



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

**Date:** Wednesday, 27 July 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

- |          |  |                  |
|----------|--|------------------|
| <b>1</b> | <b>APOLOGIES FOR ABSENCE</b>   |                  |
| <b>2</b> | <b>DECLARATIONS OF INTERESTS</b>   |                  |
| <b>3</b> | <b>MINUTES</b>   | <b>3 - 12</b>    |
|          | To confirm the minutes of the last meeting held on 25 May 2016                 |                  |
| <b>4</b> | <b>CHANGES TO HEALTH AND WELLBEING BOARD MEMBERSHIP AND REPRESENTATION</b>     | <b>13 - 16</b>   |
| <b>5</b> | <b>JOINT HEALTH AND WELLBEING STRATEGY 2013-2016 END OF STRATEGY REPORT</b>    | <b>17 - 36</b>   |
| <b>6</b> | <b>HAPPIER HEALTHIER LIVES: NOTTINGHAM JOINT HEALTH AND WELLBEING STRATEGY</b> | <b>37 - 56</b>   |
| <b>7</b> | <b>GREATER NOTTINGHAMSHIRE NHS SUSTAINABILITY AND TRANSFORMATION PLAN</b>      | <b>57 - 60</b>   |
| <b>8</b> | <b>NOTTINGHAM MEMORANDUM OF UNDERSTANDING</b>                                  | <b>61 - 100</b>  |
| <b>9</b> | <b>HEALTH PROTECTION ASSURANCE - UPDATE</b>                                    | <b>To follow</b> |

<b>10</b>	<b>FORWARD PLAN</b>	101 - 106
<b>11</b>	<b>UPDATES</b>	
<b>a</b>	<b>Corporate Director for Children's Services</b>	107 - 110
<b>b</b>	<b>Director for Adult Social Care</b>	
<b>c</b>	<b>Director of Public Health</b>	To follow
<b>d</b>	<b>Nottingham City Clinical Commissioning Group</b>	111 - 114
<b>e</b>	<b>Healthwatch Nottingham</b>	115 - 116

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

**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 25 May 2016 from 14.01 - 16.11**

**Membership**

**Voting Members**

Present

Councillor Alex Norris (Chair)  
Dr Marcus Bicknell (Vice Chair)  
Councillor Neghat Nawaz Khan  
Councillor David Mellen  
Alison Michalska  
Alison Challenger  
Dawn Smith  
Dr Ian Trimble  
Dr Hugh Porter

Absent

Councillor Steve Battlemuch  
Martin Gawith  
Helen Jones  
Vikki Taylor

**Non-Voting Members**

Present

Peter Homa  
Gill Moy  
Simon Smith  
Leslie McDonald  
Chief Superintendent Mike Manley  
Candida Brudenell

Absent

Lyn Bacon

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

Christine Oliver	- Crime and Drugs Partnership
James Rhodes	- Strategic Insight Manager
Chris Cook	- Independent Chair, Nottingham City Safeguarding Children Board
Clive Chambers	- Head of Safeguarding and Quality Assurance
Katy Ball	- Director of Procurement and Children's Commissioning
David Pearson	- Corporate Director of Adult Social Care, Health and Public Protection and Deputy Chief Executive of Nottinghamshire County Council
Colin Monckton	- Director of Strategy and Policy
Andy Evans	- Programme Director, Connected Nottinghamshire
Mark Garner	- Project Manager of Opportunity Nottingham
Grant Everitt	- Opportunity Learning and Evaluation Lead for Opportunity Nottingham
Colin Monkton	- Director of Commissioning Policy & Insight
Pete McGavin	- Healthwatch Nottingham
Jane Garrard	- Senior Governance Officer
Catherine Ziane-Pryor	- Governance Officer

## **1 APPOINTMENT OF VICE CHAIR**

The Chair thanked the outgoing Vice-Chair, Dr Ian Trimble, for his contribution and dedication during his time on the Board.

**RESOLVED that Dr Marcus Bicknell of the Nottingham City Clinical Commissioning Group, is appointed Vice-Chair for the 2016/17 municipal year.**

## **2 CHANGE TO BOARD MEMBERSHIP**

**RESOLVED to note that Councillor Neghat Khan has been appointed to the Board in place of Councillor Sally Longford.**

## **3 APOLOGIES FOR ABSENCE**

Councillor Steve Battlemuch  
Helen Jones  
Martin Gawith

## **4 DECLARATIONS OF INTERESTS**

None.

## **5 MINUTES**

The minutes of the meeting held on 30 March 2016 were confirmed as a true record and signed by the Chair.

## **6 FINAL DRAFT OF THE JOINT HEALTH AND WELLBEING STRATEGY 2016 TO 2020**

James Rhodes, Strategic Insight Manager, introduced the report which presented the final draft of the 'Happier Healthier Lives: Nottingham Joint Health and Well-being Strategy 2016 to 2020' prior to its release for consultation, with the overarching aim to increase healthy life expectancy and reduce health inequalities across the City.

The strategy focuses on the following outcomes:

- 1) adults, children and young people in Nottingham adopt and maintain healthy lifestyles;
- 2) adults, children and young people in Nottingham will have positive mental well-being and those with long-term mental health problems will have good physical health;
- 3) there will be a healthy culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill-health;
- 4) Nottingham's environment will be sustainable; supporting and enabling its citizens to have good health and well-being.

It is intended that consultation on the final draft strategy will take place during June, with the final strategy presented to the Board for approval in July with detailed action plans presented to the Board for approval at the September meeting.

It was noted with regard to measuring the success of the strategy, there will be some areas in which progress will be hard to gauge so not all areas will be measured with KPIs but the achievement of the broader outcomes will be considered.

Comments from the Board included;

- (a) there is a clear logic to align with the Clinical Commissioning Group's strategic priorities;
- (b) the outputs from implementation of the strategy need to be measurable to identify for citizens and the Board when outcomes are not on track;
- (c) the strategy is welcomed, however some of the graphics could be modernised;
- (d) recognition of the role of third sector is welcomed and it will be interesting to see how the third sector can help deliver the strategy;
- (e) the strategy is well written with good graphical information but further detail and consideration of presentation would be beneficial within the mental health section of the strategy which needs a greater emphasis;
- (f) consideration should be given to removing 'Core Cities' references as many citizens are unclear of what this actually means.

The Chair thanked James and his team for their hard work in producing and progressing an excellent piece of work and requested that all members of the Board contribute to the strategy's consultation.

## **RESOLVED**

- (1) to approve the final draft for consultation with partners, providers and stakeholders;**
- (2) to note the next steps and timetable as outlined within the report.**

## **7 GREATER NOTTINGHAMSHIRE NHS SUSTAINABILITY AND TRANSFORMATION PLAN**

David Pearson, Corporate Director of Adult Social Care, Health and Public Protection and Deputy Chief Executive of Nottinghamshire County Council, and Colin Monckton, Director of Strategy and Policy Nottingham City Council jointly presented the report on the Greater Nottinghamshire NHS Sustainability and Transformation Plan, and delivered a presentation which was added to the online agenda following the meeting.

The following points were highlighted:

- (a) the Nottinghamshire five-year Sustainability and Transformation Plan is required to be completed by the end of June 2016 although further, more detailed planning will be required following the initial submission;
- (b) the plan will provide mapping for more sustainable health care and support systems;
- (c) the three main focuses are on addressing gaps in the following areas;
  - (i) Health and Wellbeing;
  - (ii) Care and Quality;
  - (iii) Finance and Efficiency;
- (d) it is important to ensure the objectives and strategies of the plan reflect national and local pressures, taking account of the specific health needs of pockets of population;
- (e) the needs of the population are increasing faster than any potential increase in funding and a key aspect of the Plan is ensuring future financial sustainability. This is a challenging issue and therefore the NHS, local authorities and partners need to work collaboratively, ensuring collective ownership of the Plan so it can progress and maintain momentum;

- (f) existing services and strategies need to be built on with joint working on 'big ticket' issues to ensure the best outcomes;
- (g) there needs to be a culture change to enable different health approaches including promotion of self-care, prevention and self-motivation;
- (h) medical needs will have to be more broadly met within the community, including explanations and clarification of risks and how these should be managed;
- (i) to date there has been progress in identifying the key health inequality and finance gaps which currently exist
- (j) there is a £460 million funding gap if nothing is done to transform the NHS, but current initiatives can contribute approximately £300-£350 million;
- (k) the four main priorities include:
  - (i) urgent and emergency care
  - (ii) prevention, self-care and promoting independence;
  - (iii) primary and community services;
  - (iv) technologically enabled care;
- (l) the Plan will be submitted to the July meeting of the Board for approval.

Board Members' questions were responded to as follows:

- (m) no age groups are specifically mentioned as the broadest view needs to be maintained to ensure an holistic approach;
- (n) raising the healthy life expectancy is important as Nottingham's average age is currently 61 years for men and 64 years of age for women;
- (o) it is intended that the NHS and Local Government work together to develop and deliver the Plan. It is unusual that the lead is from a local authority but the lead officers are working well together, illustrating the common commitment to improving local services;
- (p) the voluntary sector needs to be engaged with delivery of the Plan

Board Member's comments included:

- (q) many citizens are not clear on their responsibility with regard to self-care so this area in particular needs improved engagement;
- (r) the new approach to IT is positive and may well shape social care in the future;

**RESOLVED to note the progress in developing the Nottinghamshire Sustainability and Transformation Plan, and the likely benefits in improving the Health and Wellbeing of Nottinghamshire citizens, and the long –term sustainability of the health and social care system.**

## **8 LOCAL DIGITAL ROADMAP UPDATE**

Andy Evans, Programme Director, Connected Nottinghamshire, presented the report which was accompanied by a presentation

- (a) the Local Digital Roadmap (LDR) has to be submitted with the Sustainability and Transformation Plan (STP) at the end of June, setting out a five year vision for technology across the Nottinghamshire footprint area which sits within the region of the Midlands and East of England, outlining how the golden thread of technology will support addressing the identified gaps of:
  - (i) health and wellbeing;
  - (ii) finance and efficiency;
  - (iii) care and quality;
  - (iv) (informally recognised) culture.
- (b) the Connected Nottinghamshire Programme is co-ordinating development of the LDR, for which Rushcliffe is the Lead, focusing on interoperability and the development of Integrated Digital Care Records with LDR members which include:

- (i) Local Authorities;
  - (ii) Primary Care Providers;
  - (iii) Hospital Trusts;
  - (iv) NEMS;
  - (v) Circle Partnership;
  - (vi) EMAS;
  - (vii) PICS;
  - (viii) CHP;
  - (ix) CityCare, and
  - (x) Patient representative groups;
- (c) potential funding may be available from the 'Developing Digital Maturity Fund' with progress of development reviewed assessed annually in the following key areas:
- (i) universal capabilities, including managing of digital maturity;
  - (ii) supporting the ambitions of the STP;
  - (iii) achieving paperless working at the point of care by 2020;
  - (iv) citizens accessing their own health and care records, including to support self by 2020;
  - (v) infrastructure;
  - (vi) information sharing;
  - (vii) electronic communications;

Board Members' questions were responded to as follows:

- (d) top priorities include:
- (i) moving from paper to digital working and communication;
  - (ii) supporting the cultural shift in ensuring that information recorded in patient records can be understood by patients, in preparation of when patients will be able to access that information to support self-care;
- (e) it is a concern that only 1% of patients responded to the request for their information to be shared within LDF area so further work needs to be done increase confidence in the security of the system with assurance that information is only shared on request.

## **RESOLVED**

- (1) to note that the Local Digital Roadmap is being produced and will be submitted with the STP in June 2016;**
- (2) to support the Local Digital Roadmap after it has been approved through the formal channels.**

## **9 NOTTINGHAM CITY COUNCIL AND NOTTINGHAM CITY CLINICAL COMMISSIONING GROUP JOINT COMMISSIONING PRIORITIES 2016/17**

Katy Ball, Director of Procurement and Children's Commissioning, and Christine Oliver, Head of Service for Crime and Drugs Partnership, were in attendance to present the report which sets out the commissioning intentions for Nottingham City Council and Nottingham Clinical Commissioning Group for 2016-17.

The following points were highlighted:

- (a) the priorities have been identified following discussions with relevant partners and information based on citizen outcomes, policy and legislative requirements, contractual issues, budgetary issues, the outcome of the last review and deliverability;
- (b) commissioning priorities have been identified to support the following Health and Well-Being Board outcomes with details provided within the comprehensive appendices to the report:
  - (i) people in Nottingham adopt and maintain healthy lifestyles;

- (ii) people in Nottingham will have positive mental well-being and those with serious mental illness will have good physical health;
  - (iii) they will be a healthy culture in Nottingham which citizens are supported and empowered to live healthy lives and manage ill-health;
  - (iv) the City's environment will be sustainable; supporting enabling citizens to have good health and well-being;
- (c) commissioning priorities have been brought together within a single joint work plan;
- (d) although there is still further work to be done, the Board's approval is sought for the joint commissioning priorities, but as City Council joint commissioning and NHS time lines are not aligned, it is proposed to submit a further report to the Board within the next few months with RAG rated progress;

Members of the Board commented as follows:

- (e) care should be taken with regard to 'citizens at risk of social exclusion', and that the 'significant ongoing efficiencies' not risk the achievements to date in this area which would also benefit from consideration of issues around debt and finances;

## **RESOLVED**

- (1) **to approve the main areas of activity identified within the joint headline plan (appendix 1 to report) and the detailed implementation plans (appendix 2 and 3 to report);**
- (2) **for a further report, potentially RAG rating each activity area, to be submitted to a future meeting of the Board.**

## **10 NOTTINGHAM CITY CHILDREN SAFEGUARDING BOARD STRATEGIC BUSINESS PLAN 2016-2018**

Chris Cook, Chair of the Nottingham City Safeguarding Children Board (NCSCB), introduced the report which presents the Strategic Business Plan for 2016-18 and the work plan which aims to help co-ordinate the activity of local agencies to continue to improve the outcomes for children and young people and their families.

It was noted that there are strong links between safeguarding and the work of the Health and Wellbeing Board and consideration needs to be given to how the two bodies engage with each other.

The strategic priorities were identified as follows:

- (i) promote, monitor, co-ordinate and evaluate multi-agency effectiveness in safeguarding children and young people across the child's journey;
- (ii) 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;
- (iii) to evidence the impact of NCSCB.

The annual work plan is summarised as follows:

- (i) Partnership implementation of the self-harm practice guide;
- (ii) keeping children and young people safe from harm including CSE and missing children;
- (iii) ensuring an effective response to physical abuse including promoting shared good quality assessment standards for physical abuse;
- (iv) forward planning for the financial restraints of continued austerity on the Board;



- (v) ensuring the operating model is fit for purpose;
- (vi) revision of the performance framework to ensure clear identification of the impact and achievements of the Board;
- (vii) ensuring that the Board's engagement strategy provides maximum opportunity to promote safeguarding and enable feedback which can then inform the Board;
- (viii) ensuring strategies are clear with comprehensive approaches to ensure young people are supported to be safe online.

**RESOLVED to note the Nottingham City Children Safeguarding Board Strategic Priorities for 2016-18 and the Annual Work Plan for 2016-17.**

## **11 NOTTINGHAM CITY ADULTS SAFEGUARDING BOARD STRATEGIC BUSINESS PLAN 2016-2018**

Clive Chambers, Head of Safeguarding and Quality Assurance, introduced the report which presents the Nottingham City Adults Safeguarding Board Strategic Priorities of 2016-18 and the annual work plan for 2016/17.

The following strategic priorities had been agreed by the Nottingham City Adults Safeguarding Board:

- (i) prevention;
- (ii) assurance;
- (iii) making safeguarding personal;
- (iv) Board performance and capacity.

Board members' questions were responded to as follows:

- (a) with regard to assurance that the Adult Safeguarding Board is receiving the input necessary to be able to function, it is recognised that complete data collection is vital and that just one missing part of information can have a significant impact. It is vital that all partners are fully engaged and committed;
- (b) the Health and Well-Being Board needs to ensure that it has an appropriate interface with other bodies including the Children's and Adult's Safeguarding Boards and the Crime and Drugs Partnership. Consideration needs to be given to where there are multiple overlapping and interlinked of areas work. It was suggested that the new Health and Wellbeing Board Steering Group look at this issue.

The Chair requested that if any challenges or blockages occurred for either of the Safeguarding Boards with regard to the work of the Health and Wellbeing Board that he be made aware.

**RESOLVED to note the Nottingham City Adults Safeguarding Board's Strategic Priorities for 2016-18 and the Annual Work Plan 2016/17.**

## **12 THE CONTRIBUTION OF OPPORTUNITY NOTTINGHAM TO THE DELIVERY OF NOTTINGHAM CITY HEALTH AND WELLBEING KEY STRATEGIC AIMS**

Mark Garner, Project Manager of Opportunity Nottingham, and Grant Everitt, Opportunity Learning and Evaluation Lead for Opportunity Nottingham, presented the report which outlines the contribution of Opportunity Nottingham to the delivery of Nottingham City's health and well-being strategic aims.

The following points were highlighted:

- (a) the project is nearing the end of its second year of an eight-year project which has been funded by the National Lottery;
- (b) Opportunity Nottingham is one of 11 'fulfilling lives' projects within England and currently works with 159 vulnerable beneficiaries in Nottingham who have multiple complex needs, defined as three out of four of the following:
  - (i) mental ill health;
  - (ii) offending;
  - (iii) substance misuse;
  - (iv) homelessness;
- (c) beneficiaries often experience stark health inequalities, many with extremely poor physical health and are at risk of premature death due to their chaotic lifestyles and chronic ill-health;
- (d) to date the organisation has experienced a good level of input and engagement from partners at a local level within City, however this needs to be consolidated at higher strategic levels where currently blockages occur to ensure that information and data is shared to enable the best outcomes to be sought;
- (e) Opportunity Nottingham is happy to respond to suggestions from the Health and Well-Being Board and is willing to evaluate any areas within its remit which the Board may request;
- (f) information sharing with partners is vital to Opportunity Nottingham as the National Lottery look at data evidence to justify the financial need of the programme.

The Chair commended the work of Opportunity Nottingham and welcomed the report and proposal to establish a link with the Health and Well-Being Board to help navigate information blockages, assuring the presenting officers that the issues highlighted regarding blockages will be progressed.

## **RESOLVED**

- (1) **for the Health and Wellbeing Board 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:**
  - **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) **to take full account of the needs of people with multiple complex needs when commissioning services;**
- (3) **to recognise the needs of people with multiple and complex needs within the Health and Wellbeing Strategy;**

## **13 FORWARD PLAN**

Jane Garrard, Senior Governance Officer presented the Forward Plan and advised that a Steering Group was being established. As part of its work, the Steering Group would look at the future work programme and agenda management, including the possibility of having themed meetings linked to the Joint Health and Wellbeing Strategy.

There was a suggestion that the Board have discussion at a future meeting about the importance of the Third Sector and how best to engage the Third Sector with the work of the Board

**RESOLVED to note the Forward Plan.**

**14 UPDATES**

**a CORPORATE DIRECTOR FOR CHILDREN'S SERVICES**

Alison Michalska introduced the written update from the Corporate Director for Children's Services. There were no additions to the update which was circulated with the agenda.

**b DIRECTOR FOR ADULT SOCIAL CARE**

Alison Michalska introduced the written report from the Director for Adult Social Care. There were no additions to the update which was circulated with the agenda.

**c DIRECTOR OF PUBLIC HEALTH**

Alison Challenger, Interim Director for Public Health, updated the Board, highlighting the work being undertaken to address current trends within Dental Health in which Nottingham does not statistically compare well with neighbouring authorities.

Dental health promotion to parents will be increased with an emphasis on the need for dental health from when a child's first tooth appears.

**d NOTTINGHAM CITY CLINICAL COMMISSIONING GROUP**

Dawn Smith introduced the written update from Nottingham City Clinical Commissioning Group. There were no additions to the update which was circulated with the agenda.

**e HEALTHWATCH NOTTINGHAM**

Pete McGavin introduced the written update from Healthwatch Nottingham. There were no additions to the update which was circulated with the agenda.

**15 FUTURE MEETING DATES**

**RESOLVED to meet on the following Wednesdays at 2pm:**

**27 July 2016**

**28 September 2016**

**30 November 2016**

**25 January 2017**

**29 March 2017**

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**HEALTH AND WELLBEING BOARD - 27 JULY 2016**

<b>Title of paper:</b>	Changes to Health and Wellbeing Board Membership and Representation	
<b>Director(s)/ Corporate Director(s):</b>	Corporate Director for Resilience	<b>Wards affected:</b> All
<b>Report author(s) and contact details:</b>	Jane Garrard, Senior Governance Officer Tel: 0115 8764315 jane.garrard@nottinghamcity.gov.uk	
<b>Other colleagues who have provided input:</b>	Health and Wellbeing Board Steering Group – 29 June 2016	
<b>Date of consultation with Portfolio Holder(s) (if relevant)</b>		
<b>Relevant Council Plan Key Theme:</b>		
Strategic Regeneration and Development		<input type="checkbox"/>
Schools		<input type="checkbox"/>
Planning and Housing		<input type="checkbox"/>
Community Services		<input type="checkbox"/>
Energy, Sustainability and Customer		<input type="checkbox"/>
Jobs, Growth and Transport		<input type="checkbox"/>
Adults, Health and Community Sector		<input checked="" type="checkbox"/>
Children, Early Intervention and Early Years		<input type="checkbox"/>
Leisure and Culture		<input type="checkbox"/>
Resources and Neighbourhood Regeneration		<input type="checkbox"/>
<b>Relevant Health and Wellbeing Strategy Priority:</b>		
Healthy Nottingham - Preventing alcohol misuse		<input 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"/>
<b>Summary of issues (including benefits to citizens/service users and contribution to improving health &amp; wellbeing and reducing inequalities):</b>		
<p>On 11 July 2016 Nottingham City Council agreed changes to the Health and Wellbeing Board membership and voting arrangements, subject to those changes being approved by the Health and Wellbeing Board (as required by Regulations). The Board is asked to consider the membership changes as outlined in paragraph 2.2.</p> <p>Some changes have also been made to the individuals nominated to represent their organisation on the Health and Wellbeing Board.</p>		
<b>Recommendation(s):</b>		
<b>1</b>	<p>To support the following amendments to the Health and Wellbeing Board membership:</p> <ul style="list-style-type: none"> <li>a) add Representative of Nottinghamshire Fire and Rescue Service as a non-voting member</li> <li>b) add Representative of Nottingham Universities as a non-voting member</li> <li>c) amend Community and Third Sector Representative (non-voting) to up to two individuals representing the interests of the third sector (non-voting)</li> <li>d) amend Representative of JobCentre Plus (non-voting) to Representative of Department of Work and Pensions (non-voting)</li> </ul>	

2	<p>Subject to approval of Recommendation 1, to note that the following individuals have been nominated as representatives on the Health and Wellbeing Board:</p> <ul style="list-style-type: none"> <li>a) Representative of Nottinghamshire Fire and Rescue Service (non-voting) – Wayne Bowcock</li> <li>b) Representative of Nottingham Universities (non-voting) - Stephen Dudderidge</li> <li>c) Individuals representing the interests of the third sector (non-voting) – Leslie McDonald and Maria Ward</li> <li>d) Representative of Department of Work and Pensions (non-voting) – Michelle Simpson</li> </ul>
3	<p>To note that the following individuals have been nominated to represent their organisation on the Health and Wellbeing Board:</p> <ul style="list-style-type: none"> <li>a) Representative of NHS England (voting) – Jonathan Rycroft</li> </ul>
<p><b>How will these recommendations champion mental health and wellbeing in line with the Health and Wellbeing Board aspiration to give equal value to mental health and physical health ('parity of esteem'):</b></p> <p>The recommendations relate to governance of the Health and Wellbeing Board, which aims to ensure that the Board is operating appropriately so that it can carry out its role and responsibilities, including fulfilling its aspiration to give equal value to mental health and physical health.</p>	

## 1. REASONS FOR RECOMMENDATIONS

- 1.1 Changes to the membership of the Health and Wellbeing Board are being made to reflect evolution in the work of the Board.

## 2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

- 2.1 The Health and Wellbeing Board was established by the Full Council of Nottingham City Council. Changes to the voting arrangements of the Health and Wellbeing Board can only be made by the Full City Council, in consultation with the Health and Wellbeing Board.
- 2.2 At its meeting on 11 July 2016 Full Council agreed the following amendments to the Health and Wellbeing Board membership, subject to agreement by the Health and Wellbeing Board:
- a) add Representative of Nottinghamshire Fire and Rescue Service as a non-voting member
  - b) add Representative of Nottingham Universities as a non-voting member
  - c) amend Community and Third Sector Representative (non-voting) to up to two individuals representing the interests of the third sector (non-voting)
  - d) amend Representative of JobCentre Plus (non-voting) to Representative of Department of Work and Pensions (non-voting)
- 2.3 The Board is asked to consider amending its membership as outlined above. Changes to the Board's Terms of Reference will be made to reflect agreed amendments.
- 2.4 Subject to the Board agreeing the relevant changes to its membership, the Board is asked to note that the following individuals have been nominated as representatives on the Health and Wellbeing Board:

- a) Representative of Nottinghamshire Fire and Rescue Service (non-voting) – Wayne Bowcock
- b) Representative of Nottingham Universities (non-voting) - Stephen Dudderidge
- c) Individuals representing the interests of the third sector (non-voting) – Leslie McDonald and Maria Ward
- d) Representative of Department of Work and Pensions (non-voting) – Michelle Simpson

2.5 The Board is also asked to note the following changes to individuals nominated to represent their organisation on the Health and Wellbeing Board:

- a) Representative of NHS England (voting) – Jonathan Rycroft (replacing Vikki Taylor)

2.6 At its meeting on 11 July 2016 Full Council also agreed to amend the Health and Wellbeing Board membership from three representatives from the NHS Nottingham City Clinical Commissioning Group’s Board to four representatives (voting), subject to approval by the Health and Wellbeing Board. However it is proposed that the Board does not expand the number of CCG representatives at this time.

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

3.1 Amendment to the Health and Wellbeing Board membership is subject to approval by the Board and the Board could chose not to make some/ all of the proposed changes and instead retain current membership.

### **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 The process for making changes to the Health and Wellbeing Board membership and voting arrangements is set out in Regulations.

5.2 If agreed the proposed changes will be reflected in the Board’s Terms of Reference and the City Council’s Constitution.

### **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 Health and Social Care Act 2012

The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013

Nottingham City Council Constitution

Minutes of the meeting of Full Council held on 11 July 2016



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

<b>Title of paper:</b>	Joint Health and Wellbeing Strategy 2013-2016 End of Strategy Report	
<b>Director(s)/ Corporate Director(s):</b>	Alison Michalska Corporate Director for Children & Adults, Nottingham City Council Alison Challenger, Interim Director of Public Health, Nottingham City Council. Dawn Smith, Chief Operating Officer, Nottingham City Clinical Commissioning Group.	<b>Wards affected: All</b>
<b>Report author(s) and contact details:</b>	John Wilcox, Insight Specialist – Public Health, Strategic Insight, Nottingham City Council. (john.wilcox@nottinghamcity.gov.uk) Ian Bentley, Strategy and Commissioning Manager - Crime and Drugs Partnership, Nottingham City Council. Joanne Williams, Assistant Director Health and Social Care Integration, Nottingham City Clinical Commissioning Group. Sharan Jones, Health and Wellbeing Manager, Nottingham City Council. Sarah Quilty, Commissioning Lead – Children, Nottingham City Council. Nicky Dawson, Priority Families Programme Coordinator, Nottingham City Council.	
<b>Other colleagues who have provided input:</b>	Lucy Peel, Early Years Programme Manager, Nottingham City Clinical Commissioning Group.	
<b>Date of consultation with Portfolio Holder(s) (if relevant)</b>	13 <sup>th</sup> July 2016	
<b>Relevant Council Plan Key Theme:</b>		
Strategic Regeneration and Development		<input type="checkbox"/>
Schools		<input type="checkbox"/>
Planning and Housing		<input type="checkbox"/>
Community Services		<input 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 type="checkbox"/>
Resources and Neighbourhood Regeneration		<input type="checkbox"/>
<b>Relevant Health and Wellbeing Strategy Priority:</b>		
Healthy Nottingham - Preventing alcohol misuse		<input checked="" type="checkbox"/>
Integrated care - Supporting older people		<input checked="" type="checkbox"/>
Early Intervention - Improving mental health		<input checked="" type="checkbox"/>
Changing culture and systems - Priority Families		<input checked="" type="checkbox"/>
<b>Summary of issues (including benefits to citizens/service users and contribution to improving health &amp; wellbeing and reducing inequalities):</b>		
<ul style="list-style-type: none"> <li>Progress and achievements in relation to delivery of the Joint Health and Wellbeing Strategy 2013-2016 priorities: preventing alcohol misuse, supporting older people, improving mental health (children’s behavioural an emotional health and adults and employment), and the Priority Families Programme.</li> <li>Current and future plans for these priority issues.</li> </ul>		
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<b>Recommendation(s):</b>	
<b>1</b>	To consider the progress and achievements on the delivery of the city's first Joint Health and Wellbeing Strategy 2013-2016.
<b>2</b>	To support and endorse the future direction of these priority issues.
<p><b>How will these recommendations champion mental health and wellbeing in line with the Health and Wellbeing Board aspiration to give equal value to mental health and physical health ('parity of esteem'):</b></p> <p>One of the Nottingham City Joint Health and Wellbeing Strategy priorities is to intervene earlier to increase the number of citizens with good mental health. This will be achieved through actions to improve early year's experiences to prevent mental health problems in adulthood; and addressing mental health issues which are barriers to employment. This priority and actions also contribute to the city's vision for mental health and wellbeing set out in the Wellness in Mind Strategy.</p>	

## **1. REASONS FOR RECOMMENDATIONS**

### **1.1 To consider the progress and achievements of delivery of the city's first Joint Health and Wellbeing Strategy 2013-2016.**

Nottingham City Health and Wellbeing Board is responsible for the delivery of the strategy. The Report in **Appendix 1** prepared by officers working on strategy delivery, describes the progress and achievements in relation to delivery of the strategy priorities since it was endorsed by the Board in June 2013.

### **1.2 To support and endorse the future direction of these priority issues**

The 2013-2016 strategy priorities will continue to be strategic issues for the city. The Report in **Appendix 1** sets out the future plans for these priorities. The Board may wish to be assured that the achievements over the strategy period will be built upon where required and there is appropriate strategic governance in place to enable the Board to endorse the future direction of these priority issues.

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

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

In June 2013 the Board endorsed its Joint Health and Wellbeing Strategy for 2013-2016. The strategy set out 4 priority health and wellbeing issues for Nottingham:

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

The Board and Commissioning Executive Group has received reports on the overall strategy progress at approximately 6 monthly intervals throughout the 3 years of the strategy, with more in-depth progress reports on specific priorities at other meeting dates. This report is the final report on this strategy.

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

No other recommendations were considered in making these recommendations.

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

The report does not contain recommendations with financial implications.

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

The report does not contain recommendations with legal and procurement implications.

**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:

An EIA was prepared when the strategy was launched.

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**

None.

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

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

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

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

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

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

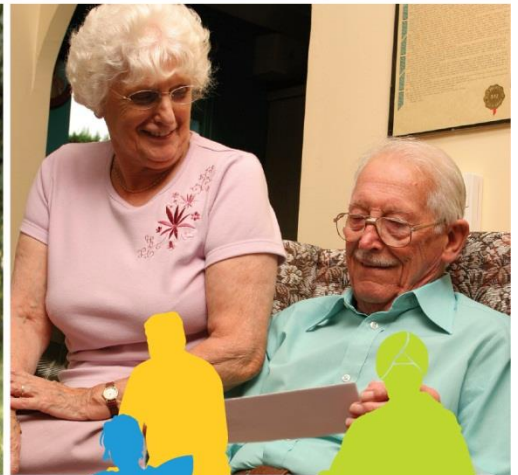
Nottingham City Joint Health and Wellbeing Strategy 2.5 year progress report. 27<sup>th</sup> January, 2016.

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# Nottingham City Joint Health & Wellbeing Strategy

2013 – 2016

End of Strategy Report – July 2016



Improving quality of life and tackling health inequalities in Nottingham

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### **Report Acknowledgements**

John Wilcox, Insight Specialist - Public Health, Nottingham City Council – Report coordination and editing.

Ian Bentley - Strategy and Commissioning Manager, Nottingham Crime and Drugs Partnership, Nottingham City Council –Author, Alcohol Misuse Priority.

Joanne Williams, Assistant Director Health and Care Integration, Nottingham City CCG – Author, Integrated Care, Supporting Older People.

Sarah Quilty, Commissioning Lead – Children’s, Nottingham City Council – Author, Mental Health – Early intervention.

Sharan Jones, Health and Wellbeing Manager - Nottingham City Council — Author, Mental Health and Employment.

Nicky Dawson, Priority Families Programme Coordinator - Author, Priority Families.

## 1. Introduction

Nottingham City Health and Wellbeing Board approved its first Joint Health and Wellbeing Strategy in June 2013. This strategy set out to deliver four priorities on which the Health and Wellbeing Board would focus its efforts to improve quality of life and tackle health inequalities in Nottingham during 2013-2016:

- Prevent alcohol misuse to reduce the number of citizens who develop alcohol-related diseases.
- Provide more integrated health and social care services that will ensure a better experience of care is offered to older people and those with long term conditions.
- Intervene earlier to increase the number of citizens with good mental health.
- Support priority families to get into work, improve their school attendance and reduce their levels of anti-social behaviour and youth offending.

During the life of the strategy the Commissioning Executive Group and Board received regular presentations and progress reports from officers leading on the delivery of the workstreams. This enabled the Board to discuss the direction of travel of the priority workstreams and gave officers the opportunity to raise any delivery issues and blockages with the Board.

This report sets out the key achievements in relation to delivery of these priorities, aspects of the strategy that were not fully developed and future plans for these priority issues.



## 2. Alcohol misuse in Nottingham

### What we will do

**We will reduce the proportion of adults who drink at harmful levels by a third<sup>1</sup>**

We will also aim to achieve the following outcomes:

- Reduced alcohol-related anti-social behavior including street drinking
- Fewer adults binge drinking
- Lower rates of alcohol-attributable crime<sup>2</sup>
- Fewer alcohol-related deaths

### Key achievements in relation to these aims over the 3 years of the strategy

Over the lifetime of the strategy the figures from the Citizen's Survey indicate a consistency in the number of individuals that report they drink alcohol and the individuals that indicate they are at an increasing or higher risk of developing alcohol related health problems. There was a slight decrease across all reporting in 2014 but a caveat was attached to the report indicating a change in the fieldwork.

The actual figures from the survey indicate that;

- 1,211 drink alcohol
- 102 individuals drink at increasing risk
- 36 individuals drink at higher risk
- 

This indicates a figure of around 30,000 individuals drinking at an increasing or higher risk of alcohol related health problems for the population of Nottingham City.

The treatment numbers for March 2016 indicate that there are 638 alcohol only service users and 310 primary alcohol and other substance service users in treatment services. The successful completion figures for these cohorts are 36.5% for primary alcohol and 48.7% for alcohol and other substance misusers. An average of 42.5% which is a slight increase on the number reported in October 2015. This figure is well above the local mean target of 33%. As a whole across all drugs and alcohol treatment, Nottingham City is the second best core city for successful completions with 24% compared with the target of 18.1%.

Commissioning for alcohol treatment was completed in November 2014 with one provider offering all aspects of alcohol treatment. This has been very successful and has contributed greatly to the figures above. Waiting times have been considerably reduced and this has been maintained through the tenure of the service. Currently service users can access the appropriate treatment within one working day from assessment should they choose.

The annual Respect Survey of anti-social behaviour and crime (2015) has recorded a slight increase in the citizen's negative perception of street drinking which has risen from 13.3% in 2014 to 14.% in 2015. Negative perceptions of people being drunk or rowdy in public places has also risen slightly from 13.8% in 2014 to 14% in 2015. Both rises are not statistically significant. However The 2015 figures are well below those of 2012.

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<sup>1</sup> This will be seen through a reduction in the proportion of adults drinking at increasing or higher risk levels from 12% (estimated 17,864 adults, in 2012) to 8% (estimated 11,525 adults), measured through the Citizens' Survey

<sup>2</sup> These are: violence against the person, sexual offences, robbery, burglary dwelling, theft of a motor vehicle, theft from a motor vehicle (LAPE User Guide, 2012)



Various interventions have been applied to address anti-social behaviour caused by street drinking including:

- The Blue Light project to engage in treatment those who are street drinking and causing anti-social behaviour in the Arboretum and Berridge wards.
- The application of positive requirements attached to Community Banning Orders to engage individuals into coercive treatment.
- A city-wide street drinking ban which is now under the terms of a Public Space Protection Order (PSPO) [anti-social behaviour, crime and policing act 2014]

The 2015 Citizen's survey suggests that the current rate of binge drinking is at 25% of all those who reported that they drank alcohol, again this is a rise of 6% over the 2014 figures but a caveat was added to those figures. The level is in accord with the 2013 and 2012 figures. Area 4 was identified as having the largest proportion of binge drinkers and those in full time education (age 16-24) were also identified as the most likely to binge drink. To respond to this health promotion events are held at both universities and local colleges by alcohol and drugs services.

Other projects to educate and prevent binge drinking include;

- Drugaware: In-school education has been taken up by 74 primary and secondary schools
- Lifeline Journey: Training to Tier 1 providers and universal services to identify and offer brief advice and sign posting to young vulnerable people

### **Aspects of the strategy which were not fully developed**

Lower rates of alcohol-attributable crime: It was agreed by the board of the 30<sup>th</sup> September 2015 to omit this action from future reporting as further scrutiny has demonstrated that it does not provide a meaningful metric for assessing progress on strategy delivery. However a lot of work has been done to reduce alcohol related violence in the City's night time economy;

NTE Insight Hub (Cardiff Model) has introduced a new approach to utilizing and sharing information; delivering three core products.

- A revised intelligence based NTE police tasking method
- A single venue level matrix of risk
- A demand management tool

Operation Promote: A proven method of restricting the supply of cocaine and other stimulants into the NTE which reduces the level of violence on the nights it is deployed.

A super strength free campaign which had to be withdrawn as it was challenged following legal rulings elsewhere

The Local Alcohol Action Area (LAAA) conceptually links diverse areas of activity such as licensing, policing and treatment.

Partnership working with Drinkaware which has seen the introduction of club hosts in a variety of venues; aimed at reducing anti-social behaviour and sexual harassment.

Fewer alcohol-related deaths: : It was agreed by the board of the 30<sup>th</sup> September 2015 to omit this action from future reporting as further scrutiny has demonstrated that it does not provide a meaningful metric for assessing progress on strategy delivery. Work will continue to lessen the risk of death from alcohol related health problems by ensuring that Identification and brief advice is provided via more universal services. To continue to provide the Intensive case monitoring service to work with high volume service users of ED and the university Hospitals to motivate them into treatment. To continue to apply the Blue light ethos to engage treatment resistant drinkers into services.

### **Future plans for this priority**

Various aspects of the strategy are being carried forwards and developed to ensure a continued level of interventions are applied to prevent the harmful effects of increased risk drinking, these include:

- The commissioning of a new integrated drugs and alcohol service (start date 1<sup>st</sup> July 2016) to address the increasing numbers of poli-substance misuse problems.
- Clear mental health pathways to assist an increasing number of chaotic, vulnerable drinkers into mental health treatment.
- Increase the number of providers of Identification and brief advice
- Increase the number of “teachable moments” in ED and in the custody suite.
- Increase the number of positive requirements attached to civil tools to engage those who comit anti-social behaviour into coercive treatment
- To commission a new Hospital alcohol carepath service to ensure robust treatment for those who are admitted for alcohol related illnesses (start date 1<sup>st</sup> October 2016)
- To review the in-school interventions.
- To continue to develop the street drinking and beggars interventions to engage this cohort into treatment.

### 3. Integrated care: Supporting older people

#### What we will do

**We will improve the experience of and access to health and social care services for citizens who are elderly or who have who have long term conditions**

We will also aim to achieve the following outcomes:

- More elderly citizens will report that their quality of life has improved as a result of integrated health and care services
- The number of older citizens remaining independent after hospital admission will increase

#### **Key achievements in relation to these aims over the 3 years of the strategy**

The integrated care programme has delivered system change improving the experience of and access to health and social care services for citizens.

- Eight Care Delivery Groups (CDGs) have been established. These comprise groups of GP practices and neighbourhood multi-disciplinary teams including social care. The aim to deliver more proactive care is being developed through the identification of people who will benefit from intervention using risk profiling information at multi-disciplinary team meetings. A further aim to upskill the generalist workforce has been initiated by the integration of some specialist support e.g. the falls and bone health team. A patient metric 'proportion of citizens with long term conditions reporting improved experience' has been developed and is measured through a citizen satisfaction survey. Over the last 3 years an improvement from 83% to 84% has been achieved.
- The multi-disciplinary teams working in CDGs provide more coordinated and holistic care for citizens with the support of care coordinators. These are newly established roles have been successful in bridging a gap between primary and community care in the management of citizens needs.
- Other new roles to support proactive care including social care link workers and housing health co-ordinators. The housing health coordinators support citizens who are inappropriately housed and this is affecting their health and wellbeing. Out of the 68 referrals made in the first four months 22 clients were successfully rehoused into an independent living property. The posts also support an early intervention approach and have demonstrated a reduction in costs linked to falls and flare ups of COPD, anxiety and/or depression.
- Assistive technology has been expanded to support early intervention and more robust case management. In 2015/16, 6087 citizens over 65 were supported by assistive technology.
- The integration of health and social care reablement and urgent care services will reduce duplication and ensure a period of rehabilitation to meet individual needs is more readily available. One of the Better Care Fund (BCF) targets 'Increased effectiveness of reablement' measures the number of people still at home 91 days after discharge from hospital. Performance against this metric has improved over the last year with 74% of citizens still at home after 91 days.
- The self care pilot which includes social prescribing, community navigators and self care hubs is being rolled out across the city. Between September 2015 and March 2016, 101 social prescriptions have been written by GP's and actioned by Care Co-ordinators. Social isolation has been the most common need, examples of activities citizens have been supported to access include local social luncheon clubs, walking football through Football in the Community and fitness and healthy eating programmes at the YMCA. Community Navigators have recruited 17 new volunteer Navigators and completed 238 support contacts, many of these in support of social prescriptions removing barriers to accessing activities.

### **Aspects of the strategy which were not fully developed**

Access and Navigation has been a key theme within the Adult Integrated Care Programme. The initial scoping phase of the programme highlighted the need for simplified access to services along with recognition that citizens don't want, or need, to differentiate between health and social care. An integrated service model was agreed but encountered operational complications at implementation for both health and social care service providers. The steering group membership was revised and a detailed options appraisal completed. A new model has now been agreed and an implementation plan is being developed. This will create a new integrated telephone number with a citizen triage point so that citizens speak to a person for advice at the earliest opportunity. The new number will also enable the inclusion of additional service providers, for example mental health.

### **Future plans for this priority**

Integrated care for adults with long-term conditions and the frail elderly remains a local and national priority. Importantly, we need citizens to continue to receive more care in their home or community, reducing unnecessary hospital admissions and shortening hospital stays. Our commissioning needs to be joined up and strategic, focusing on the value achieved or outcomes gained rather than on activity alone. Services must be high quality, accessible, sustainable and based on population need.

Following the conclusion of the Integrated Care Programme a strategy for the next phase has been developed. The objectives are as follows:

- Ensure our integrated care model is both cost efficient and clinically effective
- Ensure care is delivered in the right place – by the right people – with the appropriate skill mix
- Ensure care is delivered at home or in the community wherever possible
- Ensure provision of high quality, clinically safe and accessible services
- Focus on prevention and the ways in which individuals and resilient communities can best support themselves
- Move away from a 'paternalistic' top-down approach to one in which individuals are better informed, empowered and managing their own conditions
- Ensure that decisions are made in the best interests of citizens – not organisations
- Build medium and long term sustainability in response to rising demand and constrained resource
- Work towards reducing and ending health inequalities in our communities

The governance supporting the Programme has been refreshed to include wider stakeholder representation. Steering groups will continue to drive the next stage of delivery of the care model initiatives for example mental health integration, self care expansion.

## 4. Early Intervention: Improving Mental Health

### What we will do

**We will increase the proportion of children referred for specialist Community Paediatrician assessment due to behavioural problems who have been offered access to earlier parenting interventions**

We will also aim to achieve the following outcomes:

- The number of parents and carers who feel well equipped to have a positive influence on their children's' behaviour will increase
- The number of children and families affected by behavioural problems will decrease
- The number of children going on to develop mental health problems in adulthood will decrease

### **Key achievements in relation to these aims over the 3 years of the strategy**

Piloting the Behavioural, Emotional and Mental Health (BEMH) Pathway, in order to facilitate easier access for children, young people and their families to appropriate early support in relation to behaviour and emotional health needs. This included establishing a pilot team to provide specialist support to these children, including delivering evidence based parenting programmes. The pilot has recently been independently evaluated and the report will be finalised in July 2016. This will inform future service provision in relation to BEMH and will be progressed in 2016/17.

Since the launch of the pathway there have been:

- 4118 number of children and young people referred to the pathway of which 735 were between 0- 5 years, 1419 were between age 6-10 years, 1553 were between 11-15 years and 411 were between 16-18 years.
- 3979 children and young people have been accepted onto the pathway.
- 561 children and young people have been referred to the community paediatrician for assessment for ASD/ ADHD since the start of the pathway.
- 1812 parents have attended parenting programmes delivered by the Behavioural, Emotional and Mental Health Team

### **Aspects of the strategy which were not fully developed**

Due to the long term nature of the objectives below, there has been an inability to assess success in relation to them.

- The number of children and families affected by behavioural problems will decrease
- The number of children going on to develop mental health problems in adulthood will decrease

However there will be a plan developed to respond to the recommendations of the independent evaluation into the effectiveness of the pilot Behavioural, Emotional and Mental Health Pathway.

### **Future plans for this priority**

Following the publication of *Future in Mind*, in August 2015 the Government announced that all Health and Wellbeing Board areas would be required to develop a local transformation plan to describe how the recommendations of Future in Mind would be implemented. The plans needed to be multi-agency and system-wide, and demonstrate how capacity and capability would be built within the workforce supporting children and young people's emotional and mental health. To support delivery of the transformation plan an additional £647,000 of national funding was made available to NHS Nottingham City Clinical

Commissioning Group in 2015/16. £180,000 of this funding was specifically to fund a community eating disorder service for children and young people in line with new Access and Waiting Time Standards.

Nottingham City's local transformation plan for children and young people's mental health was developed by the members of the Nottingham City CAMHS Executive, building on the implementation of the CAMHS Pathway Review. The overall objective of the transformation plan is to develop and implement a simplified, responsive and efficient pathway that supports and improves the emotional wellbeing and mental health needs of children and young people in Nottingham. The plan is aligned to the City's Wellness in Mind strategy and specifically aims to ensure that:

- Children and young people will be supported as programmes to support mental resilience and preventing mental health problems are implemented
- Problems will be identified earlier and effective interventions will be in place
- Outcomes will be measured and improved through effective treatment and relapse prevention
- Support will be in place for children and young people with mental health problems
- The wellbeing and physical health of children and young people with mental health problems will be improved.

The Nottingham plan outlines a range of priority actions in line with the five themes of *Future in Mind*, and the key actions are outlined below:

- Promoting Resilience, Prevention and Early Intervention
  - Provide better information for children and families about how to help themselves and when to seek support
  - Increase the numbers of children and young people able to take part in programmes to build resilience in schools
- Improving Access to Effective Support
  - Increase the amount of consultation, advice and guidance available to schools and health service providers to enable them to better support children and young people with emotional health needs
  - Improve the access to CAMHS so that children in need of support get prompt access to the right service
  - Ensure that different organisations providing mental health services to children and young people work together effectively and that children are effectively supported
  - Set up a crisis team to respond quickly to young people who have a mental health crisis
- Care for the most vulnerable
  - Review services for children and young people with learning disabilities and neurodevelopmental disorders
  - Review access to services for children and young people from minority backgrounds
- Accountability and transparency

- Make sure that we get the most out of the money that is spent on children's mental health and wellbeing, and that services are making a difference to children and young people's lives
- Developing the workforce
  - Improve and make more training available to professionals working with children, young people and families where there are emotional or mental health difficulties.

It is likely that further national requirements will follow in relation to children and young people's mental health, as indicated in the national document, the *Five Year Forward View for Mental Health*. This will include the development of access and waiting time standards for CAMHS, with a particular focus on crisis provision. Going forwards, the children and young people's mental health transformation plan will become part of the sustainability and transformation plan (STP) for Nottingham and Nottinghamshire; information on Future in Mind has been included in the STP. This is intended to ensure that the ongoing improvement of services in support of children and young people's mental health is prioritised.

## 5. Mental health and employment

### What we will do

**We will support 1,100 people over the next 3 years to remain in work or begin working, through enabling them to be in work where previously their health was a barrier to employment, including a focus on supporting people with mental health problems.**

We will also aim to achieve the following outcomes:

- Increase the proportion of people living with diagnosed mental health conditions who are in employment
- Improve the quality of jobs that people with mental health problems are able to access
- Ensure that people with mental health problems have access to joined up support to help them in gaining and maintaining employment

### **Key achievements in relation to these aims over the 3 years of the strategy**

- The local Nottinghamshire Fit for Work service has supported 1054 people with health problems to either remain in work, return to work or gain employment over the strategy period to date.
- More people are accessing NHS psychological therapies services - a range of therapies for people experiencing common mental health difficulties such as feeling low, depressed, anxious or stressed (6101 entered treatment in 2015/16 compared to 5005 in 2014/15).
- The Wellness in Mind service has been established to provide individualised support to improve people's mental wellbeing (or that of friends, families or carers). Citizens are now able to access advice and information on relevant services that can help improve mental wellbeing, including health and employment support.
- The Primary Health, Wellbeing and Recovery College offers a range of educational courses aimed at equipping citizens with the skills they need to deal with emotional/mental health challenges that may be a barrier to employment.
- STEPS (a culturally specific mental health support service for BME communities) has successfully helped a number of citizens to engage in work-like activities, employment and/or training & education.
- Mental health training has been delivered to cross-sector front line staff so that they are able to better manage their own mental health and offer support to colleagues and citizens.
- Nottingham City Council has signed up to 'Time to Change' and is now a Mindful Employer and has developed and is now implementing an Employee Mental Health Policy.
- More people with mental health problems in Nottingham are now in employment as a result of the introduction of the Individual Placement and Support service.
- Work Choice is funded by the DWP. It provides a voluntary, tailored range of specialist employment services responding to the individual needs of disabled people including liaison with employers.

### **Aspects of the strategy which were not fully developed**

- The Fit for Work service was commissioned over three years using non-recurrent funding. This resulted in annual uncertainty of continuity which impacted on the overall number of people supported (until April 2015 an exit plan had to be implemented towards the end of each March and then the service built up again at the start of the following year). In addition, there was an annual reduction in funding from Nottingham City Council and a consequent reduction of the targets set, making



it impossible to achieve the original target of 1100. Despite these challenges the service did support 1054 individuals (95.8% of the 1100 target).

#### **Future plans for this priority**

- Supporting people with mental and physical health problems to remain in or return to employment is both a national and local priority. As the numbers of people claiming Job Seekers Allowance continues to reduce, the number claiming Employment Support Allowance (people who are unemployed due to health problems or incapacity) remains high. In Nottingham 7.8% of the working age population are claiming ESA (6% nationally). Mental health and musculoskeletal problems are the two most prevalent causes of people being unable to work due to their health.
- A new Health and Employment Support Service has been commissioned by Nottingham City Council, Nottingham City CCG and the Department of Work and Pensions for three years from 1 August 2016. This will be an early intervention service that provides an individual case managed approach between health-related services, welfare and employment support for people registered with a Nottingham City GP. The service will respond to individual needs at an early stage – preventing health problems occurring and exacerbating. It is available to those in work but at risk of unemployment due to a health problem/long term condition and also for those who have recently become out of work due to a health problem who will be supported to manage their conditions in order to return to work or training.
- Other initiatives are being offered/developed by a range of partners including:
  - Work Choice funded by the DWP provides a voluntary range of specialist employment services which respond to the individual needs of disabled people and their employers.
  - DWP's Access to Work initiative provides grants to support individuals with health problems return to work or maintain employment.
- Health and Wellbeing Board member organisations will become exemplar employers for health and wellbeing.
- The Individual Placement and Support service will continue to work with people with mental health problems.

## 6. Changing culture and systems: Priority Families

**We will engage 1,200 targeted families with the Priority Families programme. By 2016 at least 800 of these will have seen improvements in their school attendance rates, levels of anti-social behaviour and youth offending, and/or worklessness**

We will also aim to achieve the following outcomes:

Support at least 800 of the 1,200 families engaged to achieve either [A] or [B] or both:

[A]

- All children; fewer than three fixed exclusions and less than 15% unauthorised absence in last three terms
- A 60% reduction in anti-social behaviour across the family in the last six months
- Under 18 offending to have reduced by at least 33% in last six months
- Progress to work for one adult not working e.g. volunteered for work programmes in last six months

[B]

- At least one adult moved off out-of-work benefits into continuous employment in the last six months.

### **Key achievements in relation to these aims over the 3 years of the strategy**

The Troubled Families National Policy Initiative commenced April 2012. Phase 1 of the programme ran from 2012 to 2015 against criteria for Employment, Education and Crime/ASB.

### **Phase 1 summary of achievements:**

- 1200 of 1200 target families engaged with the programme
- 1200 of 1200 target families met the required improvement for outcomes to enable Payment by Results claims for all target families. (Statistical breakdown was reported in full in the 18 month report).
- 300 partnership workers trained in new systems and the new way of working in support of families
- 11 Partnership senior practitioner 'change champion' posts in place
- Ranked joint number 1 nationally at phase end.
- All targets achieved at 100% six months early qualifying Nottingham City as Wave 2 'Early Starters' commencing Phase 2 delivery 1<sup>st</sup> January 2015

### **Recognition:**

- For the apprentice scheme (with Neighbourhood Services) National APSE award October 14, GEM Apprentice of the Year 2014 (Priority Families apprentice), DWP Innovation award for Priority Families Employment Advisers
- Queen's Birthday Honour for FIP Deputy Manager for Priority Families support.
- Linked with Municipal Journal Award for schools attendance campaign

### **Aspects of the strategy which were not fully developed**

#### **Phase 2 Delivery and Targets**

Phase 2 commenced 1<sup>st</sup> January 2015 for Nottingham as a wave 2 'early starter' and runs to 31<sup>st</sup> March 2020. Government refreshed its policy and strategy and therefore Phase 2 is also known nationally as the 'Expanded Programme'. The overarching purpose of the programme is to reform and transform public sector service delivery for complex families through integrated workforce development. This aligns with the Board's strategic positioning of Priority Families delivering the 'way of working' strand but has also meant further development of the approach to embed this strategically within other transformation, integration and collaborative strategies in Nottingham City.

In July 2015 Government published 5 Key Essentials and 4 Key Principles that must be evidenced to auditors within each family outcomes claim showing that an expected operating model/way of working is being adhered to; for example there is a lead professional who is the single point of contact, there is a whole family assessment and plan.

The original three criteria have expanded (1, 2, and 4 below) and there are 3 new additional criteria (3, 5 and 6 below):

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

There is a requirement to refresh all systems and processes to:

- incorporate work to support development in line with three new criteria and expansion of the originals,
- evidencing of achievements of positive outcomes
- evidence of significant and sustained impact for families
- collate detailed evidence for new online government submissions.

Under these criteria are 39 national indicators used to identify eligible families. Families must achieve significant and sustainable outcomes against all indicators present/baselined in the family on entry, in the same timeframe, and without regression, to be deemed to have improved outcomes and to be eligible for a payment by results claim. Measures to evidence success have been developed by the partnership and are to be found in the Nottingham Troubled Families Outcomes Plan. Currently the operational version of the Outcomes plan is being refreshed to accommodate revised targets and new bandings published by government June 2016.

### **Risks and issues**

Claims: Evidencing claims is much more complex due to the detail now required on an individual basis that is reported to government and audited prior to claiming success. Nationally there have been very low claim rates whilst partnerships redesign and embed new monitoring and evidencing processes and simplify identification and assessment processes against different levels of need. Despite low levels of claims Nottingham's claim rate is comparable to East Midlands and Core Cities partnerships, many of whom are Wave 1 programmes, or 'early starters', who commenced in September 2015. Evidencing has to be much more worker led and is time intensive. To mitigate this new tracking systems are being embedded that speed up the process and continually refresh data and evidence on a rolling basis.

In April 2016 Government introduced new bandings combining the three grant strands for the programme into minimum and maximum funding claim levels for each year based on numbers of families worked with and successfully achieving family outcomes. Failure to reach minimum targets will mean permanent loss of unclaimed funding for that year (no carry forward). To mitigate this local attachment and claim targets have been set higher than national minimums to ensure a cushion.

Families worked with and successfully achieving improved outcomes are subject to an agreed 'wait' period to test sustainability and impact. 'Wait' periods are usually six months

but can be up to a year for some statutory metrics e.g. school attendance at 90% must be maintained for three consecutive school terms to be considered a sustained outcome. Any regression during the 'wait' period disqualifies the whole family from a results claim. To mitigate regression it is aimed to work with a third more families than target numbers.

There is an increased risk of regression if claims have to be 'banked' due to:

- the 'wait' period completing just after a claim end point
- eligible claims exceeding the accumulative target number of families permitted in-year and having to be carried forward to the next year's claim period.

The wait periods also mean that the programme will not start to accumulate significant PbR income until the latter half of 2016.

Target cohorts will be proportionate from the most complex/high cost families, families at risk of escalating to a higher level of need, and 'front door' and partner priority nominations.

### **Future plans for this priority**

#### **Phase 2 Targets**

- The distribution of target numbers of families across local authority partnerships was refreshed in June 2016. Nottingham's target is now 3,840 families over 5 years, a reduction of 0.7% against a possible ceiling of 10% reduction.
- The target number of families to be identified and worked with for 2015/16 was 852 or 22% of the original 3,870 target. This was achieved.
- The targets for 2016/17 are: 1,136 new families to be worked with. As at 21.6.16 we are on track to meet this target. We currently have a total of 309 new families attached in 16/17 against a quarterly target of 285 (local target 1750 for the year).
- 546 family or employment outcome claims are to be made in 2016/17 to meet national targets. Monitoring of evidence and closure rates indicates that this will be challenging but we are on track to achieve this during the latter half of the year.

Governance has transferred to the Crime and Drugs Partnership Board as approved by the Health and Wellbeing Board (HWBB) at its January 2016 meeting. This provides continued senior scrutiny of performance, and support with barrier removal, alongside existing governance layers of the Leadership Group and the Partnership Board. All governance layers have been reviewed and membership expanded as appropriate to support new additional thematic areas of delivery under the expanded national criteria and indicator set. Links to the HWBB will be maintained through representation of key colleagues in both governance structures.

Delegation of financial decision making (up to a single transaction value of £1 million) previously approved for the Priority Families Leadership Group by HWBB has been reviewed and confirmed by the Commissioning Sub Group.

**HEALTH AND WELLBEING BOARD - 27 July 2016**

<b>Title of paper:</b>	Happier Healthier Lives: Nottingham Joint Health and Wellbeing Strategy 2016 – 2020	
<b>Director(s)/ Corporate Director(s):</b>	Alison Michalska Corporate Director for Children & Adults, Nottingham City Council. Colin Monckton, Director of Strategy and Policy, Nottingham City Council. Alison Challenger, Interim Director of Public Health, Nottingham City Council. Dawn Smith, Chief Operating Officer, Nottingham City Clinical Commissioning Group.	<b>Wards affected: All</b>
<b>Report author(s) and contact details:</b>	<b>James Rhodes</b> , Head of Analysis and Insight, Nottingham City Council	
<b>Other colleagues who have provided input:</b>	Dr Rachel Sokal, Consultant in Public Health, NCC Helene Denness, Consultant in Public Health, NCC	
<b>Date of consultation with Portfolio Holder(s)</b>	13 <sup>th</sup> July 2016	
<b>Total value of the decision:</b>	n/a	
<b>Relevant Council Plan Key Theme:</b>		
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"/>
<b>Relevant Health and Wellbeing Strategy Priority:</b>		
Healthy Nottingham - Preventing alcohol misuse		<input checked="" type="checkbox"/>
Integrated care - Supporting older people		<input checked="" type="checkbox"/>
Early Intervention - Improving mental health		<input checked="" type="checkbox"/>
Changing culture and systems - Priority Families		<input type="checkbox"/>
<b>Summary of issues (including benefits to citizens/service users and contribution to improving health &amp; wellbeing and reducing inequalities):</b>		
This paper presents the final version of the 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.		
<b>Recommendation(s):</b>		
<b>1</b>	Approve the final version of the Strategy (Appendix A) and note the next steps	
<b>How will these recommendations champion mental health and wellbeing in line with the Health and Wellbeing Board aspiration to give equal value to mental health and physical health ('parity of esteem'):</b> This remains a core element of the strategy.		

## 1. REASONS FOR RECOMMENDATIONS

1.1 The proposed final 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 2016. The framework was developed based upon the engagement findings<sup>1</sup> and the evidence from the JSNA<sup>2</sup>. The draft strategy is based around four key outcomes:

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

2.2 A final draft was approved by the Board in May with agreement that detailed action plans would follow in September. Consultation on the draft strategy was undertaken throughout June. Overwhelmingly respondents agreed with the vision, aims and priorities of the strategy. There were, however, a number of themes to emerge. A summary of the key issues and proposed responses is provided below:

<b>Issue</b>	<b>Proposed Response</b>
<b>Delivery and Accountability</b>	The Health and Wellbeing Board review progress and hold each other to account against the strategy's detailed action plans with each meeting focusing on one of the four outcomes of the strategy on a rolling basis. Detailed action plans will be refreshed annually to ensure they remain current
<b>Delivery should be targeted</b>	Detailed action plans to focus on those areas/ communities disproportionately affected
<b>Missing Priorities (Sexual health, Drugs, Safe Relationships)</b>	HWS Steering Group recommended inclusion of sexual health in the strategy. Bearing in mind the wide scope of the strategy, it was felt substance misuse was not generally an issue experienced in isolation to other problems and that this client group would be picked up throughout the strategy's themes. There was not sufficient evidence to prioritise safe relationships above the other issues already included in the strategy.
<b>Jargon</b>	Final strategy amended to make it more citizen focused

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

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

2.3 The amended strategy is presented in Appendix A and it is recommended that the Board approve the final Strategy. Detailed action plans will follow in September and it is proposed that the HWS and the CCG strategy are officially launched through a joint event.

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

3.1 None

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

4.1 None

**5. LEGAL AND PROCUREMENT COMMENTS (INCLUDING RISK MANAGEMENT ISSUES AND, 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**

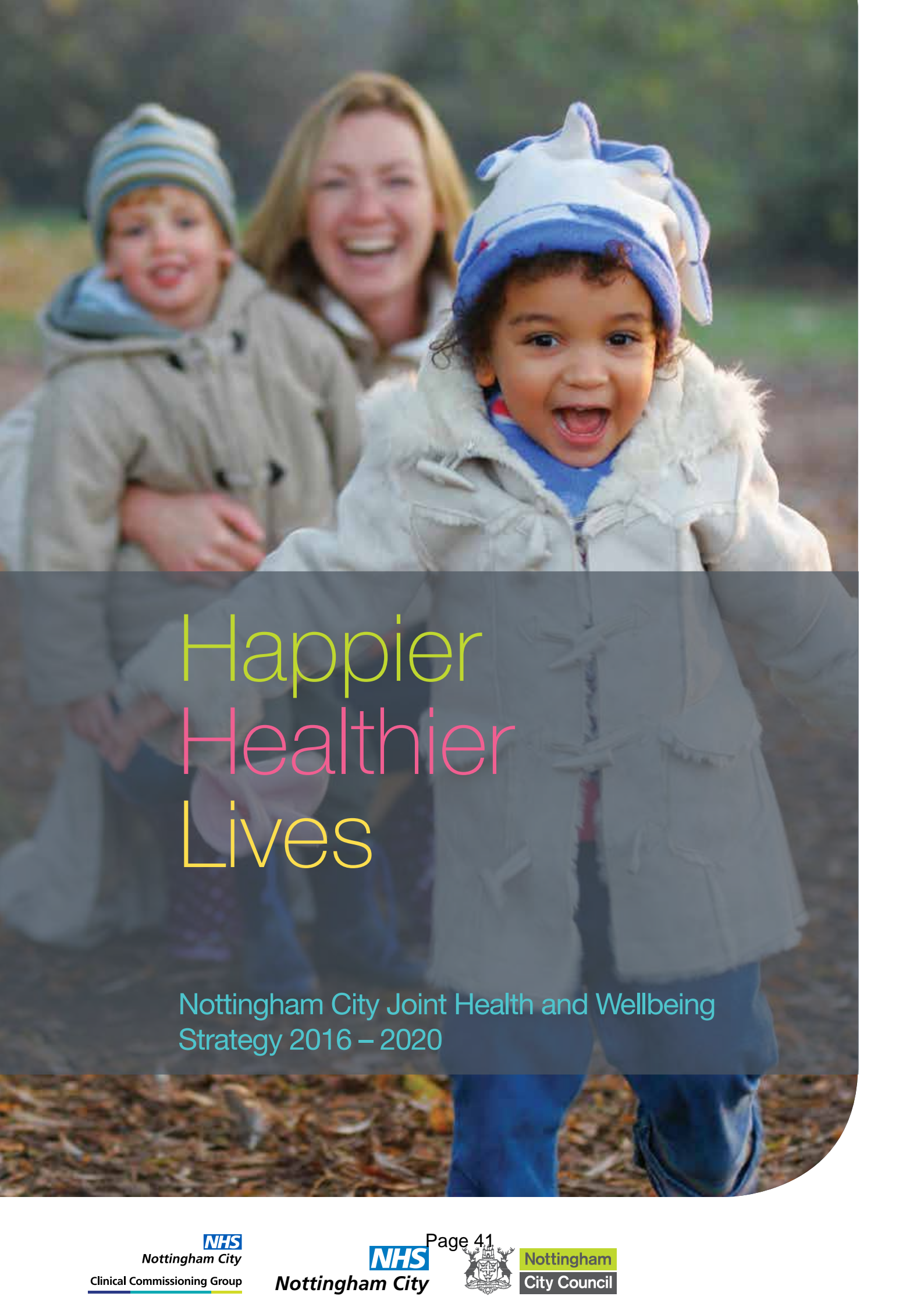
7.1 The Happier Healthier Lives engagement results (Dec 2016)  
The JSNA Evidence Summary (Dec 2015)  
The Happier Healthier Lives Consultation Summary Report (June 2016)

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

8.1 None

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# Happier Healthier Lives

Nottingham City Joint Health and Wellbeing  
Strategy 2016 – 2020

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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 people in 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 ensure ‘Nottingham will be a place where we all enjoy better health and wellbeing, with a focus on improving the lives of those with the poorest outcomes the most’. We will do this by focusing on four outcomes:

- Children and adults in Nottingham adopt and maintain **Healthy Lifestyles**
- Children and adults 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 children and adults are supported and empowered to live healthy lives and manage ill health well
- 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. This represents an outstanding opportunity to improve the lives of the people of Nottingham. 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.



*Alex Norris*

**Councillor  
Alex Norris  
Chair**



*Dr Marcus Bicknell*

**Dr Marcus Bicknell  
Vice Chair**



## 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 (HWB). 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.



## 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 them<sup>1</sup>.



## Purpose of the Strategy

The purpose of the strategy is to enable:

- All HWB partners and citizens 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

# Health and 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). This is why<sup>2</sup>:

## Healthy Life Expectancy

Nationally and locally we are living longer but for some - particularly amongst those in our most deprived neighbourhoods - increased life expectancy<sup>3</sup> is accompanied by many years of poor health. It has massive implications for people's health and happiness.

In Nottingham, healthy life expectancy<sup>4</sup> (the number of years we can expect to live in good health) is 57.8 years for men and 58.4 years for women compared to a life expectancy of 77.1 years for men and 81.6 years for women<sup>5</sup>. This means that the local population can be expected to live approximately a quarter of their life in poor health. In comparison to the rest of the country, people in Nottingham die younger and are less healthy than most regions in England. Figure 1 (below) highlights how we compare to England.

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

Healthy Life Expectancy in Nottingham City for men is...



57.8 years

This is significantly lower than England, with Nottingham City males living for...



5.5 years less

Healthy Life Expectancy in Nottingham City for women is...



58.4 years

This is significantly lower than England, with Nottingham City females living for...

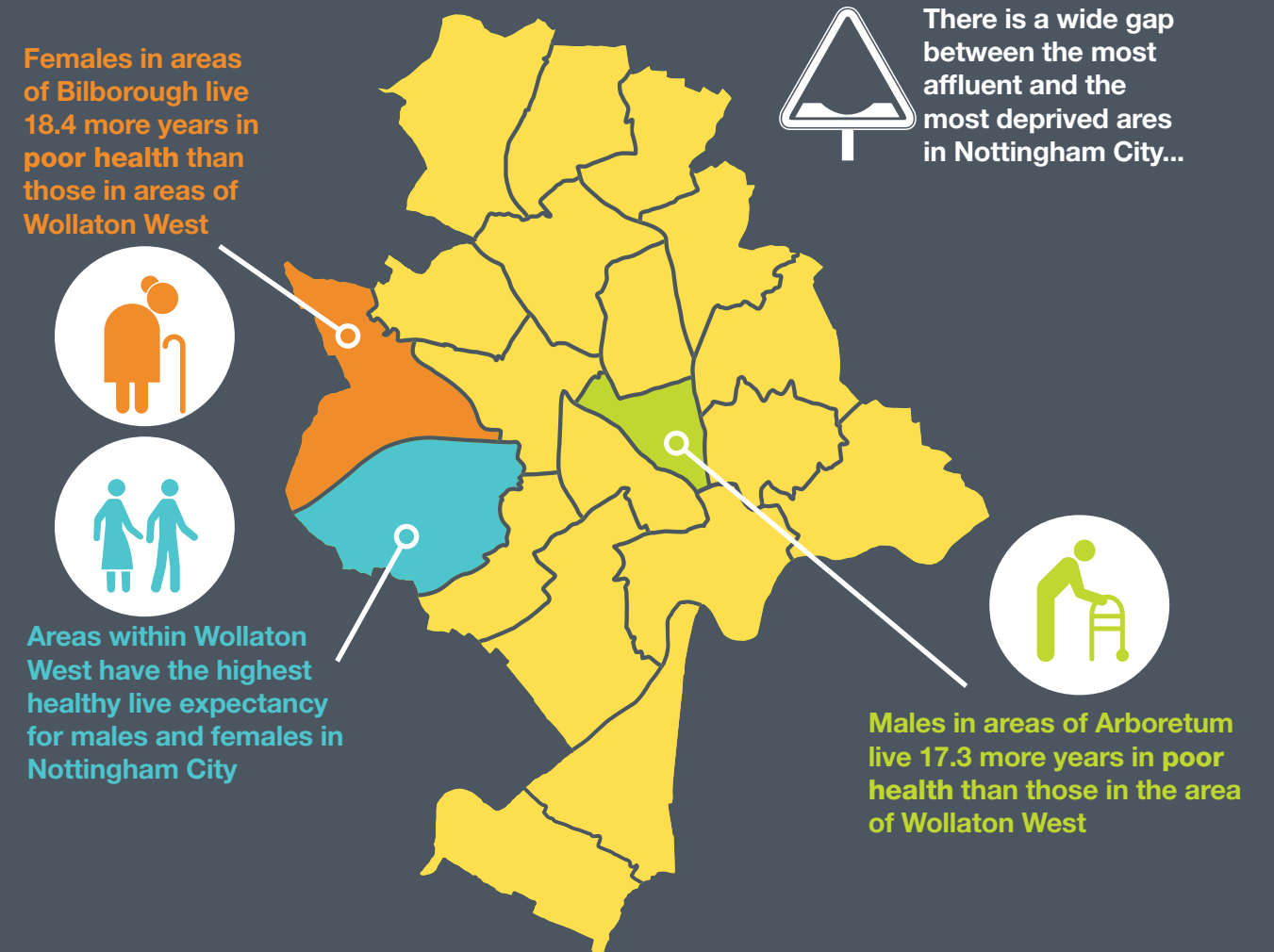


5.6 years less

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 17 years earlier than those in the wealthiest 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 contribute 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.

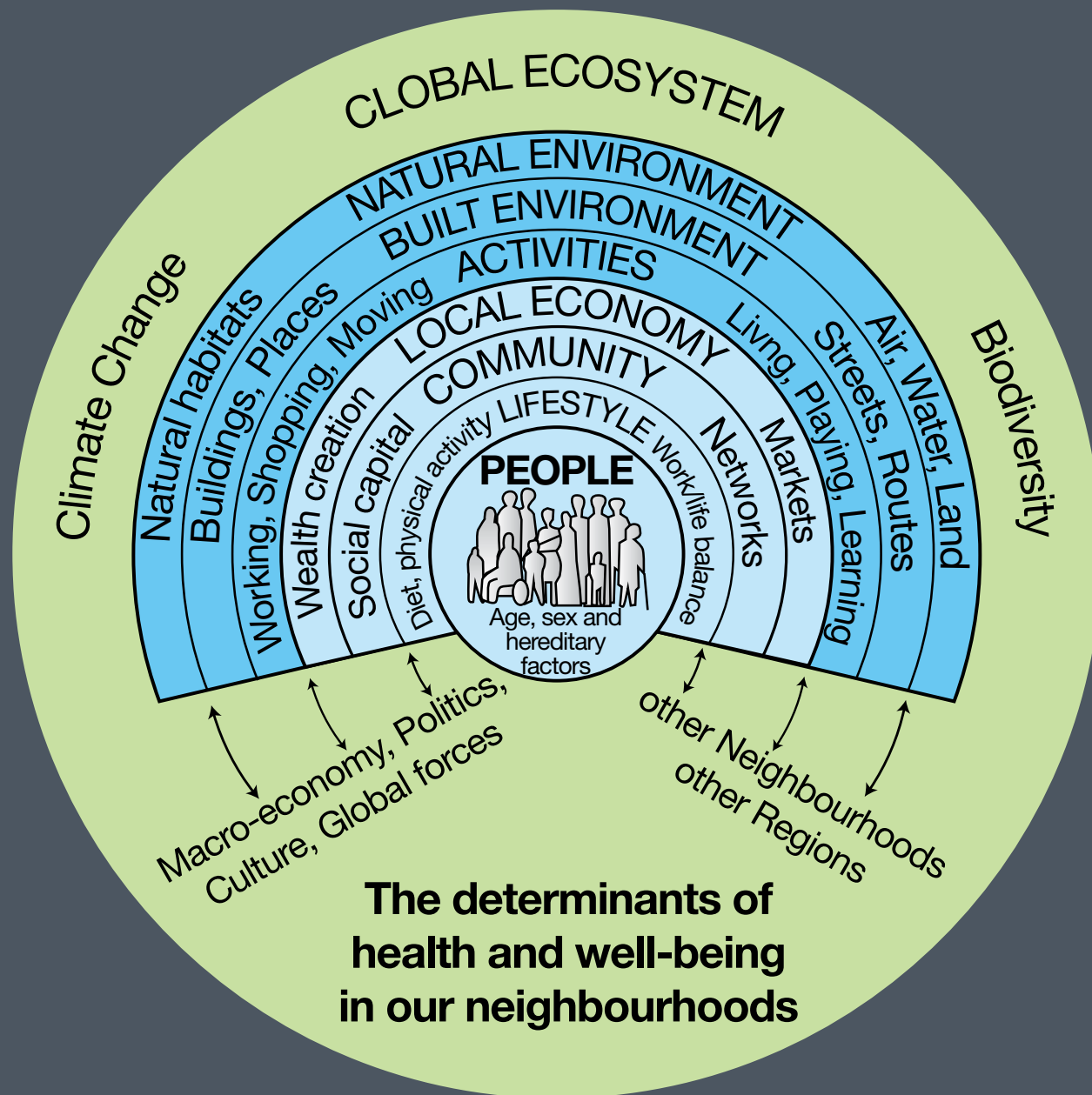


# Influences on Health

Many factors determine how happy and healthy we will be. Lifestyle factors – such as smoking, alcohol, diet and exercise – are strongly linked to our health. These lifestyle factors are influenced by where we live, economic deprivation, the quality of our housing and our neighbourhoods,

education, employment, lack of green open spaces and air pollution - to name but a few but they are all things that everyone can improve. Figure 3 shows some of the many factors that influence our health and happiness.

Figure 3: The wider determinants of health<sup>6</sup>



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Source: Barton H, Grant M. A health map for the local human habitat. *Journal of the Royal Society for the Promotion of Public Health* 2006;126(6):252-261.



Living unhealthy lifestyles and poor socio-economic conditions can lead to illnesses such as cancer, heart disease, diabetes, and lung disease.

These conditions are more common amongst people from deprived neighbourhoods and certain Black, Asian and minority ethnic (BAME) communities<sup>7</sup>. The number of people with long-term conditions is increasing. This is partly due to the fact that we are living longer lives 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 and make a massive difference to our lives.

We also know that physical health and mental health are closely linked. People with mental health problems have poorer physical health outcomes. Research shows that those suffering from serious mental illness, die up to 20 years earlier<sup>8</sup> and those suffering with depression have double the risk of heart disease<sup>9</sup>.

Through talking to the people of Nottingham as part of the engagement events that underpin the development of this strategy, mental health and lifestyle factors were key issues that emerged. In addition, the culture within which we live and our environment were highlighted as important factors that influence our happiness and health.

# Our Vision, Aims and Outcomes

We have established a clear vision and aim based on what citizens have told us.

## Our Vision

Nottingham will be a place where we all enjoy better health and wellbeing with a focus on improving the lives of those with the poorest outcomes the most.

## Our Aim

- To increase healthy life expectancy in Nottingham and make us one of the healthiest big cities
- To reduce inequalities in health by targeting the neighbourhoods with the lowest levels of healthy life expectancy

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

- **Outcome 1:** Children and adults in Nottingham adopt and maintain **Healthy Lifestyles**
- **Outcome 2:** Children and adults 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 children and adults are supported and empowered to live healthy lives and manage ill health well
- **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 have been developed for each of the four priority outcomes and will be refreshed annually to ensure that they remain relevant<sup>10</sup>. The plans will be implemented by four 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 xx) and the performance indicators 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 by tackling inequalities:** Detailed action plans will identify and address any disproportionate impact. This could mean a focus on particular geographic areas or particular groups.
- **Early Intervention:** Activity will be targeted at identifying and preventing problems early before they become established and problematic.
- **Sustainability:** Action plans will consider the sustainability of their funding arrangements and the 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 integrate services where possible.



# Outcome 1: Children and adults 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. In addition, unsafe sex can lead to unwanted pregnancies and sexually transmitted infections (STIs) including HIV.

Levels of smoking in the city are significantly higher than the national average and as a consequence rates of lung cancer, heart 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 significantly increases the risks of developing and dying from diabetes, heart disease, cancer and kidney and liver disease. Research shows 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 healthy diet.

An individual's physical activity level, diet and nutrition status has a massive impact on health. A third of adults in Nottingham are 'inactive' and three-quarters do not eat enough fruit and vegetables (according to Department of Health classifications and recommendations).

Alcohol related admissions to hospitals in Nottingham 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

upon families and communities in terms of relationships, violence and anti-social behaviour.

STIs can lead to health complications and affect fertility. STI rates in Nottingham are significantly higher than the England average. HIV is a complex medical condition which makes it challenging for individuals to maintain a good quality of life. Early diagnosis of HIV leads to better outcomes but citizens in Nottingham are more likely to be diagnosed with HIV at a later stage. Teenage pregnancy is associated with poorer outcomes for mothers and babies. The teenage pregnancy rate in Nottingham is significantly higher than the England average.

Supporting the people of Nottingham to adopt and maintain healthy lifestyles will help prevent illnesses occurring in the first place for many people and postpone the onset or reduce the impact of disease for many others, improving life expectancy and healthy life expectancy in the city.



Figure 4: A Snapshot of Lifestyles in Nottingham



## Healthy Lifestyles

### Our priorities and what we plan to do

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

- Be physically active to a level which benefits their health
- Enjoy 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
- Young people and adults will choose to have safe sex reducing the risk of unwanted pregnancies and sexually transmitted infections

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

- Give children and adults 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 signpost 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 of other people's behaviour including smoking and excessive alcohol consumption



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## Outcome 2: Children and adults 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<sup>12</sup>. In Nottingham, there are estimated to be over 51,000 people with a mental health problem ranging from those with a common problem like depression or anxiety to more severe disorder such as psychosis (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 needs<sup>13</sup>.

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 was the most commonly identified issue by citizens and is a key driver for poor physical and mental health.

Poor mental health is also closely linked to poor physical health as people with long-term mental health problems are four times more likely to die early. Most early deaths are from preventable causes that are similar to the wider population<sup>14</sup>. It is known that health services have not been as responsive in identifying or meeting the physical health needs of people with mental health problems in the past.

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 adulthood<sup>15</sup>.

**It is recognised that half of all 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 highlighting the importance of early intervention. There are also certain groups (inc. homeless people, armed forces veterans, the Black, Asian and Minority Ethnic (BME) 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)



One in six people will have mental health problems at any one time

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

41,000 people with common mental health problems like depression and anxiety

7,000 people with Post Traumatic Stress Disorder

3,000 with severe mental health problems such as psychosis & personality disorders

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## Mental Health and Wellbeing

### Our priorities and what we plan to do

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

- Children and adults 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 and adults know how to get support for mental health problems

- Improve care 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 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.
- Prevent poor physical health outcomes for those experiencing long-term mental health problems
- Increase understanding of the interdependence of mental and physical health<sup>16</sup>
- Help citizens to move towards recovery from mental illness
- 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 well

Our beliefs and attitudes towards our own health and those around us play a huge part in how healthy and happy we will be. The communities we live in, and the degree to which they encourage and promote healthy behaviour, have a massive impact upon our health. Social capital describes the links that bind and connect people within and between communities – and provide a source of resilience against life's stresses through social support. Throughout the engagement events many people told us that 'sense of community' had reduced and people saw this as having a big impact on health and wellbeing.

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 where the healthy choice is 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 issues early before they developed into more serious long-term problems.

Debt and household income were 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 which 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 joined up. At the same

time people often felt their problems were treated in isolation - rather than holistically, by dealing with a range of underlying issues that were at the heart of the problem (like debt, unhappiness or loneliness).

### Healthy Culture

#### Our priorities and what we plan to do

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

- 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 and social care that is designed around the citizen, personalised and coordinated in collaboration with individuals, carers and families
- We will 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

## Outcome 4: Nottingham's environment will be sustainable - supporting and enabling its citizens to have good health and wellbeing

- Create integrated health and social care services for young children (0 -5s)
- 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 they are able to or choose to
- To work with public, private and voluntary sector partners to improve people's financial resilience



The Council House, Old Market Square

The environment within which we live, work and relax plays a major role in our health and happiness. Cities and neighbourhoods that offer attractive green spaces and parks, well-maintained cycling and walking routes and access to nature can improve our health and make us happier. 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, healthier and happier 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 for exercising and socialising.

A healthy environment is supported by strong scientific evidence. There is clear evidence of the adverse effects of air pollution<sup>17</sup> and poorer communities experience higher concentrations of pollution resulting in a higher prevalence of related diseases<sup>18</sup>.

Creating an environment in which people can live healthier lives with a greater sense of wellbeing is hugely significant in reducing health inequalities. An environment that encourages walking and cycling can also support the local economy, providing a vibrant and attractive neighbourhood<sup>19</sup>. Access to attractive green spaces, aside from encouraging physical activity, can also improve mental wellbeing and help support social

inclusion and community cohesion<sup>20</sup>.

Poor-quality housing in particular has a big impact on both physical and mental health and wellbeing<sup>21</sup>. Housing inequality is a key determinant of the difference in health outcomes across the city. 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.

### Healthy Environment

#### Our priorities and what we plan to 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 leading healthy lifestyles and minimise the risk of negative impact upon their wellbeing
- Children and adults will be able to engage in active travel
- Children and adults 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 reduced (to agreed standards)



# Our Headline Targets

## 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 upon health and wellbeing
- Improve the city's infrastructure and encourage more people to walk and cycle or use public transport
- 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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Wollaton Park, Nottingham

The strategy's overall aim is to increase healthy life expectancy and reduce the inequalities across Nottingham's neighbourhoods. Healthy life expectancy describes how long a person might be expected to live in 'good health'<sup>22</sup>. 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 health<sup>23</sup>. There are significant differences between Nottingham and other similar cities<sup>24</sup> 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:

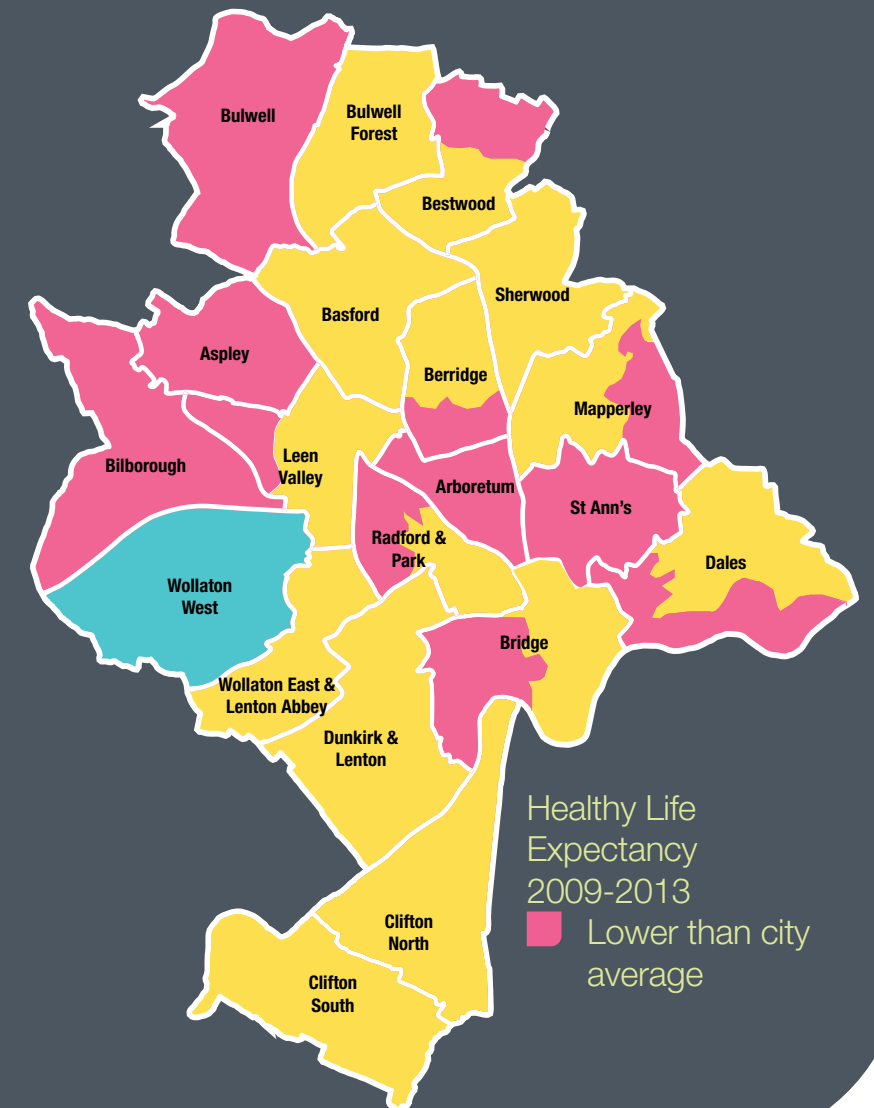
## To increase healthy life expectancy in Nottingham and make us one of the healthiest big cities

In order to do this we will compare our performance to that of the top four English 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.

## 1. 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 and Plans



Martin Jackaman Centre, Nottingham

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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.

### 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 aims of improving healthy life expectancy, reducing inequalities and empowering citizens to be able to better take care of their own health.

### 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. More than one-in-ten people in the city are carers and a significant number provide in excess of 50 hours care per week<sup>25</sup>. 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 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 harm<sup>26</sup>. Those areas of the Vulnerable Adults Plan 2016 – 2020 that the

Health and Wellbeing Board can add value to will be incorporated into this strategy.

### 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.



Broxtowe Children's Centre, Nottingham

# Summary: Our strategy on a page

<b>Our vision</b>	Nottingham will be a place where we all enjoy better health and wellbeing with a focus on improving the lives of those with the poorest outcomes the most.			
<b>Our aims</b>	To increase healthy life expectancy in Nottingham and make us one of the healthiest big cities To reduce inequalities in health by targeting the neighbourhoods with the lowest levels of healthy life expectancy			
<b>Our outcomes</b>	Children and adults in Nottingham adopt and maintain Healthy Lifestyles	Children and adults 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 well	Nottingham's Environment will be sustainable; supporting and enabling its citizens to have good health and wellbeing
<b>Our priority actions</b>	<p>By 2020 Nottingham will be a city where children and adults will:</p> <ol style="list-style-type: none"> <li>1 Be physically active to a level which benefits their health</li> <li>2 Enjoy a healthy and nutritious diet</li> <li>3 Be able to achieve and maintain a healthy weight</li> <li>4 Be inspired to be smoke-free</li> </ol> <p>Additionally,</p> <ol style="list-style-type: none"> <li>5 People who drink alcohol will drink responsibly, minimising the harms to themselves and those around them</li> <li>6 Young people and adults will choose to have safe sex reducing the risk of unwanted pregnancies and sexually transmitted infections</li> </ol>	<p>By 2020 Nottingham will be a city where:</p> <ol style="list-style-type: none"> <li>1 Children and adults with, or at risk of, poor mental health will be able to access appropriate level of support as and when they need it</li> <li>2 Those with long-term mental health problems will have healthier lives</li> <li>3 Those with, or at risk of, poor mental health and wellbeing will be able to access and remain in employment</li> <li>4 People who are, or at risk of, loneliness and isolation will be identified and supported</li> </ol>	<p>By 2020 Nottingham will be a city where:</p> <ol style="list-style-type: none"> <li>1 Messages regarding health and wellbeing will be clear and consistent</li> <li>2 Citizens will have knowledge of opportunities to live healthy lives and of services available within their communities</li> <li>3 Individuals and groups will have the confidence to make healthy life choices and access services at the right time to benefit their health and wellbeing</li> <li>4 Services will work better together through the continued integration of health and social care that is designed around the citizen, personalised and coordinated in collaboration with individuals, carers and families</li> <li>5 We will reduce the harmful effects of debt and financial difficulty on health and wellbeing</li> </ol>	<p>By 2020 Nottingham will be a city where:</p> <ol style="list-style-type: none"> <li>1 Housing will maximise the benefit and minimise the risk to health of Nottingham's citizens</li> <li>2 The built environment will support citizens leading healthy lifestyles and minimise the risk of negative impact upon their wellbeing</li> <li>3 Children and adults will be able to engage in active travel</li> <li>4 Children and adults in Nottingham will have access to and use of green space to optimise their physical and mental wellbeing</li> <li>5 Air pollution levels in Nottingham will be reduced (to agreed standards)</li> </ol>
<b>Principles</b>	Tackling Inequalities; Early Intervention; Sustainability; Engagement of the Voluntary and Community Sector; and Integrated Working			



# Appendix

- 1 The full engagement results can be found here: [www.nottinghamcity.gov.uk/hwb](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) [www.phoutcomes.info/search/life%20expectancy#page/1/gid/1/pat/6/par/E12000004/ati/102/are/E06000018](http://www.phoutcomes.info/search/life%20expectancy#page/1/gid/1/pat/6/par/E12000004/ati/102/are/E06000018)
- 6 Barton and Green (2006)  
Research shows that certain BAME groups are more likely to be affected by heart disease, diabetes, mental health issues and some types of cancer
- 8 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.
- 9 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.
- 10 The detailed delivery plans can be found here: [www.nottinghamcity.gov.uk/hwb](http://www.nottinghamcity.gov.uk/hwb)
- 11 According to Department of Health classifications and recommendations
- 12 McManus S, et al. Adult Psychiatric Morbidity in England, 2007: Results of a household survey.: NHS Information centre for health and social care. 2009
- 13 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)
- 14 Hiroeh et al. Deaths from natural causes in people with mental illness *Journal of Psychosomatic Research*. Mar 2008 vol. 64(3) pp.275-83
- 15 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 [www.ncbi.nlm.nih.gov/pmc/articles/PMC2174588/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2174588/)
- 16 Also know as Parity of esteem
- 17 Fair Society, Healthy Lives: The Marmot Review (2010)
- 18 FOE (2001) Pollution and poverty- Breaking the link.
- 19 Walking and Cycling, National Institute for Health and Care Excellence (NICE) Local Government Briefings (January 2013)
- 20 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.
- 21 Marmot Review, London, 2010
- 22 'Healthy life expectancy' is based on applying data from the Annual Population Survey to birth and mortality rates by area ONS (2016)
- 23 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).
- 24 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).
- 25 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.
- 26 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 - 27 July 2016**

<b>Title of paper:</b>	Greater Nottinghamshire NHS Sustainability and Transformation Plan	
<b>Director(s)/ Corporate Director(s):</b>	Colin Monckton, Director of Commissioning Policy and Insight  Candida Brudenell, Strategic Director Strategy and Commissioning	<b>Wards affected:</b> All
<b>Report author(s) and contact details:</b>	Colin Monckton <a href="mailto:colin.monckton@nottinghamcity.gov.uk">colin.monckton@nottinghamcity.gov.uk</a> David Pearson, Corporate Director, Adult Social Care, Health and Public Protection & Deputy Chief Executive, Nottinghamshire County Council	
<b>Other colleagues who have provided input:</b>	Rebecca Larder Greater Nottingham Director of Transformation	
<b>Date of consultation with Portfolio Holder(s) (if relevant)</b>	13 July 2016	
<b>Relevant Council Plan Key Theme:</b>		
Strategic Regeneration and Development		<input type="checkbox"/>
Schools		<input type="checkbox"/>
Planning and Housing		<input type="checkbox"/>
Community Services		<input type="checkbox"/>
Energy, Sustainability and Customer		<input type="checkbox"/>
Jobs, Growth and Transport		<input type="checkbox"/>
Adults, Health and Community Sector		<input checked="" type="checkbox"/>
Children, Early Intervention and Early Years		<input type="checkbox"/>
Leisure and Culture		<input type="checkbox"/>
Resources and Neighbourhood Regeneration		<input type="checkbox"/>
<b>Relevant Health and Wellbeing Strategy Priority:</b>		
Healthy Nottingham - Preventing alcohol misuse		<input checked="" type="checkbox"/>
Integrated care - Supporting older people		<input checked="" type="checkbox"/>
Early Intervention - Improving mental health		<input checked="" type="checkbox"/>
Changing culture and systems - Priority Families		<input checked="" type="checkbox"/>
<b>Summary of issues (including benefits to citizens/service users and contribution to improving health &amp; wellbeing and reducing inequalities):</b>		
<p>The Nottingham and 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 &amp; Efficiency.</p> <p>This report provides an update, for information, on progress to approve and develop the Nottingham and Nottinghamshire STP.</p>		
<b>Recommendation(s):</b>		
<b>1</b>	The Health and Wellbeing Board notes that the Nottingham and Nottinghamshire STP was submitted on time and is awaiting final feedback and timescales for the next steps from NHS England;	

2	The Health and Wellbeing Board secures support and resources from partner organisations for the planning and delivery of the Nottingham and Nottinghamshire STP;
3	The Health and Wellbeing Board continues to secure commitment to develop the 'fourth gap'; around culture, leadership and changed mindsets in order to successfully implement the STP.
<p><b>How will these recommendations champion mental health and wellbeing in line with the Health and Wellbeing Board aspiration to give equal value to mental health and physical health ('parity of esteem'):</b></p>	

## **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. National guidance published on 20 May 2016 indicates that NHS England (NHSE) does not anticipate the requirement for formal approval from boards at this stage and therefore, STP documents will not be published whilst the review of the Plans, involving discussions with national leadership, is taking place.
- 1.2 A key milestone in the development of the STP is the creation of a detailed implementation plan. This plan will be informed by Health and Wellbeing Board input. Support and resources from partner organisations are essential components in the development of implementation plans to support the delivery of the Nottingham and Nottinghamshire STP.
- 1.3 A system level response is needed in order to make high impact changes across health and social care. This requires a shift from organisational mindsets to a system leadership approach; the 'fourth gap'. It is necessary to secure commitment from all partner organisations to address this 'fourth gap' as it is critically important in order to deliver the Plan and wider system transformation.

## **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 Nottinghamshire health and care partners submitted an initial high-level system sustainability and transformation plan to NHSE 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.

- 2.4 Between April and June 2016, supported by external consultants, health and care partners assessed the extent of the three gaps and identified where existing successful transformation programmes to help shape the next stage of the process.
- 2.5 The Nottingham and Nottinghamshire STP was formally submitted to NHSE on 30 June. 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. The Plan will form the basis for face-to-face discussions with national leadership in the NHS starting in July.
- 2.6 Within Greater Nottingham a detailed technical document has been created which sets out detailed workstreams for partners within the Greater Nottingham 'footprint'. These workstreams have been identified for their potential to close the three gaps (Financial, care and quality and health and wellbeing) and to enable Greater Nottingham partners to deliver their elements of the STP. More detailed implementation plans will be required in order for the STP to be formally signed off by NHSE, this is the next stage of work required.
- 2.7 The Local Digital Roadmap (LDR) was submitted along with the STP as an appendix and separately to NHSE in accordance with the guidance. Implementation plans are being developed, including work streams that will progress the LDR delivery at the pace required to support the demands of the STP for Technology Enabled Care. Connected Nottinghamshire will continue to provide governance of the LDR and will link back into the Greater Nottinghamshire and Mid Notts Transformation programmes.

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

- 3.1 This is a national requirement so no other options have been considered.

### **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



- 6.2 An EIA is not required because this report provides a progress update to the Health and Wellbeing Board, the Board is not being asked to formally approve 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 GN high-level system sustainability and transformation plan

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

<b>Title of paper:</b>	Nottingham Memorandum of Understanding	
<b>Director(s)/ Corporate Director(s):</b>	Gill Moy – Director of Housing Services, Nottingham City Homes	<b>Wards affected:</b> All
<b>Report author(s) and contact details:</b>	Rachael Shippam – Housing Strategy Specialist	
<b>Other colleagues who have provided input:</b>	Antony Dixon – Head of Supported Housing, Nottingham City Homes	
<b>Date of consultation with Portfolio Holder(s) (if relevant)</b>		
<b>Relevant Council Plan Key Theme:</b>		
Strategic Regeneration and Development		<input type="checkbox"/>
Schools		<input type="checkbox"/>
Planning and Housing		X
Community Services		<input type="checkbox"/>
Energy, Sustainability and Customer		<input type="checkbox"/>
Jobs, Growth and Transport		<input type="checkbox"/>
Adults, Health and Community Sector		X
Children, Early Intervention and Early Years		<input type="checkbox"/>
Leisure and Culture		<input type="checkbox"/>
Resources and Neighbourhood Regeneration		<input type="checkbox"/>
<b>Relevant Health and Wellbeing Strategy Priority:</b>		
Healthy Nottingham - Preventing alcohol misuse		<input type="checkbox"/>
Integrated care - Supporting older people		X
Early Intervention - Improving mental health		X
Changing culture and systems - Priority Families		<input type="checkbox"/>
<b>Summary of issues (including benefits to citizens/service users and contribution to improving health &amp; wellbeing and reducing inequalities):</b>		
<p>This report seeks to inform the Health and Wellbeing Board about the development of the Nottingham Memorandum of Understanding (MoU) and put forward proposals for implementation of the accompanying action plan.</p> <p>The report seeks the Health and Wellbeing Board approval of the document and a mandate to proceed with the facilitation of a renewed health and housing partnership group whose purpose is to coordinate delivery of the action plan.</p> <p>Key actions taken from the MoU are embedded within the action plan for the draft Health and Wellbeing Strategy and seek to deliver the ‘housing’ action under Outcome four (Nottingham’s environment will be sustainable – supporting and enabling its citizens to have good health and wellbeing).</p>		
<b>Recommendation(s):</b>		
<b>1</b>	To note the drivers for the development of a Nottingham Memorandum of Understanding, including the need for further integration of health, housing and social care services to support the delivery of positive health and wellbeing outcomes for citizens.	

2	To endorse the Memorandum of Understanding and encourage members to fully commit to supporting the delivery of the action plan.
3	To support a renewed Health and Housing Partnership Group to take responsibility for coordinating the implementation of the action plan and report back to the Environment Outcome Group of the Health and Wellbeing Board.
4	To sponsor the local and national launch of the Nottingham Memorandum of Understanding.
<p><b>How will these recommendations champion mental health and wellbeing in line with the Health and Wellbeing Board aspiration to give equal value to mental health and physical health ('parity of esteem'):</b></p> <p>The MoU has been developed with equal consideration to how housing provision and services can support both the mental and physical health and wellbeing needs of Nottingham citizens.</p> <p>The membership of the Health and Housing Partnership Group has been refreshed to ensure there is appropriate representation from colleagues involved in mental health service development and delivery.</p>	

## 1. REASONS FOR RECOMMENDATIONS

Endorsement of the MoU by the Health and Wellbeing Board and its members and establishment of the Health & Housing Partnership Group will:

- 1.1 Raise awareness of the positive contribution that housing and housing related support makes to improve the mental and physical health and wellbeing of Nottingham citizens.
- 1.2 Drive integration of health, housing and social care services in order to maximise delivery, outcomes and efficiency.
- 1.3 Highlight the role of housing and support in the early intervention and preventative agenda and in reducing the demand for more expensive primary and secondary health and social care interventions (including hospital and residential care).
- 1.4 Highlight best practice and emerging solutions provided by housing service providers as a contribution that maximises the impact from housing as part of the 'wider health workforce'.
- 1.5 Ensure that housing is a key contributor to identifying and reducing health inequalities between areas, social and cultural groups
- 1.6 Help those who commission services to consider the role housing and support has in improving the mental and physical health outcomes for citizens when services are commissioned (both through single and pooled budgets).
- 1.7 Promote how housing can support communities and citizens play their part in contributing to healthier and happier lives, strategies and activities.

## 2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

- 2.1 In December 2014, twenty leading national health and housing organisations (including the DCLG, Homeless Link, Department of Health and the Chartered Institute of Housing) came together under the coordination of the ADASS Housing Policy Network to sign up to a [Memorandum of Understanding](#) to identify and support joint actions for improving health

through the home. The development of the national document was led by Public Health England.

- 2.2 In May 2015 a jointly authored report (developed by Nottingham City Homes and NCC Housing Strategy with input from NCC Public Health and NCC Environmental Health) was presented at the Nottingham City Health and Wellbeing Board. The report:
- Highlighted the link between poor housing conditions and options and poor health and wellbeing outcomes
  - Identified the contribution housing services can make to improve mental and physical health outcomes for Nottingham citizens
  - Gave examples of local good practice partnership initiatives between local health and housing
  - Outlined the need for closer integration of health, social care and housing.
- 2.3 The report contained a recommendation for a locally focussed MoU to be developed and owned by the Health and Housing Partnership with subsequent emerging recommendations presented to the Health and Wellbeing Board. This action was agreed at the Health and Wellbeing Board meeting in May 2015.
- 2.4 To progress the development of the draft, a task group led by the Director of Housing Services at Nottingham City Homes was set up in October 2015 with representatives from NCC Housing Strategy, NCC Environmental Health, NCC Public Health, City Care, Nottingham City CCG and various voluntary sector providers. Local strategic groups such as the Homelessness Prevention Strategy Implementation Group also inputted into the development of the draft. The draft Memorandum of Understanding was completed and made available for consultation in May 2016.
- 2.5 The outcome the Nottingham MoU aspires to deliver is for citizens to report that they are healthier, happier and live independently for longer. This will be achieved by a focus on the following objectives:
1. Integrating health, social care and housing services;
  2. Maximising the impact from housing as part of the 'wider health workforce';
  3. Maximising the housing contribution to reducing health inequalities, between areas, social and cultural groups;
  4. Further developing the housing sectors role in reducing demand for health and social care services
  5. Communities and citizens playing their part in contributing to healthier and happier lives, strategies and activities
- 2.6 The task group agreed the need for an action plan containing five key priority areas to deliver the MoU outcome and objectives
1. Evidencing the need for (and impact of) integrated health, social care and housing interventions
  2. Collectively developing efficient and innovative working practices, where relevant information is shared, joint activities are undertaken and funding opportunities are maximised.
  3. Ensuring homes in the private sector are safe, well managed and help to protect the health and wellbeing of residents.
  4. Developing the financial resilience of Nottingham citizens
  5. Enabling local partners to identify and fulfil their role in homelessness prevention as well as meeting the health and wellbeing needs of homeless people.
- 2.7 Key actions taken from the Memorandum of Understanding are embedded within the action plan for the draft Health and Wellbeing Strategy and seek to deliver the 'housing' priority under Outcome four (Nottingham's environment will be sustainable – supporting and enabling its citizens to have good health and wellbeing).

- 2.8 The housing priority under Outcome four is that:  
*Housing will maximise the benefit and minimise the risk to health of Nottingham's citizens through:*
- Work with housing providers to support people to live healthy lifestyles, keep well and live supported at home when unwell
  - Improving housing standards and supporting vulnerable people who may be at risk of becoming homeless.
- 2.9 A renewed Health and Housing Partnership Group will oversee the delivery of the actions within this priority area (as well as the additional actions included in the Memorandum of Understanding action plan). The Memorandum of Understanding action plan is to form the basis of the workplan of the Health and Housing Partnership Group and reporting, discussion, change planning and recommendation setting will be timetabled into the agendas for the meetings.
- 2.10 The Health and Housing Partnership Group will be renewed with a revised Terms of Reference and broader but targeted membership of key stakeholders who can collectively drive delivery of the action plan. It is proposed that the Health and Housing Partnership Group will report to the Environment Outcomes Group as well as directly back to the Health and Wellbeing Board for strategic oversight accountability, scrutiny and added value. A member of the Health and Wellbeing Board will lead as the chair of this partnership.
- 2.11 The Nottingham Memorandum of Understanding was released for consultation throughout May 2016 and up to 20<sup>th</sup> June 2016. Methods of consultation included an online survey, discussion at relevant groups and forums and targeted one-to-one dialogue with key stakeholders.
- 2.12 Respondents to the online survey included; citizens, victim support, Chartered Institute of Housing, Portfolio Holder for planning and housing, Advice Nottingham, NCVS, Nottingham Homeless Health team, Nottingham city Signposting Service, NCC Adaptation and Renewal team, HACT as well as various independent housing, health and homelessness consultants.
- 2.13 Overall, the feedback suggested that the draft was well received and welcomed. Stakeholders agreed that the priority areas were appropriate and were keen to ensure that the action plan was implemented. There were suggestions for additional insertions to the document including the following:
- How to promote better working with the eight Care Delivery Groups in Nottingham
  - Exploring the opportunities for funding activities from the Better Care Fund
  - Ensuring alignment with the emerging Sustainability and Transformation Plan
  - Consideration of how to integrate housing into the two New Models of Care Vanguards operating in Nottingham City and County
  - Further actions concerning skilling the workforce through integrated training opportunities
  - Elaboration on the role of Registered Providers of social housing
  - Further focus on mental health
- 2.14 The consultation draft has now been amended to reflect the points raised during the consultation process and a final draft is available at Appendix (i).
- 2.15 The Nottingham Memorandum of Understanding has received acknowledgement from Public Health England as the first localised version in the country. This has been highlighted to the Department of Health and we have been asked to attend the National Memorandum of Understanding Signatories meeting to share our experience. Additionally, the Chartered Institute of Housing (CIH) are highlighting our version to



other local authority areas as an example of good practice and we have been invited to run a workshop at a Chartered Institute of Housing conference in October 2016.

- 2.16 An official launch event will be planned and scheduled for early Autumn 2016. This will allow for partners at all levels across the health, housing, social care and support sectors to recognise their role in the implementation of the Memorandum of Understanding. The publicity will also bring opportunities for further promotion of Nottingham as a lead nationally in the strategic integration of housing with health and social care.

### **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 (report does not contain financial decisions).

### **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

X

An EIA is not required because the Memorandum of Understanding has been purposefully developed to contain actions that ensure the comprehensive identification and action to address local needs. This includes specifically targeting attention and activity to address the needs of the nine protected characteristic groups and other vulnerable people including people who are threatened with homelessness, households experiencing financial difficulties and emerging communities.

### **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 A Memorandum Of Understanding to support joint action on improving health through the home, ADASS Housing Policy Network, December 2014 [Link](#)
- 8.2 Housing's contribution to the Health and Wellbeing Agenda, Nottingham City Health and Wellbeing Board Report, 27 May 2015 [Link](#)

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# **Memorandum of Understanding to Support Joint Action on Improving Health through the Home**

## **Nottingham a Local Perspective**

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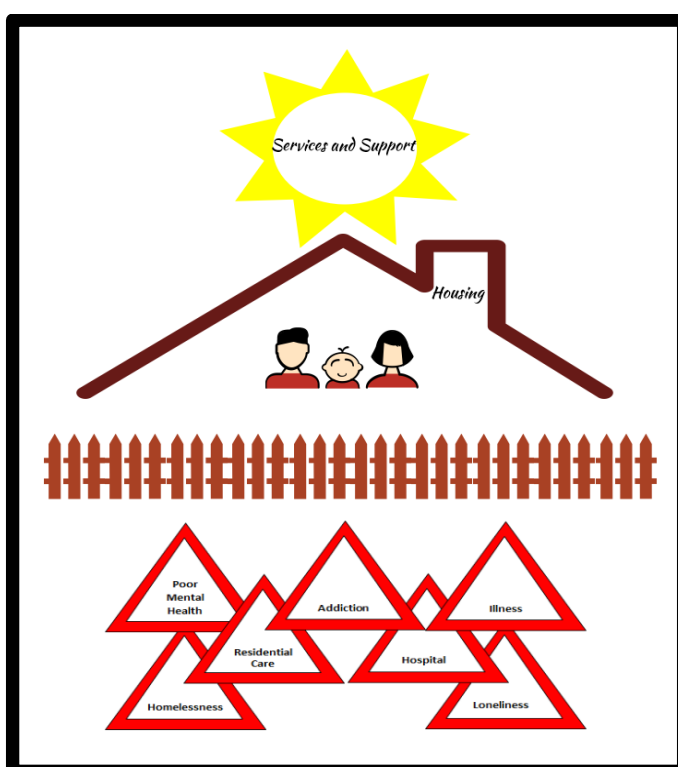
## Introduction

***'Where we live is a wider determinant of our health and drives health inequalities. The more deprived the neighbourhood, the more likely it is to have social and environmental characteristics presenting risks to health'*<sup>1</sup> Marmot 2010**

In 2010, the Nottingham City Homes Decent Homes Impact Study reported that in Nottingham those living in the most deprived neighbourhoods die ten years earlier than those living in the wealthiest areas.

The link between poor housing and ill-health are well known. It is estimated that poor housing costs the NHS at least £2billion per year and ill health can be both a cause and a consequence of homelessness.

Inappropriate, unsuitable, insecure and below standard accommodation and a lack of support and poor access to services sit within an overarching context of poor or deteriorating health. However, when suitable, stable and decent standard accommodation is provided with appropriate and adequate support (including local networks and access to services) in safe, clean and positive neighbourhoods and communities, the foundations are laid for improved and stable health and wellbeing throughout life. The image right shows that good quality housing and support services can act as a barrier to negative conditions and situations.



It is critical that health, housing, social care and support services work together to ensure that a person's housing contributes positively to their health and wellbeing.

The Nottingham Memorandum of Understanding is an agreement between local health, social care, housing and support colleagues who are committing to working in partnership to ensure that there is cross-sector identification and awareness of the needs of the local population. The Memorandum of Understanding also sets out a detailed action plan to demonstrate how working together across the sectors can deliver activity which ensures that the needs of all local people across the life course are met and health and wellbeing outcomes are achieved and optimised.

The Memorandum of Understanding provides the detail of how we aim to fulfil the priorities set out in our local governing strategies for housing and health and wellbeing in

<sup>1</sup> Fair Society, Healthy Lives, The Marmot Review of Health Inequalities in England, 2010

Nottingham through early intervention and prevention activity. The Memorandum of Understanding has been developed alongside the local Health and Wellbeing Strategy and emerging Housing Plan to ensure there is complete alignment.

## The Health Outcome we want the Nottingham Memorandum of Understanding to help to achieve

### Citizens report that they are healthier, happier and live independently for longer

#### To be achieved by the following objectives...

1

Integrating health, social care and housing services

2

Maximising the impact from housing as part of the 'wider health workforce'

3

Maximising the housing contribution to reducing health inequalities between areas, social and cultural groups

4

Further developing the housing sector's role in reducing demand for health and social care services

5

Communities and citizens playing their part in contributing to healthier and happier lives, strategies and activities

### What will success look like?

**1. Integrating health social care and housing services:**

*Health, social care and housing services seamlessly interface with each other providing holistic person centred care and support. Housing factors form part of health and social care assessment.*

**2. Maximising the impact from housing as part of the 'wider health workforce'**

*Trained and skilled housing workers identify health and care needs and broker appropriate services. Data is shared between housing health and social care services for the benefit of citizens.*

**3. Maximising the housing contribution to reducing health inequalities between areas social and cultural groups**

*The housing stock has improved across tenure and localities. Citizens access the benefits and improvement grants that they are entitled to.*

#### 4. Further developing the housing sector's role in reducing demand for health and social care services

*There are increased alternatives to residential care and usage of assistive technologies to help people stay independent. Homes are adapted to meet needs when and where appropriate.*

#### 5. Communities and citizens playing their part in contributing to healthier lives strategies and activities

*Citizens access a broad range of social and health and wellbeing activities. Local communities are at the centre of support delivery.*

## Background

The current legislative and policy framework nationally suggests that working with the housing sector is a means to improving health and wellbeing.

- The return of public health responsibilities to local government through the **Health and Social Care Act 2012**<sup>2</sup> (Department of Health, 2012) presented an opportunity for local authorities not only to address the wider determinants of health such as poor housing conditions but also harness local resources to improve health outcomes and reduce inequalities.
- Implicit within the ambitious **NHS Five Year Forward View**<sup>3</sup> is the principle of *making every contact count*; working in the community with partners such as housing, enabling care closer to home. (NHS England, 2014)
- **The Five Year Forward View for Mental Health**<sup>4</sup> calls for a number of approaches to better integrate housing and support for greater collaboration between NHS Providers and Housing Providers. (NHS, 2016)
- The **Care Act 2014**<sup>5</sup> recognises the importance of the home and housing services to improved health and wellbeing. Shifting to a health preventative approach which reduces the need for health and social care and which integrates housing in commissioning and service delivery. (Dept of Health, 2014)

In an effort to drive integration between housing and health services, the Kings Fund and the National Housing Federation collectively developed a learning network in 2015. The intent of the network was to:

- share learning about existing innovations and developments in integrated services
- offer opportunities for practical and peer support between the sectors
- support housing providers and support providers in the community and voluntary sector in gaining a deeper understanding and knowledge of how health and social care commissioning works
- raise the profile of the housing and housing related support sector's contribution to better health and care outcomes

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<sup>2</sup> <http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>

<sup>3</sup> <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

<sup>4</sup> <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

<sup>5</sup> [Care Act 2014](#)

The network produced a series of slides<sup>6</sup> to illustrate the connection between housing, social care and health and wellbeing.

## National Memorandum of Understanding

In December 2014, there was a key move towards further integration between the health, social care and housing sectors. Twenty leading health and housing organisations came together with government departments to sign up to a pioneering Memorandum of Understanding to support joint action on improving health through the home.



The national Memorandum of Understanding contains an action plan that aims to ensure organisations work together to:

- Establish and support national and local dialogue,
- information exchange and decision-making across government, health, social care and housing sectors;
- Coordinate health, social care, and housing policy;
- Enable improved collaboration and integration of healthcare and housing in the planning, commissioning and delivery of homes and services;
- Promote the housing sector contribution to: addressing the wider determinants of health; health equity; improvements to patient experience and
- Develop the workforce across sectors so that they are confident and skilled in understanding the relationship between where people live and their health and wellbeing and are able to identify suitable solutions to improve outcomes.

<sup>6</sup> <http://www.kingsfund.org.uk/sites/files/kf/media/Housing-care-and-health-infographics.pdf>



- Further integrate the mutual cooperation of health, social care and housing services to deliver more person-centered outcomes (in-line with the requirements of the Care Act 2014)

## Local Position

The demographics of the city support the drive for progressing integration between health, social care and accommodation and support services to achieve mutual goals and positive health outcomes.

For example, life expectancy rates in Nottingham are increasing but remain too far below the national average<sup>7</sup>. In the 2015 Indices of deprivation (Government, 2015) Nottingham ranks 8th most deprived out of 326 Local Authority districts in England<sup>8</sup> and over one third of the Lower Super Output Areas in Nottingham City Clinical Commissioning Group (CCG) area appear in the most deprived 10% nationally for the health deprivation and disability indicator.

Poverty is also a key indicator of deprivation. National evidence tells us social housing and private rented sector tenants spend a higher proportion of their income on housing costs. The levels of gross disposable household income in Nottingham average at £11,757. This is next to bottom out of all local authorities in England where the average is £17,559<sup>9</sup>. Nottingham also has high proportions of low income households reliant on benefits, with 3.3% of working age people claiming out of work benefits (compared to the national average of 1.6%) and 16.5% of households claiming some sort of benefit locally (compared to 12.2% nationally)<sup>10</sup>. This means that people locally have even less money to spend on household costs which limits access to affordable, decent standard accommodation. It also increases the likelihood of falling into fuel poverty within the home and being susceptible to all of the associated health risks and damage to wellbeing.

We know that deprivation is categorised by both health inequalities and living environments (including barriers to services and housing). We also know that poor health and wellbeing can be both a cause and a consequence of unsuitable, insecure and poor standard accommodation or instances of homelessness.

The [Housing, Homelessness](#) and [Excess Winter Deaths](#) chapters of the Nottingham Joint Strategic Needs Assessment (JSNA) have mapped the level of need within the local population and have shown how existing partnership measures have achieved health and wellbeing benefits for local people. For example, the Healthy Housing Referral Project delivers Warmer Homes courses to health professionals to enable them to identify vulnerable households in fuel poverty and in need of energy efficiency interventions. However, there is more to do and the JSNA chapters contain recommendations for further integration and delivery of earlier and preventative interventions.

<sup>7</sup>Life expectancy for males is ranked 327<sup>th</sup> lowest in Nottingham out of 346 local authority areas and for females it is ranked 300<sup>th</sup>

<sup>8</sup> This is the rank level using the 'average score' measure and compares with ranks of 25th out of 326 districts in the 2010 index

<sup>9</sup> [Regional Gross Disposable Household Income \(GDHI\), 1997 to 2013 - ONS](#)

<sup>10</sup> [Labour Market Profile - Nomis - Official Labour Market Statistics](#)

Efforts have continued locally to improve home energy efficiency and reduce hazards in the home and the current statistics from 2014 show 14% of households in Nottingham are in fuel poverty (down from 21.7% in 2011). However, the English Housing Survey suggests that further targeted action is required in the private rented sector (particularly), partly because of the age and condition of many of the properties. Nottingham has a much larger proportion of property in the private rented sector than elsewhere nationally<sup>11</sup> and the proportions continue to increase. A large private rented sector teamed with low income (and often otherwise vulnerable households) and transient households such as students and emerging communities, means that enhanced efforts to raise standards in this area are particularly pertinent locally to prevent detriment to health and wellbeing.

A maintained programme of improvement works implemented by social landlords has resulted in uplift in decency in social housing. Whilst Nottingham City Homes have successfully brought 100% of their housing stock up to a decent standard, continued measures to maintain decency could be threatened as budgets shrink as a direct consequence of recent changes in government housing policy.

There is a commitment in the city to driving up standards in the private rented sector through the development and delivery of housing licensing schemes, accreditation and tackling rogue landlords. This will enhance positive action already underway improving housing conditions and health protection. Essential to success is a coordinated approach with interaction between health and housing partners to maximise opportunity and outcome.

Priorities on crime and anti-social behaviour (ASB) reduction in the city are in place and the Community Safety Partnership has evidenced locally that tenure and housing type can affect the likelihood of being affected by crime. Exposure to ASB, crime and feeling unsafe has known health impacts and the planned development of further partnership approaches give opportunities to bring housing, health, police and wider partners together to achieve positive health and housing protection.

The Homelessness Prevention Strategy recognises that homelessness instances or risk of homelessness has a significant impact on the health and wellbeing of a household. In 2014-15, 4590 households presented to Housing Aid as homeless or threatened with homelessness. In around 90% of cases interventions were delivered to mean that homelessness could be prevented and associated risks to health and wellbeing averted. Locally, services such as the Homeless Health Team are commissioned to meet the health needs of homeless people and work in partnership with accommodation and support providers to prevent rough sleeping. However, reduced resources and rising number of households at risk of homelessness are threatening service capacity. Mental health is an ever-increasing issue amongst people who are homeless. Recent research carried out by Framework shows that 75% of residents living in supported accommodation have a recorded mental health issue.

## **Local strategic drivers**

Improving the health and happiness of people in Nottingham is clearly expressed within the [Nottingham Plan to 2020](#) as a top priority.

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<sup>11</sup> 22% of households living in private rented sector in Nottingham compared to 15% nationally

The [Nottingham City Council Plan](#) aims for Nottingham to be a city which enables healthy lifestyles, promotes wellbeing and supports community resilience as well as Enabling Nottingham residents to have access to a high standard of accommodation, whether renting or buying.

The new Health and Wellbeing Strategy and emerging Housing Plan for Nottingham mutually reflect further detail on how the integration of housing, health and social care can deliver positive health and wellbeing outcomes for local people.

The [Nottingham Health and Wellbeing Strategy](#) was redrafted in 2016 and gave social determinants of health a high priority. One of the four outcomes the refreshed strategy seeks to achieve is that *Nottingham's environment will be sustainable; supporting and enabling its citizens to have good health and wellbeing*. A priority area within this outcome is that *Housing will maximise the benefit and minimise the risk to health of Nottingham's citizens*.

The emerging [Housing Nottingham Plan](#) from 2017 will also highlight improving health through housing as a key priority. Improving health and addressing multiple and complex needs is one of the strategic drivers of the Nottingham Interagency [Homelessness prevention Strategy](#).

[The Nottingham Mental Health Strategy - Wellness in Mind Strategy](#) prioritises promotion of mental resilience and prevention of mental health problems by aligning policy strategy and services across health, care and the wider determinants such as housing, to improve their impact on mental health and wellbeing.

The revised Nottingham Vulnerable Adults Plan will outline the cities approach to collaborative working across sectors to drive integration and efficiency and promote personalisation and individual choice.

The draft Financial Resilience Plan for Nottingham recognises the long established link between poverty and ill-health and agrees the need for a co-ordinated approach to tackling issues in Nottingham effectively.

An objective of the Nottingham City CCG Primary Care Plan is to promote the shared responsibility of health and the Nottingham City CCG Strategy states that access to good housing can directly influence health and wellbeing and pledges a collective approach to directly add value, effect sustainable change and deliver common objectives.

The Nottinghamshire Sustainability and Transformation Plan footprint commits to continuing to build a collaborative approach to deliver prevention and public health improvements which includes working closely with housing partners to provide safe and warm housing appropriate to the needs of our citizens.

The intention to contribute to improved health and wellbeing of residents is also set out within the corporate plans and visions of local housing providers. For example, the [Nottingham City Homes Corporate Plan](#) commits to help improve the health and wellbeing and quality of life of tenants and communities.

The RESPECT Nottingham survey is undertaken annually to find out the views and opinions of local people about anti-social behaviour, crime, community safety.

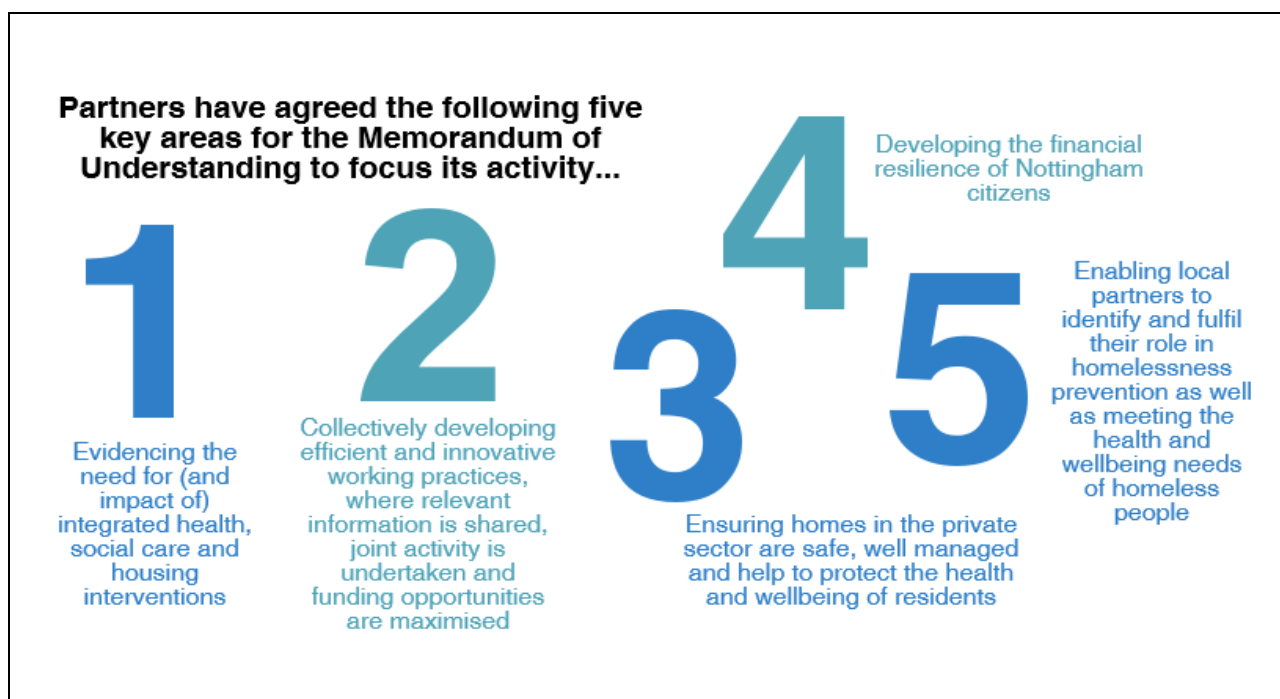
## Developing a Local Memorandum of Understanding

In May 2015, the Nottingham Health and Wellbeing Board agreed that the Health and Housing Partnership Group (HHPG) should develop a local MoU which brought together the key strategic objectives for joint health and housing working to improve the health and wellbeing of local people.

The Health and Housing Partnership Group established a working task group to develop the local MoU; establish the key strategic priorities and develop an action plan which would effect change locally.

The Nottingham Memorandum of Understanding was released for consultation over May and June 2016. Methods of consultation included an online survey, discussion at relevant groups and forums and targeted one-to-one dialogue with key stakeholders. The final version was agreed by the Nottingham City Health and Wellbeing Board in July 2016.

## Key Priorities for the Nottingham Memorandum of Understanding



## Delivery, governance and review

The Health and Housing Partnership Group (HHPG) will meet bi-monthly and are to be responsible for developing and monitoring delivery of the MoU action plan. The MoU action plan will form the basis of the workplan for the HHPG which will be supported by a scheduled agenda timetable. Please see appendix(i) for the Terms of Reference for the Health and Housing Partnership Group.

A task coordination group will be formed from members within the HHPG who have the capacity to take on the required activity to progress the action plan and ensure the updates are available.

The lead agency identified next to each activity within the action plan will be responsible for reporting to the HHPG on the progress of the action. The HHPG will consider the how to support the delivery of the actions. Any risks will be highlighted to the Health and Wellbeing Board, via the Environment Outcome Group.

The HHPG will conduct an annual review of the implementation of the MoU and set the new workplan for the forthcoming year during this process.

The HHPG will provide an annual report of the review to the Health and Wellbeing Board in addition to providing any further information on individual actions or priorities that is specifically requested.

The annual report will also be available to support the monitoring of the Housing Nottingham Plan and the Homelessness Prevention Strategy.

### Sign up

The following housing, health and social care organisations and services have signed this Memorandum of Understanding to commit to working in partnership to deliver agreed actions and in doing so; contribute to the achievement of improved health outcomes for the people of Nottingham.

Health and Wellbeing Board		
Portfolio Holder for Planning and Housing Jane Urquhart	Portfolio Holder for Adults and Health Alex Norris	Portfolio Holder for Community Safety Nicola Heaton
NCH Chief Executive	Police and Crime Commissioner	Fire Services
NUH Trust...	CCG...	City Care...
Notts Healthcare NHS Foundation Trust	Wellness in Mind	DSVA Strategy Group
Homelessness Prevention Strategy Implementation Group	Nottinghamshire Social Housing Forum (Registered Providers)	Multi Agency Forum working with Refugees, Asylum Seekers and Emerging Communities
Nottingham Vulnerable Adults Provider Network and Nottingham Children and Young Peoples Provider Network	Victim Support	DASH Landlord Accreditation

# Nottingham Memorandum of Understanding Action Plan

## Priority Area 1. Evidence the need for and impact of integrated health, social care and housing interventions

Theme	Action	Outcome Objective	Lead	Supporting Organisation(s)	Measure of Success	Key Activity	Target Completion Date
Investigate the need for integrated health, social care and housing interventions	1.1 Mapping and gapping exercise of current provision	1,2,4 & 5	NCC Housing Strategy and Public Health	Health and Housing Partnership Group	Existing services and missing areas of need identified	Activity of: Statutory services Housing providers Commissioned services VCS organisations (HWB3)	October 2016
	1.2 Ensure Housing related JSNA's are updated and recommendations implemented	All	NCC Housing Strategy	Health and Housing Partnership Group	Recommendations in JSNA are implemented. Research is used to inform commissioning decisions	All Housing related JSNA's refreshed – Housing – Homelessness – Excess Winter Deaths (EWD)	Homelessn ess Dec 2016 Housing Dec 2017 EWD Dec 2018
	1.3 Collaborate on the localisation redesigning of health and social care services	3 & 4	CCG	Health and Housing Partnership Group Area Committees Area Based Leads Communities of Identity Leads	Services are locally appropriate, accessed and utilised	Consider how housing can utilise the Care Delivery Group Health Profiles to target community interventions	April 2017
	1.4 Undertake BRE stock condition survey in private sector and publicise outcomes	3	NCC Housing Strategy Environmental Health and Safer Places	Health and Housing Partnership Group	BRE Stock Condition survey completed, with findings and recommendations for action	Survey to be commissioned, completed and report produced containing recommendations for strategic consideration	2017
	1.5 Complete Annual review of	1, 4	Homelessness	VAPN & CYPPN	Report produced and	Collaborative information	August

homelessness		SIG	Young Persons task group MAF DSVA voluntary sector group Advice Nottm Advisors Forum	shared to inform strategy, commissioning and service developments	review Review of annual workplan Setting new annual workplan	2016 (annually)
<b>1.6</b> Explore potential for a cost benefit analysis of homelessness prevention through a health audit	1, 4 & 5	Homelessness SIG	NCC Public Health Nottm City CCG NUH NHS Trust Nottm City Care Homeless Link	Better understanding of the SROI impact and financial savings of homelessness prevention measures on health and wellbeing	Consideration of Homeless Link models	December 2016
<b>1.7</b> Analyse how learning from best practice partnerships and service development and delivery elsewhere nationally can be adapted to meet local need	All	NCC Housing Strategy	Health and Housing Partnership Group NCH and RP's NPRAS	Effective, innovative and integrated health, care and support, and housing partnerships and interventions are adopted in Nottingham	Utilising information learned from other local authorities, at health and housing events, through Public Health England, Housing LIN etc.	Ongoing
<b>1.8</b> Assess how Nottingham can adopt national models of service delivery to support vulnerable people and those with complex or multiple needs	1 & 4	NCC Strategic Commissioning	Nottm City CCG NCC Public Health NUH NHS Trust Nottm City Care Nottm CDP Notts OPCC NCH and RP's NPRAS	System change achieving long term outcomes for people	Person centred approach – learning from Opportunity Nottingham (and other Fulfilling Lives activity) Housing First approach Psychologically Informed Environments	Ongoing
<b>1.9</b> Explore need for wider support and integrated approaches for emerging and transient communities	1, 3 & 4	NCC Public Health NCC	NCC Community Protection Nottm MAF	Improved support for emerging communities and transient	Consider specifically within work on Care Delivery Groups	April 2017



			Community Cohesion	ILSS STEPS NPRAS NCH and RP's NCC Strategic Commissioning Nottm City CCG	populations		
	<b>1.10</b> Explore appropriate opportunities for housing to engage in the two New Models of Care Vanguard's being delivered in Nottingham and Nottinghamshire	2 & 4	NCC Public Health	Nottm City CCG Notts Healthcare NHS Foundation Trust Nottm CityCare NCC Housing Strategy	Support for Vanguard delivery	Assess appropriate level of involvement	2017
Evidence the impact housing interventions have on health and wellbeing	<b>1.11</b> Explore potential of having a common SROI (Social Return On Investment) methodology when evaluating projects	2, 4 & 5	NCC Strategic commissioning Nottm City CCG	Health and Housing Partnership Group	Having a common method of evaluation which will assist commissioning decisions	Review existing methods of evaluating projects used by different sectors and organisations	April 2018
	<b>1.12</b> Evaluate and publicise the impact housing related projects have on the health and wellbeing of Nottingham Citizens	2, 4 & 5	Health and Housing Partnership Group	Nouse network	Housing projects have SROI health impact assessment Route map developed Case study examples generated	Winter worries drop-in Eat Well for Life Warm and well workshop Fit in the community YMCA activity on referral	Ongoing
	<b>1.13</b> Hold a HWB Development session on the impact of Housing and community ASB interventions on health and well-being	5	Nottingham City Homes and other RP's NCC Community Protection	Health and Housing Partnership Group	Increased awareness of impact of ASB on health and wellbeing. SROI influences commissioning decisions More partnership working between housing providers, community protection,	SROI study completed Outcomes are publicised Recommendations acted upon	July 2016



					police and residents.		
<b>1.14</b> Explore adapting the template of the JSNA so that social determinants of health have increased profile in all chapters	2 & 3	NCC Public Health	Health and Housing Partnership Group		Raised profile of housing determinants of health	Review JSNA template	April 2017
<b>1.15</b> Assess the impact of Assistive Technology (AT) solutions on health and wellbeing	1 & 4	Nottingham City Homes	Other RP's ILSS Nottm City CCG		Evaluation influences commissioning decisions Promotion of AT as early intervention solution leading to increased take up and referrals.	Social Return On Investment (SROI) study completed Outcomes are publicised Recommendations acted upon	March 2017
<b>1.16</b> Assess the impact of the Integrated Self-care pilot	5	Nottm City CCG	Self-care pilot partners		Evaluation influences commissioning decisions Continued funding of successful projects and commissioning of new projects	SROI study completed Outcomes are publicised Recommendations acted upon	Interim Evaluation May 2016. Final report 2017
<b>1.17</b> Provide regular update to the HWbB on progress of the MoU	All	Chair of Health and Housing Partnership Group	Environment Outcome Group		Increased understanding of the impact of housing interventions on health and wellbeing	Timetable in annual reporting	On going
<b>1.18</b> Review existing signposting schemes, consider further development with broader remit and increase awareness and use by medical professionals, social care and other home visiting officers	2 & 4	NCC Housing Strategy NCH Health and Housing Partnership Manager NCC Adult Social Care	NCC Strategic Commissioning Nottingham City CCG Nottingham City Signposting Service		Referral mechanism developed and implement. More referrals leading to better outcomes for citizens. Reduction in ASB, addictive behaviours, DSVAs	Review evaluation of existing signposting schemes alongside evidence demonstrating gaps in provision	Align with commissioning cycles / contract end
<b>1.19</b> Evaluate the NCH Health and	3 & 4	NCH	Health and		Post has contributed to	Including exploration of	September

	Housing Partnership Manager post		NCC Housing Strategy	Housing Partnership Group HWbB Environment Outcomes Group	achieving objectives of the MoU Funding is secured to extension / expansion of the post Work achieved by the post is embedded within other local practice	potential funding streams to allow for post to be continued after fixed term and expanded across tenure to coordinate the implementation of this MoU	2017
Support and promote public health campaigns	<b>1.20</b> Promote public health campaigns across all housing tenures and to people who are homeless or in housing need	1, 2,3 and 4	NCC Public Health	NCC Housing Strategy NCH Health and Housing Partnership Manager Nottingham City Signposting service RP's PRS Landlords NCC Environmental health and Safer Housing NCVS	Communication plan developed More people (especially those vulnerable and hard to reach) are given access and take up public health advice and initiatives	PH to ensure that Housing and Homelessness colleagues are involved in relevant project groups	Ongoing
Communicate and share good practice to raise awareness	<b>1.21</b> Plan and deliver coordinated and targeted provision of information through awareness raising activity	2, 3 and 4	Health and Housing Partnership	Nouse network	More people have access to and awareness of information Appropriate services are delivered efficiently	Partnership meetings (e.g. Notts Social Landlord Forum, Homelessness SIG) Community events Electronic communications and social media Leaflets, posters and visual literature	Ongoing
	<b>1.22</b> Develop a local approach to integrated training within the health,		Nottm City CCG	NCH and RP's NCC	Improved awareness and understanding of	Discussion with local universities and colleges	

	housing, social care and support sector			Commissioning Housing Aid NCC Adult Social Care	issues faced across the sectors	about incorporating housing modules in medical professionals training (and a reciprocal offer to Housing professionals from health and social care)	
	<b>1.23</b> Ensure the services of accommodation and accommodation related support providers are reflected in the Integrated Service Directory	1 & 4	Age UK	Health and Housing Partnership Group NCC Housing Strategy Nottm City CCG	Develop a directory of housing initiatives which support health and wellbeing and ensure these are included into the Integrated Service Directory.	Align with the development timetable of the Integrated Service Directory	December 2016
	<b>1.24</b> Develop and share a calendar of common housing and social care events and coordinate opportunities to share information	2	Health and Housing Partnership Group	Nouse network	Increase impact of 'wider health' workforce.	All partners on the health and housing Partnership Group to share their schedules and encourage their networks to do so	December 2016
	<b>1.25</b> Develop and share a shared library of housing, health and social care integration research /publications	2	NCC Public Health	Nouse network	Share good practice and new initiatives	NCC Public Health to share access to their library with partners of the HHPG as well as partners submitting key documents relating to their service area	Ongoing

## Priority Area 2.

**Collectively develop efficient and innovative working practices, where relevant information is shared and funding opportunities are maximised.**

Theme	Action	Outcome Objective	Lead	Supporting Organisation	Measure of Success	Key Activity	Target Completion Date
Develop integrated health,	<b>2.1</b> Identify and address barriers in access to services and working in	1 & 2	Health and Housing	Homelessness SIG	More people are able to access services that	Data sharing etc. Improved partnership	Ongoing

social care and housing working practices	partnership		Partnership Group		help meet their health and wellbeing needs (especially those people who are vulnerable or not engaging with support)	working	
	<b>2.2</b> Collectively establish /further develop, implement and review protocols, assessment processes, referral procedures and monitoring mechanisms between housing, health and social care within specialist / adapted accommodation and support pathways	1 & 2	NCC Strategic Commissioning	Nottm City CCG NCC Public Health NUH NHS Trust Notts Healthcare NHS Foundation Trust Nottm City Care Nottm CDP Notts OPCC Relevant steering groups	Fewer people in need of residential care and more people able to live independently Increased choice in housing options Levels of provision are adequate and don't lead to unsuitable accommodation placements or access issues	Review and renew existing systems within specialist accommodation including Mental health, Substance misuse, Learning disability, Older people, Homeless, Refuge and Offenders and services including trips and falls prevention / adaptations services	Ongoing
	<b>2.3</b> Consider learning from the Winterbourne View programme – 'Transforming Care for People with Learning Disabilities' in the development of the local housing pathway for people with learning disabilities	1 & 4	NCC Strategic Commissioning LDJCG	NCC Adult Social Care NCC Housing Strategy RP's	Fewer people in need of residential care and more people able to live independently Increased choice in housing options Levels of provision are adequate and don't lead to unsuitable accommodation placements or access issues	Incorporate recommendations into local service planning	April 2017
	<b>2.4</b> Explore opportunities to jointly fund projects which promote health and wellbeing	2	NCC Public Health	NCC Strategic Commissioning Nottm City CCG Notts Healthcare NHS Foundation Trust	Cost effectiveness Efficiency of service delivery Improved partnership working Inclusive support for	Take forward proposals to the HWbB through the Environment Outcome Group	Ongoing

				Notts OPCC	citizen		
	<b>2.5</b> Share information regarding grant opportunities for local groups which support health and wellbeing outcomes	2	NCC Public Health	Nouse Network NCVS	Local providers are equipped with information about opportunities to bid for funding	Share information in weekly Nouse update bulletin	Ongoing
	<b>2.6</b> Embed the MoU in other emerging local plans	1 & 3	NCC Housing Strategy	Health and Housing Partnership Group	Local policy is aligned with a shared vision and attainable outcomes	Ensure that the MoU is aligned with the Financial Resilience Plan, Vulnerable Adults Plan, and Mental Health Crisis Concordat action plan	Ongoing
	<b>2.7</b> Explore ways of integrating housing into the Acute Care Pathway for Mental Health	1, 2 & 4	Notts Healthcare NHS Foundation Trust	NCC Public Health Nottm City CCG NCC Housing Strategy Homelessness SIG Wellness in Mind	Citizens mental health support needs are met. Continued NHS investment in supported housing and housing expertise.	Consider recommendations from the recent Commission on Acute Psychiatric Care	October 2017
Develop joint actions to prevent hospital admissions, reduce re-admissions, and which speed up hospital discharge	<b>2.8</b> Collectively consider how housing and support services can help with demand management, length of stay, delayed transfers of care, re-admissions, general flow through the acute sector and extension of care pathways into the community	1, 2, 3 & 4	Health and Housing Partnership Group	Mental Health Strategy Steering Group LDJCG Health and Wellbeing Board	Citizens are able to access and receive care appropriate to their needs. Reduction in unnecessary hospital stays, residential care placements	Timetable into agenda of renewed HHPG	October 2016
	<b>2.9</b> Evaluate the impact of the Health to Housing Pilot and produce recommendations for on-going work	1, 2 & 5	NCH	Nottm City Care Nottm City CCG	Reduced hospital admissions, re-admissions, and speed up hospital discharge Better utilisation of specialist housing stock	Develop baseline position Evaluate project Consider how the learning from the pilot can be applied to support a wider range of people across the lifespan	September 2016
	<b>2.10</b> Promote and market Assistive Technology solutions and self-care to Nottingham Citizens and professionals	1, 2 & 3	NCH NCC Nottm City	RP's GP's Nottm City Care	10,000 Telehealth/Telecare users by 2018	Develop marketing/Comms Plan SROI evaluation	Ongoing

	as a solution to support independent living. Develop referral pathways		CCG	Notts Healthcare NHS Foundation Trust NCVS	Increased referrals from health care professionals Reduced hospital admissions, re-admissions, and speed up hospital discharge	completed Develop referral pathways	
	<b>2.11</b> Refresh and re-launch the use of the homelessness hospital discharge protocol	5	HHT Care Coordinator Homelessness SIG	NUH NHS Trust Notts Healthcare NHS Foundation Trust	Reduction in the number of people discharged from hospital with no fixed abode	Including recommendations from hospital liaison pilot and best practice learning from national use of Department of Health homeless hospital discharge funding (including evaluation of homeless hospital discharge liaison post)	December 2016
	<b>2.12</b> Targeted coordination of services assessing the need and facilitating provision of measures to prevent falls in the home	1, 4	NCC Adaptations	Nottm City CCG	Efficiency in delivery of measures to the people identified as needing it	Explore further or total integration of Occupational Therapy and Adaptations in line with Government and Foundations best practice	April 2017
	<b>2.13</b> Promote and raise awareness of self-care for long term conditions to reduce/ prevent hospital admissions	1, 2 & 4	Nottm City CCG	Nottm City CCG GP's Self-help UK Care Point NUH NHS Trust Notts Healthcare NHS Foundation Trust All Housing Providers NCVS	Prevent and reduce hospital admissions	Be Self Care Aware Campaign	Sept – November 2016
	<b>2.14</b> Consider ways to promote	3, 4 & 5	NCH and RP's	NUH NHS Trust	More older people	Promotions campaign	December

	independent living, sheltered housing and extra care housing among health professionals			Notts Healthcare NHS Foundation Trust GP's City Care	choosing and able to access alternative accommodation options	developed	2017
	<b>2.15</b> Develop a baseline position and consider how to ensure accurate readmission data from both acute and mental health hospitals	1	NUH NHS Trust	Wellness in Mind Self care Care-coordinators Notts Healthcare NHS Foundation Trust	Less A&E attendance and admission to NUH acute hospitals	Reliable data provided and used to capture trends and inform activity	December 2017
Develop initiatives which reduce the social, mental and physical health impacts of social isolation and loneliness.	<b>2.16</b> Promote the Fit in the Community project to increase uptake amongst NCH tenants and communities.	5	NCH	NCC Public Health / Sports England	5,500 more active tenants by 2017 Trained Community Activators to lead sessions Increased confidence of participants	SROI study completed Outcomes are publicised Recommendations acted upon	Ongoing SROI evaluation May 2017
	<b>2.17</b> Promote the work of organisations who provide support to prevent social isolation and loneliness	5	Nottingham City Signposting Service	Notts Healthcare NHS Foundation Trust NCVS Click Nottingham LAEO NCH Activity Co-ordinators/Health and Tenancy Sustainment Officer/FITC GP's RP's VCS support providers	Increased number of volunteers Increased confidence of participants Reduced demand on GP's from those at risk	Age UK Nottingham CLICK Nottingham Rallyround Emmanuel House	Ongoing
Develop initiatives which improve the	<b>2.18</b> Grandeur design initiative which improves living environment in Independent Living schemes	3	NCH	NCC Housing Strategy / Regeneration RP's	Independent Living Schemes which meet HAPPI principles	Develop annual programme of schemes Evaluate impact of	Ongoing

quality of the living environment and which promote health and wellbeing				Developers	Improved satisfaction Increased demand for Independent Living Schemes	improvements Share learning	
	<b>2.19</b> Creating better neighbourhoods which improve the quality of the living environment	3	NCC Housing Strategy / Regeneration	NCH and RP's Developers NCC Community Protection Commercial and Operations	Increased satisfaction with neighbourhoods Improved quality of life	Develop annual programme of schemes Evaluate impact of improvements Share learning	Ongoing
	<b>2.20</b> Work with housing associations to improve the quality of their housing and repairs services as outlined in the Nottingham Council Plan 2015-2019	4	NCC Housing Strategy RP's	Health and Housing Partnership Group	Raised property standards across the social rented sector	Introduction of the Nottingham Standard in the social rented sector	2019
	<b>2.21</b> Explore options for ensuring that people moving into new tenancies have access to basic facilities (especially those which help to prevent fuel poverty).	3	NCC Energy Services NCC Revenue and Benefits	Health and Housing Partnership Group	Less people entering fuel poverty when moving into new accommodation	Review the Discretionary Hardship Scheme	2017
	<b>2.22</b> Ensure that new developments conform to the appropriate standards that promote good health	2 & 4	NCC Planning Services	NCC Regeneration Developers RP's and NCH	New housing development supports the positive health and wellbeing of local citizens	New housing development conforms to space and amenity standards, eco/heating/ventilation standards and lifetime / adaptable homes standards	Ongoing

### Priority Area 3.

## Ensuring homes in the private sector are safe, well managed and help to protect the health and wellbeing of residents

Theme	Action	Outcome Objective	Lead	Supporting Organisation	Measure of Success	Key Activity	Target Completion Date
Ensure PRS is safe and well managed	<b>3.1</b> Provide a single point of contact for households & stakeholders in relation to private rented housing conditions	3	NCC Environmental Health and Safer Housing	Nouse network Nottingham City Signposting Service	Well known & publicised contact point with simple referral mechanism	Safer Housing Team to organise and promote	April 2017



	<b>3.2</b> Utilise regulatory and non-regulatory activity to reach more households and to deliver healthier homes	3	NCC Environmental Health and Safer Housing	Health and Housing Partnership Group	Extension of licensing of houses in the city Delivery of existing licensing schemes Collaborative delivery plan to tackle unsafe & unhealthy homes supporting tenants Increase in voluntary property improvement of homes through accreditation and other measures	EHO powers, rogue landlord work and safer housing activity Licensing Accreditation Relationship building with landlords and provision of advice and information	Ongoing
Ensure PRS tenants have access to housing support services	<b>3.3</b> Provide support for tenants in the private rented sector to access housing, health and financial help	2, 3	NCC Environmental Health and Safer Housing	Nottingham City Signposting Service Advice Nottingham EMPO DASH Landlords Nouse network	Well known and Used Healthy Homes Signposting system with specific reach for our most vulnerable citizens	Using a range of methods and channels of communication, joined up provision consideration of needs of residents of this tenure within commissioning models	Ongoing
	<b>3.3</b> Explore health prescriptions for housing improvement	3	NCC Environmental Health and Safer Housing	Nottm City CCG	Housing related health harms referral mechanism in place	Look at good practice in Nottinghamshire – Warm Homes on Prescription	April 2017

#### Priority Area 4. Develop the financial resilience of Nottingham citizens

Theme	Action	Outcome Objective	Lead	Supporting Organisation	Measure of Success	Key Activity	Target Completion Date
Contribute to the development, implementation and review of the Financial Resilience Plan	<b>4.1</b> Embed key overarching actions from this MoU into the financial resilience action plan to support it achieve outcomes	3	Health and Housing Partnership Group	Advice Nottingham	Financial Resilience Plan includes housing and health contribution to preventing poverty	Respond to consultation on draft, include suggested key actions, deliver actions, report back and review	Ongoing

for Nottingham							
Develop initiatives which reduce fuel poverty and the associated health impacts	<b>4.2</b> Develop and promote community events/campaigns aimed at tackling fuel poverty	3	Nottingham Energy Partnership (NEP) NCC Energy Services	NCH and RP's EMPO DASH Landlords Nottingham City Signposting Service Nouse network NCVS	Minimum of 12 events/campaigns organised annually Reduce fuel poverty EWD are reduced	Develop calendar of events Promote events	Ongoing
	<b>4.3</b> Produce a brief on the impact of fuel poverty within the City	3	NEP	Age UK NCH NCC Energy Services	Develop understanding of impact of fuel poverty across all housing tenures	Produce report Promote findings Implement recommendations	January 2017
	<b>4.4</b> Take a strategic approach to coordinating promotion of Government initiatives to tackle fuel poverty	3, 4	NCC Housing Strategy NCC Energy Services	NEP NCH and RP's NCC Environmental Health and Safer Housing	Maximise funding opportunities and the benefits they deliver	New funding opportunities are identified and promoted	Ongoing
	<b>4.5</b> Develop in partnership the annual Severe Weather Emergency Protocol for Nottingham	3	Homelessness SIG	Nouse network	City is best able to respond to incidents of severe weather. EWD are reduced	An up-to-date annual plan is developed outlining clear roles and responsibilities for identifying and supporting vulnerable citizens	November annually
	<b>4.4</b> Train front line staff across health and housing on how to identify fuel poverty, offer advice and make referrals to support agencies	1, 2, & 3	NCC Energy Services	Nottingham City Signposting Service	Reduce Fuel poverty Increased understanding of impact amongst partners EWD are reduced	Front line staff across sectors trained and confident to deliver information and advice to citizens	Ongoing
	<b>4.5</b> Develop , support and promote energy champions within local communities	5	NCH Tenant Academy	NCC Neighbourhood Development Officers	Reduce fuel poverty EWD are reduced	Energy champions identified and trained Promote the role of energy champions	December 2016

				NCC Community Cohesion RP's Local Area Committees NCVS			
	<b>4.6</b> Multi stakeholder winter planning events to identify people vulnerable to health problems associated with living in a cold home	1, 2	NCC Public Health	NCH and RP's Homelessness SIG Environmental Health and Safer Housing Community Protection Community Health Teams Nouse network	Support tailored to those at greatest risk EWD are reduced	Planning who should be sharing and receiving information at the events	Annually June 2016
Raise awareness of the Impact of debt on health and wellbeing	<b>4.7</b> Train health and social care professionals to improve understanding of how reductions in household budgets may impact negatively on health and wellbeing	2	Nottingham City Signposting Service	CCG Care Coordinators Advice Nottingham NCH and RP's, Medical professionals, social care and other home visiting officers	Practitioners are knowledgeable about where they can refer and signpost their patients to for advice and assistance Increased uptake of support Decreased health and wellbeing issues caused by insufficient household finances Reduce reliance on clinical solutions	Undertake training Promote debt advice services	Ongoing
	<b>4.8</b> Produce a Financial resilience Strategy	3	Advice Nottingham	Homelessness SIG	Greater understanding of the impact of debt on Nottingham Citizens Recommendations for tackling debt in Nottingham	Undertake a Debt Impact Assessment Develop strategy and implement actions Promote outcomes of strategy	March 2017

					Tenants	Financial resilience event April 2016	
Mitigate impact of Welfare Reform Changes	<b>4.9</b> Engage in a coordinated approach to model impact of government policy, consider solutions and provide information about changes and options for citizens	3	NCC Corporate Policy	Homelessness SIG Nouse network NCH and RP's VAPN	Consistent messages Earlier intervention with information, advice and solutions	Task group to be identified and programme of activity (including events and literature) to be agreed and delivered	Ongoing
	<b>4.10</b> Social Housing Landlords develop Welfare Reform action plans to mitigate the impact of changes	3	NCH and RP's	NCC Corporate Policy Advice Nottingham NCC Revenue and Benefits	Action plans developed Tenants better supported to manage impacts	NCH Plan developed and shared as a good practice model	September 2016
	<b>4.11</b> Develop Partnership working with DWP	3	NCH and RP's DWP	NCC Housing Strategy	Tenant debt as a result of benefit changes reduced or avoided	Engage and inform DWP about partnership working NCH created new financial inclusion officer post to work directly with DWP	Ongoing
	<b>4.12</b> Deliver debt advice sessions in GP's surgeries	1,3	Advice Nottm Nottm City CCG	Nouse network VAPN	Increased access to interventions that reduce the need for medical solutions	Identify funding to support the hire of rooms in GP surgeries	Ongoing
Support tenants into work	<b>4.13</b> Promote initiatives which support tenants into work	3	NCC Employment and skills	NCH and RPs Advice Nottingham Nouse network NCVS	Tenants supported into work, reducing reliance on benefits and increasing household finances	Develop pathways – particularly for those furthest away from being work ready Tailor services to wraparound and enhance those commissioned Monitor who is not able to engage in systems and why	Ongoing

## Priority Area 5. Enable local partners to identify and fulfil their role in homelessness prevention as well as meeting the health and wellbeing needs of homeless people

Theme	Action	Outcome Objective	Lead	Supporting Organisation	Measure of Success	Key Activity	Target Completion Date
Early intervention activity supporting homelessness prevention	<b>5.1</b> Support agencies and providers across the health, housing and social care sectors to understand their contribution to preventing homeless and how preventing homelessness contributes to improved health and wellbeing	1	Homelessness SIG	NCC Public Health Health and Housing Partnership Group	Fewer people are at risk of homelessness Closer identification between activities and broader outcomes Fewer people are experiencing poor health and wellbeing worsened by housing instability	Homelessness SIG members to share and promote the annual strategy review	Ongoing
Greater Understanding of the barriers homeless people face in accessing health care	<b>5.2</b> Develop opportunities for job shadowing and training to increase awareness of issues facing homeless people	1	Homelessness SIG	NCC Housing Strategy NCC Public Health	Increased understanding of the issues facing homeless people	Explore the possibility of incorporating homelessness modules into training of doctors, nurses and other health and social care professionals	Ongoing
	<b>5.2</b> Identify and address barriers to homeless people in accessing health services	2	Homelessness SIG	NCC Public Health Nottm City CCG NUH NHS Trust Nottm City Care	Increased understanding of the barriers faced by homeless people	Share research and evidence gathered in the annual review with commissioners	Ongoing
Development and delivery of joint initiatives to support Homeless citizens	<b>5.3</b> Collaboratively develop a protocol between housing and health to ensure the health and housing needs of the client are reciprocally taking into account during assessment and decision making processes in services	1	Housing Aid CCG	NCH and RPs GP's Community Mental Health Teams Wellness in Mind Other health professionals	Reduction in repeat assessments of vulnerable people Delivery of a <i>making every contact count</i> approach	Housing Aid and Homeless Health Team to review their existing documentation, make and take forward recommendations	December 2017

	<b>5.4</b> Implement the recommendations developed through the Mental health Homeless task group	1, 2	Mental Health Strategy Steering Group	Mental Health Crisis Concordat Group Mental Health Joint Commissioning Group Homelessness SIG	People have access to suitable accommodation to meet their needs Reduction in the proportion of people presenting as homeless with enduring mental health support needs	Review emerging needs and further development opportunities	December 2017
	<b>5.5</b> Evaluate the provision of the CPN within the Homeless Health team to support clients with mental health needs to access mental health services	1	Nottm City CCG	Homeless Health Team Homelessness SIG	People have access to suitable accommodation to meet their needs Reduction in the proportion of people presenting as homeless with enduring mental health support needs	On appointing to the post, Homelessness SIG to be involved in setting data collection criteria	January 2017 (approx. 6 months after appointing )

## Glossary of Acronyms

ASB	Anti Social Behaviour
AT	Assistive Technology
CCG	Clinical Commissioning Group
CDP	Crime and Drugs Partnership
CYPPN	Children and Young People's Provider Network
DASH	Decent And Safe Homes
DSVA	Domestic and Sexual Violence
DWP	Department of Work and Pensions
EHO	Environmental Health Officer
EMPO	East Midlands Property Owners
EWD	Excess Winter Deaths
FITC	Fit In The Community
HHPG	Health and Housing Partnership Group
HHT	Homeless Health Team
HWbB	Health and Wellbeing Board
HWbS	Health and Wellbeing Strategy
ILSS	Independent Living Support Services
JSNA	Joint Strategic Needs Assessment
LAEO	Looking After Each Other
LDJCG	Learning Disabilities Joint Commissioning Group
MAF	Multi Agency Forum (for supporting refugees, asylum seekers and migrants)
MoU	Memorandum of Understanding
NCC	Nottingham City Council
NCH	Nottingham City Homes
NEP	Nottingham Energy Partnership
NHS	National Health Service
Nouse	Not an acronym – Nouse is the Strategic Housing Network facilitated by Nottingham City Council
NPRAS	Nottingham Private Rented Assistance Scheme
NUH	Nottingham University Hospital
OPCC	Office of Police and Crime Commissioner
RP's	Registered Providers (of social housing)
SIG	Strategy Implementation Group (homelessness prevention)
SROI	Social Return On Investment
VAPN	Vulnerable Adults Provider Network

Appendix (i)

**Nottingham City Health and Housing Partnership Group (HHPG)**

**TERMS OF REFERENCE**

**Version June 2016**

<p><b>Purpose / role of the group</b></p>	<p><i>Improving health and wellbeing</i> is a priority for Nottingham as stated in the Nottingham Plan to 2020.</p> <ul style="list-style-type: none"> <li>• A key priority of the renewed Health and Wellbeing Strategy for Nottingham is that <i>housing will maximise the benefit and minimise the risk to health of Nottingham's citizens</i></li> <li>• A key priority of the Strategic Housing Network's new Housing Nottingham Plan will be <i>improving health through housing</i>.</li> <li>• A strategic driver of the Nottingham Interagency Homelessness Prevention Strategy is <i>improving health and addressing multiple and complex needs</i></li> <li>• The priority of the Nottingham Vulnerable Adults Plan is that <i>people are safer, happier and live longer</i>.</li> </ul> <p>Partners across the Health, Housing and Social Care sectors clearly recognise the direct correlation between suitable, safe, decent standard accommodation and good health and wellbeing and the need for integrated services to generate positive outcomes for residents.</p> <p>The HHPG brings together expertise from the health, housing and social care sectors to set and deliver the shared actions outlined in the local Memorandum of Understanding and in doing so supporting the local strategic ambitions.</p>
<p><b>Aims</b></p>	<p>Residents in Nottingham report that they are healthier, happier and live independently for longer, achieved by the Health and Housing Partnership Group focus on the following objectives;</p> <ol style="list-style-type: none"> <li>1. Integrating health, social care and housing services</li> <li>2. Maximising the impact from housing as part of the wider health workforce</li> <li>3. The housing contribution to reducing health inequalities between areas, social and cultural groups</li> <li>4. Further developing the housing sector's role in reducing demand for health and social care services</li> <li>5. Communities and citizens playing their part in contributing to health and happier lives, strategies and activities</li> </ol>
<p><b>Directive</b></p>	<p>Key responsibilities of the HHPG:</p> <ul style="list-style-type: none"> <li>• Development, implementation and review of the Nottingham Memorandum of</li> </ul>



	<p>Understanding action plan</p> <ul style="list-style-type: none"> <li>• Reporting to the Environment outcome group on the progress of the action plan</li> <li>• Functioning as a consultative body on integral health, housing and social care work</li> <li>• Making recommendations which ensure that integration of health, housing and social care is reflected in local planning, strategy development and commissioning</li> </ul> <p>The HHPG will fulfil a workplan based on the implementation of set actions within the following five priority areas (as set out in the Memorandum of Understanding):</p> <ol style="list-style-type: none"> <li>1. Evidencing the need for (and impact of) integrated health, social care and housing interventions</li> <li>2. Collectively developing efficient and innovative working practices, where relevant information is shared, joint activity is undertaken and funding opportunities are maximised</li> <li>3. Ensuring homes in the private sector are safe, well managed and help to protect the health and wellbeing of residents</li> <li>4. Developing the financial resilience of Nottingham citizens</li> <li>5. Enabling local partners to identify and fulfil their role in homelessness prevention as well as meeting the health and wellbeing needs of homeless people</li> </ol>
<p><b>Meeting arrangements</b></p>	<ol style="list-style-type: none"> <li>1. Meetings will take place every two months according to an annually planned schedule</li> <li>2. A Health and Housing Partnership task coordination group will pre-meet to facilitate the following: <ul style="list-style-type: none"> <li>• Agenda setting</li> <li>• Work plan development</li> <li>• Technical support</li> <li>• Action delivery reporting</li> <li>• Regular and bespoke data collection and analysis</li> </ul> </li> <li>3. The HHPG task coordination group will consist of the Chair, Vice chair, NCC Housing Strategy, NCC Public Health and a 'front line services' elected representative from the group.</li> <li>4. Task groups and sub groups may be created to develop specific pieces of work</li> <li>5. Agenda and papers to be circulated a minimum of one week before the meeting date.</li> </ol>
<p><b>Governance</b></p>	<ul style="list-style-type: none"> <li>• The HHPG is governed by the Health and Wellbeing Board and reports to the Environment Outcome Group.</li> <li>• The HHPG will provide bi-annual reports to the governing bodies as well as to the Portfolio Holder for Planning and Housing and the Corporate Director for Development and Growth. One of these reports will be a summary of the annual report.</li> <li>• The HHPG will provide additional reports upon request and in exceptional circumstances.</li> </ul>
<p><b>Accountability</b></p>	<p>Partner agencies have pledged commitment to the delivery of activity set out within the Memorandum of Understanding.</p> <p>The HHPG will collectively identify the annual priorities, it is then the responsibility of</p>

	<p>the individual agencies involved (headed by the lead agency) to fulfil the action and report back to the HHPG.  The HHPG will provide monthly updates to the Environment Outcomes Group.  The MoU has been agreed by the Health and Wellbeing Board who will monitor its progress.</p>
<b>Review</b>	<p>The HHPG task coordination group will coordinate an annual review of the work plan of the HHPG which will determine the priorities for the following year.</p> <p>The MoU will be reviewed in line with the Housing JSNA.</p>
<b>Membership Roles and Responsibilities</b>	<p>Members of the HHPG are expected to:</p> <ul style="list-style-type: none"> <li>• be clear and confident in presenting and contributing their views and the views of the organisations they represent</li> <li>• take decisions and commit resources on behalf of their organisation / department or service area</li> <li>• nominate an appropriate substitute from their organisation to attend in their absence</li> <li>• work in partnership with other HHPG members</li> <li>• be committed to contributing to a broad multi agency view</li> <li>• represent their agency or partner agencies effectively providing feedback and gathering information when occasion arises</li> <li>• become members of task groups and sub-groups for specific issues and / or nominate other representatives.</li> <li>• act as 'champions' for the work of the HHPG within their organisations and represent the HHPG positively outside of meetings</li> <li>• lend expertise of their own service areas willingly</li> <li>• ensure that the HHPG informs policy and strategy development within their own organisations / sectors</li> <li>• monitor the implementation of the HHPG workplan within their organisations / sectors and report on progress to the HHPG when required (including providing data and statistics)</li> </ul> <p>Members will be supported through access to the HHPG task coordination group:</p> <ul style="list-style-type: none"> <li>• to submit agenda items for the HHPG</li> <li>• to resolve issues or difficulties around any actions set in the meetings</li> <li>• for advice on specific areas when appropriate</li> </ul> <p><u>Chair</u></p> <p>The chair can be elected from existing members of the Health and Wellbeing Board. Where the Chair is from one of the represented agencies or departments another colleague can attend to fulfil the role of organisation representative.</p> <p><u>Vice chair</u></p> <p>The vice chair can be elected from existing members. The role of the vice chair is to:</p> <ul style="list-style-type: none"> <li>• Substitute for the chair in the chairs absence or when discussing topics where there may appear to be a direct conflict of interests</li> <li>• Time keep the agenda items</li> </ul>
<b>Members</b>	<p>The HHPG is a decision making and delivery accountability meeting of inter-agency representatives from across the housing, health and social care and support sectors and the membership reflects this.</p>

	The group may co-opt additional members for specific tasks or topics as appropriate
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## 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, Nottingham City Council:  
[jane.garrard@nottinghamcity.gov.uk](mailto: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"> <li>• Director of Public Health</li> </ul>			
	Health and Wellbeing Strategy, Nottingham Plan and other key strategies <ul style="list-style-type: none"> <li>• Nottingham Plan Programme Group</li> <li>• HWS Accountable Board members</li> </ul>	<b>Health and Wellbeing Strategy 2016-20 – final draft for consultation</b>	James Rhodes <a href="mailto:James.rhodes@nottinghamcity.gov.uk">James.rhodes@nottinghamcity.gov.uk</a>	Yes
		<b>Sustainability and Transformation Plan</b>	Anna Coltman <a href="mailto:Anna.coltman@nottinghamcity.gov.uk">Anna.coltman@nottinghamcity.gov.uk</a>	
	Commissioning and Joint Strategy Needs Assessment <ul style="list-style-type: none"> <li>• Nottingham City Council</li> <li>• Clinical Commissioning Group, NHS England</li> <li>• HWB Commissioning Sub-Committee</li> <li>• Commissioning Executive Group</li> </ul>	<b>Future commissioning intentions – NCC and CCG</b>	Chris Wallbanks <a href="mailto:Chris.wallbanks@nottinghamcity.gov.uk">Chris.wallbanks@nottinghamcity.gov.uk</a>	Yes
	Other relevant reports (safeguarding and social determinants of health) <ul style="list-style-type: none"> <li>• Safeguarding boards</li> <li>• Provider organisations and council services relating to social determinants of health</li> </ul>	<b>Independent Safeguarding Adults Board Business Plan</b>	Clive Chambers <a href="mailto:Clive.chambers@nottinghamcity.gov.uk">Clive.chambers@nottinghamcity.gov.uk</a> Malcolm Dillon <a href="mailto:Malcolm.dillon1@gmail.com">Malcolm.dillon1@gmail.com</a>	No
	<b>Independent Safeguarding Children’s Board Business Plan</b>	John Matravers <a href="mailto:John.matravers@nottinghamcity.gov.uk">John.matravers@nottinghamcity.gov.uk</a>	No	

Date of meeting	Issue	Report title	Report author	CEG?
			Chris Cook <a href="mailto:Chriscook58@btinternet.com">Chriscook58@btinternet.com</a>	
		<b>Digital Roadmap</b>	Andy Evans <a href="mailto:Andyevans1@nhs.net">Andyevans1@nhs.net</a>	Yes
		<b>Opportunity Nottingham</b>	Mark Garner <a href="mailto:mark.garner@FrameworkHA.org">mark.garner@FrameworkHA.org</a> Dave Smith <a href="mailto:dave.smith@frameworkha.org">dave.smith@frameworkha.org</a> Grant Everitt <a href="mailto:grant.everitt@frameworkha.org">grant.everitt@frameworkha.org</a>	Yes
27 July 2016 Page 102	Governance issue	<b>Membership and representation changes</b>	Jane Garrard <a href="mailto:Jane.garrard@nottinghamcity.gov.uk">Jane.garrard@nottinghamcity.gov.uk</a>	
	Public health topic • Director of Public Health	<b>Health protection assurance - update</b>	Alison Challenger <a href="mailto:Alison.challenger@nottinghamcity.gov.uk">Alison.challenger@nottinghamcity.gov.uk</a>	
	Health and Wellbeing Strategy, Nottingham Plan and other key strategies • Nottingham Plan Programme Group • HWS Accountable Board members	<b>Joint Health and Wellbeing Strategy 2013-16 End of Strategy Report</b>	John Wilcox <a href="mailto:John.wilcox@nottinghamcity.gov.uk">John.wilcox@nottinghamcity.gov.uk</a>	Yes
		<b>Joint Health and Wellbeing Strategy 2016-20 – for approval</b>	James Rhodes <a href="mailto:James.rhodes@nottinghamcity.gov.uk">James.rhodes@nottinghamcity.gov.uk</a>	Yes
		<b>Nottingham Memorandum of Understanding</b>	Gill Moy <a href="mailto:Gill.moy@nottinghamcityhomes.org.uk">Gill.moy@nottinghamcityhomes.org.uk</a>	Yes
	<b>Sustainability and Transformation Plan</b>	Colin Monckton <a href="mailto:Colin.monckton@nottinghamcity.gov.uk">Colin.monckton@nottinghamcity.gov.uk</a>	Yes	
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?
	Other relevant reports (safeguarding and social determinants of health) <ul style="list-style-type: none"> <li>• Safeguarding boards</li> <li>• Provider organisations and council services relating to social determinants of health</li> </ul>			
28 September 2016	Public health topic <ul style="list-style-type: none"> <li>• Director of Public Health</li> </ul>			
	Health and Wellbeing Strategy, Nottingham Plan and other key strategies <ul style="list-style-type: none"> <li>• Nottingham Plan Programme Group</li> <li>• HWS Accountable Board members</li> </ul>	<b>Health and Wellbeing Strategy 2016-20 – action plans</b>	James Rhodes <a href="mailto:James.rhodes@nottinghamcity.gov.uk">James.rhodes@nottinghamcity.gov.uk</a>	Yes
	Commissioning and Joint Strategy Needs Assessment <ul style="list-style-type: none"> <li>• Nottingham City Council</li> <li>• Clinical Commissioning Group, NHS England</li> <li>• HWB Commissioning Sub-Committee</li> <li>• Commissioning Executive Group</li> </ul>	<b>Revised Policy and Procedure for Joint Strategic Needs Assessment</b>	John Wilcox <a href="mailto:John.wilcox@nottinghamcity.gov.uk">John.wilcox@nottinghamcity.gov.uk</a>	
	Other relevant reports (safeguarding and social determinants of health) <ul style="list-style-type: none"> <li>• Safeguarding boards</li> <li>• Provider organisations and council services relating to social determinants of health</li> </ul>			
30 November 2016	Public health topic <ul style="list-style-type: none"> <li>• Director of Public Health</li> </ul>			
	Health and Wellbeing Strategy, Nottingham Plan and other key strategies <ul style="list-style-type: none"> <li>• Nottingham Plan Programme Group</li> </ul>	<b>Healthy Weight Strategy</b>	John Wilcox <a href="mailto:John.wilcox@nottinghamcity.gov.uk">John.wilcox@nottinghamcity.gov.uk</a>	

Date of meeting	Issue	Report title	Report author	CEG?
Page 104	<ul style="list-style-type: none"> <li>HWS Accountable Board members</li> </ul>			
	Commissioning and Joint Strategy Needs Assessment <ul style="list-style-type: none"> <li>Nottingham City Council</li> <li>Clinical Commissioning Group, NHS England</li> <li>HWB Commissioning Sub-Committee</li> <li>Commissioning Executive Group</li> </ul>			
	Other relevant reports (safeguarding and social determinants of health) <ul style="list-style-type: none"> <li>Safeguarding boards</li> <li>Provider organisations and council services relating to social determinants of health</li> </ul>	Independent Safeguarding Children's Annual Report	John Matravers <a href="mailto:John.matravers@nottinghamcity.gov.uk">John.matravers@nottinghamcity.gov.uk</a> Chris Cook <a href="mailto:Chriscook58@btinternet.com">Chriscook58@btinternet.com</a>	
		Independent Safeguarding Adults Annual Report	Clive Chambers <a href="mailto:Clive.chambers@nottinghamcity.gov.uk">Clive.chambers@nottinghamcity.gov.uk</a> Malcolm Dillon <a href="mailto:Malcolm.dillon1@gmail.com">Malcolm.dillon1@gmail.com</a>	
<b>25 January 2017</b>	Public health topic <ul style="list-style-type: none"> <li>Director of Public Health</li> </ul>			
	Health and Wellbeing Strategy, Nottingham Plan and other key strategies <ul style="list-style-type: none"> <li>Nottingham Plan Programme Group</li> <li>HWS Accountable Board members</li> </ul>			
	Commissioning and Joint Strategy Needs Assessment <ul style="list-style-type: none"> <li>Nottingham City Council</li> <li>Clinical Commissioning Group, NHS England</li> <li>HWB Commissioning Sub-Committee</li> <li>Commissioning Executive Group</li> </ul>			
	Other relevant reports (safeguarding and social determinants of health)			



Date of meeting	Issue	Report title	Report author	CEG?
	<ul style="list-style-type: none"> <li>• Safeguarding boards</li> <li>• Provider organisations and council services relating to social determinants of health</li> </ul>			
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 105</p>	<p>Public health topic</p> <ul style="list-style-type: none"> <li>• Director of Public Health</li> </ul>			
	<p>Health and Wellbeing Strategy, Nottingham Plan and other key strategies</p> <ul style="list-style-type: none"> <li>• Nottingham Plan Programme Group</li> <li>• HWS Accountable Board members</li> </ul>			
	<p>Commissioning and Joint Strategy Needs Assessment</p> <ul style="list-style-type: none"> <li>• Nottingham City Council</li> <li>• Clinical Commissioning Group, NHS England</li> <li>• HWB Commissioning Sub-Committee</li> <li>• Commissioning Executive Group</li> </ul>			
	<p>Other relevant reports (safeguarding and social determinants of health)</p> <ul style="list-style-type: none"> <li>• Safeguarding boards</li> <li>• Provider organisations and council services relating to social determinants of health</li> </ul>			

**Items to be scheduled:**

- Memorandum of Understanding CCG & PH
- Director of Public Health Annual report (Alison Challenger)
- Commissioning Executive Group – twice a year
- Workplace Health (Alison Challenger/ Helene Denness)

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## Statutory Officers Report for Health and Wellbeing Board

### Corporate Director of Children's Services

July 2016

#### **Successful Recruitment for Director of Public Health**

I am pleased to inform you that Alison Challenger has been appointed to the role of Director of Public Health, following an external recruitment process. Alison is delighted to be joining us on a permanent basis having been in the interim position for some time, and is looking forward to progressing the Public Health work streams for the City. Congratulations Alison!

#### **Alan Wood's Review into the role that local safeguarding children boards (LSCBs) play in protecting and safeguarding children**

In May 2016 Alan Wood's published his report into the review of LSCB's. The review sets out recommendations for making local safeguarding children boards (LSCBs) more effective. LSCBs are responsible for improving the overall wellbeing of children in their local-authority area. They include representatives from children's services, police, district councils and NHS trusts.

Our Safeguarding Children's Board will be considering the implications of the review in the Autumn

You can access the full report [here](#). You can also view the Government's response to Alan's report [here](#).

#### **Sir Martin Narey's Review of Children's Residential Care**

In October 2015 the Prime Minister told the House of Commons that he and the Secretary of State for Education had commissioned Sir Martin Narey to undertake a review of children's residential care in England.

Sir Martin published his report this month and it helpfully goes a long way to dispel the negative myths about residential care and is clear that it is the placement of choice for many children and young people. He identifies 34 recommendations which, he believes, will deliver significant improvement to amongst other things, the commissioning and costs residential. I welcome Sir Martin's thoughtful report, in which he recognises the generally good quality of care provided by many children's homes across the country and some of the outstanding practice he has seen whilst undertaking his independent review.

I am delighted that 100% of our children's homes in Nottingham City are rated by Ofsted as Good or Outstanding - compared to 70% nationally.

You can access the full report [here](#)

## **Putting Children First – DfE’s vision for excellent children’s social care**

Earlier this month the Department for Education published their vision for excellent Children’s Social Care. The paper sets out the government’s reform programme for children’s social care in England over the next 5 years. It builds on a previous policy paper ‘Children’s Social Care Reform: A vision for change’. A full response will be prepared by ADCS of behalf of the sector and we will need to consider the challenges and opportunities that the Government’s plans presents for us in Nottingham.

You can access the full report [here](#)

## **Independent Inquiry into Child Sexual Abuse**

Earlier in the year, I alerted you to the Independent Inquiry into Child Sexual Abuse. The Independent Inquiry into Child Sexual Abuse (IICSA) was established as a statutory inquiry on 12 March 2015 to consider the growing evidence of institutional failures to protect children from child sexual abuse, and to make recommendations to ensure the best possible protection for children in the future. The Inquiry, which is led by Hon. Dame Lowell Goddard, is covering England and Wales and is independent of the government. The focus of the Inquiry will be on institutional failures and the experiences of victims and survivors will be central to the work of the Inquiry.

The Inquiry, known as The Goddard Inquiry, has identified 13 investigations that it will pursue and in November it was announced that one of these would focus on children in the care of Nottingham City and Nottinghamshire County Council. A significant number of allegations of historical abuse in children’s homes, previously operated by Nottinghamshire County and Nottingham City councils and other organisations, have been made, dating back to the 1940s. The allegations relate to a range of abuse including physical and sexual abuse.

Nottinghamshire Police established Operation Equinox as an overarching investigation for the individual historical abuse operations which have been running since 2011. Nottingham City Council has an identified Duty Team Manager who is Single Point of Contact for the work and continues to review the resources needed to respond to the required demand. A multi-agency Strategic Management Group was established in 2014 to provide oversight and management of the parallel processes of the criminal and civil proceedings related to the allegations of historical abuse.

The IICSA initially wrote to both Councils in January 2016 requesting a variety of current and historical policies, procedures, guidance and investigation reports. In February 2016 I met with the solicitors from the inquiry to further define the scope of the investigation. They have since written to us again requesting more documents to enable them to shape their investigation. I anticipate that further requests will be made as the Inquiry moves forward and will keep you informed about future developments.

More detailed briefings on how the Inquiry will work have recently been held for staff who worked within Children’s Social Care, especially those who work or worked in Residential Care for the period covered. If you would like more

information on historical abuse or the Inquiry please visit Nottingham City Council's [website](#) or the Inquiry [website](#).

### **Action to improve school attendance is working!**

New statistics show our collective hard work to drive up school attendance is working in Nottingham.

Overall absence has fallen over the last six academic years in Nottingham, from 7.2% in 2009/10 to 4.9% in 2014/15. New attendance statistics for the 2015 autumn term have been published by the Department of Education and show pupil absence continues to improve in the City, with the number of children missing lessons down from 4.6% in Autumn Term 2014 to in 4.3% Autumn Term 2015. This equates to over 7,000 extra days!

This is great news – and is testament to the hard work based on a strategy of working with both schools and academies on a range of measures, such as tough fines for parents of those who don't attend, while rewarding those with good attendance.

You can read the full story here: <http://www.mynottinghamnews.com/six-years-of-improved-attendance-in-nottingham/>

It follows successful truancy patrols with colleagues in Community Protection to ensure children are in school. Truancy 'hotspots' across the city were targeted by the council's Education Welfare Service and Community Protection Officers for a day in May. Any children found outside of school were challenged and their details taken for checking later. If truant, the pupils were taken back to school or their home address. A total of 45 children were stopped in the sweep. You can read more about the truancy sweeps here: <http://bit.ly/1XwnivQ>

### **Adults Liquidlogic and ContrOCC go live**

The work to prepare for the move to Liquidlogic and ContrOCC systems in August is progressing well and currently on track to roll the system out to the Adults Directorate on 1st August. With only a few weeks to go until the go live, detailed planning is underway to move the data from CareFirst and Castle into the Liquidlogic system. Team Managers in the Adults Directorate are also working on plans that will cover the period of time where we are changing over from CareFirst and Castle to the Liquidlogic system.

The Childrens Liquidlogic Social Care, Early Help and ContrOCC systems will be implemented across children's services at the end of November / early December. Training will be rolled out to workers from September through to the end of November.

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

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## Chief Officer Update

### 1. Developing Nottingham City's Commissioning Strategy 2016/2020

The CCG is asking Nottingham City residents to help shape its Commissioning Strategy for 2016/2020 which sets out how the CCG will address the City's health challenges through commissioning the right health services to meet the health needs of people living in the City. The CCG has developed draft priorities that focus on the things that have the most impact on improving health in Nottingham and they are calling on patients, carers and the public to tell them what they think - and whether these are the right priority areas.

The CCG is aiming is to:

- increase the number of years that local people live in good health, meaning that people are healthier for longer
- improve the health of those who have the worst health in the city
- support and encourage local people to improve their own health

To achieve these aims the CCG has been talking to people across the City so that the plans best reflect what people really need to improve their health. Engagement through surveys and events runs until 12 August 2016.

A short online survey can be completed at [www.nottinghamcity.nhs.uk](http://www.nottinghamcity.nhs.uk) or people can visit stalls at the following forthcoming public events:

- 28 July 2016 – Southglade Park Live 2016 Event, Bulwell
- 30 July 2016 – Sneinton Festival, Sneinton
- 9 August 2016 – Picnic in the Park, Clifton

Community groups are also being encouraged to discuss and respond as a group with materials and information provided to help run feedback sessions.

### 2. Annual Assurance Process – currently embargoed.

Dawn to update at meeting.

### 3. Launch of the National Diabetes Prevention Programme across Nottinghamshire

Those considered to be at greatest risk of developing Type 2 diabetes across Nottinghamshire are set to benefit from increased help to avoid the disease.

Type 2 diabetes is one of the UK's biggest health challenges – there are currently 2.9 million adults with the disease in England, and around 200,000 new diagnoses are made every year.

A new partnership between a leading diabetes research centre and Ingeus UK has been formed to deliver the recently announced Healthier You: NHS National Diabetes Prevention Programme across the East Midlands, on behalf of the East Midlands Clinical Network. The Leicester Diabetes Centre is an internationally recognised centre of excellence in diabetes research, education and innovation and Ingeus is a leading provider of health, employment, training and skills services.

The partnership is working jointly with 11 Clinical Commissioning Groups and Local Authorities in Leicester, Leicestershire and Rutland, Nottinghamshire and Northamptonshire to provide comprehensive support and prevention services to more than 2,100 people in 2016/17 and 3,200 people in 2017/18 as a first wave site of the Healthier You: NHS National Diabetes Prevention Programme. Nationally, the landmark prevention programme will, over the next five years, help 190,000 people across England who are at high risk of developing Type 2 diabetes. Referrals into the service will start on 22 July.

Those at risk will participate in a programme aimed at supporting and encouraging healthier lifestyles, with a focus on diet and physical activity. Evidence shows that the programme is effective in achieving sustained behaviour change and reducing the incidence of the disease.

Dr Manik Arora GP and Executive Lead for Long Term Conditions at Nottingham City CCG said: “Diabetes is an increasing problem, the National Diabetes Prevention Programme offers us the opportunity to support patients with lifestyle changes in preventing the onset. As GPs we have not had any programme like this before and would be glad to offer this lifestyle programme for patients with pre-diabetes.”

For more information on the Healthier You: National Diabetes Prevention Programme see the [press release](#) from NHS England.

#### **4. GP Patient Survey 2016**

The results of the GP Patient Survey 2016 were published on 7 July 2016. More than 800,000 people across the country were asked about their experience of healthcare services provided by GP surgeries, including access to GP surgeries, making appointments, the quality of care received from GPs and practice nurses, satisfaction with opening hours and out-of-hours NHS services. The survey found almost four in five patients would recommend their GP surgery to someone who has just moved to the local area and more than 73 per cent of patients rated their overall experience of making an appointment as good.

However, it also suggests areas for improvement, with less patients reporting that they can usually see their preferred GP and a reduction in the number of patients with one or more long-standing health conditions saying they had enough support from local services or organisations.

The annual survey has undergone redevelopment with new questions to more accurately capture patient experiences, meaning some data cannot be compared with previous years. Areas where the figures are comparable have seen some improvements, with more patients reporting feeling satisfied with the hours that their GP surgery is open (75.9 per cent), and the number of patients who felt their surgery was open at times that are convenient for them also increasing (74.6 per cent). Survey response data at CCG level can be found at [www.gp-patient.co.uk](http://www.gp-patient.co.uk).

## **5. Proposed Merger – Nottingham University Hospitals NHS Trust and Sherwood Forest Hospitals NHS Foundation Trust**

Plans for the proposed merger of Nottingham University Hospitals NHS Trust and Sherwood Forest Hospitals NHS Foundation Trust are progressing at pace. This includes discussions to determine the most suitable operational structure to most effectively manage the future six-site organisation. It is proposed to create the new organisation later in 2016/17 following the necessary approvals.

Nottingham University Hospitals NHS Trust's on-the-ground support at Sherwood Forest Hospitals NHS Foundation Trust has increased since April as work to further accelerate improvements in the areas identified as priorities by the Care Quality Commission has expanded across the Trust.

Over the past month, Sherwood Forest Hospitals has received the welcome news that the Care Quality Commission have lifted one of their improvement notices, reflecting the improvements that have been made in sepsis management and in recognising and rescuing deteriorating patients.

A business case is currently being developed which details how the new organisation will become clinically and financially sustainable in the longer-term. For the latest information about the proposed merger visit the dedicated website: [www.futuretogethernotts.nhs.uk](http://www.futuretogethernotts.nhs.uk).

**Dawn Smith**  
**Chief Officer**  
**Nottingham City CCG**  
**July 2016**

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**Health and Wellbeing Board Update – July 2016****Annual Report for 2015-16**

We have now completed our Annual Report for 2015-16. It can be found on our website here: <http://www.healthwatchnottingham.co.uk/wp-content/uploads/2016/04/Annual-Report-2015-16-FINAL.pdf>

During the year, our reports focused upon

- NUH - Quality Account and CQC Inspection
- GP Practices – Mystery Shopping Exercise
- Care Act Implementation
- Opticians
- Community Pharmacy
- Access to NHS Dentistry

We engaged with over 1000 people at a variety of events and venues and provided advice and information to over 500. For 2016-17 we have identified our priorities as:

- Understanding experiences of mental health crisis services
- Implementing our 'Enter and View' programme in residential care facilities
- Access to GP services in the inner City
- Joint Strategic Needs Assessment (JSNA) Chapter on long term neurological conditions
- Working with seldom heard communities ( for example, LGBT, Refugees )
- Strategic Engagement ( including Sustainability and Transformation Plan )

**Joint Strategic Needs Assessment**

We continue to work in partnership with the City and County Councils to help ensure that local people's voices and experiences of local services are represented in this document. Work has now commenced on the refresh of the chapter covering Neurological Conditions. One of our volunteers with strong links to the neurological conditions networks has helped us to develop a questionnaire to 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 eg. Epilepsy, Multiple Sclerosis, Myasthenia, ME.

**Mental health crisis services**

As reported in our last update, together with Healthwatch Nottinghamshire we were successful in making 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. As we said in our leaflet for participants "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".

We have now completed the data gathering for this work, having undertaken almost 100 detailed interviews across five distinct client groups (BME, Carers, Veterans, Homeless, Students) and will be submitting our final report at the end of this month.

**HR Update**

We are very pleased to have appointed Joan Cook as our new Volunteer Co-ordinator. Joan starts with us on 1<sup>st</sup> August. Donna Clarke is now on maternity leave and her (part time) post is backfilled by Prema Nirgude. Tom England has also been appointed to join the Insight and Evidence team temporarily.

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