## Priority actions Appendix 2

## 1. A GOOD START

| | **Work together to keep children and young people safe** | |
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| 1.1 | We will work together to support the effective operation of the County Council's Multi-Agency Safeguarding Hub (MASH) by:<br>• bringing together the MASH and the Early Help Unit<br>• developing more effective information-sharing between partners<br>• promoting a shared understanding of thresholds for access to services |  |
| 1.2 | We will further improve our partnership arrangements to identify and support children and young people who are affected by parental mental health issues, substance misuse or domestic violence |  |
| 1.3 | We will develop improved partnership arrangements to identify and support young carers |  |
| 1.4 | We will deliver the next stage of a partnership strategy to ensure that children and young people are protected from sexual exploitation |  |

| | **Improve health outcomes through the integrated commissioning of children's health services** | |
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| 1.5 | We will review unplanned admissions and avoidable emergency department attendances by children and young people by completing a needs assessment to be included in the Joint Strategic Needs assessment (JSNA) and to inform future commissioning, linking to the Integrated Community Children and Young People's Healthcare priority on reducing hospital admissions |  |
| 1.6 | We will work with key stakeholders to improve the quality of and access to Maternity Services by undertaking reviews in the Sherwood Forest Hospitals NHS Foundation Trust and the Nottingham University Hospitals NHS Trust, and implementing recommendations from the reviews. |  |

| | **Close the gap in educational attainment** | |
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| 1.7 | We will work in partnership with schools and other organisations to close the gap in educational attainment between disadvantaged children and young people and their peers, delivering actions within our Closing the Strategy for closing the educational gaps |  |

| | **Provide children and young people with the early help support that they need** | |
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| 1.8 | We will improve the multi-agency early help offer to children, young people and families simplifying and improving access to services and developing clear pathways into support |  |
| 1.9 | We will undertake a rolling programme of needs assessments of key groups of vulnerable children and young people and use this information to inform commissioning priorities |  |
| 1.10 | We will review and refresh our family support offer, to establish a consistent approach across the children's workforce |  |
| 1.11 | We will review and refresh our common assessment approach for individual children, young people or families who need integrated early help support |  |

| | **Deliver integrated services for children and young people with complex needs or disabilities** | |
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| 1.12 | We will establish the 'Education Health and Care (EHC) Plan' pathway, bringing together the families and agencies for children and young people aged 0-25 with Special Educational Needs and disabilities, so that they have coordinated individual support plans. |  |

## 2. LIVING WELL

| | **Reduce the number of people who smoke** | |
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| 2.1 | Our intention is to retender Tobacco Control Services to develop an integrated approach that includes smoking cessation and prevention services. These will be developed to meet local need particularly the needs of vulnerable groups. |  |
| 2.2 | We will explore how to implement harm reduction strategies across Nottinghamshire based on the evolving evidence by 2015. |  |
| 2.3 | We will work with Trading Standards, HM Revenue & Customs (HMRC), Police and border force agencies to raise awareness and increase intelligence received in order to reduce demand and supply of illicit tobacco (including under age sales) *(baseline 2013-2014)).* |  |
| 2.4 | Establishing and evaluating the second-hand smoke DVD's and resources in the 285 primary schools and other educational settings by 2016. |  |
| 2.5 | We will achieve high level sign up of the Tobacco Control Declaration across partners. |  |

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| | To reduce the number of people who are overweight and obese | |
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| 2.6 | Complete the procurement exercise and mobilise an integrated obesity prevention and weight management service for adults (including pregnant women), children & young people in each district that meets local need, targeting at risk groups. Following further guidance from NHS England and Public Health England work as appropriate with CCG's regarding Tier 3 specialist weight management services |  |
| 2.7 | Work with EH/TS Officers to develop a countywide 'merit' scheme for fast food outlets and develop performance measures for this work |  |
| 2.8 | Promote the physical activity, healthy eating initiatives and weight management aspects of the countywide workplace health and wellbeing award scheme |  |
| 2.9 | Develop a spatial planning policy framework to secure Public Health gain |  |
| 2.10 | Work with active transport colleagues to support the delivery of the Local Transport Plan which encourages active transport |  |
| 2.11 | To improve the NCMP participation rates so that they meet or exceed the England average |  |

| | Improve services to reduce drug & alcohol misuse | |
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| 2.12 | Ensure safe mobilisation of preferred provider for community substance misuse treatment and recovery services. |  |
| 2.13 | Ensure robust performance monitoring systems are in place. |  |
| 2.14 | Support the delivery of the Nottingham and Nottinghamshire Local Area Alcohol Action Plan (LAAA) Ongoing support. |  |
| 2.15 | Implementation of mutual aid pilot across the districts of Bassetlaw, Mansfield and Ashfield and Newark and Sherwood |  |
| 2.16 | Develop mechanisms to ensure licensing applications are considered and appeals where appropriate. |  |

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| | **Reduce sexually transmitted disease and unplanned pregnancy** | |
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| 2.17 | All sexual health secondary care providers to shadow the Integrated Sexual Health Tariff |  |
| 2.18 | Increase Chlamydia screening coverage across a range of services. This is to include all contracts for contraception and sexual health services specifying that Chlamydia testing be offered routinely to all 15-24 year olds and integrated into core service delivery. |  |
| 2.19 | Complete a sexual health needs assessment for Nottinghamshire with recommendations for future actions. |  |
| 2.20 | Update the Sexual Health chapter of the Joint Strategic Needs Assessment (JSNA) |  |
| 2.21 | Review the South Nottinghamshire community based services and clinics |  |
| 2.22 | Agree pathways and commissioning arrangements for services associated with and taking place in sexual health services (e.g. menorrhagia and cervical screening) with other appropriate commissioners. |  |
| 2.23 | Review and develop primary care provision of Long Acting Reversible Contraception (LARC) |  |
| 2.24 | Continue to tackle HIV through prevention and review need and capacity for HIV testing |  |
| 2.25 | Assess future options for commissioning sexual health services |  |

| | **To increase the number of eligible people who have a NHS Health Check** | |
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| 2.26 | Work with colleagues in public health commissioning and providers to ensure that appropriate services are available and accessible to people who are identified by a NHS Health Check as being at increased risk of cardiovascular disease due to modifiable lifestyle factors. This will provide them with an opportunity to help themselves through lifestyle changes such as smoking cessation, reducing alcohol intake, improving nutrition and increasing physical activity. |  |
| 2.27 | Work with NHS colleagues to ensure that appropriate clinical intervention and risk management services are available and accessible to people who are identified after a NHS Health Check as being at increased risk of cardiovascular disease. |  |

## 3. COPING WELL

| | **Improve the quality of life for carers by providing appropriate support for carers & the cared for** | |
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| 3.1 | To increase number of carers **identified and assessed** through a joint **Communications Plan** between the CCGs and NCC<br>Work in partnership with the District Council and the local CVS to engage and consult with a range of local groups that support carers |  |
| 3.2 | To increase the number of carers offered information and advice, and Assessments through the **Carers' Support Service Project** (based in the Customer Services Centre (CSC), where specialist staff take calls from carers, offering them on-the-spot information, advice, assessments, etc) and consider mechanisms to facilitate referrals from Primary Care to the CSC, and vice versa. |  |
| 3.3 | To increase number of carers accessing free **NHS breaks**, with a focus on alternatives for the 'cared for' person to have breaks / respite outside of residential care, either in the home, or in more community based and 'homely' environments. This may be through the use of Direct Payments for carers. |  |
| 3.4 | To commission specialist **'Compass Workers'** within each Intensive Recovery Intervention Service (IRIS), to support carers looking after a person with dementia, to ensure they are supported in their crucial role through practical help, information and emotional support. |  |
| 3.5 | To implement and evaluate the **Carers' Crisis Prevention Service** (formerly "Carers' Emergency Respite"), as part of the Home Based Services contract. This 24-hour service is free for carers who are unable to provide care in the short term. It is delivered to the person cared-for in their own home. |  |

| | **Supporting people with learning disabilities & Autistic Spectrum Conditions** | |
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| 3.6 | Continue to develop housing and support options, including step down services and community health services, to enable people to move out of hospital as soon as they no longer require active treatment and/or prevent avoidable admissions. |  |
| 3.7 | Partnership Working - Develop a pooled budget and sign off the joint strategy for people who challenge services. |  |
| 3.8 | Increase the uptake and quality of annual health checks and health action plans and ensure that people with learning disability in the criminal justice system have full access to a range of healthcare services |  |
| 3.9 | Develop fully costed options to address the need for diagnosis service and post diagnostic health support for people with autism for consideration by CCG's |  |
| 3.10 | Develop an integrated training strategy across Nottingham City and Nottinghamshire County, including awareness raising within all public sector services, as well as specialist training within Health and Social Care. |  |
| 3.11 | Develop new housing to ensure a range of supported living options are available to enable: |  |

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| | 40 people to move from residential care to supported living<br>5 people from out of County to move back to Nottinghamshire back to Nottinghamshire. | |
| 3.12 | Develop a clear transitions process for people with Autism |  |
| 3.13 | Consider areas for joint commissioning between children's and adults services and consider the need for a multi-agency transitions team. |  |

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| | **Supporting people with Long Term Conditions** | |
| 3.14 | Improving ways to help people self-manage their conditions |  |
| 3.15 | Ensure people have better access to information and advice including other formats i.e. signing, audio, CD, Braille etc |  |
| 3.16 | Increase the use of Assistive Technology to support independence |  |
| 3.17 | Support people to stay in ordinary housing for longer |  |
| 3.18 | Develop community focused rehabilitation for people with long Term Neurological Conditions |  |
| 3.19 | Implementation of Stroke Action Plan including working with health partners to jointly commission community based stroke services |  |
| 3.20 | Explore greater integration between the Long Term Neurological Conditions Network and other networks including how clinicians and practitioners work together and link to other areas |  |
| 3.21 | We will continue to explore options for a joint model of delivery on Personal Health Budgets and Social Care Personal Budgets, to ensure they offer choice to patients and improve outcomes for reduced relapse rates, recovery rates, avoiding acute NHS stays and demand for residential care. |  |

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| | **Supporting older people to be independent, safe and well** | |
| | We will promote healthy ageing and tackle preventable ill-health. | |
| 3.22 | Ensuring access for all older people to information and brief interventions service |  |
| 3.23 | Developing a joint strategy to promote exercise, reduce falls and promote bone health. |  |
| 3.24 | Reduce loneliness by;<br><br>a) Raising awareness<br>b) Working with partners to procure services which will address loneliness. |  |

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| | We will support older people to live at home safely for longer. | |
| 3.25 | Creating more flexible home based care services by July 2014, which will include carers' crisis prevention services and a 24 hour response service. |  |
| 3.26 | Supporting more people to self- manage their health and social care needs with help from community health and social care teams |  |
| 3.27 | Developing a joint strategy on sustainable housing and accommodation for older people. |  |
| | We will actively work towards the integration of services across health, social care, housing and other agencies to ensure that services support people to remain independent, are easy for people to access and are delivered in the most efficient and cost effective way. | |
| 3.28 | Integrate services and pathways, where appropriate, to enable people to transfer out of hospital as soon as they are medically well into services that will support them to re(gain) their maximum independence. Priority areas include; homecare reablement, intermediate care and other discharge services |  |
| | We will continue to improve the quality in care homes. | |
| 3.29 | Coordinated use of robust information gathered via monthly information sharing meetings with CCG, CQC, Healthwatch and Council quality monitoring staff. |  |
| 3.30 | Implementation of the co-produced quality audit tool through joint quality monitoring visits by CCG/Council quality monitoring staff |  |

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| | **Providing services which work together to support individuals with dementia & their carers** | |
| 3.31 | We will continue to raise awareness, understanding and knowledge about dementia by making 'Dementia Friends' sessions available to all local authority and health care employees. This will include promoting the Public Health England 'Dementia Friends' campaign https://www.dementiafriends.org.uk/ |  |
| 3.32 | We will improve advice and support to people in the early stages of dementia through;<br>• Improving access to information about dementia and local services for people with dementia and their carers (internet and paper-based information)<br>• Increasing referrals to the Dementia Advice and Support Service in all areas across the County |  |
| 3.33 | We will continue the implementation of enhanced community services and services that support people to remain in their own home through;<br>• enhancing the Intensive Recovery Intervention Service<br>• continuing to promote the use of specialist assistive technology<br>• the introduction and evaluation of an assessment bed service for people with dementia and/or mental health problems in the south of the county<br>• creating specialist 'Compass Workers' to support carers by July 2014.<br>• Implementing findings from the Personal Budgets and Dementia Project. |  |

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| | • Working with the new home based care providers to encourage sign-up to the local Dementia Action Alliance. | |
| 3.34 | We will improve the quality of dementia care in care homes through a joint improvement plan that includes;<br>• continuing the specialist training programme for care home staff<br>• recognition of high quality and excellent care through the second tranche of the dementia quality mark (DQM) being extend to March 2016<br>• continued specialist support to care homes from the Dementia Outreach Team.<br>• encourage individual care homes to become dementia friendly communities. |  |

| | **Improving services to support victims of domestic abuse** | |
|---|---|---|
| 3.35 | Conduct a joint City County Sexual Abuse Review to agree priorities , future outcomes framework and commissioning objectives for prevention, early intervention and support for victims of sexual abuse |  |
| 3.36 | Establish a Joint City County Sexual Abuse Review Task and Finish group |  |
| 3.37 | Complete MARAC Self- Assessment and align City County processes |  |
| 3.38 | Work with CCGs to implement the IRIS Project and link GP Practices to MARAC process |  |
| 3.39 | Begin implementation of Encompass (alerts to schools) within the MASH |  |

| | **Providing coordinated services for people with mental ill health** | |
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| 3.40 | Aim to Identify mental health problems early and support effective interventions |  |
| 3.41 | Aim to ensure effective support for those with mental health problems |  |
| 3.42 | Aim to promote good physical health for people with mental health problems and tackle preventable ill health |  |

**WORKING TOGETHER**

| | **Improving workplace health and wellbeing** | |
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| 4.1 | *Hold a stakeholder conference in order to engage key local partners to input into the development of a workplace health strategy in April 2014.*<br>**-Outcome:**<br>Stakeholder event held with feedback from workshops being used to shape a strategy for the county |  |

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| 4.2 | *Establish a Nottinghamshire Wellness at Work Steering Group to develop Nottinghamshire Wellbeing at Work Strategy and Action Plan.*<br>**Outcome:** first meeting scheduled for the Nottinghamshire Well-being@work' Workplace Health Strategy Group for October 8th 2014 |  |
| 4.3 | *Take a Workplace Health and Wellbeing report to the Health and Wellbeing Board*<br>**Outcome:** Report developed, presented and supported by the board |  |
| 4.4 | *Roll out the implementation of the Wellbeing at Work Scheme to a minimum of 5 additional workplaces in addition to the 18 existing workplaces and consider options for the continued and sustainable implementation and management of the programme*.<br>**Outcome:** 3 organisations signed up so far to include: Ashfield DC, Notts Fire & Rescue and Notts University. Agencies pending include: Mansfield DC, N&S DC, Rush cliff DC and Doncaster & Bassetlaw Hospital's Trust.<br>Continued support and management of the Bassetlaw workplace health scheme and network. |  |
| 4.5 | *Continue to develop Nottinghamshire County Council as an exemplary model in employee health and wellbeing.*<br>**Outcome:** NCC received GOLD award Status in June 2014 |  |