

## HEALTH AND WELLBEING BOARD - 27th January 2016

<b>Title of paper:</b>	Joint Health and Wellbeing Strategy 2.5 year progress report	
<b>Director(s)/ Corporate Director(s):</b>	Alison Michalska Corporate Director for Children & Adults, Nottingham City Council Alison Challenger, Interim Director of Public Health, Nottingham City Council. Dawn Smith, Chief Operating Officer, Nottingham City Clinical Commissioning Group.	<b>Wards affected: All</b>
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<b>Other colleagues who have provided input:</b>	Christine Oliver, Head of Service - Crime & Drugs Partnership Nottingham City Council. Ian Bentley, Strategy and Commissioning Manager - Crime and Drugs Partnership, Nottingham City Council. Antony Dixon, Strategic Commissioning Manager, Nottingham City Council. Joanne Williams, Assistant Director Health and Social Care Integration, Nottingham City Clinical Commissioning Group. Sarah Quilty, Insight Specialist – Public Health, Nottingham City Council. Helene Deness, Public Health Consultant, Nottingham City Council. Lucy Peel, Programme Lead, Children and Young People’s Mental Health and Wellbeing, (Nottinghamshire and Nottingham City), Nottinghamshire County Council. Lucy Anderson, Assistant Director of Quality Governance, Nottingham City Clinical Commissioning Group. Sharan Jones, Health and Wellbeing Manager, Nottingham City Council. Nicky Dawson, Priority Families Programme Coordinator, Nottingham City Council.	
<b>Date of consultation with Portfolio Holder(s) (if relevant)</b>	14 <sup>th</sup> January 2016	
<b>Relevant Council Plan Key Theme:</b>		
Strategic Regeneration and Development		<input type="checkbox"/>
Schools		<input type="checkbox"/>
Planning and Housing		
Community Services		<input type="checkbox"/>
Energy, Sustainability and Customer		<input type="checkbox"/>
Jobs, Growth and Transport		<input type="checkbox"/>
Adults, Health and Community Sector		<input checked="" type="checkbox"/>
Children, Early Intervention and Early Years		<input type="checkbox"/>
Leisure and Culture		<input type="checkbox"/>
Resources and Neighbourhood Regeneration		<input type="checkbox"/>
<b>Relevant Health and Wellbeing Strategy Priority:</b>		
Healthy Nottingham - Preventing alcohol misuse		<input checked="" type="checkbox"/>
Integrated care - Supporting older people		<input checked="" type="checkbox"/>

Early Intervention - Improving mental health	☒
Changing culture and systems - Priority Families	☒
<b>Summary of issues (including benefits to citizens/service users and contribution to improving health &amp; wellbeing and reducing inequalities):</b>	
<ul style="list-style-type: none"> <li>Progress on the delivery of the Nottingham City Joint Health and Wellbeing Strategy 2013-2016 approximately 2.5 years after it was endorsed by the Health and Wellbeing Board.</li> <li>Proposed changes in the governance of the Priority Families programme.</li> </ul>	
<b>Recommendation(s):</b>	
<b>1</b>	To consider the reported progress on the delivery of the Joint Health and Wellbeing Strategy.
<b>2</b>	That the Health and Wellbeing Board approve the proposed change of governance for the Priority Families Programme from the Health and Wellbeing Board to the Crime and Drugs Partnership.
<b>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 physical health ('parity of esteem'):</b>	
<p>One of the Nottingham City Joint Health and Wellbeing Strategy priorities is to intervene earlier to increase the number of citizens with good mental health. This will be achieved through actions to improve early year's experiences to prevent mental health problems in adulthood; and addressing mental health issues which are barriers to employment. This priority and actions also contribute to the city's vision for mental health and wellbeing set out in the Wellness in Mind Strategy.</p>	

## 1. REASONS FOR RECOMMENDATIONS

### 1.1. To consider the reported progress on the delivery of the Joint Health and Wellbeing Strategy

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 and Commissioning Executive Group 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. This is the final scheduled overall progress report with an end of strategy report planned for the Board meeting on the 27 July 2016.

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 2.5 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.

It was agreed by the Board at the meeting on the 30<sup>th</sup> September 2015 to omit the following actions from future reporting as further scrutiny has demonstrated that they do not provide a meaningful metric for assessing progress on strategy delivery:

Priority	Action
Alcohol Misuse Priority	Secondary outcome – Lower rates of alcohol and attributable crime
	Secondary outcome – Fewer alcohol related deaths
Early Intervention: Improving Mental Health – Improving early years experiences to prevent mental health problems in adulthood	Secondary outcome – the number of children and families affected by behavioural problems will decrease
	Secondary outcome – the number of children going on to develop mental health problems in adulthood will decrease
Early Intervention: Improving Mental Health – Mental Health and Employment	Secondary outcome – Increase the proportion of people living with diagnosed mental health conditions who are in employment

The Board should note that the progress on the following actions has been rated RED in **appendix 1:**

**Supporting Older People:** Integrated assessment and reablement services.

**Mental Health and employment:** We will support 1,100 people over the next 3 years to remain in work or begin working.

**Mental Health and employment:** Providing programmes to help at least 800 citizens manage their health condition so that they can remain in work.

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

1.2 That the Health and Wellbeing Board approve the proposed change of governance for the Priority Families Programme from the Health and Wellbeing Board to the Crime and Drugs Partnership.

The focus and design of Phase 2 of the Priorities Families Programme was reviewed in 2015. This review proposed that the strategic governance of the Programme moves from the Health and Wellbeing Board to the Crime and Drugs Partnership due to allow greater alignment of Phase 2 of the Programme with the Crime and Drugs Partnership .

The Crime and Drugs Partnership Board are willing to support this move in principle and it is recommended that the Health and Wellbeing Board approve this change of governance arrangements.

Priority Families will report to the Health and Wellbeing Board in relation to the current Joint Health and Wellbeing Strategy until July 2016. Reporting to the Crime and Drugs Partnership Board will commence during this period.

Further background is explained in **Appendix 2.**

## **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 2.5 years**

### **2.1 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. This includes engaging street drinkers as part of the city's "Blue Light" Initiative.

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. A new model is currently being commissioned.

### **2.2 Supporting Older People**

- There has been a consistent reduction in non-elective admissions – The Better Care Fund (BCF) Pay for Performance target has been delivered in two of three quarters this year with part attainment of the target (66%) in the other quarter.
- Seven day working is now being implemented across a range of service areas with plans for further roll out based on need.
- The 2015/16 assistive technology target has been delivered and plans have been approved for an integrated assistive technology service from 2016/17.
- Programme governance continues to be refined. Plans have been approved to bring mental health into the integrated adult care programme.
- The BCF 2016-17 Plan is well developed. Continual refinements have been made to monitoring of key BCF metrics to give much better intelligence of performance at CDG level including identification of frequent readmissions.
- 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".
- Self Care Hubs have been established across the city. A self-care training programme for the workforce is now being delivered.
- 84% of citizens surveyed reported improved experience of health and social care services against a baseline of 81%.

### **2.3 Early Intervention: Improving Mental Health - Improving early years experiences to prevent mental health problems in adulthood**

The Behavioural, Emotional and Mental Health (BEMH) Pathway was launched in December 2014 and since the launch there have been 2572 referrals.

Latest data shows the number of referrals into the BEMH pathway between March and November 2015 is as follows:

- 0-5yrs 335
- 6-10yrs 631
- 11-16yrs 772
- 17-24yrs 72
- 25+yrs 1
- **Total 1811**

Of these referrals, 302 have been sent for a specialist assessment.

In quarter one of 2016/17 there will be a comprehensive evaluation of the BEMH pathway. This will include consideration of the impact of the pathway, and parenting programmes and interventions available through the pathway, on the numbers of children going on to require a specialist assessment.

## **2.4 Early Intervention: Improving Mental Health - Mental health and employment**

This area of work is being led by the Mental Health and Wellbeing Steering Group as part of the implementation of 'Wellness in Mind', Nottingham's mental health and wellbeing strategy.

- Mental health and employment stretches across the five strategic priorities of the strategy:
  - promoting mental resilience and preventing mental health problems
  - identifying problems early and supporting effective interventions
  - improving outcomes through effective treatment and relapse prevention
  - ensuring adequate support for those with mental health problems
  - improving the wellbeing and physical health of those with mental health problems
- The local Nottinghamshire Fit for Work (FFW) service has supported 800 of the target of 1100 people over the strategy period to date.
- Several other initiatives have been set up by partners in the city which support people with health problems to remain in or begin working such as the Nottingham Jobs Fund, Access to Work and more IAPT provision.
- Openness and awareness regarding mental health problems is being promoted through the Wellness in Mind mental health training programme, delivered by Harmless.

## **2.5 Priority Families**

- Nottingham City has identified 2080 families who would be eligible for the programme.
- The number of families we had to work with as an Early Starter (Jan-March 2015) was 194. We worked with 197 families during this period.
- Current number of families being worked with as at 8.12.15 is 521.
- Nottingham has met all government submission deadlines. Nationally there is around a 66% submission success rate. Submissions are prepared and pending whilst the delayed new online government submission form is launched.
- Analysis and breakdown of cohorts is starting to be available as data systems are populated with new families and business processes are refined.

Additional programme information relating to Priority Families is presented in **appendix 2**.

## **3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS**

### **3.1 Recommendation 1: To consider the reported progress on the delivery of the Joint Health and Wellbeing Strategy.**

None considered.

### **3.2 Recommendation 2: That the Health and Wellbeing Board approve the proposed change of governance for the Priority Families Programme from the Health and Wellbeing Board to the Crime and Drugs Partnership.**

The option to continue the governance of the Programme through the Health and Wellbeing Board was considered. This was rejected as it is unlikely that the Programme will be a priority in the next Joint Health and Wellbeing Strategy as Priority Families is now fully established in the city council and partners. Continuing governance through the Health

and Wellbeing Board would not best facilitate the coordination of the programme with Crime and Drugs Partnership plans described in **appendix 2**.

#### **4. FINANCE COMMENTS (INCLUDING IMPLICATIONS AND VALUE FOR MONEY/VAT)**

##### **4.1 Healthy Nottingham: Preventing alcohol misuse**

###### **Alcohol treatment services**

Background; In April 2013 the management of the alcohol service contracts transferred from the Clinical Commissioning Group (CCG) to the CDP through the Public Health funding. This included services that were in block contracts that had major financial implications on the budget for 2013-2014. To relieve these pressures the alcohol services were re-commissioned on a short term contract of one year with an option of a six month extension. This exercise was completed to allow for a full evaluation of the alcohol pathway whilst reducing financial pressures from the block contracts. Performance against target for successful completions in the city is more than 5% above the core cities and in December 2015 was the second best performing city. The Medium Term Financial Plan (MTFP) reduced the Public Health Substance Misuse budget by £2.390m - 2014 – 2017. The final £450,000 savings will be achieved through tendering of both the drug and alcohol service in the city in 2016.

Financial pressures on the city council and partners will continue to present a risk to the delivery of prevention, intervention and enforcement of alcohol related issues and services.

##### **4.2 Integrated care: Supporting older people**

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

##### **4.3 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.

##### **4.4 Early Intervention: Improving Mental Health: Mental health and employment**

Following a recent options appraisal, a new service specification is being developed for a health and employment service that better meets the needs of local people and fits around the DWP Fit for Work service which was introduced in July 2015. Funding implications relating to this are being established.

The mental health training programme, originally jointly-funded by £100,000 non-recurrent funding by the CCG and Nottingham City Council for two years, has been allocated a further £45,000 from the Crisis Care Concordat Resilience Fund particularly aimed at mental health crisis intervention training.

##### **4.5 Changing culture and systems: Priority Families**

£1,246,000 grant income has been received for 2015/16. This comprises £825,000 attachment fee, £44,000 one off funding for data support and £350,000 ring fenced service transformation grant (for programme coordinator and team). We are working towards achieving circa 73 successful claims in the Jan 2016 claims window which would equate to £58,400 in Payment by Results in the 15/16 financial year.

The financial programme is based on 3,870 families and has been incorporated into the Medium Term Financial Plan.

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 St Ann's Domestic Abuse Project that will now be rolled out across the city under Priority Families funding.

Spend associated with Priority Families funding is approved in accordance with the City Council constitution and associated internal processes.

## **5. LEGAL AND PROCUREMENT COMMENTS (INCLUDING RISK MANAGEMENT ISSUES, AND LEGAL CRIME AND DISORDER ACT AND PROCUREMENT IMPLICATIONS)**

### **5.1 Alcohol misuse**

There are no additional implications to report to the Board.

### **5.2 Integrated care: Supporting older people**

There are no additional implications to report to the Board.

### **5.3 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.

### **5.4 Early Intervention: Improving Mental Health: Mental health and employment**

The current Nottinghamshire Fit for Work service contract was due to cease on 31 March 2016. In order to enable the tendering and smooth transition of a new, reduced service from 1 August 2016, a contract extension has been arranged.

Following a recent options appraisal, a new service specification is being developed for a health and employment service that better meets the needs of local people and fits around the DWP Fit for Work service which was introduced in July 2015.

### **5.5 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**

6.1 Has the equality impact of the proposals in this report been assessed?

No

An EIA is not required because:

(Please explain why an EIA is not necessary)

Yes

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

## **7. LIST OF BACKGROUND PAPERS OTHER THAN PUBLISHED WORKS OR THOSE DISCLOSING CONFIDENTIAL OR EXEMPT INFORMATION**

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, 26<sup>th</sup> June 2013.

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

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

Nottingham City Joint Health and Wellbeing Strategy 2 year progress report. Report to Nottingham City Health and Wellbeing Board, 29<sup>th</sup> July, 2015.

Nottingham City Joint Health and Wellbeing Strategy 2 year progress report. Chair and Vice Chair Review. Report to Nottingham City Health and Wellbeing Board, 30<sup>th</sup> September, 2015.