Health & Wellbeing Strategy – Delivery Plan

This Delivery Plan has been prepared to support the Health and Wellbeing Strategy for Nottinghamshire 2014-17.

The Strategy document gives an overview of what we want to achieve, this plan gives more detail about how we will do it and the outcomes we want to achieve.

Our vision:

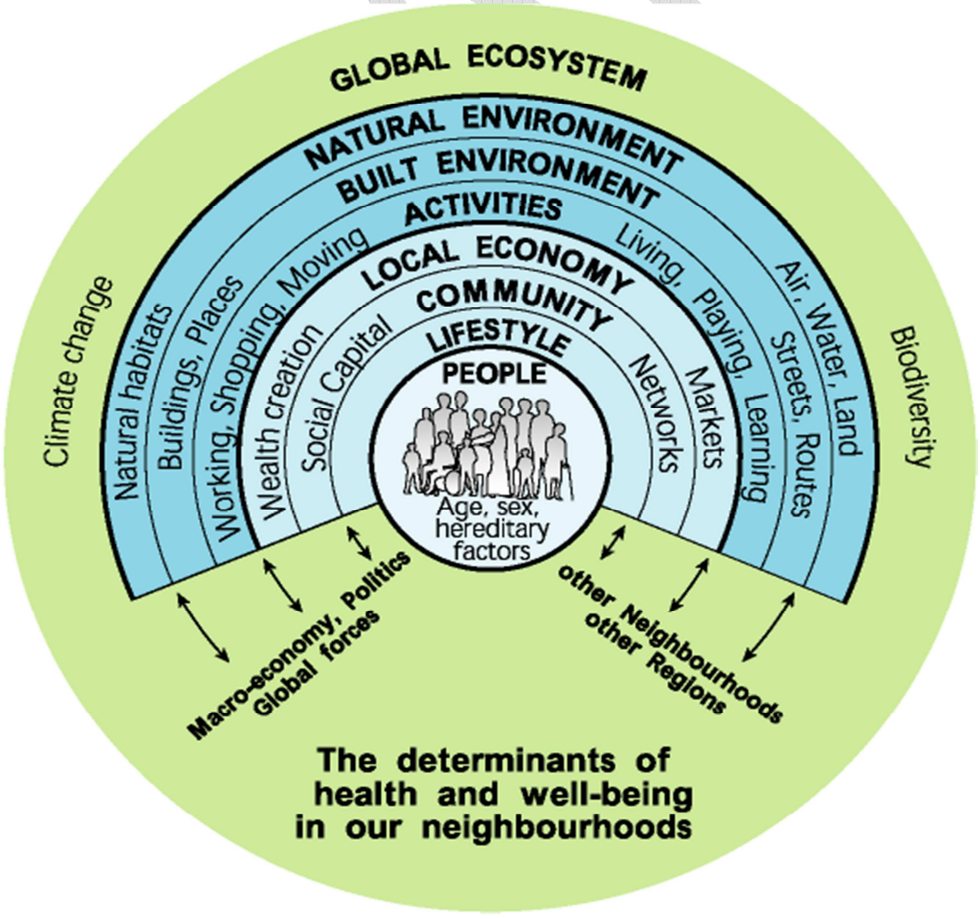
We want to work together to enable the people of Nottinghamshire to live longer, be healthier and have a better quality of life, especially in the communities with the poorest health.

We will do this by providing the most efficient and effective services.

What do we mean by health and wellbeing?

Health is often considered as being an absence of illness or disability. Health and wellbeing is much wider though and is a combination of physical, mental and social factors. In developing this Strategy we have looked beyond health and social care services to bring together other issues like housing and workplace health.

Figure one illustrates the layers of influence that determine health and wellbeing in our communities or neighbourhoods.



The Health and Wellbeing Board and its Partners

The Nottinghamshire Health and Wellbeing Board is a partnership committee, which is chaired by the Deputy Leader of Nottinghamshire County Council.

Partner organisations that are members of the Health and Wellbeing Board are:

Local Authorities: Nottinghamshire County Council, Gedling Borough Council, Newark and Sherwood District Council, Ashfield District Council, Bassetlaw District Council, Broxtowe Borough Council, Mansfield District Council, and Rushcliffe Borough Council.

The NHS: NHS Bassetlaw Clinical Commissioning Group (CCG), NHS Mansfield and Ashfield CCG, NHS Newark and Sherwood CCG, NHS Nottingham North and East CCG, NHS Nottingham West CCG and NHS Rushcliffe CCG, NHS England Area Team.

Healthwatch: Healthwatch Nottinghamshire.

Other Partners: In addition, there is a wide network of important partners which work together to influence health and wellbeing, these include:

Nottinghamshire Police, Nottinghamshire Fire and Rescue, Nottinghamshire Probation Trust, Public Health England, Jobcentre Plus, as well as the education and business sectors.

Partnership boards include the Safer Nottinghamshire Board (SNB), Adult and Children's Safeguarding Boards, the Children's Trust and district level health partnerships groups and Community Safety Partnerships.

Providers of services for health and wellbeing: The largest health providers within Nottinghamshire include Nottingham University Hospitals NHS Trust, Nottinghamshire Healthcare NHS Foundation Trust, Sherwood Forest Hospitals NHS Foundation Trust, Doncaster and Bassetlaw Hospitals NHS Foundation Trust and East Midlands Ambulance Service NHS Trust. Across health and social care, there are a wide range of providers including private, independent and voluntary sector providers.

Our strategy has been published by Nottinghamshire County Council, as the lead partner with legal responsibility for the Health and Wellbeing Boards function.

A Picture of Nottinghamshire

In 2011, the resident population of Nottinghamshire was 785,802 (Census 2011), an increase of 5% since 2001. 18% were aged 65 and over (compared with 16% in England) and 18% were aged under 16 years (compared with 19% in England). The proportion of younger people (aged under 20 years) was highest in Ashfield and Mansfield. The proportion of older people (aged 65+) was highest in Newark and Sherwood, Gedling and Bassetlaw.

General health and wellbeing:

9.7% of people across Nottinghamshire identified themselves as having a long-term condition that limited daily activities a lot, compared with 8.7% in the East Midlands (Census 2011). 79% of residents felt they had good or very good health (Census 2011) though this varied across the County with only 76% in Mansfield but 85% in Rushcliffe.

Health and Wellbeing Inequalities in Nottinghamshire

Health is improving but not at the same rate for everyone. Some health differences are to be expected, for example, older people are more likely to become ill, and so can be expected to consume more health and social care resources.

Some groups have a higher presence of disease, worse health outcomes, or worse access to health care that cannot be explained by differences in need. These represent the true meaning of health inequities - unfair and avoidable differences in health that are a consequence of where people are born, grow, live, work and age. Those born into disadvantaged groups are likely to die at a younger age and live more of their lives in ill health than average. The districts of Nottinghamshire have a similar range of general health needs, however inequalities exist across the County

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Health and Wellbeing in Nottinghamshire: A Summary of Local Need

Smoking is still the leading cause of ill health and preventable death. 19.4% of adults in Nottinghamshire smoke. This is comparable with the national average for England, which is 19.5% (PHE Tobacco Control Profiles Feb. 2014 update). A significantly higher proportion of women smoked in pregnancy in Nottinghamshire compared with England (PHE Tobacco Control Profiles Feb. 2014 update).

Drug and alcohol misuse have a negative effect on the health, wellbeing and quality of life for those directly or indirectly affected. It also places demand on public resources and the links between alcohol and violent crime are evident. It is estimated that there are 16,327 people in Nottinghamshire dependent on illicit drugs, of which most (12,000) are dependent upon cannabis (PANSI). In Nottinghamshire the prevalence of drug misuse is significantly higher than the England average (PHE Health Profile 2013). It is also estimated that there are 28,800 people dependent upon alcohol in Nottinghamshire (PANSI). In addition alcohol related hospital stays increased year on year (Local Alcohol Profiles). The north of the County experiences more drug or alcohol-related harm compared to the south of the County. Those in treatment for drug or alcohol misuse often report issues with both drugs and alcohol (Nottinghamshire JSNA).

Obesity in adults and children leads to an increase in the likelihood of chronic long-term disability and life shortening conditions. Over a quarter of adults (26%) are estimated to be obese. Positively, there has been a significant decrease in obesity prevalence at Reception (age 4-5) across Nottinghamshire County between 2006/7 and 2012/13, in line with Regional and National trends. Although there has been no difference in levels of obesity by year 6 over the same 6 year period this is set against a regional and national picture showing a significant increase over the same period (PHE NCMP LA Profile Feb. 2014).

Sexual health is an important issue for Nottinghamshire County as many sexually transmitted infections have long-term effects on health including: increasing risk of cancer, infertility, cardiovascular, neurological, and suppression of the immune system. Young adults (age 15-24) make up only 25% of the sexually active population but represent almost 50% of all new acquired sexually transmitted diseases. The numbers of people accessing HIV services have increased year-on-year and in 2012 301 patients were using services. Nottinghamshire has a continuous downward trend in teenage pregnancies. However, some wards do still have higher rates than the national average. (Report on Sexual Health to Health and Wellbeing Board, March 2013)

Children, Young People & Families

In Nottinghamshire, the population aged 0-19 is increasing, although not quite as much as nationally. As in the rest of the country, there are increasing numbers of children and young people with complex health needs and disabilities. Although in many ways, children and young people across Nottinghamshire have outcomes in line with national averages, children from vulnerable groups do less well. Children and young people in some localities have poorer outcomes, as do those who are living in poverty, who are looked after by the local authority or who are disabled. Those communities where children do less well are usually those with higher levels of child poverty. They often have poorer health outcomes, including higher levels of child obesity.

Overall, the educational attainment of children and young people in Nottinghamshire is better than the national average (at ages 11 and 16), but there is an attainment gap between those who are eligible for free school meals and their peers. Children are affected by issues within families, such as domestic violence, or drug and alcohol use by parents and carers, as well as by issues in their communities, such as crime levels. Homelessness is now increasing, having reduced significantly in recent years, affecting both families with children and young people who are living independently.

Adult and Health Inequality

Mental ill health is widespread; at least one in four people will experience a mental health problem at some point in their life. Mental health problems have complex causes and effects, involving social and economic circumstances, and having a mental health problem also increases the risk of physical ill health. 83,215 people age 16-64 years in Nottinghamshire are estimated to have a mental health disorder, of which 93% are common mental health disorders (PANSI). There is significant variation in the prevalence of mental illness, rates of suicide, rates of self-harm and proportion of benefits claimants between districts in Nottinghamshire, broadly reflecting the variation in levels of deprivation.

Levels of disability in Nottinghamshire (20%) are higher than both the East Midlands (19%) and England (18%) and patterns of disability reflect variations in deprivation. (Levels are highest in Mansfield, 24% and lowest in Rushcliffe at 16%). It is estimated that in 2012 there were 38,891 people with moderate and 11,717 with severe physical disabilities. People with disability have more difficulty accessing services and are at increased risk of other physical health problems (PANSI)

It is estimated that there are around 13,656 people with moderate or severe visual impairment in Nottinghamshire of which 64% are aged 75 or over (PANSI, POPPI) and that there are 87,757 people with moderate or severe hearing impairment of which 75% are aged 75 or over. Sensory impairment can impact on every daily living skill and can be extremely isolating with access to services presenting particular difficulties. Acquired deafness with age is expected to increase across Nottinghamshire.

People with learning disabilities die younger and have poorer health than the general population. These differences are, to some extent, avoidable and therefore represent health inequalities. It is estimated that about 3,079 people over the age of 18 in Nottinghamshire have a moderate or severe learning disability (PANSI). In Nottinghamshire a higher proportion of people with learning disabilities than the national average live in their own homes (25%) and the percentage in paid employment (10%) is in line with the national average. A Nottinghamshire survey suggested around a third of people with learning disabilities would like to move, or would need to move (e.g. due to ageing family carers), in the next five years. There are concerns locally about levels of hate crime experienced by people with a learning disability.

Autistic Spectrum Disorder (ASD) is defined as a lifelong developmental disability that affects how a person communicates with, and relates to, other people. An estimated 4,804people aged between 18 and 64 have ASD in Nottinghamshire (PANSI). Around 50% of people with ASD also have a learning disability. People with ASD are much more likely to have mental health problems than the general population and a number of other conditions occur at a higher rate in people with ASD, including epilepsy and attention deficit hyperactivity disorder.

Long Term Conditions In general, the prevalence of many long-term conditions in Nottinghamshire is similar to the national average. The most common long-term conditions are hypertension, common mental health disorders, asthma, chronic kidney disease, diabetes, chronic back pain and coronary heart disease. Most long-term conditions are more prevalent in more deprived communities. The estimated number of hypertension sufferers in the county is 209,000, well above the next most common long-term condition (mental health with 83,215 sufferers). A relatively high proportion of people with some long-term conditions remain undiagnosed and therefore untreated, this includes those with hypertension, diabetes, COPD (Chronic Obstructive Pulmonary Disease), dementia and chronic kidney disease.

Older People: Census figures showed that the population living in Nottinghamshire aged 65+ has increased from 16.5% in 2001 to 18% in 2011. It is estimated that by 2020 21% of the total population will be aged 65+ (POPPI). The highest number of older people live in Newark and Sherwood, Gedling and Bassetlaw. Health and wellbeing needs of both an ageing and diverse population will need to be addressed.

Dementia is one of the main causes of disability in later life and the number of people with dementia is rising as the population ages. The prevalence of dementia is expected to rise across Nottinghamshire by

19% over 6 years from 11,022 in 2015 to 13,137 in 2021. Currently it is estimated that only about 54% of people with dementia are diagnosed and treated by their GP.

Carers In 2011 90,698 people were providing unpaid care in Nottinghamshire which is an increase of 7,517 since the 2001 Census. In addition, 2% of the 0-15 population in Nottinghamshire have caring responsibilities for another person (Census 2001). Of those adults providing unpaid care, 24% provided 50 or more hours per week, compared with 21% in the 2001 Census. A small survey of 19 of the county's young carers found that the average number of hours worked per day was 3.9 (weekdays), and 11.1 hours per weekend. Provision of unpaid care is highest in the north of the County.

The Wider Determinants Of Health & Wellbeing

Benefit claimant rates were lower in Nottinghamshire (2.6%) in October 2013 compared with the East Midlands (2.9%) or UK (3.0). Employment within industry sector shows that a higher proportion are employed within manufacturing within Nottinghamshire (12%) compared with England (9%), particularly in Ashfield (16%) (Census 2011).

Dwelling burglaries represented 5% of notifiable offences in Nottinghamshire in 2012/13 however this varied across Nottinghamshire with 8% in Rushcliffe and 3% in Mansfield. The number of reported incidents for violence crime were highest in Ashfield (1596) and Mansfield (1882) and lowest in Rushcliffe (580) and Broxtowe (942) in 2012/13.

Domestic violence has physical, psychological and further consequences on health and wellbeing for the victim and children who are exposed to domestic violence in the home. The majority of domestic violence incidents are not disclosed to the authorities but findings from the British Crime Survey 2011/12 show that around 30% of women will experience domestic violence at some point in their lives, equating to around 70,000 women in Nottinghamshire. Reported incidents of domestic violence have increased across Nottinghamshire between 2007-2012 and were highest in Ashfield and Mansfield (Report on Domestic Violence to Health and Wellbeing Board, Jan 2013).

Housing The relationship between health and housing is well documented: fuel poverty, the condition of homes, suitable sustainable accommodation (given the ageing population), and affordable homes have been identified as key factors affecting physical and mental health. In Nottinghamshire 1.4% of homes had no central heating (Census 2011) which is lower than England (2.7%). Within Nottinghamshire, Broxtowe (1.8%) and Gedling (1.7%) had the highest percentage of homes without central heating. In 2011 13% of households in Nottinghamshire were socially rented compared with England 18% (Census 2011).

Road traffic collisions (RTCs) are the single largest cause of premature death and serious injury in the country and they are largely preventable if the right resources, strategies and interventions are in place. In Nottinghamshire, around 70 people are killed and seriously injured every week on the County's roads. The rate of road injuries and deaths is significantly higher than the England average (APHO Health Profile 2012); however the rate has been falling year on year. Young people under the age of 25 years, road type (rural) and driver behaviours (speeding, using mobile homes, drink driving, not wearing a seatbelt) all contribute to increase an increased risk of a road traffic collisions.

Our Joint Strategic Needs Assessment (JSNA) is available at:
http://www.nottinghamshireinsight.org.uk/insight/jsna/county-jsna-home.aspx

Public Health England health profiles available at:
http://www.apho.org.uk/resource/view.aspx?RID=116449

Our ambitions

The Nottinghamshire Health and Wellbeing Board agreed four ambitions to achieve its vision to improve health and wellbeing across Nottinghamshire:

A GOOD START
We want to give children, young people and their families in Nottinghamshire a good start in life, to be healthy, safe and to reach their full potential.

LIVING WELL
We would like for people to lead healthier lives and to make healthier choices to prevent problems. We also want to make sure that we have services in place to address any problems early before they need more complex treatment.

COPING WELL
We want to help people cope well and to help and support people to improve and maintain their own health and wellbeing, to be independent and reduce their need for traditional health and social care services where we can.

WORKING TOGETHER
We would like services to work together to improve health and wellbeing. The Health and Wellbeing Board will provide the leadership to join up services and make sure that health and wellbeing services work together, sharing information to deliver consistent care or advice, wherever people live and whatever service they use. All of the priority areas include an element of integration.

These are our ambitions to improve the health and wellbeing of the people of Nottinghamshire. Underpinning all of these principles is a drive to ensure that we reduce and remove health inequalities. We recognise that health is improving but not at the same rate for everyone. Some groups have a higher presence of disease, worse health outcomes or worse access to health care that cannot be explained by differences in need.

We recognise that there are inequalities within districts in Nottinghamshire. The Health and Wellbeing Strategy provides an over arching vision for the County which partners should reflect in their own plans which may be on a geographical or condition specific basis.

Across the Nottinghamshire health and local government community, there is a need to save approximately £600 million from an expenditure of £1.8 billion over the next 3 years. A large amount of this money will be reinvested in health and local government services to meet the needs of an ageing population and increasing costs from medical advances and rising service costs.

The Health and Wellbeing Board is committed to improving health and wellbeing for local people. To do this, it must prioritise areas of greater need and greater potential to make improvements, so that it can make the best use of available finances.

The Board will take advantage of new structures and strengthened relationships to transform health and wellbeing services. It will lead the development of integrated approaches to achieve benefits that cannot be realised by any single organisation alone. This will require health, social care, housing, planning and other partners to work together and behave differently; building positive outcomes that further develop trust and confidence within partnerships.

How will we achieve our ambitions?

We have identified a number of actions which will support the delivery of our ambitions. The actions will deliver the biggest impact within areas of greatest need locally. The Health and Wellbeing Board is supported by a number of partnership boards which will work to deliver these actions. All partners will work to help to achieve the ambitions and will reflect their role in the deliver of the Strategy within their own plans.

Measuring Success: Nottinghamshire Local Outcomes Framework

It is important to make sure that real health and wellbeing improvements are delivered through the implementation of the Strategy. In addition to citizen feedback, the best way to achieve this at a service level, is to use recognised measures to monitor the benefits arising from agreed priority actions.
There are currently three national outcomes frameworks that are particularly relevant to local authority health and wellbeing strategies (June 2013). These are:

- The Adult Social Care Outcomes Framework (ASCOF)
- The NHS Outcomes Framework (NHSOF) and
- The Public Health Outcomes Framework (PHOF).

A Children and Young People's Health Outcomes Framework is also planned following a national strategy report in January 2013.

Each of these sets out a range of indicators that attempt to cover health and wellbeing priorities. The Outcomes Frameworks are all structured differently; together they embrace several hundred separate indicators.

The Local Outcomes Framework is a tool developed in Nottinghamshire to assess the success of the Health and Wellbeing Strategy. The indicators in the Local Outcomes Framework are derived from the national documents listed above, but also reflect agreed national and local measures that complement the national outcomes frameworks.

Actions

STARTING WELL

Work together to keep children and young people safe

Why is this important?

All children and young people need to be safe and feel safe so that they can achieve their full potential. All partner organisations have a role in safeguarding children, with Children's Social Care leading on the protection of the most vulnerable and we will continue to work together through the Children's Trust and the Nottinghamshire Safeguarding Children Board (NSCB).

Recently, there has been a substantial increase in the numbers of children who are referred to Children's Social Care, and in the numbers who are looked after by the local authority. This is a national trend which is reflected in Nottinghamshire. It creates increasing demand for services, while financial resources are decreasing. We are responding to this by developing innovative ways to work together, including the County Council's new operating model for children's services and the next stage of a transformation programme for Children's Social Care.

Actions
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 We will develop improved partnership arrangements to identify and support young carers We will deliver the next stage of a partnership strategy to ensure that children and young people are protected from sexual exploitation We will promote children and young people's awareness of safeguarding by developing a programme of engagement and participation in schools or other universal settings We will identify ways to promote safeguarding in the wider community, including through businesses and workplaces
We will deliver the next stage of a comprehensive improvement programme for Children's Social Care that will focus on: • Looked After Children • Disabled Children's Services, • Family and Placement Support • Workforce Development. We will continue to improve our arrangements for engaging children and young people in decision-making about their lives, including in child protection planning
We will review and further develop partnership arrangements for safeguarding children, as set out in the national guidance 'Working Together 2013' We will simplify and improve access to children's services by implementing a new operating model for services We will work together to support the effective operation of the County Council's Multi-Agency Safeguarding Hub (MASH), by bringing together the MASH and the Early Help Unit developing more effective information-sharing between partners promoting a shared understanding of thresholds for access to services

Outcome measures to be developed for each of these actions

Provide children and young people with the early help support that they need

Why is this important?

Providing early help when families need it is key to improving outcomes for children and young people. It also reduces the likelihood that families will need more costly specialist or statutory services, such as support from Children's Social Care. Early help may involve providing help early in a child's life. It may also be help that is provided early on when an issue emerges, whatever the age of a child or young person. Early Help Services are provided to children and young people across Nottinghamshire by a range of partner agencies. To provide effective early help, these organisations need to work together and provide clear pathways of support.

In Nottinghamshire, outcomes for children and young people vary across localities and there is an association between poorer health and wellbeing and higher levels of social or economic deprivation. The localities where there are higher numbers of families on low incomes are often those where children have more health and wellbeing issues. These can be inter-linked, with many children and young people facing difficulties in several areas of their lives. To respond to this, our partner organisations will work together to provide integrated early help services to those who need them most.

Actions
We will align early help and social care services in localities so that families receive a joined up service 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 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 We will review and refresh our family support offer, to establish a consistent approach across the children's workforce
We will work together to align the services that are commissioned by the Integrated Commissioning Hub with the County Council's early help offer We will implement a multi-agency workforce development plan to ensure that we recruit and retain staff who have the necessary skills, knowledge and capacity to meet the needs of vulnerable children or young people and their families We will review and refresh our common assessment approach for individual children, young people or families who need integrated early help support

Outcome measures to be developed for each of these actions

Improve health outcomes through the integrated commissioning of children's health services

Why is this important?

Investing in children's health is an investment in the future. Healthy children and young people are able to enjoy life and achieve their full potential. They are more likely to go on to become healthy adults and parents who in turn promote better health in future generations. Early intervention and prevention to improve children's health and wellbeing can produce longer-term financial savings in higher-cost medical services.
Poorer health is associated with economic deprivation, both nationally and locally. Integrated working across health, social care and education services is more likely to provide disadvantaged children and young people with the right support. The Integrated Commissioning Hub acts as a single point of coordination for children's health and wellbeing integrated commissioning, on behalf of Clinical Commissioning Groups, the County Council, including Public Health and (from October 2015) NHS England Area Teams.

Actions
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 JSNA and to inform future commissioning, linking to the Integrated Community Children and Young People's Healthcare priority on reducing hospital admissions 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.
We will further improve ways to actively engage children, young people and families in developing and reviewing services and use feedback to inform future commissioning We will review the Child and Adolescent Mental Health (CAMHS) pathway, establish if there is a need for a new operating plan and then, if needed, implement any new operating plan We will review elements of the Community Paediatric Services provided by the Sherwood Forest Hospitals NHS Foundation Trust and the Nottingham University Hospitals NHS Trust, and ensure that outcome based service specifications and robust quality and performance monitoring processes are in place for: • Medical Advisors to Adoption Service • Medical Services for Looked after Children Child Death Review Process (including rapid response to an unexpected death of a child)
We will embed integrated commissioning arrangements for children's health services and interventions across the local NHS and local authority organisations. We will work with NHS England to commission the Healthy Child Programme. This will include: A new contract and service specification for the School Nursing service in place from April 2015. Completion of the Healthy Schools review and implementation of key recommendations by July 2014 Successful transfer of commissioning responsibility for Health Visiting from NHS England to the Local Authority (ICH) from October 2015. Successful transfer of commissioning responsibility for Family Nurse Partnership from NHS England to the Local Authority (ICH) from October 2015. We will champion Children and Young People issues through public health life course areas.

Outcome measures to be developed for each of these actions

Close the gap in educational attainment

Why is this important?

Educational attainment gives young people greater opportunities for employment or further or higher education. It enables them to participate in society, achieving their full potential and contributing to their community and to the economy. Some children and young people may need more support to enable them to achieve. Both nationally and in Nottinghamshire, there is a gap between the achievements of disadvantaged children and young people and their peers.
In Nottinghamshire, overall educational attainment continues to improve each year at a higher rate than nationally. Attainment by those from disadvantaged groups is also increasing, but there is still a significant gap between these learners' attainment and that of their peers. We need to work to reduce this gap, while continuing to promote achievement for all.

Actions
We will deliver on the commitment to devolve funding for the support of pupils with emotional and behavioural difficulties to local School Behaviour and Attendance Partnerships 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 Gap Strategy
We will raise the educational achievements and aspirations of looked after children and young people, by providing support and monitoring to the schools that they attend We will raise the educational achievements of children and young people with disabilities and special educational needs, by developing more coordinated support and early help services
We will identify how partner organisations can contribute to closing the gap in educational attainment, by improving the health and wellbeing of children and young people so that they are able to fulfil their educational potential

Outcome measures to be developed for each of these actions

LIVING WELL
Tobacco Control

Why is this a priority? In England around 79,100 deaths (18% of all deaths of adults aged 35 and over) are estimated to be caused by smoking. In Nottinghamshire around 20% of adults smoke. Despite services to help people quit, smoking continues to highlight significant health inequalities and is the leading cause of preventable ill health and death.

Actions
Work with the 22 key contacts identified in the Children Families & Cultural Services directorate to integrate elements of tobacco control in to programmes and services for young people to include; Supporting the Children, Families and Cultural Services Department to establish a refreshed Tobacco policy (including secondhand smoke) for service users and staff by 2016 Increase the availability of smoking cessation resources by 20% to all youth service and children centre settings by 2016 Establishing and evaluating the secondhand smoke DVD's and resources in the 285 primary schools & other educational settings by 2016. Working with the 7 district councils to reduce the harms of secondhand smoke by exploring extending smokefree environments to play parks and schools.
We will support people to quit smoking through delivering quality universal stop smoking services. We will extend tailored and targeted stop smoking services to meet the needs of local population from April 2015 especially in; • Routine and Manual workers • Young People • Pregnant women • Other specific populations of need including; people with mental health problems We will deliver appropriate brief intervention training to prioritised frontline health, social and voluntary sector staff in Nottinghamshire in order to give them the skills to raise the issue of smoking and signpost people who want to quit to their local service. We will explore how to implement harm reduction strategies across Nottinghamshire based on the evolving evidence by 2015.
We will work with partners to embed Steps to Go Smokefree into services in order to achieve a 10% increase in the number of pledges received for the Steps to Go smokefree initiative *(baseline 2013-2014).* We will actively promote the use of the Smokefree Notts website to achieve a 10% increase in the usage of the smokefree website *(baseline 2013-2014).* 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)).* We will achieve high level sign up of the Tobacco Control declaration across partners.

Outcome measures to be developed for each of these actions

Obesity and Maintaining Healthy Weight:

Why is this a priority? Obesity increases the risk of Type 2 diabetes, cancer and heart disease. It shortens life expectancy by 9 years. In Nottinghamshire, 8.5% of children aged 4/5 are obese and at the age of 10/11 this doubles to 17.4%.

There is a need to tackle elements of the environment that are 'obesity promoting' as well as providing people with the support and motivation to improve their diet and physical activity levels.

Actions
Increase the number of healthier choices available in out of home food provision such as fast food outlets. Increase the number of workplaces that are promoting and supporting physical activity, healthy eating initiatives and weight management support.
Establish obesity prevention and weight management services in each district • Decommission current services and commission countywide integrated obesity prevention and weight management services for children and adults. Develop access to personalised advice and support for both children and adults with excess weight to meet the needs of the local population.
Ensure workplace strategies are in place which promote healthy eating and physical activity.

Outcome measures to be developed for each of these actions

Drugs and Alcohol:

Why is this a priority? Nottinghamshire experiences a wide range of drug and alcohol misuse (substance misuse) related issues, with the north of the county experiencing the greatest level of harm in terms of problematic drug and alcohol use.

Intelligence continues to suggest that all drugs appear to be readily available, drug use patterns are changing and new synthetic drugs ('legal highs') being used. Nottinghamshire has approx. 111,000 (20%) people drinking at levels that are increasing their risk of health problems.

Actions
Improve the way in which we identify and support the needs of the individual, children and young people and parents in relation to their substance misuse needs by intervening earlier (Nottinghamshire Substance Misuse Strategy priority) • Increase awareness of the impacts of drugs and alcohol through appropriate channels/media to all ages. • Implement Alcohol Diversion Scheme • Implement Young Person's Substance Misuse Diversion Scheme. • Implement intensive Youth Support Project in Manton and Coxmoor.
Commission locality based substance misuse services, in partnership plus areas that support the needs of the individual, their families and carers to enhance their recovery potential - (Nottinghamshire Substance Misuse Strategy priority) • Ensure Alcohol Identification and Brief Advice is offered routinely by primary care. Ensure accessible substance misuse services are in place across the county to meet the needs of the local population.
Ensure Alcohol Identification and Brief Advice is offered routinely by partners. Ensure workplace substance misuse strategies are in place.

Outcome measures to be developed for each of these actions

Sexual Health:

Why is this a priority? There continues to be an increase in risky sexual behaviour, with continued ignorance about the possible consequences. Furthermore, there is a clear relationship between sexual ill health, poverty and social exclusion in Nottinghamshire.

15% of young adults between the age of 18 and 26 have had a sexually transmitted disease in the last year. Between 10 and 20% Chlamydia cases result in infertility. The proportion of heterosexuals who acquire their HIV infection in the UK continues to increase.

Actions
Renegotiating sexual health contracts to ensure equity of access and cost effectiveness across the county – new contracts to be in place by April 2014 Achieve the National rate for the uptake of Long Acting Reversible contraception by April 2015 Increase the number of new providers offering Emergency Hormonal contraception for women of all ages by 5% by April 2015 See also Children, Young People and Families priorities
All contracts for contraception and sexual health services will specify that Chlamydia testing is offered routinely to all 15-24 year olds by April 2014.
Targeted testing for HIV will be offered to high risk groups at the point of access in community settings from July 2014 Complete a comprehensive sexual health needs assessment for Nottinghamshire with recommendations for future actions by July 2014

Outcome measures to be developed for each of these actions

Community Safety and Violence Prevention – Domestic and Sexual Violence

Why is this a priority?

One in four women experience domestic violence across their life time and one in ten in any given year. The estimated number of female (16-59 years) victims of domestic violence in Nottinghamshire is between 66,000 and 73,000 across their lifetime and between 16,000 and 25,000 in any one year. Domestic violence in men is less common, but still represents an important element of this priority.

One in five women (19.6%) and 2.7% of men have suffered a sexual assault since the age of 16. Three percent of women and 0.3% of men report an actual or attempted sexual assault in any one year, equating to around half a million adult victims. Young women are at greatest risk of sexual assault, with prevalence of past year victimisation rising to 7.9% in 16-19 year old females.

The impact of domestic and sexual violence on physical and mental health can be very serious. This can be mitigated by interventions to improve safety and repair damaged self-esteem and confidence.

Domestic and sexual violence and abuse is under reported to the authorities. We are committed to establishing an infrastructure that improves the identification of those experiencing or have experience domestic and sexual abuse and to enable them to receive the support they need sooner. Developments across the Health Service include a greater emphasis on training, identification and referral to General Practice and hospital based staff. Developing a greater awareness of domestic and sexual abuse and healthy relationships is taking place in schools and the community through prevention programmes. Use contractual levers to ensure that midwifery services routinely ask about, record disclosure and refer pregnant women experiencing domestic abuse.	**Outcomes** All Clinical Commissioning Groups to implement IRIS Increased reporting of domestic and sexual abuse but reduced severity of that abuse as measured by repeat victimisation and risk level analysis
Currently specialist domestic and sexual violence and abuse services are commissioned to support people through a range of interventions including advocacy, refuge, outreach, floating support and sanctuary schemes. This includes specialist services for children and young people affected by domestic abuse. Repeat victims of domestic violence and abuse who are deemed to be at medium risk and who have complex needs are now offered a support service tailored to their needs. A consistent key worker who can remain involved long enough to gain the trust required before real changes can be made to their safety is in place. The City and County Councils are committed to	

maintaining the free 24 Hour Domestic and Sexual Violence Helpline which supports individuals and professionals with advice and information at any time of day or night. Three key agencies are responsible for managing the behaviour and welfare of offenders and potential perpetrators of domestic and sexual abuse. These are Notts Police, Notts Probation and Notts Healthcare Trust. Their activities are co-ordinated through the MASH, MAPPA and MARAC processes where intelligence and activity is shared to protect the public and support individuals to rebuild their lives and access mental health and substance misuse services as required.	
A review of the provision of domestic violence and abuse services will be complete in spring 2014. The Domestic and Sexual Abuse Executive Group will oversee the implementation of the review recommendations Clinical Commissioning Groups support improved information sharing between General Practice and MARAC. Learning from recent developments in primary and secondary care and medium risk work will take place following robust evaluations if these interventions. MARAC arrangements are currently being reviewed and improved to ensure best practice and common procedures across City and County to support High Risk victims The MASH (Multi-Agency Safeguarding Hub) is revising its procedures to include alerts to schools where a child has been affected by a serious DV incident	**Outcomes** All Clinical Commissioning Groups to implement GP practice information sharing with MARAC The Domestic Abuse Review and Joint Strategic Needs Assessment will inform the re-commissioning of domestic abuse services in 2015

Healthy environments in which to live, work and play - Housing

Why is this a priority? The Place where we live, work and play needs to include quality and affordable housing meeting all of the current 'green' requirements, as well as having access to employment, travel (affordable transport links), leisure (parks and green space) and other essential requirements such as health care and schooling. All these elements contribute to improved wellbeing.

Specific needs around housing are being highlighted in joint work across Nottinghamshire. Action will be required to improve health and wellbeing for communities.

- Fuel Poverty and Affordable Warmth **-** Around 20% of excess winter deaths can be attributed to cold housing.
- General Housing Stock Condition and Adaptations **-** cardiovascular disease, respiratory diseases, rheumatoid arthritis, depression and anxiety, nausea and diarrhoea, infections, allergic symptoms, hypothermia, physical injury from accidents, and food poisoning are all associated with poor housing. Tackling these conditions requires improvements in the condition and available adaptations to housing.

Actions
Work with partners to further develop strategies for ensuring the future housing supply meets the needs of our ageing population, as well as people with mental ill-health, physical, sensory and learning disabilities.
Increase appropriate housing, maintain quality and support solutions to enable people to stay in ordinary housing settings for longer, such as affordable warmth, accreditation schemes for landlords and local adaptation funding.
Promote joint working across health and local authorities to improve planning processes to promote the quality of housing, the environment and access to facilities.

Outcome measures to be developed for each of these actions

Workplace Health

Why is this a priority? Evidence suggests the better people feel at work the greater their contribution, the higher their personal performance and the performance of their organisation. Addressing workplace health and wellbeing effectively will improve health outcomes for staff, reducing sickness absence, staff turnover, presenteeism (attending work when unwell) and improving performance. In 2011/12, 27 million work days were lost through long term sickness (over 20 weeks), of which 22.7 million were linked to work related ill health. In Nottinghamshire, there is an older workforce, which is associated with greater health implications.

Actions
Establish & implement a workplace health and wellbeing programme across the County
Establish an integrated and inclusive workplace wellbeing programme within the County, commencing with Nottinghamshire County Council and sharing learning across partners.

Outcome measures to be developed for each of these actions

Carers: Priorities for 2014 - 2106

Why is this priority? The 2011 Census identified an increase in the number of carers in the last decade by 7,517 across Nottinghamshire County. There are now an estimated 57,426 carers providing between 1-19 hours of care per week, and the number of carers now providing over 50 hours of care per week has reached 21,680.

The challenges posed by an ageing society are relevant to health, Local Authorities, District and Borough Councils and the third sector. It is therefore essential that the needs and services required by carers are considered jointly

Actions
We will evaluate the temporary Carers' Triage Project (based in the Customer Services Centre, where specialist staff take calls from carers, offering them on-the-spot information, advice, assessments, etc) and consider options for future implementation. We will improve information and advice for carers with a focus on consistent and accurate advice, and ways of enabling carers to access information themselves e.g. using the 'Choose My Support' website. We will 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. *Continue to develop a whole family approach to identifying and supporting young carers.*
We will create 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. We will make it easier for carers to access 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.
We will work with our partners in the NHS, across the voluntary and community sector and with carers themselves, to plan, implement and evaluate the Carers' Strategy. We will oversee the joint NHS and Local Authority funding for Carers in partnership with the Carers' Implementation Group. This will involve consideration of the national planning guidance for the Better Care Fund.

Outcome measures to be developed for each of these actions

Mental Health and Emotional Wellbeing

Why is this a priority? Mental health and wellbeing are fundamental to the quality of life and productivity of individuals, families, communities and nations. One in four people will experience mental health problems during their lives and one in ten children between 5 and 16 has a mental health problem. 23% of all ill health is mental ill health with an estimated cost of £105 billion

Service developments will be directed by the national strategy "No Health Without Mental Health" (DH National MH Strategy 2010) and the local No Health Without Mental Health, Nottinghamshire Strategy 2013. The impact of worklessness is a key factor leading to stigma and discrimination.

Actions
We will work with our partners in NHS, providers, and the voluntary and community sector to develop and implement an integrated model for preventing self-harm and suicide for known high risk groups as part of the local joint mental health strategy. We will undertake public consultation and engagement to develop an action plan. We will complete service mapping and modelling on pathways and services to ensure families and carers get access to appropriate evidence based community services that prevent admissions during a mental health crisis. We will work with our partners in developing a model of and funding for a low level crisis intervention and prevention service that will reduce and prevent admissions to hospital, use of S136 Suites, and inappropriate contact with criminal justice system.
We will continue the work of the mental health utilisation review project to identify additional housing and support alternatives that will enable people who no longer require inpatient treatment to be supported in the community, at the right time, in accommodation and support that promotes community inclusion, choice, independence and a safe place to live. We will ensure all programmes that support people to find and retain employment include people with mental health problems We will work with partner organisations to develop synchronised discharge pathways that support people moving out of hospital, rehabilitation services and acute admission wards.
We will work with partner organisations to implement the No Health Without Mental Health Strategy Nottinghamshire (2013), identifying commissioning priorities for 2014 – 2015 that support evidenced based interventions and outcomes. We will work towards integration to ensure that Health and Social Care commissioned services work together and are delivered in the most efficient and cost effective way, providing best value and quality. This will include working with with other area e.g. Carers and Physical Health We will continue to improve access to physical health services for people with long term mental health conditions, including, how best to build physical health needs into the Care Programme Approach. We will work with partner agencies to strengthen links between Social Care, Mental Health Services and Criminal Justice System including Police Forces to ensure that people receive the appropriate support, reducing inappropriate contact with the Criminal Justice System.

Outcome measures to be developed for each of these actions

Physical Disability and Sensory Impairment (Long Term Conditions)

Why is this a priority? Disability impacts on the length and quality of an individual's life, and can affect access to services. Disabled people generally fare less well than non-disabled people across a wide range of indicators and opportunities. The lack of inclusion in routine data recording makes it difficult to measure equity of access and outcomes for disabled people.

Actions
We will ensure that there are the right range and amount of early intervention and prevention services available. We will do this by: • Researching and reviewing evidence base and available data • Developing a strategy to improve outcomes for people with a physical disability, sensory impairment and Long Term Neurological Conditions. We will support people with a physical disability and sensory impairment by: • improving equity of access to services including people with HIV/AIDS, Long Term Neurological Conditions and Sensory Impairment • Improving ways to help people self manage their conditions including increasing the range of self management and self help programmes and implementing the Nottinghamshire County Self Care Strategy. • Ensure people have better access to information and advice including in other formats i.e. signing, audio CD, Braille etc. • Increasing the use of Assistive Technology to support independence • Assess best models for self help solutions such as, reablement and Time Banking.
We will work with health, social care, housing and other agencies to identify solutions and support to enable people to stay in ordinary housing settings for longer - See also Housing section. We will support people to stay in ordinary housing for longer by: • Developing service models to support young adults to live in the community including options for alternatives to residential care • Working together to ensure accommodation is designed to meet specific needs of people with a Physical Disability and Sensory Impairment e.g. Homes for Life • Identify appropriate community based services for people with sensory impairments who have complex needs • Develop community focused rehabilitation services for people with Long Term Neurological Conditions across Nottinghamshire. We will develop and implement pathways supporting people with Traumatic Brain Injury ensuring equity of access to services across Nottinghamshire and support independence. We will implement the Action Plan for Stroke and Physical Disability including Long Term Neurological Conditions. We will work with Health partners to identify opportunities to jointly commission community based stroke services. This will include identifying and securing funding for voluntary sector based services
We will explore greater integration between the Long Term Neurological Conditions Network and other Networks, including how clinicians and practitioners work together and links to other areas e.g. Carers and Mental Health 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.

Outcome measures to be developed for each of these actions

Older People

Why is this a priority? Nottinghamshire has a higher proportion of older people than the national average with 18.1% of the population being over 65. By 2020, the numbers of older people in the county are predicted to increase by 31% among those aged 65 and over. The over 85 age group will increase by 39% in the same period.
Falls are a significant health issue for older people both nationally and locally. They are a major cause of disability, impairment and loss of function.

Actions
We will promote healthy ageing and tackle preventable ill-health by: • Continuing to address fuel poverty through targeted work e.g. Winter Warmth, Handy Persons Adaptation Scheme • Investigating new ways of promoting exercise and falls awareness • Developing a joint strategy to reduce falls and promote bone health; specifically working to reduce number of fallers taken to hospital • Reducing loneliness through a campaign to raise awareness and by ensuring current and new services can identify and respond to the needs of isolated people. We will design a new service model and consider procuring services which will directly address isolation and loneliness by 2015.
We will support older people to live at home safely for longer by: • Developing a minimum of an additional 160 Extra Care places across the County by 2017/18 • Create more flexible home based care services by April 2014, which will include carers' crisis prevention services and a 24 hour response service. • Support more people to self- manage their health and social care needs with help from community health and social care teams • Developing a joint strategy on sustainable housing 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 and are delivered in the most efficient and cost effective way. We will achieve this through the 3 local transformation groups; SIGNS, Mid Notts and Bassetlaw which are working to: • avoid admission to hospital or residential care and following a health crisis, support people to (re)gain their independence • integrate services where appropriate across homecare re-ablement, intermediate care and other discharge services • develop pathways/alternatives to enable people who are able to transfer out of hospital as soon as they are medically well into services that will support them to re(gain) their maximum independence • implement Comprehensive Geriatric Assessment (CGA) and case management We will review the range of existing early intervention and prevention services to ensure that they are joined up, cost effective and deliver good outcomes for individuals. We will continue to improve the quality of care in care homes by implementing any recommendations arising from the 'Strategic Review of Care Homes'.

Outcome measures to be developed for each of these actions

Dementia

Why is this a priority? The prevalence of dementia is expected to rise across Nottinghamshire by 88% between 2010 and 2030 from 9,800

to 18,400 because of the ageing population. Currently it is estimated that only about 45% of people with dementia are diagnosed and treated by their GP. Carer breakdown is a major cause of people moving into residential care.

Actions
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. • We will improve advice and support to people in the early stages of dementia through ; • Improving access to information about dementia and local services for people with dementia and their carers (internet and paper-based information) • Increasing referrals to the Dementia Advice and Support Service in all areas across the County We will increase the rates of dementia diagnosis to two thirds of prevalence by 2015 in line with the 'Prime Ministers Challenge' through; • Implementation of updated GP guidelines for the Prevention, Early Identification and Management of Dementia • Ensuring the full implementation of the Memory Assessment Service (MAS) county-wide.
We will continue the implementation of enhanced community services and services that support people to remain in their own home through; • enhancing the Intensive Recovery Intervention Service in Rushcliffe and Broxtowe, • continuing to promote the use of specialist assistive technology • the introduction and evaluation of an assessment bed service for people with dementia and/or mental health problems in the south of the county • the development of 10 specialist bungalows at the Extra Care development in Mansfield by 2015 • creating specialist 'Compass Workers' to support carers by April 2014.
We will improve the quality of dementia care in care homes through a joint improvement plan that includes; • continuing the specialist training programme for care home staff • recognition of high quality and excellent care through the dementia quality mark (DQM) • continued specialist support to care homes from the Dementia Outreach Team. • The plan will also take account of any findings and/or recommendations from the 'Strategic Review of Care Homes'.

Outcome measures to be developed for each of these actions

Learning Disability and Autistic Spectrum Conditions (ASC)

Why is this a priority?

The social exclusion task force identified people with moderate and severe learning disabilities as one of the most excluded groups of people within our society. There are an estimated 14,715 people in Nottinghamshire with a learning disability, approximately 247 of whom have profound and multiple disabilities.

The National Autistic Society estimate two-thirds of adults with Autism do not have enough support for their needs and one in three people experience mental health difficulties due to this.

Although not high volume, the current cost of services for people with learning disabilities and/or Autism and profound and/or complex needs tends to be extremely high.

Actions
We will develop a comprehensive training plan across health and social care to ensure a greater understanding of Autism and other neurological development disorders.
We will develop appropriate local community based health, housing, care and support services to help reduce the amount of people with a learning disability and/or Autism in secure hospitals and assessment and treatment units or in out of county placements. We will map the needs of young people transitioning from children's services and use this information to ensure appropriate health, support, housing and education services are available in Nottinghamshire.
We will develop a pooled budget between health and social care to support people with the most complex and challenging needs. We will develop a model to ensure effective diagnosis and post diagnostic support is available for people with Autism and other neurological development disorders such as Attention Deficit Hyperactivity Disorder (ADHD). We will improve data collection and sharing around people with Autistic Spectrum Conditions in order to better plan future services.

Outcome measures to be developed for each of these actions