

6 January 2016**Agenda Item: 7****REPORT OF THE CORPORATE DIRECTOR OF ADULT SOCIAL CARE
HEALTH & PUBLIC PROTECTION****REPORT FROM THE HEALTH AND WELLBEING IMPLEMENTATION GROUP
AND UPDATE ON THE DELIVERY OF THE HEALTH & WELLBEING
STRATEGY****Purpose of the Report**

1. This report provides a progress report from the work of the Health & Wellbeing Implementation Group (HWIG). It gives a summary of progress made in delivering the 7 strategic actions for 2015/16. It describes the achievements made by the range of Integrated Commissioning Groups in delivering the ambitions within the Health & Wellbeing Strategy.

Information and Advice**Background**

2. The Health & Wellbeing Strategy was refreshed in 2013 & approved by the Health & Wellbeing Board in 2014. The Strategy runs from 2014 until 2017. The Strategy includes a vision for the Health & Wellbeing Board and the key ambitions to achieve its vision: A Good Start, Living Well, Coping Well, and Working Together.
3. In order to deliver these ambitions & in response to the consultation for the Strategy, 20 priorities were agreed. In response to the Peer Challenge, in September 2015, the Health & Wellbeing Board agreed that the priorities from the original Health & Wellbeing Strategy should continue to be delivered with additional focus on 7 strategic actions for 2015/16, requiring a partnership approach in its delivery.
4. The monitoring of the 20 priorities and 7 strategic actions are based on a combination of process measures using action/delivery plans, and measurable targets/outcomes, (based on measures from the Public Health Outcome framework). The challenge is that a number of the priorities are reliant on the delivery of action plans (the process), before the measurable outcomes can be determined. This will need further clarification and work with the Integrated Commissioning Group leads to define measurable outcomes in real terms.

5. Updates have been requested from each of the Integrated Commissioning Groups leading on the strategic actions. The Health & Wellbeing Implementation Group continues to monitor the delivery of the 20 priorities.
6. The 7 strategic actions progress: Achievements - what is working, moving forward - what's requiring further support is outlined in Appendix 1.
7. Summary Highlights:

a) New Commissioned Services

Sexual Health, Tobacco Control and Domestic Violence have recently been re commissioned, with new services to be in place by 1st April 2016, with the exception of Domestic Violence services which became operational from the 1st October 2015. In addition, as part of the Domestic Violence Services, an Identification and Referral to Improve Safety (IRIS) toolkit has been commissioned in Nottingham West and Mansfield and Ashfield CCGs with further roll out across the County by 2016. The Tobacco Control Services has been awarded to the provider Solutions for Health but is currently undergoing a mobilisation process/plan in readiness for its commencement in April 2016.

b) Co-ordinated Services for People with Mental Health

Nottinghamshire Crisis Concordat Partnership Board has been established to lead, support and oversee the sub-groups in working to implement the local Crisis Concordat action plan. Key areas within the concordat framework are already being developed and include:

- Nottinghamshire Police and CCGs' investment in a pilot Street Triage project, a service offering a rapid response supporting people in crisis is positively impacting on Section 136 detentions, with an 87% reduction in the use of police cells as a place of safety.
- Strengthening of community services and the crisis offer across South Nottinghamshire as a result of the ward closure plans.
- Investment in a Crisis House across South Nottinghamshire.
- Investment in an enhanced mental health liaison service in all acute hospitals responding to people with mental health problems in Emergency Departments and wards.

There are a number of identified risks in the implementation of the action plan and include:

- The development of a 24/7 Crisis Service and Crisis House across Mid-Nottinghamshire and Bassetlaw CCG is reliant on financial investment.
- Future funding of the Street Triage pilot needs to be agreed by CCGs.
- Effectiveness of the mental health crisis pathway is compromised by the increase of demand on Mental Health inpatient beds, delay in Mental Health inpatient discharges and the use of Mental Health inpatient beds from outside of Nottinghamshire.
- Implementing the crisis concordat action plan is reliant on CCG financial investment for a mental health crisis housing and a 24/7 crisis helpline. A cost effective model is currently being scoped for consideration.

c) Sufficient and Suitable Housing, including housing related support, particularly for vulnerable people

A Health & Housing scoping event is currently being planned to be facilitated by Public

Health England to review the effectiveness of current partnership working between housing, health and care' sectors in Nottinghamshire in the context of a more challenging operating environment. A new Housing lead to support the reporting and governance arrangements is being explored by the Health & Wellbeing Implementation Group.

d) Child sexual exploitation (CSE) in Nottinghamshire

Data:

- During 2014-2015, 269 individual children were identified as being either at risk of CSE or actually being exploited in Nottinghamshire. Included in these were 57 Looked After Children (LAC) were highlighted as potentially being at risk of CSE.
- Of the 269 children identified, 87 were discussed at a multi-agency CSE strategy meeting
- Age range 13 – 17 years
- 90% female 10% male
- Ethnicity reflects the population

Police information recorded monthly confirmed that during 2014/15 75 cases were open to the police:

- Risk level 1 (exploitation involving single perpetrator on-line): 44 cases / 59%
- Risk level 2 (exploitation involving physical contact / individual) 31 cases / 41%.

NB There is no information to indicate that any child was the subject of organised or group exploitation during this year.

The key priorities for CSE in 2015/16 are as follows:

- Strengthening the collation and analysis of data including the availability and analysis of available data across agencies
- Monitor police attendance and other agencies at CSE strategy meetings (Children in Social Care (CSC) and Police).
- Improve level of engagement of children, parents or carers at strategy meetings.
- Develop work with licensing and other bodies / business to raise awareness of CSE and to support disruption work (Police and CSC).
- Develop opportunities for perpetrator (including unidentified offenders) led work to prevent or reduce their ability to continue to offend (Police).
- Continue to develop the CSE concerns network and intelligence sharing.
- Progress development of a specialist service to support children at risk of or experiencing CSE.

8. Summary of other Progress from the Health & Wellbeing Implementation Group

9. The Health & Wellbeing Implementation Group have continued to deliver their work programme outlined in the group's terms of reference.

10. The group have approved the following chapters of the JSNA for publication:

- a) Falls
- b) Sexual health
- c) The People of Nottinghamshire
- d) Air Quality
- e) Excess Weight, Physical Activity, Diet and Nutrition
- f) Healthcare Associated Infections

11. The Group has also approved the JSNA Annual report which was presented to the Board in December.
12. Over the last 6 months the Board has also been instrumental in progressing the recommendations made by the Peer Challenge Panel. In particular in the identification of the 7 priority actions and mapping the local governance arrangements.
13. The Group scoped the joint county/city workforce workshop which took place in November 2015 and which was universally welcomed as an important discussion on a topic which affects everyone across the county & the city. It was also commended as an excellent opportunity for joint working which should be repeated.
14. The makeup of the Group includes representatives from wider partners outside the Board and this allowed the Fire & Rescue Service to highlight the hoarding framework which was being launched locally. The Implementation Group gave the opportunity to launch the Framework with partners and it was escalated to the Health & Wellbeing Board for endorsement. As a direct result of the discussions at the Implementation Group, awareness training sessions have been offered for front line staff who deal with people who hoard, raising the profile of the Fire & Rescue Service as well as the framework document.
15. The terms of reference and membership of the Health & Wellbeing Implementation Group are included for information (outlined in Appendix 2) and currently being reviewed as part of the overall governance review for the Board.
16. The Group also initiated the discussions with the Chief Fire Officer regarding collaborative working which were then referred to the Health & Wellbeing Board.
17. In overseeing the delivery for the Health & Wellbeing Strategy the Health & Wellbeing Implementation Group has also been instrumental in establishing a countywide integrated housing group & leading on delivery of the priority action to 'Extend integrated working to include Housing so that support for vulnerable people is assessed collectively and delivered by the most appropriate agency'. As a result of this work a scoping workshop has been arranged for January & plans will be developed to deliver this priority across Nottinghamshire.

Reason for Recommendation

18. The report is an update on the progress of the Health & Wellbeing Implementation Group and for noting only.

Statutory and Policy Implications

19. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

RECOMMENDATION

- 1) The Health and Wellbeing Board is asked to note the content of the report.

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Constitutional Comments (SG 18/12/15)

20. Because this report is for noting only, no Constitutional Comments are required.

Financial Comments (KAS 17/12/15)

21. There are no financial implications contained within the report.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

None

Electoral Divisions and Members Affected

All