

NOTTINGHAM CITY HEALTH AND WELLBEING BOARD

Date: Wednesday, 29 March 2017

Time: 2.00 pm

Place: NHS Nottingham City Clinical Commissioning Group, 1 Standard Court, Park Row, Nottingham, NG1 6GN

Contact: Jane Garrard **Direct Dial:** 0115 8764315

- 1 **APOLOGIES FOR ABSENCE**
 - 2 **DECLARATIONS OF INTERESTS**
 - 3 **MINUTES** 5 - 16
To confirm the minutes of the meeting held on 25 January 2017
 - 4 **HEALTHY CULTURE ACTION PLAN PROGRESS UPDATE** 17 - 36
 - 5 **NOTTINGHAM CITY COUNCIL DECLARATION ON ALCOHOL** 37 - 42
 - 6 **SUSTAINABILITY AND TRANSFORMATION PLAN UPDATE** To follow
 - 7 **NHS NOTTINGHAM CITY CLINICAL COMMISSIONING GROUP OPERATIONAL PLAN 2017-2019** 43 - 84
 - 8 **HOW COMMUNITY PHARMACY CAN SUPPORT THE SUSTAINABILITY AND TRANSFORMATION PLAN PREVENTION AND WORKFORCE AGENDAS** 85 - 96
 - 9 **CHANGE TO THE HEALTH AND WELLBEING BOARD COMMISSIONING SUB COMMITTEE TERMS OF REFERENCE** 97 - 102
- ITEMS FOR INFORMATION
- 10 **HEALTH AND WELLBEING BOARD FORWARD PLAN** 103 - 106
To note that proposed future meeting dates for the Health and Wellbeing Board are:
 - 31 May 2017 2pm
 - 26 July 2017 2pm
 - 27 September 2017 2pm
 - 29 November 2017 2pm
 - 31 January 2018 2pm

- 28 March 2018 2pm

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e	Nottingham City Council Director for Adult Social Care	No written update
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The Nottingham City Health and Wellbeing Board is a partnership body which brings together key local leaders to improve the health and wellbeing of the population of Nottingham and reduce health inequalities.

Members:

Voting members

Councillor Alex Norris (Chair)	City Council Portfolio Holder with a remit covering health
Dr Marcus Bicknell (Vice Chair)	NHS Nottingham City Clinical Commissioning Group representative
Councillor Steve Battlemuch	City Councillor
Councillor Neghat Khan	City Councillor
Councillor David Mellen	City Council Portfolio Holder with a remit covering children's services
Dr Hugh Porter	NHS Nottingham City Clinical Commissioning Group representative
vacancy	NHS Nottingham City Clinical Commissioning Group representative

Dawn Smith	NHS Nottingham City Clinical Commissioning Group Chief Officer
Alison Michalska	City Council Corporate Director for Children and Adults
Helen Jones	City Council Director of Adult Social Care
Alison Challenger	City Council Director of Public Health
Martin Gawith	Healthwatch Nottingham representative
Jonathan Rycroft	NHS England representative

Non-voting members

Lyn Bacon	Nottingham CityCare Partnership representative
Peter Homa	Nottingham University Hospitals NHS Trust representative
Chris Packham	Nottinghamshire Healthcare NHS Foundation Trust representative
Gill Moy	Nottingham City Homes representative
Ted Antil	Nottinghamshire Police representative
Michelle Simpson	Department for Work and Pensions representative
Leslie McDonald	Representing interests of the Third Sector
Maria Ward	Representing interests of the Third Sector
Wayne Bowcock	Nottinghamshire Fire and Rescue Service representative
Claire Thompson (interim)	Nottingham Universities representative

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

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

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

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NOTTINGHAM CITY COUNCIL

HEALTH AND WELLBEING BOARD

MINUTES of the meeting held at Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG on 25 January 2017 from 14.02 – 16:40

Membership

Voting Members

Present

Councillor Alex Norris (Chair)
Councillor Steve Battlemuch
Dr Marcus Bicknell
Martin Gawith
Alison Challenger
Helen Jones
Councillor Neghat Khan
Alison Michalska
Hugh Porter
Jonathan Rycroft
Dawn Smith (left 3:40pm)

Absent

Councillor David Mellen

Non-voting Members

Present

Ted Antill
Lyn Bacon (from 2:45pm)
Wayne Bowcock
Peter Homa (from 2:40pm)
Leslie McDonald
Chris Packham
Claire Thompson
Maria Ward

Absent

Gill Moy
Michelle Simpson

Antony Dixon (substitute for Gill Moy)

Colleagues, partners and others in attendance:

Kevin Banfield	- Nottingham City Council
James Blount	- Communications, Nottingham City Council
Louisa Butt	- Nottingham City Safeguarding Adults Board Manager
Chris Cook	- Chair, Nottingham City Safeguarding Children Board
Graham DeMax	- Housing Partnership and Strategy Manager, Nottingham City Council
Malcolm Dillon	- Chair, Nottingham City Safeguarding Adults Board
Laura Iremonger	- Nottingham City Libraries, Nottingham City Council
Sharan Jones	- Public Health, Nottingham City Council
John Matravers	- Service Manager Safeguarding Partnerships, Nottingham City Council
Timothy Ogilvie	- Public Health, Nottingham City Council

Liz Pierce - Public Health, Nottingham City Council
Rachel Sokal - Public Health Consultant, Nottingham City Council
Jane Garrard - Senior Governance Officer, Nottingham City Council

58 CHANGE TO BOARD MEMBERSHIP

RESOLVED to note that Ted Antill has been nominated to replace Mike Manley as the Nottinghamshire Police representative on the Health and Wellbeing Board.

59 APOLOGIES FOR ABSENCE

Councillor David Mellen - personal
Michelle Simpson

60 DECLARATIONS OF INTEREST

None

61 MINUTES

Subject to the following amendments being made, the minutes were confirmed as an accurate record and signed by the Chair.

Minute 42 c)

Nottingham Community Voluntary Services had not yet signed the Tobacco Control Declaration on behalf of the voluntary sector. They were holding a consultation with their members and would then decide whether or not to sign on their behalf.

Minute 43 n)

The deadline for feedback and consultation on the STP was 17 February. A consultation meeting in the City was being held on 22 February.

62 HEALTH AND WELLBEING STRATEGY - MENTAL HEALTH THEME

Dr Chris Packham, Associate Medical Director, Nottinghamshire Healthcare Trust and lead for the mental health theme of the Health and Wellbeing Strategy 2016-2020 introduced the report and gave a presentation focusing on the Strategy's priority outcome: Children and adults in Nottingham will have positive mental wellbeing and those with long-term mental health problems will have good physical health. He highlighted the following key points:

- (a) There are 4 priorities within this outcome that are being worked on:
- 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.
 - Reaching people most in need was a constant challenge.
 - There was a large selection of providers that citizens could access within Nottingham City, this included many voluntary sector providers.
 - The target for Early Intervention in Psychosis was 50% of people referred to receive treatment within 2 weeks of referral. At present

- this target was being exceeded at 61% receiving treatment within 2 weeks.
- There were mixed messages from people accessing the services available around how they felt about accessing services. More work was needed to encourage people to feel comfortable with engaging further.
- People with long-term mental health problems will have healthier lives.
 - People experiencing long term mental health problems were more likely to die earlier through physical health problems. The major contributor to this was smoking and smoking related disease. Work was underway to reduce the use of tobacco products by people with long term mental health problems.
 - Screening programmes would continue to target minority groups, focus was currently on prostate cancer screening in the Afro-Caribbean community.
- People with, or at risk of, poor mental health will be able to access and remain in employment.
 - Employment is a big part of recovery and there was lots of work ongoing to improve prospects of employment for those with mental health problems.
 - A Health and Employment Support service had been commissioned
 - A cross sector steering group and detailed action plan was being developed
 - Nottingham was participating in a pilot to access psychological therapy services through employment advice.
 - A new scheme introducing individual placement support for people with serious mental illness had begun.
- People who are, or are at risk of, loneliness and isolation will be identified and supported.
 - It was anticipated that this would be the most challenging priority within the mental health theme of the Strategy.
 - This was mainly an issue for people aged over 50, people with long term conditions and people with mental health problems.
 - Mapping of loneliness and supporting services within the City was underway.
 - Further work was needed to understand and tackle this issue.

Following questions and comments from the Board the following additional information was provided:

- (b) Nottinghamshire Healthcare Trust continued to work with providers to increase the number of people accessing services, and to ensure that there were a variety of services accessible to all people within Nottingham. A piece of work was needed to establish which groups or communities were not accessing the services currently available and why and to look at tailoring services to suit their needs.
- (c) There were now four Improving Access to Psychological Therapy (IAPT) providers, which was the largest portfolio of providers Nottingham had ever had, treating a wide range of issues.

- (d) Citizens had the choice to self-refer to these services so it was important that they were well promoted. At present 15% of patients self-referred and Nottinghamshire Healthcare Trust was striving to reach 20%. Better and more widespread promotion of the Wellness in Mind service, which was relatively new, should help to achieve this. Information regarding where services are advertised and promoted would be provided to the Board;
- (e) Increasing access targets was ambitious and the recruitment of trained therapists to increase the workforce would be challenging. Services not provided by the NHS were not seen as replacement services but as complimentary services to enhance rather than replicate the work of NHS providers. This was particularly true of the services provided by the universities for their students who access these services.
- (f) Social isolation and loneliness was a focus for a range of different bodies, particularly those concerned with safeguarding. There was an awareness of this being an issue in the City.
- (g) Nottinghamshire Healthcare Trust followed guidelines from Public Health England and believes that E-cigarettes are 95% safer than tobacco products. There was a small, unknown risk factor particularly around the flavoured varieties however the overarching advice is that E-cigarettes were a better option than normal tobacco.
- (h) It was hoped that it would be possible to establish baseline figures for smoking by people with mental health illness within the next 3 – 6 months dependant on IT solutions.

RESOLVED to

- (1) thank Dr Chris Packham for his presentation and report and to note the actions, progress and risks relating to the mental health priority of the Health and Wellbeing Strategy;**
- (2) request that Board members agree to continue to support their mental health champions to engage with the Wellness in Mind Strategy and the Health and Wellbeing Strategy mental health priority; and**
- (3) request that Board members contribute to delivery of the action plans for the mental health priority.**

63 PHYSICAL ACTIVITY, DIET AND NUTRITION AND HEALTHY WEIGHT STRATEGY

Helen Jones, Director of Adult Social Services Nottingham City Council and lead for the healthy lifestyles theme of the Health and Wellbeing Strategy and Rachel Sokal, Consultant in Public Health, presented the report outlining a strategic approach to increasing the focus and ambition for the City with regard to physical activity, obesity and diet and nutrition. They highlighted the following information:

- (a) Proposals contained within the report were discussed and developed at the Board's Development Session in December.
- (b) The proposed vision was that eating well, being active and having a healthy weight be the norm for citizens of Nottingham City. This would mean different things to different groups of people.
- (c) There were four main areas for development to achieve this goal:
 - Positive attitude and normalisation
 - Consistent messages publicised through media were needed, alongside a message of 'looking after yourself' that was accessible to all groups and communities within Nottingham.
 - Leadership and responsibility
 - There needed to be commitment from leaders across the City.
 - Schools were responding positively to their role in facilitating, for example health eating during the school day.
 - Living environment
 - Health and wellbeing organisations were looking to support activities in the home and local environment, empowering people to look after themselves and take responsibility for their own health.
 - Working and schooling environment
 - There was a need to think beyond the immediate environments of Board members.
 - There were some good examples of schools and work environments having a positive impact but these needed to be upscaled to really make a difference.
- (d) Sport England's focus was shifting away from sport and focusing more on physical activity. There were a number of new funding streams that would become available including for investment in play space and encouraging and maintaining activity levels of older adults and the elderly.
- (e) It was proposed that One Nottingham and the Health and Wellbeing Board submit a joint bid for the play space funding and Nottingham City Homes were preparing a bid for the inactivity fund to support provision of services within sheltered housing. The Board would be kept updated with these plans.

During discussion the following additional information was provided and comments made:

- (f) Liaison would take place with the voluntary sector to enable a co-ordinated approach to bidding for Sport England funding so that the bid was not at the expense of funding bids by smaller organisations.
- (g) Links existed with sport experts at the Loughborough Centre for Sport and Exercise.
- (h) Engaging the private sector in this area was crucial but a major challenge. One Nottingham had strong links with private sector representatives and this could offer opportunities. Messages to the private sector should include the benefits of having healthy employees.

- (i) Healthy choices needed to be available to people. Concerns were raised about the number of fast-food outlets and ease of access to unhealthy food choices over healthy food choices within Nottingham City; and the resources available to the Board and its partners to tackle poor dietary choices compared to the marketing budgets for fast food and sugary drinks companies.
- (j) There was evidence from previous healthy lifestyle campaigns about what worked but many of those were individual short-lived projects. It was harder to evaluate longer term sustained activity, which was required in the City.
- (k) Initiatives such as the City of Football had been successful and lessons could be learnt for future work.
- (l) There were lots of things that individual Board members could contribute towards this agenda, for example Nottingham City Homes 'swim for £1' scheme had been very successful in getting people physically active.

RESOLVED to

- (1) support the vision for being active, eating well and having a healthy weight to be the norm in the City;**
- (2) support the focus of key strategic areas to deliver this vision**
 - a. positive attitude and normalisation**
 - b. leadership and responsibility**
 - c. environment**
 - d. workplace**
- (3) support a City bid to Sport England's Local Delivery Fund.**

64 PROPOSAL FOR A SCHEME OF SELECTIVE LICENSING FOR PRIVATELY RENTED HOUSING

Graham DeMax, Housing Partnership and Strategy Manager Nottingham City Council, introduced the report about a proposal to introduce a selective licensing scheme for privately rented housing in the City and to seek the Board's views as part of the consultation process. He highlighted the following information:

- (a) The aim was to introduce a city wide scheme for licensing all privately rented houses to improve living conditions for residents and the surrounding community; drive up standards amongst poor landlords; contribute to safeguarding and protecting vulnerable individuals, many of whom live in the sector; and contribute to reducing levels of crime and anti-social behaviour.
- (b) There was already some licensing of rented housing such as houses of multiple occupation, and learning is available for the operation of this scheme. The new scheme would cover the rest of the sector not covered by existing schemes. This was likely to be approximately 30 000 properties.

- (c) The scheme would need to be approved by the Department for Communities and Local Government and a strong body of evidence was required to support the application.
- (d) Improving housing and living conditions could contribute to improving health and wellbeing. The Health and Housing Memorandum of Understanding action plan identified the private rented sector as a focus for action and the selective licensing scheme could make an important contribution to this.
- (e) The licensing scheme would place conditions on landlords regarding the management of the property and the behaviour of tenants, for example that legal tenancy agreements have to be in place.
- (f) It would be helpful if Board members could promote the consultation within their organisations and the sectors that they work.

In response to questions the following additional information was provided:

- (g) The London Borough of Newham had operated a borough-wide selective licensing scheme for the last two years. The main benefit identified so far in that borough related to reducing criminal activity. Overall the impact had been positive. Liverpool also operated a borough-wide scheme of selective licensing.
- (h) Only one application (by the London Borough of Redbridge) for an authority-wide selective licensing scheme had been made since the requirement to seek approval from the Department for Communities and Local Government had been introduced and it was turned down.
- (i) If approved it was anticipated that the scheme would be introduced from March 2018.

During discussion the following comments were made:

- (j) Concerns were raised about whether the cost of the licence fee (£600 over 5 years) would be passed on to tenants in higher rents. The Board was advised that this had been considered in the Equality Impact Assessment which had been carried out.
- (k) Nottinghamshire Police welcomed the proposal particularly in relation to supporting vulnerable individuals.
- (l) Many students living in rented housing were already covered by licensing schemes for houses of multiple occupation.
- (m) It was positive that the proposed scheme was bold and covered the whole City.
- (n) There was potential for the scheme to reduce stock availability but if that was because poor landlords left the market then that was not necessarily a bad thing.

- (o) There were risks around increasing levels of homelessness which the Housing and Health Group was aware of and needs to be managed.
- (p) Nottingham City Homes was supportive of the proposal so that private sector tenants could benefit from the same conditions as Nottingham City Homes tenants.
- (q) There was no data available on the ethnicity of landlords in the City but anecdotally it was known that a significant proportion of the Asian population were landlords and there would be a need to be mindful of the potential negative impact on some sections of the community.
- (r) Improving the quality of housing stock would contribute to ambitions within the environment theme of the Health and Wellbeing Strategy.

RESOLVED to

- (1) note the contents of the report regarding a selective licensing scheme for privately rented housing in the City;**
- (2) ask that comments made by Board members at the meeting be fed into the consultation process on the scheme of selective licensing for privately rented housing; and**
- (3) request that Board members actively contribute to the consultation process which ends on 31 March 2017.**

65 NOTTINGHAM CITY SAFEGUARDING CHILDREN BOARD ANNUAL REPORT 2015/16

Chris Cook, Chair of the Nottingham City Safeguarding Children Board, presented the Safeguarding Children Board Annual Report 2015/16 highlighting the following information:

- (a) There was a good level of commitment to safeguarding from Board members and as the independent chair he was satisfied that the Board was compliant with statutory and legal requirements.
- (b) The Board played a role in co-ordinating the activities of key partners. Examples of positive work by partners during 2015/16 included an increase in the staffing establishment of Nottinghamshire Police to create an additional team for online child sexual exploitation investigations; an increase in safeguarding training in schools; and establishment of a multi-agency sexual exploitation panel.
- (c) Learning and improvement came from Serious Case Reviews and identified lessons were passed on to frontline colleagues.

- (d) One of the key themes from Serious Case Reviews was the importance of having a culture of professional curiosity. A short animation had been produced to promote this and change the mindset when children are not present at planned appointments from recording 'Did Not Attend' to 'Was Not Brought' and to consider the potential safeguarding implications of this.
- (e) During 2015/16 there was a 44% reduction in child deaths. A high percentage of child deaths were natural deaths but there could still be important lessons to be learnt.
- (f) Quality assurance work was carried out including audits of case files.
- (g) Domestic violence was often closely aligned with child abuse and it was important to have strong links between those workstreams.
- (h) The Board's focus for 2016/17 was on similar issues to 2015/16 and there was an action plan for the year.

During discussion the following comments and additional information was provided:

- (i) There was a risk that partners reinforce their own thinking and ways of working and as a result things get missed. Having an independent chair of the Board provided some reassurance about this but other reassurance comes from OFSTED and external triangulation of information. There was an East Midlands Peer Forum and peer reviews could be commissioned if necessary.
- (j) There were relatively high proportions of children in care and subject to protection plans in the City compared to nationally, but Nottingham is at the lower end of the scale when compared to statistical neighbours.
- (k) As well as learning lessons from Serious Case Reviews in the City, lessons are also learnt from Reviews carried out in other areas of the country.

RESOLVED to

- (1) note the Nottingham City Safeguarding Children Board Annual Report 2015/16; and**
- (2) request that Board members consider any issues arising from the Annual Report and provide any comment and feedback to the Nottingham City Safeguarding Children Board.**

66 NOTTINGHAM CITY SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2015/16

Malcolm Dillon, Chair of the Nottingham City Safeguarding Adults Board, presented the Safeguarding Adult Board Annual Report 2015/16 highlighting the following information:

- (a) Having recently split from the Safeguarding Children Board, the Safeguarding Adults Board was relatively new and there were still strong interconnections between the two Boards.
- (b) 2015/16 was the first year in which the Safeguarding Adults Board operated on a statutory basis under requirements of the Care Act.
- (c) The key agencies involved with the Board were Nottingham City Council, NHS Nottingham City Clinical Commissioning Group and Nottinghamshire Police but other partners were also involved.
- (d) A role of the Board was to seek assurance on safeguarding in the City, working together and holding partners to account.
- (e) The Board tried to make safeguarding personal and encourage a focus on achieving the outcomes that people want.
- (f) Many victims were in vulnerable situations either in their own home or in a care setting.
- (g) Following the introduction of the Care Act there had been a significant increase in safeguarding referrals which reflected patterns seen across the country with higher levels of awareness about adult safeguarding issues. Levels of referrals did stabilise during the year but they were still higher than in the period before the Care Act. There was scope for agencies to do more themselves before they made a referral.
- (h) Most safeguarding concerns related to people over the age of 60 but there had been an increase in the number of concerns related to younger adults. Most concerns related to white people but this proportion was decreasing. Neglect is the most common reason for a referral.

During discussion the following comments and additional information was provided:

- (i) There hadn't been any Safeguarding Adult Reviews commissioned since September 2015 although some of those reviews were still ongoing. There had been successful outcomes from recent reviews relating to Autumn Grange and modern slavery.
- (j) There was a prioritisation system for Deprivation of Liberty Safeguards because it wasn't possible to look at all of those received. This was a nationally recognised problem which was being reviewed nationally. There would be a report to the Safeguarding Adults Board to provide assurance on this issue.
- (k) The Board did not have a high level of dedicated resource so it was important that individual organisations provided support.
- (l) 2015/16 was the first year of a three year strategy and the priorities for 2016/17 would continue the work started in 2015/16.

RESOLVED to

- (3) note the Nottingham City Safeguarding Adults Board Annual Report 2015/16; and**
- (4) request that Board members consider any issues arising from the Annual Report and provide any comment and feedback to the Nottingham City Safeguarding Adults Board.**

67 HEALTH AND WELLBEING BOARD FORWARD PLAN

RESOLVED to note the Health and Wellbeing Board Forward Plan 2016/17.

68 BOARD MEMBER UPDATES

In addition to the written updates circulated with the agenda, Board members highlighted the following information:

- (a) Maria Ward, Third Sector representative, reported that the Third Sector had been engaged in development of the Sustainability and Transformation Plan and were supporting an additional engagement event being held for voluntary sector organisations.
- (b) Martin Gawith, Healthwatch Nottingham Chair, reported that Healthwatch Nottingham had been undertaking a piece of work relating to the challenges within primary care services in the City and specifically those faced by inner city general practice. An interim report had been presented to the Nottingham City Health Scrutiny Committee on 19 January.
- (c) Alison Michalska, City Council Corporate Director for Children and Adults, reported that OFSTED was currently in the City Council piloting reinspection of children's services.
- (d) Alison Challenger, Director of Public Health, reported that the City Council had approved the Alcohol Declaration at its meeting on 16 January and it would come back to the Health and Wellbeing Board in due course with a partner/ stakeholder perspective.

69 MINUTES OF THE HEALTH AND WELLBEING BOARD COMMISSIONING SUB COMMITTEE MEETING HELD ON 14 DECEMBER 2016 (DRAFT)

RESOLVED to note the draft minutes of the Health and Wellbeing Board Commissioning Sub Committee meeting held on 14 December 2016.

70 NEW JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) CHAPTER - ADULTS WITH PHYSICAL AND SENSORY IMPAIRMENTS

RESOLVED to note that a new Joint Strategic Needs Assessment chapter on Adults with Physical and Sensory Impairments had been published.

71 NEW JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) CHAPTER - CHILDREN AND YOUNG PEOPLE SPECIAL EDUCATIONAL NEED AND DISABILITY

RESOLVED to note that a new Joint Strategic Needs Assessment chapter on Children and Young People Special Educational Need and Disability had been published.

72 NEW JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) CHAPTER - REDUCING UNPLANNED TEENAGE PREGNANCY AND SUPPORTING TEENAGE PARENTS

RESOLVED to note that a new Joint Strategic Needs Assessment chapter on Reducing Unplanned Teenage Pregnancy and Supporting Teenage Parents had been published.

HEALTH AND WELLBEING BOARD

29 MARCH 2017

	Report for Resolution
Title:	Health and Wellbeing Strategy 2016-2020. Healthy Culture Report
Lead Board Member(s):	Marcus Bicknell
Author and contact details for further information:	Uzmah Bhatti, Insight Specialist (Public Health), Strategy and Resources, Nottingham City Council uzmah.bhatti@nottinghamcity.gov.uk
Brief summary:	This report provides the Board with information on strategic developments in relation to the Healthy Culture Outcome of the Health and Wellbeing Strategy 2016-2020.

Recommendation to the Health and Wellbeing Board:

The Health and Wellbeing Board is asked to:

- a) note the contents of this report and consider what actions Health and Wellbeing Board members can take together to progress the Healthy Culture Action Plan.

Contribution to Joint Health and Wellbeing Strategy:

Health and Wellbeing Strategy aims and outcomes	Summary of contribution to the Strategy
Aim: To increase healthy life expectancy in Nottingham and make us one of the healthiest big cities	This report provides the Board with information on strategic developments in relation to the Healthy Culture outcome of the Health and Wellbeing Strategy 2016-2020.
Aim: To reduce inequalities in health by targeting the neighbourhoods with the lowest levels of healthy life expectancy	
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 citizens 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	

How mental health and wellbeing is being championed in line with the Board's aspiration to give equal value to mental and physical health

Reablement, delayed transfers of care and integration all cover mental health needs as well

as physical health requirements.

Financial resilience improves circumstances that may otherwise cause mental health related issues, also looks at issues that arise as a result of mental illness.

Assistive technology promotes independence which in turn enhances wellbeing of citizens and their carers.

Looking After Each Other plans to integrate mental health into the model.

LION online directory provide access to information around services and support cover physical and mental health needs.

Background papers:

Documents which disclose important facts or matters on which the decision has been based and have been relied on to a material extent in preparing the decision. This does not include any published works e.g. previous Board reports or any exempt documents.

None

Health and Wellbeing Strategy 2016-2020 Outcome Progress Highlight Report

Completed by:	Uzmah Bhatti	Reporting period:	From:	September 2016	To:	March 2017
Board meeting:	29 th March 2017	Next meeting at which this Priority Outcome will be discussed:		November 2017		

Priority Outcome: 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

Themes:

1. **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**
2. **Individuals and groups will have confidence to make healthy life choices and access services at the right time to benefit their health and wellbeing**
3. **Citizens will have knowledge of opportunities to live healthy lives and of services available within communities**
4. **We will reduce the harmful effect of debt and financial difficulty on health and wellbeing**

For information

Key Progress to bring to the Board's attention:

Progress on metrics in this reporting period:

1. Increase in effectiveness of reablement .

The integrated reablement and urgent care services are now operational; this means that flexibility of the service offer ensures that citizens receive a level of intervention to meet their individual needs.

Challenges and Concerns

Whilst the commissioning budget for reablement and urgent care services is a joint budget (via the BCF pooled budget) the provider budget and contracting arrangements remain separate. This is limiting the level of integration at a provider level despite an operating model being agreed.

Potential actions and support

A review of the integration of these services is being planned and a paper will be presented to the Health and Wellbeing Sub- committee. This will present options for future commissioning to drive more successful integration.

2. Reduction in delayed transfers of care.

Quarter 3 saw an improvement in performance led by a reduced number of days delayed being recorded at the both the main acute and mental health providers within the locality. Significant work on discharge pathways has been

	<p>undertaken to help deliver this improvement in performance.</p> <p>3. A decrease in the percentage of citizens who report, through the Citizen Survey, that they struggle to keep up with bills and credit commitments.</p> <p>This will be measured through the Citizen Survey. Figures for the latest survey are still being finalised and as such there is no data available.</p> <p>4. An increase in the percentage of citizens who report, through the Citizen survey, that they know where to go for advice, help and support if they are experiencing financial hardship.</p> <p>This will be measured through the Citizen Survey. Figures for the latest survey are still being finalised and as such there is no data available. This will be the first year of reporting on this measure and as such, 2017/18 results will set a benchmark.</p> <p>5. PHOF – Children in low income families (all dependent children under 20)</p> <p>Recent updates on PHOF set the current figures as 33.6% of children live in low income families; this is an increase from the previous year (31.6%).</p>
<p>Key progress on delivery of action plans themes in this reporting period</p>	<p>1. Assistive Technology</p> <p>The provision of assistive technology is a key element of social care and health integration plans. There are now over 8,000 citizens who have an assistive technology package in their home, with an additional 4,000 citizens with a simple pendant alarm. From January 2017 the separate assistive technology services – Telecare and Telehealth – were integrated into a single Assistive Technology Service delivered through Nottingham on Call, Nottingham City Homes. This means a single contact point for all enquiries therefore less duplication and confusion for citizens and professionals. The integrated Service provides all installation and monitoring as well as training, advice and information. There are still further developments to be carried out and take up initiatives to deliver, for example increasing take up for those with mental health issues and from BAME communities. However the establishment of a single Service is seen as a success and should be celebrated.</p> <p>2. Looking After Each Other/ Self Care</p> <p>Bulwell and Bulwell Forest self care pilot completed 30th January. Final evaluation underway (external evaluators) and draft report due by end of March 2017. Sign off and headline evaluation findings due to be presented to Integrated Care Board in May. Social Prescribing was an early success and City wide primary care roll out completed March 2017. Next steps to integrate mental health into the model and increase access outside of primary care.</p> <p>3. LION – Online directory</p> <p>Background</p> <ul style="list-style-type: none"> • Meets a statutory requirement of the Care Act 2014 to have a comprehensive on-line directory of information, advice and guidance for citizens • Part of our overall strategy to reduce demand on care services – as a key purpose of it is to actively promote self-care

- Stand-alone website, developed jointly with the CCG, containing children and adults health, social care and activities
- The amalgamation of four online directories
- Funded by the CCG and NCC

Vision

Short term:

- Web based health and social care directory to bring together a variety of services available to Nottingham citizens
- Developing an 'app' type product

Long term:

- LiON becomes a citizen hub, recognised and advertised.
- LiON will contain local information as well as health and social care information – therefore citizens are familiar with the layout before they hit crisis
- LiON will become sustainable (or certainly help towards its costs) by providing advertising space for 'safe' businesses.
- LiON continue to grow and evolve as more businesses are added

Current Position

- Currently live for children's and providers to register the details
- Target for 17/18 was to have 500 providers registered, currently we have 1000 providers registered
- Will go live for citizens spring/summer

4. Financial Resilience

A recent Health and Wellbeing Board development session focussed on the links between poverty and health. The main issue to note from the session is that people are accessing advice services, which we know to be effective, only when they are in crisis. If people accessed advice services earlier, a good deal of this crisis could be avoided, including the significant negative effects of poverty on health. It was noted that there needs to be better awareness among frontline staff of the signs of financial hardship and where to refer people to services that can support them when they are in financial difficulty.

5. Integrated H&SC Point

Citizen Advice Service went live in January 2017. This service element delivers an advisor manned telephone service in response to citizen's requests to be able to speak to a person to ease navigation through the health and social care options offered by this service. The model is designed to ease future integration of mental health. Metrics agreed to measure effectiveness in terms of reduced hand-offs.

6. Next phase integration

There has been significant progress made in the City within Adult Integrated Care. Successes include the creation of the Care Delivery Groups bringing together services in neighbourhoods, the integration of the reablement and urgent care services and a revised Health and Care Point for simpler access and navigation to services. We will build on these achievements to take integration to the next phase which will include joint prioritisation of resources, avoiding duplication of commissioning of services and targeting of resources to meet shared priorities and outcomes. In order to deliver this next phase of integration a new commissioning model will be needed. This will involve an alliance agreement between commissioners and providers to overlay traditional commissioning contracts. This next phase of integration in the City

	is seen as a stepping stone towards the longer term delivery of the Greater Notts Plan.
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Amendments to the action plans (report appendices) **the uptodate action plans will be included as appendices.**

	None at this time
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For consideration/discussion

Key risks and issues (these can form the basis of specific recommendations to the board on the coversheet so that the recommendations are points of action relating to things we need the boards support with to deliver the action plans).

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Other points for the attention of the Board.

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Healthy Culture 2016/17 Action Plan

Version Control			
Version	Date	Change Details	Author
0.1	26.10.16	New template populated	Helene Denness
0.2	21.12.16	Reablement targets added Assistive technology - Missing target group added Version Control added	Uzmah Bhatti
0.3			
0.4			
0.5			
0.6			
0.7			
0.8			

Distribution	
Version	Name
0.1	'Rachel.Jenkins@nottinghamcity.nhs.uk'; 'Joanne.Williams@nottinghamcity.nhs.uk'; 'dave.miles@nottinghamcity.nhs.uk'; Karla Banfield <Karla.Banfield@nottinghamcity.gov.uk>; Peter Morley <Peter.Morley@nottinghamcity.gov.uk>; Chris Wallbanks <Chris.Wallbanks@nottinghamcity.gov.uk>; Steve Thorne <Steve.Thorne@nottinghamcity.gov.uk>Bicknell Marcus <Marcus.Bicknell@gp-c84704.nhs.uk> (Marcus.Bicknell@gp-c84704.nhs.uk) Maria Ward <maria.w@nottinghamcvs.co.uk>
0.2	

Priority Action: 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

Headline measures / metrics	Metric/ KPI (inc. source and definition)	Baseline	Target			
			16/17	17/18	18/19	19/20
Page 24	Increase in effectiveness of reablement	66.7%	4%	These targets are developed each year, based on performance, as part of the BCF planning process. To set targets outside of this process is inappropriate.		
	Reduction in delayed transfers of care	13,466 (No delayed days)	0.5%			
	A decrease in the percentage of citizens who report, through the Citizen Survey, that they struggle to keep up with bills and credit commitments.	28%	26%	24%	22%	20%
	An increase in the percentage of citizens who report, through the Citizen Survey, that they know where to go for advice, help and support if they are experiencing financial hardship.	New question in survey will establish baseline	tbc	tbc	tbc	tbc
	PHOF 1.01i– Children in low income families (all dependent children under 20)	31.6%	29.4	27.2	25.0	22.8
Priority Groups	<p>Older people, people with physical and/or learning disabilities, people with long-term conditions, mental health problems and/or dementia and those living in deprived households.</p> <p>The Citizen Survey report 2015 identifies areas of the City that have the highest percentages of citizens ‘struggling to keep up’ financially. Locality based interventions will be focussed in the areas of the highest need.</p> <p>Area 1: 33.2% Area 2:27.9% Area 3:33.9% Area 4:26.6% Area 5:26.0% Area 6: 29.0% Area 7:12.5% Area 8:22.3%</p> <p>Cohorts especially negatively affected by financial vulnerability include:</p> <ul style="list-style-type: none"> • Citizens with mental health issues • Families • Citizens with physical disabilities, sensory disability, learning disabilities and/or chronic illness 					

	<ul style="list-style-type: none"> • Refugees and asylum seekers • Elderly citizens • Citizens with drug and alcohol misuse issues • Young people • Care leavers • Citizens with experience of intimate partner abuse • Job seekers and/or citizens in work and on low pay/in insecure employment • Users of health and social care services • Ex-offenders
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Action	Milestone	Success measure	Year				Lead Officer
			16/17	17/18	18/19	19/20	
Theme 1: 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.							
Development of a shared outcomes framework to ensure that we are all working to improve citizen outcomes.	<p>Partners, including those in the VCS, identified and working group established.</p> <p>Outcomes framework agreed.</p> <p>Framework adopted by identified partners.</p>	<p>Framework in place contract management focused on monitoring outcomes with less focus on activity.</p>	✓				Clinical Commissioning Group
Work with HEE to create a sustainable workforce to support integration and community care.	<p>Workforce plan in place and linked to Integrated Care Strategy.</p> <p>Personalisation lead in post, to lead on improved outcomes for citizens.</p> <p>Core Competency training programme in place to upskill Practitioners at all levels within adult social care.</p> <p>New business processes implemented along with new social care computer system. Accessible Information</p>	<p>Reduced vacancies in community services</p> <p>Reduced agency spend</p> <p>'Holistic worker' model established with Practitioners working across health and social care.</p> <p>Attractive career pathways for staff at all levels with opportunities for progression.</p>	✓	✓	✓	✓	NCC (Adults' Social Care)

Action	Milestone	Success measure	Year				Lead Officer
			16/17	17/18	18/19	19/20	
	Standards implemented to ensure practitioners can seek support to convert information for citizens.						
Implementation and development of a Making Every Contact Count (MECC) programme across partner organisations to enable identification, brief advice and referral (inc. healthy lifestyles and self-care).	<p>Agree strategy and identify named link workers in sectors outside of health and social care such as fire and rescue, police, third sector organisations including VAPN and CYPN and develop processes to incorporate self-care actions into care planning.</p> <p>Resources identified and in place.</p> <p>Training delivered to relevant staff and programme begins.</p>	<p>Strategy in place and increased involvement from relevant agencies in multi-disciplinary team process.</p> <p>Delivery plan signed-off.</p> <p>Increase in number of contacts to lifestyles services from agencies identified.</p>	✓	✓	✓	✓	Clinical Commissioning Group
Multi-disciplinary teams will include mental health support.	<p>Development of training programme for identified staff.</p> <p>Implementation of support .</p>	<p>Citizens experience well-coordinated care from a team who are aware of each other's interventions.</p> <p>Citizens only tell their story once.</p> <p>Care plan will include actions for physical and mental health where appropriate.</p>	✓	✓	✓	✓	Clinical Commissioning Group
Continue to implement fully integrated reablement and urgent care services to	A reablement service offering the right level of care support and appropriate clinical interventions is accessible to citizens when they need it.	<p>70% of citizens will increase their ADL outcome measure score on exit from the service.</p> <p>All 'supported' transfers of</p>	✓				Clinical Commissioning Group

Action	Milestone	Success measure	Year				Lead Officer
			16/17	17/18	18/19	19/20	
support citizens to be as independent as possible.	Teams will be relocated with joint operational processes in place. Access to the service will be through the community triage hub only to ensure appropriate utilisation of the service.	care from NUH will access reablement (unless there is a recorded reason for exclusion). Alliance agreement in place to support service delivery through the Joint venture.	✓ ✓	✓	✓	✓	
Children's Health and Social Care Integration for 0-19 year olds.	Development of an Integrated service specification. Pathway of services and interventions agreed with partners. Procurement of integrated service by April 2018. Delivery of integrated service.	The functions of the Health Visiting Service, Family Nurse Partnership, School Nursing Services, Breastfeeding Peer Supporters, the Children's Nutrition Team and the Early Help Service have been incorporated into integrated teams.	✓	✓	✓	✓	Nottingham City Council
Integration of messages between health and care.	Production of joined-up communications with Nottingham City CCG and the VCS via VAPN and CYPN on the integrated care agenda.	Successful delivery of shared messages through local channels.	✓	✓	✓	✓	Nottingham City Council
Theme 2: Individuals and groups will have confidence to make healthy life choices and access services at the right time to benefit their health and wellbeing.							
Rollout of the self-care approach across the city based on the model and learning from the Bulwell & Bulwell Forest Self-Care Pilot.	Complete evaluation of pilot to inform roll-out. Establish strategy for city-wide roll-out defining which of the following elements will be used and where: <ul style="list-style-type: none"> • Social Prescribing • Community Navigators 	Evaluation report and recommendations published Strategy agreed	✓	✓			Nottingham City Council and Clinical Commissioning Group

Action	Milestone	Success measure	Year				Lead Officer
			16/17	17/18	18/19	19/20	
	<ul style="list-style-type: none"> • Web-based Self-Care Directory • Self-Care hubs to access directory • Community Clinics <p>Agreement and sign-up of partners to rollout plan</p> <p>Implementation</p>	<p>Delivery plan in place</p> <p>Increase use of social prescribing in targeted areas, increase in use of self-care hubs and directory</p>		✓		✓	
<p>Deliver an annual Be Self-Care Aware campaign across Nottingham City to promote the National Self-Care Week.</p> <p>Page 28</p>	<p>Awareness raising and information materials agreed and produced in accessible formats.</p> <p>Implement Self-assessment tool (online or app) available to enable citizens to identify areas of their lifestyle that could benefit from adopting self-care practices.</p> <p>Calendar of community events established to provide information, advice and support and encourage self-care.</p>	<p>Increased citizen awareness and understanding of self-care. self-care is contributing to citizens leading a healthier lifestyle.</p> <p>Self-care is contributing to citizens managing long term conditions.</p>	✓	✓	✓	✓	Clinical Commissioning Group
<p>VCS organisations will have an understanding of the self-care agenda and how they can contribute to the integrated care</p>	<p>Development of regular training to ensure that VCS are kept informed</p> <p>Delivery of Training for VCS on MECC and self-care</p> <p>Links established to community navigators project</p>	<p>Via the VAPN and CYPPN organisations will receive up to date information on the agenda and regular information to inform contribution to the integration / self-care agenda.</p>	✓				Nottingham Community and Voluntary Sector

Action	Milestone	Success measure	Year				Lead Officer
			16/17	17/18	18/19	19/20	
agenda.	and community clinics.						
VCS organisations will be aware of where they can find out about local services.	Promotion of the self-care Nottingham website, NCVS database and the proposed Nottingham City Council city wide directory.	VCS organisations are aware of local services and are directing citizens to the appropriate service.	✓	✓	✓	✓	Nottingham Community and Voluntary Sector
VCS Organisations will refer to local services, such as lifestyles services, on behalf of their clients.	VCS organisations will work with local services to implement measures to enable them to track the progress of clients referred to other services. Development of sector wide tracking system to help particularly smaller organisations monitor the number of referrals and track client progress.	Tracking shows sustained increase in referrals from VCS to local services. Access to these services enables citizens to make positive changes to their lifestyle. Increase in referrals from VCS to local services such as lifestyles services.	✓	✓ ✓	✓ ✓	✓ ✓	Nottingham Community and Voluntary Sector
Provision of an up-to-date web based directory of activity that is the "citizen hub".	Web based directory is developed which is accessible including printed versions, audio, translated, easy read etc.	Web based directory in place and accessed regularly. The number of unique hits increase year-on-year.	✓	✓ 10,000	✓ 20,000	✓ 30,000	Nottingham City Council

Action	Milestone	Success measure	Year				Lead Officer
			16/17	17/18	18/19	19/20	
Encourage providers, citizens and workforce to populate, rate and use the online directory.	Use of Google analytics will show usage by citizens from different demographic groups establishing equitable access.	700 adult social care providers are signed up to the directory by 19/20	Establish baseline	500	600	700	Nottingham City Council
	The majority of providers will be registered within 2 years.	500 health care providers are signed up to the directory by 19/20		300	400	500	
	Additional providers will come in to the market but there will be some net movement.	800 number of other providers of services signed up to directory by 19/20	Establish baseline	600	700	800	
Provide accurate and up to date information to enable citizens to self-manage a range of needs and empowering them with healthy choices.	Establishment and promotion of the directory	Percentage of citizens stating that as a result of the information they were empowered to manage their situation better by 19/20. Percentage of providers stating that as a result of the directory they were able to sell their services to the right people. Percentage of the workforce stating that as a result of the directory they were able to offer up to date, valuable and worthwhile advice to citizens.	Establish baseline	✓	✓	✓	Nottingham City Council

Action	Milestone	Success measure	Year				Lead Officer
			16/17	17/18	18/19	19/20	
Establish an integrated citizen triage function to support access to appropriate support.	A metric is developed and piloted that identifies and records service 'hand-offs'.	Reduced 'hand offs' between services Citizens only tell their story once and receive the right support at the right time.	✓	✓	✓	✓	Clinical Commissioning Group
Expand the use of assistive technology to support proactive care.	Increase in referrals for assistive technology services for priority groups:- <ul style="list-style-type: none"> To prevent a hospital admission / support a timely discharge; To prevent / delay residential care admissions; Adults with long term conditions; Adults with dementia; Adults with learning disabilities. Disabled young people High levels of user/carer satisfaction evidenced by evaluation.	There is a sustained increase in the number of citizens being supported by assistive technology.	8,615	10,115	11,615	13,115	Nottingham City Council
		There is an increase in the satisfaction ratings from citizens and their carers who use assistive technology.	85%	87%	89%	90%	
Theme 3: Citizens will have knowledge of opportunities to live healthy lives and of services available within communities							
Promote campaigns on Healthy Lifestyles and Mental Wellbeing.	Delivery of campaigns to give citizens knowledge and tools to make the right decisions to have a healthy culture.	Successful delivery of campaigns through local channels	✓	✓	✓	✓	Nottingham City Council
Clear and consistent messages.	Agree key messages and key lines-to-take with the Health and Wellbeing Board	Clear, signed-off agreed messages on all aspects of health and wellbeing	✓	✓	✓	✓	Nottingham City Council

Action	Milestone	Success measure	Year				Lead Officer	
			16/17	17/18	18/19	19/20		
	Key spokespeople identified to speak on topics related to health and wellbeing.	Spokespeople identified	✓	✓	✓	✓	Nottingham City Council	
Signposting to relevant help, advice and support.	Ensure there is clear information on public website and through leaflets and social media including in easy read formats.	Easy access to information for children, adults and older people	✓	✓	✓	✓	Nottingham City Council	
Communities will work together to challenge stigma around mental health, disability and other protected characteristics.	Participation in national campaigns and initiatives such as <i>Time to Change</i> ..	Time to Change campaign takes place on an annual basis	✓	✓	✓	✓	Nottingham City Council	
		HWB members support weeks of action such as learning disability week	✓	✓	✓	✓		
Communities will work together to develop a healthy, inclusive culture that is adapting to the needs of different citizens.	Nottingham works towards <i>Autism Friendly</i> city status identifying opportunities where actions will also contribute to <i>Dementia Friendly, Age Friendly</i> etc. Development of local initiatives using a social movement approach. 'Safe places' scheme expanded. The number of dementia friends and dementia champions across the city increase.	Nottingham develops a reputation as a healthy, inclusive community	✓	✓	✓	✓	Nottingham City Council	
		Nottingham achieves 'Autism Friendly' status		✓	✓	✓		
				✓	✓	✓		✓
				✓	✓	✓		✓
Theme 4: We will reduce the harmful effect of debt and financial difficulty on health and wellbeing								
Develop a Financial Resilience	Identify key stakeholders including, NCC, CCG and VCS representatives, to be part of		✓				Nottingham City Council	

Action	Milestone	Success measure	Year				Lead Officer
			16/17	17/18	18/19	19/20	
Strategy and Action Plan	the group to drive the creation of the strategy	There will be a coherent and joined up strategy and action plan in place to improve financial resilience in Nottingham City. This will have been signed off by and be governed via the Health and Wellbeing Board.					
	Commitment and resources secured to progress the development of the plan		✓				
	Priorities for action identified with SMART actions for implementation		✓				
	Partners signed up to plan. Strategy and plan are dynamic and responsive to priority needs and issues arising from communities and the local financial resilience groups		✓				
Implement a shared approach to accessing and assessing for financial vulnerability for advice services in Nottingham.	Develop shared assessment approach with providers	Citizens and professionals report that they know how to access financial resilience services across the City and that there is a consistent approach from services to assessing and dealing with citizens' need.	✓				Nottingham City Council
	Roll out shared assessment methodology across advice services in Nottingham		✓				
	All providers using shared assessment process with standardised quality, processes and positive outcomes for citizens across advice services in Nottingham		✓				
	Analysis work to scope the feasibility, practicality , potential benefits and timescales of implementing a shared telephone number and access arrangements for advice services in Nottingham.			✓			
Introduce new approaches to help prevent or intervene sooner against financial	Develop and agree proposals to use Transformation Challenge Fund and reinvestment monies to reduce the occurrence and/or severity	Evaluation indicates that people have been helped to avoid the occurrence or escalation of financial difficulty through access to	✓				Nottingham City Council

Action	Milestone	Success measure	Year				Lead Officer
			16/17	17/18	18/19	19/20	
difficulty	of financial difficulty. Examples (to be agreed) include: <ul style="list-style-type: none"> • Training for frontline staff (e.g. from health services, social care, support for families and VCS) to aid earlier detection and support • Preventative courses or other advice / information for citizens at risk • Locating advisors within other services including VCS 	preventative advice and support					
	Implement proposals			✓			
Develop locality based services in communities to serve specific local needs Page 34	Groups will have been supported to identify funding to: increase uptake of debt and advice services, increase citizen income, increase awareness of affordable credit, increase financial capability education, support citizens to save, mitigate the impact of the switch to Universal Credit and support the cohorts of citizens most at risk of financial vulnerability.	Increased successful activity in locality areas with higher need evidence through the annual report. Fairer access to assistance in line with need across the City		✓			Nottingham City Council

Assistive Technology Service

A carers story – “Go for it”.

This is the story of Pam and her father Jasper, and how equipment from the Assistive Technology Service is keeping Jasper safe and enabling Pam to be more active in her community and consider going back to work as well as providing reassurance.

Jasper is 90 and is in poor health. A few years ago he had a heart attack which requires him to have lots of medication. Jasper also has poor vision and hearing. 2 years ago Jasper was diagnosed with Alzheimers and started to forget things. At this time Jasper was living in his own property but had started to have regular falls. After one such fall Jasper ended up in hospital and it was felt he could no longer cope on his own so it was decided that he should move in with Pam.

Pam is one of Jaspers six children and his main carer with her sister Annette also providing some help. Pam was working as a community carer but gave up this role in order to look after Jasper full time. Pam was providing care full time which took all her time and energy.



She was not aware of assistive technology until it was suggested by an occupational therapist who called to carry out an assessment in July 2016. Following the assessment a range of equipment was provided:-

-> Bed occupancy sensor which is programmed to raise an alert if Jasper is not back in bed within an hour, also a chair sensor;

-> movement sensors which raise an alert if Jasper goes into the bathroom and doesn't return within an hour;

-> A wrist worn pendant alarm – although Jasper hasn't the capacity to use this he won't allow it to be taken away as provides him with reassurance;

All these are linked to a care alarm which dials Nottingham on Call, Nottingham City Homes, if any alerts are raised and Nottingham on Call contact Pam or Annette.

-> A movement sensor has also been linked to a pager Pam carries around when she is home so that she is alerted when Jasper has left his bed so she can keep an eye out for him;

-> Finally a keysafe has been installed outside the property which enables the care provider to enter the house when Pam is out.

With the equipment in place it enables Jasper to have some degree of independence in going to the toilet and moving around as he is able but provides Pam with the reassurance that if he should fall she will be alerted and it will prevent the need for ambulances to be called and Jasper going into hospital again. With the reassurance now about Jaspers safety and not needing to rush around after him Pam felt able to get back to work and be more active in her community. She started a company called Interactive Talk Motivation Service and Project Empathy – a social awareness / community helping project which involves people from all walks of life to step forwards and share how they feel about important social issues including dementia.

Pam feels there is not enough awareness about assistive technology out there, especially in the Black and Asian (BAME) communities, partly because of language and cultural issues. Pam therefore wants to work with the Assistive Technology Service in promoting the service and how it can benefit communities using her own story as an example, including promoting on Radio Dawn, a Nottingham community radio station.

The message about the equipment and service was emphasized by Jaspers formal carer – Anthony from Springs of Joy Care Solutions. He recalls one lady who lives alone and on 3 occasions has pressed her alarm as she had fallen on the floor and Nottingham on Call were able to alert the agency so go around and help her up.



Pam would thoroughly recommend the Assistive Technology Service and has this key message “Go for it – put your mind at ease with the security of knowing that your loved one will be safe”.

HEALTH AND WELLBEING BOARD

29 MARCH 2017

	Report for Resolution
Title:	Nottingham City Council Declaration on Alcohol
Lead Board Member(s):	Alison Challenger, Director of Public Health
Author and contact details for further information:	Joanne Morling, Acting Consultant in Public Health Nottingham City Council joanne.morling@nottinghamcity.gov.uk
Brief summary:	Nottingham City Council approved the signing of the Local Authority Declaration on Alcohol in January 2017. The Board is asked to further support the Declaration through their organisations taking the lead and signing up to the Declaration.

Recommendation to the Health and Wellbeing Board:

The Health and Wellbeing Board is asked to:

- a) endorse and support the Nottingham City Council Declaration on Alcohol as a Board; and
- b) on behalf of its organisations, consider and sign the Nottingham City Council Declaration on Alcohol.

Contribution to Joint Health and Wellbeing Strategy:

Health and Wellbeing Strategy aims and outcomes	Summary of contribution to the Strategy
Aim: To increase healthy life expectancy in Nottingham and make us one of the healthiest big cities	Alcohol is associated with a range of health and social issues and people from more deprived communities are disproportionately affected by alcohol related harm. Compared to the national average Nottingham has higher rates of alcohol related hospital admissions and more people die aged <75 from liver disease. Supporting the Local Authority Declaration on Alcohol will contribute to tackling these issues – directly supporting Aims 1 and 2.
Aim: To reduce inequalities in health by targeting the neighbourhoods with the lowest levels of healthy life expectancy	
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 citizens 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	
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How mental health and wellbeing is being championed in line with the Board's aspiration to give equal value to mental and physical health
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<p>Prevalence of mental health problems is higher in those who are alcohol dependent and it may be that people with mental health problems use alcohol as a form of self-medication. The harms from alcohol are felt more by those living in deprived communities and these communities are also known to have lower levels of mental well-being. The Declaration includes a number of commitments to reducing the harms from alcohol that could be associated with improvements in mental health and wellbeing and in physical health both for the wider local population and for those living in our most deprived communities.</p>

Background papers:	None
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<p><i>Documents which disclose important facts or matters on which the decision has been based and have been relied on to a material extent in preparing the decision. This does not include any published works e.g. previous Board reports or any exempt documents.</i></p>	None
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Nottingham City Council Declaration on Alcohol

Director: Alison Challenger (Director of Public Health).

Report author(s) and contact details: Joanne Morling. Acting Consultant in Public Health. Nottingham City Council. Joanne.morling@nottinghamcity.gov.uk.

SUMMARY

At the Council meeting held on 16th January 2017, Nottingham City Council approved the signing of the Local Authority Declaration on Alcohol. The declaration is a statement about the Local Authority's commitment to reducing the harms from alcohol and is a pledge to take evidence-based action. It is intended that the commitments made in the declaration will result in action across the health and social care system.

The Health and Wellbeing Board are asked to further support the declaration through their endorsement of the Declaration, and through their organisations taking the lead and signing up to the declaration.

RECOMMENDATION

The Health and Wellbeing Board is asked:

- a) As a Board to endorse and support the Nottingham City Council Declaration on Alcohol
- b) On behalf of their individual organisations, to consider and support signing the Nottingham City Council Declaration on Alcohol.

1. Reasons for recommendations

Following approval of the Nottingham City Council Declaration on Alcohol on 16th January 2017 the Health and Wellbeing Board is asked to consider and sign up to the declaration. In supporting the declaration the Board will be demonstrating cross organisational support for the commitments laid out in the declaration, making a collective statement about the importance of alcohol harm both locally and nationally.

The declaration commits the LA and other signatories to:

- Influence national government to take the most effective, evidence-based action to reduce alcohol harm, particularly via the introduction of greater regulations around the price, promotion and availability of alcohol;
- Influence national government to rebalance the Licensing Act in favour of local authorities and communities, enabling local licensing authorities to control the number, density and availability of alcohol according to local requirements;

- Develop evidence-based strategies and commissioning plans with our local communities and partners including the local NHS Acute Trust, Clinical Commissioning Groups and the Police;
- Ensure that public health and community safety are accorded a high priority in all public policy-making about alcohol;
- Make best use of existing licensing powers to ensure effective management of the night-time economy;
- Raise awareness of the harm caused by alcohol to individuals and our communities, bringing it closer in public consciousness to other harmful products, such as tobacco.

2. Background

The importance of tackling alcohol misuse has been previously presented to the Board (28th September 2016). In brief, alcohol misuse is a major cause of ill health contributing to more than 60 diseases, crime and loss of productivity⁵. There is also evidence that the harms from alcohol are felt disproportionately by more deprived communities. In Nottingham City, in terms of health outcomes, alcohol related hospital admissions are higher than the national average and are also high in comparison to other core cities⁶.

3. Other options considered in making recommendations

The declaration supports a number of existing plans and strategies already in place to support minimising the harms from alcohol. A toolkit to support signatories is in preparation and once commitment from local leaders has been achieved there are plans to engage other organisations and businesses in Nottingham City to sign up to the declaration.

4. Published documents referred to in compiling this report

1. Coulthard, M. Farrell, M. Singleton, N. Meltzer, H. (2002) *Tobacco, Alcohol and Drug Use and Mental Health*. London: The Stationery Office.
2. Mental Health Foundation (2006) Cheers? Understanding the relationship between alcohol and mental health. Available at: https://www.mentalhealth.org.uk/sites/default/files/cheers_report.pdf
3. Anderson. P. and Baumberg. B. (June 2006) *Alcohol in Europe, a public health perspective*. A report for the European Commission, P 99.
4. Nottingham City Council Joint Strategic Needs Assessment: Mental Wellbeing. Available at: [http://jsna.nottinghamcity.gov.uk/insight/Strategic-Framework/Nottingham-JSNA/Adults/Mental-Wellbeing-\(2016\).aspx](http://jsna.nottinghamcity.gov.uk/insight/Strategic-Framework/Nottingham-JSNA/Adults/Mental-Wellbeing-(2016).aspx)
5. World Health Organisation (2009) *Harmful Use of Alcohol*. Available at: http://www.who.int/nmh/publications/fact_sheet_alcohol_en.pdf
6. Public Health England. Public Health Outcomes Framework. Available at: <http://www.phoutcomes.info/search/alcohol>

Nottingham City Council

Declaration on Alcohol

We [insert name of organisation] acknowledge that:

- Alcohol is one of the greatest causes of premature death and morbidity in our communities;
- Reducing alcohol harm in our communities significantly reduces costs to public services;
- Although lower income groups are not the heaviest drinkers, they suffer from the greatest alcohol harms;
- Evidence-based, government-led action to regulate the price, promotion and availability of alcohol is the most effective option for tackling alcohol harm;
- Although it might be appropriate to engage with elements of the alcohol industry around the management of the night-time economy, the alcohol industry should have no role in the development of alcohol policy or strategy;
- The volume and content of alcohol advertising influences young people to drink earlier and to consume more

As leaders of our communities we welcome the:

- Opportunity for local government and key partners to lead local action to tackle alcohol harm and secure the health, welfare, social, economic and environmental benefits that come from reducing excessive alcohol consumption;
- Opportunity to further embed public health priorities within the local authority framework, particularly in relation to community safety, regulatory activity and economic regeneration;

We commit from this date [insert date] to act at a local level to reduce alcohol harm and health inequalities by:

- Influencing national government to take the most effective, evidence-based action to reduce alcohol harm, particularly via the introduction of greater regulations around the price, promotion and availability of alcohol;
- Influencing national government to rebalance the Licensing Act in favour of local authorities and communities, enabling local licensing authorities to control the number, density and availability of alcohol according to local requirements;
- Developing evidence-based strategies and commissioning plans with our local communities and partners including the local NHS Acute Trust, Clinical Commissioning Groups and the Police;
- Ensuring that public health and community safety are accorded a high priority in all public policy-making about alcohol;
- Making best use of existing licensing powers to ensure effective management of the night-time economy;
- Raising awareness of the harm caused by alcohol to individuals and our communities, bringing it closer in public consciousness to other harmful products, such as tobacco.

Signatory:

Endorsed by:

Nottingham City's Health and Wellbeing Board

Position:

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HEALTH AND WELLBEING BOARD

29 MARCH 2017

	Report for Resolution
Title:	NHS Nottingham City Clinical Commissioning Group Operational Plan 2017-19
Lead Board Member(s):	Dawn Smith, Chief Officer, NHS Nottingham City CCG
Author and contact details for further information:	Louise Bainbridge, CFO, NHS Nottingham City CCG, louise.bainbridge@nottinghamcity.nhs.uk
Brief summary:	<p>This Operational Plan has been developed by NHS Nottingham City Clinical Commissioning Group in response to the NHS Five Year Forward View, Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21 and NHS Operational Planning and Contracting Guidance 2017-2019.</p> <p>Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21 included nine national ‘must dos’. These priorities, which remain for 2017 – 2019, are to:</p> <ul style="list-style-type: none"> • Implement agreed Sustainability and Transformation plan milestones and achieve trajectories against the STP core metrics set for 2017-19 • Deliver individual CCG and NHS provider organisational control totals, and achieve local system financial control totals. • Ensure the sustainability of general practice by implementing the General Practice Forward View • Deliver the four hour A&E standard, and standards for ambulance response times • Deliver the NHS Constitution standard for referral to treatment in elective care • Achieve cancer standards (waiting times and survival rates) • Deliver in full the implementation plan for the Mental Health Five Year Forward View for all ages • Deliver Transforming Care Partnership plans with local government partners, enhancing community provision for people with learning disabilities and/or autism • Improve quality of care in all organisations

Recommendation to the Health and Wellbeing Board:

The Health and Wellbeing Board is asked to:

- a) note the planning guidance produced by NHS England and comment on the NHS Nottingham City Clinical Group’s Operational Plan for 2017-19.

Contribution to Joint Health and Wellbeing Strategy:	
Health and Wellbeing Strategy aims and outcomes	Summary of contribution to the Strategy
Aim: To increase healthy life expectancy in Nottingham and make us one of the healthiest big cities	<p>The Plan focuses on the delivery of Primary Care [section 3], Urgent and Emergency Care [section 4], Referral to Treatment Times [section 5], Cancer [section 6] Mental Health [section 7] and Learning Disabilities [section 8], all of which contribute to increasing healthy life expectancy in Nottingham.</p> <p>There is particular focus on Outcome 2: see section 7 of the Plan.</p>
Aim: To reduce inequalities in health by targeting the neighbourhoods with the lowest levels of healthy life expectancy	
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 citizens 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	

How mental health and wellbeing is being championed in line with the Board's aspiration to give equal value to mental and physical health
<p>During 2017-18 and 2018-19 Nottingham City CCG will work collaboratively with other Nottinghamshire CCGs to implement the requirements as set out in the Five Year Forward View for Mental Health. Specifically this will focus on improving access to mental health services for people of all ages, developing community services and thereby reducing the pressure on inpatient facilities, and ensuring people receive integrated holistic care that addresses both their mental and physical health needs.</p> <p>A number of key priorities and actions for 2017-18 and 2018-19 are identified in section 7 of the plan.</p>

<p>Background papers: <i>Documents which disclose important facts or matters on which the decision has been based and have been relied on to a material extent in preparing the decision. This does not include any published works e.g. previous Board reports or any exempt documents.</i></p>	
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"We will work together with compassion and caring to improve health outcomes and end health inequalities through the provision of high quality, inclusive and value-for-money services that are patient-centred."

OPERATIONAL PLAN 2017/18 2018/19

Version control

Document Purpose: This document is the operational plan for 2017 – 2019 for NHS Nottingham City Clinical Commissioning Group
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DRAFT

Introduction

This Operational Plan has been developed by NHS Nottingham City Clinical Commissioning Group in response to the NHS Five Year Forward View, Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21 and NHS Operational Planning and Contracting Guidance 2017-2019. The plan should be read in conjunction with the Nottinghamshire Sustainability and Transformation Plan 2016-21 and the CCG's finance and activity plans for 2017 - 2019.

The CCG is currently developing its strategy which will be finalised before March 2017. One of the CCG's ambitions within the strategy will be to reduce health inequalities and will look to address the differences in the health of the citizens across different geographical areas and different social and ethnic groups. Health inequalities are preventable and unjust and addressing this issue is at the core of the strategy.

The CCG is committed to achieving our ambition through:

- **Prevention** of avoidable illness through the identification of people at high risk of poor health and targeted advice to support lifestyle changes.¹
- Provide quicker access to **diagnosis** and **treatment** which will provide better detection of symptoms and earlier diagnosis. The aim is to improve access to services and provide an integrated approach to mental and physical health.
- To support **self-care** and empower citizens to manage their own health needs through improved provision of information, advice and education, increased personal health budgets and better use of technology.

Along with reducing health inequalities another key ambition is to improve the number of years citizens in Nottingham live in good health through commissioning effective services and empowering them to take responsibility to improve their own health. This will have a positive impact in improving the lives of the citizens in Nottingham and help the CCG maintain sustainable services into the future through reducing demand for NHS services.

The strategy has been developed to align with the Nottingham City Health and Wellbeing Board Strategy which was published in 2016. Once the strategy is formally adopted by the CCG the Operational Plan will be refreshed to include the delivery of local initiatives along with the nine national 'must dos' detailed below.

Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21 included nine national 'must dos'. These priorities, which remain for 2017 – 2019, are to:

- Implement agreed Sustainability and Transformation plan milestones and achieve trajectories against the STP core metrics set for 2017-19
- Deliver individual CCG and NHS provider organisational control totals, and achieve local system financial control totals.
- Ensure the sustainability of general practice by implementing the General Practice Forward View
- Deliver the four hour A&E standard, and standards for ambulance response times
- Deliver the NHS Constitution standard for referral to treatment in elective care
- Achieve cancer standards (waiting times and survival rates)
- Deliver in full the implementation plan for the Mental Health Five Year Forward View for all ages
- Deliver Transforming Care Partnership plans with local government partners, enhancing community provision for people with learning disabilities and/or autism
- Improve quality of care in all organisations

¹ Aimed at tackling smoking, obesity, physical inactivity, unhealthy diet, harmful alcohol consumption, high blood pressure and high cholesterol.

This plan describes the CCG's approach to delivery against the requirements as detailed in the aforementioned documents across a number of key areas during 2017 – 2019. In particular this plan focusses on:

- Delivery of the nine 'must-dos'
- How the CCG will support implementation of the local STP.

It is acknowledged that in some areas this plan will need to be updated over the next few months as local provider contracts are negotiated and agreed and as more guidance is released at a national level. Specifically the plan will be refreshed to reflect the on-going development of the Nottinghamshire Sustainability and Transformation Plan (STP), the system-wide roll-out of best practice care delivery models, and the outcome of the detailed design work currently underway in support of the creation of an integrated Accountable Care System across the Greater Nottingham area (see below).

The CCG is committed to delivery of the key aims of the STP:

- Organise care around individuals and populations – not organisations – and deliver the right type of care based on people's needs
- Help people remain independent through prevention programmes and offering proactive rather than reactive care
- Support and provide care for people at home and in the community as much as possible and ensure that hospital, care home beds, and supported housing are available for people who need them
- Work in multi-disciplinary teams across organisational boundaries to deliver integrated care as simply and effectively as possible
- Minimise inappropriate variations in access, quality, and cost, and deliver care and support as efficiently as possible so that we can maximise the proportion of our budget that we spend on improving health and wellbeing
- Maximise the social value that health and social care can add to our communities

Delivery of the nine national priority areas

1. Sustainability and Transformation Plan (STP)

Commissioners and providers from health and social care across Nottingham and Nottinghamshire (excluding Bassetlaw) have come together to develop and deliver a Sustainability and Transformation Plan (STP) in accordance with national guidance. This is in the context of ensuring the system remains both sustainable and affordable over the next five years, requiring a programme of change on a scale and of a complexity never previously undertaken.

The STP outlines the locally relevant implementation of the Five Year Forward View by addressing the Nottinghamshire health and wellbeing, care and quality, and finance and efficiency gaps. The STP confirms an intention to implement the majority of initiatives at a local system level through two place based delivery units within the footprint – Greater Nottingham and Mid-Nottinghamshire – with accountability for delivery, allocation of resources and tracking of impact at that level. These units are based on patient flows, and have existing delivery plans in differing stages of implementation:

- Mid-Nottinghamshire has a Primary and Acute Care Systems Vanguard
- Greater Nottingham Health and Care Partners have a high level strategy which was completed in June 2016 and has informed the development of the STP. Greater Nottingham also has a number of underpinning plans including the Principia Multi-Specialty Community Provider Vanguard; the Nottingham City Support to Care Homes Vanguard; and the Greater Nottingham Urgent Care Vanguard. Greater Nottingham also has the Nottingham and Nottinghamshire Better Care Fund Integration Care Pioneers

The Partners in the Greater Nottingham delivery unit are:

- NHS Nottingham City Clinical Commissioning Group
- NHS Nottingham North and East Clinical Commissioning Group
- NHS Nottingham West Clinical Commissioning Group
- NHS Rushcliffe Clinical Commissioning Group
- Nottingham City Council
- Nottinghamshire County Council
- Nottingham University Hospitals NHS Trust
- Nottinghamshire Healthcare NHS Foundation Trust including County Health Partnerships
- Nottingham CityCare Partnership
- Circle Partnership
- East Midlands Ambulance Service NHS Trust.

Greater Nottingham's three gaps are quantified as:

- **Health and wellbeing:** healthy life expectancy is too low compared to the broader East Midlands population
- **Care and quality:** mortality rates are too high for patients with long term conditions; older people, people with cancer and musculoskeletal conditions spend more time in hospital than is good for them; the flow in our urgent care pathway is not good enough; people are diagnosed relatively late, often in crisis, leading to avoidable hospital-based care and worse outcomes
- **Finance and efficiency:** at the end of 2015/16, Greater Nottingham had a £47m funding gap by 2020/21 this is projected to grow to £314m unless we make radical change to how we work and deliver services.

In addressing these gaps, we have come together with the ambition of achieving a future state where:

- people are supported to develop the confidence and skills to be as independent as possible, both adults and children
- people remain at home whenever possible; hospital, residential and nursing homes will only be for people who appropriately need care there
- resources are shifted to preventative, proactive care closer to home
- organisations work seamlessly to ensure care is centred around individuals and carers
- we address health and care needs of population collectively making the best use of the public purse.

The programme of transformational change, which has been agreed by all Greater Nottingham and wider STP partners focuses on high impact and supporting themes together with a number of enablers.

High impact	Supporting	Enablers
Promote wellbeing, prevention, independence and self-care	Improve housing and environment	Future proof workforce and organisational development
Strengthen primary, community, and social care and carer services	Strengthen acute services	
Simplify urgent and emergency care	Drive system efficiency and effectiveness	Maximise estates utilisation
Deliver technology enabled care		Proactive communications and engagement
Ensure consistent and evidence-based pathways in planned care		

The CCG is committed to and actively contributing to the delivery of this change programme and will continue to do so going forward. Examples of high impact initiatives that will be taken forward over the course of the next two years and therefore featured in this operational plan and contractual round include:

High impact theme	Agreed change initiatives
Strengthen primary, community and social care and carer services	Co-ordinated primary, community, mental health and social care support for people with high and emerging risk through multi-disciplinary teams (MDTs) Enhanced care to people in care homes through extended primary and community support
Simplify urgent and emergency care	System redesign to enable reduction of 200 beds in acute hospitals over two years in NUH that are currently occupied by people who are medically fit for discharge Operate single front door at ED with streaming to primary care and ambulatory care pathways, including redirecting ambulance to primary/urgent care centre Improve capability to discharge from ED and hospital settings

High impact theme	Agreed change initiatives
Ensure consistent and evidence-based pathways in planned care	<p>Standardise elective care pathways with an initial focus on gastro, cardiology, ophthalmology</p> <p>Develop a new integrated multidisciplinary model for MSK, improving experience, aligning pathways and reducing duplication and waste costs</p> <p>Reduce unnecessary attendances and provide alternative ways of providing follow up care in local GP surgeries or the community where clinical appropriate</p>

In delivering the STP, Greater Nottingham has confirmed the ambition to bring together its Vanguard and Integrated Pioneer communities, scaling and replicating innovations in best practice as appropriate (such as in support to Care Homes as confirmed in the high impact initiatives). Going further, the delivery unit has a stated intention to create a new Integrated Accountable Care System (ACS) for the 700,000 population it serves. The first step in developing this ACS focused on the completion of a detailed actuarial analysis to understand where user activity and costs are in the system with the identification of the opportunities to move to person and population-centred care (i.e. reshaping the care system, with a specific focus on tailoring services to the user groups with the biggest value opportunity) to fundamentally improve quality and reduce system costs.

The primary insight from this analysis has confirmed a significant opportunity in terms of the potential to reduce activity and spend within the acute sector (40% plus of patients potentially could receive care in a lower cost setting equating to a potential gross saving of £690m over five years). The opportunity identified is far greater than other e.g. NHS Right Care benchmarks.

For community care, social care and mental health provision, the analysis confirmed it was difficult to draw meaningful conclusions regarding their effectiveness based on the data quality and completeness. This in itself is a key conclusion, which Greater Nottingham understands to be relatively consistent with the starting point of most fragmented systems that have successfully transformed into high-performing systems.

The second stage of the process, in developing the ACS, has focused on a period of detailed design work from July to mid November 2016 inclusive. This design phase was supported by Centene Corporation and Ribera Salud, international organisations that have successfully brought about well managed integrated health and care systems in the United States and Spain.

This design work has been aimed at confirming the care system needed to achieve a high performing integrated system, delivering the value opportunity confirmed in the actuarial analysis i.e. the services required, the obligations of each partner, together with the solutions the ACS would need to put in place in respect to the resource and capacity gaps. The proposed solution will include the characteristics of an integrated accountable care system and the optimal contractual framework for this system. This solution has incorporated the innovative service changes and new models of collaboration being progressed through our Vanguards and Integration Pioneers and is being aligned to our STP.

The design phase has specifically focused on an assessment against an integrated accountable care framework – which confirms the Indirect Enablers and Integration Functions needed - and is being progressed through six design work-streams, namely Patient Pathways, Population Health, Social Care, IM&T, Provider Payment Models, and ACS Governance and Contract Design.

Greater Nottingham has confirmed that its plans for 2017/18 and beyond will be iterated in accordance with the outputs of this design work and resulting locally agreed next steps. These will be shared in the form of refreshed Vanguard Value Propositions which confirm plans to replicate and scale successes to date. In addition, a Greater Nottingham ACS value proposition is being developed, with support from and submission to the New Care Models Programme and wider arm's-length bodies stakeholders by the end of December 2016. This Greater Nottingham Value Proposition will provide:

- an overview of the Greater Nottingham area
- the case for change
- the accountable care system future state
- required investment
- delivery of the accountable care system
- implementation plan and expected impact
- enablers
- logic model and evaluation
- governance

At this stage the Greater Nottingham delivery unit has an ACS Oversight Group which is the overarching, strategic governing group for the delivery unit. This group is reporting into the STP Executive Group. All partner organisations have a named Executive Lead on ACS Oversight Group, with these named leads collectively forming the Network of System Leaders for the Greater Nottingham Delivery Unit and ACS development.

Update 8 December 2016 – it is recognised that this Operational Plan may need to be updated in response to changes to the STP going forward. Specifically at this time, with the merger of Nottingham University Hospitals NHS Trust and Sherwood Forest Hospitals NHS Foundation Trust no longer being progressed the impact of this will need to be reflected in the CCG's Operational Plans (including finance and activity plans).

2. Finance

The CCG works in partnership with other Nottinghamshire commissioners, providers and local authorities under the Greater Nottingham Health and Care Partners arrangement (GNHCP). The health economy is facing significant financial and efficiency challenges over the next planning period. The transformational schemes developed via this partnership, including the two Nottingham City Vanguards, Urgent Care and Care Homes and the County CCG Vanguards, support and inform the wider Nottingham & Nottinghamshire Sustainability and Transformational Plan (STP). The Five-Year STP, which includes the Mid-Notts Caring Together alliance, demonstrates how the CCG will work together to improve the quality of care, the population's health and wellbeing and NHS financial position.

The CCG financial plan, which form part of the bigger financial picture across the STP, includes compliance with commissioner business rules:-

- Minimum cumulative/historic underspend 1%
- Non recurrent reserve held of 1%
- Contingency minimum 0.5%
- Running costs remain within administration allocation
- Quality premium must be applied to programme spend
- Specialised co-commissioning joint working gain share
- Transparency obligations met regarding information on source and use of MRET etc. to relevant stakeholders
- National policy commitments met e.g. mental health investment standard, better care fund contributions

The plans also meet the requirement for the CCG to balance to the financial control total agreed with NHS England in both 2017/18 and 2018/19 and to start 2017/18 with 50% of the 1% Non-Recurrent Requirement remaining uncommitted.

In terms of 2017/18, the published national allocations, the CCG's control total, planning guidance and tariff assumptions along with anticipated growth assumptions have been modelled through the CCG's financial plan model, together with all additional anticipated cost pressures (including no additional funding assumed for Vanguard schemes) and a prudent risk reserve. The recurrent

impact brought forward from 2016/17 which includes the on-going local price review with NUH, the Continued Healthcare continued growth and the Free Nursing Care mandated cost inflation impact has also been factored into the 2017/18 recurrent position. This has resulted in a very challenging efficiency requirement of £17.3 million in 2017/18. The savings schemes, which had been developed with the main acute provider services/directorate, are being worked through as part of the contract negotiation process with providers to ensure both the finances and activity model are aligned.

QIPP schemes are in development and include the full year effect of 2016/17 schemes started part way through the year, local schemes including Vanguard savings and the CCG's elements of the STP's solutions. Schemes have been identified which have the potential to achieve savings of £15.7m and work is ongoing to develop additional schemes to achieve financial balance.

3. Primary Care

Greater Nottingham vision for Primary and Community Services

There is a local and national necessity to optimise the General Practice workforce to ensure a sustainable system of care for our patients and citizens. In the Greater Nottingham system this will be achieved by developing a delivery model based around 'Clusters' of practices working together within a Care Delivery Group, supported by federations or alliances that will facilitate practices to achieve the benefits of operating at scale. Geographical clusters of GPs may maintain their independence, but will be encouraged to work closely with other primary and community care providers in a bid to flex their existing capacity co-located from estates that are fit for purpose, located centrally and easily accessible. This will result in a responsive service that delivers access to general practice services outside of core hours Monday to Friday, and Saturdays and Sundays. Aligned working encourages open dialogue, shared best practice, clinical mentorship and support as well as the obvious administrative benefits such as back office functions support and clinical cover.

The aim is for multi-disciplinary teams to support these Care Delivery Groups in which mental health (Increase in community IAPT support), social care and community teams will be key members. The multi-disciplinary teams will risk profile the 3-11% of patients who would benefit from support in a bid to divert their future needs away from a cycle of admission and acute support through proactive case management.

The vision is for patients to have one health and social care record that is universally used across the system, with enhanced records being adapted for more complex need. Organisational boundaries will be removed, supported through the use of care co-ordinators. Utilising technology and information patients will have the ability to book online their appointments, re-order prescriptions and access their GP medical records. Patients will be empowered by giving them the tools to support their own self-care as well as offering more telephone advice/video consultation appointments.

This approach focusses on the prevention agenda that should see a reduced need for complex care in future years. This will be achieved through robust risk profiling, targeted and outcome based interventions, supported through the adaption and rollout of the latest technology to support our patients effectively. Social care workforce will form part of the multidisciplinary teams to assess patients pre and post admission, ensuring that those who will require hospital support are quickly managed back home with the adequate service supporting their needs. The workforce will move away from service specific care to a more generalist role and will be trained to treat the patient, not the disease, recognising that most patients may have one or more health or social care needs. Screening and early interventions will be everyone's responsibility.

In the past over specified contracts have had a detrimental impact on delivery, resources and efficiencies. The model for the future will be based around outcomes and delivery.

Responding to the General Practice Forward View

The CCG's vision is for general practice to be the bedrock of healthcare for the local population, delivering equitable, high quality, efficient, accessible, and sustainable primary care services that are clinically effective and patient-centred. Attached in appendix 1 is the CCG's plan to deliver the General Practice Forward View.

The CCG is currently updating its Primary Care workplan in order to reflect the requirements of the General Practice Forward View. This will be completed during Quarter 3 of 2016/17 and will be considered for approval at a future meeting of the CCG's Primary Care Commissioning Panel. The emerging workplan however will focus on the key areas described below.

Workforce

The CCG recognises the workforce pressures that currently exist in general practice and therefore increasing capacity is a key priority. During 2017/18 and 2018/19 the CCG plans to:

- Continue to support training practices to expand their capacity with a view to increasing the number of placements by 2019. This will not only increase the overall number of GP trainees working locally but support GP recruitment within the CCG area. In addition, the CCG will continue to support the GP fellowship programme and facilitate the education opportunities by offering trainees the opportunity to obtain greater knowledge of CCG commissioning functions.
- The system changes proposed will require a training strategy to be developed in order for the entire workforce to make every contact count.
- Encourage practices to review skill mix within their workforce. Practices within the CCG are already participating in a GP Pharmacy Transformation pilot to examine the benefits of utilising a community pharmacy independent prescriber. Also, one practice within the CCG is piloting a medical assistant role that supports GPs in the practice. The outcomes of this work will be shared to encourage other practices to adopt these approaches.
- During Quarter 1 of 2017-18, the CCG will engage with practices to review how practice based mental health therapists can add capacity and value to both practices and patients.
- Use the funding that is available to train care navigators to signpost patients to the best solution for their needs and develop medical assistant roles that support GPs.
- Ensure training is made available for practice staff around signposting and clinical record management. In 2017-18, the CCG will also ensure that training on the management of mental health is made available to GPs and other practice based clinical staff.
- In line with the FYFV, we will develop the role of clinical pharmacists in GP practices. We will establish a collaborative programme of work with local providers and independent contractors to ensure our pharmacy workforce is fit for the future, enabled to fully support medicines optimisation for our population and to support the delivery of the STP

Infrastructure

During 2017-2019 the CCG will continue work to maximise estates utilisation and support practices to make premises improvements in order to meet existing and future demands on capacity and to ensure high quality premises are available to support the delivery of care. A number of schemes have already received approval in principle to receive funding from the Estates and Technology Transformation Fund. These are:

- Strelley Health Centre – funding for a proposed new development is currently not available, funding secured to undertake a feasibility study and options appraisal
- Sneinton Health Centre – feasibility study and options appraisal
- Wollaton Vale Health Centre – feasibility study and options appraisal
- Family Medical Centre – extension to increase clinical capacity

- Bridgeway Practice – internal reconfiguration to increase clinical capacity

Increased joint working between practices and between practices and other community providers will help facilitate the co-location of providers and consolidation of estate but there remain challenges in progressing the CCGs vision for primary care estate:

- The lack of availability of sufficient capital funding to support an expansion in capacity required where buildings are struggling to support the demands of modern primary care services within a Care Delivery Group with a growing population
- The willingness of GP partners to change existing premises arrangements

During 2017/18 the CCG will incentivise practices to increase uptake of online bookings and the use of remote care technology. Utilising technology and information, patients in Nottingham City CCG will have the ability to book online appointments, re-order prescriptions and access their GP medical records.

In addition during 2017-19 the CCG will continue work to empower patients by ensuring they are provided with the tools to support their own self-care as well as offering telephone advice / video consultation appointments. Specifically, the CCG will ensure that the funding to support the implementation of on-line consultations is identified and available to support the implementation of the guidance and specification as and when it is available. We will also significantly increase the sharing of information across the health community to facilitate improved patient care.

Care redesign

RightCare

The NHS England RightCare Commissioning for Value packs indicate that significant improvements can be made in Nottingham City CCG in terms of both spend and quality in the following areas: endocrine, respiratory disease, mental health, musculo-skeletal conditions and neurology. The CCG will work with practices and the wider health community to re-design services and pathways in these areas and in addition will incentivise service improvement work within general practice. The main focus of activity during 2017-18 will be on improving the detection and management of cardio-vascular disease (including diabetes); the focus for 2018-19 will be discussed and agreed with practices during the second half of 2017-18.

New model of primary care

During the remainder of 2016/17 the CCG, along with the Local Medical Committee, will continue to work with the Nottingham City GP Alliance around new models of primary care with an aim to improve patient care by improving access and greater integration of primary, community and social care services. In addition the redesign of general practice will need to support the sustainability of general practice going forward with practices being able to maximise the benefits of operating at scale. This will include working more collaboratively, sharing best practice, enhanced clinical mentorship and support as well as the obvious administrative benefits such as shared back office functions support and clinical cover.

The CCG will re-design its model of extended access to general practice with practices and patients. During 2017-18 the CCG will support the implementation of a new model of care to provide extended access (8am – 8pm) and weekend access in each of the CCG's eight Care Delivery Groups.

Delivery of the Primary Care Patient Offer will be at full capacity from 1 April 2017, which includes standards for delivery of additional primary care services, quality standards for clinical effectiveness, patient safety and patient experience and standards for access (opening Thursday afternoon providing reception cover and access to appointments during core hours). The Primary Care Patient Offer aims to deliver:

- Increased access to primary care services
- Equity of service provision to all city patients

- Opportunities to innovate and improve care
- Significantly reduced monitoring and invoicing
- Additional investment in General Practice to deliver fairness of funding

4. Urgent and emergency care

Simplify and improve urgent and emergency care

The CCG's priority for 2017/18 and 2018/19 is to ensure that at least 95% of our citizens attending A & E at any given time will wait less than 4 hours from arrival to be seen, treated, admitted or discharged. This will be achieved through the rapid implementation of the system recovery and improvement plan developed from the five elements of the A & E improvement plan and ECIP recommendations. Successful delivery will be supported by the Emergency Care Improvement Programme (ECIP) and overseen by the local A & E Delivery Board. The CCG is also committed to working with system partners to improve ambulance response times through supporting a significant reduction in ambulance handover delays and increasing the use of both hear and treat and see and treat in order to reduce 999 conveyances.

In Greater Nottingham urgent care situations will be dealt with in the least acute setting possible, navigating citizens directly to the most appropriate, urgent mental and physical health services. The approach will avoid the emergency department and core hospital provision being the default option, supporting a more sustainable system; improving patient and staff experience and clinical outcomes.

What will be achieved in the first two years?

Over two years system redesign will enable a reduction of 200 beds in NUH that are currently occupied by patients who are medically fit-for-discharge by putting in place both more effective processes for admitting and discharging people from hospital.

There are four key areas of work. These are to:

1. Develop system leadership to enable a shared understanding of problems and coherence of actions
2. Improve capability to discharge from A&E and hospital settings
3. Operate a single front door at A&E with streaming to primary care and ambulatory care pathways, including redirecting ambulances to primary / urgent care centre
4. Establish a clinical hub for patient navigation, linking to 111, OOH, signposting and booking into local service, increase hear and treat and see and treat

How will the 5-year vision be delivered?

Over the next five years simplification and improvement of the urgent and emergency care system in Greater Nottingham will focus on:

- Improving the quality of information available to people with urgent care needs
- Increasing citizens' awareness of how and when to best deal with their urgent care needs, by providing them with education and tools to support self-assessment and self-care, and by encouraging them to use an enhanced 111 service able to provide them with the right advice about how to respond to their urgent care needs (e.g. self-care, pharmacy, GP or urgent care centre)
- Improving the current 111 service by establishing a clinical hub in 2017 that will operate across Greater Nottingham, offering a booking service for local urgent care services, and able to provide greater clinical input to decision making, including for people requiring mental

health services. The implementation of the clinical hub as recommended in the Urgent and Emergency Care Review will support reducing NHS 111 referrals to A & E and 999

- Building on the existing 'Call for Care' and mental health triage services, further develop a community based professional navigation service for staff across the system to access when clinical input into decision making is needed, or when advice is required about the availability of physical, mental health or social care services. This will improve services for mental health patients prior to presentation in A&E
- Improving access to urgent care beyond A&E
- Operating a 'single front door' at A&E, able to direct citizens to co-located primary care, ambulatory care or urgent care services, including those who arrive by ambulance
- Integrating crisis response support with community services in order to provide a 24/7 rapid response service that is able to support people with urgent mental or physical needs at home or in community settings and prevent avoidable hospital admissions
- Making sure there is timely and safe care for those who require hospital based urgent and emergency care
- Ensuring that staff providing urgent and emergency care (particularly in A&E) have access to patient's records and care plans in order to ensure patients receive the most appropriate care for their needs
- Ensuring access to a senior opinion before patients are admitted to hospital via A&E in order to ensure that a hospital admission is required (this links to timely consultant review standard for 7 day hospital services)
- Making sure there is access to relevant specialist opinion or assessment and diagnosis e.g. for patients admitted with mental health needs or frailty syndromes (this links to timely consultant review and improved access to diagnostics across 7 days).
- Improving patient flow in A&E and through the hospital by implementing the SAFER patient flow bundle and the Red and Green day daily operational planning at wards across acute and community hospitals
- Implementing more effective processes for discharging people from hospital
- Building on recent successes in Mid Nottinghamshire and advice from ECIP, commence discharge planning by multi-disciplinary teams as soon as patients are in a stable condition after being admitted to hospital and ensure that people are discharged back home or for a period of short-term assessment and diagnosis or further recovery in community beds as soon as they are medically fit
- Enhancing and scaling-up schemes to provide specialist intermediate care in citizens' homes to reduce re-admission by providing home based support or rapid access to community based assessments

5. Referral to treatment times and elective care

Referral to treatment times

The CCG and its major providers have provided a sustained high level of performance to its patients in respect of the delivery of the RTT standards set out in the NHS Constitution. This has been achieved through a number of mechanisms including innovative pathway design, strong relationships, close performance management and the shared understanding of a projected demand.

These principles will continue for the life of the CCG's plan and so the CCG is confident these standards will be maintained. It is acknowledged that the revised national RTT policy, which became operational in October 2015, introduces additional risks to the number of very long-waiting patients due to their ability to decline offers of treatment on an on-going basis. This has been managed well during 2016 but remains a risk to the proportion of patients choosing to wait extremely long times.

Many of the planned efficiency savings, such as QIPP schemes, will support acute trusts in utilising their capacity to greater effect. The reduction of follow-up rates for elective pathways will minimise outpatient attendances where suitable alternatives or early discharge is appropriate releasing clinical and estate capacity for acute provider organisations.

The provision of Patient Choice is engrained into the ethos of the CCG and all Practices offer this to patients. The current high utilisation of electronic systems will continue as an enabler and to enhance the opportunities provided to patients through other primary care on-line services. E-referrals will be fully utilised for all referrals by April 2018 in line with the national ambition.

Elective care

Throughout 2017-2019 planned care transformational change will continue to be delivered by NHS Nottingham City CCG as partners in the Greater Nottingham health and care system, building on momentum created in 2016/2017 through the Elective Care Workstream. This provides the opportunity to develop consistent pathways across the wider population into and out of secondary care. Increasingly, the CCG will focus on the opportunities for learning, collaboration and standardisation across the broader footprint with links to the Mid Nottinghamshire system in light of work developed for the STP.

Greater Nottingham and Mid Nottinghamshire have agreed a joint intent for planned care within the STP. The ambition is to provide planned care with minimum avoidable variations in timeliness, quality and cost, ensuring early diagnosis, information and support to patients and developing new models of elective care with increased activity in the community rather than secondary care setting. Collectively, the aim is to improve the utilisation of specialist services by focusing on complex care, coupled with a reduction in duplicated activity and follow-ups that do not add clinical value.

The CCG will continue to use the Right Care Commissioning for Value insight packs to identify priority areas which offer the best opportunities to improve healthcare for the local population. This is both in terms of improving the value that patients receive from their healthcare and improving the value that populations receive from investment in their local health system.

The October 2016 insight packs show there is opportunity for improvement in:

- Endocrine
- Respiratory disease
- Mental health
- Musculo-skeletal conditions
- Neurological conditions (specifically in relation to pain management) and

Work commenced in 2016/17 will start to address these priority areas as detailed below. In addition, mental health has been identified as a priority in terms of outcomes and spend. Plans for this priority area will be developed early in 2017/18.

Musculoskeletal Conditions

Maximising outcomes and efficiency in MSK continues to be a priority for Nottingham City CCG and the Greater Nottingham system as the single greatest programme budgeting spend with a value of £89 million in 2014/15.

A new model for delivery has been developed by the Greater Nottingham MSK Clinical Group, building on knowledge and experience from other systems nationally such as Pennine, Bedford and Sheffield.

This care model is a multidisciplinary integrated MSK service that includes orthopaedics, sports and exercise medicine, pain management, physiotherapy and rheumatology. An integrated triage and assessment service will co-ordinate and manage the healthcare pathways of patients with MSK issues to deliver high-quality care, good clinical outcomes and excellent patient experience.

This care model builds on existing community based services within individual CCGs. Existing contracts will be subject to contract negotiation and variation to move toward a single, consistent pathway delivered by all providers by the end of 2017/18. This will happen on a phased approach with early implementation in Nottingham City CCG and Nottingham West CCG in April 2017.

A single minimum dataset for referrals will be agreed across Greater Nottingham to ensure that patients are triaged to the most appropriate service to meet their needs in a timely and responsive way. This will be developed and socialised during the remainder of 2016/17 to realise the impact in April 2017.

It is anticipated that the new MSK clinical pathway will deliver the following:

- Improved patient experience
- Reduction in 1st outpatient attendances
- Reduction in outpatient follow ups
- Reduction in emergency admissions
- Reduction in planned admissions
- Reduction in acute bed days.

Neurological conditions: pain management

Deep dive analysis has indicated that there is opportunity to improve outcomes and spend in pain management with differential opportunity across the Greater Nottingham CCGs. Spend on the pain pathway in 2015/16 was £13.1m. Based on the RightCare Commissioning for Value packs, there is a potential financial opportunity of £687k.

A task and finish group has developed a pain management pathway that embeds the evidence base for effective treatments and interventions. This will form the basis of a service specification that will be procured in early 2017 for implementation in July 2017.

The objectives of the proposed redesigned pathway are to:

- Act as a single point of access for patients with chronic pain.
- Provide a biopsychosocial assessment and management approach for patients with chronic pain
- Support patients living with chronic pain to manage their own condition and make decisions about self-care and treatment that allow them to live as independently as possible e.g. through Shared Decision Making.
- Educate and support other care professionals in the early intervention of pain management techniques
- Reduce elective care activity within an acute hospital setting.

Implementation of the new pathway will be monitored throughout the remainder of 2017/18 in order to understand and monitor its impact from both a quality and financial perspective.

Gastro-intestinal

The pathway for all routine and urgent non-two week wait referrals to gastro-intestinal and hepatology has been redesigned to improve patient access to care and to manage the rising demand in referrals. Referrals will be reviewed by consultants funded on a PA basis, to support a focus on a model for service delivery to meet population need, rather than an activity driven tariff based approach.

A triage process will be undertaken, using a minimum dataset for referrals, reviewing clinical data, considering a patient completed questionnaire and ordering diagnostic tests as required. This will be undertaken in a community setting with the tracking of tests and information being undertaken by a Clinical Assessment Service.

Following receipt of all required diagnostic tests and other clinical information, the consultant will undertake a case review of the patient and decide on the clinical management required.

The proposed benefits of the service are:

- Faster access to a clinical review: a none face-to-face clinical review will take place on the pre-assessment pathway within 7 to 14 days of the GP referral.
- Earlier access to diagnostic testing: tests will be ordered at the pre-assessment phase rather than the outpatient appointment.
- Improved patient experience: unnecessary outpatient appointments will be avoided and patients will have quicker access to diagnostic testing and results.
- Reduced outpatient attendances: face to face outpatient appointments will only occur when clinically necessary. Pilot work indicates there is a 23% reduction in first outpatient appointments.

GP education is an intrinsic part of the pathway, with a link consultant role to be developed providing a named link for practices in a given CCG. This will support the longer term objective of developing the service to be delivered in primary care wherever possible, including GPs having direct access to key diagnostic tests.

Stakeholder engagement has been undertaken through the Elective Care Workstream and with clinicians from the main providers of gastro-intestinal and hepatology services. Patient engagement is being undertaken as part of the evaluation of the pilot service to understand the experience of the service delivery approaches.

Implementation of the service commenced in November 2016 with a phased approach to support providers to manage the capacity required to deliver diagnostics earlier in the pathway. The service will be fully implemented across Greater Nottingham by 1st April 2017 with the impact in the reduction of follow-ups being measurable from 1st July 2017.

The pathway model will be rolled out to other specialties such as cardiology and respiratory during 2017-18 and 2018-19.

Follow-up care

There is significant clinical variation in outpatient follow up care, with feedback from clinicians and patients of differing expectations in the value of continuing secondary care follow up. Over the last few years, the principle has been agreed that follow up outpatient appointments should occur only when they add genuine value to the patient pathway. For Nottingham City CCG and the Greater Nottingham health system the challenge is now to extend, embed and sustain this culture across all specialties and all providers.

Benchmarking data for Nottingham University Hospitals (NUH) demonstrates there is opportunity to improve the way in which outpatient follow care is delivered. There is considerable variation in the first to follow up ratio between trusts and specialties. Whilst some of this is clinically warranted, further work is required to understand the opportunity to improve value in follow up care at a specialty level.

During the remainder of 2016/17, specialty and sub-specialty pathways for follow-up care will be agreed across primary and secondary care, clearly articulating the clinical responsibilities across the pathway. This will support more follow-up care being undertaken in the community and allow secondary care to remove capacity at scale.

The pathway redesign work will:

- Embed an approach of risk stratification for follow up care in all specialties through greater integration between primary and secondary care to deliver optimum outcomes for patients.
- Use technology to deliver review and follow up care, building on the work that has happened around telephone clinics at NUH, tele-dermatology at Circle and using new technology and information sharing such as the MIG to deliver a modern system of care, as well as developing the opportunity provided by the Advice and Guidance service.

This approach will be supported by local payment reform enacted through the contract with NUH, replicating the approach taken with other providers.

From 1st April 2017, follow up care will start to be delivered according to the new risk stratified pathways. A phased approach for agreeing the pathways has been taken given the scope and scale of the work which covers 21 specialties. All pathways will be operational by 31st July 2017. This will have an estimated saving to commissioners of £7.2 million in 2017-18 and 2018-19. Provider costs will be reduced through the removal of waiting list initiatives and a reduction in outpatient clinics, in particular consultant PAs and other outpatient clinic staff.

Maternity care - Implementing the national maternity services review, *Better Births*.

A multi-agency Better Births Implementation Group (chaired by commissioners) has been established to develop the local vision, including plans for community hubs within the local maternity system (LMS). Closer working across the LMS, which covers two maternity units within the STP footprint, will facilitate embedding of consistent clinical care and care pathways, adoption of best practice from each unit and learning lessons to improving practice. Maternity services have benchmarked their position against the recommendations of *Better Births* and the elements in *Saving Babies' Lives*, providing a baseline. Working with key stakeholders, including mothers and families, plans will be developed and implemented during 2017/18 and 2018/19 in line with the timelines outlined in *Better Births*.

6. Cancer

During 2017-18 and 2018-19 Nottingham City CCG will work collaboratively with partner organisations to deliver against a number of priority areas in respect of cancer. Across both the Greater Nottingham and Mid Nottinghamshire areas the priority areas have been agreed as:

Preventing cancer

- Addressing risk factors of cancer, particularly smoking, but also obesity and alcohol
- Strengthening existing tobacco controls and smoking cessation services in line with reducing smoking prevalence to below 13% nationally by 2020
- Supporting the Local Authority in developing targeted interventions to increase quit rates, which will include a pilot in the use of e-cigarettes.
- Increasing the number of smoke free areas (Nottinghamshire Healthcare Foundation Trust has been smoke free since October 2016 and NUH is working to be smoke free from 2017/18)
- Making Every Contact Count particularly on physical activity and weight loss.

Early diagnosis

- Programme to implement fully NICE referral guidelines NG12, in particular GP Direct Access to Diagnostics. To include Faecal Immunochemical Test (FIT) for colorectal cancer, Oesophago-gastroduodenoscopy (OGD) for upper GI cancer, MRI for brain cancer, CT for pancreatic cancer.
- Pilot non-specific cancer symptoms pathway (Danish Model) across the STP area for patients that don't meet the 2WW referral criteria, but where a GP is highly suspicious of cancer.
- Piloting Community Prostate clinics in BME populations.

- Pilot and evaluate Lung MOT service in City CCG, with view to roll out across populations with high risk of lung disease including cancer i.e. high smoking rates.
- Increase uptake of breast, bowel and cervical screening programmes
- Breast and cervical screening – work with NHS England to support GP practices to increase uptake rates where these are low

Performance

- Commission sufficient capacity to ensure 85% of patients continue to meet the 62 day standard and to begin to meet the 28 day faster diagnosis by identifying any diagnostic capacity gaps for 2017/18 and improving productivity or implementing plans to close these gaps
- Capacity and demand analysis undertaken using IST tools across all tumour sites, the results of which have been fed into activity plans for 2017-19. Acute Trusts working to achieve seven day diagnostic waits
- NUH has commissioned additional private sector capacity alongside internal plans to increase capacity. The Better For You Redesign Team is working with diagnostic teams to improve productivity
- Monitoring of 28 day diagnostic standard by tumour site now in place at NUH. This is to be rolled out to Circle.
- Tumour site pathway redesign to achieve current waiting time standards and to move towards new 28 day referral to diagnosis standard: programme of redesign to reduce delays in diagnosis and treatment, focusing particularly on diagnostic part of the pathway.
- Forecast achievement of 75% one year survival by 2020.

Improving cancer treatment and care

- All parts of the Recovery Package to be available to all patients, namely: Holistic Needs Assessment (HNA) and care plan at the point of diagnosis and at the end of treatment; ensuring a Treatment Summary is sent to the patient's GP at the end of treatment; ensuring a Cancer Care Review is completed by the GP within six months of diagnosis, and Health and Wellbeing Clinics.
- eHNAs are being rolled out across tumour sites as part of the NUH Cancer Pathways Project
- Programme of work underway to roll out standard template summary across tumour sites
- Commission personalised stratified follow up pathways: this has been completed for breast cancer but will be piloted across a small number of pathways prior to being rolled out to all pathways. This will be implemented for colorectal cancer during 2017/18
- Continue to ensure all patients have access to a clinical nurse specialist or other key worker
- Community Pharmacies dispensing antiemetic and other supportive medicine regimes.
- Maximise utilisation and benefits of EPaCCS (Electronic Palliative Care Co-ordination Systems) to enable the recording and sharing of people's care preferences and key details about their care at the end of life.
- Commission community based support for cancer patients and integrate with Care Delivery Groups
- Invest in Assistive Technology to support self-care and reduce hospital based follow up

7. Mental Health

During 2017-18 and 2018-19 Nottingham City CCG will work collaboratively with other Nottinghamshire CCGs to implement the requirements as set out in the Five Year Forward View for Mental Health. Specifically this will focus on improving access to mental health services for people of all ages, developing community services and thereby reducing the pressure on inpatient

facilities, and ensuring people receive integrated holistic care that addresses both their mental and physical health needs.

A number of key priorities and actions for 2017-18 and 2018-19 are identified below:

Access to psychological therapies

The CCG is currently undertaking modelling work in order to establish appropriate trajectories in respect of improving access to psychological therapies (IAPT) for those with anxiety and depression. The current proposal is for a 2.5% incremental rise each year for 2017-18 and 2018-19. Work is also underway to explore the logistics of IAPT services to sit within physical care outpatient departments and also to be integrated into pain pathways across Nottinghamshire by April 2017.

During 2017/18 and 2018/19 work will continue to increase access to 'core' IAPT services. Actions will include on-going promotion via GP practices, consideration of opening up referral pathways to other healthcare professionals, encouraging more effective/cohesive relationships between IAPT and other mental health support services, CCG specific campaigns to raise awareness of IAPT services.

Health Checks

The CCG is developing an action plan with Primary Care and the Nottinghamshire Healthcare Foundation Trust to deliver physical health checks for people with severe mental illness (SMI). In the Psychological Therapies (PT) section include: To increase access to PT, as part of the next phase of our Integrated Care Programme, the CCG will work with existing Community Health Teams to address the Mental Health needs of Physical Health patients, particularly LTC, pain management and cancer. The CCG has commissioned a Primary Care Mental Health Service to support this development.

Mental health services for children and young people

Nottingham City CCG is working with other Nottinghamshire CCGs and local partners to implement a transformation plan for children and young people's emotional and mental health. The plan focuses on the five themes identified through Future in Mind that will lead to improved outcomes for children and young people with emotional and mental health needs.

During 2017/19 the key priority areas for action include:

- resilience, prevention, and early intervention – embedding online counselling services and ensuring that children's emotional resilience is developed through evidence based programmes in schools
- improving access, a system without tiers – increasing access to evidence based therapeutic interventions, increasing capacity of services.
- caring for the most vulnerable – further developing support to children and young people in urgent need of mental health support, whether in community or hospital settings
- supporting children and young people transition into adult services

As part of the Nottinghamshire Children and Young People's IAPT programme Nottingham City CCG is working alongside other local CCGs and providers to improve access, implement evidence based intervention, and use routine outcome measures. Work is underway to baseline the numbers of children and young people currently accessing treatment, and compare with expected levels based on prevalence data. This will inform future service planning and development. Additional investment into children's mental health services has already made an improvement on access in terms of waiting times for treatment.

Treatment for psychosis

The CCG recognises that it particularly needs to improve mental health crisis services and Early Intervention in Psychosis services (EIP).

The Crisis service has been enhanced following the closure of 2 inpatient wards; they provide support to patients 24/7 a day. In addition to this, a Crisis House has also been developed in order to provide an alternative to inpatient admission. Commissioners continue to work with the Trust to ensure the crisis service meets local population needs. CCGs recently commissioned HealthWatch to undertake engagement with people who have experience crisis and the findings will inform service developments.

During 2016/17 commissioners have worked closely with the provider to improve operational processes and data recording in the EIP service; improvements in performance have been seen and performance was at 48.3% for the CCG in October (predicted to be above 50% in November). The current model for Early Intervention in Psychosis was commissioned for 18-35s as this is the age range when First Episode Psychosis (FEP) is most commonly experienced. Commissioners recognise that those outside of this age range are receiving a different service at this point in time, and are considering what service model will be required going forward to ensure they have access to a service compliant with access standards and NICE quality standards. Any funding implications associated with delivering the increased targets over the next 5 years will need to be assessed and considered. A baseline self-assessment of NICE compliance has been completed by Nottinghamshire Healthcare Foundation Trust. This work is coordinated by a joint CCG steering group.

In-patient services

The CCG is committed to improving access to placement support for people with severe mental illness and will work with STP partners to develop local plans for improvement in response to the national baseline audit for in-patient services to be undertaken on Q3/4 2016. This will require support from transformation funding a bid for which the CCG will make along with STP partners by December 2017.

Eating disorders

A CAMHS Community Eating Disorder Service has been commissioned and work is currently underway to meet the published access and waiting time standards (95% of children and young people receive treatment within four weeks of referral for routine cases; and one week for urgent cases by 2020). Data from Q1 and Q2 2016/17 indicates that children and young people are not always yet able to access treatment within the required timeframe. For the remainder of 2016/17 and into 2017/18 Nottingham City CCG will therefore work with other CCGs and the service provider to develop a plan to improve access to treatment to meet the required target.

Suicide

During 2017-18 and 2018-19 Nottingham City CCG will continue to work with partners in both Nottinghamshire County and Nottingham City to implement an approved suicide prevention strategy. This will be supported by improving access to staff training on suicide prevention for primary care and provider staff.

Crisis response services

In advance of the publication of guidance by NHS England in April 2017 the CCG is planning to undertake a review of crisis response services to inform future service development and ensure the local model of care meets the needs of service users. This is with the aim that by 2020/21 all Crisis Response and Home Treatment Teams in Nottinghamshire will be delivering in line with best practice standards as described in the CORE fidelity criteria.

Key milestones

November 2016:

- Amendment of existing specification

December 2017:

- Specification and measures CV'd into the contract

January 2017:

- Crisis service review scheduled – including review of CORE fidelity model
- NHFT to report bi-monthly as per reporting requirements

February 2017:

- Crisis service feedback to be shared at IPG- actions to be agreed

April 2017:

- NHS England publish further guidance and formal review begins
- Out of area information to be reported by provider

Deliverables

- Reduced number of patients receiving OOAT
- Improved clinician and patient reported outcome measures
- Patients receiving treatment closer to home
- Evidence of working towards Core fidelity model

Meeting the waiting time standard for urgent care for those in crisis

During 2017-2019 the CCG will continue to work with system partners to prepare for the forthcoming waiting time standard for urgent care for those in a mental health crisis. This will include a focus on ensuring parity between mental and physical health urgent care responses and will include the development of mental health liaison teams and crisis teams. Work will also be undertaken in respect of health-based places of safety.

Mental health liaison teams

Key milestones

November 2016:

Mental health liaison teams commissioned to provide 24 hour coverage and urgent response (within 1 hour of ED referral)

Current staffing levels obtained from the trust

NHS England to provide further staffing on Core 24 levels and gap analysis to be undertaken.

Trust to undertake work to implement FROM LP outcome reporting (due April 2017)

December 2016:

Enhanced Core 24 model to be developed in collaboration with key stakeholders

Evaluation of non-recurrent pump prime monies to be completed

Business case to be developed

April 2017:

Agreed service enhancement model to be agreed and implemented

Summer 2017:

Business case to be submitted in order to secure transformation funding for mental health liaison teams

Key deliverables

Urgent referrals responded to within one hour of receipt by the mental health liaison teams (supporting overall response time of four hours)
Mental health liaison teams providing 24 hour 'all age cover' as per Core 24 requirements

Crisis

Key milestones

December 2017:

Specification and outcome measures CV'd into the contract

January 2017:

NHFT to report bi-monthly as per reporting requirements

April 2017:

Implement new local model (baseline allocations for crisis have increased)
NHS England publish further guidance and formal review begins

Key deliverables

Mental health liaison to respond to urgent referrals within 1 hour of receipt by the mental health liaison teams- (supporting overall response time of 4 hours)
Mental health liaison teams to provide 24 hour 'all age cover' as per Core 24 requirements
Crisis teams- to provide 4 hour and 24 hour response

HBPoS (Health-based place of safety)

Jasmine and Cassidy suites are already taking patients under S135 as well as S136.

Key milestones

Q4 2016/17: Analysis to be undertaken to understand the impact of the new Police and Crime Bill, i.e. increase in S135 & S136 and a reduction in the time spent in a HBPoS

April 2017: Patients will only remain in a HBPoS for up to 24 hours as per Police and Crime Bill.

Summer 2017: works completed to make suites more robust and therefore less likely to be damaged and out of commission for periods of time.

Key deliverables

Robust and effective HBPoS in operation
Patients are assessed and referred on within 24 hours
Evaluate the opportunity for having a dedicated MH conveyance vehicle (as above) will ensure a more timely conveyance to the HBPoS.

Street triage

During 2017/18, the CCG will evaluate the effectiveness of the street triage service and identify future commissioning opportunities.

Key milestones

Q3/Q4 2016/17: complete evaluation of Control Room Pilot to inform future commissioning.

Maternal and perinatal mental health

Maternal mental health is a priority in the NHS 5 Year Forward View; in Future in Mind: promoting, protecting and improving our children and young people's mental health and wellbeing; and in Better Births: the national maternity transformation programme. During 2017/19 there will continue to be a focus on improving maternal mental health, recognising that between 10 and 15% of

women develop mental illness in the perinatal period and our local maternity providers identify up to 20% of their caseloads with mental health issues.

Perinatal mental health services in Nottinghamshire benchmark well overall. However there are opportunities for improvement, including strengthening support for women with mild, moderate or emerging mental health needs and improving information sharing across the pathway.

Scoping work identified five key areas for action, namely:

- Commissioning
- Assessment tools, thresholds and self-help materials
- Training
- Information sharing
- Medicines and prescribing

Work will be led across Nottinghamshire by a multi-agency Perinatal Mental Health Steering Group, focusing on improving care and delivering the Better Births recommendations.

Nottinghamshire CCGs have been successful in their application to NHS England for additional funding. Over the next 3 years this funding will be utilised to ensure all elements of the perinatal 5YFV target are met. The project will go live in January 2017 and key deliverables will be CV'd into the Nottinghamshire Healthcare Foundation Trust's contract to ensure achievement.

Key milestones

November 2017:

- Attend National event for successful applicants

December 2017:

- Translate application into project plan
- CV agreed reporting measures into the contract (including targets specifically relating to waiting times, training, outcome measures and number of contacts)

January 2017:

- Enhanced service goes live
- Quarterly reporting provided to NHS England

The project to be monitored on an on-going basis as per the project plan.

Deliverables

- Expansion of the current service in both staffing and geography covered
- Achievement of the 2 week waiting time target (referral to treatment) by 2020/21
- Additional mothers are supported –based on NHFT current baseline (as per National target- 30,000 additional women to be receive treatment in England)
- Perinatal mental health training delivered to universal services (midwifery and health visiting)
- Reduced number of DNAs

Dementia

Nottingham City CCG currently achieves dementia diagnosis targets and aims to continue to meet this requirement in 2017/18 and 2018/19. To support this, the CCG has identified both a clinical and organisational lead for dementia. The CCG's Dementia Communication Plan 2016 provides a framework for improving dementia diagnosis rates during 2017/18 and 2018/19. In addition the CCG has created a practice performance summary on the intranet to improve practice awareness of their relative performance and throughout 2017/18 and 2018/19 will promote the use of this as a way to support achieving the dementia diagnosis target.

To support carers the CCG commissions compass workers who provide practical and emotional support for individuals with moderate to severe dementia. The CCG also has a web-site specifically for dementia carers and supports care groups.

Out of area placements

Nottingham City CCG is committed to ensuring that by 2020/21 no service users requiring non-specialist acute care receive their treatment in an out of area placement setting. As a first step towards eliminating OATs the CCG will review the data released in April 2017 in order to understand the nationally agreed definition of OATs and to gain a more accurate understanding of the scale and challenges locally

Avoiding conveyances to A&E

During 2017/18 and 2018/19 the CCG will continue work to identify and implement initiatives that reduce the number of people with a mental illness that are unnecessarily transported to A&E following a 999 call.

8. Learning Disabilities

As a fast track site Nottinghamshire's plan to transform services 'Transforming Care for People with Learning Disabilities and/or Autism Spectrum Disorders in Nottinghamshire' was submitted to NHS England in September 2015. The Transforming Care Programme (TCP) footprint is as outlined within 'Building the Right Support' and is made up of seven CCGs, two Local Authorities and NHSE Specialised Commissioning Hub for Midlands and East.

Delivery of the Transforming Care Programme in Nottinghamshire is managed and driven by five work streams, an Operational Committee and a Board. The Board has overall responsibility for ensuring implementation of the programme. Regular reports on the progress of the programme, including monthly milestone reports that capture risks and mitigations, are provided by programme management team to the Operational Committee and the Board as well as to NHS England. In addition, trackers containing information on inpatients, admissions and discharges are submitted weekly to NHS England by each CCG within the Partnership.

As the TCP plan aims to ensure that people can be safely cared for in the community, with hospital only being used when there is no other less restrictive option that is suitable, a range of measures have already been implemented designed to help prevent admissions to hospital. These include having an 'at risk of admission' register and pre admission and 'blue light' Care and Treatment Reviews (CTR) process. A robust process is also in place across the partnership for post admission and ongoing CTRs to ensure that people are not remaining in hospital for longer than they need to. In addition, there are plans to commission a number of services to help manage and reduce inpatient numbers as detailed in the key milestones and deliverables below.

The Finance work stream is working on the development of a pooled budget, releasing investment from CCG and specialised commissioned inpatient services, and increasing the uptake of Personal Health Budgets to the Transforming Care cohort.

Key milestones

- **28/2/2017:** complete an independent review of the local Assessment and Treatment Unit
- **31/3/2017:** commission a crisis service that can provide an alternative to hospital admission for up to 3 people.
- **31/3/2017:** commission a respite service that can provide for up to 2 people with challenging behaviour
- **31/3/2017:** commission a step-down service in the community for people leaving hospital, particularly secure services.

- **31/3/2017:** enhance the Intensive Community Assessment and Treatment Team to provide the expertise to care for the TC cohort in the community and to work with the crisis, respite and step-down services.
- **31/3/2017:** Reduce the inpatient numbers of people that meet the Transforming Care criteria from 65 to 73 on 31/3/2016.
- **31/3/2018:** Review the outcome of the crisis/respite pilot model and re-commission a longer term service model accordingly.
- **31/3/2018:** Review, and where required re-commission, the provision of step-down placements for people leaving secure hospitals, to ensure that placements offer re-enablement and rehabilitation that allow people to exit the hospital system safely, and reducing risk of re-admission.
- **31/3/2018:** Review commissioned services within NHS Trust block contract including community teams and inpatient unit, in line with reducing capacity in the inpatient unit and increasing capacity of the community teams, issuing notice periods and/or commissioning intentions as required.
- **31/3/2018:** Reduce the inpatient numbers of people that meet the Transforming Care criteria in the TCP area to 53 from 73 on 31/3/2016.
- **31/3/2019:** Review the provision of carer support, planned respite, training and referral routes into services, ensuring that adjustments are made that enable people that meet the Transforming Care criteria to access physical, mental and emotional treatment and support when required.
- **31/3/2019:** Reduce the inpatient numbers of people that meet the Transforming Care criteria in the TCP area to 36 from 73 on 31/3/2016.

Deliverables

- Reducing numbers of people that meet the Transforming Care criteria who are in inpatient beds in line with expectations included within BRS
- Increasing the number of people with LS/ASD that receive treatment in a community based placement.
- Increasing the number of complex people with LD/ASD who are living in accommodation with security of tenure, in order that their accommodation doesn't have to change if there is a change in their care and support needs.
- Reducing the number of spot purchased / commissioned inpatient beds, resulting in a smaller acute assessment and treatment unit, and a reduced use of locked rehabilitation beds.
- Increasing the number of people, who when requiring an inpatient admission, are cared for within Nottinghamshire Increasing the ability of the workforce to support new ways of working and improving the competence, capability and capacity of staff providing health and social care and support.
- Increasing the number of staff who have the relevant skills, knowledge, and values to deliver high quality care and support.
- Development and implementation of a pooled budget, releasing investment from CCG and specialised commissioned inpatient services.
- Increasing the uptake of personal health budgets and direct payments for the Transforming Care cohort.
- Increasing the number of service users / their carers who say that they felt they had some choice in the nature of the health and social care they received.
- Increasing the number of people aged 14 and over that have a learning disability accessing annual health checks.
- Increasing the number of people aged 14 and over that have an autistic spectrum disorder accessing an annual health check.

Reducing in-patient bed capacity

The Nottinghamshire TCP has committed to reducing its usage of inpatient services in line with the National Planning Assumptions set out in 'Building the Right Support' (Oct 2015). For Nottinghamshire this translates to the use of no more than 13 CCG and 23 specialised beds by the end of 2018/19. Nottinghamshire envisage that the majority of the 36 people still requiring inpatient services in 2019 will be in beds already provided in Nottinghamshire.

Capacity planning has already been completed and submitted to NHS England. This identifies the expected reduction in in-patient bed capacity for each of the financial years (2017/18 to 2018/19). As most inpatient beds commissioned by both CCGs and the specialised hub are commissioned on a spot purchase basis from provider framework contracts it will not be necessary to serve notice on these. Despite this, all providers delivering in-patient care within Nottinghamshire have had the opportunity to respond to as part of a formal consultation.

For the Assessment and Treatment Unit (part of a block contract with Nottinghamshire Healthcare Foundation Trust) it is the intention to reduce these beds by 50% by March 2019. The provider has been made aware of this intention since the publication of the plan in September 2015, and the programme management team continue to work closely with the provider in terms of timescales and formal commissioning intentions.

Health checks

Whilst commissioning NHS health checks is not a direct or delegated responsibility of CCG's, the TCP recognises the important contribution they can make to the health and wellbeing of people with a learning disability / ASD. At an average of 55%, current performance for the CCGs in the TCP is above the 2016/17 national average of uptake of health checks which is 48%. However, in order to reach the target of 75% of people on a GP LD register by 2020, there are a number of actions required which will be overseen by the TCP.

These are as follows:

- Establish timely monitoring of data by March 2017
- Understand data issues and work with GPs to improve data accuracy by March 2017
- Encourage GPs to participate in the scheme and to engage with data improvement during Q3-Q4 2016/17
- Review the role of primary care liaison nurses with regard to encouraging take-up of health checks during Q1 2017/18
- Establish a TCP-wide task and finish group to understand the data and operational issues with annual health checks. This will include a comparison of commissioning models and outcomes between CCGs within the TCP footprint which may lead to a change in specifications / methods of delivery by end of Q4 (2016/17)
- Oversight and monitoring of performance and progress at the Operational Committee. This has already commenced and will continue during 2017/18 and 2018/19

Nottingham City CCG is committed to supporting patients with Learning Disabilities and recognises the need to increase the number and quality of health checks that are delivered within Primary Care. The CCG will be undertaking an audit in each practice with a view to 100% of patients being invited to attend a health check during 2017-2018. The CCG will continue to work closely with the Learning Disability Community Nurse.

Reducing premature mortality

A National Learning Disabilities Mortality Review programme has been launched (LeDeR Programme) following the publication of the 'Confidential Inquiry into premature deaths of people with learning disabilities' (CIPOLD) (2013). A key recommendation of CIPOLD was for ongoing mortality surveillance in the LD population. Nottinghamshire will be participating in workshops which will launch local LeDeR steering groups, the aim of which will be to drive improvement in the

quality of health and social care service delivery for people with learning disabilities, and to help reduce premature mortality and health inequalities in this population. Following these workshops the TCP will agree plans to establish the local arrangements for the LeDeR programme.

The measures to improve the uptake of annual health checks for the LD population are linked to the premature mortality review. Evidence suggests that people with a learning disability are less likely to seek assessment, diagnosis and treatment of long term conditions, which in part, contributes to the inequality in mortality statistics. Ensuring that people have an annual health check is in part aimed at engaging the population in discussion about their physical health, detecting early signs of physical health conditions, and assessing other contributory factors such as mental health and wellbeing.

The TCP in Nottinghamshire is working closely with wider programmes of change in Nottinghamshire that aim to improve outcomes, and reduce health inequalities for people with learning disabilities and autism, including the special educational needs (SEND) reform programme, and the 'Whole Life Disability Review' programme. In both Nottingham City and County, specialist LD nurses are employed as 'Health Facilitators' who work closely with primary care services, service users, families and carers, in order to ensure that people with learning disabilities attend physical health appointments, treatment, follow up and aftercare, in relation to their health conditions, and that all reasonable adjustments are made to facilitate this where required. In addition to this, the CCGs fund a number of specialist LD nurses who are based at acute hospitals in both the City and County working as 'acute liaison nurses' who provide specialist assessment, support, advice, and signposting for people with LD and ASD who are accessing either inpatient or outpatient services within acute general hospitals.

Special educational needs and disabilities, children and young people (0-25)

During 2017-2019 the CCG, via the Children's Integrated Commissioning Hub will work in partnership with Nottinghamshire County Council to deliver the statutory duties for children and young people aged 0-25 with special educational needs and disability in line with the Children and Families Act 2014 and the requirements of the OFSTED and CQC inspection framework, including:

- continuation and development of the designated clinical officer (DCO) and associate designated clinical officer roles
- development of the Educational Health and Care Plan (EHCP) pathway to be more streamlined and person centred
- further development of the local offer
- establishment of new approaches to commissioning of services to meet health needs identified in EHCPs
- development of individual personalised commissioning for children and young people (Personal Health Budgets)
- further development of quality assurance of the EHCP pathway and continuing care
- mobilisation of the Integrated Children and Young People's Community Health Services transformation programme, to deliver better health services for children and young people with the most complex health needs.

9. Improve quality

During 2017/18 and 2018/19 the CCG's Quality Team will continue to work with providers (across all sectors) to identify areas for development and support them in the production and implementation of plans and strategies to make sustained improvements. This will involve triangulation and analysis of a wide range of information including clinical outcomes, workforce/staffing indicators, and patient and staff safety and experience measures supplemented with quality visits and other intelligence sharing e.g. from NHSI, CQC inspections, HealthWatch feedback and cancer peer review.

The team will continue to use contractual levers such as CQUINs and increasingly Quality Outcome Frameworks to incentivise continual improvement. Quality schedules and quality scrutiny panels will be utilised to ensure that providers have robust mortality and morbidity review processes in place and comply with requirements to publish avoidable mortality rates, acting as a critical friend confirming and challenging information and monitoring completion of improvement action plans. The quality assurance framework for primary care introduced in 2016/17 (comprising a quality dashboard, risk stratification matrix, primary care quality groups and escalation process), will be developed further, and will include learning from CQC inspections in particular those where ratings of inadequate were found either overall or in any domain. The team will also continue to build on the harm review processes developed during 2016/17 to enable continued monitoring of the impact of performance on quality (in particular safety) e.g. cancer and ED breaches, ambulance and diagnostic delays. Particular areas of focus during 2017-2019 will be aligned to national and local priorities as follows:

- Improving 4 hour ED access performance and ambulance response times by implementing system transformation to reduce attendances and improve timely discharge
- Reducing cancer and diagnostic waits by ensuring that capacity and demand is matched and efficient systems are in operation
- Reducing the number of patients with learning disabilities admitted to hospital by undertaking regular care and treatment reviews, provision of crisis intervention services and alternative community based provision
- Improving staff health and well-being by ensuring that initiatives are implemented that support musculoskeletal and mental health and healthy eating
- Supporting safe and proactive discharge by developing transfer to assess services and improving provider to provider communication and collaboration
- Reducing impact of serious infections (in particular sepsis) by ensuring appropriate use of early warning tools, staff training and antibiotic therapy
- Improving services for patients with mental health needs who attend ED by supporting mental health and acute hospital providers, working together and with partners (primary care, police, ambulance, substance misuse, social care, voluntary sector) to ensure that people presenting at ED with primary or secondary mental health needs have these needs met more effectively through an improved, integrated service offer
- Reducing avoidable emergency admissions by ensuring effective advice and guidance is available to referring clinicians and improved GP access
- Maximising choice by ensuring that all first outpatient referrals are able to be received through ERS
- Preventing ill health by risky behaviours (alcohol and tobacco in particular) by ensuring that staff have appropriate training and confidence to assess and where appropriate offer brief intervention training and onward referral or treatment
- Improving the assessment of wounds that not healed within 4 weeks by implementing full wound assessments
- Improving access to and transitions between mental health services for children and young people by supporting sending and receiving services to work collaboratively and ensuring that individual transitions meetings are held
- Increasing personalised care and support planning by staff training to support increased patient activation
- Increasing the uptake of personal health budgets and integrated personal commissioning by working in collaboration with our local authority colleagues to maximise the sustainability of the care market, in particular appropriately trained personal assistants
- Reducing the number of 999 calls that result in conveyance to ED and increasing the number of 111 calls that result in referral to services other than ED by appropriate training and support for frontline staff and provision of effective alternative pathways
- Reducing clinical variation by using intelligence from RightCare and Centene to identify opportunities for improvement

- Improving early cancer and dementia diagnosis by appropriate staff training and access to diagnostics and specialist services
- Reducing mortality and improve quality of life for people with long term conditions by early diagnosis, a proactive approach to prevention and targeted support for individuals and communities at highest risk

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10. Appendix 1: General Practice Forward View – summary of schemes released

NHS Operational Planning and Contracting Guidance - General Practice Forward View Summary of schemes released

1. Introduction

The General Practice Forward View (GPFV) was published in April 2016 and sets out a plan with significant investment to stabilise and transform general practice. CCGs have to submit one GPFV plan to NHS England by 23 December 2016 encompassing specific areas outlined in the GPFV. Plans must reflect local circumstances and as a minimum set out:

- How access to general practice will be improved
- How funds for practice transformational support will be created and deployed to support general practice
- How ring-fenced funding being devolved to CCGs to support the training of care navigators and medical assistants, and stimulate the use of online consultations, will be deployed

NHS England have carried out a number of roadshows to engage with CCGs in the purpose of the GPFV over the summer and to ensure CCGs are prepared for the roll out of schemes. The events informed audiences that there are 82 schemes; the table below lists the schemes that have been released and the progress against each scheme.

2. Summary of schemes

2016-17						
Lead organisation for coordination/delivery	Scheme	Funding (£)	Information	Progress/action	Next steps	Deliver by
NHSE	1. GP indemnity review	£33m nationally (included in contract inflation rises in 2016/17 to reflect rises in the previous year	To cover the associated increases for in-hours indemnity insurance with MDUs	Co-ordinated by NHS England First payment of scheme made in April 2016 to address	Scheme to be reviewed in two years	N/A

		– figure based on population)		inflation in 2016/17 (already in practice baselines)		
NHSE regional/ Nottingham City CCG	2. Vulnerable practice scheme	£10m North Midlands = £601,337k Nottingham City CCG allocation = £100k in total (to be drawn down from NHS England)	Programme of support to practices identified as 'vulnerable'. Vulnerable GP practices are identified as those rated by CQC as 'inadequate', those rated as 'requiring improvement' where there is greatest concern, those assessed by local commissioners in need of support in view of local intelligence; or practices that self-declare. Match funding £ required but later guidance indicated the match funding could be made 'in kind'.	Practices identified CCG discussed programme development with NCGPA	Programme to be developed Application to be submitted to NHS England Dec 16 Agree work plan for delivery across identified practices	March 2017
NHSE regional/ Nottingham City CCG	3. GP Resilience programme	£2.579m over four years from 16/17 for North Midlands £1.453m across Derbys/Notts Nottingham City CCG 16/17 allocation =	Same criteria as vulnerable practice scheme and no match funding required, although practices must provide 'matched commitment' Support can be delivered by local resilience teams or	Practices identified CCG discussed programme development with NCGPA	Programme to be developed Application to be submitted to NHS England Dec 16 Agree work plan for delivery across identified practices	March 2017

		£101k Next 3 years £51k per annum	pools of experienced clinical and managerial staff to help practices implement changes that will support practices to become more sustainable and resilient			
NHSE regional/ Nottingham City CCG	4. Estates and technology transformation fund (ETTF)	Over £900m national capital investment (over 4 years)	Local ETTF schemes prioritised and submitted on central portal	Funding secured for following schemes: <ul style="list-style-type: none"> • Strelley Health Centre – feasibility study/options appraisal • Sneinton Health Centre – feasibility study/options appraisal • Wollaton Vale Health Centre – feasibility study/options appraisal • Bridgeway Surgery – internal reconfiguration to increased clinical capacity • Family Medical Centre – extension to 	Await timescales for submitted schemes for 17/18/19/20 Reporting to be advised by NHS England	March 17

				<p>increase clinical capacity</p> <p>Organisation appointed to undertake feasibility studies</p> <p>Bridgeway Practice and Family Medical Centre working with NHS England</p>		
NHSE regional/ Nottingham City CCG	5. Training for reception and clerical staff	<p>£45m over five years</p> <p>2016/17 allocations made directly to CCGs</p> <p>Nottingham City CCG allocation = £32k</p>	To support reception and clerical staff to undertake enhanced roles in active signposting and management of clinical correspondence	<p>Liaised with neighboring CCGs to ascertain potential to collaborate</p> <p>Scoping programme requirements with Nottingham City GPA, ascertain preference for specific Nottingham City programme</p>	<p>Nottinghamshire CCG leads liaising to explore opportunities to collaborate to maximise investment</p> <p>Finalise training programme</p>	Proposal by Dec 16
NHSE/The Hurley Clinic	6. NHS GP Health Service	£19.5m (nationally)	The Hurley Clinic Partnership has been appointed provider of a NHS GP Health Service. The service is to improve access to mental health support for general practitioners and trainee GPs who may be suffering from mental ill-health including stress,	<p>Commissioned by NHS England</p> <p>Awaiting details to determine delivery plan</p>	Awaiting confirmed launch	Launch January 2017

			depression, addiction and burnout			
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2017-18						
Lead organisation for coordination/delivery	Scheme	Funding (£)	Information	Progress/action	Next steps	Delivery Timescale
Nottingham City CCG /GP practices	7. GP access fund (formerly PMCF)	17/18 & 18/19 £6/weighted population	<p>Criteria contained within planning guidance:</p> <p>Timing of appointments</p> <ul style="list-style-type: none"> Pre-bookable and same day appointments to general practice services in evenings (after 6:30pm) to provide additional 1.5 hours a day Weekend provision of access to pre-bookable and same day appointments on both Saturdays and Sundays 'to meet local population needs' Provide robust evidence, based on utilization rates, for the proposed disposition of services through the week Appointments can 	<p>Contract already in place with providers until 31 Mar 17 to continue existing PMCF wave 1 service</p> <p>Existing model will not deliver additional criteria in 17/18. New model being designed and procured</p> <p>Outline specification sent being developed</p> <p>Awaiting information/ advice on electronic appointment reporting tool</p> <p>Activity submitted to NHSE local lead</p>	<p>Finalise delivery model and service specification</p> <p>Procure and award new service</p> <p>Contracts to be signed</p> <p>Continue to seek clarification from NHSE on extended hours DES for 17/18</p>	<p>Proposals confirmed to NHSE by 23 December 16</p> <p>Procurement Jan 17</p> <p>Delivery of service Apr 17</p>

			<p>be provided on a hub basis with practices working at scale</p> <p>Capacity</p> <ul style="list-style-type: none"> • Commission a minimum additional 30 minutes consultation capacity per 1,000 population, rising to 45 minutes per 1,000 population <p>Measurement</p> <ul style="list-style-type: none"> • Ensure usage of a nationally commissioned new tool to automatically measure appointment activity by all participating practices, both in-hours and in extended hours <p>Advertising and ease of access</p> <ul style="list-style-type: none"> • Ensure services are advertised to patients • Ensure ease of access for patients including ability to book into extended hours and weekend slots <p>Digital</p>			
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			<ul style="list-style-type: none"> Use of digital approaches to support new models of care in general practice <p>Inequalities</p> <ul style="list-style-type: none"> Issues of inequalities in patients experience of accessing general practice identified by local evidence and actions to resolve in place 			
CCGs/Connected Notts	8. Online general practice consultation software systems	£45m over three years, from 2017/18	'Online consultation systems' to be purchased and deployed, starting in 2017/18.	Specific plans not required at this stage. Rushcliffe CCG has looked at 'AskMyGP' and 'WebGP' systems	Awaiting further details, including funding rules and system specification	2017/18 onwards
Nottingham City CCG/local stakeholder	9. Training care navigators and medical assistants	£45m over five years	West Wakefield GP Federation has trained 70 staff to signpost patients to the best solution for their needs. Developing and piloting medical assistant roles that support GPs Care navigators also included in 'Ten high impact changes' within	Nottinghamshire CCGs are jointly scoping delivery of medical assistants to ascertain joint working with HEE, PCSET & LMC to develop and deliver (medical assistants) Business case for care navigators to be developed	Awaiting details of specification and monitoring arrangements	Dec 2017

			GP Development Programme			
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Delivery timescale to be confirmed						
Lead organisation for coordination/delivery	Scheme	Funding (£)	Information	Progress/action	Next steps	Delivery Timescale
NHS England/regional pilots	10. Targeted investment in recruiting returning doctors pilot 2016 (TIRRDs)	Approximately £15k per participating practice	Targeted at practices that have struggled to recruit to GP vacancies that they have held for over 12 months.	Co-ordinated by NHS England 15 pilots identified across region, 5 prioritised in North Midlands approved Nottingham City CCG: High Green Medical Practice approved	Ongoing monitoring	NHS England to advise (<i>monthly/quarterly</i>)
NHSE/Nottingham City CCG	11. General practices development programme	£30m nationally over three years	Tailored programme linked to releasing 'Time to care' – delivering the 10 High Impact Actions, freeing up time for GPs and improving care for patients (10 high impact actions includes care navigators)	Identify lead to link with NHS Development leads		NHS England to advise (<i>monthly/quarterly</i>)
NHSE	12. Retained doctors scheme (2016)	Bursary scheme based on annualised sessions	Incentives to support GPs who might otherwise leave the profession to remain in	NHS England communicating with practices	Awaiting feedback of take up	NHS England to advise (<i>monthly/quarterly</i>)

			clinical general practice (clarity provided that can be a mentor within existing practice – does not need to move to another practice)	CCG communication circulated to GPs Proposing establishment of Senior GP fellowship scheme to HEE		
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Further details for all these schemes are available from the NHS England website www.england.nhs.uk

There is a clear focus on delivering GP Access, and the GP Resilience programme. Many of the other schemes are quite sketchy, with detailed guidance and specifications awaited.

In addition, the Planning Guidance suggests that ‘in their GPFV plans, CCGs will want to include a general practice workforce strategy for the local system that links to their service redesign plans’. For example, the plans could include:

- a baseline that includes assessment of current workforce in general practice, workload demands and identifying practices that are in greatest need of support
- workforce development plans which set out future ways of working including the development of multi-disciplinary teams, support for practice nursing and establishing primary care at scale
- commitment to develop, fund and implement local workforce plans in line with the GPFV and that support delivery of STPs
- initiatives to attract, recruit and retain GPs and other clinical staff including locally designed and nationally available initiatives
- actions to ensure GPs are operating at the top of their license, for example through use of clinical pharmacists in a community setting and upskilling other health care professionals to manage less complex health problems
- actions which facilitate an expanded multi-disciplinary team and greater integration across community services to optimise out of hospital care for patients including access to premises, diagnostics, technology and community assets

Given the complex range of schemes outlined, with a range of different timescales and funding rules, we are engaging with other Nottinghamshire CCGs to explore where CCGs can collaborate to deliver at scale to maximise investment and share information to support delivery.

HEALTH AND WELLBEING BOARD

29 MARCH 2017

	Report for Information
Title:	How community pharmacy can support the Sustainability and Transformation Plan prevention and workforce agendas
Lead Board Member(s):	Jonathan Rycroft, NHS England
Author and contact details for further information:	Samantha Travis, Clinical Leadership Adviser, NHS England (North Midlands) Samantha.travis@nhs.net Nick Hunter, Chief Officer, Nottinghamshire LPC nick.hunter19@gmail.com
Brief summary:	This report is to brief Health and Wellbeing Board members about community pharmacy, the changes to the national community pharmacy contract in respect of healthy living pharmacies and how pharmacies can support the prevention and workforce streams of the Sustainability and Transformation Plan.

Recommendation to the Health and Wellbeing Board:

The Health and Wellbeing Board is asked to:

- a) note the report; and
- b) for the Board and partner organisations to consider the support requested below:
 - 1) to look at the scope of co-commissioning services between the local authority, Clinical Commissioning Groups and NHS England; and
 - 2) scope how we can build on the Healthy Living Pharmacies concept as by September 2017 80% of community pharmacies will be accredited to level 1

Contribution to Joint Health and Wellbeing Strategy:

Health and Wellbeing Strategy aims and outcomes	Summary of contribution to the Strategy
Aim: To increase healthy life expectancy in Nottingham and make us one of the healthiest big cities	Healthy Living Pharmacies level 1 is a national standard developed by Public Health England that is now part of the community pharmacy quality scheme – this can be further developed locally to coordinate additional services provided by Community Pharmacies as an umbrella framework to focus on STP priorities.
Aim: To reduce inequalities in health by targeting the neighbourhoods with the lowest levels of healthy life expectancy	
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 citizens are supported and empowered to live healthy lives and manage ill health well	Healthy living pharmacies will be embedded as mini health and wellbeing hubs in all areas of the City providing lifestyle advice, and interventions and focussed health promotion activities.
Outcome 4: Nottingham's environment will be sustainable – supporting and enabling its citizens to have good health and wellbeing	Healthy living pharmacies are also expected to work in the wider community with community groups / schools. Ethos of healthy living pharmacy is to promote good physical and mental health. promote a culture of self -care, empowering citizens to look after their own health and to promote interventions to help support them in managing both minor and long term conditions.

How mental health and wellbeing is being championed in line with the Board's aspiration to give equal value to mental and physical health
Mental health could, with support from the Board and colleagues working in public health within the Council, become a specific focus for the offering from Nottingham City Healthy Living Pharmacies.

<p>Background papers: <i>Documents which disclose important facts or matters on which the decision has been based and have been relied on to a material extent in preparing the decision. This does not include any published works e.g. previous Board reports or any exempt documents.</i></p>	None
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**Report to
Health and Wellbeing Board**

March 2017

**REPORT OF HOW COMMUNITY PHARMACY CAN SUPPORT THE STP
PREVENTION AND WORKFORCE AGENDAS**

Purpose of the Report

1. This report is to brief Health and Wellbeing Board members about community pharmacy, the changes to the national community pharmacy contract in respect of healthy living pharmacies and how pharmacies can support the prevention and workforce streams of the sustainability and transformation plan.

Information and Advice

2. Community Pharmacy is a vital amenity for patients and the public. Pharmacy teams help people to stay healthy and well, and provide crucial clinical services when they are needed in every community in Nottinghamshire.
3. Community Pharmacy is an ambitious, entrepreneurial and innovative sector - which can help reduce demand on other providers, manage healthcare cost inflation and improve patient and population outcomes.
4. Community Pharmacy leaders recognise the unprecedented demands facing the health and care system and understand the need for continuous improvement in efficiency to deliver quality outcomes. They share the Government's stated ambitions for the sector to play a greater role at the heart of the NHS, and want to work in partnership to achieve them.
5. Community Pharmacy can deliver universally high quality public health and clinical services so people can confidently choose Pharmacy First for support with medicines use, minor illnesses and healthy lifestyles advice.
6. Community Pharmacy can provide greater patient choice, convenience and personalisation working across all aspects of pharmaceutical care outside hospital: including medicines optimisation across general practice, care homes and domiciliary settings and at points of transfer such as hospital discharge. Intensification of medicines use can lead to some people ending up on 10, 15 or even 30 different medicines to treat multiple co-morbidities.

However, with each medication bringing its own set of side effects and adverse reactions some consideration needs to be given to rationalising these.

7. By changing the way Community Pharmacy is incentivised to encourage a more collaborative approach in care, pharmacists can support the patient and liaise with the prescriber to identify essential medication for that individual.
8. Community Pharmacy solves problems created in other parts of the system - identifying prescribing errors; dealing with IT failures; resolving medicines supply problems - to offer safe seamless and timely access to medicines for patients. This can improve access to primary care services, making use of clinical expertise including pharmacist prescribing skills to improve medicines use in an environment where half of the people on prescribed medication do not take them as intended by the prescriber. Nationally unwanted medicines returned by patients for destruction amount to £300M per year and half of this could be prevented through better use of pharmacists' skills.
9. Community Pharmacy provides a solution to help address the crisis in GP access, by relieving the demand on general practice through innovation and the development of new care models collaborating with local colleagues to find ways of removing historical barriers to integration, efficiency and effectiveness.
10. It is estimated that 57million GP appointments in England could be avoided if patients sought help from other parts of NHS – including 40,000 visits per year for dandruff; 20,000 for travel sickness and 5.2m for blocked noses. Also, it is estimated that 3.7 million A&E admissions every year are classed as minor conditions – all of which community pharmacy could be empowered to deal with.
11. The Pharmacy First Minor Ailments Service (MAS) commissioned by NHS England North Midlands should be seen as the start of a process of shifting patients' patterns of behaviour so that they "Think Pharmacy" before going straight to the GP surgery or to Accident and Emergency departments at our hospitals. The recent King's Fund report by Richard Murray sets out a number of recommendations for the future development of community pharmacy services including:
 - a. Incentivising use of electronic repeat dispensing so that this becomes the default for repeat prescribing;
 - b. A redesign of MURs to develop them into full clinical reviews including ongoing monitoring and follow-up of patients, consideration of prescription duration, and utilising independent prescribing as part of the care pathway;
 - c. Consideration of making smoking cessation services an element of the national [community pharmacy] contractual framework;
 - d. Use of the Vanguard programmes to develop the evidence base for community pharmacists, including integrating community pharmacists into long term condition management pathways, involving them in case finding programmes, and using new ways of contracting that mitigate any perceived conflicts of interest;
 - e. Support from NHS England and national partners to help STP leads to integrate community pharmacy into their plans and local commissioners to contract for services.

The full King's Fund report is available at

<https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/12/community-pharm-clncl-serv-rev.pdf>

12. In Nottinghamshire & Derbyshire NHSE are piloting a service extending working relationships between Community Pharmacists and GP practice teams. The programme aims to develop and evaluate new models of care to test quality improvements by utilising community pharmacy independent prescribers (CPIP.) CPIPs are part of the wider General Practice team and co-manage patients with long term conditions and urgent care needs. CPIPs are still employed by their community pharmacy providers who are important strategic partners to the programme. The aspiration is to ultimately “reduce the queue at the front door of general practice”. Early results are positive and by the end of October 2016 had achieved:

- a. 8442 consultations – face-to-face and telephone
- b. Estimated 1,410 hours of GP time saved
- c. Favourable cost per consultation - £21.00 to £38.00
- d. Evidence of significant clinical interventions
- e. Medicines changed in 56% of cases
- f. Safety and quality improvements
- g. Identified side-effects 15%, need for blood tests 14%, self-care advice 29%
- h. 7.8% potential reduction in secondary care referrals
- i. Excellent patient feedback (100% satisfaction)

NHSE has secured funding to train a further 27 CPIPs
See Appendix 1 for further details.

13. Community Pharmacy teams help people make positive lifestyle choices, providing a wide range of services and information to promote health, wellbeing and self-care. Many offer free blood pressure and blood glucose checks, but could provide full NHS HealthChecks to improve access and take up by some of the harder to reach residents of the County.

14. The NHS benefits from the private investment community pharmacy businesses have made over decades in their premises, supply chains, utilities and workforce. In recent years, Community Pharmacy nationally has delivered more than 4% savings for the NHS through both cost reduction and quality improvement year on year demonstrating community pharmacy provides good value for money to the NHS. A recent report by Price Waterhouse Cooper demonstrates this by identifying community pharmacies contributed a net value of £3 billion to the NHS, public sector, patients and wider society in England in 2015 through just 12 services, with a further £1.9 billion expected to accrue over the next 20 years. This means that community pharmacies deliver substantially more in benefits than they receive in compensation, providing excellent value to the Department of Health. Further details at <http://psnc.org.uk/psncs-work/about-community-pharmacy/the-value-of-community-pharmacy/> and in appendix 2

15. Community Pharmacy businesses offer many high-quality services to their patients, to help them manage their health and to order, receive and understand their medicines –services that involve far more than simply supplying a medicine..

16. Community Pharmacy provides social contact, networks and support mechanisms for many people across the county, including services tailored to meet specific cultural and population needs. Most are signed up to Dementia Friends and help safeguard vulnerable people - identifying concerns and signposting / referring to health and social care colleagues.

17. The Government have made recent changes to the community pharmacy contractual framework to include a quality scheme – this includes Healthy Living Pharmacy Level 1. The Healthy Living Pharmacy (HLP) framework is a tiered commissioning framework aimed at achieving consistent delivery of a broad range of high quality services through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities. The HLP framework is underpinned by three enablers:
- workforce development – a skilled team to pro-actively support and promote behaviour change, improving health and wellbeing;
 - premises that are fit for purpose; and
 - engagement with the local community, other health professionals (especially GPs), social care and public health professionals and local authorities.

Level 1 is a nationally defined standard, with levels 2 and 3 being locally determined. Further details are available at <http://psnc.org.uk/services-commissioning/locally-commissioned-services/healthy-living-pharmacies/>

The other aspects of the Quality Scheme include:

- Patient safety
- Safeguarding
- Patient experience
- Clinical effectiveness
- Dementia Friends
- Leadership

HEE are funding all pharmacies to have trained Healthy Living leaders and a Healthy Living Champion with a Royal Society of Public Health Level 2 qualification. This new initiative will provide Nottingham City with 60+ mini Health and Wellbeing hubs giving high footfall opportunities for health interventions through *Making Every Contact Count*. To maximise this STP partners will need to collaborate to give coordinated strategic guidance.

18. A combination of MAS and HLP in effect makes Community Pharmacy mini walk-in-centres and in those where space permits commissioners should consider co-locating other appropriate healthcare professionals such as podiatrists, dieticians, health visitors to make use of the footfall and opportunity to prevent ill health by earlier intervention.
19. Public Health interventions by pharmacy teams reduce the burden on the wider system by enabling early detection, management and treatment of health conditions. Many pharmacies have areas which could be used more collaboratively as a locality “public health outposts” to support all manner of public health awareness campaigns and initiatives. All it requires is some creative thinking and will to bring public and private sectors together for mutual benefit.

Reason/s for Recommendation/s

20. Community Pharmacy is an accessible trusted resource of healthcare professionals in all communities of Nottingham City and can be used more efficiently to support the Public Health, Social and Health economy to improve care of citizens.

21. The Price Waterhouse Cooper and King's Fund reports referred to in bullets 9 and 12 make it clear that there is much more community pharmacy can offer the health economy to support the STP.
22. Healthy Living Pharmacies level 1 is a national standard developed by Public Health England that is now part of the community pharmacy quality scheme – this can be further developed locally to coordinate additional services provided by Community Pharmacies as an umbrella framework to focus on STP priorities
23. We are seeking support from the Health and Wellbeing Board to continue working together:
- a. To explore opportunities where community pharmacy can support the health and wellbeing of the local population and support local GPs workload in particular through the Community Pharmacy Independent Prescriber project.
 - b. To look at the scope of co-commissioning services between the local authority, CCGs and the NHS England.
 - c. Scope how we can build on the HLP concept as by September 2017 80% of community pharmacies will be accredited to level 1

RECOMMENDATION/S

- 1) Health & Wellbeing Board members to note the report.
- 2) Health and Wellbeing Board members and partner organisations to consider the support requested in paragraph 23.

Nick Hunter
Chief Officer
Nottinghamshire Local Pharmaceutical Committee
07595 069178
chiefofficer@nottinghamshirelpc.co.uk

Samantha Travis
Clinical Leadership Adviser /
Controlled Drugs Accountable Officer /
LPN Chair
NHS England North Midlands
01138255474
Samantha.travis@nhs.net

For any enquiries about this report please contact either author

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Derbyshire Nottinghamshire GP Pharmacy Transformation Programme

Aims

- Improve Primary Care access
- Release GP time
- Improve patient experience
- Improve Health outcomes
 - Medicines optimisation
 - Quality & Safety
- Better use of healthcare System
- Utilise Community Pharmacy workforce

Results and Outcomes

- 8442 consultations with Pharmacist
- 1,410 hours of GP time saved
- Favourable cost and length of consultations
- Excellent patient feedback
- Evidence of significant clinical interventions



- Medicines changed in **56%** of cases
- **Safety and quality** improvements (side-effects 15%, blood tests 14%, self-care advice 29%)
- **7.8%** potential reduction in secondary care referrals

Benefits

Annual Programme Costs – £491,900

- Pilot sites: - £272,700
- Project costs - £219,200

Annual benefits - £1,018,200

- Released GP time **£240,900**
- Reduced hospital activity **£777,300**

Additional benefits

- Practice staff value role
- Contributes to better GP work life balance
- Better quality of medication reviews
- Added cost benefits from reduction in long term care

Project

Community Pharmacist Independent Prescribers in GP practices
 6 sites across Notts & Derbyshire
Mid Notts - Abbey Medical Group
 Complex Medication reviews, prescription queries, LTC, specialist reviews, minor illness clinics

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Community pharmacy: providing great value for communities

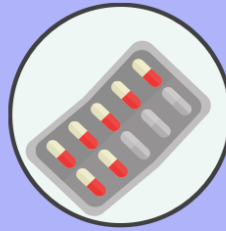
Community pharmacies are vital parts of local communities, offering a range of services to support people's health and wellbeing. New research from PricewaterhouseCoopers (PwC) has shown just how important some of these services are to public spending.

The research

The research analysed 12 community pharmacy services across:



Public health



Medicines support



Support for self-care

The savings



The 12 services in 2015 delivered £3bn worth of net benefit to the NHS, public sector, patients and wider society.

This included:



£1.1bn NHS cash savings



£600m benefits to patients



£1bn benefits to the public sector and wider economy



£242m avoided NHS treatment costs

The benefits



Avoided NHS treatment costs

Avoided GP appointments



Cost efficiencies

Avoided social care costs



Reduced travel time

Increased economic output

Find out more at: psnc.org.uk/valueofpharmacy

Support the campaign for community pharmacy:
supportyourlocalpharmacy.org

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HEALTH AND WELLBEING BOARD

29 MARCH 2017

	Report for Resolution
Title:	Changes to the Health and Wellbeing Board Commissioning Sub Committee Terms of Reference
Lead Board Member(s):	Councillor Alex Norris, Chair
Author and contact details for further information:	Jane Garrard, Senior Governance Officer jane.garrard@nottinghamcity.gov.uk 0115 8764315
Brief summary:	The report sets out proposed changes to the Health and Wellbeing Board Commissioning Sub Committee Terms of Reference, including membership.

Recommendation to the Health and Wellbeing Board:

The Health and Wellbeing Board is asked to:

- a) agree the revised Terms of Reference for the Health and Wellbeing Board Commissioning Sub Committee (as set out in Appendix 1).

Contribution to Joint Health and Wellbeing Strategy:

Health and Wellbeing Strategy aims and outcomes	Summary of contribution to the Strategy
Aim: To increase healthy life expectancy in Nottingham and make us one of the healthiest big cities	The recommendation relates to governance of the Health and Wellbeing Board and its Sub Committee, which aims to ensure that the Board and its Sub Committee are operating appropriately so that they can carry out their role and responsibilities, including in relation to the Joint Health and Wellbeing Strategy.
Aim: To reduce inequalities in health by targeting the neighbourhoods with the lowest levels of healthy life expectancy	
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 citizens 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	

How mental health and wellbeing is being championed in line with the Board's aspiration to give equal value to mental and physical health

The recommendation relates to governance of the Health and Wellbeing Board and its Sub Committee, which aims to ensure that the Board and its Sub Committee are operating appropriately so that they can carry out their role and responsibilities, including fulfilling the aspiration to give equal value to mental and physical health.

Background papers:

Documents which disclose important facts or matters on which the decision has been based and have been relied on to a material extent in preparing the decision.

This does not include any published works e.g. previous Board reports or any exempt documents.

None

Changes to the Health and Wellbeing Board Commissioning Sub Committee Terms of Reference

In February 2015 the Health and Wellbeing Board established the Health and Wellbeing Board Commissioning Sub Committee. The Board delegated some of its functions to this Sub Committee in order to ensure timely and appropriate consideration of commissioning plans and pooled budgets, including the Better Care Fund.

This report proposes amendments to the Health and Wellbeing Board Commissioning Sub Committee's Terms of Reference. Details of the proposed changes are set out below and a revised Terms of Reference is included in Appendix 1.

It is proposed that a full review of the Health and Wellbeing Board Commissioning Sub Committee Terms of Reference is carried out to ensure that it is fit for purpose going forward. The Health and Wellbeing Board will need to approve any amendments to the Terms of Reference so, if amendments are proposed a further report will come back to the Board in due course.

Amendments to the role of the Sub Committee

In February 2017 Nottingham City Council and NHS Nottingham City Clinical Commissioning Group agreed to develop a Section 75 Agreement for the commissioning of Tier 2 Child and Adolescent Mental Health Services (CAMHS) from 1 April 2017. It is proposed that the governance of the Section 75 Agreement is undertaken by the Health and Wellbeing Board Commissioning Sub Committee in order to provide robust, cross organisational oversight. This proposal requires a change to the role of the Sub Committee as set out in its Terms of Reference.

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Health and Wellbeing Board Commissioning Sub-Committee Terms of Reference

The role of the Health and Wellbeing Board Commissioning Sub Committee is:

- (a) To provide advice and guidance to the Health and Wellbeing Board in relation to strategic priorities, joint commissioning and subsequent action plans and commissioned spend and strategic direction;
- (b) To performance manage the Health and Wellbeing Board commissioning plan and to agree changes to that plan based on monitoring and performance management considerations;
- (c) To take strategic funding decisions, including Key Decisions, relating to relevant pooled budgets as agreed in Section 75 Agreements (currently Better Care Fund, Domestic Violence and Tier 2 Child and Adolescent Mental Health Services);
- (d) To provide strategic oversight of the Priority Family Health and Wellbeing Strategy priority including implications for integrated children and families commissioning and funding decisions relating to Priority Families' schemes.

The Health and Wellbeing Board Commissioning Sub-Committee will meet on a quarterly basis. Extraordinary meetings of the Health and Wellbeing Board Commissioning Sub-Committee may be called if a decision is required urgently.

The quorum for the meeting is 2 voting members, one of whom must represent Nottingham City Council and one of whom must represent NHS Nottingham City Clinical Commissioning Group.

The meeting will be chaired in rotation by the Director for Commissioning and Procurement (City Council) and the Director of Cluster Development and Performance (Clinical Commissioning Group). In the absence of both of these members, the Chair will pass to the voting member present from the body next due to chair the meeting.

The City Council and Clinical Commissioning Group have one vote each, shared between its voting members.

The chair of the meeting will not have a casting vote. In the event that agreement cannot be reached on a decision to be taken by the Sub-Committee, the matter will be referred to a meeting of the Sub-Committee which will be convened within the next 10 working days for this purpose by the Corporate Director of Strategy and Resources.

Membership

Voting Members

- The Portfolio Holder with a remit covering Health (City Council)
- Director of Commissioning and Procurement (City Council)

- Director of Cluster Development and Performance (Clinical Commissioning Group)
- GP Lead (Clinical Commissioning Group)

Substitution for voting members is permissible provided that the Chair is notified of the substitution in advance of the meeting.

Non Voting Members

- Director of Public Health (City Council)
- Assistant Director of Commissioning – Mental Health, Children and Families (Clinical Commissioning Group)
- Director of Commissioning, Policy and Insight (City Council)
- Head of Commissioning (City Council)
- Healthwatch Nottingham

Minutes of Sub –Committee Meetings

The Health and Wellbeing Board will be informed of the Sub-Committee's decisions by the inclusion on its agenda of the minutes of the Sub- Committee's meetings

Health and Wellbeing Board Forward Plan 2017/18 PUBLIC DOCUMENT

Submissions for the Forward Plan should be made at the earliest opportunity through Jane Garrard, Nottingham City Council Constitutional Services Team

jane.garrard@nottinghamcity.gov.uk

Date of meeting	Report title	Purpose <i>JHWS themed section/ for resolution/ for information</i>	Lead report author and contact details
31 May 2017 Healthy environment	JHWS Healthy environment outcome – progress report	JHWS outcome themed section	Helen Ross helen.ross@nottinghamcity.gov.uk
	Health and Wellbeing Board Commissioning Sub Committee Terms of Reference	For approval	Jane Garrard jane.garrard@nottinghamcity.gov.uk
	Update report from Commissioning Executive Group (CEG) – impact of 2016/17 commissioning intentions	For information	Chris Wallbanks chris.wallbanks@nottinghamcity.gov.uk
	Commissioning intentions 2017/18	For approval	
	Health and Wellbeing Board website	For information	
	Board member updates	For information	-
26 July 2017 Healthy lifestyles	JHWS Healthy lifestyles outcome – progress report	JHWS outcome themed section	John Wilcox john.wilcox@nottinghamcity.gov.uk
	Board member updates	For information	-
	Health and Wellbeing Board Commissioning Sub Committee 16 June draft minutes	For information	-
27 September 2017 Mental health and wellbeing	JHWS Mental health and wellbeing outcome – progress report	JHWS outcome themed section	Liz Pierce liz.pierce@nottinghamcity.gov.uk
	Annual review of Joint Health and Wellbeing Strategy performance metrics	JHWS	James Rhodes james.rhodes@nottinghamcity.gov.uk
	Evaluation of JSNA process and outcomes	For resolution	Caroline Keenan caroline.keenan@nottinghamcity.gov.uk Rachel Sokal rachel.sokal@nottinghamcity.gov.uk
	Nottingham City Safeguarding Adults Board Annual Report 2016/17		Louisa Butt louisa.butt@nottinghamcity.gov.uk
	Nottingham City Safeguarding Children Board Annual Report 2016/17		John Matravers john.matravers@nottinghamcity.gov.uk

Date of meeting	Report title	Purpose <i>JHWS themed section/ for resolution/ for information</i>	Lead report author and contact details
	Milestones for the Dementia Framework		Helen Ross helen.ross@nottinghamcity.gov.uk
	Board member updates	For information	-
	Health and Wellbeing Board Commissioning Sub Committee 13 September draft minutes	For information	-
29 November 2017	JHWS Healthy culture outcome – progress report	JHWS themed outcome section	Uzmah Bhatti uzmah.bhatti@nottinghamcity.gov.uk
Healthy culture	Update report from Commissioning Executive Group (CEG)	For information	Chris Wallbanks chris.wallbanks@nottinghamcity.gov.uk
	Board member updates	For information	-
31 January 2018	JHWS Healthy environment outcome – progress report	JHWS themed outcome section/'	Helen Ross Helen.ross@nottinghamcity.gov.uk
Healthy environment	Board member updates	For information	-
	Health and Wellbeing Board Commissioning Sub Committee 13 December draft minutes	For information	-
28 March 2018	JHWS Healthy lifestyles outcome – progress report	JHWS themed outcome section	John Wilcox john.wilcox@nottinghamcity.gov.uk
Healthy lifestyles	Board member updates	For information	-
	Health and Wellbeing Board Commissioning Sub Committee 14 March draft minutes	For information	-

NB: New Joint Strategic Needs Assessment chapters to be included on next available agenda 'for information'

Items to be scheduled:

- Memorandum of Understanding CCG and Public Health
- Director of Public Health Annual Report [Alison Challenger]
- Workplace health [Alison Challenger/ Helene Denness]
- Joint commissioning priorities 2016/17 RAG rating to agree a timetable for reviewing progress on plan [Christine Oliver]

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VCS Networks Report for Health and wellbeing Board Meeting: March 2017

Membership

Children and Young People Providers (CYPP) Network members:

There are 160 organisation members of the CYPPN

Vulnerable Adult Provider (VAP) Network members

There are 179 organisation members of the VAPN

Advocates:

The networks are well connected in the city and we currently support representatives on the following forums:

- Safeguarding Children's Board and its sub groups (learning and improvement, QA)
- Safeguarding Adult Board and its sub groups (learning and improvement and QA)
- Health and Wellbeing Board
- Children's Partnership Board

The networks have established links with over 48 different strategic boards, networks and steering groups across the City. There are ten individual advocates who are supported to represent the voice of the voluntary sector through the networks.

Network Meetings

Children and Young Peoples Provider Network Meetings

A CYPPN meeting was held in November 2016, January 2017 and March 2017

Each meeting took feedback from representatives who had attended the following meetings:

Children's Partnership Board VCS Rep update
SSBC update
Nottingham City Safeguarding Children's Board

The guests at the Network meeting were a group of young people who are part of the CCG commissioned Future Pulse service. The young people had just returned from the NHS Expo in Manchester where their project was being acknowledged by Simon Stevens (head of NHS). The group are involved in the Your Welcome Standard and shared with us how they could work with VCS organisations to help them achieve the Your Welcome Standard.

- Bethan Hopcraft, Strategy and Commissioning Officer at the Nottingham Crime and Drugs Partnership discussed the Young Persons Substance Misuse contract review.
- Ashley Dunstan from The Tomorrow Project came to talk to us about the suicide prevention pathway and self-harm pathways. The tomorrow project was recently decommissioned by the CCG and LA and has found some funding via the university to run their project for a further year.
- Alison Kirk, Nottingham City CCG, community partnerships programme .The CCG is going to asking VCS groups to carry out engagement on its behalf, as they know the community's better and have that links and access that the CCG doesn't
- Lisa Elliker, Nottingham City Council, LION directory.Lisa gave an overview of the new lion directory. The directory is written in to both the Health and Wellbeing plan and the STP. It will feature links to other groups websites and search functions such as the NCVS search for groups
- Lisa Elliker, Nottingham City Council, review of the family support pathway
The current family pathway document was only meant to be a holding document whilst a new one was being reviewed and developed.
- Lucy Peel, Future in Mind
Future in mind is about working together 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
- Holly Neill and John Matravers from the safeguarding Children's Board shared information on the rethinking of did not attend animation and how the sector works with the board. Including advertising of safeguarding training offered via the networks.

Vulnerable Adult Provider Network Meetings

A VAPN meeting was held in November 2016 and January 2017. The next meeting is scheduled for 23 March 2017.

Advocates fed back on their work on the health and wellbeing board and the Nottingham City Adult Safeguarding Board

Our guests were:

- Helen Jones, Director for Adult Social Services at Nottingham City Council who told us more about her role in the city.
- Nick Murphy from POWhER spoke to us about the new advocacy service that started delivering from end October 2016.
- Antony Dixon from Nottingham City Homes came to tell us about the changes in the delivery of assistive technology. This is part of the self-care work that the network has been involved in over the last year.
- Rasool Gore commissioning officer at Nottingham City Council came to explore our thoughts on mental health supported accommodation. The review aims to streamline services and ensure better outcomes.
- Councillor Alex Norris, Chair of the Health and Wellbeing Board, The importance of VCS engagement in the health and wellbeing plan Cllr Norris gave us a bit of background about himself. He is a councillor for Basford Ward. And on the Council as a member of the Executive Board with special responsibility for the Council's Adults and Health portfolio and chairs the City's Health and Wellbeing Board.
- Krista Blair, Nottingham City Council, LAEO . The Looking After Each Other or LAEO campaign has been re launched, and you may have seen the logo at bus stops and a range of events happening in the City over the next few weeks.
- Michelle Forbes & Karla Banfield – LION Directory. The new LION directory fits within the healthy cultures part of the health and wellbeing plan. The directory is written in to both the Health and Wellbeing plan and the STP. It will feature links to other groups websites and search functions such as the NCVS search for groups.
- Alison Kirk - Community Partnerships Programme. The CCG is going to asking VCS groups to carry out engagement on its behalf, as they know the community's better and have that links and access that the CCG doesn't.

Training

Since November 2016 we have trained 103 people in safeguarding children and adults and have a number of courses scheduled for March, May, June and September 2017. There is also training on offer via some of the ABG leads in localities and areas.

2.3 Networks showcase event:

A showcase event took place on Friday 9 December at the NCVS Voluntary Action Centre. The keynote speakers were Dawn Smith, Chief officer from the City CCG and Katy Ball, Director of commissioning and procurement for Nottingham City Council.

A series of workshops followed to explore the direct services being commissioned and the future opportunities for the voluntary and community sector. These were led by commissioners from both the CCG and Nottingham City Council.

Workshops included:

- Transformation of services for people with learning disabilities
- Public Health Budgets
- New models of care and the five year forward view
- Sustainability and transformation plan
- Mental health accommodation service review
- The proposed integration of children's services.

Each workshop explored what the commissioning of these services will look like in the future and will also look at voluntary and community sector involvement in the co-design, co-production and delivery of these services

We ended the day with a Q & A panel session where we invited delegates to submit questions throughout the day for the panel to answer. The panel members were

Sarah Collis - self-help Nottingham

Alison Kirk – Nottingham City CCG

Jane Laughton – STP Team

Maria Ward – Networks and Policy Officer – VAPN / CYPPN – Nottingham CVS

Christine Oliver - Commissioning and Procurement – Nottingham City Council

Throughout the day we filmed a short video to promote the VCS involvement in the STP. This is now available on our website and highlights the diverse workforce that we have in the VCS.

You can view this film here at <http://www.nottinghamcvs.co.uk/vcsstp.html>

Network Officers work

The Networks Officer and Coordinator are actively involved in task and finish groups and steering groups. This ensures that the VCS has up to date information and is involved in co-producing services.

Work undertaken on behalf of the VAPN and CYPPN included:

- Health and Housing Partnership - new committee looking at how housing impacts on health of citizens including children and young people. Including monitoring the environment outcome of the HWB Plan.
- Crisis concordat Board and task and finish group – looking at mental health crisis care in the city
- Sustainability and transformation workforce planning – the role of the VCS in new models of care – NHS. Work is ongoing here to establish how the VCS can deliver alongside the proposed STP's that have recently been submitted to NHS England.
- Bank of England Round Table - Governor Mark Carney came to talk to the VCS about issues including poverty, debt and the impact of monetary policy.
- Workforce development steering group – worked to deliver the ECM event on mental health and planning for the safeguarding event in Q4
- Attended Children and Young People scrutiny meeting where we discussed capital improvements to schools and the sustainability of children's social workers.
- Met with the director of public health to talk about the network and its membership – also about the BME health needs assessment and the health and wellbeing plan.
- SPLAT celebration event – committee looking at the needs of people with learning disabilities in the city.
- JSNA steering group – talking about the latest JSNA chapters and how VCS data can be used to support the writing of JSNA. Currently working on the SEND chapter. Signed an agreement to assure that all chapters are viewed by network members prior to finalisation.
- CCG work – ensuring that more people are engaged with the work of the CCG and working on a project around seldom heard voices.
- Children's safeguarding board and Safeguarding Adult Board meetings

- Wrote a pledge on how the VCS will work in partnership with the board to protect young people and vulnerable adults in Nottingham and we have had our safeguarding training endorsed by the safeguarding board
- Children's partnership board – Roma community and education, reducing youth violence and the YP substance misuse services. Next one will look at mental health and wellbeing of young people.
- Schools forum – children and young people with behavioural problems and how the network can work closer with academies and maintained schools
- Learning and Improvement sub group – part of the safeguarding board – looking at where our training fits with the other training being offered by the board.
- Opportunity Nottingham Board meeting and system change meeting. NCVS have won the contract to deliver the Practice Development Unit (PDU)
- Primary Care Mental Health Service Steering Group
- Department of Work and Pension (DWP) to discuss the implications of back benefit payments to vulnerable people in one lump sum and the problems for both service users and the providers.

STP update:

VCS event held on 15 Feb 2017 - over 80 organisations attended and completed consultation on all of the themes of the STP.

We are working with Mansfield and Ashfield CCG to develop a VCS offer to help to up skill the VCS workforce.

We continue to work on our shadow plan and have been given some extra time to do this work.

We have developed the VCs workforce film which can no be used widely to promote the work of the VCS.

We have been given a place on the STP advisory group.

Any further information required about this report please contact Maria Ward - Networks Officer. - mariaw@nottinghamcvvs.co.uk

Maria Ward - Networks Officer - March 2017

**Nottingham City CCG
Chief Officer Update****1. 2017/18 Quality Premium indicators**

The Quality Premium (QP) rewards Clinical Commissioning Groups (CCGs) for improvements in the quality of the services they commission. The scheme also incentivises CCGs to improve patient health outcomes and reduce inequalities in health outcomes and improve access to services. As in previous years, a CCG may have its quality premium award reduced via the non-delivery of; the NHS Constitution commitments on Referral to Treatment (RTT) Times, A&E, ambulance and cancer waiting times; quality regulatory standards, and financial balance.

The QP award will be based on measures that cover a combination of national and local priorities. The national measures, worth 85% of the QP are; Early Cancer Diagnosis, GP Access and Experience 17%, Continuing Healthcare 17%, Mental Health 17%, Bloodstream Infections 17%.

For the mental health measure the CCG must choose an indicator based upon the inequality most pertinent to the given CCG. For Nottingham City CCG this is 'Out of area placements (OAPs)', to earn this element of the QP the CCG will need to demonstrate a reduction in the number of inappropriate adult Out of Area Placements for non-specialist adult mental health acute care.

CCGs must select one local indicator which will be worth 15% of the QP. The indicator must be selected from the Right Care suite of indicators, focussing on an area of unwarranted variation locally which offers the potential for CCGs to drive improvement. It is proposed that the CCGs local indicator should be 'increasing the uptake of flu vaccinations in pregnant women', as the CCG is a national outlier for this measure. The level of improvement needed to trigger the reward will be agreed locally between the CCG and NHS England regional team, ensuring that this is robust and offers a stretching ambition.

2. Closure of Dr Ghaharian's Practice – Wollaton Vale

Dr Ghaharian's practice in the Wollaton Vale Health Centre closed 28 February 2017 as Dr Ghaharian (the GP contract holder) has retired.

At the time of closure the list size was approximately 3000. The majority of patients have now registered with other practices after we provided them with a list of six local practices taking on patients.

Deer Park Family Medical Practice, which is also located in the Wollaton Vale health Centre, has taken on almost 1000 patients. The practice has recruited another doctor to meet demand.

The closure attracted attention in the media as well as from local politicians due to a pressure group campaigning for the surgery to remain open. The group staged a series of protests in various locations, including outside Standard Court.

Our Independent Primary Care panel considered a late alternative proposal to award the GP contract to other GPs but the proposal did not contain the necessary commitments. The panel agreed it was in the interests of patients to close the practice.

3. Lenton Medical Centre / Derby Road Health Centre merger

Lenton Medical Centre and Derby Road Health Centre are merging, from 1 April 2017. Lenton Medical Centre practice will close and patients will access primary care services from Derby Road Health Centre. Staff are also moving from Lenton Medical Centre to Derby Road Health Centre and the clinical systems are being migrated. Both practices have carried out extensive patient engagement and no concerns have been raised by patients.

4. Primary Care Patient Offer

In 2016 the CCG launched the primary care patient offer to improve quality and access in primary care. This is a voluntary enhanced service for Nottingham City practices, 42 practices have committed to delivering the offer. The Primary Care Patient Offer aims to deliver:

- Increased access to primary care services
- Equity of service provision to all city patients
- Opportunities to innovate and improve care
- Additional investment in General Practice to deliver fairness of funding

There is a set of standards for delivery of additional primary care services, quality standards for clinical effectiveness, patient safety and patient experience and standards for access. All participating practices must commence delivery of the standards from 1 April 2017. However, a number of practices started delivering the offer earlier (October, December and January). Following procurement, patients registered at practices not delivering the offer can access the primary care services from the successful bidder, CityCare, which is sub-contracting elements of the service to the Nottingham City GP Alliance.

5. Hospitals NHS Trust – New Medical Director

Nottingham University Nottingham University Hospitals NHS Trust (NUH) has appointed Dr Keith Girling as its new Medical Director to succeed Dr Stephen Fowlie, who retires at the end of May. Dr Girling's background is in critical care medicine; with 19 years as a consultant at NUH. He has previously been NUH's Clinical Director for Specialist Support and Clinical Director for Diabetes, Infectious Diseases, Renal Medicine, Cardiology and Cardiac Surgery, Vascular Surgery and Stroke. Dr Girling is presently the Trust's Deputy Medical Director and the Clinical Lead for NUH's strategic partnership with Sherwood Forest Hospitals NHS Foundation Trust. Dr Girling's start date in his new role is to be confirmed.

6. Proposed Changes to Congenital Heart Disease Services in England

Public consultation for proposed changes to Congenital Heart Disease Services in England has been launched. The following link takes you to the NHS England web pages, to contribute to the consultation. www.engage.england.nhs.uk

In July 2016, NHS England (NHSE) published a set of proposals regarding the future commissioning of congenital heart disease (CHD) services for children and adults. They describe the actions NHSE proposes to take in order to ensure a consistent standard of care for

CHD patients across the country by implementing national service standards at every hospital that provides CHD services.

The effect of the proposals, if implemented, will be that some hospitals will carry out more CHD surgery and catheter procedures, while others, which do not meet the relevant standards, will stop doing this work.

The aim of this public consultation is to provide information about the proposals and the potential impact they may have, if implemented, on the delivery of services, and to seek views about the plans. The Consultation will close on Monday 5 June 2017 at 23:59.

Dawn Smith
Chief Officer – NHS Nottingham City CCG
March 2017

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Statutory Officers Report for Health and Wellbeing Board

Corporate Director of Children's Services

March 2017

Rethinking 'Did Not Attend'

Nottingham City Safeguarding Children Board, Nottingham City Council and NHS Nottingham City CCG have produced a video animation to encourage practitioners to identify children as 'was not brought' as opposed to 'did not attend' when referring to them not being presented at medical appointments.

The animation is a powerful reminder that children do not take themselves to appointments; they have to be taken by parents or carers. The animation therefore encourages practitioners to reflect on the impact that missed appointments have on a child's wellbeing.

<https://www.youtube.com/watch?v=EfxnqkAR3B4&feature=youtu.be>

Ofsted Pilot Inspection of Children's Services

As you may be aware Ofsted carried out an inspection of Children's Services between 23rd January and 3rd February, piloting their new inspection framework. Feedback from inspectors highlighted the great progress that our service has made since its last inspection. Inspectors were clear that our workers complete meaningful work with children and their families, which leads to improved outcomes in all areas of their life. Throughout the inspection process inspectors credited the passion, enthusiasm and positivity of our staff.

Some key areas of positive feedback from Ofsted include:

- The catalyst for our improvements was our move to become 'one directorate'.
- Regional peer review and challenge is well used to inform services and shape future provision.
- We continue to work hard to recruit a permanent workforce. They particularly liked our plans for Grow your Own and our ASYE programme. We have deployed resources strategically, where it will make the biggest difference to children and young people.
- We have responded well to growth in demand, as a result we are becoming an employer of choice and our reliance on agency workers is reducing.
- We have successfully created an environment where good and outstanding practice can flourish.
- The diverse needs of children are well understood.
- Listening to the voice of the child across our work is a real strength.
- Our Integrated Locality Hubs offer accessible, responsive and effective multi-agency services.
- Children's assessments are consistently good which lead to meaningful indicative plans.

- The support offer for disabled children is good, sensitive work leads to children and their families receiving tailored support.
- The MST/MST-CAN offer and the Edge of Care Hub are two examples of creative use of resources. The support they provide improves the lives of children and families and are reducing the number of children coming into care.
- Social Workers know their children well and have the capacity to undertake direct work, whilst ensuring that they are listening to the voice of the child.
- Children live with carers who are proud and ambitious for them, and their achievements are celebrated.
- Children's emotional needs are regularly considered and children are supported by wrap-around services like CAMHS and Targeted Support.
- Educational outcomes for children in our care are improving due to the efforts of our excellent carers and the Virtual School.

We do have some areas of work which require further development, namely around; doing more to sustain contact and support care leavers who aren't currently engaged with us, providing a more robust response for young people who present as homeless, further work to understand the reasons for children going missing and ensuring that they receive the help they need, and reviewing the capacity of our IRO service to ensure sufficient monitoring of children's plans between review meetings. Work will take place going forward to address the areas for development which Ofsted have highlighted to us.

I would once again like to thank all staff who were involved in the inspection; your hard work and dedication has been hugely appreciated.

Association of Directors of Childrens Services (ADCS) Blogs

In my role as Vice President of ADCS, I regularly have to write blogs on a variety of issues – I thought that you might like to read my most recent one:

A Decade of ADCS - <http://adcs.org.uk/blog/article/a-decade-of-adcs>

Getting Sticky with it - <http://adcs.org.uk/blog/article/getting-sticky-with-it>

Alison Michalska
Corporate Director for Children and Adults
(March 2017)

NOTTINGHAM CITY COUNCIL

HEALTH AND WELLBEING BOARD COMMISSIONING SUB COMMITTEE

MINUTES of the meeting held at Loxley House, Station Street, Nottingham NG2 3NG on 8 March 2017 from 15.00 - 15.10

Membership

Voting Members

Present

Councillor Alex Norris
Maria Principe

Absent

Dr Marcus Bicknell
Katy Ball

Chris Wallbanks (substitute for Katy Ball)

Non-Voting Members

Present

Absent

Lucy Anderson
Alison Challenger
Martin Gawith
Colin Monckton
Christine Oliver

Helene Denness (substitute for Alison Challenger)

Colleagues, partners and others in attendance:

- | | |
|---------------|---|
| Clare Gilbert | - Commissioning Lead – Adults, Nottingham City Council |
| Darren Revill | - Finance Analyst, Nottingham City Council |
| Jo Williams | - Assistant Director Health and Social Care Integration, NHS Nottingham City Clinical Commissioning Group |
| Jane Garrard | - Senior Governance Officer |

92 APOLOGIES FOR ABSENCE

Katy Ball
Lucy Anderson
Alison Challenger
Christine Oliver

93 DECLARATIONS OF INTEREST

None

94 MINUTES

The public minutes of the meeting held on 14 December 2016 were agreed as an accurate record and signed by the Chair.

95 CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS) TIER 2 SECTION 75 AGREEMENT

Chris Wallbanks, Strategic Commissioning Manager, introduced the report informing the Sub Committee of the decisions made by the City Council Commissioning and Procurement Sub Committee on 15 February 2017 relating to development of a Section 75 Agreement with NHS Nottingham City Clinical Commissioning Group for the commissioning of Tier 2 Child and Adolescent Mental Health Services (CAMHS). She highlighted that:

- (a) Tier 2 CAMHS had been successfully provided within Nottingham City Council, with funding from NHS Nottingham City Clinical Commissioning Group.
- (b) Formalisation of funding arrangements will take place through development of a Section 75 Agreement.
- (c) Details of the Section 75 Agreement are still being developed.
- (d) As a partnership body, it was felt that the Health and Wellbeing Board Commissioning Sub Committee was the appropriate place for oversight of the Section 75 Agreement.

Following questions, it was clarified that the budget for Tier 2 CAMHS will still be from both Nottingham City Council and NHS Nottingham City Clinical Commissioning Group, and the Section 75 Agreement will be signed off by both organisations.

RESOLVED to

- (1) note the decisions by the Nottingham City Commissioning and Procurement Sub Committee on 15 February 2017, which were to:**
 - 1. approve the development of a Section 75 Agreement with Nottingham City Clinical Commissioning Group for the commissioning of Tier 2 Child and Adolescent Mental Health Services (CAMHS) from 1 April 2017, at a cost not exceeding the current expenditure on this service;**
 - 2. approve the budget to support the Section 75 Agreement and the scope of the service included as set out in exempt appendix 1. If the future value for the Section 75 Agreement changes to being above the current indicative value, a separate report will be presented for approval;**
 - 3. approve the governance arrangements for the oversight and management of the Section 75 Agreement to be via the Health and Wellbeing Board Commissioning Sub Committee;**
 - 4. delegate authority to the Director of Commissioning and Procurement in consultation with the Director of Children's Integrated Services to agree the final value for the Section 75**

Agreement for Tier 2 CAMHS as listed in exempt appendix 1, providing this does not exceed the current expenditure on this service; and

- 5. delegate authority to the Head of Contracting and Procurement to sign the Section 75 Agreement, following approval by the Director of Procurement and Commissioning and the Director of Children's Integrated Services**

- (2) agree to undertake the management and oversight of the Section 75 Agreement for Tier 2 Child and Adolescent Mental Health Services (CAMHS), subject to approval by the Health and Wellbeing Board.**

96 BETTER CARE FUND 2016/17 QUARTER 3 BUDGET MONITORING REPORT

Darren Revill, Finance Analyst, introduced the 2016/17 Quarter 3 budget monitoring information for the Better Care Fund (BCF). He highlighted that:

- (1) The forecast position reflected the decision made by the Sub Committee in December 2016 to allocate the underspend to Nottingham City Council and NHS Nottingham City Clinical Commissioning Group on a 50/50 basis.
- (2) The Director of Procurement and Commissioning (City Council) and Director of Cluster Development and Performance (Clinical Commissioning Group) needed to provide written details of which schemes the underspend had been allocated to.

RESOLVED to

- (1) note the cash flow position of the Better Care Fund Pooled Fund as at Quarter 3 of 2016/17 as per Table 1 in the report; and**
- (2) note the forecast position of the Better Care Fund Pooled Fund as detailed in Tables 2 and 3 in the report.**

97 EXCLUSION OF THE PUBLIC

RESOLVED to exclude the public from the meeting during consideration of the remaining item in accordance with Section 100A(4) of the Local Government Act 1972 on the basis that, having regard to all the circumstances, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

98 EXEMPT MINUTES

The exempt minutes of the meeting held on 14 December 2016 were agreed as an accurate record and signed by the Chair.

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Joint strategic needs assessment - Carers (2017)

Topic information	
Topic title	Carers
Topic owner	Helene Denness, Public Health Consultant
Topic author	Lisa Lopez, Commissioning Manager, Nottingham City Council
Topic quality reviewed	December 2016
Topic endorsed by	Nottingham City Clinical Commissioning Group Long Term Conditions Strategic Group
Current version	January 2017
Replaces version	2013
Linked JSNA topics	Adults with learning disabilities, Dementia, Adult mental health.

Executive summary

Introduction

The Care Act 2014 defines a carer as anyone who provides any amount of unpaid care. Carers are Nottingham City's largest form of 'early intervention', supporting the most vulnerable citizens and preventing the people they care for from requiring greater degrees of health and social care support. By supporting carers services are able to improve the carer's quality of life and support the cared-for citizens to remain in their own homes, maintain independence and reduce their incidences of requiring hospital admissions and residential care.

The greatest opportunities to improve carers' quality of life are through improving early identification, assessment and support, with recognition of the huge value that carers provide to health and social care. A key aspect of this is providing joined up support from Health and Social Care. Demand for health and social care support is expected to rise over the next 20 years, due to a range of factors including an ageing population, and an increase in the number of people living with a limiting life long illness or disability.

There are approximately 27,000 carers in Nottingham City (2011 Census data) approximately 3,300 of whom are under 25 years old. Carers often don't identify themselves as such, therefore the number of carers identified through the Census is likely to be a significant under-estimation. Around 1,140 Carers Assessments were carried out in 2015/16 which represents a small proportion of the carers in Nottingham City.

Local authorities have a duty under The Care Act 2014 to proactively identify, assess and look at how they can meet the needs of carers, including the carers of citizens who are not receiving social care support. The Care Act requires local authorities and Clinical Commissioning Groups (CCGs) to work to bring together Health and Social Care services to provide tailored support for citizens.

Irrespective of background, gender and age it is usually the condition of the cared-for person that has the most impact on the health and wellbeing of the carer. Conditions such as mental health problems, dementia, learning disabilities, physical and sensory impairments and

substance misuse contribute to increased use of health and social services, and increased social isolation for both the carer and the cared for citizen. Such circumstances also affect the quality of care given, due to the increased burden they place on the carer. High levels of stress and low levels of perceived wellbeing are common amongst carers.

Young carers (aged under 18) can experience difficulties in school, feelings of loneliness and isolation, and report feeling stigmatised by teachers and by their peers.

For further information on the groups more likely to need support from carers please refer to the relevant chapters including adults with learning disabilities, dementia and adult mental health.

Unmet need and gaps as identified in the 2016 Carers Strategic Commissioning Review

- A key issue for carers is that they often remain 'hidden' from services and support. Carers often don't recognise their own situation or that help is needed until they have been carers for a significant length of time and have usually had negative experiences as carers.
- Despite services being in place, carers tell services that they don't know where to go for information and support. There are overlaps and duplication across some of the support services, and limited links have been developed between the organisations commissioned to support carers, meaning it's not always clear where to go for support.
- Due to the pressures in social services there can be waiting times in Adult Social Care (ASC) of several months for non-urgent assessments. The Carers First service carries out Carers Assessments of behalf of Nottingham City Council. Whilst this was intended to alleviate pressure in ASC the numbers of carers having assessments through Carers First are much lower than anticipated.
- Carers identify that the need for respite is a high priority; however uptake of respite through the commissioned pre-eligibility pathway is low. Uptake of respite through ASC and the Dementia and End of Life (EoL) pathways indicate that there are issues with the operation of this pathway and that the balance of capacity in the respite services isn't correct.
- Engagement with carers and carer support services is variable across healthcare providers, GP practices, care providers and schools. These organisations have a key role to play in identifying, signposting and supporting carers. In consultations, carers stated they were particularly dissatisfied with the level of support provided to carers of citizens with mental health problems.
- Young carers are a particularly vulnerable group who can experience substantial physical, emotional or social problems, and encounter difficulties in school and elsewhere. Young carers have significantly lower educational attainment at GCSE level, and are more likely than the national average to be not in education, employment or training (NEET) between the ages of 16 and 19 (Children's Society, 2013). Young carers often miss out on key aspects of childhood and development such as socializing with peers. Families where there is a young carer are often reluctant to seek support due to fear of perceived failure and intrusion/family

separation by services. Schools have a particular role in supporting carers aged less than 18 years; young carers report that support varies widely.

- Schools have a particular role in supporting carers aged less than 18 years; young carers report that support from schools varies widely, and that their requests for additional time and flexibility are often 'not taken seriously'.
- As they reach maturity, young adult carers are known to disengage from young carers support, but not to engage with adult services. A number of flexible engagement options have been trialled in Nottingham and Nottinghamshire; no single model for supporting this cohort has been particularly successful.
- Carers identify that fears about what would happen to the cared-for person if they became unable to provide care have a significant impact on the carer's emotional health and wellbeing. However 83% of carers who care for a son or daughter living with them have not planned for when they are no longer able to deliver care, and 56% of carers aged over 70 whose son or daughter lives with them have not planned for when they are no longer able to care.
- In Adult Social Care, carers are regularly included in determining support for the cared-for citizen. However carers' involvement often ends after the cared-for citizen is referred to their care provider. Many care providers don't communicate with carers if the cared-for person has mental capacity and can make decisions about their own care and support. This can lead to misunderstandings about care, aspects of care not being carried out at all, and, in some cases, lack of support.
- Many carers of working age feel forced to give up work due to caring responsibilities, and many find it difficult to return. Carers often experience considerable financial hardship, a fifth of carers who reduce their working hours being £10-15k a year worse off and a further fifth losing around £15-20k annually. Many older working carers aged 55-64 years of age are likely to lose at least £30k a year.
- Due to the variations in data recording systems and associated practices across the huge number of organisations supporting cared-for citizens, it's not always currently possible to trace the carer through the records of the cared-for citizen, and link them together to co-ordinate support.

Recommendations for consideration as part of 2016 recommissioning

- Carers often remain 'hidden' from services and thus don't access the support they need. All professionals should attempt to recognise those with caring responsibilities and signpost them to appropriate support.
- Commission a true 'single point of contact' hub jointly between Health & Social Care, to improve awareness of support available, both to carers and the professionals who can help to identify them. A single point of contact would simplify the process by which professionals can refer, and therefore increase the likelihood that they would do so.
- Widespread outreach and promotion should be a core function of the service, to increase the understanding of what being a carer is as well as where to go for support. Included in the service model should be both capacity for and expectation of carrying out a significantly increased number of Carers' Assessments on behalf of the Local Authority.

- Continue to provide respite to citizens identified through social services as eligible, through Adult Residential Services. Provide a free inclusive respite service, for carers who are not in receipt of ASC respite and meet specified criteria. This service should provide fixed-term support (with the exception of citizens accessing End of Life pathways) whilst care packages or other support is put in place, and should not attempt to replace care packages.
- Training and support is needed to improve how agencies such as healthcare providers, GP practices, care providers and schools identify, support and work with carers. Consider developing CQUIN measures for services that support the cared-for person to encourage these services to offer advice, training, etc. to carers as part of the support for the person that they are caring for. Work with providers to develop the market in respite/short break options for citizens with LD and mental health problems.
- Retain a separate Young Carer support service, which specialises in understanding and supporting the needs of young carers, and which must also have strong links to the Carers Hub. Young carers report that they would not be comfortable seeking support alongside adult carers, and would be unlikely to attend groups or share their feelings with an adult cohort. The young carers' service must include social activities to give young carers opportunities to enjoy themselves with peers, and time away from caring responsibilities.
- Continue to include the requirement for outreach work in schools in the Young Carers' service. Utilise our influence in education to improve support for young carers' through schools.
- In the Carers Hub and the Young Carers service commissioning, include the requirement for the services to work together to develop a pathway for supporting young adult carers, which is flexible and meets the needs of the individual.
- Require that the new Carers' Hub works with carers to develop support plan and Carers ID cards for carers of all ages. ID cards would identify the carer as such, serving a dual function of recording the carer's designation as such, for use when interfacing with services, and in the event of an emergency, alerting the finder to the presence of a person with support needs, and who is not now being looked after. The finder could then contact the emergency contact listed on the card, and the Hub to aid enacting the emergency plan. This would provide re-assurance for both the carer and the cared-for citizen.

Further recommendations

- Utilise all of the resources within our communities and not just rely on specifically commissioned services to support carers. The greatest improvements for carers will be made by improving engagement of organisations that support the cared-for citizen (Primary care, care agencies, community healthcare teams, pharmacies etc.). Look at opportunities to include the requirement to work with carers in all relevant contracts.
- Improve systems for recording data across health and social care, linking the carer and the cared-for citizen to improve reporting of issues affecting carers at individual and population level, and assist in organisations in providing co-ordinated support.

- Consider how other departments/organisations can help to reduce financial impact of caring, for example through discounted wellbeing services, reduced cost transport, hospital parking and free/low cost activities.

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