











To work together to keep children and young people safe				
	Action	Issue	Blocks or barriers	
1.1	<p>We will work together to support the effective operation of the County Council's Multi-Agency Safeguarding Hub (MASH) by:</p> <ul style="list-style-type: none"> bringing together the MASH and the Early Help Unit developing more effective information-sharing between partners <p>promoting a shared understanding of thresholds for access to services</p>	<p>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.</p>	<p>It has not been possible to locate the MASH and EHU together though plans for this are currently being progressed.</p> <p>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.</p>	
1.2	<p>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</p>	<p>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.</p> <p>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</p>	<p>The working group continues to meet with a focus on identifying and reviewing individual cases.</p> <p>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.</p> <p>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.</p>	

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	<p>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</p> <p>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</p>	<p>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</p> <p>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). 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.</p>	

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 1 st 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. 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		





Exceptions





Appendix 3

		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. 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 providing 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. This has led to inequality where some carers cannot /do not want to use these providers. NCC will now offer a direct payment to all eligible carers when they cannot use the existing providers. Work on refreshing the Carer	Increased demand for breaks & inadequate budget	

		Assessment and internal processes to allow the new system to operate. 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. 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: 40 people to move from residential care to supported living 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. 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		

		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. <ul style="list-style-type: none"> 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; <ul style="list-style-type: none"> continuing the specialist training programme for care home staff recognition of high quality and excellent care through the second tranche of the dementia quality mark (DQM) being extend to March 2016 continued specialist support to care homes from the Dementia Outreach Team. encourage individual care homes to become dementia friendly communities. 	Each element of this is on track with the exception of the last point. 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 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 <ul style="list-style-type: none"> Increase access to psychological therapies Staff development to identify mental health problems, how to reduce stigma and make 	Nottinghamshire Healthcare NHS Trust & Nottinghamshire Police & Crime Commissioner held the 1 st stake holder event to look at local response to the mental health crisis concordat		

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Appendix 3

	<p>appropriate referrals</p> <ul style="list-style-type: none"> • Raise awareness across a wide range of services to better understand needs of people with mental health problems • Improve opportunistic screening for individuals to reduce suicide risks 	<p>in Nottingham & Nottinghamshire. The crisis concordat aims to ensure local organisations work together, to prevent crises happening whenever possible through prevention & early intervention</p>		
3.42	<p>Aim to promote good physical health for people with mental health problems and tackle preventable ill health</p> <ul style="list-style-type: none"> • Keep parity of esteem approach to commissioning of health services to ensure mental and physical health aspects are taken into account 	<p>Commissioning activity is providing services at a local level & is flexible to meet outcomes for people with mental health needs</p>		