

Nottingham City Joint Health and Wellbeing Strategy 2.5 year progress report

Appendix 1 Progress tables

Healthy Nottingham: Preventing alcohol misuse

	What We Will Do	Officer RAG	Progress and Impact
Headline Outcome	We will reduce the proportion of adults who drink at harmful levels by a third	AMBER	<ul style="list-style-type: none"> 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 has also decreased from 23.7% to 18.7% The city has also made progress on a range of interventions in the life of the strategy having successfully introduced a city-wide “street drinking ban” which is now under the terms of a Public Space Protection Order (PSPO). This includes engaging street drinkers as part of the city’s “blue light project”. Specialist alcohol treatment provision has been maintained with the entire model having been commissioned as of November 2014. The current performance has seen an increase of successful completions (41.5% in October 2015 compared to 35% in the corresponding period last year). Waiting times for treatment are now down to one day for specialist treatment compared to 14 days in the previous pathway. This is due to the intra-system referral process following the successful tender of a single provider, Last Orders.
Secondary Outcomes	Reduced alcohol-related anti-social behavior including street drinking	GREEN	<p>The annual Respect Survey of anti-social behaviour and crime recorded a range of positive results for alcohol informed ASB. In neighborhoods citizen’s negative perceptions of street drinking have reduced from 16.2% in 2012 to 13.3% in 2014. Negative perceptions of drunkenness and rowdiness in neighborhoods have reduced from 16.2% in 2012 to 13.8% in the latest survey. The city centre has also seen considerable improvements with the largest ever perception of safety in the night time economy having been registered at 55% up from 46.3% in 2012 and a majority of citizens for the first time. Perceptions of city centre street drinking have reduced to 27.9% from 36. % in 2012 while drunken / rowdy behaviour is down to 32.3% from 40.4% over the same time period.</p> <p>Public Health England has suggested that 94% of dependent drinkers are</p>

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			<p>not engaged with treatment services and, locally, it is estimated that our penetration rate across all at risk drinkers is as low as 12%. In a borough of 200,00 people it is estimated that there will be at least 250 Blue Light clients who will cost an average of £12m per year, such is their impact on Crime, ASB, fires, domestic abuse and health interventions. The Blue Light Project is a piece of joint working between Nottingham City stakeholders and Alcohol Concern to address the disparity between dependent drinkers in treatment and those who resist entering treatment.</p> <p>Nottingham City is committed to maintain the Intensive Case Management Service to engage the high volume service users of the emergency department (ED) and NUH by motivational work until they are treatment receptive. Nottingham city partners are also applying the learning of the Blue Light Project to engage street drinkers in the Arboretum Ward who are causing a considerable amount of ASB, by case conferencing individuals to either access treatment voluntarily or to enforce some coercive treatment on those who continue to resist treatment. We are also using the learning from The Blue Light Project to apply it to Alcohol related Domestic Homicides, the aim being to identify these individuals and motivate them into treatment before the worst case scenario happens. The Blue Light Project and its application rely heavily on a multi-agency strategic statement which underlines the priority to be accorded to this group of clients and which highlights that this client group is a shared responsibility. These interventions will contribute to reducing the level of ASB caused by street drinking or being treatment resistant by engaging this cohort of drinkers into treatment either voluntarily or by coercive methods such as Alcohol treatment requirements through the magistrate's court</p>
	Fewer adults binge drinking	GREEN	<ul style="list-style-type: none"> 18.7% of respondents of Citizens' Survey in 2014 compared to 23.7% in 2012 were recorded as 'binge drinkers', although these finding may have been affected by a change in the fieldwork timing of the current Citizens' Survey.
	Lower rates of alcohol-attributable crime		<ul style="list-style-type: none"> Agreed by the Board at the meeting on the 30th September 2015 to omit this action from future reporting as further scrutiny has demonstrated that it does not provide a meaningful metric for assessing

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			progress on strategy delivery
	Fewer alcohol-related deaths		<ul style="list-style-type: none"> Agreed by the Board at the meeting on the 30th September 2015 to omit this action from future reporting as further scrutiny has demonstrated that it does not provide a meaningful metric for assessing progress on strategy delivery
Key Actions	A complete ban on street drinking across the city	GREEN	<ul style="list-style-type: none"> In March 2013 the Designated Public Place Orders (DPPOs) in place in parts of the city were expanded to cover the whole of Nottingham. It is now a requirement to relinquish alcohol upon request to an authorised officer anywhere in the city. These terms have migrated to the new arrangements for Public Space Protection Orders (PSPOs) under the terms of the <i>Anti-Social Behaviour, Crime and Policing Act 2014</i>. The establishment of a city-wide street drinking ban through the DPPO represents a piece of best practice for the city and a national first. The work led by Community Protection has allowed the smooth migration of the city-wide DPPO into the new Public Space Protection Order (PSPO) arrangements.
	Ensure that the recovery of those in treatment is supported by addressing wider factors associated with dependency, including housing and social care needs, employability, family support needs and domestic violence	GREEN	<ul style="list-style-type: none"> To further support domestic violence survivors with alcohol treatment needs; work is being undertaken to ensure that information sharing arrangements are in place between alcohol treatment providers and processes to support medium and higher-risk abuse survivors such as the Multi-Agency Risk Assessment Conference (MARAC), Multi-Agency Public Protection Arrangements (MAPPAs), and Domestic Abuse Referral Team (DART). From November 2014 the alcohol treatment pathway was recommissioned with all contracts of the model being successfully tendered for by the Framework Last Orders service. A new performance framework has been established which also aims to identify the value of health promotion activity through more directly monitoring referrals, especially self-referrals. This appears to be working to the extent that individuals are being identified by other services at a rate of approx. 8% per quarter and GP services are advising clients to engage at the rate of 30% per quarter
	Support families, and their carers,	GREEN	<ul style="list-style-type: none"> The Crime & Drugs Partnership commissioned the Explore Family service

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	to reduce their drinking, and join up referral between alcohol health promotion, treatment and aftercare services		<p>which is provided by Lifeline in partnership with the Children's Society. The service provides support to children, adults and whole families that are affected by someone else's substance misuse.</p> <ul style="list-style-type: none"> 100% of clients who are assessed and have a family member, friend or carer have a family support form completed of these 25% of those who accept family support take the offer up, this will include couples therapies. Unfortunately the figures are low with around nine individuals engaging with Explore Families and two individuals engaging with social services. All family assessments are given the explore family leaflet. Whilst these figures appear to be low a large percentage of those engaging with explore family will have self-referred after being given the information at assessment, it is impossible to estimate the exact number as they are registered as self-referral
	Raise awareness of the risk of excessive alcohol consumption among students through targeted health promotion work	AMBER	<ul style="list-style-type: none"> The Last Orders services undertakes wide ranging engagement with students on the risks of alcohol misuse and provides an intensive programme of engagement at induction weeks and other events. These include specific events during fresher's week, various outreach surgeries on campus and the use of Night Owls (a student focussed street pastor service that refers students into treatment or who offer brief advice around alcohol use)
	Provide universal, good quality drug and alcohol education and deliver effective harm reduction messages to children & young people	GREEN	<ul style="list-style-type: none"> The <i>Children's Act 2004</i> created a statutory responsibility on local authority areas to convene a Children's Partnership Board and to bring forward joint plans to promote the protection and wellbeing of children and young people. In Nottingham the Children and Young People's Plan incorporates a commitment to increase the number young people receiving assessments for their substance misuse. In terms of alcohol, 39% of young people aged 11-15 report never having had an alcoholic drink, but this is associated with increasing age, with 70% of 15 year olds reporting that they have ever had an alcoholic drink compared with less than 10% of 11 year olds. Nine percent report to having had a drink in the last week, this has reduced significantly in recent years with 25% reporting this level of use in 2003. As with drugs, the proportion of boys and girls reporting alcohol use in this age group are similar. Estimated drug and alcohol use in this age

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			<p>group in Nottingham suggests that the proportion of males and females drinking alcohol or using illicit drugs is similar, but that use is most common in 13-14 year olds⁵. In 2013, 239 young people accessed treatment in Nottingham for substance misuse issues, of which 91% reported cannabis use and 58% alcohol.</p> <ul style="list-style-type: none"> Nottingham City Council currently delivers the drug and alcohol early intervention and prevention programme DrugAware in many of Nottingham's schools, which in 2014 was awarded a PHSE Quality Mark. DrugAware aims to provide a well-planned, relevant and modern drug education curriculum to support young people, including those most at risk. It also aims to intervene early before problems escalate; pro-actively assessing the needs of vulnerable pupils and ensuring they are referred to specialist treatment services and targeted interventions. It also helps to develop the school's drug policies, including the processes necessary to identify and respond to the substance misuse related needs of vulnerable young people, including those who may be affected by parental use. Nottingham currently employs the DrugAware scheme to schools in the city which delivers drugs and alcohol education to children and young people in an educational setting. Of 103 primary and secondary schools in Nottingham 74 currently deliver the DrugAware scheme. In addition recent figures for 2014-15 indicate that 26 primary schools have been fully accredited and 13 primary schools are working towards accreditation. 6 Secondary schools are fully accredited and 6 secondary schools are working towards accreditation and 4 PRU/Special schools are now fully accredited. Lifeline "Journey", the young people's drug and alcohol service are also commissioned to deliver training to tier 1 providers, universal services and other agencies in contact with young people. They respond to current trends that may affect vulnerable young people and are directed to areas of high risk. Their training is aimed at enabling the recipient to identify and offer brief advice regarding substance misuse and also to enable the recipient to make appropriate referrals to specialist services and targeted interventions.

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			<ul style="list-style-type: none"> Since April 2015 Lifeline “Journey” have received twenty-two referrals from alternate education and forty-two from universal education; this is mainly due to the training and awareness work completed in the educational environment
	Support professionals working with citizens to identify harmful levels of drinking and signpost to and support a healthier approach to alcohol consumption	GREEN	<ul style="list-style-type: none"> The commissioned Last Orders Service has delivered alcohol awareness and Identification and Brief Advice (IBA) training across a range of professional disciplines including police officers, PCSOs and CPOs, dentists, social workers, magistrates, Street Pastors, Complex Care staff and pharmacists. In 2015/16 the target for IBA training to take place is 300 individuals per quarter, currently this target is being exceeded. The same target for the same period for advanced alcohol awareness is also currently being met. Alongside this the Hospital liaison Team are commissioned to deliver IBA to all ED staff at the Queens Medical Centre. New commissioning intentions for 2016-17 will include similar targets across the tier 1 providers and hospital staff
	Extend to neighbourhoods the successful schemes which encourage responsible drinking and enforcement, so that alcohol-related harm is reduced across the whole city, such as the introduction of the voluntary “super strength free” code for off-licences	AMBER	<ul style="list-style-type: none"> From quarter two of 2013/14 the Super Strength Free (SSF) campaign to reduce the sale of beers, lagers and ciders over 5.5% volume had signed up 80% of city centre venues. <u>The programme is now being reviewed following legal rulings elsewhere in the country regarding how these measures can be put in place. As of this moment this has not been reviewed. There is no update on this</u>
	Support national campaigns to tackle alcohol misuse, such as introducing a minimum unit price for alcohol	GREEN	<ul style="list-style-type: none"> Nottingham has introduced a new approach to the utilising and sharing of data to inform NTE policing, licensing and partnership interventions. Based on the ‘Cardiff Model’ principles of hospital and ambulance service data sharing, the project will be delivered through a project team which includes police intelligence officers and analysts. The project will deliver three core products: a revised intelligence based NTE police tasking method, a single venue level matrix of risk and a demand management tool to support emergency department and EMAS planners. In 2014 as part of the Local Alcohol Action Area (LAAA) programme,

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			<p>the city developed and launched an inter-agency communications plan to cover all areas of alcohol policy. The Ending Alcohol Harm (EAH) campaign has three core elements: protecting and enhancing the reputation of the city; providing resources and information to partner agencies, as well as motivating behavioural change for specific groups. It is intended that the EAH identity will help to place a coherent identity to alcohol related communications for citizens, conceptually linking diverse areas of activity such as licensing, policing and treatment.</p> <ul style="list-style-type: none"> • In 2013 Nottingham expanded its approach to addressing cheap, strong beers and ciders through its Super Strength Free campaign. This is a voluntary scheme whereby off licences can choose to withdraw high strength drinks from sale. Three quarters of city centre alcohol retailers signed-up to the scheme. • The City's partnership with Drinkaware continues with the provision of club hosts in major city Centre venues. Drinkaware has trained staff in bars and clubs to increase safety by reducing drunken anti-social behavior. Club Hosts ensure that any anti-social behavior or sexual approach is dissolved early and ensure that clients can leave safely as the venues close. • Operation Promote works to reduce violence in Nottingham city centre's night time economy (NTE) using a Home Office recognised best practice approach of restricting the supply of cocaine and other stimulants. Following the successful deployment of a pilot in November and December of 2013 in which violence reduced by 23%; funding was secured for a further deployment of twenty nights per year. The impact of crime recording changes following inspection by HMIC resulted in an increase in incidents being recorded as 'violent crimes'. Nevertheless over the 2014/15 deployment proactive activity by Operation Promote saw violence increase by only 5.74% on the nights it operated against a city centre NTE increase of 17%.

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Supporting Older People Priority

	What We Will Do	Officer RAG	Progress and Impact
Headline Outcome	More elderly citizens will report that their quality of life has improved as a result of integrated health and care services	GREEN	84% of citizens report an improved experience of health and social care provision. Against a baseline of 81%.
Secondary Outcomes	The number of older citizens remaining independent after hospital admission will increase	AMBER	<ul style="list-style-type: none"> Performance improving and just below target for 15/16 (65.4%/66.7%). Trajectory is upward with November performance being 74% as eligibility criteria for service now being applied
	Develop community health services with social care support based on geographically proximate GP associations	GREEN	<ul style="list-style-type: none"> CDG's are now established mirroring LA area boundaries. Plans to further develop integrated working including incorporation of mental health now being developed.
Key Actions	Provide better information about services and how to contact them so that citizens know what health and social care choices are available locally and who to contact when they need help	AMBER	<ul style="list-style-type: none"> Proposals for joint commissioning and funding of information and advice provision tabled at HWB CEG in Feb Interim solution being developed through self-care hubs within each CDG
	Develop a process to identify individuals who will benefit from earlier intervention as well as those requiring support from health and social care services, building on risk stratification, risk registers and data held by relevant agencies	AMBER	<ul style="list-style-type: none"> Multi-disciplinary team meetings using risk stratification are established across CDGs. Planning is underway to support CDGs to target the most complex patients and highest users of services utilising 'right-care' data which shows that in the last 6 months 259 patients have had 4 or more emergency admissions. Care coordinators are auditing the top 49 patients who make up 15% of these admissions; an action plan will then be agreed through MDT meetings
	Support citizens to maintain their independence and manage their own care through the creation of effective networks with community, housing and health support services	GREEN	<p>A pilot is currently underway in CDG 1(Bulwell); it includes the introduction of a web based directory of services, self-care hubs, community clinics and social prescribing. Training on self-care is available for all community health and social care staff, the aim of the training is to ensure that the workforce is able to move away from traditional models of care and provide earlier intervention.</p> <p>Two housing / health coordinator posts have been funded for 12 months to</p>

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			provide housing support to integrated care teams in CDGs 6 and 8 initially. Proposals are being developed to embed the 'Enablement Gateway' within each CDG in order to facilitate consideration of preventative provision prior to assessment and better link to community based provision
	Ensure that there is a single person responsible for coordinating the care of citizens with complex needs	GREEN	The care coordinator role has been successfully implemented in Care Delivery Groups. The role is under further development and will support patients and carers directly; the service will also operate over 7 days to ensure consistency of care wherever possible
	Restructure and skill up our workforce so that health and social care services work better together to deliver the right care at the right time	GREEN	JSNA chapters for each care delivery group have been produced and support the ongoing analysis of workforce capacity to ensure that it is aligned to health prevalence. External support on leadership and culture change is being progressed through the Integrated Care pioneer support package. Many services are reviewing their provision and considering how 7 day working can be introduced as they are re-commissioned. There will therefore be a gradual migration towards 7 day working rather than having achieved this by a fixed date. A report was presented to Health and Well-being Board Commissioning Sub-committee in September covering some initial proposals including piloting Community Matron 7 day working in 2 CDG areas, consideration of the need for a 24 hour urgent care service (already operating 7 days) and scoping the potential for 7 day working within social care hospital discharge and rapid response
	Develop a range of transparent quality measures appropriate to the service being delivered and publish the results so that citizens know what standards of service that they can expect and how this is improving	AMBER	New LA performance framework in place with RAG rating – this is published for residential care Dashboard in place to collate all performance data in one place across all partner organisations now developed – awaiting publication
	Increase the number of people signing up to the Nottingham Circle and develop other provision to address social isolation and	AMBER	Nottingham Circle has been rebranded to Click Nottingham and is now funded through the Integrated Adult Care Programme Budget as part of the Self Care Pilot. The Better Connecting Need and Support strand of the Looking After Each Other Programme continues to investigate ways of

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	loneliness		addressing social isolation. Current activity is focused on Bulwell (linking in with the Self Care Pilot) and an interim evaluation is due in February which will inform consideration of scaling up the approach to other localities through the Self Care strand of the Independence Pathway workstream
	Integrated assessment and reablement services	RED	Full integration of reablement and urgent care services stalled – commissioning options to Health and Wellbeing Board Commissioning Sub Group in January
	Putting more technology into people’s homes to support them and their carers	GREEN	Model for integrated assistive technology service developed and commissioning options considered by Health and Wellbeing Board Commissioning Sub Group in Jan. Currently on track to deliver BCF performance target of 6000 installations
	Creation of a telephone number for citizens requiring both health and social care support	AMBER	Dedicated integrated health and care point telephone number purchased – implementation in 16/17 following roll out of communication plan. Plans in development to fully integrate Health and Care Point

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Early Intervention: Improving Mental Health

Improving early years experiences to prevent mental health problems in adulthood

	What We Will Do	Officer RAG	Progress and Impact
Headline Outcome	We will increase the proportion of children referred for specialist Community Paediatrician assessment due to behavioural problems who have been offered access to earlier parenting intervention	GREEN	<p>The number of referrals into the Behavioural, Emotional and Mental Health (BEMH) pathway between March and November 2015 is as follows:</p> <p>0-5yrs 335 6-10yrs 631 11-16yrs 772 17-24yrs 72 25+yrs 1 Total 1811</p> <p>Of these referrals, 302 have been sent for a specialist assessment. Between March and December 2015, 711 parents attended parenting programmes delivered by the Behavioural, Emotional and Mental Health Team. 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.</p>
Secondary Outcomes	The number of parents and carers who feel well equipped to have a positive influence on their children's' behaviour will increase	GREEN	Between March and December 2015, 711 parents attended parenting programmes delivered by the Behavioural, Emotional and Mental Health Team. The evaluation of the efficacy of the BEMH pathway will consider parents' perceptions of the impact of the parenting programmes, as well as outcomes for children and young people.
	The number of children and families affected by behavioural problems will decrease.		<ul style="list-style-type: none"> Agreed by the Board at the meeting on the 30th September 2015 to omit this action from future reporting as further scrutiny has demonstrated that it does not provide a meaningful metric for assessing progress on strategy delivery
	The number of children going on to develop mental health problems in adulthood will decrease		<ul style="list-style-type: none"> Agreed by the Board at the meeting on the 30th September 2015 to omit this action from future reporting as further scrutiny has demonstrated that it does not provide a meaningful metric for assessing progress on strategy delivery

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	What We Will Do	Officer RAG	Progress and Impact
Key Actions	We will ensure appropriate pathways are in place to enable children with behaviour problems to be able to receive specific help earlier	GREEN	<p>The Behaviour, Emotional and Mental Health Pathway was launched in December 2014, aiming to:</p> <ul style="list-style-type: none"> • deliver positive outcomes for children and young people and their families; • ensure that children and young people have their needs identified and met at the earliest opportunity; • prevent behavioural, emotional or mental health needs escalating; • 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. <p>All referrals to the BEMH pathway come through the Single Point of Access (SPA) where they are assessed on a case by case basis to determine the best course of actions for the child or young person.</p> <p>The pathway will be evaluated in quarter one of 2016/17 in order to assess whether it is meeting the aims stated above. This will include consideration of the views of children, young people, families and professional stakeholders, as well as analysis of quantitative data demonstrating numbers of children referred through the pathway and their outcomes.</p>
	Providing tailored parenting programmes for citizens whose children at age 0-5 are at highest risk of developing conduct disorders	GREEN	<p>Between March and November 2015, 335 children aged 0-5 were referred to the behavioural, emotional and mental health single point of access. 298 were referred on the behavioural, emotional and mental health team. As noted previously, during this time period 711 parents attended parenting programmes delivered by the Behavioural, Emotional and Mental Health Team. The parenting programmes available are evidence based:</p> <ul style="list-style-type: none"> • 123 Magic • New Forest Parenting Programme.

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			<ul style="list-style-type: none"> • Cygnet Programme. • Sleep Training Programme
	Commissioning health and wellbeing services jointly for children to ensure resources are deployed efficiently and services work together to give children the best start in life. Including undertaking two joint commissioning reviews in 2013/14 covering all services for children age 0-5 and 6-19	GREEN	<p>The Child Development Review is being undertaken by Nottingham City Council in partnership with Nottingham City Clinical Commissioning Group (CCG) in response to the opportunity for increased integration of commissioning and service delivery offered by the transition of Health Visitors and the Family Nurse Partnership (FNP) to the Local Authority in October 2015.</p> <p>In order to maximize the potential for increased integration, an in-depth review of existing preventative services needed to be undertaken. This would then provide an opportunity to redesign universal / preventative and early help services to be more efficient and evidence-based and to develop one comprehensive written pathway of services for pregnant women, babies, children and young people up to the age of 19, which Nottingham does not presently have.</p> <p>This pathway re-design, co-produced with partners and citizens will ensure a consistency of approach throughout the City, create a mechanism for the Small Steps Big Changes programme (SSBC) to influence system change, increase integrated working to support OFSTED inspections of our Children's Centres and as an Early Intervention City, the process will enable us to identify which programmes and workforce approaches we should invest in. It is envisaged that in two years, there will be integrated teams in areas delivering this pathway.</p>
	Work with partners to ensure parents and carers involved in parenting interventions are offered the opportunity to access help to improve their literacy and numeracy skills and signpost to advisors for debt management, benefits maximisation, housing, and other related services	AMBER	711 parents have attended parenting programmes in the period March to November 2015. Further work needs to be done to ensure that they are supported to access help to improve skills and access wider services.

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Early Intervention: Improving Mental Health - Mental Health and employment

	What We Will Do	Officer RAG	Progress and Impact
Headline Outcome	We will support 1,100 people over the next 3 years to remain in work or begin working, through enabling them to be in work where previously their health was a barrier to employment, including a focus on supporting people with mental health problems	RED	<ul style="list-style-type: none"> Funding for the service has been non-recurrent over the past three years which has led to delays in approval at the beginning of each year. In addition, due to budget constraints, the amount of funding allocated by from the public health grant has reduced significantly in the past year. The targets have been reduced correspondingly. The service supported 138 individuals during the first 6 months of 2015-16 bringing the total number of people supported over 2.5 years to 800. It is therefore challenging to achieve the original target of 1100 by June 2016. In addition, other initiatives have been set up by partners in the city. For example the Nottingham Jobs Fund is offering a grant of £2500 to employers taking on unemployed city residents with an extra £500 to support people with additional barriers such as health conditions. More IAPT provision has been commissioned and an increased number of referrals are being taken from all agencies. This will support people with mental health problems to return to work. Work Choice, funded by the DWP, provides a voluntary, tailored, coherent range of specialist employment services responding to the individual needs of disabled people and their employers. Other support is being provided by programmes such as the NHS Healthcare Trust's Recovery College and the DWP's Access to Work. If the contribution of all programmes are considered, the target would have been achieved as more than 1,100 people will have been supported by June 2016. Nottinghamshire Fit for Work was one of the lead's for Nottingham's bid to participate in the NHS funded 'Building Health Partnerships' initiative which resulted in improved partnership working around health and employment and cross-sector mapping of services that support people with health problems to stay/gain employment An options appraisal has been undertaken on the most appropriate health and employment service to support citizens in Nottingham to

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			<p>sustain or return to employment post March 2016.</p> <ul style="list-style-type: none"> 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. There will be ongoing promotion of support services such as the Nottingham Jobs Fund, Access to Work, the Recovery College etc.
Secondary Outcomes	Increase the proportion of people living with diagnosed mental health conditions who are in employment		Agreed by the Board at the meeting on the 30 th September 2015 to omit this action from future reporting as further scrutiny has demonstrated that it does not provide a meaningful metric for assessing progress on strategy delivery
	Improve the quality of jobs that people with mental health problems are able to access	GREEN	<ul style="list-style-type: none"> Work Choice funded by the DWP provides a voluntary, tailored, coherent range of specialist employment services responding to the individual needs of disabled people and their employers.
	Ensure that people with mental health problems have access to joined up support to help them in gaining and maintaining employment	GREEN	<ul style="list-style-type: none"> The Fit for Work Service provides access to support for people to gain and maintain employment. Work Choice funded by the DWP (see above) More IAPT provision has been commissioned and referrals are being taken from all agencies.
Key Actions	Promote openness and awareness regarding mental health problems and how to maximise health and wellbeing amongst employers and the general population	AMBER	<ul style="list-style-type: none"> The Wellness in Mind mental health training programme, delivered by Harmless, is meeting targets around numbers trained and including staff working with citizens more at risk. Every Colleague Matters Week for October 2015 had a mental health and wellbeing theme. 519 places were made available with total bookings reaching 613; actual attendances amounted to 415 with 98% of delegates rating the sessions as excellent/good. During this week,

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	What We Will Do	Officer RAG	Progress and Impact
			<p>opportunities were taken to 'springboard' people onto the Wellness in Mind mental health training programme.</p> <ul style="list-style-type: none"> • Those unable to access training during ECM week were signposted to the training commissioned from Harmless. • Nottingham City Council has signed up to the Time to Change alumni initiative aimed at reducing stigma and discrimination. • Current workplace policies and practices on mental health and wellbeing are being mapped across all organisations represented on the Health and Wellbeing Board. • Mental health and wellbeing promotion is ongoing.
	Work with the voluntary sector to allow people to get the mental health benefits of being in work in other ways than through paid employment alone	GREEN	<ul style="list-style-type: none"> • Integrated links have been established with the DWP to focus on developing more opportunities for unpaid work experience including with the voluntary sector. • The NCVS has participated in the mapping undertaken through the Building Health Partnerships initiative. • Cllr Jackie Morris has agreed to promote volunteering during her mayoral year – numerous approaches will be taken under the Looking After Each Other umbrella and any projects which sit underneath it.
	Work with communities, schools and colleges to help encourage an understanding and willingness to discuss mental health illness to reduce stigma.	AMBER	<p>Nottingham has also committed to support the <i>Time to Change</i> initiative which is focusing on reducing stigma.</p> <ul style="list-style-type: none"> • The Healthy Schools Team and the Health Improvement Co-ordinator are working with schools to promote The Public Health England document 'The link between pupil health, wellbeing and attainment' and 'The Future in Mind' document published by the Children and Adolescent mental health task force. • The Healthy Schools Team and the Health Improvement Co-ordinator are working with schools to provide information on World Mental Health Day which has a focus on dignity. • Emotional health and wellbeing including social and emotional resilience and anti-bullying is one of the priority issues for the Healthy Schools Team to support schools. • Public health consultants are working with the Directors of Education to improve relationships with schools and ensure schools recognise the

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			<p>importance of emotional health and wellbeing for school pupils.</p> <ul style="list-style-type: none"> The Healthy improvement facilitator is mapping all services commissioned by schools to improve emotional health and wellbeing <p>Healthy Schools have developed a resource for secondary aged pupils (part of PSHE). This is called the AWARE programme. The aims are:</p> <ul style="list-style-type: none"> To equip young people with the skills to assess risk and make safe informed choices To consider the potential consequences of harmful risk-taking behaviour To identify sources of help and develop the skills to allow them to access this support To increase self-esteem and confidence through the development of social and emotional skills leading to an increase in resilience To support curriculum and pastoral staff to explore models and methods to deliver risk education based on pupils needs and established therapeutic and educational social/emotional intervention principles.
	Consider ways in which Nottingham City Council can be an exemplar employer by ensuring that policies to support employees with mental health problems are translated to their experience 'on the ground'.	GREEN	<ul style="list-style-type: none"> Nottingham City Council has committed to the Local Authority Mental Health Challenge. The portfolio holder for adults and health is the mental health champion and taking a proactive lead in improving mental health and wellbeing in the city. Nottingham City Council has joined the national Public Health England (PHE) Workplace Wellbeing Charter scheme. A Healthy Workplace strategy is in development. Every Colleague Matters Week for October 2015 was organised around the mental health and wellbeing theme. 519 places were made available with total bookings reaching 613, actual attendances amounted to 415 with 98% of delegates rating the sessions as excellent/good. During this week, opportunities were taken to 'springboard' people onto the Wellness in Mind mental health training programme. Nottingham City Council has signed up to the Time to Change initiative aimed at reducing stigma and discrimination. Mental health training

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			workshops are offered for managers and specific advice is available for managers to help make reasonable adjustments for colleagues with mental health problems. <ul style="list-style-type: none"> • Twice monthly wellbeing clinics (PAM Assist) provide mental health advice and support have been introduced for employees. • A range of mental health training opportunities are available for care staff. • Accredited free distance learning on mental health has been introduced for any member of staff.
	Provide support to employers of all sizes to adapt their business to provide support for individual employees, flexible ways of working to maximise wellbeing and allow staff to remain in work and promote employee wellbeing to reduce the impact of mental health problems.	AMBER	<ul style="list-style-type: none"> • Organisations are being encouraged to adopt the approaches itemised in the previous section. • The Occupational Health Service at Nottingham City Council provides support to employers.
	Providing programmes to help at least 300 citizens on Jobseekers Allowance return to work where health has been a barrier.	GREEN	<ul style="list-style-type: none"> • Fit for Work has provided support for 378 out of work individuals during the 2.5 years April 2013 to September 2015. • Nottingham Jobs Fund assists citizens to return to work.
	Providing programmes to help at least 800 citizens manage their health condition so that they can remain in work.	RED	<ul style="list-style-type: none"> • Fit for Work has provided support for 237 individuals to remain in work with a health problems during the 2.5 years April 2013 to September 2015.

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Changing culture and systems: Priority Families Priority

	What We Will Do	Officer RAG	Progress and Impact
Headline Outcome	<p>For phase 2 (commencing 2015) we will engage 3,870 targeted families with the Priority Families programme by 2020. At least 75% of these families will have seen significant and sustained improvements by 2020 across the following criteria (as identified for each family):</p> <ul style="list-style-type: none"> • Crime and Anti-social Behaviour, • School Attendance, • Children who need help • Worklessness, • Domestic Violence and Abuse, • Health <p>Changing systems and culture to be achieved through workforce development and public sector service transformation.</p>	AMBER	<ul style="list-style-type: none"> • Government is revising area target numbers against the refresh of national deprivation data. Targets are likely to increase for Nottingham. • Early starter target of 194 families engaged was exceeded at 197. • Current position @ 8.12.15 is 521 families of 852 (61% of target) have been allocated and are being worked with and 39 further families are being checked. A further 300 families have been identified. On track to reach external target and achieve full attachment fee for 2016/17. • Internal target set at 1200 families to account for variance and time lags to evidence sustainability of outcomes before claiming Payment by Results. This is not currently being achieved. Changes to the IT systems, workforce training and business processes to identify families and levels of need have been enacted that will remove identified barriers to case holding – especially for partners. • During July government launched 5 key essentials and 4 principles in respect of service transformation and delivery models. We are required to evidence these as well as outcomes against the now 39 national indicators under the six headline criteria to enable a claim therefore ... • ...the claim process was tested in September and a number of improvements identified to align to the new principles and key essentials. It was agreed with government that we would not submit claims in September. 50-100 claims are estimated for the January claim window and improvements identified are being actioned.
Secondary Outcomes	<p>We will aim to achieve the following outcomes: Engage the target number of families for each year and provide the following data against progress to achieve outcomes (across 6 criteria and 39 indicators):</p> <ul style="list-style-type: none"> • Progress against year target for 	AMBER	<p>Data as at 8.12.15</p> <ul style="list-style-type: none"> • 521 families being worked with of the target 852. A further 39 being checked. If all these were Priority Families the total would be 560 families. • 453 (86.9%) of 521 families are open on our IT platform. Of these 435 have a family assessment (96% of platform cases 83.5% of all cases). • 74 cases are closed of which 49 are successful and closed, 13 are

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	<p>engaging families</p> <ul style="list-style-type: none"> • Number of families that have achieved outcomes and are in sustainable 'wait' period prior to results claims • Number of families achieving sustained outcomes and claimed or identified for next claim window • Number of regressions in reporting period • Number of families achieving employment and in 'wait' period for continuous employment claim • Number of families achieving sustained continuous employment and claimed or identified for next claim window • Number of employment regressions in reporting period 		<p>successful and transferred, 12 are unsuccessful and closed. 19 cases are pending closure approval of which 15 are successful, 2 are successful and transferred and 2 are unsuccessful.</p> <ul style="list-style-type: none"> • Regression figures are not available as yet as most families are still in the sustainable wait period that are closed. • Employment claims are waiting on the new month end automated data feed from DWP to verify claim figures. Employment tracking processes have been set up to enable closer monitoring of this activity area by the three Troubled Families Employment Advisers seconded to the team. • DWP secondees have developed new partnership training specifically to support universal credit changes and the Welfare Reform Bill. • We are working in closer partnership with employment and skills colleagues (including Futures) and Debt and Benefits advice services to help families achieve progress to work, continuous employment and financial stability. • As detailed in the section above and based on learning from peer authorities we need to work with at least 33% more families than the external target number to achieve outcomes targets, possibly up to 50% more. We are not currently achieving internal targets.
	Selecting the initial group of families according to the Government criteria	GREEN	<ul style="list-style-type: none"> • 2080 families have been identified that match criteria. • A data cleanse was performed using the Priority Families checklist to review open cases and identify those suitable for conversion that would benefit more from the Priority Families way of working. • Priority Families allocation meetings are now weekly to support partner allocations. • Practitioners sign up to identifying a suitable case to bring with them to training so they can begin to embed their learning straight away.
	Providing a lead professional or Family Partnership Worker to be accountable for the relationship with each family	AMBER	<ul style="list-style-type: none"> • This is evidenced by the allocated worker opening the case and completing the assessment on the IT platform. • At present we are at 87% compliance with opening cases and 83.5% compliance with opening assessments. (96% compliance with opening

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	The 'worker' will have the support of all agencies involved with the family and will have strong supervision		<p>assessments if the case is already open on the IT platform).</p> <ul style="list-style-type: none"> All APs mentor as do FIP staff. However additional Accredited practitioners have been recruited that are focused on mentoring to ensure there is capacity. (There are 16 APs). Mentors work closely with supervisors and line managers. Level 2 cases are being supported through group sessions.
	Undertaking a whole family assessment for each family, supported by a Whole Family Plan. More specialist assessments will be provided to support the plan where needed	AMBER	<ul style="list-style-type: none"> 96% of cases open on the platform have an assessment (435 cases) 83.5% of all cases. An audit process has been developed and is being tested to assure quality of assessment and planning. Specialist training supports skill building for example assessment training. Work is underway to embed the flexibilities in the operating model and as part of this more emphasis is being put onto levels of need and developing lighter touch assessments for level 2 cases for example. Facilities are available in the IT case platform to add specialist assessments from experts in the team around the family. Practitioners are beginning to embed a whole family approach and considering the needs of all members of the family in creating a safe and stable environment for the child, looking for the drivers and capacity for change.
	Support the workforce to deliver culture and practice change in line with this work	GREEN	<ul style="list-style-type: none"> Workforce training revised in response to identified engagement barriers. Now comprising one generic day and one thematic bespoke day for case holders. 138 internal staff are trained to case hold with 30 waiting. Focus has been on training partner staff with 196 now trained to case hold. Short course developed for managers and as a refresher. First cohort of Accredited Practitioners has completed level 4 accredited national qualification, second cohort has commenced training. More mentors were recruited and are embedding the approach with newly trained workers and coordinating and monitoring activity across their geographical or thematic areas of responsibility. Partnership workforce strategy leads continue to hold membership of

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			<p>the national workforce development group that is currently focusing on leadership and management training.</p> <ul style="list-style-type: none"> A group of Priority Families senior practitioners undertook residential Signs of Safety training to be able to champion and support embedding of the approach within the Priority Families model.
	<p>Develop a single interagency database of families who are involved with the following programmes and services, to ensure appropriate support is provided:</p> <p>Ending gang and youth violence (EGYV) Family Intervention Project Youth Offending Team Priority Families</p>	AMBER	<ul style="list-style-type: none"> Part A (identification) and Part B (evidencing outcomes) Information Sharing Agreements are in place. Data is still slow coming through from some agencies especially police (capacity, this is being jointly worked on to resolve), and health where identify sources and data owners is still an issue as is consent. Now that criteria has expanded to include adult needs in all areas the Priority Families data base may be the biggest matched family database in the city. Sharing access to the data is difficult under the current data protection laws and various Acts covering the thematic areas as not all the new criteria fall within statutory thresholds. The Welfare Reform Bill will require public sector partners to provide key data to the local authority as the accountable body for Troubled Families work. The Bill is likely to be enacted next year. However this database will not contain information for Troubled Individuals although government is considering expanding the Troubled Families approach to cover all complex needs individuals as well as families with children. Nottingham supported the business case for this work. Restructuring of the programme team has aligned work with the Family Intervention Project and Youth Offending Team. See the full report to this Board for changes to governance arrangements that should support health and EGYV alignment.
Rolling out to social care	Edge of Care Hub	AMBER	<ul style="list-style-type: none"> Edge of Care Hub from April to October 15 has supported 25 families (all subject to CP plans), 38 children of which 31 were presenting at the edge of care. 12 cases are closed, 9 have stepped down in need. 1 child accommodated. 100% retention rate. Net budget relief after deducting 30% variance and the cost of the service is £338k. Social Care Accredited Practitioner recruited. Refining model to provide

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			<p>additional support to social care cases without adding to social worker workloads.</p> <ul style="list-style-type: none"> • 200 social care cases being checked for Priority Families match to criteria and principles to enable staged approach with Priority Families workers to be developed. Progress delayed due to Priority Families review that concluded in June.
Progress nationally	Bi-Annual Face to Face Progress check with DCLG	GREEN	<ul style="list-style-type: none"> • Comparison survey with other peer local authorities demonstrated we are in a similar position to peers in respect of progress and challenges for delivery of phase 2. • Government is still pleased with progress overall and has therefore scheduled us low down the list for the first spot check audit. • A short visit was paid in September to learn about the restructuring of the programme. Proposed changes were supported.

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