

Health and Wellbeing Strategy 2016-2020 Outcome Progress Highlight Report

Completed by:	Uzmah Bhatti	Reporting period:	From:	April 2018	To:	September 2018
Board meeting:	26 th September 2018	Next meeting at which this Priority Outcome will be discussed:		28 th September 2018		

Priority Outcome: 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

Themes:

1. Services will work better together through the continued integration of health and social care that is designed around the citizen, personalised and coordinated in collaboration with individuals, carers and families
2. Individuals and groups will have confidence to make healthy life choices and access services at the right time to benefit their health and wellbeing
3. Citizens will have knowledge of opportunities to live healthy lives and of services available within communities
4. We will reduce the harmful effect of debt and financial difficulty on health and wellbeing

For information

Key Progress to bring to the Board's attention:

Progress on metrics in this reporting period:	<p>1. Increase in effectiveness of reablement (Ciara Stuart)</p> <p>Newton Europe were commissioned to support the Greater Nottingham health and social care community to reduce Delayed Transfers Of Care. A 6-week diagnostic was undertaken which included a focus on reablement support. The diagnostic identified that 46% of people reviewed were not discharged to their ideal place of care and a significant proportion of these would have benefitted from reablement. This prompted the question at the Summit convened to discuss the results <i>'CAN WE FURTHER EXPLORE THE UTILISATION AND TIME TO REABLE OF OUR REABLEMENT TEAMS IN ORDER TO INCREASE CAPACITY?'</i></p> <p>The recommendations from the Newton Europe diagnostic have been adopted by the A&E Board and form part of the Board's plan.</p> <p>Year To Date performance is 87.8% against a target of 79%. The last few months have been over 95%. Last reportable month, January, saw performance at 98%. The end of 2016-17 and beginning of 2017-18 saw the service settling into new ways of working following a reorganisation. Since the service has been stable it has performed exceptionally well against this metric.</p> <p>2. Reduction in delayed transfers of care (DToC) (Ciara Stuart)</p> <p>The DToC methodology to calculate the metric has been revised nationally. Nottingham City is in the lowest-performing band of Health and Wellbeing Boards for both NHS and social care delays. A 30% reduction is expected from NHS delays and a 40% reduction in Social Care delays from the Quarter 3 2017-18 baseline. The</p>
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	<p>amended 2018-19 methodology, while still giving challenging targets for DToC reduction between June and September 2018, is more responsive and realistic. There has now been agreement from the A&E Board that they will monitor the Better Care Fund DToC metric alongside the 3.5% acute DToC target to allow for a better understanding of flow across the system.</p> <p>Actions this period to reduce DToC have included:</p> <ul style="list-style-type: none"> • Community beds for Enhanced needs patients (20 bed) is now live • Significant impact/improvement on medically safe (MSFD) list and Delayed Transfer of Care (DToC) • Discussions started with West Leics CCG to start discussions regarding out of area agreement/SOP to improve repatriation of D2A patients. • Funding from Home First Board supported for City Council rehab model review extended for 12/52 to explore opportunities across County and City <p>3. A decrease in the percentage of citizens who report, through the Citizen Survey, that they struggle to keep up with bills and credit commitments.</p> <p>23.6% is an increase on the previous year which fared particularly well, but figures remain within target. Of the 23.6%, 21.6% were struggling to keep up whilst 2% were behind with bills.</p> <p>4. 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.</p> <p>The baseline was set last year. This year has seen an increase which is slightly under target.</p> <p>5. PHOF – Children in low income families (all dependent children under 20) (Published on a 2 year delay) Locally set aspirations base on “<i>A New Approach to Child Poverty: Tackling the Causes of Disadvantage and Transforming Families Lives</i>” which sets out the Government’s approach to tackling poverty for this Parliament and up to 2020. This strategy meets the requirements set out in the Child Poverty Act 2010, focuses on improving the life chances of the most disadvantaged children.</p>
<p>Key progress on delivery of action plans themes in this reporting period</p>	<p>1. LION – Online directory (Karla Banfield)</p> <p>LiON has been operational since May 2016 and had 56,000 users and 272,000 page views within the last 12 months. The Health and Care Point is currently using LiON to signpost citizens to appropriate activities and services. There are over 2,000 services registered on LiON and LiON has been embedded within the Adult Social Care Community Led Pathway.</p> <p>The way internet users view or find information online is changing. Traditionally a user who uses Google to search the internet would view text-based results, i.e. an article or webpage. However, this trend is changing and there is an increased emphasis on video content. Therefore, as part of our strategy, we are producing videos and dynamic content to be uploaded to LiON (and LiON’s YouTube channel) around key themes that impact citizen’s lives. The videos and other dynamic content needs to get the message across in under 60 seconds, as generally there is a 50% drop off rate after 40 seconds.</p> <p>Next Steps:</p>

- Continue to promote and market LiON to the wider workforce and citizens.
- Develop a Wellbeing Wheel that will sit on LiON and use the information within LiON. The wheel will be used as part of the social prescription/health coaching pathway.
- Further development to the What's On pages, which will enable easier navigation of events/activities.
- Continued development of 60-second videos to communicate key messages to citizens. This in response to the changes in surfing habits of internet users.

2. Self Care (No update received since March)

- Social Prescribing roll out to all City GP Practices is completed. Work is underway with Community Pharmacies, Community Led Support project, Employment and Housing to improve access to social prescriptions – currently only available through a GP or a member of the GP Practice Team.
- In preparation for adopting the Greater Nottingham Model in Quarter 3/ Quarter 4 this year the City's model is adopting a face to face health coaching assessment approach and using the "Patient Activation Measure" as an outcome measure. This update to the City model will go live in April. Working with GP practices to identify CoPD patients who would benefit from health coaching/a social prescription.
- Working with LiON to develop the Wellbeing Wheel – this will be used as part of the social prescription/health coaching pathway. This will deliver the online self-assessment tool for self-care that will have longevity if the LiON and Notts Help Yourself directories merge.
- 2017 Self Care Aware Campaign promoted a more traditional self-care/wellbeing message about taking time for yourself. Care Delivery Group specific leaflets promoted local activities and a standardised back page of 10 top tips to take a break and feel good. Leaflets were distributed to all GP Practices, Leisure Centres and Libraries across the City and this was backed up by a social media campaign during the week through the Council's twitter, facebook and email newsletter channels.

3. Assistive Technology (Dave Miles)

The integrated Assistive Technology (AT) Service continued to grow in 2017/18 and by March 2018 had supported 9800 citizens to have lived more independently, with 7,200 currently with equipment. The Service retains very high satisfaction levels. There have been many case studies produced to evidence the impact the Service has on citizens' independence and safety.

In May 2018 service delivery was re-focussed to be targeted at citizens in receipt of a social care service, and to support social care demand management. This is common as best practice in most local authorities and reflects the budget pressures the service is under. As in many areas citizens have the opportunity to self-fund to support themselves where they want equipment but do not meet eligibility to be provided with it. Whilst there has been a drop in citizens being referred for AT there has been a promising level of citizens self-funding with an equipment package to meet need and budget. The Service is embarking on a marketing campaign to raise awareness on the new funded service eligibility criteria as well as raising awareness as to the range of equipment available and funding options to choose from.

4. Financial Resilience (Peter Morley)

Following austerity and budget cuts, it has become necessary to reduce funding to financial vulnerability advice services. Work is underway with internally delivered and externally commissioned services to understand how to transform delivery from the

year 2019/20 onwards to manage services with a reduced budget.

Analysis showed that the implementation of a shared free phone number for citizens and the consequent advertising of this would put undue demand on services that are already operating at capacity and triaging effectively. Instead, it had been agreed to put in place a phone number for professionals to refer into the service and to support them to ensure citizens who come into the service are 'advice ready'. This work is unlikely to go ahead however, due to the reduction in budget for the service. It is not now clear if this is a viable approach within the future budget.

Work took place between March and June to review and consult on current provision and national and local context in order to inform the design of a model that will deliver effective, quality services that meet the demand for accessible financial vulnerability advice services in the City within available resources. Analysis was undertaken to understand if there is any difference between the internal Welfare Rights Service and externally commissioned services.

A consultation event took place with stakeholders from a range of agencies, including (among others) adults and children's social care, welfare and benefit advice providers, the voluntary and community sector, faith groups, the University of Nottingham, Nottingham Trent University and Public Health.

A programme of work is in the process of being worked up following consultation. There are a number of foci to the work which include: a joint approach to identifying and applying for additional funding, joined up working, a communications strategy, preparing for Universal Credit, working with big business to harmonise corporate social responsibility policies, developing the money and skills page on Ask LiON, among others.

A meeting is planned with Experian, Nottingham Rotary, The University of Nottingham and other stakeholders to finalise action planning to deliver the above and assign tasks to individuals. Experian have partnered with us to supply project management assistance, link us into other big business support and to support with the formulation of a communication strategy.

The communications strategy will focus on:

- Giving **citizens** information, for example about the risks of high cost credit, where they can go for help/advice, reducing the stigma of seeking help early, sources of affordable/ethical credit, raising awareness of Universal Credit risks, accessing all of their entitled benefits.
- Giving **frontline workers** information, for example about how poverty and financial resilience are connected to the issues with which they are supporting citizens, how and where their clients can access advice services and the benefits of advice services to the cohort they are working with (i.e. that advice services raised £19m of additional benefit income and managed £4.2m of debt in 2017/18).
- Developing Ask LiON to provide information on where to access services and light touch information about prioritising debt, access to credit, how to save, accessing the full benefit entitlement etc.

5. Integration (Gemma Poulter)

As part of the Integrated Care System development one of the key interventions is to develop recommendations for outcome measures and Key Performance Indicators that will be system wide.

In light of this larger project and due to financial pressures, it was decided as part of

the joint financial recovery work which reviewed Better Care Fund spend to pause the Patient Centred Outcomes work. It was agreed by the Health and Wellbeing Board Commissioning Sub Committee that funding identified for the PCOM project would be redirected to the Better Care Fund savings.

Primary Care Multi-disciplinary Teams

The Primary Care Mental Health Service has been in place since January 2017. The service inputs into the Multi-disciplinary Teams and provides a bridge between GP, secondary mental health services and wider health and social care teams.

The CCG Executive Team is currently reviewing plans to develop a primary care pathway for mental health and align this across Greater Nottinghamshire. A draft plan will be shared in April.

A LTC Psychological Therapies pilot is underway which joins up physical and mental health support.

Health and Care Point (NHCP)

The performance delivered by NHCP is high and on average 95% of calls are answered in a timely manner. A range of performance measures are analysed and reported on a monthly basis in order to enhance demand management and excellent citizen outcomes.

Prior to the changes made at NHCP in January 2017 there was a high number of complaints received about the service mainly from citizens and professionals who were unable to get through on the telephone lines. Since January 2017 there have been no complaints received about the service and a number of compliments have been received.

Performance improvement achieved includes: a high number (around 70%) of citizens have their needs resolved at first contact with NHCP and are successfully signposted or connected to appropriate services as well as being provided with relevant information, advice and guidance from the skilled operatives at NHCP. Improved outcomes are being achieved in this way for citizens whose needs cannot be met via connection to alternative services via the use of 3 different pathways which include: a second conversation at one of the local authority's Community Together Surgeries where a citizen can meet with a social care practitioner to discuss their needs and how best to meet this within services available in their local community; up to a maximum of 6 weeks reablement support from our in house reablement service to enable the citizen's independence to be maximised to enable them to live as independently as possible; the Early Intervention Occupational Therapy service provides a responsive occupational therapy service advising citizens on appropriate equipment to purchase in order to maximise independence and through the issue of equipment to enable citizens to manage their needs independently.

Citizens who are connected to alternative services are contacted 2 to 4 weeks after their initial contact with NHCP to find out whether their needs have been met and to seek feedback on the service. All information gathered from these contacts is used by the responsible managers to inform service improvement and delivery.