care, public health and NHS services. It also considers the impact on health and happiness of the wider local authority and partnership agenda, such as housing, education, employment, and crime and antisocial behaviour.

The Board recently underwent a peer review, which recommended that the governance and membership be reviewed to reflect the aims of the Strategy. The recommendations will be implemented to ensure the Board is working effectively to deliver our aims and objectives.

Purpose of the Strategy

The purpose of the Strategy is to enable:

- All Health and Wellbeing Board (HWB) partners to be clear about our agreed priorities for the next four years
- All members of the HWB to embed these priorities within their own organisations and ensure that these are reflected in their commissioning and delivery plans
- Key agencies to develop joined-up commissioning and delivery plans to address these priorities
- The HWB to add value to the planned activity and hold member organisations to account for their actions towards achieving the objectives and priorities within the strategy
- Members of the HWB to work with and influence partner organisations outside the HWB to contribute to the priorities agreed within this strategy

Development of the Strategy

The Strategy has been developed based upon evidence of health needs in the city and significant engagement with citizens, partners and stakeholders. A range of engagement events were held to shape the strategy and almost 500 people provided their views on what was important to them¹.

Health & Wellbeing in Nottingham

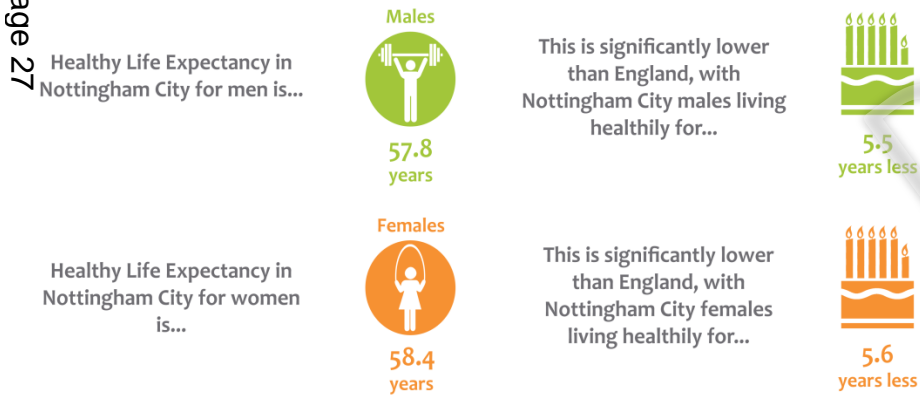
A local assessment of current and future health and social care needs tells us what is causing people to become unwell or die prematurely (before the age of 75). The following is summary of some of the key findings².

Healthy Life Expectancy

Nationally and locally we are living longer but for some - particularly amongst those in our most deprived neighbourhoods - this increased life expectancy³ is accompanied by a significant number of years in poor health.

In Nottingham, healthy life expectancy⁴ (the number of years we can expect to live in good health) for males is 57.8 years and 58.4 years for females compared to a life expectancy of 77.1 years for males and 81.6 years for females⁵. This means that the local population can be expected to live approximately a quarter of their life in poor health. Figure 1 (below) highlights how this compares to England.

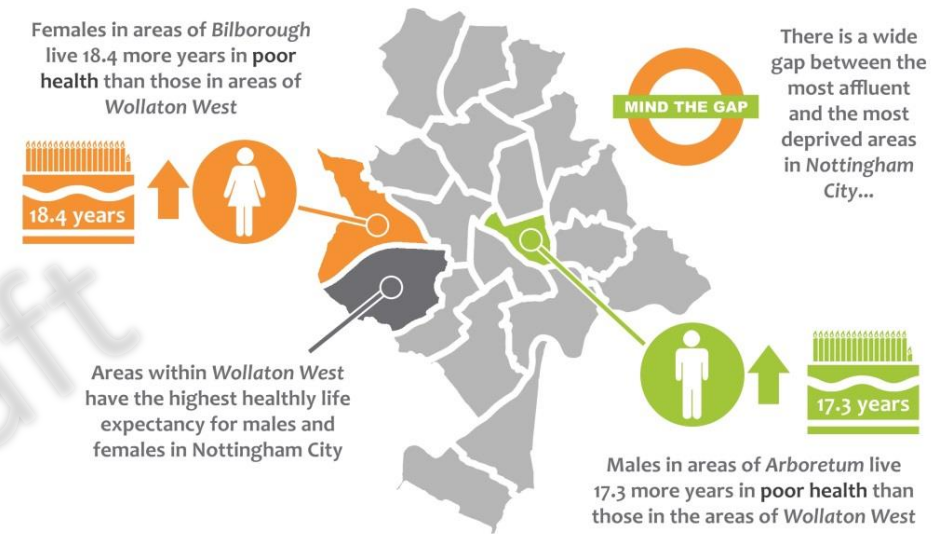
Figure 1: Healthy Life Expectancy in Nottingham compared to the England average



Since 'life expectancy' is increasing at a faster rate than 'healthy life expectancy' we are spending a greater proportion of life in poor health. This has implications for both individuals – due to increased proportion of life spent with illness and disability – and society due to associated health and social care costs.

Whilst on average men and women in the city can expect to live in good health to around 58 years-old (figure 2). This figure masks significant differences between Nottingham's neighbourhoods. People in the poorest neighbourhoods on average experience poor health over 17 years earlier than those in the most affluent neighbourhoods (figure 2).

Figure 2: Healthy Life Expectancy across Nottingham's neighbourhoods



These inequalities in health represent unjust differences in health status experienced by certain population groups within the city. A wide range of factors will be contributing to these differences in health including the places we live, the communities we live in, the lives we lead and our access to services. Importantly these differences are preventable.

2012-2014 data
(ONS, 2016)

Influences on Health

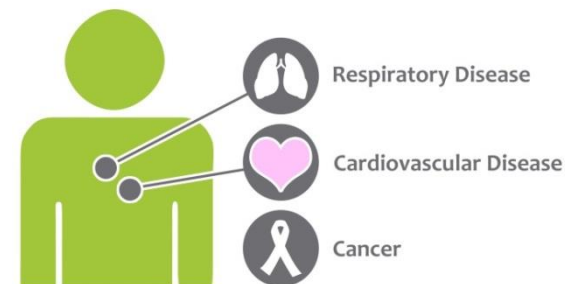
Many factors determine how happy and healthy we will be. As well as our genes, lifestyle factors – such as physical activity, diet, smoking and alcohol – are strongly linked to our health. In turn these are influenced by where we live, economic deprivation, the quality of our housing and our neighbourhoods, levels of educational attainment, access to employment opportunities, lack of green open spaces and air pollution - to name but a few. The figure below shows some of the many factors that influence our health and happiness.

Figure 1: The wider determinants of health⁶



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Living unhealthy lifestyles and under poor socio-economic conditions can lead to illnesses such as cardiovascular disease, diabetes, cancer and respiratory disease. From a medical perspective these conditions cannot be cured but can be controlled through treatment and other therapies.



These long-term conditions are more common amongst people from lower socio-economic groups and certain communities

(related to a combination of deprivation, discrimination and genetics). The number of people with such conditions is increasing. This is partly due to the fact that we are living longer but it is also related to an increase in our unhealthy lifestyles such as physical inactivity, smoking, excessive consumption of alcohol and poor diet. These lifestyle causes are largely preventable.

We also know that physical health and mental health are closely linked (and vice versa). People with mental health problems have poorer physical health outcomes. For example, research shows that those suffering from serious mental illness like schizophrenia, die up to 20 years earlier⁷ and those suffering with depression have double the risk of heart disease⁸.

Through talking to citizens, service providers and partners as part of the engagement events that underpin the development of this strategy, mental health and lifestyle factors were common themes that emerged. In addition, the culture within which we live and our environment were also highlighted as important factors that influence our health and happiness.

Our Vision, Aims and Outcomes

In response to the evidence and what people told us throughout the engagement activities we have established a clear vision and aim.

Our Vision 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.

To increase healthy life expectancy in Nottingham to the same level as other similar cities by 2020

Our Aim To reduce inequalities in health by targeting the neighbourhoods with the lowest levels of healthy life expectancy 2020

This vision is underpinned by a commitment to achieve the following four outcomes:

- **Outcome 1:** Adults, children and young people in Nottingham adopt and maintain **Healthy Lifestyles**
- **Outcome 2:** Adults, children and young people in Nottingham will have positive Mental Wellbeing and those with long-term mental health problems will have good physical health
- **Outcome 3:** There will be a **Healthy Culture** in Nottingham in which adults, children and young people are supported and empowered to live healthy lives and manage ill health
- **Outcome 4:** Nottingham's **Environment** will be sustainable; supporting and enabling its citizens to have good health and wellbeing

Delivery and Monitoring

Detailed action plans will be developed for each of the four priority outcomes and refreshed annually to ensure that they remain relevant. The plans will be implemented by a number of delivery groups reporting to the Health and Wellbeing Board. In delivering the strategy, the Health and Wellbeing Board will monitor annually the headline targets (as outlined on page 16) and an agreed set of performance indicators to be set out in the detailed action plans.

Principles Underpinning the Strategy

A number of cross-cutting principles will be adopted across all action plans:

- **A focus on communities or areas worst affected and tackling inequalities:** Detailed action plans will identify and address any disproportionate impact. This might mean a focus on a particular geographic area or particular ethnic groups where appropriate.
- **Early Intervention:** Activity will be targeted at identifying and preventing problems early before they become ingrained and problematic.
- **Sustainability:** Action plans will consider the sustainability of their funding arrangements, impact on health and the environment.
- **Engagement of the Voluntary and Community Sector:** The action plans will value and utilise the role of the voluntary and community sector in developing and implementing interventions.
- **Integrated Working:** In order to improve citizen outcomes we know that health and social care services need to work better together to provide more effective and seamless care. Action plans will consider how they are furthering the need to join services up where appropriate.

Outcome 1: Adults, children and young people in Nottingham adopt and maintain Healthy Lifestyles

Smoking, harmful use of alcohol, physical inactivity and poor diet are key lifestyle factors which both cause and affect the consequences of many major illnesses.

Levels of smoking in the city are significantly higher than the national average and as a consequence rates of lung cancer, cardiovascular disease and other smoking related diseases are much higher. Smoking is also higher in areas of deprivation and a major cause of the inequalities in healthy life expectancy experienced across the city. Smoking during pregnancy is also a key concern as it increases the risk of complications of the pregnancy and the health of the child. Children who grow up in communities with a high proportion of smokers are more likely to become smokers themselves emphasising the importance of taking a community-based approach.

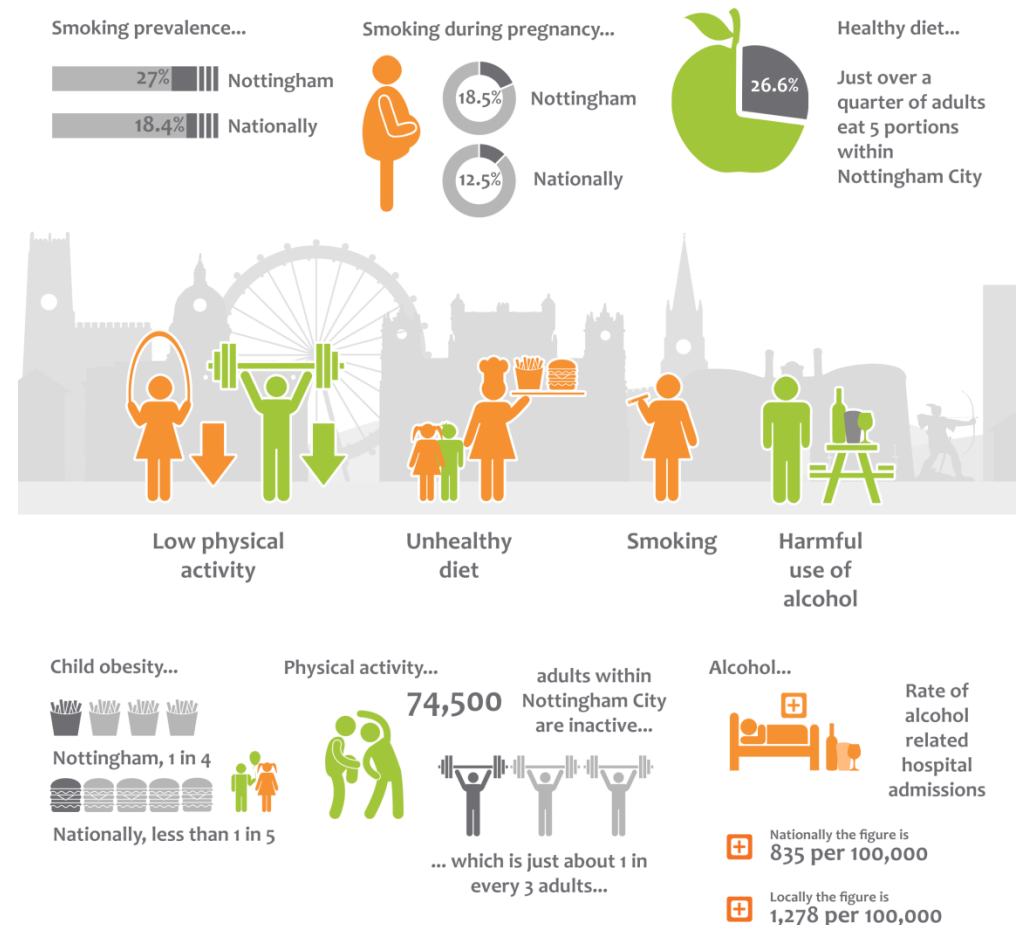
Being overweight or obese significantly increases the risks of developing and dying from certain illnesses, like cardiovascular disease, kidney and liver disease and cancer. Research suggests that 80% of children who are obese will become obese adults further highlighting the need to tackle the issue early through physical activity and a good diet.

An individual's physical activity level and diet and nutrition status has both a direct impact on health status as well as an indirect one through the maintenance of a healthy weight. It is estimated that a third of adults in Nottingham are 'inactive' and three-quarters do not eat the recommended fruit and vegetable portions (according to Department of Health classifications and recommendations).

Alcohol related hospital admissions are significantly higher than the England average and they are continuing to increase. Excessive alcohol consumption has a wide range of impacts for individuals - in terms of their mental and physical health - and those around them in terms of relationships, violence and anti-social behaviour within our communities.

Supporting individuals and populations to maintain healthy lifestyles will help prevent long-term conditions occurring in the first place for many people and postpone the onset or reduce the impact of disease for many others, improving both life expectancy and healthy life expectancy in the city.

Figure 4: A Snapshot of Lifestyles in Nottingham



Priorities and What will we do?

In order to achieve our outcome a number of broad priority actions have been identified. By 2020 Nottingham will be a city where adults, children and young people will:

- Be physically active to a level which benefits their health
- Have a healthy and nutritious diet
- Be able to achieve and maintain a healthy weight
- Be inspired to be smoke free

Additionally,

- People who drink alcohol will drink responsibly, minimising the harms to themselves and those around them

To achieve the outcome and deliver our priority actions, we will:

- Give adults, children and young people the skills and knowledge to prioritise healthy lifestyles
- Ensure there are opportunities to adopt a healthy lifestyle including access to services where necessary
- Ensure our workforce is equipped to identify and deliver brief intervention around healthy lifestyles and refer to services when needed
- Motivate adults, children and young people to make healthy choices and avoid harmful behaviour
- Protect adults, children and young people from the harmful effects other people's behaviour including smoking and excessive alcohol consumption

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Outcome 2: Adults, children and young people in Nottingham will have positive Mental Wellbeing and those with long-term mental health problems will have good physical health

Mental health problems are very common – it is estimated that up to half of all people will experience problems at some point in their life and one in six will have a common mental health problem at any one time⁹. At any one time in Nottingham, there are estimated to be over 51,000 people (aged 16+) with a mental health problem ranging from those with a common mental health problem like depression or anxiety to more severe mental health problems such as psychosis or personality disorder (figure 5). These estimates are considerably greater than the number of people recorded on local GP registers suggesting that people with these conditions may not be getting sufficient support to meet their health and wellbeing needs¹⁰.

Mental health and wellbeing is a broad term and does not necessarily have to be defined by a ‘mental illness’. Measures of mental wellbeing in the City suggest that 14% of citizens could be described as having poor mental wellbeing. Loneliness and isolation was the most commonly identified issue throughout engagement with citizens and a key driver of poor physical and mental health.

Poor mental health is also closely linked to poor physical health with those suffering from a long-term mental health problem are at over four times the risk of dying early. Most early deaths are from preventable causes that are similar to the wider population¹¹. Poor health is influenced predominantly by unhealthy lifestyle behaviours, particularly smoking, and can be exacerbated by medication used to treat mental health problems. It has also been shown that health services have not been as responsive in identifying or meeting the physical health needs of people with mental health problems.

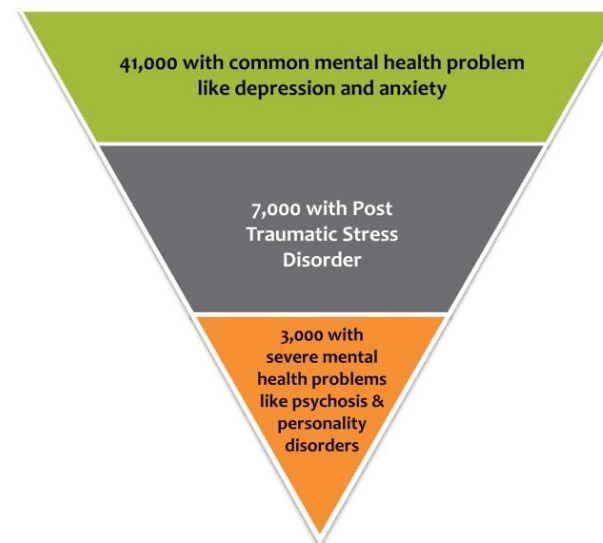
Preventing and treating mental health problems in childhood and adolescence is particularly important due to their far reaching consequences on health, social and educational outcomes. Mental illness, unlike other health problems tends to start early in life and can persist into and throughout adulthood¹².

It is recognised that about half of all lifetime mental health problems have started by the age of 14. It is estimated that one in ten children have a clinically recognisable mental health problem with boys more likely than girls to be affected - with the highest prevalence amongst 11 to 16 year-olds – highlighting the importance of early intervention. There are also certain groups (inc. homeless people, armed forces veterans, the black, asian and minority ethnic (BAME) communities) who may be at increased risk of mental health problems, or have specific needs in terms of their care, and so activity will be delivered to improve equity of access to treatment and care.

Figure 5: A Snapshot of Mental Health in Nottingham (people aged 16 and over)



At any one time it is estimated that there are...



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Priorities and What will we do?

In order to achieve our outcome a number of broad priority actions have been identified. By 2020 Nottingham will be a city where:

- Adults, children and young people with, or at risk of, poor mental health will be able to access appropriate level of support as and when they need it
- Those with long-term mental health problems will have healthier lives
- Those with or at risk of poor mental health and wellbeing will be able to access and remain in employment
- People who are, or at risk of, loneliness and isolation will be identified and supported

To achieve the outcome and deliver our priority actions, we will:

- Ensure that children, young people and adults know how to get support for mental health problems
- Improve support to women who experience mental health problems during and after pregnancy.
- Ensure access to mental health services within a primary care setting and early access to care for those with more serious and/or urgent mental health problems.
- Provide access to wider social and community support for people with mental health problems and their carers to support social and financial inclusion.
- Identify early, improve and prevent poor physical health outcomes for those experiencing long-term mental health problems
- Increase understanding of the interdependence of mental and physical health across the health and care system (parity of esteem)

- Work with employers, and people with mental and physical health problems, to support them to access and remain in employment

Outcome 3: There will be a Healthy Culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill health

Our beliefs and attitudes towards our own health and those around us play a big part in how healthy and happy we will be. The social characteristics of the communities we live in, and the degree to which they enable and promote healthy behaviour, all make a contribution to the inequalities in health outcomes experienced across the city. Social capital describes the links between individuals – the links that bind and connect people within and between communities – and can provide a source of resilience against life’s stresses through social support. Throughout the engagement events many people told us that community-mindedness or sense of community had reduced and people saw this as having a big impact on health and wellbeing.



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In particular one of the strongest themes to emerge was around loneliness and the importance of the community in supporting each other and fostering a healthy culture whereby making the healthy choice the easy choice. People wanted there to be more social interaction in neighbourhoods and saw the value in initiatives like social prescribing and identifying and tackling problems early before they developed into more serious long-term conditions.

Debt and household income was consistently highlighted as the main driver behind poor physical and mental health; with not enough being done to help people prioritise healthy lifestyle choices. People also said that availability of services was not the issue. Rather it was not knowing what services and opportunities were available or not having the confidence to use them. Many people wanted to have clear information so that they could make healthier choices, manage their own health and only contact services if and when they needed them. When using services, however, the current system was said to be too complex and not as joined up as it could be. At the same time people often felt their problems were treated in isolation - rather than holistically and dealing with a range of underlying issues that were at the heart of the problem (like debt or loneliness).

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Priorities and What will we do?

In order to achieve our outcome a number of broad priority actions have been identified. By 2020 Nottingham will be a city where:

- Direct and indirect messages regarding health and wellbeing will be clear and consistent
- Citizens will have knowledge of opportunities to live healthy lives and of services available within their communities
- 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
- Services will work better together through the continued integration of health & social care that is designed around the citizen, personalised and coordinated in collaboration with individuals, carers and families
- We reduce the harmful effects of debt and financial difficulty on health and wellbeing

To achieve the outcome and deliver our priority actions, we will:

- Further integrate services for adults across health and social care through the creation of pooled budgets
- Create integrated health and social care services for 0 to 5 year-olds
- Ensure that citizens can access the right information and support services in one place
- Promote key messages around how to stay healthy and happy
- Support people to care for themselves and know when to access additional support

- Ensure our workforce is equipped to identify, and respond early, to issues affecting health and wellbeing including healthy lifestyles, debt management and social isolation
- Enable citizens to remain independent, and within their own homes, for as long as possible
- To work with public, private and voluntary sector partners to improve people's financial resilience

Outcome 4: Nottingham's Environment will be sustainable; supporting and enabling its citizens to have good health and wellbeing

The physical environment within which we live and work plays a major role in our health and happiness. Characteristics of environments that are conducive to good health - like access to green spaces and well maintained cycling and walking routes – are heavily interlinked. For instance increasing the number of people who regularly walk or cycle will provide a number of positive benefits from reduced air pollution and carbon emissions to addressing congestion and helping people live active, healthy lives. As well as benefiting our health, healthy environments benefit environmental sustainability due to lower carbon and pollutant emissions.

Throughout the engagement events, citizens highlighted their concerns about air pollution and the importance of living in neighbourhoods where the built environment promoted healthy lifestyles such as active travel (like walking or cycling to work) and access to good quality parks and facilities.

The concerns of citizens are supported by strong scientific evidence. There is clear evidence of the adverse effects of air pollution¹³ on health and poorer communities tend to experience higher concentrations of pollution resulting in a higher prevalence of cardio-respiratory and other related diseases¹⁴.

Creating a physical environment in which people can live healthier lives with a greater sense of wellbeing is hugely significant in reducing health inequalities. Conditions that encourage walking and cycling can also help create an environment that supports the local economy, providing a vibrant and attractive setting for all¹⁵. The provision of attractive green spaces, aside from encouraging physical activity, can also improve mental wellbeing and help support social inclusion and community cohesion¹⁶.



Creating a healthy environment

Poor quality housing in particular has a big impact on both physical and mental health and wellbeing¹⁷. Housing is key driver of the difference in health outcomes across the city as those in the most deprived neighbourhoods are more likely to be living in the poorest quality housing. The private rented sector is the area of most concern as this is likely to account for much of the poor quality housing within the city.

Priorities and What will we do?

In order to achieve our outcome a number of broad priority actions have been identified. By 2020 Nottingham will be a city where:

- Housing will maximise the benefit and minimise the risk to health of Nottingham's citizens
- The built environment will support citizens having healthy lifestyles and minimise the risk of negative impact on their wellbeing
- People will be able to engage in active travel
- People in Nottingham will have access to and use of green space to optimise their physical and mental wellbeing
- Air pollution levels in Nottingham will be controlled to agreed standards

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To achieve the outcome and deliver our priority actions, we will:

- Work with housing providers to support people to live healthy lifestyles, keep well and live supported at home when unwell
- Improve housing standards and support vulnerable people who may be at risk of becoming homeless
- Consider the impact of planning decisions we make, for example where we allow fast food outlets to operate
- Improve the city's infrastructure and encourage more people to walk and cycle
- Improve the quality of our green spaces and encourage their use by the community
- Raise awareness of the positive impact small changes in behaviour can have on the environment

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Our Headline Targets

The strategy's overall aim is to increase healthy life expectancy and reduce the inequalities across Nottingham's neighbourhoods. Healthy life expectancy (at birth) describes how long a person might be expected to live in 'good health'¹⁸. It is measured separately for both men and women. Locally and nationally healthy life expectancy has remained fairly constant since it first started to be measured in 2009 but at the same time 'life expectancy' has increased meaning that people, on average, are spending a greater proportion of their life in poor health¹⁹. There are significant differences between Nottingham and other similar cities²⁰ and also amongst Nottingham's neighbourhoods (figure 2). The strategy aims to address this by improving the quality of life for people as they get older by increasing the number of years spent in good health.

Two headline targets have been set in order to measure our success in improving people's health and tackling inequalities:

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1. To increase healthy life expectancy in Nottingham to amongst the best Core Cities by 2020

In order to do this we will compare our performance to that of the top four England Core Cities and aim to achieve the average of these for men and women. This would be the equivalent of both men and women in the city today living a further three years in good health.

2. To reduce inequalities in the city by improving the health of people in the neighbourhoods that have the worst healthy life expectancy

Figure 6 shows that there are 16 areas in the city where the healthy life expectancy for men and women is significantly below the city average. We will work to improve the health of people in these neighbourhoods by the greatest amount to decrease the scale of inequalities in the city.

Figure 6: Neighbourhoods below the city average for Healthy Life Expectancy



Links to Other Strategies

For many of the priority areas identified, there already exist local strategies with detailed action plans and governance arrangements. It is not, therefore, the intention of this strategy to merely repeat and duplicate those plans. Instead, the Health and Wellbeing Board will have oversight of the key strategic actions, consider where it can add value and hold partners to account for delivery. Nonetheless, there are a number of key strategies that link directly or work alongside this strategy which merit further explanation.

The Nottingham City Clinical Commissioning Group Strategy

This Strategy has been produced alongside the Nottingham City Clinical Commissioning Group's (CCG) Strategy. Both these strategies have the same aim to improve healthy life expectancy and reducing inequalities. The priorities and actions within each strategy are aligned to optimise outcomes.

The Carers Strategy

Carers provide a massive contribution to maintaining the health and wellbeing of others in the city and we want to ensure that their value is recognised and does not come at a cost to their own health and happiness. Over one in ten people in the city are carers and a significant number provide in excess of 50 hours care per week²¹. Our aim is to improve the carer's quality of life by ensuring they receive early identification and holistic assessment of their needs, and by supporting them to realise their potential so that they can have a life outside caring. By providing effective support to improve carers' wellbeing and avoid carer breakdown, we will support vulnerable people and those with long-term conditions to continue to live as independently as possible in their own homes.

The Vulnerable Adults Plan

The Joint Health and Wellbeing Strategy is about improving the overall health and happiness of all City residents, but there are certain groups of adults who have more specific needs and/or who may be at an increased risk of poor health and wellbeing. In response, Nottingham City Council and

Nottingham City CCG came together with other partners in the City (including those working in the voluntary sector) to develop the City's Vulnerable Adults Plan. Launched in 2012, the Vulnerable Adults Plan set out vision for how the City could work together to manage the challenges of the changing health and social care landscape and continue work to help vulnerable adults to live safer, happier, longer and more fulfilling lives, and to have more choice and control over their support and other aspects of how they live.

In this context, vulnerable adults are considered to be those in receipt of specialist health and social services, those who either have lost or who are at risk of losing their independence, and those at risk of social exclusion and harm²². Work is currently in progress to capture the views of citizens, partners and other stakeholders in order to feed into the development of a refreshed Vulnerable Adults Plan (which will include carers). Those areas that the Health and Wellbeing Board can add value to will be incorporated into this strategy once an updated Vulnerable Adults Plan for 2016-20 has been prepared.

Children and Young People's Plan

Nottingham Children's Partnership has had a Children and Young People's Plan since 2010 which covers all services for children, young people and their families. For young people leaving care, our responsibility extends beyond the age of 20. For those with learning difficulties it extends to the age of 25 to ensure the transition to adult services is properly planned and delivered.

The Plan is updated on an annual basis to ensure all new national and local policies and guidance relating to improving outcomes for children and young people are incorporated in a timely way and influence its delivery. The Plan brings together the children and young people's elements of our other partnership plans including the Nottingham Plan, the Education Improvement Board Strategic Plan: A brighter future for Nottingham Children and this newly developed Health and Wellbeing Strategy: healthier, happier lives; providing one shared framework for the Children's Partnership Board and their organisations to focus on.

Summary: Our Strategy on a Page

Our vision	Happier Healthier lives: 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.			
Our Aims	To increase healthy life expectancy in Nottingham to amongst the best Core Cities by 2020 To reduce inequalities in health by targeting the neighbourhoods with the lowest levels of healthy life expectancy			
Our Outcomes	Adults, children & young people in Nottingham adopt and maintain Healthy Lifestyles	Adults, children and young people in Nottingham will have positive Mental Wellbeing and those with long-term mental health problems 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
Our Priority Actions	<ol style="list-style-type: none"> Adults, children and young people will be physically active to a level which benefits their health Adults, children and young people will have a healthy and nutritious diet Adults, children and young people will be able to achieve and maintain a healthy weight Adults, children and young people will be inspired to be smoke free People who drink alcohol will drink responsibly, minimising harm to themselves and those around them 	<ol style="list-style-type: none"> Adults, children and young people with, or at risk of, poor mental health will be able to access appropriate level of support as and when they need it Those with long-term mental health problems will have healthier lives Those with or at risk of poor mental health and wellbeing will be able to access and remain in employment People who are, or at risk of, loneliness and isolation will be identified and supported 	<ol style="list-style-type: none"> Direct and indirect messages regarding health and wellbeing will be clear and consistent Citizens will have knowledge of opportunities to live healthy lives and of services available within communities 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 Services will work better together through the continued integration of health & social care that is designed around the citizen, personalised and coordinated in collaboration with individuals, carers and families Reduce the harmful effects of debt and financial difficulty on health and wellbeing 	<ol style="list-style-type: none"> Housing will maximise the benefit and minimise the risk to health of Nottingham's citizens The built environment will support citizens having healthy lifestyles and minimise the risk of negative impact on their wellbeing People will be able to engage in active travel People in Nottingham will have access to and use of green space to optimise their physical and mental wellbeing Air pollution levels in Nottingham will be controlled to agreed standards
Principles	Tackling Inequalities; Early Intervention; Sustainability; Engagement of the Voluntary and Community Sector; and, Integrated Working			

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- ¹ The full engagement results 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>
- ³ Based on 'Life expectancy at birth' which shows the average number of years a person would expect to live based on contemporary mortality rates. For a particular area and time period, it is an estimate of the average number of years a new born baby would survive if he or she experienced the age-specific mortality rates for that area and time period throughout his or her life.
- ⁴ Based on 'Healthy life expectancy at birth' which is a measure of the average number of years a person would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health.
- ⁵ Public Health England (2016) <http://www.phoutcomes.info/search/life%20expectancy#page/1/gid/1/pat/6/par/E12000004/ati/102/are/E06000018>
- ⁶ Barton and Green (2006)
- ⁷ Parks J et al. *Morbidity and Mortality in people with Serious Mental Illness*. 2006. See also: De Hert, M. et al. *Physical illness in patients with severe mental disorders*. *World Psychiatry* 2011;10:52-77.
- ⁸ Van der Kooy, K. et al. *Depression and the risk for cardiovascular diseases: systematic review and meta analysis*. *International Journal of Geriatric Psychiatry*, Volume 22, Issue 7, pages 613–626, July 2007.
- ⁹ McManus S, et al. *Adult Psychiatric Morbidity in England, 2007: Results of a household survey*.: NHS Information centre for health and social care. 2009
- ¹⁰ According to GP records there are round 20,000 people registered with depression and around 3,500 with severe mental health problems recorded on local GP registers for depression and severe mental health (2014 Quality and Outcomes Framework (QOF))
- ¹¹ Hiroeh et al. *Deaths from natural causes in people with mental illness* *Journal of Psychosomatic Research*. Mar 2008 vol. 64(3) pp.275-83
- ¹² Kessler R et al. *Lifetime prevalence and age-of-onset distributions of mental disorders in the World Health Organization's World Mental Health Survey Initiative*. *World Psychiatry* 2007. Available from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2174588/>
- ¹³ Fair Society, *Healthy Lives: The Marmot Review* (2010)
- ¹⁴ FOE (2001) *Pollution and poverty- Breaking the link*.
- ¹⁵ *Walking and Cycling*, National Institute for Health and Care Excellence (NICE) Local Government Briefings (January 2013)
- ¹⁶ Porritt J, Colin-Thomé D, Coote A, Friel S, Kjellstrom T and Wilkinson P (2009) *Sustainable development task group report: health impacts of climate change*.
- ¹⁷ *Marmot Review*, London, 2010
- ¹⁸ 'Healthy life expectancy' is based on applying data from the Annual Population Survey to birth and mortality rates by area ONS (2016)
- ¹⁹ In Nottingham, healthy life expectancy for males is 57.8 years and 58.4 years for females compared to a life expectancy of 77.1 years for males and 81.6 years for females (2012-2014 data, ONS 2016).
- ²⁰ People in Nottingham will spend more of their life living in poor health than those living in other areas. In terms of the proportion of total life expectancy spent in a healthy state, the city is ranked 6th out of 8 for men amongst the England Core Cities and 7th for women (2012-2014 data, ONS 2015).
- ²¹ There are around 27,500 people in the city who care for another person and around 28% provide in excess of 50 hours care per week.
- ²² This would include those with alcohol and substance misuse issues, refugees and asylum seekers, those with a physical and sensory impairment, people with learning disabilities, carers, older people, those who are homeless or at risk of homelessness and those with mental health problems.

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HEALTH AND WELLBEING BOARD - 25 MAY 2016

Title of paper:	Greater Nottinghamshire NHS Sustainability and Transformation Plan	
Director(s)/ Corporate Director(s):	Colin Monckton, Director of Strategy and Policy Candida Brudenell, Assistant Chief Executive	Wards affected: All
Report author(s) and contact details:	Colin Monckton colin.monckton@nottinghamcity.gov.uk David Pearson, Corporate Director, Adult Social Care, Health and Public Protection & Deputy Chief Executive, Nottinghamshire County Council	
Other colleagues who have provided input:	Rebecca Larder Greater Nottingham Director of Transformation	
Date of consultation with Portfolio Holder(s) (if relevant)	11 May 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 type="checkbox"/>
Energy, Sustainability and Customer	<input type="checkbox"/>
Jobs, Growth and Transport	<input type="checkbox"/>
Adults, Health and Community Sector	<input checked="" type="checkbox"/>
Children, Early Intervention and Early Years	<input type="checkbox"/>
Leisure and Culture	<input type="checkbox"/>
Resources and Neighbourhood Regeneration	<input type="checkbox"/>

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):

The Nottinghamshire Sustainability and Transformation Plan (the STP) is the delivery plan for implementation of the national strategy for the NHS, the Five Year Forward View (5YFV). The STP is designed to transform the whole health and social care system for Nottinghamshire (i.e. Greater Nottingham and Mid Notts) to address key gaps around Health and Well Being, Care and Quality and Finance & Efficiency.

This report provides an update, for information, on progress in developing the overall Nottinghamshire STP, in particular the aspects relating to Nottingham City, including a summary of the key gaps, emerging improvement themes and priorities.

Recommendation(s):	
1	The Health and Wellbeing Board is asked to note the progress in developing the Nottinghamshire STP, and the likely benefits in improving the Health and Well Being of Nottingham citizens, and the long-term sustainability of the health and social care system.

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'):

A key priority within the STP is reducing the Health and Well-Being gap, including reducing health

1. REASONS FOR RECOMMENDATIONS

- 1.1 Supporting the development of a Sustainability and Transformation Plan is within the remit of the Health and Wellbeing Board.

2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

- 2.1 The NHS Five Year Forward View (5YFV) sets out a vision for the future of the NHS. It was developed by the partner organisations that deliver and oversee health and care services.
- 2.2 NHS planning guidance states that local health and care systems are required to produce an STP showing how local services will evolve and become sustainable over the next five years and contribute towards closing the three gaps across the health and care system highlighted in the 5YFV (health and wellbeing, care and quality, and finance and efficiency). STPs should be place-based, multi-year plans built around the needs of local populations. As part of the development of the STP, health and care providers have been asked to identify and confirm their STP Footprint.
- 2.3 The Nottinghamshire STP covers Greater and Mid-Nottinghamshire, made up of 8 local authorities, 6 CCGs and NHS providers including Nottinghamshire Healthcare Trust and Nottingham University Hospitals.
- 2.4 Nottinghamshire health and care partners submitted an initial high-level system sustainability and transformation plan to NHS England in April 2016 setting out the evidence and insight to support the case for change along with the vision and plans to close the three gaps. This initial plan highlighted key Health and Well Being issues for Nottingham such as: smoking, obesity, alcohol and drugs, poor mental health, health inequality – and the critical importance of a greater focus on early intervention and prevention.
- 2.5 Supported by external consultants, health and care partners have been working to assess the extent of the three gaps and to identify where existing transformation programmes have delivered and can shape the next stage of the process including:
- Mid Nottinghamshire “Better Together”
 - Greater Nottingham “Together We Care”
 - 4 x Vanguard (Multi-speciality Care Provider, Primary and Acute Care System, Care Homes and Urgent Care)
 - 2 x Integration Pioneer Programmes
 - New Nottingham City HWB strategy
- 2.6 Health and care partners have supported a process of assessment and analysis and learning of local challenges. Transformation is underway in a number of areas including:
- Vanguard and other initiatives driving integration
 - Developing out of hospital care models including mental health
 - Development of multi-disciplinary teams in primary care
 - Successful development and implementation of Better Care Fund plans

- Formal partnership between Nottingham University Hospitals and Sherwood Forest Hospital
- Innovative engagement with local communities

2.7 Emerging themes for development have been identified including:

- Continuing to drive transformation through collaborative commissioning
- Transcending organisational boundaries
- Workforce Transformation

2.8 The key milestones in the development of the STP are as follows:

- Secure external consultancy support to specifically help develop the Greater Nottingham (GN) part of STP – by 1st April (complete)
- Initial high-level system sustainability and transformation plan – submitted by 13th April (complete)
- Complete initial analysis of gaps, supported by Milliman data – by end April
- McKinsey Interim Plan – end May
- Stakeholder engagement on STP prior to formal submission – during June
- Submit full STP – by 30th June
- Develop detailed implementation plan informed by HWBB input – starting July

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:

The Health and Wellbeing Board is being asked to note the progress in developing the STP.

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 NHS Five Year Forward View

8.2 NHS Shared Planning Guidance re: Developing Sustainability and Transformation Plans to 2020/21

8.3 Initial Nottingham high-level system sustainability and transformation plan

HEALTH AND WELLBEING BOARD - 25 MAY 2016

Title of paper:	Local Digital Roadmap update	
Director(s)/ Corporate Director(s):	Colin Monckton, Director of Strategy and Policy, Nottingham City Council	Wards affected: All
Report author(s) and contact details:	Andy Evans, Programme Director, Connected Nottinghamshire 07595087977 andyevans1@nhs.net	
Other colleagues who have provided input:		
Date of consultation with Portfolio Holder(s) (if relevant)		
Relevant Council Plan Strategic Priority:		
Cutting unemployment by a quarter		<input type="checkbox"/>
Cut crime and anti-social behaviour		<input 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 type="checkbox"/>
Deliver effective, value for money services to our citizens		<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>The production of a Sustainability Transformation Plan (STP) is a national requirement for each Health and Care footprint in order to demonstrate how they will meet the national ambitions for levels of care and efficiency. In support of these ambitions “The Five Year Forward View” makes a commitment that, by 2020, there would be “fully interoperable electronic health records so that patient’s records are paperless”. This was supported by a Government commitment in Personalised Health and Care 2020 that “all patient and care records will be digital, interoperable and real-time by 2020”. To demonstrate how each locally defined Digital Footprint will achieve these commitments to support the STP a Local Digital Roadmap (LDR) has to be produced and submitted along with the STP by the 30th June 2016.</p>		
Recommendation(s):		
1	The Board is asked to NOTE that the LDR is being produced and will be submitted with the STP in June 2016.	
2	The Board is asked to SUPPORT the LDR after it has been approved through the formal channels.	

	<p>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'):</p> <p>The LDR will respond to the needs and priorities in this area within the STP.</p>
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1. REASONS FOR RECOMMENDATIONS

The Local Digital Roadmap will be included in the STP. This paper therefore sits alongside the paper on the STP progress and both will return to the Board in July for formal sign off.

The Board is therefore noting the progress to date on this cross cutting enabler that has been taken forwards collaboratively through the well-established Connected Nottinghamshire programme.

There have been widespread contributions from all partners via Connected Nottinghamshire.

2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

The production of a Sustainability Transformation Plan (STP) is a national requirement for each Health and Care footprint in order to demonstrate how they will meet the national ambitions for levels of care and efficiency. In support of these ambitions “The Five Year Forward View” makes a commitment that, by 2020, there would be “fully interoperable electronic health records so that patient’s records are paperless”. This was supported by a Government commitment in Personalised Health and Care 2020 that “all patient and care records will be digital, interoperable and real-time by 2020”. To demonstrate how each locally defined Digital Footprint will achieve these commitments to support the STP a Local Digital Roadmap (LDR) has to be produced and submitted along with the STP by the 30th June 2016.

The LDR sets out the five year vision for technology across the Footprint area and outlines how technology will support closing the; Health and Well Being Gap, Finance and Efficiency Gap and the Care and Quality Gap.

PRESENT POSITION

The LDR development is being co-ordinated by the Connected Nottinghamshire programme. This is an already well-established programme of work that has been focusing on interoperability and the development of Integrated Digital Care Records.

Initial baseline assessment work has progressed well with organisations carrying out a national Digital Maturity Assessment to identify areas that require improvement. An initial draft of the LDR has been circulated to STP leads and throughout May and June will be refined to ensure alignment with the transformation plan.

Nottingham and Nottinghamshire are well placed to deliver the ambitions of the Paperless at the Point of Care target but significant investment is likely to be required. Recent announcements have outlined national funding that is to be set aside to support this work. An approved LDR is an essential component in the process of

gaining access to these funds and demonstrating system wide support of the LDR helps strengthen the case for national sign off. The LDR will be reviewed on an annual basis and part of the Clinical Commissioning Groups (CCG) Improvement and Assessment framework as well as, over the next few years, becoming a part of the various regulation and inspection regimes across Health and Local Authorities.

The LDR will be approved with local Health and Care provider and Commissioner sign off and the Health and Well Being Boards will be kept up to do and receive regular updates on progress.

There are a large number of risks and issues associated with the delivery of the component projects that will deliver the ambitions of the LDR. These are managed currently through the Connected Nottinghamshire programme which has representation of all Health and Care organisations within the footprint area. The most significant issues relate to capacity for change within organisations and the funds to support new technical capabilities. Whilst mitigations are in place to reduce these risks currently, it is likely that these will remain the major challenges throughout the delivery of the LDR.

EXPECTED OUTCOME

The LDR will be submitted by the 30th June along with the STP. With work having been underway in this area across Nottingham and Nottinghamshire for a number of years already, the LDR is really an extension of the existing digital enablement work. A large number of technology projects are already well developed and delivering new capabilities. These will not be affected by the LDR process but future years developments will be clearer and upon sign off of the LDR the process of applying for future years financial support is expected to begin.

3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

3.1 Not applicable

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

4.1 Not applicable at this stage.

The LDR will provide the system requirements alongside the STP and therefore it will set out the future funding requirements and become the basis from which bids for transformation support are submitted.

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

5.1 Not applicable at this stage.

6. EQUALITY IMPACT ASSESSMENT

6.1 Has the equality impact been assessed?

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

X

No

Yes – Equality Impact Assessment attached

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

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

7.1 None

8. PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

8.1 “The Forward View Into Action: Paper-free at the point of care. Guidance for developing Local Digital Roadmaps”, NHS England 2016

HEALTH AND WELLBEING BOARD - 25 MAY 2016

Title of paper:	NCC and CCG Joint Commissioning Priorities 2016/17	
Director(s)/ Corporate Director(s):	Candida Brudenell: Assistant Chief Executive Katy Ball: Director of Procurement and Children's Commissioning Lucy Anderson: Assistant Director of Quality Governance, Children and Learning Disabilities	Wards affected: All
Report author(s) and contact details:	Chris Wallbanks: Strategic Commissioning Manager: 8764801 Clare Gilbert: Interim Strategic Commissioning Manager: 8764811	
Other colleagues who have provided input:	Christine Oliver: Head of Service, Crime & Drugs Partnership Jo Williams: Assistant Director Health and Care Integration, Nottingham CCG Lucy Anderson: Assistant Director of Quality Governance, Children and Learning Disabilities, Nottingham CCG	

Date of consultation with Portfolio Holder(s) (if relevant)	
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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 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 report sets out the commissioning intentions for Nottingham City Council and the joint commissioning intentions for Nottingham City Council (NCC) and Nottingham City Clinical Commissioning Group (CCG) for 2016-2017 which will form the basis of the work programme for both organisations and will inform prioritisation of resources. This is a live document and therefore subject to change as detail emerges.

The commissioning priorities will provide an important catalyst for:

- Improving outcomes and choice for children, adults and families in key areas
- Reducing costs

- Increasing focus on prevention and early intervention

Recommendation(s):

- | | |
|----------|---|
| 1 | To approve the main areas of activity identified within the joint headline plan (Appendix 1) and the more detailed implementation plans (Appendix 2 – NCC commissioning intentions; Appendix 3 – Joint NCC and CCG commissioning intentions). |
| 2 | To agree a timescale for reviewing the progress made on the plan, potentially through RAG rating each activity area. |

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

The commissioning intentions relating to the Health and Wellbeing Strategy outcome, 'People in Nottingham will have positive Mental Wellbeing and those with Serious Mental illness have good physical health' will support this aspiration.

1. REASONS FOR RECOMMENDATIONS

- 1.1 Agreement of the commissioning intentions for 2016/17 by the Board will establish the work programme for the City Council and the CCG and enable resources to be allocated effectively.

2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

- 2.1 Discussions have taken place with relevant partners in relation to commissioning priorities for 2016-17. These were based on consideration of citizen outcomes, policy and legislative requirements, contractual issues, budgetary issues, time elapse and outcome of last review and deliverability. The plan will form the basis for the allocation and prioritisation of resources for the forthcoming year in order to deliver improved outcomes for Nottingham citizens, transformational change and systemic efficiencies.
- 2.2 This plan identifies NCC priorities and our combined priorities across health and social care provision and will underpin the work of the Commissioning Executive Group and the Health and Wellbeing Board
- 2.3 As a result of this engagement and prioritisation process, commissioning activity for the coming year has been aligned as far as possible with the outcomes and priority areas identified within the Health and Wellbeing Strategy.
- 2.4 Activity related to improving physical health outcomes has been listed under the outcome 'People in Nottingham adopt and maintain Healthy Lifestyles' Activity related to improving mental health has been listed under the outcome 'People in Nottingham will have positive Mental Wellbeing and those with Serious Mental illness will have good physical health' Activity related to empowering people to live healthy lives or activity related to wider system change, including services working better together, which will ultimately support people to live healthier lives, has been listed under the outcome 'There will be Healthy Culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill-health'. Finally, activity related to improving physical environment has been

Listed under the outcome 'Nottingham's Environment will be sustainable;
Supporting and enabling citizens to have good health and wellbeing'

- 2.5 The attached provisional headline plan (Appendix 1), indicates activity undertaken by each organisation and activity that is being undertaken jointly. The attached provisional Implementation Plans (Appendix 2- NCC commissioning intentions and Appendix 3 – Joint NCC and CCG commissioning intentions), indicate activity undertaken by Nottingham City Council only and Nottingham City Council jointly with Nottingham City Clinical Commissioning Group.
- 2.6 Each activity area will be worked up further to identify person-centred outcomes and make reference to national outcomes frameworks and our local strategies and plans.
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.

3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

- 3.1 Other options for commissioning intentions have been considered as part of early discussions with partners, but have been rejected on the basis of application of the following considerations:
- Outcomes for children, adults and families
 - Financial factors
 - Policy Framework
 - Contractual issues
 - Time since last review
 - Partnership priorities
 - Deliverability

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

- 4.1 The finances associated with each area of activity have been identified where possible. Further analysis of spend contained within each area of activity will be undertaken in order to identify potential efficiencies

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

- 5.1 This report does not raise any significant legal issues and any Crime and Disorder Act implications arising from the recommendations in this report are positive

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 this report does not contain proposals for new or changing policies, services or functions, financial decisions or decisions about implementation of policies developed by the Council

(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

8.1 None

Provisional Joint Outcome-Based Headline Plan 2016/17v4

Outcome	Commissioning Activity Nottingham City Council	Commissioning Activity CCG	Joint commissioning activity
People in Nottingham adopt and maintain Healthy Lifestyles	Implementation of Healthy Lifestyles Model Young People's Substance Misuse Treatment Implementation of adult substance services model Drug and alcohol inpatient Review Implementation of adult and children's Sexual Health Services		Bulwell & Bulwell Forest Self-Care Pathway (Pilot Project)
People in Nottingham will have positive Mental Wellbeing and those with Serious Mental illness will have good physical health		Review the acute liaison service Review opportunities for improving the physical healthcare of patients with mental health issues and opportunities for improving the mental health of people with physical health problems Mental health street triage	Integrated Mental Health Pathways Future in Mind Transformation Plan (including CAMHS work) (Implementation phase)

		Develop primary care mental health service	
<p>There will be a Healthy Culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill health</p>	<p>LAEO</p> <p>Day and Evening Services Framework</p> <p>Criminal Justice Treatment Service Review</p> <p>Domestic and Sexual Violence Review</p> <p>Commissioning and Sufficiency for Children in Care Placements</p>	<p>Primary care vision implementation</p> <p>Urgent care vanguard</p> <p>Early detection and improved outcomes for people with cancer</p> <p>Personal Health Budgets</p> <p>Support for people with long term conditions:</p> <ul style="list-style-type: none"> • Diabetes • Weight Management • Respiratory • Atrial Fibrillation • Stroke 	<p>Pooled budget development Integrated Adult Care / BCF (incl DTOC)</p> <p>Children's 0-5 Integration Programme</p> <p>Effective personal care at home</p> <p>Whole Life Disability Programme (Children and Adult)</p> <p>Carer's Provision</p> <p>Child Development Review Phase 2 (5-19 Universal and Early Help)</p> <p>Assistive Technology expansion</p> <p>Universal and Early Help Pathway 5-19 (Linked to a SCR)</p> <p>Hospital Substance Misuse Care Team</p> <p>Social Prescribing</p>
<p>Nottingham's Environment will be sustainable; supporting and enabling its citizens to have good health and wellbeing</p>			<p>Home Care</p> <p>Social Inclusion- Housing Related Support</p>

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NCC Commissioning Intentions 2016/17

HWB Strategy Outcome	Commissioning Activity and Scope	Rationale	Key Milestones	Lead	Director Sponsor	Year End Outcome – where will we be?	Finance
People in Nottingham adopt and maintain Healthy Lifestyles	Implementation of Healthy Lifestyles Model (Strategic Commissioning Review [SCR]) In scope are LA commissioned PH Grant funded services for adults to stop smoking, become physically active, improve diet and nutrition and have a healthy weight, NHS Health Checks.	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	Rachel Sokal	A more effective and efficient model of services to support citizens at high risk of and living with LTC to reduce risk. Services will be more integrated with other relevant health and social care services and wider council provision.	£2.3m pa
	Young People's Substance Misuse & Treatment Review SCR Lifeline Journey. Head2Head DrugAware.	To refresh and provide a progress update on the young people's substance misuse review. Specialist young people's substance misuse service	<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. 	Ian Bentley	Katy Ball Christine Oliver	Review complete. Any procurement complete. Any new services operational.	£414,757 pa

HWB Strategy Outcome	Commissioning Activity and Scope	Rationale	Key Milestones	Lead	Director Sponsor	Year End Outcome – where will we be?	Finance
		contract comes to an end 30/04/17.	<ul style="list-style-type: none"> Any new services to be operational April 17. 				
	<p>Implementation of adult substance services model. <u>Implementation</u></p> <p>Integrated alcohol drug & alcohol treatment & support service (new).</p> <p>Specialist needle exchange & sexual health service (new).</p> <p>Family support service (new).</p>	<p>New substance misuse adult treatment system contracts tendered in 15/16 with contracts anticipated to be awarded April 16 and operational July 16.</p> <p>Safe implementation of new services required to ensure safe transfer of care and prescribing for existing service users.</p>	<ul style="list-style-type: none"> Contracts awarded April 16 Service to be operational July 16. <p>Ongoing support and full implementation</p>	Lucy Putland	Katy Ball Christine Oliver	<p>New treatment system fully operational.</p> <p>All current service users safely transferred to the new provider/service.</p>	<p>£4,376,000 pa</p> <p>£200k pa</p> <p>£250k pa</p>

HWB Strategy Outcome	Commissioning Activity and Scope	Rationale	Key Milestones	Lead	Director Sponsor	Year End Outcome – where will we be?	Finance
	<p>Drug and alcohol inpatient Review SCR</p> <p>Woodlands Inpatient Service (NHT)</p> <p>Michael Varnam House (Framework)</p>	<p>Inpatient provision was out of scope for the current commissioning of substance misuse services. A review of level of need is required based on 16/17 activity with potential commissioning in 2016/17. .</p>	<p>Timescales to be confirmed. All of the following to be completed by end of 16/17:</p> <ul style="list-style-type: none"> • Review level and profile of need • Review current provision • Identify unmet need • Options appraisal • Commissioning intentions determined • Current provider notified • <i>Should decision be to tender, procurement plan developed and market development undertaken</i> 	Lucy Putland	Katy Ball Christine Oliver	<p>Review completed. Commissioning intentions determined. Plan for any procurement in place (any procurement to begin Q1 17/18). Current providers notified.</p>	<p>£386,869 pa</p> <p>£83,002 pa</p>
	<p>Implementation of sexual health services. Implementation</p> <p>Ensure</p>	<p>Maximise the potential of recently commissioned services:</p> <ul style="list-style-type: none"> • ISHS 	<ul style="list-style-type: none"> • Commissioning of main Integrated Sexual Health Service (ISHS) undertaken in 2015/16, however 	TBC	Rachel Sokal		Circa £4.4 pa

HWB Strategy Outcome	Commissioning Activity and Scope	Rationale	Key Milestones	Lead	Director Sponsor	Year End Outcome – where will we be?	Finance
	implementation of re-commissioned services Undertake a review of current primary care services, (including service review of specific services) to determine future commissioning proposals	<ul style="list-style-type: none"> • sexual health and needle exchange service, • STI and social care, • primary care services; • online STI testing services (chlamydia, HIV) • C-card To work in an integrated way to deliver improvements in sexual health outcomes.	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 <ul style="list-style-type: none"> • Primary care services contract due to expire at the end of 16/17. 				
People in Nottingham will have positive Mental Wellbeing and those with Serious	(All activity is jointly planned and delivered- see Appendix 3)						

HWB Strategy Outcome	Commissioning Activity and Scope	Rationale	Key Milestones	Lead	Director Sponsor	Year End Outcome – where will we be?	Finance
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	<p>Looking After Each Other (LAEO) Implementation</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</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 • Resources secured to drive delivery of strategy and fund overall communications strategy March 16 • Impact analysis of Vulnerable Adults pilots complete – decisions on scaling-up made March 16 • Loneliness action plan agreed (linked to HWBB) – April 16 • Improved 	Kevin Banfield	Candida Brudenell	<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> <p>Bulwell pilot complete, results and impacts evaluated – and model being rolled-out to other areas of the city</p>	£155k pa

HWB Strategy Outcome	Commissioning Activity and Scope	Rationale	Key Milestones	Lead	Director Sponsor	Year End Outcome – where will we be?	Finance
	Children and Families (reducing flow of children into care)		<p>governance arrangements in place (focussed around Demand Management) April 16</p> <ul style="list-style-type: none"> • CSR initiatives of city's major businesses aligned around a small number of key priority areas May 16 • 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 			Volunteering efforts of the city's major businesses aligned around city priorities	
	<p>Day and Evening Services Framework SCR</p> <p>Review of current</p>	<p>Current framework ends February 17. Current framework</p>	<ul style="list-style-type: none"> • Analysis of services and model Aug 16 • Develop new model Sept 16 	TBC	TBC	New framework or approved provider list of Day and Evening Opportunities will be developed	Circa £2.3m pa

HWB Strategy Outcome	Commissioning Activity and Scope	Rationale	Key Milestones	Lead	Director Sponsor	Year End Outcome – where will we be?	Finance
	framework for the provision of day and evening activities	does not deliver sufficient flexibility and does not support innovation. No learning disability services are on the current framework	<ul style="list-style-type: none"> Day and Evening ITT Issued Oct 16 New Framework in place Feb 2017 				
	Criminal Justice Treatment Service Review <u>SCR</u>	Contract due to end April 2018. Lease on current Adult Offender Building December 2017. Review will begin in 2016/17.	Review to begin January 2017	CDP/Ian Bentley	Katy Ball Christine Oliver	Review underway.	£1,234,157 pa
	Domestic and Sexual Violence Review <u>SCR</u> Domestic Violence Refuges.	<ul style="list-style-type: none"> Refuges contracts end in September. Commitment at JCG to reissue contracts for refuges due to buildings. 	Timescales to be confirmed.	CDP/Ian Bentley	Colin Monckton Tim Spink	New refuge contracts existing providers.	£477,500 pa

HWB Strategy Outcome	Commissioning Activity and Scope	Rationale	Key Milestones	Lead	Director Sponsor	Year End Outcome – where will we be?	Finance
	<p>Stronger Families & Rise</p> <p>Children’s Workers</p> <p>Implementation of domestic & sexual violence contracts</p>	<p>Dispensation will be sought.</p> <ul style="list-style-type: none"> • 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. <p>New domestic and sexual</p>				<p>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> <p>New services fully operational.</p>	<p>£319,250</p> <p>£30k pa</p> <p>£621,763 pa</p>

HWB Strategy Outcome	Commissioning Activity and Scope	Rationale	Key Milestones	Lead	Director Sponsor	Year End Outcome – where will we be?	Finance
		violence contracts awarded in 15/16 to be implemented. Partnership arrangements with other funders to be finalised				Partnership requirements regarding performance and financial management being met.	
	<p>Commissioning and Sufficiency of Children in Care Placements SCR</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</p>	£34m annual spend, changing cohort needs, market sufficiency and capability needs, outcomes still relatively poor for this group.	<p>Sufficiency analysis to inform 2016-18 strategy to commence April 2016.</p> <p>Commence implementation of semi-independent block and framework contracts August 2016.</p>	Anne Partington Holly Macer	Candida Brudenell, Helen Blackman, Katy Ball	<p>Semi-independent (16yrs+) accommodation and support block contract and framework to be implemented in August 2016.</p> <p>Develop regional approaches to commissioning placements for our most complex children in care</p> <p>Undertake market development in family placements for complex children</p>	<p>£34m Savings to be identified</p> <p>TBC</p> <p>None</p>

HWB Strategy Outcome	Commissioning Activity and Scope	Rationale	Key Milestones	Lead	Director Sponsor	Year End Outcome – where will we be?	Finance
	<p>sufficiency requirements.</p> <p>Maximise quality, value for money and opportunities to reduce spend on CiC placements.</p>					Continued implementation of residential block contract (projected saving of circa £300k+ in year)	
	<p>Effective Personal Care at Home SCR</p> <p>Review of Homecare system including Framework provision and role of internal provision. Aim to align with Notts County provision and potential for joint</p>	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	Circa £13.7m pa

HWB Strategy Outcome	Commissioning Activity and Scope	Rationale	Key Milestones	Lead	Director Sponsor	Year End Outcome – where will we be?	Finance
	commissioning						
Nottingham’s Environment will be sustainable: supporting and enabling its citizens to have good health and wellbeing	(All activity is jointly planned and delivered- see Appendix 3)						

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NCC and CCG Joint Commissioning Intentions 2016/17 v5

HWB Strategy Outcome	Commissioning Activity and Scope	Rationale	Key Milestones	Lead	Director Sponsor	Year End Outcome – where will we be?	Finances
People in Nottingham adopt and maintain Healthy Lifestyles	Bulwell & Bulwell Forest Self Care <u>Pilot Project</u> The pilot project is currently underway and due to be completed in January 2017. Evaluation will identify the most effective elements of the pilot for roll-out across the City.	Self-care enables people to remain independent of services for as long as possible by managing long term conditions and/or delaying the onset of ill-health.	<ul style="list-style-type: none"> • Pilot project ends January 2017 • Final evaluation report due March 2017 	Rachel Jenkins	Jo Williams	Evidenced successful elements of the pilot will be identified for City wide roll-out.	Circa £370k (Excludes costs for Click Nottingham Pilot & Enablement Gateway Team)
People in Nottingham will have positive Mental Wellbeing and those with Serious mental Illness will have good physical health	Integrated Mental Health Pathways <u>SCR</u> Requires scoping. Opportunity to consider whole system support from inpatient mental health services through to community based accommodation and support.	Overall performance of MH provision is not well understood. Commissioning activity to date has not looked across areas of provision or produced joined-up plans. This is an opportunity to explore integration, particularly integration of physical and mental health in care delivery. Increase in MH presentations in	Subject to initial scoping and further development of model. <ul style="list-style-type: none"> • Scope – March 2016 • Review arrangements and governance – April 2016 • Research and engagement – April to June 2016 • Development of model – July/Aug 2016 • Plan for procurement agreed (and 	Rachel Jenkins	Jo Williams	Cross system plan for provision of MH services aligned to priorities in the Wellness in Mind Strategy. Further outcomes (i.e. design of services and award of contracts) subject to plan.	Circa £1.7m pa (NCC contracts)

HWB Strategy Outcome	Commissioning Activity and Scope	Rationale	Key Milestones	Lead	Director Sponsor	Year End Outcome – where will we be?	Finances
		<p>general needs homelessness services. Initial 3 year contract term for supported accommodation due to expire at the end of 16/17.</p>	<p>approval) September 2016</p> <ul style="list-style-type: none"> Procurement to commence October/November 2016 <p>Implementation from April 17</p> <p>MH integration Steering group will map MH service delivery across the City and identify key areas for integration by June 2016 Work plan for prioritised areas for 16/17 will be agreed by June 2016 (Timelines are CCG only and may need to be revised to integrate NCC)</p>				
	<p>Future in Mind Transformation Plan (including CAMHS work) <u>Implementation Plan</u></p> <p>Promoting resilience, prevention and early</p>	<p>Future in Mind is Government Guidance on promoting, protecting and improving children and young people's</p>	<p>(34 point action plan available)</p> <ul style="list-style-type: none"> Promoting whole school approaches to promoting MHWB April 16- March 17 	<p>Lucy Peel Sarah Quilty Charlotte Reading</p>	<p>Katy Ball Helene Denness Lucy Anderson</p>	<p>Delivered Yr 1 objectives.</p>	<p>TBC</p>

HWB Strategy Outcome	Commissioning Activity and Scope	Rationale	Key Milestones	Lead	Director Sponsor	Year End Outcome – where will we be?	Finances
	<p>intervention Improving access to effective support Care for the most vulnerable Accountability and transparency Developing the workforce</p>	<p>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.</p>	<ul style="list-style-type: none"> • 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 • Review Crisis and Intensive Home Treatment Service by Sept 16 <p>Review support to vulnerable groups (tbc)</p>				
<p>There will be a Healthy Culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill-health</p>	<p>Integrated Commissioning of health and social care provision <u>SCR</u></p> <p>Establish a pooled budget for adult health and social care services.</p> <p>This will include developing a section 75 partnership agreement to describe the governance,</p>	<p>Supports integrated care.</p> <p>More effective and efficient cross agency commissioning</p>	<ul style="list-style-type: none"> • Develop new Section 75 agreement – September 2016 • Agree integrated commissioning arrangements • Agree governance arrangements • Agree risk share arrangements • Develop performance 	<p>Jo Williams Colin Monkton Maria Principe</p>	<p>Candida Brudenell Dawn Smith</p>	<p>Pooled budget in place supported by a section 75 partnership agreement</p> <p>Three year savings plan agreed and being implemented</p>	<p>Circa £300m joint budget. £100m NCC Includes all ASC services and purchasing budgets. £200m CCG funding</p>

HWB Strategy Outcome	Commissioning Activity and Scope	Rationale	Key Milestones	Lead	Director Sponsor	Year End Outcome – where will we be?	Finances
	commissioning and risk share arrangements.		management metrics • Develop savings plan- July 2016				
	<p>Integrated 0-5 Children's Teams <u>SCR</u></p> <p>Health Visitors, Family Nurse Partnership, Breast Feeding Peer Supporters, Early Help Team, Children's Nutrition Team,</p>	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.	<p>From April 16,</p> <ul style="list-style-type: none"> • 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 Charlotte Reading	Candida Brudenell Sally Seeley Katy Ball Helen Blackman Lucy Anderson	0-5 children's teams are established, aligned to the 8 Care Delivery Group areas and delivering the specification.	Circa £14m which includes contracts for services in scope plus cost of internal service
	<p>Effective Personal Care at Home <u>SCR</u></p> <p>Review of Homecare system including Framework provision and role of internal provision. Aim to align with Notts County provision and potential for joint</p>	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 <p>Commence Sep/Oct '17</p>	Michael Rowley Claire Kent Jo Williams	Colin Monckton Hazel Wigginton	Model agreed and tender in progress	Circa 13.7m pa Includes internal services

HWB Strategy Outcome	Commissioning Activity and Scope	Rationale	Key Milestones	Lead	Director Sponsor	Year End Outcome – where will we be?	Finances
	commissioning						
	<p>Enhanced Whole Life Choices for People with Needs and Disabilities (Incorporating the Transforming Care Programme and the SEND Reforms) <u>SCR</u></p> <p>A Whole Life Disability Programme has started. This looks at the needs of children and adults with learning and physical disabilities. It incorporates the work of the adult learning disability review, the Special Educational</p>	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 (TBC) • 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 Theodore Phillips Charlotte Reading	Katy Ball Sally Seeley Pat and Sarah Fielding	Agreed work programme and key priorities for Whole Life Disability Programme	Circa £5m pa based on current NCC adult and children's WLD contracts. This does not include wider purchasing budgets
	<p>Carers' Provision <u>SCR</u></p> <p>Review of current carer</p>	Reconfiguring of carer services to increase alignment and support BCF	<ul style="list-style-type: none"> • Joint Strategic Commissioning Review by NCC and CCG 	Lisa Lopez/ Gemma Markham	Colin Monckton Katy Ball Hazel	New services in place ready to commence. Work taking	Circa £451k pa based on NCC

HWB Strategy Outcome	Commissioning Activity and Scope	Rationale	Key Milestones	Lead	Director Sponsor	Year End Outcome – where will we be?	Finances
	services commissioned by CCG and NCC	arrangements Services need to align better to Care Act requirements	<ul style="list-style-type: none"> completed June 2016 New service model developed May/June 2016 Aligned/joint commissioning of new services to take place from August 2016 New services in place April 2017 		Wigginton	place with Health and Social Care providers to integrate carers into the planning and support for the cared-for citizens.	contracts £1.05m pa CCG funding
	Integrated 5-19 Young People's Teams <u>SCR</u> Scope to be confirmed with partners and consideration given to 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 Charlotte Reading	Candida Brudenell Sally Seely Katy Ball Helen Blackman Lucy Anderson	To be agreed by partners	Circa £1.5m this covers the community nursing 5-19 contract only at this stage
	Assistive Technology expansion <u>SCR</u> Integrate existing assistive technology (AT) services (Telecare and Telehealth) into a single service.	Remove duplication and confusion. Build on positive findings of external evaluation. Support self-care for citizens	Integrated Service established by October 2016	Dave Miles	Colin Monckton Jo Williams	New services in place	Circa £1.015m pa BCF

HWB Strategy Outcome	Commissioning Activity and Scope	Rationale	Key Milestones	Lead	Director Sponsor	Year End Outcome – where will we be?	Finances
	<p>Develop an AT commercial service.</p> <p>Provide clinical hub video conferencing support for care home residents.</p> <p>Develop new AT initiatives.</p>	<p>Reduce admissions from care homes</p> <p>Harness new technologies.</p>	<p>Commercial service established by April 2017</p> <p>Clinical hub operational by October 2016</p> <p>Ongoing</p>				
	<p>Universal and Early Help Pathway for 5-19s defined in Nottingham. <u>Linked to SCR</u></p> <p>Scope to be confirmed with partners and consideration given to 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.</p>	<p>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</p>	<ul style="list-style-type: none"> • Analysis reviewed by July 16 • Recommendations completed by September 16 • 5-19 Pathway developed by October 16 • Integrated service specification completed by December 16 (<i>Procurement or alignment decision required</i>) 	<p>Chris Wallbanks</p> <p>Bobby Lowen</p> <p>Charlotte Reading</p>	<p>Candida Brudenell</p> <p>Sally Seeley</p> <p>Katy Ball</p> <p>Helen Blackman</p> <p>Lucy Anderson</p>	<p>Early Help Pathway 0-19 defined. Evidence-based programmes recommended for delivery. Integrated service specification for 5-19 completed. Universal and</p>	<p>N/A</p>
	<p>Hospital Substance Misuse Care Team <u>SCR</u></p> <p>Hospital Liaison Service (Framework) Rapid</p>	<p>Alignment of current two services through tendering will allow for more streamlined and</p>	<p>Timescales are to be confirmed. Funding issues are currently being resolved and additional funding</p>	<p>Ian Bentley</p>	<p>Katy Ball</p> <p>Christine Oliver</p>	<p>Misuse Care Team procured and operational</p>	<p>Circa £200k pa</p>

HWB Strategy Outcome	Commissioning Activity and Scope	Rationale	Key Milestones	Lead	Director Sponsor	Year End Outcome – where will we be?	Finances
	Response Liaison Psychiatry Substance Misuse Element (NHT – CCG commissioned)	effective service (including covering more wards) with reduced duplication	to provide an even more holistic service (covering ED) is sought through Vanguard				
	<p>Social Prescribing <u>SCR</u></p> <p>Review the model currently included in the Self Care pilot to develop and implement a City wide social prescribing model that integrates physical and mental health social prescribing needs.</p>	Social prescribing is an effective tool that can have a massive positive impact on people's wellbeing, self-esteem and overall quality of life.	<ul style="list-style-type: none"> • Scope and map national models and good practice – May '16 • Agree integrated social prescribing model for the City – June '16 Pilot integrated model – start Sept '16 	Rachel Jenkins	Jo Williams	Integrated social prescribing model agreed and pilot underway for evaluation.	Circa £1k (expansion planned full value to be confirmed)
<p>Nottingham's Environment will be sustainable: supporting and enabling its citizens to have good health and wellbeing</p>	<p>Provision of housing related support services for citizens at risk of social inclusion <u>SCR</u></p> <p>Review of current contracts providing supported housing projects and related Independent Living Support Services</p>	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 	Dave Miles	Colin Monckton Jo Williams	New services in place	Circa £4.3m

HEALTH AND WELLBEING BOARD - 25 MAY 2016

Title of paper:	Nottingham City Children's Safeguarding Board's Strategic Business Plan 2016 – 2018	
Director(s)/ Corporate Director(s):	Helen Blackman/Alison Michalska	Wards affected: All
Report author(s) and contact details:	John Matravers x65367 john.matravers@nottinghamcity.gov.uk	
Other colleagues who have provided input:	Clive Chambers, Members of Nottingham City Safeguarding Children Board,	
Date of consultation with Portfolio Holder(s) (if relevant)	Council Mellen was at NCSCB Board on 22/03/2016.	
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 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 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 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>The Nottingham City Safeguarding Children's Board (NCSCB) business plan is a key document in identifying strategic priorities and the actions agreed to respond to these locally. Our priorities are based on national drivers, e.g. the development of Joint Targeted Area Inspections and the National Review of LSCBs and incorporate the learning from national and local Serious Case Reviews and other learning processes. That emerging issues are identified in a timely manner and appropriate safeguarding measures are in place.</p> <p>Our business plan helps shape the focus of our work to coordinate the activity of local agencies to continually improve outcomes for children, young people and their families.</p>		
Recommendation(s):		
1	To note the Nottingham City Children's Safeguarding Board's strategic priorities for 2016 – 2018 and the annual work plan 2016/17.	
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 The Nottingham City Children's Safeguarding Board's strategic priorities and annual work plan 2016/17 is being presented to the Health and Wellbeing Board to ensure that the Health and Wellbeing Board is aware of the priorities for the Children's Safeguarding Board over the next three years and details of the action plan for Year 1.

2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

- 2.1 In developing its business plan the Children's Safeguarding Board recognises that public sector provision is changing rapidly as a consequence of the increased involvement of third sector provision and the impact of austerity. Given this the Board has agreed that there will be a three year strategic plan. The priorities for the three years will remain the same. Each year will have a particular focus in terms of driving forward the work of the Board. This three year action plan will be supported by an annual action plan that will be regularly reviewed. This will allow the Board to build on existing strengths and maximise the benefits from current opportunities and challenges, e.g. the separation of the Children and Adult's Safeguarding Boards and the impact of reductions in public sector finances. The priorities and plan are as follows.

Board Strategic Priorities for 2016 – 2018

- Promote, monitor, coordinate and evaluate multi-agency effectiveness in safeguarding children and young people across the child's journey
- Strengthen and support a competent and equipped workforce that is committed to learning and developing safeguarding practice with assurance that safeguarding is everyone's responsibility.
- To evidence the impact of NCSCB

Annual Work Plan 2016/17

- Self-harm practice guidance will be fully implemented across the safeguarding partnership.
- Keep children and young people safe from harm, including CSE and missing children.
- To ensure that the response to physical abuse will be effective and there will be shared standards and understanding about what good quality assessments of physical abuse look like
- The Board is aware of the financial implications on its ability to deliver its statutory duties and is planning for the coming years due to the continuing programme of austerity.
- To ensure that the Board operating model is fit for purpose.
- We will revise our performance framework to ensure we are clear about the impact of Board related activity.
- We want to ensure that our engagement strategy maximises the opportunities for promoting important messages about how to keep children and young people safe and ensures feedback informs the work of the Board

- The NCSCB has clear strategies and comprehensive approaches to ensuring young people are supported to be safe on-line.

The action plan for Year 1 is attached.

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

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

5.1 Not applicable

6. EQUALITY IMPACT ASSESSMENT

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

No

An EIA is not required because the report does not relate to a decision for a new or changing policy or service.

(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 Not applicable

8. PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

8.1 Not applicable

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Nottingham City Children's Safeguarding Boards Strategic Business Plan 2016 – 2018

The NCSCB business plan is a key document in identifying strategic priorities and the actions agreed to respond to these locally. Our priorities are based on national drivers, e.g. the development of Joint Targeted Area Inspections and the National Review of LSCBs and incorporate the learning from national and local Serious Case Reviews and other learning processes. That emerging issues are identified in a timely manner and appropriate safeguarding measures are in place.

Our business plan helps shape the focus of our work to coordinate the activity of local agencies to continually improve outcomes for children, young people and their families.

In developing this business plan we recognise that public sector provision is changing rapidly as a consequence of the increased involvement of third sector provision and the impact of austerity. Given this we have agreed that there will be a three year strategic plan. The priorities for the three years will remain the same. Each year will have a particular focus in terms of driving forward the work of the Board. This three year action plan will be supported by an annual action plan that will be regularly reviewed. . This will allow us to build on existing strengths and maximise the benefits from current opportunities and challenges, e.g. the separation of the Children and Adult's Safeguarding Boards and the impact of reductions in public sector finances.

- Year one – Reviewing and Revising. The detailed action plan for year one is appended to this report. The action plan will be reviewed formally in the Business Management Group, with exception reports being provided to the full Board

During the course of year two and three we will continue to build on the work undertaken in year one to further strengthen the functioning of the Board. A detailed action plan will be developed for each year to capture this activity and ensure that we address emerging issues.

- Year two – Developing.
- Year three – Embedding



Board Strategic Priorities for 2016 – 2018

- Promote, monitor, coordinate and evaluate multi-agency effectiveness in safeguarding children and young people across the child's journey
- Strengthen and support a competent and equipped workforce that is committed to learning and developing safeguarding practice with assurance that safeguarding is everyone's responsibility.
- To evidence the impact of NCSCB

Annual Work Plan 2016/17

- Self-harm practice guidance will be fully implemented across the safeguarding partnership.
- Keep children and young people safe from harm, including CSE and missing children.
- To ensure that the response to physical abuse will be effective and there will be shared standards and understanding about what good quality assessments of physical abuse look like
- The Board is aware of the financial implications on its ability to deliver its statutory duties and is planning for the coming years due to the continuing programme of austerity.
- To ensure that the Board operating model is fit for purpose.
- We will revise our performance framework to ensure we are clear about the impact of Board related activity.
- We want to ensure that our engagement strategy maximises the opportunities for promoting important messages about how to keep children and young people safe and ensures feedback informs the work of the Board
- The NCSCB has clear strategies and comprehensive approaches to ensuring young people are supported to be safe on-line.

Year 1 – Reviewing and Revising

No	What do we want to achieve?	Where are we now	What are we going to do, by when	Who will lead?	Timescale	RAG rating
1.	<p>Self-harm practice guidance will be fully implemented across agencies and practice will lead to a reduction in the frequency of self-harm. The practice guidance will identify how agencies will work together to support young people of all ages, including those who have complex medical needs and young people under the age of 8.</p> <p>The practice guidance will help practitioners think about other explanations for self-harm, including the possibility of abuse.</p>	<p>There is practice guidance in place which is multi-agency/cross-authority guidance. We have not as yet evaluated the impact of this but we know from the results of a recent survey that awareness and practice guidance is limited across all agencies.</p> <p>The current practice guidance cross-references with NICE guidance. It does not consider the needs of children and young people under 8 or pay sufficient attention to alternative explanations for apparent self-harming behaviour.</p>	Establish a task and finish group	BMG		
			Review and revise the practice guidance, in consultation with County Colleagues	Task and finish group	To be agreed with County colleagues	
			Finalise and implement (this will include promoting awareness)	Task and finish group	To be agreed with County colleagues	

2.	The NCSCB has clear strategies and comprehensive approaches to specific safeguarding issues that keep children and young people safe and promote effective intervention with those who are at risk	The NCSCB has a clear and thorough understanding of issues relating to Child Sexual Exploitation and Missing children in Nottingham City. This is informed by Police Profiles, Missing data, Section 11 audit and information gathered from the Multi-Agency Sexual Exploitation (MASE) Group and Missing Children subgroup. Recommendations are implemented as part of the Child Sexual Exploitation & Missing Action Plan.	Build on work already undertaken to further strengthen the problem profile for CSE in the City	CSECAG	To be agreed with County colleagues	
			Ensure that information from return interviews contributes to the ongoing refinement of the problem profile	Missing Children sub-group	June	
			Develop the arrangements for strategy meetings to enable young people to participate in these unless there is a good reason this cannot happen	Principle IRO	June	
3.	The response to physical abuse will be effective and there will be shared standards and understanding about what good quality assessments of physical	There has been guidance in the inter-agency safeguarding children procedures regarding the response to physical abuse for some time. Learning from national	Establish a task and finish group	BMG	April 2016	
			Review and revise the procedures, in	Task and finish group	To be agreed with	

	abuse look like	developments and local experience indicates that this could be strengthened by promoting greater connectivity with NICE guidance	consultation with County Colleagues		County colleagues	
			Finalise and implement (this will include promoting awareness)	Task and finish group	To be agreed with County colleagues	
4.	There will be a clear shared view about the financial requirements of the Board to deliver its statutory duties.	Board contributions are agreed for the 2016/17 financial year. These contributions, supported by use of the Board financial reserve are sufficient to meet mainstream expenditure.	Meet to agree actions necessary to deliver an in-year balanced budget for 2016/17 and agree Board contributions beyond this	Independent Chair Partnership Service Manager	May 2016	
			Identify any implications for Board activity and develop an options appraisal document to respond to these	Partnership CSM	May 2016	
			Agree actions	Full Board	June 2016	
5.	Ensure that the Board operating model is fit for purpose to enable it to respond to national and local strategic priorities and drivers	The Board operating model has been revised. The primary driver for this was to provide greater distinction between the Children and Adult Safeguarding Boards. Much of the Board operating model	Undertake a review of the Board sub-structure and propose amendments to	Head of Service: safeguarding and Quality Assurance report to full Board	April 2016	

		needs to be revised as a consequence.	this			
		These revisions also need to factor in the outcome of the National review of LSCBs that is due to be completed in March 2016.	Prepare a report setting out the local implications of the national review of LSCBs and agree any actions arising from this	Partnership Service Manager with Paper to BMG	Report to BMG in May 2016 (dependent on outcome of national LSCB review)	
			Review and revise key Board documentation, e.g. constitution	Partnership CSM/Adult Safeguarding Board Officer	Report to BMG in June 2016 (dependent on outcome of national LSCB review)	
6.	We will revise our performance framework to ensure we are clear about the impact of Board related activity	The NCSCB has a performance management framework which promotes different ways of knowing and learning about the effectiveness of safeguarding of children and young people in Nottingham. The framework supports and promotes effective challenge by the NCSCB to bring about improved outcomes for children and young	Agree a Performance Management Framework	Head of Service: safeguarding and Quality Assurance report to BMG then full-board	May 2016 June 2016	
			Agree and implement a programme of multi-agency audit which is directly linked to the	Safeguarding Children Board Officer	April 2016	

		people	findings of local SCR and SILPs			
			Ensure the revised Engagement Strategy sets out how children, young people, families and staff can share views about the impact of Board activity.	Comms and engagement sub-group		
7.	We want to ensure that our engagement strategy maximises the opportunities for promoting important messages about how to keep children and young people safe and ensures feedback informs the work of the Board	We have an engagement strategy that was developed for the Joint Board arrangements. This has many positive aspects but needs to be reviewed in response to the new arrangements	Recruit new Lay members to the Board	Partnership Service Manager	April 2016	
			Revise the Engagement strategy to ensure there is clarity about <ul style="list-style-type: none"> • Awareness raising activities • Engagement with children and young people • Engagement with parent's carers 	Comms and engagement sub-group	Sept 2016	

			<ul style="list-style-type: none"> • Connectivity with other partnership arrangements • On-line presence • City population/ demographic 			
8.	The NCSCB has clear strategies and comprehensive approaches to ensuring young people are supported to be safe on-line.	The NCSCB and Nottinghamshire Safeguarding Children Board have E-Safety Practice Guidance. But despite this young people have told us that this is something that they are really very worried about. The current practice guidance does not reflect recent national initiatives	Establish a task and finish group	Head of Service: safeguarding and Quality Assurance	May 2016	
			Review and revise the procedures, in consultation with County Colleagues	Task and finish group reporting back to BMG	To be agreed with County	
			Finalise and implement (this will include promoting awareness)	Task and finish group reporting back to BMG	To be agreed with County	

RAG Rating key	
Clear	Work is underway and, in the judgement of the lead individual/subgroup, is expected to be completed within the agreed timescale
Red	Work is underway however, is not expected to be completed within the agreed timescale. In the judgement of the lead individual/subgroup either <ul style="list-style-type: none"> • The deadline will be missed by more than 3 months and/or • The impact of missing this deadline is likely to be significant
Amber	Work is underway however, is not expected to be completed within the agreed timescale. In the judgement of the lead individual/subgroup either <ul style="list-style-type: none"> • The deadline will be missed by less than 3 months and • The impact of missing this deadline is unlikely to be significant
Green	Action completed
Blue	Impact of the action has been evaluated and found to have addressed the issue identified

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HEALTH AND WELLBEING BOARD - 25 MAY 2016

Title of paper:	Nottingham City Adults Safeguarding Boards Strategic Business Plan 2016 – 2018	
Director(s)/ Corporate Director(s):	Helen Blackman/Alison Michalska	Wards affected: All
Report author(s) and contact details:	John Matravers x65367 john.matravers@nottinghamcity.gov.uk	
Other colleagues who have provided input:	Members of Nottingham City Safeguarding Adult Board,	
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 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 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 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>The Nottingham City Safeguarding Adults Board business plan is a key document in identifying strategic priorities and the actions agreed to respond to these locally. Our priorities are based on national drivers such as the Care Act and incorporate the learning from national and local Serious Case Reviews and other learning processes. The development of the plan ensures that emerging issues are identified in a timely manner and appropriate safeguarding responses are developed.</p> <p>Our business plan helps shape the focus of our work to coordinate the activity of local agencies to continually improve outcomes for adults at risk. The Board has agreed a three year strategic plan, which will be supported by an annual action plan. The strategic priorities agreed by the Board are</p> <ul style="list-style-type: none"> • Prevention • Assurance • Making Safeguarding Personal • Board performance and capacity. 		
Recommendation(s):		
1	To note the Nottingham City Adults Safeguarding Board's strategic priorities for 2016 – 2018 and the annual work plan 2016/17.	

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

The principle of parity of esteem is fully embedded within the business plan and activity of the Safeguarding Adult Board.

1. REASONS FOR RECOMMENDATIONS

- 1.1 The Nottingham City Adults Safeguarding Board's strategic priorities and annual work plan 2016/17 is being presented to the Health and Wellbeing Board to ensure that the Health and Wellbeing Board is aware of the priorities for the Adults Safeguarding Board over the next three years and details of the action plan for Year 1.

2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

- 2.1 The Board has agreed a three year strategic plan, which will be supported by an annual action plan. The strategic priorities agreed by the Board are:
- Prevention
 - Assurance
 - Making Safeguarding Personal
 - Board performance and capacity.
- Further details regarding these priorities and their delivery is attached.

The Year 1 action plan for 2016/17 is attached.

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

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

- 5.1 Not applicable

6. EQUALITY IMPACT ASSESSMENT

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

No



An EIA is not required because the report does not relate to a decision for a new or changing policy or service.

(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 Not applicable

8. PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

8.1 The Care Act 2014

Introduction

The Care Act 2014 establishes an explicit legal framework for local authorities and partner agencies to work together to help and protect adults with care and support needs. The role of the Safeguarding Adults Board (SAB) is to assure itself that:

- Local safeguarding arrangements are robust
- Agencies are working collaboratively to prevent abuse and neglect
- Safeguarding practice is person centred and outcome focussed

In line with the requirements of the Care Act 2014, Nottingham City has established a standalone Safeguarding Adults Board, and the Board has an independent chair. The NCSAB Business Plan 2016 - 2019 identifies the Board's strategic priorities and the annual actions agreed to ensure that these responsibilities are met locally.

Strategic Priorities

The Nottingham City SAB identifies four strategic priorities.

1. Prevention.

To promote effective strategies of preventing abuse and neglect and to ensure that there is a proactive framework of risk management.

2. Assurance.

The development and implementation of robust mechanisms of quality assurance which are used to monitor the effectiveness of local Safeguarding Adults' arrangements and that Serious Adult Reviews (SARs) are undertaken for any cases meeting the criteria outlined by the Care Act 2014.

3. Making Safeguarding Personal (MSP).

To promote person-centred and outcome focussed practice

4. Board Performance and Capacity.

To ensure that the Board has full engagement from relevant partners, is sufficiently resourced and that adequate arrangements are in place which enable it to discharge its responsibilities

Delivery

The strategic plan will be delivered by the implementation of an Annual Action Plan for each of the 3 years of this Plan. Annual Action Plans will build on existing strengths developed over many years of partnership working in the City in order to maximise the benefits of current opportunities whilst seeking to minimise the impact of challenges that arise for the Board and / or its partner agencies in an era of austerity and pressures on public and third sector services.

The annual action plans will be managed by the Board's Business Management Group (BMG) with exception reports being provided to the full Board.

Objectives

The Board identifies core themes for these annual action plans which will evolve as work progresses.

Year 1 Reviewing and Revising

In Year 1 we will put in place robust arrangements to ensure that partner organisations are fully engaged and that the Board is able to deliver its core responsibilities.

Year 2 Developing

In year 2 we will build on our actions in year 1 by identifying new areas of work to further strengthen the work of the Board and its partners to promote the delivery of excellent arrangements for the safeguarding of adults who have needs for care and support

Year 3 Embedding

In Year 3 we will consolidate progress and improvements made in years 1 and 2 and develop the next strategic business plan for safeguarding adults in Nottingham City.

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Strategic Priority 1. Prevention

No	What do we want to achieve	Where are we now	What are we going to do, by when	Who will lead	Timescale	RAG rating
1.1	Establish a coherent approach to ensure Board risks are identified and mitigation in place.	The Board has identified a number of risks including the impact of austerity and possible provider failure.	Draft a risk register and clear protocol for the identification, escalation and mitigation of risks.	Partnership Service Manager /Interim Board Officer Adults	March 2016	
			To be signed off by the Board Continue to develop and review	Board	March 2016	
1.2	Identify and agree priority actions in regard to preventative and early Intervention strategies	The Board has limited knowledge of the range of local provision. The Board has not defined and agreed its priorities and approach to Prevention and Early Intervention. The Board recognises the importance of equalities and engaging Citizens, especially 'harder to reach' groups and	Map the range of local statutory and third sector provision to inform the development of preventative approaches and early intervention to minimise harm and abuse.	Early Intervention sub group	By May 2016	
			Recommend priorities and actions for the Board's work in regard to Prevention and Early Intervention.	Early Intervention sub group	By June 2016	
			Board agrees work plan	Board	June 2016	

organisations.

Strategic Priority 2. Assurance

No	What do we want to achieve	Where are we now	What are we going to do, by when	Who will lead	Timescale	RAG rating
2.1	<p>Develop a robust and targeted Quality Assurance framework that informs the work of the Board and provides assurance that the City's arrangements for safeguarding adults are robust and person centred</p> <p>To evidence the impact of safeguarding work in the City and promote an outcome focus. This will be used to promote effective challenge by the SAB to bring about improved outcomes for adults at risk.</p>	<p>The Board has a framework of data collection and audit. The Board receives reports on a quarterly basis.</p> <p>This framework requires further development to ensure it meets the Board's ambitions.</p> <p>The Board intends to strengthen its approach to monitoring and understanding the impact of its work and the outcomes delivered for citizens.</p>	<p>Review the existing Quality Assurance framework and identify any gaps.</p> <p>Recommend a revised framework which meets the Board's requirements.</p> <p>Develop an Action plan to implement the revised framework.</p>	Quality Assurance Sub group	By June 2016	
			<p>Board to agree the revised QA framework and implementation plan.</p>	Board	June 2016	
2.2	<p>A robust process of learning from SAR's ensuring that learning leads to embedded improvements in local arrangements where actions have been</p>	<p>The Board commissions case or other reviews where appropriate and multi-agency action plans are developed based on the identified</p>	<p>Strengthen the existing framework to ensure the arrangements for the management of SARs continues to be effective and ensures reviews are progressed as agreed.</p>	SAR subgroup / Board Officer	By May 2016	
			<p>Ensure that lessons learned are disseminated in learning and</p>	Learning and development sub group	On going	

	identified.	learning.	development initiatives.			
2.3	The Board to be assured that training is effective in supporting the delivery of high quality practice in regard to safeguarding adults in need of care and support.	The Board to agree a refreshed role in regard to training which clearly identifies the responsibilities of single agencies and the Board in delivering training. The Board must be assured that training is effective in meeting local learning and development needs.	Review and make recommendations in regard to a training strategy to the Board with an action plan.	Learning and development sub group/ Board Training officer	By December 2016	
			Board agrees training strategy and action plan	Board	December 2016	

Strategic Priority 3. Making Safeguarding Personal

No	What do we want to achieve	Where are we now	What are we going to do, by when	Who will lead	Timescale	RAG rating
3.1	Ensure our engagement strategy maximises opportunities for promoting key messages about how adults at risk can be safeguarded and ensures their feedback informs the work of the Board.	We have an engagement strategy that was developed for the Joint Board arrangements. This has many positive aspects but needs to be reviewed in response to the new arrangements and the principles of MSP.	Develop a work plan to revise the engagement strategy to ensure there is clarity about <ul style="list-style-type: none"> • Awareness raising activities • Engagement with Adults at risk • Engagement with family and carers • Connectivity with other partnership arrangements • On line presence 	Communications sub group	By September 2016	
			Agree a plan of work to deliver the elements of the Communications strategy	Board	September 2016	

**Strategic Priority 4
Board Performance and Capacity**

No	What do we want to achieve	Where are we now	What are we going to do, by when	Who will lead	Timescale	RAG rating
4.1	There will be a shared view about the Board's financial requirements.	<p>There is a shared budget with the Children's Board. Partner contributions are agreed for 2016/17. These contributions, supported by the use of the Boards' financial reserves are sufficient to meet anticipated mainstream expenditure. Funding of SARs/SILPs etc. needs to be reviewed for cost effectiveness.</p>	<p>Agree proportions of budget for SAB and LSCB</p> <p>Ensure budget allocation for SAB is adequate for planned expenditure</p> <p>Options appraisal if shortfall.</p> <p>Review SAR/SILP processes with LSCB to ensure most effective use of funding</p> <p>Identify budget needs and options for 2017-8. Confirm partner contributions to 2017-8 budget.</p>	Independent chair. Partnership CSM	May 2016	
		<p>No agreement for 2017-8 but reserves will be diminished.</p>	<p>Identify any implications for Board activity and develop an options appraisal document to respond to these.</p>	Independent chair. Partnership CSM		
			<p>Agree actions</p>	Full Board		
4.2	Ensure the Board has the required back office staff to support the delivery of its functions.	1 x fte Board Officer post (vacant) Business support and Training posts shared with Children's Board, Training post	<p>Review the current staffing arrangements and recruit to Board Officer post.</p> <p>Review future needs for Training following review of this area</p>	Head of Service Safeguarding and Quality Assurance	<p>By May 2016</p> <p>By January 2017</p>	

		a one-year appointment.				
4.3	Ensure the Board operating model is fit for purpose to enable it to respond to national and local strategic drivers and priorities. Ensure the Board has clear Protocols and Guidance in place.	The operating model has been revised to provide a distinction between the Children's and Adults' safeguarding Boards.	Review and draft revised Board governance documentation and guidance to reflect the new arrangements.	Interim Board Officer	By June 2016	
		Much of the existing governance arrangement requires updating following the establishment of a standalone SAB.	Sign off by full Board	Board	June 2016	
4.4	Ensure the Board's work is aligned with work of other strategic Boards across the City.	A number of strategic Boards operate across the city with overlapping priorities and work programmes.	Review the current arrangements and develop a mechanism for alignment of the work of city Boards.	Corporate Director for Adults and Children	By September 2016	
3.2	The Board ensures strong Multi Agency commitment to MSP The principles of MSP are embedded in local safeguarding	The Board is not assured that the principles of MSP are consistently addressed in local practice. There is limited reporting to the Board of the	Develop mechanisms within our Quality Assurance framework to measure involvement and outcomes for citizens which provides both quantitative data and narrative detail.	The QA sub group to develop a framework of measurement which can provide the basis of reporting to the board.	By September 2016	

	practice and makes safeguarding person- centred and outcomes focussed.	experience and outcomes of safeguarding.	Regular reports on MSP implementation to be provided tot eh Business Management Group and exception reporting to the Board		September 2016	
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RAG Rating key	
Clear	Work is underway and, in the judgment of the lead individual/subgroup is expected to be completed within the agreed timescale
Red	Work is underway however, is not expected to be completed within the agreed timescale. In the judgement of the lead individual/subgroup either <ul style="list-style-type: none"> • The deadline will be missed by more than three months and / or • The impact of missing this deadline is likely to be significant
Amber	Work is underway however, is not expected to be completed within the agreed timescale. In the judgement of the lead individual/subgroup either <ul style="list-style-type: none"> • The deadline will be missed by less than three months and / or • The impact of missing this deadline is unlikely to be significant
Green	Action completed
Blue	Impact of the action has been evaluated and found to have addressed the issue identified

HEALTH AND WELLBEING BOARD - 25 MAY 2016

Title of paper:	The contribution of Opportunity Nottingham to the delivery of Nottingham City Health and Wellbeing key strategic aims	
Director(s)/ Corporate Director(s):		Wards affected: All City Wards
Report author(s) and contact details:	Mark Garner –Project Manager, Opportunity Nottingham Dave Smith – Service Director, Framework Grant Everitt – Opportunity Nottingham Learning and Evaluation Lead	
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 type="checkbox"/>
Community Services		<input type="checkbox"/>
Energy, Sustainability and Customer		<input type="checkbox"/>
Jobs, Growth and Transport		<input type="checkbox"/>
Adults, Health and Community Sector		<input checked="" type="checkbox"/>
Children, Early Intervention and Early Years		<input type="checkbox"/>
Leisure and Culture		<input type="checkbox"/>
Resources and Neighbourhood Regeneration		<input type="checkbox"/>
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 checked="" type="checkbox"/>
Changing culture and systems - Priority Families		<input checked="" type="checkbox"/>
Summary of issues (including benefits to citizens/service users and contribution improving health & wellbeing and reducing inequalities):		
<p>Opportunity Nottingham is a partnership of statutory and voluntary sector agencies led by Framework and chaired by Jane Todd. It is a £9.8m programme funded by the Big Lottery. Both Nottingham City Council and the City Clinical Commissioning Group are Board members and key strategic partners.</p> <p>Opportunity Nottingham has two key aims:</p> <ul style="list-style-type: none"> • Service Delivery: To engage and work with the most chaotic and complex people in Nottingham City that have multiple complex needs, defined as three out of the four of mental ill health, offending, substance misuse and homelessness. • System Change: To make changes to the way the needs of individuals with multiple needs are met in the system at delivery, strategic and commissioning levels. <p>The service helps people engage with existing services, and works with partners to learn and make changes to deliver sustainable change to address the health and wider needs of a very vulnerable group. There are 159 beneficiaries currently engaged with Opportunity Nottingham.</p>		

Opportunity Nottingham works to improve outcomes for a group which experiences stark health inequalities. As well as poor mental health, many of the beneficiaries have extremely poor physical health directly associated with their long histories of lifestyle 'choices'. Many beneficiaries are at risk of premature death due to their chaotic lifestyles and chronic ill health. Of all of the 12 programmes running across the country, Nottingham's partnership is working with some of the highest levels of need and risk so will have much to offer in terms of learning and impact.

Recommendation(s):

1	<p>Opportunity Nottingham's success rests on the support of its partners. The Health and Wellbeing Board are asked to become a key route of accountability for both the City Council and the Clinical Commissioning Group in ensuring that they support and deliver the key aims of the Opportunity Nottingham programme, specifically:</p> <ul style="list-style-type: none"> • System change • Meaningful Beneficiary involvement • Embracing closer joint working • Embedding the aims and principles across commissioned City services • Publicising, sharing & adopting learning and best practice • Participating in the local evaluation
2	<p>The Board is asked to take full account of the needs of people with multiple complex needs when commissioning services.</p>
3	<p>The Board recognises the needs of people with multiple and complex needs in the Health and Wellbeing Strategy – the inclusion of the Vulnerable Adults Plan is an opportunity to focus on a group with particular vulnerabilities.</p>
4	<p>The Board notes the aims of the Practice Development Unit and fully supports its development and delivery by encouraging attendance and involvement across a full range of partners and agencies.</p>
5	<p>The Board is asked to identify areas of learning, evaluation and outcomes that they would like Opportunity Nottingham to explore and report upon, in order to help inform future City strategies and service delivery.</p>
6	<p>The Board supports and facilitates data and information sharing with partner agencies.</p>

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'):

89% of the beneficiaries on the case load currently have mental ill health as an identified issue. For women on the programme the number is 100%. The vast majority of these beneficiaries are not currently engaging in any form of meaningful, structured treatment with mental health services.

Homelessness, offending and substance misuse are widely linked to poor physical and mental health.

1. REASONS FOR RECOMMENDATIONS

- 1.1 Opportunity Nottingham is a unique opportunity to improve outcomes and services for a group of people that too frequently have a high call on health and related services for many years, yet experience little benefit. Its success depends on the organisations that comprise it, many of which are part of the Health and Wellbeing Board. Most organisations are active participants – support at Board level will enable the good work to continue and improve engagement in other areas.

The focus on and resource for learning and evaluation is an opportunity to improve outcomes and services, and reduce costs. These could translate to other vulnerable groups. The Board can shape and inform this learning to ensure it is relevant to their work.

- 1.2 Sustainable change, or 'system change', will only be possible if partners learn and adapt – without this the benefits will only last for the duration of the project. To better support this, Opportunity Nottingham is resourcing a Practice Development Unit for front line workers from all related services to provide development and a legacy for the City.
- 1.3 Opportunity Nottingham is part of a high profile, national programme. The successful bid to deliver the service has helped to secure substantial investment and funding in the City. The success of the programme is likely to help the City to secure future funding and grow its reputation.

2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

- 2.1 Opportunity Nottingham is a Partnership, consisting of a range of statutory and voluntary sector agencies including Nottingham City Council, Nottingham City CCG, Nottinghamshire Police and Nottinghamshire Healthcare Trust.
- 2.2 The national programme was funded in response to increasing recognition that many treatment and support services are inaccessible to, and do not meet the needs of people with multiple complex needs. This generates a disproportionate amount of costs across a range of services including Accident and Emergency departments, criminal justice services, homelessness provision, substance misuse services, hospital admissions. They are also responsible for generation of costs associated with crime and anti-social behaviour.

The programme has a number of core concepts of direct relevance to the Board. The success of the programme could generate learning that could usefully be adopted in other areas.

System change

The programme aims to achieve widespread and wholesale change in the way that local services are designed, commissioned and delivered. Work to date includes testing the impact of greater involvement of people with lived experience in designing, commissioning and performance monitoring drug and alcohol services. It is also funding and establishing a Practice Development Unit for all City partners and front line services. This will provide a forum for the sharing of joint working and best practice in relation to working with people with multiple complex needs. We have been working with a national charity to promote the needs of this group with policy makers.

Meaningful beneficiary involvement

Opportunity Nottingham places meaningful beneficiary (service user) involvement at the heart of its programme. Beneficiaries are involved in every aspect of project development, recruitment and delivery through the Expert Citizen Group. Opportunity Nottingham employs three Beneficiary Ambassadors in paid posts. These are people with direct experience of using front line services themselves. Their presence ensures that the voice of lived experience is fully represented across the whole programme. Many organisations aim to promote individual choice and strengthen engagement – we believe there is still a need to share learning on what this means in practice for a vulnerable group. This could be done in the Vulnerable Adults Plan of the Health and Wellbeing Strategy.

Learning, evaluation and data

There is a heavy emphasis on learning and evaluation, with both a national and local evaluation in place. As the programme progresses, learning and evaluation will be utilised to shape project development and the on-going system change agenda. Opportunity Nottingham collects more than one hundred separate pieces of information about each beneficiary quarterly. This data is available for sharing with City partners to help inform best practice and future service design.

Innovative working and earlier intervention

Opportunity Nottingham is testing the impact of:

- Support that it is not time limited
- Working on the issues that are important to the beneficiary
- Giving them choice in how their support is delivered
- Working at their pace

In taking time to better understand the individual it will gather important information on why and how issues have been allowed to escalate. National studies have already identified a high incidence of adverse childhood events amongst similar groups.

Benefits of the programme to Nottingham City

If successful, the Opportunity Nottingham programme will lead to wide ranging benefit including:

- A reduction in costs across a range of providers and services
- Reduction in crime and antisocial behaviour amongst this beneficiary group
- Preventing alcohol misuse,
- Providing better integrated health & social care services
- Meeting the needs of the most vulnerable groups in the City
- Joint commissioning and joined up provision
- Building on evidence to improve health and wellbeing
- The Nottingham 2020 plan to reduce hospital admissions and the proportion of adults with poor mental health
- Early intervention plans to improve mental health and acknowledge the factors that have a negative impact on mental health

Whilst the project is still at an early stage we have already identified:

- It is often necessary to spend long periods building trust with beneficiaries before they will begin to positively engage with services.
- Increasingly non-supported, mainly private sector, accommodation is the only housing option for beneficiaries– but without housing related support this type accommodation can present risks to vulnerable beneficiaries.
- Headline data suggests that people with complex and multiple needs are 80% White British men. However the full extent of need amongst BAME groups and women is often hidden. Opportunity Nottingham is developing creative ways to meet the needs of these groups.

3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

3.1 Strategic support is required in order to make effective and sustainable change to service delivery and commissioning. This will create the environment for organisations to test new approaches and respond to learning.

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

4.1 Funding for the programme is already in place and so no financial contribution will be required from the Board or key partners, outside of a commitment of time to support project delivery and attendance at the Practice Development Unit.

4.2 The programme should prove to be of financial benefit to the city through a reduction in costs across a range of services including:

- Reduced hospital admissions
- Attendance of accident and emergency
- Time spent in prison and Police custody
- Reduced levels of offending and anti social behaviour
- A reduction in repeat homelessness
- A reduction in premature deaths

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

5.1 A number of services within the project are sub contracted via a process of competitive tender. Contracted services are commissioned with support of the Nottingham City Council procurement team and therefore all tenders adhere to their City Council standards.

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)

A full equality and diversity plan and assessment was submitted to the Lottery as part of the bid in 2013.

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 Opportunity Nottingham System Change Plan

7.2 Opportunity Nottingham Business Plan

8. PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

8.1 Nottingham City Health and Wellbeing Strategy 2013 – 16

8.2 The Nottingham 2020 Plan

8.3 The Nottingham Vulnerable Adults Plan

Health and Wellbeing Board Forward Plan 2016/17

Submissions for the Forward Plan should be made at the earliest stage through Jane Garrard, Senior Governance Officer :
jane.garrard@nottinghamcity.gov.uk 0115 8764315

NB:

- Updates from Nottingham City Corporate Director of Children and Families, Nottingham City Director for Adult Social Care, Director of Public Health, Healthwatch Nottingham and Nottingham City Clinical Commissioning Group at every meeting
- Minutes of Health and Wellbeing Board Commissioning Sub-Committee to be included on next available agenda

Date of meeting	Issue	Report title	Report author	CEG?
25 May 2016	Public health topic <ul style="list-style-type: none"> • Director of Public Health 			
	Health and Wellbeing Strategy, Nottingham Plan and other key strategies <ul style="list-style-type: none"> • Nottingham Plan Programme Group • HWS Accountable Board members 	Health and Wellbeing Strategy 2016-20 – final draft for consultation	James Rhodes James.rhodes@nottinghamcity.gov.uk	Yes
		Sustainability and Transformation Plan	Anna Coltman Anna.coltman@nottinghamcity.gov.uk	
	Commissioning and Joint Strategy Needs Assessment <ul style="list-style-type: none"> • Nottingham City Council • Clinical Commissioning Group, NHS England • HWB Commissioning Sub-Committee • Commissioning Executive Group 	Future commissioning intentions – NCC and CCG	Chris Wallbanks Chris.wallbanks@nottinghamcity.gov.uk	Yes
	Other relevant reports (safeguarding and social determinants of health) <ul style="list-style-type: none"> • Safeguarding boards • Provider organisations and council services relating to social determinants of health 	Independent Safeguarding Adults Board Business Plan	Clive Chambers Clive.chambers@nottinghamcity.gov.uk Malcolm Dillon Malcolm.dillon1@gmail.com	No
	Independent Safeguarding Children’s Board Business Plan	John Matravers John.matravers@nottinghamcity.gov.uk	No	

Date of meeting	Issue	Report title	Report author	CEG?
			Chris Cook Chriscook58@btinternet.com	
		Digital Roadmap	Andy Evans Andyevans1@nhs.net	Yes
		Opportunity Nottingham	Mark Garner mark.garner@FrameworkHA.org Dave Smith dave.smith@frameworkha.org Grant Everitt grant.everitt@frameworkha.org	Yes
27 July 2016	Public health topic • Director of Public Health	Health protection – outcomes and progress	Alison Challenger Alison.challenger@nottinghamcity.gov.uk	
	Health and Wellbeing Strategy, Nottingham Plan and other key strategies • Nottingham Plan Programme Group • HWS Accountable Board members	Health and Wellbeing Strategy 2013-16 Final Report	John Wilcox John.wilcox@nottinghamcity.gov.uk	Yes
		Health and Wellbeing Strategy 2016-20 – for approval	James Rhodes James.rhodes@nottinghamcity.gov.uk	Yes
		Housing and Health Strategy	Alison Challenger Alison.challenger@nottinghamcity.gov.uk Gill Moy Gill.moy@nottinghamcityhomes.org.uk Graham De Max grahamdemax@nottinghamcity.gov.uk	Yes
		Sustainability and Transformation Plan	Anna Coltman Anna.coltman@nottinghamcity.gov.uk	
	Commissioning and Joint Strategy Needs Assessment • Nottingham City Council • Clinical Commissioning Group, NHS England • HWB Commissioning Sub-Committee • Commissioning Executive Group			

Date of meeting	Issue	Report title	Report author	CEG?
Page 114	Health and Wellbeing Strategy, Nottingham Plan and other key strategies <ul style="list-style-type: none"> • Nottingham Plan Programme Group • HWS Accountable Board members 			
	Commissioning and Joint Strategy Needs Assessment <ul style="list-style-type: none"> • Nottingham City Council • Clinical Commissioning Group, NHS England • HWB Commissioning Sub-Committee • Commissioning Executive Group 			
	Other relevant reports (safeguarding and social determinants of health) <ul style="list-style-type: none"> • Safeguarding boards • Provider organisations and council services relating to social determinants of health 	Independent Safeguarding Children's Annual Report	John Matravers John.matravers@nottinghamcity.gov.uk Chris Cook Chriscook58@btinternet.com	
		Independent Safeguarding Adults Annual Report	Clive Chambers Clive.chambers@nottinghamcity.gov.uk Malcolm Dillon Malcolm.dillon1@gmail.com	
25 January 2017	Public health topic <ul style="list-style-type: none"> • Director of Public Health 			
	Health and Wellbeing Strategy, Nottingham Plan and other key strategies <ul style="list-style-type: none"> • Nottingham Plan Programme Group • HWS Accountable Board members 			
	Commissioning and Joint Strategy Needs Assessment <ul style="list-style-type: none"> • Nottingham City Council • Clinical Commissioning Group, NHS England • HWB Commissioning Sub-Committee 			

Date of meeting	Issue	Report title	Report author	CEG?
	<ul style="list-style-type: none"> Commissioning Executive Group 			
	Other relevant reports (safeguarding and social determinants of health) <ul style="list-style-type: none"> Safeguarding boards Provider organisations and council services relating to social determinants of health 			
29 March 2017	Public health topic <ul style="list-style-type: none"> Director of Public Health 			
	Health and Wellbeing Strategy, Nottingham Plan and other key strategies <ul style="list-style-type: none"> Nottingham Plan Programme Group HWS Accountable Board members 			
	Commissioning and Joint Strategy Needs Assessment <ul style="list-style-type: none"> Nottingham City Council Clinical Commissioning Group, NHS England HWB Commissioning Sub-Committee Commissioning Executive Group 			
	Other relevant reports (safeguarding and social determinants of health) <ul style="list-style-type: none"> Safeguarding boards Provider organisations and council services relating to social determinants of health 			

Items to be scheduled:

- Memorandum of Understanding CCG & PH
- Director of Public Health Annual report (Alison Challenger)
- Commissioning Executive Group – twice a year
- Revised Policy and Procedure for Joint Strategic Needs Assessment – June or September (Louise Noon)
- Workplace Health (Alison Challenger/ Helene Denness)

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Statutory Officers Report for Health and Wellbeing Board

Corporate Director of Children's Services

May 2016

Association of Directors of Children's Services

On 1st April 2016 I commenced my national role as Vice President of the Association of Directors of Children's Services (ADCS). ADCS is a membership organisation and national leadership association in England for statutory directors of children's services and their senior management teams. They specialise in developing, commissioning and leading the delivery of services to children, young people and their families, including education, health, youth, early years and social care services. Working in partnership with other agencies members work to achieve tailored and joined up services for children, whatever their identified need.

Through the contributions of its members, ADCS provides the collective voice of professionals in children's services leadership roles on policy, practice and resourcing of the wide variety of services available to children, young people and their families. Within local government, ADCS is the professional contact point for children's services issues with central government. The Association works closely with ministers, government officials, the community and voluntary sectors, local government organisations and other professional bodies on designing and delivering integrated services for children and young people.

All posts are elected by Ordinary Members of the Association, it is therefore a real honour to be nominated and elected. From 1 April 2016 to 31 March 2017 I will then become President. It is a huge privilege to occupy the role and will give me the opportunity to work with government and partners in the wider system and join forces with passionate and committed people across the sector during what is a really exciting yet challenging time within Children's Services.

I look forward to relishing the challenge that this national role will bring. You can find out more about the Association of Directors of Children's Services at their [website](#).

Adoption Services and Timeliness Performance

On 30th March we received a letter from Edward Timpson MP, which expressed concern that children in Nottingham are still waiting for too long to be placed for adoption. My response letter to him acknowledges that whilst there is always more we can do to improve the timeliness of adoption for children in our care, our longer time to secure adoption is a consequence of our strong commitment to find adoptive families for children who are deemed hard to place using the Department for Education criteria. It is our belief that the number of adoptions we have been able to make is a testament to the work and dedication of our staff in a climate where adoption numbers nationally have declined.

Recruitment for Director of Public Health

Recruitment for the role of Director of Public Health is now underway; the closing date for applications was 9th May. If you would like to know more about the role being advertised, please follow this link: www.nottinghamcity.gov.uk/DPH

Children and Families Direct

We have redesigned the 'front door' to our services by strengthening Children and Families Direct. We have added more specialist expertise into the team to ensure that children are able to access proportionate support that will meet their needs. This will facilitate better pathways into targeted group work for families in Children's Centre's, Targeted Family Support and, where necessary, children's social work. Partners should continue to call Children and Families Direct on 0115 876 4800 where you want to request support for a child or make a referral.

We have launched a new 'locality hub' model which is forging new links between services across Children's Integrated Services Directorate so that as the needs of families change we are able to work collaboratively to meet those needs appropriately. Feedback from frontline colleagues and families is very positive as teams are able to work together and complete joint visits which enable a better handover of cases where they need to transfer so that families experience more joined up support. This has been supported by the development of a new Integrated Working and Case Transfer Procedure which replaces the 'Step Up, Step Down' so that cases can transfer between early help/targeted teams and locality social work teams without going back through C&FD Hub and Duty Teams.

Family Support Pathway

We have refreshed the Family Support Pathway (threshold document) to incorporate learning from Serious Case Reviews and include key areas like Prevent and CSE. This was signed off at the NCSCB.

Priority Families Programme

We successfully reached our 2015/16 national target (852) for number of families worked with. However, national changes to the funding for the PF Programme mean that there are very stretching targets for 16/17. We are currently setting local targets and working to establish stronger links with partners to enable them to support with case-holding.

Leaving Care Service Employability Programme

The Leaving Care Service have launched a new in-house employability programme that supports Nottingham's most disadvantaged and vulnerable care leavers to make positive steps towards training and employment. The DWP now recognises this programme as a valid contribution to the claimant commitment for job seekers.

The programme provides bespoke opportunities that aim to build a young person's confidence and give them the support that they need to develop the good habits and skills that are essential to sustaining mainstream training or employment. Young people are involved in all aspects of planning their programmes, ensuring that they are created around their individual interests, level of commitment and readiness.

Each bespoke programme gives young people the opportunity to gain meaningful work experience under the guidance of a mentor, provided by an ever increasing

network of community partners and internal Nottingham City Council services. In addition, the Leaving Care Service has become an approved centre for the delivery of ASDAN courses and all young people have the opportunity to achieve employability qualifications (entry to level 2) by participating. Young people undertaking work experience with not-for-profit organisations are further acknowledged and rewarded via links to national volunteering schemes (e.g. WWV).

The programme strives for a holistic approach to supporting young people to progress. To support those facing multiple barriers to entering or sustaining training and work, we have piloted a programme of tailored resilience coaching and counselling through a partnership with Lasting Differences (a Community Interest Company). Further barriers to engagement that young people may experience such as the cost of travel and work clothing are supported by the Leaving Care Service.

Preparation and progression are at the heart of the programme and detailed transition planning takes place with each young person to ensure they are supported to continue their positive momentum towards regular training or employment.

Councillor Mellen visited the Leaving Care Service at the beginning of April, where he met two care leavers who have been accessing this programme and they fed back to him how this programme has made a positive impact on their lives and given them confidence to move forward into employment and training. Councillor Mellen made the following statement on Twitter following his visit: Great visit to @MyNottingham Leaving Care Team yesterday, inspirational young people grasping educational and training opportunities#proud.

Since launching this programme in August 2015, the Leaving Care Service has engaged 32 of our hardest to engage young people, with many moving into further training opportunities, employment and apprenticeships in house within Nottingham City Council due to positive links with all internal departments that support our corporate parenting.

Dolly Parton's Imagination Library

The Imagination Library is a book-gifting scheme that was launched by Dolly Parton in 1995. The charity helps ignite a love of reading and improve literacy in children by delivering a free book to their home every month from birth until the age of five.

We know that the average 5 year old in Nottingham will start school with reading skills which are 14% behind those of other UK children. This means children are spending their primary years 'catching up' with their peers nationally. The Dolly Parton Imagination Library can help to bridge this gap and give children a better start to their school careers.

Did you know....?

- 2,024 Nottingham children currently receive Imagination Library books.
- £213,000 is the total amount of funding raised by Nottingham partners since 2012.
- £500,000 is the amount it would cost each year to pay for EVERY 0-5 year

old in Nottingham to receive the books.

You can sponsor a child through our Imagination Library 'BT My Donate' page. This is a really easy and efficient way to give – every penny you donate will go directly to providing another book to Nottingham's children. This link will take you to the donation page:

<https://mydonate.bt.com/charities/dollypartonimaginationlibrary-nottingham>

For more details about the great work of the Imagination Library and how you can get involved, you can visit the website: www.dollybooksnottingham.org

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

Statutory Officers Report for Health and Wellbeing Board

Director of Adult Social Care

May 2016

Annual General Meeting for Adult Social Care

The Annual General Meeting for Adult Social Care staff was held at the Council House Ballroom earlier this month, on 19th and 22nd April. Over the 2 dates more than 300 colleagues from across Adult Social Care gathered to celebrate the successes of the past year, to explore current challenges and to discuss priorities for the coming year (promoting physical activities and addressing social isolation). Highlights of the event included an uplifting performance by Evergreen; the Spring Meadows performing arts group, as well as a discussion around the valuable work of the Click Nottingham service, and the opportunity for colleagues to ask challenging questions of Heads of Service and Directors.

Our AGM events were a great opportunity for colleagues to catch up, to get involved in discussions about our vision, and to prepare for the coming year. Thank you to everybody that participated.

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

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Chief Officer Update

1. Nottingham University Hospitals NHS Trust and Sherwood Forest Hospitals NHS Foundation Trust Proposed Merger

A new website has been launched for patients, partners and staff of Nottingham University Hospitals NHS Trust and Sherwood Forest Hospitals NHS Foundation Trust to provide up-to-date information about the proposed merger.

The website is available here: www.futuretogethernotts.nhs.uk and includes events, staff/public meetings, latest news and frequently asked questions.

2. Care Quality Commission Inspections

East Midlands Ambulance Service NHS Trust

The Care Quality Commission undertook an announced inspection of East Midlands Ambulance Service NHS Trust in November 2015 with unannounced inspections in December 2015 as part of the Care Quality Commission's comprehensive inspection programme.

Three core services were inspected:

- Emergency Operations Centres
- Urgent and Emergency Care including the Hazardous Area Response Team (HART) and the air ambulance.
- Patient Transport Services

Overall, the Trust was rated as requires improvement. Caring and Responsive were rated as good. Effective and Well Led were rated as requires improvement and Safety as inadequate. A number of actions will now be taken forward by the Trust.

Sherrington Park Medical Centre

Sherrington Park Medical Centre received an announced comprehensive inspection by the Care Quality Commission in March 2016. The Practice received an overall rating of outstanding. The Medical Centre were rated good for safe, caring and well led services and rated as outstanding for services to patients which were effective and responsive to people's needs.

3. Out of Hours Care for North Nottinghamshire and Leicester and Rutland

Central Nottingham Clinical Services have notified commissioners that they can no longer continue to provide the local health services they delivered in parts of Nottinghamshire and Leicestershire. The provider has declared their intention to go into administration.

Dawn Smith
Chief Officer
Nottingham City CCG
May 2016

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Health and Wellbeing Board Update – 25 May 2016

Healthwatch Nottingham

Funding for 2016-17

We are pleased to be able to confirm that funding for 2016-17 has been secured and we look forward to continuing our support to this Board over the forthcoming year. We are grateful to the City Council for the confidence they have shown in NHW and we will be taking the priorities of the new HWB Strategy into account when we finalise our workplan for the year.

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. The report on the first phase of this work has been produced. We found that

- Young people who identified as homosexual were more likely to have sought help but less likely to have had a positive experience
- Young people from BME communities were twice as likely to have not sought help with mental health issues than their white counterparts
- A quarter of all young people who had had mental health issues had not sought help
- A half of all young people don't know where to get help with mental health problems

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. However, although c300 questionnaires have been distributed with the co-operation of NHCT and the City Council, few have been returned so far.

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. We have completed our contribution to the chapter on Physical and Sensory Impairment and as reported in March, work has now on-going 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 use with patients and service users, so we can better understand their views about - and experience of - current services. We are now running a series of focus groups to explore these issues in more detail.

Mental health crisis services

Together with Healthwatch Nottinghamshire we 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. We are pleased to say that we were successful in that bid and work has now commenced to deliver the requirements of this contract. We have a tight deadline to meet (report by end of July) and will be engaging with 5 communities as part of this work – BME, Carers, Veterans, Students and Homeless. An information sheet about this project is attached.

How we will use the information you tell us

We will put together a report based on what everyone tells us. The report will include some suggestions for the local NHS organisations as to what should be included in the new action plan for mental health crisis services.

Your name will never be used in the report, it will be based on what everyone has said and not just what you have said. If you're worried about this you don't have to give us your name when we speak to you or if you fill out a survey. We will make sure that your name and personal details are stored safely and securely.

If you want us to, we can send you a copy of the report when it is written or you will be able to download it from our website in August 2016.

If you would like to get involved or if you have any questions contact us using the details below.

Understanding your views and experiences of mental health crisis services

Information sheet



0115 963 5179



info@healthwatchnottinghamshire.co.uk



FREEPOST RTES-TCEC-JTBR

Healthwatch Nottinghamshire

Unit 2-3 Byron Business Centre, Duke Street

Hucknall, Nottingham

NG15 7HP



@HWNotts



HWNottinghamshire



Working in Partnership with:

Who we are

Healthwatch Nottinghamshire and Healthwatch Nottingham are independent organisations that help people get the best from local health and social care services. We listen to your experiences of these services and use your views to work with the people who make decisions about them so that everyone has a good experience.

What we are doing

We have been asked by Nottingham City Clinical Commissioning Group, on behalf of local NHS organisations who design mental health crisis services, to talk to people to better understand your experiences of using these services. This includes whether you know how to access them and what support you would want from them if you needed to use them in the future.

You don't have to have had a mental health crisis yourself.

You can still give us your views about these services and how you would want them to support you if you need them. We would also like to hear from relatives and carers of people who use mental health services in a crisis. If you or someone you care for has had experience of these services we would like to know about it, whether it was good or could be improved.

Mental health crisis services are currently being reviewed and an action plan for how they can be improved is being put together. We'll use your experiences and views to tell the local NHS organisations how they can best meet your needs. This will help make sure that people who are having a mental health crisis get the help they need, how they need it, when they need it.

How you can get involved

We would like to talk to you, either in a group or on your own, about your experiences. We can talk to you face to face wherever you feel most comfortable or we can talk to you over the phone. We would like to record what you say (with a voice recorder) so that we can concentrate on what you are saying rather than having to write everything down as you're saying it. **We will only use the recording to make notes afterwards and then we will delete the recording. No one else will hear it. If you are worried about this please just let us know, you don't have to be recorded.**

If you prefer we have a short survey you can complete to tell us about your experiences and views. We can give you a paper copy to complete or you can fill it out on either of our websites:

www.healthwatchnottinghamshire.co.uk

www.healthwatchnottingham.co.uk

We want to hear your experiences before the end of June 2016.



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