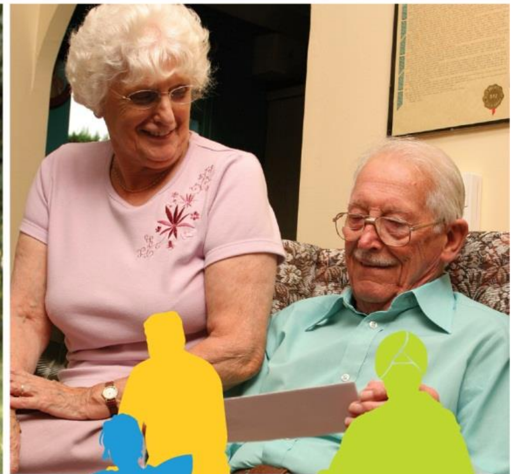
Nottingham City Joint

Health & Wellbeing Strategy

2013 – 2016

End of Strategy Report – July 2016



Improving quality of life and tackling health inequalities in Nottingham

NHS Nottingham City Clinical Commissioning Group

Nottingham City Council

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1. Introduction

Nottingham City Health and Wellbeing Board approved its first Joint Health and Wellbeing Strategy in June 2013. This strategy set out to deliver four priorities on which the Health and Wellbeing Board would focus its efforts to improve quality of life and tackle health inequalities in Nottingham during 2013-2016:

- Prevent alcohol misuse to reduce the number of citizens who develop alcohol-related diseases.
- Provide more integrated health and social care services that will ensure a better experience of care is offered to older people and those with long term conditions.
- Intervene earlier to increase the number of citizens with good mental health.
- Support priority families to get into work, improve their school attendance and reduce their levels of anti-social behaviour and youth offending.

During the life of the strategy the Commissioning Executive Group and Board received regular presentations and progress reports from officers leading on the delivery of the workstreams. This enabled the Board to discuss the direction of travel of the priority workstreams and gave officers the opportunity to raise any delivery issues and blockages with the Board.

This report sets out the key acheivements is relation to delivery of these priorities, aspects of the strategy that were not fully developed and future plans for these priority issues.

2. Alcohol misuse in Nottingham

What we will do

We will reduce the proportion of adults who drink at harmful levels by a third[1]

We will also aim to achieve the following outcomes:
- Reduced alcohol-related anti-social behavior including street drinking
- Fewer adults binge drinking
- Lower rates of alcohol-attributable crime[2]
- Fewer alcohol-related deaths

Key acheivements in relation to these aims over the 3 years of the strategy

Over the lifetime of the strategy the figures from the Citizen's Survey indicate a consistency in the number of individuals that report they drink alcohol and the individuals that indicate they are at an increasing or higher risk of developing alcohol related health problems. There was a slight decrease across all reporting in 2014 but a caveat was attached to the report indicating a change in the fieldwork.

The actual figures from the survey indicate that;
- 1,211 drink alcohol
- 102 individuals drink at increasing risk
- 36 individuals drink at higher risk
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This indicates a figure of around 30,000 individuals drinking at an increasing or higher risk of alcohol related health problems for the population of Nottingham City.

The treatment numbers for March 2016 indicate that there are 638 alcohol only service users and 310 primary alcohol and other substance service users in treatment services. The successful completion figures for these cohorts are 36.5% for primary alcohol and 48.7% for alcohol and other substance misusers. An average of 42.5% which is a slight increase on the number reported in October 2015. This figure is well above the local mean target of 33%. As a whole across all drugs and alcohol treatment, Nottingham City is the second best core city for successful completions with 24% compared with the target of 18.1%.

Commissioning for alcohol treatment was completed in November 2014 with one provider offering all aspects of alcohol treatment. This has been very succesful and has contributed greatly to the figures above. Waiting times have been considerably reduced and this has been maintained through the tenure of the service. Currently service users can access the appropriate treatment within one working day from assessment should they choose.

The annual Respect Survey of anti-social behaviour and crime (2015) has recorded a slight increase in the citizen's negative perception of street drinking which has risen from 13.3% in 2014 to 14.% in 2015. Negative perceptions of people being drunk or rowdy in public places has also risen slightly from 13.8% in 2014 to 14% in 2015. Both rises are not statistically significant. However The 2015 figures are well below those of 2012.

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[1] This will be seen through a reduction in the proportion of adults drinking at increasing or higher risk levels from 12% (estimated 17,864 adults, in 2012) to 8% (estimated 11,525 adults), measured through the Citizens' Survey

[2] These are: violence against the person, sexual offences, robbery, burglary dwelling, theft of a motor vehicle, theft from a motor vehicle (LAPE User Guide, 2012)

Various interventions have been applied to address anti-social behaviour caused by street drinking including:

- The Blue Light project to engage in treatment those who are street drinking and causing anti-social behaviour in the Arboretum and Berridge wards.
- The application of positive requirements attached to Community Banning Orders to engage individuals into coercive treatment.
- A city-wide street drinking ban which is now under the terms of a Public Space Protection Order (PSPO) [anti-social behaviour, crime and policing act 2014]

The 2015 Citizen's survey suggests that the current rate of binge drinking is at 25% of all those who reported that they drank alcohol, again this is a rise of 6% over the 2014 figures but a caveat was added to those figures. The level is in accord with the 2013 and 2012 figures. Area 4 was identified as having the largest proportion of binge drinkers and those in full time education (age 16-24) were also identified as the most likely to binge drink. To respond to this health promotion events are held at both universities and local colleges by alcohol and drugs services.

Other projects to educate and prevent binge drinking include;

- Drugaware: In-school education has been taken up by 74 primary and secondary schools
- Lifeline Journey: Training to Tier 1 providers and universal services to identify and offer brief advice and sign posting to young vulnerable people

Aspects of the strategy which were not fully developed

Lower rates of alcohol-attributable crime: It was agreed by the board of 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. However a lot of work has been done to reduce alcohol related violence in the City's night time economy;
NTE Insight Hub (Cardiff Model) has introduced a new approach to utilizing and sharing information; delivering three core products.

- A revised intelligence based NTE police tasking method
- A single venue level matrix of risk
- A demand management tool

Operation Promote: A proven method of restricting the supply of cocaine and other stimulants into the NTE which reduces the level of violence on the nights it is deployed.
A super strength free campaign which had to be withdrawn as it was challenged folowing legal rulings elsewhere
The Local Alcohol Action Area (LAAA) conceptually links diverse areas of activity such as licensing, policing and treatment.
Partnership working with Drinkaware which has seen the introduction of club hosts in a variety of venues; aimed at reducing anti-social behaviour and sexual harrasment.

Fewer alcohol-related deaths: : It was agreed by the board of 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. Work will continue to lessen the risk of death from alcohol related health problems by ensuring that Identification and brief advice is provided via more universal services. To continue to provide the Intensive case monitoring service to work with high volume service users of ED and the university Hospitals to motivate them into treatment. To continue to apply the Blue light ethos to engage treatment resistant drinkers into services.

Future plans for this priorty

Various aspects of the strategy are being carried forwards and developed to ensure a continued level of interventions are applied to prevent the harmful effects of increased risk drinking, these include:

- The commissioning of a new integrated drugs and alcohol service (start date 1st July 2016) to address the increasing numbers of poli-substance misuse problems.
- Clear mental health pathways to assist an increasing number of chaotic, vulnerable drinkers into mental health treatment.
- Increase the number of providers of Identification and brief advice
- Increase the number of “teachable moments” in ED and in the custody suite.
- Increase the number of positive requirements attached to civil tools to engage those who comit anti-social behaviour into coercive treatment
- To commission a new Hospital alcohol carepath service to ensure robust treatment for those who are admitted for alcohol related illnesses (start date 1st October 2016)
- To review the in-school interventions.
- To continue to develop the street drinking and beggars interventions to engage this cohort into treatment.

3. Integrated care: Supporting older people

What we will do

We will improve the experience of and access to health and social care services for citizens who are elderly or who have who have long term conditions

We will also aim to achieve the following outcomes:

- More elderly citizens will report that their quality of life has improved as a result of integrated health and care services
- The number of older citizens remaining independent after hospital admission will increase

Key acheivements in relation to these aims over the 3 years of the strategy

The integrated care programme has delivered system change improving the experience of and access to health and social care services for citizens.

- Eight Care Delivery Groups (CDGs) have been established. These comprise groups of GP practices and neighbourhood multi-disciplinary teams including social care. The aim to deliver more proactive care is being developed through the identification of people who will benefit from intervention using risk profiling information at multi-disciplinary team meetings. A further aim to upskill the generalist workforce has been initiated by the integration of some specialist support e.g. the falls and bone health team. A patient metric 'proportion of citizens with long term conditions reporting improved experience' has been developed and is measured through a citizen satisfaction survey. Over the last 3 years an improvement from 83% to 84% has been achieved.
- The multi-disciplinary teams working in CDGs provide more coordinated and holistic care for citizens with the support of care coordinators. These are newly established roles have been succesful in bridging a gap between primary and community care in the management of citizens needs.
- Other new roles to support proactive care including social care link workers and housing health co-ordinators. The housing health coordinators support citizens who are inappropriately housed and this is affecting their health and wellbeing. Out of the 68 referrals made in the first four months 22 clients were successfully rehoused into an independent living property. The posts also support an early intervention approach and have demonstrated a reduction in costs linked to falls and flare ups of COPD, anxiety and/or depression.
- Assistive technology has been expanded to support early intervention and more robust case management. In 2015/16, 6087 citizens over 65 were supported by assistive technology.
- The integration of health and social care reablement and urgent care services will reduce duplication and ensure a period of rehabilitation to meet individual needs is more readily available. One of the Better Care Fund (BCF) targets 'Increased effectiveness of reablement' measures the number of people still at home 91 days after discharge from hospital. Performance against this metric has improved over the last year with 74% of citizens still at home after 91 days.
- The self care pilot which includes social prescribing, community navigators and self care hubs is being rolled out across the city. Between September 2015 and March 2016, 101 social prescriptions have been written by GP's and actioned by Care Co-ordinators. Social isolation has been the most common need, examples of activities citizens have been supported to access include local social luncheon clubs, walking football through Football in the Community and fitness and healthy eating programmes at the YMCA. Community Navigators have recruited 17 new volunteer Navigators and completed 238 support contacts, many of these in support of social prescriptions removing barriers to accessing activities.

Aspects of the strategy which were not fully developed
Access and Navigation has been a key theme within the Adult Integrated Care Programme. The initial scoping phase of the programme highlighted the need for simplified acces to services along with recognition that citizens don't want, or need, to differentiate between health and social care. An integrated service model was agreed but encountered operational complications at implementation for both health and social care service providers. The steering group membership was revised and a detailed options appraisal completed. A new model has now been agreed and an implementation plan is being developed. This will create a new integrated telephone number with a citizen triage point so that citizens speak to a person for advise at the earliest opportunity. The new mumber will also enable the inclusion of additional service providers, for example mental health.

Future plans for this priorty
Integrated care for adults with long-term conditions and the frail elderly remains a local and national priority. Importantly, we need citizens to continue to receive more care in their home or community, reducing unnecessary hospital admissions and shortening hospital stays. Our commissioning needs to be joined up and strategic, focusing on the value achieved or outcomes gained rather than on activity alone. Services must be high quality, accessible, sustainable and based on population need.

Following the conclusion of the Integrated Care Programme a strategy for the next phase has been developed. The objectives are as follows:

- Ensure our integrated care model is both cost efficient and clinically effective
- Ensure care is delivered in the right place – by the right people – with the appropriate skill mix
- Ensure care is delivered at home or in the community wherever possible
- Ensure provision of high quality, clinically safe and accessible services
- Focus on prevention and the ways in which individuals and resilient communities can best support themselves
- Move away from a 'paternalistic' top-down approach to one in which individuals are better informed, empowered and managing their own conditions
- Ensure that decisions are made in the best interests of citizens – not organisations
- Build medium and long term sustainability in response to rising demand and constrained resource
- Work towards reducing and ending health inequalities in our communities

The governance supporting the Programme has been refreshed to include wider stakeholder representation. Steering groups will continue to drive the next stage of delivery of the care model initiatives for example mental health integration, self care expansion.

4. Early Intervention: Improving Mental Health

What we will do

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 interventions

We will also aim to achieve the following outcomes:

- The number of parents and carers who feel well equipped to have a positive influence on their children's' behaviour will increase
- The number of children and families affected by behavioural problems will decrease
- The number of children going on to develop mental health problems in adulthood will decrease

Key acheivements in relation to these aims over the 3 years of the strategy

Piloting the Behavioural, Emotional and Mental Health (BEMH) Pathway, in order to facilitate easier access for children, young people and their families to appropriate early support in relation to behaviour and emotional health needs. This included establishing a pilot team to provide specialist support to these children, including delivering evidence based parenting programmes. The pilot has recently been independently evaluated and the report will be finalised in July 2016. This will inform future service provision in relation to BEMH and will be progressed in 2016/17.

Since the launch of the pathway there have been:

- 4118 number of children and young people referred to the pathway of which 735 were between 0- 5 years, 1419 were between age 6-10 years, 1553 were between 11-15 years and 411 were between 16-18 years.
- 3979 children and young people have been accepted onto the pathway.
- 561 children and young people have been referred to the community paediatrician for assessment for ASD/ ADHD since the start of the pathway.
- 1812 parents have attended parenting programmes delivered by the Behavioural, Emotional and Mental Health Team

Aspects of the strategy which were not fully developed

Due to the long term nature of the objectives below, there has been an inability to assess success in relation to them.

- The number of children and families affected by behavioural problems will decrease
- The number of children going on to develop mental health problems in adulthood will decrease

However there will be a plan developed to respond to the recommendations of the independent evaluation into the effectiveness of the pilot Behavioural, Emotional and Mental Health Pathway.

Future plans for this priorty

Following the publication of *Future in Mind*, in August 2015 the Government announced that all Health and Wellbeing Board areas would be required to develop a local transformation plan to describe how the recommendations of Future in Mind would be implemented. The plans needed to be multi-agency and system-wide, and demonstrate how capacity and capability would be built within the workforce supporting children and young people's emotional and mental health. To support delivery of the transformation plan an additional £647,000 of national funding was made available to NHS Nottingham City Clinical

Commissioning Group in 2015/16. £180,000 of this funding was specifically to fund a community eating disorder service for children and young people in line with new Access and Waiting Time Standards.

Nottingham City's local transformation plan for children and young people's mental health was developed by the members of the Nottingham City CAMHS Executive, building on the implementation of the CAMHS Pathway Review. The overall objective of the transformation plan is to develop and implement a simplified, responsive and efficient pathway that supports and improves the emotional wellbeing and mental health needs of children and young people in Nottingham. The plan is aligned to the City's Wellness in Mind strategy and specifically aims to ensure that:

- Children and young people will be supported as programmes to support mental resilience and preventing mental health problems are implemented
- Problems will be identified earlier and effective interventions will be in place
- Outcomes will be measured and improved through effective treatment and relapse prevention
- Support will be in place for children and young people with mental health problems
- The wellbeing and physical health of children and young people with mental health problems will be improved.

The Nottingham plan outlines a range of priority actions in line with the five themes of *Future in Mind,* and the key actions are outlined below:

- Promoting Resilience, Prevention and Early Intervention
    - Provide better information for children and families about how to help themselves and when to seek support
    - Increase the numbers of children and young people able to take part in programmes to build resilience in schools
- Improving Access to Effective Support
    - Increase the amount of consultation, advice and guidance available to schools and health service providers to enable them to better support children and young people with emotional health needs
    - Improve the access to CAMHS so that children in need of support get prompt access to the right service
    - Ensure that different organisations providing mental health services to children and young people work together effectively and that children are effectively supported
    - Set up a crisis team to respond quickly to young people who have a mental health crisis
- Care for the most vulnerable
    - Review services for children and young people with learning disabilities and neurodevelopmental disorders
    - Review access to services for children and young people from minority backgrounds
- Accountability and transparency

    - Make sure that we get the most out of the money that is spent on children's mental health and wellbeing, and that services are making a difference to children and young people's lives
- Developing the workforce
    - Improve and make more training available to professionals working with children, young people and families where there are emotional or mental health difficulties.

It is likely that further national requirements will follow in relation to children and young people's mental health, as indicated in the national document, the *Five Year Forward View for Mental Health*. This will include the development of access and waiting time standards for CAMHS, with a particular focus on crisis provision. Going forwards, the children and young people's mental health transformation plan will become part of the sustainability and transformation plan (STP) for Nottingham and Nottinghamshire; information on Future in Mind has been included in the STP. This is intended to ensure that the ongoing improvement of services in support of children and young people's mental health is prioritised.

5. Mental health and employment

What we will do

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.

We will also aim to achieve the following outcomes:

- Increase the proportion of people living with diagnosed mental health conditions who are in employment
- Improve the quality of jobs that people with mental health problems are able to access
- Ensure that people with mental health problems have access to joined up support to help them in gaining and maintaining employment

Key achievements in relation to these aims over the 3 years of the strategy

- The local Nottinghamshire Fit for Work service has supported 1054 people with health problems to either remain in work, return to work or gain employment over the strategy period to date.
- More people are accessing NHS psychological therapies services - a range of therapies for people experiencing common mental health difficulties such as feeling low, depressed, anxious or stressed (6101 entered treatment in 2015/16 compared to 5005 in 2014/15).
- The Wellness in Mind service has been established to provide individualised support to improve people's mental wellbeing (or that of friends, families or carers). Citizens are now able to access advice and information on relevant services that can help improve mental wellbeing, including health and employment support.
- The Primary Health, Wellbeing and Recovery College offers a range of educational courses aimed at equipping citizens with the skills they need to deal with emotional/mental health challenges that may be a barrier to employment.
- STEPS (a culturally specific mental health support service for BME communities) has successfully helped a number of citzens to engage in work-like activities, employment and/or training & education.
- Mental health training has been delivered to cross-sector front line staff so that they are able to better manage their own mental health and offer support to colleagues and citizens.
- Nottingham City Council has signed up to 'Time to Change' and is now a Mindful Employer and has developed and is now implementing an Employee Mental Health Policy.
- More people with mental health problems in Nottingham are now in employment as a result of the introduction of the Individual Placement and Support service.
- Work Choice is funded by the DWP. It provides a voluntary, tailored range of specialist employment services responding to the individual needs of disabled people including liaison with employers.

Aspects of the strategy which were not fully developed

- The Fit for Work service was commissioned over three years using non-recurrent funding. This resulted in annual uncertainty of continuity which impacted on the overall number of people supported (until April 2015 an exit plan had to be implemented towards the end of each March and then the service built up again at the start of the following year). In addition, there was an annual reduction in funding from Nottingham City Council and a consequent reduction of the targets set, making

it impossible to achieve the original target of 1100. Despite these challenges the service did support 1054 individuals (95.8% of the 1100 target).

Future plans for this priorty

- Supporting people with mental and physical health problems to remain in or return to employment is both a national and local priority. As the numbers of people claiming Job Seekers Allowance continues to reduce, the number claiming Employment Support Allowance (people who are unemployed due to health problems or incapacity) remains high. In Nottingham 7.8% of the working age population are claiming ESA (6% nationally). Mental health and musculoskeletal problems are the two most prevalent causes of people being unable to work due to their health.

- A new Health and Employment Support Service has been commissioned by Nottingham City Council, Nottingham City CCG and the Department of Work and Pensions for three years from 1 August 2016. This will be an early intervention service that provides an individual case managed approach between health-related services, welfare and employment support for people registered with a Nottingham City GP. The service will respond to individual needs at an early stage – preventing health problems occurring and exacerbating. It is available to those in work but at risk of unemployment due to a health problem/long term condition and also for those who have recently become out of work due to a health problem who will be supported to manage their conditions in order to return to work or training.

- Other initiatives are being offered/developed by a range of partners including:

  - Work Choice funded by the DWP provides a voluntary range of specialist employment services which respond to the individual needs of disabled people and their employers.

  - DWP's Access to Work initiative provides grants to support individuals with health problems return to work or maintain employment.

- Health and Wellbeing Board member organisations will become exemplar employers for health and wellbeing.

- The Individual Placement and Support service will continue to work with people with mental health problems.

6. Changing culture and systems: Priority Families

We will engage 1,200 targeted families with the Priority Families programme. By 2016 at least 800 of these will have seen improvements in their school attendance rates, levels of anti-social behaviour and youth offending, and/or worklessness

We will also aim to achieve the following outcomes:
Support at least 800 of the 1,200 families engaged to achieve either [A] or [B] or both:

[A]

- All children; fewer than three fixed exclusions and less than 15% unauthorised absence in last three terms
- A 60% reduction in anti-social behaviour across the family in the last six months
- Under 18 offending to have reduced by at least 33% in last six months
- Progress to work for one adult not working e.g. volunteered for work programmes in last six months

[B]

- At least one adult moved off out-of-work benefits into continuous employment in the last six months.

Key acheivements in relation to these aims over the 3 years of the strategy
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 the 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

Aspects of the strategy which were not fully developed
Phase 2 Delivery and Targets
Phase 2 commenced 1st January 2015 for Nottingham as a wave 2 'early starter' and runs to 31st March 2020. Government refreshed its policy and strategy and therefore Phase 2 is also known nationally as the 'Expanded Programme'. The overarching purpose of the programme is to reform and transform public sector service delivery for complex families through integrated workforce development. This aligns with the Board's strategic positioning of Priority Families delivering the 'way of working' strand but has also meant further development of the approach to embed this strategically within other transformation, integration and collaborative strategies in Nottingham City.

In July 2015 Government published 5 Key Essentials and 4 Key Principles that must be evidenced to auditors within each family outcomes claim showing that an expected operating model/way of working is being adhered to; for example there is a lead professional who is the single point of contact, there is a whole family assessment and plan.

The original three criteria have expanded (1, 2, and 4 below) and there are 3 new additional criteria (3, 5 and 6 below):

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

There is a requirement to refresh all systems and processes to:

- incorporate work to support development in line with three new criteria and expansion of the originals,
- evidencing of achievements of positive outcomes
- evidence of significant and sustained impact for families
- collate detailed evidence for new online government submissions.

Under these criteria are 39 national indicators used to identify eligible families. Families must achieve significant and sustainable outcomes against all indicators present/baselined in the family on entry, in the same timeframe, and 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. Currently the operational version of the Outcomes plan is being refreshed to accommodate revised targets and new bandings published by government June 2016.

Risks and issues

Claims: Evidencing claims is much more complex due to the detail now required on an individual basis that is reported to government and audited prior to claiming success. Nationally there have been very low claim rates whilst partnerships redesign and embed new monitoring and evidencing processes and simplify identification and assessment processes against different levels of need. Despite low levels of claims Nottingham's claim rate is comparable to East Midlands and Core Cities partnerships, many of whom are Wave 1 programmes, or 'early starters, who commenced in September 2015. Evidencing has to be much more worker led and is time intensive. To mitigate this new tracking systems are being embedded that speed up the process and continually refresh data and evidence on a rolling basis.

In April 2016 Government introduced new bandings combining the three grant strands for the programme into minimum and maximum funding claim levels for each year based on numbers of families worked with and successfully achieving family outcomes. Failure to reach minimum targets will mean permanent loss of unclaimed funding for that year (no carry forward). To mitigate this local attachment and claim targets have been set higher than national minimums to ensure a cushion.

Families worked with and successfully achieving improved outcomes are subject to an agreed 'wait' period to test sustainability and impact. 'Wait' periods are usually six months

but can be up 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. Any 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 end point
- eligible claims exceeding the accumulative target number of families permitted in-year and having to be carried forward to the next year's claim period.

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.

Future plans for this priorty
Phase 2 Targets

- The distribution of target numbers of families across local authority partnerships was refreshed in June 2016. Nottingham's target is now 3,840 families over 5 years, a reduction of 0.7% against a possible ceiling of 10% reduction.
- The target number of families to be identified and worked with for 2015/16 was 852 or 22% of the original 3,870 target. This was achieved.
- The targets for 2016/17 are: 1,136 new families to be worked with. As at 21.6.16 we are on track to meet this target. We currently have a total of 309 new families attached in 16/17 against a quarterly target of 285 (local target 1750 for the year).
- 546 family or employment outcome claims are to be made in 2016/17 to meet national targets. Monitoring of evidence and closure rates indicates that this will be challenging but we are on track to achieve this during the latter half of the year.

Governance has transferred to the Crime and Drugs Partnership Board as approved by the Health and Wellbeing Board (HWBB) at its January 2016 meeting. This provides continued senior scrutiny of performance, and support with barrier removal, alongside existing governance layers of the Leadership Group and the Partnership Board. All governance layers have been reviewed and membership expanded as appropriate to support new additional thematic areas of delivery under the expanded national criteria and indicator set. Links to the HWBB will be maintained through representation of key colleagues in both governance structures.

Delegation of financial decision making (up to a single transaction value of £1 million) previously approved for the Priority Families Leadership Group by HWBB has been reviewed and confirmed by the Commissioning Sub Group.