

# Nottingham City Joint Health and Wellbeing Strategy: Annual Review 2019

## 1.0 Introduction and purpose

The Joint Health and Wellbeing Strategy is a comprehensive system-wide programme identifying key priorities for the City aimed at increasing healthy life expectancy and reducing health inequalities. Developed in conjunction with citizens and partners, it incorporates priorities from the Council Plan, Nottingham Plan, Joint Strategic Needs Assessment (JSNA) and national priorities. This strategy is being delivered against the backdrop of significant change, uncertainty and unprecedented austerity. External factors of influence include 'Brexit', changing NHS structures and Integrated Care System (ICS) development.

This report provides the annual update against the performance dashboard of Happier Healthier Lives, Nottingham City's Joint Health and Wellbeing Strategy 2016-2020 (hereinafter referred to as the Strategy). In line with the Strategy, the report is organised into the following five areas:

- Overarching aim: Increase healthy life expectancy in Nottingham.
- Outcome 1: healthy lifestyles
- Outcome 2: mental wellbeing
- Outcome 3: healthy culture
- Outcome 4: healthy environment

Updated performance dashboards can be found in section four of this report. The Strategy's performance metrics and associated targets were based on the most up to date source data available in 2016, at the point of their design. There is often a time lag with this data, which presents challenges in developing real time picture and planning a timely response. Some data may also need to be used with caution as due to small numbers, it may not be deemed as statistically significant and the change could have occurred by chance.

## 2.0 Updates against aims and outcomes

**2.1 Overarching aim: Increase healthy life expectancy in Nottingham.** Healthy life expectancy is the number of years we can expect to live in good health. In Nottingham, healthy life expectancy is 57.8 years for men and 58.4 years for women compared to a life expectancy of 77.1 years for men and 81.1 years for women. Since 'life expectancy' is increasing at a faster rate than 'healthy life expectancy', we are spending a greater proportion of life in poor health. Healthy life expectancy in Nottingham is lower than the National and regional averages for both men and women. Healthy life expectancy in females has deteriorated whilst in males it has remained the same since targets were set. There are significant differences between Nottingham's neighbourhoods. People in the poorest neighbourhoods experience poor health earlier than those in the wealthiest neighbourhoods. It has not been possible to monitor neighbourhood based preventable mortality targets as data has not been updated nationally since 2015.

**2.2 Outcome 1: Healthy Lifestyles - Children and adults in Nottingham adopt and maintain healthy lifestyles.** Healthy lifestyles help prevent illnesses occurring in the first place for many people and postpone the onset or reduce the impact of disease for many others, improving life expectancy and healthy life expectancy in the city. Three of 16 indicators are on track with several other indicators making good progress and being better than comparators. There are a number of indicators where targets continue to look challenging.

### **2.2.1 Priority action 1 – encouraging and providing services to enable safer sex.**

Reducing inequalities in access to sexual health services and sexual health promotion will help to prevent and reduce poor sexual health and unwanted pregnancies. The conception rate amongst girls aged 15-17 has decreased by 10% since baseline. Nottingham has the 17th highest pregnancy rate in England and the third highest rate of the eight Core Cities, rankings have not changed significantly due to reductions being seen nationally. Although progress is good, the ambitious target of 24.8 has not been met. Improvement has largely been driven by action in early intervention and primary prevention. The JSNA chapter is to be refreshed in June to inform an action plan for the next two years.

Sexually transmitted infection (STI) rates indicate an increase in Nottingham after the decline in 2016, however these numbers are not statistically significant. Nonetheless, Nottingham has a higher STI rate than the national and regional averages but is in line with the core cities rate. Challenges are faced by increasing demand and diverse sexual lifestyles. In 2018, half of all STI treatments were provided to those under 26 years old. This age group represents 43% of the city population. System-wide partnership actions are being progressed to manage pathways between primary and secondary care services.

### **2.2.2 Priority action 2 – responsible consumption of alcohol to minimise harm to drinkers and those around them.**

Alcohol related hospital admissions remain unchanged and higher than comparators. System-wide actions are now in progress. Nottingham University Hospitals NHS Trust have been successful in bidding for capital funding from Public Health England to develop an alcohol hub in the Emergency Department. The hub will offer early interventions and awareness to those who attend the Emergency Department with a potentially alcohol-related condition. To address one element of alcohol related anti-social behaviour and violence, Framework has secured funding to deliver “housing first” accommodation to street drinkers with primary alcohol problems.

### **2.2.3 Priority action 3 – smokefree to improve healthy life expectancy amongst those who smoke and those exposed to the harm effects of smoking.**

The general target for adults has been achieved although Nottingham remains higher than the regional and national average. Whilst reductions in smoking amongst adults known to mental health services have made good progress, there have been challenges around targeted groups such as pregnant women and manual workers. A new targeted smoking cessation service will be aimed at more vulnerable and persistent smokers. In addition, Nottingham City Clinical Commissioning Group continues to fund ward-based smoking cessation advisors to deliver smoking cessation support to smokers that have been admitted to hospital. Furthermore, the Council is working with Nottingham CityCare to embed a new, fixed term smoking in pregnancy post within the Nottingham University Hospital Smokefree team. The local Tobacco Control Strategy 2015-20 is due to be refreshed and will set directions for further improvement.

### **2.2.4 Priority actions 4, 5 and 6 – physical activity, obesity, diet and nutrition for the prevention of obesity and related poor health outcomes.**

Adult physical activity and obesity levels have seen some improvement since baselines were set and are in

line with comparators. The Council has commissioned a dual-element weight management offer for adults, which includes a digital weight management app as well as commercial weight management sessions. Child obesity continues to be a challenge and remains higher than comparators. A whole system approach to reducing childhood obesity has been adopted along with a 0-19 integrated services partnership approach. A review of weight management pathways for children is also underway. The Physical Activity, Obesity and Diet (POD) strategy action plan will continue to progress to tackle obesity in all ages.

**2.3 Outcome 2: Mental Wellbeing** – This outcome is aimed at ensuring that children and adults in Nottingham have positive Mental Wellbeing and those with long-term mental health problems have good physical health. Standards for care for first episode of psychosis are being exceeded. Slow progress is being made against indicators around moving people onto ‘recovery’ from completed IAPT treatment. Loneliness targets for people with long-term conditions have proved challenging to meet. A range of partnership based actions are being progressed to improve this outcome:

**2.3.1 Priority action 1 – accessing the appropriate level of support.** In March 2018, the Nottingham Time to Change Hub was funded for 18 months. The launch of the black, Asian and minority ethnic community hub took place in February 2019. By this time, 83 community champions, which significantly surpasses the original recruitment target of 50. An additional 1,023 conversations around stigma and discrimination had been held, which again surpasses the original target of 250. Nottingham City Council Targeted Child and Adolescent Mental Health Services (CAMHS) lead on a citywide single point of access. This includes such initiatives as the joint protocol: a partnership approach between social care and CAMHS that responds to cases with home visits within 48 hours, where there are dual concerns of safeguarding and self-harm and or suicidality risks.

**2.3.2 Priority action 2 – healthier lives for people with long-term mental health problems.** A physical health checks and serious mental illness programme is being delivered as part of the Mental Health Five Year Forward View. Primary and secondary care are working together to improve the uptake of health checks. Physical health checks of patients on the serious mental illness register are increasing. Currently, 36% of the serious mental illness registered patients receive an annual physical health check.

**2.3.3 Priority action 3 – accessing and retaining employment.** Nottingham City Council has been successful in attracting £216,000 over one year to work with construction workers around improving the self-management of their mental health and musculoskeletal problems. A separate Health, Disability and Employment sub-group has been formed to target adults already known to social care who could be supported into employment, and a pathway into employment support programmes is now under development. Employers across the city are being supported to develop a Time to Change Employer Pledge action plan and or to apply for Disability Confident status. To date, over 20 local employers, are in the process of signing the Time to Change Pledge.

**2.3.4 Priority action 4 – supporting people experiencing loneliness and isolation.** The Take a Seat initiative continues to grow. The city’s annual Ageing Well Day, held in the Old Market Square on 11 June, will include signposting to over 50 services in the city. Nottingham holds World Health Organisation *Age Friendly City* status.

**2.4 Outcome 3: Healthy Culture** – This outcome is aimed at creating a culture where citizens are supported and empowered to live healthy lives, manage ill health well and build financial resilience. Reablement targets are on track, with ongoing challenges around timely hospital discharges. Targets around citizens keeping up with bills have also progressed well but citizen confidence in where to seek support is lower than desired. Children living in poor households in Nottingham is higher than comparators and is an ongoing challenge.

**2.4.1 Priority action 1 – integrating health and social care to enable people to live independently at home.** Root cause analysis work will provide recommendations to further improve reablement outcomes. Delayed transfers of care (DTC) remains the most challenging, there is a variety of reasons for delays. A diagnostic system review has informed actions now being embedded. Primary Care Networks (PCNs) and the Integrated Care Partnership (ICP) are a new driving force for integration. The integrated Assistive Technology (AT) Service is on target to have supported 10,900 citizens to have lived more independently, with 7,300 currently with equipment and service. 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.

**2.4.2 Priority actions 2 – online information on services.** . There are now 2,328 services registered on askLION. askLiON is being embedded in to the Community Led Pathway (better lives, better outcomes) and will be used by the workforce to connect citizens to activities and services within their locality. A wellbeing wheel is being developed to help citizens, carers and the workforce access the information easily on askLiON and develop a person centred care plan that includes community connections alongside more traditional services and activities.

**2.4.3 Priority action 3 – self-care for people with long-term conditions** – The self-care pilot has been rolled out across the city. A Link worker model is being planned as a PCN function. A self-care app for COPD (My MHealth) is currently being rolled out across the city. PCN level community asset mapping is underway at the CCG to build on LION. The Self Help Nottingham contract is underway

**2.4.3 Priority action 4 – building financial resilience to help people avoid and recover from debt which has serious negative impacts on health and wellbeing.** The proposed 2018/19 cut in the budget for advice services has now been reduced and delayed until 2020/21. Opportunities have been identified to manage this. A commissioning review is in progress to determine the best use of resources to build financial resilience (recommendations due in summer 2019). Key areas of focus include the provision of a clearer points of access (including online) for citizens and providers of other services (e.g. healthcare) and increasing capacity. A new NCC led programme of work will coordinate identified opportunities beyond the scope of the direct provision (and commissioning) of advice.

**2.5 Outcome 4: Healthy Environment.** Access to good quality green space and housing is fundamental to improving and maintaining good health and wellbeing. Air quality indicators are making good progress and well within the WHO recommendations. However, indicators such as excess winter deaths and fuel poverty continue to prove challenging to improve and are higher than comparators.

**2.5.1 Priority action A – good quality and energy efficient housing.** Progress and key areas of development include a common ICS level discharge scheme, extended

funding for Hospital to Home (H2H) project, homeless prevention strategy, ALERT single process software pilot, selective licensing scheme, rouge landlord team and an energy efficient properties programme.

**2.5.2 Priority action B – ensuring the built environment includes accessible open spaces for health and wellbeing activities and limits factors harmful to health.** There is insufficient specific evidence to support a policy restricting hot food takeaways near schools. A main modification will therefore be made to the plan to remove this policy. A draft Supplementary Planning Document has been prepared for consultation which revises the contributions of open space or commuted sums required from new residential and commercial development.

**2.5.3 Priority action C – promoting less harmful methods of transport.** Good progress includes a reduction in concentration of Nitrogen Dioxide, increasing numbers of people cycling in Nottingham, 16 grant applications approved for cycling infrastructure provision, electric vehicle (EV) charging point support, helping taxi drivers to convert to EV's and grants for home charging equipment. A package of measures aimed at supporting active travel and public transport is being developed. The Future Mobility Zones area is beginning to develop focussing on developing areas where technology can be used to enhance public transport and reduce congestion. The WEGO project has now been halted due to legal problems with its delivery. Many of the above activities achieved to date have been dependent on external grant funding which is a risk when funding ceases.

**2.5.4 Priority action D & E– developing parks and greenspaces with clean air to enable good health and wellbeing.** Progress and key areas of development include expansion of cycle and walking routes through parks and green spaces, integration of Street Scene and grounds maintenance teams. Outcome of the “Future Parks Accelerator Fund” application to be announced June '19. Progress and key areas of development on air quality include reduction in emissions from HWB partner organisations, transport and buildings, reduction in nitrogen dioxide (NO<sub>2</sub>) and particles.

### **3.0 Summary and next steps**

This has been a significant sized strategy covering a broad spectrum of health and wellbeing outcomes and indicators some of which may have been ambitious. Nottingham City Council and its partners working across the health and wellbeing system have strived to deliver this strategy and achieve the best possible health and wellbeing outcomes for citizens. Where targets have not been met, often good progress has been made or there have been clearly identified remedial actions.

The Board is requested to continue to support the delivery of this strategy in its final year by engaging with the themed discussions and agreeing actions for ongoing support.

## 4.0 Performance dashboards

### 4.1 Overarching aims

INDICATOR AND TARGET (SOURCE)	BASELINE	MEASURE	REPORTING PERIOD 2016/17	REPORTING PERIOD 2017/18	REPORTING PERIOD 2018/19	REPORTING PERIOD 2019/20	DIRECTION OF TRAVEL <sup>1</sup>	ENGLAND	REGION	CORE CITIES	COMMENTARY
Improve <b>healthy life expectancy in males</b> to the average of the top 4 core cities (PHOF 0.1i)	57.3 2012-14	Actual Target Source data	56.7 58.6 2013-15	57.4 59.3 2014-16	57.0 60.1 2015-17	- 60.8 2016-18	Target not met R	63.4	62.8	No data	Healthy life expectancy in males appears to have dropped and unlikely to meet the target.
Improve <b>healthy life expectancy in females</b> to the average of the top 4 core cities (PHOF 0.1i)	58.6 2012-14	Actual Target Source data	57.2 58.9 2013-15	55.1 59.6 2014-16	53.5 60.4 2015-17	- 61.1 2016-18	Target not met R	63.8	62.1	No data	Healthy life expectancy in females continues to follow the downward trajectory away from the target.
Reduce <b>preventable mortality</b> in the worst areas so they are not statistically worse than the city average (count of MSOA, Local Health)	8 2010-14	Actual Target Source data	7 7 2011-15	Awaiting 6 2012-16	Awaiting 5 2013-17	- 4 2014-18	No data y	No data	No data	No data	Preventable mortality data has not been updated by PHE since 2015. See Appendix 1 for location of MSOAs.

<sup>1</sup> Green (G) = actual performance meets or exceeds target, amber (A) = actual performance is under target and performance is improving, red (R) = actual performance is under target and performance is deteriorating.

## 4.2 Outcome 1: healthy lifestyles

INDICATOR AND TARGET (SOURCE)	BASELINE	MEASURE	REPORTING PERIOD 2016/17	REPORTING PERIOD 2017/18	REPORTING PERIOD 2018/19	REPORTING PERIOD 2019/20	DIRECTION OF TRAVEL <sup>1</sup>	ENGLAND	REGION	CORE CITIES	COMMENTARY
Reduce the <b>under 18 conception</b> rate (PHOF 2.04)	37.5 2013	Actual Target Source data	32.9 31.1 2015	31.4 27.9 2016	26.9 24.8 2017	- 21.7 2018	Target not met A	18.8	19.4	23.2	Although progress is good, the challenging target of 24.8 was not met. Numbers are small and therefore subject to fluctuation
Reduce new <b>STI diagnosis</b> (excluding chlamydia) rate to the top 4 core cities average (Sexual Health Profile)	1,066 2015	Actual Target Source data	1,066 1,066 2015	833 997 2016	1016* 928 2017	- 860 2018	Target not met R	794	599	957	43% of the city population is aged under 26, the highest risk age group for poor sexual health outcomes.
Reduce <b>alcohol-related hospital admissions</b> rate to the top 4 core cities average (PHOF 2.18)	928 2014/15	Actual Target Source data	1,000 850.9 2015/16	No data 812.6 2016/17	881* 774.3 2017/18	- 736.0 2018/19	Target not met R	632	669	627	Based on 2015/16 data due to a data quality issue affecting Nottingham's 2016/17 data.
Reduce the percentage of <b>HIV late diagnosis</b> (PHOF 3.04)	46.6% 2012-14	Actual Target Source data	36.3% 40.8% 2013-15	35.9% 39.7% 2014-16	42.0%* 38.5% 2015-17	- 37.4% 2016-18	Target not met R	41.1%	46.3%	43.7%	Similar to the England, and better than regional and core cities comparators. Very small numbers.
Reduce <b>night time economy violence</b> (measured locally)	998 2015/16	Actual Target Source data	1,446 Reduce 2016/17	1,522 Reduce 2017/18	1,589 Reduce 2018/19	- Reduce 2019/20	Target not met R	No data	No data	No data	Variation is largely due to police crime recording compliance requirements. The majority of the crime increase is in violence without injury.
Reduce <b>alcohol related anti-social behaviour</b> incidents (measured locally)	3,286 2015/16	Actual Target Source data	2,778 Reduce 2016/17	2,356 Reduce 2017/18	1,931 Reduce 2018/19	- Reduce 2019/20	On track G	No data	No data	No data	Variation is largely due to police crime recording compliance requirements.
Reduce the percentage of <b>pregnant women who smoke</b> to the top 4 core cities average (PHOF 2.03)	18.1% 2014/15	Actual Target Source data	19.2% 15.8% 2015/16	17.6% 14.7% 2016/17	17.2%* 13.5% 2017/18	- 12.4% 2018/19	Target not met R	10.8%	14.2%	10.6%	Smoking in pregnancy has reduced. The target trajectory has not been met and performance remains significantly higher than comparators.

INDICATOR AND TARGET	BASELINE	MEASURE	REPORTING PERIOD	REPORTING PERIOD	REPORTING PERIOD	REPORTING PERIOD	DIRECTION	ENGLAND	REGION	CORE	COMMENTARY
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(SOURCE)			2016/17	2017/18	2018/19	2019/20	OF TRAVEL <sup>1</sup>			CITIES	
Increase the percentage of adults that meet the recommended <b>5-a-day fruit and vegetable intake</b> to the top 4 core cities average (PHOF 2.11i)	43.6% 2014	Actual Target Source data	44.4% 44.4% 2015	52.0% 46.7% 2016	52.6% 48.9% 2017	- 53.4% 2018	On track G	57.4%	56.6%	54.4%	On track to achieve target.. Data method changed in 2015 but upward trajectory consistent.
Increase <b>breastfeeding</b> prevalence at 6-8 weeks after birth (PHOF 2.02ii)	47.7% 2015/16	Actual Target Source data	48.4% 48.7% 2016/17	47.3% 49.8% 2017/18	Awaiting 50.9% 2018/19	- 52.1% 2019/20	Target not met A	42.7%	43.8%	45.5%	Performance has improved and exceeds the England and core cities average but behind target.
Increase the percentage of <b>active adults</b> to the top 4 core cities average (Active Lives Survey)	63.1% 2015/16	Actual Target Source data	59.0% 64.4% 2016/17	No data 65.7% 2017/18	65.3% 66.9% 2018/19	- 68.2% 2019/20	Target not met A	66.0%	65.0%	65.8%	The target has not been met; however good progress is being made.
Reduce the percentage of <b>inactive adults</b> to the top 4 core cities average (Active Lives Survey)	24.8% 2015/16	Actual Target Source data	27.5% 24.2% 2016/17	24.6% 23.5% 2017/18	23.3% 22.9% 2018/19	- 22.2% 2019/20	Target not met A	22.2%	23.1%	23.0%	The target has not been met; however, good progress being made.
Reduce the percentage of <b>adults with excess weight</b> to the top 3 core cities average (PHOF 2.12)	62.3% 2012-14	Actual Target Source data	62.4% 61.6% 2013-15	61.4% 60.8% 2015/16	61.6% 60.1% 2016/17	- 59.3% 2017/18	Target not met A	61.3%	63.3%	60.8%	Target not met, no improvement since previous year.
Reduce the percentage of <b>children aged 4-5 yrs with excess weight</b> to the top 4 core cities average (PHOF 2.06i)	26.7% 2014/15	Actual Target Source data	25.5% 24.8% 2015/16	26.0% 23.9% 2016/17	26.7%* 22.9% 2017/18	- 22.0% 2018/19	Target not met R	22.4%	23.4%	23.6%	Performance travelling against targets and compares worse to comparators.
Reduce the percentage of <b>children aged 10-11 yrs with excess weight</b> to the top 4 core cities average (PHOF 2.06ii)	37.9% 2014/15	Actual Target Source data	37.0% 37.5% 2015/16	39.7% 37.3% 2016/17	40.8%* 37.1% 2017/18	- 36.9% 2018/19	Target not met R	34.4%	34.2%	37.9%	Performance travelling against targets and compares worse to comparators.
Reduce the percentage of <b>adults who smoke</b> to the top 4 core cities average (PHOF 2.14)	25.0% 2014	Actual Target Source data	24.0% 23.4% 2015	21.5% 22.6% 2016	19.4% 21.0% 2017	- 20.3% 2018	On track G	14.9%	15.7%	No data	Target has been achieved ahead of time.
Reduce the percentage of <b>adults in routine and manual groups who smoke</b> to the top 3 core cities average (PHOF 2.14)	31.2% 2014	Actual Target Source data	33.9% 30.0% 2015	31.3% 29.0% 2016	31.1%* 28.0% 2017	- 27.0% 2018	Target not met A	25.7%	24.8%	No data	Performance is improving but slower pace than target trajectory.

<sup>1</sup> Green (G) = actual performance meets or exceeds target, amber (A) = actual performance is under target and performance is improving, red (R) = actual performance is under target and performance is deteriorating.

\* Not statistically significant – could have occurred by chance



### 4.3 Outcome 2: mental wellbeing

INDICATOR AND TARGET (SOURCE)	BASELINE	MEASURE	REPORTING PERIOD 2016/17	REPORTING PERIOD 2017/18	REPORTING PERIOD 2018/19	REPORTING PERIOD 2019/20	DIRECTION OF TRAVEL <sup>1</sup>	ENGLAND	REGION	CORE CITIES	COMMENTARY
Increase in <b>IAPT referrals</b> (crude rate per 100,000 population aged 18+, Public Health Profiles)	778 2015/16	Actual Target Source data	824 826 2017/18	No data 874 2018/19	No data 922 2019/20	- 970 2020/21	On track G	No data	No data	No data	Indicator met 2016/17 target within first 6 months, however recent data missing
Increase in percentage of <b>people who have completed IAPT treatment</b> and are "moving to recovery" (Public Health Profiles)	48.1% Sep 2016	Actual Target Source data	51.1% 53.5% 2017/18	51.4% 59.0% 2018/19	- 64.5% 2019/20	- 70.0% 2020/21	A	No data	No data	No data	National target of 50% consistently being met. . Performance relates to the first six months of the year only.
<b>Care within 2 weeks</b> from referral for those with a first episode of psychosis for 50% of people (national standard)	50% 2015/16	Actual Target Source data	65% 50% 2017/18	61.0% 50% 2018/19	- 50% 2019/20	- 50% 2020/20	G	No data	No data	No data	Performance is above the national target. This value relates to the first six months of the year only.
Reduce the rate of <b>early deaths in people with serious mental illness</b> to the core cities average (PHOF 4.09i)	457.5 2013/14	Actual Target Source data	470.4 446.4 2014/15	No data 435.3 2015/16	No data 424.4 2016/17	- 413.2 2017/18	No data Y	370.0	353.9	470.2	No data since 2014/15, indicator may change due to challenges in comparing LAs
Reduce the <b>rate of smoking in people known to adult mental health services</b> in Nottinghamshire Healthcare NHS Foundation Trust (measured locally)	40.45% 2015/16	Actual Target Source data	39.0% Reduce 2016/17	36.1% Reduce 2017/18	- Reduce 2018/19	- Reduce 2019/20	On track G	No data	No data	No data	Year on year improvement in smoking rate. Comparator data is not available for this indicator.
<b>People in and off work supported</b> with health problems by health and employment support service (measured locally)	None	Actual Target Source data	78 105 2016/17	- 105 2017/18	- 105 2018/19	- 105 2019/20	-	-	-	-	Service decommissioned in 2017
<b>People unemployed supported</b> with health problems by health and employment support service (measured locally)	None	Actual Target Source data	99 120 2016/17	- 120 2017/18	- 120 2018/19	- 120 2019/20	-	-	-	-	Service decommissioned in 2017

INDICATOR AND TARGET	BASELINE	MEASURE	REPORTING PERIOD	REPORTING PERIOD	REPORTING PERIOD	REPORTING PERIOD	DIREC	ENGLAND	REGION	CORE	COMMENTARY
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(SOURCE)			2016/17	2017/18	2018/19	2019/20	OF TRAVEL <sup>1</sup>				CITIES	
Percentage of people with long term conditions supported by health and employment support service (measured locally)	None	Actual	56%	-	-	-		-	-	-	-	Service decommissioned in 2017
		Target	60%	60%	60%	60%		-	-	-	-	
		Source data	2016/17	2017/18	2018/19	2019/20						
<b>Individual placement support:</b> percentage of people entering employment (measured locally)	None	Actual	34%	-	-	-		-	-	-	-	Service decommissioned in 2017
		Target	24%	26%	28%	30%		-	-	-	-	
		Source data	2016/17	2017/18	2018/19	2019/20						
Reduce the gap between the percentage of people with a disability or long term condition and the general population reporting feeling <b>loneliness</b> (Citizens' Survey)	11.8% 2015	Actual	10.7%	10.5%	14.6%	-	Target not met R	No data	No data	No data	No data	Figures have increased since previous year, currently almost 100% more than end target.
		Target	10.8%	9.8%	8.8%	7.8%						
		Source data	2016	2017	2018	2019						

<sup>1</sup> Green (G) = actual performance meets or exceeds target, amber (A) = actual performance is under target and performance is improving, red (R) = actual performance is under target and performance is deteriorating.

#### 4.4 Outcome 3: healthy culture

INDICATOR AND TARGET (SOURCE)	BASELINE	MEASURE	REPORTING PERIOD 2016/17	REPORTING PERIOD 2017/18	REPORTING PERIOD 2018/19	REPORTING PERIOD 2019/20	DIRECTION OF TRAVEL <sup>1</sup>	ENGLAND	REGION	CORE CITIES	COMMENTARY
Increase in effectiveness of reablement (measured locally)	74.7% 2015/16	Actual Target Source data	75.5% 77.6% 2016/17	88.7% 79.0% 2017/18	92.3% 80.0% 2018/19	- TBC 2019/20	On track G	No data	No data	No data	Targets are developed each year based on performance as part of the BCF planning process. Awaiting BCF guidance to set new targets.
Reduction in delayed transfers of care (measured locally)	13,546 2015/16	Actual Target Source data	14,232 13,473 2016/17	15,342 6,498 2017/18	YTD 13,156 11,142 2018/19	- TBC 2019/20	Target not met R	No data	No data	No data	Diagnostic system review completed, recommendations embedded. Awaiting BCF guidance to set new targets.
Reduction in the percentage of citizens who report that they struggle to keep up with bills and credit commitments (Citizens' Survey)	28.0% 2015	Actual Target Source data	20.2% 26.0% 2016	24.0% 24.0% 2017	20.6% 22.0% 2018	- 20.0% 2019	On track G	No data	No data	No data	On track.
Increase in the percentage of citizens who report that they know where to go for advice, help and support if they are experiencing financial hardship (Citizens' Survey)	62.0% 2016	Actual Target Source data	62.0% 62.0% 2016	63.3% 64.0% 2017	56.4% 66.0% 2018	- 68% 2019	Target not met R	No data	No data	No data	Performance has declined and not on track to meet end target.
Reduce the percentage of children in low income families (PHOF 1.01i)	31.6% 2013	Actual Target Source data	33.6% 29.4% 2014	28.5% 27.2% 2015	29.2% 25.0% 2016	- 22.8% 2017	Target not met R	17.0%	16.3%	24.8%	Target not being met and worse than comparators.

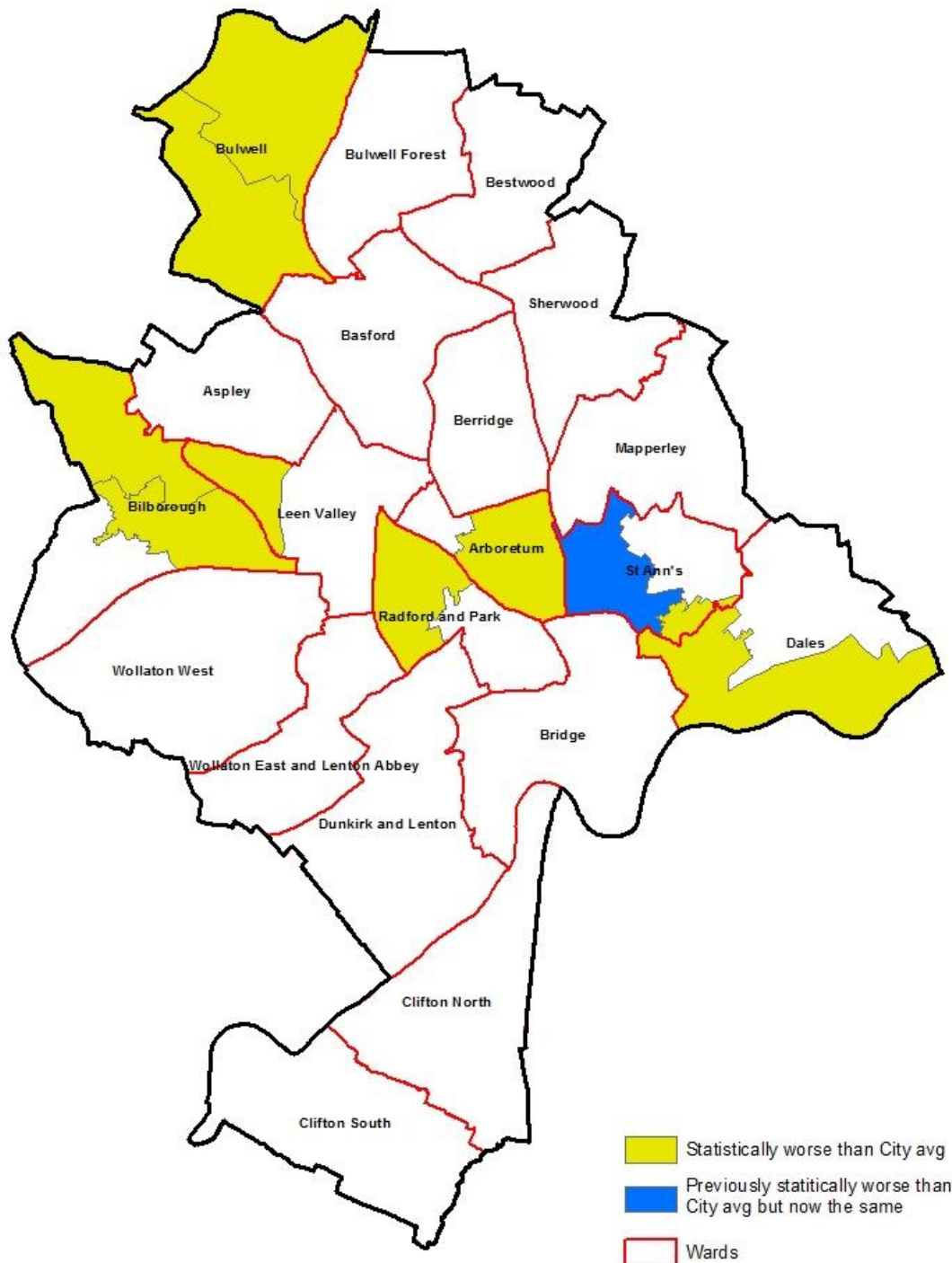
<sup>1</sup>Green (G) = actual performance meets or exceeds target, amber (A) = actual performance is under target and performance is improving, red (R) = actual performance is under target and performance is deteriorating.

## 4.5 Outcome 4: healthy environment

INDICATOR AND TARGET (SOURCE)	BASELINE	MEASURE	REPORTING PERIOD 2016/17	REPORTING PERIOD 2017/18	REPORTING PERIOD 2018/19	REPORTING PERIOD 2019/20	DIRECTION OF TRAVEL <sup>1</sup>	ENGLAND	REGION	CORE CITIES	COMMENTARY
<b>Excess winter deaths</b> ratio (PHOF 4.15iii)	21.8 2011-14	Actual Target Source data	26.3 19.9 2012-15	22.9 18.2 2013-16	24.1 13.3 2014-17	- 14.5 2015-18	Target not met R	21.1	18.6	19.2	Target not met; however, performance is similar to comparators.
Percentage of households experiencing <b>fuel poverty</b> (PHOF 1.17)	14.0% 2013	Actual Target Source data	12.6% 13.6% 2014	15.8% 13.1% 2015	14.6% 12.7% 2016	- 12.2% 2017	Target not met R	11.1%	11.7%	14.6%	Performance has deteriorated and the target trajectory is not being met.
Reduce the percentage of <b>children aged 10-11 yrs with excess weight</b> (PHOF 2.06ii)	37.9% 2014/15	Actual Target Source data	37.0% 37.5% 2015/16	39.7% 37.3% 2016/17	40.8% 37.1% 2017/18	- 36.9% 2018/19	Target not met R	34.3%	34.2%	37.8%	Performance is deteriorating and compares worse to comparators.
Increase the percentage of <b>active adults</b> to the top 4 core cities average (Active Lives Survey)	63.1% 2015/16	Actual Target Source data	59.0% 64.4% 2016/17	64.4% 65.7% 2017/18	65.1% 66.9% 2018/19	- 68.2% 2019/20	Target not met A	62.6%	61.2%	64.6%	Good progress but off target, performance is better than that of comparators.
Reduce the percentage of <b>inactive adults</b> to the top 4 core cities average (Active Lives Survey)	24.8% 2015/16	Actual Target Source data	27.5% 24.2% 2016/17	24.6% 23.5% 2017/18	24.9% 22.9% 2018/19	- 22.2% 2019/20	Target not met R	25.1%	26.3%	24.3%	The target trajectory has not been met; however, performance is similar to that of comparators.
Increase the percentage of <b>people using outdoor space</b> for exercise and or health reasons (PHOF 1.16)	10.5% 2014/15	Actual Target Source data	15.6% Increase 2015/16	No data Increase 2016/17	No data Increase 2017/18	- Increase 2018/19	No new data Y	17.9%	18.5%	17.5%	No new data since 2016/17
<b>Air quality:</b> reduce NO2 to WHO recommended and air quality objectives level (40 ug/m3, locally measured)	48 2014/15	Actual Target Source data	42 46 2016/17	44 44 2017/18	40 42 2018/19	- 40 2019/20	On track G	No data	No data	No data	Performance is on track to achieve the target. Recording method has changed going forward.
<b>Air quality:</b> reduce PM10 (WHO recommended level is 25 ug/m3, Air Quality Objective level is 40 ug/m3, measured locally, PHOF 3.01)	17 2014/15	Actual Target Source data	17 17 2016/17	18 16 2017/18	16 15 2018/19	- 15 2019/20	Target not met A	No data	No data	No data	Nottingham is 9 ug/m3 below the WHO recommended level which is positive. The national and AQO targets have been met, good progress towards local end target.
<b>Air quality:</b> reduce PM2.5 (WHO recommended level is 10 ug/m3, measured locally, PHOF 3.01)	12 2014/15	Actual Target Source data	12 12 2016/17	12 11 2017/18	10 11 2018/19	- 10 2019/20	On track G	No data	No data	No data	The PM2.5 level has been achieved against WHO recommendation and local targets.

<sup>1</sup> Green (G) = actual performance meets or exceeds target, amber (A) = actual performance is under target and performance is improving, red (R) = actual performance is under target and performance is deteriorating.

**Appendix 1: Reduce preventable mortality in the worst areas so they are not statistically worse than the city average 2015 – location map**



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