

Public Document Pack

NOTTINGHAM CITY HEALTH AND WELLBEING BOARD

Date: Wednesday, 29 May 2019

Time: 2.00 pm

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

Contact: Kate Morris, Governance Officer **Direct Dial:** 0115 8764353

1 CHANGE IN MEMBERSHIP

To note the following changes in membership:

Current Member	Organisation	New member
Councillor Sam Webster	Nottingham City Council	Councillor Eunice Campbell-Clark
Councillor David Mellen	Nottingham City Council	Councillor Adele Williams
Vacancy	Nottingham City Council	Councillor Leslie Ayoola
Superintendent Ted Antill	Nottinghamshire Police	Superintendent Matthew Healey
Tracey Taylor	Nottingham University Trusts	Alison Wynne
Hazel Buchanan	Greater Nottingham Clinical Commissioning Group	Andrea Brown

2 APOLOGIES FOR ABSENCE

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9 BOARD MEMBER UPDATES

a Third Sector No written update

b Healthwatch Nottingham and Nottinghamshire No written

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15	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.	
16	FUTURE MEETING DATES To confirm the future meeting dates of the Health and Wellbeing Board for the municipal year 2019/20: 24 July 2019 25 September 2019 27 November 2019 29 January 2020 25 March 2020	

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 Eunice Campbell-Clark (Chair)	City Council Portfolio Holder with a remit covering health
Dr Hugh Porter (Vice Chair)	NHS Nottingham City Clinical Commissioning Group representative
Councillor Cheryl Barnard	City Council Portfolio Holder with a remit covering Children's Services
Councillor Leslie Ayoola	City Councillor
Councillor Adele Williams	City Councillor

Dr Marcus Bicknell	NHS Nottingham City Clinical Commissioning Group representative
Andrea Brown	NHS Greater Nottingham City Clinical Commissioning Partnership
Alison Michalska	City Council Corporate Director for Children and Adults
Catherine Underwood	City Council Director of Adult Social Care
Alison Challenger	City Council Director of Public Health
Sarah Collis	Healthwatch Nottingham representative
Samantha Travis	NHS England representative

Non-voting members

Lyn Bacon	Nottingham CityCare Partnership representative
Alison Wynne	Nottingham University Hospitals NHS Trust representative
Hazel Johnson	Nottinghamshire Healthcare NHS Foundation Trust representative
Gill Moy	Nottingham City Homes representative
Matthew Healey	Nottinghamshire Police representative
Vacancy	Department for Work and Pensions representative
Leslie McDonald	Representing interests of the Third Sector
Jane Todd	Representing interests of the Third Sector
Craig Parkin	Nottinghamshire Fire and Rescue Service representative
Andy Winter	Nottingham Universities representative
Ian Curryer	City Council Chief Executive

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

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

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

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

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HEALTH AND WELLBEING BOARD**29 MAY 2019**

	Report for Resolution
Title:	Obesity in Nottingham City
Lead Board Member(s):	Alison Challenger, Director of Public Health, Nottingham City Council
Author and contact details for further information:	David Johns, Consultant in Public Health; Jennifer Burton, Insight Specialist; and Claire Novak, Insight Specialist, Nottingham City Council
Brief summary:	This report sets out the prevalence and impact of obesity in Nottingham City. It provides the Health and Wellbeing Board with an update on progress to reduce obesity in both children and adults and makes recommendations to the Health and Wellbeing Board to strengthen the partnership approach.

Recommendation to the Health and Wellbeing Board:

The Health and Wellbeing Board is asked to:

- Commit to the Nottingham City Council objective of reducing childhood obesity by 10% by 2023
- Encourage conversations with citizens on moving and eating for good health and, where appropriate, refer citizens to one of the weight management services available in Nottingham City.
- Support exploration of a new, systems approach to eating and moving for good health in Nottingham City.
- Sign-up to the Physical Activity and Nutrition Declaration, which has previously been endorsed by the Health & Wellbeing Board.

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	This report contributes directly to achieving outcome 1 of the Joint Health

healthiest big cities	and Wellbeing Strategy 2016-2020: Children and adults in Nottingham adopt and maintain healthy lifestyles.
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

Obesity is more prevalent in people with mental health conditions. The new, targeted adult weight management services will address these inequalities.

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

Obesity in Nottingham City

What do we mean by Obesity?

It is a term used to describe someone who is very overweight, with a high degree of body fat that may have a negative effect on their emotional and physical health and wellbeing.

For most adults, a body mass index (BMI):

- 18.5 to 24.9 suggests a healthy weight
- 25 to 29.9 suggests overweight
- 30 to 39.9 suggests obesity
- 40 or above suggests severe obesity

In children, there is no fixed BMI threshold. Age and sex dependent BMI centiles are used instead. A BMI greater than or equal to the 85th centile of the UK 1990 growth reference is considered overweight; greater than or equal to the 95th centile, obesity; and greater than or equal to the 98.6th centile, severe obesity.

Background

Globally, obesity has nearly tripled since 1975 and by 2016. Obesity is considered to be one of the top three most costly (%GDP) social burdens generated by human beings globally, above air pollution, climate change, drug use and road accidents (McKinsey, 2014).

Obesity is a complex health issue and results from a combination of causes and contributing factors. While individual behaviour is a factor, it is underpinned by the interactions of our genes with the environmental, cultural, social and commercial determinants of health.

The impact of obesity

Being overweight seriously affects people's quality of life and their health. It increases the risk of heart disease, stroke, type 2 diabetes, osteoarthritis, non-alcoholic fatty liver disease, and some cancers, in adults.

Obesity also puts children at serious risk of both immediate and long-term physical, emotional, psychological and social problems, and it is the poorest children who are most affected. Problems associated with being obesity in children include changes in blood lipids and glucose tolerance, increases in liver enzymes associated with fatty liver disease and the exacerbation of asthma as well as greater risk of hypertension, type 2 diabetes and multiple

tooth extractions. It is also associated with bullying, depression, anxiety, social isolation and stigma in both adults and children.

A life-course view

The World Health Organisation (WHO) and Public Health England (PHE) recognise the importance of the life-course model in understanding and tackling non-communicable disease; this is similar for obesity. Factors during pre-conception (i.e. maternal/paternal health), pregnancy, the first 1001 days (from conception to a child's second birthday), later childhood, adolescence, through to adulthood, all influence the risk of experiencing overweight or obesity.

Children who are overweight or obese at age four to five years tend to remain so at age 10 to 11 years and are more likely to enter adulthood being overweight or obese, which puts them at increased risk of experiencing those chronic diseases outlined previously. (Public Health England, 2017).

While obesity can affect anyone, some people are at greater risk of becoming overweight or obese than others. Income, social deprivation and ethnicity all impact on the likelihood of becoming obese. (Marmot, 2010) The social gradient in obesity is linked to the accumulation of disadvantage throughout the life course and contributes to widening inequalities in obesity in adulthood (Law et al, 2007).

Size of the issue locally

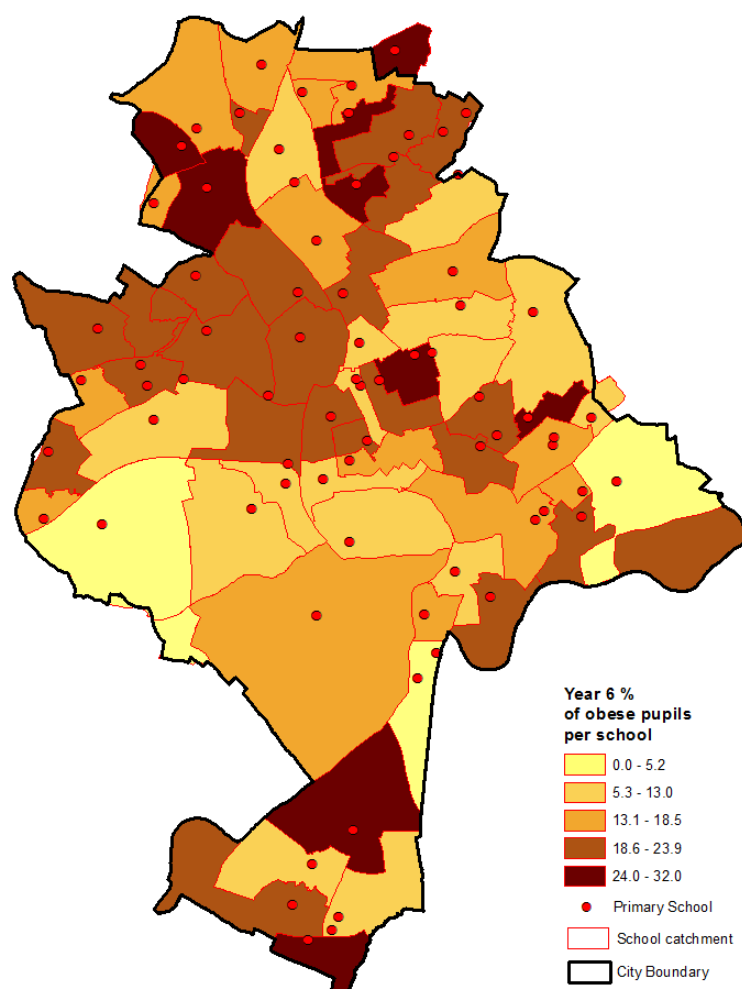
Children

The National Childhood Measurement Programme is a mandated function. It provides the data for the child excess weight indicators in the Public Health Outcomes Framework, and is part of the government's approach to tackling child obesity by annually measuring over one million children and providing reliable data on rates of childhood obesity. Children are measured in reception (aged 4–5 years) and year 6 (aged 10–11 years) in mainstream state-maintained schools in England.

The local NCMP is delivered by Nottingham CityCare Partnership school nursing service. Nurses record the height and weight measurements of all children in state-maintained schools in reception and year 6. Parents/carers of all children are sent a results letter for their child along with information, advice and support on achieving a healthy weight for their

child. The data collected enables local areas to plan services to tackle child obesity and monitor progress.

At present, two in every five children in Nottingham City are overweight or obese (40.8%) by the time they leave primary school; the equivalent of 61 standard sized classrooms. Nottingham City has the 16th highest prevalence of obesity in Year 6 children. However, this issue is born much earlier with one in four children in reception being overweight or obese, in Nottingham (26.7%). Figure 1 shows a map of obesity among year 6 children by primary school catchment areas.



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data to third parties in any form.

Figure 1: map of obesity among year 6 children by primary school catchment areas.

The prevalence of obesity in Year 6 children between 2011 and 2018 is shown in Figure 2 and suggests an upward trend following a period of relative consistency.

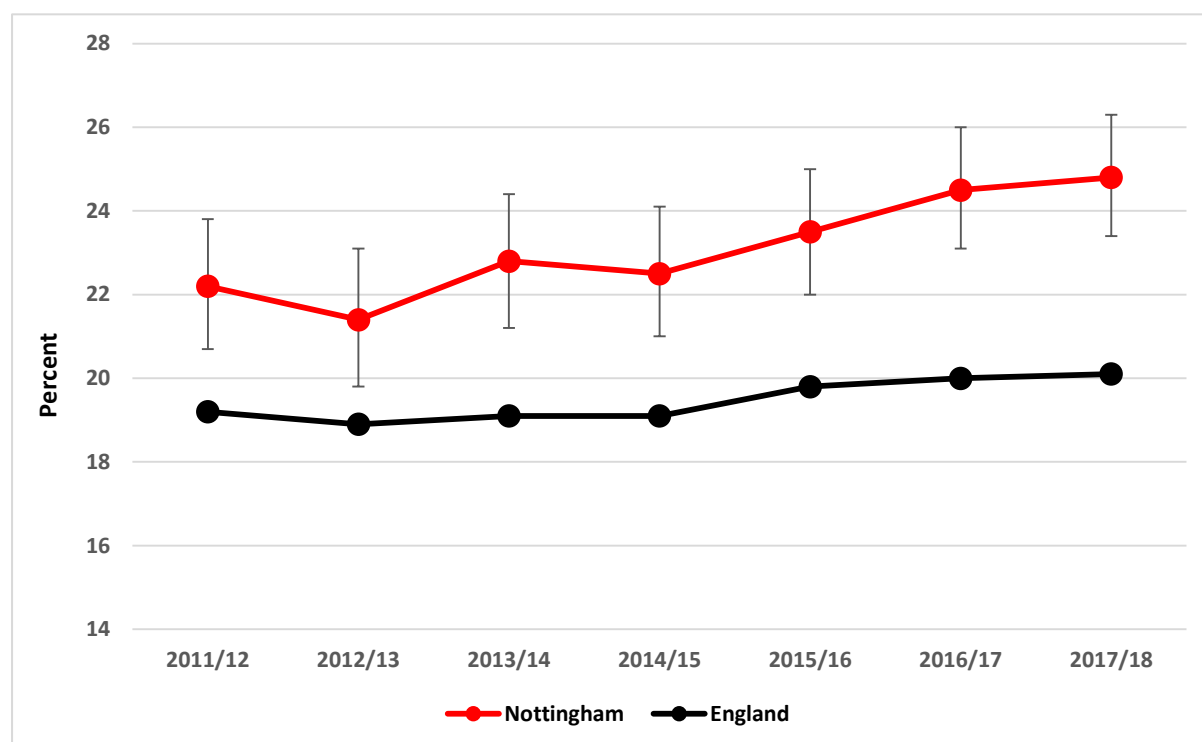


Figure 2: Percentage of Year 6 children who are classified as obese in Nottingham (red) and England (black)

These headline figures tell only part of the story with great variation across Nottingham's communities; those living in the most deprived areas are significantly more likely to have obesity than children in the least deprived areas (NCC, Obesity JSNA, 2016)

Adults

The latest available data (2017/18) suggests that 63.6% of adults are estimated to be overweight or obese in Nottingham City, which is similar to the England average of 62% (Public Health Outcomes Framework, 2017/18).

Currently 1 in 4 (26%) of adults are suggested to have obesity in England. This has huge implications for health and social care. For example In 2016/17, there were 617,000 admissions in NHS hospitals where obesity was a factor. This is an increase of 18% compared to 2015/16 (NHS Digital, 2018).

As with many health issues, there are variations according to socio-economic group. For example, 38% of women in the most deprived areas were obese, compared with 20% of women in the least deprived areas (NHS Digital, 2018).

A complex system

Public and media conversations are dominated by a persistent idea that the problem is driven by individual level choices; attributing weight problems to poor choices and laziness. This misplaced focus on individuals, increases stigma by placing attention on the behavioural decisions of those who are overweight and obese rather than on the context in which decisions are made. People in the UK today don't have less willpower and are not more gluttonous than previous generations.

Nor is their biology significantly different to that of their forefathers. Society, however, has radically altered over the past five decades, with major changes in work patterns, transport, food production and food sales (Butland et al 2007). Put simply, the way we live, work, travel, play, shop and eat has been transformed greatly in recent decades. There are over 100 different factors resulting in more than 300 reinforcing or balancing relationships that cause overweight or obesity.

To respond to this complexity it is important that we move away from the idea of obesity as being caused by 'lifestyle choices' and instead recognise that the true causes of obesity are often a result of environmental, social, political and economic pressures. We know that one to one interventions are important to help individuals tackle their own weight. This is not sufficient to tackle the issue, we cannot commission our way out of adult/children's obesity and must take action at a population level.

A collaborative, whole systems approach is understood to be more effective in promoting healthy weight in children, young people and families rather than single interventions on their own. There is no single most important intervention (Rutter, 2010).

This involves understanding and identifying the local aspects of the surrounding environment that may be a barrier to achieving a healthy weight e.g. a stocktake of local community actions and policies. It also requires bringing stakeholders from across the system together to create a map of the local factors that drive poor nutrition and physical activity. This mapping process is important to the whole approach - it allows stakeholders to recognise their role in the system and how they can make a difference. It also highlights how their actions can be aligned with those of other partners so everyone is working towards the same goal.

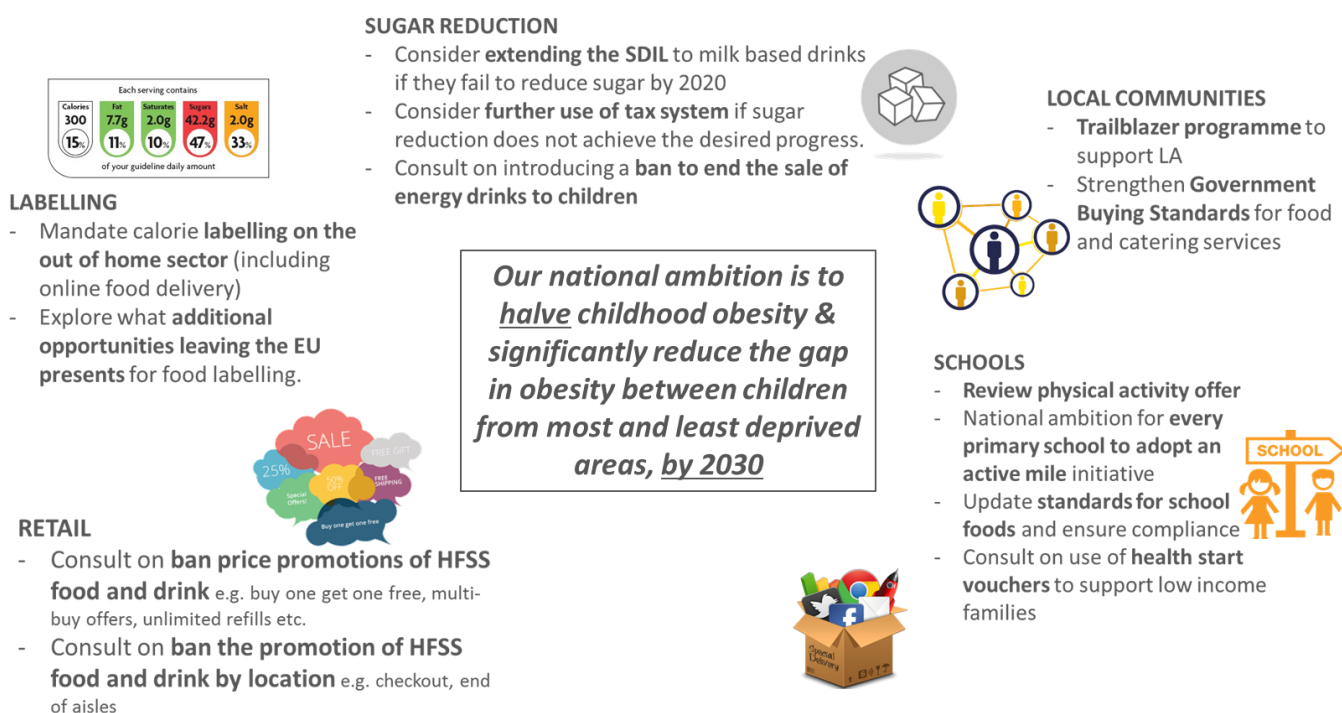
The latter stages of the process focus on taking actions forward as a group, continuously monitoring and revising them and reflecting on how things can be improved.

Making a whole system approach work despite the financial challenge we face as a health and social care system is important to the future health of our population.

National action

Childhood Obesity Plan: Chapter 2

Nationally, the government has outlined its plan to halve childhood obesity and significantly reduce the gap in obesity between children from the most and least deprived areas, by 2030. Many of the policies outlined below are currently under consultation with several additional consultations to take place this year. Until policy decisions are finalised the impact of this plan and it's ability to achieve the challenging target of halving childhood obesity and reducing inequality, remain to be seen. (Childhood Obesity a Plan for Action Chapter 2, 2018)



Source: Take from Childhood Obesity a Plan for Action Chapter 2 (2018)

NHS Long Term Plan

The NHS plan makes a commitment to offer targeted support and access to weight management in primary care for people with a diagnosis of type 2 diabetes or hypertension with a BMI of greater than or equal to 30kg/m².

In 2011, it was estimated that 53% of the men and 44% of the women with a BMI >30kg/m² had hypertension (NHS, 2013). This represents a significant increase in the provision of weight management services both as a system and those funded by the NHS.

What are we doing for children?

Reducing childhood obesity is important to the future of our health and social care system as almost 30% of the total burden of ill health experienced by Nottingham City adults, is due to poor diet and excess weight.

Nottingham City is ranked the fourth most-deprived area in England according to the Income Deprivation Affecting Children Index. Over 25,000 children (38%) live in poverty. In some areas of the city this figure rises to over half (Arboretum – 52%) yet in others it is below one in five (Wollaton West - 17%). Inequalities in childhood obesity and health arise out of inequalities in society - they are not inevitable and need to be reduced. Therefore, our collective actions to reduce inequalities and act to improve life in the first 1001 days for our children and families contribute towards this agenda.

Our approach to childhood obesity includes two key areas of focus; a review of 0-19y weight management services and a whole system approach.

1. Integrate public health nutrition across 0-19y children's services

Nottingham CityCare fulfil the 0-19y service contract including children's weight management (Tier 2). These services have remained largely unchanged for a number of years. Nottingham City CCG provides a Tier 3 intervention for those with severe levels of excess weight and those with more complex health issues.

A review of referral pathways is currently underway to a) make use of integrated 0-19 services and incorporate a nutrition pathway across this range of children's services; and b) to ensure appropriate referral criteria for Tier 2 services and joined up pathways with other related services.

A literature review has also been conducted on children's weight management services. This will inform decisions on how to structure Tier 2 services and help consideration of the balance between the need for prevention in early years with weight management services in those leaving primary school.

2. Eating and moving for good health (a whole system approach)

Nottingham City will take a whole system approach to childhood obesity and, more broadly, eating and moving for good health. Reversing the current trend will require action at a national, regional and local level, drawing on the influence of the wider health and social care system and community assets.

Nottingham City Council aims to help its health and social care partners including the voluntary sector, take the first steps on the journey to a whole system approach. However, the challenge to all involved will be to take collective ownership of this issue.

This programme of work is underway and will act across a number of drivers and look to change the way we think about the issue. The three drivers below describe the breadth of the system approach:

- 1) The services that support and guide families from birth.
Example levers: early intervention programmes, children's services, voluntary sector
- 2) The messages and people from whom children learn
Example levers: education, families, commercial marketing etc.
- 3) The places and communities in which families live and play
Example levers: Community, planning, open spaces, sport & leisure, transport

Nottingham is working within the PHE Whole systems framework. A network analysis is currently exploring who in Nottingham City works on helping children 'eat and move for good health' in the city with the intention of inviting them to a workshop to identify the key local drivers that are amenable to change by the system. This work is already underway and taking place across various areas to include planning and breast-feeding. In addition, there are various community level projects on eating and moving for good health, which exists across the city. Some examples include:

- **Arkwright Meadows Community Garden**, cook and eat sessions, cycling with Ridewise and evening yoga.
- **Bulwell Forest Garden**, lunch club, yoga and events such as the International Food Festival.

- ***Ecoworks, St Anns***, weekly dig and dinner, social eating, gardening and cooking skills
- ***Nottingham Good Food Partnership***, cook and eat sessions delivered in schools, community cafes, pick your own fruit, social eating spaces, food sharing projects

A key part of the PHE Whole systems framework is to hold a stakeholder workshop to explore the key local drivers of obesity that are amenable to change by the system. The workshop is scheduled to take place in the summer; the findings from the workshop will help determine the future direction of the work.

In addition, we will look for opportunities to build on our links with Small Steps Big Changes (SSBC) and their family mentor network, an overview of the initiatives provided by SSBC are detailed below. We will also build on our communities assets and similarly, we will be working closely with Active Notts who have received seed funding from Sport England to explore system engagement on physical inactivity and, in particular, community co-production.

3. Small Steps Big Changes – An early years approach to diet, nutrition and physical activity

Small Steps Big Changes (SSBC) is supported by Big Lottery's 10 year 'A Better Start' funding programme designed to improve the lives of Nottingham's young children. The SSBC programme covers the areas of Aspley, Bulwell, Hyson Green & Arboretum and St Ann's and seeks to deliver successful child development outcomes and give every child the best start in life.

Cook and Play (Age 0-5yrs)

This initiative is commissioned by SSBC and delivered by the Family Mentor Service across all 4 wards. During a Cook and Play session parents/carers participate in practical cooking, learning about healthy eating, low cost and assertive feeding practices followed by eating or tasting the resulting meal with their child. A short food sensory activity is facilitated with the children to increase familiarity with ingredients used in the recipes. Age range 0-4yrs.

This continues to be one of our most popular groups across all wards. In 2018/19, 300 children attended (with a parent carer), a 94% increase on the previous year. Attendance has also increased.

Nutrition E-learning Package

This package was developed by SSBC and the CityCare nutrition team and hosted by the virtual college. This evidence based tool is designed to increase the knowledge base of the Family Mentors. It covers three modules: an 'overview of Nottingham City Health'; 'Introduction to healthy eating'; and an 'Overview of infant feeding'.

Ideas Funds

The Ideas Fund offers a great opportunity for local parents, local community groups and local organisations to pilot and test new ideas for service development and delivery and evaluate new initiatives designed to help us achieve our programme outcomes.

The following initiatives are supported by SSBC with regards diet, nutrition and physical activity:

- **Alive N Kicking** – delivered by Everyone Health. A course of six workshops for parents, which focus on the key factors influencing a child's weight and health.
- **Healthy Beginnings Healthy Futures** – delivered by Nottingham Citycare Interactive and pictorial booklet resource to support parents with toddlers at risk of obesity.

SSBC also commissions a number of initiatives related to diet, nutrition and physical activity including for oral health:

- **Pregnancy yoga** - multifaceted approach to exercise that encourages stretching, mental centering and focused breathing.
- **Oral health** – An expanding programme of work including supervised tooth brushing in nurseries; promotion of oral health and dental checks in pregnancy; promotion of dental checks by one year of age; and toothbrushes and toothpaste to vulnerable families.
- **Baby Buddy App** –aimed at younger mothers, it focuses largely on physical health and wellbeing of mother and baby, bonding and attachment, and recognising mental health issues.
- **Bump, Birth and Baby** –antenatal and postnatal education groups that allow parents the time to explore their worries and aspirations in becoming parents and to form their own parenting toolkit to support them on their journey.
- **Small Steps at Home Programme** –offers a universal home visit to all families in SSBC wards. A peer workforce of Family Mentors provide activities, learning and tips to support social and emotional development, communication and language development, and diet and nutrition. In 2018/19, 1013 families benefited from the small steps at home programme.

What are we doing for adults?

1. Weight management on referral – Slimming World

Slimming World have been commissioned to deliver weight management via GP referral, consisting of 12-week classes at daytime, evening and weekend locations across the city. There is strong body of evidence to support weight loss achieved at 12 months for commercial weight management groups and Slimming World has a good history of working in partnership with local authorities. Priority groups include people with learning disabilities; people with mental health problems; pregnant women; people of African, Caribbean or South Asian descent; and men. Professional working with these groups are signposting service users or patients to Slimming World.

2. Digital weight management course - Ladle

Digital behaviour change interventions, such as websites or smartphone apps, are becoming increasingly popular (NHS Digital, 2018). In order to improve citizen choice and accessibility, Nottingham City Council have commissioned Ladle to deliver a weight management online course. This was developed with Professor Jane Ogden at Surrey University and NHS dieticians. Patients access Ladle via their GP or practice nurse and this enables them to gain free access to the online course, usually completed over 12 weeks. It is also being marketed widely to staff and citizens to expand reach. The course employs psychological research and tools to tackle emotional eating, hunger tolerance, slips and body image.

3. Workforce Health & Wellbeing

Healthier options in Loxley restaurant

Public Health are working in partnership with *Eat Culture*, the restaurant at Loxley House, to explore healthier food and drink options. This included a staff survey to ascertain preferences, values and gauge buy-in for proposed changes. Happily, the 300 responses received gave a clear mandate to proceed. Eighty-five percent of respondents were interested in making healthier food choices. Staff wanted more information in order to make choices, including details of food preparation techniques, calorie labelling etc. and there was a call for more vegan and vegetarian options. To this end, the restaurant are piloting a number of initiatives including food preparation factsheets with menus, calorie counts on standard items and healthier swaps.

Nottingham University Hospitals NHS Trust

The 'Improving staff health and wellbeing' CQUIN, introduced in 2016/17, was extended and updated for 2017-19. The CQUIN requires NHS trusts to maintain the four changes from 2016/17: banning price promotions, advertising and checkout placement of sugary drinks

and food high in fat, sugar or salt as well as ensuring the availability of health options for staff working night shifts. In addition, the CQUIN set targets for the percentage of drinks lines that are sugar free (<5g/100ml); the proportion of confectionary that does not exceed 250kcal; and the proportion of pre-packed sandwiches and meals no exceeding 5g of saturated fat per 100g.

Nottingham University Hospitals has achieved the targets set within the CQUIN. It has done so by setting up a small working group to oversee implementation of the changes. The Estates team, who have responsibility for catering, led the group that also included other staff such as the dietetic technician and partners from the staff wellbeing partnership. Elinor, NUH's main catering provider, is also, engaged and committed to the changes. Senior representatives of Elinor attend the NUH staff wellbeing steering group and provide quarterly updates.

Progress was monitored through regular audit. Providers not meeting the requirements were challenged and, if necessary, issues escalated to NUH's contracts team. One of the most challenging aspects of the CQUIN was ensuring the compliance of vending machines with the existing providers less willing to engage locally resulting in a new contract being awarded.

In addition to the changes to the food environment, the staff wellbeing programme and dietetics team partner to provide staff healthy eating advice, promotions, weight loss groups alongside health checks and physical activity programmes.

4. Sport England Local Delivery Pilot: Community co-production

Nottingham submitted an application to be part of the [Sport England Local Delivery Pilot Programme](#). Whilst unsuccessful in becoming one of the ten pilot areas chosen, the strengths of our bid were recognised by Sport England and key elements have been funded.

The Ambition

We are looking to:

- a) create a culture shift whereby regular physical activity is the norm, is seen as an easy choice and central to good health and wellbeing
- b) connect the wider system (at all levels) through a shared purpose, with the community at the heart
- c) test the principles of an asset-based community development approach and through this inspire behaviour change both within communities (people more active) and within the

system (creating the conditions in the system to respond to the needs of people and communities).

Our Approach

Through our Local Delivery Pilot, we are engaging in an asset-based approach, working intensively with a small number of communities to develop a deeper understanding, testing behaviour change theories and a whole system approach to building active, vibrant communities.

This will require co-ordinated action, connection and integration across multiple sectors including health, education, social care, planning, housing, transport, environment, leisure, arts, culture, the voluntary and community sectors and business to bring about major change to combating inactivity.

Our work is characterised by the following:

- a recognition that physical inactivity is a product of a complex web of interacting and changing causes and influences and as such requires a cross sector approach, a move away from silo-based interventions and a strong common purpose
- co-production of solutions by and with the community with the 'system' adapting and changing to support this
- a culture of sharing what works and what doesn't work at all levels of the system
- a recognition that how active someone is, is influenced by a range of different factors around them that are way beyond the limits of their own motivation and way beyond the control of any single club, school, leisure centre, service or programme.

Our Priority Places

This work in Nottingham will focus on three priority places. An analysis of activity levels in people in Nottingham (using Sport England Active Lives data) shows that the greatest concern for the city is for people in lower socio-economic groups (NS SEC 6-8) where stubborn inequalities exist. Our three priority places are in the top five MSOAs in the city for lowest Healthy Life Expectancy and lowest levels of physical activity and have a high proportion of people in NS SEC 6-8 compared to the city average. The different dominant demographics and varied asset base in each place will allow us to identify what is replicable

and potentially scalable, and what factors are unique to each community as part of our learning. Our places are:

- Bulwell MSOA 002: located in north Bulwell, including the Bulwell Hall Estate
- St Ann's MSOA 021: between the St Ann's Allotments and Carlton Road
- Bilborough/Leen Valley LSOA 020: either side of the Wigman Road and including the Beechdale estate

Governance and Funding

This is phase one of the work which is about securing strategic commitment and developing a genuine understanding of community needs with regards to physical activity to identify and generate future action, for which funding will be sought as appropriate. A Leadership Board chaired by Alex Norris MP to oversee Phase 1 has been established and will have responsibility for the leadership and financial scrutiny of the investment. A dedicated strategic post is employed by the Active Partners Trust but is physically placed within the One Nottingham team providing access and connection to senior leadership in Nottingham City Council and wider Nottingham partners.

Recommendations for the Board

- Commit to the Nottingham City Council objective of reducing childhood obesity by 10% by 2023
- Encourage conversations with citizens on moving and eating for good health and, where appropriate, refer citizens to one of the weight management services available in Nottingham City.
- Current actions have had limited impact on the prevalence of childhood or adult obesity. A commitment to new approaches is required ensuring all organisations consider the role they can play and act to improve nutrition and physical activity amongst Nottingham City citizens.
 - This should include signing up to the Physical Activity and Nutrition Declaration which has been previously endorsed by the Health & Wellbeing Board.

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HEALTH AND WELLBEING BOARD

29th May 2019

	Report for Action
Title:	Joint Health and Wellbeing Strategy 2016-2020 annual update 2019
Lead Board Member(s):	Alison Challenger, Director of Public Health
Author and contact details for further information:	Uzmah Bhatti, Insight Specialist (Public Health), Strategy and Resources, Nottingham City Council.
Brief summary:	This report provides the board with the 2019 annual update on strategic developments in relation to the Joint 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
2. Consider what actions Health and Wellbeing Board members can take together to support delivery of the Strategy in its final year.
3. Support the development of a refresh of this strategy

Contribution to Joint Health and Wellbeing Strategy:

Health and Wellbeing Strategy aims and outcomes	Summary of contribution to the Strategy
Aim: To increase healthy life expectancy in Nottingham and make us one of the healthiest big cities	<p>This report provides the board with the 2019 annual update on strategic developments in relation to the Joint Health and Wellbeing Strategy 2016-2020.</p> <p>A summary report is provided along with updated dashboards and an updated action plan for each of the four outcomes.</p>
Aim: To reduce inequalities in health by targeting the neighbourhoods with the lowest levels of healthy life expectancy	
Outcome 1: Children and adults in Nottingham adopt and maintain healthy lifestyles	
Outcome 2: Children and adults in Nottingham will have positive mental wellbeing and those with long-term mental health problems will have good physical health	
Outcome 3: There will be a healthy culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill health well	
Outcome 4: Nottingham's environment will be sustainable – supporting and enabling its citizens to have good health	

and wellbeing	
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How mental health and wellbeing is being championed in line with the Board's aspiration to give equal value to mental and physical health
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Mental wellbeing is a theme threaded throughout all of the four outcome action plans.

Background papers:	
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<i>Documents which disclose important facts or matters on which the decision has been based and have been relied on to a material extent in preparing the decision. This does not include any published works e.g. previous Board reports or any exempt documents.</i>	
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Nottingham City Joint Health and Wellbeing Strategy: Annual Review 2019

1.0 Introduction and purpose

The Joint Health and Wellbeing Strategy is a comprehensive system-wide programme identifying key priorities for the City aimed at increasing healthy life expectancy and reducing health inequalities. Developed in conjunction with citizens and partners, it incorporates priorities from the Council Plan, Nottingham Plan, Joint Strategic Needs Assessment (JSNA) and national priorities. This strategy is being delivered against the backdrop of significant change, uncertainty and unprecedented austerity. External factors of influence include 'Brexit', changing NHS structures and Integrated Care System (ICS) development.

This report provides the annual update against the 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 aim: Increase healthy life expectancy in Nottingham.
- Outcome 1: healthy lifestyles
- Outcome 2: mental wellbeing
- Outcome 3: healthy culture
- Outcome 4: healthy environment

Updated performance dashboards can be found in section four of this report. 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. There is often a time lag with this data, which presents challenges in developing real time picture and planning a timely response. Some data may also need to be used with caution as due to small numbers, it may not be deemed as statistically significant and the change could have occurred by chance.

2.0 Updates against aims and outcomes

2.1 Overarching aim: Increase healthy life expectancy in Nottingham. Healthy life expectancy is the number of years we can expect to live in good health. In Nottingham, healthy life expectancy is 57.8 years for men and 58.4 years for women compared to a life expectancy of 77.1 years for men and 81.1 years for women. Since 'life expectancy' is increasing at a faster rate than 'healthy life expectancy', we are spending a greater proportion of life in poor health. Healthy life expectancy in Nottingham is lower than the National and regional averages for both men and women. Healthy life expectancy in females has deteriorated whilst in males it has remained the same since targets were set. There are significant differences between Nottingham's neighbourhoods. People in the poorest neighbourhoods experience poor health earlier than those in the wealthiest neighbourhoods. It has not been possible to monitor neighbourhood based preventable mortality targets as data has not been updated nationally since 2015.

2.2 Outcome 1: Healthy Lifestyles - Children and adults in Nottingham adopt and maintain healthy lifestyles. Healthy lifestyles help prevent illnesses occurring in the first place for many people and postpone the onset or reduce the impact of disease for many others, improving life expectancy and healthy life expectancy in the city. Three of 16 indicators are on track with several other indicators making good progress and being better than comparators. There are a number of indicators where targets continue to look challenging.

2.2.1 Priority action 1 – encouraging and providing services to enable safer sex.

Reducing inequalities in access to sexual health services and sexual health promotion will help to prevent and reduce poor sexual health and unwanted pregnancies. The conception rate amongst girls aged 15-17 has decreased by 10% since baseline. Nottingham has the 17th highest pregnancy rate in England and the third highest rate of the eight Core Cities, rankings have not changed significantly due to reductions being seen nationally. Although progress is good, the ambitious target of 24.8 has not been met. Improvement has largely been driven by action in early intervention and primary prevention. The JSNA chapter is to be refreshed in June to inform an action plan for the next two years.

Sexually transmitted infection (STI) rates indicate an increase in Nottingham after the decline in 2016, however these numbers are not statistically significant. Nonetheless, Nottingham has a higher STI rate than the national and regional averages but is in line with the core cities rate. Challenges are faced by increasing demand and diverse sexual lifestyles. In 2018, half of all STI treatments were provided to those under 26 years old. This age group represents 43% of the city population. System-wide partnership actions are being progressed to manage pathways between primary and secondary care services.

2.2.2 Priority action 2 – responsible consumption of alcohol to minimise harm to drinkers and those around them.

Alcohol related hospital admissions remain unchanged and higher than comparators. System-wide actions are now in progress. Nottingham University Hospitals NHS Trust have been successful in bidding for capital funding from Public Health England to develop an alcohol hub in the Emergency Department. The hub will offer early interventions and awareness to those who attend the Emergency Department with a potentially alcohol-related condition. To address one element of alcohol related anti-social behaviour and violence, Framework has secured funding to deliver “housing first” accommodation to street drinkers with primary alcohol problems.

2.2.3 Priority action 3 – smokefree to improve healthy life expectancy amongst those who smoke and those exposed to the harm effects of smoking.

The general target for adults has been achieved although Nottingham remains higher than the regional and national average. Whilst reductions in smoking amongst adults known to mental health services have made good progress, there have been challenges around targeted groups such as pregnant women and manual workers. A new targeted smoking cessation service will be aimed at more vulnerable and persistent smokers. In addition, Nottingham City Clinical Commissioning Group continues to fund ward-based smoking cessation advisors to deliver smoking cessation support to smokers that have been admitted to hospital. Furthermore, the Council is working with Nottingham CityCare to embed a new, fixed term smoking in pregnancy post within the Nottingham University Hospital Smokefree team. The local Tobacco Control Strategy 2015-20 is due to be refreshed and will set directions for further improvement.

2.2.4 Priority actions 4, 5 and 6 – physical activity, obesity, diet and nutrition for the prevention of obesity and related poor health outcomes.

Adult physical activity and obesity levels have seen some improvement since baselines were set and are in

line with comparators. The Council has commissioned a dual-element weight management offer for adults, which includes a digital weight management app as well as commercial weight management sessions. Child obesity continues to be a challenge and remains higher than comparators. A whole system approach to reducing childhood obesity has been adopted along with a 0-19 integrated services partnership approach. A review of weight management pathways for children is also underway. The Physical Activity, Obesity and Diet (POD) strategy action plan will continue to progress to tackle obesity in all ages.

2.3 Outcome 2: Mental Wellbeing – This outcome is aimed at ensuring that children and adults in Nottingham have positive Mental Wellbeing and those with long-term mental health problems have good physical health. Standards for care for first episode of psychosis are being exceeded. Slow progress is being made against indicators around moving people onto ‘recovery’ from completed IAPT treatment. Loneliness targets for people with long-term conditions have proved challenging to meet. A range of partnership based actions are being progressed to improve this outcome:

2.3.1 Priority action 1 – accessing the appropriate level of support. In March 2018, the Nottingham Time to Change Hub was funded for 18 months. The launch of the black, Asian and minority ethnic community hub took place in February 2019. By this time, 83 community champions, which significantly surpasses the original recruitment target of 50. An additional 1,023 conversations around stigma and discrimination had been held, which again surpasses the original target of 250. Nottingham City Council Targeted Child and Adolescent Mental Health Services (CAMHS) lead on a citywide single point of access. This includes such initiatives as the joint protocol: a partnership approach between social care and CAMHS that responds to cases with home visits within 48 hours, where there are dual concerns of safeguarding and self-harm and or suicidality risks.

2.3.2 Priority action 2 – healthier lives for people with long-term mental health problems. A physical health checks and serious mental illness programme is being delivered as part of the Mental Health Five Year Forward View. Primary and secondary care are working together to improve the uptake of health checks. Physical health checks of patients on the serious mental illness register are increasing. Currently, 36% of the serious mental illness registered patients receive an annual physical health check.

2.3.3 Priority action 3 – accessing and retaining employment. Nottingham City Council has been successful in attracting £216,000 over one year to work with construction workers around improving the self-management of their mental health and musculoskeletal problems. A separate Health, Disability and Employment sub-group has been formed to target adults already known to social care who could be supported into employment, and a pathway into employment support programmes is now under development. Employers across the city are being supported to develop a Time to Change Employer Pledge action plan and or to apply for Disability Confident status. To date, over 20 local employers, are in the process of signing the Time to Change Pledge.

2.3.4 Priority action 4 – supporting people experiencing loneliness and isolation. The Take a Seat initiative continues to grow. The city’s annual Ageing Well Day, held in the Old Market Square on 11 June, will include signposting to over 50 services in the city. Nottingham holds World Health Organisation *Age Friendly City* status.

2.4 Outcome 3: Healthy Culture – This outcome is aimed at creating a culture where citizens are supported and empowered to live healthy lives, manage ill health well and build financial resilience. Reablement targets are on track, with ongoing challenges around timely hospital discharges. Targets around citizens keeping up with bills have also progressed well but citizen confidence in where to seek support is lower than desired. Children living in poor households in Nottingham is higher than comparators and is an ongoing challenge.

2.4.1 Priority action 1 – integrating health and social care to enable people to live independently at home. Root cause analysis work will provide recommendations to further improve reablement outcomes. Delayed transfers of care (DTOC) remains the most challenging, there is a variety of reasons for delays. A diagnostic system review has informed actions now being embedded. Primary Care Networks (PCNs) and the Integrated Care Partnership (ICP) are a new driving force for integration. The integrated Assistive Technology (AT) Service is on target to have supported 10,900 citizens to have lived more independently, with 7,300 currently with equipment and service. 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.

2.4.2 Priority actions 2 – online information on services. . There are now 2,328 services registered on askLION. askLiON 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 askLiON and develop a person centred care plan that includes community connections alongside more traditional services and activities.

2.4.3 Priority action 3 – self-care for people with long-term conditions – The self-care pilot has been rolled out across the city. A Link worker model is being planned as a PCN function. A self-care app for COPD (My MHealth) is currently being rolled out across the city. PCN level community asset mapping is underway at the CCG to build on LION. The Self Help Nottingham contract is underway

2.4.3 Priority action 4 – building financial resilience to help people avoid and recover from debt which has serious negative impacts on health and wellbeing. The proposed 2018/19 cut in the budget for advice services has now been reduced and delayed until 2020/21. Opportunities have been identified to manage this. A commissioning review is in progress to determine the best use of resources to build financial resilience (recommendations due in summer 2019). Key areas of focus include the provision of a clearer points of access (including online) for citizens and providers of other services (e.g. healthcare) and increasing capacity. A new NCC led programme of work will coordinate identified opportunities beyond the scope of the direct provision (and commissioning) of advice.

2.5 Outcome 4: Healthy Environment. Access to good quality green space and housing is fundamental to improving and maintaining good health and wellbeing. Air quality indicators are making good progress and well within the WHO recommendations. However, indicators such as excess winter deaths and fuel poverty continue to prove challenging to improve and are higher than comparators.

2.5.1 Priority action A – good quality and energy efficient housing. Progress and key areas of development include a common ICS level discharge scheme, extended

funding for Hospital to Home (H2H) project, homeless prevention strategy, ALERT single process software pilot, selective licensing scheme, rouge landlord team and an energy efficient properties programme.

2.5.2 Priority action B – ensuring the built environment includes accessible open spaces for health and wellbeing activities and limits factors harmful to health. There is insufficient specific evidence to support a policy restricting hot food takeaways near schools. A main modification will therefore be made to the plan to remove this policy. A draft Supplementary Planning Document has been prepared for consultation which revises the contributions of open space or commuted sums required from new residential and commercial development.

2.5.3 Priority action C – promoting less harmful methods of transport. Good progress includes a reduction in concentration of Nitrogen Dioxide, increasing numbers of people cycling in Nottingham, 16 grant applications approved for cycling infrastructure provision, electric vehicle (EV) charging point support, helping taxi drivers to convert to EV's and grants for home charging equipment. A package of measures aimed at supporting active travel and public transport is being developed. The Future Mobility Zones area is beginning to develop focussing on developing areas where technology can be used to enhance public transport and reduce congestion. The WEGO project has now been halted due to legal problems with its delivery. Many of the above activities achieved to date have been dependent on external grant funding which is a risk when funding ceases.

2.5.4 Priority action D & E– developing parks and greenspaces with clean air to enable good health and wellbeing. Progress and key areas of development include expansion of cycle and walking routes through parks and green spaces, integration of Street Scene and grounds maintenance teams. Outcome of the “Future Parks Accelerator Fund” application to be announced June '19. Progress and key areas of development on air quality include reduction in emissions from HWB partner organisations, transport and buildings, reduction in nitrogen dioxide (NO2) and particles.

3.0 Summary and next steps

This has been a significant sized strategy covering a broad spectrum of health and wellbeing outcomes and indicators some of which may have been ambitious. Nottingham City Council and its partners working across the health and wellbeing system have strived to deliver this strategy and achieve the best possible health and wellbeing outcomes for citizens. Where targets have not been met, often good progress has been made or there have been clearly identified remedial actions.

The Board is requested to continue to support the delivery of this strategy in its final year by engaging with the themed discussions and agreeing actions for ongoing support.

4.0 Performance dashboards

4.1 Overarching aims

INDICATOR AND TARGET (SOURCE)	BASELINE	MEASURE	REPORTING PERIOD 2016/17	REPORTING PERIOD 2017/18	REPORTING PERIOD 2018/19	REPORTING PERIOD 2019/20	DIRECTION OF TRAVEL ¹	ENGLAND	REGION	CORE CITIES	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	57.0 60.1 2015-17	- 60.8 2016-18	Target not met R	63.4	62.8	No data	Healthy life expectancy in males appears to have dropped and unlikely to meet the target.
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	53.5 60.4 2015-17	- 61.1 2016-18	Target not met R	63.8	62.1	No data	Healthy life expectancy in females continues to follow the downward trajectory away from the target.
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	Awaiting 5 2013-17	- 4 2014-18	No data y	No data	No data	No data	Preventable mortality data has not been updated by PHE since 2015. 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.

4.2 Outcome 1: healthy lifestyles

INDICATOR AND TARGET (SOURCE)	BASELINE	MEASURE	REPORTING PERIOD 2016/17	REPORTING PERIOD 2017/18	REPORTING PERIOD 2018/19	REPORTING PERIOD 2019/20	DIRECTION OF TRAVEL ¹	ENGLAND	REGION	CORE CITIES	COMMENTARY
Reduce the under 18 conception rate (PHOF 2.04)	37.5 2013	Actual Target Source data	32.9 31.1 2015	31.4 27.9 2016	26.9 24.8 2017	- 21.7 2018	Target not met A	18.8	19.4	23.2	Although progress is good, the challenging target of 24.8 was not met. Numbers are small and therefore subject to fluctuation
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	1016* 928 2017	- 860 2018	Target not met R	794	599	957	43% of the city population is aged under 26, the highest risk age group for poor sexual health outcomes.
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	No data 812.6 2016/17	881* 774.3 2017/18	- 736.0 2018/19	Target not met R	632	669	627	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	42.0%* 38.5% 2015-17	- 37.4% 2016-18	Target not met R	41.1%	46.3%	43.7%	Similar to the England, and better than regional and core cities comparators. Very small numbers.
Reduce night time economy violence (measured locally)	998 2015/16	Actual Target Source data	1,446 Reduce 2016/17	1,522 Reduce 2017/18	1,589 Reduce 2018/19	- Reduce 2019/20	Target not met R	No data	No data	No data	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	2,356 Reduce 2017/18	1,931 Reduce 2018/19	- Reduce 2019/20	On track G	No data	No data	No data	Variation is largely due to police crime recording compliance requirements.
Reduce the percentage of pregnant women who smoke to the top 4 core cities average (PHOF 2.03)	18.1% 2014/15	Actual Target Source data	19.2% 15.8% 2015/16	17.6% 14.7% 2016/17	17.2%* 13.5% 2017/18	- 12.4% 2018/19	Target not met R	10.8%	14.2%	10.6%	Smoking in pregnancy has reduced. The target trajectory has not been met and performance remains significantly higher than comparators.

INDICATOR AND TARGET	BASELINE	MEASURE	REPORTING PERIOD	REPORTING PERIOD	REPORTING PERIOD	REPORTING PERIOD	DIRECTION	ENGLAND	REGION	CORE	COMMENTARY
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(SOURCE)			2016/17	2017/18	2018/19	2019/20	OF TRAVEL ¹			CITIES	
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	52.0% 46.7% 2016	52.6% 48.9% 2017	- 53.4% 2018	On track G	57.4%	56.6%	54.4%	On track to achieve target.. Data method changed in 2015 but upward trajectory consistent.
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	47.3% 49.8% 2017/18	Awaiting 50.9% 2018/19	- 52.1% 2019/20	Target not met A	42.7%	43.8%	45.5%	Performance has improved and exceeds the England and core cities average but behind target.
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	No data 65.7% 2017/18	65.3% 66.9% 2018/19	- 68.2% 2019/20	Target not met A	66.0%	65.0%	65.8%	The target has not been met; however good progress is being made.
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	24.6% 23.5% 2017/18	23.3% 22.9% 2018/19	- 22.2% 2019/20	Target not met A	22.2%	23.1%	23.0%	The target has not been met; however, good progress being made.
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	61.6% 60.1% 2016/17	- 59.3% 2017/18	Target not met A	61.3%	63.3%	60.8%	Target not met, no improvement since previous year.
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	26.7%* 22.9% 2017/18	- 22.0% 2018/19	Target not met R	22.4%	23.4%	23.6%	Performance travelling against targets and compares 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	40.8%* 37.1% 2017/18	- 36.9% 2018/19	Target not met R	34.4%	34.2%	37.9%	Performance travelling against targets and compares worse to comparators.
Reduce the percentage of adults who smoke to the top 4 core cities average (PHOF 2.14)	25.0% 2014	Actual Target Source data	24.0% 23.4% 2015	21.5% 22.6% 2016	19.4% 21.0% 2017	- 20.3% 2018	On track G	14.9%	15.7%	No data	Target has been achieved ahead of time.
Reduce the percentage of adults in routine and manual groups who smoke to the top 3 core cities average (PHOF 2.14)	31.2% 2014	Actual Target Source data	33.9% 30.0% 2015	31.3% 29.0% 2016	31.1%* 28.0% 2017	- 27.0% 2018	Target not met A	25.7%	24.8%	No data	Performance is improving but slower pace than 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.

* Not statistically significant – could have occurred by chance

4.3 Outcome 2: mental wellbeing

INDICATOR AND TARGET (SOURCE)	BASELINE	MEASURE	REPORTING PERIOD 2016/17	REPORTING PERIOD 2017/18	REPORTING PERIOD 2018/19	REPORTING PERIOD 2019/20	DIRECTION OF TRAVEL ¹	ENGLAND	REGION	CORE CITIES	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	No data 874 2018/19	No data 922 2019/20	- 970 2020/21	On track G	No data	No data	No data	Indicator met 2016/17 target within first 6 months, however recent data missing
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	51.4% 59.0% 2018/19	- 64.5% 2019/20	- 70.0% 2020/21	A	No data	No data	No data	National target of 50% consistently being met. . 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	61.0% 50% 2018/19	- 50% 2019/20	- 50% 2020/20	G	No data	No data	No data	Performance is 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 (HOF 4.09i)	457.5 2013/14	Actual Target Source data	470.4 446.4 2014/15	No data 435.3 2015/16	No data 424.4 2016/17	- 413.2 2017/18	No data Y	370.0	353.9	470.2	No data since 2014/15, indicator may change due to challenges in comparing LAs
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	39.0% Reduce 2016/17	36.1% Reduce 2017/18	- Reduce 2018/19	- Reduce 2019/20	On track G	No data	No data	No data	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	- 105 2017/18	- 105 2018/19	- 105 2019/20	-	-	-	-	Service decommissioned in 2017
People unemployed supported with health problems by health and employment support service (measured locally)	None	Actual Target Source data	99 120 2016/17	- 120 2017/18	- 120 2018/19	- 120 2019/20	-	-	-	-	Service decommissioned in 2017

INDICATOR AND TARGET	BASELINE	MEASURE	REPORTING PERIOD	REPORTING PERIOD	REPORTING PERIOD	REPORTING PERIOD	DIRECTION	ENGLAND	REGION	CORE	COMMENTARY
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(SOURCE)			2016/17	2017/18	2018/19	2019/20	OF TRAVEL ¹			CITIES	
Percentage of people with long term conditions supported by health and employment support service (measured locally) Individual placement support: percentage of people entering employment (measured locally) Reduce the gap between the percentage of people with a disability or long term condition and the general population reporting feeling loneliness (Citizens' Survey)	None	Actual	56%	-	-	-	-	-	-	-	Service decommissioned in 2017
		Target	60%	60%	60%	60%					
		Source data	2016/17	2017/18	2018/19	2019/20					
	None	Actual	34%	-	-	-	-	-	-	-	Service decommissioned in 2017
		Target	24%	26%	28%	30%					
		Source data	2016/17	2017/18	2018/19	2019/20					
	11.8% 2015	Actual	10.7%	10.5%	14.6%	-	Target not met R	No data	No data	No data	Figures have increased since previous year, currently almost 100% more than end target.
		Target	10.8%	9.8%	8.8%	7.8%					
		Source data	2016	2017	2018	2019					

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.

4.4 Outcome 3: healthy culture

INDICATOR AND TARGET (SOURCE)	BASELINE	MEASURE	REPORTING PERIOD 2016/17	REPORTING PERIOD 2017/18	REPORTING PERIOD 2018/19	REPORTING PERIOD 2019/20	DIRECTION OF TRAVEL ¹	ENGLAND	REGION	CORE CITIES	COMMENTARY
Increase in effectiveness of reablement (measured locally)	74.7% 2015/16	Actual Target Source data	75.5% 77.6% 2016/17	88.7% 79.0% 2017/18	92.3% 80.0% 2018/19	- TBC 2019/20	On track G	No data	No data	No data	Targets are developed each year based on performance as part of the BCF planning process. Awaiting BCF guidance to set new targets.
Reduction in delayed transfers of care (measured locally)	13,546 2015/16	Actual Target Source data	14,232 13,473 2016/17	15,342 6,498 2017/18	YTD 13,156 11,142 2018/19	- TBC 2019/20	Target not met R	No data	No data	No data	Diagnostic system review completed, recommendations embedded. Awaiting BCF guidance to set new targets.
Reduction in the percentage of citizens who report that they struggle to keep up with bills and credit commitments (Citizens' Survey)	28.0% 2015	Actual Target Source data	20.2% 26.0% 2016	24.0% 24.0% 2017	20.6% 22.0% 2018	- 20.0% 2019	On track G	No data	No data	No data	On track.
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)	62.0% 2016	Actual Target Source data	62.0% 62.0% 2016	63.3% 64.0% 2017	56.4% 66.0% 2018	- 68% 2019	Target not met R	No data	No data	No data	Performance has declined and not on track to meet end target.
Reduce the percentage of children in low income families (PHOF 1.01i)	31.6% 2013	Actual Target Source data	33.6% 29.4% 2014	28.5% 27.2% 2015	29.2% 25.0% 2016	- 22.8% 2017	Target not met R	17.0%	16.3%	24.8%	Target not being met and worse than comparators.

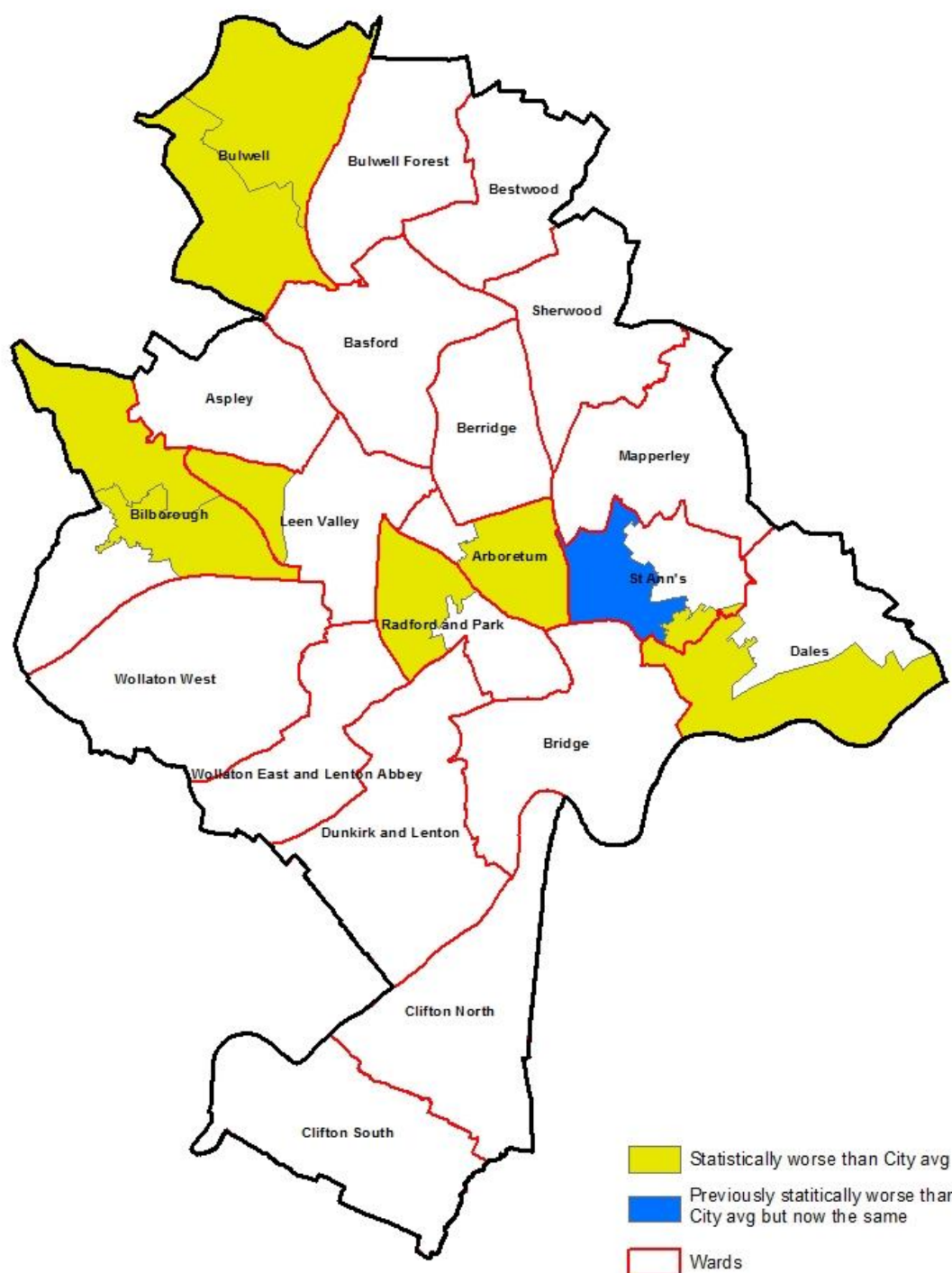
¹ Green (G) = actual performance meets or exceeds target, amber (A) = actual performance is under target and performance is improving, red (R) = actual performance is under target and performance is deteriorating.

4.5 Outcome 4: healthy environment

INDICATOR AND TARGET (SOURCE)	BASELINE	MEASURE	REPORTING PERIOD 2016/17	REPORTING PERIOD 2017/18	REPORTING PERIOD 2018/19	REPORTING PERIOD 2019/20	DIRECTION OF TRAVEL ¹	ENGLAND	REGION	CORE CITIES	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	24.1 13.3 2014-17	- 14.5 2015-18	Target not met R	21.1	18.6	19.2	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	14.6% 12.7% 2016	- 12.2% 2017	Target not met R	11.1%	11.7%	14.6%	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	40.8% 37.1% 2017/18	- 36.9% 2018/19	Target not met R	34.3%	34.2%	37.8%	Performance is deteriorating and compares 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	64.4% 65.7% 2017/18	65.1% 66.9% 2018/19	- 68.2% 2019/20	Target not met A	62.6%	61.2%	64.6%	Good progress but off target, performance is better than 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	24.6% 23.5% 2017/18	24.9% 22.9% 2018/19	- 22.2% 2019/20	Target not met R	25.1%	26.3%	24.3%	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	No data Increase 2016/17	No data Increase 2017/18	- Increase 2018/19	No new data Y	17.9%	18.5%	17.5%	No new data since 2016/17
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	40 42 2018/19	- 40 2019/20	On track G	No data	No data	No data	Performance is on track to achieve the target. Recording method has changed going forward.
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	16 15 2018/19	- 15 2019/20	Target not met A	No data	No data	No data	Nottingham is 9 ug/m3 below the WHO recommended level which is positive. The national and AQO targets have been met, good progress towards local end target.
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	10 11 2018/19	- 10 2019/20	On track G	No data	No data	No data	The PM2.5 level has been achieved against WHO recommendation and local targets.

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.

Appendix 1: Reduce preventable mortality in the worst areas so they are not statistically worse than the city average 2015 – location map



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Healthy Lifestyles Outcome

2017/18 Performance Report and Action Plan

Priority Outcome: Children and adults in Nottingham adopt and maintain **Healthy Lifestyles**

Priority Actions:

- Young people and adults will choose to have safer sex reducing the risk of unwanted pregnancies and sexually transmitted infections
- People who drink alcohol will drink responsibly, minimising the harms to themselves and those around them
- Nottingham and its citizens will be smoke free
- People will have a healthy and nutritious diet
- People will be physically active to a level which benefits their health
- People will be able to maintain a healthy weight

Metric/ KPI <i>Please note: reporting timeframes relate to the year in which data was released. In many cases, the source data relates to an earlier timeframe. E.g. Under 18 conception rate released in 2016/17 is 2015 actual data.</i>		Baseline	Target and Actual Performance				Direction of travel
			16/17	17/18	18/19	19/20	
Under 18 conception rate (per 100,000) (PHOF indicator 2.04)*	Target	32.8	31.1	27.9	24.8	21.7	Not on track
	Actual	32.8	31.9	31.4	26.9		
All new STI diagnosis (excluding Chlamydia age <25) (per 100,000) (Sexual Health and Reproductive Health Profile)*	Target	1040	989	938	888	837	On track
	Actual	1040	1066	833	1016		
HIV late diagnosis (PHOF indicator 3.04) (newly diagnosed CD4 count <350 cells per mm ³)*	Target	52.2%	40.8%	39.7%	38.5%	37.4%	On track
	Actual	52.2%	36.3%	35.9%	42.0%		
A reduction in hospital admissions for alcohol related causes (<i>as measured by the PHOF narrow measure</i>) to be in-line with the Core Cities average	Target	927.5	850.9	812.6	774.3	736.0	Not on track
	Actual	927.5	1,000	No data	881		
A reduction in the number of reported incidents of: • Alcohol related ASB; and	Target	998	Reduce				Not on track
	Actual	998	1,446	1,522	1,589		
• Violent crime in the night-time economy.	Target	3,286	Reduce				On track
	Actual	3,286	2,778	2,356	1,931		
Reduce the percentage of adults who smoke to the top 4 Core Cities 2014 average (PHOF 2.14)*	Target	25.0%	24.0%	23.0%	22.0%	21.0%	On track
	Actual	25.0%	24.0%	21.5%	19.4%		
Reduce the percentage of adults in routine and manual groups who smoke to the top 3 Core Cities 2014 average (PHOF 2.14)*	Target	30.5%	30.1%	29.0%	27.9%	26.8%	Not on track
	Actual	30.5%	33.9%	31.3%	31.1%		
Reduce the percentage of pregnant women who smoke to the top 4 Core Cities 2014 average (PHOF 2.03)	Target	18.1%	15.8%	14.7%	13.5%	12.4%	Not on track
	Actual	18.1%	19.2%	17.6%	17.2%		
Increase the proportion of adults that meet the recommended 5-a-day to the top 4 Core Cities Average (PHOF 2.11i)*	Target	43.6%	44.4%	46.7%	48.9%	53.4%	On track
	Actual	43.6%	44.4%	52.0%	52.6%		
Increase breastfeeding prevalence at 6-8 weeks after birth to the top 3 Core Cities Average (PHOF 2.02ii)	Target	47.7%	48.7%	49.8%	50.9%	52.1%	Target not met
	Actual	47.7%	48.4%	No data	47.3%		
Increase the percentage of active adults to the top 4 Core Cities average (150+ mins per week) (Sport England Active Lives Survey)	Target	63.1%	64.4%	65.7%	66.9%	68.2%	Target not met
	Actual	63.1%	59.0%	No data	65.3%		
Decrease the percentage of inactive adults to the top 4 Core Cities average (<30 mins per week) (Sport England Active Lives Survey)	Target	24.8%	24.2%	23.5%	22.9%	22.2%	Target not met
	Actual	24.8%	27.5%	24.6%	23.3%		
Reduce the percentage of adults with excess weight to the top 3 Core Cities average (PHOF 2.12)*	Target	62.3%	61.6%	60.8%	60.1%	59.3%	Not on track
	Actual	62.3%	62.4%	61.4%	61.6%		
Reduce the percentage of children aged 4-5 years with excess weight to the top 4 Core Cities average (PHOF 2.06i)**	Target	26.7%	24.8%	23.9%	22.9%	22.0%	Not on track
	Actual	26.7%	25.5%	26.0%	26.7%		
Reduce the percentage of children aged 10-11 years with excess weight to the top 4 Core Cities average (PHOF 2.06ii)**	Target	37.9%	37.5%	37.3%	37.1%	36.9%	Not on track
	Actual	37.9%	37.0%	39.7%	40.8%		

KEY	On track	Target is being met	Not on track	Data is improving but target not being met	Not on track	Target is not being met
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* Source data is calendar year. ** Source data is academic year.

Priority Groups	<p>Sexual Health: Young people including care leavers and those with learning disabilities, young people living from deprived households, men who have sex with men (MSM), single homeless people, intravenous drug users and sex workers.</p> <p>Alcohol misuse: All adults whose drinking behaviour puts them at risk of alcohol related harm, including dependent drinkers. Adults living in the most deprived areas are disproportionately affected by alcohol related harm. Students and young people whose drinking behaviour puts them at risk of alcohol related harm.</p> <p>Smoke-Free: Those living in deprived areas, children and young people, pregnant women and their unborn babies, black and minority ethnic groups, those with mental health needs and those in routine and manual jobs.</p> <p>Diet and Nutrition: Children aged 18 years and under, young adults aged 19-24 years, smokers, citizens in lower socio-economic groups, BME groups, pregnant women and adults aged 65 years and older living in institutions.</p> <p>Physical Activity: Children and adults from deprived households, women (including pregnant women), older people and adults with a disability or long term limiting illness</p> <p>Healthy Weight: Low income groups, pregnant women, adults with learning disability, older people, black and minority ethnic groups.</p>
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Action	Milestone	Success measure	Year				Lead Officer	Update
			16/17	17/18	18/19	19/20		
Theme: Create a culture to support good sexual health for all and reduce stigma, discrimination, prejudice and health inequalities								
Build knowledge and resilience in children & young people	2000 new C-card registrations annually	Improved promotion and up-take of condoms, incl. further development of C-Card scheme	✓	✓	✓	✓	Notts Healthcare Trust	c-card service continues to be successful.
	85 schools signed up to sex and relationships education (SRE) Charter	Improved provision of SRE in schools	✓	✓			NCC, PSHE Advisory Team	RSE charter in Nottingham key driver for good standards in RSE. Due to become mandatory in 2020
Reduce sexual health inequalities in access to and outcomes of commissioned sexual health services	Conduct health equity audit based on baseline data, new service data and population need	Partners agree to delivery of actions based on recommendations in health equity audit	✓	✓			Sexual Health Strategic Advisory Group	HEA completed in 2017, will be repeated 2019
	Development of recommendations based on audit of population need and service provision, to improve health equity outcomes		✓	✓				Ongoing as part of service improvement
Theme: Prioritise prevention to reduce the rates and onward transmission of HIV and sexually transmitted infections (STIs), including proactive promotion of good sexual health through outreach to the most vulnerable								
Promote good sexual health through health promotion and outreach	Programme of outreach and health promotion complete	15 workshops with vulnerable groups in 16/17 15 targeted events attended/partnership promotional activities in 16/17 10 SH awareness courses/group presentations in 16/17	✓	✓	✓		NUH	NUH continues to provide a range of activities via the HP plan particularly targeted at high risk/vulnerable groups.
Reduce the rate of sexually transmitted	Online HIV and chlamydia testing services mobilised	Increased uptake of online HIV and chlamydia testing	✓	✓	✓		NCC, Public Health	Online testing services are established and regularly reviewed

Action	Milestone	Success measure	Year				Lead Officer	Update
			16/17	17/18	18/19	19/20		
infections (STIs) and HIV	Simplify chlamydia testing and treatment pathway	Successful treatment of positive tests	✓	✓	✓		NCC, Public Health	Access to treatment is offered via various methods for equity.

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Theme: Increase access to, and uptake of, HIV and STI testing to tackle late diagnosis of HIV, ensure early treatment of STIs, enable contact tracing and reduce transmission								Update
Increase the detection of STIs	Newly commissioned sexual health (SH) services mobilised	Increased STI detection (excluding chlamydia age <25)	✓	✓	✓		NCC, Public Health	STI detection has increased
Increase the early detection of HIV		Increased early detection of HIV						Increasing numbers of HIV being detected early.
Increase chlamydia testing and detection rates in young people (aged 15-24yrs)		Increase in chlamydia testing and detection in young people aged 15-25 years from x to 31%						Some recent challenges, remedial action being planned
Theme: Ensure women are able to exercise choice about when to become pregnant, and reduce unplanned pregnancies								
Reduce the number of pregnancies under the age of 18 and 16 years	Nottingham pupils attend schools that are committed to excellent sex and relationships education (SRE).	85 schools signed up to the SRE Charter.	✓				NCC, PSHE Advisory Team	The latest data for the full year of 2017 indicates that the 12-month rolling conception rate for under-18s in Nottingham decreased slightly between Q3 2017 and Q4 2017 by 3.3%; from 27.4 conceptions per 1000 girls aged 15-17 to 26.5.
	Direct work with young girls in the local community to increase knowledge and reduce unplanned pregnancies	30 CYPPN members receive training to help them work with young people in community settings. Delivery of one to one advice and support to young girls about sexual health	✓	✓			NCVS and CYPPN	

	The wider teenage pregnancy workforce is able to access and attend high quality training on teenage pregnancy and sexual health promotion.	NUH / Nottingham CityCare Partnership teenage pregnancy and sexual health training programme delivered to 250 members of the workforce.	✓				School Health Improvement Team	
	Teenage parents in Nottingham are empowered to make informed decisions on subsequent pregnancies.	Teenage parents accessing the Family Nurse Partnership had fewer subsequent pregnancies than teenage parents who did not have a Family Nurse.	✓	✓	✓	✓	NCC, Strategic Commissioning	
Theme: More people will have a responsible attitude to alcohol consumption and there will be a reduction in the number of people misusing alcohol								
To reduce the number of adults drinking at higher risk levels and to reduce the number of adults binge drinking by introducing systematic and consistent alcohol identification and brief advice (IBA) and by targeting students with effective health promotion messages.	Agree strategic approach to introducing alcohol IBA consistently in health and non-health settings.	Partners agree an approach that ensures consistent and systematic delivery of alcohol IBA	✓				NCC, Public Health All Board member organisations	Whilst IBA in GP practices has been decommissioned as a paid for intervention it is an expectancy that alcohol misuse will be considered within GP patient interaction at appropriate stages. Alcohol messages are delivered at fresher's week at both universities by the City's substance misuse services. NCC are supporting and promoting national campaigns such as
	Identify and secure additional resource required to ensure consistent delivery, including in key settings such as Emergency Department and Primary Care.	Resources requirements agreed and identified.	✓					
	Ensure that all relevant client facing staff groups are trained in delivery of alcohol IBA.	All staff are trained and ready to deliver alcohol IBA.	✓	✓				
	Ensure that all relevant client facing staff are delivering alcohol IBA in a systematic and consistent manner.	Alcohol IBA being delivered systematically and consistently		✓	✓	✓		

	Agree strategic approach to communicating messages around alcohol harm and misuse to students.	Methods of communicating messages are agreed with key partners.	✓						dry January, Stoptober and National alcohol awareness weeks to communicate safe drinking levels. NUH have been successful in bidding for some capital funding from PHE to develop an alcohol hub in ED to offer early interventions and awareness to those who attend ED with a potential alcohol related condition.
	Ensure the agreed approach is delivered systematically by key partners.	Messages are delivered systematically and consistently.		✓	✓	✓			
Theme: More people will recover from alcohol misuse									
To increase the number of people who are drinking at higher risk levels accessing and successfully completing alcohol treatment.	As described in Theme 1, ensure that all relevant client facing staff are delivering alcohol IBA in a systematic and consistent manner.	Alcohol IBA being delivered systematically and consistently		✓	✓	✓	NCC, Public Health All Board members		The City has high quality substance misuse services delivering treatment across a range of areas, the wellbeing hub, Edwin House in-patient detoxification, Michael Varnum House for problematic drinkers. Alongside this Framework Housing Association has had a successful
	Ensure that high volume service users with alcohol misuse issues are identified and supported into appropriate treatment.	Sustainable funding is identified to support a post in the ED setting.	✓	✓					
	Ensure access to high quality drug and alcohol services.	Aligned drug and alcohol service is fully mobilised with partners aware of referral routes into the service.	✓				CDP, NCC, Public Health		

								capital fund bid from PHE to deliver “housing first” accommodation to street drinkers with primary alcohol problems
Theme: Less people will be a victim of crime or antisocial behaviour linked to alcohol misuse.								
Reduce levels of alcohol related violence and crime both in the city centre and neighbourhoods. Page 46	Ensure use of local insight and expertise to inform preventative approaches and delivery of a number of key activities	Activities continue to be supported and to be accessible for citizens.	✓	✓	✓	✓	CDP, NCC, Public Health Nottinghamshire Police Community Protection Police and Crime Commissioner Nottinghamshire Healthcare NHS Foundation Trust	An increase in night-time economy violence has been recorded. This is deemed largely due to crime recording requirements.
	Agree strategic approach to the role of alcohol licensing in minimising harms from alcohol.	Strategic approach agreed with key partners.	✓				CDP, NCC, Public Health Community Protection Nottinghamshire Police and Crime Commissioner	
	Ensure that agreed approach is taken forward and role of licensing in minimising harm is maximised.	Approach taken forward and embedded.		✓	✓	✓		
Theme: Protect children from the harmful effects of smoking								
Further develop specialist support for all	Smoking in pregnancy pathway that extends into early years established and routinely	Reduction in numbers of pregnant smokers Reduction in numbers of	✓	✓	✓	✓	NCC, Environmental Health, Public Health, NUH,	The recently commissioned pilot smoking cessation service prioritises

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pregnant smokers and their families	implemented.	women smoking at six weeks post delivery					maternity, CityCare, New Leaf	pregnant women.
Deliver a rolling programme of extending outdoor public spaces where citizens support them	Implementation plan for extending smokefree outdoor public spaces and events agreed	Increase in citizen support for extending smokefree outdoor spaces	✓	✓	✓		NCC, Environmental Health, Sports Culture and Parks Communications	Nottingham City Council was one of the first local authorities in England to introduce Smokefree playgrounds and primary school gates. The Smokefree Summer initiative introduced in 2015 sees City Council events aimed at children and families routinely promoted as Smokefree.
	Ensure on-going citizen consultation to demonstrate citizen support for extending smokefree outdoor public spaces	Children and family events routinely promoted as smokefree	✓	✓	✓			
Theme: Motivate and assist every smoker to quit								
Ensure health and social care and frontline colleagues employed by Health and Wellbeing Board member organisations are routinely referring patients and service users to the stop smoking	Very brief advice training for relevant frontline and health and social care staff	Health and social care and frontline colleagues, including those employed by Health and Wellbeing Board member organisations, routinely trained in very brief advice.	✓	✓	✓	✓	Board members	The Smokefree team continues to deliver very brief advice training to Nottingham City's workforce.
	Very brief advice training incorporated as part of induction for frontline and health and social care staff	Increase in referrals to stop smoking services	✓	✓	✓	✓		

service.								
All Health and Wellbeing Board member organisations implement up to date and robust smokefree workplace policies	Policy promoted at all stages of recruitment and as part of colleague induction	Reduction in sickness absence and increased workplace productivity		✓	✓	✓	Board members	
	Staff, service users, patients, visitors and contractors routinely made aware of smokefree Policy	High levels of compliance with smokefree workplace policies Increased awareness of smokefree workplace policies		✓	✓	✓		
Theme: Leadership, innovation and development in tobacco control								
Health and Wellbeing Board members to support a comprehensive partnership approach to the wider tobacco control agenda	All Health and Wellbeing Board members sign the Community Declaration on Tobacco Control	Partners demonstrate a shared understanding on effective measures to reduce tobacco related harm	✓	✓	✓	✓	Board members	The majority of HWB members have now signed the tobacco control declaration.
Health and Wellbeing Board members support and embed Nottingham's tobacco control vision and strategic	Actions mapped and linked to tobacco control strategy	Health and Wellbeing Board member organisations review and update tobacco control action plans which are shared with partners and communities	✓	✓	✓	✓	Board members	
	Actions targeted at high risk smoking populations including routine and manual workers		✓	✓	✓	✓		

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priorities within organisational strategies and plans	Monitor progress of plans and commitments and share results		✓	✓	✓	✓		
Theme: Diet & Nutrition Strategic Planning								
Develop a broad partnership for diet and nutrition across the Health and Wellbeing Board as part of a Physical Activity, Obesity and Diet (POD) Strategy	Diet and Nutrition working group formed	Diet and Nutrition Partnership Strategic Plan in place	✓				NCC, Public Health	Action completed and ongoing.
	POD Strategic group formed	POD Strategy published	✓				NCC, Public Health	
Theme: Diet & nutrition in children								
Develop local programmes to support mothers to breastfeed for as long as possible in line with the City and County Breastfeeding Framework	Partners engaged	Partners have explored development of breastfeeding policies for breastfeeding employees returning to work	✓	✓			Board members	Work ongoing
	Action Plan developed		✓	✓				
Influence our early years settings such as schools, childcare and	Improvement in the number of children's centres using Healthy Children's Centre Standards	Children's centres are using Healthy Children's Centre Standards	✓	✓	✓	✓	NCC, Early Years	Work in progress

children's centres to use the 'School Food Standards', the 'Eat Better Do Better' tool, Healthy Children's Centre Standards or equivalent								
Support our children to get the best nutritional start in life	Review guidelines to inform commissioning and promotion of Healthy Start	All key Early Years professionals are aware of guidelines Uptake of Healthy Start and Healthy Start Vitamins has improved	✓	✓			NCC, Strategic Commissioning	Completed
	Findings of review implemented				✓	✓		
Create a positive breastfeeding culture	Training package developed and delivered	Training package for Early Years staff has been developed and delivered	✓	✓	✓	✓	CityCare	Awaiting update from CityCare.
	Referrals to Breastfeeding Peer Support from staff who have received training have increased		✓	✓	✓	✓	CityCare	
Theme: Diet & nutrition in adults								
Explore policy and other options for interventions to reduce the impact of fast food outlets on health	Options explored	Options to increase healthy options in fast food outlets have been explored and considered		✓			NCC	New policy adopted. The Local Plan no longer includes the control of hot food takeaways near schools, but a range of other policies apply, such as the control of concentrations of such uses within centres. New
Reduce access to unhealthy food and	Lead identified across Health and Wellbeing Board members	Access to unhealthy food has been reduced	✓				NCC, Public Health All Board	

increase access to healthy food in workplaces and public buildings	Plans identified across Health and Wellbeing Board members	Plans agreed and implemented		✓			members	policies will be monitored for effectiveness. If required, further policy interventions will be considered, e.g. a Supplementary Planning Document.
Theme: Diet & nutrition in vulnerable groups								
Ensure all food provided and procured for citizens in our care helps create an environment which makes eating for health an easy option	Healthy eating (or eating for health) element written into contract variation for care establishments	Healthy eating (or eating for health) in care establishments has improved		✓			NCC, Strategy & Commissioning	Included in NHS CQUIN. Additional progress has been made through the health in all policies initiative.
Ensure our workforce is equipped to deliver brief interventions around diet and nutrition for specific vulnerable groups	Specific workforce identified Plans and resources identified Training implemented	Workforce is delivering brief interventions confidently	✓	✓	✓	✓	All Board members	Ongoing through MECC.
Improve knowledge of diet and nutrition in minority ethnic groups	Complete and distribute findings of the BME Health Needs Assessment (HNA)	Options and need for intervention based on BME HNA findings has been explored	✓				NCC, Public Health, Strategic Insight	Completed and ongoing through collaboration with the BME Community of Practice.
	Options for interventions have been considered			✓				

Theme: Physical Activity Strategic Planning								
Develop a broad partnership for physical activity across the Health and Wellbeing Board as part of a Physical Activity, Obesity and Diet (POD) Strategy	Physical Activity working group formed	Physical Activity Partnership Strategic Plan in place	✓	✓			NCC, Public Health	Completed and ongoing.
	POD Strategic group formed	POD Strategy published	✓	✓			NCC, Public Health	
Theme: Physical activity in children								
Develop physical activity in commissioned children's services	Services which can include promoting physical activity are identified	Service specifications include promoting physical activity Physical activity is incorporated into the service model		✓	✓	✓	NCC, Strategic Commissioning	Element removed from service specification in 2018 as part of funding reductions.
Develop physical activity in children's centres and schools	Physical activity is a part of the Healthy Children's Centre Standard	Children's centres signed up to Healthy Children's Centre Standard	✓	✓	✓	✓	NCC, Early Years	
	Sherriff's Challenge and Daily Mile are launched within schools	Schools are delivering these initiatives	✓	✓			NCC, School Sports.	The Sheriff's Challenge TriAquathon is being launched in June. Children will be running, cycling and swimming in the water at Harvey Hadden Sports Complex on 19 th June.
Theme: Physical activity in adults								

Develop physical activity in the workplace and public spaces	VCS organisations are aware of how they can improve the physical activity of their employees and others who use their premises	VCS organisations are aware of and implementing activities	✓	✓	✓	✓	NCVS (CYPPN and VAPN) Board members	NCVS coordinates the Disability Inclusion Sport Participation Project (DISPP) in partnership with Nottingham City Council which activates people into physical activity and brings together organisations which work in disability sport through a network.
	Public Sector organisations are aware of how they can improve the health of their employees and others who use their premises	Public Sector organisations are aware of and implementing activities	✓	✓	✓	✓		
Increase the number of adults (14+) undertaking 1x30 minutes of sport and physical activity a week	Increase in the baseline of 86,300 in 2015	1% increase year on year, recorded through Active Lives	✓	✓	✓	✓	NCC Sport & Leisure	Ongoing.
Develop pathways into broader physical activity from commissioned weight management pathways	Service specification written	Function described in service specification	✓				NCC, Public Health, Strategic Insight	A new dual element weight management offer has been commissioned. This includes a digital app and a commercial weight management
	Service commissioned	Function operating in commissioned service		✓	✓	✓		

								offer.
Theme: Physical activity in vulnerable groups								
Ensure the workforce is equipped to deliver brief interventions around physical activity for specific vulnerable groups	Specific workforce identified	Workforce delivering brief interventions confidently	✓				NCC, Public Health, Strategic Insight	Ongoing through workforce training.
	Plans and resources identified			✓				
	Training implemented				✓	✓		
Develop physical activity in care settings	Physical activity included in contracts with care providers	Improved level of physical activity in care settings		✓	✓	✓	NCC, Strategy & Commissioning	Completed in NCC contracts.
Develop the use physical activity as part of a care pathways to improve care and treatment of long term conditions and prevent falls	Pathways identified	Increase in pathways with physical activity specified		✓	✓	✓	CityCare CCG NCC, Public Health, Strategic Insight	Ongoing through the Greater Nottingham Falls and Bone Health Oversight Group.
	Physical modality identified	Increase in clients with physical activity included as part of their care		✓	✓	✓		
	Physical activity included in pathways			✓	✓	✓		
Increase the availability of disability specific sport and physical activity projects in the city	Successful launch of the Get Out Get Active (GOGA) programme and the Disability Sport Insight and Participation Project	Success against GOGA and Insight Project action plans and outcomes	✓	✓	✓		NCC Sport & Leisure	GOGA Nottingham is one of the most successful locations in the country.
Work with	CYPPN and VAPN members	Increased awareness	✓	✓	✓	✓	NCVS,	Through the

the Community Voluntary Sector to ensure physical activity is promoted in community settings through community groups and organisations	and their clients engaged in physical activity	raising of benefits of physical activity and events happening in 3 rd sector.					CYPPN & VAPN, NCC Sport & Leisure	CYPPN and VAPN meetings and email updates, information, resources, models of best practice and training information is regularly provided.
	Mechanism for engagement and delivery identified and developed		✓	✓	✓	✓		
Theme: Healthy Weight Strategic Planning								
Develop a broad partnership for physical activity, diet and obesity across the Health and Wellbeing Board as part of a Physical Activity, Obesity and Diet (POD) Strategy	Physical Activity, Diet and Obesity/pathways working group formed	Physical Activity Partnership Strategic Plan in place	✓	✓			NCC, Public Health	Completed and ongoing.
	POD Strategic group formed	POD Strategy published	✓	✓			NCC, Public Health	
Theme: Healthy weight in children								
Improve skills and support given to children and families in	Commissioning a health visitor service which includes brief intervention around healthy weight as part of service spec	Health visitors and early years practitioners able to signpost and deliver brief interventions around healthy weight	✓	✓			NCC, Strategic Commissioning	Element removed from service specification in 2018 as part of funding

early years settings.								reductions.
	All partners ensure their workforce that comes into contact with early years know and understand the routes into the childhood obesity pathway		✓	✓			Board members	Information disseminated through the Physical Activity, Obesity and Diet virtual network.
Theme: Healthy weight in adults								
Commission an effective weight management service and pathway for adults	Pathway developed	Pathway accessed by appropriate citizens in need of support	✓	✓			CCG NCC, Public Health, Strategic Insight	A new dual element weight management offer has been commissioned. This includes a digital app and a commercial weight management offer.
	Service procured		✓	✓				
	Services(s) operational	Agreed weight management outcomes achieved		✓				
	Partners referring to service			✓	✓			

Theme: Healthy weight in vulnerable groups								
Ensure our workforce is equipped to deliver brief intervention around healthy weight to specified groups	Specific workforce identified	Workforce delivering brief interventions confidently	✓				NCC, Public Health, Strategic Insight	Ongoing through workforce training.
	Plans and resources identified			✓				
	Training implemented				✓	✓		
Ensure groups at high risk of	Priority groups set in service specifications as identified in EIA	Pathway accessed by appropriate citizens in need of support	✓	✓			CCG NCC, Public Health,	

obesity can access the weight management pathway	Service working with partners to ensure accessibility from priority groups	Agreed weight management outcomes achieved	✓	✓			Strategic Insight	The weight management offer prioritises at-risk citizens.
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Mental Health and Wellbeing 2016/17 Action Plan

Priority Outcome: Children and adults in Nottingham will have positive **Mental Wellbeing** and those with long-term mental health problems will have good physical health

Priority Actions

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

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

	Nottinghamshire Healthcare Trust	by NHFT				
	Priority 3 <ul style="list-style-type: none">Health and employment support service. People supported:<ul style="list-style-type: none">-In work/off work with health problems-Unemployed with health problems-With long term conditions (% of total)Individual Placement Support (IPS) – percentage of people entering employment	NA NA NA 24%	43 48 60% 26%	85 95 60% 28%	Service decommissioned in 2017	
	Priority 4 Citizens’ Survey question on loneliness <ul style="list-style-type: none">Reduce the gap between percentage of people with a disability or long term condition and the general population reporting feeling lonely	12.6%	1% point reduction in gap year on year			
Priority Groups <i>Who is disproportionately affected or who do we need to target to reduce inequalities?</i>	Priority 1 Homeless people, survivors of violence or abuse, armed forces veterans. Black, Asian, minority ethnic and refugee(BMER) communities, people in care homes, LGBT groups, those with disabilities or physical health problems, looked after children and young people, unemployed or at risk of losing their job, students, and those in touch with criminal justice system Priority 2 People with long term mental health problems known to GPs and secondary mental health services Priority 3 People who are unemployed or at risk of becoming unemployed due to poor management of their mental and physical health problems. People aged 50+, people with long term health conditions and people experiencing mental health problems Priority 4 People aged 50+,People with Long term conditions, People with mental health problems					

Action	Milestone	Success measure	Year				Action Owner	Update
			16/17	17/18	18/19	19/20		
Priority 1 Theme: People in Nottingham will know how to get support for mental health problems								
Provide a mental health and wellbeing service/hub that helps people access the right level of support and includes more visible promotion for mental health support that reduces stigma	Established new Wellness in Mind service (mental health and wellbeing hub) which includes information and advice, navigation, outreach and a telephone advice service	Evaluation of new Wellness in Mind which will act as a hub for mental health and wellbeing in the City. EG Number of people accessing the Wellness in Mind (website/attending drop ins/using telephone helpline)	✓	✓	✓		CCG as Commissioner /Framework as the service provider	The CCG has extended Wellness in Mind until March 2020. Promotion of mental health support at a partnership level has increased.
	Provision of promotional materials							Mental health best practice and information sharing is a feature in all Children and Young People Provider Network meetings.
		Equity of access to Wellness in Mind service.		✓	✓		CCG as Commissioner/ Framework as the service provider	Both gender and ethnicity remain stable, with little difference across the year.
For those who support people who may be at risk of mental health problems, increase awareness about mental health and the range of support available	Delivery of Wellness in Mind training programme. Delivery of Every Colleague Matters partnership programme of events.	Evaluation of training programme by Nottingham Trent University and reporting of reach of training programmes	✓				NCC Public Health/NCC/CCG/ Harmless/	An Every Colleague Matters session on Time to Change was held in October 2018.
	Specific services in place to reach communities with	Reported outcomes of specific commissioned services to target BMER	✓	✓			NCC Public Health/NCC/CCG/ NHFT/STEPS/	The Steps BME mental health service has been

Action	Milestone	Success measure	Year				Action Owner	Update
			16/17	17/18	18/19	19/20		
	specific needs (e.g. STEPS, Rape Crisis)	groups					Rape Crisis	extended for 12 months.
Priority 1 Theme: Support children's and young people's emotional and mental health and wellbeing (in line with the Nottingham City Transformation Plan)(2015-2020)								
Enable schools and health service providers and VCS to better support children and young people with emotional health needs	Training, consultation, advice and guidance to workforce who support young people	Improved skills and confidence of wider workforce. Number of different types of professionals accessing training. Feedback from training sessions		✓	✓		CCG/NCC/CYPPN	Regular updates are provided by NCVS representatives.
Improve the access to child and adolescent mental health services (CAMHS) so that children in need of support get prompt access to the right service	Redesign of current tiered system in CAMHS Work to support different organisations providing mental health services to children and young people to work together effectively	Monitoring of timely, responsive pathway to demonstrate improvements. Average waiting time for referral to assessment and referral to treatment (Tier 2 and Tier 3, quarterly)	✓	✓			CCG/NHFT/NHS England/NCVS	Nottingham City Council Targeted CAMHS lead on a City-wide Single Point of Access that is co-located within the Nottingham City Council's Multiagency safeguarding hub.
Respond quickly to young people who have a mental health crisis	Set up a crisis team specifically for children and young people	Monitoring of more timely, responsive service closer to home Urgent assessments undertaken within four hours		✓			CCG/NHFT	A Crisis team specifically for children and young people has been set up. Work is being undertaken across the region to develop more consistent models of crisis intervention, 24/7 access and an

Action	Milestone	Success measure	Year				Action Owner	Update
			16/17	17/18	18/19	19/20		
								integrated multi-agency pathway for children and young people in crisis.
Priority 1 Theme: Improve support to women who experience mental health problems during and after pregnancy								
Earlier identification of mental health problems through universal health services and access to early help	Development of perinatal mental health pathway Development of clear pathways into primary care psychological therapies	Increased identification /monitoring of mental wellbeing in universal services. Recording of pregnant and postpartum women who access secondary mental health services (not confined to perinatal) Increased uptake of psychological therapy by women during or after pregnancy Overall improvement in self-reported MH and wellbeing during and after pregnancy		✓			CCG/NCC Public Health/NUH/ CityCare/NHFT	Referral pathway has been developed for Midwives and Health Visitors to directly refer into IAPT.
Support and treatment is available to women who develop more serious mental health problems	Clearly defined perinatal mental health pathway	Improved access to, and waiting times for specialist service	✓	✓			CCG/NHFT	Perinatal pathway has been strengthened and developed with national bid monies which have now been mainstreamed. Specialist community perinatal mental health service has increased access, meeting the needs

Action	Milestone	Success measure	Year				Action Owner	Update
			16/17	17/18	18/19	19/20		
								of over 4.5% of the birth rate currently. The average wait for assessment in the City is 3.5 weeks.
Priority 1 Theme: Access to mental health services within a primary care setting								
Increase the skills and confidence of people who experience common mental health problems within a recovery focussed approach	Establish a Primary Health, Wellbeing and Recovery College	Positive uptake and evaluation of courses	✓	✓			CCG/NHFT	The Primary Health, Wellbeing and Recovery College contract ended March 2019, however, the Recovery College continues within secondary care. Systems now in place to accurately monitor issues. New collection launched June 2018 has seen issues almost doubled on the last data collected 2016/17.
	Sustain the 'Books on Prescription' scheme and improve monitoring.	Increased uptake of 'Books on Prescription' collections for common mental health problems		✓			NCC – Library Service and NCC Public Health	
Support improved response in primary care to people who are experiencing mental health problems.	Establish skilled primary care mental health service to advise on and support good practice in management of mental health problems in primary care.	Less people referred to secondary mental health services inappropriately		✓			CCG/NHFT	Better Care Funding for the Primary Care Mental Health Service ended in January 2019. GPs are able to get advice and information to better support people in Primary
	Include mental health	Evidence of pathways that are increasingly joined up across mental and physical	✓	✓	✓	✓	CCG/NCC/NHFT/ Citycare	

Action	Milestone	Success measure	Year				Action Owner	Update
			16/17	17/18	18/19	19/20		
	in Nottingham City integration programme, to ensure services are as joined up as possible, giving equal value to mental and physical health.	health.						Care through the Local Mental Health Teams. Physical Health checks of patients on the Serious Mental Illness Register are increasing (currently 36% of the SMI register receive an annual physical health check).
CCG/psychological therapy providers Increase the reach and effectiveness of primary care psychological therapy services	Well publicised psychological therapy providers linked to other community and primary care services.	Decrease in waiting times for psychological therapies. (Target Treatment within 6 weeks for 75% of people referred to the Improving Access to Psychological Therapies programme, with 95% of people being treated within 18 weeks. Increased proportion of those estimated to have common mental health problems to be receiving treatment. Increased rates of recovery.	✓	✓	✓	✓	CCG/psychological therapy providers	Work with NHSI has reduced waits in LTWB, and waits will be eliminated by the end of May 2019, so that all targets are met. Recovery rates are in line with national targets. Access targets increase year on year and targets are generally being met.
Priority 1 Theme: Access to care for those with more serious or urgent mental health problems								
Ensure early access to care for a first	External review undertaken into EIP	Achieve access target of 50% of people receiving		✓			CCG/NHFT	The access target is consistently

Action	Milestone	Success measure	Year				Action Owner	Update
			16/17	17/18	18/19	19/20		
episode of psychosis	services Implement outcomes of the review	NICE compliant treatment within 2 weeks of referral						being met. The latest rolling quarter's performance for City was 64% of people waited 2 weeks for treatment. Work is ongoing to ensure all packages of care across the ICS footprint are NICE compliant.
Ensure effective service response to mental health crisis	<p>Progress against implementation of the action plan for the Nottingham and Nottinghamshire Crisis Care Concordat.</p> <p>Progress towards an all age, CORE 24hr acute liaison service at NUH</p>	<p>24/7 access to crisis support and assessment.</p> <p>Reduction of detention under section 136 of the mental health act and end of detention in police cells</p> <p>Reduction in out of area placements for acute mental health inpatient care.</p>	✓	<p>✓</p> <p>✓</p>			CCG and all concordat signatories	<p>The Concordat has aligned with the ICS Mental Health Workstream. There is a taskforce looking specifically at the Crisis and Urgent Care pathway, and the actions required across the pathway. There have already been reductions in the number of out of area placements, and this continues to reduce.</p> <p>Progress is being made towards the Crisis service reaching the core fidelity standard as</p>

Action	Milestone	Success measure	Year				Action Owner	Update
			16/17	17/18	18/19	19/20		
								<p>per the Five Year Forward View. This will be fully implemented by 2021.</p> <p>Detentions under S136 remain static despite changes to the law, which gave greater reach to the S136 power.</p> <p>Core 24 psychiatric liaison service is in place at NUH.</p>
<p>16/06/2017</p> <p>Make suicide prevention a priority across the City.</p>	<p>Implement the action plan for the Nottingham Suicide Prevention Strategy that aims to reduce the rate of suicide in Nottingham City. The plan includes: Provide community based suicide prevention training. Share learning from audit of suicide and self-harm deaths. Partner actions from the detailed action plan to target those at risk.</p>	<p>Increased skills and confidence in the community to support people at risk of suicide.</p> <p>Improved response to those bereaved by suicide</p>	✓	✓			<p>NCC Public Health and Suicide Prevention Strategy Group partners</p>	<p>Whilst bereavement support is not currently funded, the NHS Long Term Plan makes mention of funding being made available in future. A joint City and County bid would provide some funding to support this initiative.</p> <p>A project to develop real time surveillance is ongoing through partnership work</p>

Action	Milestone	Success measure	Year				Action Owner	Update
			16/17	17/18	18/19	19/20		
								with Nottinghamshire Police.
Priority 1 Theme: Access to wider social and community support for people with mental health problems and their carers to support social and financial inclusion								
Support access to social and community support	Inclusion of organisations able to give support for those with mental health problems and their carers in the development of support directories in Nottingham.	More people have their [wider] needs met in the community (& corresponding improvement in MH)	✓				NCC/NCVS	Wellness in Mind delivers drop in across the City and offers time limited advocacy work to support people with wider issues, including the use of social prescribing and self-help.
	Wellness in Mind Service established with a remit to include the consideration of the wider social circumstances and needs of people with mental health problems, and to support access to further support (including though self-care and social prescribing) where needed		✓	✓			CCG/Framework	NCVS continues to promote services and organisations, including the Wellness in Mind activity programme.
	Meet Care Act responsibilities re assessment of those with mental health problems and their carers in line with the			✓			NCC	AskLiON has been successfully launched.

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

Action	Milestone	Success measure	Year				Action Owner	Update
			16/17	17/18	18/19	19/20		
being in employment	under strategy	strategy						plan under strategy
Priority 1 Theme: Ensure services are equitable and based on need								
Provide a focus on identifying issues of equity of access to treatment and care for specific groups who may be at increased risk or have specific needs in terms of mental health care by equalities profiling those accessing services in relation to population need. (see list above)	<p>Ensure systems are in place for mental health service providers to gather feedback on their services from diverse groups.</p> <p>Understand the profile of the people in the City in need of (or likely to benefit from) their service(s), and of their corresponding needs and preferences (with particular reference to the groups listed above and the protected equalities characteristics).</p>	<p>Uptake of services will closer reflect needs of the diverse communities of Nottingham</p> <p>Evidence of service user insight to drive improvements in access and delivery</p> <p>Monitored use of their services by these groups in respect of access, efficacy and satisfaction.</p> <p>Demonstrate improvements to the provision of their service(s) in regard to the overall aim equitable and based on need.</p>		✓			CCG/NCC/NHFT/NCVS	The CCG is reviewing BME specific health needs, including mental health, following recommendations from the BME Health Needs Assessment. The CCG commissioned the University of Leicester to look at the mental health outcomes of LGBT communities – the research is due to end in June 2019.
Ensure learning from Opportunity Nottingham is used to improve services for those with complex needs leading to earlier identification of mental health problems by health and social care	<p>Multi-organisation sign up to the Practice Development Unit (PDU)</p> <p>Explore requirement of PIE in all Health & Social Care contracts</p>	<p>Setting up of PDU</p> <p>Cross sector development of Psychologically Informed Environments to improve understanding and identification of mental health issues</p> <p>Improved skills and confidence of wider (non-</p>	✓				Opportunity Nottingham	The PDU continues to offer a range of events & learning opportunities, including sessions on PIE and TIC.

Action	Milestone	Success measure	Year				Action Owner	Update
			16/17	17/18	18/19	19/20		
services and improved knowledge of appropriate services to signpost people to		MH) workforce in providing MH brief interventions						
Priority 2 Theme: Poor physical health outcomes are prevented								
Reduction in smoking in people with mental health problems	-Implementation of smoke free NHFT -Training of NHFT staff at range of levels -Increased uptake of New Leaf by people with mental health problems	Reduction in smoking prevalence in NHFT patients	✓	✓	✓	✓	NHFT/Public Health	
Improved uptake of preventative screening and vaccination	Awareness raising in NHFT and through Enhanced Physform project	Increased reporting of screening uptake through Physform and NHS England data	✓	✓			primary care/NHFT	The Trust has established a shared database of cardiovascular risk so all Trust staff can see where any gaps exist in this physical healthcare information in primary care and can take steps through its engagement with patients to help complete risk assessment protocols.
Inclusion of people with mental health problems in health improvement strategies and services (eg	-Inclusion of NHFT service users in all health promotion activity -Inclusion of people with mental health	Increased awareness of health improvement opportunities in people with serious mental illness, increased referrals to Healthy lifestyle services		✓	✓	✓	Public Health and health improvement providers	The Trust is working with community public health organisations to help patients with SMI access appropriate

Action	Milestone	Success measure	Year				Action Owner	Update
			16/17	17/18	18/19	19/20		
physical activity, healthy eating and alcohol reduction)	problems as a priority equality group in commissioned services	for this group						services in the community but there is more work to do to establish this systematically across the whole trust.
Physical health promotion is included in mental health care of children and young people	Activity specifically related to preventing or reducing smoking, substance misuse, increasing physical activity and healthy eating.	Engagement of CAMHS in physical health partnerships and activity in NHFT		✓			NHFT	The Trust has a contract with NUH/KMH paediatricians to ensure appropriate physical health input for CYP are promoted and both advice and interventions can be sought. The CAMHS recovery group has been developing a wellbeing strategy for CAMHS that includes both physical and mental health.
Priority 2 Theme: Identify physical health problems early								
Effective monitoring for side effects in people on antipsychotic medication	Shared care arrangements clear re responsibility for monitoring improved joint working between primary and specialist care in monitoring physical health parameters in young people on psychotropic	Guidance on responsibilities re monitoring are agreed and shared locally		✓ ✓			NHFT/primary care	Established shared care protocols already exist but more opportunities to encompass depot clinics still exists.

Action	Milestone	Success measure	Year				Action Owner	Update
			16/17	17/18	18/19	19/20		
	medication							
Health checks delivered by either secondary or primary care that lead to an agreed action plan.	Increased health checks undertaken as part of Physform project between NHFT and primary care.	Evidence of development of health plans shared with patients and across primary/secondary care. Level of achievement of national CQUIN target	✓	✓			NHFT/CCG	A Physical Health Checks and SMI programme is being delivered as part of Mental Health Five Year Forward View. Primary and secondary care are working together to improve the uptake of health checks.
Good communication between primary and secondary care about physical health needs	Electronic methods of communication agreed		✓				NHFT/CCG	Read-only access of Primary Care Records is being rolled out in Q1 2019/20 in NHFT to support the Physical Health Checks programme.
Priority 2 Theme: Increased understanding of health inequalities experienced by people with mental health problems								
Better understanding local needs	Publication of this information in JSNA chapter	Detailed understanding of specific needs		✓			NCC Public Health with HWBB partners	Ongoing
Raised awareness across the health and social care system of health inequalities in people with serious mental health problems	Inclusion of relevant issues in training and awareness sessions for staff across professional boundaries (across mental and physical health) including peer-led or co-produced approaches.	Increased awareness of wide range of citizens/ VCS/partners/professionals	✓	✓	✓		NCC Public Health/CCG /NHFT/NCVS	NCVS has promoted training sessions as part of the network email updates and in meetings.

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Action	Milestone	Success measure	Year				Action Owner	Update
			16/17	17/18	18/19	19/20		
Priority 2 Theme: Interdependence of mental and physical health reflected across the health and care system								
Physical health services are in place to meet the needs of people with mental health problems	-Commissioned pathways reference this group under equality section. -All JSNA chapters reflect on the needs of this group and make appropriate recommendations -Assessment of variation in access to physical health support services for mental health inpatients compared to acute inpatients.	Balance of emergency/planned care for this group compared to the general population		✓	✓		CCG/Nottingham City Council	Ongoing
Priority 3 Theme: People in Nottingham are able to access a holistic health and employment support								
Develop an early intervention pathway to support people with long term health problems to remain in employment or to gain employment	New service jointly commissioned for 2016-2019	Improved partnership working results in more jointly commissioned services (NCC, CCG and DWP)	✓				Nottingham City Council (NCC) / Nottingham CCG / DWP	Service decommissioned in 2017. The DWP has funded a pilot in IAPT to support those who are unemployed, struggling with work, or looking to change employment. This pilot is funded until
	Service launch	Citizens and stakeholders are aware of the service	✓					
	Annual service review	85 employed individuals supported to remain in work	✓	✓	✓	✓		
		95 unemployed individuals supported to manage their health problems	✓	✓	✓	✓		
		60% clients have one or	✓	✓	✓	✓		

Action	Milestone	Success measure	Year				Action Owner	Update
			16/17	17/18	18/19	19/20		
		more long term conditions						March 2021.
Develop a strategic approach to improving the mental health of people in employment	Health and Employment Strategic Group formed	Cross-sector actions agreed and implemented		✓			Nottingham City Council	A cross-sector partnership group monitors progress against the developed action plan.
	HWB organisations develop health and wellbeing at work strategies	Health and Wellbeing Board (HWB) organisations become exemplar employers for health and wellbeing (including specific mental health commitments e.g. 'Mindful Employer')	✓	✓			All HWBB partners	Employers across the city are being supported to develop a Time to Change Employer Pledge action plan and/or to apply for Disability Confident status.
	VCS organisations access awareness raising training on improving mental health of the workforce	VCS organisations develop policies and environments which support the mental health of their employees and volunteers		✓			NCVS – via VAPN and CYPPN	NCVS continues to promote resources and training. This includes promotion of the Practice Development Unit, specifically around trauma informed care and psychologically informed environments. VCS organisations are included in the Time to Change initiative.
	Annual reporting of number of placements / vacancies offered	HWBB organisations offer work experience opportunities for people who have mental health	✓	✓	✓	✓	All HWBB partners	This work is ongoing through the Adult Social Care pathway to

Action	Milestone	Success measure	Year				Action Owner	Update
			16/17	17/18	18/19	19/20		
		problems and are unemployed						employment. A video has been produced to encourage employers to be more confident in offering placements.
Priority 3 Theme: People in contact with mental health services are assisted to work								
Individual Placement Support (IPS) model is used to assist people into employment	Annual review	Percentage of people referred to IPS service who obtain paid employment increases year on year	✓	✓	✓		Nottinghamshire Healthcare NHS Trust	IPS in Nottingham has achieved fidelity status and negotiations are under way with county colleagues to expand delivery into mid-Notts.
Page 7 Increase access to IAPT services by the unemployed	6-monthly progress reporting	Nottingham (and Nottinghamshire) CCG(s) involved in the national pilot	✓	✓			CCG / DWP	The DWP has funded a pilot in IAPT to support those who are unemployed, struggling with work, or looking to change employment. This pilot is funded until March 2021. Nottingham CCG is an Improving Access to Psychological Therapies (IAPT) national pilot area. The DWP funded

Action	Milestone	Success measure	Year				Action Owner	Update	
			16/17	17/18	18/19	19/20			
								pilots have been well received and the CCG has extended the IAPT contracts until 2021 to fit with the trial. Initial discussions have been held regarding the embedding of employment within the Greater Nottingham (ICS) social prescribing pathway.	
Priority 4 Theme: Identify those most at risk of loneliness and isolation									
Develop a clearer understanding of levels and key causes of loneliness and social isolation	Findings shared across all partners and baselines established	Analysis of data and information related to loneliness in the city identifies the main factors and those most at risk.		✓			Nottingham City Council	This work is ongoing.	
	Develop cross-sector partnership working to tackle loneliness of all ages	Loneliness Steering Group to tackle loneliness formed	Action plan for reducing and preventing loneliness agreed and implemented by partners	✓				Nottingham City Council	A cross-sector loneliness network that covers all ages has been developed. A themed forum is held every six months.
		Learning opportunities (and take up) for cross-sector workforce	Raised worker awareness of loneliness and isolation	✓	✓	✓	✓	All HWBB Partners	
Priority 4 Theme: Create supportive conditions and environments conducive to social inclusion									
Continue to develop 'Age Friendly Nottingham' (AFN)	Annual review of progress against the AFN action plan indicates improvement across all domains of age-	Older citizens are enabled to live as independently as possible through age friendly partnership action.	✓	✓	✓	✓	Nottingham City Council	Take a Seat continues to expand. Annual Ageing Well Day, held in the Old Market	

Action	Milestone	Success measure	Year				Action Owner	Update
			16/17	17/18	18/19	19/20		
	friendliness							Square (next one on 11 June), includes signposting to over 50 services in the city. Nottingham holds WHO 'Age Friendly City' status.
Develop stronger communities which encourage people to look after each other	Looking After Each Other (LAEO) approaches developed including a strategic approach to encourage volunteering	Reducing loneliness is embedded across services Rolling programme of support and initiatives in place which reduce levels of loneliness in the city	✓	✓	✓	✓	Nottingham City Council / CCG / NCVS	LAEO was decommissioned in 2017. The Nottingham Time to Change Hub was established in 2018 to reduce the stigma and discrimination experienced by people with mental health problems and share good practice around managing their conditions. To date, over 75 community champions have been recruited.
Develop Nottingham as a Dementia Friendly City	Development of a Dementia Framework that includes action around loneliness	Nottingham achieves Dementia Friendly City status Health and Wellbeing Board partners become dementia friendly		✓			All Health and Wellbeing Board Partners	Nottingham City Council is working towards dementia friendly status. Regular dementia forums and dementia friends

Action	Milestone	Success measure	Year				Action Owner	Update
			16/17	17/18	18/19	19/20		
								sessions are held for cross-sector partners. An ICS Dementia Strategic Partnership has been formed and an action plan is being taken forward.
Develop access to information on a wide range of opportunities and support	Launch of integrated health and social care on-line directory	Citizens, their families and carers, and the cross-sector workforce are able to access information on reducing loneliness	✓				Nottingham City Council / CCG	AskLiON, the online service directory was launched in 2017 to help citizens and cross-sector partners to find information about a wide range of organisations and services that promote independence, connections and self-help. Specific web pages have been dedicated to signposting activities and support that will help reduce loneliness and social isolation. Future developments will include a refresh of the whole site, a

Action	Milestone	Success measure	Year				Action Owner	Update
			16/17	17/18	18/19	19/20		
								more interactive 'What's On' and a wellbeing wheel.


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: “ <i>Work with HEE to create a sustainable workforce to support integration and community care</i> ” removed due no progress being planned at this stage at STP level. Theme 1 Action: “ <i>Development of a shared outcomes framework to ensure that we are all working to improve citizen outcomes</i> ” removed as has now moved to STP footprint. Voluntary Community Sector actions led by NCS Action: ‘ <i>Development of sector wide tracking system to help particularly smaller organisations monitor the number of referrals and track client progress</i> ’ removed as is not being taken forward at this time.	Uzmah Bhatti
0.4	September 2019	Dashboard updated	Uzmah Bhatti
0.5	May 2019	Lead partners updated, dashboard updated, plan content updated with additional comments	Uzmah Bhatti

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@nottinghamcvcs.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
	Gemma Poulter	Head of Integration (NCC)	Integration
	HWB Board		
0.5	Name	Job title	Healthy culture role
	Dr Marcus Bicknell	GP/HWB member	HWB sponsor
	Helene Denness	Public Health Consultant (NCC)	Public Health Lead
	Uzmah Bhatti	Public Health Insight Manager (NCC)	Coordinator
	Clare Gilbert	Commissioning Lead – Adults (NCC)	Assistive technology lead
	Peter Morley	Commissioning Manager	Financial vulnerability lead
	Karla Banfield	Market and Business Partnership Manager (NCC)	LION lead
	Natalie Dunn	Programme Manager, Prevention, Person and Community Centred Approaches Programme (CCG/ICS)	Self-Care Lead
	Ciara Stuart	Deputy Locality Director	Health & Social Care Integration
	Jules Seblin	NCVS	VCS contribution to plan
	Steve Thorne	Communications & Marketing Manager (NCC)	Comms support to plan
	Gemma Poulter	Head of Integration (NCC)	Integration
	HWB 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	Update March 2019
			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	With the exception of DTOC which is set by NHSE, Targets are developed each year as part of the BCF planning process based on performance.	The Transforming Homecare group that report in to the Home First Group are undertaking route cause analysis. This will inform recommended actions that are required to fully align the Reablement Teams. The Transforming Homecare Group will take forward these actions as short, mid and long-term work-streams.
		Actual	74.7%	75.5% A	88.7% G	92.3% Feb 19 G	Awaiting publication of BCF guidance		
Page 2 83	Reduction in delayed transfers of care – number of delayed days aged 18+	Target		13,473	6,498	11,142	TBC		 DTOC exception report.docx
		Actual	13546	14,232 R	15,342 R	13,156 Feb 19 R	Awaiting publication of BCF guidance		
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%	Good progress towards target.	
		Actual	28% (2015)	20.2% G	24% G	20.7% G			
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	Target			64%	66%	68%	Not making progress towards target, performance has deteriorated.	
		Actual		62% (2016 baseline)	63.3% A	59.4% R			

	hardship.								
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	28.5% R	29.2% 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	2018	Change since 2015
1	Bulwell, Bulwell Forest	33.2	22.1	28.1	22.6	-10.6
2	Basford, Bestwood	27.9	18.5	26.5	17.6	-10.3
3	Aspley, Bilborough, Leen Valley	33.9	28.3	24.2	27.3	-6.6
4	Arboretum, Dunkirk and Lenton, Radford and Park	26.6	17.3	20.7	18.2	-8.4
5	Berridge, Sherwood	26.0	19.5	24.6	21.6	-5.0
6	Dales, Mapperley, St Ann's	29.0	17.2	30.1	27.5	-1.5
7	Wollaton East & Lenton Abbey, Wollaton West	12.5	20.3	16.7	10.1	-2.4
8	Bridge, Clifton North, Clifton South	22.3	20.1	17.3	15.3	-7.0

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	Update March 2019
			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					MECC included in STP workforce development enabling workstream delivery plans.	Need to establish new lead and update
		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 was decommissioned following a decision of the HWBSC in February 2019.	20-25% of all IAPT referrals in Greater Nottingham are people with a LTC, and this is growing month on month.
		Citizens only tell their story once.		✓ G	✓	✓		A review of all Primary Care Mental Health Services is underway and will be complete by September 19.	
		Care plan will include actions for physical and mental health where appropriate.	✓ G	✓ G	✓	✓		PCNs and City ICP will provide a new opportunity to integrate physical and mental health. Mental Health focused PCN meeting scheduled; this will task each PCN will reviewing the need in their area and identifying service development	

Action	Milestone	Success measure	Year to be achieved and progress RAG rating				Lead	Comments	Update March 2019
			16/17	17/18	18/19	19/20			
								<p>opportunities.</p> <p>Link worker model which will be funded via the PCN DES will include a mental health element. Joint work being undertaken across health and social care to develop a model with PCNs.</p> <p>LTC Psychological therapies pilot has concluded. Access for LTC patients is now available via normal IAPT pathways.</p>	
Continue to implement fully integrated reablement and urgent non- elective H&S care services to enable citizens to be as independent as possible.	A reablement service offering the right level of care support and appropriate clinical interventions is accessible to citizens when they need it.	70% of citizens will increase their (activities of daily living) ADL outcome measure score on exit from the service.	✓ G					Yet to agree a standard care plan to roll out, however MH is part of the MDT core team so will be considered in the care planning process	As above, the Transforming Homecare group that report in to the Home First Group are undertaking route cause analysis. This will inform recommended actions that are required to fully align the Reablement Teams. The Transforming Home Care Group will take forward these actions as short, mid and long-term work-streams.
	Teams will be relocated with joint operational processes in place.	All 'supported' transfers of care from NUH will access reablement (unless there is a recorded reason for exclusion).	✓ G	✓ G	✓	✓			
	Access to the service will be through the community triage hub only to ensure appropriate utilisation of the service.	Alliance agreement in place to support service delivery through the Joint venture.	✓ A						

Action	Milestone	Success measure	Year to be achieved and progress RAG rating				Lead	Comments	Update March 2019
			16/17	17/18	18/19	19/20			
Children's Public Health and Early Help 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.	The integration process is well underway with 4 work streams established to progress key elements of the Transformation Plan. These include 'Places', to progress the co-location of staff within the 8 CDGs; 'Practice', to progress more consistent and integrated ways of working; 'People', to build on the joint training programme and 'Performance', to establish a shared outcomes framework and indicator set
	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 based on the model and learning from the Bulwell & Bulwell Forest Self-Care Pilot.	Complete evaluation of pilot to inform roll-out.	Evaluation report and recommendations published	✓ G				CCG/ICS Natalie Dunn Ciara Suart	Evaluation completed mid 2016. Social prescribing now rolled out citywide. Changes made to model – 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	Investment in Link Worker model via the Primary Care Network DES. Work taking place across health, social care and the voluntary sector to identify a model for Nottingham City. Review of current social prescribing service has been completed and will inform wider pathway work CCG review of 'Self Help Nottingham' underway Community asset mapping at PCN level underway.
	Establish strategy for city-wide roll-out defining which of the following elements will be used and where: <ul style="list-style-type: none">Social PrescribingCommunity NavigatorsWeb-based Self-Care DirectorySelf-Care hubs to access directoryCommunity clinics	Strategy agreed absorbed into STP priority 1.		✓ G					
		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			✓			
Agreement and sign-up of partners to rollout									

Action	Milestone	Success measure	Year to be achieved and progress RAG rating				Lead	Comments	Update March 2019
			16/17	17/18	18/19	19/20			
	plan Implementation	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.			✓			(Linda Sellers). Promoting through via LION.	Self-care app for COPD being rolled out across the City
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.	✓ G	✓ G	✓	✓	CCG/ICS	2016- Partnership with LAEO – Notts TV presence and leaflets	ICS Self Care Planning Group established to coordinate 2018 activities. Support included: •Shared events calendar •Helping organisations advertise self-care events •Social media campaign •Promotion of LION •Stakeholder event The first City specific Task & Finish group for social prescribing took place in April '19 and a follow up is scheduled for 8/5/19 to further review current services and explore future referral pathways, reporting mechanisms, structure and governance.
	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	self-care is contributing to citizens leading a healthier lifestyle. Self-care is contributing to citizens managing long term conditions.		✓ G	✓	✓	Natalie Dunn Ciara Stuart	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 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	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	askLiON 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	

Action	Milestone	Success measure	Year to be achieved and progress RAG rating				Lead	Comments	Update March 2019				
			16/17	17/18	18/19	19/20							
hub”.		The number of unique hits increase year-on-year.	Establish baseline (Mar17)	Target				wheel is being developed to help citizens, carers and the workforce access the information easily on askLiON and develop a person centred care plan that includes community connections alongside more traditional services and activities. askLiON is currently undergoing a refresh for the look and feel. The what’s on facility is currently being developed so that users can access activities more easily.					
				10k	20k	30k							
				Actual									
				41k G	61k G								
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				These targets are no longer representative of the directory. Work has been happening to include more diverse and interesting content and ensure that the site is more engaging for the user. Therefore, the numbers look different. In total there are 2,328 services on the site.					
				500	600	700							
		500 health care providers are signed up to the directory by 19/20		Actual									
				500 G	600 G								
		800 number of other providers of services signed up to directory by 19/20		Target									
				300	400	500							
	Provide accurate and up to date information to enable citizens to self-manage a range of	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	Actual				Establishing the baseline, new survey will be sent to measure the differences.			
						303 G						463 G	
						Target							
						600						700	800
		800 number of other providers of services signed up to directory by 19/20		Actual									
				1600 G	1363 G								
				Target									
				Actual									
				Target									

Action	Milestone	Success measure	Year to be achieved and progress RAG rating				Lead	Comments	Update March 2019
			16/17	17/18	18/19	19/20			
needs and empowering them with healthy choices.		providers reporting high level of satisfaction of services							
		Actual							
		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			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	Fully integrated “community front door” has been fully operational for over 18 months.
		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:- <ul style="list-style-type: none">To prevent a hospital admission / support a timely discharge;To prevent / delay residential care admissions;Adults with long term conditions;Adults with dementia;Adults with learning	There is a sustained increase in the number of citizens who have received support through AT to live independently.	Target				NCC/ CCG Clare Gilbert	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.	Use of Assistive Technology on a routine basis to help maximise independence & support comprehensive Care Act assessments & reviews in place in Adult Social Care. Additionally, pilot underway of use of new technological solutions to enable citizens with age related frailty & cognitive difficulties to mitigate some of the risks associated with living independently in their own homes.
			8071	9571	11071	12571			
		There is an increase in the satisfaction ratings from citizens and their carers who use assistive technology.	Actual						
			8300	9677	10216 (Q1)				
			Target						
			85%	87%	89%	90%			
Actual									
91%				93%	92%				

Action	Milestone	Success measure	Year to be achieved and progress RAG rating				Lead	Comments	Update March 2019
			16/17	17/18	18/19	19/20			
	<p>disabilities.</p> <ul style="list-style-type: none"> Disabled young people <p>High levels of user/carer satisfaction evidenced by evaluation.</p>								There has been continued growth in the number of citizens supported and reporting they are satisfied with the service. 7,300 citizens currently have equipment with a further 3,600 having been supported. This is partly due to the growth in citizens self-funding equipment and service where not meeting the funded service eligibility.
Theme 3: Citizens will have knowledge of opportunities to live healthy lives and of services available within communities									
Production of joined-up communications with Nottingham City CCG and the VCS via VAPN and CYPN on the integrated care agenda		Successful delivery of shared messages through local channels.	✓ G	✓ G	✓	✓	NCC James Blount	<p>Being done at STP level. Official comms protocol drawn up and agreed to ensure consistent messages from partners. Monthly meeting to manage this. VCS not yet involved.</p> <p>E.g. recent winter pressures campaign</p>	
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	

Action	Milestone	Success measure	Year to be achieved and progress RAG rating				Lead	Comments	Update March 2019
			16/17	17/18	18/19	19/20			
	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 <i>Time to Change</i> .	Time to Change (TTC) campaign takes place on an annual basis	✓ 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.	Working with a range of community groups across Nottingham to host high profile events including: Black History 365 LGBT Events South Asian Heritage Disability Received Stonewalls Top 100 status
	Equalities team to lead on 3 priority groups (BME, disabled and LGBT) targeted in communities.	HWB members support weeks of action led by equalities team.	✓ G	✓ G	✓	✓		LGBT - Supporting the CCG to carry out research around Mental Health within the LGBT community of Nottingham. International Day against Homophobia, biphobia and transphobia community event. Partnership with Notts County football Club to eradicate homophobia, biphobia and 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;	

Action	Milestone	Success measure	Year to be achieved and progress RAG rating				Lead	Comments	Update March 2019
			16/17	17/18	18/19	19/20			
								Celebration of Disability History Month.	
Communities will work together to develop a healthy, inclusive culture that is adapting to the needs of different citizens. Page 94	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	<ul style="list-style-type: none">➤ Nottingham holds WHO Age Friendly status.➤ An annual Ageing Well Day is held in the Old Market Square.➤ 'Age Friendly' monthly bulletin via 'Stayconnected' with a reach of >5k citizens➤ 'Take a Seat' is available at over 300 locations across the city.➤ 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.➤ Nottingham City Council is working towards Dementia Friendly City status.➤ The city's Cultural Partnership has prioritised health and wellbeing and a sub-group has been formed.➤ A loneliness forum is being held to explore how arts, culture and creative activities can increase social wellbeing.	
	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 Action Plan	Identify key stakeholders including, NCC, CCG and VCS representatives, to be part of the group to		✓ G	✓ A	✓ A	✓	NCC Peter Morley	An action plan has been established and is overseen by Nottingham's multi-agency Financial Resilience Partnership.	Recent work to review the commissioning of advice services for people facing financial difficulty has again highlighted

Action	Milestone	Success measure	Year to be achieved and progress RAG rating				Lead	Comments	Update March 2019
			16/17	17/18	18/19	19/20			
Page 66	drive the creation of the strategy	There will be a coherent and joined up strategy and action plan in place to improve financial resilience in Nottingham City. This will have been signed off by and be governed via the Health and Wellbeing Board.							<p>opportunities to strengthen the City's response to tackle financial difficulty and over-indebtedness.</p> <p>The Council is exploring the options for a new programme of work to make sure that key actions to help reduce poverty and financial difficulty are delivered. The participation of partner organisations (across sectors) able to have an impact in reducing financial difficulty is to be sought as part of this work.</p>
	Commitment and resources secured to progress the development of the plan		✓ G	✓ A	✓ A				
	Priorities for action identified with SMART actions for implementation		✓ G	✓ G	✓ 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	✓ A	✓ A	✓			
Page 67	Implement a shared approach to accessing and assessing for financial vulnerability for advice services in Nottingham.	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	✓ G	✓ G			<p>Workshops held around 'asking the right questions', 'actioning the right triage', 'identification of wider issues', 'appropriate assessment and signposting'</p> <p>Some of the previously secured Transformation Challenge Funding will now be used to transform services to mitigate the impact of funding cuts.</p> <p>Analysis will be undertaken between March and June 2018 to understand if the shared telephone number is still viable in light of funding reductions</p>	<p>New approaches to allow for shared access arrangements and the provision of a clearer 'front door' to advice services are being considered through a commissioning review currently in progress. The aims of this work are to ensure that more people experiencing (or at risk of) financial difficulty are able to access assistance and that more people receive support sooner before their problems worsen. Plans for a new approach are expected by Autumn 2019 for implementation</p>
	Develop shared assessment approach with providers								
	Roll out shared assessment methodology across advice services in Nottingham		✓ G	✓ G	✓ G				
	All providers using shared assessment process principles standardised quality, processes and positive outcomes for citizens across advice services in Nottingham		✓ G	✓ A	✓ A				
	Analysis work to scope the feasibility,		✓ R	✓ R	✓ A				

Action	Milestone	Success measure	Year to be achieved and progress RAG rating				Lead	Comments	Update March 2019
			16/17	17/18	18/19	19/20			
	practicality , potential benefits and timescales of implementing a shared telephone number and access arrangements for advice services in Nottingham.								from Spring 2020
Introduce new approaches to help prevent or intervene sooner against financial difficulty	Develop and agree proposals to use Transformation Challenge Fund and reinvestment monies to reduce the occurrence and/or severity of financial difficulty. Examples (to be agreed) include: <ul style="list-style-type: none"> • Training for frontline staff (e.g. from health services, social care, support for families and VCS) to aid earlier detection and support • Preventative courses or other advice / information for citizens at risk • Locating advisors within other services including VCS 	Evaluation indicates that people have been helped to avoid the occurrence or escalation of financial difficulty through access to preventative advice and support	✓ R	✓ R	✓ A			To be funded via Transformation Challenge Award – being re-evaluated considering the current financial situation.	Activities to intervene to prevent financial difficulty are being considered for inclusion in the new programme of work to tackle poverty and financial difficulty in the City
Develop locality based	Groups will be supported to identify	Increased successful activity in locality		✓ A	✓ A			Consider Area survey to be conducted via Area	There is still evidence of different take up of advice

Action	Milestone	Success measure	Year to be achieved and progress RAG rating				Lead	Comments	Update March 2019
			16/17	17/18	18/19	19/20			
services e.g advice centres/surge ries in communities to serve specific local needs	opportunities to: <ul style="list-style-type: none"> • 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. 	<p>areas with higher need evidence through the annual report.</p> <p>Fairer access to assistance in line with need across the City</p>						<p>Teams/Councillors to measure perceived impact.</p> <p>Switch to Universal Credit is currently on pause.</p> <p>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.</p> <p>Local area committees have had presentations aimed at sharing learning about local financial vulnerability issues.</p> <p>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.</p>	services across areas of the City with similar levels of deprivation. A current review of advice services is considering opportunities to address this disparity to encourage fairer access according to need. Plans for a new approach are expected by Autumn 2019 for implementation from Spring 2020.
Voluntary and Community Sector Actions led by NCVS									
VCS organisations will have an understanding of the self-	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	✓ 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	Funding for the networks from the council and CCG came to an end last March so naturally there has been a decrease in the
	Delivery of Training for VCS on MECC and			✓ G	✓	✓			

Action	Milestone	Success measure	Year to be achieved and progress RAG rating				Lead	Comments	Update March 2019
			16/17	17/18	18/19	19/20			
care agenda and how they can contribute to the integrated care agenda.	self-care	information to inform contribution to the integration / self-care agenda.						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.	health based work we would have completed previously VAPN and CYPPN agenda items on the ICS and social prescribing. NCVS continues to represent the networks at a wide range of ICS meetings. VCS is kept informed via network meetings (bi-monthly) and email updates (fortnightly). Following feedback regarding concerns about the NHS England agenda to push social prescribing out a VCSE position statement on social prescribing has been written following 2 months of consultation. NCVS has undertaken considerable work since September to ensure the VCS has a voice in the development of the ICS and Community Centred Approaches specifically. NCVS is a core group member participating in the Building Health Partnerships project which is focused on DTOC, specifically people going home with dementia. We are hoping to engage 25 organisations across Greater Notts.
	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 Organisation s 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	✓	✓			

Action	Milestone	Success measure	Year to be achieved and progress RAG rating				Lead	Comments	Update March 2019
			16/17	17/18	18/19	19/20			
									Not aware of who the community navigators are or where the community clinics are based.

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Health and Wellbeing Strategy 2016-2020 Outcome 4: Healthy Environment Report

Compiled by	Robert Stephens Jennie Maybury Eddie Curry Gillian Moy Matt Gregory Richard Taylor	Reporting period From: March 2018 To: March 2019	
Completed by			
HWBB meeting date	30 th May 2019	Next meeting this priority outcome will be discussed	

<p style="text-align: center;">Priority Outcome 4: Nottingham's Environment will be sustainable – supporting and enabling its citizens and wellbeing to have good health</p>			
Priority Actions: By 2020 Nottingham will be a city where:			
A. <i>Housing</i>: will maximise the benefit and minimise the risk of health of Nottingham citizens.			
B. <i>Built Environment</i>: will support citizens leading healthy lifestyles and minimise the risk of negative impact upon their wellbeing.			
C. <i>Transport</i>: Children and adults will be able to engage in active travel.			
D. <i>Parks and Green Spaces</i>: Children and adults will have access to and use of green space to optimise their physical and mental wellbeing.			
E. <i>Air Quality</i>: Air pollution levels in Nottingham will be reduced. (to agreed standards)			

Executive summary

This report informs Health and Wellbeing Board members of the progress and continuing challenges that exist locally in advancing the Health and Wellbeing Strategy Healthy Environment Outcome. The report covers the five themed areas relating to housing, the built environment, transport and active travel, parks and green spaces and improving air quality.

A. Housing

Housing is a priority within the Healthy Environment outcome of the HWBS because through housing strategy and good quality housing provision Nottingham can maximise the benefit and minimise the risks to health of citizens.

The HWBS aims to achieve this through improving housing standards and direct support to vulnerable people who may be at risk of homelessness and to work with housing providers to support people to live healthier and independent lives at home.

Clear strategic planning and improved housing provision can maximise the benefit and minimise the risk to health of citizens.

Progress and key areas of development include:

- Developed a common discharge scheme across the whole STP footprint, now seen as an example of good practice nationally.
- Hospital to Home (H2H) project was funded until March 2019, this has now been extended and a new jointly funded post is based in NUH.
- Introduction of the homeless prevention strategy, requirements to refer those at risk, now implemented nationally.
- NCC working with boroughs and districts to pilot the ALERT software so colleagues have a single process to follow.
- On the 1st August 2018, the selective licensing scheme came into force and a framework of regulations to ensure minimum standards of safety and management.
- A rogue landlord team has been implemented to focus on the worst properties.
- Develop a programme of energy efficient properties to reduce health impact from cold homes and fuel poverty.

Key actions:

- Named contacts from Adult Social Care, NUH trust and Nottingham CCG to coordinate the new Homelessness Prevention Strategy.
- Targeting landlords and properties with very low (F and G) rated EPD certificates as part of the proactive selective licensing work.
- New policy post in place in Energy Services to assist with co-ordination of energy efficiency, fuel - poverty and health integration in housing and links to energy strategy development at local and regional level.

B. Built environment - Consider the impact of planning decisions upon health and

wellbeing.

The environment and the way it is planned can have significant impacts on health and wellbeing outcomes. Creating an environment in which people can live healthier lives with a greater sense of wellbeing is hugely important in reducing health inequalities.

Local building and planning policies that aim to achieve a high quality environment, non-threatening and accessible open spaces, opportunities to grow healthy food along with planning controls on access to energy dense food can encourage healthy activities and help to tackle obesity.

Progress and key areas of development include:

Planning decisions are made in context of national and local policy – the national Planning Policy Framework and Local Plan respectively.

The Local Plan has policies on;

- Open spaces in new development
 - Control of developments affecting Allotments
 - Location of community facilities
 - Policies around active travel , e.g. cycle parking, pedestrianisation
 - Control of hot food take a ways near schools
- **Tackling Obesity: Controlling Hot Food Take A ways near secondary schools.**
Childhood obesity/overweight is a particular problem for Nottingham and obese/overweight children are more likely to become obese/overweight adults
- **New Housing Development Has Access to Good Quality Open Spaces.**
Exploring options for creating a built environment that enables good health and good quality open spaces increasing the opportunity for active outdoor activities such as walking and playing sport.

Key actions:

- The inspector at the local Plan Examination has concluded that there is insufficient specific evidence to support a policy restricting hot food takeaways near schools. A main modification will therefore be made to the plan to remove this policy
- The approach to open space has been supported by the Local Plan Inspector, and a draft Supplementary Planning Document has been prepared for consultation which revises the contributions of open space or commuted sums required from new residential and commercial development. It is proposed that consultation take place after the elections, with adoption in the autumn.

C. Transport and active travel

The scientific evidence regarding the impacts of air pollution on health is very clear. Transport is a major source of air pollution and accelerating transition to sustainable travel options including low emission vehicle fleets will help to improve air quality and increase physical activity.

Progress and key areas of development include:

Air Quality - The city council is now under ministerial direction to implement this plan. Early indications show that the improvements have resulted in a reduction in concentration of Nitrogen Dioxide.

Active Travel - Numbers of people cycling in Nottingham is continuing to rise. The City Council is continuing to invest in cycling and has recently opened a new bridge specifically for cyclists over the railway to link university boulevard to the boots site. Other investments include improvements to cycling links on the ring road.

Electric Vehicles - The City Council is continuing to support other Public Sector organisations through our Workplace travel service 16 grant applications have been approved to date with roughly 50% spent on cycling infrastructure provision and 50% on EV charging point grant support. Charge points have been delivered to East Midlands Ambulance service, fire service and Nottingham City Homes.

In addition using Grant funding from DEFRA the City Council has is replacing its own fleet of vehicles with EV's these include mini busses, street sweepers and cage tippers.

A package of measures aimed at helping taxi drivers to convert to EV's has been launched the measures include subsidised licensing, a try before you buy scheme, Grants for Home charging equipment and the creation of a EV only taxi rank.

Recent developments - Transport Strategy is working with Department of Transport to develop a package of measures aimed at supporting active travel and public transport through the Transforming cities bid competition. In addition the Future Mobility Zones area is now beginning to develop this work will be focussed on developing areas where technology can be used to enhance public transport and reduce congestion.

Risks and challenges - In the last update, Transport Strategy reported that we were working with WEGO couriers to develop a Clean Air Delivery Project. This project has now been halted due to legal problems with its delivery. WEGO are currently writing up a short report outlining the learning from the project so far.

Uncertainty over funding for 2020/21 onwards - Many of the above activities achieved to date have been dependent on successful bids for external grant funding - current Local Growth Funding packages for cycle infrastructure projects end in 2018/19 and Access Fund and Go Ultra Low programme funding ends in March 2020. However transforming cities funding should help to alleviate this issue.

D. Parks and green spaces

Parks and Green Spaces have for many years been linked to both social and health benefits for those that access it. This assumption is now supported by a growing body of robust research, which identifies that high quality green spaces brings considerable benefits to the local economy ,the environment and to people's physical and ,mental health in particular in terms of reducing obesity , decreasing the risk of coronary disease and strokes, and improvements in mental health and wellbeing.

An environment that encourages walking and cycling can also support the local economy, providing a vibrant and attractive neighbourhood. Access to attractive green spaces, aside from encouraging physical activity, can also improve mental wellbeing and help support social inclusion and community cohesion.

Progress and key areas of development include:

- Continued expansion of cycle and walking routes through parks and green spaces, new footpaths upgraded at Forest park, Valley road, The Arboretum woodland walk, Colwick country Park, Bilborough Park, Whitemore nature reserve and Highfields Park. Walking maps produced for all Major parks in the city.
- During last year the Parks and Open Spaces, the Street scene and Grounds maintenance teams have now been fully integrated. This merger has brought together the two teams under one Public Realm management structure.
- The POS team have recently applied for a new organisational fund called the "Future Parks Accelerator Fund", Nottingham city council has been shortlisted and an announcement will be made in June 2019 about which LA have been successful.

Key action:

- Work with partners to identify and link up Parks and Open spaces via improved cycle and walking routes.
- Identify opportunities to improve parks and green spaces infrastructure including cafes, toilet facilities, footpaths, cycle parking, lighting, biodiversity and maintenance standards.
- Deliver and develop a citywide programme of park based activities and regular community engagement to encourage local citizens participation in their communities
- Ensure new housing developments (above 10 homes) makes provision for open space (new or qualitative improvements to nearby existing)
- Seek to adopt Green flag standards for parks, Open space s and within housing areas of the city.

E. Air Quality

Air pollution adversely effects people's health. Long-term exposure to air pollution at the

levels experienced in many Town and Cities in the UK, including Nottingham, causes respiratory and cardiovascular disease and lung cancer. Short-term exposure to episodes of elevated air pollution also leads to a worsening of symptoms for those with existing asthma, respiratory or cardiovascular disease, and can trigger acute events such as heart attacks in vulnerable individuals.

Progress and key areas of development include:

- Reduce emissions from HWB partner organisations, transport and buildings; contributing to a reduction in nitrogen dioxide (NO₂) and particles, assisting local authorities to meet national air quality targets.
- Promote and publicise action and measures; that improve air quality amongst service users, partners' organisations and suppliers.
- Carbon footprint reduced by 4% from 26,839 tCO₂e in 2014/15 to 25,861 tCO₂e in 2018/19. We achieved this improvement in our performance, despite the fact that the number of 999 calls we received increased by 22% over the last four years.

A detail analysis of our carbon footprint show that we achieved a 21% reduction in the carbon we emit for every 999 call we received during the 2018/19 financial year compared to our 2014/15 baseline.

Key action:

- Local transport plan and active travel plan
- Transition to ultra-low and zero emission vehicles
- Promote alternative modes of sustainable travel and transport for all users
- Increase electric vehicle charging points

Full reports and Key Progress

A. Housing – Background

The priority for Housing is to maximise the benefit and minimise the risks to health of Nottingham's citizens.

Progress against headline metrics from the Environment action plan

Present the latest data for the headline metrics and KPIs for each environment theme

Excess winter deaths index: (3 years, all ages) PHOF 4.15iii			
2014 - 2017	England Average 21.1	Nottingham 24.1	
Fuel Poverty: PHOF 1.17			
2016	England Value 11.1%	Region Value 11.7%	Nottingham 14.6%
Contribute to reducing the percentage of children aged 10-11 years with excess weight to the top 4 core cities average PHOF 2.06ii			
2017 - 2018	England value 34.3%	Region value 34.2%	Nottingham 40.8%
Increasing percentage of active adults to top 4 core cities average (150 minutes a week equivalent) PHOF 2.13i APS			
2016 – 2017	England value 66.0%	Region 65.0%	Nottingham 65.3%
Decreasing percentage of inactive adults to the top 4 core cities average (<30 minutes per week equivalent) PHOF 2.13ii			
2016 – 2017	England value 22.2%	Region 23.1%	Nottingham 23.3%
Percentage of people using outdoor spaces for exercise: PHOF 1.16			
2015 – 2016	England value 17.9%	Region 18.5%	Nottingham 15.6%

- Fuel poverty is on a downward positive trend but it's not significant to England Average.
- Increase in number of active adults.
- Inactive adults is lower than England average, but no significant difference to England average.
- Increase in use of outdoor spaces for exercise.

Develop joint housing actions to prevent hospital admissions, reduce re-admissions, and speed up hospital discharge

A lot of work has been done to develop a common discharge scheme across the whole of the STP footprint. This has been held up as an example of good practice nationally, however it has been difficult to secure funding for the scheme both within the City and within mid Notts.

The Hospital to Home (H2H) project in the City has been funded until March 2019. It has been extended and there is now a post based within the NUH. This post is jointly funded by the County CCG and in addition to referrals within the City; we are also making referrals to the local authorities in Greater Notts. This is a new post and no data is yet available, but early indications are that this is a much valued post and is already producing some good outcomes for both health and adult social care. The Environment Housing lead is due to spend a day shadowing the post holder in May.

The 2017/18 evaluation report for the scheme was shared with the HWB Board in May.

The link to the report is: [Housing to Health - Nottingham City Homes](#)

Status - GREEN

Enable local health, housing and social care partners to identify and fulfil their role in preventing homelessness, reducing repeat homelessness and meeting the health and wellbeing needs of homeless people

The City's new Homelessness Prevention strategy will be released for consultation in early September. It is a statutory requirement for the strategy to be developed by a cross-sector partnership and therefore health and adult social care need to engage with the consultation process.

The new strategy contains a charter which sectors / organisations (including health and adult social care) are being asked to sign up to. The sign up should be in the form of a pledge identifying commitment to homelessness prevention and identification of a number of actions the sector/organisation will take forward.

The last time this update was provided we requested a named contact point from Adult Social Care (ASC), Nottingham University Hospital (NUH) Trust and Nottingham City Clinical Care Group (CCG) who could help to drive this forward within the organisations. However, we have not received any feedback on this.

The new requirement for public bodies to refer people at risk of homelessness for support will be implemented nationally in October. NCC is working with boroughs and districts within the county to pilot the ALERT software across the county so health colleagues have a single process to follow.

There is some involvement from health on an operational level and colleagues within the ASC, CCG and NUH have been supporting housing colleagues to raise awareness. We are also working with Public Health England to work up promotional materials. It would be helpful if there can be an identified route for widespread dissemination of this information.

Homelessness is continuing to increase and the number of rough sleepers and people requiring temporary accommodation is a significant issue. There remain a high proportion of single homeless people with mental and physical health issues who do not seem to be in receipt of appropriate support (the right type of supported accommodation to meet their needs is not available).

We are currently exploring ways of delivering Housing First provision within the city and it would be useful to involve health / ASC colleagues in the discussions to ensure assessments and necessary provision can be linked in.

Status - AMBER / RED

Ensuring homes are safe and well managed protecting the health and wellbeing of tenants

The scheme of Selective Licensing bringing in 32,000 homes into a framework of regulation to ensure minimum standards of safety and management came into force on 1st August 2018. As well as looking at housing condition, outcomes will include tenancy and health protection, homelessness prevention, safeguarding and the ability to signpost citizens for key areas of support.

As this scheme is implemented further, potential benefits will be explored which could include links to for example the hospital discharge schemes. Priorities for delivery of inspections will include the areas identified in the BRE report on housing condition.

A Further dedicated rogue landlord team is in place focussing on the worst properties with history of poor management. As part of this and the routine work of the team there are joint operations to deliver wider benefit than housing conditions; outcomes have included tenant protection, safeguarding, homelessness prevention, housing related crime responses and responses to exploitation including modern day slavery .

There has been significant work with other service areas, organisations, partners and reaching into communities especially emerging communities about housing expectations, safer homes and tenancies and the housing service offer. Visits and investigations will include partners and as appropriate community and voluntary sector support.

There has been increased work on tackling excess cold including bids for supportive funding to assist landlords and tenants with property improvement

Status - GREEN

Develop a programme of energy efficiency works, targeting poorly performing homes, to reduce the health impacts from cold homes and fuel poverty

Success Measures:

Highest core city for ECO funding by 2019 - There isn't currently any spend figures available for measuring this. There are measures installed available instead

Core Cities ECO measures per 1,000 homes	Jan 2016 – March 2018
Manchester	52.0
Birmingham	42.7
Nottingham	40.8
Leeds	38.1
Liverpool	30.0
Sheffield	26.5
Bristol	16.2
Newcastle	15.9

Number of landlords and owner occupiers improving their homes to EPC C or above.

Nottingham is working towards the national target to eliminate E, F and G EPC rated homes occupied by fuel poor households by 2025, where practicable. The latest figures for Q2 of 2018 have shown progress with removing poor EPCs in Nottingham, with 3,368 undertaken across all tenures.

Q2 2018 EPC undertaken saw **G 0.2%, F 1.5%, E 12.5%**, compares with **Q1 G 0.3%, F 2.0% and E 14.1%**.

Below figures document recent EPCs by core city, and the last 5 quarters of EPCs for Nottingham, respectively.

Q2 2018		A	B	C	D	E	F	G	EFG
Bristol	2874	0.4%	7.9%	27.6%	43.1%	17.8%	2.5%	0.3%	20.6%

Leeds	4745	0.4%	11.8%	22.5%	44.6%	16.4%	2.8%	1.1%	20.3%
Birmingham	5102	0	9.0%	28.4%	44.2%	15.3%	2.8%	1.0%	19.1%
Sheffield	3453	0.2%	8.6%	35.4%	40.7%	14.1%	1.8%	0.9%	16.8%
Nottingham	3,368	0.38%	13.2%	31.8%	40.1%	12.5%	1.5%	0.2%	14.2%
Liverpool	3015	0	18.1%	31.8%	37.7%	9.6%	1.7%	0.9%	12.4%
Newcastle	2100	0	12.2%	34.7%	42.5%	8.8%	0.9%	0.2%	9.9%
Manchester	3145	0	13.9%	40.0%	36.3%	8.1%	1.0%	0.5%	9.6%

Number of Lodgements by Energy Efficiency Rating

Quarter	Local Authority	A	B	C	D	E	F	G	F+G	Number of Lodgements	F+G
2018/3	Nottingham										
2018/2	Nottingham	13	446	1072	1353	424	52	8	60	3,368	1.7%
2018/1	Nottingham	41	170	495	1,015	292	43	7	50	2,063	2.4%
2017/4	Nottingham	22	239	1,064	1,088	259	51	9	60	2,732	2.2%
2017/3	Nottingham	13	177	396	572	265	46	13	59	1,482	3.9%
2017/2	Nottingham	10	293	704	861	304	79	13	92	2,264	4.0%
2017/1	Nottingham	2	148	434	974	394	93	20	113	2,065	5.4%

All homes meeting the EPBD requirements

By law, under the EPBD, all new homes are required to have an Energy Performance Certificate, when constructed, sold or let. Copies of all certificates are available at <https://www.epcregister.com/> . It is not currently possible to verify the extent to which the requirement is being adhered to.

Reduction in the number of households living in fuel poverty and/or at risk of excess seasonal deaths

English Core Cities	2012/13	2013/14	2014/15	2015/16	2016/17
Liverpool	14.4%	14.5%	14.3%	14.3%	17.0%
Birmingham	20.1%	18.9%	14.1%	15.6%	16.8%
Manchester	15.9%	14.9%	14.5%	15.3%	16.2%
Nottingham	18.4%	14.0%	12.6%	15.8%	14.6%
Newcastle upon Tyne	13.4%	13.0%	13.3%	14.8%	14.4%
Leeds	11.6%	11.6%	11.9%	13.5%	13.1%
Sheffield	11.3%	10.9%	12.4%	12.3%	12.2%
Bristol	11.1%	13.2%	13.5%	12.9%	10.8%

Nottingham's Low Income High Cost (LIHC) Fuel Poverty rate for the last five years of data

against other Core Cities. Nottingham's rate spiked in 2015/16 after several years of falling, but has fallen again in the past year. It is now ranked 19th worst LA area in the country for Fuel Poverty, with an estimated 18,980 households affected.

During the winter of 2017/18 the city had a Cold Weather Provision Plan. This went further than the statutory requirements of the Severe Weather Emergency Protocol (SWEP). The ratio of excess winter deaths to average of non-winter deaths in 2013-2016 was 22.9%; the highest ratio of the core cities and higher than the national rate at 17.9%. This period equates to 499 excess deaths in Nottingham.

Milestones:

Review survey data / BRE Study data and access landmark data to target poorest performing homes / low income areas

This will be picked up in the forthcoming FP strategy action plan. Data is being reviewed as part of reporting processes and was utilised in the strategy development.

Review of current front line staff training and referral processes and identify any opportunities for improving value for money and outcomes

No update at this time

Increase level of ECO funding used in Nottingham for affordable warmth measures

Nottingham & ECO measures	Dec 2017	March 2018
Measures	17,599	17,811
Carbon Saving Target	5,948	6,007
Carbon Saving Community insulations	5,857	5,857
Affordable Warmth	5,794	5,947

Produce Nottingham fuel poverty and energy efficiency strategy

A new city-wide Fuel Poverty strategy for the period 2018 – 2025 has been consulted upon and a final draft has been agreed. The central aim is to reduce energy bills, increase thermal comfort and well-being in the coldest and most vulnerable homes and to improve Nottingham City's Fuel Poverty rate.

It will be launched on the 17th September with Cllr Longford speaking at the opening of the NEA annual conference held in Nottingham and will be signed earlier in the day at a city-centre public fuel-poverty advice and engagement event using the Fantastic Homes vehicle and advisors from Marches Energy through the Derbyshire and Nottinghamshire Local Authorities' Energy Partnership

Deliver programme of activity on enforcement by Environmental Health, including

but going further than EPBD, and linking to facilitation of energy improvement works and developing sustainable financing models such as equity release

The Private Rental Sector are three times more likely to be living in fuel poverty, and the Environmental Health Safer Housing team pledge to tackle this as part of their enforcement responsibilities through Minimum Energy Efficiency Standards (MEES) legislation and the Housing Act 2004 including selective licensing.

Safer Housing will enforce the new regulations which means that, in the long term, all rented accommodation should be an EPC E rating or above. This is in line with the UK government targets of all fuel poor properties reaching an EPC rating of E by 2020, D by 2025 and C by 2030 (where practical, cost-effective and affordable).

Safer Housing will enforce these regulations alongside their work on properties where there is category 1 hazard of excess cold.

The aspiration of an equity release has already been achieved by Nottingham City Council and the home improvement project run with Age UK Notts, Preventative Adaptations and the City's procured finance provider, Street UK has been running in excess of 5 years, with great success.

Age UK have suggested that perhaps this model could be enhanced to incorporate more home energy-efficiency measures.

Working with Universities to analyse dwelling types and road maps to EPC C or above, and developing innovative (cost effective) solutions for hard to treat homes

No update at this time

Bring together an evidence base to show the impact of cold homes on health and the impact of energy efficiency work on health budgets.

The Energy Policy team are planning to address this in the new action plan with DEEFP partners, and other health and insight stakeholders in the city. The strategy references a number of impacts of cold and fuel-poverty upon health and wellbeing, including mental health and childhood development impacts.

Status - GREEN

Recent developments

N/A

Develop joint housing actions to prevent hospital admissions, reduce re-admissions, and speed up hospital discharge

The Hospital Co-ordinator post for the H2H scheme has been jointly funded by the County. There were delays in securing funding for the H2H project for 2018/19 and there is uncertainty as to whether the scheme will be funded beyond this.

Earlier referrals for Assistive Technology (AT) to support discharge, but also prevent admission and readmission are needed.

H2H project has been the subject of several national reports, including Kings Fund The Housing Lead was asked to give evidence at a Parliamentary Select Committee in December 2017. The outcomes from the Committee were reported and can be accessed through the following link

<https://publications.parliament.uk/pa/cm201719/cmselect/cmcomloc/370/37002.htm>

The housing work within Nottingham has also been reported with the Kings Fund Report on Housing and Health

<https://www.kingsfund.org.uk/publications/housing-and-health>

The H2H project has also featured in a report produced by the National Housing Federation

<https://www.housing.org.uk/partnership-case-study-hospital-to-home-by-nottingham-city-homes/>

Enable local health, housing and social care partners to identify and fulfil their role in preventing homelessness, reducing repeat homelessness and meeting the health and wellbeing needs of homeless people

The Homelessness Reduction Act has introduced a new statutory duty on all public bodies (including health and social care) to refer people for support if they believe them to be at risk of homelessness. Gary Harvey has been delivering a programme of training sessions to inform local stakeholders about the new legislative requirements.

NCC is working with NPSS to pilot some software that supports the referral process. It would be worthwhile for health and adult social care to participate in this pilot and be upstream of the processes they will need to implement when this part of the legislation comes into force in October 2018.

Ensuring homes are safe and well managed protecting the health and wellbeing of tenants

Secretary of State approval for a Selective Licensing bringing 32,000 homes into a framework of regulation received national recognition.

Dedicated rogue landlord team is in place focussing on the worst properties and more citizens unsatisfied with their housing conditions have been reached last year than ever before and the number of known properties improved is just below 500.

Develop a programme of energy efficiency works, targeting poorly performing homes, to reduce the health impacts from cold homes and fuel poverty

There are a range of initiatives and funding applications being worked upon that relate to domestic energy efficiency, Warm Homes and fuel-poverty. For example, the European funded, Horizon 2020 REMOURBAN project. This has had a particular focus on retrofitting older housing to become more energy efficient.

With a high instance of fuel poverty Sneinton was selected to be Nottingham's demonstrator area as the interventions would be able to have a significant impact on these households. The project included:

- Treating over 400 Nottingham City Homes properties and private houses in the Windmill Lane area with energy saving measures such as insulation and LED lighting to

make them warmer and reduce energy bills

- Piloting the UK's first Energiesprong retrofit on 10 homes, upgrading them with new outside walls and windows, a solar roof, and a state of the art heating system extending the district heating network to 94 homes
- A number of events will take place this winter using the Fantastic Homes van and Marches Energy advisors, along with NCC staff, to offer advice to members of the public at key locations around the city.
- In addition, residents will have access to a website on affordable warmth to get advice and the energy policy team will receive further support through the LAEP. Through the DEEFP group, a new winter messages communications plan is being developed, including a refreshed leaflet for partners to distribute to ensure residents are able to access support and maximise the uptake of available support.

¹ <http://www.nottinghamcity.gov.uk/community/remourban/>

Other projects tackling fuel poverty include;

Warm Homes on Prescription (WHOP) - Local authorities in Nottinghamshire (currently excludes the City) are working together and with health partners, environmental health officers and 3rd sector organisations do deliver an innovative way for the health service to 'prescribe' warm and healthy housing across the area.

The project works with partners to identify 'high risk' patients with long term conditions which are made worse by cold living conditions, particularly COPD and other respiratory diseases and those at risk of heart attack, stroke and falls. If they are on low income and struggle to keep their homes warm in winter they will be offered assistance from the project.

Jonathan Ward, the new Principal Energy Policy Officer and chair of DEEFP, has been invited to join the board of the WHOP programme. It is hoped there will be more to report on this soon.

Age UK Notts, Safe & Sound service (previously the; Home Safety and Improvement Service). This project targets energy inefficient homes through a project funded by Age UK England and E-on.

For over 5 years Age UK Notts has provided free comprehensive Home Energy Checks to hundreds of older people during the winter months, assessing energy usage in the home and advising on how to use energy more efficiently.

This project is unique in that it includes the fitting of free energy saving measures, such as boiler jackets, radiator foils and energy saving light bulbs during the home visit, resulting in the average home saving £37 each year on bills. In the last three years this has saved over £11,000 in fuel bills for older people in Nottingham City.

Risks and Challenges:

Uncertainty about the future of the project makes it difficult to plan and can hold back innovation. It also means we run the risk of losing staff who are dedicated to the project. We are constantly evaluating the project for future funding, which comes at a cost when we need to focus on delivery.

The decommissioning of the dual diagnosis service is likely to increase the risk of homelessness for people who will be left unsupported. The decision seems to have been taken without consultation with the housing sector about the impact. It is also not in line with the findings of the recent research commissioned by the CCG on mental health and homelessness which recommends the provision of dual diagnosis and other multi-needs services to tackle the social exclusion that leads to homelessness.

Ensuring homes are safe and well managed protecting the health and wellbeing of tenants

Priorities for delivery of inspections will include the areas identified in the BRE report on housing condition to mitigate the greatest risks. Identifying the worst first (F and G EPC rated properties) for inspection. Work of Rogue Landlord team also targets enforcement action against worst landlords.

The strategy identified a few headline risks and challenges, in addition to those that are long-standing such as resource constraints, rising unit costs of energy and low income levels in the city:

- The low-carbon agenda has previously had areas of conflict with addressing fuel poverty pressures
- Funding has been a significant limitation with the removal of several energy efficiency schemes through the government and energy companies. It is estimated that about £15.4 billion of funds are needed nationally to deliver the UK 2030 target of all fuel poor properties to have an EPC C –rating
- After achieving many simpler and cost effective changes this leaves harder to treat properties
- Private Rental Sector legislative framework provision is currently only for improvement to band E EPC and without landlord contribution
- Leaving the European Union may jeopardise the continuation of existing funding opportunities
- The Home Improvement Agency, run by Age UK, was de-commissioned in March 2018. The scheme was designed to support older vulnerable home owners with essential repairs and energy efficiency and health interventions. This is a potential risk to the cohort this scheme addressed. This will be considered in the forthcoming Fuel Poverty action plan.

Recommendations

General Point - recognising the role housing plays in improving health outcomes for the citizens. The role housing workers can play as part of the wider health workforce.

- Commitment to the project beyond March 2019
- Referrals to the H2H project to maximise early intervention/prevention opportunities
- Referrals for Assistive Technology services which are part of the early intervention/prevention initiative

- Named contacts from Adult Social Care, NUH Trust and Nottingham City CCG to help coordinate and drive input into the new Homelessness Prevention Strategy.
- Nominated officers to support the pilot of the 'duty to refer' software within the health and social care sectors.
- Consideration of how health, housing and adult social care can develop and deliver joint preventative initiatives that reduce the risk of homelessness, positively impact on health and wellbeing and reduce the costs to the health and adult social care system.
- Support for the selective licensing scheme from all partners
- Reporting any properties of concern that agencies come across
- Targeting those properties with very low (F and G) rated EPC certificates as part of the proactive inspection selective licensing work

Develop a programme of energy efficiency works, targeting poorly performing homes, to reduce the health impacts from cold homes and fuel poverty

- Support and dissemination for the new citywide Fuel Poverty Strategy 2018-2025
- New policy post in place in Energy Services to assist with co-ordination of energy efficiency, fuel-poverty and health integration in housing and links to Energy Strategy development at local and regional levels.
- There are plans to have further discussions with other health partners in Nottingham to examine ways to work together to combat issues such as under heating, excess cold, fuel-poverty and summer overheating.
- Aspiration to bring together partners to develop sustainable business models and trials for domestic energy efficiency /healthy homes interventions that use savings from both reducing admissions of vulnerable people and allowing more effective discharge back into homes that are/ were previously unsuitable.
- The board may wish to note that the latest English Housing Survey (2016-2017) states that the largest proportion of home owners are older people and that age of home owners is older than 20 years ago, with older persons being most vulnerable to excess winter deaths.
- It is therefore for the board to consider that older people could be mentioned within their strategy as a 'Priority Group' under Housing as well as including relevant and related actions to support this

B. The Built Environment – Background

The Built Environment: will support citizens leading healthy lifestyles and minimise the risk of negative impact upon their wellbeing.

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

Consider the impact of planning decisions upon health and wellbeing

Planning decisions are made in the context of national and local policy - the National Planning Policy Framework and the Local Plan respectively.

Local Plan has policies on;

- Open space in new development
- Control of development affecting Allotments
- Location of community facilities
- Policies around active travel, eg cycle parking, pedestrianisation
- Control of hot food take-a-ways near schools

Two key actions:

- ***Tackling Obesity - Controlling Hot Food Take A ways near secondary schools***
Childhood obesity/overweight is a particular problem for Nottingham and obese/overweight children are more likely to become obese/overweight adults
- ***New Housing Development Has Access to Good Quality Open Spaces***
Good quality open spaces increases the opportunity for active outdoor activities such as walking and playing sport. It also includes site specific development principles for the sites that are allocated within it, which include for instance, open space requirements.

Progress against headline metrics from the Environment action plan;

Tackling Obesity - Controlling Hot Food Take A ways near secondary schools

The Inspector at the Local Plan Examination has concluded that there is insufficient specific evidence to support a policy restricting hot food takeaways near schools. A Main modification will therefore be made to the Local Plan to remove this policy.

New Housing Development Has Access to Good Quality Open Spaces

The approach to open space has been supported by the Local Plan Inspector, and a draft Supplementary Planning Document has been prepared for consultation which revises the contributions of open space or commuted sums required from new residential and commercial development. It is proposed that consultation take place after the elections, with adoption in the autumn.

Progress against stated actions

(Inform the HWBB of the progress made against each action in the Environment Action plan using a RAG rating)

Tackling Obesity - Controlling Hot Food Take-A-Ways near secondary schools

RED - The Local Plan includes policies to address the concentration of particular uses, including hot food takeaways. The effectiveness of these policies will be kept under review. If the review concludes that further planning policy guidance is required, a further Supplementary Planning Document will be considered.

New Housing Development Has Access to Good Quality Open Spaces

GREEN - see progress highlighted above.

Recent developments

The STP includes further actions for planning, principle introducing an approach to Health Impact Assessments for large or sensitive planning applications.

This work will be developed following the adoption of the Local Plan, and incorporated into the next revision of the Local Plan, or be the subject of a Supplementary Planning Document.

Risks and challenges:

Tackling Obesity - Controlling Hot Food Take A ways near secondary schools
(As highlighted above).

New Housing Development Has Access to Good Quality Open Spaces

The viability of development is often fragile in Nottingham. Where developers can demonstrate low viability, they are able to negotiate a reduction or waiving of S106 contributions for open space.

Recommendations;

1. **Tackling Obesity** - Controlling Hot Food Take A ways near secondary schools
The effectiveness of Local Plan policies in controlling hot food take a ways to be kept under review.

C. Transport – Background

Children and Adults will be able to engage in active travel

Transport is a major source of air pollution and accelerating transition to sustainable travel options including low emission vehicle fleets will help to improve air quality and increase physical activity.

Transport in general is important to the health and wellbeing strategy for the following reasons

- **Air Quality** – in 2015 Nottingham was identified by DEFRA as one of a number of cities with illegally high levels of Nitrogen Dioxide. Since this time the city council has developed a plan to improve air quality. The plan was submitted to DEFRA and approved shortly afterwards. The plan involves the modernisation of our bus fleet

through retrofitting of older busses to reduce exhaust emissions as well as the purchase of cleaner gas and electric buses. The plan also involves actions to modernise our Hackney carried fleet through our Age and Emissions policy and the Taxi Strategy.

- **Active travel** - There is also a strong “Invest to Save” case for supporting travel behaviour change and green fleet initiatives for Nottingham’s citizens and workforce, particularly in the health and social care sector and amongst Health and Wellbeing Board partners, in terms of the scale of impact that could be achieved through workforce behaviour change for business and commuter travel and the NHS savings which would be achieved through the wider health benefits for citizens, of both improved air quality and take up of more active travel.
- **Electric Vehicles** – The City Council is working with Private sector partners to roll out a network of publically accessible EV charging points this will help to remove the barriers to operating an electric vehicle. As EV numbers rise emissions from road traffic will fall thereby contributing to achieving air quality targets.

Progress against headline metrics from the Environment action plan

No transport metrics explicitly stated in action plan – Numbers of people cycling are continuing to rise (this data can be provided on request).

Progress against stated actions

Air Quality - The city council is now under ministerial direction to implement this plan. Early indications show that the improvements have resulted in a reduction in concentration of Nitrogen Dioxide.

Active Travel - Numbers of people cycling in Nottingham is continuing to rise. The City Council is continuing to invest in cycling and has recently opened a new bridge specifically for cyclists over the railway to link university boulevard to the boots site. Other investments include improvements to cycling links on the ring road.

Electric Vehicles - The City Council is continuing to support other Public Sector organisations through our Workplace travel service 16 grant applications have been approved to date with roughly 50% spent on cycling infrastructure provision and 50% on EV charging point grant support. Charge points have been delivered to East Midlands Ambulance service, fire service and Nottingham City Homes. In addition using Grant funding from DEFRA the City Council has is replacing its own fleet of vehicles with EV’s these include mini busses, street sweepers and cage tippers.

A package of measures aimed at helping taxi drivers to convert to EV’s has been launched the measures include subsidised licensing, a try before you buy scheme, Grants for Home charging equipment and the creation of a EV only taxi rank.

Recent developments - report any other important developments/changes that you wish the HWBB to be aware that is not specifically stated in the environment theme action plan e.g. a bid that has secured additional investment or a service has received national recognition

Transport Strategy is working with DfT to develop a package of measures aimed at supporting active travel and public transport through the Transforming cities bid competition. In addition the Future Mobility Zones area is now beginning to develop this

work will be focussed on developing areas where technology can be used to enhance public transport and reduce congestion.

Risks and challenges - report any known risks that impact on the actions or the outcomes/outputs (KPIs) e.g. recent disinvestment in a service impacts on meeting xxxx target

In the last update, Transport Strategy reported that we were working with WEGO couriers to develop a Clean Air Delivery Project. This project has now been halted due to legal problems with its delivery. WEGO are currently writing up a short report outlining the learning form the project so far.

Uncertainty over funding for 2020/21 onwards - many of the above activities achieved to date have been dependent on successful bids for external grant funding - current Local Growth Funding packages for cycle infrastructure projects end in 2018/19 and Access Fund and Go Ultra Low programme funding ends in March 2020. However transforming cities funding should help to alleviate this issue.

Recommendations - state any key points you wish the HWBB to consider and or take action on arising from the report.

- Continue to encourage Health and Wellbeing Board partners to lead by example by taking part in the Workplace Travel Service business support programme to become early adopters of ultra-low emission fleets and sustainable commuter and business travel practices, with business case and monitoring supported by SDU Health Outcomes Travel Tool <https://www.sduhealth.org.uk/delivery/measure/health-outcomes-travel-tool.aspx> ;
- Nominate an air quality travel and infrastructure change champion within each Health and Wellbeing Board organisation as lead contact for Workplace Travel Service and joint working on sustainable procurement good practice.
- Participate in our ULEV and LEVEL good practice networks and business events to share your organisations' expertise with local partners and cascade through your supply chains.
- Agree clear and consistent messages for all Health and Wellbeing Board partner organisations to use with their employees and customers to raise public awareness regarding health impacts of air quality and actions that can be taken to support cleaner air in Nottingham.

D. Parks and Green Spaces – Background

Greenspace: Improve access to and use of green space to optimise physical and mental wellbeing

Parks and Green space have for many decades been linked to both social and health benefits for those that access it. This assumption is now supported by a growing body of robust research, which identifies that high quality green space brings considerable benefits to the local economy, to the environment and to people's physical and mental health in particular in terms of reducing obesity, decreasing the risk of coronary heart disease and strokes and improvements in mental health and wellbeing.

Research has shown that residents in high 'greenery' environments were 40% less likely to

be overweight and obese as those in the lowest greenery category. The Faculty of Public Health, in their recent publication Great Outdoors (2010), note that „Safe, green spaces may be as effective as prescription drugs in treating some forms of mental illnesses“.

In terms of public health, green space is most commonly associated with physical activity and mental health and wellbeing. Current evidence suggests that individuals could derive health benefits by engaging in as little as 150 minutes of moderate exercise daily for adults and 1 hour a day for children and young people (DH 2011).

However physical activity levels have declined over recent decades and reversing this decline could confer considerable population health benefits. The UK government set targets to increase levels of participation in physical activity and sport including measures for providing cleaner, safer and greener public spaces. (DCMS 2002) and the Marmot Review (2010) stressed the importance of creating more good quality open space where it is lacking to help tackle health inequalities.

Public parks account for one-third of all the public green space and 90% of peoples green space use. If an area has high quality parks, it is likely that more residents will use them more often; people are more satisfied with their neighbourhood and are more likely to report better health. However there are stark differences in the provision and accessibility of green space based on socio economic status and ethnicity. Provision of green space is worse in deprived areas than in affluent areas.

Action NO	Action	Key Action	16/17	17/18	18/19	Progress	RAG Rate
D1	Support and endorse plans developments and proposals for improving access to and through Green Flag award standard Parks and Green Spaces.	<p>Work with partners to identify and link up Parks and open spaces via improved cycle and walking routes.</p> <ul style="list-style-type: none"> Review park boundary fences to identify new entrances and more direct routes into Parks Develop interpretation maps to locate Parks next to the NET and Bus routes <p>Identify opportunities to improve DDA and bench type / locations en route and with Parks.</p>	✓	✓	✓	<p>Continued expansion of cycle and walking routes through parks and green spaces- New footpaths upgraded at Forest Rec , Valley Rd , The arboretum woodland Walk, Colwick Country Park, Bilborough Park, Whitmore nature reserve and Highfields Park Walking maps produced for all major parks</p> <p>19 new or improved sites since 2015/6:</p> <ul style="list-style-type: none"> Astley Drive Bilborough Park Clifton Central (new) Forest Rec. Greenway/Tricket's Yard Hedley Villas Peggy's Park Pirate Park Radford Rec. Rosedale Drive Shipstone St. Stirling Grove Stockhill Park (new) Sutton Passey The Green, Meadows 	Work progress well against target actions during 2018/19

						<p>(new)</p> <ul style="list-style-type: none"> • Trafford Gardens • Valley Road play area • Victoria Park • Woodfield Road <p>Improved social media platforms has been established for all major parks and a number for smaller local parks friends groups</p>	
		Identify opportunities to improve parks and green space infrastructure including Cafes, supervised toilet facilities footpaths, cycle parking, lighting, biodiversity and maintenance standards				<p>New cafes installed at The Arboretum , Wollaton park and Woodthorpe grange and the Forest Recreation ground. Improved Café offer at the Victoria Embankment and new catering concession now provided at Colwick Country park.</p> <p>Highfields Park Heritage Restoration now completed.</p> <p>Funding application in progress to restore and improve Victoria Embankment Memorial Gardens</p> <p>Biodiversity Improvements carried out as part of the ERDF Green/Blue Infrastructure project, Works completed at Colwick Country Park and Beeston Sidings. Further Biodiversity improvements planned for the Tottle Brook in Highfields PK and along the Daybrook on Valley Rd during 2019/20</p>	Work progressing across all sites
		•Work with partner organisations to deliver Green Flag improvements to land not managed by the Council.	✓	✓	✓	<p>All the University campus within the City now hold the Green Flag award. 23 community organisations have entered the Community GF awards in 2018</p> <p>64 GF Awards in Total</p> <p>Discussions currently taking place with NCH RE the development of GF Estates.</p>	Progressing well against target actions
D2	Support Improvements in Green Flag standard Parks in the neighbourhoods with the lowest healthy life expectancy levels.	Support the delivery of the Nottingham Open Space Forum (NOSF) charitable objective:- To enhance public health and wellbeing Identify and support	✓	✓	✓	<p>Prioritised local investment plans to be produced for each ward in the City. Area action plans completed and approved by each area committee</p> <p>Confirmed annual programme of parks and green space improvements</p>	Progressing well against target actions

		active Parks friends groups to deliver regular healthy lifestyle activity programmes within the Park					
		Recruit and support a network of local volunteer ambassadors and activators to help promote and deliver healthy life style activities within the local community.	✓	✓	✓	Identify major land owners and negotiate opportunities to apply for Green Flag Improvements and applications to gf Awards. Work progressing with NCH and the Canal and Rivers Trust to apply for GF Awards in 2019/20 Local activators engaged and helping to deliver the continuation of the PARKlives Programme.	Work Progressing
D3	Support an Increase in community activity and involvement in local parks, including cycling.	Develop a programme of park based activities that provides regular opportunity for people to participate, build friendships and gain confidence e.g. bowling groups, Health Walks, Community Gardening groups. Include cycle rides and cycle try out sessions	✓	✓	✓	NOSF Charitable status Secured NOSF hold regular open forum meetings Parklives and Ranger led events take place at regular occasions across all parks in the City Provide advice and support to friends groups	Work Progressing
		Deliver a City wide programme of activities and community engagement to encourage local communities to take pride and ownership in their street / local area and participate in the Nottingham in Bloom / RHS it's your Neighbourhood campaign	✓	✓	✓	Work with the Nottingham Parklives Team to identify and recruit volunteer activators. Park Lives Ended March 2019, but work continues to support volunteer delivery of park events New Future Parks Accelerator Funding applied for. Nottingham shortlisted down to the last 11 Authorities, Announcement in June 19 <ul style="list-style-type: none"> • The FPA will focus on developing a new 25yr green space strategy • Producing a Natural Capital Account • Producing a capital investment commercial opportunity plan • Development of a volunteer programme in partnership with the Nottinghamshire Wildlife Trust 	Pressing well in all areas of the City

						<ul style="list-style-type: none"> Development of a charitable Foundation 	
		<ul style="list-style-type: none"> Improve the design and quality of amenity green space located within housing areas. Seek to adopt Green Flag Standards for housing areas. 	✓ ✓	✓ ✓	✓	Develop and support local communities to actively; <ul style="list-style-type: none"> participate in the annual RHS it's your Neighbourhood campaign Deliver an annual programme of active park based activities Working with NCH to develop a programme of new GF Estates Partnership working with NCH has delivered a programme of green space improvements as part of the NCH Green Ideas programme. 	Pressing well in all areas of the City
		<ul style="list-style-type: none"> Ensure new housing development (above 10 homes) makes provision for open space (new or a qualitative improvement to nearby existing) 	✓	✓	✓	Improvements in open space in new or existing developments New SPD currently being developed New Green space strategy will inform future planning policy	Work in progress NCC Planning
D4	Support an Increase in the provision and improve the quality (to Green Flag Standard) of facilities and maintenance standards in Parks and Green spaces located within all areas of the City.	<ul style="list-style-type: none"> Improve the design and quality of amenity green space located within housing areas. Seek to adopt Green Flag Standards for housing areas. Ensure new housing development (above 10 homes) makes provision for open space (new or a qualitative improvement to nearby existing) 	✓ ✓ ✓	✓ ✓ ✓	✓ ✓ ✓	Carry out neighbourhood environmental improvements Identify trial area and agree with NCH New Green space strategy will inform future planning policy and future opportunity mapping All developments to secure Green space Working with NCH to develop a programme of new GF Estates	Work in progress

Recent developments

Parks and Street scene Restructure

During the last year the Parks and Open Space and the Street scene and Grounds

Maintenance teams have now been fully integrated. This merger has brought together the two teams under one new Public Realm management structure with a single focus on delivering “Total Place Management” a clear strategic and operational focus for enhancing and delivering the City’s Public Realm, Clean and Green corporate priorities.

Future Parks Accelerator

The POS team have recently applied for a new organisational change fund called the Future Parks Accelerator Fund. The Fund has been designed to help Local Authorities (LA’S) explore new ways of working and to provide the resources to explore and investigate new strategic improvements and commercial income generating opportunities. 87 LA’S applied for the fund. Nottingham was one of 11 LA’S short-listed. Final 6-8 LA’S to be awarded the funds. Announcement to be made in June 2019.

Risks and challenges - report any known risks that impact on the actions or the outcomes/outputs (KPIs) e.g. recent disinvestment in a service impacts on meeting target.

- On-going budget reductions will impact on future delivery of park improvements and the scale of community engagement / physical activity programmes.
- 2018 will be the last years of the Coca Cola Parklives Funded programme of healthy lifestyle. New funding opportunities will need to be identified.

Recommendations - state any key points you wish the HWBB to consider and or take action on arising from the report.

- The HWBB are requested to consider ways in which more support for local communities can help maintain improvement to the parks and continue to deliver healthy lifestyle activities within the parks
- 2018 will be the last years of the Coca Cola Parklives Funded programme of healthy lifestyle. The programme has delivered free to attend events and activities in all areas of the City and over the last 4 years has engaged over 100,000 participants. The HWBB are asked if financial support could be made available to continue a programme of mass participation activities in the parks and green spaces
- The HWBB are asked if they would support the development of a Natural Capital Account that will be produced as part of the New 25 year Green Space Strategy funded by the FPA - TBC

E. Air Pollution

Air pollution is the top environmental risk to human health. In the UK it is ranked as the fourth greatest threat to public health after cancer, heart disease and obesity, and is a contributory factor to heart disease and some types of cancer.

Human-made air pollution comes from a range of different sources including agriculture, industrial, commercial and domestic activities, and transport. Emissions from road traffic are one of the largest contributors to ambient air pollution in urban areas.

Long-term exposure to air pollution, at the levels experienced in many urban centres in the UK, including Nottingham, causes respiratory and cardiovascular disease and lung cancer. It has also has been linked to other cancers. In children, air pollution reduces lung development and function and can lead to the development of asthma.

Short-term exposure to elevated levels of air pollution leads to a worsening of symptoms for those with existing asthma, respiratory or cardiovascular diseases, and can trigger acute events such as asthma and heart attacks in vulnerable individuals.

It was estimated from the latest health data that in Nottingham in 2016 181 deaths (of persons 25+ years) were brought forward due to the health impacts of air pollution (comprising particles PM10, PM2.5, nitrogen dioxide NO2 and other pollutant species).

Progress against headline metrics from the Environment action plan

Due to the reduction in meetings with HWB board partners, and the timescale to comply with the report it has not been possible to contact the HWB board partners and provide an update for their activities that contribute to the emissions/exposure reduction targets.

However, the Air quality lead has produced an update/overview of progress against the targets 2018-19 etc. and requested board partner representatives to update their organisations activities for 2018-19.

Air Quality: Progress against headline metrics from the Healthy Environment action plan

Indicator and Target	Baseline	2016 2017	2017 2018	2018 2019		Commentary
Air quality: reduce NO2 to WHO recommended and air quality objectives level (40 ug.m3, locally measured)	48	42	49	35*	MEETING TARGET (40) AT ALL REAL TIME ANALYSER MONITORING LOCATIONS	*Now reported as the highest average annual mean NO2 concentration measured by the 3 real time analysers in 'sensitive receptor' locations.(See NCC LAQM ASR 2018 report for locations)

Air quality: reduce PM10 (WHO recommended level is 25 ug/m3, Air Quality Objective level is 40 ug/m3, measured locally)	17	17	18	16	NATIONAL AQO (40) MET. LOCAL TARGET (15) NOT MET.	Nottingham is meeting the AQO, and is 9 ug/m3 below the WHO recommended level. However, the local target has still not been achieved, there are NO SAFE exposure concentrations for PM and therefore further action is still required.
Air quality: reduce PM2.5 (WHO recommended level is 10 ug/m3, measured locally)	12	12	12	10	LOCAL TARGET (10) MET.	The PM2.5 level met the WHO recommended level for the first time since monitoring began in 2010. However, there are NO SAFE exposure concentrations for PM. Ongoing action to minimise emissions is required.

Air Quality: HWB (in conjunction with Nottinghamshire HWB) to protect and improve health by 'leading by example' and ensuring partner HWB organisations reduce air pollution by adopting & implementing measures that may be detailed in the (Nottingham/shire) Air Quality Strategy and relevant Air Quality Action Plans) that :

1. Reduce emissions from HWB partner organisations' transport and buildings;

Contributing to a reduction in nitrogen dioxide (NO2) and particles, assisting local authorities meet national air quality targets.

2. Promote and publicise action and measures that improve air quality amongst service users, partner organisations and suppliers. Reduce current emissions by organisation

All measures reported in 2018 continue:

Progress is being made due to a range of national and local NCC strategies and policies to promote:

- Public transport - (Local Transport Plan) (Eco Express Way)
- Active travel - (Local Transport Plan, Cycle Ambition, Safe Routes to School, Eco Express Way)
- Reduce single occupancy private car journeys - (Local transport plan)
- Transition to Ultra Low and Zero Emission vehicles
- Study into 'Clear Zone' in Nottingham currently underway.

- Trial of fuel cell technology underway to demonstrate viability of technology to replace commercial gas fired boiler plant (DEFRA grant funding), with opportunity to trial fuel cell technology for residential gas fired boilers.

Nottingham City Council's strategy and projects to increase and promote energy efficiency measures include:

- Communications and awareness raising
- Greener Housing project – energy efficiency and reduced emissions elements continuing through 2019-20.
- British Lung Foundation Breathe Easy Week (June?) 2019 (air quality/exposure messages will be promoted by Environmental Health)
- National Clean Air Day 20th June.
- Electric Taxi Test Drive and Clinic (Ultra Low Emission Taxi) promotion event 24th April 2019
- Local Air Quality Management Annual Status Report submission to DEFRA for 30th June 2019
- New Nottinghamshire Air Quality Strategy website due Summer 2019

NHS Nottingham City CCG have:

- Revised procurement policy, to include a Social Value weighting which incorporates environmental consideration (including air quality) into service specification development and procurement
- Reviewing travel facilities for staff and changing staff travel behaviour
- Changing taxi booking process
- Promoting public transport and providing more information so that staff can make more informed decisions
- Limiting the need for long-distance travel to reduce train usage

Other developments for general environmental sustainability:

- New kitchen boilers which save energy
- Changing printing facilities, to reduce amount printed
- Reviewing waste and recycling arrangements, with a view to increasing recycling and reducing general waste

Nottinghamshire Healthcare NHS Trust

- The Trust undertook its first all staff travel survey in January 2018. Approximately 5% of staff responded and on first analysis, there seems to be some key messages/opinions emerging which will help shape future action on this agenda going forward.
- NHFT has produced, in line with current National Planning Policy Framework a Travel Plan for Hopewood - the Trust's new CAMHS (Child and Adolescent Mental Health Services) and Perinatal Services campus in Nottingham. The travel plan encourages the use of sustainable travel, and its overall objective is to reduce the

environmental impact of transport associated with travel to and from the site.

However, this has been expanded to include:

- ❖ Reduce single occupancy car usage for all users when travelling to and from the site
 - ❖ Manage car parking demand so that on-site parking can be reduced
 - ❖ Promote and facilitate alternative sustainable modes of travel for all users, including walking, cycling, bus and car sharing
 - ❖ Achieve 100% staff awareness of the Travel Plan
 - ❖ Monitor the effectiveness of the Travel Plan initiatives and modal shifts of all users over 5 years after occupation of the new site.
- The Trust will be supporting/promoting National Clear Air Day 2019 and encouraging site teams across the Trust to engage with a number of awareness raising activities including health walks in green space for example, to support the national Sustainable Health and Care Week campaign in June.
 - The Trust continues to promote Liftshare, its Cycle to work scheme and discounted bus travel passes which are available for use within the city. The Travel Survey did highlight that work is needed around raising awareness of these options so this will be a priority over the coming 6 months.
 - The Trust hopes to be able to expand the number of Electric Vehicle charging points available to staff across its sites.

East Midlands Ambulance Service

We are proud to report that our carbon footprint reduced by 4% from 26,839 tCO₂e in 2014/15 to 25,861 tCO₂e in 2018/19. We achieved this improvement in our performance, despite the fact that the number of 999 calls we received increased by 22% over the last four years. A detail analysis of our carbon footprint show that we achieved a 21% reduction in the carbon we emit for every 999 call we received during the 2018/19 financial year compared to our 2014/15 baseline.

EMAS have implemented the following initiatives that have contributed to reducing the public health impact and environmental impacts of our operation:

- Our Board approved environmental policy statement and sustainable development plan (SDMP) are the frameworks on which we deliver our environmental objectives
- We are proud to report that we are actively reducing emissions from our fleet as well as the public health impacts of our operation. The newer, more efficient and less polluting healthcare and support vehicles that we have bought over the last four years have reduced the average carbon our vehicles emit per distance travelled by 11.4% from 200.4 g/km to 177.5 g/km.
- In conjunction with the above, the fuel we use per every 999 call we receive reduced by 14% against our 2014/15 baseline. This efficiency is attributed to our newer vehicles, reduction in the number of times our emergency vehicles were left idling and our current operational model. Our current operational model is

underpinned by our commitment of optimising every opportunity to deliver sustainable emergency healthcare services within the communities we serve.

- We are actively collaborating with other local partners and stakeholders. One of the benefits of this collaboration is that we recently received a sustainable travel grant from the Nottingham City Council (NCC). The grant from NCC has been used to install eight dual 7 kW electric vehicle charging units. These units were commissioned in December 2018 and have collectively contributed to avoiding the emission of 744 kgCO₂ and 93 kgN₂O.
- We have continued to monitor our fleet against the current London ultra-low air zone (ULEZ) standard. As at March 2019, 61% of our fleet are compliant with the current ULEZ standard. We will continue to explore opportunities to reduce the public health and environmental impacts of our fleet.
- We have also continued to promote the benefits of sustainable travel across our Trust. During the 2018/19 financial year, car sharing contributed to avoiding over 40,000 miles, while cycling accounted for 274 miles of our business travel.
- The number of premises from which our staff use electric and hybrid electric vehicles for business travel increased from zero during the 2014/15 financial year to 9 during 2017/18 and 10 at the end of the year under review. An in-depth analysis of our current business travel shows that pure electric and hybrid electric vehicles were used to travel up to 1.5% of our 2018/19 business miles. These low and ultra-low emission vehicles contributed to reducing the public health and environmental impact of business travel.
- Last year's (2018) Clean Air Day was used to promote the environmental and public health benefits of reducing and avoiding emissions from travel and transportation.
- We have continued to actively encourage all operational staff to switch off emergency vehicles whenever these vehicles are not in use, or plug these vehicles into shore-lines (a device used to charge the electrical systems within these vehicles). These shorelines are available at all of our operational premises.

Trent University Nottingham

- Regular staff and student travel survey
- 2017 survey 80% of all trips to campuses for education and employment purposes were by sustainable transport (non-car)
- Travel planning has been taking place since 1990s with campus travel plans in place for all 4 NTU sites
- NTU supports the Nottingham Go Ultra Low campaign promoting use of EV. NTU has 14 charging points in place over 3 campuses
- The NTU fleet is becoming increasingly more sustainable, with all security vehicles and a number of maintenance fleet now ultra-low emission
- Car sharing is promoted and run through NTU Liftshare

- Developed a robust model hierarchy in favour of sustainable transport promoting public transport use, walking and cycling
- NTU benefits scheme enable staff to discounted season tickets for all main Nottingham transport providers
- Cycle to work scheme
- NTU cycle hire available for staff and students
- Discounted student public transport season tickets

Nottingham University Hospital NHS Trust

The following are the developments at Nottingham University Hospitals NHS Trust (NUH) in its financial year 2016/2017 in relation to air quality improvement.

Promotion of Sustainable Transport

- NUH continues promoting its Travel to Work scheme, which aims to make access to NUH via public transport more attractive for NUH staff. In 2017/18 membership to the scheme grew by circa 25% in the number of staff acquiring an annual public transport pass through the scheme.
- NUH continues promoting active travel via a number of initiatives including Dr Bike, Cycle to Work scheme, bike maintenance classes and roadshows aiming to promote health, wellbeing and active travel.
- NUH continues supporting the Medilink Bus service which is estimated displaces circa 700 tCO₂ from road emissions.
- NUH actively promotes the use of park & ride sites linked to the Medilink Bus service to reduce vehicles circulating within the City.
- NUH continues supporting a car-sharing platform for staff to find car-sharing partners.

Air Quality Improvements

- Shift from coal to gas as main means to heat City Hospital Campus. Since August 2017, NUH has made its gas boiler house the leading heating infrastructure, making its coal-fired boiler house the backup heating infrastructure. This has reduced the emission of particulates and has reduced the Trust's carbon footprint by circa 8,000 tCO₂. This has a positive impact on the local air quality.
- NUH was an active partner and collaborator during the promotion of the Clean Air Day in June 2017, organising a roadshow to promote sustainable travel.

Infrastructure work

- NUH is working on the business case to replace the heating infrastructure at City Hospital Campus with a sustainable solution. This will see NUH completely moving away from coal, and producing on-site electricity. The project specifies that at least 5% of energy produced on campus come from renewable sources which will be delivered via photovoltaic panels, air source heat pumps and biogas).
- NUH inaugurated in summer 2017 the bridge connecting the Tram stop at QMC with the main building, increasing access to QMC services via this public transport service.
- NUH continues working in partnership with Nottingham City Council to install in each Hospital Campus a NCC cycle HUB.

Recent developments - report any other important developments/changes that you wish the HWBB to be aware that is not specifically stated in the environment theme action plan e.g. a bid that has secured additional investment or a service has received national recognition

1. Clean Air Zone early measure funding award (2018). Programme to retrofit Euro 5 buses to Euro 6 standard progressing throughout 2018-2019.

2. New Taxi Licensing Strategy (2017-2020) to require and ensure transition from old diesel vehicles to Ultra-Low Emission Vehicles (ULEV) by 2025.

<https://www.nottinghamcity.gov.uk/media/456172/taxi-strategy-feb17.pdf>

Risks and challenges with delivery of the key areas of action:

The combustion of carbon containing (mainly fossil) fuels and surface/tyre/brake wear are responsible for a large proportion of urban nitrogen dioxide (NO₂) and particle pollution. It is therefore necessary to target emission reduction at:

1. *Fixed sources*: Energy efficiency and alternative (fuel cell, Ground Source Heat Pump, Solar Hot water, LED/sensor lighting etc.)
2. *Commercial vehicles*: LGV/Taxis – transition to hybrid, ULEV, pure EV. HGV - retrofit to Euro 6, transition to hybrid/EV when developed.
3. *Private motor vehicles*: Transition to active travel, public transport. Transition of 'necessary private vehicle use' to hybrid/ULEV/EV vehicles. Reduction in vehicle ownership/Transport as a Service.
4. Reduction in vehicle ownership/Transport as A Service? NOTE It is estimated that approximately 1 in 20 – of all car journeys are 'health' related (service provider/service user)

Currently the following barriers/risks exist across the system:

1. Alternative technology capital expenditure costs are a barrier to their adoption by Local Authority/NHS. Current LA/NHS business models are not able to calculate savings/return on investment to support a business case to adopt alternative technologies.

2. The availability/scalable/reliability of suitable alternative technologies are a potential barrier to acquisition.

3. Perceived limited (but ever increasing) choice of vehicles, range, charging infrastructure – this should not be considered a risk beyond 2020.

The reason for this is that the funding of the infrastructure will be in place. Construction commenced in April 18 with the aim of installing 230 charging points across Nottingham City.

4. Partner procurement policies may require amendment to specify environmental performance of suppliers.

5. Staff resource to ensure Clean Air project delivery

6. Ongoing Communication of Air Quality messages, requires staff, material and media resource.

7. Reduced budgets limit public realm greening (e.g. 'soft' measures such as tree planting, hedges, planters).

Recommendations in relation to Air Quality

Greater progress to delivering air quality improvements can be realised through partner organisations implementing initiatives such as staff travel plans, mileage reduction, fleet transition to Ultra Low Emission Vehicles, estate energy efficiency measures (such as improved lighting and heating ventilation and air conditioning) facilitating low/zero emission and active travel choices by service users and suppliers.

It is recommended the HWBB note the content of the report on air quality and that members of the board:

1. Seek assurances that HWBB organisations remain committed to contributing to improving air quality
2. Establish commitment to implement Health Outcomes Travel Tool (HOTT) <https://www.sduhealth.org.uk/delivery/measure/health-outcomes-travel-tool.aspx> across HWBB member organisations and identify persons responsible for implementation.

¹ Baseline/target values notes:

- i. PM10 is airborne particulate matter with a diameter of less than or equal to 10 micrometres which can enter the respiratory system and are consequently often called "inhalable". Those smaller than PM2.5 can penetrate into the lungs and are often called "respirable".

The concentration of Nitrogen Dioxide, a brown gas, with the chemical formula NO₂ is measured in micrograms in each cubic metre of air (µg m⁻³). A microgram (µg) is one millionth of a gram. A concentration of 1 µg m⁻³ means that one cubic metre of air contains one microgram of pollutant.

- ii. Nitrogen dioxide, particles and carbon dioxide are the main pollutants emitted when fossil fuels e.g. natural gas, oil/petrol are combusted to power vehicles and provide heat and electricity for industrial, commercial, public/third sector/NHS and domestic

use.

Therefore reducing emissions can effectively reduce emissions that contribute to global climate change and local air pollution that impact on health and wellbeing. An emission reduction target (in addition to air pollution concentration targets) ensures practical measures to reduce emissions are being taken/demonstrated by HWB partners.

- iii. Highest annual mean concentration of nitrogen dioxide (NO₂) monitored at the facade of a residential property (an air pollution sensitive receptor) and annual mean particle PM₁₀ and PM_{2.5} concentration monitored in the Nottingham City Area. These enable direct comparison with the Air Quality Regulations, Air Quality Objectives and WHO guideline values.

Each year's targets were chosen to reflect the predicted effects of energy efficiency measures (in conjunction with Nottingham/Nottinghamshire's Air Quality Strategy and Action Plans) and demonstrate how incremental progress can be made to achieve the Air Quality Regulation targets/Air Quality Objectives and World Health Organisation guideline values to protect health, by 2019/20.

Appendix 1

The Health and Wellbeing Strategy's Healthy Environment action plan includes the following headline measures (separated out by each of the five priority themes). A brief overview of the measures and why it is important, is given along with analysis of the direction the measure is going (Better or worse) compared to the England and the region where appropriate and in relation to the targets set in the action plan where applicable. It is important to note whilst the data presented is the latest data available for some measures this is more than one year old and that the current situation could have changed for better or worse.

All Healthy Environment KPI, Metrics and RAGs

Figure 1 – Excess winter deaths PHOF 4.15iii

Compared with benchmark:

- Better
- Similar
- Worse
- Not compared

Areas **All in East Midlands region** All in England Display **Table** Table and chart

4.15iii - Excess winter deaths index (3 years, all ages) Aug 2014 - Jul 2017

Ratio - %

Export table as image

Export table as CSV file

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	97,016	21.1	20.7	21.5
East Midlands region	–	9,243	22.3	21.0	23.7
Derby	–	366	17.1	11.4	23.0
Derbyshire	–	1,746	22.8	19.7	26.0
Leicester	–	568	23.7	18.2	29.5
Leicestershire	–	1,076	18.8	15.3	22.5
Lincolnshire	–	1,747	23.1	20.0	26.4
Northamptonshire	–	1,307	22.5	19.0	26.2
Nottingham	–	536	24.1	18.4	30.2
Nottinghamshire	–	1,857	24.4	21.3	27.6
Rutland	–	43	12.0	-1.0	26.6

Source: Office for National Statistics: Public Health England Annual Births and Mortality Extracts

Figure 2 - Fuel Poverty (PHOF 1.17)

Compared with benchmark:

- Better
- Similar
- Worse
- Not compared

Trends for **Nottingham** All in east midlands region Display **Selected indicator** All indicators

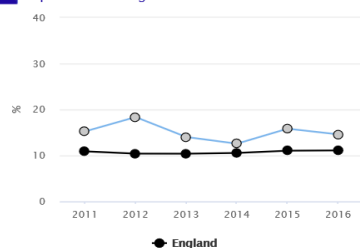
1.17 - Fuel poverty **New data** Nottingham

Proportion - %

Export chart as image

Show confidence intervals

Export chart as CSV file



Recent trend: ↓

Period	Count	Value	Lower CI	Upper CI	East Midlands region	England
2011	19,505	15.2%	-	-	13.3%	10.9%
2012	23,648	18.4%	-	-	13.2%	10.4%
2013	18,050	14.0%	-	-	10.4%	10.4%
2014	16,245	12.6%	-	-	10.1%	10.6%
2015	20,493	15.8%	-	-	12.7%	11.0%
2016	18,980	14.6%	-	-	11.7%	11.1%

Source: Department for Business, Energy and Industrial strategy

Appendix 2 Built Environment and Transport (active travel)

Figure 3 - Percentage of physically active adults (PHOF 2.13i)

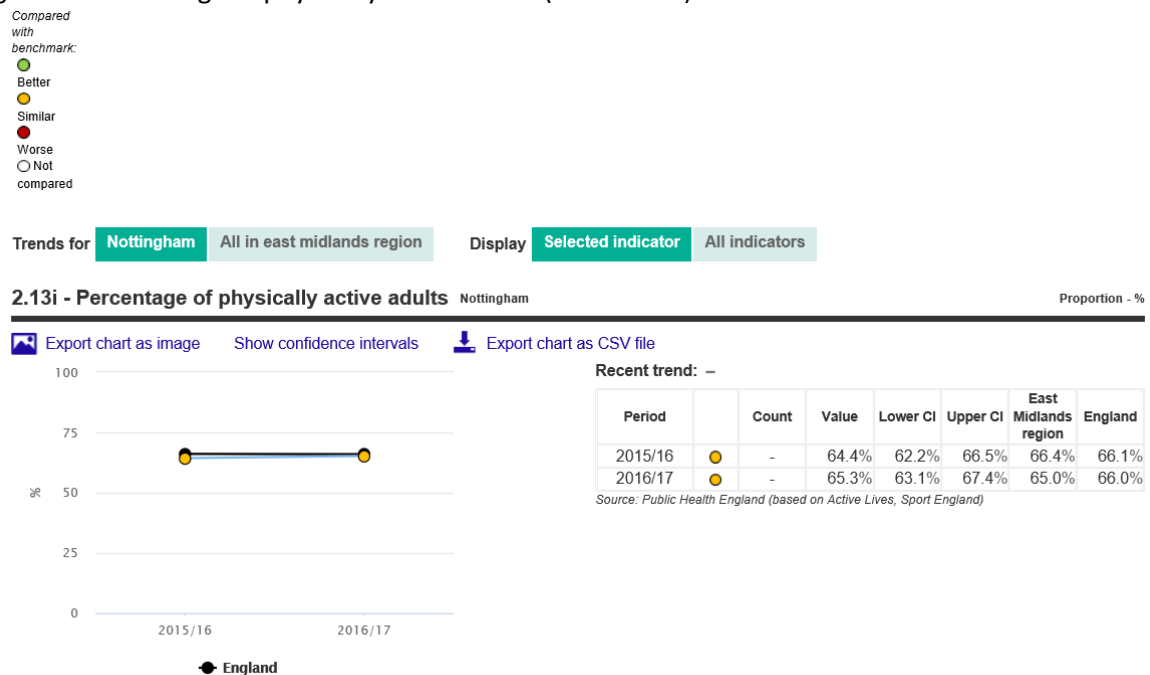
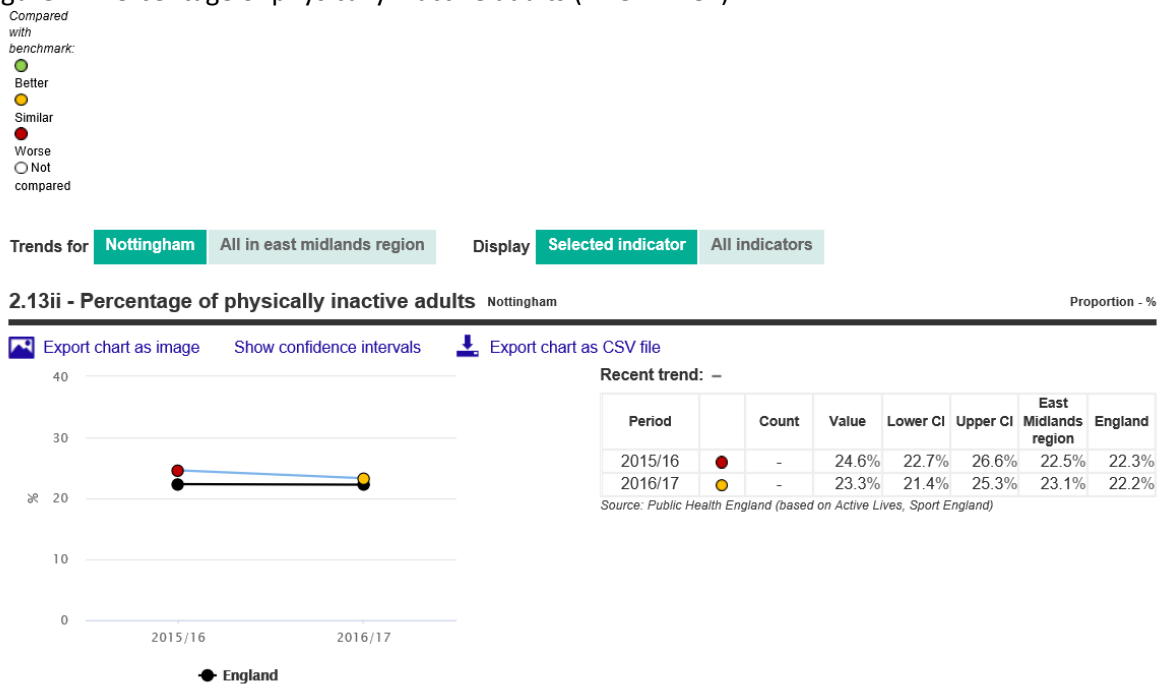


Figure 4 - Percentage of physically inactive adults (PHOF 2.13ii)



Appendix 3 – Parks and Green Space

Figure 4 - Child excess weight in 4 – 5 and 10 – 11 year olds (PHOF 2.06ii)

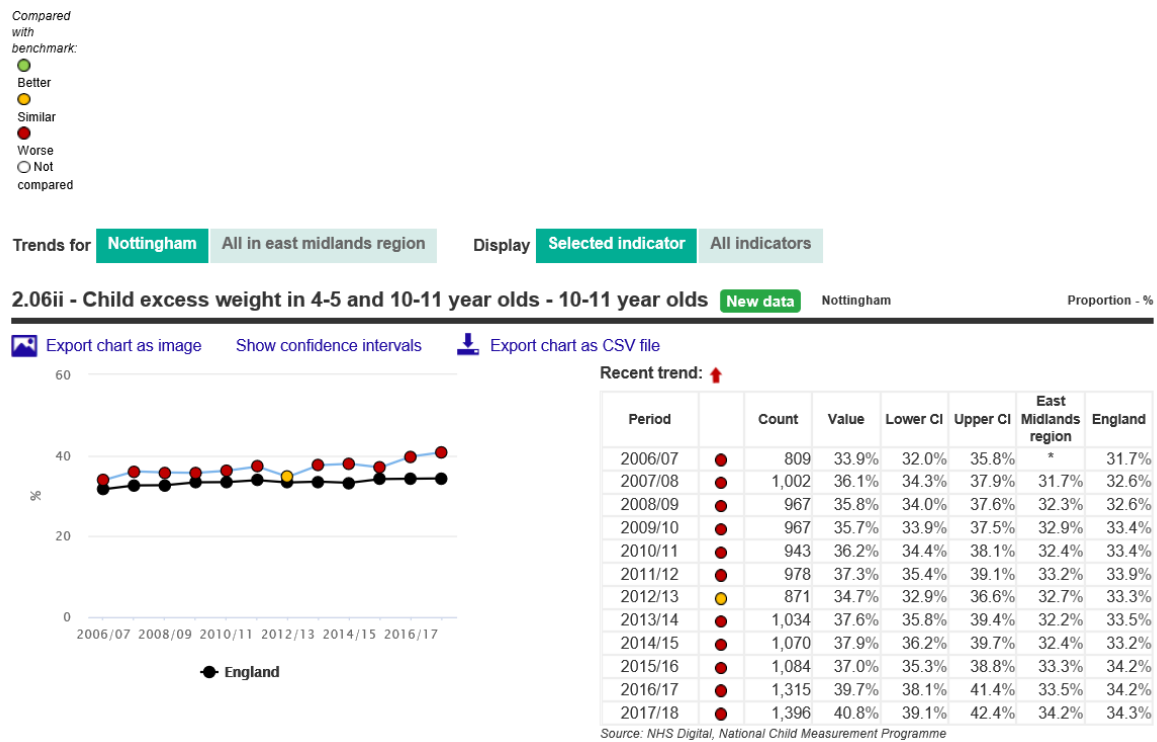


Figure 5 – Utilisation of outside space for exercise/health reasons (PHOF 1.16)

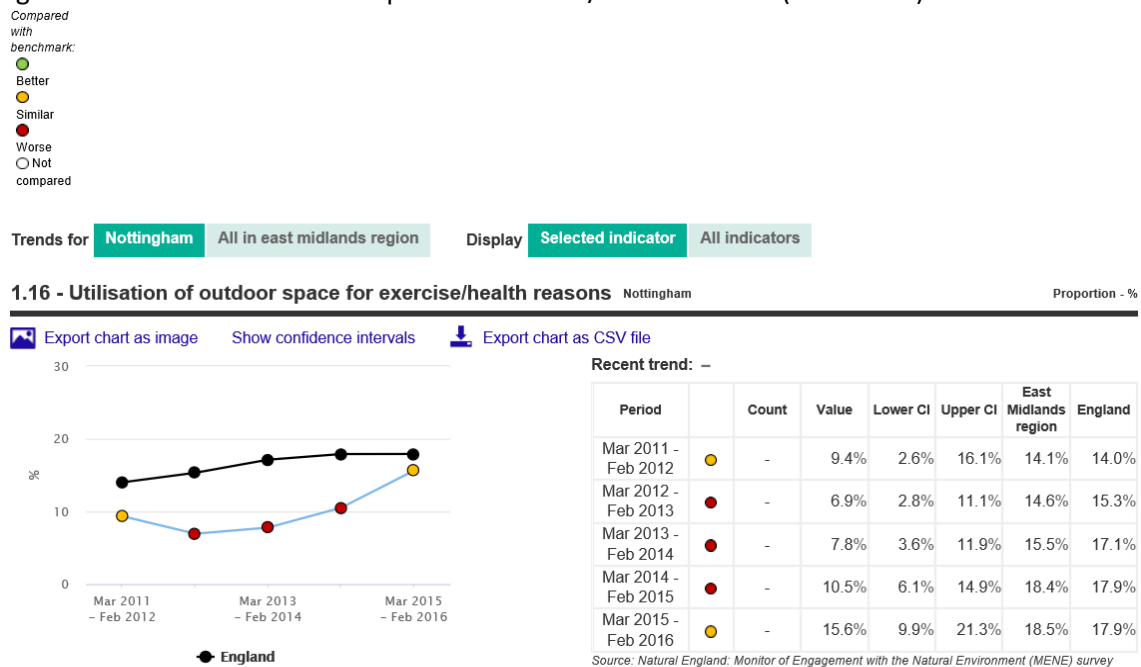


Figure 5 - Nottingham city council citizens survey 2016/17 and 18

Q19: Which of the following best describes your reason(s) for using / visiting a park and / or open space? Select all of those which apply to you.

	2016		2017		2018				
	N	%	N	%	N	%			
To spend time with family or friends	1015	60.5%	950	57.4%	899	55.3%			
To exercise (e.g. walk, run, ride a bike)	601	35.8%	594	35.9%	565	34.8%			
To play / watch sport (e.g. football, cricket)	217	12.9%	172	10.4%	162	9.9%			
To walk your dog	271	16.1%	307	18.5%	261	16.0%			
To use the play area	416	24.8%	405	24.4%	392	24.1%			
To enjoy scenery / wildlife	485	28.9%	420	25.4%	380	23.4%			
To relax	653	38.9%	524	31.6%	508	31.3%			
To attend an event	279	16.6%	256	15.5%	226	13.9%			
For other reasons	30	1.8%	39	2.3%	25	1.6%			
note multiple choice % will not equal 100%									

HEALTH AND WELLBEING BOARD

29 May 2019

	Report for Resolution/ Report for Information
Title:	Primary Care Network (PCN) Update
Lead Board Member(s):	Andrea Brown, Associate Director of Joint Commissioning and Planning, Greater Nottingham Clinical Commissioning Partnership
Author and contact details for further information:	Michelle Tilling Nottingham City Locality Director Greater Nottingham Clinical Commissioning Partnership
Brief summary:	<p>The purpose of this paper is to set out information on the development of Primary Care Networks (PCNs) in Nottingham.</p> <p>Nottingham City Clinical Commissioning Groups work with the five other Clinical Commissioning Groups in Nottingham and Nottinghamshire ICS to align teams and functions.</p> <p>The aim is to form a single CCG as the strategic commissioning organisation within the Nottingham and Nottinghamshire ICS. This will complement wider changes to NHS services outlined in the Long Term Plan, as well as local transformation with the roll out of Primary Care Networks (PCNs).</p> <p>The PCNs are a key foundation of the ICS and an important element of the NHS Long Term Plan, which was launched in January 2019.</p>

Recommendation to the Health and Wellbeing Board:

- a) Help with raising awareness of the plans for the Primary Care Networks and the different levels of the ICS in order to build a consistent and shared understanding of how the system will work together to improve health and care in Nottingham City
- b) Consider the role that partners could play in the development and implementation of the PCNs.

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	Primary care networks are defined as a group of general practices working

healthiest big cities	<p>together with a range of local providers, across primary care, community services, social care and the voluntary sector, to offer more personalised, coordinated health and social care services to local populations.</p> <p>The networks will bring multidisciplinary teams together with other public services to focus on local priorities, such as preventing coronary heart disease or tackling neighbourhood inequalities.</p> <p>This neighbourhood level of integrated working will be a key enabler to delivering better care to the population of Nottingham City and achieving the outcomes of the H&WB Strategy.</p>
Aim: To reduce inequalities in health by targeting the neighbourhoods with the lowest levels of healthy life expectancy	
Outcome 1: Children and adults in Nottingham adopt and maintain healthy lifestyles	
Outcome 2: Children and adults in Nottingham will have positive mental wellbeing and those with long-term mental health problems will have good physical health	
Outcome 3: There will be a healthy culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill health well	
Outcome 4: Nottingham's environment will be sustainable – supporting and enabling its citizens to have good health and wellbeing	

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

An explicit aspiration of the NHS Long Term Plan, of which PCNs are a key foundation, is to bring about the 'triple integration' of primary and specialist hospital care, of physical and mental health services, and of health and social care.

Background papers:

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

Nottingham City Health and Well-being Board
Nottingham City Primary Care Network development

Members of the Health and Wellbeing Board are asked to:

1. Help with raising awareness of the plans for the Primary Care Networks and the different levels of the ICS in order to build a consistent and shared understanding of how the system will work together to improve health and care in Nottingham City
2. Consider the role that partners could play in the development and implementation of the PCNs

PCN development in Nottingham City

In 2018, Nottingham and Nottinghamshire became one of the first-wave of Integrated Care Systems (ICS) nationally. Since then, Nottingham City Clinical Commissioning Group has been working closely with the five other Clinical Commissioning Groups in Nottingham and Nottinghamshire ICS to align teams and functions.

Our aim is to form a single CCG as the strategic commissioning organisation within the Nottingham and Nottinghamshire ICS. This will complement wider changes to NHS services outlined in the Long Term Plan, as well as local transformation with the roll out of Primary Care Networks (PCNs).

The PCNs are a key foundation of the ICS and an important element of the NHS Long Term Plan, which was launched in January 2019.

These networks will focus on service delivery - the responsibility for planning and funding of services remains with commissioner. They are one of the key changes to General Practice described in the NHS Long Term Plan, alongside a 'wide range' of new workforce incentives designed to address growing pressure on primary care services over the next 10 years.

These incentives were detailed in this year's GP contract. Under the new deal, local practices will have the flexibility to be able to recruit a broader skill mix of posts including pharmacists, first contact physios, community paramedics, physician associates and social prescribing support workers so that GPs can spend more time with patients, who need them most.

How will PCNs work?

In essence, a PCN is defined as a group of general practices working together with a range of local providers, across primary care, community services, social care and the voluntary sector, to offer more personalised, coordinated health and social care services to local populations.

The networks will bring multidisciplinary teams together with other public services to focus on local priorities, such as preventing coronary heart disease or tackling neighbourhood inequalities.

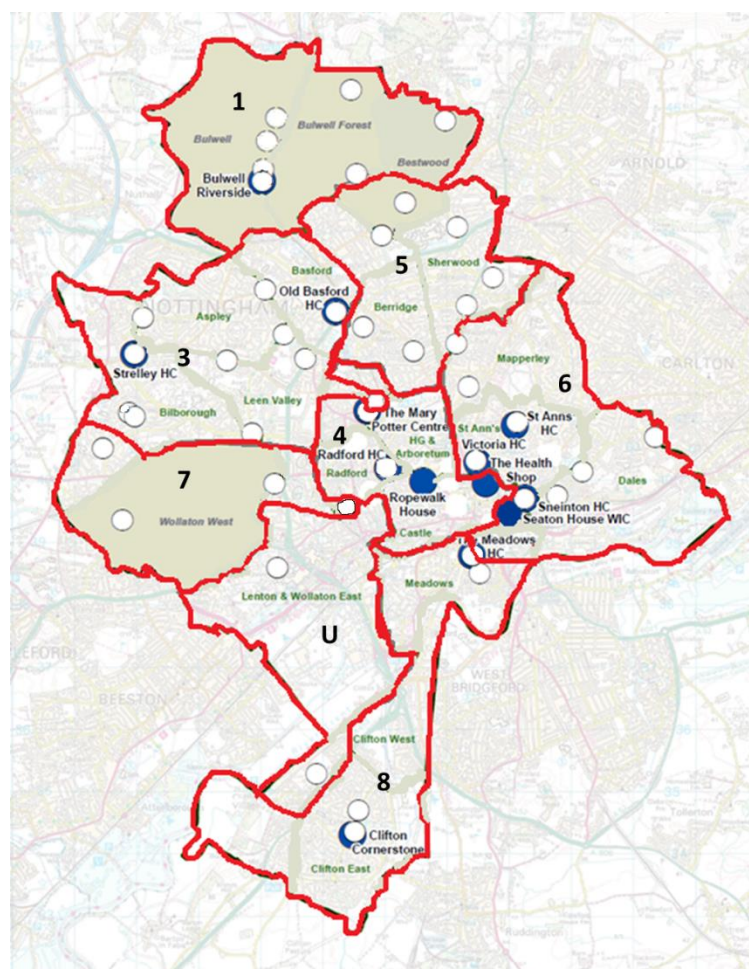
The area covered by a PCN is based around natural local communities, typically serving populations of at least 30,000 and not tending to exceed 50,000. They should be small enough to maintain the traditional strengths of general practice, but at the same time large enough to provide resilience and support the development of integrated teams.

In terms of improving delivery to patients, PCNs will provide the benefits of improved access, a wider range of services, and help to integrate general practice with wider health and community services, thus ensuring a more holistic, patient-centred service.

Nottingham City PCNs

In Nottingham City, there are eight PCNs. These are broadly organised around the Nottingham City Council wards and are of similar configuration to the Care Delivery Groups previously established, with a few exceptions due to the minimum size of PCNs being mandated to 30,000 (except in rural areas) and the establishment of a University Student PCN in recognition of the distinct population.

Map of Primary Care Networks in Nottingham City



	Raw Population	Number of practices
PCN 1	44,571	8
PCN 3	59,168	12
PCN 4	49,503	6
PCN 5	49,390	8
PCN 6	66,474	8
PCN 7	36,390	4
PCN 8	31,662	5
PCN U	51,548	2

Please note: we anticipate the names of the PCNs changing to reflect their geographic area in due time.

Each PCN has a GP lead, known as a Clinical Director. Any interested clinician working within general practice could apply to lead a PCN. Applications were

received for all PCNs and a competency assessment panel was convened to assess all against the Person Specification. The panel consisted of representatives from the Local Medical Committee, City Care, Nottinghamshire Healthcare NHS Foundation Trust and Nottingham City Council and was considered to be reflective of the wider partners of PCNs, as well as General Practice.

Where there was more than one candidate for Clinical Director, the PCN held elections administered through the LMC. PCN 6 has opted for a job share arrangement with the role being undertaken by two GPs. The appointed Clinical Directors for each of the PCNs in Nottingham City are:

PCN 1 – Dr Andrew Foster, GP Partner, Parkside Medical Practice, Bulwell
 PCN 3 – Dr Jonathan Harte, Lead Partner, Aspley Medical Centre, Aspley
 PCN 4 – Dr Josephine Guha, GP Partner, The Forest Practice, Mary Potter
 PCN 5 – Dr Michael Crowe, GP Senior Partner, Hucknall Road Medical Centre
 PCN 6 – Dr Husain Gandhi, GP Partner, Wellspring Surgery, St Ann's
 Dr Margaret Abbott, GP Partner, Windmill Practice, Sneinton
 PCN 7 – Dr Katherine O'Connor, GP Partner, Wollaton Park Medical Centre, Wollaton
 PCN 8 – Dr Heetan Patel, GP Partner, Clifton Medical Practice, Clifton
 PCN U – Dr Matthew Litchfield, GP Partner, The University of Nottingham Health Service

How do the PCNs fit into the ICS?

The PCNs are a key part of a wider system reorganisation and the merging of CCGs to fit the ICS footprint. They present an exciting opportunity to develop a highly localised and integrated health and care system with services designed to fulfil the needs of the local population, as well as strengthening primary care services in the City.

The networks will be a key constituent of the Integrated Care Providers (ICPs). Across the Nottingham and Nottinghamshire ICS, there will be three ICPs - Nottingham City, South Nottinghamshire and Mid Nottinghamshire.

The City ICP will be made up of, and governed by, a partnership of the key constituent organisations, including PCNs, acute, community, social care and mental health providers, and potentially a wider group of stakeholders who have an interest in tackling the wider determinants of health.

The plan is that ICPs will have freedom, within a framework, to deliver on the objectives set by the ICS Board and would be the key drivers of the overall health and care delivery.

Timeline for PCN delivery

Date	Requirement
By 15 May 2019	PCNs submitted the initial completed registration form
During the period	Commissioners will seek to confirm and approve all Network

16 May 2019 to 31 May 2019	Areas in a single process that ensures that all patients in every GP practice are covered by a PCN and that there is 100 per cent geographical coverage.
By 31 May 2019	CCGs confirm network coverage and approve variation to GMS, PMS and APMS contracts
By 30 June 2019	The GP practices within a PCN that are signed up to the Network Contract must ensure the full Mandatory Network Agreement is completed and signed
1 July 2019	Network Contract goes live across the country

HEALTH AND WELLBEING BOARD**29th May 2019**

	Report for Information
Title:	Impact of the Commissioning Reviews 2018-19
Lead Board Member(s):	Alison Challenger, Director of Public Health
Author and contact details for further information:	Chris Wallbanks chris.wallbanks@nottinghamcity.gov.uk Tel: 0115 8764801
Brief summary:	<p>This report provides progress to date on the Commissioning Priorities for Nottingham City Council and the joint Commissioning Priorities for Nottingham City Council (NCC) and Nottingham City Clinical Commissioning Group (CCG) for 2018-19. Some of the reviews started in 2017/18 have been categorised as 'continuing'. These Commissioning Priorities formed the basis of the work programme for both organisations last year.</p> <p>The progress of each review, including impact where this can be evidenced, is detailed in Appendix 1, (NCC Commissioning Plan 2018-19) and Appendix 2, (NCC and CCG Commissioning Plan 2018-19). The report shows progress on the process of undertaking each review and has taken into consideration each of the following key aims:</p> <ul style="list-style-type: none"> • Improving outcomes and choice for adults, families and children • Improving service provision • Promoting prevention and early intervention where possible • Reducing cost where appropriate <p>Whilst in many cases improved outcomes for adults, families and children cannot be identified within a short time period, there are a number of reviews where some improvements can be evidenced.</p> <p>In-depth progress reports on individual reviews are presented to the Health and Wellbeing Board on a regular basis.</p>

Recommendation to the Health and Wellbeing Board:

The Health and Wellbeing Board is asked to:

- a) Note the progress made in relation to last year's Strategic Commissioning Priorities

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 contribution made to each of the aims and outcomes is detailed in the appendices
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

There is a specific piece of work linked to this area that is detailed in the appendices

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.

<i>previous Board reports or any exempt documents.</i>	
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NCC Commissioning Intentions 2018/19. End of Year Update

Commissioning Activity and Scope	Rationale	Outcomes of work undertaken and impact on citizens	Annual Value of Contracts	Funding Source	Savings Made	Portfolio Holder
1. People in Nottingham adopt and maintain Healthy Lifestyles						
<u>Continuing</u>						
1a. Review Drug and Alcohol Inpatient Services <u>New review based on current situation</u>	<p>Nottinghamshire Healthcare Foundation Trust announced that they were to close down the Woodlands In-patient detoxification service.</p> <p>This decision requires commissioning an alternative provision</p> <p>Without provision we would potentially put service users at risk of serious illness or death</p>	<p>An interim solution was put in place to secure continuation of in-patient detox for Nottingham citizens while consultation was undertaken and a new contract procured.</p> <p>Following consultation and review a new service was tendered and awarded in 2018/19. The new contract is due to commence 1st July 2019.</p> <p>A saving of £117,921 per year has been secured.</p> <p>Impact on citizens: Consultation indicated that having a local inpatient detoxification service was important in maximising positive outcomes from treatment and in particular important for vulnerable service users and those with complex and co-morbid needs. Requirement for the new contract to be within Nottinghamshire was specified within the tender.</p> <p>Despite the financial reduction to this contract, there will be no reduction to the service model being delivered. Citizens will have access to the same standards and quality of care.</p> <p>The current provider (Framework at Edwin House) was awarded the new contract following the tender process. This provides continuity for service users and stakeholders. Positive feedback from service users has been received on the service provided at Edwin House.</p>	£403,446	Public Health Budget	£117,921	Cllr Webster Cllr Neal

Commissioning Activity and Scope	Rationale	Outcomes of work undertaken and impact on citizens	Annual Value of Contracts	Funding Source	Savings Made	Portfolio Holder
2. People in Nottingham will have positive Mental Wellbeing and those with serious mental illness will have good physical health						
All activity relating to improving mental health is within the joint plan						
3. There will be a Healthy Culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill-health						
<u>New</u>						
3a. Review of Extra Care Services <u>Review</u>	<p>Extra Care is a cost effective alternative to residential care.</p> <p>Extra Care is specialist accommodation for older people with onsite care provision. The provision of wrap around care and the early identification of developing needs can prevent care needs from escalating and increase independence.</p> <p>The new model will contain reablement apartments and potentially night care in the community to support the homecare framework.</p> <p>Night care is to be put in place at Albany House</p>	<p>A new specification has been developed for Extra Care for the new project at Winwood. The new provider has now been appointed and the new project will start in July.</p> <p>Extra Care internal processes have been strengthened which is beginning to support workers to identify citizens who are suitable for extra care and regular meetings are now in place with the providers to agree allocation.</p> <p>Impact on citizens: There is a significant increase in the number of Extra Care units available to citizens.</p> <p>Citizens are better supported to consider Extra care as an option, which enables them to retain their independence as long as possible.</p>	Current Spend £353k pa	ASC Budget	<p>Estimated future budget as provision expands</p> <p>£726k pa (off-set against the reduction in spend elsewhere i.e. residential care)</p>	Cllr Webster
3b. Review of Sheltered Alarms provision	Current contracts will end in the financial year giving an opportunity to review	A review was undertaken of the contractual arrangements for Sheltered Alarms. It was agreed to end the inconsistent funding of social housing providers who offer sheltered alarms following consultation with the	£240k pa	ASC Budget	£67,100	Cllr Webster

Commissioning Activity and Scope	Rationale	Outcomes of work undertaken and impact on citizens	Annual Value of Contracts	Funding Source	Savings Made	Portfolio Holder
<u>Small scale Review</u>	existing provision. Objective is to ensure a consistent service across alarm provisions and align to the dispersed alarm service. There are opportunities for financial savings. .	providers and the citizens. The contract with NCH was extended at the current funding level for two years on the basis that they would investigate the utilisation of housing benefit to support some elements of alarm provision. Impact on citizens: The impact varied from project to project on the citizens, with some housing associations absorbing the costs directly and others passing on a small increase to citizens. Nottingham City Homes citizens are currently unaffected .				
<u>Continuing</u>						
3c. Support Adult Social Care to implement the Better Lives Better Outcomes (BLBO) Strategy	This programme supports vulnerable citizens to live as independently as possible in the community and deliver efficiencies through a Recovery and Progression approach	The BLBO Strategy has impacted particularly on the implementation of the CSE contract, the residential review and the mental health Review. All commissioning is now being aligned to the BLBO requirements. Impact on citizens: Citizens are being supported to stay as independent as possible. Less older people are moving into residential care and people with LD and MH are being placed in alternative provision in the community.	This impacts on all ASC contracts	ASC	This contributes to the Big Ticket saving total	Cllr Webster
3d. Implement the new Care, Support and Enablement contract(CSE) Provision <u>Implementation of new service model</u>	CSE provides supported living for citizens in their own tenancies as well as outreach support to enable participation within the community. There is a strong policy drive to place citizens into 'settled tenancies' rather than residential care. This forms part of a wider review of all residential provision	The new contract started in March 2018 and there has been ongoing work to effectively implement the new changes and expectations. The financial targets for the year were exceeded and considerable work has taken place with providers to identify a large range of new properties for the next two years. Learning Disability - related properties are on track, but there is still a gap regarding Mental Health-related properties at this stage. Work is still progressing with one provider to re-register A two stage process was introduced to encourage providers to self review with a limited level of success. Impact on citizens:	Circa £8.2 m	ASC	CSE is a key enabler to meet BLBO targets	Cllr Webster

Commissioning Activity and Scope	Rationale	Outcomes of work undertaken and impact on citizens	Annual Value of Contracts	Funding Source	Savings Made	Portfolio Holder
		Citizens are being supported to live in less restrictive environments				
3e.Homelessness Implement the new contracts and model of provision <u>Implementation of new service model</u>	<p>Contracts providing assistance to prevent or resolve homelessness retendered due to expiry of existing contracts.</p> <p>Review of provision as increase in people experiencing financial difficulty.</p> <p>Potential need to reduce budget. .</p> <p>Review ensured the Council's response to Homelessness was in line with the new Homelessness Reduction Act 2017</p>	<p>New contracts for externally delivered services that work to prevent and resolve homelessness were introduced in Q1 2018/19.</p> <p>The following key changes were made:</p> <ul style="list-style-type: none"> • Prevention – homelessness prevention service now delivered under a single contract and directed by Housing Aid with more scope to target resources as needed (e.g. families, tenants of private landlords, etc) • Supported accommodation – an overall increase in capacity within temporary / supported accommodation of 54 beds; a higher proportion provided away from hostels; more separation of people according to circumstances (e.g. more female only accommodation); scope for greater shift away from hostels through long contract term • Rough sleepers – recurrent funding for No Second Night Out (see other developments to support for rough sleepers below). <p>A number of additional services and measures to reduce rough sleeping have also been introduced following successful bids for funding through MHCLG's Rough Sleeping Initiative (RSI) and Rapid Rehousing Pathway (RRP). These measures include (in summary):</p> <ul style="list-style-type: none"> • Extra shelter / accommodation (totalling approx 40 extra spaces) • Settled supported accommodation (30 supported flats) to be delivered during 19/20 • Extra outreach and 'Navigator' support workers • Resettlement support • Support to access private tenancies • A Rough Sleeping Coordinator <p>The value of these services (through MHCLG funding) is £1m in 19/20.</p> <p>The Fire Station 'Sit Up' Service (a collaboration between the Red Cross and Nottinghamshire Fire and Rescue supported by NCC Commissioning) received the Michael Varnam Award for its support for rough sleepers during cold weather.</p>	Circa £3.8m	Housing Related Support (now Development and Growth)	£390k pa	Cllr Woodings

Commissioning Activity and Scope	Rationale	Outcomes of work undertaken and impact on citizens	Annual Value of Contracts	Funding Source	Savings Made	Portfolio Holder
		<p>Impact on citizens:</p> <p>Many of the pressures that have given rise to homelessness (including adverse Welfare policy, insufficient availability of housing; increase in proportion of privately owned housing; the impact of austerity on public services that address issues related to homelessness e.g. mental health) have not abated. The number of presentations at Housing Aid and the number of people identified as sleeping rough in the City (as two key measures of homelessness) both increased in 18/19 from 17/18. However, prevention has increased, a greater proportion of homeless households are supported in more appropriate temporary accommodation, and more people have had their rough sleeping relieved.</p> <p>Work is ongoing to ensure services funded through MHCLG awards are implemented quickly and deliver positive outcomes. Further work is ongoing (outside of the review but supported by Commissioning) to ensure sufficient access to settled accommodation and to address the causes of homelessness and rough sleeping.</p>				

Commissioning Activity and Scope	Rationale	Outcomes of work undertaken and impact on citizens	Annual Value of Contracts	Funding Source	Savings Made	Portfolio Holder
3f. Commissioning of Domestic and Sexual Violence Services <u>Commissioning of new services</u>	<p>DSV contracts expire at the end of the financial year.</p> <p>Associated contracts have an end date of March 2019</p>	<p>Remodelled IDVA, Stronger Families Service and Outreach (previously known as RISE) service into one service. Successfully procured and implemented.</p> <p>Secured further funding with CDP policy team for DSVA provision in the City (total £140k approximately Home Office grant funding). This has allowed for additional provision within the following areas:</p> <ul style="list-style-type: none"> Increasing awareness amongst the public regarding DSVA through marketing campaigns Supporting schools to deliver healthy relationships to Year 7 onwards Additional Independent domestic violence advocate support for women going through the criminal justice system Additional Independent sexual violence advocate support for women going through the criminal justice system Supporting additional refuge bed spaces Delivering services aimed at women with multi-complex needs. The following services were procured: <p>The following services were successfully procured:</p> <ul style="list-style-type: none"> 24 hour domestic helpline Male IDVA service 3-specialist domestic violence refuge provision. <p>Performance Monitoring Frameworks developed and re-issued enabling better capture of performance.</p>	£1.8m pa	PH OPCC CCG NCC	None	Cllr Neal
3g. Review of Criminal Justice Treatment Service <u>Review</u>	<p>The contract is due to end in September 2018.</p> <p>The review will focus on how the service has been impacted by changes in the criminal justice system such as the split in the probation service and the re-alignment of Integrated Offender Management</p>	<p>The current contract was extended to enable the findings from the PCC review to inform the new service model. The review has been completed and has incorporated the recommendations from the OPCC review.</p> <p>A new contract has been awarded following competitive procurement process. Implementation will be undertaken in 2019/20 and new contract is due to commence September 2019.</p> <p>A saving of £245,000 has been secured.</p> <p>Impact on citizens: Despite the financial reduction to this contract, there will be no reduction to the service model being delivered. Citizens will have access to the same standards and quality of care.</p>	£1,218,551	PH OPCC	£245,000	Cllr Webster Cllr Neal

Commissioning Activity and Scope	Rationale	Outcomes of work undertaken and impact on citizens	Annual Value of Contracts	Funding Source	Savings Made	Portfolio Holder
3h. Financial Vulnerability <u>Review</u>	<p>The review will focus on advice services for people who are vulnerable to financial difficulty.</p> <p>A high proportion of Nottingham's population (in comparison to other local authority areas) is affected by financial difficulty and/or over-indebtedness.</p> <p>The aim is to have a joined up city model with good reach and impact</p>	<p>Initial research and engagement completed in summer 2018 has highlighted a range of opportunities for the Council and its partners to help citizens to avoid or recover from financial difficulty.</p> <p>These opportunities will be advanced through the completion of the commissioning review (with recommendations due in summer 2019) and through the development of a wider programme of activity to take forward other opportunities that sit outside of commissioning (e.g. through communications). Links have been built with a number of partners (including Experian) as part of this work.</p> <p>Immediate budget pressures have now been resolved – savings of £70k in 20/21 and £90k pa from 21/22 pa onward are now necessary to manage budget constraints. Further work is in progress to understand how best to manage these reductions whilst supporting citizens in need.</p> <p>Impact on citizens: A relatively high proportion of Nottingham's citizens are affected by poverty, financial difficulty and over-indebtedness. Evidence shows that financial difficulty and over-indebtedness increases the risk of a range of other difficulties, including mental/physical ill health, poorer educational outcomes and prospects, family problems, crime, homelessness and other issues. Some groups (e.g. women, people with disabilities, certain ethnicities) are disproportionately affected.</p> <p>Further work in this area will seek to increase avoidance of financial difficulty and quicker resolution of problems where they occur.</p>	£900k	PH / Commissioning	None	Cllr Chapman
3i. Independent Living Support Services (ILSS) Social Care Review <u>Small scale Review</u>	<p>The review will consider the fit and model for the future delivery of ASC orientated ILSS services, including</p> <ul style="list-style-type: none"> • 60+ Service • Physical, Sensory impairment and HIV • Learning Disability – Include 	<p>The new services are in place potentially until 2026.</p> <p>New service model improves efficiency and value for money by reducing the number of separate services, reducing management costs and avoiding unnecessary duplication, whilst retaining specialisms in the services. The new service model is for one service aligned to mainstream ASC functions, which includes a triage/referral hub which is the referral point for the mainstream ASC and other ILSS, and a Whole Life Disability ILSS which supports mainly adults with learning disabilities.</p> <p>The new services support the functions of Housing and Adult Social Care.</p>	£1.40m	ASC	Savings from 19/20 onward	Cllr Webster

Appendix 1

Commissioning Activity and Scope	Rationale	Outcomes of work undertaken and impact on citizens	Annual Value of Contracts	Funding Source	Savings Made	Portfolio Holder
	This review will seek to ensure ILSS work efficiently and support the interface between housing and ASC in order to promote independent living and reduce unwarranted dependency on ASC provision.	<p>The services offer support for citizens who are not eligible for Adult Social Care support, as well as providing additional support for those who are, help to prevent escalation of need, and align to the Adult Social Care teams, avoiding gaps in provision, particularly for vulnerable citizens aged under 60.</p> <p>It was agreed that the Mental Health and Forensic MH ILSS would be better considered as part of the Mental Health review, therefore they are not included in the new model at this time.</p> <p>Impact on citizens: New services in place to support vulnerable citizens to maintain accommodation, avoid eviction/homelessness, maximise income, reduce/avoid debt, manage physical and mental health, access appropriate services become more independent, and minimise risks/vulnerabilities.</p>				

NCC and CCG Joint Commissioning Intentions 2018/19. End of Year Update

Commissioning Activity and Scope	Rationale	Outcomes of work undertaken and impact on citizens	Annual Value of Contracts	Funding Source	Savings Made	Portfolio Holder
1. People in Nottingham adopt and maintain Healthy Lifestyles						
No joint reviews						
2. People in Nottingham will have positive Mental Wellbeing and those with serious mental illness will have good physical health						
<u>New</u>						
2a. Develop an Integrated Mental Health Accommodation Pathway <u>Strategic Review</u>	There has been a recent agreement between NCC, CCG and Notts Healthcare Trust to review current provision for people with mental ill health and explore a more integrated and cost effective approach to the health and care delivery system. Detailed scope of the work is to be determined	<p>This review has not progressed due to recent re-structures and the capacity within the CCG to undertake a joint review.</p> <p>Further work on this area has now been refocused to consider the mix of services commissioned by NCC for people with a social care need relating to their mental health. This work will follow up on areas of opportunity identified through engagement with Adult Social Care teams to date and produce recommendations for future commissioning of services and the development of clearer pathways and arrangements for access in the summer of 2019.</p> <p>The review will consider the mix of services and pathways needed to support the Better Lives, Better Outcomes approach to recovery. Pathways between NCC and CCG commissioned services will be considered where possible.</p>	£1.15m HRS Wider NCC and CCG spend on MH	HRS, ASC CCG	None	Cllr Webster
<u>Continuing</u>						
2b. Support 'Future in Mind' Transformation Plan (including CAMHS work)	'Future in Mind' is Government Guidance on promoting, protecting and improving children and young people's mental health and wellbeing.	An Emotional Health and Resilience Charter has been developed as a way for schools to demonstrate their commitment to support the mental health and emotional wellbeing and resilience of their pupils. The charter reflects good practice in promoting EHWPB and in the last 6 months (lifetime of the programme), 14 schools have signed up to working towards it.	Section 75 NCC= circa £728k CCG=£726k	NCC CCG	None identified. Any savings would need to be jointly agreed	Cllr Webster

Commissioning Activity and Scope	Rationale	Outcomes of work undertaken and impact on citizens	Annual Value of Contracts	Funding Source	Savings Made	Portfolio Holder
<u>Implementation of National Guidance</u>	<p>The Nottingham and Nottinghamshire Local Transformation Plan 2015-20 focuses on 5 key areas</p> <ul style="list-style-type: none"> • Promoting Resilience, Prevention and Early Intervention • Improving Access to Effective Support • Accountability and transparency • Developing the workforce 	<p>Mental Health First Aid (MHFA) training aims to equip the children's workforce with the skills to recognise when young people are showing early signs of emotional distress and to support them appropriately.</p> <p>Over the last year, 250 practitioners have attended the 2-day training and 83 have attended the 1 day training. 37 schools now have at least 1 member of staff trained.</p> <p>SHARP offer self-harm clinics in 20 Secondary Schools every month including:</p> <ul style="list-style-type: none"> • Assemblies to understand self-harm • Workshops relating to managing exam stress • Support groups for young people who identify as transgender/non-binary • Support and resources for teaching staff <p>MH:2K is a trained group of young people who engage with their peers through consultation sessions relating to MH and EHWP.</p> <p>So far, 20 young people have been trained and have engaged with over 500 of their peers. This has resulted in a written report detailing recommendations for a number of settings, including services and schools, on how to improve their practices to promote positive mental health and reduce stigma.</p>				
3. There will be a Healthy Culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill-health						
<u>New</u>						
3a. Review Residential Provision including Nursing	A full scoping of activity in relation to residential provision is required in light of the following:	<p>The analysis phase of the work has been completed and there is ongoing engagement work with practitioners and providers.</p> <p>The decision has been made to align rather than integrate with</p>	<p>NCC circa £57m</p> <p>CCG circa</p>	NCC CCG	No targets set in MTFP Focus of review is on	Cllr Webster

Commissioning Activity and Scope	Rationale	Outcomes of work undertaken and impact on citizens	Annual Value of Contracts	Funding Source	Savings Made	Portfolio Holder
Care <u>Strategic Review</u>	<ul style="list-style-type: none"> Recent work on a fair pricing structure A focus on a Care, Support and Enablement approach Developing outcomes for residential provision The need for capacity considerations for Nursing homes Development of more outcome based contracts 	<p>the County.</p> <p>A governance group has been established and the project group is meeting 6 weekly. There are also additional 6 weekly meetings with the CCG.</p> <p>Impact on citizens Not yet realised</p>	£10.3m		controlling escalation of higher cost packages	
3b. Review of Reablement Provision <u>Strategic Review</u>	<p>Reablement Services commissioned by health and social care are currently aligned but are not fully integrated. Reablement is a key mechanism for reducing Delayed Transfer of Care (DTOC). A fully integrated pathway should create efficiencies and improve system flow.</p>	<p>The decision was made not to pursue this Workstream. Instead, a separate piece of work is taking place regarding Homecare Transformation</p>	<p>NCC circa £3.2 m</p> <p>CCG Reablement £2.7m</p>	NCC CCG	None	Cllr Webster
<u>Continuing</u>						
3c. Implement the new 0-19s Children's Public Health Contract. Start the process of integrating the 0-5s workforce through the development of 8	<p>Amalgamating five contracts incorporating Health Visitors, Family Nurse Partnership, Breast Feeding Peer Supporters, Children's Nutrition Team and Public Health Nurses into one overarching contract to maximize efficiencies.</p>	<p>A strong multi-agency Governance structure has been established to steer the integration and to support the System Change objective of the Small Steps Big Changes Programme. The Board is chaired by Councillor Mellen.</p> <p>4 Workstreams have been established to lead key elements of the integration:</p> <ul style="list-style-type: none"> Places: Aims to review and identify appropriate venues, linked to the 8 CDG areas to deliver an accessible, integrated community-based service. 	£9.3m pa	PH	300k pa	Cllr Mellen

Commissioning Activity and Scope	Rationale	Outcomes of work undertaken and impact on citizens	Annual Value of Contracts	Funding Source	Savings Made	Portfolio Holder
area teams <u>Implementation of new service</u>	<p>This Integrated Children's Public Health Service (ICPHS) will work with our internal Early Help Service 0-5s in an increasingly integrated way with a shared outcomes framework and indicator set.</p>	<ul style="list-style-type: none"> • Practice: Aims to develop and deliver integrated, evidence-based programmes that guide and equip 0-5 practitioners to improve outcomes for children and their families in Nottingham City • People: Aims to develop a unified 0-5s workforce that delivers services to families confidently and competently through a shared set of values and a consistent evidence-based approach • Performance: Aims to develop a performance framework and data set to reflect the integrated approach to service delivery and enable progress to be monitored <p>All workstreams have made progress towards meeting their aims. Some changes have started to be implemented, such as the movement of staff into new, shared locations, whilst others will take longer to be realised and will be implemented incrementally.</p> <p>Impact on citizens: The benefits of closer working will be evidenced once the changes are implemented. The overarching aim is to provide a more consistent, evidence-based service for 0-5s, with families experiencing fewer handovers from one professional to another and receiving a service that is easy to access. This was a key outcome of the parent consultations undertaken through the Child Development Review</p>				
3d. Implement the new Homecare model to increase efficiencies <u>Implementation of new service</u>	<p>The previous system did not have sufficient capacity to support the increased demand; there were pricing issues and the Framework of Accredited Providers expired in December 2017, which meant a new one was needed.</p>	<p>A review of the Accredited Providers contract took place. It was confirmed with legal and contracts that the current contract could run until December 2019. The decision about what to replace this with has been deferred until May, following the outcome of the Homecare transformation work.</p> <p>A range of initiatives were established through the Winter pressures funding including:</p> <ul style="list-style-type: none"> • A new contract to provide additional homecare • Incentivisation of workforce for leads • Additional Assistive Technology capacity • A new volunteer service 	<p>Circa £14 m external</p>	<p>ASC</p>	<p>None</p>	<p>Cllr Webster</p>

Commissioning Activity and Scope	Rationale	Outcomes of work undertaken and impact on citizens	Annual Value of Contracts	Funding Source	Savings Made	Portfolio Holder
		Impact on citizens: The Winter pressures initiatives supported more citizens to receive homecare in a timely fashion and to maximise their independence				
3e. Integrate the Commissioning of Health and Social Care Adult Provision through the Better Care Fund (BCF)	The BCF supports integrated provision between Health and Social Care with a particular focus on Delayed Transfers of Care (DToC) from hospital to the community	Ongoing input to the BCF and iBCF including the development of new governance arrangements. Implementing agreed savings for 2018/19 and identifying savings for 2019/20 Impact on citizens: The BCF continues to deliver core adult social care provision as well as a range of integrated services which support citizens to maximise their independence.	BCF circa £25m iBCF £11.72 m	BCF	£1.5 million	Cllr Webster
3f. Implement the new Advice and Support Services contract (including Keyworker Service, SEND Engagement and link with the LiON Directory) <u>Implementation of new service</u>	The new service rationalises a number of contracts into one overarching contract to meet the statutory requirements within the SEND reforms and ensures support for the Education and Health Care Plan process is sustainable.	The new combined service is in place offering a single point of contact for information, advice and support for children/young people with SEND and their parents/carers. The service supports the fulfilment of statutory duties towards children and young people with special educational needs and/or disabilities, and their families, under the Children and Families Act 2014 and the SEND Code of Practice 2014. A new website combining both Iris and Ask Us Nottinghamshire is now live. The website includes a new young people's zone to support access by young people, in line with SEND reforms. This enables more citizens to find relevant information via the website, and utilise the online contact function, increasing capacity in the service. The new service model reduces duplication of management costs and provides a more efficient service. The service is targeted to provide support in line with the needs of the family. This has further improved capacity in the service and reduced waiting times for support. Engagement is part of the core service and feeds into the development of IASS provision.	£97k pa	Nottingham City Council contribution only	None- due to implementation issues with the contract it was not possible to deliver an in-year saving	Cllr Webster

Commissioning Activity and Scope	Rationale	Outcomes of work undertaken and impact on citizens	Annual Value of Contracts	Funding Source	Savings Made	Portfolio Holder
		<p>Impact on citizens:</p> <p>The combined website enables citizens to find information more easily, with frequently asked questions available on the website to avoid citizens needing to contact the service wherever possible. The new 'youth zone' is designed in consultation with young people to be more youth-friendly - young people are able to use the service themselves, independently of their parents/carers, to have greater choice and control over their own education and futures.</p> <p>Families with lower levels of support needs have easier access to the service. The service improves self-efficacy by enabling families with lower levels of need access appropriate support without the need for formal assessments, All families contacting the service benefit from reduced waiting times for support.</p> <p>The voice of the citizen is captured through engagement and feeds into service development.</p> <p>Single point of contact for information, advice and support for children/young people with SEND and their parents/carers, reducing confusion and supporting easy identification of support. The service has supported over 10,000 citizens since August 2018.</p>				
<p>3g. Implement the revised service model for Assistive Technology</p> <p><u>Implementation of new model</u></p>	<p>Implement the revised service delivery models within Telecare, Telehealth and Dispersed Alarms.</p> <p>Realign the service provision to achieve Adult Social Care priorities.</p> <p>To deliver within reduced budget envelope.</p>	<p>The new contract arrangements were implemented with Nottingham City Homes to target provision at citizens in receipt of an ongoing Adult Social Care package. Of those no longer eligible, there was a 55% take up of the service on a self-funded basis.</p> <p>Further savings targets were identified for 19/20 and work was undertaken between the NCC, the CCG and NCH to deliver these whilst minimising impact on the citizen.</p>	<p>Dispersed Alarm contract in 18/19 £121k</p> <p>Telecare / Telehealth contract in 18/19 £534.4k</p>	BCF	£564,599	Cllr Webster

Commissioning Activity and Scope	Rationale	Outcomes of work undertaken and impact on citizens	Annual Value of Contracts	Funding Source	Savings Made	Portfolio Holder
		<p>Impact on citizens:</p> <p>Services are targeted to meet the requirements of those with the highest need.</p> <p>Citizens have the option to continue to fund provision at a discounted rate for the delivery of high quality alarm provision.</p>				
3h Support the Transforming Care Partnership	The partnership between NCC, the County and the CCGs is working to minimise the number of citizens with learning disabilities and/or autism who are inappropriately in secure accommodation and to ensure appropriate community provision is in place to meet the needs of this cohort.	<p>The partnership has continued to see the movement of citizens from long stays in hospital to home. Work is taking place to shape the future services that will be required. Discussions are still taking place to confirm long term funding arrangements.</p> <p>Impact on citizens:</p> <p>Citizens are supported to leave hospital and move to appropriate step-down accommodation. Provision is available to enable citizens to be supported in the community and to reduce the risk of escalation of need.</p>	Provision does not relate to specific contracts	ASC	None-requirement to move people with LD/Autism from longer term hospital care represents a cost pressure	Cllr Webster

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HEALTH AND WELLBEING BOARD

29th May 2019

	Report for Information
Title:	Commissioning Intentions 2019-20
Lead Board Member(s):	Alison Challenger, Director of Public Health
Author and contact details for further information:	Chris Wallbanks Chris.wallbanks@nottinghamcity.gov.uk Tel: 0115 8764801
Brief summary:	<p>This report sets out the commissioning intentions for Nottingham City Council and the joint Commissioning Intentions for Nottingham City Council (NCC) and Nottingham City Clinical Commissioning Group (CCG) for 2019-2020, which will form the basis of the work programme for both organisations and will inform the prioritisation of resources.</p> <p>The commissioning intentions will provide an important catalyst for:</p> <ul style="list-style-type: none"> • Improving outcomes and choice for adults, families and children • Improving service provision • Increasing the focus on prevention and early intervention, where possible • Reducing cost where appropriate

Recommendation to the Health and Wellbeing Board:

The Health and Wellbeing Board is asked to:

- a) Note the main areas of activity identified within the Commissioning Plans

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	Contributions to the joint Health and Wellbeing Strategy aims and outcomes are detailed within the attached plans:
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

Details can be found in the attached plans

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.

NCC Commissioning Intentions 2019/20

Commissioning Activity and Scope	Rationale	Key Milestones	Date	Director /Sponsor	Portfolio Holder	Funding Source	Finances in Scope/ Existing contract value	Savings. Link to MTFP
1. People in Nottingham adopt and maintain Healthy Lifestyles								
<u>Continuing</u>								
1a. Review Drug and Alcohol Inpatient Services <u>Implementation</u>	<p>Nottinghamshire Healthcare Foundation Trust announced last year that they were to close down the Woodlands In-patient detoxification service.</p> <p>This decision required commissioning an alternative provision</p> <p>Without provision we would potentially put service users at risk of serious illness or death</p>	<p>New service to commence</p> <p>Implementation of the new Service.</p>	<p>July 2019</p> <p>From July 2019</p>	KB CO		<p>Public Health (PH)</p> <p>CCG</p>	£403,446	To save around £98,000 in MTFP
2. People in Nottingham will have positive Mental Wellbeing and those with serious mental illness will have good physical health								

Commissioning Activity and Scope	Rationale	Key Milestones	Date	Director /Sponsor	Portfolio Holder	Funding Source	Finances in Scope/ Existing contract value	Savings. Link to MTFP
<u>New</u>								
2a. Review of NCC's Mental Health Pathway <u>Review</u>	A review to ensure that the right mix of support and a comprehensive pathway between services is in place to deliver the Better Lives, Better Outcomes approach, i.e. - to promote recovery and independence - to reduce financial burden to NCC	Review Undertaken Recommendations and Decision Implementation of new services	April – September 2019 October 2019 September 2020	CU		HRS budget (MH) ASC budget (MH)	£1.15m pa through HRS; wider ASC spend on MH	No specific savings allocated – to contribute to other ASC savings
3. There will be a Healthy Culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill-health								
<u>New</u>								
3a. Review and commissioning of services involved in the delivery of the Pharmacy Needle Exchange Scheme <u>Review</u>	A range of contracts (pharmacy needle exchange, needle exchange supply, and pharmacy database) end in Q3 2019. Following the closure of the well-established specialist needle exchange at Broad Street, there is a need to complete a full review of the Pharmacy Needle Exchange Scheme to ensure it is able to meet the needs of injecting drug users in Nottingham.	Review undertaken New service specifications developed Procurement (pharmacy NX, supply and database) Implementation	By April 2019 May 2019 By August 2019 By November 2019	AC/CO		PH Budget	£145,000	Saving has been made against specialist needle exchange, Pharmacy Needle Exchange Scheme needs to be retained at current value to ensure sufficient availability of injecting equipment.

Commissioning Activity and Scope	Rationale	Key Milestones	Date	Director /Sponsor	Portfolio Holder	Funding Source	Finances in Scope/ Existing contract value	Savings. Link to MTFP
3b. Review and commissioning of Shared Care (Primary Care drug treatment clinics) <u>Review</u>	<p>Contracts with Primary Care practices for the provision of Shared Care are due to end Q2 2019.</p> <p>Shared Care provides prescribing based drug treatment to opiate users.</p>	<p>Undertake a review of the current model including the payment model.</p> <p>Undertake 'market development' to understand whether there are any other practices who would be able to deliver the service.</p> <p>Decision on appropriate procurement process.</p> <p>Implementation</p>	<p>By May 2019</p> <p>By May 2019</p> <p>By May 2019</p> <p>By October 2019</p>	AC/CO		PH Budget	£150,000	Saving already made in 2018/19. Payment model will be reviewed.
3c. Review and commissioning of C-Card, Online Sexual Health testing and targeted HIV testing. <u>Review</u>	<p>An interim solution is required to ensure continuation of C-Card, online sexual health testing and targeted HIV testing during 2019/20.</p> <p>Due to savings applied in 2018/19 and current contract terms it is necessary to review and redesign provision.</p>	<p>Identify appropriate interim solution, secure approval, implement.</p> <p>Undertake review of provision and need.</p> <p>Recommendations and approval.</p> <p>Competitive procurement process.</p> <p>Implementation</p>	<p>By April 2019</p> <p>By August 2019</p> <p>September 2019</p> <p>By January 2020</p> <p>By April 2020</p>	AC/CO		PH Budget		Saving already made in 2018/19.
3d. Substance Misuse Treatment System (Multiple Needs) <u>Review</u>	<p>The main substance misuse treatment contract reaches the end of its initial term in 2021 (excluding potential extension years).</p>	<p>Review need and consider multiple and complex needs.</p> <p>Scoping and engagement with stakeholders</p> <p>Identify whether joint</p>	<p>Throughout 2019/20</p>	CO		PH Budget, OPCC Budget	Scoping to stay in budget	Saving already made in 2018/19

Commissioning Activity and Scope	Rationale	Key Milestones	Date	Director /Sponsor	Portfolio Holder	Funding Source	Finances in Scope/ Existing contract value	Savings. Link to MTFP
		commissioning to meet multiple and complex needs of substance users is viable.						
3e. Commissioning of Domestic and Sexual Violence Services <u>Commissioning of new services</u>	<p>Following a competitive procurement process the contract for the DV service has been awarded. This service encompasses Domestic Violence, the ILS service (Rise) and the stronger families service. The service contract has been awarded for a period of 3+2+2</p> <p>The Sexual Violence Service contract comes to an end on 31st March 2020 with the potential for an additional 2 years. However, the consensus with funders is to procure within the year. A steering group is being set up to consider the options for going forward</p> <p>Prevention comes to an end March 31st 2020 with the option of extending for another 2 years. The consensus is to seek at least one year extension to procure for April 1st 2021</p> <p>Stride has been discontinued as a service</p>	<p>The aim is to procure a new service</p> <p>Extend contract for 1 year Procure new service for launch</p>	<p>1st April 2019</p> <p>March 31st 2020</p> <p>1st April 2021</p> <p>April 1st 2019</p>	<p>AE/TS</p> <p>CO</p>		<p>NCC</p> <p>Mainstream CDP</p> <p>OPCC</p> <p>Public Health</p> <p>PH</p> <p>DCLG</p> <p>CCG</p>	£1,936,848	None identified

Commissioning Activity and Scope	Rationale	Key Milestones	Date	Director /Sponsor	Portfolio Holder	Funding Source	Finances in Scope/ Existing contract value	Savings. Link to MTFP
3f. Homelessness <u>Complete year one review to shape the direction of services</u>	<p>New contracts to provide assistance to prevent or resolve homelessness were established in 2018. These contracts were set up to run for up to 9 years with freedoms to allow development over time.</p> <p>A small scale evaluation / review is recommended in order to judge the impact of services to date and to shape the further direction of delivery.</p>	<p>Review / evaluation following first year of delivery</p> <p>Recommendations for further delivery (N.B. not expected for formal approval)</p> <p>Implementation</p>	<p>July – Aug 2019</p> <p>Aug 2019</p> <p>Sept 2019</p>	KB CH		Development & Growth	Circa £3.8m pa	No savings to be sought – savings already delivered from 18/19. Further scope to prevent further unbudgeted expenditure
3g. Financial Vulnerability <u>Review and wider programme of work</u>	<p>The review will focus on advice services for people who are vulnerable to financial difficulty.</p> <p>Poverty, financial difficulty and over-Indebtedness affects a relatively high proportion of Nottingham's citizens. There links between financial difficulty and poor health and wellbeing / other issues that require intervention by NCC (e.g. homelessness) – intervening sooner may help to prevent these issues.</p> <p>The aim is to have a joined up city model with good reach and impact</p>	<p>Review undertaken</p> <p>Recommendations and decision</p> <p>Implementation of decision</p> <p>New Services start (or existing ones varied)</p>	<p>February – May 2019</p> <p>June 2019</p> <p>April 2020</p> <p>May 2020</p>	KB		PH / Commissioning budget	Commissioning and Finance budgets combined circa £1.53m pa	£70k in 2020/21 increasing to £90k pa from 21/22

Commissioning Activity and Scope	Rationale	Key Milestones	Date	Director /Sponsor	Portfolio Holder	Funding Source	Finances in Scope/ Existing contract value	Savings. Link to MTFP
3h. Day and Evening Services <u>Review</u>	To review the current Day and Evening Services contract in order to strengthen its role around enabling the Better Lives Better Outcomes Strategy	Commence review -New services in place	October 2019 April 2020	CU		ASC	£2.16m pa	There are no direct savings identified, but effective day provision can support BLBO objectives re maximising independence
<u>Continuing</u>								
3i. Review of Extra Care Services <u>Implementation</u>	Extra Care is a cost effective alternative to residential care. Extra Care is specialist accommodation for older people with onsite care provision. The provision of wrap around care and the early identification of developing needs can prevent care needs from escalating and increase independence. The new model will contain reablement apartments and potentially night care in the community to support the homecare framework.	Implementation of the new services	May – November 2019	CU		Adult Social Care	Current Spend £353k pa Estimated future budget as provision expands £726k pa (off-set against the reduction in spend elsewhere i.e residential care)	None identified but linked to ASC Big Ticket savings

Commissioning Activity and Scope	Rationale	Key Milestones	Date	Director /Sponsor	Portfolio Holder	Funding Source	Finances in Scope/ Existing contract value	Savings. Link to MTFP
	Night care is to be put in place at Albany House							
3j. Support Adult Social Care to implement the Better Lives Better Outcomes Strategy	This programme supports vulnerable citizens to live as independently as possible in the community and deliver efficiencies through a Recovery and Progression approach	On-going support to Adult Social Care in relation to Big Ticket projects, in particular for older people and those with mental health needs or learning difficulties	April 2018-March 2019	CU				
3k. Meet the BLBO objectives for people with MH and LD through finding appropriate alternative accommodation to residential provision	Citizens are being supported to identify the least restrictive accommodation option that is available. This primarily relates to the use of Supported Accommodation through the CSE contract, but also includes the use of Extra care and HRS where appropriate	To move 24 people with Learning Difficulties out of residential provision To move 34 people with Mental Health issues out of residential provision To support providers to re-register	April 2019 –March 2020	CU		Adult Social Care		Savings linked to broader ASC savings within the MTFP
3l. Review of Criminal Justice Treatment Service <u>Implementation</u>	The current contract was extended to enable the findings from the PCC review to inform the new service model. The review has been completed and has incorporated the recommendations from the OPCC review. A new contract has been awarded following competitive procurement process	Implementation will be undertaken in 2019/20 and a new contract is due to commence September 2019.	April 2019 March 2020	KB /AE CO		OPCC PH	£1,218,551	To be negotiated

Appendix 1

Commissioning Activity and Scope	Rationale	Key Milestones	Date	Director /Sponsor	Portfolio Holder	Funding Source	Finances in Scope/ Existing contract value	Savings. Link to MTFP
3m. Independent Living Support Services (ILSS) Social Care Review <u>Implementation</u>	<p>The review will consider the fit and model for the future delivery of ASC orientated ILSS services, including</p> <ul style="list-style-type: none"> • 60+ Service • Physical, Sensory impairment and HIV • Learning Disability – Include <p>This review will seek to ensure ILSS work efficiently and support the interface between housing and ASC in order to promote independent living and reduce unwarranted dependency on ASC provision.</p>	<p>Implement new services. Three services have now been aligned into two with a cross cutting signposting function that will help link citizens to wider community resources.</p>	November 2018 – June 2019	KB/CU		ASC (formerly HRS)	£855,439 p.a.	£95,049 per year (against the 2018/19 contract values)

Name abbreviations:

NCC Colleagues

CU – Catherine Underwood

KB – Katy Ball

CH – Chris Henning

AE – Andrew Errington

TS – Tim Spink

AC – Alison Challenger

CO – Christine Oliver

NCC and CCG Joint Commissioning Intentions 2019/20

Commissioning Activity and Scope	Rationale	Key Milestones	Date	Director /Sponsor	Portfolio Holder	Funding Source	Finances in Scope/Existing contract value	Savings. Link to MTFP
1. People in Nottingham adopt and maintain Healthy Lifestyles								
No new reviews this year								
2. People in Nottingham will have positive Mental Wellbeing and those with serious mental illness will have good physical health								
<u>Continuing</u>								
2a. Develop an Integrated Mental Health Accommodation Pathway <u>Strategic Review</u>	Agreement previously reached by NCC, CCG and Notts Healthcare Trust to review cross organisational provision for people with mental ill health and explore a more integrated and cost effective approach to the health and care delivery system. No formal decision has been reached not to proceed with this work.	To be determined.	April 2019-March 2020	CU / LA (CCG)		Adult Social Care(ASC), Housing-Related Support (HRS) Better Care Fund (BCF) CCG	Circa £1.15m HRS Wider ASC and CCG spend on MH	No direct savings have been allocated – review to help contribute to other ASC savings (and to assist in CCG spend)
2b. Support 'Future in Mind' Transformation Plan (including CAMHS work) <u>Implementation of National Guidance</u>	Future in Mind is Government Guidance on promoting, protecting and improving children and young people's mental health and wellbeing. The Nottingham and Nottinghamshire Local Transformation Plan	Focus areas for 2019-20 include:- Further embedding whole school approaches to Emotional Health and Wellbeing (EHWB) through supporting schools to achieve the EHWB Charter Mark.	April 2019-March 2020	KB AC (CCG rep tbd)		National funding received by CCG Section 75= NCC and CCG	NCC= circa £728k CCG=£726k	None identified. Any savings would need to be jointly agreed

Commissioning Activity and Scope	Rationale	Key Milestones	Date	Director /Sponsor	Portfolio Holder	Funding Source	Finances in Scope/Existing contract value	Savings. Link to MTFP
	2015-20 focuses on 5 key areas <ul style="list-style-type: none"> • Promoting Resilience, Prevention and Early Intervention • Improving Access to Effective Support • Accountability and transparency • Developing the workforce 	Delivering Mental Health First Aid to the children's workforce, including schools. Further developing joint working between Targeted and Specialist/Community CAMHS in Nottingham City, prioritising joint workforce development, joint working in the SPA(Single Point of Access), developing care bundles and reducing waiting times. Continuing to develop ways to support universal services in supporting children and young people's mental health, and knowing how and when to refer to CAMH Services and other local support services.						
3. There will be a Healthy Culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill-health								
<u>New</u>								
3a. Review Residential Provision including Nursing Care <u>Strategic Review</u>	A full scoping of activity in relation to residential provision is required in light of the following: <ul style="list-style-type: none"> • Recent work on a fair pricing structure • A focus on a Care, Support and Enablement approach 	Review undertaken Recommendations will determine future direction	March – June 2019 June – August	CU (CCG rep tbc)		Adult Social Care	NCC circa £57m CCG circa £10.3m	No targets set in MTFP Focus of review is on controlling escalation of higher cost packages

Commissioning Activity and Scope	Rationale	Key Milestones	Date	Director /Sponsor	Portfolio Holder	Funding Source	Finances in Scope/Existing contract value	Savings. Link to MTFP
	<ul style="list-style-type: none"> Developing outcomes for residential provision The need for capacity considerations for Nursing homes Development of more outcome based contracts 	Development of new model ITT New contracts in place	2019 September 2019 April 2020					
3b. Transforming Homecare <u>Review</u>	A high level review of homecare activity as delivered by the CCG and the NCC. The review will inform: The future model for the delivering of an integrated homecare system Determine the resources available to support this work across both organisations Determine the use of the existing CCG funding that is currently supporting additional capacity	Agree short term changes including Accredited Homecare New funding arrangements for CCG spend Continue to develop longer term solutions aligned to Home First and Integrated Care System (ICS) workstreams	May 2019 October 2019	CU Kate McCandlish		ASC Budget and CCG	No specific budget –part of wider homecare budget	No identified saving. Utilisation of homecare is increasing in line with BLBO objectives
<u>Continuing</u>								
3c. Implement the 0-19s Children's Public Health Contract. Start the process of more	Amalgamating five contracts incorporating Health Visitors, Family Nurse Partnership, Breast Feeding Peer Supporters, Children's Nutrition Team and Public Health Nurses	From 2018, Early Help and CityCare leads have worked intensively to identify how to achieve the most effective and efficient model of integrated service delivery – to include:	April 2018 – March 2020	KB AC (CCG rep tbc)		Public Health	£9.3m pa	100k

Commissioning Activity and Scope	Rationale	Key Milestones	Date	Director /Sponsor	Portfolio Holder	Funding Source	Finances in Scope/Existing contract value	Savings. Link to MTFP
closely aligning the Children's Public Health Service and the Early Help Service 0-5s workforce through the development of 8 area teams <u>Implementation of new service</u>	<p>into one overarching contract to maximize efficiencies.</p> <p>This Integrated Children's Public Health Service (ICPHS) will work with our internal Early Help Service 0-5s in an increasingly integrated way with a shared outcomes framework and indicator set.</p>	<ul style="list-style-type: none"> the co-location of staff within the agreed 8 Care Delivery Groups the delivery of a seamless service to families working towards a shared outcomes framework reporting to a shared dataset linked to the specification outcomes integrating workforce development and learning opportunities undertaking integrated workforce planning 						
3d. Implement the new Homecare model to increase efficiencies <u>Implementation of new service</u>	<p>The previous system:</p> <ul style="list-style-type: none"> Did not have sufficient capacity to support the increased demand There were pricing issues The Framework of Accredited Providers expired in December 2017. 	<p>Provide commissioning support to Adult Social Care to meet ongoing homecare pressures</p>	April 2019- March 2020	CU (CCG rep tbc)		Adult Social Care	Circa £14 m external	No identified saving. Utilisation of homecare is increasing in line with BLBO objectives
3e Integrate the Commissioning of Health and Social Care Adult Provision through the Better Care Fund (BCF) <u>Implementation</u>	<p>The BCF supports integrated provision between Health and Social Care with a particular focus on Delayed Transfers of Care (DToC) from hospital to the community</p>	<p>Input to the development and implementation of the new 19/20 Plan</p> <p>Consider how the BCF will fit as part of the future Integrated Care System</p> <p>Each organisation to performance manage the services it provides or commissions</p>	April 2019– March 2020	CU (CCG rep tbc)		BCF and iBCF	BCF circa £25m iBCF £11.72 m	£1.5 m

Commissioning Activity and Scope	Rationale	Key Milestones	Date	Director /Sponsor	Portfolio Holder	Funding Source	Finances in Scope/Existing contract value	Savings. Link to MTFP
3f. Implement the Assistive Technology Strategy <u>Implementation</u>	The strategy formalises the ongoing working relationship between ASC and NCH. It includes longer term reviewing and funding arrangements including the number of AT packages and their utilisation in preventing the need for ASC	Review impact of Winter pressures Work AT Innovation group to meet twice yearly Consideration of longer term funding model Sign off strategy	June 2019 Ongoing June 2019 July 2019	CU		BCF	AT Service Budget £434,400 Dispersed Alarms Budget £115,900	AT savings form part of BCF savings identified above
3g Support the Transforming Care Partnership	The partnership between NCC, the County and the CCGs is working to minimise the number of citizens with learning disabilities and/or autism who are inappropriately in secure accommodation and to ensure appropriate community provision is in place to meet the needs of this cohort.	Develop a pooled budget Provide strategic input to the Transforming Care Board Workstreams 1,3 & 4 Progress proposals within the Capital Grant Bid Support the submission of the Life Chances Bid for Forensic Services.	April 2019 –June 2019	CU (CCG rep tbc)		NHS Funding CCG CHC Funding ASC Purchasing Budget	No specific budget –part of wider purchasing budget	No saving-due to high cost of placement this represents a cost pressure

Name abbreviations:

NCC Colleagues

CCG Colleagues tbc

CU – Catherine Underwood

KB – Katy Ball

AC – Alison Challenger

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Health and Well Being Board Update

You may be aware that the six CCGs in Nottingham and Nottinghamshire have been working in closer alignment since the area became one of the first-wave of Integrated Care Systems (ICSs) nationally in 2017.

We are now in the process of forming a joint leadership team for the CCGs, and will be beginning a wider internal reorganisation during the summer of this year. (see appendix for more info)

The next stage in this evolution is the proposed formal merger of all six existing CCGs into one single organisation. Our proposal is to form a single CCG as the strategic commissioning organisation within the Nottingham and Nottinghamshire ICS. This is the recommended model in the recently published NHS Long Term Plan which outlines the approach to every area becoming an ICS with a single CCG. It will complement wider changes to NHS services suggested in the Plan as well as local transformation with the roll out of Primary Care Networks.

At the same time as establishing stronger local services, we also need a strategic view of the impacts of commissioning to help us tackle the wider causes of poor health.

Reducing the number of CCGs will also unlock significant savings in the administration and management costs for the NHS. This will help to protect services to patients and enable us to maximise the amount of taxpayer investment in the NHS reaching front-line patient care.

We plan to consult with all local GPs as well as wider stakeholders about formal proposals to merge the CCGs and as such we are writing to you to give you the opportunity to feed in your thoughts on this proposed merger. On

www.nottinghamnortheastccg.nhs.uk/nhs/ccgs-merger you will find a timeline that highlights key moments in this process over the coming weeks. A copy of the full consultation is also available to download.

We are confident that a single strategic commissioner formed from a merger of the current six CCGs will be the right approach for Nottingham and Nottinghamshire – but it is also important to note that some elements of the existing arrangements will continue into the new approach. These include:

- The new CCG will remain a clinically-led organisation and clinicians (including GPs, nurses and Allied Health Professionals) will continue to participate in decision-making and transformational change
- Local people, clinicians and stakeholders will continue to be involved and engaged in commissioning decisions
- There will be clear mechanisms in place to ensure that commissioning managers operating at a more strategic level do not lose local knowledge or sight of locality and population-based needs
- Relationships with healthcare providers, including the voluntary sector, will be maintained and continually strengthened

- We will prioritise and ring-fence certain resources in accordance with specific locality and population need, in particular, deprived communities
- Focus will continue on maintaining existing good, or improving provider performance, as well as addressing more challenging provider performance elsewhere in the county
- Nursing and Allied Health Professions will play an essential role in the leadership and coordination of care services, and their voice will be reflected both within integration plans and across the system architecture as it develops.

The Health and Well Being Board plays a vital role with the CCGs in supporting people in their local communities to live longer, happier, healthier and more independently in their old age.

As a key stakeholder for the CCGs and we would welcome your comments on this proposed merger via our online survey

<https://www.surveymonkey.com/r/ProposedCCGMerger> by Monday June 17th.

Statutory Officers Report for Health and Wellbeing Board

Corporate Director of Children's Services

May 2019

Response to Knife Crime Concerns

The increase in knife-related incidents is an issue causing significant concern nationally and locally. In 2018, Helen Blackman (Director CIS) was tasked by the Leader to develop the City Council's response to rising violence crime in the City. As a result of this, a number of task and finish groups were held to look at the evidence in relation to prevalence in Nottingham, the profile of perpetrators and victims and best practice approaches to tackling this issue. As a result of these discussions it was agreed that a whole system, partnership, public health approach was required.

A series of scoping meetings took place with senior, strategic leaders across the partnership to explain the approach and to map existing activity that could be coordinated with a programme approach to avoid duplication and maximise impact. The outline Serious Youth Violence and Exploitation programme is attached. We are already progressing a number of projects, including the establishment of an Exploitation and Violence Reduction Hub (hosted by the Youth Justice Services) and a review of our Play and Youth services. We have also been successful in attracting £490,000 of funding through the Troubled Families 'Supporting Families Against Youth Crime' fund, which aims to build capacity and develop sustainable tools for education providers and the voluntary and community sector.

The Serious Youth Violence and Exploitation programme utilises the existing strands of the Police and Crime Commissioner's Knife Crime Strategy (City and County) and will act as the City's delivery plan against this strategy. We have identified five priority areas for activity. This plan and approach has now been agreed by the Crime and Drugs Partnership. We have also agreed to establish a Strategic Programme Board to enable oversight and accountability of all partners in relation to the delivery of this plan. It has recently been confirmed that this will be chaired by the Leader and work is underway to schedule these quarterly meetings

Deputy Chief Executive

Following the retirement of David Bishop, from 1st May I will take on the role of Deputy Chief Executive. I will of course continue in my current role as Corporate Director for Children and Adults, however I will cover for Ian Curryer when he is away from the office or on leave.

Good news from our schools teams

Our schools continue to go from strength to strength, thanks to the planning, leadership and guidance of our schools teams. We've had a bumper crop of nine 'Good' Ofsted reports since January, many of them citing the important input from our colleagues and also the Nottingham Schools Trust.

We also had a successful National Offer Day for primary schools, where 95% of children were offered their first or second choice of primary – and I'm pleased to say that a place was found for every child in Nottingham. Our teams are working hard to expand

primary schools to make sure we have the right number of places where demand is highest. [Read more here](#)

Education Improvement Board

Nottingham City's Education Improvement Board (EIB) was developed following the infamous Ofsted inspection of 6 local secondary schools in the autumn of 2013. It was a local response to a fairly unprecedented situation. At the time some Local Authority maintained schools were being forced to academise, others could choose to (converters) but there remained serious concerns around the City about inspection judgments but also about pupil outcomes, especially at secondary schools. Like any major challenge the formation of a board and getting the right people and structures in place wasn't straightforward.

The EIB Board's work started in earnest when Sir David Greenaway took on the chairing of the group. The Board had involvement from politicians, Universities, FE, local Trusts (both Primary and Secondary) and initially identified priority areas in Maths, transition, recruitment and retention of teachers (and after a public consultation added in literacy). Key to identifying need was City wide data provided by the Data, Analysis & Insight for School Improvement (DAISI) team. Resources were found from Nottingham City Council and the Schools Forum to promote work to support professional development and other initiatives.

In summer 2018 an evaluation was carried out which, along with other documentation, is available on the [EIB website](#) and a partner site '[Teach Nottingham](#)' which was set up to try and improve recruitment of staff into the City.

We have an important sub group of the EIB which has a focus on vulnerable children. This group has highlighted the issues around inclusion and those vulnerable to exploitation. It has an emphasis on a key group of children and young people who need more specific help and support to ensure that they get the best deal possible from their education. This group is an important voice for our children in care and virtual school.

As we begin to consider the next steps in the evolution of the EIB and its work, it remains a key objective to make a difference and offer children and young people in Nottingham the best opportunities we can manage.

Alison Michalska
Corporate Director for Children and Adults
(May 2019)

Nottingham City Serious Youth (14-25) Violence and Exploitation Programme					
Nottinghamshire Knife Crime Strategy Strand		Nottingham City 19/20 Priority Activity	Projects	Status	Lead Agency
1.	Identification and Management of Risk <i>(Nottinghamshire Police)</i>	a) Maximising the use of data and intelligence to support targeted and early intervention	i) Delivery of the predictive model for Knife Crime, utilising Troubled Families data	IN PROGRESS	Nottingham City Council (Children's)
			ii) Development of a City Serious Youth Violence scorecard to bring together key data and performance measures.	NEW	TBC
			iii) Development and implementation of a Child Criminal Exploitation Panel to provide a multi-agency response and deployment of resources	COMPLETE	Nottingham City Council (Children's)
			iv) Development and implementation of an adults pathway of support and Panel	IN PROGRESS	Nottingham City Council (Community Protection)
2.	Developing Resilient Spaces (Family, School, Activities) <i>(Nottingham City Council – Children's)</i>	a) Alignment with the Integrated Care System developments to maximise opportunities around prevention with the health sector	i) Opportunity to align data work with population health management and risk stratification work within ICS. (Connected Notts)	NEW	Nottingham City Council (DPH)
			ii) Develop links to the prevention framework being developed within the ICS Strategy.	NEW	
			iii) Develop links around prevention with the Major Trauma Centre, based at NUH NHS Trust (QMC site) – Red Thread, bystander care 'kits' and links to the Ben Kinsella Trust at NJC (see below).	IN PROGRESS	East Midlands Major Trauma Centre – NUH NHS Trust
		b) Engagement with schools and alternative provision providers – clarifying our partnership offer and packages of support.	i) Street Doctors, Mentors in Violence, Knife Skills Education Charity, Ben Kinsella Trust @ National Justice Centre	VARIOUS	OPCC
			ii) Police Officers in Schools project	COMPLETE – Secondary PROPOSED - Primary	Nottinghamshire Police
			iii) Street Aware, Supporting Families Against Youth Crime	VARIOUS	Nottingham City Council (Children's)
		c) Creating positive opportunities for young people to access support	i) Targeting Nottingham City Council's Play & Youth Offer	IN PROGRESS	Nottingham City Council (Children's)
			ii) Development of the Exploitation and Violence Reduction Hub and further co-location of multi-agency resources.	IN PROGRESS	Nottingham City Council (Children's)
			iii) Development and implementation of the Young Leaders programme to support young people into EET and consideration of links to Futures Advice and Guidance (mainstream and specialist provision)	IN PROGRESS	Nottingham City Council (Economic Development) and Futures Advice and Guidance
3.	Communication and Behaviour Change	<i>This will be delivered through all other priority activity through training and development, information sharing etc.</i>			
4.	Communities and the Third Sector <i>(Nottingham City Council – Community Protection)</i>	a) Engagement with the VCS and communities	i) Provision mapping of VCS and agreement of an accreditation/ standards scheme for providers.	IN PROGRESS	CDP T&F Group
			ii) Development of a bespoke commissioning model and pathways of support for providers working with 'at risk' young people and their families.	IN PROGRESS	Nottingham City Council (Children's via CCEP)
			iii) Explore opportunities re: shared use of resources (e.g. buildings) and community disruption/response (businesses, community groups, faith groups etc.)	IN PROGRESS	TBC

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Director of Adult Social Services report to the Health and Wellbeing Board:

Adult Social Care continues to develop Community Together Surgeries in community venues around the city. This means we can offer appointments with social care practitioners in local neighbourhoods where we work with a range of partners such as community groups, housing, equipment and the voluntary sector to connect people to resources that support their wellbeing. Community Together Surgeries are now taking place in Aspley, Bulwell, Clifton, The Meadows and St Ann's and will develop across the city during this year.

Adult Social Care in Nottingham City continues to work closely with partners in the urgent care system. The City Council has delivered significantly improved performance on hospital discharges, supported by national Winter Funding for adult social care, meaning that we have been able to support people with complex social care needs to return home when they no longer need acute care. This national funding has now reduced significantly however.

Preparations are beginning for the implementation of the new Liberty Protection Safeguards which are expected to come into place next year under the amended Mental Capacity Act. These will change the process across health and social care for how best interest decisions are supported where people may lack capacity to make them themselves. Decisions will be required about how we manage this across the local health and care system. A full implementation and training programme will be required.

The Green Paper on the funding of adult social care has been due to be published for over a year now. There is still no confirmed publication date.

Catherine Underwood
Director of Adult Social Care
May 2019

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Statutory Officers Report for the Nottingham City Health and Wellbeing Board – May 2019

Director of Public Health

1. Nottingham awarded £540,000 to reduce alcohol harm

Thanks to the hard work of colleagues within Nottingham City Council, Nottingham University Hospitals and Framework, £540,000 has been secured to fund capital projects which will reduce alcohol harm. This follows a successful joint bid, focussing on how partners can better work together as a system to identify, treat and support people harmed by alcohol.

The funding will be shared between Nottingham University Hospitals and Framework and will support;

- The provision of a mobile liver scanning device, held within the Emergency Department
- The building of a 'prevention hub' to sit within the Emergency Department
- The development of ICT systems to ensure information and data can inform service development
- The development of eight 'Housing First' units for people with complex needs who have struggled to maintain housing and engage successfully with treatment

Alcohol harm represents a huge public health burden locally, with high rates of alcohol-specific mortality. With a rate of 20.7 per 100,000 (compared to an England average of 10.6) Nottingham has the fifth highest rate in the country.

This funding will support Nottingham's system wide alcohol plan, with a focus on identifying people with a need for treatment and support and then providing that to reduce harm and improve outcomes.

I am grateful to all colleagues who have been involved in the bidding process, as I know it was a significant undertaking, and I look forward to seeing the difference that can be made.

2. Nottingham City Mental Health and Wellbeing Strategy (2019-2023) – Consultation of draft open now

Public Health colleagues have worked alongside partners, particularly the Health and Wellbeing Boards mental health sub-group, to refresh the City's Mental Health and Wellbeing Strategy. This refreshed strategy outlines the overarching approach to improving the mental health and wellbeing of the citizens of Nottingham City. Its purpose is to provide a shared direction of travel that consolidates existing local plans and aligns to wider partnership strategies whilst identifying nuances specific to Nottingham City.

We are now seeking your feedback. We are also keen that organisations encourage services users and their families and carers to respond to the consultation. Results of the consultation will be built into the final version of the strategy, before it is brought to the Health and Wellbeing Board for endorsement in the summer.

The draft strategy proposes that focus is placed on addressing mental health through three key areas:

- Mental illness prevention;
- Mental health promotion and early intervention; and
- Treatment and recovery.

In addition, actions across three crosscutting themes aim to tackle disparities in mental health:

- Employment;
- Mental health stigma; and
- Parity of esteem.

To view the draft strategy in full please visit the [Healthy Nottingham website](#). To submit your comments please send by email to healthandwellbeing@nottinghamcity.gov.uk. The consultation will close on **12th June 2019**.

3. Mental health in the workplace

Midlands Engine have announced its intention to award £6.8 million in funding to a partnership of Midlands organisations, including Nottingham City Council, for a three-year programme of work to address the impact mental health in the workplace has on productivity.

The partnership includes 20 organisations from across the East and West Midlands and the funding will be used to find innovative ways to reduce levels of sickness absence and the number of people falling out of work due to mental health conditions. The pilot will engage with over 1,600 businesses, train 45,000 staff and offer a free online resource that aims to reach one million people.

Further details will be shared with Health and Wellbeing Board members in due course.

4. Love Bump – campaign to reduce smoking in pregnancy

As Board members will be aware the Love Bump campaign was launched during our previous meeting, at the end of March. Almost twice as many women in parts of Nottingham are smoking during pregnancy when compared to the national average. I want to thank colleagues who have supported the awareness raising campaign and ask for all to ensure they continue to promote the campaign through their own channels. A full toolkit will be available via your Communications Team but can you;

- Share posts on social media using #LoveBump?
- Display a poster or put information on a plasma screen?
- Encourage people to visit the website – www.lovebump.org.uk – with downloadable animations and video case studies?

5. Ageing Well Day – 11th June 2019

Age Friendly Nottingham's popular 'Ageing Well' Day will be taking place on Tuesday 11 June, 10am-3pm on the Old Market Square, aimed at citizens aged 50+.

A range of services will be on hand, offering information and advice to enable older citizens to stay active, fit and well – ranging from staying safe and warm in the home, carers information, volunteering opportunities and arts and culture offers.

Visitors to the 'Ageing Well' Day will also have the opportunity to visit the Council House to experience a showcase of Age UK Nottingham and Nottinghamshire dementia awareness and support services and Advantage mobility products and services.

A poster is included at the end of this update. I would be grateful for Board Members support in promoting this event within their organisations and to their service users.

For more information contact Age Friendly Nottingham on 0115 876 3513 or email healthandwellbeing@nottinghamcity.gov.uk

6. Public Health Forum – Self Harm

The June Public Health Forum shall be focussed on Self Harm.

Wednesday 12th June – 11.00am to 12.30pm – Committee Room, Loxley House

This session is open to anyone who would like to learn more about the topic, but places are limited and must be booked in advance. To find out more, be added to the mailing list or book your place please contact:

healthandwellbeing@nottinghamcity.gov.uk

'Ageing Well' Day

**Tuesday 11th June, 10.00 am to 3.00 pm
The Old Market Square, Nottingham**

**Do you want to know more about
what is available in the city?**

**Come along to this free event where
there will be lots of opportunities to find
out about what is on offer for people as
they grow older.**



**More than 30 stalls will give information and advice on a wide range of
services and support including:**

- Health and care services
- How to stay active, fit and well
- Information on diabetes, bone health etc
- Carers information
- Support in the home
- Dementia awareness
- Staying safe and warm at home
- Arts and culture offers
- Volunteering opportunities
- New ways to meet people



**Age Friendly
Nottingham**

Plus much more.....

The Council House will be open for:

- Tours (places must be booked in advance)
- A showcase of Age UK Nottingham & Nottinghamshire dementia awareness and support services and Advantage mobility products and services.

For more information contact Age Friendly Nottingham on 0115 8763513 or email healthandwellbeing@nottinghamcity.gov.uk



**Nottingham
City Council**

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NOTTINGHAM CITY COUNCIL

HEALTH AND WELLBEING BOARD

MINUTES of the meeting held at Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG on 27 March 2019 from 2.03 pm - 3.40 pm

Membership

Present

Councillor Sam Webster (Chair)
Councillor Cheryl Barnard
Dr Marcus Bicknell
Hazel Buchanan
Alison Challenger
Sarah Collis
Councillor David Mellen
Alison Michalska
Tim Brown
Ian Curryer
Leslie McDonald
Jane Todd

Absent

Hugh Porter
Samantha Travis
Tracy Taylor
Catherine Underwood
Supd Ted Antill
Lyn Bacon
Hazel Johnson
Gill Moy
Craig Parkin
Andy Winter

Colleagues, partners and others in attendance:

Shade Agboola - Consultant in Public Health
David Johns - Acting Consultant in Public Health
Kate Smith - Smokefree Nottingham Coordinator
Steve Thorne - Communications and Marketing Manager (Children and Adults)
Kate Morris - Governance Officer

71 APOLOGIES FOR ABSENCE

Dr Hugh Porter
Catherine Underwood
Tracey Taylor
Hazel Johnson

72 DECLARATIONS OF INTERESTS

None.

73 SMOKING IN NOTTINGHAM CITY

Dr Shade Agboola, Consultant in Public Health, introduced the item on Smoking in Nottingham City. She gave a brief summary of the statistics around the impact of smoking on health then went on to highlight the following points:

- (a) 19% of adults in Nottingham City are current smokers and although there has been a trend of reducing prevalence in Nottingham the proportion of adults who smoke remains higher than the national average;

- (b) Nationally the number of smokers who are in routine and manual occupations has been higher, but this number has recently seen a reducing trend. This has not been mirrored in the local figures with the number remaining relatively static;
- (c) A new smoking cessation services has been established by the GP Alliance in Nottingham City called Stub-It. There is a targeted Public Health funded element which specifically targets smokers with mental health problems, pregnant smokers and their partners, and smokers living with a long term condition;
- (d) The smoking cessation service can currently be accessed from Upper Parliament Street with an additional location at the Wellbeing Hub starting to deliver from April onwards;
- (e) Battery operated e cigarettes are shown to be 95% less harmful than cigarettes. They aim to provide a similar sensation to inhaling tobacco smoke without the smoke. They are no licensed medicines but are regulated by the Tobacco and Related Products Regulations 2016;
- (f) It is estimated that 2.9 million people in Britain use e-cigarettes and of these it is thought that 1.5 million have stopped smoking tobacco cigarettes;
- (g) Research is showing that E-cigarettes are more effective than nicotine replacement treatment at helping smokers stop using tobacco products;
- (h) There have been a number of concerns raised about the uptake of e-cigarette use amongst young people (11-18 year olds), however a PHE report from February 2019 suggests that regular use of e-cigarettes amongst that age range in Britain is low at 1.7% and that the proportion of young people who have never smoked and use e-cigarettes at least weekly remains very low at 0.2%;

Dr David Johns, Acting Consultant in Public Health and Steve Thorne, Communications & Marketing Manager (Children and Adults) gave a presentation, on smoking in pregnancy outlining the health impacts on the mother and the unborn baby and the work being done towards reducing the number of women smoking at the time of delivery. They highlighted the following points.

- (i) The English average for smoking at time of delivery is 10.8%. the Nottingham average is significantly higher at 17.2%. There has been no significant reduction since 2010/11;
- (j) The LoveBump campaign is running across Nottingham and Mansfield and Ashfield over Local authorities and NHS trusts to encourage expectant mothers to stop smoking;
- (k) All maternity care staff in Nottingham are receiving a toolkit allowing them to pass on support to pregnant smokers, alongside the targeted referral to the Stub-It it campaign;

- (l) There will be continued community engagement throughout the year in two key areas of the city, Bulwell and Aspley, engaging groups such as Neighbourhood development officers, Small Steps Big Changes and Children's Centres;
- (m) The LoveBump campaign is being run alongside other healthy pregnancy messages as part of a more encompassing strategy to encourage a stronger link between the mother and unborn baby;

Kate Smith, Smokefree Nottingham Coordinator introduced the last part of the item, a presentation on extending smoke free outdoor public spaces with the aim to inspire a smoke free generation. She highlighted the following points:

- (n) Creation of smoke free outdoor public spaces reduces children's exposure to harmful second hand smoke and tobacco use;
- (o) Over 70% of adult smokers started smoking under the age of 18 and children who grow up around smokers are up to three times more likely to become smokers themselves;
- (p) Additional benefits of extending smoke free outdoor public space include:
 - Reduction of tobacco related litter
 - Opportunity to support citizens to make healthier lifestyle choices, including supporting those smokers who would like to quit
 - Reducing exposure of children to smoking making it less visible and less "normal";
- (q) Achievements to date include
 - being the first authority to ensure smoke-free school gates and playgrounds in 2010,
 - Smokefree Summer – summer activity programme aimed at children and families
 - Smokefree sports clubs – support clubs to take action to reduce exposure to tobacco use
- (r) Smokefree events have had overwhelming support of citizens with almost 90% who were surveyed supporting them;

The following points were made during discussion:

- (s) Smoking cessation sessions are offered for extended hours to accommodate those who are unable to attend during standard office hours;
- (t) Extending the cessation service into other wards is dependent on funding. Current funding is secured for 2 years;
- (u) A large amount of research shows that smoking levels are higher in lower socioeconomic levels. Budget support is being given to more people who are struggling with benefit freezes and making more of the links between stopping smoking and improvement in finances would be hugely beneficial;

- (v) Some of the imagery within the LoveBump campaign material does not reflect the diverse family structures that we see today, and in order not to alienate some families' consideration should be given to being more inclusive of diversity of family structure;
- (w) PHE recommend that e-Cigarettes are made available at hospital shops alongside NRT and that vaping policies support smokers to quit;
- (x) It is essential to understand and then tackle issues that are preventing people from quitting tobacco use and to instil a change of behaviour to prevent relapse.
- (y) Addiction is very complicated to understand, there is no one strategy that will work to reduce smoking in Nottingham City, it will take sustained work from a variety of angles to achieve;
- (z) Every opportunity to reduce visibility of smoking and tobacco use in front of children and young people should be taken;
- (aa) Employers also have an important part to play in reducing smoking. Many employers do not understand their employees use of tobacco and so cannot support them to quit;

RESOLVED to:

(1) Ask Board Members to:

Smoking in Pregnancy

- i. **Support the LoveBump Campaign across their organisations**
- ii. **Support the achievement of the Council Plan commitment to reduce smoking rates of pregnant women at the time of delivery**
- iii. **Ensure the NHS long term plan commitment to provide pregnant women and their partners with a new NHS stop smoking pathway including support, is designed alongside non-NHS funded services**

Smoking Cessation

- iv. **To create awareness about smoking cessation service (Stub-it)**
- v. **Encourage citizens who smoke to seek support via their GP's especially if they are in one of the target groups for the service**
- vi. **Support referral of patients who are smokers in target groups to the new service**

Implementation of the NICE guidance supporting cessation in secondary care (PH48)

- vii. **Support continued implementation of PH48 in NUH**
- viii. **Review current policies and ensure that provision is made for staff, patients, and families who wish to vape on site**
- ix. **Support staff in the delivery of brief advice through completion of the "very Brief Advice Training Module" by the National Centre for Smoking Cessation Training (NCSCT)**

Vaping and E-cigarettes

- x. **Review current smoking cessation policies in organisations**
- xi. **Consider expanding current policy to include recognition that e-cigarettes are 95% less harmful than cigarettes**
- xii. **Support staff, patients, and clients who wish to vape by considering the provision of dedicated vaping locations/areas on site**

74 BOARD MEMBER UPDATES

Jane Todd informed the Board that a recent paper on VCS in the ICS has prompted a round table discussion within Nottinghamshire.

Sarah Collis informed the Board that Healthwatch Nottingham and Nottinghamshire has recently undergone a strategy refresh with a focus on older people and dementia. She also advised Board members that Healthwatch were looking to increase the breadth and diversity of membership of its Board.

Hazel Buchanan, informed the Board that the CCG has recently signed off the Significant Seven programme aimed at raising awareness around signs of deterioration in patients. She noted that the other significant update was the introduction of the Primary Care Networks.

Dr Marcus Bicknall gave a brief summary of the Primary Care Networks. The Board agreed that this item should come back in more detail to a future board.

In addition to the written update circulated with the agenda Alison Challenger informed the Board that there had been a successful bid for Alcohol Capital funding totalling over £540,000 to aid reduction of harm as a result of alcohol use.

75 MINUTES

The minutes of the meeting held on 30 January 2019 were confirmed as an accurate record and signed by the Chair.

76 FORWARD PLAN

RESOLVED to note the Forward Plan.

77 ACTION LOG

The Chair asked partners to ensure that updates were sent through to the Committee Clerk when completed.

A specific register will be distributed to partners to record actions around Reducing Alcohol Harm. Partners were asked to complete the register and return to the Committee Clerk.

RESOLVED to note the Action Log.

**78 MINUTES OF THE HEALTH AND WELLBEING BOARD COMMISSIONING
SUB COMMITTEE HELD ON 30 JANUARY 2019 (DRAFT)**

RESOLVED to note the draft minutes of the Health and Wellbeing Board Commissioning Sub Committee held on 30 January 2019.

**79 NEW JOINT STRATEGIC NEEDS ASSESSMENT CHAPTERS - EVIDENCE
SUMMARY**

RESOLVED to note the new Joint Strategic Needs Assessment Chapter - Evidence Summary.

80 QUESTIONS FROM THE PUBLIC

None.

Health and Wellbeing Board Forward Plan 2019/20

Submissions for the Forward Plan should be made at the earliest opportunity through Kate Morris, Nottingham City Council Constitutional Services Team Kate.morris2@nottinghamcity.gov.uk

Date of meeting	Agenda Item	Lead
July 2019	Themed discussion – Sexual health and teenage pregnancy	
	Mental Health Strategy	Jane Bethea/ Caroline Keenan, Nottingham City Council
	Proposed merger of Nottingham City and Nottinghamshire CCG.	Michelle Tilling – Jenny Goodwin.
	Social Prescribing	
September 2019	Themed Discussion – TBC	
	Winter Preparedness	
November 2019	Themed discussion - TBC	

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B: In addition to the items listed above, all ordinary Health and Wellbeing Board meeting agendas will normally include the following items:

- Minutes of the last meeting
- Board Forward Plan
- Board Member Updates
- New Joint Strategic Needs Assessment (JSNA) Chapters
- Minutes of any HWB Commissioning Sub Committee meetings that have taken place since the previous meeting
- Citizen questions

Suggested items to be scheduled:

- Children's health and wellbeing
- Domestic and sexual violence services
- Delayed Transfers of Care
- Joint CCG/ NCC update on the NHS Long Term Plan
- Health in all policies policy

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Health and Wellbeing Board Action Log

Meeting and Issue	Agreed Actions	Updates received on progress
28 November 2018 Reducing Alcohol Harm	All Board Members were asked to: <ul style="list-style-type: none"> • Sign the Alcohol Declaration • Identify alcohol champions within their organisation • Consider how to embed Identification and Brief Advice (IBA) in their organisation 	CCG has signed the declaration, appointed an alcohol champion and is working towards embedding IBA in their organisation. NCC confirmed declaration signed, alcohol Champion appointed and IBA embedded as part of HiAP work.
28 November 2018 Autism	All Board Members were asked to: <ul style="list-style-type: none"> • support engagement on the themes within the Autism Strategic Framework within their organisation • identify autism champions within their organisation 	CCG has appointed an autism champion
20 January 2019 Mental Health	All Board Members were asked to consider: <ul style="list-style-type: none"> • signing the Time to Change Employer Pledge to demonstrate their commitment to changing how people think and act about mental health in the workplace and ensuring employees with mental health problems are supported • identifying mental health champions within their organisation • ensuring that their workforce has access to mental health training • how their organisation could take the impact of past traumatic experiences on mental health into account when reviewing its working practices and supporting its workforce 	CCG has signed the Time to Change Employer Pledge and are reviewing the opportunity to train staff on Mental Health First Aid.

Meeting and Issue	Agreed Actions	Updates received on progress
	The Mental Health Sub Group was asked to review the issues raised during the discussion and bring back proposals for actions that Board Members can take to make a difference to improving mental health a future Board meeting.	
27 March 2019 Smoking in Nottingham City Page 204	All Board Members were asked to: <u>Smoking in Pregnancy</u> <ul style="list-style-type: none"> • Support the LoveBump Campaign across their organisations • Support the achievement of the Council Plan commitment to reduce smoking rates of pregnant women at the time of delivery • Ensure the NHS long term plan commitment to provide pregnant women and their partners with a new NHS stop smoking pathway including support, is designed alongside non-NHS funded services <u>Smoking Cessation</u> <ul style="list-style-type: none"> • To create awareness about smoking cessation service (Stub-it) • Encourage citizens who smoke to seek support via their GP's especially if they are in one of the target groups for the service • Support referral of patients who are smokers in target groups to the new service 	CCG has confirmed completion of 1-6 - The majority of the actions are supported through the approach taken across the system, including through the ICS prevention workstream. The CCG are considering staff policies and the opportunity to introduce vaping.

Meeting and Issue	Agreed Actions	Updates received on progress
<p>Page 205</p>	<p><u>Implementation of the NICE guidance supporting cessation in secondary care (PH48)</u></p> <ul style="list-style-type: none"> • Support continued implementation of PH48 in NUH • Review current policies and ensure that provision is made for staff, patients, and families who wish to vape on site • Support staff in the delivery of brief advice through completion of the “very Brief Advice Training Module” by the National Centre for Smoking Cessation Training (NCSCT) <p><u>Vaping and E-cigarettes</u></p> <ul style="list-style-type: none"> • Review current smoking cessation policies in organisations • Consider expanding current policy to include recognition that e-cigarettes are 95% less harmful than cigarettes • Support staff, patients, and clients who wish to vape by considering the provision of dedicated vaping locations/areas on site 	

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Actions agreed at Health and Wellbeing Board 28 November 2018

	Sign the Alcohol Declaration	Identify alcohol champions within their organisation	Consider how to embed Identification and Brief Advice (IBA) in their organisation
Nottingham City Council	Confirmed Complete 9.4.19	Confirmed complete 9.4.19	Confirmed complete as HiPA work 15.04.19
Greater Nottingham Clinical Commissioning Partnership	Yes	Considering as part of the staff Health and Wellbeing Programme	Yes, through the HR & OD Collaborative and will be part of staff Health and Wellbeing Programme
NHS Nottingham City Clinical Commissioning Group's Governing Body			
Healthwatch Nottingham and Nottinghamshire Board			
NHS England			
Nottingham CityCare Partnership			
Nottinghamshire Healthcare NHS Foundation Trust			
Nottingham University Hospitals NHS Trust			
Nottingham City Homes			
Nottinghamshire Police			
Department for Work and Pensions			
Third Sector			
Nottinghamshire Fire and Rescue Service			
Representative of Nottingham Universities			

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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 27 March 2019 from 4.02 pm - 4.15 pm

Membership

Present

Christine Oliver
Hazel Buchanan (as substitute)
Dr Marcus Bicknell (as substitute)
Councillor Sam Webster
Sarah Collis

Absent

Katy Ball
Hugh Porter
Michelle Tilling
Helen Blackman
Alison Challenger
Catherine Underwood
Ceri Walters

Colleagues, partners and others in attendance:

Claire Kent - Head of Service Improvement and Better Care Fund
Greater Nottingham Clinical Commissioning Partnership
Kate Morris - Governance Officer

153 APOLOGIES FOR ABSENCE

Katy Ball – Christine Oliver attending as substitute
Hugh Porter – Marcus Bicknell attending as substitute
Michelle Tilling – Hazel Buchanan attending as substitute
Catherine Underwood

154 DECLARATIONS OF INTERESTS

None

155 MINUTES

The minutes of the meeting held on 30 January 2019 were agreed as an accurate record and signed by the Chair.

**156 BETTER CARE FUND AND IMPROVED BETTER CARE FUND
QUARTERLY PERFORMANCE REPORTS**

Clare Kent, Head of Service Improvement and Better Care Fund Greater Nottingham Clinical Commissioning partnership introduced the report providing information about the Better Care Fund (BCF) and Improved Better Care Fund (iBCF) performance metrics for quarter 3 2018/19. She highlighted the following information:

- (a) There has been a growth in Delayed Transfer of Care (DTC) delayed days.
- (b) The most cited reasons for the delays in this quarter include:
 - Patient and Family choice – 29.1%

- Awaiting further non-acute NHS care – 26.5%
 - Awaiting care package in own home – 22.4%
- (c) A more detailed piece of work is needed to understand the reasons around this increase in delays. It is unclear if it is around a particular cohort of patients or across a number of groups of patients;
- (d) Data indicates that social care related delays has decreased in this quarter following a peak in the summer months. There continues to be significant challenges in providing high levels of homecare required in a sector with a challenging recruitment environment;
- (e) There has also been an increase in non-elective admissions particularly in under 18's. A further piece of work is taking place to understand this increase and will be presented to the next sub-committee in May 2019. This information can be broken down in to wards/GP's to establish if there are any specific areas that need to be focused on;

During discussion the following points were made:

- (f) It may be that DTOC delay rates are up due to the milder winter meaning that the NHS has not seen such significant winter pressures resulting in less need for patient turnover. Without completing more work it will be difficult to attribute the increase to a particular cause.

RESOLVED to:

- (1) Note performance in relation to the BCF performance metrics for Q3 18/19;**
- (2) Note that there was no Improved Better Care Fund (iBCF) reporting requirements in Q3 18/19; and**
- (3) Note the quarterly return which was submitted to NHS England on 22 January 2019 and authorised by Councillor Sam Webster, Portfolio Holder for Adult Social Care and Health.**

JSNA Chapter - Demography

Topic information	
Topic title	Demography: the people of Nottingham
Topic owner	Shade Agboola, Public Health Consultant
Topic author(s)	Niki Kirk, Information and Research Officer, Nottingham City Council
Topic endorsed by	JSNA Steering Group
Current version	May 2019
Replaces version	June 2018
Linked JSNA topics	Overarching topic which links to all JSNA chapters.

Executive summary

Part 1: Demographic Context

Introduction

This chapter considers Nottingham's population and how demographic factors impact on the health and wellbeing of its residents and influence the needs and demand for health and social care services. It also considers the impact of estimated population changes in the future. Where these factors relate to specific health and wellbeing issues, they are addressed within the relevant chapters in the body of the JSNA.

Summary

- The latest estimate of the City's resident population is 329,200, having risen by 4,400 since 2016.
- The population is projected to rise to 342,000 in 2026 and to 363,700 in 2041.
- International migration (recently from Eastern Europe) and natural change (the excess of births over deaths) are the main reasons for the population growth recently.
- 29% of the population are aged 18 to 29 – full-time university students comprise about 1 in 8 of the population.
- The number of births has decreased in the past few years, but is higher than the start of the 2000's.
- The 2011 Census shows 35% of the population as being from BME groups; an increase from 19% in 2001.
- 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 BME groups having higher rates in the older age-groups.

- 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 changed address in the year before the 2011 Census.

Part 2: Social and Environmental Context

Introduction

This section outlines some of the factors affecting the social and environmental context within which the population of Nottingham City lives. It focuses on deprivation in the City; the MOSAIC geo-demographic classification of Nottingham; and issues around housing, employment and qualifications.

Some differences in health are unavoidable e.g. older people suffer more from ill-health than younger people, but many are reversible or preventable and the result of unfairness or inequality in circumstance, access to services including NHS provision, lifestyles and behaviours, themselves often determined by a range of social and environmental factors (wider determinants of health). These inequalities are considered in the second part of this section and individual chapters within the JSNA.

Summary

- Nottingham is ranked 8th most deprived district in England in the 2015 Index of Multiple Deprivation (IMD), a relative decline on 20th in the 2010 IMD.
- About a third of super output areas in the City are in the worst 10% nationally (IMD 2015).
- 34% of children and 25% of people aged 60 and over live in areas affected by income deprivation.
- Health is the Indices of Deprivation domain on which Nottingham does worst, followed by Education, Skills & Training.
- The dominant Mosaic groups in Nottingham are Groups J, L, M, O and N.
- The employment rate is comparatively low (57.4% in 2017) – the number of university students only partially explains this.
- 7.8% of the population aged 16-64 were claiming Employment and Support Allowance, Incapacity Benefit or Severe Disablement Allowance in August 2018, compared with 5.3% nationally.
- 4.2% were unemployed (claiming Job Seekers Allowance, Universal Credit claimants not in employment, and additional claimants) in November 2018, compared with 2.9% nationally.
- More than half of jobs in the City are taken by people living elsewhere – people working in higher order occupations are more likely to live outside the City.
- The median gross annual income of full-time working City residents was £23,300 in 2018.
- There are high levels of child poverty in the City. In 2016/17, 41,700 children and young people lived in workless or low income households.
- 12.9% of people of aged 16 to 64 have no qualifications, compared with 7.6% nationally.
- Rates of car ownership are low, particularly amongst pensioners living alone and lone parents.

JSNA Chapter - Pregnancy

Topic information	
Topic title	Pregnancy
Topic owner	Helene Denness
Topic author(s)	Jennifer Burton
Topic endorsed by	Local Maternity System Transformation Board
Current version	April 2019
Replaces version	September 2015
Linked JSNA topics	Smoking and Tobacco Control, Adult Mental Health, Teenage Pregnancy, Obesity, Alcohol, Adult Drug Users, Asylum seeker refugee and migrant health, Domestic and sexual violence and abuse, FGM.

Executive summary

Introduction

The foundations for virtually every aspect of human development – physical, intellectual and emotional – are laid down in pregnancy and early childhood. The physical and mental wellbeing of the mother, foetal exposures in the womb and early childhood experience have lifelong impacts on many aspects of health and wellbeing (The Marmot Review, 2010).

Pregnancy is a particularly important period during which the physical and mental wellbeing of the mother can have lifelong impacts on the child. For example, during pregnancy, factors such as maternal stress, smoking, diet, and alcohol or drug misuse can place a child's future development at risk. A wide range of research now shows that from conception to age two is a crucial phase of human development and is the time when focused attention can reap great dividends for society (Wave Trust, 2013).

Improvements in socio-economic conditions and obstetric care have made significant contributions to reducing maternal and infant mortality such that good outcomes from pregnancy have become the expectation and the norm. However, not all population groups have the same outcomes and there remains a gap nationally between routine and manual groups and the England average in key outcomes such as infant mortality.

A number of recently-published national and local policies and strategies recognise the importance of maternity services providing safer and more personalised care which is based around an individual woman's needs. *Better Births* (NHS England, 2016) recommends that

providers and commissioners work together in a Local Maternity System (LMS) to implement changes to maternity services. The review recommended LMS be formed to provide place-based planning and leadership for transformation of maternity and neonatal services, aligning the professionals, providers and commissioners of services within a larger geographical area, co-terminus with the Integrated Care System (ICS) footprint.

To respond to the recommendations made in *Better Births* (2016), the Nottinghamshire LMS Transformation Board is developing local transformation plans. These plans are the mechanisms through which the Nottinghamshire ICS will collaboratively transform maternity services. It details where Nottinghamshire is now, where it wants to be and the shared vision to ensure that women and their babies have access to consistently high quality services from a range of providers that meets their needs as close to home as possible. The Nottinghamshire LMS Transformation Board has been identified as the most appropriate group to take forward the findings and recommendations within this JSNA chapter.

Unmet needs and gaps

Antenatal care

- 1) The uptake of flu vaccinations by pregnant women in Nottingham during 2017/18 was (40.6%); this is significantly lower than the England average (45.7%)
- 2) Bump, Birth and Baby is a universal antenatal programme for expectant families currently delivered by the Children's Public Health Service (previously known as the Health Visiting service). The reach of this offer is not consistent across all areas in Nottingham City. There is an opportunity to work in partnership with the Midwifery Service to deliver this programme and to expand the reach to clients/service-users living within Nottingham City.
- 3) Nottingham CityCare's Children's Public Health and Nottingham City Council Early Help services are currently in the process of aligning their services. This gives the opportunity to review and develop a consistent offer that supports pregnant women, especially those with complex social factors.

Smoking

- 1) In Nottingham in 2017/18, in 17.2% of women were identified as smoking at time of delivery (SATOD), which is significantly higher than the England average (10.8%) and the fifth highest rate of our statistical neighbours.
- 2) White British women aged 21-25 living in areas of high deprivation, are least likely to access smoking cessation services and/or successfully quit. This is consistent with the trend of greater smoking prevalence in areas of greater deprivation.
- 3) There has been no statistically significant reduction in the proportion of women smoking at time of delivery since 2010/11. A new approach is needed that involves all partners across the local maternity system to support women to stop smoking during pregnancy and prevent high levels of postnatal relapse.

Complex social factors

- 1) There has been no reduction in indirect causes of maternal mortality for 10 years. Nationally, recent evidence shows that suicide is the leading cause of maternal death. Further risk factors include the rise in maternal obesity, the high smoking prevalence and the rise in the proportion of women with medically complex pregnancies, all of which are key concerns for Nottingham.
- 2) Women with complex social factors (substance misuse, domestic abuse, recent migrants, asylum seekers and refugees and young women under 20 years) are far less likely to seek antenatal care early in pregnancy or to stay in contact with maternity services. Delays in accessing maternity care often results in worse outcomes for both mother and baby; this is a key concern given Nottingham's diverse population.
- 3) Nationally, pregnant women with complex social factors are much less likely to access maternity services early in pregnancy and local data suggests this is mirrored in Nottingham. Early access amongst these groups during 2017 ranged from 42.6% to 82.6% (all below the 90% target). Delayed access prevents women receiving the care they need.
- 4) Pregnant women who are recent migrants, asylum seekers or refugees, or those who have difficulty reading or speaking English are the least likely to access maternity services within recommended timescales. Challenges in gaining timely access to translation services is a key barrier to accessing maternity services. This can sometimes result in the use of an inadequately trained (or no) interpreter (family member or friends) which poses risks for both the mother and healthcare provider. When this occurs, neither the healthcare provider nor patient can be assured that accurate and effective communication is taking place. Challenges around language barriers are a particular issue in Nottingham as over one-third of births (37%) are to mothers born outside the UK.
- 5) In Britain, FGM among pregnant women is mostly seen in women who are recent migrants, asylum seekers or refugees and has usually taken place before they arrive in the UK. Nottingham currently has an FGM clinic and an FGM specialist midwife; however, it is unclear as to the long-term succession arrangements for the continuity of the service, which may result in a service gap for survivors of FGM.
- 6) It is not recommended guidance for midwifery to have a dedicated appointment alone with pregnant women to ensure that opportunities for disclosure of domestic abuse are optimised.
- 7) There is no safe level of alcohol consumption in pregnancy. It is estimated that more than a quarter of Nottingham women of childbearing age are binge drinkers. Given that half of pregnancies in the UK are unplanned, this potentially poses significant risks to infant outcomes including foetal alcohol spectrum disorders if women continue to drink alcohol during pregnancy.

Perinatal mental health

- 1) Maternal mental health is a significant issue in Nottingham with 1,885 (44%) of pregnant women estimated to have mental health issues during 2017. The current perinatal mental health pathway may not be meeting the needs of pregnant women with low-level mental health needs.

System change

- 1) Information technology systems require improvement across the maternity pathway. Currently the maternity systems used in hospitals and in the community are different, which prevents maternity records being accessed and updated by midwives based in the community whilst ensuring safe and effective data-sharing with other services including GPs, health visiting and IAPT services.

Recommendations for consideration by commissioners

Antenatal care

- 1) Explore the barriers to flu vaccination uptake in pregnant women and continue to promote widely through midwifery, health visiting and other early help and early years providers.
- 2) The reach of Bump, Birth and Baby is not consistent across all areas in Nottingham City. CityCare could scope opportunities to work in partnership with the Midwifery service and Small Steps Big Changes (SSBC) to deliver this programme and to expand the reach to Nottingham City residents.

Smoking

- 1) Continue to implement routine Carbon Monoxide (CO) testing in pregnancy at booking, 32 weeks and at delivery clinics to identify women who smoke and who can be offered support to quit.
- 2) The public health subgroup of the Local Maternity System should lead work with partners to develop specific interventions to reduce smoking in pregnancy and support women who want to quit smoking, including the utilisation of the NHSE grant.
- 3) Explore the potential for nominated midwives, maternity support workers and sonographers to be trained to the same level as specialist NHS Stop Smoking advisers to enable them to offer more intensive support.

Complex social factors

- 1) Conduct a Health Equity Audit of timely access to maternity services and develop strategies for increasing early access among groups of women identified as least likely to access early, specifically recent migrants, refugees, asylum seekers and those who have difficulty speaking or reading English.

- 2) Further develop specialist midwifery support for women with complex social needs and ensure a more equitable service is provided, as detailed in the LMS Transformation Plan 2017/18 to 2020/21.
- 3) Pregnant women who experience domestic abuse and pregnant women who are homeless require additional specialist care and support. It is recommended that consideration be given to increasing capacity across the Specialist Midwife for Homelessness and Domestic Abuse team.
- 4) Maternity services to consider seeking an opportunity for pregnant women to be seen alone during pregnancy in order to provide an opportunity for disclosure of domestic violence and abuse.
- 5) Explore opportunities for all maternity staff to be trained in how to respond to domestic abuse in a way that makes it easier for pregnant women and new mothers to disclose abuse.
- 6) Ensure adequate provision of interpreting and translation services during pregnancy and birth. Face-to-face interpreting services should be encouraged and telephone interpreting used as a minimum at each appointment when required. Family members, legal guardians or partners should not be used as an interpreter in the antenatal or postnatal period unless in an emergency.
- 7) Given Nottingham's diverse population, multilingual leaflets and materials should be available as standard practice and developed or sourced by midwifery services.
- 8) Prioritisation should be given to finding a solution for effective longer-term succession of the Nottingham FGM clinic and specialist midwives to ensure continuity of services for FGM survivors.
- 9) Public Health England to support work in Nottingham to develop clear consistent messages to pregnant women on alcohol usage in pregnancy based on the Chief Medical Officer Guidance and local consultation.
- 10) NUH to continue to ascertain alcohol usage in pregnancy through the Audit C tool and support women to stop drinking, where appropriate, with support from alcohol services.

Perinatal mental health

- 1) As detailed in the LMS Transformation Plan 2017/18 to 2020/21, implement an overarching perinatal mental health pathway that reflects NICE guidance and sets out a plan for the perinatal mental health pathway, to include the identification of and support for women with mental health needs and access to psychological therapy (IAPT) services via direct referral from universal services.
- 2) At the first contact with primary care or at the pregnancy booking visit, and at all contacts thereafter, the HV and other health care providers who have regular contact

with a woman in pregnancy and during the postnatal period (one year after) should consider asking the two Whooley depression identification questions and the GAD- 2 as part of a general discussion about her mental health using the EPDS or the PHQ- 9 as part of monitoring.

System change

- 1) Improve information technology to ensure electronic records are accessible across the maternity pathway, as detailed in the LMS Transformation Plan 2017/18 to 2020/21.
- 2) Support the development and implementation of the Nottinghamshire Local Maternity System (LMS) Local Transformation Plan 2017/18 to 2020/21.
- 3) Feedback from extensive consultation with women, both nationally (*Better Births*) and locally, found continuity of carer to be an integral part of maternity services. Nottinghamshire LMS to consider implementing continuity of carer as detailed in the LMS Transformation Plan 2017/18 to 2020/21.
- 4) A healthy lifestyle during pregnancy can help to keep mother and baby healthy, including not smoking or drinking alcohol and maintaining a healthy weight. Multi-agency colleagues, including midwifery, health visiting and early years, should continue to provide advice through information and brief advice and referral into more specialist services where appropriate.