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NHS Nottingham City Clinical Commissioning Group

Nottingham City Council

NOTTINGHAM CITY HEALTH AND WELLBEING BOARD

Date: Wednesday, 28 March 2018

Time: 2.00 pm

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

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

and/or delivery of the Joint Health and Wellbeing Strategy

a	**Third Sector**	No written update
b	**Healthwatch Nottingham**	91 – 92
c	**NHS Nottingham City Clinical Commissioning Group/ Greater Nottingham Clinical Commissioning Groups**	No written update
d	**Nottingham City Council Corporate Director for Children and Adults**	93 - 94
e	**Nottingham City Council Director for Adult Social Care**	No written update
f	**Nottingham City Council Director of Public Health**	No written update
14	**NEW JOINT STRATEGIC NEEDS ASSESSMENT CHAPTER - CHILDREN IN CARE** For information	95 - 102
15	**NEW JOINT STRATEGIC NEEDS ASSESSMENT CHAPTER - LIFE EXPECTANCY AND HEALTHY LIFE EXPECTANCY** For information	103 - 104
16	**NEW JOINT STRATEGIC NEEDS ASSESSMENT CHAPTER - EVIDENCE SUMMARY** For information	105 - 114
17	**MINUTES OF THE HEALTH AND WELLBEING BOARD COMMISSIONING SUB COMMITTEE MEETING HELD ON 31 JANUARY 2018 (DRAFT)** For information	115 - 118
18	**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
Sam Walters	Greater Nottingham City Clinical Commissioning Groups Accountable Officer
Gary Thompson	Greater Nottingham Clinical Commissioning Groups
Alison Michalska	City Council Corporate Director for Children and Adults
Helen Jones	City Council Director of Adult Social Care
Alison Challenger	City Council Director of Public Health
Martin Gawith	Healthwatch Nottingham representative
Samantha Travis	NHS England representative

Non-voting members

Lyn Bacon	Nottingham CityCare Partnership representative
Tracy Taylor	Nottingham University Hospitals NHS Trust representative
Chris Packham	Nottinghamshire Healthcare NHS Foundation Trust representative
Gill Moy	Nottingham City Homes representative
Ted Antil	Nottinghamshire Police representative
vacancy	Department for Work and Pensions representative
Leslie McDonald	Representing interests of the Third Sector
Louise Craig	Representing interests of the Third Sector
Wayne Bowcock	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.

NOTTINGHAM CITY COUNCIL

HEALTH AND WELLBEING BOARD

MINUTES of the meeting held at Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG on 31 January 2018 from 2.02 pm - 3.25 pm

Voting Members

Present	Absent
Dr Marcus Bicknell (Vice Chair)	Councillor Nick McDonald
Councillor Cheryl Barnard	Alison Michalska
Alison Challenger	Gary Thompson
Martin Gawith	Samantha Travis
Helen Jones	Councillor Marcia Watson
Councillor David Mellen	
Hugh Porter	

Non-Voting Members

Present	Absent
Ted Antil	Lyn Bacon
Wayne Bocock	Leslie McDonald
Tim Brown (temporary member)	Gill Moy
Louise Craig	Chris Packham
Caroline Shaw (as substitute)	Tracy Taylor (sent substitute)
Andy Winter	

Colleagues, partners and others in attendance:

Jane Bethea	-	Consultant in Public Health
James Blount	-	Communications and Marketing Specialist
Marie Cann-Livingstone	-	Teenage Pregnancy and Early Intervention Specialist
Nancy Cordy	-	Commissioning Manager
Jane Garrard	-	Constitutional Services
Gary Harvey	-	Head of Housing Solutions
David Johns	-	Public Health Registrar
Nick Romilly	-	Insight Specialist
Zena West	-	Governance Officer

59 APOLOGIES FOR ABSENCE

Lyn Bacon
Councillor Nick McDonald – personal reasons
Alison Michalska
Gill Moy
Tracy Taylor – Caroline Shaw attended as substitute
Gary Thompson
Sam Walters
Councillor Marcia Watson – personal reasons

60 MEMBERSHIP CHANGE

RESOLVED to note that:

(1) Councillor Cheryl Barnard has replaced Councillor Steve Battlemuch;

(2) 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;

(3) Gary Thompson, Chief Operating Officer has filled the vacant Clinical Commissioning Group seat.

61 DECLARATIONS OF INTERESTS

None.

62 MINUTES

The minutes were agreed as a correct record and signed by the Chair.

63 ACTION LOG

Dr Marcus Bicknell updated the Board on items within the action log:

(a) the Tobacco Declaration is still awaiting sign off by two Board member organisations. A number of organisations have submitted action plans, which the Board is grateful to receive;

(b) a key action relating to BME (Black, Minority Ethnic) Health Needs was to develop a community of interest group. This is in progress, with an update due at the next meeting in March;

(c) a progress report on the Physical Activity Declaration is due to come to the September meeting.

Healthwatch Nottingham and Nottingham CVS reported that their Boards have recently signed the Tobacco Declaration.

Various Board members provided an update on dealing with winter pressures affecting the NHS and adult social care:

(d) it has been a massively challenging winter. Robust plans have been in place; the strongest plans ever seen for handling winter pressures, however the demands of patients and user groups were still not all met. There were extended wait times and overcrowding. Successful collaborative working led to the highest level of supported discharges recorded recently;

(e) the possibility of providing additional patient resources in the evenings and at weekends is being investigated. Influenza has had a massive impact this winter;

(f) Alison Challenger, Director of Public Health, thanked NHS colleagues for allowing her to observe the Emergency Department, with a view to monitoring potentially avoidable admissions. She spoke to committed and dedicated staff and learned a great deal.

RESOLVED to note the Action Log.

64 IDENTIFYING HOMELESS HOUSEHOLDS

Gary Harvey, Head of Housing Solutions at Nottingham City Council, gave a presentation on who is at risk of homelessness and why, how we can support households at risk of homelessness, and developing systems and services to respond and look at gaps in provision:

(a) there is often no single cause for a household to become homeless, and homelessness does not equate to not having a roof over your head – those staying in temporary accommodation may still be homeless;

(b) many societal factors contribute to an increased risk of homelessness, including:

- low income – this can create limited housing options;
- changing circumstance – this can include relationship breakdowns, overseas migration, release from prison, or discharge from hospital;
- personal reasons – this can include mental health needs, or traumatic histories;

it is common for several interconnected factors to be involved, it can be a complex mix and can prove difficult to unpick and identify one specific cause;

(c) in Nottingham – over 7,000 people have become homeless since April 1 2017. Of those, 500 had a formal homeless declaration and 400 were covered under statutory duties. Around ⅔ were single, and of the single people around ⅔ were male;

(d) around ¾ of homeless families have a single parent, and around $^{1}/_{5}$ require supported accommodation of some sort;

(e) research by Sheffield Hallam University suggests that ¾ of homeless people have existing mental health issues;

(f) a primary concern for homelessness prevention is that 46% of applicants come from the private rented sector;

(g) between 65 and 100 people seek help at Housing Aid every day, with an increased occurrence of higher complexity cases, and an increased need for emergency accommodation. One household seeking help takes on average around 20 minutes;

(h) there is a growing need for temporary accommodation such as bed and breakfasts. The peak use of bed and breakfast spaces was 150 in 2017. Bed and breakfast use presents further risk to those families placed, and it is not the best use of resources, so Housing Aid is working hard to get those numbers down;

(i) it is well documented that there are high numbers of people sleeping rough in Nottingham, 43 individuals at the last count. Partnership working has taken place on the Sit Up Service between the Fire Service and the Red Cross to find a final place of safety for those who have refused or been unable to accept offers of help elsewhere. The project is intended as an immediate lifesaving measure, not as an all-encompassing intervention. It is a tremendous piece of partnership working. The provision is split between Carlton Fire Station and London Road Fire Station, depending on pressures. The Red Cross are fulfilling a splendid role, and feedback from individuals using service and from the Fire Service personnel has been very positive;

(j) 33 new private sector tenancies have been created for those in housing need. Policies are continually reviewed, and the homeless strategy will be renewed ready for adoption by the council in the new financial year, to tie in with the introduction of the Homelessness Reduction Act. In October this will also give legal responsibilities to partners to refer those at risk;

(k) there is a complex and effective system in place for identifying and improving intervention responses and identifying changing needs in light of increased demand nationally and locally;

(l) as well as the Sit Up Service, several other services have been commissioned in order to provide a full and complete response to those in housing crisis in the winter period. This also includes a winter shelter funded entirely by the faith sector;

(m) the Homelessness Reduction Act has received Royal Assent, and a range of citizen-focused responses are being set up to meet the new statutory objectives;

(n) there are huge challenges over specialist provision to help those with complex needs. The high levels of need presenting are a real challenge for whether services can meet those needs. Attention needs to be focused on preventing those with complex mental health needs from becoming homeless in the first place;

(o) whilst there has been some new housing in Nottingham, the sale of right to buy stock is outstripping the Council's ability to replace it. A better relationship is required with private sector landlords so that prevention interventions can start earlier;

(p) there are significant risks with the introduction of Universal Credit, such as rent arrears and financial difficulties. Conversations with the DWP (Department of Work and Pensions) have been taking place as to how Housing Aid can work with partners to minimise risks;

(q) there are new health and homelessness risks arising as a result of new psychoactive substances, such as spice. These are presenting real emerging challenges.

There followed a number of questions and comments from the Board, and some further information was provided:

(r) with ¼ of homeless people being from BME backgrounds, that means they are disproportionately under-represented amongst the homeless population. Some eastern European homeless people do not have recourse to public funds, and so do not present as homeless, and are excluded from the data;

(s) currently, the legislative process means that statutory priority cannot be given to those at risk of homelessness more than 28 days away, so often tenants are given notice that they will become homeless but are unable to access help straight away. There is an aim to see people at an earlier stage and the Homelessness Reduction Act extends the threshold to everyone at risk of homelessness within the next 56 days, which aligns better with the notice given to tenants of eviction;

(t) there are capacity issues with regards to helping all of those who require the service. Finances and spend are being re-jigged, what is required is for the service to be able to assess what has gone wrong and put things in place to stop before it gets to homelessness. A new protocol in partnership with Nottingham City Homes so far has prevented 18 families from becoming homeless. If that protocol can be introduced with other services, such as for those leaving prison, then this figure could be improved further;

(u) many previous Council properties end up as private rented accommodation within a few years. The City Council made additional funding available to Nottingham City Homes in 2017 to purchase additional houses from private sector stock, but as this is a transfer from private to social housing it has not increased the amount of housing stock available overall. More houses need to be built.

RESOLVED to thank Gary Harvey for his presentation and note the contents.

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

Jane Bethea, Consultant in Public Health and Nick Romilly, Insight Specialist for Public Health, gave a presentation with an overview on mental ill health and mental illness, with a look back on performance as set out in the mental health action plan, and an examination of the recommendations within the report:

(a) 1 in 6 people will be diagnosed with a CMD (Common Mental Disorders, such as anxiety and depression) and many more cases remain undiagnosed;

(b) in 1993 there were twice as many young women (aged 16-24) as men with CMD, there are now three times as many women as men suffering from CMD.

They are more common in black women, in those under 60 who live alone, those who live in large households, homeless people, smokers, and unemployed people;

(c) only ¼ of those affected seek treatment for CMD, with ⅓ of those with a diagnosis seeking treatment. There is a significant treatment gap. If left untreated, CMD are more likely to lead to other disabilities and premature morbidity. CMD costs the UK economy 4.5% of GDP (Gross Domestic Product) or £70,000,000,000.00 each year and they are now the leading cause of sickness absence in the UK. Nationally, 41% of people receiving ESA (Employment Support Allowance) in 2013 had CMD as primary cause. This figure was 52% in Nottingham;

(d) bi-polar disorder and psychotic disorder are both counted as SMI (Severe Mental Illness). Overall, 2.0% of the population screen positive for bipolar disorder, with similar rates for men and women, and higher rates amongst the unemployed, those on benefits, and those living alone. Most people who screen as positive are not in receipt of treatment. The overall prevalence of psychotic disorders is less than 1% (0.4% in 2007 and 0.7% in 2014), with similar rates for men and women, and higher rates amongst black men. There are strong associations with socioeconomic status, and four out of five people with psychotic disorders are seeking treatment;

(e) there is an association between mental ill health and risk of suicide; suicide and self-harm. Overall suicide in England has reduced since the 1980s, however there has been a gradual increase since 2006 . Suicide disproportionately affects men (14.9 deaths by suicide per 100,000 population compared to a total of 9.9 per 100,000). Nottingham City's rate is slightly lower, but not statistically significantly so. On average, between 21 and 28 people are recorded as dying by suicide each year in Nottingham;

(f) in terms of the factors which lead to increased risk of mental health problems and worse metal health outcomes, Nottingham has an increased prevalence of these risk factors. The indicators are not themselves necessarily causal of mental health problems. In some of the indicators Nottingham has the highest level of those factors which may increase risk (for example, the number of children subject to a child protection plan);

(g) the performance indicators cover three key priorities:

- Priority 1: Children and adults with, or at risk of, poor mental health will be able to access support. This includes crisis resolution and home treatment service. 99.5% of assessments have been undertaken within the target time of 4 hours;
- Priority 2: People with long-term mental health problems will have healthier lives. Smoking is at 46% amongst Nottingham citizens. Physical healthcare assessments are being offered;
- Priority 3: People with, or at risk of, poor mental health will be able to access and remain in employment;
- Priority 4: People who are, or at risk of, loneliness and isolation will be identified and supported;

(h) consistency is required for metrics of indicators, and it would be beneficial for the Board to agree to greater alignment, and give the go-ahead for further work on this;

(i) all organisations represented on the Health and Wellbeing Board should ensure that they know about the services offered by the PDU (Practice Development Unit) – they support those organisations working with people with complex mental health needs, and provide training opportunities. The service is provided by NCVS (Nottingham Community Voluntary Services). More information can be found on the PDU website: www.opportunitynottingham.co.uk;

(j) a good news story is the Nottingham Time to Change Hub. Time to Change is a national scheme, Nottingham City Council has applied to be the Nottingham hub and has been successful. It is hoped that this can bring about real change and support activities across the city, so people feel as open talking about mental health as they do talking about their physical health.

There followed a number of questions and comments from the Board, and some further information was provided:

(k) it is positive that suicide rates are decreasing in Nottingham, despite there being higher risk factors. Nottingham has some unique support services such as Harmless. There are issues surrounding the sustainability of some of these services, but Nottingham has a vibrant third sector;

(l) whilst the data shows 470 deaths against an expected number of 418, it is important to remember that there is a significant lag factor, with some interventions taking between 5 and 10 years to show any improvement.

RESOLVED:

(1) to note that the Mental Health Strategy for Nottingham City is currently being refreshed;

(2) to 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;

(3) to note that following the decommissioning of suicide prevention training in the summer of 2017, unmet demand for suicide prevention training exists across the workforce, which presents a risk in relation to advancing the local suicide prevention strategy;

(4) to note that suicide prevention will be the focus of the February 2018 Health Scrutiny Committee;

(5) to 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;

(6) to note the progress of Nottinghamshire Healthcare Foundation Trust in relation to physical health assessment and support the establishment a consistent method of communicating the new documentation (Physical Health Risk Assessment Tool) electronically between Nottinghamshire Healthcare Foundation Trust and all Nottingham City General Practices;

(7) to commit to promote employment as a positive health outcome;

(8) for member organisations to agree to take a proactive approach to enable people with mental health problems to remain in or gain employment, through adopting exemplar mental health employment practice and offering work placements to those with mental health problems.

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

Marie Cann-Livingstone, Teenage Pregnancy Specialist, and Alison Challenger, Director of Public Health, gave a presentation to the Board on teenage pregnancy, as requested at the July 2017 meeting:

(a) there were 152 teenage conceptions in 2015, down from 160 in 2014. The 2015 England rate was 20.8 per 1,000 girls aged 15-17, whilst the 2015 Nottingham rate was 31.2, down from 32.7 in 2014 and 82.6 in 2004. There was a rapid decrease between 2006 and 2012, and a much slower decrease since 2012. The 2015 Core City average rate was 26.5;

(b) the England average for teenage pregnancy rates is higher than other Western European countries. 78% of teenage conceptions in Nottingham are to 16 and 17 year olds, and 22% are to under 16 year olds. The latest data from 2015 shows that 40% of teenage pregnancies were aborted (a total of 61) compared to 51.2% nationally;

(c) the 3 year pooled data for under 18s shows a downward trend between 2012 and 2015. The provisional data for 2016 will be released at the end of February, and there is a strong possibility that rates will be on track to meet the targets within the Nottingham Plan;

(d) rates for under 16s are not decreasing as quickly and are still double the England rate, so those pregnancies were given greater focus in 2016;

(e) since July 2017, the following actions have been taken to reduce teenage pregnancies:

- an increase to the number of schools that have signed up to the Sex and Relationship Education Charter;
- analysis of real-time geographical data of conceptions in under-16s to inform service delivery;
- work with Alison Hadley (Director of the Teenage Pregnancy Knowledge Exchange at the University of Bedfordshire and the National

Lead for Teenage Pregnancy) and the wider Teenage Pregnancy Network;

- start to concentrate on reducing conceptions in under-16s as the rate is not falling as quickly as in the under-18s age group;
- concentrated work in the wards where the rate is significantly above the Nottingham average;
- planned focus groups to talk to pregnant teenagers and teenage parents about minimising barriers to education;
- ensuring that reducing teenage conceptions and supporting teenage parents runs through the new 0-19s service specification;

(f) there are proposals for an intensive teenage pregnancy action zone, where schools and health services in particular areas will be prioritised for intervention and support. Nurses in schools are working with Sex and Relationship Education coordinators to make a difference on the ground;

(g) some schools are investigating the development of culturally specific Sex and Relationship Education within schools. Some work is being done to analyse if there are any concerning pregnancy rates or trends within emerging communities, particular for under-16s.

RESOLVED to:

(1) note the presentation on current data and services working to reduce unplanned teenage conceptions in Nottingham;

(2) support the planned actions to reduce teenage conceptions in high-rate wards and in the under-16 age group.

67 HEALTH AND WELLBEING BOARD FORWARD PLAN

The forward plan was noted.

68 BOARD MEMBER UPDATES

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

69 MINUTES OF THE HEALTH AND WELLBEING BOARD COMMISSIONING SUB COMMITTEE MEETING HELD ON 13 DECEMBER (DRAFT)

RESOLVED to note the draft minutes from the Health and Wellbeing Board Commissioning Sub Committee meeting held on 13 December 2017.

70 QUESTIONS FROM THE PUBLIC

There were no questions from the public.

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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	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 progressed by the BME Community of Practice Group.	To be determined by CoP group
170927/10	27 September 2017	Share the findings and recommendations of the BME Health Needs Assessment with: a) STP Leadership Team b) Key stakeholders - completed	Helene Denness Jen Burton	Progress reported to Board on 28 March – at time of writing, sharing findings with STP Leadership Team is outstanding but intended to take place during March 2018	March 2018
170927/11	27 September 2017	Develop recommendations of the BME Health Needs Assessment into actions	Helene Denness Jen Burton	This action will be progressed by the BME Community of Practice Group	To be determined by CoP group
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	Underway. Progress to be reported to Board meeting in November 2018	November 2018 (for signing of Declaration)

Ref.	Meeting	Action	Lead	Progress update	Date for completion
180131/01	31 January 2018	Align metrics of indicators (based on those in NHS and Public Health Outcome Frameworks and MH%YFV) across both the Mental Health and Health and Wellbeing Strategies from 2018 onwards	Mental Health Delivery Group	The Mental Health Strategy is currently being refreshed. A long list of indicators has been established from which the main ones will be identified following engagement with partners.	June 2018
180131/02	31 January 2018	Board members 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	All Board members Mental Health Delivery Group	Opportunity Nottingham has indicated that the situation has not changed and that the most recent PDU session was on the whole attended by Third Sector colleagues. Opportunity Nottingham intend to raise this with the Commissioning Executive Group. Written briefing on the Practice Development Unit to be circulated to all Board members.	Ongoing
180131/03	31 January 2018	Hugh Porter to discuss with the Mental Health Delivery Group about ensuring that all General Practices have access to the Physical Health Risk Assessment Tool	Mental Health Delivery Group Hugh Porter	In progress - being led by the CCG's Clinical Lead for Mental Health working with Nottinghamshire Healthcare Trust. A meeting is scheduled for March about sharing gaps in patients' health data between the Trust and GP practices.	
180131/04	31 January 2018	Explore in more detail the local reasons for the excess mortality rate in adults with serious mental illness;; and model when a reduction in excess morality is likely to be seen.	Mental Health Delivery Group	Work has begun to investigate whether this is doable locally and whether Public Health has access to the relevant data. Public Health have consulted analysts in City Council who confirm this would be a complex piece of work requiring partners involvement and a number of assumptions being built into any modelling work. The Local Authority/Public Health do not have access to the Mental Health Minimum Dataset which would be essential to	To be confirmed

Ref.	Meeting	Action	Lead	Progress update	Date for completion
				undertake this work. If this specific piece of work is deemed to be a priority i.e. there is indication that Nottingham may differ to the national picture of what contributes towards excess mortality amongst those with SMI then a joint piece of work would need to be planned with Nottinghamshire Healthcare NHS Trust.	

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, it was decided that the required funding was not available at this time.	December 2017
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	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. 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	December 2017

				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. 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 identified as being the most popular activities amongst the service users, with group fitness becoming more popular. 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.	
170927/06	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	Email sent to Board members on 28 September 2017 requesting feedback Revised Declaration included on agenda for 29 November 2017 Board meeting	November 2017

170927/09	27 September 2017	Establish a BME Health Needs Community of Interest, which includes citizen involvement	Helene Denness Jen Burton	Group has been established. First meeting had to be rescheduled and is being rearranged for April 2018	March 2018
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 sought from Board members at Board meeting on 31 January 2018	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 sought from Board members at Board meeting on 31 January 2018	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		
171129/04	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 group will continue to ensure these actions are implemented.	January 2018

171129/06	29 November 2017	Board members to identify opportunities within their organisations to communicate key winter messages to citizens	All Board members	Assurance sought from Board members at Board meeting on 31 January 2018	January 2018
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

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HEALTH AND WELLBEING BOARD

28 MARCH 2018

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

Recommendation to the Health and Wellbeing Board:

The Health and Wellbeing Board is asked to:

1. note contents of this report; and

2. consider what actions Health and Wellbeing Board members can take together to progress the Healthy Culture Action Plan further.

Contribution to Joint Health and Wellbeing Strategy:	
Health and Wellbeing Strategy aims and outcomes	**Summary of contribution to the Strategy**
Aim: To increase healthy life expectancy in Nottingham and make us one of the healthiest big cities	This report provides the Board with information on strategic developments in relation to Outcome 3 (Healthy Culture) of the Health and Wellbeing Strategy 2016-2020.
Aim: To reduce inequalities in health by targeting the neighbourhoods with the lowest levels of healthy life expectancy	
Outcome 1: Children and adults in Nottingham adopt and maintain healthy lifestyles	
Outcome 2: Children and adults in Nottingham will have positive mental wellbeing and those with long-term mental health problems will have good physical health	
Outcome 3: There will be a healthy culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill health well	
Outcome 4: Nottingham's environment will be sustainable – supporting and enabling its citizens to have good health and wellbeing	

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

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

Health and Wellbeing Strategy 2016-2020 Outcome Progress Highlight Report

Completed by:	Uzmah Bhatti	**Reporting period:**	**From:**	April 2017	**To:**	March 2018
Board meeting:	28th March 2018	**Next meeting at which this Priority Outcome will be discussed:**		28th September 2018		

Priority Outcome: Individuals and groups will have the confidence to make healthy life choices and access services at the right time to benefit their health and wellbeing
Themes:
1. Services will work better together through the continued integration of health and social care that is designed around the citizen, personalised and coordinated in collaboration with individuals, carers and families
2. Individuals and groups will have confidence to make healthy life choices and access services at the right time to benefit their health and wellbeing
3. Citizens will have knowledge of opportunities to live healthy lives and of services available within communities
4. We will reduce the harmful effect of debt and financial difficulty on health and wellbeing

For information

Key Progress to bring to the Board's attention:	
Progress on metrics in this reporting period:	**1. Increase in effectiveness of reablement.** Integration was on hold during CCG Out of Hospital reprocurement. New service to commence in July 2018. Nottingham City is anticipating support from Newton Europe to support DTOCs and this is likely to be focused on reablement. YTD performance is 87.8% against a target of 79%. The last few months we have been over 95%. Last reportable month, January, saw us at 98%. The end of 16-17 and beginning of 17-18 saw the service settling into new ways of working following a reorganisation; since the service has been stable it has performed exceptionally well against this metric. **2. Reduction in delayed transfers of care.** DTOC continue to be challenging. The metric will remain red for the rest of the year however it is hoped there will be month on month improvement. DTOCs are impacted by anomalously high levels of waits for care packages at home and evidence that social care assessment waits are increasing. In terms of NHS waits they remain largely flat however the reduction that was hoped to be seen via the roll out of D2A has been impacted by the closure of Connect and increase in cohort patients who become stuck in the system. Capacity within the homecare has recently been increased via NHSE funding and the recommendations from the Newton Europe work are being implemented. The CCG has created a Systems Capacity post to provide a focus on reducing DTOCs. Support is being provided by NHS Elect to

	reduce DTOCs across community facilities and a new project group has been set up. **3. A decrease in the percentage of citizens who report, through the Citizen Survey, that they struggle to keep up with bills and credit commitments.** 23.6% is an increase on the previous year which fared particularly well, but figures remain within target. Of the 23.6%, 21.6% were struggling to keep up whilst 2% were behind with bills. **4. An increase in the percentage of citizens who report, through the Citizen survey, that they know where to go for advice, help and support if they are experiencing financial hardship.** Baseline was set last year, this year has seen an increase which is slightly under target. **5. PHOF – Children in low income families (all dependent children under 20)** (Published on a 2 year delay) Locally set aspirations base on "*A New Approach to Child Poverty: Tackling the Causes of Disadvantage and Transforming Families Lives*" which sets out the Government's approach to tackling poverty for this Parliament and up to 2020. This strategy meets the requirements set out in the Child Poverty Act 2010, focuses on improving the life chances of the most disadvantaged children.
Key progress on delivery of action plans themes in this reporting period	**1. LION – Online directory** LiON has been operational since May 2016 and had 47k unique hits and 113k unique page views within the last 12-months. The Health and Care Point are currently using LiON to signpost citizens to appropriate activities and services. There are over 2,000 services registered on LiON and LiON has been embedded within the Adult Social Care Community Led Pathway. The way internet users view or find information online is changing. Traditionally a user who uses Google to search the internet would view text-based results, i.e. an article or webpage. However, this trend is changing and there is an increased emphasis on video content. Therefore, as part of our strategy, we are producing videos and dynamic content to be uploaded to LiON (and LiON's YouTube channel) around key themes that impact citizen's lives. The videos and other dynamic content needs to get the message across in under 60 seconds, as generally there is a 50% drop off rate after 40 seconds. Next Steps • Is to continue to promote and market LiON to the wider workforce and citizens. • Develop a Wellbeing Wheel that will sit on LiON and use the information within LiON. The wheel will be used as part of the social prescription/health coaching pathway. • Further development to the What's On pages, which will enable easier navigation of events/activities. • Continued development of 60-second videos to communicate key messages to citizens. This in response to the changes in surfing habits of internet users. **2. Self Care** • Social Prescribing roll out to all City GP Practices completed. Work is underway

with Community Pharmacies, Community Led Support project, Employment and Housing to improve access to social prescriptions – currently only available through a GP or a member of the GP Practice Team.

- In preparation for adopting the Greater Nottingham Model in Q3/Q4 this year the City's model is adopting a face to face health coaching assessment approach and using the "Patient Activation Measure" as an outcome measure. This update to the City model will go live in April. Working with GP practices to identify CoPD patients who would benefit from health coaching/a social prescription.
- Working with LiON to develop the Wellbeing Wheel – this will be used as part of the social prescription/health coaching pathway. This will deliver the online self assessment tool for self care that will have longevity if the LiON and Notts Help Yourself directories merge.
- 2017 Self Care Aware Campaign promoted a more traditional self care/wellbeing message about taking time for yourself. CDG specific leaflets promoted local activities and a standardised back page of 10 top tips to take a break and feel good. Leaflets were distributed to all GP Practices, Leisure Centres and Libraries across the City and this was backed up by a social media campaign during the week through the Council's twitter, facebook and email newsletter channels.

3. Assistive Technology

The integrated Assistive Technology Service continued to grow in 2017/18 and by March 2018 is expected to have supported 9600 citizens to have lived more independently, with 7,000 still with equipment. The Service retains very high satisfaction levels. There have been many case studies produced to evidence the impact the Service has on citizens independence and safety.

From May 2018 service delivery is being re-aligned to be targeted at citizens in receipt of a social care service, and to support social care demand management. This is common as best practice in most local authorities and reflects the budget pressures the service is under. As in many areas citizens will have the opportunity to self-fund to support themselves where they want equipment but do not meet eligibility to be provided with it.

4. Financial Resilience

Following austerity and budget cuts, it has become necessary to reduce funding to financial vulnerability advice services. It is intended to work with services between March and June 2018 to understand how to transform delivery from the year 2019/20 onwards to manage services with a reduced budget.

Analysis showed that the implementation of a shared free phone number for citizens and the consequent advertising of this would put undue demand on services that are already operating at capacity and triaging effectively. Instead, it was agreed to put in place a phone number for professionals to refer into the service and to support them to ensure citizens who come into the service are 'advice ready'. This work is however on hold due to the reduction in budget for the service. It is not now clear if this is a viable approach within the future budget.

Work between March and June will be to review and consult on current provision and national and local context in order to inform the design of a model that will deliver effective, quality services that meet the demand for accessible financial vulnerability advice services in the City within available resources. Detailed analysis will be undertaken to understand what the difference is between the internal Welfare Rights Service and externally commissioned services.

	5. Integration As part of the Integrated Care System Development one of the key interventions is to develop recommendations for outcome measures and KPIs that will be system wide. In light of this larger project and due to financial pressures It was decided by as part of the joint financial recovery work which reviewed BCF spend to pause the Patient Centred Outcomes work. It was agreed at the Health and Wellbeing SubCommittee that funding identified for the PCOM project was redirected to the BCF savings. **Primary Care Multi-disciplinary Teams** Primary Care Mental Health Service has been in place since Jan 17. The service inputs into the MDTs and provides a bridge between GP, secondary mental health services and wider health and social care teams. CCG Executive team are currently reviewing plans to develop a primary care pathway for mental health and align this across Greater Nottinghamshire. A draft plan will be shared at CEG in April. LTC Psychological therapies pilot is underway which joins up physical and mental health support. **Health and Care Point** The performance delivered by NHCP is high and a range of performance measures are analysed and reported on monthly basis in order to enhance demand management and excellent citizen outcomes. Prior to the changes made at NHCP in January 2017 there was a high number of complaints received about the service mainly from citizens and professionals who were unable to get through on the telephone lines; since January 2017 there have been no complaints received about the service and a number of compliments have been received. Performance improvement achieved includes: a high number of citizens have their needs resolved at first contact with NHCP and are successfully signposted or connected to appropriate services as well as being provided with relevant information, advice and guidance from the skilled operatives at NHCP. Citizens who are connected to alternative services are contacted 2 weeks after their initial contact with NHCP to find out whether their needs have been met and to seek feedback on the service. All information gathered from these contacts is used by the responsible managers to inform service improvement and delivery.
'Key asks' progress reported by HWB Members	In March 2017 a Healthy culture Action plan update was provided and HWB members were presented with a set of 'key asks' to support the delivery of the action plan. In the lead up to the March 2018 HWB meeting, members were contacted and asked for updates against these. These are set out in the table below.

'Key Asks' from HWB (March 17)	Feb 2018 update from HWB members	
	Actions taken to support 'key asks'	**HWB Member Name**
Theme 1: Services will work better together through the continued integration of health and social care that is designed around the citizen, personalised and coordinated in collaboration with individuals, carers and families.		
Assistive Technology – HWB is requested to ensure that member organisations work with the Assistive Technology Service (delivered by Nottingham City Homes) to raise awareness and take up, especially with hard to reach groups such as those from BAME communities.	The proposals to reduce the AT budget has hindered the delivery of this action. Production of a joint strategy with Adult Social Care was halted due to proposed budget cuts and changes to eligibility. The proposed new eligibility criteria will re-focus the funded service on those who have long-term care needs. Those who are not social care eligible will still be able to access the commercial offer provided by Nottingham on Call and it would be helpful if HWB members could reaffirm their commitment to promote this. Work has recently commenced with the Hospital Discharge Team to implement 'Just Checking' as an assessment tool for social care eligible hospital discharge cases. This is proceeding well – it would be helpful if the integrated Reablement service would commit to utilising AT in the same manner. NoC will offer a 'try before you buy' option for hospital discharge cases who are not social care eligible – again it would be helpful if NHS colleagues could promote this offer. Other than from the Care Coordination Team engagement from specialist City Care services has been poor particularly from frontline staff such as District Nurses, District Matrons, COPD Nurses etc Nottingham Fire and Rescues Service have engaged very proactively with the service. Assistive Technology staff continue to offer training for any referral agency on the benefits and use of assistive technology solutions. The service has engaged proactively with The Indian Community Centre the Pakistani Community centre in order to raise awareness within these communities and had a stall at the 2017 Caribbean Carnival	**Gill Moy, NCH** **Director of Housing and Customer Services**
Theme 2: Individuals and groups will have confidence to make healthy life choices and access services at the right time to benefit their health and wellbeing.		
Self-Care – HWB members are requested to identify key individuals from their respective organisations to work with Rachel Jenkins to develop	NCH would nominate Antony Dixon, head of Supported Housing to support Rachael The Hospital to Home project aims to keep people living independently in their own homes, prevention hospital admission and readmission and speeding up DTOC.	Gill Moy, NCH

Self-Care across the City		
Theme 3: Citizens will have knowledge of opportunities to live healthy lives and of services available within communities		
HWB members are requested to Promote LiON and encourage groups, organisations, services to register on LiON and promote the use of it amongst the workforce.	NCH have promoted LiON in its publications to staff and tenants, including our tenant and resident associations. A further promotion of the LiON will be undertaken in the Spring.	Gill Moy, NCH
	Cascaded information about LiON to all GP practices in the city	Dr Hugh Porter
Theme 4: We will reduce the harmful effect of debt and financial difficulty on health and wellbeing		
HWB members are requested to use opportunities to raise awareness of the relationship between financial vulnerability and health and wellbeing HWB members are requested to champion training for front line workers on how to identify financial vulnerability and provide (or support access to) advice and assistance once this has been established HWB members are requested to encourage minor process changes to embed recognition of financial vulnerability and access to assistance (e.g. via clear referral arrangements) within services	As the City's biggest social landlord, NCH already undertake a lot of work within this area. We have a Tenancy Sustainment Team dedicated to supporting those in debt as well as promoting financial resilience. NCH is running a 'Rent First' campaign promoting the importance of paying rent and keeping a roof over your head. We promote Credit Unions as a source of responsible saving and borrowing. NCH has an 'Eyes Wide Open' campaign which encourages all staff to report issues of concerns, including those around financial vulnerability. All new tenants have a support needs assessment undertaken, which will highlight any concerns around financial resilience. We are members of the Financial Resilience group. We have a tenancy sustainment officer(TSO) based within the DWP to support new UC claimants. We have a specialist TSO who has a focus of health related debt issues.	Gill Moy, NCH

	All our front line staff are trained to support those experiencing debt.	
General comments		
	Notts HC Trust has: • A public health strategy for the trust that includes action both on patients and staff well being • A biannual survey of staff well-being (using the national ONS four question metrics) and adjust our staff support to reflect those findings • Adopted a range of physical healthcare initiatives for patients with SMI • Strong track record of patient involvement • Major theme on recovery in mental health and host the national research centre for that theme • Number one in the uk on the stonewall index of ALL companies	Dr Chris Packham

Table 1: Updates on 'key asks' (2017) from HWB members

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Healthy Culture 2016/17 Action Plan

Version Control			
Version	Date	Change Details	Author
0.1	26.10.16	New template populated	Helene Denness
0.2	21.12.16	Reablement targets added Assistive technology - Missing target group added Version Control added	Uzmah Bhatti
0.3	Jan-Mar 2018	Based on advice from Christopher Curtis (CCG Head of planning, performance and QIPP) Reablement and DOTC baseline changed to actuals for 15/16, targets updated, actuals added and rag rated. Baseline set for Financial hardship targets based on 2016 survey. Review of plan due to changes in landscape over past 2 years affecting themes and outcomes Theme 1 Action: "*Work with HEE to create a sustainable workforce to support integration and community care*" removed due no progress being planned at this stage at STP level. Theme 1 Action: "*Development of a shared outcomes framework to ensure that we are all working to improve citizen outcomes*" removed as has now moved to STP footprint. Voluntary Community Sector actions led by NCS Action*: 'Development of sector wide tracking system to help particularly smaller organisations monitor the number of referrals and track client progress'* removed as is not being taken forward at this time.	Uzmah Bhatti
0.4			

Distribution	
Version	Name
0.1	'Rachel.Jenkins@nottinghamcity.nhs.uk'; 'Joanne.Williams@nottinghamcity.nhs.uk'; 'dave.miles@nottinghamcity.nhs.uk'; Karla Banfield <Karla.Banfield@nottinghamcity.gov.uk>; Peter Morley <Peter.Morley@nottinghamcity.gov.uk>; Chris Wallbanks <Chris.Wallbanks@nottinghamcity.gov.uk>; Steve Thorne <Steve.Thorne@nottinghamcity.gov.uk>Bicknell Marcus <Marcus.Bicknell@gp-c84704.nhs.uk> (Marcus.Bicknell@gp-c84704.nhs.uk) Maria Ward <mariaw@nottinghamcvs.co.uk>
0.2	As above
0.3	

Name	Job title	Healthy culture role
Dr Marcus Bicknell	GP/HWB member	HWB sponsor
Helene	Public Health Consultant (NCC)	Public Health Lead

Denness		
Uzmah Bhatti	Insight Specialist Public Health (NCC)	Coordinator
Dave Miles	Assistive Technology Specialist (CCG)	Assistive technology lead
Peter Morley	Commissioning Manager	Financial vulnerability lead
Karla Banfield	Market and Business Partnership Manager (NCC)	LION lead
Rachel Jenkins	Senior Project Manager – Health & Social Care Integration (CCG/NCC)	Self-Care Lead
Ciara Stuart	Assistant Director Out of Hospital Care	Health & Social Care Integration
Rebecca Cameron	Head of Membership Services (CVS) – replaces Maria Ward	VCS contribution to plan
Steve Thorne	Communications & Marketing Manager (NCC)	Comms support to plan
Health & Wellbeing Board		

Priority Action: Individuals and groups will have the confidence to make healthy life choices and access services at the right time to benefit their health and wellbeing

Headline measures / metrics	**Metric/ KPI** *(inc. source and definition)*		**Baseline**	**Target and Actual Performance**				**Commentary**
			15/16	16/17	17/18	18/19	19/20	
1	Increase in effectiveness of reablement – proportion of >65 yr olds at home 91 days after discharge from hospital	**Target**		77.6%	79.0%	80.0%	TBC	Targets are developed each year, based on performance, as part of the BCF planning process. Stretch targets have been set in order to reflect expected outcome improvements for citizens after the integration of H&SC reablement services in 2016/17. The DTOC target is set by NHSE and was based on performance in Feb 17.
		Actual	74.7%	75.5% **A**	YTD 87.8% **G**			
2	Reduction in delayed transfers of care – number of delayed days aged 18+	**Target**		13473	6498	5264	TBC	
		Actual	13546	14232 **R**	11550 (Q1-Q3) **R**			
3	A decrease in the percentage of citizens who report, through the Citizen Survey, that they struggle to keep up with bills and credit commitments.	**Target**		26%	24%	22%	20%	Increase from previous year but still within target
		Actual	28% (2015)	20.2% **G**	24% **G**			
4	An increase in the percentage	**Target**			64%	66%	68%	Baseline set from new question

	of citizens who report, through the Citizen Survey, that they know where to go for advice, help and support if they are experiencing financial hardship.	**Actual**		62% (2016 baseline)	63.3% **A**			in 2016 survey
5	PHOF 1.01i– Children in low income families (all dependent children under 20)	**Target**		29.4	27.2	25.0	22.8	(Published on a 2 year delay) Locally agreed aspirations based on government approach to tackling poverty for this Parliament and up to 2020.
		Actual	31.6%	33.6% **R**				

Priority Groups

Older people, people with physical and/or learning disabilities, people with long-term conditions, mental health problems and/or dementia and those living in deprived households.

The Citizen Survey report identifies areas of the City that have the highest percentages of citizens 'struggling to keep up' financially (see table below). Locality based interventions will be focussed in the areas of the highest need.

Area/CDG	Wards	2015	2016	2017
1	Bulwell, Bulwell Forest	33.2	22.1	28.1
2	Basford, Bestwood	27.9	18.5	26.5
3	Aspley, Bilborough, Leen Valley	33.9	28.3	24.2
4	Arboretum, Dunkirk and Lenton, Radford and Park	26.6	17.3	20.7
5	Berridge, Sherwood	26.0	19.5	24.6
6	Dales, Mapperley, St Ann's	29.0	17.2	30.1
7	Wollaton East & Lenton Abbey, Wollaton West	12.5	20.3	16.7
8	Bridge, Clifton North, Clifton South	22.3	20.1	17.3

Percentages of citizens 'struggling to keep up' financially

Cohorts especially negatively affected by financial vulnerability include:

- Citizens with mental health issues
- Families
- Citizens with physical disabilities, sensory disability, learning disabilities and/or chronic illness
- Refugees and asylum seekers
- Elderly citizens
- Citizens with drug and alcohol misuse issues
- Young people
- Care leavers
- Citizens with experience of intimate partner abuse
- Job seekers and/or citizens in work and on low pay/in insecure employment
- Users of health and social care services
- Ex-offenders

Action	Milestone	Success measure	Year to be achieved and progress RAG rating				Lead	Comments
			16/17	17/18	18/19	19/20		
Theme 1: Services will work better together through the continued integration of health and social care that is designed around the citizen, personalised and coordinated in collaboration with individuals, carers and families.								
Implementation and development of a Making Every Contact Count (MECC) programme across partner organisations to enable identification, brief advice and referral (inc. healthy lifestyles and self-care).	Agree strategy and identify named link workers in sectors outside of health and social care such as fire and rescue, police, third sector organisations including VAPN and CYPN and develop processes to incorporate self-care actions into care planning. Resources identified and in place. Training delivered to relevant staff and programme begins.	Strategy in place and increased involvement from relevant agencies in multi-disciplinary team process.	✓ G				CCG Rachel Jenkins	MECC included in STP workforce development enabling workstream delivery plans.
		Delivery plan signed-off.		✓ A				STP footprint MECC delivery plan under development. Anticipated sign off during Q2 18/19.
		Increase in number of contacts to lifestyles services from agencies identified.			✓	✓		
Multi-disciplinary teams will include mental health support.	Development of training programme for identified staff. Implementation of support	Citizens experience well-coordinated care from a team who are aware of each other's interventions.	✓ G				CCG Ciara Stuart	Primary Care Mental Health Service has been in place since Jan 17. The service inputs into the MDTs and provides a bridge between GP, secondary mental health services and wider health and social care teams. CCG Executive team are currently reviewing plans to develop a primary care pathway for mental health and align this across Greater Nottinghamshire. A draft plan will be shared at CEG in April. LTC Psychological therapies pilot is underway which joins up physical and mental health support.
		Citizens only tell their story once.		✓ G	✓	✓		
		Care plan will include actions for physical and mental health where appropriate.	✓ G	✓ G	✓	✓		
Continue to	A reablement service offering	70% of citizens	✓					Integration on hold during CCG

Action	Milestone	Success measure	Year to be achieved and progress RAG rating				Lead	Comments
			16/17	17/18	18/19	19/20		
implement fully integrated reablement and urgent non-elective H&S care services to enable citizens to be as independent as possible.	the right level of care support and appropriate clinical interventions is accessible to citizens when they need it. Teams will be relocated with joint operational processes in place. Access to the service will be through the community triage hub only to ensure appropriate utilisation of the service.	will increase their (activities of daily living) ADL outcome measure score on exit from the service.	**G**					Out of Hospital reprocurement. New service to commence in July 2018. Anticipating support from Newton Europe to support DTOCs and this will be focused on rebablement. Yet to agree a standard care plan to roll out but that is part of the workshop on 28th March however MH is part of the MDT core team so will be considered in the care planning process We will continue to work towards integrated reablement through a range of forums.
		All 'supported' transfers of care from NUH will access reablement (unless there is a recorded reason for exclusion).	✓ **G**	✓ **G**	✓	✓		
		Alliance agreement in place to support service delivery through the Joint venture.	✓ **A**					
Children's Health and Social Care Integration for 0-19 year olds.	Development of an Integrated service specification.	The functions of the Health Visiting Service, Family Nurse Partnership, School Nursing Services, Breastfeeding Peer Supporters, the Children's Nutrition Team and the Early Help Service have been incorporated into integrated teams.	✓ **G**				NCC Helene Denness Chris Wallbanks	The milestones have been met and a preferred provider for the Children's Public Health Service has been appointed. This new service will commence in April as planned. PH services listed have been integrated within the contract awarded, BUT, the integration with our Early Help Service will evolve over the next 2 years. This process will be overseen and Governed by a Joint Executive Group.
	Pathway of services and interventions agreed with partners.				✓			
	Procurement of integrated service by April 2018.				✓			
	Delivery of integrated service.				✓	✓		
Theme 2: Individuals and groups will have confidence to make healthy life choices and access services at the right time to benefit their health and wellbeing.								
Rollout of the self-care approach across the city	Complete evaluation of pilot to inform roll-out.	Evaluation report and recommendations published	✓ **G**				CCG Rachel Jenkins	Evaluation completed mid 2016. Social prescribing now rolled out citywide. Changes made to model

Action	Milestone	Success measure	Year to be achieved and progress RAG rating				Lead	Comments
			16/17	17/18	18/19	19/20		
based on the model and learning from the Bulwell & Bulwell Forest Self-Care Pilot.	Establish strategy for city-wide roll-out defining which of the following elements will be used and where: • Social Prescribing • Community Navigators • Web-based Self-Care Directory • Self-Care hubs to access directory • Community clinics Agreement and sign-up of partners to rollout plan Implementation	Strategy agreed absorbed into STP priority 1.		✓ G				– moved from telephoned based signposting service to face-to-face health coaching. Patient activation measure licences (PAM) being released from NHSE Feb18 to enable more quantitative evaluation as well as case studies. Self-Care directory incorporated into LION. Self-care planning tool for lion to go live summer 2018 (enable users to develop individual self-care plans) Currently targeting COPD patients linked in with community led support hubs (Linda Sellers). Promoting through via LION.
		Delivery plan in place – roll out completed.		✓ G				
		Expand to Greater Nottingham self-care model.			✓	✓		
		Increase use of social prescribing in targeted areas, increase in use of self-care hubs and directory			✓	✓		
		Implement Self-assessment tool (online or app) available to enable citizens to identify areas of their lifestyle that could benefit from adopting self-care practices.			✓			
Deliver an annual Be Self-Care Aware campaign across Nottingham City to promote the national Self-Care week.	Awareness raising and information materials agreed and produced in accessible formats.	Increased citizen awareness and understanding of self-care. self-care is contributing to citizens leading a healthier lifestyle. Self-care is contributing to citizens managing long term conditions.	✓ G	✓ G	✓	✓	CCG Rachel Jenkins	2016- Partnership with LAEO – Notts TV presence and leaflets 2017 – SC campaign in partnership with LION – CDG specific leaflets with generic self care messages, top tips, local CDG based services. Social media campaign led by NCC comms. Activity limited by budget constraints. 2018 – Notts wide campaign with city focus, (hearts and minds). YouTube videos being considered. Vignettes. Linking in with LION. Calendar of community events
	Calendar of community events established to provide information, advice and support and encourage self-care. Link with other campaigns throughout year and incorporate SC messages			✓ G	✓	✓		

Action	Milestone	Success measure	Year to be achieved and progress RAG rating				Lead	Comments
			16/17	17/18	18/19	19/20		
								established, Will scale up to Greater Notts in the forthcoming self care comms and engagement strategy due out in the Autumn
Provision of an up-to-date web based directory of activity that is the "citizen hub".	Web based directory is developed which is accessible including printed versions, audio, translated, easy read etc.	Web based directory in place and accessed regularly.	✓	✓	✓	✓	NCC Karla Banfield	LiON is being embedded in to the Community Led Pathway (better lives, better outcomes) and will be used by the workforce to connect citizens to activities and services within their locality. A wellbeing wheel is being developed to help citizens, carers and the workforce access the information easily on LiON and develop a person centred care plan that includes community connections alongside more traditional services and activities.
		The number of unique hits increase year-on-year.	Establish baseline (Mar17)	Target: 10k Actual: 41k G	Target: 20k	Target: 30k		
Encourage providers, citizens and workforce to populate, rate and use the online directory.	Use of Google analytics will show usage by citizens from different demographic groups establishing equitable access. The majority of providers will be registered within 2 years. Additional providers will come in to the market but there will be some net movement.	700 adult social care providers are signed up to the directory by 19/20	Establish baseline	Target: 500 Actual: 500	Target: 600	Target: 700		
		500 health care providers are signed up to the directory by 19/20		Target: 300 Actual: 303	Target: 400	Target: 500		
		800 number of other providers of services signed up to directory by 19/20		Target: 600 Actual: 1600	Target: 700	Target: 800		
Provide accurate and up to date information to enable citizens to self-manage a range of needs and empowering them with healthy choices.	Establishment and promotion of the directory	Percentage of citizens stating that as a result of the information they were empowered to manage their situation better by 19/20.	Establish Baseline		Target Actual			Establishing the baseline, new survey will be sent to measure the differences.
		Percentage of providers reporting high level of satisfaction of services			Target Actual			

Action	Milestone	Success measure	Year to be achieved and progress RAG rating				Lead	Comments
			16/17	17/18	18/19	19/20		
		Percentage of the workforce reporting that LION offered up to date, and satisfactory advice to citizens.			Target			
					Actual			
Establish Nottingham Health & Care Point (NCHP - an integrated citizen triage function to support access to appropriate services).	A metric is developed and piloted that identifies and records service 'hand-offs' (callers being transferred between services).	% of calls answered	✓ G	✓ G			CCG Rachel Jenkins pre Jul17 NCC Gemma Poulter	New telephone number and H&SC advisors at NCHP– went live Jan17. Handed over to NCC mid-2017 and no complaints received since January 2017. Service receiving compliments. Bulk of calls received from professionals in partner agencies asking for telephone numbers for voluntary sector organisations
		Citizens only need to describe the issue once and receive the right support at the right time having their needs met at first contact						
Expand the use of assistive technology to support proactive care.	Increase in referrals for assistive technology services for priority groups:- • To prevent a hospital admission / support a timely discharge; • To prevent / delay residential care admissions; • Adults with long term conditions; • Adults with dementia; • Adults with learning disabilities. • Disabled young people High levels of user/carer satisfaction evidenced by evaluation.	There is a sustained increase in the number of citizens who have received support through AT to live independently.	Target				NCC/ CCG Dave Miles	Due to budgetary pressures 2018 onwards focus to shift to prioritise citizens in receipt of SC package/services to continue to be supported through services. Citizens not in receipt of such services will need to self-fund to receive the service. This aligns provision with other LAs.
			8071	9571	11071	12571		
			Actual					
			8300	9677				
		There is an increase in the satisfaction ratings from citizens and their carers who use assistive technology.	Target					
			85%	87%	89%	90%		
			Actual					
			91%	93%				
Theme 3: Citizens will have knowledge of opportunities to live healthy lives and of services available within communities								
Production of joined-up communications		Successful delivery of shared messages through local channels.	✓ G	✓ G	✓	✓	NCC James Blount	Being done at STP level. Official comms protocol drawn up and agreed to ensure consistent

Action	Milestone	Success measure	Year to be achieved and progress RAG rating				Lead	Comments
			16/17	17/18	18/19	19/20		
with Nottingham City CCG and the VCS via VAPN and CYPN on the integrated care agenda								messages from partners. Monthly meeting to manage this. VCS not yet involved. E.g. recent winter pressures campaign
Promote campaigns on Healthy Lifestyles and Mental Wellbeing.	Delivery of campaigns to give citizens knowledge and tools to make the right decisions to have a healthy culture.	Successful delivery of campaigns through local channels	✓ **G**	✓ **G**	✓	✓		National campaigns and local activity aligned to relevant HWS areas. E.g. Time to Talk, Mental Health Weeks, Sexual Health Campaigns,
Clear and consistent messages.	Agree key messages and key lines-to-take with the Health and Wellbeing Board	Clear, signed-off agreed messages on all aspects of health and wellbeing	✓ **G**	✓ **G**	✓	✓		Monthly HWB e-newsletter with over 5.5k subscribers
	Key spokespeople identified to speak on topics related to health and wellbeing.	Spokespeople identified	✓ **G**	✓ **G**	✓	✓		Clearly identified designated spokespeople in STP comms protocol
Signposting to relevant help, advice and support.	Ensure there is clear information on public website and through leaflets and social media including in easy read formats.	Easy access to information for children, adults and older people	✓ **G**	✓ **G**	✓	✓		Social media activity e.g. 'My Nottingham' followed by over 100k people on Twitter
Communities will work together to challenge stigma around mental health, disability and other protected characteristics.	Participation in national campaigns and initiatives such as *Time to Change.* Equalities team to lead on 3 priority groups (BME, disabled and LGBT) targeted in communities.	Time to Change (TTC) campaign takes place on an annual basis HWB members support weeks of action led by equalities team.	✓ **G** ✓ **G**	✓ **G** ✓ **G**	✓ ✓	✓ ✓	NCC Equalities Team	Organisational TTC pledge signed by Cllr Norris to reduce MH stigma. NCC secured funding to become regional hub for TTC. LGBT - Supporting the CCG to carry out research around Mental Health within the LGBT community of Nottingham. International Day against Homophobia, biphobia and transphobia communitynevent. Partnership with Notts County football Club to eradicate homophobia, biphobia and

Action	Milestone	Success measure	Year to be achieved and progress RAG rating				Lead	Comments
			16/17	17/18	18/19	19/20		
								transphobia with sport. LGBT external Consultative and Scrutiny Board. Disability - Milestones as follows: Disability Involvement Group meets quarterly; Consultation with representatives from local disability groups about NCC policies and developments; Celebration of Disability History Month.
Communities will work together to develop a healthy, inclusive culture that is adapting to the needs of different citizens.	Nottingham works towards identifying opportunities where actions will also contribute to Dementia Friendly, Age Friendly, Autism Friendly etc status	Nottingham develops a reputation as a healthy, inclusive community	✓ A	✓ A	✓	✓	NCC Sharan Jones/ Helene Denness	Nottingham has WHO Age Friendly status. 'Age Friendly' monthly bulletin via 'Stay connected' with a reach of >5k citizens 'Take a Seat' for older people campaign to reduce loneliness achieved national recognition National Autism Friendly status cost requirement cannot be met, however, local autism friendly initiatives such as co-production/social movement and champion models being aligned to new Autism strategy. Dementia framework being developed. Working towards Dementia Friendly status.
	Nottingham runs annual Michael Varnam awards to recognise and encourage community based empowerment and change		✓ G	✓ G	✓	✓		
	Establish Dementia Friendly City Status by 2020					✓		
Theme 4: We will reduce the harmful effect of debt and financial difficulty on health and wellbeing								
Develop a Financial Resilience Strategy and	Identify key stakeholders including, NCC, CCG and VCS representatives, to be part of the group to drive the creation		✓ G				NCC Peter Morley	Financial Resilience Strategy and Action Plan in place – being implemented by steering group.

Action	Milestone	Success measure	Year to be achieved and progress RAG rating				Lead	Comments
			16/17	17/18	18/19	19/20		
Action Plan	of the strategy	There will be a coherent and joined up strategy and action plan in place to improve financial resilience in Nottingham City. This will have been signed off by and be governed via the Health and Wellbeing Board.						
	Commitment and resources secured to progress the development of the plan		✓ G					
	Priorities for action identified with SMART actions for implementation		✓ G					
	Partners signed up to plan. Strategy and plan are dynamic and responsive to priority needs and issues arising from communities and the local financial resilience groups		✓ G	✓	✓	✓		
Implement a shared approach to accessing and assessing for financial vulnerability for advice services in Nottingham.	Develop shared assessment approach with providers	Citizens and professionals report that they know how to access financial resilience services across the City and that there is a consistent approach from services to assessing and dealing with citizens' need.	✓ G					Workshops held around 'asking the right questions', 'actioning the right triage', 'identification of wider issues', 'appropriate assessment and signposting'
	Roll out shared assessment methodology across advice services in Nottingham		✓ G					
	All providers using shared assessment process principles standardised quality, processes and positive outcomes for citizens across advice services in Nottingham		✓ G					Some of the previously secured Transformation Challenge Funding will now be used to transform services to mitigate the impact of funding cuts.
	Analysis work to scope the feasibility, practicality , potential benefits and timescales of implementing a shared telephone number and access arrangements for advice services in Nottingham.		✓ R	✓ R				Analysis will be undertaken between March and June 2018 to understand if the shared telephone number is still viable in light of funding reductions
Introduce new approaches to help prevent or intervene sooner against financial	Develop and agree proposals to use Transformation Challenge Fund and reinvestment monies to reduce the occurrence and/or severity	Evaluation indicates that people have been helped to avoid the occurrence or escalation of financial difficulty through access to	✓ R					Was to be funded via transformation challenge award – being re-evaluated considering the current financial situation

Action	Milestone	Success measure	Year to be achieved and progress RAG rating				Lead	Comments
			16/17	17/18	18/19	19/20		
difficulty	of financial difficulty. Examples (to be agreed) include: • Training for frontline staff (e.g. from health services, social care, support for families and VCS) to aid earlier detection and support • Preventative courses or other advice / information for citizens at risk • Locating advisors within other services including VCS	preventative advice and support						
Develop locality based services e.g advice centres/surgeries in communities to serve specific local needs	Groups will be supported to identify opportunities to: • Increase uptake of debt and advice services • Increase citizen income • Increase awareness of affordable credit • Increase financial capability education • Support citizens to save • Mitigate the impact of the switch to Universal Credit • Support the cohorts of citizens most at risk of financial vulnerability.	Increased successful activity in locality areas with higher need evidence through the annual report. Fairer access to assistance in line with need across the City		✓				Consider Area survey to be conducted via Area Teams/Councillors to measure perceived impact. Switch to Universal Credit is currently on pause. Five groups have been set up in locality areas: Aspley, St Ann's, Sneinton, Bulwell, Meadows. Some of these have been incorporated into local employment and skills forums. There is a varying degree of continuing engagement across these groups. There have been challenges in maintaining some of these due to a lack of financial support or administrative resources. Local area committees have had presentations aimed at sharing learning about local financial vulnerability issues.

Action	Milestone	Success measure	Year to be achieved and progress RAG rating				Lead	Comments
			16/17	17/18	18/19	19/20		
								There has been a successful bid for funding from Awards for All (Lottery). This is to carry out detailed interviews with people who have experienced financial difficulty. This is in order to better understand financial and debt problems in localities and to tailor services to better meet need.
Voluntary and Community Sector Actions led by NCVS								
VCS organisations will have an understanding of the self-care agenda and how they can contribute to the integrated care agenda.	Development of regular training to ensure that VCS are kept informed	Via the VAPN and CYPPN organisations will receive up to date information on the agenda and regular information to inform contribution to the integration / self-care agenda.	✓ G				NCVS Rebecca Cameron	Self-care & integrated care agendas information regularly shared with the networks.. An IPC specific event is planned for 22/3/18. Organisations have been encouraged to use LiON for their own services and to find out about local services for their clients. The Nottingham and Nottinghamshire self-care website has also been widely promoted.
	Delivery of Training for VCS on MECC and self-care			✓ G	✓	✓		
	Links established to community navigators project and community clinics.			✓ G				
VCS organisations will be aware of where they can find out about local services.	Promotion of the self-care Nottingham website, NCVS database and the proposed Nottingham City Council city wide directory.	VCS organisations are aware of local services and are directing citizens to the appropriate service.	✓	✓ G	✓	✓		
VCS Organisations will refer to local services, such as lifestyles services in partnership with clients.	VCS organisations will work with local services to implement measures to enable them to track the progress of clients referred to other services.	Tracking shows sustained increase in referrals from VCS to local services. Access to these services enables citizens to make positive changes to their lifestyle.		✓ G	✓	✓		

HEALTH AND WELLBEING BOARD

28 MARCH 2018

	Report for Information
Title:	Joint Health and Wellbeing Strategy Performance Metrics: Annual Review
Lead Board Member(s):	Alison Challenger, Director of Public Health, Nottingham City Council
Author and contact details for further information:	Caroline Keenan, Insight Specialist – Public Health, Nottingham City Council caroline.keenan@nottinghamcity.gov.uk
Brief summary:	This report provides the first annual performance dashboard of Happier Healthier Lives, Nottingham City's Joint Health and Wellbeing Strategy 2016-2020.

Recommendation to the Health and Wellbeing Board:

The Health and Wellbeing Board is asked to:

a) note Nottingham City's position against the Joint Health and Wellbeing Strategy's performance metrics; and

b) acknowledge progress and agree appropriate action to improve performance where necessary.

Contribution to Joint Health and Wellbeing Strategy:	
Health and Wellbeing Strategy aims and outcomes	**Summary of contribution to the Strategy**
Aim: To increase healthy life expectancy in Nottingham and make us one of the healthiest big cities	This report provides the performance position against the metrics assigned to the aims and outcomes of the Joint Health and Wellbeing Strategy.
Aim: To reduce inequalities in health by targeting the neighbourhoods with the lowest levels of healthy life expectancy	
Outcome 1: Children and adults in Nottingham adopt and maintain healthy lifestyles	
Outcome 2: Children and adults in Nottingham will have positive mental wellbeing and those with long-term mental health problems will have good physical health	
Outcome 3: There will be a healthy culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill health well	
Outcome 4: Nottingham's environment will be sustainable – supporting and enabling its citizens to have good health and wellbeing	

How mental health and wellbeing is being championed in line with the Board's aspiration to give equal value to mental and physical health
Metrics associated with mental health and wellbeing are included in this performance report.

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

Joint Health and Wellbeing Strategy Performance Metrics: Annual Review

1.0 Introduction and purpose

This report provides the first annual performance dashboard of Happier Healthier Lives, Nottingham City's Joint Health and Wellbeing Strategy 2016-2020 (hereinafter referred to as the Strategy). In line with the Strategy, the report is organised into the following five areas:

- Overarching aims;
- Outcome 1: healthy lifestyles;
- Outcome 2: mental wellbeing;
- Outcome 3: healthy culture; and
- Outcome 4: healthy environment.

1.1 Methodological note

The Strategy's performance metrics and associated targets were based on the most up to date source data available in 2016, at the point of their design. As a result, the majority of baselines were calculated using source data earlier than 2016 and, therefore, the values reported in the following reporting periods represent the data published over the next two years and not necessarily source data from 2016/17 and 2017/18. For example, the Strategy's targets for healthy life expectancy in males and females were set in 2016 using 2012-14 source data. The performance values reported against the Strategy's 2016/17 reporting period related to 2013-15 source data and the 2017/18 performance period for the Strategy contains 2014-16 source data.

2.0 Executive Summary

2.1 Overarching aims

Nottingham City is on track to achieve the Strategy's aim to reduce preventable mortality in the worst affected areas. Seven of 35 middle layer super output areas in the city have a preventable mortality rate that is statistically significantly higher compared to the city average. Healthy life expectancy in males has increased, however this indicator falls short of the target trajectory. Healthy life expectancy in females has reduced statistically significantly and is significantly worse compared with England, the East Midlands and the core cities average.

2.2 Outcome 1: healthy lifestyles

Performance is improving or Nottingham is on track to achieve target in 63% (ten of sixteen) of the Strategy's healthy lifestyles performance metrics. The target trajectory has been more than met in sexually transmitted infection (STI) diagnosis as well as late HIV infection. Increasing the proportion of adults who consume five portions of fruit or vegetables a day, adult smoking prevalence and alcohol related anti-social behaviour are also on track to meet targets. Alcohol related hospital admissions, improvements in physical activity and children with excess weight are areas for improvement. Alcohol information and brief advice (IBA) is part of the Sustainability and Transformation Partnership's approach to Making Every Contact Count (MECC), which should help to embed IBA across the system. Work is also underway in the ED setting at Nottingham University Hospitals (NUH), where a focus on prevention will include alcohol IBA. The alcohol CQuIN around alcohol IBA in the inpatient setting will also be adopted by NUH from April 2018, with Nottinghamshire Healthcare Trust having already started work in this area in 2017. In addition, regional partners working in higher education are developing an approach to ensure that prevention and MECC (including alcohol IBA) are embedded in relevant undergraduate curricula.

2.3 Outcome 2: mental wellbeing

Performance is improving or Nottingham is on track to achieve 70% (seven of ten) of the Strategy's mental wellbeing performance metrics. There has been an improved rate of referral for adults aged 18 years and above to Psychological Therapy Services (IAPT) since the baseline year 2015/16. However, progress against the recovery rate indicator (percentage of people in the month who have completed IAPT treatment) is lower. The latest value is above the baseline year but slightly behind the target rate. The Early Access to Psychosis target for 2017/18 is 50% of people (of all ages) to receive treatment within two weeks of referral. The average figure for Nottingham City for the period April to September 2017 was 65%, 15 percentage points higher than the target. The indicators relating to employment and mental health have not been met. The service, which was under review, is now being decommissioned under budget proposals.

2.4 Outcome 3: healthy culture

Performance is on track to achieve 60% (three of five) of the Strategy's healthy culture performance metrics. Good progress is being made around reablement targets; the integrated Assistive Technology Service continued to grow in 2017/18 and this service retains very high satisfaction levels. From May 2018, service delivery is being re-aligned to be targeted at citizens in receipt of a social care service and to support social care demand management. There have been significant challenges around reducing delayed transfers of care due to anomalously high levels of waits for care packages at home and increasing social care assessment waits. The metric will remain red for the rest of the year, however; it is hoped there will be month on month improvement. The percentage of children who live in low-income families is also challenging to reduce due to targets set by the previous government prior to austerity measures. Nottingham City's online directory, LiON, has been operational since May 2016 and has overachieved on targets. There are over 2,000 services registered on LiON and the directory has been embedded within the Adult Social Care Community Led Pathway. Work is underway to improve access to social prescriptions which are currently only available through a GP or a member of the GP practice team.

2.5 Outcome 4: healthy environment

Performance is improving or Nottingham City is on track to achieve 33% (three of nine) of the Strategy's healthy environment performance metrics. Focus is required in improving winter deaths, fuel poverty and elements of air quality as well as excess weight in children and physical activity, which are also covered under the healthy lifestyles outcome area.

Air quality monitoring data from the city's five nitrogen dioxide real time analysers show that, in general, annual mean levels of nitrogen dioxide continue to fall towards the Air Quality Objective of 40 ug/m3. Air quality modelling (by DEFRA PCM model) predicts that, for Nottingham City, the NO2 AQO will be met by 2024. The preliminary results of modelling undertaken by consultants for Nottingham City Council, as part of the Clean Air Zone project, predict that the city will meet the NO2 AQO by 2020 (providing a number of additional interventions occur e.g. retrofitting buses with technology to bring them up to Euro 6 emission standards). Air quality monitoring data from Nottingham City's two particulate monitoring analysers show that particle levels levelled in 2016 and increased slightly in 2017, reversing the downward trend from 2011 until 2015. The 2015 joint strategic needs assessment chapter on air quality identified that active travel solutions such as walking and cycling reduce both NO2 and particle emissions and, more importantly, contribute to improving citizen health (see JSNA Air Quality 2015 Table 3).

Fossil fuel combustion for heating and cooking contribute significantly to urban and suburban concentrations of NO2 and particles and therefore action to increase energy efficiency/reduce consumption will improve air quality and, in domestic situations, contribute to the reduction in infant mortality. Thus, it is only by continuing to identify and implement a full range of measures to encourage

behavioural change amongst citizens and reduce emissions from estate/buildings/land and business/staff/service user transport that it will be possible to meet the World Health Organisation and Strategy targets and improve Nottingham City's Public Health Outcome Framework performance.

3.0 Performance dashboards

3.1 Overarching aims

INDICATOR AND TARGET (SOURCE)	BASELINE	MEASURE	REPORTING PERIOD 2016/17	2017/18	2018/19	2019/20	DIRECTION OF TRAVEL[1]	ENGLAND[2]	REGION[2]	CORE CITIES[2]	COMMENTARY
Improve **healthy life expectancy in males** to the average of the top 4 core cities (PHOF 0.1i)	57.3 2012-14	Actual Target Source data	56.7 58.6 2013-15	57.4 59.3 2014-16	- 60.1 2015-17	- 60.8 2016-18	Target not met A	63.3 R	62.7 R	58.5 A	Healthy life expectancy in males has increased but does not meet the target trajectory.
Improve **healthy life expectancy in females** to the average of the top 4 core cities (PHOF 0.1i)	58.6 2012-14	Actual Target Source data	57.2 58.9 2013-15	55.1 59.6 2014-16	- 60.4 2015-17	- 61.1 2016-18	Target not met R	63.9 R	62.7 R	58.8 R	Healthy life expectancy in females has reduced statistically significantly.
Reduce **preventable mortality** in the worst areas so they are not statistically worse than the city average (count of MSOA, Local Health)	8 2010-14	Actual Target Source data	7 7 2011-15	Awaiting 6 2012-16	- 5 2013-17	- 4 2014-18	On track G	No data Y	No data Y	No data Y	Preventable mortality is statistically significantly worse than the city average in seven of 35 MSOAs, which is on track to achieve target. See Appendix 1 for location of MSOAs.

[1] Green (G) = actual performance meets or exceeds target, amber (A) = actual performance is under target and performance is improving, red (R) = actual performance is under target and performance is deteriorating.

[2] Green (G) = Nottingham's performance is statistically significantly better, amber (A) = Nottingham's performance is similar, red (R) = Nottingham's performance is statistically significantly worse, yellow (Y) = comparator data is unavailable.

3.2 Outcome 1: healthy lifestyles

INDICATOR AND TARGET (SOURCE)	BASELINE	MEASURE	REPORTING PERIOD 2016/17	2017/18	2018/19	2019/20	DIRECTION OF TRAVEL[1]	ENGLAND[2]	REGION[2]	CORE CITIES[2]	COMMENTARY
Reduce the **under 18 conception** rate (PHOF 2.04)	37.5 2013	Actual Target Source data	31.2 31.1 2015	Awaiting 27.9 2016	- 24.8 2017	- 21.7 2018	Target not met A	20.8 R	20.2 R	26.5 A	2016 data has been delayed until the end of March 2018. Although progress is good, the teenage pregnancy rate in Nottingham is still around 50% higher than the England and regional average rates.
Reduce new **STI diagnosis** (excluding chlamydia) rate to the top 4 core cities average (Sexual Health Profile)	1,066 2015	Actual Target Source data	1,066 1,066 2015	833 997 2016	- 928 2017	- 860 2018	On track G	795 R	565 R	911 G	On track to achieve the target, although performance remains the highest in England and higher than the core cities average.
Reduce **alcohol-related hospital admissions** rate to the top 4 core cities average (PHOF 2.18)	928 2014/15	Actual Target Source data	1,000 850.9 2015/16	Awaiting 812.6 2016/17	- 774.3 2017/18	- 736.0 2018/19	Target not met R	647 R	686 R	824 R	Based on 2015/16 data due to a data quality issue affecting Nottingham's 2016/17 data.
Reduce the percentage of **HIV late diagnosis** (PHOF 3.04)	46.6% 2012-14	Actual Target Source data	36.3% 40.8% 2013-15	35.9% 39.7% 2014-16	- 38.5% 2015-17	- 37.4% 2016-18	On track G	40.1% A	46.0% A	44.0% A	Performance is on target to meet trajectory. The percentage is similar to the England, regional and core cities comparators.
Reduce **night time economy violence** (measured locally)	998 2015/16	Actual Target Source data	1,446 Reduce 2016/17	Awaiting Reduce 2017/18	- Reduce 2018/19	- Reduce 2019/20	Target not met R	No data Y	No data Y	No data Y	Variation is largely due to police crime recording compliance requirements. The majority of the crime increase is in violence without injury.
Reduce **alcohol related anti-social behaviour** incidents (measured locally)	3,286 2015/16	Actual Target Source data	2,778 Reduce 2016/17	Awaiting Reduce 2017/18	- Reduce 2018/19	- Reduce 2019/20	On track G	No data Y	No data Y	No data Y	Variation is largely due to police crime recording compliance requirements.
Reduce the percentage of **pregnant women who smoke** to the top 4 core cites average (PHOF 2.03)	18.1% 2014/15	Actual Target Source data	18.7% 15.8% 2015/16	17.2% 14.7% 2016/17	- 13.5% 2017/18	- 12.4% 2018/19	Target not met A	10.5% R	12.9% R	13.0% R	Smoking in pregnancy has reduced. The target trajectory has not been met and performance remains significantly higher than comparators.

INDICATOR AND TARGET (SOURCE)	BASELINE	MEASURE	REPORTING PERIOD 2016/17	2017/18	2018/19	2019/20	DIRECTION OF TRAVEL[1]	ENGLAND[2]	REGION[2]	CORE CITIES[2]	COMMENTARY
Increase the percentage of adults that meet the recommended **5-a-day fruit and vegetable intake** to the top 4 core cities average (PHOF 2.11i)	43.6% 2014	Actual Target Source data	44.4% 44.4% 2015	Awaiting 46.7% 2016	- 48.9% 2017	- 53.4% 2018	On track G	52.3% R	52.7% R	48.0% R	Awaiting data publication to assess more recent performance. Currently on track to achieve target.
Increase **breastfeeding** prevalence at 6-8 weeks after birth (PHOF 2.02ii)	47.7% 2015/16	Actual Target Source data	48.4% 48.7% 2016/17	Awaiting 49.8% 2017/18	- 50.9% 2018/19	- 52.1% 2019/20	Target not met A	44.4% G	No data Y	45.0% G	Performance has improved and exceeds the England and core cities average.
Increase the percentage of **active adults** to the top 4 core cities average (Active Lives Survey)	63.1% 2015/16	Actual Target Source data	59.0% 64.4% 2016/17	Awaiting 65.7% 2017/18	- 66.9% 2018/19	- 68.2% 2019/20	Target not met R	60.6% A	59.0% A	61.1% A	The target trajectory has not been met; however, performance is similar to that of comparators.
Reduce the percentage of **inactive adults** to the top 4 core cities average (Active Lives Survey)	24.8% 2015/16	Actual Target Source data	27.5% 24.2% 2016/17	Awaiting 23.5% 2017/18	- 22.9% 2018/19	- 22.2% 2019/20	Target not met R	25.6% A	27.0% A	26.5% A	The target trajectory has not been met; however, performance is similar to that of comparators.
Reduce the percentage of **adults with excess weight** to the top 3 core cities average (PHOF 2.12)	62.3% 2012-14	Actual Target Source data	62.4% 61.6% 2013-15	61.4% 60.8% 2015/16	- 60.1% 2016/17	- 59.3% 2017/18	Target not met A	61.3% A	63.7% A	62.0% A	Performance is improving although target trajectory has not been met.
Reduce the percentage of **children aged 4-5 yrs with excess weight** to the top 4 core cities average (PHOF 2.06i)	26.7% 2014/15	Actual Target Source data	25.5% 24.8% 2015/16	26.0% 23.9% 2016/17	- 22.9% 2017/18	- 22.0% 2018/19	Target not met R	22.6% R	22.7% R	24.0% R	Performance is not on target trajectory and compares statistically significantly worse to comparators.
Reduce the percentage of **children aged 10-11 yrs with excess weight** to the top 4 core cities average (PHOF 2.06ii)	37.9% 2014/15	Actual Target Source data	37.0% 37.5% 2015/16	39.7% 37.3% 2016/17	- 37.1% 2017/18	- 36.9% 2018/19	Target not met R	34.2% R	33.5% R	37.0% R	Performance is not on target trajectory and compares statistically significantly worse to comparators.
Reduce the percentage of **adults who smoke** to the top 4 core cites average (PHOF 2.14)	25.0% 2014	Actual Target Source data	24.0% 23.4% 2015	21.5% 22.6% 2016	- 21.0% 2017	- 20.3% 2018	On track G	15.5% R	16.1% R	18.0% R	Performance is on track to meet the target.
Reduce the percentage of **adults in routine and manual groups who smoke** to the top 3 core cites average (PHOF 2.14)	31.2% 2014	Actual Target Source data	33.9% 30.0% 2015	31.3% 29.0% 2016	- 28.0% 2017	- 27.0% 2018	Target not met A	26.5% A	25.7% R	28.0% A	Performance is improving; however does not meet the target trajectory.

[1] Green (G) = actual performance meets or exceeds target, amber (A) = actual performance is under target and performance is improving, red (R) = actual performance is under target and performance is deteriorating.

[2] Green (G) = Nottingham's performance is statistically significantly better, amber (A) = Nottingham's performance is similar, red (R) = Nottingham's performance is statistically significantly worse, yellow (Y) = comparator data is unavailable.

3.3 Outcome 2: mental wellbeing

INDICATOR AND TARGET (SOURCE)	BASELINE	MEASURE	REPORTING PERIOD 2016/17	2017/18	2018/19	2019/20	DIRECTION OF TRAVEL[1]	ENGLAND[2]	REGION[2]	CORE CITIES[2]	COMMENTARY
Increase in **IAPT referrals** (crude rate per 100,000 population aged 18+, Public Health Profiles)	778 2015/16	Actual Target Source data	824 826 2017/18	- 874 2018/19	- 922 2019/20	- 970 2020/21	On track G	No data Y	No data Y	No data Y	Indicator has exceeded the 2019/20 target. Performance relates to the first six months of the year only.
Increase in percentage of **people who have completed IAPT treatment** and are "moving to recovery" (Public Health Profiles)	48.1% Sep 2016	Actual Target Source data	51.1% 53.5% 2017/18	Awaiting 59.0% 2018/19	- 64.5% 2019/20	- 70.0% 2020/21	Target not met A	No data Y	No data Y	No data Y	Improvement on baseline figure. Not achieving target for 2016/17. Performance relates to the first six months of the year only.
Care within 2 weeks from referral for those with a first episode of psychosis for 50% of people (national standard)	50% 2015/16	Actual Target Source data	65% 50% 2017/18	Awaiting 50% 2018/19	- 50% 2019/20	- 50% 2020/20	On track G	No data Y	No data Y	No data Y	Performance is fifteen percentage points above the national target. This value relates to the first six months of the year only.
Reduce the rate of **early deaths in people with serious mental illness** to the core cities average (PHOF 4.09i)	457.5 2013/14	Actual Target Source data	470.4 446.4 2014/15	Awaiting 435.3 2015/16	- 424.4 2016/17	- 413.2 2017/18	Target not met R	370.0 R	353.9 R	470.2 A	Performance has deteriorated, however this is not a statistically significant difference. The target trajectory has not been met.
Reduce the **rate of smoking in people known to adult mental health services** in Nottinghamshire Healthcare NHS Foundation Trust (measured locally)	40.45% 2015/16	Actual Target Source data	38.95% Reduce 2016/17	36.13% Reduce 2017/18	- Reduce 2018/19	- Reduce 2019/20	Target met	No data Y	No data Y	No data Y	Year on year improvement in smoking rate. Comparator data is not available for this indicator.
People in and off work supported with health problems by health and employment support service (measured locally)	None	Actual Target Source data	78 105 2016/17	Awaiting 105 2017/18	- 105 2018/19	- 105 2019/20	Target not met R	No data Y	No data Y	No data Y	Fewer people have been supported than was anticipated. Service is in the process of being decommissioned as a result of budget driven savings proposals.
People unemployed supported with health problems by health and employment support service (measured locally)	None	Actual Target Source data	99 120 2016/17	Awaiting 120 2017/18	- 120 2018/19	- 120 2019/20	Target not met R	No data Y	No data Y	No data Y	Fewer people have been supported than was anticipated. Service is in the process of being decommissioned as a result of budget driven savings proposals.

INDICATOR AND TARGET (SOURCE)	BASELINE	MEASURE	REPORTING PERIOD 2016/17	2017/18	2018/19	2019/20	DIRECTION OF TRAVEL[1]	ENGLAND[2]	REGION[2]	CORE CITIES[2]	COMMENTARY
Percentage of **people with long term conditions supported** by health and employment support service (measured locally)	None	Actual Target Source data	56% 60% 2016/17	Awaiting 60% 2017/18	- 60% 2018/19	- 60% 2019/20	Target not met A	No data Y	No data Y	No data Y	Fewer people have been supported than was anticipated. Service is in the process of being decommissioned as a result of budget driven savings proposals.
Individual placement support: percentage of people entering employment (measured locally)	None	Actual Target Source data	34% 24% 2016/17	Awaiting 26% 2017/18	- 28% 2018/19	- 30% 2019/20	On track G	No data Y	No data Y	No data Y	More people have entered into employment than was anticipated. Service is in the process of being decommissioned as a result of budget driven savings proposals.
Reduce the gap between the percentage of people with a disability or long term condition and the general population reporting feeling **loneliness** (Citizens' Survey)	11.8% 2015	Actual Target Source data	10.7% 10.8% 2016	8.4% 9.8% 2017	- 8.8% 2018	- 7.8% 2019	On track G	No data Y	No data Y	No data Y	Currently on track to achieve target.

[1] Green (G) = actual performance meets or exceeds target, amber (A) = actual performance is under target and performance is improving, red (R) = actual performance is under target and performance is deteriorating.

[2] Green (G) = Nottingham's performance is statistically significantly better, amber (A) = Nottingham's performance is similar, red (R) = Nottingham's performance is statistically significantly worse, yellow (Y) = comparator data is unavailable.

3.4 Outcome 3: healthy culture

INDICATOR AND TARGET (SOURCE)	BASELINE	MEASURE	REPORTING PERIOD 2016/17	2017/18	2018/19	2019/20	DIRECTION OF TRAVEL[1]	ENGLAND[2]	REGION[2]	CORE CITIES[2]	COMMENTARY
Increase in effectiveness of **reablement** (measured locally)	74.7% 2015/16	Actual Target Source data	75.5% 77.6% 2016/17	82% 79.0% 2017/18 (Q2)	- 80.0% 2018/19	- TBC 2019/20	On track G	No data Y	No data Y	No data Y	Targets are developed each year based on performance as part of the BCF planning process. Stretch targets have been set in order to reflect expected outcome improvements for citizens after the integration of H&SC reablement services in 2016/17.
Reduction in **delayed transfers of care** (measured locally)	13,546 2015/16	Actual Target Source data	14,232 13,473 2016/17	5,799 6,498 2017/18 (Q2)	- 5,264 2018/19	- TBC 2019/20	Target not met R	No data Y	No data Y	No data Y	Targets are based on mapping the draft trajectory for 2017/18 then sustaining the same levels through 2018/19.
Reduction in the percentage of citizens who report that they **struggle to keep up with bills and credit** commitments (Citizens' Survey)	28% 2015	Actual Target Source data	22% 26% 2016	24% 24% 2017	- 22% 2018	- 20% 2019	On track G	No data Y	No data Y	No data Y	On track to achieve target.
Increase in the percentage of citizens who report that they know where to go for advice, help and support if they are experiencing **financial hardship** (Citizens' Survey)	62% 2016	Actual Target Source data	62% 62% 2016	63% 64% 2017	- 66% 2018	- 68% 2019	Target not met A	No data Y	No data Y	No data Y	Baseline set from new question in 2016 survey. Performance is improving.
Reduce the percentage of **children in low income families** (PHOF 1.01i)	31.6% 2013	Actual Target Source data	33.6% 29.4% 2014	Awaiting 27.2% 2015	- 25.0% 2016	- 22.8% 2017	Target not met R	19.9% R	18.6% R	28.1% R	Challenging targets set by the previous government, prior to austerity.

[1] Green (G) = actual performance meets or exceeds target, amber (A) = actual performance is under target and performance is improving, red (R) = actual performance is under target and performance is deteriorating.

[2] Green (G) = Nottingham's performance is statistically significantly better, amber (A) = Nottingham's performance is similar, red (R) = Nottingham's performance is statistically significantly worse, yellow (Y) = comparator data is unavailable.

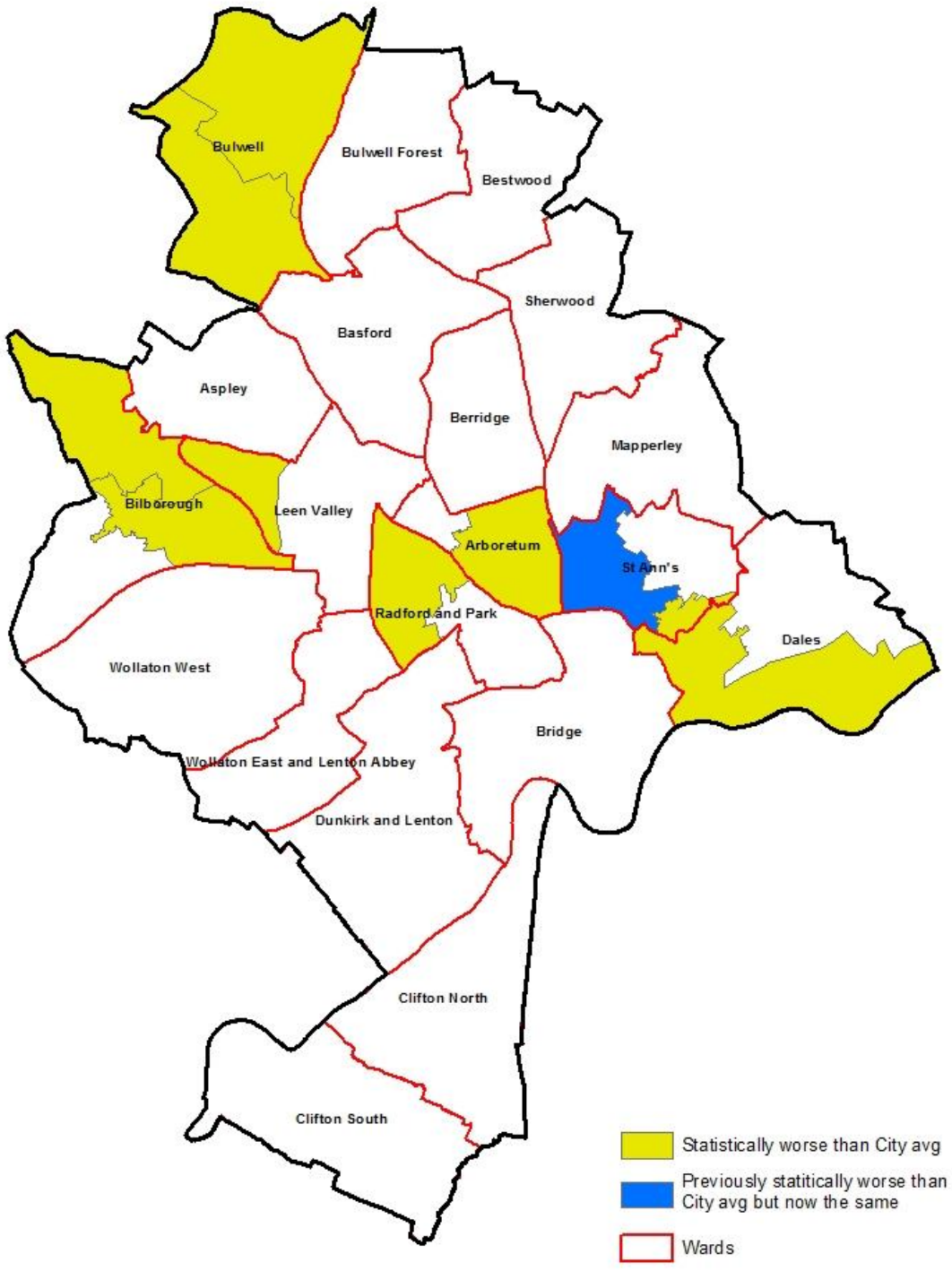
3.5 Outcome 4: healthy environment

INDICATOR AND TARGET (SOURCE)	BASELINE	MEASURE	REPORTING PERIOD 2016/17	2017/18	2018/19	2019/20	DIRECTION OF TRAVEL[1]	ENGLAND[2]	REGION[2]	CORE CITIES[2]	COMMENTARY
Excess winter deaths ratio (PHOF 4.15iii)	21.8 2011-14	Actual Target Source data	26.3 19.9 2012-15	22.9 18.2 2013-16	- 13.3 2014-17	- 14.5 2015-18	Target not met R	17.9 A	18.6 A	17.9 A	Target not met; however, performance is similar to comparators.
Percentage of households experiencing **fuel poverty** (PHOF 1.17)	14.0% 2013	Actual Target Source data	12.6% 13.6% 2014	15.8% 13.1% 2015	- 12.7% 2016	- 12.2% 2017	Target not met R	11.0% Y	12.7% Y	13.8% Y	Performance has deteriorated and the target trajectory is not being met.
Reduce the percentage of **children aged 10-11 yrs with excess weight** (PHOF 2.06ii)	37.9% 2014/15	Actual Target Source data	37.0% 37.5% 2015/16	39.7% 37.3% 2016/17	- 37.1% 2017/18	- 36.9% 2018/19	Target not met R	34.2% R	33.5% R	37.0% R	Performance is not on target trajectory and compares statistically significantly worse to comparators.
Increase the percentage of **active adults** to the top 4 core cities average (Active Lives Survey)	63.1% 2015/16	Actual Target Source data	59.0% 64.4% 2016/17	Awaiting 65.7% 2017/18	- 66.9% 2018/19	- 68.2% 2019/20	Target not met R	60.6% A	59.0% A	61.1% A	The target trajectory has not been met; however, performance is similar to that of comparators.
Reduce the percentage of **inactive adults** to the top 4 core cities average (Active Lives Survey)	24.8% 2015/16	Actual Target Source data	27.5% 24.2% 2016/17	Awaiting 23.5% 2017/18	- 22.9% 2018/19	- 22.2% 2019/20	Target not met R	25.6% A	27.0% A	26.5% A	The target trajectory has not been met; however, performance is similar to that of comparators.
Increase the percentage of **people using outdoor space** for exercise and or health reasons (PHOF 1.16)	10.5% 2014/15	Actual Target Source data	15.6% Increase 2015/16	Awaiting Increase 2016/17	- Increase 2017/18	- Increase 2018/19	On track G	17.9% A	18.5% A	17.5% A	Performance is on track to meet target and is similar to comparators.
Air quality: reduce NO2 to WHO recommended and air quality objectives level (40 ug/m3, locally measured)	48 2014/15	Actual Target Source data	42 46 2016/17	44 44 2017/18	- 42 2018/19	- 40 2019/20	On track G	No data Y	No data Y	No data Y	Performance is on track to achieve the target.
Air quality: reduce PM10 (WHO recommended level is 25 ug/m3, Air Quality Objective level is 40 ug/m3, measured locally, PHOF 3.01)	17 2014/15	Actual Target Source data	17 17 2016/17	18 16 2017/18	- 15 2018/19	- 15 2019/20	Target not met A	No data Y	No data Y	No data Y	Nottingham is 7 ug/m3 below the WHO recommended level which is positive. The national and AQO targets have been met, although the local target has not been met.
Air quality: reduce PM2.5 (WHO recommended level is 10 ug/m3, measured locally, PHOF 3.01)	12 2014/15	Actual Target Source data	12 12 2016/17	12 11 2017/18	- 11 2018/19	- 10 2019/20	Target not met R	No data Y	No data Y	No data Y	The PM2.5 level has been exceeding the WHO recommendation since monitoring began in 2010. Further action is required.

[1] Green (G) = actual performance meets or exceeds target, amber (A) = actual performance is under target and performance is improving, red (R) = actual performance is under target and performance is deteriorating.

[2] Green (G) = Nottingham's performance is statistically significantly better, amber (A) = Nottingham's performance is similar, red (R) = Nottingham's performance is statistically significantly worse, yellow (Y) = comparator data or confidence intervals are unavailable.

Appendix 1: Reduce preventable mortality in the worst areas so they are not statistically worse than the city average – location map



HEALTH AND WELLBEING BOARD

28 MARCH 2018

	Report for Information
Title:	A Health Needs Assessment of Black and Minority Ethnic Groups in Nottingham – Community of Practice Group
Lead Board Member(s):	Alison Challenger, Director of Public Health, Nottingham City Council.
Author and contact details for further information:	Jennifer Burton, Insight Specialist, Public Health, Nottingham City Council jennifer.burton@nottinghamcity.gov.uk Helene Denness, Public Health Consultant, Nottingham City Council. helene.denness@nottinghamcity.gov.uk
Brief summary:	A health needs assessment (HNA) of black and minority ethnic (BME) groups in Nottingham City was undertaken at the request of Nottingham City Council and Nottingham City Clinical Commissioning Group to inform the commissioning and delivery of services. A multi-agency steering group provided advice and support including commenting on survey design and developing a robust community engagement plan. The HNA is underpinned by a comprehensive literature review and a robust engagement plan. The extensive engagement with BME communities has been a key success of this HNA and has highlighted the approaches and techniques to successfully engage local communities. The engagement has enabled understanding of how local citizens perceive health and experience healthcare and other services. The BME HNA was presented to the HWB in September. The presentation was well received and the following actions were agreed: a) establish a Community of Practice group to take forward the recommendations from the BME HNA and develop in to actions b) share the findings and recommendations of the BME HNA with the STP Leadership Team and key stakeholders An update report detailing the progress of these actions has been prepared for the HWB's consideration.

Recommendation to the Health and Wellbeing Board:

The Health and Wellbeing Board is asked to:

a) consider the update report and the progress of:
   i. establishing a Community of Practice group to take forward the recommendations from the BME Health Needs Assessment and develop in to

actions; and

ii. sharing the findings and recommendations of the BME Health Needs Assessment with STP Leadership Team and Key stakeholders, and

b) identify opportunities to work collaboratively to improve the health and wellbeing of Black and Minority Ethnic citizens in Nottingham.

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 BME HNA provides the Board with information on the health and wellbeing of BME communities in Nottingham. The report is structured in overarching themes which include health inequalities, mental health and the environment which reflect the outcomes of the Health and Wellbeing Strategy: 2016-2020 and the Nottingham Plan:2020
Aim: To reduce inequalities in health by targeting the neighbourhoods with the lowest levels of healthy life expectancy	
Outcome 1: Children and adults in Nottingham adopt and maintain healthy lifestyles	
Outcome 2: Children and adults in Nottingham will have positive mental wellbeing and those with long-term mental health problems will have good physical health	
Outcome 3: There will be a healthy culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill health well	
Outcome 4: Nottingham's environment will be sustainable – supporting and enabling its citizens to have good health and wellbeing	

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

The literature review that underpins the HNA suggests that BME individuals are more likely to experience mental health problems and more likely to experience difficulties in accessing health and other services.
Local intelligence supports these findings and suggests that some BME communities find it difficult to engage with mental health services for 'cultural reasons' and/or because they believe the service will not meet their needs. Understating the needs of BME communities will help to provide culturally appropriate mental health services and therefore improve the health and wellbeing outcomes for this cohort of people.

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.	

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Update Report for the Health and Wellbeing Board

Health Needs Assessment of the Black and Minority Ethnic Populations within Nottingham City

1. Purpose of the report

This report provides an update on the Black and Minority Ethnic (BME) Health Needs Assessment (HNA), and the actions agreed by the Health and Wellbeing Board (HWB) in September 2017. Its purpose is to show the progress of the work and to inform the HWB of the next steps in delivering the recommendations from the report.

2. Background

A HNA of BME groups in Nottingham City was undertaken at the request of Nottingham City Council (NCC) and the Nottingham City Clinical Commissioning Group (CCG) to inform the commissioning and delivery of services. A multi-agency steering group provided advice and support including commenting on survey design and developing a robust community engagement plan.

The HNA is underpinned by a comprehensive literature review and a robust engagement plan. The extensive engagement with BME communities has been a key success of this HNA and has highlighted the approaches and techniques to successfully engage local communities. The engagement has enabled understanding of how local citizens perceive health and experience healthcare and other services

The draft BME HNA was presented to the HWB in September 2017, the Board were asked to:

a) Consider the recommendations in the Black and Minority Ethnic Health Needs Assessment; and

b) Identify opportunities to work collaboratively to improve the health and wellbeing of Black and Minority Ethnic citizens in Nottingham.

The draft BME HNA was well received by the Board, the following actions were agreed:

a) Establish a Community of Practice group, which includes citizen involvement to take forward the recommendations and develop them in to actions

b) Share the findings and recommendations of the BME HNA with the Sustainable Transformation Plan (STP) Leadership Team and Key stakeholders

c) Share learning on improving the reporting of Protected Characteristics

A number of developments have since taken place. This report provides an update on these developments and the actions as agreed by the HWB.

3. Progress update

3.1 Publication

Since the draft BME HNA was presented at the HWB in September 2017, the report has been published and is available on Nottingham Insight.
http://www.nottinghaminsight.org.uk/themes/health-and-wellbeing/

3.2. Share the findings and recommendations of the BME HNA with the Sustainable Transformation Plan (STP) Leadership Team and Key stakeholders

To launch the publication of the BME HNA, a Public Health (PH) forum was held at Loxley House on the 17th January 2018. The forum was delivered in partnership with NCC, Nottinghamshire County Council and the CCG, the forum aimed to:

1) Launch the publication of the BME health needs assessment and share the findings and recommendation, including feedback from the extensive community engagement

2) Provide a summary of the health needs of Nottingham's BME communities and identify the gaps

3) Highlight the partnership working in Nottingham specific to improving the health and wellbeing of BME communities

4) Consider setting up a community of interest group to bring together key stakeholders with an interest in BME health to take forward the recommendations from the report.

The STP leadership Team were invited to attend but sent their apologies. A separate briefing session for the STP leadership team is to be arranged.

The PH forum was well attended by over 50 people from multi-agencies including members of the public, CCG, Nottingham Health Care Trust, Citycare, NCC, Healthwatch, and several community and voluntary services, including those who supported with the delivery of the engagement strand of the work. The PH forum included presentations from stakeholders and workshops where attendees were invited to give feedback on how best to deliver the recommendations from the report. Attendees were also asked if setting up a CoP would be a good vehicle in helping to deliver the recommendations. There was a consensus that a CoP would be a good vehicle; this was encouraging as it confirms the actions from the HWB. It was agreed that the first CoP meeting would take place by March 2018 with subsequent meetings to be agreed.

3.3 Establish a BME Community of Practice Group

A Community of Practice (CoP) is defined as: *"A group of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly*" (Wenger, 2011). CoP's are usually informal, self-organising, and span across various organisations with members distributed throughout an organisation**.**

Following the BME PH forum, the first CoP group was arranged for 1st March 2018. Those who attended the BME PH forum were invited to attend; the invitation was also extended to wider stakeholders. The purpose of the CoP group is to bring together key stakeholders who have an interest in BME health and wellbeing, to work as a collective, promote best practice and implement the recommendations from the BME HNA, the specific objectives of the group are to:

- Raise awareness of BME health needs and issues
- Ensure citizen involvement continues throughout the project
- Share skills, resources, knowledge and information to help improve the health and wellbeing of Nottingham's BME populations
- Consult with voluntary and other organisations to identify gaps and make proposals for delivering the recommendations
- Set up and over see task and finish groups to support the implementation and delivery of the recommendations
- Encourage a collaborative approach across the public, community, private and voluntary sectors in finding innovate ways to help address the health needs of Nottingham BME communities

- Keep abreast of current developments and initiatives relating to BME health and wellbeing and act as a conduit for sharing such information
- Identify activities, approaches and initiatives that add value to local delivery and tactical responses to improving BME health and wellbeing

The meeting had a very good response with 28 people registering their attendance from multi-agencies including Citycare, CCG, Healthwatch, the Community and Voluntary sector, members of the public, Nottingham University Hospital, NCC and the University of Nottingham. However, unfortunately, on the morning of the event, the meeting had to be cancelled due to adverse weather conditions and people not being able to safely travel in to the city. The meeting has been rescheduled for Monday 14th May 2018. Terms of Reference for the group have been drafted, see appendix 1.

3.4 Share learning on improving the reporting of Protected Characteristics

This work will be progressed as one of the outcomes of the CoP group. Updates will be provided to the HWB as part of the reporting process.

4. Next steps

- Reschedule the CoP meeting for Monday 14th May 2018
- Continue to publicise the BME HNA to stakeholders and wider partners
- Arrange a briefing session with the STP leadership team by March 2018
- Progress report to the HWB in June 2018

5. Published documents referred to in completing this report

Health Needs Assessment of the Black and Minority Ethnic Population within Nottingham City
http://www.nottinghaminsight.org.uk/themes/health-and-wellbeing/

Jennifer Burton
Insight Specialist Public Health
Nottingham City Council
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Appendix 1

BME Community of Practice Group

Draft Terms of References

1. Background

A Community of Practice (CoP) is defined as: "*A group of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly* (Wenger, 2011). CoP's are usually informal, self-organising, and span across various organisations with members distributed throughout an organisation.

2. Purpose of the group

A BME Health Needs Assessment (HNA) was developed to identify the needs of Nottingham's BME populations, identify recommendations to improve health, and to inform strategy development and commissioning decisions. The purpose of this CoP group is to bring together key stakeholders who have an interest in BME health and wellbeing, to work as a collective, promote best practice and implement the recommendations from the BME HNA.

3. Specific objectives of the group

- Raising awareness of BME health needs and issues
- Share skills, resources, knowledge and information to help improve the health and wellbeing of Nottingham's BME populations
- Consult with voluntary and other organisations to identify gaps and make proposals for delivering the recommendations
- Set up and over see task and finish groups to support the implementation and delivery of the recommendations
- Encourage a collaborative approach across the public, community, private and voluntary sectors in finding innovate ways to help address the health needs of Nottingham BME communities
- Keep abreast of current developments and initiatives relating to BME health and wellbeing and act as a conduit for sharing such information

- Identify activities, approaches and initiatives that add value to local delivery and tactical responses to improving BME health and wellbeing

4. Partnerships

4.1 Work in partnership with all key stakeholders including members of Nottingham City's BME communities.

4. Advocacy

4.1 Raise local issues regarding BME health and wellbeing in Nottingham City with statutory authorities (such as the Council, Healthcare Trust, NUH, City Care partnership and the City CCG) where particular concerns are identified, in the course of the group's work.

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5. Membership

5.1 Membership of is open to all stakeholders with an interest in BME health and wellbeing or that shares similar interests, goals, and or objectives.

5.2 All members will commit to cascading information to their individual organisations, and other appropriate colleagues, in order to support the development and work of the group.

5.3 To ensure that the group is effective and as representative as possible, the group will invite other representatives as consultative members at their meetings who will be able to represent and offer advice based on their experience relevant to the activities and work of the group

5.4 The CoP group will have a core group to take decisions, plan and oversee the work of the group; its membership will come from:

- Voluntary organisations
- Representation from local people from BME communities
- Local agencies and non-governmental bodies
- Nottingham City Council
- Nottingham Clinical Commissioning Group
- City Care Partnership
- Nottingham Healthcare Trust
- Nottingham University Hospital

6. Meetings

6.1 The CoP group will meet approximately 4 times a year.

6.2 Any sub group/tasking/working groups formed in response to the development and delivery of actions will meet as required and update the CoP Group at its quarterly meetings

6.3 The group will be deemed quorate if there are to be agreed members in attendance. Members must include to be agreed

6.4 The Chair will be Helene Denness

6.5 Members should prioritise attendance; if unable to attend, they should delegate to an appropriate colleague.

7. Accountability and governance

7.1 The CoP group will be accountable to the Health and Wellbeing Board and updates will be provided quarterly.

Updates will be provided to the Multi Agency Forum For Asylum Seeker and Refugees (MAF) and other groups on request.

7.2 Strategic oversight of the work of the will be provided by the members within the group.

8. Support

8.1 Nottingham City Council will take responsibility for organising meetings, minute taking, agenda setting and circulating documents.

8.2 An action log will be taken at all meetings and circulated to members of the group. The action log will be reviewed and ratified by agreement of the group at the following meeting.

9. Declarations of Interest

9.1 If the existence of an interest becomes apparent during a meeting then this must be declared at the point at which it arises. Any such declaration will be formally recorded in the action log for the meeting.

10. Review of Terms of Reference

10.1 The terms of reference were formally accepted on ……and will be reviewed on a six-monthly basis.

10.2 ToR may be amended at any time in order to adapt to changes to the work of the group

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HEALTH AND WELLBEING BOARD

28 MARCH 2018

	Report for Resolution
Title:	Nottingham City Pharmaceutical Needs Assessment (PNA) 2018 completion and sign-off
Lead Board Member(s):	Alison Challenger, Director of Public Health
Author and contact details for further information:	Shade Agboola, Public Health Consultant shade.agboola@nottinghamcity.gov.uk Claire Novak, Insight Specialist Public Health claire.novak@nottinghamcity.gov.uk
Brief summary:	The Nottingham City Pharmaceutical Needs Assessment (PNA) is a document and statutory function of the Health and Wellbeing Board. It outlines pharmaceutical services and ensures they meet the needs of the population. This report presents the final draft and requests the Board's approval. The revised PNA must be published by 1 April 2018. The PNA Executive Summary is attached. A full copy of the PNA has been circulated to Board members separately and a hard copy will be available at the meeting.

Recommendation to the Health and Wellbeing Board:

The Health and Wellbeing Board is asked to:

a) approve the revised Nottingham City Pharmaceutical Needs Assessment 2018.

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 Pharmaceutical Needs Assessment is a statutory responsibility and directly informs Health and Wellbeing Strategy development and commissioning. Its contribution cuts across the strategic aims and outcomes in the Health and Wellbeing Strategy.
Aim: To reduce inequalities in health by targeting the neighbourhoods with the lowest levels of healthy life expectancy	
Outcome 1: Children and adults in Nottingham adopt and maintain healthy lifestyles	
Outcome 2: Children and adults in Nottingham will have positive mental wellbeing and those with long-term mental health problems will have good physical health	
Outcome 3: There will be a healthy culture in Nottingham in which citizens are supported and empowered to live healthy lives and	

manage ill health well	
Outcome 4: Nottingham's environment will be sustainable – supporting and enabling its citizens to have good health and wellbeing	

How mental health and wellbeing is being championed in line with the Board's aspiration to give equal value to mental and physical health
The PNA considers the pharmaceutical need of the population of Nottingham City by Care Delivery Group areas. It also considers groups who have a greater burden of disease and are likely to have higher need for pharmaceutical services. This includes people with long term conditions, including mental health problems.

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

Nottingham City Pharmaceutical Needs Assessment 2018

Publication date: April 2018

Review date: April 2021

Appendix 1

Nottingham City Pharmaceutical Needs Assessment 2018

1 Executive Summary

The local Pharmaceutical Needs Assessment (PNA) is a document that outlines services and ensures both that pharmaceutical services across Nottingham City meet the needs of the population and that they are in the correct locations to support the residents of Nottingham. This version replaces the previous PNA published by Nottingham City Health and Wellbeing Board in 2015.

Pharmaceutical services are provided by community pharmacies, dispensing GP practices and dispensing appliance contractors. The Nottingham City has 68 community pharmacies, including two distance selling pharmacies and three dispensing appliance contractors. There are no dispensing GP practices. In addition to their traditional role of providing prescription medicines, community pharmacies are important providers of further health services to their communities. Examples include services that improve patients' adherence and outcomes from their prescribed medicines; provision of advice on prevention and self-care.

For the purposes of the PNA, pharmaceutical services include:

- Essential services which every community pharmacy providing NHS pharmaceutical services must provide and is set out in their terms of service, such as dispensing prescription medicines.
- Advanced services – services community pharmacy contractors and dispensing appliance contractors can provide subject to accreditation as necessary – these include Medicines Use Reviews for community pharmacists and Stoma Customisation Service for dispensing appliance contractors
- Locally commissioned services (known as Enhanced Services) commissioned by NHS England or local authority Public Health services.

This report includes an overview of the pharmacy regulations with regard to pharmacy needs assessment in addition to a review of the range of pharmaceutical services that are currently provided or may be commissioned in the future. The geographical area of the city has been divided into Care Delivery Group areas (CDGs) for the purpose of reviewing health needs and service provision at local level. These are co-terminus with Local Area Committees (LACs).

A comprehensive range of sources has been used to describe the health and social conditions of the CDG populations. This document provides details of:

- Population demographics: age, deprivation and health needs
- Number and location of community pharmacies and DACs and the services commissioned
- Analysis of any gaps in necessary services
- Analysis of any gaps in locally commissioned services or access to services
- Impact of population changes and house building
- A description of any NHS service (or similar) which may affect pharmaceutical need
- Formal consultation on final draft PNA

Statement of pharmaceutical need

The current balance of community pharmacies and dispensing appliance contractors provide a comprehensive range of services to their local populations. Analysis of health needs and a formal consultation did not provide any evidence of a lack of provision of pharmaceutical services in existing pharmacies. Housing projections in the short to medium term (3-5 years) are not expected to increase the local population to a level that would affect the ability of current providers to meet the pharmaceutical need.

The PNA will be reviewed in 2021 or before if there is a substantial change in need or supply, for example if planned housing developments result in greater than expected population numbers, or there are several community pharmacy closures.

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HEALTH AND WELLBEING BOARD

28 MARCH 2018

	Report for Resolution
Title:	Health and Wellbeing Board Commissioning Sub Committee Terms of Reference
Lead Board Member(s):	-
Author and contact details for further information:	Ciara Stuart, Assistant Director of Out of Hospital Care ciara.stuart@nhs.net Jane Garrard, Senior Governance Officer jane.garrard@nottinghamcity.gov.uk
Brief summary:	The Health and Wellbeing Board established the Health and Wellbeing Board Commissioning Sub Committee in 2015 as a commissioner-only body, bringing together commissioners from Nottingham City Council and NHS Nottingham City Clinical Commissioning Group to take strategic funding decisions delegated to it by the Board. In order to ensure that it remains fit for purpose, the Terms of Reference for the Commissioning Sub Committee have been reviewed and a proposed revised Terms of Reference is attached. The Health and Wellbeing Board Commissioning Sub Committee was consulted on the proposed revisions at its meeting on 13 December 2017.

Recommendation to the Health and Wellbeing Board:

The Health and Wellbeing Board is asked to:

a) approve the revised Terms of Reference for the Health and Wellbeing Board Commissioning Sub Committee.

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 the governance of the Health and Wellbeing Board and its Commissioning Sub Committee, which aims to ensure that it operates appropriately so that it can carry out its role and responsibilities in relation to the Joint Health and Wellbeing Strategy.
Aim: To reduce inequalities in health by targeting the neighbourhoods with the lowest levels of healthy life expectancy	
Outcome 1: Children and adults in Nottingham adopt and maintain healthy lifestyles	
Outcome 2: Children and adults in Nottingham will have positive mental wellbeing and those with long-term mental health problems will have good physical	

health	
Outcome 3: There will be a healthy culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill health well	
Outcome 4: Nottingham's environment will be sustainable – supporting and enabling its citizens to have good health and wellbeing	

How mental health and wellbeing is being championed in line with the Board's aspiration to give equal value to mental and physical health
The report relates to the governance of the Health and Wellbeing Board and its Commissioning Sub Committee, which aims to ensure that it operates appropriately so that it can carry out its role and responsibilities, including fulfilling the aspiration to give equal value to mental and physical health.

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

Revised Terms of Reference for the Health and Wellbeing Board Commissioning Sub Committee

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

To ensure that it remains fit for purpose, the terms of reference for the Health and Wellbeing Board Commissioning Sub Committee have been reviewed and revised terms of reference are attached at Appendix 1. The Health and Wellbeing Board Commissioning Sub Committee was consulted on the proposed changes in December 2017 and was supportive of the proposals.

The Board is asked to approve the revised terms of reference for the Health and Wellbeing Board Commissioning Sub Committee (attached). The Clinical Commissioning Group voting and non-voting representatives will be updated following organisational changes and brought back to the Health and Wellbeing Board for approval in due course.

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Health and Wellbeing Board Commissioning Sub-Committee
Terms of Reference

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

a) To provide advice and guidance to the Health and Wellbeing Board in relation to strategic priorities, joint commissioning and subsequent action plans and commissioned spend and strategic direction;

b) To accept delegated actions from the Health and Wellbeing Board and report back on progress and outcomes;

c) To performance manage the Health and Wellbeing Board commissioning plan and to agree changes to that plan based on monitoring and performance management considerations. This includes the ability to request deep dives to enable greater focus on specific areas;

d) To provide collective oversight, support and performance management to areas of work identified by the Sub-Committee as being of highest priority. Areas of focus will be jointly commissioned activity or where there is significant system impact;

e) For every Section 75 Agreement, where responsibility has been delegated to the Sub-Committee, to carry out the following roles in line with requirements of the relevant Agreement:
    i. take funding decisions, including Key Decisions, on pooled budgets;
    ii. take decisions on commissioning arrangements for jointly commissioned services; and
    iii. have oversight to ensure that arrangements are properly managed with, as a minimum, annual reports from the relevant Agreement lead(s)

   A record of which Section 75 Agreements have been delegated to the Sub-Committee and reporting arrangements can be found in the 'Health and Wellbeing Board Commissioning Sub Committee role in relation to Section 75 Agreements' document

f) To have oversight of any other Nottingham City Council/ Greater Nottingham Clinical Commissioning Groups – Nottingham City Locality joint funding and joint commissioning arrangements either in place now or in development for the future;

g) Establish one or more time limited task and finish groups to carry out work on behalf of the Sub-Committee;

h) Delegate any of its functions to an officer;

i) Carry out any other functions delegated to it by the Health and Wellbeing Board.

Meeting Arrangements
The Health and Wellbeing Board Commissioning Sub-Committee will meet on a bi-monthly basis following directly on from Health and Wellbeing Board meetings.

Extraordinary meetings of the Health and Wellbeing Board Commissioning Sub-Committee may be called by the agreement of 2 voting members (one of whom must represent Nottingham City Council and one of whom must represent Greater Nottingham Clinical Commissioning Group – Nottingham City Locality) if a decision is required urgently.

If an urgent decision is required that cannot wait for an extraordinary meeting to be called then the Director for Commissioning and Procurement (Nottingham City Council) and the Chief Operating Officer (Greater Nottingham City Clinical Commissioning Group), as the two Sub-Committee Chairs, can act through the following process:

- Circulation of details of the proposed decision to all Sub-Committee members for consultation; and
- There being clear reasons why the decision could not have waited until a full Sub-Committee meeting.

The decision will be recorded and reported, along with the reasons for urgency, to the next full Sub-Committee meeting.

Executive decisions are subject to the Nottingham City Council call-in procedure in accordance with the Overview and Scrutiny Procedure Rules. In accordance with those rules, the call-in procedure does not apply where a decision is urgent and the Chair of the Overview and Scrutiny Committee agrees both that the decision proposed is reasonable in all the circumstances and that it must be treated as a matter of urgency. The reasons for urgency will be reported alongside the decision.

The quorum for the meeting is 2 voting members, one of whom must represent Nottingham City Council and one of whom must represent Greater Nottingham Clinical Commissioning Groups – Nottingham City Locality.

The meeting will be chaired in rotation by the Director for Commissioning and Procurement (Nottingham City Council) and the Chief Operating Officer (Greater Nottingham City Clinical Commissioning Group – Nottingham City Locality). In the absence of both of these members, the Chair will pass to the voting member present from the body due to chair the meeting.

Nottingham City Council and Greater Nottingham Clinical Commissioning Groups – Nottingham City Locality have one vote each, shared between its voting members.

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

Membership

Voting Members	Organisation
Portfolio Holder with a remit covering Health	Nottingham City Council
Director of Commissioning and Procurement	Nottingham City Council
Chief Operating Officer*	Greater Nottingham Clinical Commissioning Groups – Nottingham City Locality
GP Lead	Greater Nottingham Clinical Commissioning Groups – Nottingham City Locality

Substitution for voting members is permissible provided that the Chair is notified of the substitution in advance of the meeting and the substitution is to a named substitute. Substitutes must be of sufficient seniority and empowered by their organisation to represent its views and to contribute to decision making in line with Sub-Committee's terms of reference.

Non-Voting Members	Organisation
Director of Public Health	Nottingham City Council
Director of Adult Social Care	Nottingham City Council
Head of Commissioning	Nottingham City Council
Head of Commercial Finance	Nottingham City Council
Director of Children's Integrated Services	Nottingham City Council
Assistant Director of Commissioning – Mental Health, Children and Families*	Greater Nottingham Clinical Commissioning Groups – Nottingham City Locality
Representative	Healthwatch Nottingham

All voting members are required to comply with the requirements of the Nottingham City Council Code of Conduct and, as a matter of best practice, it is also expected that all non-voting members will also observe the principles contained in the Code and comply with its requirements.

**NB: Clinical Commissioning Group voting and non-voting representatives will be updated following organisational changes.*

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

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Health and Wellbeing Board Forward Plan 2018/19

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	Lead report author and contact details
30 May 2018 (provisional)	**Joint Health and Wellbeing Strategy Healthy Environment Outcome - Progress**	Nick Romilly nick.romilly@nottinghamcity.gov.uk
	Impact of commissioning reviews	Chris Wallbanks chris.wallbanks@nottinghamcity.gov.uk
	Commissioning plans 2018/19	Chris Wallbanks chris.wallbanks@nottinghamcity.gov.uk
	Review of winter 2018 and look ahead to winter 2019	Shade Agboola shade.agboola@nottinghamcity.gov.uk
	Forward Plan	Jane Garrard jane.garrard@nottinghamcity.gov.uk
	Board member updates	Board members
	Draft minutes of the HWB Commissioning Sub Committee meeting held on 28 March 2018	-
	New JSNA Chapters	Claire Novak claire.novak@nottinghamcity.gov.uk
	Public questions	
25 July 2018 (provisional)	**Joint Health and Wellbeing Strategy Healthy Lifestyles Outcome - Progress**	Caroline Keenan caroline.keenan@nottinghamcity.gov.uk
	Teenage Pregnancy Annual Report	Marie Cann-Livingstone marie.cann-livingstone@nottinghamcity.gov.uk
	Forward Plan	Jane Garrard jane.garrard@nottinghamcity.gov.uk
	Board member updates	Board members
	Draft minutes of the HWB Commissioning Sub Committee meeting held on 30 May 2018	-
	New JSNA Chapters	Claire Novak claire.novak@nottinghamcity.gov.uk

Date of meeting	Report title	Lead report author and contact details
	Public questions	-
26 September 2018 (provisional)	**Joint Health and Wellbeing Strategy Mental Health Outcome - Progress**	Nick Romilly nick.romilly@nottinghamcity.gov.uk
	Forward Plan	Jane Garrard jane.garrard@nottinghamcity.gov.uk
	Board member updates	Board members
	Draft minutes of the HWB Commissioning Sub Committee meeting held on 25 July 2018	-
	New JSNA Chapters	Claire Novak claire.novak@nottinghamcity.gov.uk
	Public questions	-
28 November 2018 (provisional)	**Joint Health and Wellbeing Strategy Healthy Culture Outcome - Progress**	Uzmah Bhatti uzmah.bhatti@nottinghamcity.gov.uk
	Physical Activity and Nutrition Declaration - Progress	Caroline Keenan caroline.keenan@nottinghamcity.gov.uk
	Nottingham City Safeguarding Children Board Annual Report 2017/18	John Matravers john.matravers@nottinghamcity.gov.uk
	Nottingham City Safeguarding Adults Board Annual Report 2017/18	Louisa Butt louisa.butt@nottinghamcity.gov.uk
	Forward Plan	Jane Garrard jane.garrard@nottinghamcity.gov.uk
	Board member updates	-
	Draft minutes of the HWB Commissioning Sub Committee meeting held on 26 September 2018	-
	New JSNA Chapters	Claire Novak claire.novak@nottinghamcity.gov.uk
	Public questions	-
30 January 2019 (provisional)	**Joint Health and Wellbeing Strategy Healthy Environment - Progress**	Nick Romilly nick.romilly@nottinghamcity.gov.uk

Date of meeting	Report title	Lead report author and contact details
	Forward Plan	Jane Garrard jane.garrard@nottinghamcity.gov.uk
	Board member updates	Board members
	Draft minutes of the HWB Commissioning Sub Committee meeting held on 28 November 2018	-
	New JSNA Chapters	Claire Novak claire.novak@nottinghamcity.gov.uk
	Public questions	-
27 March 2019 (provisional)	**Joint Health and Wellbeing Strategy Healthy Lifestyles Outcome - Progress**	Caroline Keenan caroline.keenan@nottinghamcity.gov.uk
	Annual review of Joint Health and Wellbeing Strategy performance metrics	Caroline Keenan caroline.keenan@nottinghamcity.gov.uk
	Forward Plan	Jane Garrard jane.garrard@nottinghamcity.gov.uk
	Board member updates	Board members
	Draft minutes of the HWB Commissioning Sub Committee meeting held on 30 January 2019	-
	New JSNA Chapters	Claire Novak claire.novak@nottinghamcity.gov.uk
	Public questions	-

Items to be scheduled:

- 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 2019/20

Health and Wellbeing Board Stakeholder Event – 6 June 1pm, Council House

Health and Wellbeing Board Development Sessions

Date	Topic
27 June 2018 2-4pm	Safeguarding (tbc)
29 August 2018 2-4pm	
31 October 2018 2-4pm	
19 December 2018 2-4pm	

Health and Wellbeing Board Update – March 2018 from Healthwatch

Joint Strategic Needs Assessment (JSNA) reports

Healthwatch continues to attend the JSNA steering group meetings.

We continue to review JSNA Project Initiation Documents and Chapters and have recently offered feedback on the planning and drafting of the JSNA Dementia chapter. Currently, we are in the process of reviewing two JSNA documents, a chapter relating to life expectancy and healthy life expectancy and an overview of an evidence summary of JSNA needs.

Enter and View Programme

The Enter and View schedule continues in Nottingham City. Our commitment to visit a different home every quarter is ongoing. In the next quarter we intend to visit a home in the NG3 area of Nottingham.

We are holding an Enter and Review meeting in May to refine our processes and to plan further visits for later on in 2018.

Our Enter and Views visits are both planned and responsive, with the former being organized around statutory information and the latter informed by intelligence from our involvement in Nottingham city QUIF meetings.

The Enter and View team has work across both the City and County areas and are assisted by our Healthwatch Enter and View Volunteers. We are interviewing some prospective new E&V volunteers this month to add to our available pool.

A copy of these reports can be down loaded from our website, visit www.healthwatchnottingham.co.uk/reports

Talk To us Points

We continue to deliver our public facing Talk to us points at the Joint Service Centres and at additional venues such as Emmanuel House (for the homeless). At these venues we gather a range of health and social care experiences from a wide cross section of the public.

We have an inclusive Healthwatch Communication and Engagement Strategy which informs all our engagement activity.

Over the last quarter we have recruited four new volunteers to help us broaden the scope and delivery of Talk to us sessions across the wider City area.

Question of the Month (QOTM)

We are in the process of completing a report that will reflect information derived from our previous three Sustainability and Transformation Plan (STP) related QOTMs. These three consecutive QOTMs were designed to elicit the public's awareness of the STP, technology enabled care and where individuals seek help and advice in terms of their health and lifestyle. An aggregate report will be written to reflect feedback from all three STP related QOTM areas and will be published in March 2018.

In January and February we distributed a QOTM regarding missed appointments. Information from this is currently being analyzed and when complete, we will produce a short report with recommendations for providers.

In March and April we will be distributing a question around Mental Health. We plan to produce a report in time for the Mental Health Awareness week 14 – 20 May 2018.

Safeguarding Survey

In conjunction with both Nottingham and Nottinghamshire Safeguarding Boards, we have started a piece of work to help ascertain the public's awareness of safeguarding. We are currently distributing a short survey to various groups and forums across the City and County areas. We are specifically targeting areas and groups where it is considered there is less knowledge of the safeguarding agenda generally. To date we have completed 40 out of a target of 150.

From this engagement work we will produce report which will help inform where safeguarding resources should be targeted in order to help raise awareness of safeguarding including how to report any associated concerns.

Merger of Healthwatch Nottingham and Healthwatch Nottinghamshire

Nottingham City Council and Nottinghamshire County Council have agreed that, for reasons of economy, efficiency and effectiveness, and to better reflect the emerging changes to the delivery of health services across the City and County, the two individual Healthwatch organisations should merge by April 2018. Staff also believe that this will enable the new Healthwatch organisation to have greater impact for the benefit of all the citizens whom we serve.

Both Healthwatch organisations continue to work from joint premises at the Arnold Business Centre, Brookfield Road, Arnold, Nottingham. All team members are operationally aligned (in terms of their day to day duties) pending full structural alignment in April 2018.

Both Boards have now met together on a number of formal and informal occasions and they are keen to see a successful combined Healthwatch. There are a few outstanding issues such as contract length which remain to be resolved but we are assured by both the City and County officers that an agreeable resolution can be found and we look forward to completing the merger in the near future.

Martin Gawith
Chair
Healthwatch Nottingham

Tracy Lack
Interim Chief Executive
Healthwatch Nottingham

Statutory Officers Report for Health and Wellbeing Board

Corporate Director of Children's Services

March 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.

Independent Inquiry into Child Sexual Abuse (IICSA)

Within previous updates I have spoken about the Independent Inquiry into Child Sexual Abuse (IICSA) and the Nottingham context. Over the past two years IICSA have been continuing to request information from Nottingham City Council around current and historical policies, procedures, guidance, investigation reports and civil claims.

The Inquiry has now defined its case studies for investigation: https://www.iicsa.org.uk/key-documents/4268/view/2018-02-28%20Final%20Notice%20of%20Determination%20-%20Case%20studies.pdf

The Public Hearing for the 'Nottinghamshire Councils' investigation has been scheduled for 1st October 2018 and will last three weeks. The inquiry has been trying to identify possible venues in Nottingham for part of the hearing and on behalf of a number of local organisations, we have provided IICSA a list of possible suitable local venues. Obviously, it is ultimately for the Inquiry to decide where its hearings are held.

As part of our ongoing response to allegations of historical physical and sexual abuse in former children's homes, we have settled a number of civil claims for compensation. A number of other claims are ongoing. Compensation is paid for from our insurance fund. We continue to take these matters seriously and help the police and the national independent inquiry with their investigations, as well as supporting survivors. The safety and quality of care for children has changed and improved beyond recognition in the intervening years both locally and nationally, meaning we have robust measures in place to protect children in our care today from harm.

We have developed a leaflet which provides advice and signposting to support services for victims/survivors. The leaflet entitled 'Talking about abuse that happened in childhood' has been produced under the direction of the multi-agency Strategic Management Group of Operation Equinox (the Police and Local Authority joint investigation into historical child abuse in Nottinghamshire).

For more information on the Nottingham City context of the investigation or for a copy of the latest version of this leaflet please visit our website: http://www.nottinghamcity.gov.uk/children-and-families/child-abuse-prevention/allegations-of-historical-child-abuse-in-nottinghamshire/

For more information on IICSA please visit their website https://www.iicsa.org.uk/

Councillor Mellen's Reading Challenge for Dolly Parton Imagination Library

Throughout January, Councillor Mellen, our Portfolio Holder for Early Intervention and Early Years, was out and about in Nottingham undertaking a challenge to read a story to 2,018 children in all the city's neighbourhoods – raising funds for the Dolly Parton Imagination Library.

Stories were read to youngsters in a variety of different venues: school assemblies and classes, nursery groups, library sessions, the QMC children's ward, Stonebridge Farm and even a narrow boat down the Nottingham Canal. Councillor Mellen's challenge has really raised the profile of the Imagination Library. It was also featured on Notts TV, and even got a mention in the House of Commons from Alex Norris MP!

A huge thank you to everyone who has donated so far. If you would like to make a donation – no matter how small, you can visit the challenge fundraising page by following this link: https://www.justgiving.com/crowdfunding/2018children

The LGC100 Local Government Powerlist

I'm delighted to have been mentioned in the recently announced Local Government Chronicle's top 100 powerlist. The list identifies the most influential people whose work will shape local government in 2018, and features officers, members, national politicians, civil servants and thinkers. The list has been compiled using nominations from the public, the LGC editorial team and a panel of judges.

Here's a link to the powerlist; as you will see I'm featured at number 84!

https://www.lgcplus.com/home/lgc100-2018/-lgc100-100-51-in-local-governments-powerlist/7022788.article

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:

The Role of the Social Worker - http://adcs.org.uk/blog/article/the-role-of-the-social-worker
Resourcing a country that works for all children - http://adcs.org.uk/blog/article/resourcing-a-country-that-works-for-all-children

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

JSNA Chapter – Children in Care

Topic information	
Topic title	Children in Care
Topic owner	Helene Denness, Consultant in Public Health
Topic author(s)	Grace Brough
Topic quality reviewed	December 2017
Topic endorsed by	Nottingham City Corporate Parenting Board
Topic approved by	Nottingham City Corporate Parenting Board
Current version	December 2017
Replaces version	2013
Linked JSNA topics	Safeguarding JSNA

Executive summary

Introduction

This chapter focuses on those children in the care of Nottingham City Council, and for whom Nottingham City Council is the Corporate Parent. This chapter looks at children in care (CiC) and their identified needs and examines the challenges these needs pose for Nottingham City Council as Corporate Parent.

The chapter details the characteristics of children in care, placement types, provision and outcomes. It also identifies key challenges and how these impact on commissioning arrangements/requirements of local authorities for the future.

The Government wants every child in the country, whatever their background, whatever their age, whatever their ethnicity or gender, to have the opportunity to fulfil their potential, this includes our children in care. For those children looked after by a Corporate Parent, it is the collective responsibility of those involved with corporate parenting to ensure this happens.

The CiC population presents a particular challenge to the council in the amount of resources in budget and staff time that are required to ensure we are fulfilling our duties of Corporate Parent, particularly as numbers of children coming into care are increasing.

Nationally at any one time 69,000 children are looked after by the local authority, 60% of whom are subject to care orders. In any one year 90,000 children in England are looked after (1).

A “child in care” includes children accommodated under a care order, those accommodated on a voluntary basis with the agreement of parents or the child if they are over 16, children placed away from home under an emergency protection order and children on police protection/remand/detention.

The majority of children are in care due to abuse or neglect, and this is also true within Nottingham, with 63% of Nottingham’s CiC population entering care as a result of abuse or neglect (2).

For some children and young people, entering care becomes the only option to ensure they are safe. In these cases we must ensure the right placements and support are available, that they provide positive outcomes for CiC and they represent good value for money.

Children in Care have poorer outcomes than the general child population across a variety of indicators primarily because of the impact of their early life experience prior to entering care, indicators include educational attainment, school attendance, school exclusion, offending behaviour, emotional and mental health, teenage pregnancy and substance misuse.

This chapter outlines recommendations in relation to identified needs and any unmet needs and service gaps.

Unmet needs and gaps
Identification of mental health difficulties

Locally we are not on target as an authority in conducting Strength and Difficulties Questionnaire’s (SDQ’s) with our children in care. Unless a child presents any emotional or mental health difficulties outwardly through their behaviour, the only way they would be identified and thus referred to CAMHS is an SDQ. As such, this may result in inequity of access to mental health support for those children in care who are not receiving SDQ’s in a timely fashion. However, it should be noted the Local Authority is actively pursuing our targets for the larger cohort in our care.

Health assessments

Locally we are not on target as an authority in conducting health assessments with our children in care, the proportion having health assessments has moved further away from target over time. Local intelligence suggests this has been due to a capacity issue amongst both the social worker teams in making the referrals to health and CiC health team being able to meet demand. Consideration should be given to the impact of an increasing CiC population and increasing complexity of need within the CiC population on the ability of the service to meet demand with current capacity. It is acknowledged that the work of the Strategic Improvement Forum may improve performance around health assessments. Again, it should be noted the Local Authority is actively pursuing our targets for the larger cohort in our care.

Demand for mental health support amongst the UASC population

Local CiC CAMHS have expressed concerns regarding meeting the mental health needs of the UASC population, however it must be noted that this is not just a local issue. Currently workers, whilst well trained, are faced with new issues for this group. The needs of this

group are different to local children in care, often these children do not have the same family issues that local CiC present with as they may have come from families free from abuse or neglect, however may have experienced war, grief, bereavement and separation. Local intelligence suggests this group do not tend to talk about the problems they are experiencing so readily, sometimes due to the culture around expressing emotions in their country of origin. Currently the team feel they do not necessarily have the cultural understanding and nuances that may assist effective treatment.

A suggested solution to this would be to have a CAMHS worker either co-located with a specialist service or more integrated with a specialist organisation.

Further to this, it is worth noting there is currently no commissioned trauma model for child mental health in Nottingham specialising in Post Traumatic Stress Disorder (PTSD).

Transition from children's to adult's mental health services

Local intelligence suggests that access to mental health services post 18 is more restricted than those accessed as an under-18 (CAMHS), with higher thresholds for service access. CAMHS can be accessed via social worker referral, however to access adult mental health services a formal diagnosis would be required. As such, for those children experiencing difficulties, the process of treatment may not be completed if they do not have a diagnosis at age 18. This is particularly concerning for those children who may access CAMHS near to their 18th birthday. This may disproportionately affect the UASC population, who anecdotally tend to be older. Further work with the CCG may be required to explore thresholds and investigate if more effective transition arrangements can be put in place.

Decriminalisation of CiC

Whilst there is lots of positive work happening in the city regarding the de-criminalisation of children in care, those CiC placed out of area may not have the same chance of de-criminalisation as locally. Only one other LA has a CiC police officer and many LA's may not have a YOT CiC lead, as such, the work done by these roles in educating the workforce and children in care, implementing protocols, close working with police and crown prosecution service and arrests screening may not happen. In turn resulting in inequity of access to decriminalisation amongst CiC placed out of area. This is a national issue which Lord Laming's 'In Care Out if Trouble' report sought to raise. Whilst it is acknowledged this is a national issue, it is important to note the inequity that may be experienced by our CiC placed in other LA's.

Training regarding decriminalisation of CiC

Our YOT Lead for Restorative Approaches provides training on restorative justice to providers; this is positive and pro-active work. However, as this is free to internal providers and charged to private providers, there may be inequity in the approach to decriminalisation amongst different providers. Not all private providers may pay for this and foster carers are not currently offered this, as such children in those placement settings may encounter a different experience.

The new protocol issued regarding decriminalisation should go a long way towards ensuring a standard approach across placements, however, to ensure equity, use of the protocol,

along with training, may be something commissioners wish to include in the service specification of providers and the training requirements of foster carers. Capacity to deliver this training may be an issue; however charging for the training may help increase capacity or a phased roll out if this was thought to be beneficial.

Training for foster carers

The CiC police officer offers training to residential providers on the missings protocol and decriminalisation, however this is not currently provided to foster carers. The fostering service may wish to consider incorporating this training into the current training package offered, as inequity of service may occur if all providers are not trained to the same level.

Network meetings are currently held for providers around de-criminalisation, with the expansion of this to provider forums. Foster carers could be included in these forums to ensure equity, however again this would require resourcing.

Time for children in care

The Children in Care survey identified increasing proportions of children feel their social workers and carers do not have enough time for them[1]. Corporate Parenting Board may wish to investigate further as to why this might be as the mechanism is not clear. Capacity and attitudinal issues should be explored. It must be noted however that the survey is a sample of CiC, not all.

Help for CiC in education

Increasing proportions of children feel they would do better at school with more help. Considering the attainment rates of children in care locally are lower than national, it would be timely to explore the efficacy of our educational support for children in care.

In addition to this, Nottingham's CiC have a high prevalence of SEND, as such it may be appropriate to explore how we are working with our CiC who have SEND to ensure their positive educational outcomes.

The Virtual School are implementing new arrangements around monitoring of PEP's, training for professionals re Virtual School and a handbook re their services, as such it is envisaged this may improve the level of support children in care receive with education. However the efficacy of interventions employed and/or funded is not clear.

Complaints

Fewer children know where to go if they have a complaint. We should ensure within our contacts with children in care that it is made clear to them where/who they can go to if they have a complaint. It must be noted that since the survey which highlighted fewer children know where to go if they have a complaint, MOMO has been introduced. MOMO specifically has functionality to enable a child to send a complaint to their family support worker, social worker's manager, social worker, IRO or the complaints team. As such it is envisaged this will increase the numbers of children in care who know where to go when they wish to make a complaint.

[1] Measured by CiC survey as 'all/most' of the time- the proportion who reported sw have time for them 'all/most of the time' decreased since 2015 survey.

Recommendations for consideration by commissioners

Prevention

- Explore ways early intervention services can build on existing good work and further target those experiencing family dysfunction in order to kerb the trend in children being taken into care for this reason.
- Further insight may be required to examine how our demographic profile compares to other LA's in relation to age and sex at entry to care; and explore national research into evidence-based programmes to work with any over-represented cohorts identified.

Placements

- Review current arrangements for children placed in the LA boundaries by other LA's and placement of our CiC in other LA's, ensuring consideration of UASC placed in Nottingham by other authorities. Consider development of a protocol for effective cross LA commissioning of services so that children do not experience a delay in service because they may not belong to our LA, particularly around healthcare and access to CAMHS, ensuring to engage with any current work being undertaken by the SIF around this. The same process should be looked at for our children placed out of LA boundaries.
- Continue implementation of the placements strategy in order to continue reducing placements outside of LA boundaries and co-operation with other LA's where out of area placement is made.
- Continue to explore ways to increase recruitment of local foster carers, in order to allow more choice and control to the authority in placements and increase the number of children placed locally.

- Consider incorporating training on the missings protocol and decriminalisation into the current training offer provided to foster carers, to work towards a more equitable level of training amongst all placement providers.

Mental health

- Focus should be given by commissioners and policy makers to how we can improve access to timely SDQ's for our CiC, however it is acknowledged this is something the LA are working towards.
- Further work should be undertaken to consider how transition arrangements within mental health services can be improved for CiC.
- Ensure all CAMHS staff are aware of the different issues that may affect UASC in our care, through access to awareness raising sessions or briefings around, trauma, post-traumatic stress, grief, bereavement, cultural awareness etc.

Physical health

- Consider the impact of an increasing CiC population and increasing complexity of need on the ability of the CiC health team to meet need with current capacity.

Education

- Review efficacy of PEP's and interventions funded by virtual school in assisting our CiC, both with and without SEND.
- Consider how virtual school can work with schools and academies to reduce fixed term exclusions amongst the CiC population, ensuring to link with the special exclusion working group.
- Virtual Head consider how best to work with foster carers to ensure they understand how to support the educational needs of CiC and raise their aspirations.

Decriminalisation

- Ensure that all commissioned placement providers are aware of and briefed in our decriminalisation agenda, particularly those out of area, independent and foster care providers, to ensure all placement providers understand the decriminalisation agenda and how to implement this in practice.
- Continue roles of YOT lead and CICPO and arrest screening.
- Implement the CiC decriminalisation protocol across the city, considering use of this as part of service specifications for providers.

Other

- Continue with positive work promoting MOMO as a communication channel and an avenue for complaint for children in care.
- Work with social care teams and carers to try to identify the causal mechanism and reduce the proportion of children who feel their social worker/ carer does not have time for them.
- Continue the focus prioritising permanent staff and work to address case load sizes to our social workers are a stable workforce and have increased capacity.
- Continue positive work in reducing changes for CiC, particularly around placement and school stability, which may help contribute to improved educational attainment.
- Consider how we can work with children to help them better manage their own behaviour, via TST, CAMHS, CiCPO and placement providers.
- Explore patterns in missing children to establish if there is a mechanism behind why Nottingham has higher rates of missing CiC than other LA's.

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JSNA Chapter – Life Expectancy and Healthy Life Expectancy

Topic information	
Topic title	Life Expectancy and Healthy Life Expectancy
Topic owner	Shade Agboola, Public Health Consultant
Topic author(s)	Eka Famodile, Principal Analyst – Public Health Caroline Keenan, Insight Specialist – Public Health
Topic quality reviewed	March 2018
Topic endorsed by	JSNA Steering Group
Current version	March 2018
Replaces version	April 2013
Linked JSNA topics	Overarching topic that links to all JSNA chapters.

Executive summary

Key Facts

Life Expectancy

- Life expectancy in Nottingham is significantly lower than the England average, with approximately 3 years less for men and 2 years less for women (Nottingham: 77.0 men; 81.1 women. England: 79.5 men; 83.1 women).
- Nottingham's life expectancy for men is currently ranked 140th out of 152 local authorities in England and 136th for women.
- 6 of the city's 8 Care Delivery Groups (or Local Area Committees) have significantly lower life expectancy for both men and women compared to the England average.
- Nottingham's life expectancy between the most and least affluent areas differs by approximately 8 years for both men and women.
- The largest contributors to the difference between Nottingham's and England's life expectancy are circulatory diseases, cancer, respiratory and digestive disease.

Healthy Life Expectancy

- Healthy life expectancy for both men and women in Nottingham is also significantly lower than the England average with men living 5.9 years less in good health and women 8.8 years less.
- The gap in healthy life expectancy between Nottingham and the England average has increased by 4.7 years (from 2009-11 to 2014-16).

- Nottingham's healthy life expectancy for men is ranked 143rd of 152 local authorities and 149th for women.
- 7 of the City's 8 CDGs have significantly lower healthy life expectancy at birth for both males and females compared to the England average
- Healthy life expectancy between the least and most affluent areas of the city differs by approximately 12 years for both men and women.
- Females born in Nottingham would expect to spend a greater proportion (32%) of life in poorer health compared to 25% for males.

JSNA Chapter – Evidence Summary

Topic information	
Topic title	Evidence Summary
Topic owner	Shade Agboola, Public Health Consultant
Topic author(s)	Amy Pellow, Assistant Strategic Insight Researcher
Topic quality reviewed	March 2018
Topic endorsed by	JSNA Steering Group
Current version	March 2018
Replaces version	2015
Linked JSNA topics	Overarching topic that links to all JSNA chapters.

Executive summary

Introduction

This Evidence Summary presents an overview of the health and wellbeing needs in Nottingham City using the key findings from Nottingham City's Joint Strategic Needs Assessment (JSNA).

JSNAs are local assessments of current and future health and social care needs. The aim of a JSNA is to improve the health and wellbeing of the local community and reduce inequalities for all ages through ensuring commissioned services reflect need. It is used to help to determine what actions local authorities, the NHS and other partners need to take to meet health and social care needs and to address the wider determinants that impact on health and wellbeing.

Nottingham City's JSNA chapters each consider a particular health and social care issue or the health and social care needs of specific groups. The full JSNA can be accessed at www.nottinghaminsight.org.uk. It is only possible to present a brief overview of this information in this Evidence Summary and so it should be used in conjunction with the full JSNA.

All supporting data and information for this evidence summary, including references, can be found in individual chapters.

Demography: Demographic context

The latest estimate of the City's resident population is 318,900, having risen by 4,600 since 2014. The population is projected to rise to 332,700 in 2024 and to 361,300 in 2039. International migration (recently from Eastern Europe) and natural change (the excess of births over deaths) are the main reasons for the population growth recently. The number of births has risen slightly in the last year and remains higher than the start of the 2000's.

29% of the population are aged 18 to 29. Full-time university students make up about 1 in 8 of the population. The percentages in other age-groups are lower than the average for England, with the proportions of those between 65 and 79 being particularly low. Compared to some other local authority areas, Nottingham is unlikely to show much ageing or population growth in the short term to 2024.

The City gains young adults due to migration, both international and within Britain, whilst losing all other age groups - this includes losing families with children as they move to the surrounding districts. There is a high turnover of population: 21% of people living in the City changed their address in the year before the 2011 Census.

In terms of ethnicity, the 2011 Census shows 34.6% of the population as being from Black, Asian and Minority Ethnic (BAME) groups. This is an increase from 19% in 2001. The Asian/Asian British group is the largest BAME group in Nottingham making up 13.1% of the total population; Black / African / Caribbean / Black British, mixed or multiple ethnicity and White (not White British) groups each account for 6.1 – 7.3% of the total population.

Despite its young age structure, Nottingham has a higher-than-average rate of people with a limiting long-term illness or disability. White ethnic groups have higher rates of long-term health problems or disability overall, although this varies with age, with some BAME groups having higher rates in the older age groups.

Demography: Social and Environment Context

Nottingham is ranked 8th most deprived out of 326 districts in England in the 2015 Index of Multiple Deprivation (IMD), a relative decline on 20th in the 2010 IMD. About a third of the super output areas in the City are in the worst 10% nationally. 34% of children and 25% of people aged 60 and over live in areas affected by income deprivation. There are high levels of child poverty in the City. In 2014/15, 42,000 children and young people lived in workless or low income households.

13.4% of people aged 16-64 have no qualifications, higher than the national average of 7.8%. The difference is most evident in the 50-64 age group, where some 27.5% have no qualifications compared to 11.4% nationally. 29.6% of 16 to 64 year olds have qualifications at NVQ4 level – degree level or above, compared with 37.9% in England.

The employment rate for the City was 62.6% in 2016, compared with 74.3% for England. This figure is deflated by the presence of so many university students, but even if they are excluded the rate is still low (October 2014 to September 2015 figures: 72.5% compared with 78.1% nationally). 7.9% of the population aged 16-64 were claiming Employment and Support Allowance, Incapacity Benefit or Severe Disablement Allowance in November 2016,

compared with 5.8% nationally. 3.3% were unemployed (claiming Job Seekers Allowance or Universal Credit claimants not in employment) in March 2017, compared with 1.9% nationally.

Full JSNA for Demography

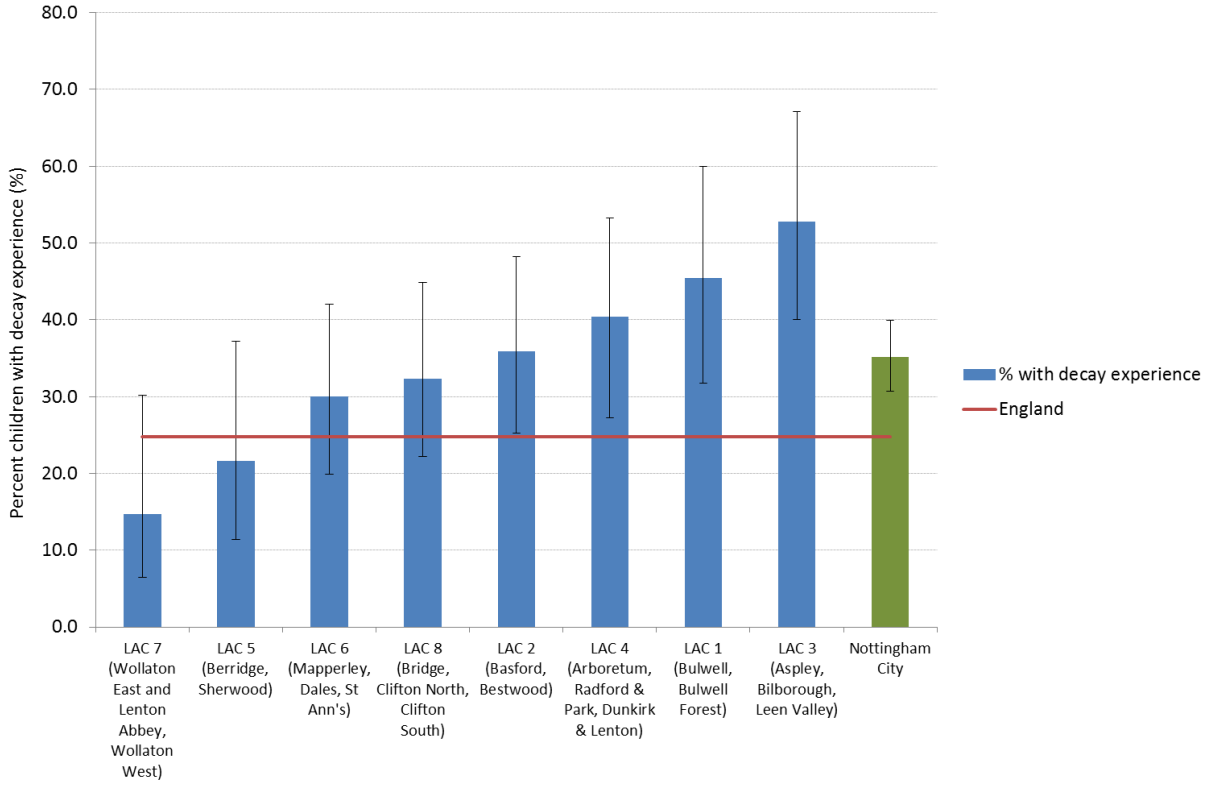
CHILDREN AND YOUNG PEOPLE

Children and Young People's Oral Health

The most common oral disease in children is dental caries, which is more prevalent in children from poor or disadvantaged groups. In Nottingham, the proportion of 5-year-olds free from dental decay is 64.4%, compared with 75.2% in England.

Surveys of child dental health are undertaken as part of the Public Health England Dental Public Health Intelligence Programme. The 3-year-olds' survey (2012/3) found that 16.6% of 3-year-olds in Nottingham City had decay experience, compared with 11.7% in England. The relationship to deprivation is not as strong as that seen in 5-year-olds. The 5-year-olds' survey (2014/15) found that 35.6% of 5-year-olds in Nottingham City had decay experience, compared with 24.7% in England. The experience of decay correlates with deprivation, with Aspley, Bilborough and Leen Valley having the worse prevalence of decay (figure 1). The 12-year-olds' survey (2008/09) found that 36% of 12-year-olds in Nottingham City had decay experience, compared with 33.4% in England. Again, this correlates with deprivation.

Figure 1: Percentage of 5-year-olds with tooth decay experience by area committee
Source: PHE, 2016



There is a reasonable geographic distribution of NHS dental practices in Nottingham City, although they are not necessarily located in the areas with the highest levels of deprivation

where there is liable to be the greatest unmet need. Practices are not necessarily located in areas with high densities of children, and there is a lack of practices in areas with high densities of children such as Bulwell and Aspley.
Almost all residents can access an NHS dental practice within walking distance, although there are some gaps. All practices are accessible via transport links.

The proportion of children living in Nottingham and accessing dental services is low compared to the Midlands and England. In the period October 2014 – September 2016, 66% of children in Nottingham City were seen by an NHS dentist. This compares to 70% in the Midlands and 68% in England.

Full JSNA for Children and Young People's Oral health

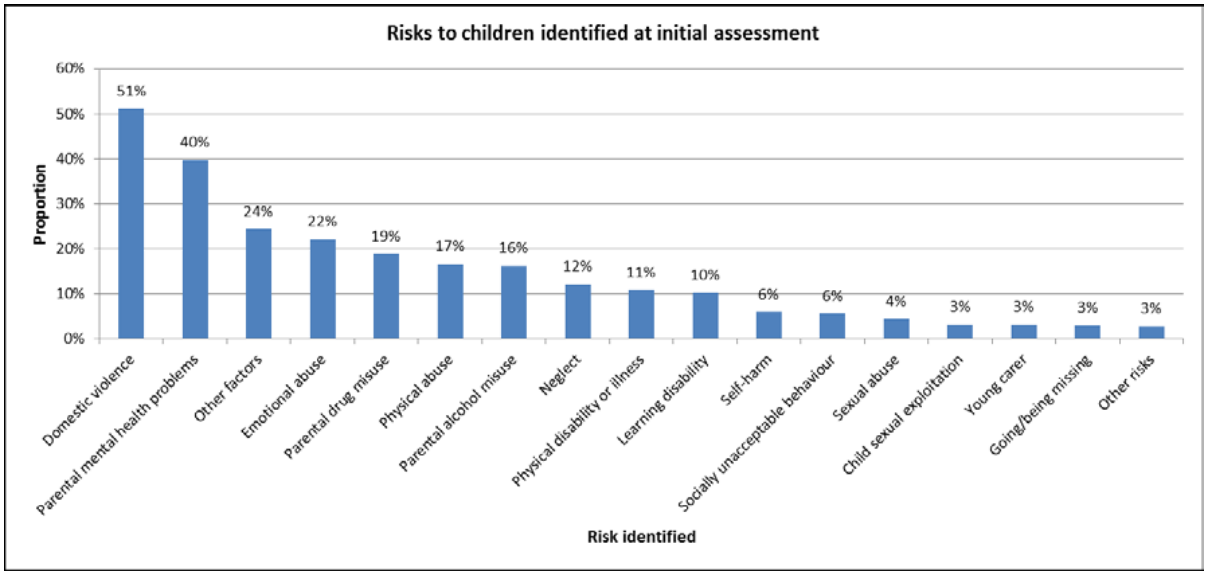
Safeguarding Children

The rate of referrals to Children's Social Care in Nottingham in 2016 was 882 per 10,000, higher than the statistical neighbour average of 701 per 10,000. The rate of children on a child protection plan in Nottingham in 2016 was 83 per 10,000, higher than the statistical neighbour average of 57 per 10,000.

In 2016 there were 4,016 referrals to children's social care in Nottingham. The greatest number of referrals came from schools/colleges (20%), followed by the police (20%). The lowest number of referrals came from learning disability and mental health staff (<1%).

In 2015/16, 3,885 Children's Assessments took place in Nottingham. These assessments identified 9,728 risks, actual and potential (many children and young people had risks identified in more than one category). 51% of assessments identified risks related to domestic violence. Domestic violence was the most commonly identified risk in Nottingham during this period, as it was in England. 35% of assessments identified risks relating to parental substance misuse (figure 2).

Figure 2: Risks to children identified at initial assessment 2015-16



The rate of re-referrals in Nottingham in 2016 was 23%, similar to the statistical neighbour rate of 20%. The rate of re-referrals is decreasing, which suggests that while more children in Nottingham are supported through formal safeguarding procedures than in other local

authorities, fewer are re-referred because children, young people and families receive the right support at the right time.

There are a number of challenges relating to safeguarding children, including the declining number of Public Health Nurses (formerly School Nurses); the high cost of specialist placements for children and young people; the number of children in care; worklessness/poverty increasing family stress and decreasing the capacity to parent effectively; and new and emerging groups such as refugee and asylum-seeking families and unaccompanied asylum-seeking children. Further insight is needed into the safeguarding needs of these groups. In addition, the number of children aged 15 years and under is projected to rise by 2,700 by 2020, not including children arriving from Europe and farther afield. If the proportion of children and young people requiring safeguarding increases in tandem then there will be an increased pressure on services.

Full JSNA for Safeguarding Children

Children in Care

There are approximately 69,000 children in the care of Local Authorities (LA) at any one time. The majority are Children in Care (CiC) due to abuse or neglect (61%). In September 2016 there were 605 CiC in Nottingham, with 63% being there due to abuse or neglect.

CiC have poorer outcomes than the general child population, primarily due to their early life experience prior to coming into care. These poorer outcomes can be seen across a variety of indicators, including educational attainment, school attendance, and school exclusion, offending behaviour, mental health, teenage pregnancy and substance misuse.

In Nottingham in 2015/16, the rate of CiC was 90 per 10,000 children and young people, significantly higher than the national average of 60 per 10,000. Children in the most deprived neighbourhoods have a greater chance of being on a child protection plan or being taken into care. Nottingham is ranked the 8th most deprived out of 326 LAs and the 4th most deprived for poverty relating to children; therefore it can be expected that Nottingham might have higher rates of CiC.

The number of children and young people aged 15 years and under in Nottingham is projected to increase by 2,700 by 2020. If the proportion of CiC increases in tandem then this will increase pressure on services. This figure does not include Unaccompanied Asylum-Seeking Children (UASC). There has been an increase in UASC, a group that can have significant physical and mental health needs.

Full JSNA for Children in Care

Female Genital Mutilation (FGM)

It is estimated that within the UK there are 137,000 women aged 15 and over living with FGM. As FGM is a hidden issue this is likely to be a significant under-representation of the true size, which often only comes to light when related health problems occur or the woman is pregnant. In Nottingham there were 80 cases of FGM recorded by healthcare staff in 2015-16. For the majority of cases recorded (92%), FGM was undertaken between 0-9 years of age and all of these happened outside of the UK. Nottingham reported 53% of all recorded FGM cases in the NHS England North Midlands group, but it is unclear as to whether this is because Nottingham's staff are better at reporting FGM or if there is truly a higher prevalence. In 2016, Nottingham became a 'Zero Tolerance' city in respect of FGM.

Full JSNA for Female Genital Mutilation

Reducing unplanned teenage pregnancies and supporting teenage parents

In Nottingham, there has been good progress made in reducing under-18 conception rates. The data for 2015 - the most recent available annual conception data - shows that Nottingham City has experienced a decrease in the rate of teenage conceptions from 32.7 per 1000 girls aged 15-17 in 2014 to 31.2 in 2015. In 1998, when action to reduce unplanned teenage pregnancy became a local and national priority, the conception rate was 74.7 per 1000. Nottingham's under-18 conception rate is higher than the national average rate of 20.8 conceptions per 1000 in 2015 and the Core Cities average rate of 26.5 per 1000 (Core Cities: Birmingham, Bristol, Cardiff, Glasgow, Leeds, Liverpool, Manchester, Newcastle, Nottingham, Sheffield). The wards with the highest three-year aggregated rates of teenage conceptions over 2012-14 were Arboretum, Aspley and Bulwell, whilst Wollaton West had the lowest published rates.

Full JSNA for Reducing unplanned teenage pregnancies and supporting teenage parents

ADULTS

Carers

Carers are Nottingham City's largest form of 'early intervention', supporting vulnerable citizens and preventing the people they care for from requiring a greater degree of health and social care support. There are approximately 27,000 carers in Nottingham, which equates to 8.8% of the population. This is slightly lower than for England (10.2%) and the East Midlands (10.8%), although more adults aged 35 years and over are providing more hours of care per week than the national average. This figure is likely to be a significant underestimation as carers often do not identify themselves as such. In 2015/16, around 1,140 Carers' Assessments were carried out in Nottingham City, which represents only a small proportion of carers in the City.

According to 2011 Census data, 3.52% of the Nottingham population aged 35-49 provides 50 or more hours of care per week, compared to 2.68% nationally. 4.98% of the Nottingham population aged 50-64 provides 50 or more hours of care per week, compared to 3.66% nationally. 5.90% of the Nottingham population aged 65 years and over provides 50 or more hours of care per week, compared to 5.29% nationally.

17% of Nottingham's carers are 65 years and over, often providing high levels of care. 45% of these carers provide 50 or more hours per week.

7.98% of males and 10.40% of females in Nottingham provide some amount of care. The proportion of women to men is approximately the same for Nottingham, the East Midlands and England (1.3 female carers to male carers).

Overall there are slightly fewer carers in Nottingham compared to the national average, but these carers are providing more hours of care per week.

There are approximately 3,300 carers in Nottingham aged under 25 years old. 2.5% of carers are under 16 years and 10% are aged 16-24 years. 20% of carers aged under 16 years provide over 20 hours of care per week. Many young carers are 'hidden' and are not being identified or assessed for support. Reasons for this include family loyalty, stigma, bullying, a lack of awareness of formal entitlements and a reluctance to seek help.

The prevalence of carers amongst the BAME community is approximately equivalent to that of the general population. Higher incidences of caring are reported amongst the Black

Caribbean, Indian, Pakistani and Bangladeshi communities. 15% of Indian men and 19% of Pakistani women are carers, compared to 11% of the general population. It is likely that these figures represent only a fraction of carers amongst the BAME community.

There are 7,700 children in Nottingham with Special Educational Needs and Disabilities (SEND). Many parents and carers report struggling to access services, lengthy processes and negative experiences. Many become disengaged from services.

The number of Nottingham residents aged 65 and over providing unpaid care is predicted to rise from 5,028 in 2015 to 6,626 by 2030, a 32% increase. In addition, the Nottingham City school population has risen by 3,248 since 2009, an increase of 8.45%. Pupils with SEND continue to increase in line with the population, and the number of parents/carers with them.

Full JSNA for Carers

Adults with Learning Disabilities

The number of people in the UK adult population with a learning disability (LD) is estimated to be 2%. Approximately one quarter of these are known to one or more local services (about 0.5% of the adult population).

Based on the above, the number of adults with LD in Nottingham City can be estimated to be 5,060. Based on GP registers, prevalence of adults with LD known to primary health care services is 0.54%. If the three predominately student practices are removed from the calculation then the prevalence rate rises to 0.67%. In 2017, a snapshot of social care records showed 1,145 adults known to adult social care services as having LD.

Adults with LD are likely to have unmet health needs. Obesity and overweight are disproportionately high in the LD population. The proportion of annual LD health checks at GP practices is variable and many people do not receive a full check or action plan (figure 3). It is estimated that approximately half of those eligible receive the service. There are low levels of employment and high levels of social vulnerability. Adults with LD may be at risk of hate crime, exploitation and substance misuse.
Future need for services is dependent on a rising, ageing and more diverse LD population. National estimates suggest sustained growth of 3.2% per year. For profound and multiple LD the estimated increase is 1.8% per year.

The number of adults in Nottingham predicted to have a moderate or severe LD is predicted to rise by 2% in 2020, 4% in 2025 and 8% in 2030; these are likely to be underestimates.

Full JSNA for Adults with Learning Disabilities

Viral Hepatitis

Viral Hepatitis is inflammation of the liver due to a viral infection. Hepatitis B and C are blood-borne viruses spread via blood or other bodily fluids. They can both result in chronic disease which can lead to liver cirrhosis and failure. Hepatitis A and E are spread through the consumption of food or water contaminated with faeces of an infected person. They usually resolve on their own.

It is difficult to ensure local data is accurate due to those infected often being symptomless and undiagnosed. According to Hospital Episode Statistics, during 2016 there were 130 admissions from Nottingham City where the primary diagnosis was viral hepatitis.

There is a strong relationship between viral hepatitis and deprivation. In hepatitis C this is due to its primary risk factor being injecting drug use and hepatitis B because it is primarily a disease of migrant populations where it is spread by maternal transmission or poor health care. In Nottingham, individuals in the most deprived quintiles are almost three times as likely to be admitted for viral hepatitis compared to individuals in the least deprived quintiles. Arboretum, Radford and Park, Berridge and the Dales had the highest number of episodes.

In 2015-16, 100% of eligible children under one year in Nottingham received three doses of the hepatitis B vaccine at any time by their first birthday. 95% received four doses at any time by their second birthday. Since 1st August 2017, all babies born in the UK will be eligible for the hepatitis B vaccine.

In Nottingham City in 2014-15, 17.5% of eligible individuals who entered substance misuse treatment completed a course of the hepatitis B vaccine, double the England average of 8.7%. 86.2% of individuals were tested for hepatitis C, slightly higher than the England average of 81.5%.

There are new, highly effective oral medications for hepatitis C, with cure rates being 97% or greater. NHS England has set a national target to cure 95% of patients with hepatitis C. Nottingham University Hospitals NHS Trust (NUH) has a CQUIN (Commissioning for Quality and Innovation) to ensure that delivery of the therapy hits the number of patients required by NHS England. Without a change in provision, NUH will fail to hit the target. Significant expansion of community and outreach services into high risk populations is required.

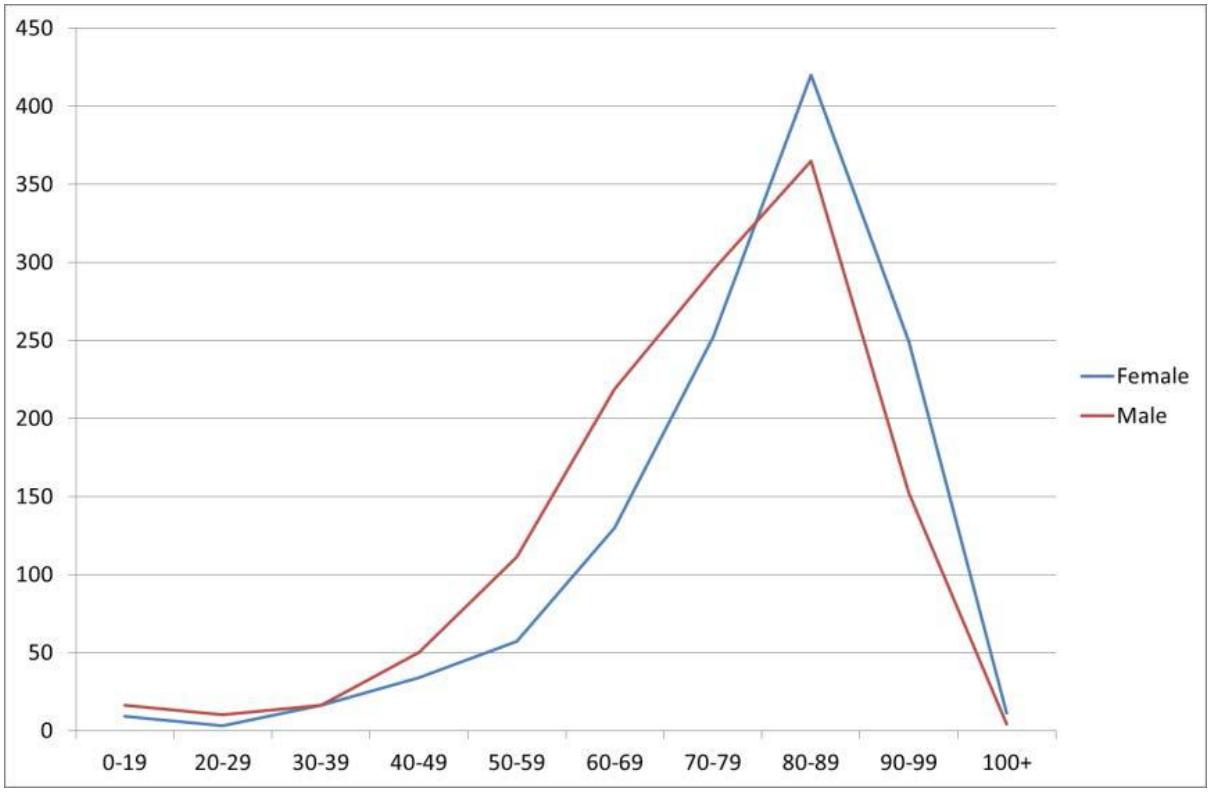
There is a lack of knowledge regarding viral hepatitis amongst disadvantaged and migrant groups, as well as amongst the public and health professionals. There is a lack of targeted prevention activities among disadvantaged groups who are vulnerable or socially excluded, such as homeless people, prisoners or people who inject drugs. There are no agreed national or local targets for testing of viral hepatitis and no agreed approach to testing for hepatitis B and C in those with risk factors who approach primary care services.

Full JSNA for Viral Hepatitis

End of Life

In 2015 there were 2,446 recorded deaths in Nottingham, which reflects the national picture in representing 1% of the population. 87% of deaths occurred in citizens aged 60 years or over and deaths were relatively equally distributed across gender (figure 4). The main causes of death were cancer, circulatory disease and respiratory disease, these three conditions being responsible for 70% of all deaths. It is estimated that 75% of deaths were not sudden, but expected, and so might have benefited from end-of-life intervention.

Figure 4: Deaths by age group and gender, Nottingham City 2015



In 2015/16, 0.35% of Nottingham's registered GP population was on the palliative care register. In line with the national picture, this is considerably less than the 1% of the population that dies each year and the 0.75% of the population for whom death is not sudden, but expected.

During the period October 2015 to September 2016, 989 patients were registered on the Electronic Palliative Care Coordination System (EPaCCS). This represents 40% of annual deaths and 54% of anticipated deaths. During the period February 2016 to January 2017, approximately 1000 patients accessed one or more formal end-of-life care service. This represents 41% of annual deaths and 55% of anticipated deaths.

In Nottingham, the most common place of death is hospital (57%), followed by home (24%) care home (17%), other (2%) and hospice (0% - Nottingham provides community beds instead of hospice beds). In terms of ranking, this is consistent with the national picture, but there are some significant differences in place of death. Nottingham citizens are significantly more likely compared to England as a whole to die in hospital (57% and 47% respectively) and significantly less likely to die in care homes (17% and 23% respectively). Given that quality of end-of-life care is considered best in hospices, the home and care homes as opposed to hospitals, these statistics suggest that improvements are required to reduce the number of hospital deaths in Nottingham. Outcomes are significantly improved for citizens registered on the EPaCCS, the use of which increases the proportion of people dying in their preferred place.

National evidence has revealed differences in access and quality of care across a number of factors. These include age, diagnosis, ethnic background and social circumstances. Socio-economic deprivation has been identified as a risk indicator for poor end-of-life care outcomes. As Nottingham ranks 8th most deprived out of the 326 districts in England, this poses a challenge to ensuring positive outcomes. There are a number of disparities and unmet needs in terms of access to, and receipt of, care among the BAME population (the 2011 Census shows that Nottingham's BAME population is 35%). People with learning

disabilities may also experience difficulties in accessing end-of-life care that meets their specific needs.

In Nottingham the population of citizens aged 60 years and over is expected to increase by 7% by 2021. This age group accounts for 87% of deaths. Dementia is expected to increase by 15% between 2015 and 2020, and there will also be an increase in limiting long-term illness and moderate or severe learning disability. As a consequence there will be an increasing demand for end-of-life care.

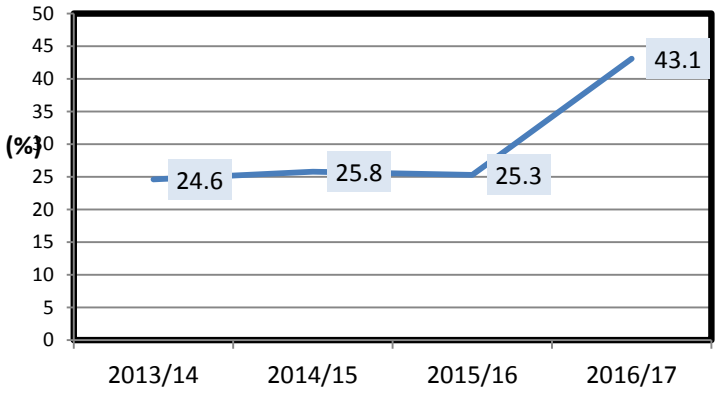
Full JSNA for End of Life

Homelessness

Like most other areas in the country, homelessness in Nottingham has increased over recent years. In 2016-17 there was an average of 19 approaches per day to the local authority Housing Aid service from new households requiring assistance as homeless or threatened with homelessness, a rate of 33 per 1000 households. 23% of approaches resulted in a homeless application. This represents a rate of 6.7 applications per 1000 households, higher than the national average of 4.9 per 1000 households. 48.2% of these applications were accepted, which is relatively in line with the national average.

43.4% of applications were as a result of a private sector tenancy ending (figure 5). This represents a dramatic rise on previous years. Other reasons include domestic violence, non-violent relationship breakdown and relatives or friends asking a person or persons to leave their home.

Figure 5: Ending of a private sector tenancy as percentage of all reasons for homelessness



The past year has seen a significant increase of 150% in the number of rough sleepers in Nottingham. The most recent official figure is 35 rough sleepers in 2016. The rough sleeping rate per 1000 households is now the same in Nottingham as in London.
It is important to note that the data does not give an absolute reflection of homelessness in the City, with the hidden homeless not being included.

Frontline agencies report the main issues for those who are homeless as poor mental health, multiple and complex needs, increased use of New Psychoactive Substances (NPS) and increased ethnic diversity and language barriers.

Full JSNA for Homelessness

NOTTINGHAM CITY COUNCIL

HEALTH AND WELLBEING BOARD COMMISSIONING SUB COMMITTEE

MINUTES of the meeting held at Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG on 31 January 2018 from 4.05 pm - 4.35 pm

Membership
Voting Members

Present	Absent
Katy Ball (Chair)	Councillor Nick McDonald
Dr Marcus Bicknell	Gary Thompson
Ciara Stuart (substitute for Gary Thompson)	

Non Voting Members
Present
Christine Oliver

Colleagues, partners and others in attendance:

Rasool Gore - Lead Commissioning Manager, Nottingham City Council
Jane Garrard - Senior Governance Officer

122 MEMBERSHIP CHANGE

RESOLVED to note that Gary Thompson, Chief Operating Officer, had replaced Maria Principe as an NHS Nottingham City Clinical Commissioning Group voting member and joint chair of the Health and Wellbeing Board Commissioning Sub Committee.

123 APOLOGIES FOR ABSENCE

Councillor Nick McDonald - personal
Gary Thompson

Martin Gawith

124 DECLARATIONS OF INTERESTS

None

125 MINUTES

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

126 BETTER CARE FUND 2017/18 QUARTER 3 PERFORMANCE

Ciara Stuart, Assistant Director for Out of Hospital Care Nottingham City Clinical Commissioning Group, introduced the report setting out performance in relation to the Better Care Fund performance metrics for Quarter 3 2017/18. She highlighted the following information:

(a) Performance is on track in relation to residential admissions and reablement metrics.

(b) The full quarter's data on delayed transfers of care was not available for reporting but it was anticipated that the target would not be met. This will not be a surprise because it was expected that improvements would not be achieved until December but does mean that it is unlikely that the target for the year will be met. Challenges relate to home care capacity and community beds waits, including loss of capacity from Connect House. Plans to address these challenges are being put into place but flow has been disrupted.

(c) Progress against the Plan for Quarter 3 was positive, with implementation of Discharge to Assess, the Out of Hospital Community Services procurement and work looking at population health.

RESOLVED to

(1) note the performance in relation to the Better Care Fund performance metrics for Quarter 3 2017/18; and

(2) note the quarterly return which was submitted to NHS England on 15 January 2018 and was authorised virtually by the Health and Wellbeing Board Chair.

127 EXTENSION TO MENTAL HEALTH SUPPORT AND ACCOMMODATION BASED CONTRACT - STEPHANIE LODGE

Rasool Gore, Lead Commissioning Manager Nottingham City Council, introduced the report setting out a proposal to extend the contract for Stephanie Lodge, which provides a service to vulnerable adults who are experiencing a severe episode of mental illness. She highlighted the following information:

(a) It is proposed to extend the current contract to allow time for wider work to deliver the Better Lives, Better Outcomes Programme to take place. Once this work has concluded procurement may be required and therefore it is not proposed to go out to tender for the service at this time.

(b) The current service provided at Stephanie Lodge is very successful in dealing with a challenging cohort. Most individuals only then require low level support and some are living completely independently.

(c) The current contract is very good value for money compared to other services available.

(d) As required by the Council's Financial Regulations, the Chief Finance Officer supports the proposal to dispense with Contract Procedure Rule 5.1.2 and award the contract directly to Nottingham Community Housing Association.

The Sub-Committee requested that, following the meeting, Rasool Gore provide members with information about the number of people receiving treatment at Stephanie Lodge.

RESOLVED to:

(1) approve extension of the Stephanie Lodge contract from 1 October 2017 – 31 March 2019 at a cost of £340,500; and

(2) grant dispensation from Contract Procedure Rule 5.1.2, in accordance with Financial Regulation 3.29 and award the contract directly to Nottingham Community Housing Association.

128 EXCLUSION OF THE PUBLIC

RESOLVED to exclude the public from the meeting during consideration of the remaining item 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.

129 EXEMPT MINUTES

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

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