HEALTH AND WELLBEING BOARD - 28th September 2016

Title of paper:	Happier Healthier Lives: Nottingham City Joint Health and	
	Wellbeing Strategy 2016 – 2020 Pro	ogress Update
Director(s)/	Alison Michalska	Wards affected: All
Corporate Director(s):	Corporate Director for Children & Adults,	
	Nottingham City Council.	
	Colin Monckton, Director of	
	Commissioning, Policy and Insight,	
	Nottingham City Council.	
	Alison Challenger, Interim Director of Public Health, Nottingham City Council.	
	Dawn Smith, Chief Operating Officer,	
	Nottingham City Clinical Commissioning	
	Group.	
Report author(s) and	James Rhodes, Strategic Insight Manager	r, Nottingham City Council
contact details:	James.rhodes@nottinghamcity.gov.uk	
Other colleagues who	Dr Rachel Sokal, Consultant in Public Health, NCC	
have provided input:	provided input: Helene Denness, Consultant in Public Health, NCC	
• •	Jane Bethea, Consultant in Public Health,	NCC
	Various priority action leads as outlined in	the action plans
Date of consultation wit		·
Relevant Council Plan	Key Theme:	
Strategic Regeneration a		
Schools	•	
Planning and Housing		
Community Services		
Energy, Sustainability and Customer		
Jobs, Growth and Transport		
Adults, Health and Community Sector		
Children, Early Intervention and Early Years		
Leisure and Culture		
Resources and Neighbou	rhood Regeneration	
Relevant Health and We	ellbeing Strategy Priority:	
Healthy Nottingham - Preventing alcohol misuse		
Integrated care - Supporting older people		
Early Intervention - Impro		
Changing culture and systems - Priority Families		
Summary of issues (inc	luding benefits to citizens/service users	and contribution to
	being and reducing inequalities):	
This paper presents the a	agreed strategy in its final designed format a	and the detailed action plans
that sit behind it.		
Recommendation(s):		
	ategy (Enc. 1) and the contribution of all the	lead officers involved in its
•	led in Enc. 2 to 5).	
	d action plans (Enc. 2 to 5) and the next ste	DS

health ('parity of esteem'): This remains a core element of the strategy.

1. <u>REASONS FOR RECOMMENDATIONS</u>

1.1 The content of the strategy was approved at the last Health and Wellbeing Board (HWB). The strategy and the action plans have been developed based on evidence from the Joint Strategic Needs Assessment (JSNA) and the findings from significant engagement with citizens, partners and stakeholders.

2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

- 2.1 A proposed strategic framework was agreed by the HWB in January. The framework was developed based upon the engagement findings¹ and the evidence from the JSNA². The strategy is based around four key outcomes:
 - Healthy Lifestyles
 - Mental Health and Wellbeing
 - Healthy Culture
 - Healthy Environment
- 2.2 In developing the strategy, lead officers have been identified for each of the priority areas who have been responsible for developing the action plans upon which the strategy is based. A Board level sponsor and Consultant in Public Health were also identified who have provided an overall steer regarding content, advice on performance indicators and help removing barriers/ blockages.

CURRENT POSITION

- 2.3 The production of the strategy (Enc. 1) and the action plans (Enc. 2 to 5) are the result of input and contribution from over 30 officers from across the Health and Wellbeing Board's partners. Detailed action plans have been produced for the 4 outcome areas and it is recommended that the Board approve them and support delivery.
- 2.4 In terms of delivery and monitoring a number of proposals were suggested at the August Health and Wellbeing Development Session:
 - Future reporting should be provided as part of the written report with authors (working under the assumption that Board Members have read the detail prior) pulling out the salient points with a particular focus successes, areas of concern and clear requests of partners where appropriate.
 - The report and presentation should highlight blockages to delivery and where Board members can help. This should be reflected in clear recommendations to the Board.
 - It should be acknowledgement that for some outcomes the action plans do not include/represent all the required actions to improve the headline metric rather these are the things that the Board can add most value to.
 - Steering/ delivery groups for the strategy are where the work is done that is reported to the Board.
 - The Board should have an increased focus on a small number of priority actions that they can collectively add value to.
 - The inclusion of citizen stories to make progress/performance more meaningful and real.
 - Partner organisations to have corporate alignment and commitment to the strategy

¹ The engagement results report can be found here: <u>http://www.nottinghamcity.gov.uk/hwb</u>.

² The JSNA Evidence Summary can be found here: <u>http://isna.nottinghamcity.gov.uk/insight/Strategic-Framework/Nottingham-JSNA/Related-documents/Executive-summary.aspx</u>

- Partner organisations lead by example in terms of leading agendas and signing up to specific initiatives e.g. like tobacco declaration/future alcohol declaration and be exemplar of the desired approaches/ standards (e.g. work place health)
- 2.5 Reporting will be initiated based on the above steer and refined following feedback.

NEXT STEPS

- 3.1 The March Health and Wellbeing Board agreed the following **timetable**:
 - November Board Thematic Focus on Healthy Lifestyles (inc. progress reporting against actions)
 - January Board
 - Thematic Focus on Mental Health and Wellbeing
 Thematic Focus on Healthy Culture
 - March Board
 May Board
 - Thematic Focus on Healthy Environment
- 3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS
- 3.1 Not applicable.

4. <u>FINANCE COMMENTS (INCLUDING IMPLICATIONS AND VALUE FOR</u> <u>MONEY/VAT)</u>

4.1 Not applicable.

5. LEGAL AND PROCUREMENT COMMENTS (INCLUDING RISK MANAGEMENT ISSUES, AND LEGAL CRIME AND DISORDER ACT AND PROCUREMENT IMPLICATIONS)

5.1 Not applicable.

6. EQUALITY IMPACT ASSESSMENT

6.1 Has the equality impact of the proposals in this report been assessed?

No An EIA is not required because: (Please explain why an EIA is not necessary)

Yes

 \square

Attached as Appendix x, and due regard will be given to any implications identified in it.

7. <u>LIST OF BACKGROUND PAPERS OTHER THAN PUBLISHED WORKS OR</u> <u>THOSE DISCLOSING CONFIDENTIAL OR EXEMPT INFORMATION</u>

7.1 None

8. PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

8.1 None