Healthy Culture 2016/17 Action Plan

| Version Con | trol | | |
|-------------|----------|--|----------------|
| Version | Date | Change Details | Author |
| 0.1 | 26.10.16 | New template populated | Helene Denness |
| 0.2 | 21.12.16 | Reablement targets added Assistive technology - Missing target group added Version Control added | Uzmah Bhatti |
| 0.3 | | | |
| 0.4 | | | |
| 0.5 | | | |
| 0.6 | | | |
| 0.7 | | | |
| 0.8 | | | |

| Distribu | tion |
|----------|--|
| Version | Name |
| 0.1 | 'Rachel.Jenkins@nottinghamcity.nhs.uk'; 'Joanne.Williams@nottinghamcity.nhs.uk'; 'dave.miles@nottinghamcity.nhs.uk'; Karla Banfield <karla.banfield@nottinghamcity.gov.uk>; Peter Morley <peter.morley@nottinghamcity.gov.uk>; Chris Wallbanks <chris.wallbanks@nottinghamcity.gov.uk>; Steve Thorne <steve.thorne@nottinghamcity.gov.uk>Bicknell Marcus <marcus.bicknell@gp-c84704.nhs.uk> (Marcus.Bicknell@gp-c84704.nhs.uk) Maria Ward <mariaw@nottinghamcvs.co.uk></mariaw@nottinghamcvs.co.uk></marcus.bicknell@gp-c84704.nhs.uk></steve.thorne@nottinghamcity.gov.uk></chris.wallbanks@nottinghamcity.gov.uk></peter.morley@nottinghamcity.gov.uk></karla.banfield@nottinghamcity.gov.uk> |
| 0.2 | |

Priority Action: Individuals and groups will have the confidence to make healthy life choices and access services at the right time to benefit their health and wellbeing

| Headline | Metric/ KPI (inc. source and definition) | Baseline | Target | | | | | | | |
|-----------------|--|--|--|---|--------------------------------------|--|--|--|--|--|
| measures / | | | 16/17 | 17/18 | 18/19 | 19/20 | | | | |
| metrics | Increase in effectiveness of reablement | 66.7% | 4% These targets are developed each year, based on | | | | | | | |
| | Reduction in delayed transfers of care | 0.5% | performance, as part of the BCF planning process. To set targets outside of this process is inappropriate. | | | | | | | |
| | A decrease in the percentage of citizens who report, through the Citizen Survey, that they struggle to keep up with bills and credit commitments. | 28% | 26% | 24% | 22% | 20% | | | | |
| | An increase in the percentage of citizens who report, through the Citizen Survey, that they know where to go for advice, help and support if they are experiencing financial hardship. | New question in survey will establish baseline | tbc | tbc | tbc tbc | tbc | | | | |
| | PHOF 1.01i– Children in low income families (all dependent children under 20) | 31.6% | 29.4 | 27.2 | 25.0 | 22.8 | | | | |
| Priority Groups | Older people, people with physical and/or learn dementia and those living in deprived househol. The Citizen Survey report 2015 identifies areas financially. Locality based interventions will be financially. Locality based interventions will be for a state of the citizen server and the se | lds. s of the City the focussed in th rea 4 :26.6% cial vulnerabili | at have the hi e areas of the Area 5 :26.0% ty include: | ghest perce highest ne Area 6 : 29 | entages of ed. .0% Area | citizens 'struggling to keep up' 7 :12.5% Area 8 :22.3% | | | | |

| Refugees and asylum seekers |
|---|
| Elderly citizens |
| Citizens with drug and alcohol misuse issues |
| Young people |
| Care leavers |
| Citizens with experience of intimate partner abuse |
| Job seekers and/or citizens in work and on low pay/in insecure employment |
| Users of health and social care services |
| Ex-offenders |

| Action | Milestone | Success measure | | Ye | ear | | Lead Officer |
|---|--|--|--------|----------|-----------|-----------|------------------------------|
| | | | 16/17 | 17/18 | 18/19 | 19/20 | |
| | es will work better together throus coordinated in collaboration wi | | | th and s | ocial car | e that is | designed around the citizen, |
| Development of a shared outcomes framework to ensure that we are all working to | Partners, including those in the VCS, identified and working group established. Outcomes framework agreed. | Framework in place contract management focused on monitoring outcomes with less focus on activity. | ✓ ✓ | | | | Clinical Commissioning Group |
| improve citizen outcomes. | Framework adopted by identified partners. | | ~ | ✓ | ✓ | ✓ | |
| Work with HEE to create a sustainable | Workforce plan in place and linked to Integrated Care Strategy. | Reduced vacancies in community services | ~ | ~ | ✓ | ~ | NCC (Adults' Social Care) |
| workforce to support integration and community care. | Personalisation lead in post, to lead on improved outcomes for citizens. | Reduced agency spend 'Holistic worker' model established with | | | | | |
| | Core Competency training programme in place to upskill | Practitioners working across health and social care. | | | | | |
| | Practitioners at all levels within adult social care. | Attractive career pathways for staff at all levels with opportunities for | | | | | |
| | New business processes implemented along with new social care computer system. Accessible Information | progression. | | | | | |

| Action | Milestone | Success measure | | Ye | ear | | Lead Officer |
|--|---|---|----------|-------|-------|-------|------------------------------|
| | | | 16/17 | 17/18 | 18/19 | 19/20 | |
| | Standards implemented to ensure practitioners can seek support to convert information for citizens. | | | | | | |
| mplementation and development of a Making Every Contact Count (MECC) orogramme across partner organisations to enable dentification, brief advice and referral (inc. nealthy lifestyles and self-care). | Agree strategy and identify named link workers in sectors outside of health and social care such as fire and rescue, police, third sector organisations including VAPN and CYPN and develop processes to incorporate self-care actions into care planning. Resources identified and in place. Training delivered to relevant staff and programme begins. | Strategy in place and increased involvement from relevant agencies in multi- disciplinary team process. Delivery plan signed-off. Increase in number of contacts to lifestyles services from agencies identified. | | * | * | * | Clinical Commissioning Group |
| Multi-disciplinary teams will include mental health support. | Development of training programme for identified staff. Implementation of support . | Citizens experience well-coordinated care from a team who are aware of each other's interventions. Citizens only tell their story once. Care plan will include actions for physical and mental health where appropriate. | * | * | * | * | Clinical Commissioning Group |
| Continue to mplement fully ntegrated reablement and urgent care services to | A reablement service offering the right level of care support and appropriate clinical interventions is accessible to citizens when they need it. | 70% of citizens will increase their ADL outcome measure score on exit from the service. All 'supported' transfers of | ~ | | | | Clinical Commissioning Group |

| Action | Milestone | Success measure | | Ye | ear | | Lead Officer |
|---|---|--|----------|----------|---------|----------|---|
| | | | 16/17 | 17/18 | 18/19 | 19/20 | |
| support citizens to be as independent as possible. | Teams will be relocated with joint operational processes in place. Access to the service will be | care from NUH will access reablement (unless there is a recorded reason for exclusion). | ✓ ✓ | V | V | V | |
| | through the community triage hub only to ensure appropriate utilisation of the service. | Alliance agreement in place to support service delivery through the Joint venture. | | | | | |
| Children's Health and Social Care Integration for 0-19 year olds. | Development of an Integrated service specification. Pathway of services and interventions agreed with partners. Procurement of integrated service by April 2018. Delivery of integrated service. | The functions of the Health Visiting Service, Family Nurse Partnership, School Nursing Service s , Breastfeeding Peer Supporters, the Children's Nutrition Team and the Early Help Service have been incorporated into integrated teams. | | * | * | ~ | Nottingham City Council |
| Integration of messages between health and care. | Production of joined-up communications with Nottingham City CCG and the VCS via VAPN and CYPN on the integrated care agenda. | Successful delivery of shared messages through local channels. | V | v | V | v | Nottingham City Council |
| Theme 2: Individu and wellbeing. | als and groups will have confid | ence to make healthy life cho | pices an | d access | service | s at the | right time to benefit their health |
| Rollout of the self- care approach across the city | Complete evaluation of pilot to inform roll-out. | Evaluation report and recommendations published | ~ | | | | Nottingham City Council and Clinical Commissioning Group |
| based on the model and learning from the Bulwell & Bulwell Forest Self-Care Pilot. | Establish strategy for city-wide roll-out defining which of the following elements will be used and where: • Social Prescribing • Community Navigators | Strategy agreed | | √ | | | |

| Action | Milestone | Success measure | | Ye | ear | | Lead Officer |
|---|---|---|-------|--------|-------|----------|--|
| | | | 16/17 | 17/18 | 18/19 | 19/20 |] |
| | Web-based Self-Care Directory Self-Care hubs to access directory Community Clinics Agreement and sign-up of partners to rollout plan | Delivery plan in place | | ¥ | | | |
| | Implementation | Increase use of social prescribing in targeted areas, increase in use of self-care hubs and directory | | | * | * | |
| Deliver an annual Be Self-Care Aware campaign across Nottingham City | Awareness raising and information materials agreed and produced in accessible formats. | Increased citizen awareness and understanding of self-care. self-care is contributing to citizens leading a healthier | ~ | ✓ | ✓ | √ | Clinical Commissioning Group |
| o promote the national Self-Care week. | Implement Self-assessment tool (online or app) available to enable citizens to identify areas of their lifestyle that could benefit from adopting | lifestyle. Self-care is contributing to citizens managing long term conditions. | V | V | V | • | |
| | self-care practices. Calendar of community events established to provide information, advice and support and encourage self- care. | | ~ | ~ | ~ | * | |
| VCS organisations will have an understanding of the self-care agenda and how they can contribute to the integrated care | Development of regular training to ensure that VCS are kept informed Delivery of Training for VCS on MECC and self-care Links established to community navigators project | Via the VAPN and CYPPN organisations will receive up to date information on the agenda and regular information to inform contribution to the integration / self-care agenda. | ~ | ✓ ✓ | ~ | * | Nottingham Community and Voluntary Sector |

| Action | Milestone | Success measure | | Ye | ar | | Lead Officer |
|--|---|--|---|-----------------|-----------------|-----------------|--|
| | | | 16/17 | 17/18 | 18/19 | 19/20 | |
| agenda. | and community clinics. | | | | | | |
| VCS organisations will be aware of where they can find out about local services. | Promotion of the self-care Nottingham website, NCVS database and the proposed Nottingham City Council city wide directory. | VCS organisations are aware of local services and are directing citizens to the appropriate service. | · | ~ | ~ | ~ | Nottingham Community and Voluntary Sector |
| VCS Organisations will refer to local services, such as lifestyles services, on behalf of their clients. | VCS organisations will work with local services to implement measures to enable them to track the progress of clients referred to other services. Development of sector wide tracking system to help particularly smaller organisations monitor the number of referrals and track client progress. | Tracking shows sustained increase in referrals from VCS to local services. Access to these services enables citizens to make positive changes to their lifestyle. Increase in referrals from VCS to local services such as lifestyles services. | × | ✓ | ✓ | ~ | Nottingham Community and Voluntary Sector |
| Provision of an up-to-date web based directory of activity that is the "citizen hub". | Web based directory is developed which is accessible including printed versions, audio, translated, easy read etc. | Web based directory in place and accessed regularly. The number of unique hits increase year-on-year. | ✓ Establ ish baseli ne (Mar1 7) | ✓ 10,00 0 | ✓ 20,00 0 | ✓ 30,00 0 | Nottingham City Council |

| Action | Milestone | Success measure | Year | | | | Lead Officer |
|--|--|---|-------------------------------|-------|-------|-------|-------------------------|
| | | | 16/17 | 17/18 | 18/19 | 19/20 | |
| Encourage providers, citizens and workforce to populate, rate and use the online | Use of Google analytics will show usage by citizens from different demographic groups establishing equitable access. | 700 adult social care providers are signed up to the directory by 19/20 | Establ ish baseli ne | 500 | 600 | 700 | Nottingham City Council |
| directory. | The majority of providers will be registered within 2 years. Additional providers will come in to the market but there will | 500 health care providers are signed up to the directory by 19/20 | Establ | 300 | 400 | 500 | |
| | be some net movement. | 800 number of other providers of services signed up to directory by 19/20 | ish baseli ne | 600 | 700 | 800 | |
| | | | Establ ish baseli ne | | | | |
| Provide accurate and up to date information to enable citizens to self-manage a range of needs and empowering them with healthy choices. | Establishment and promotion of the directory | Percentage of citizens stating that as a result of the information they were empowered to manage their situation better by 19/20. Percentage of providers stating that as a result of the directory they were able to sell their services to the right people. Percentage of the workforce stating that as a result of the directory they were able to offer up to date, valuable and worthwhile advice to citizens. | Establ ish baseli ne | | | | Nottingham City Council |

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|--|--|---|-----------|----------|------------|------------|------------------------------|
| | | | 16/17 | 17/18 | 18/19 | 19/20 | |
| Establish an integrated citizen triage function to support access to appropriate support. | A metric is developed and piloted that identifies and records service 'hand-offs'. | Reduced 'hand offs' between services Citizens only tell their story once and receive the right support at the right time. | • | ~ | ~ | ~ | Clinical Commissioning Group |
| Expand the use of assistive technology to support proactive care. | Increase in referrals for assistive technology services for priority groups:- To prevent a hospital admission / support a timely discharge; To prevent / delay residential care admissions; Adults with long term conditions; Adults with dementia; Adults with learning disabilities. Disabled young people | There is a sustained increase in the number of citizens being supported by assistive technology. | 8,615 | 10,11 | 11,61 5 | 13,11 5 | Nottingham City Council |
| | High levels of user/carer satisfaction evidenced by evaluation. | There is an increase in the satisfaction ratings from citizens and their carers who use assistive technology. | | 87% | 89% | 90% | |
| | will have knowledge of opportu | | nd of ser | vices av | ailable w | | |
| Promote campaigns on Healthy Lifestyles and Mental Wellbeing. | Delivery of campaigns to give citizens knowledge and tools to make the right decisions to have a healthy culture. | Successful delivery of campaigns through local channels | ✓ | ~ | ~ | ~ | Nottingham City Council |
| Clear and consistent messages. | Agree key messages and key lines-to-take with the Health and Wellbeing Board | Clear, signed-off agreed messages on all aspects of health and wellbeing | v | ~ | ~ | ~ | Nottingham City Council |

| Action | Milestone | Success measure | | Ye | ear | | Lead Officer |
|---|--|---|-----------|----------|-------|-------|-------------------------|
| | | | 16/17 | 17/18 | 18/19 | 19/20 | |
| | Key spokespeople identified to speak on topics related to health and wellbeing. | Spokespeople identified | ~ | ~ | ~ | ✓ | Nottingham City Council |
| Signposting to relevant help, advice and support. | Ensure there is clear information on public website and through leaflets and social media including in easy read formats. | Easy access to information for children, adults and older people | v | ✓ | ✓ | ~ | Nottingham City Council |
| Communities will work together to challenge stigma around mental health, disability | Participation in national campaigns and initiatives such as <i>Time to Change</i> | Time to Change campaign takes place on an annual basis HWB members support | • | • | • | • | Nottingham City Council |
| and other protected characteristics. | | weeks of action such as learning disability week | ~ | * | ~ | 1 | |
| Communities will work together to develop a healthy, inclusive culture that is adapting to the | Nottingham works towards Autism Friendly city status identifying opportunities where actions will also contribute to Dementia Friendly, Age Friendly etc. | Nottingham develops a reputation as a healthy, inclusive community Nottingham achieves 'Autism Friendly' status | • | v | ~ | • | Nottingham City Council |
| needs of different citizens. | Development of local initiatives using a social movement approach. | | | ~ | ~ | ~ | |
| | 'Safe places' scheme expanded. | | | ~ | ~ | ~ | |
| | The number of dementia friends and dementia champions across the city increase. | | √ | ✓ | ✓ | ✓ | |
| Theme 4: We will | reduce the harmful effect of det | ot and financial difficulty on | health an | d wellbe | eing | | |
| Develop a Financial Resilience | Identify key stakeholders including, NCC, CCG and VCS representatives, to be part of | | ~ | | | | Nottingham City Council |

| Action | Milestone | Success measure | Year | | | | Lead Officer |
|--------------------------------|--|---|-------|-------|-------|-------|-------------------------|
| | | | 16/17 | 17/18 | 18/19 | 19/20 | |
| Strategy and Action Plan | the group to drive the creation of the strategy | There will be a coherent and joined up strategy and action plan in place to improve financial resilience | | | | | |
| | Commitment and resources | | ✓ | | | | - |
| | secured to progress the | | | | | | |
| | development of the plan | | | | | | |
| | Priorities for action identified | | ✓ | | | | |
| | with SMART actions for | | | | | | |
| | implementation | in Nottingham City. This will | | | | | |
| | | have been signed off by and be governed via the Health and Wellbeing Board. | | | | | _ |
| | Partners signed up to plan. | | ✓ | | | | |
| | Strategy and plan are dynamic | | | | | | |
| | and responsive to priority needs and issues arising from | board. | | | | | |
| | communities and the local | | | | | | |
| | financial resilience groups | | | | | | |
| Implement a | Develop shared assessment | Citizens and professionals | ✓ | | | | |
| shared approach | approach with providers | report that they know how | | | | | |
| to accessing and | Roll out shared assessment | to access financial | √ | | | | |
| assessing for | methodology across advice | resilience services across | | | | | |
| financial | services in Nottingham | the City and that there is a | | | | | Nottingham City Council |
| vulnerability for | All providers using shared | consistent approach from | ~ | | | | |
| advice services in Nottingham. | assessment process with standardised quality, | services to assessing and dealing with citizens' need. | | | | | |
| Nottingnam. | processes and positive | dealing with cluzens need. | | | | | |
| | outcomes for citizens across | | | | | | |
| | advice services in Nottingham | | | | | | |
| | Analysis work to scope the | | | ✓ | | | |
| | feasibility, practicality, | | | | | | |
| | potential benefits and | | | | | | |
| | timescales of implementing a | | | | | | |
| | shared telephone number and | | | | | | |
| | access arrangements for | | | | | | |
| | advice services in Nottingham. | | | | | | |
| Introduce new | Develop and agree proposals | Evaluation indicates that | ✓ | | | | Nottingham City Council |
| approaches to | to use Transformation | people have been helped to | | | | | |
| help prevent or | Challenge Fund and | avoid the occurrence or | | | | | |
| intervene sooner | reinvestment monies to reduce | escalation of financial | | | | | |
| against financial | the occurrence and/or severity | difficulty through access to | | | | | |

| Action | Milestone | Success measure | Year | | | | Lead Officer |
|--|---|--|-------|--------|-------|-------|-------------------------|
| | | | 16/17 | 17/18 | 18/19 | 19/20 | |
| difficulty | of financial difficulty. Examples (to be agreed) include: Training for frontline staff (e.g. from health services, social care, support for families and VCS) to aid earlier detection and support Preventative courses or other advice / information for citizens at risk Locating advisors within other services including | preventative advice and support | | | | | |
| | VCS | | | | | | - |
| Develop locality based services in communities to serve specific local needs | Implement proposals Groups will have been supported to identify funding to: increase uptake of debt and advice services, increase citizen income, increase awareness of affordable credit, increase financial capability education, support citizens to save, mitigate the impact of the switch to Universal Credit and support the cohorts of citizens most at risk of financial vulnerability. | Increased successful activity in locality areas with higher need evidence through the annual report. Fairer access to assistance in line with need across the City | | ✓ ✓ | | | Nottingham City Council |