Nottinghamshire County Council

# Health and Wellbeing Board

## Wednesday, 03 December 2014 at 14:00

**County Hall**, **County Hall, West Bridgford, Nottingham, NG2 7QP**

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# AGENDA


| | | |
|---|---|---|
| 1 | Minutes of the last meeting held on 1 October 2014 | 3 - 8 |
| 2 | Apologies for Absence | |
| 3 | Declarations of Interests by Members and Officers:- (see note below)<br>(a) Disclosable Pecuniary Interests<br>(b) Private Interests (pecuniary and non-pecuniary) | |
| 4 | Nottinghamshire Safeguarding Children Board Annual Report 2013-14 | 9 - 12 |
| 5 | Mental Health Issues: | |
| 5a | Overview of Chief Medical Officer's Annual Report 2013 | 13 - 20 |
| 5b | Nottinghamshire Children and Adolescent Mental Health Services (CAMHS) Pathway Review Update | 21 - 36 |
| 5c | Mental Health Crisis Care Concordat | 37 - 42 |
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| 7 | Better Care Fund Governance Structure and Pooled Budget | 71 - 74 |
| 8 | Chair's Report | 75 - 78 |

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| 9 | Work Programme | 79 - 82 |

**Notes**

(1) Councillors are advised to contact their Research Officer for details of any Group Meetings which are planned for this meeting.

(2) Members of the public wishing to inspect "Background Papers" referred to in the reports on the agenda or Schedule 12A of the Local Government Act should contact:-

Customer Services Centre 0300 500 80 80

(3) Persons making a declaration of interest should have regard to the Code of Conduct and the Council's Procedure Rules. Those declaring must indicate the nature of their interest and the reasons for the declaration.

Councillors or Officers requiring clarification on whether to make a declaration of interest are invited to contact Paul Davies (Tel. 0115 977 3299) or a colleague in Democratic Services prior to the meeting.

(4) Councillors are reminded that Committee and Sub-Committee papers, with the exception of those which contain Exempt or Confidential Information, may be recycled.

(5) This agenda and its associated reports are available to view online via an online calendar - http://www.nottinghamshire.gov.uk/dms/Meetings.aspx

Nottinghamshire County Council

# minutes

| | |
|---|---|
| Meeting | HEALTH AND WELLBEING BOARD |
| Date | Wednesday, 1 October 2014 (commencing at 2.00 pm) |

**Membership**
Persons absent are marked with an 'A'

## COUNTY COUNCILLORS

Joyce Bosnjak (Chair)
Kay Cutts MBE
A Stan Heptinstall MBE
Martin Suthers OBE
Muriel Weisz

## DISTRICT COUNCILLORS

| | | | |
|---|---|---|---|
| | Jim Aspinall | - | Ashfield District Council |
| A | Simon Greaves | - | Bassetlaw District Council |
| | Jacky Williams | - | Broxtowe Borough Council |
| | Henry Wheeler | - | Gedling Borough Council |
| A | Debbie Mason | - | Rushcliffe Borough Council |
| | Tony Roberts MBE | - | Newark and Sherwood District Council |
| A | Phil Shields | - | Mansfield District Council |

## OFFICERS

| | | | |
|---|---|---|---|
| A | David Pearson | - | Corporate Director, Adult Social Care, Health and Public Protection |
| | Anthony May | - | Corporate Director, Children, Families and Cultural Services |
| | Dr Chris Kenny | - | Director of Public Health |

## CLINICAL COMMISSIONING GROUPS

| | | | |
|---|---|---|---|
| | Dr Jeremy Griffiths | - | Rushcliffe Clinical Commissioning Group |
| | Dr Steve Kell OBE | - | Bassetlaw Clinical Commissioning Group (Vice-Chairman) |
| | Dr Judy Jones | - | Mansfield and Ashfield Clinical Commissioning Group |
| A | Dr Mark Jefford | - | Newark & Sherwood Clinical Commissioning Group |
| A | Dr Guy Mansford | - | Nottingham West Clinical Commissioning Group |

| | | | |
|---|---|---|---|
| | Dr Paul Oliver | - | Nottingham North & East Clinical Commissioning Group |

**LOCAL HEALTHWATCH**

| | | | |
|---|---|---|---|
| A | Joe Pidgeon | - | Healthwatch Nottinghamshire |

**NHS ENGLAND**

| | | | |
|---|---|---|---|
| A | Helen Pledger | - | Nottinghamshire/Derbyshire Area Team, NHS England |

**NOTTINGHAMSHIRE POLICE AND CRIME COMMISSIONER**

| | | | |
|---|---|---|---|
| A | Paddy Tipping | - | Police and Crime Commissioner |

**SUBSTITUTE MEMBERS IN ATTENDANCE**

| | | |
|---|---|---|
| David Mitchell | - | Rushcliffe Borough Council |
| Jon Wilson | - | Adult Social Care and Health Department |

**OFFICERS IN ATTENDANCE**

| | | |
|---|---|---|
| Vicky Bailey | - | Rushcliffe CCG |
| Lucy Ball | - | Public Health |
| Paul Davies | - | Democratic Services |
| Nicola Lane | - | Public Health |
| Tracy Madge | - | NHS England |
| Jo Marshall | - | Public Health |
| Lindsay Price | - | Public Health |
| Cathy Quinn | - | Public Health |
| John Tomlinson | - | Public Health |

## MINUTES

The minutes of the last meeting held on 2 July 2014 having been previously circulated were confirmed and signed by the Chair, subject to the inclusion of Councillor David Staples's attendance.

## MEMBERSHIP

Councillor Kate Foale was no longer a member of the Board. Councillor Kay Cutts had been appointed to the vacancy.

## APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Simon Greaves, Councillor Stan Heptinstall, Dr Mark Jefford, Dr Guy Mansford, Councillor Debbie Mason, David Pearson, Helen Pledger, Joe Pidgeon and Paddy Tipping.

## DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS

None.

## TOBACCO CONTROL

John Tomlinson gave a presentation on the effect of tobacco on people's health and the wider community, and the development locally and nationally of declarations on tobacco control. Organisations were encouraged to sign both the local declaration, and either the NHS or local government declaration. By doing so, the Board would show its commitment to provide leadership in tobacco control and the reduction of ill health from tobacco use. Nottingham City Council had given unanimous support to the declaration at a recent council meeting. It was intended that after public sector organisations had declared their commitment, other influential local organisations would be invited to sign the local declaration. The local declaration was a ground-breaking partnership commitment to reduce tobacco use. Signing up to the declaration required organisations to produce an action plan to demonstrate how they would reduce tobacco use.

Councillor Bosnjak referred to discussion at the last meeting about Health and Wellbeing Champions, and indicated that, because of the impact of smoking on young people, Anthony May would be the champion for tobacco control. In terms of involving schools, it was reported that Public Health were speaking to head teachers' meetings and senior staff in Children, Families and Cultural Services Department, and would work with organisations to help them develop a tobacco control action plan. It was suggested that action plans for Board partners be shared with the Board, and organisations be held accountable for delivering the actions. Hull City Council's Smoke's No Joke website was pointed out as an example of work aimed at young people. There were also examples of good practice from abroad. Tobacco control was suggested as an area on which district councils might work together.

There was also discussion about the different approaches which organisations were taking to electronic cigarettes. The long term health implications of these were unclear.

**RESOLVED: 2014/043**

1) That the Board endorse and sign the Nottinghamshire County and Nottingham City Declaration on Tobacco Control.
2) That Board members take the Nottinghamshire County and Nottingham City Declaration on Tobacco Control to their organisations for sign-up.
3) That Board members report their organisation's action plan to the Board.

## LEAVING HOSPITAL POLICY

Vicky Bailey introduced the report on the leaving hospital policy for south Nottinghamshire. The aim of the policy was to ensure that patients, families, carers and the public were aware of the expectation that patients would be required to leave hospital once they were deemed medically fit for discharge. Evidence showed that people recovered better and regained their independence in settings outside hospital.

The three CCGs in south Nottinghamshire had invested in some interim care and home care provision to assist the achievement of timely discharges from hospital. Similar plans were being developed in Bassetlaw and Mid Nottinghamshire.

There was broad support among Board members for the policy and the clarity it provided. It was explained that the policy had been developed after consultation with care homes and with some patient groups. A key point was that discharge plans should be in place at the time of admission. The policy drew attention to the relationship with social care, it being recognised that it was more cost effective to work with people in a setting outside hospital. The Better Care Fund plans contained proposals for promoting this.

Waiting for drugs to be issued by hospital pharmacies had been identified as a cause of delayed discharge. As a consequence, it was reported that Nottingham University Hospitals was appointing nine new pharmacists, with the aim of reducing these delays to a maximum of two hours.

It was felt that the leaving hospital policy would benefit the mental health sector too, and should therefore be considered by Nottinghamshire Healthcare Trust. In addition, the focus of the Better Care Fund was older people, while the leaving hospital policy covered patients of all ages. It would be helpful to know more about the flow of funding arising from the policy. A progress report in six months was therefore requested.

**RESOLVED: 2014/044**

That the report be noted, and a progress report be presented in six months.

## PEER CHALLENGE

The report gave details of preparation for the peer challenge on 3-6 February 2015. Board members were encouraged to raise issues which they would like to be covered, and to hold the dates in their diaries.

**RESOLVED: 2014/045**

1) That the peer challenge be noted and the preparatory work for the visit be approved.
2) That all Board members ensure their availability for the peer challenge on 3-6 February 2015.
3) That Board members identify any other issues for the peer challenge scoping meeting on 23 October 2014.

## CHAIR'S REPORT

Jon Wilson reported that the Mental Health Crisis Care Concordat had been a worthwhile event, attracting national speakers and 130 delegates.

The Chair also reported that she had visited Nottingham West CCG, and attended the AGM of Mansfield and Ashfield CCG. Consideration was being given to letter to draw attention to the lack of clarity about funding available for the Care Act. Some possible

logos for the Board were circulated round the table. While the idea of a logo was supported, members felt that it should better reflect the Board's partnership approach.

**RESOLVED: 2014/046**

That the report be noted, and further proposals for a Board logo be presented at the next meeting.

**WORK PROGRAMME**

In response to a question about the substance misuse and obesity and weight management service contracts, the Chair referred to it being the responsibility of the Public Health Committee to award the Public Heath contracts. She suggested there might be an annual report from the Committee to the Board about its progress and plans for contracts. Chris Kenny reported that the new substance misuse services had started on 1 October, and that the re-tendering for the obesity and weight management services had also begun.

It was noted that the Board's workshop in January would be about the County Council's budget consultation, and that partners would be also able to comment as part of the budget consultation process.

**RESOLVED: 2014/047**

That the work programme be noted subject to the inclusion of a progress report in six months on the Leaving Hospital Policy.

The meeting closed at 4.00 pm.

**CHAIR**

Nottinghamshire County Council

**Report to Health and Wellbeing Board**

**3 December 2014**

**Agenda Item: 4**

# REPORT OF THE CHAIR OF THE NOTTINGHAMSHIRE SAFEGUARDING CHILDREN BOARD

# NOTTINGHAMSHIRE SAFEGUARDING CHILDREN BOARD ANNUAL REPORT 2013/14

## Purpose of the Report

1. To inform Members of the content of the Nottinghamshire Safeguarding Children Board's Annual Report 2013/14, which is available as a Background Paper.

## Information and Advice

2. National statutory guidance, 'Working Together to Safeguard Children 2013', notes the requirement for the Chair of each Local Safeguarding Children Board to publish an annual report on the effectiveness of safeguarding in the local area. This report should recognise achievements and the progress that has been made in the local authority area as well as providing a realistic assessment of the challenges that still remain and the action being taken to address them. The report should include lessons from reviews undertaken within the reporting period.

3. The Annual Report should be made available to the Chief Executive and Leader of the Council, the local Police and Crime Commissioner, and the Chair of the Health and Wellbeing Board.

4. The Nottinghamshire Safeguarding Children Board (NSCB) Annual Report outlines the context, both national and local, which has driven the work of the Board during the year.

5. The report identifies the governance and accountability arrangements and the organisational structure that supports the work of the Board together with the relevant areas of responsibility.

6. A key area of work for the Board is the provision of policies, procedures and guidance that detail the principles which underpin professional practice and the procedures to follow when child protection concerns emerge. In May 2014 a new set of procedures were published to reflect the changes of practice implicit within 'Working Together to Safeguard Children 2013' and take on board the recommendations of the Munro review into social work. The new procedures are web enabled and have a revised structure designed to be practically useful to staff. Users can quickly access key information and then choose to follow links to additional information on safeguarding in specific circumstances if required.

The learning from reviews and case audits has guided the inclusion of new and updated content.

7. A 'Learning and Improvement Framework' was developed and implemented during 2013/14 and details are set out within the new procedures. The framework aims to ensure that organisations learn from experience, act and secure improvement as a result.

8. During 2013-14 the NSCB has delivered a wide ranging programme of multi-agency training courses and seminars covering core safeguarding practice and more specialist subject areas. The impact of the training provision has been monitored and levels of reported confidence have significantly increased between pre and post course evaluations. In addition to courses and seminars e-learning is increasingly being used as an effective way to raise awareness of child abuse and neglect amongst the wider workforce. A new e-learning module on Child Sexual Exploitation has been introduced for 2014-15 along with a self-registration system to facilitate greater access.

9. The NSCB has continued to strengthen its arrangements for providing scrutiny of safeguarding arrangements. The report includes a section detailing the quality and effectiveness of arrangements and practice. Detailed data for the year is contained within an appendix to the report.

10. The Child Death Overview Panel has continued to conduct reviews into expected and unexpected child deaths. In response to a number of fatal road accidents involving young people the NSCB funded the development of a short film made by young people aimed at raising awareness of road safety issues to complement that already provided through schools and the NCC Road Safety Team. The film was launched at an event showcasing the creative skills of young people in the County and will be distributed, with accompanying lesson notes, to schools shortly. A serious case review commissioned in the previous year was completed and published. A further three serious case reviews were commissioned during the reporting period and these have now been completed with two of the reports published and the third awaiting the outcome of other proceedings. A summary of the learning from the case reviews completed during the year is included within the report.

11. Multi-agency audit arrangements have been considerably strengthened. A new sub-group to the Board has been formed with senior leadership and representation from partner agencies. The NSCB has received a report outlining the findings from the 'Voice of the Child' audit which examined how agencies listened and responded to the views of children. Further audits have been conducted to look at key areas of safeguarding including Initial Child Protection Conferences (ICPCs) and Missing Children and the programme of audits for 2014/15 has been developed and is ongoing.

12. The NSCB has focused its activity on priority groups of children including: children at risk of sexual exploitation; missing children; children at risk through domestic violence; and safeguarding looked after children. Details of the work carried out in these areas are provided.

13. The report shows the NSCB's multi-agency financial arrangements for 2013/14 and sets out the Board's priorities for 2014/15. It highlights the main contextual influences which will impact on safeguarding arrangements over the next period of time.

**Other Options Considered**

14. As this is a report for noting, it is not necessary to consider other options.

**Reason/s for Recommendation/s**

15. The report is for noting only.

## Statutory and Policy Implications

16. 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/S

1) That the content of the Nottinghamshire Safeguarding Children Board's Annual Report 2013/14, which is available as a Background Paper, be noted.

**Chris Few**
**Chair of the Nottinghamshire Safeguarding Children Board**

**For any enquiries about this report please contact:**

Steve Baumber
NSCB Business Manager
T: 0115 977 3935
E: steve.baumber@nottscc.gov.uk

**Constitutional Comments**

17. As this report is for noting only, no Constitutional Comments are required.

**Financial Comments (KLA 23/10/14)**

18. There are no financial implications arising directly from this report.

**Background Papers and Published Documents**

Nottinghamshire Safeguarding Children Board's Annual Report 2013/14

**Electoral Division(s) and Member(s) Affected**

All.

C0518

Nottinghamshire County Council

**Report to Health and Wellbeing Board**

**3rd of December 2014**

**Agenda Item: 5(a)**

# REPORT OF THE DIRECTOR OF PUBLIC HEALTH

# OVERVIEW OF CHIEF MEDICAL OFFICER ANNUAL REPORT 2013 – PUBLIC MENTAL HEALTH PRIORITIES: INVESTING IN THE EVIDENCE

## Purpose of the Report

1. The Annual Report from the Chief Medical Officer (CMO) 2013, entitled 'Public Mental Health Priorities: Investing in the Evidence' was published in September 2014.
2. The purpose of this report is to present an overview of the CMO report and identify if there are any implications with regard to the No Health without Mental Health Nottinghamshire's Mental Health Framework for Action (FfA) 2014-2017.
3. The proposed actions are given against the CMO's recommendations where any gaps have been identified within No Health without Mental Health Nottinghamshire's Mental Health FfA 2014-2017.

## Information and Advice

4. The CMO report looks at the evidence around the epidemiology of public mental health[±] and the burden of mental illness[*] in England. The report also outlines the importance of treating mental health as equal to physical health and focusing on the needs and safety of people with mental illness. The report gives specific sections on areas for action including:

    - Science and technology
    - Mental health across the life course
    - Economic case for better public mental health
    - Safety and needs.

Appendix 1 gives a summary of the CMO report

5. The table below gives a breakdown of the identified CMO recommendations gaps and the proposed actions that needs to inform the No Health without Mental Health Nottinghamshire's Mental Health FfA 2014-2017

[±] Public mental health consists of 'mental health promotion', 'mental illness prevention' and 'treatment and rehabilitation'.

[*] Mental illness – description of the experience, defining attributes or diagnosis of those who meet ICD-10 or DSM-5 criteria for mental disorders. This includes common mental disorder (including anxiety and depression), which affects nearly 1 in 4 of the population, and severe mental illness, such as psychosis, which is less common, affecting 0.5–1% of the population.*

| CMO Recommendation | | Proposed Action & Responsible Agency |
|---|---|---|
| **Recommendation 1** | Commission and prioritise evidence based interventions for mental health promotion, mental illness prevention and treatment and rehabilitation. | Wellbeing interventions and wellbeing social marketing campaigns such as; 'The Five Ways of Wellbeing' should not be commissioned and rolled by Public Health until there is robust evidence on effective mental health promotion interventions in place. |
| | | Public Health to reframe the No Health without Mental Health Nottinghamshire's Mental Health FfA 2014-2017 section on public mental health in accordance with the WHO model of mental health promotion, mental illness prevention and treatment and rehabilitation. |
| **Recommendation 2** | Joint Strategic Needs Assessment (JSNA) the information needed to plan services to integrate the mental and physical health needs of their populations. | Public Health to update the Mental Health chapter of the JSNA that reflects the physical health needs of the mental ill health population |
| **Recommendation 3** | Develop a metric that recognises patient experience of the integration of their care and leads to rewards for effective integration around the patient's health and social care needs. | Clinical Commissioning Groups (CCGs), \|Nottinghamshire County Council Adult and Children's' Social Care and Public Health to develop a performance outcome mental health metrics in line with the Public Health Outcomes Framework, NHS Outcomes Framework, Adult Social Care Outcomes Framework and the Children and Young People's Health Outcomes Framework to inform the HWB strategy mental health priority delivery plan |
| **Recommendation 10** | The evidence based 'Time to Change' programme should continue to reduce mental health stigma and discrimination | Nottinghamshire HWB to sign up and implement the 'Time to Change' programme |
| **Recommendation 11** | NHS England need to develop a programme of work to agree waiting times and access standards across mental health services, starting with the collection and publication of robust national data to underpin the development and implementation of this programme | CCGs and Nottinghamshire County Council Adult Social Care to review and align mental health commissioning intentions in line with Department of Health & NHS England Achieving Better Access to Mental Health Services by 2020 and the Crisis Concordat |

### Reasons for Recommendations

6. The implementation of the 'No Health without Mental Health Nottinghamshire's Mental Health FfA 2014-2017' will be aligned to the CMO report and based on the most up to date and effective evidence.

## Statutory and Policy Implications

7. 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. Appropriate consultation has been undertaken and advice sought on these issues as required.

## Financial Implications

8. There are none.

## RECOMMENDATION

To endorse the proposed actions in order to align the No Health without Mental Health Nottinghamshire's Mental Health Framework for Action 2014-2017 with the CMO report.

**Dr Chris Kenny**
**Director of Public Health**

**For any enquiries about this report please contact:**
**Susan March – Senior Public Health Manager**
**Susan.march@nottscc.gov.uk**

**Constitutional Comments (LMC 06/11/14)**

9. The recommendations in the report fall with the terms of reference of the Health and Wellbeing Board.

**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.

- 'Annual report of chief medical officer 2013 report – public mental health priorities: investing in the evidence. September 2014. Available online: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/351629/Annual_report_2013_1.pdf
- No Health without Mental Health Nottinghamshire's Mental Health Framework for Action 2014-2017. Available online: http://www.nottinghamshire.gov.uk/thecouncil/democracy/have-your-say/consultations/mentalhealthstrategy/
- Department of Health and NHS England. Achieving Better Access to Mental Health Services by 2020 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/361648/mental-health-access.pdf

**Electoral Divisions and Members Affected**

- All

**Appendix 1: Summary of the Chief Medical Officer (CMO) report - Public Mental Health Priorities: investing in the evidence (September 2014).**

- ***Science and technology*** brings attention to the quality and breadth of scientific work currently underway to promote mental health, prevent mental illness and develop more effective treatments for those with and recovering from mental illness and covers advances in fields as diverse as neuroimaging, neuropsychology, genetics, blood based biomarkers and animal and cellular models of disease.

- ***Mental health across the life course*** considers that childhood behavioural problems, bullying and self-harm stand out as particular issues that warrant improved interventions and that children, young people and their families should be actively involved in service development and improvement.

  In order to understand and alleviate mental disorders in adulthood must take into account a life course perspective with particular reference given to risk factors affecting mental ill health such as: gender, ethnicity, economic context, debt, housing conditions, social relationships, caring responsibilities, working conditions/ unemployment and interpersonal violence.

  'The report acknowledges that older people are substantially underrepresented in policy, falling between the focus on 'mental health in working age adults' and 'dementia'. The evidence is compelling for action on the very treatable but often neglected problems of depression, substance misuse, psychosis, and related issues of social isolation, physical co-morbidities, delirium and frailty as well as dementia.

- ***The economic case for better public mental health -*** 'Improving Access to Psychological Treatments Service' (IAPTS) services is viewed as cost-effective. IAPT might in future usefully be integrated into existing services where relevant, particularly for those with long-term physical health conditions (LTCs). NICE recommends screening for depression in patients with LTCs but for this to be effective it must be done in tandem with the development of care pathways that offer a different approach to management once depression is detected.

  The report makes an evidence-based and ethical case for ***parity of esteem:*** treating mental and physical health outcomes as equally important. In order to give equal status to mental health, the report acknowledges that stigma and discrimination with regarding mental health illness needs to be addressed. The evidence for effectiveness of anti-stigma interventions (such as the modest gains made by England's 'Time to Change' programme), both local and national do reduce stigma and discrimination, if sustained over a sufficiently long term. Evidence is strongest for interventions using social contact.

  ***Needs and safety*** - The link between 'Violence and mental health' is complex and interrelated in terms of violence as a risk factor for the development of mental illness, and mental illness as a risk factor for being both a victim of and a perpetrator of violence. It is estimated that a quarter to a third of the burden of adult psychiatric disorders is attributable

to the effect of childhood abuse. Being a victim of sexual or domestic violence in adulthood is associated with the onset and persistence of depression, anxiety and eating disorders, substance misuse, psychotic disorders and suicide attempts.

**Summary of the CMO's report recommendations**

The following recommendations were formulated by the CMO and include:

***- Commissioning and service development***

Public mental health is most usefully framed according to the World Health Organisation (WHO) model of 'mental health promotion', 'mental illness prevention' and 'treatment, recovery and rehabilitation'. There is a strong evidence base for effective interventions in these interrelated spheres which is drawn from several different academic fields. There is insufficient evidence for well-being interventions for adult mental health to be prioritised at this time.

**Recommendation 1:** Commissioners in Local Authorities, Health and Wellbeing Boards and Clinical Commissioning Groups should follow the WHO model in commissioning and prioritising evidence based interventions for mental health promotion, mental illness prevention and treatment and rehabilitation. Well-being interventions should not be commissioned in mental health as there is insufficient evidence to support this.

**Recommendation 2:** All Health and Wellbeing Boards should be informed by a Joint Strategic Needs Assessment (JSNA) which includes the information needed to plan services to integrate the mental and physical health needs of their populations.

**Recommendation 3:** The Outcomes Frameworks should work together to develop a metric that recognises patient experience of the integration of their care and leads to rewards for effective integration around the patient's health and social care needs.

***- Information, intelligence and data***

Good health support and services should be based on high quality, accurate data. The development of the Mental Health, Dementia and Neurology Intelligence Network (MHIN), which brings together the range of publicly available data presented by CCGs and Local Authority areas. This is an important step forward in parity and public transparency of data for public mental health.

Also identified was the need for better awareness and analysis of the links between employment status and mental health, which requires the need for better data.

**Recommendation 4:** Arrangements need to be put in place for mental health data collection that is no different to those put in place for physical health, in keeping with the stated policy of parity.

**Recommendation 5:** Employment is central to mental health and it needs to be a routine part of patient records. So, the Health and Social Care Information Centre, working with the Royal College of General Practitioners and other Royal Colleges, should review the existing taxonomy for the routine collection of employment data to ensure that it is usable

and can be coded across all care settings. Employment status should then become a routine part of all patient records.

**Proposed action 4:** CCG and Social Care mental health commissioners to address with mental health providers on the recording of patient employment status.

**Recommendation 6:** The ONS continue to work with expert psychometricians to further develop the Measuring National Wellbeing Programme and all other related activity.

**Recommendation 7:** The Mental Health Intelligence Network should link routine mental health data to longitudinal mental health survey data to better understand patterns of mental illness across the community, including those affected by the 75% treatment gap.

***- Work***

Mental illness is both a risk factor for 'worklessness', and an outcome of it. Individuals can get trapped in a cycle where their mental illness creates and maintains their 'worklessness', which in turn worsens their mental health. On the other hand 60–70% of people with common mental disorders (such as depression and anxiety) are in work and there is a strong economic imperative to keep them in work and address their mental health. Currently the Department for Work and Pensions' 'Health and Work Service' does not include any specific psychiatric input for people who have been out of work for 4 weeks and who may have a mental illness.

**Recommendation 8:** NICE should analyse the cost benefit of providing a fast and efficient integrated pathway for psychiatric provision for people with mental illness, who risk falling out of work, aimed at maximising their ability to stay in work.

***- Workforce training and practice***

As part of a drive to achieve parity of esteem for mental health, it is important that medical training and practice recognises the mental health needs of patients. This will require changes to the content and structure of training programme.

**Recommendation 9:** There should be a period of specific mental health training in GP training. A core part of the training should include specific training for awareness about the consequences of violence on mental health across the life course.

***- Policy***

Stigma and discrimination are major barriers to full participation in healthcare, education and citizenship in England. Since 2007 significant, but modest, gains have been made in the reduction of stigma and discrimination during the period of the 'Time to Change' programme. Most people with mental illness however, still experience these negative reactions.

**Recommendation 10:** The evidence based 'Time to Change' programme should continue to be funded and should continue to involve and empower 'people with lived experience'. Standards in physical healthcare drive prioritisation, investment, availability of service information and performance. This focus is needed for mental health services – while ensuring the adverse impact of targets is mitigated.

**Recommendation 11:** NHS England need to develop a programme of work to agree waiting times and access standards across mental health services, starting with the collection and publication of robust national data to underpin the development and implementation of this programme.

Nottinghamshire County Council

**Report to the Health and Wellbeing Board**

**3 December 2014**

**Agenda Item: 5(b)**

# REPORT OF THE CORPORATE DIRECTOR, CHILDREN, FAMILIES AND CULTURAL SERVICES

# NOTTINGHAMSHIRE CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS) PATHWAY REVIEW UPDATE

## Purpose of the Report

1. To inform the Members of the Board of:

   a. findings from the review of the Nottinghamshire CAMHS Pathway, the resulting recommendations and expected benefits of the proposed service model

   b. the next steps required for approval and implementation of the model.

2. To seek approval for a report on the work planned and underway to promote mental resilience and prevent mental health problems in children and young people in Nottinghamshire to be brought to a future meeting of the Board.

3. To seek the Board's supports for the proposal to hold a Nottinghamshire CAMHS Summit early in 2015, to develop a co-ordinated response to the recommendations of the House of Commons Health Committee report *Children's and adolescents' mental health and CAMHS.*

## Information and Advice

4. As outlined in ***No Health without Mental Health, Nottinghamshire's Mental Health Strategy 2014-2017***, mental health is fundamental to physical health, relationships, education and work and there is no health without mental health. This is as true for children and young people as for any age group. During the consultation on the Mental Health Strategy, the need to promote mental resilience early in life was specifically identified and the five priorities in the strategy are relevant for children and young people, the clear aim being to improve the mental health and wellbeing of all ages.

5. In a report published in November 2014, the Health Select Committee concludes that "*there are serious and deeply ingrained problems with the commissioning and provision of children's and adolescent's mental health services*" through the whole system from prevention and early intervention through to inpatient services. The executive summary of the Health Select Committee report is attached as **Appendix 1** of this report. A National CAMHS Taskforce has been established to take forward the recommendations

made within the report and this is expected to raise CAMHS as a priority and increase levels of scrutiny nationally. Locally, a Nottinghamshire CAMHS Summit has been proposed to bring together senior leaders across key commissioner and provider organisations to develop a coordinated response to the findings and recommendations.

6. Locally, in November 2013, the Health and Wellbeing Board (HWB) received a report on the findings of the 2013 health needs assessment (HNA) of the mental health and emotional wellbeing of children and young people in Nottinghamshire. In February 2014, a HWB Workshop focusing on CAMHS was held, where concerns were raised in relation to the changing patterns of mental health problems in children and young people and the capacity of CAMHS in Nottinghamshire to meet these needs.

7. Community CAMHS are currently commissioned by Clinical Commissioning Groups (CCGs), with specialised Tier 4 (in-patient CAMHS) commissioned by NHS England. In Nottinghamshire, the Children, Families and Cultural Services Department (CFCS) in the County Council funds additional posts within the Tier 2 CAMHS and also joint-commission the CAMHS Looked After Children service.

8. This paper reports on the CAMHS Pathway Review undertaken in Nottinghamshire, the recommendations arising from the review and proposals for future commissioning of services across the County. It is acknowledged that the focus is mainly on: identifying problems early and supporting effective interventions; improving outcomes through effective treatment and relapse prevention and ensuring effective support for those with mental health problems. There is a wide range of activity underway to promote mental resilience and prevent mental health problems in children and young people and it is proposed that this will be reported on more fully in a future report to the Health and Wellbeing Board.

**Background to the CAMHS Pathway Review**

9. On behalf of Nottinghamshire Clinical Commissioning Groups (CCGs) and Nottinghamshire County Council (NCC), the Children's Integrated Commissioning Hub (ICH) carried out a review of the Nottinghamshire CAMHS Pathway between October 2013 and April 2014. The review was initiated in response to the findings of the 2013 health needs assessment (HNA) of the mental health and emotional wellbeing of children and young people in Nottinghamshire and the reported pressures faced by CAMHS locally. The aim was that the findings of the review would inform the development of a commissioning framework for services going forward, to ensure that children and young people in Nottinghamshire achieve the best possible emotional wellbeing and mental health.

10. The review process, overseen by a Pathway Review Group, involved bringing service commissioners, providers, clinicians, third sector organisations, children, young people and their families together to review the current service provision, undertake gap analyses and consider evidence-based models of future delivery.

11. It was anticipated that the programme of work would result in the following outputs:

- evidence review
- new operating model

- implementation strategy
- workforce development strategy
- performance management framework including a health needs assessment template for future use.

**Key findings, proposed new service model and implementation plan**

12. The review highlighted that staff are passionate, dedicated and are working hard to meet the needs of children, young people and their families. Areas of excellent practice were identified; however, significant challenges across the entire pathway, systems and processes were identified, reflecting the national concerns in relation to CAMHS. In summary:

- parts of the CAMHS pathway are at gridlock and there is evidence of cumbersome processes affecting flow through the pathway
- children and young people are falling through gaps between elements of the service
- there are artificial barriers for families to navigate
- in some localities children and young people are waiting a long time for a service
- services are becoming crisis driven and are having difficulty in responding to new crises. This has impacts earlier in the system
- primary care and universal services, including schools, do not receive sufficient support and advice to enable them to support children and young people.

13. Areas requiring further exploration included transition arrangements (between CAMHS and adult services) and the impact of parental risk factors – mental health, substance misuse and domestic abuse.

14. A new service model has been proposed in response to the findings of the pathway review and policy and evidence reviews. An overview of the model is attached as **Appendix 2**. The proposed model has been presented to all Nottinghamshire CCGs and the Children's Trust Board. The model has been widely supported with its ambition of improving the experience and the outcomes for children, young people and their families through the provision of a responsive, flexible, service-user led model. The key components of the model aims to address the issues highlighted above:

**Key components and benefits of new service model**

| Current issues | Proposed changes | Expected benefits |
|---|---|---|
| • Primary care, schools and universal services receive insufficient support | • Provide a primary mental health function that offers training, advice and consultation | • Build understanding and capacity in primary care, schools and universal services<br>• Improve early identification of and support for emerging emotional and mental health needs<br>• Improve quality, timeliness and appropriateness of referrals into CAMHS<br>• Improve transition from specialist CAMHS to |

| | | |
|---|---|---|
| | | universal settings |
| • Artificial barriers to navigate<br>• Children and young people falling through gaps between elements of the service | • Merge tier 2 and 3 CAMHS into 'One CAMHS' | • Remove artificial barriers between teams and tiers<br>• Reduce waiting, duplication and waste |
| • Unclear referral criteria and processes<br>• Limited interface with Early Help services | • Integrate or co-locate CAMHS Single Point of Access within NCC's Early Help Unit | • Single referral point for CAMHS and Early Help services with clinical oversight and telephone advice<br>• Clearer referral criteria for professionals<br>• Multiagency triage and care planning |
| • Parts of the system are at gridlock affecting flow of the pathway<br>• Long referral to assessment / treatment waiting times<br>• Limited national and local capacity and demand intelligence | • Implement Choice and Partnership Approach (CAPA) | • Evidenced-based model to manage capacity, demand and flow and reduce waiting times<br>• Delivery of evidenced-based, standardised interventions (care bundles)<br>• Enables measurement of capacity, demand and outcomes, to inform future commissioning |
| • No dedicated assertive outreach and rapid response provision for CAMHS<br>• Increasing numbers of children and young people are presenting in crisis, including as section 136 detentions in police cells<br>• Increased inpatient admissions and length of stay | • Dedicated assertive outreach and rapid response team<br>• Crisis response team to be developed in partnership with adult service | • Increase support for children and young people to be treated in the right place, at the right time, by the right person<br>• Reduce admissions to inpatient care, reduce length of stay<br>• Children and young people receive care closer to home |

15. To support the implementation of the proposed service model, commissioning and operational implementation plans have been drafted. The high level implementation plan is attached as **Appendix 3**.

**Commissioning options and contracting and procurement implications**

16. At its October 2014 meeting, the Nottinghamshire CCGs Collaborative Commissioning Congress agreed in principle with the proposed commissioning approach, in summary:

    a. *Merge the current tier 2 and tier 3 CAMHS services and contracts and extend the contract for three years* in order to maintain stability during a period of transition and challenge in CAMHS. This would enable implementation and evaluation of the new model, intelligence to be gathered to inform future commissioning requirements and a procurement exercise to be undertaken during 2017/18.

    b. *Nottinghamshire County CCGs do not pursue a joint commissioning approach with Nottingham City CCG* due to barriers identified including complex commissioning arrangements in Nottingham City and differences in local needs, service models and commissioning resources.

    c. *Further work be undertaken with current providers* to identify and agree the level of non-recurrent investment required to address the immediate pressures faced by CAMHS and during the implementation of the new CAMHS model.

**Agreeing and implementing model**

17. Agreement to the recommendations and investment plans will require approval from each CCG Governing Body, as individual accountable organisations commissioning CAMHS. To progress this, it is proposed that the final review report, recommendations, any identified non-recurrent investment requirements (see below) and proposed implementation plan will be presented to the six Nottinghamshire County CCG Governing Bodies for consideration during December 2014 and January 2015.

18. Current implementation timescales are estimated to be 18 months, starting in April 2015. This is dependent on agreement by the six CCGs across Nottinghamshire. Nottinghamshire County Council's Public Health Department has committed £200,000 to support the implementation of the proposed model; this will support programme management and the piloting of a public mental health programme in schools.

19. As stated above (para 15), non-recurrent investment is required to increase capacity to address the immediate pressures across CAMHS. As highlighted in the Health Select Committee report, "*those planning and running CAMHS have been operating in the fog*" which reflects the challenge in identifying current and realistic investment requirements at CCG level. CCGs are working with the ICH to quantify levels of this non-recurrent investment, using available data relating to estimated prevalence levels, current expenditure, activity and waiting times. It is envisaged that during the implementation phase, robust data on need, demand and required service capacity will be collated, to inform future commissioning.

**Promoting emotional and mental resilience**

20. A key priority of the Nottinghamshire Mental Health Strategy is to promote mental resilience and prevent mental health problems. A wide range of programmes and services are in place or in development to support this priority in relation to children,

young people and families. These include antenatal screening of maternal mental health problems by midwives and health visitors, roll out of the *Preparation for Birth and Beyond* programme, including evidence-based high quality parenting programmes, work of the Family Nurse Partnership programme, projects in schools to help children develop emotional resilience and training to support front line practitioners to promote resilience. There is still work to be done in this area, to develop a strategic approach to this priority, identify gaps in provision and ensure support to vulnerable groups. It is proposed that progress in relation to this priority is detailed more fully in a future report to the Health and Wellbeing Board.

### Other Options Considered

21. There is widespread acknowledgement that the mental health and emotional wellbeing needs of children and young people in Nottinghamshire are not being met by current services and structures. The option of maintaining the status quo and not endeavouring to develop a CAMHS model fit for the future was not considered acceptable.

### Reason/s for Recommendation/s

22. This report is for discussion and noting. As accountable commissioning organisations, the CCGs have responsibility for community CAMHS commissioning.

## Statutory and Policy Implications

23. 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.

### Financial Implications

24. Nottinghamshire County Council's Public Health Department has committed £200,000 to support the implementation of the proposed new CAMHS model; this will support programme management and the piloting of a public mental health programme in schools, an element of the pre-CAMHS stage of the proposed model.

25. The likely need for additional non-recurrent funding of CAMHS to increase capacity to address the immediate pressures in the system has been highlighted. Further analysis, discussion and formal approval is required in relation to this.

## RECOMMENDATION/S

That the Board:

1) notes the findings from the review of the Nottinghamshire CAMHS Pathway, the resulting recommendations and expected benefits of the proposed new CAMHS model

2) notes the next steps required for approval and implementation of the proposed CAMHS model

3) requests a future report on the work planned and underway to promote mental resilience and prevent mental health problems in children and young people in Nottinghamshire

4) supports the proposal to hold a Nottinghamshire CAMHS Summit early in 2015, to develop a co-ordinated response to the recommendations of the House of Commons Health Committee report, Children's *and adolescents' mental health and CAMHS.*

**Anthony May**
**Corporate Director, Children, Families and Cultural Services**

**For any enquiries about this report please contact:**

Gary Eves
Senior Public Health and Commissioning Manager
T: 0115 977 4130
E: gary.eves@nottscc.gov.uk

**Constitutional Comments (LM 24/11/14)**

26. The recommendations in the report fall within the terms of reference of the Health and Wellbeing Board.

**Financial Comments (KLA 21/11/14)**

27. The financial implications of the recommendations of the report are set out in paragraphs 24 and 25 above.

**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.

No Health without Mental Health, Nottinghamshire's Mental Health Strategy 2014-17

Children's and young people's mental health and emotional wellbeing in Nottinghamshire – report to health and Wellbeing Board on 6 November 2013

House of Commons Health Committee: Children's and adolescents' mental health and CAMHS, published on 5 November 2014

**Electoral Division(s) and Member(s) Affected**

All.

C0517

## Appendix 1 – House of Commons Health Committee CAMHS Report Summary

There are serious and deeply ingrained problems with the commissioning and provision of Children's and adolescents' mental health services. These run through the whole system from prevention and early intervention through to inpatient services for the most vulnerable young people.

The Committee draws conclusions and makes recommendations for action in the following areas:

### Information

- The lack of reliable and up to date information about children's and adolescents' mental health and CAMHS means that those planning and running CAMHS services have been operating in a "fog".

- Ensuring that commissioners, providers and policy makers have up-to-date information about children's and adolescents mental health must be a priority for the Department of Health/NHS England taskforce.

### Early intervention

- Compelling arguments have been made to this inquiry that the focus of investment in CAMHS should be on early intervention–providing timely support to children and young people before mental health problems become entrenched and increase in severity, and preventing, wherever possible, the need for admission to inpatient services. However in many areas these are suffering from insecure or short term funding, or being cut altogether.

- Health and Wellbeing Boards, and the transfer of public health budgets to local authorities, both represent significant opportunities for health issues to receive higher priority within local authorities. We have been told of some areas where these opportunities are beginning to be exploited, but this is patchy and progress remains slow. We have also heard that in times of financial constraint, some local authorities do not consider CAMHS early intervention services as "core business".

- We recommend that, given the importance of early intervention, the DH/NHS England task force should have an explicit remit to audit commissioning of early intervention services in local authorities, and to report on how best to improve incentives in this area. They should also look at the best mechanisms to provide stable, long term funding for early intervention services.

### Outpatient specialist CAMHS services (Tier 3)

- Providers have reported increased waiting times for CAMHS services and increased referral thresholds, coupled with, in some cases, challenges in maintaining service quality. In the view of many providers, this is the result of rising demand in the context of reductions in funding. Not all services reported difficulties–some state that they have managed to maintain standards of access and quality–but overall there is unacceptable variation.

- Young people and their parents have described "battles" to get access to CAMHS services, with only the most severely affected young people getting appointments; they also described the devastating impact that long waits for treatment can have. Even amongst those providers implementing quality and efficiency improvement programmes there was

concern that improvements were being stalled or even reversed because of increasing demand and reduced funding.

- While demand for mental health services for children and adolescents appears to be rising, many CCGs report having frozen or cut their budgets. CCGs have the power to determine their own local priorities, but we are concerned that insufficient priority is being given to children and young people's mental health. We recommend that NHS England and the Department of Health should monitor and increase spending levels on CAMHS until we can be assured that CAMHS services in all areas are meeting an acceptable standard, and for NHS England to give CAMHS further monitoring and support to address the variations in investment and standards that submissions to this inquiry have described. Service specifications for Tier 2 and 3 services should set out what reasonable services should be expected to provide, and NHS England and the Department of Health should carry out a full audit to ensure all services are meeting these. We welcome recent funding announcements for mental health services, but we remain concerned and recommend that our successor Committee reviews progress in this area.

- In addition to the universal concerns expressed about CAMHS services, written submissions highlighted problems with CAMHS for children and young people suffering from particular conditions, or from especially vulnerable groups of society. We recommend that the DH/NHS England taskforce takes full account of the submissions we have received detailing these problems.

- Transition from CAMHS to adult mental health services has been described by NHS England as a "cliff edge", and the stories we heard from young people bear this out. We plan to review progress in this area early in 2015.

- As well as the transition to adulthood, a crucially important time for promoting good mental health is the perinatal and infant period, but there is unacceptable variation in the provision of perinatal mental health services, and we recommend that this is addressed urgently.

**Tier 4 inpatient services**

- There are major problems with access to Tier 4 inpatient services, with children and young people's safety being compromised while they wait, suffering from severe mental health problems, for an inpatient bed to become available. In some cases they will need to wait at home, in other cases in a general paediatric ward, or even in some instances in an adult psychiatric ward or a police cell. Often when beds are found they may be in distant parts of the country, making contact with family and friends difficult, and leading to longer stays.

- The Committee is particularly concerned about the wholly unacceptable practice of taking children and young people detained under s136 of the Mental Health Act to police cells, which still persists, with very few mental health trusts providing a dedicated place of safety for children and young people. In responding to this report we expect the Department of Health to be explicit in setting out how this practice will be eradicated.

- Alongside problems with access, we also heard from young people and their parents, as well as those who work with them, of quality concerns in some inpatient services; NHS England reported that over the past year some inpatient services have in fact been closed owing to quality concerns.

- Concerns have also been raised about the quality of education children and young people receive when they are being treated in inpatient units. It is essential that clear standards are set for the quality of education provision in inpatient units, and that there is clear accountability and ownership for ensuring that these standards are upheld. As a first step towards this, we recommend that OFSTED, DFE and NHS England conduct a full audit of educational provision within inpatient units as a matter of urgency.

- Despite the move to national commissioning over a year ago, we have been told that NHS England has yet to 'take control' of the inpatient commissioning process, with poor planning, lack of co-ordination, and inadequate communication with local providers and commissioners. NHS England is now recruiting more case managers. However, while many of the difficulties NHS England is now seeking to address may be a legacy from previous arrangements, we are disappointed that during its first year as a commissioner of inpatient services, many of the perceived benefits of national planning have not been realised, and we intend to review NHS England's progress addressing these problems early in 2015. In particular, we recommend that NHS England should introduce a centralised inquiry system for referrers and patients, of the type that is already in operation for paediatric intensive care services.

- NHS England has announced 50 extra inpatient CAMHS beds, but by its own admission, it is not clear how many beds are needed to provide sufficient Tier 4 capacity. It is essential that the extra beds are commissioned in the areas which need them most, and are supported by an improved system of case management.

**Bridging the gap between inpatient and community services**

- Out-of-hours crisis services, paediatric liaison teams within acute hospitals, and Tier 3.5 assertive outreach teams can have a positive impact, including reducing both risk and length of inpatient admission; however availability of such services is extremely variable. The experience of care reported by those young people suffering a mental health crisis remains extremely negative.

- Perverse incentives in the commissioning and funding arrangements for CAMHS need to be eliminated to ensure that commissioners invest in Tier 3.5 services which may have significant value in minimising the need for inpatient admission and in reducing length of stay. The Department of Health and NHS England must act urgently to ensure that by the end of this year all areas have clear mechanisms to access funding to develop such services in their local area, where this is appropriate. A key responsibility for the newly set up task force will be to determine a way in which commissioning can be sufficiently integrated to allow rational and effective use of resources in this area, which incentivises early intervention. The Government has recently announced extra funding for early intervention in psychosis services and crisis care; we recommend that the Government ensures that a substantial proportion of this new funding is directed towards services for under-18s.

**Education and digital culture**

- We heard from young people that while some teachers and schools provide excellent support, others seem less knowledgeable or well trained, and can even seem 'scared' of discussing mental health issues. The launch of MindEd, together with new guidance for schools on mental health, are both welcome steps towards addressing this. However, with both of these, the onus is on individual schools and teachers to find time to prioritise this,

and within a sea of competing priorities, it may be difficult to ensure that all schools and teachers use these tools.

- We recommend the Department for Education looks to including a mandatory module on mental health in initial teacher training, and should include mental health modules as part of ongoing professional development in schools for both teaching and support staff. We also recommend that the Department for Education conducts an audit of mental health provision and support within schools, looking at how well the guidance issued to schools year has been implemented, what further support may be needed, and highlighting examples of best practice. OFSTED should also make routine assessments of mental health provision in schools.

- It is clear that education about mental health could and should contribute to prevention and support for young people. We recommend that the Department for Education consult with young people, including those with experience of mental health issues, to ensure mental health within the curriculum is developed in a way that best meets their needs.

- For today's children and young people, digital culture and social media are an integral part of life; whilst this has the potential to significantly increase stress, and to amplify the effects of bullying, the internet can also be a valuable source of support for children and young people with mental health problems. We have not investigated the issue of internet regulation in depth. However, in our view sufficient concern has been raised to warrant a more detailed consideration of the impact of the internet on children's and young people's mental health, and in particular the use of social media and the impact of pro-anorexia, self-harm and other inappropriate websites, and we recommend that the Department of Health/NHS England taskforce should take this forward in conjunction with other relevant bodies, including the UK Council for Child Internet Safety.

- Children and young people also need to know how to keep themselves safe online. It is encouraging that e-safety will now be taught at all four key stages of school education. We recommend that as part of its review of mental health education in schools, the Department for Education should ensure that links between online safety, cyberbullying, and maintaining and protecting emotional wellbeing and mental health are fully articulated. We recommend clear pathways are identified for young people to report that they have been sent indecent images of other children or young people, and that support is provided for those who have been victims of image sharing. Pathways should also be established for children and young people who have experienced bullying, harassment and threats of violence.

- CAMHS providers may also need further support–both in helping the children and young people they treat to cope with the challenges of online culture and manage the impact it might have on their mental health - and so that they themselves are better able to use online means of communication for reaching out to young people. We recommend that the Department of Health/NHS England taskforce should also investigate and report on the most effective ways of supporting CAMHS providers to do this.

**GPs**

- We have heard that many GPs currently feel ill-equipped and lacking in confidence in dealing with mental health issues in children and young people, and that their current training does not prepare them adequately for this. We therefore ask HEE together with the GMC and relevant Royal Colleges to provide us with a full update on their plans to enhance GP training in children's and adolescents' mental health.

**National priority and scrutiny**

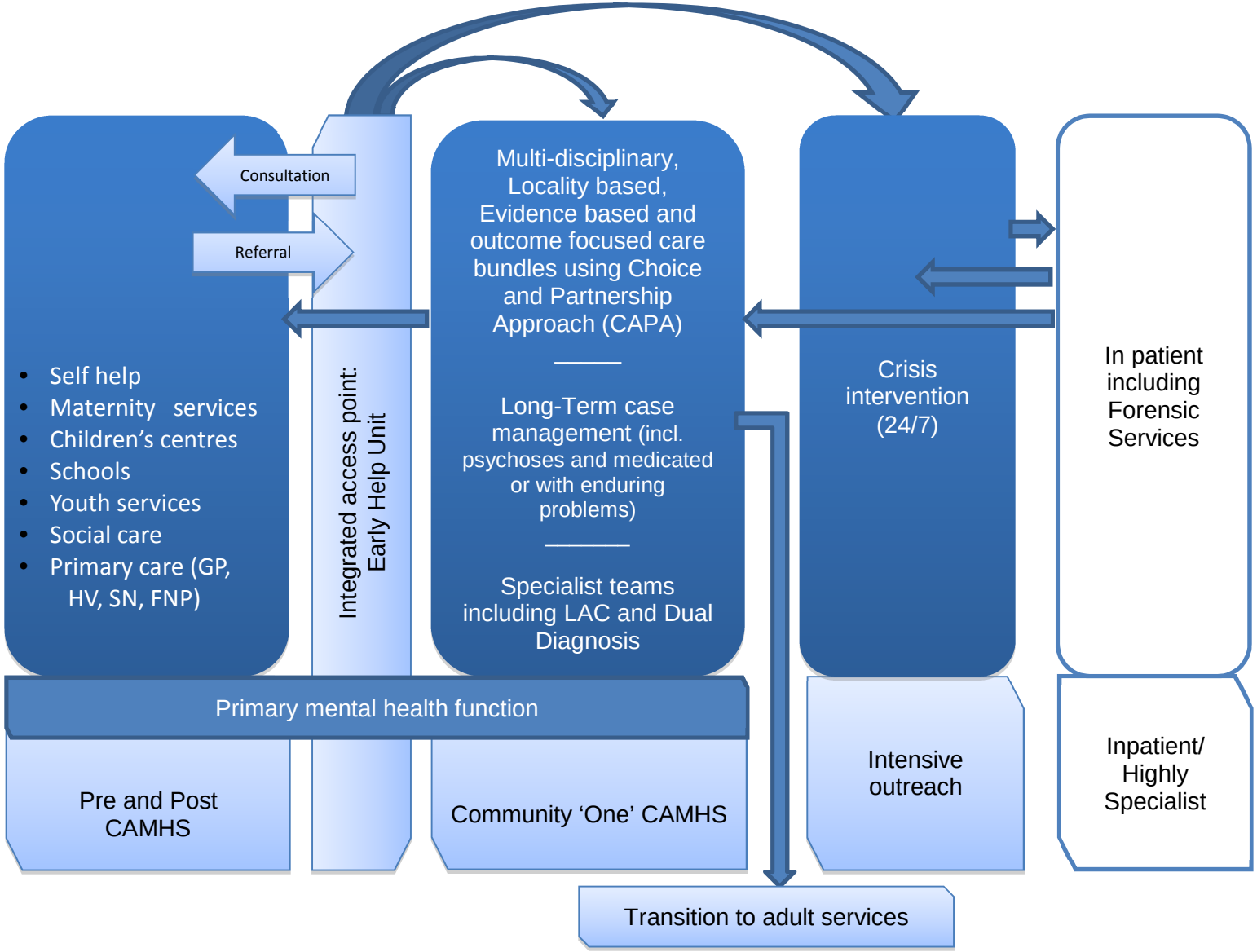
- It is clear that there are currently insufficient levers in place at national level to drive essential improvements to CAMHS services. These have received insufficient scrutiny from CQC and we look to review progress in this area following their new inspection regime. The Minister has argued that waiting time targets will improve CAMHS services but we recommend a broader approach that also focuses on improving outcomes for specific conditions in children's and adolescents' mental health.

- We therefore recommend the development, implementation and monitoring of national minimum service specifications, together with an audit of spending on CAMHS. We recommend that the Department of Health/NHS England taskforce look to remove the perverse incentives that act as a barrier to Tier 3.5 service development and ensure investment in early intervention services. There must be a clear national policy directive for CAMHS, underpinned by adequate funding.

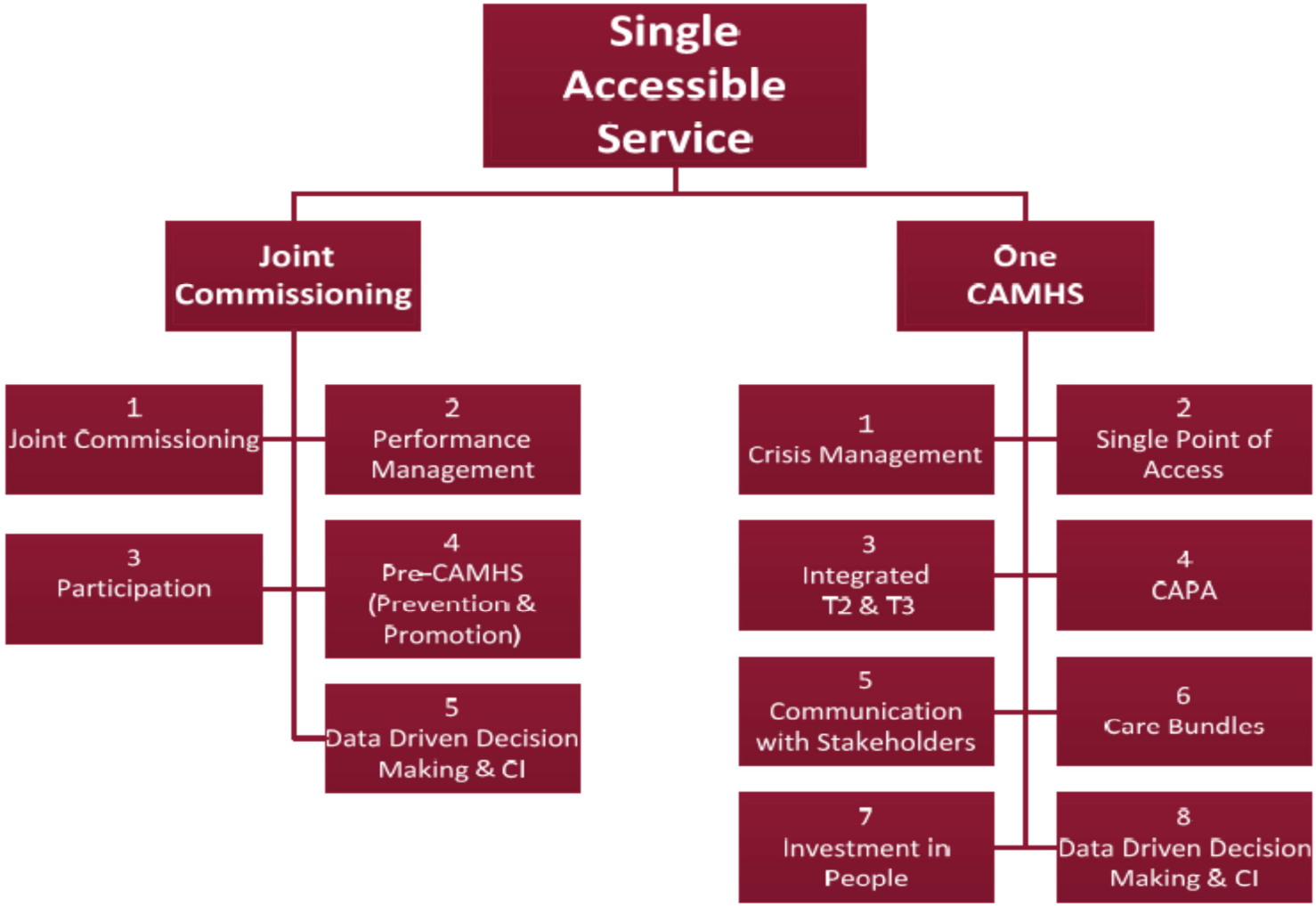
*Full report available at:*

http://www.publications.parliament.uk/pa/cm201415/cmselect/cmhealth/342/342.pdf

**Appendix 2 - Proposed Nottinghamshire Child and Adolescent Mental Health Service Model**



**Appendix 3 – High Level Implementation Plan**



Nottinghamshire County Council

**Report to Health and Wellbeing Board**

**3 December 2014**

**Agenda Item: 5(c)**

# REPORT OF THE CLINICAL LEAD, NEWARK AND SHERWOOD CLINICAL COMMISSIONING GROUP

# MENTAL HEALTH CRISIS CARE CONCORDAT

## Purpose of the Report

1. The purpose of the report is to:

- Provide the Health and Wellbeing Board with a briefing on the local response to the implementation of the 'Mental Health Crisis Care Concordat, Improving outcomes for people experiencing mental health crisis care'.
- Provide a summary of the current position against the standards for our local population.
- Provide a summary of outstanding areas that still need to be addressed.
- Propose a process for local development and implementation.

## Information and Advice

### Summary

2. A National Mental Health Crisis Care Concordat has been produced. All localities across England are asked to work collaboratively with all key stakeholders to develop a local action plan to ensure key standards for people experiencing mental health crisis are achieved.

3. Locally, some of the key areas within the concordat framework are already being developed. A local group has been established that could be tasked with taking this work forward and report directly to the H&WB regarding progress. The H&WB is asked to support the key recommendations within this report.

### Background

4. The Department of Health (DoH) in partnership with many national organisations, including the Association of Directors of Adult Social Services, the Local Government Association and the Association of Police and Crime Commissioners, has published a Concordat document outlining their commitment to improving services for people experiencing mental health crisis.

5. The Concordat is arranged around the key elements of a good mental health crisis care service:
    - Access to support before crisis point

- Urgent and emergency access to crisis care
- The right quality of treatment and care when in crisis
- Recovery and staying well
- Preventing future crises

6. These issues are detailed in the 'No Health without Mental Health', Nottinghamshire's Mental Health Framework for Action 2014-2017.

7. The Concordat sets out the elements of an effective system which would support local areas to plan the changes needed to strengthen and improve responses in order to best address local circumstances. It is recognised that there is no single national blueprint but states that there is an expectation that all localities across England adopt the Concordat principles and 'expect that local partnerships between the NHS, local authorities and the criminal justice system work to embed these principles into service planning and delivery'.

8. Implementation of this would include:
   - Strengthening of local relationships with key partners, ensuring roles and responsibilities are agreed and understood around mental health crisis care
   - A review of early interventions services to ensure there is sufficient and appropriate provision to support local need
   - Record the frequency and use of police custody as a place of safety and review the appropriateness of each use to inform use in the future
   - Ensuring staff are properly trained in effective and appropriate use of restraint
   - Consider local plans to deliver 24/7 crisis care

9. There is an expectation that every locality in England, local partnerships of health, criminal justice and local authority agencies will agree and commit to local Mental Health Crisis Declarations. These will consist of commitments and actions at a local level that will deliver services to meet the principles of the national concordat.

**Current Position – Nottinghamshire County**

10. Nottinghamshire is already taking steps to enhance mental health crisis care across the county, including:
    - Nottinghamshire Police and CCGs' investment in a pilot Street Triage project service offering a rapid response supporting people in crisis and positively impacting on Section 136 detentions
    - 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 on wards

11. There are a number of areas that will require additional work and investment to fully achieve the expected standards outlined within the Concordat including:
    - Improved support and prevention services
    - Improved 24/7 access to commissioned crisis services for people of all ages

- Further reduction of reliance on police cells for those detained under Section 136 of Mental Health Act (MHA)
- Putting an end to children and young people being detained in police cells under Section 136
- Helpline support for all experiencing a mental health crisis
- Ensure agreed responsiveness and timely pathways are in place across all agencies involved in Mental Health Act (MHA) assessments.
- The need to enhance joint training for the agencies involved in mental health crisis care work

12. A successful Nottinghamshire wide Crisis Concordat launch event was held in September 2014 coordinated by the Nottinghamshire Police and Crime Commissioning Team, CCGs and Nottinghamshire Police. This demonstrated a commitment of all key stakeholders to work together.

13. Initial issues highlighted from that meeting included:
    - Parity of esteem – mental and physical health must be valued equally
    - Provision of services which are inclusive, readily available and appropriate for adults and children
    - A single point of access to promote timely entry to services
    - The opportunity to self-refer
    - A clear referral pathway and a holistic approach to assessment and treatment which take into account other needs, including drugs, alcohol and domestic violence
    - Increased awareness and education about mental health, including better training to frontline services and to promote greater understanding amongst the general public
    - Improvement of prevention and early intervention provision
    - An expansion of the Street Triage scheme
    - Continued reduction in the use of Section 136 detentions, including those of young people
    - Addressing the lack of suitable bed space, particularly for children
    - Reducing the number of repeat callers by providing a more appropriate service
    - Conveyance procedures require improvement
    - Build resilience in individuals and communities
    - Increased community engagement, and promotion of better access to support groups in the local area, including the voluntary sector
    - Greater investment in longer term therapies
    - An effective multi-agency approach which includes better quality information and data sharing to ensure services are appropriate and sensitive
    - Service users and carers must be involved in the development of services

14. A Nottinghamshire wide Mental Health Crisis Concordat task and finish group has been established. This task and finish group is owned and steered by the Newark and Sherwood CCG. However, it is recognised that there are a number of inter-dependencies across the community.

**Next Steps**

15. By December 2014 all key stakeholders are to sign up online, indicating their commitment to work together to develop a local action plan.

16. Further work will be required to ensure that the views of service users and carers are fully captured.
17. Following on from this, all stakeholders will contribute to the development of a robust action plan. This will be developed over the next 4 months. During this period agreed areas of development will start to progress.
18. The implementation and progress of the crisis concordat action plan will report to the Nottinghamshire Young Adult Mental Health and Learning Disability Integrated Commissioning Group, monitored by the Nottinghamshire Health and Wellbeing Implementation Group (HWIG). The HWIG will be responsible for reporting progress to the HWB.

**Other Options Considered**

19. Consideration was given to focusing on Nottinghamshire County separately to the City. This was discounted on the following grounds:
    - A number of key stakeholders covered the whole county population i.e. Nottinghamshire Police, Police and Crime Commissioner, Nottinghamshire Healthcare Trust, East Midlands Ambulance Service.
    - There were a number of potential common issues to address.
    - There is potential to establish better value for money provision if working together.

**Reasons for Recommendations**

20. This work is focused on Nottinghamshire but the Nottinghamshire and Nottingham City Mental Health Crisis Concordat group have been coordinating the work. Many of the steering group members have a joint Nottinghamshire and Nottingham City role. To continue with the current steering group membership and format would offer a continued effective way forward. Where indicated separate actions will be identified for specific areas/localities.

## Statutory and Policy Implications

21. 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. Appropriate consultation has been undertaken and advice sought on these issues as required.

## Financial Implications

22. Whilst there are no immediate additional financial implications, as the action plan is developed it is likely that gaps in service will be identified and investment needed in order to strengthen the crisis offer. No commitment will be given to enhance services before agreeing with relevant commissioners. Recommendations will then be brought back to the Health and Wellbeing Board for approval.

## RECOMMENDATIONS

The Board are asked to:

1) Agree the content of this report

2) Endorse the next steps in the development and implementation of the local Crisis Concordat actions plan.

**Dr Mark Jefford,**
**Clinical Lead, Newark and Sherwood Clinical Commissioning Group**

**For any enquiries about this report please contact:**
Karon Glynn Karon.glynn@newarkandsherwoodccg.nhs.uk

**Constitutional Comments (LMC 07/11/14)**

23. The recommendations in the report fall within the terms of reference of the Health and Wellbeing Board.

**Financial Comments (KAS 24/11/14)**

24. The financial implications are contained within paragraph 22 of 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.

- Closing the gap: priorities for essential change in mental health. (HM Government, January 2014) https://www.gov.uk/.../Closing_the_gap_V2_-_17_Feb_2014.pdf
- Valuing mental health equally with physical health or “Parity of Esteem” http://www.england.nhs.uk/ourwork/qual-clin-lead/pe/
- Mental Health Crisis Care Concordat - Improving outcomes for peoplw experiencing mental health crisis. (Department of Health February, 2014) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/281242/36353_Mental_Health_Crisis_accessible.pdf

**Electoral Divisions and Members Affected**

- All

Nottinghamshire County Council

**Report to the Health and Wellbeing Board**

**3 December 2014**

**Agenda Item: 6**

# REPORT OF THE CORPORATE DIRECTOR FOR CHILDREN, FAMILIES AND CULTURAL SERVICES

# DELIVERY OF THE HEALTH AND WELLBEING STRATEGY

## Purpose of the Report

1. The Health and Wellbeing Strategy was approved by the Health and Wellbeing Board in March 2014 and the Delivery Plan was approved in October 2014. This report gives the current position and outlines current issues and recommends how the Board members can support delivery of the Strategy ambitions. It also outlines plans for ongoing reporting and monitoring of progress.

**Summary**

- The Delivery Plan for the Health and Wellbeing Strategy has been published.
- Chairs of the Integrated Commissioning Groups responsible for delivering the Strategy have met and agreed principles for the Delivery Plan and reporting arrangements.
- Further work is underway to make actions within the Delivery Plan specific and measureable.
- Integrated Commissioning Groups are refining the actions to deliver each priority, identifying milestones and performance measures.
- A reporting schedule has been developed and roles and responsibilities agreed.

## Information and Advice

2. The Health and Wellbeing Strategy for Nottinghamshire was agreed following a public consultation. The vision of the Board within the Strategy is:

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

3. To achieve this vision, four ambitions were agreed to give people **a good start**, to help them to **live well**, to help people **cope well** and support them to maintain their independence and to get everyone to **work together**.

4. Within these ambitions, twenty priority areas were identified as areas where the Board can have the biggest impact on health and wellbeing:

**Figure 1: Health and Wellbeing Strategy ambitions and priorities**

| | |
|---|---|
| A GOOD START | Work together to keep children & young people safe |
| | Improve children & young people's health outcomes through integrated commissioning of services |
| | Close the gap in educational attainment |
| | Provide children & young people with the early help support that they need |
| | Deliver integrated services for children & young people with complex needs or disabilities |
| LIVING WELL | Reduce the number of people who smoke |
| | Reduce the number of people who are overweight & obese |
| | Improve services to reduce drug & alcohol misuse |
| | Reduce sexually transmitted disease & unplanned pregnancies |
| | Increase the number of eligible people who have a NHS Health Check |
| COPING WELL | Improve the quality of life for carers by providing appropriate support for carers & the cared for |
| | Supporting people with learning disabilities & Autistic Spectrum disorders |
| | Support people with long term conditions |
| | Support older people to be independent safe & well |
| | Provide services which work together to support individuals with dementia & their carers |
| | Improving services to support victims of domestic abuse |
| | Provide coordinated services for people with mental ill health |
| | Ensure we have sufficient & suitable housing, including housing related support, particularly for vulnerable people |
| WORKING TOGETHER | Improve workplace health & wellbeing |
| | Improve access to primary care doctors & nurses |

5. Feedback from the Strategy consultation showed that accessibility was essential. The Board agreed that a short Strategy document should be prepared which should be supported by a Delivery Plan giving more information about the specific actions and leadership to realise these ambitions.

6. A range of Integrated Commissioning Groups are responsible for delivering each priority and the preparation of the Delivery Plan.

7. Following a meeting of the chairs of the Integrated Commissioning Groups and agreement by the Board, the Delivery Plan has been published on the Nottinghamshire County Council website as an internet based resource.

8. This is available via the link: www.nottinghamshire.gov.uk/HWDeliveryplan

9. Since the Strategy was agreed, there have been a number of developments which have affected the development of the Delivery Plan, including the Care Act, the Crisis Care Concordat, the implications of the financial challenge and the agreement of the Better Care Fund. This has demonstrated the need for the Delivery Plan to be a 'live' document and to be continually updated to reflect the changing circumstances within health and social care both nationally and locally. Each Integrated Commissioning Group will therefore be responsible for maintaining their section of the Delivery Plan and seeking Board approval for changes as required. Future updates to the Board will report these developments.

10. Each priority is being developed and refined to provide clear outcomes, indicators to demonstrate progress and performance measures. Initial actions will also be refined to ensure that they focus on the partnership work required to deliver the Strategy, rather than business as usual and this will be reflected in future reports. The internet resource ensures that the Delivery Plan is available to wider partners and the public.

11. At the meeting of the Integrated Commissioning Group Chairs, it was suggested that all of the priority areas should be mapped against related plans and that future performance reports will include areas of overlap with the Care Act and Better Care Fund.

12. A number of principles have been proposed for the Health and Wellbeing Strategy Delivery Plan:
    - Each priority will be supported by 3 key actions
    - Outcomes will reflect where the Board can have the biggest impact through a partnership approach
    - Performance management systems will continually be developed and improved
    - Outcomes will be supported by clear indicators and outcome measures
    - Integrated Commissioning Groups will develop datasets for reporting
    - Performance will be measured on achievement against national averages and statistical neighbours

**Roles and responsibilities**

13. The Health and Wellbeing Implementation Group will maintain oversight of the Delivery Plan. They will review exceptions, challenging and reviewing issues accordingly. The Chair of that Group will also meet with the Integrated Commissioning Group Chairs as necessary to ensure a link through to the Health and Wellbeing Board and the Implementation Group.

14. Following previous discussions, Health and Wellbeing Board members have been asked to indicate their preference for lead responsibilities. The Health and Wellbeing Board sponsors will provide a direct link between the Health and Wellbeing Board and the Integrated Commissioning Groups responsible for delivering the health and wellbeing priorities and act as a senior lead to challenge work plans and delivery against actions.

15. Appendix 1 outlines proposed Health and Wellbeing Board leads for each priority.

16. Integrated Commissioning Group Chairs will be asked to make contact with Board leads to brief them of the current position for that priority and discuss future working arrangements.

**Figure 2: Roles and responsibilities**

**Health and Wellbeing Board**

- Receive twice yearly reports on progress and exception reports at each meeting
- Influence partner organisations where necessary to facilitate delivery
- Consider in depth priority reports as necessary
- Recognise positive progress and reflect back to partner organisations
- Share good practice with partner organisations

**Health and Wellbeing Board Priority Lead**

- Present priority reports as necessary
- Work with ICGs to identify successes and areas of concern
- Highlight progress and concerns with the Board and partner organisations
- Support the Board Chair with communications and engagement activities as necessary

**Health and Wellbeing Implementation Group**

- Receive and challenge reports from ICGs
- Review progress and identify risks
- Challenge partners to ensure delivery against priority actions
- Prepare exception reports and twice yearly updates for Board
- Agree remedial action plans with Integrated Commissioning Groups
- To influence partner organisations to facilitate delivery

**Integrated Commissioning Groups**

- Identify actions to deliver Health and Wellbeing priorities, associated indicators and milestones
- Ensure progress for delivery of each outcome
- Provide exception reports to Health and Wellbeing Implementation Group Chair bi-monthly identifying blocks and barriers and making recommendations to progress
- Liaise with HWB lead to identify successes and issues affecting delivery
- Work with wider partners including voluntary and community sector partners to ensure delivery of outcomes
- Develop public engagement, in partnership with Healthwatch Nottinghamshire for priority actions

## Current position

17. The Integrated Commissioning Groups have provided an initial summary of actions for the first year of the Health and Wellbeing Strategy to deliver priorities. These actions are listed in Appendix 2. Integrated Commissioning Groups were asked to assess progress for actions for delivery within the 2014/15 financial year against a traffic light system of green (no issues, on track for delivery or complete); amber (issues identified or delivery delayed) or red (work has not been started or is behind schedule)

18. There are currently 86 actions listed, of which 64 (74%) which were rated green and already complete or are on track for completion during this year.

19. There are two actions which are red rated (2%) indicating that work has not started or is significantly behind schedule.

**Red rated actions**

**Reduce the number of people who overweight and obese**

2.9 Develop a spatial planning policy framework to secure Public Health gain

There is a plan to develop a framework but initial sign up by the districts and boroughs is required. Resource is also required to develop the framework.

**Support people with learning disabilities and Autistic Spectrum Disorders**

3.8 Partnership Working - Develop a pooled budget and sign off the joint strategy for people who challenge services.

While the Strategy has been agreed and signed off, pooled budgets will not be in place until at least 2015/16.

20. There are 20 actions which were rated amber (23%) reflecting that progress was behind schedule or will not be completed by the end of the year without adjustment.

21. Most of these are rated amber because of delays but are still scheduled for completion before the end of the financial year. However the Board may wish to consider the following issues which may benefit from Health and Wellbeing Board support:

**Amber rated actions**

**Reduce the number of people who overweight and obese**

2.6 Complete the procurement exercise and mobilise an integrated obesity prevention and weight management service for adults (including pregnant women), children and 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 CCGs regarding Tier 3 specialist weight management services.

The service is currently being retendered but the financial envelope may be insufficient to impact on reducing excess weight.

2.7 Work with EH/TS Officers to develop a countywide 'merit' scheme for fast food outlets and develop performance measures for this work.

Capacity of Environmental Health Officers may limit the roll out of the scheme across the County.

**Support people with learning disabilities and Autistic Spectrum Disorders**

3.13 Develop a clear transitions process for people with Autism.

While NHS Trusts have 1 year's funding to look at transition for people with Asperger's, there is a lack of clinical support for adults with Asperger's.

**Providing services which work together to support individuals with dementia and their carers**

3.33 We will continue the implementation of enhanced community services and services that support people to remain in their own home.

- Enhance the Intensive Recovery Intervention Service (IRIS)

While there is additional NHS capacity following a move of resources from the Nottinghamshire Health Care Trust into the community there is some uncertainty about continued funding for social work posts in Mid-Nottinghamshire and Bassetlaw.

22. Actions rated red or amber are listed with further information in Appendix 3.

23. These actions will be challenged by the Health and Wellbeing Implementation Group on behalf of the Board and plans to address issues submitted. Where blocks continue to exist or actions are not improving progress, these will be highlighted to the Board in the next exception report due in February 2015.

24. Information on the housing priority is currently been developed in conjunction with a JSNA chapter which is now available on Nottinghamshire Insight. There has been significant progress led by district council representatives from the Health and Wellbeing Implementation Group in establishing an Integrated Commissioning Group to manage delivery of this priority. A supporting action plan has been drafted for discussion at the

November Health and Wellbeing Implementation Group meeting and progress will be reported in February 2015.

25. Access to primary care is a priority led by NHS England (for both Nottinghamshire and Derbyshire and South Yorkshire), based on their Primary Care Strategy which has previously been reported to the Board. Given the nature of this priority, progress reports will continue to be received directly from the Board representative for NHS England to the Health and Wellbeing Board and the Health and Wellbeing Implementation Group.

**Ongoing monitoring**

26. In line with previous requests from the Board, future reporting will be based on a short report of exceptions to be presented to each meeting. More comprehensive reports will be presented to the Board twice yearly, recognising that outcomes will require sustained, long term progress.

27. Exception reports will include plans for remedial action and recommendations for the Board where appropriate to tackle issues or barriers to delivery.

28. Integrated Commissioning Groups are currently being asked to review the action plans for their priority area to ensure they include clear outcomes, indicators and performance measures and focus on partnership work where the Board can have the greatest impact. The Board will be kept informed of progress in refining the Delivery Plan within the reporting scheme.

29. The schedule of reports for 2015 will be:

| | |
|---|---|
| February 2015 | Exception report |
| April 2015 | Exception report |
| June 2015 | Full progress report |
| July 2015 | Exception report |

## Statutory and Policy Implications

30. 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.

## RECOMMENDATIONS

1. That the Board agree the leads for each Health and Wellbeing Strategy priority area in Appendix 1.

2. That the Board notes the progress made in delivering the Health and Wellbeing Strategy for Nottinghamshire.

3. That the Board receives an exception report in February 2015.

**Anthony May**
**Corporate Director, Children, Families and Cultural Services**

For any enquiries about this report please contact:
Cathy Quinn, Associate Director of Public Health
Cathy.quinn@nottscc.gov.uk
Tel: 0115 977 2882

Nicola Lane, Public Health Manager
Nicola.lane@nottscc.gov.uk
Tel: 0115 977 2130

**Constitutional Comments ()**

31. To follow.

**Financial Comments (SS 24/11/14)**

32. There are no financial implications arising directly from this 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.

Approval of the Health and Wellbeing Strategy
Health and Wellbeing Board 5 March 2014

Health and Wellbeing Strategy Delivery Plan
Health and Wellbeing Board 3 September 2014

Health and Wellbeing Strategy Delivery Plan webpages

**Electoral Divisions and Members Affected**

- All

**Appendix 1**

# Health & Wellbeing Board sponsors – proposed December 2014

| Our ambitions | | Our priorities | Expressions of Interest |
|---|---|---|---|
| Working together | A good start (Executive Lead: Anthony May) | Work together to keep children and young people safe | Cllr Henry Wheeler |
| | | Improve children and young people's health outcomes through the integrated commissioning of services | Cllr Jim Aspinall |
| | | Close the gap in educational attainment | Cllr Tony Roberts |
| | | Provide children and young people with the early help support that they need | Cllr Debbie Mason |
| | | Deliver integrated services for children and young people with complex needs or disabilities | Cllr Jacky Williams |
| | Living well (Executive Lead: Chris Kenny) | Reduce the number of people who smoke | Anthony May |
| | | Reduce the number of people who are overweight & obese. | Dr Jeremy Griffiths |
| | | Improve services to reduce drug & alcohol misuse | Dr Judy Underwood |
| | | Reduce sexually transmitted disease & unplanned pregnancies | Dr Mark Jefford |
| | | Increase the number of eligible people who have a Healthcheck | Cllr Stan Heptinstall |
| | Coping well (Executive Lead: David Pearson) | Improve the quality of life for carers by providing appropriate support for carers and the cared for. | Dr Steve Kell |
| | | Provide coordinated services for people with mental ill health | Cllr Joyce Bosnjak |
| | | Support people with long term conditions | Cllr Kay Cutts |
| | | Supporting older people to be independent, safe & well | Cllr Martin Suthers |
| | | Providing services which work together to support individuals with dementia & their carers. | Cllr Muriel Weiz |
| | | Supporting people with learning disabilities & Autistic Spectrum Conditions | Dr Paul Oliver |
| | | Improving services to support victims of domestic abuse | Chris Cutland |
| | | Ensuring we have sufficient & suitable housing , particularly for vulnerable people | Dr Guy Mansford |
| | | Improving workplace health & wellbeing | Cllr Joyce Bosnjak |
| | | Improving access to primary care doctors & nurses | Cllr Simon Greaves |

## Priority actions Appendix 2

## 1. A GOOD START

| | Work together to keep children and young people safe | |
|---|---|---|
| 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 | |
|---|---|---|
| 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 | |
|---|---|---|
| 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** | |
|---|---|---|
| 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** | |
|---|---|---|
| 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** | |
|---|---|---|
| 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. |  |

| | **To reduce the number of people who are overweight and obese** | |
|---|---|---|
| 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** | |
|---|---|---|
| 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. |  |

| | **Reduce sexually transmitted disease and unplanned pregnancy** | |
|---|---|---|
| 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** | |
|---|---|---|
| 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** | |
|---|---|---|
| 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** | |
|---|---|---|
| 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: |  |

| | | |
|---|---|---|
| | 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. |  |

| | | |
|---|---|---|
| | **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. |  |

| | | |
|---|---|---|
| | **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. |  |

| | | |
|---|---|---|
| | 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 |  |

| | | |
|---|---|---|
| | **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. |  |

| | | |
|---|---|---|
| | • 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** | |
|---|---|---|
| 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** | |
|---|---|---|
| 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 |  |

## Priority actions Appendix 2

| | | |
|---|---|---|
| 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 |  |

**Exceptions** **Appendix 3**

| | To work together to keep children and young people safe | | | |
|---|---|---|---|---|
| | **Action** | **Issue** | **Blocks or barriers** | |
| 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 | We will review the arrangements for the assessment of safeguarding concerns in the (MASH) with partners, including Adult Social Care, to ensure that they support the appropriate referral and information sharing for the most vulnerable children and adults and that plans for inclusion of early help are integral by October 2014. | It has not been possible to locate the MASH and EHU together though plans for this are currently being progressed.<br><br>Partnership information-sharing arrangements have been reviewed several times, most recently when the latest version of the secure portal was implemented in September. Counsel advice about consent and information-sharing has been sought and obtained and some recommendations made, which will be progressed through the MASH Governance Group and Operational Group. |  |
| 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 | We will through the Thematic Working Group established after the Ofsted inspection in 2012, review case files to ensure compliance with policy and procedures and to develop lines of enquiry for the subsequent Nottinghamshire Safeguarding Children Board (NSCB) multi-agency audit by October 2015.<br><br>The NSCB multi-agency audit sub-group will undertake an audit in the autumn to evidence the effectiveness of information sharing between Children's & Adult's Services, where there are mental health or substance misuse issues in the family by March 2015 | The working group continues to meet with a focus on identifying and reviewing individual cases.<br>Transitions planning for young people with mental health issues has been particularly challenging, but an escalation process has been introduced to progress cases identified as being stuck between children's, adult's and health services.<br><br>At the last NSCB Multi Agency Audit sub group meeting it was agreed to postpone the start of the audit until 2015, as the ICPC repeat audit and the Children Sexual Exploitation audit need prioritisation. |  |

## A GOOD START

| | | | | |
|---|---|---|---|---|
| | **To improve health outcomes through the integrated commissioning of children's health services** | | | |
| 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 | We will undertake a needs assessment for inclusion in the refreshed JSNA section on urgent care and we will use this information to inform future commissioning of services by March 2015. | Need assessment to commence in early November 2014. Aiming for completion by the end of February 2015 |  |
| | **To provide children and young people with the early help support that they need** | | | |
| 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 | We will establish a robust multi-agency approach to supporting high risk adolescents by December 2014 | Work underway |  |
| 1.11 | We will review and refresh our common assessment approach for individual children, young people or families who need integrated early help support | Will embed the use of the Early Help Assessment across the Children's Trust by providing targeted training and advice through the Early Help Unit by December 2014<br><br>We will develop a plan to migrate early help assessments onto Framework-I so that there is an integrated approach to case recording by December 2014 | E-learning package being developed and a two day training course on Assessment and Planning is available for commissioning. E-learning package to be ready in early 2015<br><br>It is currently proposed to use the Framework-i system for early help case management at the point that the current version of the software is upgraded (to a version known as Mosaic).<br>This will NOT take place during 2014/15; the current plan envisages the implementation by summer 2015, though further work is currently being undertaken to validate this. In the meantime, early help assessments will continue to be recording on existing systems. |  |

**Exceptions** **Appendix 3**

**LIVING WELL**

| | | | | |
|---|---|---|---|---|
| | **Reduce the number of people who overweight and obese** | | | |
| 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 | Service to be re-tendered with new provider anticipated to be in place by 1st April 2015. | Financial envelope may be insufficient to impact on reducing the prevalence of excess weight |  |
| 2.7 | Work with EH/TS Officers to develop a countywide 'merit' scheme for fast food outlets and develop performance measures for this work | To roll out the merit scheme to the rest of the county during the Autumn/Winter 2014. | Capacity of District/Borough Environmental Health Officers to deliver |  |
| 2.9 | Develop a spatial planning policy framework to secure Public Health gain | Planning is an agenda item at a future Obesity Integrated Commissioning Group meeting (Jan 15) when the group will consider how to develop a framework. | Support initially across the districts/boroughs to develop a framework.<br>Capacity to develop a framework |  |
| 2.11 | To improve the NCMP participation rates so that they meet or exceed the England average | The NCMP is now complete. | Participation results will be available in December 14. |  |
| | **Reduce sexually transmitted disease and unplanned pregnancy** | | | |
| 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. | Dialogue has been commenced with CCG colleagues re Menorrhagia and with NHS Derbyshire and Nottinghamshire AT re Cervical Screening. Dialogue needs to be continued to arrive at an agreed position and to initiate dialogues with colleagues in the NHSE South | |  |

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|---|---|---|---|---|
| | | Yorkshire and Bassetlaw AT. | | |
| | **To increase the number of eligible people who have a NHS Health Check** | | | |
| 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. | There have been issues because of conflicting priorities for CCGs impacting on availability of NHS Health Checks.<br>Following a HWB workshop a 23-point plan has been agreed between Public Health & CCG reps on the NHS Health Check Clinical Implementation Group to improve offers & uptake of NHS Health Checks. | |  |

**COPING WELL**

| | | | | |
|---|---|---|---|---|
| | **Improve the quality of life for carers by prioviding appropriate support for carers and the cared for** | | | |
| 3.4 | 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. | NHS across the County (except Nottingham City and Bassetlaw) funds & runs the NHS Carers Breaks scheme. Carers are assessed by NCC & eligible carers choose a 'Preferred Care Home or Home Care Provider' who must be on the Any Qualified Provider List.<br>This has led to inequality where some carers cannot /do not want to use these providers.<br>NCC will now offer a direct payment to all eligible carers when they cannot use the existing providers.<br>Work on refreshing the Carer | Increased demand for breaks & inadequate budget |  |

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| | | Assessment and internal processes to allow the new system to operate.<br>Direct Payments should be available by early 2015. | | |
| | **Support people with learning disabilities and Autistic Spectrum Disorders** | | | |
| 3.8 | Partnership Working - Develop a pooled budget and sign off the joint strategy for people who challenge services. | Strategy completed and signed off, pooled budget in development.<br><br>Continue to work on aligning current budgets to monitor savings/overspend likely. | Different legislation applying to OR for health and social care which may mean different responsibilities for individuals. Budget will not be pooled until at least 15/16 following further mapping. |  |
| 3.12 | Develop new housing to ensure a range of supported living options are available to enable:<br>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. | Reviews include discussions about supported living/moving back to Notts and individuals being identified and alt. options pursued.<br><br>Continue to discuss alt. options with individuals during review, continue with targeted work where positive indicators for move. | Amount of supported living property available. Development is happening but new build takes a long time. |  |
| 3.13 | Develop a clear transitions process for people with Autism | Individual cases being tracked to enable more effective transition. NHS Trust have 1 yr DH funding to look at transition for people with Asperger's. | Lack of clinical support for adults with Asperger's |  |
| | **Supporting people with long term conditions** | | | |
| 3.23 | Developing a joint strategy to promote exercise, reduce falls and promote bone health. | A working group has been established & priorities identified. A Framework for Action will be agreed following the publication | |  |

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|---|---|---|---|---|
| | | of the JSNA falls chapter. | | |
| | **Providing services which work together to support individuals with dementia & their carers** | | | |
| 3.33 | We will continue the implementation of enhanced community services and services that support people to remain in their own home.<br>• Enhance the Intensive Recovery Intervention Service (IRIS) | Additional NHS capacity following closure of A23. There are plans to increase the number of IRIS qualified staff available. Uncertainty about continued funding of social work posts in Bassetlaw, Mansfield & Ashfield, Gedling and Broxtowe | |  |
| 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. | Each element of this is on track with the exception of the last point.<br><br>Work to encourage individual care homes to become dementia friendly communities has not started yet but is due to start early in 2015. | |  |
| | **Improving services to support victims of domestic abuse** | | | |
| 3.38 | Work with CCGs to implement the IRIS Project and link GP Practices to MARAC process | Fully implemented in Ashfield-Mansfield and West Nottingham CCG<br>Progress underway in Newark/ Sherwood CCG | |  |
| | **Providing coordinated services for people with mental ill health** | | | |
| 3.40 | Aim to identify mental health problems early and support effective interventions<br>• Increase access to psychological therapies<br><br>• Staff development to identify mental health problems, how to reduce stigma and make | Nottinghamshire Healthcare NHS Trust & Nottinghamshire Police & Crime Commissioner held the 1st stake holder event to look at local response to the mental health crisis concordat | |  |

| | | | | |
|---|---|---|---|---|
| | appropriate referrals<br><br>• Raise awareness across a wide range of services to better understand needs of people with mental health problems<br><br>• Improve opportunistic screening for individuals to reduce suicide risks | in Nottingham & Nottinghamshire. The crisis concordat aims to ensure local organisations work together, to prevent crises happening whenever possible through prevention & early intervention | | |
| 3.42 | Aim to promote good physical health for people with mental health problems and tackle preventable ill health<br>• Keep parity of esteem approach to commissioning of health services to ensure mental and physical health aspects are taken into account | Commissioning activity is providing services at a local level & is flexible to meet outcomes for people with mental health needs | |  |

Nottinghamshire County Council

**Report to the Health and Wellbeing Board**

**03 December 2014**

**Agenda Item: 7**

# REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE, HEALTH AND PUBLIC PROTECTION

# BETTER CARE FUND GOVERNANCE STRUCTURE AND POOLED BUDGET

## Purpose of the Report

1. To seek approval to establish the Better Care Fund (BCF) Programme Board as a subgroup of the Health and Wellbeing Board.

2. To seek approval on plans to agree the Section 75 pooled budget for 2015/16.

## Information and Advice

3. The existing governance structure for ensuring delivery of the BCF consists of three County wide groups providing assurance that the BCF is delivered in Nottinghamshire. This structure was aligned to the Health and Wellbeing Board (HWB) as the accountable body for signing off the BCF plans. As the focus moves from agreeing the plan to delivering the plan objectives, the Working Group needs to be formalised as a subgroup of the HWB with responsibility for plan delivery.

4. The three existing groups are: BCF Reference Group, BCF Finance and Performance subgroup and the BCF Working Group. Representatives from the three geographical units of planning attend each group.

5. The **Reference Group** is a small group made up of CCG and local authority representatives with the function of providing early challenge of plan delivery. The **Finance and Performance subgroup** consists of CCG, local authority, District Council and provider representatives. The subgroup is responsible for reporting on delivery of the performance and finance metrics contained in the plan, and managing risks to delivery. Significant risks to delivery are escalated to the **Working Group** which is made up of senior officers from CCGs, the local authority, District Councils and providers. The group has oversight of plan delivery with clear lines of accountability into the three planning units within the county.

6. The **Working Group** reports formally to the Health and Wellbeing Board (HWB) on a quarterly basis. The Working Group is updating its Terms of Reference (to be submitted to HWB in February 2015) with the group renamed as the **BCF Programme Board** to reflect its current role in plan delivery. It is proposed the **BCF Programme Board** is established as a subgroup of the HWB to ensure scrutiny of plan delivery, with reporting to HWB on progress

and risks to delivery on an exception basis. This will allow rapid decision making with regard to actions required in relation to performance and finance.

7. The Nottinghamshire BCF was signed off in August as one of the five national exemplar plans. The plan was "approved with support" with the removal of support being principally conditional upon the establishment of a pooled budget. The principles of the pooled budget need to be agreed by January 2015, with final agreements made as part of the contracting round and therefore final sign-off in March 2015. It is imperative that the Programme Board develops a pooled budget arrangement for operation from 1st April 2015. If this is not in place, the HWB will come under scrutiny from the national task force for not resolving all issues in the action plan agreed at the time of plan approval.

8. The pooled budget can be held by any of the partner organisations. It has previously been recommended by the Working Group that Nottinghamshire County Council hold the pooled budget as the host organisation of the HWB. The national policy direction is for HWBs to assume greater budgetary responsibility as further integration is progressed. The BCF Programme Manager will be the named pooled budget holder and will work to the agreed procedures for managing the budget.

9. It is recommended that the BCF Programme Board assume responsibility for the operation of the pooled budget. The terms of reference for this group will need to be revisited to ensure they are constituted to support the implementation of a pooled budget. National guidance indicates the HWB terms of reference will also need to be reviewed.

10. There are practical challenges around the pooled budget in terms of financial reporting with differences between health and local authority requirements. This is being discussed at a national level with further guidance anticipated shortly. There is a resource implication for Nottinghamshire County Council's finance team in undertaking the necessary financial transactions and accounting requirements. This will be quantified as further work on the pooled budget is undertaken between now and February 2015.

11. Proposals for the risk sharing arrangements and decision making procedures are being drafted by finance officers from all contributing partner organisations and will be presented to CCG Governing Bodies in January and February 2015 for sign off by the BCF Programme Board on 18th March 2015. Work will be undertaken throughout this period to ensure financial procedures are amended in line with financial regulations. The final pooled budget agreement, authorised by each CCG and the local authority, will be available for consideration by the HWB immediately after the Programme Board meeting. Current guidance suggests the final document will need to be signed under hand by CCGs and executed by the local authority under seal. A further update will be submitted to the January HWB with confirmed sign off arrangements taking into account further national guidance.

**Reason/s for Recommendation/s**

12. To confirm appropriate governance structures are in place to ensure oversight of delivery of the BCF by partner organisations across Nottinghamshire.

13. To meet the Department of Health expectation that a pooled budget will be in operation for the BCF in 2015/16.

## Statutory and Policy Implications

14. 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.

### Financial Implications

15. The financial implications are detailed in the Nottinghamshire BCF plan. The pooled budget amounts to a minimum of £59.3m in 2015/16.

### Human Resources Implications

16. Support will be required from Nottinghamshire County Council's finance team to administer the pooled budget in accordance with the conditions of the pooled budget.

### Legal Implications

17. The Care Act facilitates the establishment of the BCF by providing a mechanism that will allow the sharing of NHS funding with local authorities to be made mandatory. The wider powers to use Health Act flexibilities to pool funds, share information and staff are unaffected.

## RECOMMENDATION/S

That the Board:

1) Approves the BCF Programme Board as a formal subgroup of the Health and Wellbeing Board in place of the BCF Working Group, with the same membership as the Working Group, subject to the Programme Board's terms of reference being approved by the Health and Wellbeing Board in February 2015.

2) Approves in principle the plans to establish a pooled budget hosted by Nottinghamshire County Council subject to further work on the s75 agreement.

**David Pearson,**
**Corporate Director, Adult Social Care, Health and Public Protection**

**For any enquiries about this report please contact:**
**Lucy Dadge, Director of Transformation**
lucy.dadge@mansfieldandashfieldccg.nhs.uk / 01623 673330

**Sarah Fleming, Better Care Fund Programme Manager**
Sarah.fleming@mansfieldandashfieldccg.nhs.uk / 0115 9932564

**Constitutional Comments (LMC 24/11/14)**

18. The recommendations in the report fall within the terms of reference of the Health and Wellbeing Board.

**Financial Comments (KAS 24/11/14)**

19. The financial implications are contained within paragraph 15 of 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

Nottinghamshire County Council

**Report to the Health and Wellbeing Board**

**3 December 2014**

**Agenda Item: 8**

# REPORT OF THE CHAIR OF THE HEALTH AND WELLBEING BOARD

# CHAIR'S REPORT

## Purpose of the Report

1. To provide members with information on issues relevant to the Health and Wellbeing Board.

## Information and Advice

### Children with special educational and complex needs

2. The Department of Health has published: **Children with special educational and complex needs: guidance for health and wellbeing boards** which gives guidance and advice for health and wellbeing boards on how best to oversee the implementation of changes made by the Children and Families Act 2014.

   The guide highlights the pivotal role of the Board in supporting how the local NHS, social services, schools and colleges support the needs of children with complex and special educational needs including those with acute illness or injury. In particular, the Board has responsibility for:

   - Overseeing the assessment of local needs in a Joint Strategic Needs Assessment (JSNA), and agreeing with its members a Joint Health and Wellbeing Strategy (JHWS)
   - Giving its views on how well that strategy is supported by CCG commissioning, e.g. when consulted on draft commissioning plans or as part of the annual performance assessment of the CCG.
   - Supporting the Pledge for 'Better health outcomes for children and young people' and giving particular consideration to children and young people's health and wellbeing in the Board's activities.
   - The Disabled Children's Charter (details below)

For further information contact: Sarah Everest, Senior Public Health and Commissioning Manager, email: sarah.everest@nottscc.gov.uk tel: 01623 433023/ 0115 9772436

### Disabled Children's Charter for Health and Wellbeing Board

3. In June 2013 the Nottinghamshire Health and Wellbeing Board agreed and signed the Disabled Children's charter. The Charter asks that the Health and Wellbeing Board will provide evidence within one year, this has been done through a briefing paper to Everyday Disabled Child Matters in July 2014. The briefing gave an overview of Nottinghamshire's

commitment to the charter. Whilst it acknowledges we still have a way to go, we are committed to improving outcomes for children and young people with special educational needs and disability (SEND) and the services they access. This ongoing commitment from Nottinghamshire is led through the Integrated Commissioning Group for SEND, the Integrated Commissioning Hub and the delivery of the SEND reforms through the Education, Health and Care Plan Pathway.

For further information contact: Sarah Everest, Senior Public Health and Commissioning Manager, email: sarah.everest@nottscc.gov.uk tel: 01623 433023/0115 9772436

**Prime Minister's Challenge on Dementia**

4. The Prime Minister's Challenge on Dementia comes to an end in 2015. The Department of Health has written to local authorities outlining the changes the government has made to support the challenge, and asking authorities to offer support to: increase awareness of dementia, promote Dementia Friends and support carers. These areas are all included in the Health & Wellbeing Dementia Plan for 2014/15.

   NHS England is also working with local areas to ensure CCGs meet the target of diagnosing 67% of people expected to have dementia by March 2015. Current performance (October 2014) by Nottinghamshire CCGs is set out below.

| CCG | Diagnosis rate |
|---|---|
| Bassetlaw | 72.4% |
| Mansfield & Ashfield | 67.3% |
| Newark & Sherwood | 53.6% |
| Nottingham North & East | 56.4% |
| Nottingham West | 68.9% |
| Rushcliffe | 66.5% |

   Finally, the Department of Health is seeking support from Health & Wellbeing Boards to use the Better Care Fund to improve care for people with dementia.

   For further information contact: Gill Oliver, Senior Public Health Manager, email: gill.oliver@nottscc.gov.uk tel: 01623 433023/ 0115 9772436

**Health and Wellbeing Board Peer Review**

5. The scoping meeting for the Peer Review took place on 23 October 2014. A timetable for the review is now being drawn up. There will be an initial feedback session for everyone involved in the peer review on Friday 6 February 2015 and Board members are asked to attend. The venue and times will be confirmed with the timetable.

**Health and Wellbeing Board Stakeholder Network**

6. The latest Stakeholder Network event took place on 10 November 2014. It focussed on homelessness and was attended by around 60 people.

   Presentations were received giving an account of national and local issues, health issues for homeless people and a personal account of homelessness. These were followed by table

discussions which looked at preventing homelessness, improving health and wellbeing outcomes for homeless people and how to optimise help for newly homeless people.

A summary of the event is available on the Nottinghamshire County Council website.

For further information contact Nicola Lane, Public Health Manager, email: nicola.lane@nottscc.gov.uk tel: 0115 977 2130

## Information received

The following are items which have been sent for the attention of the Board:

7. **Safe Places in Nottingham and Nottinghamshire**
   Nottingham Mencap has launched a Safe Places scheme supported by Nottingham Police, Nottingham Fire & Rescue Service, Nottingham City Council and Nottingham County Councils. The scheme is to provide safe places in the community where vulnerable people with learning disabilities can go if they get into trouble or feel unsafe.

## Update on policy and guidance

There have been a number of policies and guidance documents issued which are aimed at health and wellbeing boards. The following is a summary of those which may be of interest to Board members:

8. **A new settlement for health and social care: final report**
   Independent Commission on the Future of Health and Social Care in England.
   This report discusses the need for a new settlement for health and social care to provide a simpler pathway through the current maze of entitlements.

9. **Voluntary and community sector (VCS) engagement with HWBs**
   Regional Voices.
   This report contains results from a survey conducted earlier this year about how the VCS is engaging with health and wellbeing boards. The survey found that some good practice for how boards involve the VCS, is emerging. However, some issues remain with only 20% of respondents reporting that they felt that their organisation was linked with the work of health and wellbeing boards.

10. **Making an impact through good governance: health and wellbeing boards**
    The Local Government Association
    Now that boards are fully operational, their emphasis is on being as effective as possible in their statutory and influencing roles. The guide is intended to be of practical use to members of health and wellbeing boards in all of the membership categories.

11. **Connecting Health and Wellbeing Boards: a Social Media Guide**
    The Local Government Association
    The guide explores: some of the current social media channels; five broad principles for using social media; and five levels of social media engagement for health and wellbeing boards to encourage progress and best practice.

12. **Healthwatch: On the board toolkit**
    **Developing skills for effectiveness on health and wellbeing boards.**

**The Local Government Association**

This toolkit is designed to support local Healthwatch representatives and provides: guidance on the skills the local Healthwatch representative needs to effectively represent the local Healthwatch on the HWB, and tools that representatives can use for self-development of leadership capacity.

## Statutory and Policy Implications

1. 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/S

1) That the report be noted.

**Councillor Joyce Bosnjak**
**Chairman of Health and Wellbeing Board**

**For any enquiries about this report please contact:**

Nicola Lane, Public Health Manager. Tel: 0115 977 2130. Email: nicola.lane@nottscc.gov.uk

**Constitutional Comments**

2. This report is for noting only.

**Financial Comments**

3. 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

Nottinghamshire County Council

**Report to Health and Wellbeing Board**

**3 December 2014**

**Agenda Item: 9**

# REPORT OF CORPORATE DIRECTOR, POLICY, PLANNING AND CORPORATE SERVICES

# WORK PROGRAMME

## Purpose of the Report

1. To consider the Board's work programme for 2015.

## Information and Advice

2. The County Council requires each committee, including the Health and Wellbeing Board to maintain a work programme. The work programme will assist the management of the committee's agenda, the scheduling of the Board's business and forward planning. The work programme will be updated and reviewed at each pre-agenda meeting and Board meeting. Any member of the Board is able to suggest items for possible inclusion.

3. The attached work programme has been drafted in consultation with the Chair and Vice-Chair, and includes items which can be anticipated at the present time. Other items will be added to the programme as they are identified.

### Other Options Considered

4. None.

### Reason/s for Recommendation/s

5. To assist the Board in preparing its work programme.

## Statutory and Policy Implications

6. This report has been compiled after consideration of implications in respect of finance, equal opportunities, human resources, crime and disorder, human rights, the safeguarding of children, sustainability and the environment and those using the service and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

## RECOMMENDATION/S

1) That the Board's work programme be noted, and consideration be given to any changes which the Board wishes to make.

**Jayne Francis-Ward**
**Corporate Director, Policy, Planning and Corporate Services**

**For any enquiries about this report please contact: Paul Davies, x 73299**

## Constitutional Comments (HD)

1. The Board has authority to consider the matters set out in this report by virtue of its terms of reference.

## Financial Comments (PS)

2. There are no direct financial implications arising from the contents of this report. Any future reports to the Board will contain relevant financial information and comments.

## Background Papers

None.

## Electoral Division(s) and Member(s) Affected

All

# Health and Wellbeing Board & Workshop Work Programme

| | Health & Wellbeing Board (HWB) | HWB Workshop (closed sessions) |
|---|---|---|
| **7 January 2015** | | Budget Consultation and the Health & Wellbeing Board |
| **4 February 2015** | **Approval of the Pharmaceutical Needs Assessment** (Cathy Quinn)<br><br>**Adult Safeguarding Annual Report** (Allan Breeton)<br><br>**Sexual Health** (Jonathan Gribbin)<br><br>***Health Inequalities*** *(John Tomlinson) TBC*<br><br>**Breast Feeding** (Kate Allen)<br><br>**Approval of the Suicide Prevention Framework for Action** (Susan March)<br><br>**Health and Wellbeing Implementation Group Report** (Anthony May/ Cathy Quinn)<br><br>**Better Care Fund Report** (Jon Wilson)<br><br>***Health Scrutiny and the Health & Wellbeing Board*** *TBC*<br><br>**Chair's Report:**<br>• **Report on Pharmacy Applications**<br>• **Care Act Update Report** | |
| **4 March 2015** | | Health Inequalities TBC |
| **1 April 2015** | **Dental Public Health & Fluoridation** (Kate Allen)<br><br>***Public Health Committee Annual Summary*** *(TBC)* | |

# Health and Wellbeing Board & Workshop Work Programme

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|---|---|---|
| | ***Annual Statement of Assurance for Health Protection*** *(Jonathan Gribbin) TBC*<br><br>***Follow up report on Healthy Child Programme and Public Health Nursing for Children and Young People*** *(Kate Allen) TBC*<br><br>**Learning Disabilities Self-assessment** (Cath Cameron Jones)<br>**Autism Self Assessment** (Cath Cameron Jones) TBC<br><br>**Health & Wellbeing Strategy report** (Anthony May/ Cathy Quinn)<br><br>**Chair's Report:**<br>• **Adolescent Health Strategy** | |
| **May 2015** | ***No Meeting due to elections*** | |
| **3 June 2015** | **Excess Winter Deaths** (Mary Corcoran)<br><br>**Better Care Fund report** (Jon Wilson) | |