

**Nottingham City Joint Health and Wellbeing Strategy 12 month progress report**  
**Appendix 1 Progress tables**

**Healthy Nottingham: Preventing alcohol misuse**

	<b>What We Will Do</b>	<b>RAG</b>	<b>Achievements to Date/Next Steps</b>
Headline Outcome	We will reduce the proportion of adults who drink at harmful levels by a third	AMBER	<ul style="list-style-type: none"> <li>The proportion of adults consuming alcohol at increasing and higher risk levels as reported in the Citizen's Survey, remained at 12% in 2013 as in 2012.<sup>1</sup></li> </ul>
Secondary Outcomes	Reduced alcohol-related anti-social behavior including street drinking	AMBER	<ul style="list-style-type: none"> <li>This data is collected by Community Protection and analysis detailing progress against this outcome will be available in due course.</li> </ul>
	Fewer adults binge drinking	AMBER	<ul style="list-style-type: none"> <li>The proportion of adults consuming alcohol in binge drinking patterns as reported in the Citizen's Survey decreased from 24% in 2012 to 23% in 2013, but this change was not statistically significant.<sup>1</sup></li> </ul>
	Lower rates of alcohol-attributable crime	AMBER	<ul style="list-style-type: none"> <li>The latest published data is for 2012/13.<sup>2</sup> In 2012/13 the alcohol-attributable crime rate was 9.7 per 1000 population. This rate is higher, but not statistically significantly higher than the England rates.</li> <li>Operation Promote, the night time economy intervention to reduce alcohol related violence through the removal of stimulant drugs from the city centre has been successful in reducing violence by 20% during the periods of the operation at Christmas 2013 and in April 2014. The operation is now due to run for the next three years.</li> <li>In February 2014 Nottingham and Nottinghamshire were successful in their joint bid to become a Home Office Local Alcohol Action Area (LAAA). The local project will focus on the improvement of data sharing arrangements between local Acute Hospital Trusts, the Ambulance Service and the police. This intervention will allow for more dynamic and effective interventions and tasking to address alcohol related harms in the night time economy.</li> </ul>
	Fewer alcohol-related deaths	AMBER	<ul style="list-style-type: none"> <li>The latest published data is for 2012.<sup>2</sup> In 2012 the alcohol-related mortality rate was 80.9 per 100,000 population for males and 33.4 per 100,000 population for females. These rates are higher, but not statistically significantly higher than the England rates.</li> </ul>

<sup>1</sup>Nottingham City Citizen Survey Report 2013. Available at: <http://www.nottinghaminsight.org.uk/insight/library/citizens-survey.aspx>

<sup>2</sup>Local Alcohol Profile for Nottingham. Available at: <http://www.lape.org.uk/LAProfile.aspx?reg=X25002AC>

	<b>What We Will Do</b>	<b>RAG</b>	<b>Achievements to Date/Next Steps</b>
Key Actions	A complete ban on street drinking across the city	GREEN	<ul style="list-style-type: none"> <li>Following consultation and engagement the expansion of the Designated Public Place Orders (DPPOs) was ratified by Full Council in January and came into force in March 2014.</li> <li>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 will also place the city in a strong position with regard to the effective use of the new anti-social behaviour tools and powers due to come into effect in October. Community Protection has also advised the Home Office on the development of these.</li> </ul>
	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"> <li>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 (MAPPA,) Domestic Abuse Referral Team (DART) and City Domestic Abuse Panel (CDAP).</li> </ul>
	Support families, and their carers, to reduce their drinking, and join up referral between alcohol health promotion, treatment and aftercare services	GREEN	<ul style="list-style-type: none"> <li>The Crime &amp; Drugs Partnership commissions the Explore Family service 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.</li> <li>The ongoing process of service review for Explore Family, alongside the review of the city's treatment systems for substance misuse seeks to ensure that referrals into the service are maximised appropriately. This is to be achieved through the continuous development and improvement of the pathway to ensure as seamless a treatment journey as possible.</li> </ul>
	Raise awareness of the risk of excessive alcohol consumption among students through targeted health promotion work	GREEN	<ul style="list-style-type: none"> <li>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.</li> </ul>
	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"> <li>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. The scheme is due to be evaluated to ensure that it is functioning as effectively as possible. Results of this evaluation will be made available as they become available.</li> <li>Of 103 primary and secondary schools in Nottingham 74 currently</li> </ul>

	<b>What We Will Do</b>	<b>RAG</b>	<b>Achievements to Date/Next Steps</b>
			deliver the DrugAware scheme. Work between NCC Children and Families department and the CDP is underway to ensure take-up of the service across all of the city's schools. In April 2014 DrugAware was awarded a PSHE Quality Mark.
	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"> <li>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 2012/13 807 individuals were trained in IBA alongside a further 839 professionals trained in alcohol awareness. This level of delivery has been sustained into 2013/14.</li> <li>The recommissioning of the city's alcohol treatment model from September 2014 will provide an opportunity to develop an enhanced understanding of how the model interacts with neighbouring treatment models for criminal justice clients, young people and for those in drug treatment. This process may realise efficiencies as well as provide opportunities for more streamlined treatment journeys.</li> </ul>
	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	GREEN	<ul style="list-style-type: none"> <li>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. The programme is now being expanded to all of the city's neighbourhoods with the aim of addressing the nuisance, cost and harm represented by the use of cheap strong alcohol. A SSF condition is being sought by Community Protection on all new alcohol license applications in the city.</li> </ul>
	Work towards a net reduction in the number of licensed premises and off-licences	GREEN	<ul style="list-style-type: none"> <li>The management of alcohol sales plays an important part in the delivery of alcohol related strategy and management. Strategic leads for licensing are currently considering how best to manage the city's Cumulative Impact Policy (saturation zone) with regard to managing the number and concentration of licensed premises while accommodating the city's Time and Place Plan. This is to include the expansion of the city centre saturation zone east and west to protect the Sneinton Market area and Castle district.</li> </ul>

	<b>What We Will Do</b>	<b>RAG</b>	<b>Achievements to Date/Next Steps</b>
	Support national campaigns to tackle alcohol misuse, such as introducing a minimum unit price for alcohol	GREEN	<ul style="list-style-type: none"> <li>The Police and Crime Commissioner on behalf of the Crime &amp; Drugs Partnership Board wrote in 2013 to the Prime Minister expressing the disappointment of local partners that minimum unit pricing would not be implemented in England and Wales further to the government's National Alcohol Strategy. Partners have consistently demonstrated their support for this proposed approach through consultation with central government.</li> </ul>

## Supporting Older People Priority

	What We Will Do	RAG	Achievements to Date/Next Steps
Headline Outcome	More elderly citizens will report that their quality of life has improved as a result of integrated health and care services	AMBER	<ul style="list-style-type: none"> <li>Baseline to be established as part of evaluation for Integrated Adult Care programme – on agenda for Evaluation T&amp;F Group - June</li> <li>Monitoring of performance against baseline</li> </ul>
Secondary Outcomes	The number of older citizens remaining independent after hospital admission will increase	AMBER	<ul style="list-style-type: none"> <li>Performance target for 14/15 established – 7%increase from 12/13 baseline</li> <li>Monitoring of performance against target</li> </ul>
	Develop community health services with social care support based on geographically proximate GP associations	GREEN	<ul style="list-style-type: none"> <li>Care Delivery Groups operational across the City (8 areas). MDT working within CDG's commenced</li> <li>Review of Specialist Services and how fit with CDG's commenced</li> </ul>
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	GREEN	<ul style="list-style-type: none"> <li>Choose My Support now live</li> <li>Promotion of Choose my Support to increase coverage of Health and Social Care services</li> <li>Further development of Care Coordinator role as a resource for citizens</li> </ul>
	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"> <li>Wider multi-disciplinary working across Care Delivery Groups is supporting earlier identification of risk</li> <li>The social care link role within the Care Delivery Groups will assist the development of a social care focus within the existing Health risk stratification tool utilized in multi disciplinary working</li> <li>Integrated Care risk stratification T&amp;F group is examining ways to overlay different data sources</li> </ul>
	Support citizens maintain their independence and manage their own care through the creation of effective networks with community, housing and health support services	AMBER	<ul style="list-style-type: none"> <li>Integrated Adult Care Self Care framework agreed and established</li> <li>Implementation of self-care pathway linked to Enablement Gateway planned for 2014/15</li> </ul>
	Ensure that there is a single person responsible for coordinating the care of citizens with complex needs	GREEN	<ul style="list-style-type: none"> <li>Care Coordinators now in post in each Care Delivery Group</li> <li>Ongoing development of the Care Coordinator role</li> </ul>
	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	<ul style="list-style-type: none"> <li>Bespoke website for vulnerable adults strategy now available</li> <li>Core knowledge standard for vulnerable adult workforce now agreed – needs to be aligned with care certificate when available</li> <li>Ongoing development of a Nottingham Skills Passport</li> <li>Integrated care champions present across services and trained in change management</li> </ul>

	<b>What We Will Do</b>	<b>RAG</b>	<b>Achievements to Date/Next Steps</b>
	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	RED	<ul style="list-style-type: none"> <li>Plan to take this action forward across Health and Social Care to be developed through HWB Commissioning Executive Group</li> </ul>
	Increase the number of people signing up to the Nottingham Circle and develop other provision to address social isolation and loneliness	GREEN	<ul style="list-style-type: none"> <li>Circle registrations have increased by 58% to 870 during 2013/14</li> <li>A major event (Looking After Each Other) was held in April to explore ways to address social isolation and promote community capacity</li> <li>A LAEO action plan is being developed</li> </ul>
	Integrated assessment and reablement services	GREEN	<ul style="list-style-type: none"> <li>Reablement and urgent care services across Health and Social Care have aligned operational processes</li> <li>A plan is being developed to fully integrate services by April 15</li> </ul>
	Putting more technology into people's homes to support them and their carers	GREEN	<ul style="list-style-type: none"> <li>A new TeleHealth service went live in April 2014</li> <li>A 64% increase in telecare installations during 2013/14 (290 installed)</li> </ul>
	Creation of a telephone number for citizens requiring both health and social care support	GREEN	<ul style="list-style-type: none"> <li>A vision for simplified access and navigation through Health and Social Care services has been agreed</li> <li>An implementation plan for the vision is in development</li> </ul>

## **Early Intervention: Improving Mental Health**

### **Improving early years experiences to prevent mental health problems in adulthood**

	<b>What We Will Do</b>	<b>RAG</b>	<b>Achievements to Date/Next Steps</b>
<b>Headline Outcome</b>	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	AMBER	<ul style="list-style-type: none"> <li>The measure for this outcome is in development through the implementation of the Emotional Health and Wellbeing Pathway which is also central to its implementation. Baseline measures will be in place by December 2014.</li> <li>The overall aim of the pathway is to implement Nottingham City's multi-agency approach to support children and young people (ages 0-24 years) with emotional, mental health and wellbeing needs, and their parents/carers. It will facilitate early intervention approaches; appropriate and timely multi-disciplinary assessment and diagnosis of autism spectrum disorders and attention deficit hyperactivity disorder (if clinically indicated); and ensure on-going care planning and support for the children and young people and family/carers including inter-agency packages of care and transition to adulthood.</li> <li>It is anticipated that the proportion of referrals who have had prior access to parenting programmes through the pathway will increase from Quarter 4 2014/15.</li> </ul>
<b>Secondary Outcomes</b>	The number of parents and carers who feel well equipped to have a positive influence on their children's' behaviour will increase	AMBER	<ul style="list-style-type: none"> <li>This is in progress and will be measured through the emotional health and wellbeing pathway by Quarter 4 2014/15.</li> <li>The recently recruited emotional health and wellbeing pathway Coordinator will progress this work by developing referral routes for parents and children to be referred into the pathway with a primary outcome being that parents will feel equipped in being able to effectively parent their children as they have participated in an evidence based parenting programme. This process will provide the baseline information for the measurement of the outcome.</li> </ul>
	The number of children and families affected by behavioural problems will decrease.	AMBER	<ul style="list-style-type: none"> <li>A measure of increased numbers of referrals to the emotional health and wellbeing pathway will act as a proxy reducing currently unmet need.</li> <li>Baseline will be established through the numbers of referrals coming through the emotional health and wellbeing pathway and their associated outcomes.</li> </ul>

	<b>What We Will Do</b>	<b>RAG</b>	<b>Achievements to Date/Next Steps</b>
	The number of children going on to develop mental health problems in adulthood will decrease	AMBER	<ul style="list-style-type: none"> <li>Baseline numbers of children transitioning to adult services will be established by the end Quarter 3 of 2014 This is a long term outcome, however we will endeavour to measure this through a reduction of young people transitioning into adult mental health services. This will however not pick up number of adults accessing services in adulthood who previously access CAMHS.</li> <li>Baselines numbers of children being referred into the Community Paediatrician Service.</li> </ul>
Key Actions	We will ensure appropriate pathways are in place to enable children with behaviour problems are able to receive specific help earlier	GREEN	<ul style="list-style-type: none"> <li>The Coordinator for the pathway has started to create referral routes and data collection.]</li> <li>The next planned steps are linking in with existing provision which support parents, children and young people, developing evidenced based parenting programmes and ensuring effectively referral routes into the pathway.</li> </ul>
	Providing tailored parenting programmes for citizens whose children at age 0-5 are at highest risk of developing conduct disorders	GREEN	<ul style="list-style-type: none"> <li>The Coordinator for the pathway is in the initial stages of creating pathways.</li> <li>The next planned steps are the development and promotion of existing and new evidenced based parenting programmes in appropriate and accessible community venues.</li> </ul>
	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	AMBER	<ul style="list-style-type: none"> <li>A comprehensive health needs assessment of children and young people's mental health needs was completed in May 2014 with recommendations feeding into the review of the child and adolescent and mental health service (CAMHS) and the emotional health and wellbeing pathway.</li> <li>Stakeholders are currently being consulted on new service models for CAMHS The review of child and adolescent and mental health service (CAMHS) and wellbeing services.</li> <li>The children's joint strategic commissioning review has just started and will be finished by April 2015.Joint commissioning specifications will be developed and written in association with partners as part of the review process.</li> <li>Services will be commissioned and delivered in the near future based on identified need in accordance with the findings of the health needs assessment and the emotional health and wellbeing pathway work.</li> </ul>

	<b>What We Will Do</b>	<b>RAG</b>	<b>Achievements to Date/Next Steps</b>
	Work with partners to ensure parents and carers of children 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	RED	<ul style="list-style-type: none"> <li>• Baseline information and data will be collated by the end of quarter 3 2014.</li> <li>• Once the pathway is fully developed, information and signposting mechanisms will be established for financially vulnerable parents and carers on available financial and welfare support. This will link with the council employment and welfare support workstream.</li> </ul>

## Mental health and employment

	What We Will Do	RAG	Achievements to Date/Next Steps
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	AMBER	<ul style="list-style-type: none"> <li>This key area of work is being taken forward under the umbrella of the new Nottingham Mental Health and Wellbeing Strategy.</li> <li>There are 5 strategic priorities: promoting mental resilience and preventing mental health problems; identifying problems early and supporting effective interventions; improving outcomes through effective treatment and relapse prevention; ensuring adequate support for those with mental health problems; and improving the wellbeing and physical health of those with mental health problems. The strategy has been out to consultation and will be formally ratified by the Health and Wellbeing Board in summer 2014.</li> <li>A mental health steering group is being developed to implement the strategic priorities and working groups with a specific remit will be taking forward the detailed actions. A health and employment working group is being established to drive forward this Health and Wellbeing Board priority area.</li> <li>The Fit for Work service is jointly commissioned by the CCG and Nottingham City Council (Public Health). The service supports people off sick or unemployed due to health issues. The service is contracted to support 426 people per year. Last year 306 people were supported out of a target of 426 (72%): 185 of clients were off sick and 121 were unemployed. Of those off sick, 60% returned to work on average after 6 weeks of support. 12% of the unemployed clients returned to work, volunteering or training. Around 67% of clients seen had a long term condition and 47% had a mental health condition.</li> <li>This outcome is behind target as the Fit for Work scheme engaged only 72% of their annual target.</li> <li><b>Next Steps</b></li> <li>Referrals to the Fit for Work service need to be increased through proactive marketing of the service, especially within primary care and establishing links with Priority Families.</li> <li>The new national Health and Work service is being rolled out autumn 2014. This will support people off sick but not those who are out of work. There is a need to identify potential gaps in this new service with a view to ensuring we are commissioning adequate interventions to achieve this headline outcome.</li> </ul>

	What We Will Do	RAG	Achievements to Date/Next Steps
			<ul style="list-style-type: none"> <li>These actions will be taken forward by the health and employment working group.</li> </ul>
Secondary Outcomes	Increase the proportion of people living with diagnosed mental health conditions who are in employment	RED	<ul style="list-style-type: none"> <li>The percentage of people in contact with secondary care services who are in paid employment (Public Health and Social Care outcomes frameworks) is low in Nottingham, at 2.1% of people on the Care Programme Approach (those with highest level of mental health need) in 2013. This is the lowest level in the East Midlands and has decreased over the past three years.</li> <li><b>Next Steps</b></li> <li>Priority 4 of the mental health strategy is around ensuring adequate support for those with mental health problems, including supporting those with mental health conditions into employment. The new joint commissioning group for mental health (for NHS and local authority) will be taking this workstream forward. One key action is to identify the levels of employment and volunteering by the group of people in contact with wider mental health services (both psychological therapies and secondary care) and commissioning evidence based interventions.</li> <li>On 23 July 2014 a Health and Work Employment and Support Allowance (ESA) Workshop is being held to consider how we can support people from ESA into employment.</li> </ul>
	Improve the quality of jobs that people with mental health problems are able to access	RED	<ul style="list-style-type: none"> <li>This area has not been progressed but forms part of the mental health strategy priority 1 action plan.</li> <li><b>Next Steps</b></li> <li>Action to support this outcome will be developed by the health and employment partnership group.</li> </ul>
	Ensure that people with mental health problems have access to joined up support to help them in gaining and maintaining employment	AMBER	<ul style="list-style-type: none"> <li>The Fit for Work Service is providing access to support for people to gain and maintain employment. The Department for Work and Pensions also provides support through disability employment advisors.</li> <li><b>Next Steps</b></li> <li>Action to support this outcome will be developed by the health and employment partnership group.</li> </ul>

	What We Will Do	RAG	Achievements to Date/Next Steps
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"> <li>A multi-faceted mental health literacy programme is currently being finalised. This programme includes mental health awareness training to reduce stigma, individual behaviour change to improve mental wellbeing and the training of front line staff (such as police and housing officers) to deal with mental health issues.</li> <li><b>Next Steps</b></li> <li>Jointly commission the mental health literacy programme (CCG and local authority).</li> </ul>
	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"> <li>Integrated links have been established with the Department of Work and Pensions (DWP) to focus on developing more opportunities for unpaid work experience.</li> <li>Partnership action has seen the development of the Looking After Each Other initiative which aims to build stronger communities where volunteering and looking after each other is the norm rather than the exception.</li> <li>The Nottingham Community and Voluntary Service (NCVS) is taking a proactive approach to building capacity of vulnerable groups.</li> </ul>
	Work with communities, schools and colleges to help encourage an understanding and willingness to discuss mental health illness to reduce stigma.	AMBER	<ul style="list-style-type: none"> <li>As part of priority 1 of the mental health strategy, a multi-faceted mental health literacy programme is being developed (see above). This will emphasise the <i>5 ways to Wellbeing</i>. Nottingham has also committed to support the <i>Time to Change</i> initiative which is focusing on reducing stigma.</li> <li>A health promotion specialist has been appointed to lead on the emotional health of schoolchildren. A consultation event has been held with schools (over 30 schools were represented). Healthy Schools are working to build resilience in schools and a workshop is planned for July. PHE are working to develop a schools toolkit for emotional health. Nottingham has offered to be a pilot site for its introduction.</li> <li><b>Next Steps</b></li> <li>The health promotion specialist will map what is available in schools (as we are aware that many schools are buying in services through pupil premium).</li> </ul>

	What We Will Do	RAG	Achievements to Date/Next Steps
	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'.	AMBER	<ul style="list-style-type: none"> <li>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.</li> <li>Mental health training workshops are offered for managers and specific advice is available for managers to help make reasonable adjustments for colleagues with mental health problems.</li> <li>Twice monthly wellbeing clinics (PAM Assist) provide mental health advice and support have been introduced for employees.</li> <li><b>Next steps:</b></li> <li>A mental health support group will be set up for employees.</li> <li>The Nottingham City Council Health and Wellbeing for Work Strategy is being developed by the Employee Wellbeing Team supported by Public Health. This will include a mental health literacy and training programme.</li> <li>Accredited free distance learning on mental health will be introduced in the autumn for any member of staff.</li> <li>Targeted initiatives will be developed for departments experiencing the highest level of sickness/absence due to mental health problems.</li> </ul>
	Provide support to employers of all sizes to adapt their business to provide support for individual employees, flexible ways of working to maximise mental 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"> <li>Wellbeing clinics (PAM Assist) are offered through the Occupational Health Service at Nottingham City Council which provide employee mental health guidance.</li> <li><b>Next Steps</b></li> <li>Wellbeing clinics will be promoted to other employers.</li> <li>The Nottingham City Council Health and Wellbeing for Work Strategy is being developed by the Employee Wellbeing Team supported by Public Health. This will include a mental health literacy and training programme. This strategy will be shared across other employers and an award scheme will be introduced based on the national Public Health England (PHE) Workplace Wellbeing Charter.</li> </ul>
	Providing programmes to help at least 300 citizens on Jobseekers Allowance return to work where health has been a barrier.	AMBER	<ul style="list-style-type: none"> <li>Fit for Work engaged 121 unemployed clients (target 166). 12% of these individuals got back into work/volunteering/training. Out of the 121 clients one person went into employment and 2 onto self-employment.</li> </ul>

	What We Will Do	RAG	Achievements to Date/Next Steps
	<p>Providing programmes to help at least 800 citizens manage their health condition so that they can remain in work.</p>	<p>AMBER</p>	<ul style="list-style-type: none"> <li>• <b>Next steps</b></li> <li>• Learn from the evaluation of other pilots how to increase the number of people getting back into work.</li> <li>• Fit for Work engaged 185 off sick clients (target 260). 60% of these patients returned to or were sustained in employment. The average duration of total sickness absence was 18 weeks.</li> <li>• 100% patients reported satisfaction with the service and 91% reported that the service has helped them to stay in, return to or be closer to getting back into work.</li> <li>• <b>Next steps</b></li> <li>• Referrals to the Fit for Work service need to be increased through proactive marketing of the service, especially within primary care and establishing links with Priority Families.</li> </ul>

### Changing culture and systems: Priority Families Priority

	What We Will Do	RAG	Achievements to Date/Next Steps
Headline Outcome	We will engage 1200 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.	GREEN	<ul style="list-style-type: none"> <li>To May 2014 <b>1,019 families</b> have been worked with (<b>85% of our total</b> 1200 target families).</li> <li><b>In total 454 families</b> have seen improvements in school attendance rates, levels of school exclusions, levels of anti-social behaviour and youth offending and/or worklessness (<b>57% of HWBB target</b> 800 families by 2016). These successes have been evidenced, audited and subject to payment by results claims.</li> <li><b>Next steps:</b> to engage with the remaining 181 families by March 31<sup>st</sup> 2015. We anticipate achieving this well in advance of the target date.</li> <li>To demonstrate improvements in a further 346 families by 2016.</li> </ul>
Secondary Outcomes	<p>We will also aim to achieve the following outcomes: Support at least 800 of the 1,200 families engaged to achieve at least two of the three key criteria and one local criteria in line with national targets. Local criteria is made up from the local filter menu in the national guidance and audited for payment by results claims to agreed local measures approved by audit.</p> <p>Local criteria examples : <i>Successful treatment completion within the last 12 months for: a) drug use (all types) b) alcohol use</i> <i>Numerical reduction in the number of reported incidents of domestic abuse in the last 12 months</i> So there will still be three improved outcomes per family.</p> <p>Where all 3 main criteria are matched families will be tracked across these. However, criteria A and B are to be achieved within the same timeline, criteria C worklessness is not in the same timeline and can be worked on until significant progress is achieved (and claimed for separately under Payment by Results). Progress results reflect the number of possible combinations of local and national criteria. <b>Of 454 families with improved outcomes:</b></p>		
	A) Each child in the family had had fewer than 3 fixed exclusions and less than 15% of unauthorised absences in the	GREEN	<ul style="list-style-type: none"> <li><b>326 families</b> have children who have fewer than 3 fixed exclusions and less than 15% unauthorized absences in the last 3 school terms.</li> <li>Impact assessment has demonstrated that the Priority Families</li> </ul>

	What We Will Do	RAG	Achievements to Date/Next Steps
	last 3 school terms;		<p>way of working provides significantly more success in achieving improvements with the most challenging and entrenched 15% of persistent absentees.</p> <ul style="list-style-type: none"> <li>From a research sample period 20 permanent exclusions reducing to 7, 450 fixed term exclusions reducing to 302, rate of unauthorised absence reducing from 13.1% to 10.5%</li> </ul>
	<b>B)</b> A 60% reduction in anti-social behaviour across the family in the last six months	GREEN	<ul style="list-style-type: none"> <li><b>242 families</b> have achieved 60% reduction or cessation in anti-social behaviour and/or a 33% reduction in offending by all minors in the family in the last 6 months</li> <li>A research sample demonstrated a 58% reduction in offending across the family in comparison to rates prior to support and there was a corresponding reduction in the seriousness of the nature of the incidents/offences.</li> </ul>
	And/or B) Offending rate by all minors in the family reduced by at least a 33% in the last six months.	GREEN	<p>See section above.</p> <ul style="list-style-type: none"> <li><b>126 families</b> achieved improvements in both crime/ASB and education</li> </ul>
	C) If they do not enter work, but achieve the 'progress to work' (one adult in the family has either volunteered for the work programme or attached to the ESF provision in the last 6 months).	AMBER	<ul style="list-style-type: none"> <li><b>59 families</b> have achieved progress to work.</li> <li>ESF provision has been repeatedly marketed to ensure the partnership is aware of the intervention. A module on employment support was added to the 3 day core training as this is a new area of support for children and families partnership staff.</li> <li><b>Next steps:</b> More adults have now completed or nearly completed progress to work measures and will be added to July and October government figures. Continue to market the ESF employment support service and other provision/interventions. Finalise bespoke employment training for Family Partnership Workers to better enable them to provide support to families (this is a new area of work for children and families staff). Deliver more advanced training to Accredited Practitioners to enable them to support the workforce.</li> </ul>

	What We Will Do	RAG	Achievements to Date/Next Steps
	Or C) At least one adult in the family has moved off out of work benefits into continuous employment in the last 6 months (and is not on the ESF provision or Work Programme)	RED	<ul style="list-style-type: none"> <li>• <b>One family</b> has an adult newly in sustained employment.</li> <li>• <b>Next steps:</b> More adults are in continuous employment and will be claimed in our July submission. There are 11 Priority Families apprentices who will have reached six months of sustained employment (as they are paid a full salary) to be claimed in the October submission. Intergenerational unemployment means that significant work on 'progress to work' must take place before employment can be gained and sustained for six months. An increasing number of adults have made progress to work and are ready to seek employment, their workers are supporting them to take the next step.</li> </ul>
Key Actions	Selecting the initial group of families according to the Government criteria	GREEN	<ul style="list-style-type: none"> <li>• All 1200 families have been identified.</li> <li>• <b>Next steps:</b> This list is refreshed periodically to ensure it is up-to-date.</li> <li>• A 'tracker' database ensures that all families are tracked in 'real time' in respect of case status and progress to outcomes. Additional data is collected for local and national evaluations.</li> </ul>
	Providing a lead professional or Family Partnership Worker to be accountable for the relationship with each family The 'worker' will have the support of all agencies involved with the family and will have strong supervision	GREEN	<ul style="list-style-type: none"> <li>• Each family worked with in the Priority Families way has an allocated trained partnership professional who takes on the role of Family Partnership Worker. This worker hold the relationship with the family and coordinates and 'owns' the multi-agency package of support.</li> <li>• Each worker receives 6 months of mentoring and coaching to enable them to embed their training and the new way of working; alongside their usual line management and supervision. For partners not experienced in working this way there is a link to Family and Community Teams who continue to hold case accountability for safeguarding.</li> <li>• Over 300 workers have been trained across the partnership.</li> <li>• <b>Next steps:</b> To train remaining partnership staff (100 staff)</li> </ul>
	Undertaking a whole family assessment for each family, supported by a Whole	GREEN	<ul style="list-style-type: none"> <li>• The Family Assessment, Family Map and Family Plan have been co-designed by the partnership and are live on a</li> </ul>

	What We Will Do	RAG	Achievements to Date/Next Steps
	Family Plan. More specialist assessments will be provided to support the plan where needed		partnership web based online platform. Signs of Safety forms part of the Assessment. Forms are part of a document package that also includes tools and specialist assessments (that can be uploaded and attached to a family's case file area). The platform is secure through password access and managers can see their workers files.
	Support the workforce to deliver culture and practice change in line with this work	GREEN	<ul style="list-style-type: none"> <li>• Extensive communications work has been undertaken in line with the approved communications strategy and plan for example, regular newsletters, Priority Families website, publication of case studies, quarterly practitioner seminars.</li> <li>• An intensive partnership training and mentoring programme has been successfully delivered that has included 3 day family intervention training and training on supporting families into employment.</li> <li>• The partnership has supported development of new business processes, and case management guidance. These are published on the Priority Families website.</li> <li>• The partnership has developed a new document package that has been placed on a bespoke partnership online web based platform.</li> <li>• Change resource includes 20 Accredited Practitioners to be hosted across the partnership and act as change champions and local experts.</li> <li>• <b>Next steps:</b> Continue to evolve and develop the new way of working and communicate the same. Test flexibilities under the operating model with partners through the local evaluation.</li> <li>• Test the impact on families and front line workers through monitoring and evaluation</li> <li>• Complete recruitment of Accredited Practitioners and induction training.</li> <li>• Embed training and mentoring within the workforce strategy as part of core induction workforce training to work with children and families.</li> </ul>

	What We Will Do	RAG	Achievements to Date/Next Steps
			<ul style="list-style-type: none"> <li>• Provide Accredited Practitioners with level 4 training and qualification.</li> </ul>
	<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"> <li>• This is amber as the target cannot be applied in the way described.</li> <li>• This is <b>green</b> in terms of progress in the way we <i>are</i> able to apply the work.</li> <li>• A Priority Families database has been created through partnership information sharing and there are protocols in place to facilitate this, for example with Jobcentre DWP and police – this is the programme tracker.</li> <li>• Allocated workers receive the collective data held for the family they have been allocated and some collective data is shared with partners to enable identification of families to be supported.</li> <li>• Significant progress has been made towards a single partnership database but there are still barriers to overcome for example accessing health data.</li> <li>• There is an online web based partnership platform for family assessment, genealogies and planning. The IT action plan has phases taking us through to 2017. Phase 1 also included Priority Families ‘markers’ added to the Jobcentre database.</li> <li>• <b>Next steps:</b> Phase 2 of the national programme sees a widening of the criteria, all complex needs families will then be qualified as Priority Families enabling earlier intervention than in phase 1 of the initiative. At this point it should be possible to further widen the database to include all families and remove other identification databases. Consideration will need to be given in how this will relate to MASH and work is underway to merge with CAF processes under the Family Intervention Strategy refresh.</li> <li>• The IT action plan is entering phase 2 for delivery – this will</li> </ul>

	What We Will Do	RAG	Achievements to Date/Next Steps
			<p>see changes to enable identification of Priority Families on Care First and an online monitoring and evaluation form and case closure/step down or up document. Phase 3 specification is being developed and will include provision for a partnership e-CAF.</p> <ul style="list-style-type: none"> <li>Plans will be put in place to link with their case databases across agencies to avoid duplication of case management information and or add 'markers' for identification.</li> </ul>
Rolling out to social care	Edge of Care Hub	GREEN	<ul style="list-style-type: none"> <li>Edge of Care Hub initiated in September 2013 to test model within social care. In first 6 months 40 children kept from being taken into care. Cashable savings of £271k on placement costs (after deducting cost of service). (New Multi Systemic Therapy Service – all families for this service meet criteria for Priority Families and are given wider support to achieve outcomes).</li> <li><b>Next steps:</b> Target savings for full year (2014/15) £696k. Designing flexibilities and options for wider roll out across social care of new way of working and looking at business processes.</li> </ul>
Progress nationally	Annual Face to Face Progress check with DCLG	GREEN	<ul style="list-style-type: none"> <li>Graded as top of 'good' at annual progress check 14<sup>th</sup> May 2014, 2 points from 'excellent' category.</li> </ul>