HEALTH AND WELLBEING BOARD - 29th July 2015

Title of paper:	Joint Health and Wellbeing Strategy 2 year progress report	
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Date of consultation wit (if relevant)	th Portfolio Holder(s) 14 th July 2015	
Relevant Council Plan S	Strategic Priority:	
Cutting unemployment by		\square
	ut crime and anti-social behaviour	
Ensure more school leavers get a job, training or further education than any other City		$\overline{\mathbf{X}}$
Your neighbourhood as clean as the City Centre		
Help keep your energy bills down		
Good access to public tra	ansport	
Nottingham has a good m		
	ce to do business, invest and create jobs	
Nottingham offers a wide	range of leisure activities, parks and sporting events	
Support early interventior	n activities	
Support early interventior		\boxtimes
Support early intervention Deliver effective, value for Relevant Health and We	n activities or money services to our citizens ellbeing Strategy Priority:	
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Support early intervention Deliver effective, value for Relevant Health and We Healthy Nottingham: Prev Integrated care: Supporting	n activities or money services to our citizens ellbeing Strategy Priority: venting alcohol misuse ng older people ving Mental Health	

Summary of issues (including benefits to citizens/service users and contribution to improving health & wellbeing and reducing inequalities):

• Progress on the delivery of the Nottingham City Joint Health and Wellbeing Strategy 2 years after it was endorsed by the Health and Wellbeing Board.

Recommendation(s):

To consider the reported progress on the delivery of the Joint Health and Wellbeing Strategy.	
To note changes in the leadership of the strategy priorities.	
How will these recommendations champion mental health and wellbeing in line with the Health and Wellbeing Board aspiration to give equal value to mental health and physica health ('parity of esteem'):	
health ('parity of esteem'): One of the Nottingham City Joint Health and Wellbeing Strategy priorities is to intervene to increase the number of citizens with good mental health. This will be achieved th actions to improve early year's experiences to prevent mental health problems in adul and addressing mental health issues which are barriers to employment. This priori actions also contribute to the city's vision for mental health and wellbeing set out Wellness in Mind Strategy.	

1. REASONS FOR RECOMMENDATIONS

1.1. <u>To consider the reported progress on the delivery of the Joint Health and Wellbeing</u> <u>Strategy</u>

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

The Board receives reports on the overall strategy progress at approximately 6 monthly intervals, with more in-depth progress reports on specific priorities at other meeting dates.

The information provided in **Appendix 1** by officers working on strategy delivery, gives details of the progress and impact in relation to the strategy actions at approximately 2 years since the strategy was endorsed in June 2013. Actions are rated in the following manner:

RAG	Criteria
RED	Significant slippage or risk re timescale, costs or benefits OR where slippage /risk is unlikely to be recoverable
AMBER	Some slippage re time, costs or benefits but fully recoverable
GREEN	Fully on track in relation to time, costs or benefits

The Board may delegate further follow up of any actions to the Commissioning Executive Group.

A summary of the headlines achievements in delivering the strategy to date are presented in the **Background section**.

1.2 <u>To note changes in the leadership of the strategy priorities.</u>

The following changes to the leadership of the strategy priorities should be noted:

- The accountable board member for the Preventing Alcohol Misuse priority is now Alison Challenger, Interim Director of Public Health, Nottingham City Council.
- The accountable board member for the Early Intervention: improving mental health priority is now Alison Challenger, Interim Director of Public Health, Nottingham City Council.
- The lead officer for the Early Intervention: improving mental health priority is now Helene Deness, Public Health Consultant, Nottingham City Council.

2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

In June 2013 the Board endorsed its Joint Health and Wellbeing Strategy for 2013-2016. The strategy sets out 4 priority health and wellbeing issues for Nottingham which the board will deliver on:

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

Headlines Achievements at 2 years

Healthy Nottingham: Preventing alcohol misuse

- The proportion of adults drinking at increasing or higher risk levels reduced from a baseline of 12% in 2012 to 9% in 2014. The proportion of binge drinkers also decreased from 23.7% to 18.7%.
- The city has made progress on a range of interventions in the life of the strategy having successfully introduced a city-wide 'street drinking ban', now under the terms of a Public Space Protection Order.
- There has been successful engagement with national programmes such as the Home Office and Public Health England led Local Alcohol Action Area (LAAA) scheme which has led to the introduction of the 'Cardiff Model' of health and police data sharing.
- Specialist alcohol treatment provision has been maintained with the entire model having been recommissioned as of November 2014. Current performance information is as yet awaited for the new provision although initial feedback is suggestive of improved intra-system referral processes following the successful tender of a single provider, Last Orders.

Supporting Older People

- Re-organisation and streamlining of programme governance.
- There has been sign off of the Better Care Fund (BCF) Sector 75 agreement and development of Care Delivery Group level performance monitoring to enhance service delivery improvements
- There has been service provider collaboration to develop a model of delivery for integrated reablement and urgent care pathways and health and social care "front door".
- There has been a reduction in non-elective admissions part attainment of BCF pay for performance target (66%).
- The 2014/15 assistive technology target has been delivered (4800+ citizens over 65 years have been supported through assistive technology). A forward vision for integrated assistive technology offer has been approved.

- Self Care Hubs have been established across the city. A self-care training programme for the workforce is now being delivered.
- 83% of citizens reported improved experience of health and social care services.

Early Intervention: Improving Mental Health

Improving early years experiences to prevent mental health problems in adulthood

- The Behaviour, Emotional and Mental Health (BEMH) Pathway was launched in December 2014. The aims of the BEMH Pathway are:
 - To deliver positive outcomes for children and young people and their families;
 - To ensure that children and young people have their needs identified and met at the earliest opportunity;
 - To prevent behavioural, emotional or mental health needs escalating;
 - To ensure that children and young people who may be experiencing mental health issues or present with difficulties that may indicate possible ASD or ADHD have a timely assessment by the most appropriate professional.
- Since the launch there have been 1141 referrals of which 696 were for behavioural and neurodevelopmental concerns.
- There have been 211 families offered parenting programmes and 133 families are currently being provided parenting interventions.
- Since March 2015, 128 referrals have been made and accepted to community paediatricians.
- 102 parents booked on or have participated in parenting programmes.
- 193 children aged between 0-5 years have been referred into the Single Point of Access since the launch of the pathway in December.
- There has been a 58% increase (from 722 between January to March 2014 to 1141 between January to March 2015) in the number of referrals into the Single Point of Access and the BEMH pathway since its launch.

Mental health and employment

- Nottingham's mental health and wellbeing strategy, Wellness in Mind, was launched in October 2014 and a steering group established consisting of Mental Health Champions identified by the Health and Wellbeing Board.
- The mental health and employment theme cuts across all five priorities in Wellness in Mind's action plan and the steering group is responsible for implementation.
- The Nottinghamshire Fit for Work service is jointly commissioned by the Nottingham City CCG and Nottingham City Council (Public Health). The service supports people with health problems to sustain or work towards employment.
- The service supported 356 individuals during 2014/15:
 - 172 (48%) were 'in work' achieving 66% of target, although 90% of these returned to/sustained employment against a target of 70%.
 - 184 (52%) were 'out of work' achieving 111% of target. 27% of this cohort moved into work, volunteering or training (an increase of 15% on 2013/14).
 - 306 (86%) had a long term health condition 46% reporting mental health problems and 25% reporting musculoskeletal conditions.
- A comprehensive mental health training programme has been developed for crosssector front-line workers and training will commence in August 2015. This is linked to the Crisis Care Concordat training objectives.

Priority Families

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

Phase 1 summary of achievements:

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

Recognition:

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

Phase 2 Delivery and Targets

Phase 2 commenced 1st January 2015 and runs to 31st March 2020. There are now 6 overarching criteria:

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

Under these criteria are 36 national indicators used to identify eligible families. Families must achieve significant and sustainable outcomes against all indicators present/baselined in the family on entry, without regression, to be deemed to have improved outcomes and to be eligible for a payment by results claim. Measures to evidence success have been developed by the partnership and are to be found in the Nottingham Troubled Families Outcomes Plan.

Risks and issues

Claims: Wave 1 areas had very low claims in May due to audit rejection of claims insufficiently evidenced. Nottingham is mitigating the risk of rejection by agreeing measures with audit in advance of the first Wave 2 claim period in September.

Families worked with and successfully achieving improved outcomes are subject to an agreed 'wait' period to test sustainability and impact. 'Wait' periods are six months to a year for some statutory metrics e.g. school attendance at 90% must be maintained for three consecutive school terms to be considered a sustained outcome. <u>Any</u> regression

during the 'wait' period disqualifies the whole family from a results claim. To mitigate regression it is aimed to work with a third more families than target numbers.

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

- the 'wait' period completing just after a claim point (6 monthly)
- eligible claims exceeding the accumulative target number of families in-year

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

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

Phase 2 Targets

- The target number of families is 3,870 over 5 years.
- The target number of families to be identified and worked with for 2015/16 is 852 or 22% of 3,870.
- Number identified at end of June 2015 = 2000
- Number to be working with in the approach as an early starter target for January to March 2015 was 194 families. Achieved 197 families.
- Submission deadlines: percentages of families are being agreed for new government submissions, New reports are:
 - National Impact Study control and Priority Families. Statistical Neighbour data will be returned. First submission June.
 - Cost Savings Calculator 25% of current families as a minimum. First submission July.
 - Family Progress Data (outcomes monitoring data). First submission September.

Analysis and breakdown of cohorts will be available as data systems are populated with new families.

3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

No other options were considered.

4. <u>FINANCE COMMENTS (INCLUDING IMPLICATIONS AND VALUE FOR</u> <u>MONEY/VAT)</u>

Healthy Nottingham: Preventing alcohol misuse

There are no additional implications to report to the Board since the Health and Wellbeing Board update in January and the CEG update in June.

Integrated care: Supporting older people

There are no additional financial implications to report to the Board.

Early Intervention: Improving Mental Health

Improving early years experiences to prevent mental health problems in adulthood

NHS Nottingham City Clinical Commissioning Group in conjunction with partners has implemented a 2 year pilot Children and Young People's Behavioural, Emotional or Mental Health (BEMH) Needs pathway. This is supported with 2 years funding from NHS Nottingham City Clinical Commissioning Group. Demand to the pathway is high and it is anticipated that capacity will need to increase to manage the demand. This will require additional funding to support the 2 year contract that ends November 2016. There are no additional pressures to bring to the boards attention.

Mental health and employment

The Nottinghamshire Fit for Work Service, jointly funded by the CCG and Nottingham City Council, is subject to non-recurrent funding. Budgetary pressures which in 2015-16 have resulted in a reduction of 17% funding present a risk to the delivery of this service thus affecting the achievement of outcomes. Funding for the continuation of a local health and employment support service that is complementary to the new national Fit for Work service needs to be identified for 2016 onwards.

At present no recurrent funding is identified to support people with MH problems to remain in work.

The mental health training programme has been jointly-funded by £100,000 non-recurrent funding by the CCG and Nottingham City Council for two years.

Changing culture and systems: Priority Families

£1,246,000 grant income has been received for 2015. This comprises £825,000 attachment fee, £44,000 one off funding for data support, £350,000 ring fenced service transformation grant (for programme coordinator and team). A further £495,000 is available if all Payment by Results claims are successfully made against income apportioned for 2015/16.

Total potential income for phase 2 is £8,760,000 including ring fenced funding.

Funding is currently committed to training, developing and mentoring the partnership workforce, 20 partnership senior practitioner 'change champions' and a small number of projects that are supporting transformation such as the multi-award winning apprentice scheme, the Edge of Care Hub, the FIP (Family Intervention Project), MST standard (Multi-Systemic Therapy).

The programme is also supporting delivery of projects through adding value for example the Rebalancing Project in partnership with Economic Development (employment focused).

- The financial modelling of Priority Families has been undertaken in conjunction with the Priority Families Programme coordinator.
- The financial programme is based on 3,870 families and has been incorporated into the Medium Term Financial Plan.
- Spend associated with Priority Families funding is approved in accordance with the City Council constitution and associated internal processes.

5. <u>LEGAL AND PROCUREMENT COMMENTS (INCLUDING RISK MANAGEMENT</u> <u>ISSUES, AND LEGAL CRIME AND DISORDER ACT AND PROCUREMENT</u> <u>IMPLICATIONS)</u>

Alcohol misuse

There are no additional implications to report to the Board since the Health and Wellbeing Board update in January and the CEG update in June.

Integrated care: Supporting older people

There are no additional implications to report to the Board.

Early Intervention: Improving Mental Health

Improving early years experiences to prevent mental health problems in adulthood

There are no current procurement implications, there will be established following the evaluation of the Behavioural, Emotional and Mental health pathway pilot.

Mental health and employment

There are no additional implications to report to the Board.

Changing culture and systems: Priority Families

- The risk register for the Priority Families programme is managed through the Programme Leadership and Partnership Board. There are no risks to escalate to the Health and Wellbeing Board at this point.
- Priority Families has criteria and reduction targets specific to supporting families where crime and anti-social behaviour is an issue. These are now expanded to include adult offenders.

6. EQUALITY IMPACT ASSESSMENT

Has the equality impact been assessed?

Not needed (report does not contain proposals or financial decisions) \square

No

Yes – (as part of strategy development)

• Yes – An Equality Impact Assessment was prepared when HWBB strategy was developed.

Due regard should be given to the equality implications identified in the EIA.

7. <u>LIST OF BACKGROUND PAPERS OTHER THAN PUBLISHED WORKS OR</u> <u>THOSE DISCLOSING CONFIDENTIAL OR EXEMPT INFORMATION</u> None.

8. PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

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

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

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