

NOTTINGHAM CITY HEALTH AND WELLBEING BOARD

Date: Wednesday, 31 January 2018

Time: 2.00 pm

Place: Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG

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

1 MEMBERSHIP CHANGE

To note that:

- a) Councillor Cheryl Barnard has replaced Councillor Steve Battlemuch; and
- b) the Board's membership has been updated to reflect changes to Clinical Commissioning Group structure – replacing Chief Officer NHS Nottingham City Clinical Commissioning Group with Accountable Officer Greater Nottingham Clinical Commissioning Groups.

2 APOLOGIES FOR ABSENCE

3 DECLARATIONS OF INTERESTS

4 MINUTES

To confirm the minutes of the meeting held on 29 November 2017

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5 ACTION LOG

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6 IDENTIFYING HOMELESS HOUSEHOLDS

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7 MENTAL HEALTH AND WELLBEING - OUTCOME 2 HAPPIER, HEALTHIER LIVES

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8 TEENAGE PREGNANCY IN NOTTINGHAM - AN UPDATE FROM THE TEENAGE PREGNANCY TASKFORCE

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9 HEALTH AND WELLBEING BOARD FORWARD PLAN

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10 BOARD MEMBER UPDATES

Updates on issues of relevance to the Health and Wellbeing Board and/or delivery of the Joint Health and Wellbeing Strategy

- a **Third Sector**
- b **Healthwatch Nottingham**
- c **NHS Nottingham City Clinical Commissioning Group/ Greater Nottingham Clinical Commissioning Groups**
- d **Nottingham City Council Corporate Director for Children and Adults** 81 - 84
- e **Nottingham City Council Director for Adult Social Care**
- f **Nottingham City Council Director of Public Health**
- 11 **MINUTES OF THE HEALTH AND WELLBEING BOARD COMMISSIONING SUB COMMITTEE MEETING HELD ON 13 DECEMBER (DRAFT)** 85 - 88
For information only
- 12 **QUESTIONS FROM THE PUBLIC**
Opportunity for members of the public to ask questions relating to matters within the Health and Wellbeing Board's remit.

The maximum amount of time allocated to questions and responses is 30 minutes.

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 Nick McDonald (Chair)	City Council Portfolio Holder with a remit covering health
Dr Marcus Bicknell (Vice Chair)	NHS Nottingham City Clinical Commissioning Group representative
Councillor Cheryl Barnard	City Councillor
Councillor Marcia Watson	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
Sam Walters	Accountable Officer, Greater Nottingham Clinical Commissioning Groups
Alison Michalska	City Council Corporate Director for Children and Adults

Helen Jones
Alison Challenger
Martin Gawith
Samantha Travis

City Council Director of Adult Social Care
City Council Director of Public Health
Healthwatch Nottingham representative
NHS England representative

Non-voting members

Lyn Bacon
Tracy Taylor

Nottingham CityCare Partnership representative
Nottingham University Hospitals NHS Trust
representative

Chris Packham

Nottinghamshire Healthcare NHS Foundation
Trust representative

Gill Moy
Ted Antil
vacancy

Nottingham City Homes representative
Nottinghamshire Police representative
Department for Work and Pensions
representative

Leslie McDonald
Louise Craig
Wayne Bowcock

Representing interests of the Third Sector
Representing interests of the Third Sector
Nottinghamshire Fire and Rescue Service
representative

Andy Winter

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.

QUESTIONS FROM THE PUBLIC: WHILE IT IS NOT NECESSARY TO DO SO, SUBMITTING A QUESTION IN ADVANCE WILL ENABLE THE BOARD TO PROVIDE AS FULL A RESPONSE AS POSSIBLE. QUESTIONS SHOULD BE SUBMITTED TO CONSTITUTIONAL.SERVICES@NOTTINGHAMCITY.GOV.UK THE ACCEPTANCE OF QUESTIONS AT THE MEETING IS AT THE DISCRETION OF THE CHAIR AND ANY INAPPROPRIATE QUESTIONS, FOR EXAMPLE THOSE THAT ARE OUTSIDE THE REMIT OF THE BOARD OR VEXATIOUS WILL NOT BE CONSIDERED.

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NOTTINGHAM CITY COUNCIL

HEALTH AND WELLBEING BOARD

MINUTES of the meeting held at NHS Nottingham City Clinical Commissioning Group, 1 Standard Court, Park Row, Nottingham, NG1 6GN on 29 November 2017 from 14:05 – 16:10

Membership

Voting Members

Present

Councillor Nick McDonald (Chair)
 Dr Marcus Bicknell (Vice Chair)
 Councillor Steve Battlemuch
 Alison Challenger
 Martin Gawith
 Councillor David Mellen
 Hugh Porter
 Councillor Marcia Watson

Absent

Helen Jones
 Alison Michalska
 Samantha Travis

Non-Voting Members

Present

Lyn Bacon
 Louise Craig
 Leslie McDonald
 Gill Moy
 Tracy Taylor

Absent

Ted Antil
 Wayne Bowcock
 Chris Packham
 Andy Winter

Colleagues, partners and others in attendance:

- | | |
|-------------------|--|
| Shade Agboola | - Consultant in Public Health, Nottingham City Council |
| Katy Ball | - Director of Commissioning and Procurement, Nottingham City Council |
| Louisa Butt | - Nottingham City Safeguarding Adults Board Manager |
| Julie Carlin | - Public Health, Nottingham City Council |
| Malcolm Dillon | - Independent Chair, Nottingham City Safeguarding Adults Board |
| Alison Ellis | - Local Pharmaceutical Committee |
| Jane Garrard | - Senior Governance Officer |
| Trevor Illsley | - Bayer |
| David Johns | - Public Health Registrar, Nottingham City Council |
| Louise Lester | - Speciality Registrar, Nottingham City Council |
| Sean Meehan | - Public Health England |
| John Matravers | - Service Manager Safeguarding Partnerships, Nottingham City Council |
| Claire Novak | - Insight Specialist – Public Health, Nottingham City Council |
| David Pearson | - Sustainability and Transformation Partnership Lead |
| Dr Stephen Shortt | - Rushcliffe Clinical Commissioning Group |
| Ciara Stuart | - Assistant Director of Out of Hospital Care, Nottingham City Clinical Commissioning Group |
| Steve Thorne | - Nottingham City Clinical Commissioning Group |

37 MEMBERSHIP CHANGE

RESOLVED to note that:

- (1) Louise Craig, Nottingham CVS, has replaced Maria Ward as a member of the Board to represent the interests of the Third Sector; and**
- (2) Tracy Taylor has replaced Peter Homa as the representative of Nottingham University Hospitals NHS Trust.**

38 APOLOGIES FOR ABSENCE

Helen Jones
Alison Michalska
Chris Packham
Andy Winter

39 DECLARATIONS OF INTERESTS

None

40 MINUTES

The minutes of the meeting held on 27 September 2017 were agreed as an accurate record and signed by the Chair.

41 ACTION LOG

RESOLVED to note the actions that have been completed since the previous meeting and the progress against outstanding actions listed on the Board's action log.

42 SUSTAINABILITY AND TRANSFORMATION PARTNERSHIPS IN NOTTINGHAM AND NOTTINGHAMSHIRE: UPDATE TO THE PLAN AND ACCOUNTABLE CARE SYSTEM MEMORANDUM OF UNDERSTANDING

David Pearson, Corporate Director Adult Social Care, Health and Public Protection Nottinghamshire County Council, introduced the report and gave a presentation updating on the Sustainability and Transformation Partnership (STP), with a particular focus on Nottingham, and the Accountable Care System Memorandum of Understanding. He highlighted the following information:

- (a) The STP arose out of the NHS Five Year Forward View.
- (b) The governance structure includes a Leadership Board, Finance Group, Advisory Group, Clinical Reference Group and System Oversight Group. A 'political and chairs reference group' is currently being established.

- (c) There are a mix of system-wide programmes e.g. delivering technology enabled care; and local actions and priorities for the two Transformation Boards – Mid-Nottinghamshire Alliance and Greater Nottingham Partnership.
- (d) Feedback on the Plan was sought earlier in the year and the Plan was updated in response to the feedback received and to reflect comments made during the engagement events.
- (e) An overarching aim of the Plan is to shift care closer to home. There are already examples of where changes have been made that have improved people's lives and been more cost effective.
- (f) The financial position is challenging. At the time of developing the Plan there was a £3.7billion economy forecasting a financial gap of £628million by 2020/21. Following work to identify ways of closing the gap, a shortfall of £38million remained by 2020/21. The majority of the £38million lay with local authorities. The financial position for 2017/18 was forecast at month 5 as a £12.1million deficit with significant risk in delivering that position quantified at £41million (the majority of which related to non-delivery of savings programmes).
- (g) In the Next Steps on the NHS Five Year Forward View, 8 areas were identified as accelerator sites for developing more integrated accountable care systems. This included Nottingham and Nottinghamshire with an early focus on Greater Nottingham. The 'Better Together' programme in Mid Nottinghamshire is already delivering some benefits through an Alliance approach. Partners in Greater Nottingham have agreed to an Accountable Care System Memorandum of Understanding and been asked to give consideration to how they can align organisational priorities with the requirements of the Memorandum of Understanding.

RESOLVED to note the update on the Nottingham and Nottinghamshire Sustainability and Transformation Partnership.

43 GREATER NOTTINGHAM ACCOUNTABLE CARE SYSTEM

Dr Stephen Shortt, Rushcliffe Clinical Commissioning Group, gave a presentation on the Greater Nottingham Accountable Care System. He highlighted the following information:

- (a) Accountable Care Systems (ACS) aim to deliver high quality care; improve health; moderate costs; and locally it has been agreed that it should support the workforce (including morale, recruitment and retention, new workforce roles, improve the quality of the workforce).
- (b) Under an ACS, health and social care commissioners and providers will collectively be accountable for achieving agreed aims, taking responsibility for both the quality of care and the cost. Currently this isn't the case and there is a lack of promotion of health prevention, a failure to deal with the whole person and a system that isn't smart about transitioning people between different parts of the system. Too often care is delayed, duplicated and delivered too far from home.

- (c) Actuarial analysis had been carried out to understand the opportunities to improve the system value and it confirmed that there are opportunities to spend money differently to enhance quality of services and make significant savings. This analysis has informed the development of the ACS for Greater Nottingham.
- (d) Phase 2 was establishing what capacity and capability is required across commissioners and providers. The 'ACS House' sets out the minimum building blocks for the system, split into indirect enablers and integration functions.
- (e) There are a lot of successful Vanguard in Nottingham and Nottinghamshire, based on the principles in the 'ACS House' but they won't scale up sufficiently to make enough difference.
- (f) Based on insights from Phases 1 and 2, the next phase of work is developing specifications for the ACS enablers and integration functions. There is no experience of this within the English NHS or care system and therefore external expertise was sought. Centene UK has been engaged on an interim basis to help design and create the system, building on experience of transforming care systems in the public sector and with disadvantaged communities in Medicare and Medicaid. It will not be a provider of health or social care services.
- (g) The population health management model is a new model of care, ensuring that every patient gets the right kind of care by focusing on identifying and supporting patients in greatest need; preventing progression of disease; and promoting wellness to the wider population. Historically the system has underinvested in those with emerging needs and this needs to change.
- (h) The operational and governance arrangements are a work in progress. It is anticipated that there will be strategic commissioners (to end complexity and fragmentation in commissioning. Statutory duties will remain with these organisations); system integration (all contracted providers will continue as autonomous organisations); and a provider partnership (the ACS will provide a partnership contract across the system to absorb risk and support management and administration).

During discussion the following points were made:

- (i) Currently the local health and social care system doesn't have the necessary information, technology or infrastructure to design the most appropriate way of organising and aligning activity to best meet the needs of the population. Fundamental redesign requires world-leading expertise. Therefore a competitive process was held to appoint external expertise to help design the system, but there are very few organisations that have the required capabilities (a view supported by independent organisations such as the Kings Fund).
- (j) NHS England provided £2.7million in 2017/18 specifically for the purpose of engaging external expertise, so it has not been funded from local operational budgets.
- (k) The public needs to understand that people are being mis-treated and that, for example there is a negative impact of being in hospital.

- (l) The pace of change needs to be accelerated. While this work is taking place individual partners are dealing with significant budget pressures, including taking decisions to change/ close services that could be crucial to the success of the envisaged future health and social care system. Once these services are gone it will be difficult to recreate them.
- (m) Finance pressures are a huge challenge but compared with previous years there is greater clarity on the finances of partner organisations and a number of different methods of savings are being explored. Finance leads are meeting to look at the position of each organisation preparing for 2018/19.
- (n) Experience of working with Centene UK so far had not felt like working with private consultants and had been a collaborative process. They provided an opportunity to get pace into the process.
- (o) It is important to engage with the Third Sector as provider organisations and make sure the Sector is visible within discussions and governance arrangements.
- (p) Integration is important and partners need to work well together.

RESOLVED to note the update on the Greater Nottingham Accountable Care System.

44 HEALTH AND SOCIAL CARE FINANCIAL PRESSURES

Alison Challenger, Director of Public Health Nottingham City Council, reminded the Board that a Development Session had been held on 25 October 2017 to provide opportunity for Board members and Sustainability and Transformation Partnership (STP) leads to discuss the Nottinghamshire STP and Greater Nottingham Accountable Care System, and the financial pressures facing the health and social care system. Discussions at that Session had been used to inform the report circulated as a supplement to the agenda.

The Chair noted that there had already been significant discussion about these issues under the previous two agenda items (Sustainability and Transformation Partnerships in Nottingham and Nottinghamshire: Update to the Plan and Accountable Care System Memorandum of Understanding; and Greater Nottingham Accountable Care System), and it was important that the Board is aware of the current situation and the difficult decisions being made by partners on the Board.

45 BETTER CARE FUND UPDATE

Ciara Stuart, Assistant Director of Out of Hospital Care Nottingham City Clinical Commissioning Group and Nottingham City Council, introduced a report updating on the Better Care Fund 2017-2019 planning round and performance against national metrics. She highlighted the following information:

- (a) The national Better Care Fund guidance was published in July 2017, and reduced the number of conditions from eight to four. In addition, additional funding for social care was announced.

- (b) The budget for the Better Care Fund during 2017/18 is £36.6million and £38million for 2018/19.
- (c) Under the new national guidance the national metrics have stayed the same and all are currently on target, with the exception of delayed transfers of care.
- (d) Better Care Fund Plans were required to be submitted by September 2017. In July, Nottingham City Council received a letter stating that there would be a 'stock take' of progress on reducing delayed transfers of care and that funding could be removed if sufficient progress was not made. The City target for delayed transfers of care is very challenging and NHS England wanted it to be met by November. Nottingham City Council felt that the target would be hard to achieve because work taking place to reduce delayed transfers of care was unlikely to impact until December/ January, and the Local Government Association provided guidance to local authorities that they should not sign up to unrealistic targets for delayed transfers of care. Therefore the Plan was submitted with a narrative and was subsequently approved.
- (e) There is still significant focus and pressure on reducing delayed transfers of care. Performance is regularly monitored and there has been a downward trajectory but performance is still not meeting target.
- (f) There is a need to make savings from the Better Care Fund and all services are in the process of being reviewed.
- (g) The Better Care Fund Plan will be resubmitted once savings have been agreed by the Health and Wellbeing Board Commissioning Sub Committee.
- (h) There is potentially an opportunity to 'graduate' from the Better Care Fund for well-performing areas. Nottingham City is on the shortlist for the next stage of the graduation process but due to performance on delayed transfers of care there is uncertainty about this.

During discussion the following points were made:

- (i) There are significant proposals for service change as a result of the need to make savings from the Better Care Fund, and these are all being looked at in detail.
- (j) There are risks that services important for the success of the Sustainability and Transformation Plan will be negatively impacted by budget decisions.
- (k) It is important that the system supports adult social care.
- (l) Currently there is money being spent on treating people in the wrong place. Front line staff are willing to do things differently and therefore, if decision makers are bold, there is potential to release resource.
- (m) It is important to recognise the contribution of housing to delayed transfers of care.

RESOLVED to

- (1) note the progress made in this year's Better Care Fund Planning Round; and**
- (2) note the performance of the Better Care Fund against its national metrics, including Delayed Transfers of Care.**

46 6 MONTHLY UPDATE ON THE COMMISSIONING PLANS 2017/18

Katy Ball, Director of Commissioning and Procurement Nottingham City Council, presented a six monthly update on the commissioning reviews undertaken by Nottingham City Council and the joint commissioning reviews undertaken in partnership with Nottingham City Clinical Commissioning Group for 2017/18. This work was being driven by the Health and Wellbeing Board Commissioning Sub Committee.

Katy Ball also provided an update on work to respond to concerns about a disconnect between the Health and Wellbeing Board and Health and Wellbeing Board Commissioning Sub Committee. She informed the Board that the Terms of Reference for the Commissioning Sub Committee were being reviewed and it was proposed that future meetings of the Sub Committee would directly follow Board meetings to improve links between the two; and other areas for greater co-ordination were being identified.

RESOLVED to note the progress made for each commissioning review in support of the aims of the Health and Wellbeing Strategy.

47 WINTER PRESSURES PLANNING

Shade Agboola, Consultant in Public Health Nottingham City Council, introduced a report updating the Board on winter pressures planning by Nottingham City Council and its partners. She highlighted the following information:

- (a) Winter pressures planning is co-ordinated nationally by NHS England and requires joint working between organisations.
- (b) The flu vaccination programme was already underway and lots of promotion about the importance of being vaccinated had taken place.
- (c) Planning was targeting specific groups at particular vulnerability to cold weather, including older people, younger people, people with long term conditions and those whose housing or environmental circumstances put them at greater risk.

During discussion the following points were made:

- (d) Flu was a major concern this winter, following high levels of flu in Australia this year.

- (e) Nottingham University Hospitals Trust had already seen an increase in child respiratory cases and this is usually followed by an increase in cases in adults. Current admissions were already of very poorly individuals.
- (f) During the winter period there is likely to be pressure on a range of areas including acute beds, social care and district nursing. Nottingham University Hospitals Trust is reviewing its bed specifications to ensure that the appropriate level of care and resource is available. Discharge to Assess had really helped to relieve pressure on inpatient beds but this meant that individuals being referred to social care were in poorer health than before.
- (g) Despite all the promotion activity, so far flu vaccination levels were no better than the previous year, especially amongst children and pregnant women. Therefore it is really important that a focus on flu vaccination is maintained. NHS England had commissioned 2 midwives at Nottingham University Hospitals Trust to focus on vaccinating pregnant women against flu.
- (h) NHS England would be visiting Nottingham in w/c 4 December 2017 to look at winter preparedness.
- (i) Communication with the public was key to success. Extending access to GPs would only be effective in relieving pressure on other areas of the system if people are aware and then change their behaviour. Councillor McDonald suggested exploring opportunities to use Council infrastructure to communicate key messages.
- (j) Voluntary sector organisations could help to disseminate messages to vulnerable groups.

RESOLVED to

- (1) ask Board members to ensure that they are taking appropriate steps to plan for winter pressures;**
- (2) ask Board members to consider Public Health England's Cold Weather Plan and satisfy themselves that the suggested actions and the Cold Weather Alert services are understood across their locality;**
- (3) explore opportunities for closer partnership working with the voluntary and community sector because this sector can help reduce vulnerability and support the planning and response to cold weather, particularly through identifying and engaging vulnerable people;**
- (4) consider the reduction of cold related harm as core business and include in Joint Strategic Needs Assessments and the Joint Health and Wellbeing Strategy; and**
- (5) review progress in communicating key messages to citizens at the next Health and Wellbeing Board meeting.**

48 NOTTINGHAM CITY SAFEGUARDING CHILDREN BOARD ANNUAL REPORT 2016/17

John Matravers, Service Manager Safeguarding Partnerships Nottingham City Council, apologised for the absence of Chris Cook, Independent Chair of the Nottingham City Safeguarding Children Board and, in his absence, introduced the Board's Annual Report. He highlighted the following information:

- (a) It is a statutory requirement for the Safeguarding Children Board to produce an Annual Report.
- (b) The overall assessment of the Annual Report was that the work of the Board during 2016/17 had been compliant with its statutory and legal requirements.
- (c) During the year there had been significant progress across the Partnership.
- (d) In February 2017 there had been an Ofsted inspection of Children's Services, which was rated as 'good'. The 'voice of the child' had been noted as a particular strength.
- (e) Levels of deprivation in the City presented lots of different challenges for partners.
- (f) Strong links had been built between partners, for example between the Board, Nottingham City Council and NHS Nottingham City Clinical Commissioning Group. These partners had jointly produced a well-received 'Was Not Brought' animation for practitioners and NHS England has agreed to fund a similar public-facing animation.
- (g) During the year over 2000 taxi drivers had received safeguarding training.
- (h) Training and awareness-raising amongst the front line staff of key partner organisations had continued through the 'Every Colleague Matters' programme.
- (i) Following the 'Child J' case, 2216 practitioners had attended related learning events.
- (j) The Children and Social Work Act 2017 had received Royal Assent and local areas now had to develop arrangements for replacing Safeguarding Children Boards.

During discussion Tracy Taylor commented that she was aware of the 'Was Not Brought' animation from her previous role in Birmingham and Nottingham University Hospitals NHS Trust would be embracing the concept.

The Chair thanked the Safeguarding Children Board for its important work and asked that, going forward, the Board inform the Health and Wellbeing Board if it has any concerns about health and social care during the course of its work.

RESOLVED to

(1) note the Nottingham City Safeguarding Children Board Annual Report 2016/17; and

(2) circulate the 'Was Not Brought' animation to Health and Wellbeing Board members.

49 NOTTINGHAM CITY SAFEGUARDING ADULT BOARD ANNUAL REPORT 2016/17

Malcolm Dillon, Independent Chair of the Nottingham City Safeguarding Adults Board, presented the Board's Annual Report 2016/17. He highlighted the following information:

- (a) The Annual Report provides assurance about the effectiveness of local safeguarding arrangements during 2016/17.
- (b) During 2016/17 there were no major changes in patterns of safeguarding issues. Most safeguarding incidents related to neglect, physical abuse and financial abuse.
- (c) 2016/17 was Year 1 of a three year work plan for the Board.
- (d) It is important that the implications for safeguarding are considered during service change and David Pearson, Sustainability and Transformation Partnership (STP) Lead, has agreed to give higher prominence to safeguarding issues within the STP.
- (e) Funding for the Safeguarding Adults Board is reducing and there are concerns about the ability to continue awareness-raising in the non-statutory sector e.g. supporting training for the Third Sector.

The Chair thanked the Safeguarding Adults Board for its important work and asked that, going forward, the Board inform the Health and Wellbeing Board if it has any concerns about health and social care during the course of its work.

In light of the opportunities for learning presented by both the Safeguarding Children Board and the Safeguarding Adults Board, it was suggested that the Health and Wellbeing Board focus a future Development Session on safeguarding issues.

RESOLVED to

(1) note the Nottingham City Safeguarding Adults Board Annual Report 2016/17;

(2) schedule a Health and Wellbeing Board Development Session on safeguarding issues.

50 PHYSICAL ACTIVITY AND NUTRITION DECLARATION

The Chair reminded Board members that the draft Physical Activity and Nutrition Declaration had been discussed at the previous Board meeting in September 2017 and Board members had been asked to provide feedback on the draft Declaration following that meeting.

RESOLVED to

- (1) support the Physical Activity and Nutrition Declaration;**
- (2) ask Board member organisations (or the organisations they represent) to sign the Physical Activity and Nutrition Declaration and develop action plans as outlined in the Declaration's commitments; and**
- (3) note that signatories and their progress towards commitments will be reported back to the Health and Wellbeing Board on an annual basis.**

51 NOTTINGHAM CITY PHARMACEUTICAL NEEDS ASSESSMENT CONSULTATION

RESOLVED to

- (1) note the Nottingham City Pharmaceutical Needs Assessment consultation period from 13 November 2017 to 12 January 2018;**
- (2) ask Board members to respond as organisations to the Nottingham City Pharmaceutical Needs Assessment consultation; and**
- (3) ask Board members to distribute the consultation within their respective organisations to colleagues, patients, clients or service users.**

52 HEALTH AND WELLBEING BOARD FORWARD PLAN

RESOLVED to note the Health and Wellbeing Board Forward Plan.

53 BOARD MEMBER UPDATES

RESOLVED to note the Board Member Updates circulated with the agenda.

54 NEW JOINT STRATEGIC NEEDS ASSESSMENT CHAPTER - CHILDREN AND YOUNG PEOPLE ORAL HEALTH

RESOLVED to note the new Joint Strategic Needs Assessment Chapter on Children and Young People's Oral Health.

55 NEW JOINT STRATEGIC NEEDS ASSESSMENT CHAPTER - HOMELESSNESS

RESOLVED to note the new Joint Strategic Needs Assessment Chapter on Homelessness.

56 NEW JOINT STRATEGIC NEEDS ASSESSMENT CHAPTER - LEARNING DISABILITY

RESOLVED to note the new Joint Strategic Needs Assessment Chapter on Learning Disability.

57 NEW JOINT STRATEGIC NEEDS ASSESSMENT - VIRAL HEPATITIS

RESOLVED to note the new Joint Strategic Needs Assessment Chapter on Viral Hepatitis.

58 QUESTIONS FROM THE PUBLIC

There were no questions from the public.

Health and Wellbeing Board Action Log

Outstanding actions:

Ref.	Meeting	Action	Lead	Progress update	Date for completion
170927/07	27 September 2017	Board member organisations to sign the Tobacco Control Declaration and develop action plans to demonstrate their contribution to the achievement of the City's tobacco control priority objectives	All Board members Shade Agboola Kate Smith	Healthwatch and NCVS are yet to sign the Declaration. Action plans have been submitted by Nottinghamshire Healthcare Trust, Nottingham City Clinical Commissioning Group, Nottingham University Hospitals and Nottingham City Council. Other Board member organisations haven't submitted an action plan yet. Support and information is available to organisations in relation to both the Declaration and the development of an action plan.	
170927/08	27 September 2017	Share learning on improving the reporting of Protected Characteristics	Helene Denness Jen Burton	This action will form part of the action plan of the Community of Interest group, which is currently being established (see action 170927/09)	To be determined by Col group
170927/09	27 September 2017	Establish a BME Health Needs Community of Interest, which includes citizen involvement	Helene Denness Jen Burton	The Community of Interest group is in the process of being set up. The role of this group will be to plan and oversee how the findings of the BME HNA will be shared with stakeholders and citizens and to develop the recommendations in to actions.	March 2018
170927/10	27 September 2017	Share the findings and recommendations of the BME Health Needs Assessment with: a) STP Leadership Team b) Key stakeholders	Helene Denness Jen Burton	See action 170927/09	To be determined by Col group
170927/11	27 September 2017	Develop recommendations of the	Helene Denness	See action 170927/09	March 2018

Ref.	Meeting	Action	Lead	Progress update	Date for completion
		BME Health Needs Assessment into actions	Jen Burton		
171129/01	29 November 2017	Board members to ensure that they are taking appropriate steps to plan for winter pressures	All Board members Shade Agboola	Assurance to be sought from Board members at the Board meeting on 31 January 2018.	
171129/02	29 November 2017	Board members to consider Public Health England's Cold Weather Plan and satisfy themselves that the suggested actions and the Cold Weather Alert services are understood across their locality	All Board members Shade Agboola	Assurance to be sought from Board members at the Board meeting on 31 January 2018.	
171129/03	29 November 2017	Explore opportunities for closer partnership working with the voluntary and community sector because this sector can help reduce vulnerability and support the planning and response to cold weather, particularly through identifying and engaging vulnerable people	Shade Agboola		
171129/06	29 November 2017	Board members to identify opportunities within their organisations to communicate key winter messages to citizens	Shade Agboola	Progress to be reported to Board on 31 January 2018	
171129/08	29 November 2017	Schedule a Development Session on safeguarding issues	Alison Challenger	Provisionally scheduled for Development Session in June 2018	During 2018/19 Development Session period
171129/09	29 November 2017	Board members (or the organisations they represent) to sign the Physical Activity and Nutrition Declaration and develop action plans as outlined in the Declaration's commitments	All Board members David Johns	Progress to be reported as part of the next report to the Board on the Healthy Lifestyles Outcome of the Joint Health and Wellbeing Strategy	

Completed actions (within the last six months):

Ref.	Meeting	Action	Lead	Progress update and any comments	Date completed
170726/01	26 July 2017	Report to the Board bringing together data on people at risk of losing their accommodation and the link to health and wellbeing	Alison Challenger Gill Moy	Included on agenda for 31 January 2018 Board meeting	January 2018
170726/02	26 July 2017	Board members to provide a representative for a partnership group that will plan for the Nottingham Clean Air Zone	Helen Ross	Board member representation circulated with agenda for 29 November 2017 Board meeting	November 2017
170726/03	26 July 2017	Report to the Board in January to identify what additional action is required to further reduce teenage pregnancy rates	Marie Cann-Livingstone Helene Denness	Included on agenda for 31 January 2018 Board meeting	January 2018
170927/01	27 September 2017	Request a briefing on the communications and engagement approach for the STP	Dawn Smith	Included on agenda for 29 November 2017 Board meeting	November 2017
170927/02	27 September 2017	Request a detailed update on the STP progress	Dawn Smith	Roundtable discussion held on 25 October 2017 Included on agenda for 29 November 2017 Board meeting	November 2017
170927/03	27 September 2017	Communicate comments and concerns raised at the meeting with the STP Leadership Team	Peter Homa	Issues communicated	September 2017
170927/04	27 September 2017	Explore the feasibility of using advertising space in the City to promote healthy lifestyle messages	Healthy Lifestyles Delivery Group	The feasibility of using advertising space in the City to promote healthy lifestyles messages was discussed at the Physical Activity, Obesity and Diet Strategic Group meeting on 4 December 2017. The option of developing standalone health promotion messages was considered as well as the option of including health promotion messages alongside campaigns ran by other local authority services, such as Markets and Fairs. Whilst the latter option would cost less,	December 2017

				it was decided that the required funding was not available at this time.	
170927/05	27 September 2017	Explore how the use of sport facilities in the City can be maximised, particularly to increase use by those people who may typically find access more challenging	Healthy Lifestyles Delivery Group	<p>Access to sports facilities for people who may find access more challenging was discussed at the Physical Activity, Obesity and Diet Strategic Group on 4 December 2017.</p> <p>There continue to be physical activity related health inequalities demonstrated according to disability both national and locally (Nottingham City Council Joint Strategic Needs Assessment, 2016). The Disability Sport Insight and Participation Project has now been successfully launched. A disability sport network has been formed consisting of service users and service providers from a range of voluntary sector groups working with, and for, disabled people and people with health issues. A quarterly meeting is held to discuss issues that the network would like to raise with regards to disability and the project. Thirty groups have engaged with the four meetings held so far. An action plan was developed from network feedback and improvements have been made to facilities and services to enhance the accessibility and suitability of the offer.</p> <p>Since forming the disability sport network and offering three months free leisure centre access to service users, 185 have signed up with 151 attending at least one session. The fitness suite, health suite and swimming have been</p>	December 2017

				<p>identified as being the most popular activities amongst the service users, with group fitness becoming more popular.</p> <p>Successfully launched in December 2016, The Get Out Get Active project has seen a total of 7,736 attendances across a total of 360 sessions delivered. Successful sessions have included Cycle for All from Harvey Hadden which saw 414 participants until the sessions stopped for winter, swim inclusive sessions which engaged 902 participants as well as a variety of other sessions including Yoga, Table Tennis and Amputee Football.</p>	
170927/06 Page 21	27 September 2017	Board members to provide feedback on the draft Nottingham City Physical Activity, Obesity and Diet Declaration by 1 November 2017	David Johns	<p>Email sent to Board members on 28 September 2017 requesting feedback</p> <p>Revised Declaration included on agenda for 29 November 2017 Board meeting</p>	November 2017
171129/04	29 November 2017	Include cold related harm in Joint Strategic Needs Assessments	Claire Novak	The Excess Winter Deaths Joint Strategic Needs Assessment (JSNA) chapter is in the process of being revised in line with current JSNA guidelines. The chapter author or owning group (the Health and Housing Partnership Board) will consider broadening the scope of the chapter to include all cold-related harm.	January 2018
171129/05	29 November 2017	Include cold related harm in the Health and Wellbeing Strategy	Caroline Keenan	Cold-related harm is included in Nottingham City's Joint Health and Wellbeing Strategy 2016-2020 under the Environment outcome. The associated action plan contains actions to reduce health impacts from cold homes and fuel poverty. The delivery	January 2018

				group will continue to ensure these actions are implemented.	
171129/07	29 November 2017	Circulate the Safeguarding Children Board 'Was Not Brought' animation to Board members	Jane Garrard	Circulated by email on 30 November 2017	November 2017
171129/10	29 November 2017	Board members to respond to the Pharmaceutical Needs Assessment and distribute the consultation within their organisation	All Board members	Consultation closed on 12 January 2018	January 2018

HEALTH AND WELLBEING BOARD

31 JANUARY 2018

	Report for Information
Title:	Identifying homeless households
Lead Board Member(s):	Gill Moy, Director of Housing and Customer Services, Nottingham City Homes
Author and contact details for further information:	Rachael Harding, Housing Strategy Specialist rachael.harding@nottinghamcity.gov.uk
Brief summary:	<p>At its meeting on 27 September 2017 the Health and Wellbeing Board requested further information on homelessness, specifically how Nottingham identifies and delivers support to people at risk of losing their housing/accommodation.</p> <p>The attached paper highlights the following:</p> <ol style="list-style-type: none"> 1. Who is at risk of homelessness and why 2. Information about homelessness in Nottingham 3. How we currently identify and support households at risk of homelessness 4. Developing systems and services 5. Further risks to homelessness and gaps in service provision

Recommendation to the Health and Wellbeing Board:

The Health and Wellbeing Board is asked to:

- a) note the content of the report in response to the request for further information;
- b) understand the risks and gaps (as set out in part 5 of the report); and
- c) make comments or recommendations to address the challenges presented.

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	Tackling or preventing homelessness supports both aims of the Joint Health and Wellbeing Strategy as homelessness or the risk of it can have a seriously detrimental impact on an
Aim: To reduce inequalities in health by	

targeting the neighbourhoods with the lowest levels of healthy life expectancy	<p>individual's health and wellbeing.</p> <p>One of the priority areas of Outcome 4 is that housing will maximise the benefit and minimise the risk to health of Nottingham's citizens. Supporting vulnerable people who may be at risk of becoming homeless is identified as one of the keys ways to achieve this outcome.</p>
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

Interim findings of Nottingham Clinical Commissioning Group commissioned research show mental health support needs are significantly present amongst homeless people in Nottingham. The refreshed Homelessness Prevention Strategy in April 2018 will make recommendations for an integrated cross-sector response to address this issue.

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.

[Nottingham City Homelessness Prevention Strategy](#)

[Homelessness chapter of the JSNA](#)

[Recent paper](#) submitted to the Adult Safeguarding Board Business Management Group

1 Who is at risk of homelessness and why

- 1.1 Homelessness is not caused by one single issue but by a complex mix of societal, circumstantial and personal factors that are often unique to the individual household.
- 1.2 The primary societal reasons people become homeless is because they have low levels of income and there are limited affordable housing options available.

In recent years there have been a number of reforms to the welfare system leading to a reduction in the amount of income a household receives in benefits. Alongside this, there has been a decrease in the availability of the most affordable kind of housing (social rent) whilst an increase in the amount of housing in the private rented sector. This has put pressure on many households ability to secure or sustain their accommodation.

Homelessness from the private rented sector has increased considerably over recent years and currently half of all people approaching the local authority as homeless in Nottingham are doing so because they have to leave their Private Rented Sector tenancy.

- 1.3 Sudden or significant changes to circumstances can also increase the risk of homelessness. Examples of this include: relationship breakdown, bereavement, release from prison, unplanned admission and discharge from hospital, migration from abroad and escaping domestic violence.
- 1.4 The pressure from societal factors (1.2) and changes in circumstances (1.3) are amplified considerably when individuals have personal support needs such as mental health issues, traumatic and chaotic backgrounds / histories / living patterns, learning disabilities, physical disabilities and health illnesses and conditions. The ability to be resilient to societal and circumstantial pressures is reduced and people with support needs are at far greater risk of homelessness as a result.

2 Homelessness in Nottingham

Like most other areas in the country (particularly cities) homelessness in Nottingham has been increasing over recent years.

- 2.1 In 2016-17 there was an average of 19 approaches to the local authority (Housing Aid) per day from new households requiring assistance as homeless or threatened with homelessness (4400 total households). There is currently no national indicator which records presentations to local authorities and so direct comparisons with other areas are not possible. However, press reporting in October 2017 suggested that a person was approaching Manchester City Council as homeless every 20 minutes; our analysis shows this to be one household every 25 minutes in Nottingham. The number presenting to Nottingham City Council has remained relatively stable over the past few years. However, this should not be taken as an indication that levels of homelessness are not increasing as service capacity caps the number of people that can be seen and people can be unwilling to present to the local authority (especially if they think it will result in an outcome they perceive as negative, or if they have other emergency options they can call upon in the short-term e.g. sofa surfing).

Of the approaches to Nottingham City Council in 2016-7, around two thirds were single

people and one third families. Of the single people, two thirds were males, one third were aged under 25 and one quarter were from a Black or Minority Ethnic background. Of the families, three quarters were single parents and nine out of ten of those were female. One parent families were younger and two parent families were more likely to be from a BME background.

2.2 Support needs

One fifth of all households presenting to Housing Aid are assessed as having support needs that require a supported accommodation solution and they were referred to the Homelessness Prevention Gateway (the service that facilitates access to supported accommodation)

Mental health issues are significant amongst our homeless population. Interim findings from research commissioned by Nottingham City CCG and undertaken by Sheffield Hallam University in 2017 has found three quarters of all homeless households have mental health issues and almost two in three of those people have at least one diagnosis of a serious mental health condition

The complexity and multitude of support needs is increasingly evident amongst single homeless people. Opportunity Nottingham report that levels of complexity amongst its beneficiaries are far greater than anyone expected at the outset of the programme and although they work with 25% of the most chaotic people there are hundreds of others who would benefit from support

2.3 Rough Sleepers

The number of rough sleepers in Nottingham was 43 at the last official annual count in November 2017. This was a 23% increase from the previous year and the number has more than trebled over the past two years.

2.4 Homeless applications and temporary accommodation

Almost one quarter (23%) of presentations to Housing Aid result in a statutory homeless application (1005 in total and about half of those are accepted for rehousing). This is monitored nationally; however there is considerable variation in the proportion of applications taken following homelessness presentation across the country. This is because there is currently inconsistency in the amount and type of prevention and relief services each area offers to its local population.

The number of people in temporary accommodation (to whom the council has a statutory duty to house) has significantly increased over the past three years. Prior to 2014-15, Nottingham City Council had successfully maintained zero use of Bed & Breakfast as temporary accommodation for a number of years. However, by mid-October 2017, the number of households accommodated had peaked at 140. Evidently commissioned provision had become no longer sufficient in meeting the demand. However, in November 2017 a task group was set up to develop and implement an action plan to reduce the demand for and use of B&B. The focussed activities have so far successfully reduced the figure of households in B&B by almost two thirds (65% reduction) to 49 households at the middle of January 2018. However, we anticipate a seasonal uplift in demand in the early months of 2018.

As stated in 2.1, presentations have remained relatively stable in the last few years, so it is pertinent to ask why a situation has been arrived at in which the use of B&B has increased to such a level. There are a number of reasons for this, including the reduction in budgets to support preventative services; an increase in acceptances leading to a permanent rehousing duty (without the supply of accommodation available to meet this); and the significant shortage of other forms of temporary accommodation. In order to meet its

statutory duty to shelter those being considered under the homelessness legislation, B&B has unfortunately often been the only option.

2.5 Homelessness Prevention and Relief

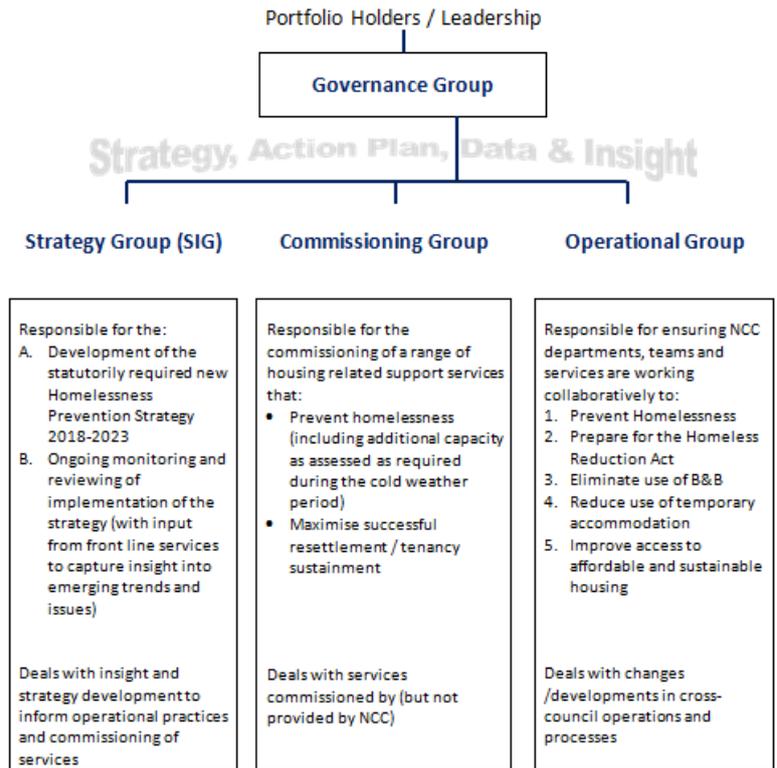
Over half of the households presenting at risk of homelessness in 2016-17 were supported by the local authority to remain in their accommodation or to move to an alternative property without experiencing a period of homelessness. Nottingham City Council was one of the first local authority areas to fully implement the government's homelessness prevention tool kit and in 2010 was a leading authority in the delivery of interventions. However, over time the impact of government funding cuts and the changing nature of the housing market has made delivering preventative more of a challenge. The most recent data indicates that although the Nottingham rate of prevention is still above the regional and national average, we now rank sixth out of the ten comparable local authority areas. However, the recent reintroduction of projects focussing on prevention and relief should mean we see uplift going forward and will support our transition into a fully preventative system which meets the requirements of the Homelessness Reduction Act.

The table to the right shows the proportion of homelessness prevention or relief activity in each area per 1000 of the population. When records began in 2009-10 the Nottingham rate was the highest of all of the comparative areas. However, we see that over time, the rate in Nottingham has decreased to the sixth out of the ten comparable local authority areas in Q3 2017.

	2009-10	2012-13	2015-16	Q3 2017
England	7.7	9.09	9.28	2.22
East Midlands	9	10.4	9.20	2.24
Birmingham	3	17.66	18.39	5.45
Bristol	14.1	18.85	22.87	5.59
Derby	12.1	15.03	10.24	1.93
Leeds	1.9	9.37	25.47	7.63
Leicester	16	18.2	20.18	7.28
Liverpool	3.6	6.23	8.52	1.73
Manchester	11.3	25.82	7.92	1.99
Newcastle	33.7	31.04	30.84	10.38
Nottingham	38	33.94	25.52	2.51
Sheffield	5.7	3.84	9.75	1.74

3 How we identify and support households at risk of homelessness in Nottingham

3.1 There is a clear governance structure in place for the strategic and operational approach to preventing and tackling homelessness in Nottingham (see chart to right).



3.2 Local authorities have a statutory obligation to produce a Homelessness Prevention strategy setting out how they intend to prevent homelessness from occurring in their area. The current Nottingham strategy is available [here](#) and will be updated in April 2018 by the Homelessness Prevention Strategy Implementation Group (SIG). The strategy is informed by an annual review of homelessness to report the current trends and emerging issues locally. Additionally, every three years Nottingham City Council reviews the provision of services commissioned through housing related support funding and also within a three year cycle, the Homelessness chapter of the JSNA is updated which assesses needs against service provision, identifies gaps in knowledge and makes recommendations for commissioners to consider. The Homelessness JSNA was last updated in October 2017 and is available [here](#) for further information. All pieces of work include a significant amount of stakeholder consultation and data and insight research in order to allow us develop an accurate picture from the front line services as well as from people with lived experience of what is happening locally and what action needs to be taken to address the issues.

- 3.3 Services are provided across the city to identify and respond to people at risk of homelessness. For example:
- Welfare rights, debt advice and budgeting services are available to help maximise income to make housing more affordable.
 - Independent Living Support Services are linked in with households who need support to sustain their living arrangements.
 - The Safer Housing team ensures landlords in the private rented sector are providing accommodation that is of a safe and suitable standard.
 - Social Housing providers have large networks of officers who regularly interact with tenants and can identify signs of risk and be on hand to support people. For example, to support a tenant to escape domestic violence, Nottingham City Homes (NCH) will make a management recommendation and rehouse the household within their own stock. NCH also work with other Registered Providers (RPs) of social housing to support them in facilitating resident transfers to alternative accommodation.
 - Preventative services at Housing Aid, including:

- The Homelessness Prevention Gateway, assisting people who have support needs and are unable to live independently into direct access and longer term specialist supported accommodation (largely commissioned by Nottingham City Council)
- The Nottingham Private Rented Sector Assistance Scheme, facilitating access to accommodation in the private rented sector
- The Sanctuary Scheme, installing security measures and providing support to enable survivors of domestic abuse to remain safely in their accommodation
- The Rough Sleepers reablement service identifies and supports people who are street homeless into accommodation (including through reconnection to their area of origin). The Homeless Health Team provides practical healthcare, assessment, treatment, advice and support via drop-in clinics and outreach to those who are homeless

4 Developing systems and services

- 4.1** The Homelessness Reduction Act (HRA) received Royal Assent in April 2017 and is due to be implemented in April 2018. It will bring new requirements for local authorities to support more people earlier to escape the risk of homelessness. It also brings a new duty upon the wider public sector (including health and social care) to identify people with a risk of homelessness and refer them for support.

In preparation for the HRA officers are currently working on the redesign of processes at Housing Aid and the way they interact with wider systems of services and support. A communications plan will be rolled out from early 2018 onwards. Already scheduled is a public health forum on 14th February 2018 and a themed meeting of the Health and Housing Partnership Group on homeless on 5th April.

The HRA will introduce new monitoring requirements which will allow local authorities a greater understanding of homelessness in their areas and how to target early interventions.

- 4.2** Following the recent review of homelessness, Nottingham City Council has proposed to maintain a commitment to investing in early intervention activity to prevent homelessness from happening.

This includes realigning Independent Living Support Services (ILSS) with personalised assessment of need and targeting the support towards people living in the private rented sector. The Council is also further developing the strategic coordination of existing and enhanced services for private sector tenants and landlords including:

- Early intervention dispute resolution service
- More options to help people access and move accommodation
- Selective licensing proposals including plans for tenant liaison officers responsible for identifying support needs and signposting to support

- 4.3** Nottingham City Council is protecting spend on rough sleepers enablement services in order to tackle to growing numbers of people who are street homeless in Nottingham and additional winter measures are currently being delivered under the Nottingham City Extended Cold Weather Provision Plan to ensure that rough sleepers are protected from the risks to their health and wellbeing.

- 4.4** Nottingham City Council has also been working with partners to further develop proposals to bring forward a mixed economy of provision of supported accommodation and change the way it is provided to young people and people with multiple and complex needs. This would involve shifting the focus of support to young people to prioritising safely returning home and

into education, training and employment and moving towards delivery of a 'housing first' approach to those with multiple and complex support needs. We have also been successful in securing a development grant from the Life Chances Fund to consider how social impact bonds can be used in the provision of accommodation for young people and rough sleepers who frequently use emergency healthcare services.

In addition, we are supporting a bid from the Sheffield Hallam University Centre for Regional Economic and Social Research for funding to research the impact of homelessness on the health and wellbeing of families.

- 4.5** Increasing the supply of accommodation, both temporary and permanent is critical to reducing and eventually eliminating the numbers of households in B&B. A project group meets weekly to work through plans to oversee and drive this, and it is being achieved primarily by the acquisition by Nottingham City Homes of a number of homes for use as temporary accommodation, and by a significant expansion of the Nottingham Private Rented Assistance Scheme (NPRAS). NPRAS works with private landlords to broker a supply of private rented homes guaranteed by a bond scheme. These homes can be used either as a homelessness prevention solution, or to discharge a full homelessness duty.

5 Risks, gaps and solutions

- 5.1** Although as a city partners work collectively and positively to make sure we know the issues in our local area and how we should best respond to them, this is in an increasingly challenging context of growing need and increasing demand on services.

5.2 System of prevention

The implementation of the new duties under the 2017 Homelessness Reduction Act from April 2018 will see the need to assess and provide support options to more people at a much earlier stage. However, government has released a limited amount of funding for only two years to enable councils to adapt to the new duties and there are concerns that this will not be sufficient resource to allow for local authorities to effectively deal with the new burdens. Locally, our ability to deliver prevention activity has been restricted by reduced resources in recent years. It will take time to build services back up to levels previously delivered and we must ensure that the transition back to a system of early intervention allows us to continue to effectively respond to people who are currently experiencing homelessness.

Furthermore, it is evident that effectively preventing or responding to homelessness takes more than providing a roof over someone's head. Without the supporting infrastructure to help people overcome the issues they are facing the likelihood of successful resettlement is reduced. We must ensure that homelessness services and housing solutions are not used as a safety net for people who are not being supported earlier or sufficiently elsewhere. There is a need for collective consideration of systems change to deliver a holistic approach to intervening early to prevent homelessness from occurring or being repeated in the future.

The Council and its partners on the SIG have been preparing for the implementation of the Homelessness Reduction Act, and the new Nottingham Homelessness Prevention Strategy will enshrine the enhanced principles of prevention it brings.

5.3 New duties on public sector bodies

The Homelessness Reduction Act also introduces a new duty (from October 2018) for all public bodies (including Health, Social Care, DWP, Criminal Justice etc.) to refer people who are at risk of homelessness for support.

It is important that the sectors are knowledgeable in how to identify risks and the local systems and pathways to support. We must also ensure that relevant information sharing agreements are in place so that information held by the referring organisation can be shared to support the following assessment of need and personalised action plan. The SIG will seek to develop the necessary information and pathways in order to support the new duty to refer.

5.4 Lack of specialist provision

It seems apparent that as specialist accommodation and services are decommissioned or reduced in the health and social care system, there is a corresponding rise in the number of homeless people with high level support needs (often diagnosed mental health conditions alongside a multitude of other needs such as substance misuse). If there are challenges in supporting a person in one part of the system, this should not mean that they become homeless and a housing problem. Rather the system of support should be reviewed to ensure it is effective in meeting the needs of all the people who need it.

If someone with multiple and complex support needs is accommodated in homelessness provision the expectation of support is via a housing-related support worker who is not necessarily adequately trained and in an environment not necessarily conducive to meeting the presenting needs.

A joined up approach to assessing need to inform required levels and type of provision of accommodation and specialist support would optimise sustainability of housing, reduce crisis and emergency use of services and add protection against safeguarding risks. It would also limit instances of people being placed in inappropriate provision that does not provide support at their level of need but is used because it is simply the only option available. As above, the new strategy will have this as a key objective.

5.5 Reliance on the Private Rented Sector

Half of all homeless households in Nottingham have had to leave a Private Rented Sector tenancy. However, the Private Rented Sector is also often the solution sought for homelessness as the limited supply of social housing means that it is increasingly the only available tenure for many people in housing need.

The reliance on the Private Rented Sector has put pressure on many households' ability to secure or sustain their accommodation because:

- a) The level of rent charged in the private rented sector is market driven and therefore increasing year on year meaning low income households compete for the accommodation with students and professionals.
- b) The security of tenure in the private rented sector is much lower than social housing. A tenancy term can be as brief as six months and if the landlord chooses to terminate the tenancy, they can do so with no reason or warning other than a two-month notice period (if they follow the correct procedure).
- c) The standard of accommodation in the private rented sector can also vary significantly as we know from the evidence that we hold that landlords are not always complying with required legislative standards. This can mean that people are living in accommodation that is detrimental to their health and wellbeing.
- d) Single people under the age of 35 are expected to share housing in the Private Rented Sector. As a communal and changeable environment, this is not always a suitable option especially when people have specific health and wellbeing needs.

Tenants in the Private Rented Sector are much more isolated from support than those living in social housing. There is no system provided by the landlord to identify issues and provide or facilitate support. Therefore, there is an amplified need for partners across other sectors to maximise opportunities of contact with private Rented Sector tenants to ensure their needs are appropriately recognised and responded to. In recognition of this, we now have

officers within Housing Aid specifically tasked with intervening on behalf of tenants and working with landlords to prevent eviction. The Council's Safer Housing and Licensing and Compliance teams, who are regularly going into PRS homes also have a key role to play in supporting tenants.

5.6 Hospital discharge

A task group of partners from the health, housing and social care sectors have recently renewed a [document providing guidance](#) to the protocol for the hospital discharge of people who are homeless.

There is further work needed to embed the guidance within the strategic health systems. A barrier to the successful implementation of the protocol is the lack of available and suitable supported housing for people who are considered to be medically fit for discharge. Housing, health and social care sectors should collectively consider the benefits that could be achieved from combining funding to deliver step down provision that seeks to enable positive and sustainable recovery. One significant issue affecting the success of the protocol is that people who have No Recourse to Public Funds are not eligible for housing provision which has received any public funding or subsidy. The only option here is referral to charities which are independent of public funding.

5.7 Risk of financial hardship

Nottingham will become a full service area for Universal Credit in June 2018 which could introduce difficulties in access, see weeks of delays until households receive payments and require a new way of households managing their finances that has caused a significant increase in the amount of households getting into rent arrears in the areas where it is already live. Social housing providers have been gearing up for this for some time now in order to ensure that tenants are fully aware of the change and their responsibilities and to minimise the risk of evictions. Information is being shared with private landlords for them to better understand the changes which UC brings and to support them to continue to house people in receipt of benefits.

Health and social care professionals should be equipped by means of tools and training to identify people at risk and effectively refer them into a coordinated system of assessment and support. The model of "social prescribing" is a sound basis for making the connections between health and housing and addressing the risk of homelessness. There needs to be further work to explore the knowledge required by the health sector to facilitate this effectively and a reciprocal approach for housing professionals to access social care and health systems when those needs are evident amongst residents and service users.

5.8 Limited supply of suitable accommodation

There are also likely to be continuing limitations in the availability of social housing – both as move on accommodation and in the provision of specialist supported accommodation (including temporary accommodation). The four-year 1% rent reduction imposed by central government from 2016 has reduced projected income and affected providers' confidence and ability to build new homes; whilst the uncertainty about the future funding of supported housing has had a similar effect. As recognised elsewhere in this report, the Council has stepped up efforts to increase the supply of accommodation available to people at risk of homelessness and who become homeless, particularly by making better use of the private rented sector. The emerging housing strategy for the city has as its highest priority the delivery of more new homes across all tenures, with the new build programme of NCH in partnership with the Council the main way in which new affordable housing supply is coming through. Whilst it is over simplistic to suggest that merely increasing the supply of new homes will solve the problem of homelessness, if there are more homes available it will undoubtedly have an impact. Even if they are not directly allocated to a homeless household new homes can bring about churn in the existing stock.

It would be useful to have discussions across sectors and take a partnership approach to the delivery of alternative models of psychologically informed, affordable and sustainable accommodation (such as Housing First) to ensure that appropriate provision of housing is available and intrinsically interlinked with the support an individual requires.

5.9 New risks to health

Increasing use of New Psychoactive Substances is a worrying factor amongst rough sleepers, many of whom who are displaying increasing complexity in their behaviour and needs. There is a requirement for partners across sectors to consider the long term investment in psychologically informed services under a Housing First model to support people with multiple and complex needs effectively and in a way that can be sustained. Partners are drawing upon national evidence to research and trial local delivery models. Health and social care need to be fully engaged in this process.

6 Further information

- 6.1 This briefing note has been informed by the [Nottingham City Homelessness Prevention Strategy](#) and the [Homelessness chapter of the JSNA](#). Further information on risks is available within a [recent paper](#) submitted to the Adult Safeguarding Board Business Management Group.

For further information, please contact rachael.harding@nottinghamcity.gov.uk

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HEALTH AND WELLBEING BOARD**31 JANUARY 2018**

	Report for Resolution/ Report for Information
Title:	Health and Wellbeing Strategy 2016-20 Outcome 2 Mental Health: interim report
Lead Board Member(s):	Dr Chris Packham, Associate Medical Director, Nottinghamshire Healthcare NHS Trust
Author and contact details for further information:	Nick Romilly, Public Health Insight Specialist, Nottingham City Council nick.romilly@nottinghamcity.gov.uk Jane Bethea, Consultant in Public Health, Nottingham City Council jane.bethea@nottinghamcity.gov.uk
Brief summary:	This report updates the Health and Wellbeing Board on the strategic progress relating to the indicators and actions set out in the Health and Wellbeing Strategy Mental Health Action plan 2016-17.

Recommendation to the Health and Wellbeing Board:

The Health and Wellbeing Board is asked to:

Mental Health Strategy

Recommendation 1 note that the Mental Health Strategy for Nottingham City is currently being refreshed.

Mental Health performance measures

Recommendation 2 support the decision that the metrics of indicators (based on those in NHS and Public Health Outcome frameworks and MH5YFV) are aligned across both the Mental Health and Health and Wellbeing Strategies from 2018 onwards.

Suicide prevention

Recommendation 3 note that following the decommissioning of suicide prevention training (summer 2017) unmet demand for suicide prevention training exists across the workforce. This presents a risk in relation to advancing the local suicide prevention strategy. The HWB should be aware that suicide prevention will be the focus of the February 2018 Health Scrutiny Committee.

Learning and Development

Recommendation 4 support the Practice Development Unit through actively promoting the opportunities across their organisations and with their staff in order to encourage wider statutory agency representation.

Physical Health

Recommendation 5 note the progress of NHFT in relation to physical health assessment and the board supports the establishment a consistent method of communicating the new documentation (Physical Health Risk Assessment Tool) electronically between NHFT and all Nottingham City General Practices.

Employment

Recommendation 6 commit to promote employment as a positive health outcome; and member organisations agree to take a proactive approach to enable people with mental health problems remain in or gain employment, through adopting exemplar mental health employment practice and offering work placements to those with mental health problems.

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 report relates to Outcome 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	

How mental health and wellbeing is being championed in line with the Board's aspiration to give equal value to mental and physical health
This report focuses on how mental health and wellbeing are being taken forward by the Health and Wellbeing Board, and includes the importance of improving mental health and reducing physical health inequalities of those with mental health problems

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>	n/a
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Health and Wellbeing Strategy 2016-2020 Outcome 2: Mental Health Progress Report

Completed by	Nick Romilly	Reporting period	From: January 2017	To: December 2017
Board meeting	31 st January 2018	Next meeting this Priority Outcome will be discussed	Sept-Dec 2018	

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

Priority Actions:

- 1. Children and adults with, or at risk of, poor mental health will be able to access appropriate level of support as and when they need it**
- 2. People with long-term mental health problems will have healthier lives**
- 3. People with, or at risk of, poor mental health will be able to access and remain in employment**
- 4. People who are, or at risk of, loneliness and isolation will be identified and supported**

For information

Key Progress to bring to the Board's attention:

Overview

The Health and Wellbeing Strategy Happier Healthier Lives (2016-2020) aims to ensure that children and adults have positive mental wellbeing and those with long-term mental health problems have good physical health (Outcome 2). The strategy and accompanying action plan established 4 priority areas.

This report updates the HWBB on progress against the metrics/KPIs for each priority area and the specific actions identified in the 2016/17 action plan.

Summary of progress in relation to Key Performance Indicators for Mental Health

Priority 1: Children and adults with, or at risk of, poor mental health will be able to access support

The key performance indicators (KPI) for Priority 1 focuses on timely access to responsive mental health services including access to:

Individual Access to Psychological Therapy services (IAPT): The first 6 months of 2017/18 referral rate to IAPT services was 824 per 100,000 population 18+. This is up from the 2015/16 baseline of 778 per 100,000 but lower than the 2016/17 rate of 834 per 100,000. The rate of 824 per 100,000 for 2017/18 is below the target set in the strategy (874 per 100,000).

The IAPT Recovery Rate (% of people in month who have completed IAPT treatment) for the first 6 months of 2017/18 is 51% up from 50.3% in the year prior and up 4% from the 2015/16 baseline of 48%.

Early intervention in psychosis (EIP): The target for 2017/18 is 50% of people (all ages) to receive treatment within 2 weeks of referral. The average figure for Nottingham City CCG for the period April-Sept17 was 65%, 15% higher than the target. The national target for 2017/18 is due to increase to 60%.

The Crisis Resolution and Home Treatment Service, piloted from January 2016, has now been recurrently funded. The team was established for young people across Nottingham and Nottinghamshire in mental health crisis, offering crisis assessments in the community and in acute hospital settings, in-reach support to acute hospital and inpatient mental health settings, and intensive home treatment to those young people deteriorating into crisis.

In 2016/17, the team received 793 referrals; 334 for crisis assessments (acute hospital or community) and 459 for intensive home treatment. The team has had a significant impact to date, with 96% of community crisis assessments being undertaken within the target time of four hours, thus providing a much more timely response to young people in mental health crisis.

NHSE is funding an expansion of the **perinatal psychiatry service (PPS)** to March 2019. This investment will deliver capacity for an additional 140 patients using this service and also allow substantial training to support primary care, IAPTs, Crisis and Liaison services for a wider group of women falling below the PPS criteria. A steering group is established to support this work.

Priority 2: People with long-term mental health problems will have healthier lives

People with severe mental illness die on average 15-20 years earlier than those without such illnesses and they often die from preventable causes.

Excess mortality - the Public Health Outcomes Framework reports the excess mortality rate in adults with serious mental illness expressed as a standardised mortality ratio (SMR). The indicator compares the observed number of deaths in those with serious mental illness with the number that would be expected if those people experienced the same age-specific death rates as the general English population.

The Nottingham rate is not compared with the regional or national rate so it is not possible to report whether Nottingham is significantly better or worse than the England or regional average.

The 2014/15 rate for Nottingham is 470.4, this means that people known to secondary mental health services are more than 4.5 times more likely to die before the age of 75 than the general population. This is slightly higher than the 2013/14 rate for Nottingham

of 457.5.

The 2014/15 SMR of early deaths in people with serious mental illness for Nottingham (470.4) ranks 5th out of the eight core cities. Cities with lower (better) SMR include Sheffield (373.6), Bristol (417.7), Manchester (428.6) and Leeds (452.1). The aspiration in the Health and Wellbeing Strategy is that Nottingham has a lower SMR than the average of best performing four cities. The average SMR is 418.0.

The 2014/15 excess mortality rate in adults with Serious Mental Illness for Nottingham (SMR 470.4) is worse than the average of the top four core cities (418.0).

Physical Healthcare assessment – a recent audit across all inpatient areas of NHFT Mental Health Services identified year on year improvement of the proportion of patients receiving physical health assessment from 78% in 2015 to 98% in 2017 (2016 91.7%).

NHFT report progress on the national quality incentive (CQUIN) to undertake cardio metabolic screening for defined groups. NHFT has met the national CQUIN targets for cardio metabolic assessment for 2017

- 90% of inpatients and 65% of community mental health patients

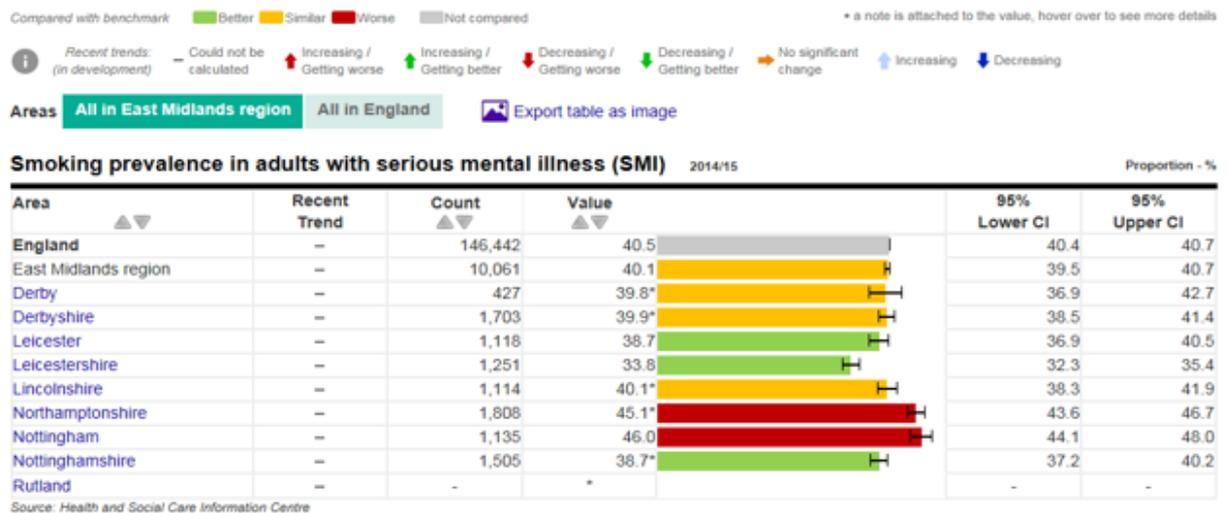
Smoking prevalence in Adults with Serious Mental Illness (SMI) - when compared to the general population, adults with a common mental health disorder (such as depression or anxiety) are twice as likely to smoke and adults with schizophrenia or bipolar disorder are three times more likely to smoke. High smoking rates among people with mental health problems are the single largest contributor to reduced life expectancy.

Definition – Percentage of people with a SMI who are current smokers

This indicator represents smoking status of people diagnosed with a SMI, schizophrenia, bipolar affective disorder and other psychoses, on GP registers.

Nottingham prevalence (46%) is statistically significantly higher (worse) than England and the East Midlands region; it is also the highest in the East Midlands region.

Figure 1 Smoking prevalence in adults with serious mental illness 2014/15



Since launching in October 2016 NHFT continues to implement its Smokefree policy delivering staff training, piloting an e cigarette initiative (E burn) and providing intensive support in line with (NICE PH48).

Nottinghamshire Healthcare Trust routinely ask patients their smoking status and monitor

whether patients have ceased smoking whilst in their care. The Trust has devised a methodology of ascertaining the smoking prevalence of all patients across different services. However, due to the complexity of different recording systems, the data quality requires further interrogation to ensure that the recording of smoking status is carried out consistently and the overall smoking prevalence is based on is robust data.

Priority 3: People with, or at risk of, poor mental health will be able to access and remain in employment

There is an association between unemployment and poorer mental health. This association is likely to be bi-directional in that people who are longer term unemployed are more likely to experience mental ill health as well as people experiencing mental illness being less likely to remain or be employed.

The reported figures for the **Nottingham Health and Employment service** in Year 1 show an underperformance against the planned utilization. The service is currently under review. A remedial action plan has been agreed between the service and commissioners and improvements are being evidenced.

Priority 3 – Health and employment support service. People supported		
	2016-17	
	Planned	Actual
Number of Employed individuals supported to remain in work	105	78
Number of Unemployed individuals supported to manage their health problems	120	99
% of clients with one or more long term conditions	60%	56%
Individual Placement Support (IPS) % of people entering employment	26%	34%

Further joint strategic action around health, disability and work is being developed which has been informed by the November 2017 White Paper '[Improving Lives: the future of work, health and disability](#)'.

Priority 4: People who are, or at risk of, loneliness and isolation will be identified and supported

The Health and wellbeing strategy refers to the measure of mental wellbeing taken from the citizen survey where 14% of citizens could be described as having poor mental wellbeing. Loneliness was the most commonly identified issue for citizens and can have an adverse impact upon physical and mental health.

The KPI for Priority 4 is to - Reduce the gap between the percentage of people with a disability or long term condition and the general population that report feeling lonely “often or all of the time”

2015/16 data established a baseline of 11.8% for the gap between those that feel lonely “often or all of the time” in the general population (7.9%) and of those with a disability or LTC (19.8%).

Data from the 2016/17 survey identifies the gap has reduced to 10.7% with 6.6% of the general population and 17% of those with a disability or LTC reported feeling lonely “often or all of the time”.

This equates to a 1.1% reduction from the baseline year, which is slightly greater than the target for reducing the gap by 1% year on year.

Priority 1: Children and adults with, or at risk of, poor mental health will be able to access appropriate level of support as and when they need it

1.1 Metrics used to report changes in access to mental health support

The Nottingham Health and Wellbeing Strategy “Happier Healthier Lives” covers the period 2016-2020 whilst the Mental Health strategy “Wellness In Mind” was produced in 2014 for the period 2014-17. A refreshed mental health strategy is currently being drafted.

Mental Health indicators and targets are now informed by the [five year forward view for mental health](https://www.england.nhs.uk/mental-health/taskforce/imp/mh-dashboard/) (MH5YFV). This is published on a quarterly basis and reportable at STP and CCG level <https://www.england.nhs.uk/mental-health/taskforce/imp/mh-dashboard/> .

An evaluation of the current mental health and wellbeing strategy Wellness in Mind established that some of the actions were not possible to measure using existing indicators that enable comparison with regional or national data.

The CCG, Public Health and Nottinghamshire Healthcare Foundation Trust (NHFT) would like to revisit the matrix of indicators that are reported to the Health and Wellbeing Board so as to be aligned with existing performance data such as the MH5YFV, NHS and Public Health Outcome Framework indicators. The 2018 refresh of the Mental Health Strategy presents an opportunity to consider this.

Recommendation 1 The HWBB note that the Mental Health Strategy for Nottingham City is currently being refreshed

Recommendation 2 The HWBB supports the decision that the metrics of indicators (based on those in NHS and Public Health Outcome frameworks and MH5YFV) are aligned across both the Mental Health and Health and Wellbeing Strategies from 2018 onwards.

1.2 People in Nottingham will know how to get support for mental health problems

Wellness in Mind has been running since April 2016. Calls are up approximately a third compared to same period last year, it's achieving its target of 90% positive responses, face to face activity has doubled compared to same period last year.

From service launch up to 2nd October 2017, Wellness in Mind has helped 1,206 unique individuals to better look after their mental health by offering advice and guidance, emotional support, and signposting to appropriate services.

In September 17, Wellness in Mind relocated to Nottingham Wellbeing Hub resulting in closer working relationships with other services including Nottingham Recovery Network, Clean Slate and Opportunity and Change.

Wellness in Mind will be working to support the delivery of social prescribing across Nottingham City over the next few months, following the completion of the Bulwell Self Care pilot.

Wellness in Mind has good links with other agencies, for example STEPS and Nottingham Recovery Network as well as Framework as a whole, and will use these resources to offer good quality support to non-English speaking individuals.

The Every Colleague Matters event called “Mental Health and Wellbeing in Nottingham: How we can all make a difference” was delivered between the 2nd to 6th October 2017. 447 places were attended on the face-to-face sessions during the week event. The delegates who attended were from a range of sectors including Local Authority, Voluntary Sector, Health Services, Police, Fire Service, Schools and

Colleges. 94% of respondents to the evaluation rated the sessions as excellent/good. 12 face to face sessions were delivered at Loxley House and covered subjects including Anxiety, Perinatal Mental Health, Older People Mental Health, Mental health and Employment.

The mental health training contract (Mental Health First Aid – MHFA and Applied Suicide Interventions Skills Training – ASSIST) delivered by Harmless over the last 2 years came to an end in July 2017. This leaves a gap in the workforce development aspect of preventative approaches that aim to equip the workforce in relation to pathways and access into mental health services. The final report by Harmless identified that post the contract period they were still receiving requests for mental health training indicating there remains an unmet demand for training across Nottingham's workforce.

MH5YFV monies are identified nationally and include an emphasis on Suicide Prevention. It remains unclear as to how funding will be allocated to areas but locally discussions have included a focus on mental health and suicide prevention training including consideration of joint commissioning with Nottinghamshire County Public Health.

Recommendation 3 The HWBB note that following the decommissioning of suicide prevention training (summer 2017) unmet demand for suicide prevention training exists across the workforce. This presents a risk in relation to advancing the local suicide prevention strategy. The HWBB should be aware that suicide prevention will be the focus of the February 2018 Health Scrutiny Committee.

STEPS is a CCG commissioned service specifically targeting Nottingham's Black, Asian, Minority Ethnic and Refugee (BAMER) communities. The service was commissioned in 2015-19 to:

- Support customers to achieve stronger social relationships and an improved sense of mental wellbeing.
- Connect people to MH and Wellbeing services who currently do not or cannot access NHS provision
- Create greater awareness of mental health conditions and recovery
- Facilitate Focus groups used as a vehicle for market research
- Raise awareness of MH provisions, challenge stigma and break down barriers to positive mental wellbeing.
- Offers one-to-one Outreach support to people with mental health and wellbeing needs
- Provide access to Peer Mentor support and community group support.

The service employs a multi lingual and ethnically diverse team who have made inroads into communities that are (anecdotally) isolated from mainstream services. STEPS act as advocates enabling individuals and families to access health services such as GP but also with other services such as Police, Legal Services and Immigration services to address the factors that are contributing towards high levels of distress and uncertainty in client's lives.

STEPS are currently working with 85 clients on a one to one basis and provide group support via informal sessions that enable their staff to engage with people they might not otherwise be able to directly support around their mental health e.g. women's group.

1.3 Support children's and young people's emotional and mental health and wellbeing (in line with the Nottingham City Transformation Plan 2015-2020)

The Local Transformation Plan is the mechanism for delivery of the Future in Minds (2015) priorities which include:

Resilience, prevention and early intervention

Over the last year there has been continued focus on strengthening early support to children and young people.

In Nottingham academic resilience programmes are being rolled out in 8 schools. A further 8 schools have attended Train the Trainer for the Character Curriculum programme being rolled out by the Council's Personal, Social and Health Education Team. A task and finish group has been established to coordinate the approach to supporting schools around emotional health, and a charter is being developed as a means to further embedding whole school approaches to emotional health.

Young people in the city continue to utilise open access support, with *Kooth* offering 2,568 face to face appointments and 978 online appointments, and *Base 51* offering 994 face to face appointments.

The *CityCare Behavioural and Emotional Health* team underwent a service redesign last autumn in response to feedback from an independent review that was commissioned by NHS Nottingham City CCG. Consequently, the service now has an emphasis on 1:1 specialist support and the ability to offer bespoke packages of care to children and young people with persistent behavioural challenges. There is a greater emphasis on early support (e.g. evidence based parenting programmes) being undertaken by universal services; as well as continual upskilling of universal services by parenting practitioners to ensure knowledge is embedded and universal staff feel confident and well supported.

Improving access to effective support – a system without tiers

Over the last year, there has been a strong focus in Nottingham City on simplifying access into services.

There is a Single Point of Access (SPA) integration working group which is attended by all disciplines involved in the ongoing development of the behavioural, emotional and mental health pathway. The working group reviews what has gone well, but also reviewed areas of integration and joint working that could be improved.

Currently, the individual service areas are developing referral criteria to enable better signposting within SPA. This also facilitates greater understanding regarding specific service areas.

A specialist practitioner from specialist CAMHS has been co-located within the SPA to improve access to specialist CAMHS and, in addition, is able to support practitioners with challenging cases. There is always a member of the BEH team present in SPA to facilitate integration and a channel of communication.

Information Governance agreements are now in place to facilitate a model of integration that allows individuals from different organisations to gather information to ensure that robust assessments can be undertaken which will underpin the programme of care for the child/young person moving forwards.

In addition to strengthening to SPA, new universal practitioner posts have been funded, aiming to improve the interface between CAMHS and universal services, by providing case consultation, advice and support.

Further developments in *Nottingham City Council's Targeted CAMHS* include piloting a 'Next Steps' project with Childline, which is intended to support young people transitioning out of CAMHS, by providing a number of sessions of telephone support. This project arose directly from feedback from the Service User Group.

Innovation and developing the evidence base

Targeted CAMHS is also working with the Universities of East London and Nottingham to trial Time-Limited Adolescent Psychodynamic Psychotherapy (TAPP), a new therapeutic approach specifically designed for young people who may have experienced disrupted attachments, ongoing relationship difficulties, or the impact of traumatic life events.

Urgent and Emergency Care

Responding to young people experiencing mental health crisis continues to be a priority, both strategically and identified by the young people we have engaged with over the last year.

The Crisis Resolution and Home Treatment Service, piloted from January 2016, has now been recurrently funded. The team was established for young people across Nottingham and Nottinghamshire in mental health crisis, offering crisis assessments in the community and in acute hospital settings, in-reach support to acute hospital and inpatient mental health settings, and intensive home treatment to those young people deteriorating into crisis.

In 2016/17, the team received 793 referrals, 334 for crisis assessments (acute hospital or community) and 459 for intensive home treatment. The team has had a significant impact to date, with 96% of community crisis assessments being undertaken within the target time of four hours, thus providing a much more timely response to young people in mental health crisis.

Care for the most vulnerable

There is a commitment to ensuring that young people requiring inpatient mental health provision are cared for as close to home as possible, with as short a length of stay as possible. Local CCGs have worked with NHS England Specialised Commissioning to develop a dataset so that we can understand the patient flow between CCG commissioned community services and NHS England commissioned inpatient services. The local CAMHS provider, Nottinghamshire Healthcare NHS Foundation Trust is developing Hopewood, a new, purpose built inpatient unit for children and young people, with increased capacity, in order to be able to care for more young people closer to home. The unit is scheduled to open in April 2018 and it is anticipated that this will have an extremely positive impact on reducing the numbers of young people out of area.

1.4 Improve support to women who experience mental health problems during and after pregnancy

The maternal Mental Health pathway has been through extensive consultation and we now expect this to be taken to Local Maternity System in early 2018 after sign-off from the Perinatal MH Strategy Group.

NHSE is funding an expansion of the perinatal psychiatry service (PPS) to March 2019. This investment will deliver an additional 140 patients using this service and also allow substantial training to support primary care, IAPTs, Crisis and Liaison services with a wider group of women falling below the PPS criteria. A steering group is established to support this work.

Redevelopment of clear pathways for therapies and increased uptake of therapies - the pathway algorithm includes psychological therapies. The Perinatal psychiatry service is liaising with IAPT leads with aim of training from early 2018. This should lead to enhanced practice, but not necessarily more women using therapies.

Training and the new pathway are expected to improve the clarity of process for referring on, and confidence within universal health services about supporting women especially

those expressing significant psychological distress.

NHSE funding is also linked to waiting times from referral to assessment being offered, reducing to 2 weeks by April 2018.

1.5 Access to mental health services within a primary care setting

There are now four Reading Well (formerly Books on Prescription) collections - adult mental health (since 2013), dementia (2015), young people's mental health (2016) and Long Term Conditions (2017). Total loans of the adult mental health and dementia collections have increased by approximately 30% between 2015-16 and 2016-17. The new collection for young people achieved in excess of 1,000 loans almost equalling the total loans for adult and dementia collections combined. Increased links with Public Health has led to contact with services such as IAPT, Wellness in Mind and Nottingham CCG who now have links to the Reading Well scheme on their websites. Links with General Practices could improve further ideally leading to greater distribution amongst those specifically seeking help around their own or a family member's mental health.

Primary Health, Wellbeing and Recovery College - New work started recently with the College to co-produce a British Sign Language signed course. Uptake of courses continues to be positive.

Three integrated IAPT pathways are now operational (pain, cancer and respiratory). Positives - appropriate referrals received in week 1, ongoing commitment across IAPT and physical health to make it work, co-located venues agreed to ensure integrated pathway. Bi-monthly joint steering group overseeing progress. 16 additional trainees have been recruited.

A more extensive range of services primary care offer including GP, IAPT, STEPS, Wellness in Mind, Nottingham Recovery College, Healthy Working Futures are now in place across the city. The Primary Care Mental Health Service (PCMH) is now embedded and being well utilized.

An urgent medical mental health line funded by the CCG by the Urgent Care Van Guard monies is now in place. GPs can call a Consultant Psychiatrist directly for urgent medical advice. If a patient is deemed in need of an urgent assessment i.e. not requiring Crisis Service they can be booked into an urgent assessment clinic within 3 days via this pathway.

NHFT has rolled out a new model for community mental health service that merges assertive outreach, Clinical Assessment Team and the early intervention and psychosis team into local mental health teams that are aligned to the city Care Delivery Groups. This brings greater alignment with the way GP practices and community services are configured. The purpose being to increase flexibility of capacity and improve access for patients.

1.6 Access to care for those with more serious or urgent mental health problems

Out of area placements have been reducing as Nottinghamshire Healthcare NHS Trust have commissioned an additional 16 beds locally (August 2017).

Waiting times for Early Intervention in Psychosis services (EIP) have been consistently met. The target for 2017/18 is 50% of people (all ages) to receive treatment within 2 weeks of referral. The average figure for Nottingham City CCG for the period April-Sept17 was 65%, 15% higher than the target. The national target for 2017/18 is due to increase to 60%.

EIP services have now been consolidated within LMHTs across all areas and there are now monthly team reports on clients in breach of waiting time targets

From November 2017 NHFT will be providing separate waiting time statistics for under-18's falling under the relevant pathway

The Liaison service bid for NHSE monies was successful and staff are now recruited to bring it up to Core 24 standard, with primary benefit to City campus

The Urgent Medical Mental Health Helpline (UMMHL) is a pilot service which has been operational in the City since end of September 2017. The service gives GPs access to a consultant psychiatrist for advice and guidance on urgent mental health cases, which can then ensure the patient gets an appointment for assessment within 72 hours. The service began in County South in May and will be evaluated early in 2018.

Work continues through the Crisis Care Concordat to ensure an effective service response to mental health crisis. There is an opportunity to bid for capital funding through the Concordat from the Department of Health and options are being considered.

1.7 Access to wider social and community support for people with mental health problems and their carers to support social and financial inclusion

A joint strategic review by Nottingham City Council and NHS Nottingham City CCG, of carers support services took place in 2016/17, to look at

- improving carers' quality of life for through early identification and recognition of carers
- better/more joined up personalised support for the carer and the cared-for citizen
- supporting carers to have a life outside caring
- reducing carer breakdown so that carers are able to continue in their caring roles.

The service model was re-designed in consultation with citizens, and recommissioned jointly by Nottingham City Council and CCG. New services commenced 1st April 2017.

There are three strands to the new service model -

Carers Hub - (provided by Carers Trust) provides a single point of contact offering information, advice & support, including statutory Carers Assessments and support plans where required as per The Care Act 2014, group and individual support, carers mindfulness and counselling, and working proactively with health care and social care professionals to increase understanding of the importance of supporting carers.

Carers Respite - (provided by Carers Trust) offers a single inclusive respite service providing timely breaks for carers, to prevent carer breakdown, ensure that carers are supported to remain in their caring role, and prevent avoidable crises. The service includes occasional, emergency, End of Life care or regular planned respite for carers of citizens unable to access respite through Adult Social Care.

Action for Young Carers - (provided by Carers Federation) works proactively with schools, health care and social care professionals to increase the identification of young carers. The service provides a range of personalised, holistic family support to reduce inappropriate caring roles and improve young carers' quality of life, including family-focussed assessments, age-appropriate information for young carers, individual and group support, and activities to allow young carers to socialise with peers.

Carers is to be the focus of the January 2018 Health Scrutiny Committee.

Wellness in Mind will be working to support the delivery of social prescribing across Nottingham City over the next few months, following the completion of the Bulwell Self Care pilot.

Nottingham City Council reports that it continues to meet all of its statutory duties in relation to the assessment of people with mental health problems and their carers.

Since October all four Nottingham IAPT providers begun participating in the 'Employment advisers in IAPT pilot', which focuses on supporting people with mental health problems to gain or remain in employment.

1.8 Support to identify appropriate housing and support to maintain housing for those with mental health problems

The new Nottingham Housing Plan is currently under development and due to be completed by March 2018. The plan features specialist accommodation as a key theme and is likely to recommend the implementation of a joint review of accommodation and support with a view to remodel the current system of provision to ensure it is better designed to appropriately meet current and future needs.

The Homelessness Reduction Act comes into force in April 2018 and it contains a new legal duty for public bodies (including health services) to refer people identified at risk of homelessness for housing assessment and support. Nottingham is currently preparing pathways and communications to plan an effective partnership system of delivery.

A new piece of partnership process guidance has been developed to support the prevention of hospital discharge to homelessness. A task group is being set up to deal with issues arising from complex cases and these issues will be raised at a select group of Health and Housing Partnership Group representatives. Some work is progressing relating to the proposed development of a new project to pilot Housing First accommodation provision for this cohort of people.

Initial phase of the review of the provision of supported mental health accommodation funded through Housing Related Support (HRS) is complete. Recovery model to be introduced in the provision of Care, Support and Enablement (both outreach and supported living) to maximise independence and create more opportunity for people to be supported in less restrictive alternatives to residential care. New arrangements expected (i.e. implemented) from April 2018 (subject to approval October 2017).

The scope of a second phase of the review to consider the wider arrangements and pathways of support to assist people with mental ill-health (to include the provision of both health and social care support) is being prepared.

1.9 Ensure services are equitable and based on need

Health equity audits identify how fairly services or other resources are distributed in relation to the health needs of different groups and areas, and the priority action to provide services relative to need. The overall aim is not to distribute resources equally but, rather, relative to health need.

Improving Access to Psychological Therapies (IAPT) services provide evidence based treatments for people with common mental health disorders such as anxiety and depression.

In June 2017 a HEA of IAPT services was undertaken that aimed to review access to IAPT services in Nottingham City and explore whether provision and access are appropriate for the areas/populations of need. The main findings include

Equity of access:

- Gender - IAPT services are meeting estimated need to a similar degree for women (12.6 %) and men (12.8%).
- Age - the proportion of need met by IAPT services decreases with age. The proportion of need met by IAPT services peaks at 20-24 years in men and 30-34 years in women.
- Deprivation- it is positive to note that IAPT services in Nottingham City receive the largest proportion of their referrals from the most deprived areas and this is in proportion to estimated need. Despite this, there remains variation in the level of need met by GP practices.
- Time to treatment – this differs by gender, ethnicity and for those with a learning disability. While small, it is important to understand the differences observed and work to improve equity of access to treatment.
- Inequalities between ethnic groups also exists with a greater focus needed on meeting the estimated Common Mental Disorder need within Mixed/multiple ethnic groups and Asian/Asian British groups.

Equity of outcomes:

- Across Nottingham City CCG, reliable improvement, recovery, and reliable recovery rates are above national averages (UK average: 62.2%, 46.3%, 44% respectively). However, there are differences between providers with some outcome measures. This is most evident for 'Recovery' and 'Reliable recovery'. This remains unexplained.
- Despite a greater number of referrals in the most deprived areas of the City, outcomes in these areas are also worse. Overall white ethnic group have significantly better rates of reliable recovery than Mixed, Asian or Other ethnic groups. Service users who are Bisexual appear to have a lower reliable recovery rate than heterosexual service users.

The HEA makes a number of recommendations, is available on [Nottingham Insight](#) and work has begun between Public Health, the CCG and the IAPT providers in order to improve access and implement these recommendations.

In order to improve equity Wellness in Mind reports that the service has:

- Appointed two BME specialist workers, subcontracted by AWAAZ, who work to widen delivery of the Wellness in Mind service to harder to reach communities within Nottingham City.
- Relocated to Nottingham Wellbeing Hub, which is DDA compliant and much more appropriate to meet the needs of individuals with physical limitations.
- Service literature follows the Accessible Information Standard and is available in different languages/formats on request.
- Is accessible via website, drop in and telephone helpline. Four additional community drop in surgeries take place every week to improve access for people in different areas of Nottingham City. Although Wellness in Mind does not have access to a named translation service, it has good links with other agencies, for example STEPS and Nottingham Recovery Network as well as Framework as a whole, and will use these resources to offer good quality support to non-English speaking individuals

- Work is on-going to promote the Wellness in Mind telephone helpline. Although numbers have increased since the service launch, it remains under used.

Opportunity Nottingham has established a Practice Development Unit (PDU) with an initial programme of activities covering Novel Psychoactive Substances, Psychologically Informed Environments, Good practice in Service-User Participation, Housing First, Women with Multiple Needs and the Care Act 2014. Following the recent October 2017 PDU Opportunity Nottingham reports that delegates attending the PDU have mostly been from voluntary sector agencies. If the PDU is to be successful at cross sector knowledge and practice development then greater representation from statutory agencies is required. Latest news on Opportunity Nottingham and further information on the [PDU](#).

Recommendation 4 Members of the HWBB support the Practice Development Unit through actively promoting the opportunities across their organisations and with their staff in order to encourage wider agency representation.

Priority 2: People with long-term mental health problems will have healthier lives

2.1 Poor physical health outcomes are prevented

People with mental health problems are specified as a priority group requiring interventions in contracts where service are currently commissioned for smoking cessation, drugs and alcohol and with NHS Health Checks.

Following the recommissioning of smoking cessation the New Leaf service report that they are working closely with NHFT and in the most deprived wards in Nottingham and have surpassed their target for the number of 4 week quitters and the number of clients setting a quit date amongst services users with MH conditions or substance misuse. However, the data does not differentiate these needs.

In terms of innovation New Leaf also report that they provide E-Cigarettes to assist clients with their quit attempt. E-cigarettes are useful for clients who have tried all of the available stop smoking medications and due to issues such as mental health diagnoses and long term health conditions find it difficult to stop. This has also enabled clients to try E-cigarettes where the cost to purchase one has been prohibitive.

Since launching in October 2016 NHFT continues to implement its Smokefree policy delivering staff training, piloting an e cigarette initiative (E burn) and providing intensive support in line with (NICE PH48).

The Trust identified a challenge in the balance between delivering NICE Public Health guidance whilst ensuring patients receive 'least restrictive practice'. This led to a revision of the Trust procedure on Tobacco Management with a new procedure being launched in December 2017, followed by communication with all staff.

The new Tobacco Management procedure means staff can no longer escort patients off site to smoke. Consequently, more staff time is spent with patients engaging in therapeutic activities

Staff from the Stop Smoking Specialist team aim to see all new in patients that smoke within 48 hours – they routinely do this and now report that patients have more often commenced Nicotine Replacement Therapy (NRT) initiated by other Trust staff. This would not have been the case historically.

The e cigarette pilot (E burn) continues to be a pilot programme but is routinely available to all patients not solely in patient wards. NRT remains the first offer to patients (NICE

guidance) but when e cigarettes are offered take up is good.

Smoking remains a complex issue for patients in receipt of services from NHFT and it is anticipated that further advances in smoking cessation will take time.

2.2 Identify physical health problems early

Patients on GP Practice Serious Mental Illness registers are identified as a priority group in the NHS Health Checks commissioning for 2017/18

NHFT continue to place emphasis on the importance of improving the physical health of patients with SMI e.g. through staff training, increasing access to cancer screening, implementing electrocardiogram (ECG) tests and cardio metabolic risk assessment

Support to access cancer screening

The Screening Access Project - improving access and choice about screening for people known to mental health services continues to develop in Nottinghamshire Healthcare Foundation Trust. The project is currently providing training for patients, carers and clinicians in NHFT, developing awareness, understanding and how to access the four national screening programmes. The project team is working closely with those that use mental health services in the development of its approaches.

The team has focused on directly following up patients known to have had a request but who have not accessed screening. Through the awareness raising and training the team has established that generally the level of confidence in staff to discuss cancer screening with patients/carers is low. To help clinicians the team have developed a range of sample conversation aimed at supporting a discussion with a patient about screening.

Challenges have included establishing data sharing agreements with different cancer screening programmes due to how data is recorded and stored locally and nationally. The screening project report following up vulnerable patients successfully where they have established data matching process e.g. partnership with NUH for bowel screening.

Progress has been made in working towards data matching for breast screening and diabetic eye screening. Work on cervical screening has just been approved by Public Health England. The project team have also agreed processes to promote and enable Abdominal Aortic Aneurysm (AAA) screening to be accessed.

The Screening Access Project is currently funded until 31st March 2018.

Physical Healthcare assessment

During a three month period (June-August 2017) 402 case notes were audited across all inpatient areas of NHFT Mental Health Services. The audit demonstrates that NHFT has made year on year progress in ensuring patients have a physical examination upon admission increasing the proportion from 78% in 2015 to 98% in 2017 (2016 91.7%).

Cardio metabolic assessment and Intervention

NHFT report progress on the national quality incentive (CQUIN) to undertake cardio metabolic screening for defined groups. Systems are now in place to identify the patient and the cardio metabolic assessments tool used - either, the Health Improvement Profile - HIP (inpatient physical health care assessment) or the Phys form (community physical health care assessment) has been completed, either on admission or as part of the annual review within community settings.

NHFT has met the national CQUIN targets for cardio metabolic assessment for 2017

- 90% of inpatients

- 65% of community mental health patients

Physical Health Care Training at NHFT

Due to increase risk factors such as higher prevalence of smoking and excess weight amongst mental health patients, coupled with NICE guidance recommending the use of ECG prior commencing treatment of anti-psychotic drugs NHFT physical healthcare team have been training staff in undertaking ECG's in order to establish potential heart problems.

The physical healthcare team continue to deliver a programme of training in order to address the physical health needs of patients including:

- Physical health inpatient workshops
- Physical health community workshops
- Bespoke training for specific wards
- Smoke Free and smoking cessation support
- Improved documentation and use of HIP and Phys Form
- Sepsis training
- Infection Prevention and Control
- Flu vaccination for patients, staff and training to be a peer vaccinator

Follow up work and next steps following physical health developments

NHFT are scrutinizing the quality of the recorded documentation (HIP and Phys Form) and completion of actions, following implementing physical health checks such as cardio metabolic assessment and ECG. Actions will include steps taken by Trust staff and external partners e.g. GP. For example, actions will include communication of results to GP and whether general practice has reviewed and followed up with patient to carry out warranted interventions and ensuring Trust staff follow up with patient to establish whether the patient has accessed the appointment.

In early 2018 NHFT will be harmonizing the HIP and Phys Form to form one Physical Health Risk Assessment Tool. Staff training will take place to ensure there is consistent use of the revised tool. There will be communication between NHFT and General Practice regarding this development.

Recommendation 5 The HWBB notes the progress of NHFT in relation to physical health assessment and the board supports the establishment a consistent method of communicating the new documentation (Physical Health Risk Assessment Tool) electronically between NHFT and all Nottingham City General Practices.

2.3 Interdependence of mental and physical health reflected across the health and care system

There is currently nothing to update on this

2.4 Increased understanding of health inequalities experienced by people with mental health problems

There is currently nothing to update on this

Priority 3: People with, or at risk of, poor mental health will be able to access and remain in employment

3.1 Develop an early intervention pathway to support people with long term health problems remain in employment or to gain employment

Nottingham Health and Employment Support (NHES) Service jointly commissioned by the Council, CCG and DWP for a three-year period (2016-19) reported a level of performance below what was expected for 2017 and a remedial action plan has been put in place with progress being monitored via Contract Review meetings. The principal indicators that were below the intended level include:

- Number of employed individuals supported to remain in work (target 105) actual 78
- Unemployed individuals supported to manage their health problems (target 120) actual 99
- % clients with one or more long term conditions (target 60%) actual 56%

Following the review an action plan has been devised that will be monitored via the contract review meetings.

It is important to note the % of people on IPS entering employment was 34% which was 8 percentage points above the plan.

3.2 Develop a strategic approach to improving the mental health of people in employment

Cross sector action plan developed.

A new strategy and implementation plan on health, disability and employment is being developed (Nottingham's response to the 2017 White Paper 'Improving Lives')

Health and employment is embedded as a Growth Plan priority.

Employment-related monitoring is being reported on in a number of CCG mental health contracts.

Awareness raised of health and employment – Providers Event held.

Providers' network established.

Awareness raised of health and employment – Every Colleague Matters session October 2017.

Scoping being undertaken to include employment in the next phase of social prescribing roll out.

Employment guidance has been developed for JSNA authors.

Partnership feedback used to inform the development of D2N2 health and wellbeing pilot.

The steering group has identified the need to

- Raise the profile of health and employment with GPs
- Develop health and work referral pathways.

3.3 People in contact with mental health services are assisted to work

Employment-related monitoring has been integrated in a number of mental health contracts such as Wellness in Mind, STEPS and the Recovery College. Additional funding for

Individual Placement Support (IPS) has been targeted at young people with mental health problems. All four Nottingham IAPT providers are now participating in the 'Employment advisers in IAPT pilot', which focuses on supporting people with mental health problems to gain or remain in employment.

Recommendation 6 The HWBB commits to promote employment as a positive health outcome; and member organisations agree to take a proactive approach to enable people with mental health problems remain in or gain employment, through adopting exemplar mental health employment practice and offering work placements to those with mental health problems.

3.4 HWBB and other organisations to become exemplar employers

The Health and Employment steering group recognise that the HWBB could influence

Increase the number of organisations signed up to Disability Confident, Time to Change, Mindful Employer etc.

3.5 Extension of the Individual Placement Support (IPS) model

September 2016 to August 2017 - 59 new referrals received (caseload stands at 86 people) 46 of the caseload are in paid employment (21 of which are new job starts). Nottingham Works Plus project, to support young people into Employment and Education. Extra staffing is in place until July 2018.

An expression of interest in a national IPS pilot is being considered – details are still awaited. One identified risk is that of whether in three years from now is whether the pilot is sustainable with mainstream funding.

3.6 Increased access to IAPT services for the unemployed

Since October all four Nottingham IAPT providers begun participating in the 'Employment advisers in IAPT pilot', which focuses on supporting people with mental health problems to gain or remain in employment. STEPS (BAME and refugee communities) is participating in an employment pilot in Bulwell and St Anns.

Priority 4: People who are, or at risk of, loneliness and isolation will be identified and supported

4.1 Identify those most at risk of loneliness and isolation

In terms of developing a clearer understanding across our partnership of the impact of loneliness Every Colleague matters events were held on loneliness in 2016 and more recently on mental health and loneliness in October 2017. The Nottingham BME health needs assessment includes a focus on loneliness.

4.2 Create supportive conditions and environments conducive to social inclusion

The Age Friendly Nottingham (AFN) steering group has reviewed the 8 domains of

World Health Organisation Age Friendly Cities and Communities during the year and continues to prioritise the impact of loneliness. There are now in excess of 330 AFN Take a Seat approved venues across the City. A Christmas celebration lunch was held for over 100 older people on Sunday 3rd December with colleagues from across the health and wellbeing partnership delivering a successful event that brought people together, transported them from their home to the venue and reduced social isolation on the day.

The community directory for Nottingham Ask LiON was launched and includes a section on [loneliness](#). Data as of August 2017 reported 3,952 new users visited LiON , 2,088 services and activities are listed and 71% of users are female.

4.3 Promote wellbeing and social inclusion particularly amongst at risk groups

Social prescribing roll out includes loneliness

Click Nottingham commissioned to deliver the Vulnerable Adults Support Service

Befriending groups are in operation in most areas (supported by community volunteers, voluntary bodies, faith groups etc)

Nottingham 60+ (Metropolitan) works with partners to meet the needs of those 60+

Age Friendly Nottingham Bulletin circulated to almost 5,000 contacts contains specific sections on loneliness

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Mental Health and Wellbeing 2016/17 Action Plan

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

Priority Actions

1. Children and adults with, or at risk of, poor mental health will be able to access appropriate level of support as and when they need it
2. People with long-term mental health problems will have healthier lives
3. People with, or at risk of, poor mental health will be able to access and remain in employment
4. People who are, or at risk of, loneliness and isolation will be identified and supported

Headline measures / metrics	Metric/ KPI	Baseline	Target			
			16/17	17/18	18/19	19/20
Page 59	Priority 1 Timely access to responsive mental health services in line with the Mental Health Taskforce recommendations : <ul style="list-style-type: none"> • increase timely uptake and effectiveness of psychological therapy services -Referrals (Quarterly rate per 100,000 population aged 18+) -Recovery(% of people (in month) who have completed IAPT treatment who are "moving to recovery") <ul style="list-style-type: none"> • care within 2 weeks from referral for those with first episode of psychosis for 50% of people (National standard) (Experimental statistics at present but baseline to be reported within year) 	778	826	874	922	970
		48	53.5	59	64.5	70
		Baseline to be confirmed	Year on year increase	50%	60%	tbc
	Priority 2 <ul style="list-style-type: none"> • Reduce the rate of early deaths in people with serious mental illness to be in line with the average of the top 4 core cities. Measure PHOF/ NHSOF indicator which describes the rate of deaths of people in contact with secondary mental health services compared to the general population as an SMR 	457.5 (2013-14 baseline)	446.4	435.3	424.2	413.2
			Year on year reduction			

	<ul style="list-style-type: none"> Rate of smoking in people known to adult mental health services in Nottinghamshire Healthcare Trust 	To be established by NHFT				
	<p>Priority 3</p> <ul style="list-style-type: none"> Health and employment support service. People supported: <ul style="list-style-type: none"> -In work/off work with health problems -Unemployed with health problems -With long term conditions (% of total) Individual Placement Support (IPS) – percentage of people entering employment 	NA NA NA 24%	43 48 60% 26%	85 95 60% 28%	85 95 60% 30%	42 47 60%
	<p>Priority 4</p> Citizens' Survey question on loneliness <ul style="list-style-type: none"> Reduce the gap between percentage of people with a disability or long term condition and the general population reporting feeling lonely 	12.6%	1% point reduction in gap year on year			
People of Priority Groups <i>(who is disproportionately affected or who do we need to target to reduce inequalities?)</i>	<p>Priority 1 Homeless people, survivors of violence or abuse, armed forces veterans. Black, Asian, minority ethnic and refugee(BMER) communities, people in care homes, LGBT groups, those with disabilities or physical health problems, looked after children and young people, unemployed or at risk of losing their job, students, and those in touch with criminal justice system</p> <p>Priority 2 People with long term mental health problems known to GPs and secondary mental health services</p> <p>Priority 3 People who are unemployed or at risk of becoming unemployed due to poor management of their mental and physical health problems. People aged 50+, people with long term health conditions and people experiencing mental health problems</p> <p>Priority 4 People aged 50+, People with Long term conditions, People with mental health problems</p>					

Action	Milestone	Success measure	Year				Action Owner
			16/17	17/18	18/19	19/20	
Priority 1 Theme: People in Nottingham will know how to get support for mental health problems							
Provide a mental health and wellbeing service/hub that helps people access the right level of support and includes more visible promotion for mental health support that reduces stigma	Established new Wellness in Mind service (mental health and wellbeing hub) which includes information and advice, navigation, outreach and a telephone advice service	Evaluation of new Wellness in Mind which will act as a hub for mental health and wellbeing in the City. EG Number of people accessing the Wellness in Mind (website/attending drop ins/using telephone helpline)	✓	✓	✓		CCG as Commissioner /Framework as the service provider
	Provision of promotional materials						
		Equity of access to Wellness in Mind service.		✓	✓		CCG as Commissioner/ Framework as the service provider
For those who support people who may be at risk of mental health problems, increase awareness about mental health and the range of support available	Delivery of Wellness in Mind training programme. Delivery of Every Colleague Matters partnership programme of events.	Evaluation of training programme by Nottingham Trent University and reporting of reach of training programmes	✓				NCC Public Health/NCC/CCG/ Harmless/
	Specific services in place to reach communities with specific needs (eg STEPS, Rape Crisis)	Reported outcomes of specific commissioned services to target BMER groups	✓	✓			NCC Public Health/NCC/CCG/ NHFT/STEPS/ Rape Crisis
Priority 1 Theme: Support children's and young people's emotional and mental health and wellbeing (in line with the Nottingham City Transformation Plan)(2015-2020)							
Enable schools and health service providers and VCS to better support children and young people with emotional health needs	Training, consultation , advice and guidance to workforce who support young people	Improved skills and confidence of wider workforce. Number of different types of professionals accessing		✓	✓		CCG/NCC/CYPPN

Action	Milestone	Success measure	Year				Action Owner
			16/17	17/18	18/19	19/20	
		training. Feedback from training sessions					
Improve the access to child and adolescent mental health services (CAMHS) so that children in need of support get prompt access to the right service	Redesign of current tiered system in CAMHS Work to support different organisations providing mental health services to children and young people to work together effectively	Monitoring of timely, responsive pathway to demonstrate improvements. Average waiting time for referral to assessment and referral to treatment (Tier 2 and Tier 3, quarterly	✓	✓			CCG/NHFT/NHS England/NCVS
Respond quickly to young people who have a mental health crisis	Set up a crisis team specifically for children and young people	Monitoring of more timely, responsive service closer to home Urgent assessments undertaken within four hours		✓			CCG/NHFT
Priority 1 Theme: Improve support to women who experience mental health problems during and after pregnancy							
Earlier identification of mental health problems through universal health services and access to early help	Development of perinatal mental health pathway Development of clear pathways into primary care psychological therapies	Increased identification /monitoring of mental wellbeing in universal services. Recording of pregnant and postpartum women who access secondary mental health services (not confined to perinatal) Increased uptake of psychological therapy by women during or after pregnancy Overall improvement in self-reported MH and wellbeing during and after pregnancy		✓			CCG/NCC Public Health/NUH/ CityCare/NHFT
Support and treatment is available to women who develop more serious mental	Clearly defined perinatal mental health pathway	Improved access to, and waiting times for specialist service	✓	✓			CCG/NHFT

Action	Milestone	Success measure	Year				Action Owner
			16/17	17/18	18/19	19/20	
health problems							
Priority 1 Theme: Access to mental health services within a primary care setting							
Increase the skills and confidence of people who experience common mental health problems within a recovery focussed approach	<p>Establish a Primary Health, Wellbeing and Recovery College</p> <p>Sustain the 'Books on Prescription' scheme and improve monitoring.</p>	<p>Positive uptake and evaluation of courses</p> <p>Increased uptake of 'Books on Prescription' collections for common mental health problems</p>	✓	✓			<p>CCG/NHFT</p> <p>NCC – Library Service and NCC Public Health</p>
Support improved response in primary care to people who are experiencing mental health problems.	<p>Establish skilled primary care mental health service to advise on and support good practice in management of mental health problems in primary care.</p>	<p>Less people referred to secondary mental health services inappropriately</p>		✓			CCG/NHFT
	<p>Include mental health in Nottingham City integration programme, to ensure services are as joined up as possible, giving equal value to mental and physical health.</p>	<p>Evidence of pathways that are increasingly joined up across mental and physical health.</p>	✓	✓	✓	✓	CCG/NCC/NHFT/ Citycare
Increase the reach and effectiveness of primary care psychological therapy services	<p>Well publicised psychological therapy providers linked to other community and primary care services.</p>	<p>Decrease in waiting times for psychological therapies. (Target Treatment within 6 weeks for 75% of people referred to the Improving Access to Psychological Therapies programme, with 95% of people being treated within 18 weeks.</p>	✓	✓	✓	✓	CCG/psychological therapy providers

Action	Milestone	Success measure	Year				Action Owner
			16/17	17/18	18/19	19/20	
		Increased proportion of those estimated to have common mental health problems to be receiving treatment. Increased rates of recovery.					
Priority 1 Theme: Access to care for those with more serious or urgent mental health problems							
Ensure early access to care for a first episode of psychosis	External review undertaken into EIP services Implement outcomes of the review	Achieve access target of 50% of people receiving NICE compliant treatment within 2 weeks of referral		✓			CCG/NHFT
Ensure effective service response to mental health crisis	Progress against implementation of the action plan for the Nottingham and Nottinghamshire Crisis Care Concordat. Progress towards an all age, CORE 24hr acute liaison service at NUH	24/7 access to crisis support and assessment. Reduction of detention under section 136 of the mental health act and end of detention in police cells Reduction in out of area placements for acute mental health inpatient care.	✓	✓ ✓			CCG and all concordat signatories
Make suicide prevention a priority across the City.	Implement the action plan for the Nottingham Suicide Prevention Strategy that aims to reduce the rate of suicide in Nottingham City. The plan includes: Provide community based suicide prevention training. Share learning from audit of suicide and self-harm deaths.	Increased skills and confidence in the community to support people at risk of suicide. Improved response to those bereaved by suicide	✓	✓			NCC Public Health and Suicide Prevention Strategy Group partners

Action	Milestone	Success measure	Year				Action Owner
			16/17	17/18	18/19	19/20	
	Partner actions from the detailed action plan to target those at risk.						
Priority 1 Theme: Access to wider social and community support for people with mental health problems and their carers to support social and financial inclusion.							
Support access to social and community support	Inclusion of organisations able to give support for those with mental health problems and their carers in the development of support directories in Nottingham.	More people have their [wider] needs met in the community (& corresponding improvement in MH)	✓				NCC/NCVS
	Wellness in Mind Service established with a remit to include the consideration of the wider social circumstances and needs of people with mental health problems, and to support access to further support (including though self-care and social prescribing) where needed		✓	✓			CCG/Framework
	Meet Care Act responsibilities re assessment of those with mental health problems and their carers in line with the				✓		NCC

Action	Milestone	Success measure	Year				Action Owner
			16/17	17/18	18/19	19/20	
	commitment to 'Parity of Esteem'						
Support to identify appropriate housing and support to maintain housing for those with mental health problems	<p>Agreed protocol for DTOCs which outline a clear escalation route and timescale</p> <p>Review of the role of CCG funded social workers inputting into the NHFT inpatient wards</p> <p>Review of supported mental health accommodation provision and broader arrangements to ensure the appropriate level of care for those with serious mental health problems as part of a system side view.</p>	Adult Social Care Outcomes Framework measure of people with serious mental health problems who are in settled accommodation. Fewer people with MH difficulties experience homelessness	✓	✓			NCC/CCG/NHFT/ Homelessness strategy implementation group
Ensure appropriate and timely access to financial and welfare advice	Effective links are made between services in Nottingham that offer advice and support to address debt and financial difficulty and services that provide mental health support (in particular through the <i>Wellness in Mind</i> service).	More people with MH difficulties who experience financial difficulty access appropriate support	✓	✓	✓		NCC/CCG/ Framework/Advice Nottingham/ NHFT/ Psychological therapy providers/STEPS
Access to support to improve chances of being in employment	For employment see specific action plan under strategy	For employment see specific action plan under strategy					
Priority 1 Theme: Ensure services are equitable and based on need							

Action	Milestone	Success measure	Year				Action Owner
			16/17	17/18	18/19	19/20	
Provide a focus on identifying issues of equity of access to treatment and care for specific groups who may be at increased risk or have specific needs in terms of mental health care by equalities profiling those accessing services in relation to population need. (see list above)	Ensure systems are in place for mental health service providers to gather feedback on their services from diverse groups.	Uptake of services will closer reflect needs of the diverse communities of Nottingham		✓			CCG/NCC/NHFT/ NCVS
	Understand the profile of the people in the City in need of (or likely to benefit from) their service(s), and of their corresponding needs and preferences (with particular reference to the groups listed above and the protected equalities characteristics).	Evidence of service user insight to drive improvements in access and delivery Monitored use of their services by these groups in respect of access, efficacy and satisfaction. Demonstrate improvements to the provision of their service(s) in regard to the overall aim equitable and based on need.		✓	✓		
Ensure learning from Opportunity Nottingham is used to improve services for those with complex needs leading to earlier identification of mental health problems by health and social care services and improved knowledge of appropriate services to signpost people to	Multi-organisation sign up to the Practice Development Unit (PDU) Explore requirement of PIE in all Health & Social Care contracts	Setting up of PDU Cross sector development of Psychologically Informed Environments to improve understanding and identification of mental health issues Improved skills and confidence of wider (non-MH) workforce in providing MH brief interventions	✓		✓		Opportunity Nottingham

Action	Milestone	Success measure	Year				Action Owner
			16/17	17/18	18/19	19/20	
Priority 2 Theme: Poor physical health outcomes are prevented							
Reduction in smoking in people with mental health problems	-Implementation of smoke free NHFT -Training of NHFT staff at range of levels -Increased uptake of New Leaf by people with mental health problems	Reduction in smoking prevalence in NHFT patients	✓	✓	✓	✓	NHFT/Public Health
Improved uptake of preventative screening and vaccination	Awareness raising in NHFT and through Enhanced Physform project	Increased reporting of screening uptake through Physform and NHS England data	✓	✓			primary care/NHFT
Inclusion of people with mental health problems in health improvement strategies and services (eg physical activity, healthy eating and alcohol reduction)	-Inclusion of NHFT service users in all health promotion activity -Inclusion of people with mental health problems as a priority equality group in commissioned services	Increased awareness of health improvement opportunities in people with serious mental illness, increased referrals to Healthy lifestyle services for this group		✓	✓	✓	Public Health and health improvement providers
Physical health promotion is included in mental health care of children and young people	Activity specifically related to preventing or reducing smoking, substance misuse, increasing physical activity and healthy eating.	Engagement of CAMHS in physical health partnerships and activity in NHFT		✓			NHFT
Priority 2 Theme: Identify physical health problems early							
Effective monitoring for side effects in people on antipsychotic medication	Shared care arrangements clear re responsibility for monitoring	Guidance on responsibilities re monitoring are agreed and shared locally		✓			NHFT/primary care

Action	Milestone	Success measure	Year				Action Owner
			16/17	17/18	18/19	19/20	
	improved joint working between primary and specialist care in monitoring physical health parameters in young people on psychotropic medication			✓			
Health checks delivered by either secondary or primary care that lead to an agreed action plan.	Increased health checks undertaken as part of Physform project between NHFT and primary care.	Evidence of development of health plans shared with patients and across primary/secondary care. Level of achievement of national CQUIN target	✓	✓			NHFT/CCG
Good communication between primary and secondary care about physical health needs	Electronic methods of communication agreed		✓				NHFT/CCG
Priority 2 Theme: Increased understanding of health inequalities experienced by people with mental health problems							
Better understanding local needs	Publication of this information in JSNA chapter	Detailed understanding of specific needs		✓			NCC Public Health with HWBB partners
Raised awareness across the health and social care system of health inequalities in people with serious mental health problems	Inclusion of relevant issues in training and awareness sessions for staff across professional boundaries (across mental and physical health) including peer-led or co-produced approaches.	Increased awareness of wide range of citizens/ VCS/partners/professionals	✓	✓	✓		NCC Public Health/CCG /NHFT/NCVS
Priority 2 Theme: Interdependence of mental and physical health reflected across the health and care system							
Physical health services are in place to meet the needs of	-Commissioned pathways reference this	Balance of emergency/planned care for		✓	✓		CCG/Nottingham City Council

Action	Milestone	Success measure	Year				Action Owner
			16/17	17/18	18/19	19/20	
people with mental health problems	<p>group under equality section.</p> <p>-All JSNA chapters reflect on the needs of this group and make appropriate recommendations</p> <p>-Assessment of variation in access to physical health support services for mental health inpatients compared to acute inpatients.</p>	this group compared to the general population					
Priority 3 Theme: People in Nottingham are able to access a holistic health and employment support							
Develop an early intervention pathway to support people with long term health problems to remain in employment or to gain employment	New service jointly commissioned for 2016-2019	Improved partnership working results in more jointly commissioned services (NCC, CCG and DWP)	✓				Nottingham City Council (NCC) / Nottingham CCG / DWP
	Service launch	Citizens and stakeholders are aware of the service	✓				
	Annual service review	85 employed individuals supported to remain in work	✓	✓	✓	✓	
		95 unemployed individuals supported to manage their health problems	✓	✓	✓	✓	
		60% clients have one or more long term conditions	✓	✓	✓	✓	
Develop a strategic approach to improving the mental health of people in employment	Health and Employment Strategic Group formed	Cross-sector actions agreed and implemented		✓			Nottingham City Council
	HWBB organisations	Health and Wellbeing Board	✓	✓			All HWBB partners

Action	Milestone	Success measure	Year				Action Owner
			16/17	17/18	18/19	19/20	
	develop health and wellbeing at work strategies	(HWBB) organisations become exemplar employers for health and wellbeing (including specific mental health commitments eg 'Mindful Employer')					
	VCS organisations access awareness raising training on improving mental health of the workforce	VCS organisations develop policies and environments which support the mental health of their employees and volunteers		✓			NCVS – via VAPN and CYPPN
	Annual reporting of number of placements / vacancies offered	HWBB organisations offer work experience opportunities for people who have mental health problems and are unemployed	✓	✓	✓	✓	All HWBB partners
Priority 3 Theme: People in contact with mental health services are assisted to work							
Individual Placement Support (IPS) model is used to assist people into employment	Annual review	Percentage of people referred to IPS service who obtain paid employment increases year on year	✓	✓	✓		Nottinghamshire Healthcare NHS Trust
Increase access to IAPT services by the unemployed	6-monthly progress reporting	Nottingham (and Nottinghamshire) CCG(s) involved in the national pilot	✓	✓			CCG / DWP
Priority 4 Theme: Identify those most at risk of loneliness and isolation							
Develop a clearer understanding of levels and key causes of loneliness and social isolation	Findings shared across all partners and baselines established	Analysis of data and information related to loneliness in the city identifies the main factors and those most at risk.		✓			Nottingham City Council
Develop cross-sector partnership working to tackle loneliness of all ages	Loneliness Steering Group to tackle loneliness formed	Action plan for reducing and preventing loneliness agreed and implemented by partners	✓				Nottingham City Council
	Learning opportunities (and take up) for cross-	Raised worker awareness of loneliness and isolation	✓	✓	✓	✓	All HWBB Partners

Action	Milestone	Success measure	Year				Action Owner
			16/17	17/18	18/19	19/20	
	sector workforce						
Priority 4 Theme: Create supportive conditions and environments conducive to social inclusion							
Continue to develop 'Age Friendly Nottingham' (AFN)	Annual review of progress against the AFN action plan indicates improvement across all domains of age-friendliness	Older citizens are enabled to live as independently as possible through age friendly partnership action.	✓	✓	✓	✓	Nottingham City Council
Develop stronger communities which encourage people to look after each other	Looking After Each Other (LAEO) approaches developed including a strategic approach to encourage volunteering	Reducing loneliness is embedded across services Rolling programme of support and initiatives in place which reduce levels of loneliness in the city	✓	✓	✓	✓	Nottingham City Council / CCG / NCVS
Develop Nottingham as a Dementia Friendly City	Development of a Dementia Framework that includes action around loneliness	Nottingham achieves Dementia Friendly City status Health and Wellbeing Board partners become dementia friendly		✓			All Health and Wellbeing Board Partners
Develop access to information on a wide range of opportunities and support	Launch of integrated health and social care on-line directory	Citizens, their families and carers, and the cross-sector workforce are able to access information on reducing loneliness	✓				Nottingham City Council / CCG
Priority 4 Theme: Promote wellbeing and social inclusion of citizens							
Promote initiatives and opportunities	Three month campaign to raise awareness about loneliness and opportunities to reduce loneliness is launched	Ongoing communications plan developed to addressing loneliness	✓				Nottingham City Council / CCG / NCVS
Target individuals from most at risk groups	Mapping of current offer to reach at risk groups	Suite of targeted and aligned initiatives and support in place to support those most at risk eg Click Nottingham, befriending groups etc.		✓			Nottingham City Council / NCVS

Action	Milestone	Success measure	Year				Action Owner
			16/17	17/18	18/19	19/20	
		Increased involvement of the VAPN members services where they are providing services for lonely and isolated people in the community					

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Headline Measures / Key Performance Indicators from the Mental Health Action Plan

Priority	KPI	Baseline 2015/16 unless stated	Reported performance	RAG	Direction from baseline	Comment
Priority 1: Children and adults with, or at risk of, poor mental health will be able to access support						
	IAPT referral rate adults 18+	778 per 100,000	824 per 100,000 (Apr-Sept 2017)	A	Better	Up on baseline figure Below the target 874 per 100,000
	IAPT recovery rate (% of people in month who have completed IAPT treatment)	48%	51% (Apr-Sept 2017)	A	Better	Up on baseline figure Below target 53.5% for 2016/17
	Early Intervention in Psychosis (EIP)	50%	65% (average figure for Apr-Sept 2017)	G	Better	15% above national target
Priority 2: People with long-term mental health problems will have healthier lives						
	Excess mortality rate in adults with serious mental illness	457.5 (2013/14 baseline year)	470.4 (2014/15)	R	Worse	Higher (worse) than baseline figure, target figure (446.4) and the average of the best performing four core cities (418.0)
Priority 3: People with, or at risk of, poor mental health will be able to access and remain in employment						
	Number of Employed individuals supported to remain in work	NA	78	R	Worse	Fewer people supported than expected Target 105
	Number of Unemployed individuals supported to manage their health problems	NA	99	R	Worse	Fewer people supported than expected Target 120
	% of clients supported with one or more long term conditions	NA	56%	A	Worse	Fewer people supported than expected Target 60%
	Individual Placement Support (IPS) % of people entering employment	NA	34%	G	Better	More people supported than planned 26%
Priority 4: People who are, or at risk of, loneliness and isolation will be identified and supported						
	Reduce the gap between the percentage of people with a disability or long term condition and the general population that report feeling lonely "often or all of the time"	11.8%	10.7%	G	Better	Target 1% reduction year on year

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HEALTH AND WELLBEING BOARD

31 JANUARY 2018

	Report for Resolution/ Report for Information
Title:	Teenage pregnancy in Nottingham – an update from the Teenage Pregnancy Taskforce
Lead Board Member(s):	Dr Marcus Bicknell
Author and contact details for further information:	Helene Denness helene.denness@nottinghamcity.gov.uk Marie Cann-Livingstone marie.cann-livingstone@nottinghamcity.gov.uk
Brief summary:	In July 2017, the Teenage Pregnancy Taskforce gave a presentation to the Health and Wellbeing Board. The Board asked the Teenage Pregnancy Taskforce to return in January 2018 with an update on planned work to reduce the teenage conception rate in high-rate wards and in the under-16 age group. A presentation will be delivered to the Board detailing progress made, and action planned for 2018.

Recommendation to the Health and Wellbeing Board:

The Health and Wellbeing Board is asked to:

- a) note the presentation on current data and services working to reduce unplanned teenage conceptions in Nottingham; and
- b) give support to the planned actions to reduce teenage conceptions in high-rate wards and in the under-16 age group.

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	Reducing unplanned teenage pregnancy in our high-rate wards will help to decrease health inequalities as becoming a parent when a teenager can cause poorer physical and mental health outcomes for the teenage parents and their children.
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>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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Health and Wellbeing Board Forward Plan 2017/18

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
Page 79	JHWS Healthy culture outcome – progress report	JHWS themed outcome section	Uzmah Bhatti uzmah.bhatti@nottinghamcity.gov.uk
	Annual review of Joint Health and Wellbeing Strategy performance metrics	For approval	Caroline Keenan caroline.keenan@nottinghamcity.gov.uk
	Pharmaceutical Needs Assessment	For approval	Claire Novak claire.novak@nottinghamcity.gov.uk
	Sustainability and Transformation Plan/ Accountable Care System update	For information	David Pearson/ Wendy Saviour/ Colin Monckton
	BME Health Needs Community of Interest		Jen Burton jennifer.burton@nottinghamcity.gov.uk
	Health and Wellbeing Board Commissioning Sub Committee Terms of Reference	For approval	Ciara Stuart ciara.stuart@nhs.net Jane Garrard jane.garrard@nottinghamcity.gov.uk
	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]
- Review of progress and outcomes of Board members signing up to the tobacco declaration
- Review of progress and outcomes of Board members signing up to the alcohol declaration

- Nottingham City Clinical Commissioning Group Operational Plan

Items for 2018/19

May 2018

- Impact of commissioning reviews [Chris Wallbanks]
- Commissioning plans 2018/19 [Chris Wallbanks]

July 2018

- Teenage Pregnancy Annual Report 2017/18

Health and Wellbeing Board Stakeholder Event – 6 June

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Health and Wellbeing Board Development Sessions

Date	Topic
28 February 2018 1-3pm	Mental health
25 April 2018 2-4pm	
27 June 2018 2-4pm	Safeguarding (tbc)
29 August 2018 2-4pm	
31 October 2018 2-4pm	
19 December 2018 2-4pm	

Statutory Officers Report for Health and Wellbeing Board

Corporate Director of Children's Services

January 2018

Budget Position for Children and Adults Services

Up and down the country, Children's and Adults' Services are facing unprecedented demand. This, at the same time as significant reductions in the level of resources available to Local Authorities, is creating budget challenges beyond anything previously experienced.

In light of these ongoing budget challenges, we are looking at opportunities for us to review how and why we work in certain ways to enable us to try and identify savings.

Nottingham Post's Women In Business Awards 2017

The hard work and continued commitment of my entire directorate was honoured earlier this month.

I was handed the accolade for Woman In Public Service as part of the Nottingham Post's Women In Business Awards 2017, which was a great achievement given the extremely high calibre of the other finalists in the category.

While it was in my name, the award was really on behalf of all of you. I truly believe I have the best team working for me and I wouldn't have been in contention for the award without your hard work and commitment to what is a very challenging agenda.

I'm really proud of the many successes that have been achieved since I joined the Council in 2013. These include:

- Children's social care Ofsted rating rising from 'Requires Improvement' to 'Good'
- Integrated youth and family support services, and early years provision with social care services
- Improved school attendance across Nottingham
- Key Stage 1 and 2 Progress data for reading, writing and maths is now above the national average
- Attainment for children in care at record levels
- Expanded accessible employment opportunities for vulnerable and disengaged young people, especially care leavers
- Driven a schools re-organisation programme and established the Nottingham Education Improvement Board
- All children's homes now rated 'Good' or 'Outstanding'
- Increased the number of foster carers in the city Latest breastfeeding rates in Nottingham are higher than the national average

Many of you will have played a role in one or more of these achievements and I've very grateful for the hard work and support that you continue to provide. I look forward to working with you on creating more of these in the future.

Message from the Dolly Team – Please support our Fundraising Challenge



During the month of January Cllr David Mellen (Portfolio Holder for Early Intervention and Early Years) will be taking on a very special challenge.

The challenge is for Cllr Mellen, our Portfolio Holder for Early Intervention and Early Years, to read a story book to 2,018 children, not only this he has to ensure he reads a story within each of the 20 wards of the city. He will be out and about reading to school classes and assemblies, nursery groups, library groups, Children Centres and to our children in hospitals.

We would be extremely grateful if you would show your support to the Dolly Parton Imagination Library and help Cllr Mellen reach his fundraising target of £2,018! No matter how small a donation, it can make a real difference to the children of Nottingham.

The Imagination Library helps parents and children to enjoy exploring books, looking at pictures, talking about the stories and just having fun together.

The scheme is proven to increase children's literacy levels and by receiving these books our children are more likely to be ready to start school, giving them a real head start in life.

Over 4,000 children are registered with the scheme and over 100,000 books have been delivered, but we want to do more! Working with our partners in Nottingham we want to make sure **every** child receives these amazing book delivered to their homes each month... Our ultimate aim with this challenge is to raise awareness of the DPIL scheme and continue fundraising throughout the month of January and beyond.

Follow Cllr Mellen's fundraising journey on Twitter: @CllrDavidMellen

Donating is easy click here <https://www.justgiving.com/crowdfunding/2018children>

Every Colleague Matters Event: 12th – 16th February 2018

I would like to share with you the details of the Every Colleague Matters Event coming up between 12th and 16th February 2018. The event is titled '**Empowering the Workforce to deliver Excellence in Safeguarding Practice**'.

This event is a series of sessions over a one-week period, open to everyone who works within the Children's and Adults Workforce in the City of Nottingham, including Local Authority, Health, Police, Private, Voluntary and Community Agencies.

Sessions Available:

- Emerging Themes in Safeguarding
- Learning from Reviews
- Effective engagement-Agreements, Contracts and Family Network Meetings
- Role of the LADO
- Having Difficult Conversations
- Low mood and Depression in Children and Young People
- Neglect: The individual impact on children and young people - What we can do
- Domestic Violence and Abuse Safeguarding: Your role working with Survivors, Perpetrators and Children

- Ending Female Genital Mutilation - our role and responsibilities
- Making Safeguarding Personal
- More sessions coming soon....

To find out more about these sessions and how to book a place please follow this link to the Children's Partnership Website, is hosting all the details about the event for both the children's and adults

workforce: <http://www.nottinghamchildrenspartnership.co.uk/ecm2018Safeguarding>

Cost: £10 per person per session (Nottingham City Council employees and schools staff are exempt from this charge). [Full terms and conditions available here.](#)

Association of Directors of Childrens Services (ADCS) Blogs

In my role as 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:

Youth Offenders as victims - <http://adcs.org.uk/blog/article/young-offenders-as-victims>

On the frontline of looking after vulnerable children - <http://adcs.org.uk/blog/article/on-the-frontline-of-looking-after-vulnerable-children>

The year ahead - <http://adcs.org.uk/blog/article/the-year-ahead>

Alison Michalska
Corporate Director for Children and Adults
(January 2018)

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NOTTINGHAM CITY COUNCIL

HEALTH AND WELLBEING BOARD COMMISSIONING SUB COMMITTEE

MINUTES of the meeting held at Loxley House, Station Street, Nottingham NG2 3NG on 13 December 2017 from 3.04 pm - 3.35 pm

Membership

Voting Members

Present

Katy Ball

Dr Marcus Bicknell (Chair)

Absent

Councillor Nick McDonald

Maria Principe

Non-Voting Members

Present

Martin Gawith

Absent

Lucy Anderson

Alison Challenger

Colin Monckton

Christine Oliver

Colleagues, partners and others in attendance:

- | | |
|---------------|---|
| Clare Gilbert | - Commissioning Lead – Adults, Nottingham City Council |
| Ciara Stuart | - Assistant Director for Out of Hospital Care, Nottingham City Clinical Commissioning Group |
| Jane Garrard | - Senior Governance Officer, Nottingham City Council |

114 APOLOGIES FOR ABSENCE

Councillor Nick McDonald – personal

Maria Principe

115 DECLARATIONS OF INTERESTS

None

116 MINUTES

The minutes of the meeting held on 13 September 2017 were agreed as an accurate record and signed by the Chair.

117 DRAFT REVISED HEALTH AND WELLBEING BOARD COMMISSIONING SUB COMMITTEE TERMS OF REFERENCE

Ciara Stuart, Assistant Director of Out of Hospital Care Nottingham City Clinical Commissioning Group, introduced a report proposing revisions to the Health and Wellbeing Board Commissioning Sub-Committee Terms of Reference. She highlighted that:

- (a) The proposals reflect discussions about the need to align the Sub-Committee more closely with the Health and Wellbeing Board and the commissioning priorities which arise from that.
- (b) It is proposed that the Terms of Reference are broadened to encompass all relevant Section 75 Agreements.

Martin Gawith, Healthwatch Nottingham, noted that the proposals omit Healthwatch from the future membership of the Sub-Committee. He was advised that this reflected the intention that the Sub-Committee would be a commissioner-only body but it was discussed that while Healthwatch is not a commissioner, it plays an important role in representing service users and holding commissioners to account. Therefore it was suggested that further consideration be given to including Healthwatch as a member of the Sub-Committee.

RESOLVED to support the proposed revisions to the Health and Wellbeing Board Commissioning Sub-Committee Terms of Reference with the exception of the proposed membership, where it was asked that further consideration be given to what would be gained and lost by removing Healthwatch from the membership of the Sub-Committee.

118 BETTER CARE FUND QUARTERLY PERFORMANCE REPORT

Ciara Stuart, Assistant Director of Out of Hospital Care Nottingham City Clinical Commissioning Group, introduced the report providing information in relation to the Better Care Fund performance metrics for Quarter 2 2017/18. She highlighted that:

- (a) Performance against all of the metrics was good, with the exception of delayed transfers of care.
- (b) Initial assessment of delayed transfers of care during October suggested that there had been further improvement but that performance was still off trajectory.
- (c) Discharge to Assess seemed to have made an impact earlier than expected.

RESOLVED to

- (1) note the performance in relation to the Better Care Fund performance metrics for Quarter 2 2017/18; and**
- (2) note the quarterly return which was submitted to NHS England on 17 November 2017 and was authorised virtually by the Health and Wellbeing Board Chair, Councillor Nick McDonald.**

119 BETTER CARE FUND SAVINGS PROPOSALS

Ciara Stuart, Assistant Director of Out of Hospital Care Nottingham City Clinical Commissioning Group, introduced a report setting out proposed savings from the Better Care Fund 2017/18-2018/19.

RESOLVED to

- (1) agree savings as detailed in the exempt minutes; and**
- (2) note the need to engage on how the savings will be delivered and potential impact on fiscal year end of 2018/19 savings.**

120 EXCLUSION OF THE PUBLIC

RESOLVED to exclude the public from the meeting during consideration of the remaining items in accordance with 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.

121 BETTER CARE FUND SAVINGS PROPOSALS APPENDIX

The Sub-Committee considered the information set out in the exempt appendices, the details of which can be found in the exempt minute.

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