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Nottingham and Nottinghamshire
Clinical Commissioning Group

Nottingham
City Council

Nottingham City Health and Wellbeing Board

Date: Wednesday 24 November 2021

Time: 1:30pm

Place: Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG

Please see the information at the bottom of this agenda front sheet about the measures for ensuring Covid-safety

Governance Officer: Adrian Mann **Direct Dial:** 0115 8764468

The Nottingham City Health and Wellbeing Board is a partnership body that brings together key local leaders to improve the health and wellbeing of the population of Nottingham and reduce health inequalities.

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Councillors, co-optees, colleagues and other participants must declare all disclosable pecuniary and other interests relating to any items of business to be discussed at the meeting. If you need any advice on declaring an interest in an item on the agenda, please contact the Governance Officer shown above before the day of the meeting, if possible.

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Nottingham City Council
Nottingham City Health and Wellbeing Board

Minutes of the meeting held in the Ground Floor Committee Room, Loxley House, Station Street, Nottingham, NG2 3NG on 29 September 2021 from 1:36pm to 3:31pm

Voting Membership

Present	**Absent**
Councillor Adele Williams (Chair)	Sarah Collis
Dr Hugh Porter (Vice Chair)	Diane Gamble
Dr Manik Arora	Sara Storey
Councillor Cheryl Barnard (items 30-32)	Michelle Tilling
Councillor Eunice Campbell-Clark (items 26-35)	
Lucy Hubber	
Catherine Underwood	

Non-Voting Membership

Present	**Absent**
Louise Bainbridge	Mel Barrett
Superintendent Kathryn Craner	Dr Sue Elcock
Tim Guyler	Stephen Feast
	Stephen McAuliffe
	Leslie McDonald
	Craig Parkin
	Jules Sebelin
	Jean Sharpe
Elaine Mulligan (substitute for Jean Sharpe)	

Colleagues, partners and others in attendance:

Philip Broxholme	-	Head of Strategy, Office of the Nottinghamshire Police and Crime Commissioner
Commissioner Caroline Henry	-	Nottinghamshire Police and Crime Commissioner
Adrian Mann	-	Governance Officer, Nottingham City Council
Claire Novak	-	Insight Specialist - Public Health, Nottingham City Council

26 Changes to Membership

The Board noted that Stephen Feast has replaced Richard Holland as the representative of Nottingham City Homes.

27 Apologies for Absence

Mel Barratt	-	Chief Executive, Nottingham City Council
Sarah Collis	-	Chair, Healthwatch Nottingham and Nottinghamshire
Stephen Feast	-	Director of Housing, Nottingham City Homes
Diane Gamble	-	Deputy Director of Strategic Transformation (North Midlands), NHS England

Stephen McAuliffe	-	Deputy Registrar, University of Nottingham
Leslie McDonald	-	Executive Director, Nottingham Counselling Centre
Craig Parkin	-	Deputy Chief Fire Officer, Nottinghamshire Fire and Rescue Service
Jules Sebelin	-	Chief Executive, Nottingham Community Voluntary Services
Jean Sharpe	-	District Senior Employer and Partnerships Leader, Department for Work and Pensions
Sara Storey	-	Director of Adult Social Care, Nottingham City Council

28 Declarations of Interests

None.

29 Minutes

The minutes of the meeting held on 28 July 2021 were confirmed as a true record and signed by the Chair.

30 Coronavirus Update

Lucy Hubber, Director of Public Health at Nottingham City Council, provided an update on the current position in relation to the Coronavirus pandemic. The following points were discussed:

(a) case rates are stable, following high levels during the summer that have now declined rapidly. Cases are increasing with the return of children to school, both amongst the children and their immediate households, but at a lower rate than the national trend. In addition, these cases do not appear to be transmitting into the wider community or into older age groups, where vaccine uptake is highest;

(b) the lowest level of vaccination uptake is amongst young adults in the 25-40 age range. As this age range represents a large proportion of the city population and workforce, the situation should be monitored closely. A refresh of community messaging is planned, to encourage people to wear masks wherever possible. Self-testing rates for people with symptoms are high, but it is important to continue to encourage vaccine take-up, including through walk-in appointments;

(c) the provision of vaccinations is now moving away from a small number of large hubs to more local delivery, through GPs and pharmacies, supported by mobile teams. Vaccinations for 12-15 year olds are being rolled out in schools, and booster vaccines are being offered to the most vulnerable people six months after receiving the second jab. Young people aged 16-17 can have a vaccination, but walk-in appointments are only available at the Queen’s Medical Centre (QMC), due to the requirement for specialist paediatric supervision. QMC also focuses on vaccinating workers in health and social care. Double Covid-19 / flu jabs will be available shortly, and this should be communicated by all partners to staff in health and social care roles;

(d) there are now many more options available for getting a vaccination, but this means that the associated messaging has become much more complex, as there

is a need to take into account many more potential circumstances regarding who should get a vaccination, when, where and how. As much information as possible is published on the 'Grab a Jab' website;

(e) the approach being taken follows the current national guidance but, should the Government consider that the NHS will be put under too great a pressure, previous mandatory containment measures would be reintroduced. However, currently, schools are responsible for setting their own control measures, unless an outbreak occurs – so work is underway to encourage schools to work as closely as possible with parents to control transmission. A request has also been made to the Department for Education for the review of the current contingency framework in the context of home transmission. As much as possible must be done to relieve pressures on the care system, and there is a role for employers to play in ensuring that messaging reaches their workforces;

(f) the local universities have been proactive partners in engaging with the student population on messaging, encouraging vaccination uptake and preventing transmission. A great deal of engagement has been carried out with international students. The University of Nottingham has developed its own form of spit testing for students, which has now been accredited. There is a high level of vaccine uptake amongst 18-19 year olds, and the number of double-vaccinated students is growing. However, maintaining social distancing between students can be challenging, and a number of illnesses other than Coronavirus are starting to spread within the student population.

The Board noted the update.

31 Nottingham City Place-Based Partnership Update

Dr Hugh Porter, Clinical Director at the Nottingham City Integrated Care Partnership (ICP), presented a report on the ICP's current programme priorities. The following points were discussed:

(a) the ICP has five key programmes. A great deal of work has been carried out in driving vaccination schemes, with important learning gathered from the experiences of the previous year. There are over 50,000 smokers in the city, which remains above the national average, so the smoking cessation programme remains a priority, and measures are in place to seek to deter people from taking up smoking. Steps are also underway to broaden the programme focusing on severe multiple disadvantage, and the ICP has secured funding of £3.9 million over 3 years to support transformation in how the system and services wrap around citizens to achieve a substantive difference. Following consultation with partners, a new programme priority relating to mental health and wellbeing has now been introduced;

(b) partnerships with the eight city Primary Care Networks (PCN) is being developed (which each covering an area with around 30,000 to 60,000 residents), engaging closely with the voluntary sector and seeking to help GP practices move towards integrated neighbourhood working. Green social prescribing link workers are operating at the PCN level to address social issues such as loneliness, and

projects are underway to develop green spaces to improve physical and mental health;

(c) NHS reorganisation is moving forward, with the Clinical Commissioning Groups to come to an end in April 2022. The regional Integrated Care System is establishing an Integrated Care Partnership Board to engage with local partners – so the ICP will need to change its name and establish how both it and the Board will fit into the new model of local, place-based delivery, and demonstrate in the public domain what is being done to address health inequality;

(d) steps are underway to address culture change, particularly in frontline roles, and partners need to communicate with and understand each other as much as possible to facilitate inter-partner working to develop collective outcomes. There are significant challenges within the NHS, particularly within primary and social care, and a great deal needs to be done to support staff. Ultimately, space is also needed for reflection on what has worked and what has not in the context of system transformation, and care must be taken to not over-design the response to the various issues;

(e) the Board considered that the ICP is a vital partner for local service delivery, and that it has taken a number of opportunities to bring in funding for projects on the basis of working differently, particularly around complex needs. There is an increased demand for social prescribing, but there is also a high level of fragility in the voluntary sector, currently. As such, it is vital that commissioning processes support social value and the voluntary sector properly, as it often catches vulnerable people who fall through the net of the statutory bodies. A focus is also needed on the communities and their voluntary organisations who do not have a strong voice within the current system.

The Board noted the report.

32 Police and Crime Plan - Engagement with Partners and Stakeholders

Commissioner Caroline Henry, the Nottinghamshire Police and Crime Commissioner, presented a report on proposed Police and Crime Plan priorities for 2021 to 2024. The following points were discussed:

(a) as part of carrying out strong partnership working across Nottinghamshire to enable people to feel safe, the three main objectives of the new Police and Crime Plan are to prevent crime and protect people from harm, to respond efficiently and effectively to local needs, and to support victims and communities to be safe. Resources will be targeted at addressing the root causes of crime, which will also help to address the wider determinants of health, with the main areas of shared concern being serious violence, domestic and sexual abuse, substance misuse and mental health;

(b) the Violence Reduction Unit adopts a public health approach to tackling serious violence. It works with communities to prevent violence and reduce its harmful impacts, and there is a particular focus on engaging with young people. The Safer Streets programme is intended to create safer residential environments, with a burglary reduction officer in place and work carried out with students on protecting

their residences against crime. the Reducing Reoffending Board is in place, to seek to break cycles of repeated crime;

(c) officer teams are being strengthened to manage missing persons and suicide cases, and to be aware of rehabilitation and mental health needs. Stronger support will be put in place for victims and communities to feel safer, in partnership with the voluntary sector. Support is also available to vulnerable people who are lonely and might be at risk from scams such as romance fraud, and work is underway to refer people to support for substance misuse and associated mental health needs;

(d) the Ministry of Justice has clear objectives for improvements in the support available for victims of domestic abuse, including therapeutic support and initiatives to identify hidden harm more quickly. It is vital to build confidence in the system to encourage and assist the reporting of exploitation and abuse. Work is also underway to improve the victim experience of and outcomes from the criminal justice system, with the delivery of justice more swiftly though a move to Local Justice Boards, to help address the backlog caused by the Coronavirus pandemic in Courts hearing cases;

(e) currently, the Department for Work and Pensions is focused on very similar areas, so there is a good opportunity for partnership working. There are also opportunities for joint communications between partners on addressing modern slavery and fraud;

(f) the Board noted that there are wide range of health-related challenges that would benefit from close partnership working. The Nottingham City Integrated Care Partnership has developed a range of resources on responding to trauma through informed care. The impact of domestic violence is a significant issue, along with the impact of Coronavirus and drug and alcohol misuse. There is a substantial need to build stronger levels of trust with vulnerable communities, where there can be a high degree of distrust of authorities, in general. As such, the partnership approach should aim to develop culture change, with organisations seeking to be more reflective of the people of the communities that they serve;

(g) the Board considered that a public health-based approach to vulnerability is extremely welcome, as criminals can often exploit vulnerable people very effectively. It is vital to work closely with young people to steer them away from crime and so improve their life opportunities. It is also important to seek to address disproportionality in people’s experience of the criminal justice system, as some communities can have very different experiences of the system than others. Ultimately, the right resources must be in place in the right areas to address the factors in people’s lives that can both prevent crime and improve health;

(h) the Board observed that, in the context of the Coronavirus pandemic, the appears to be a higher than normal baseline of social anger that can be triggered easily. It is important that partners find ways of work together collectively to help reaffirm pride and happiness in the people across Nottinghamshire, to ensure that the environments in which they live and work are as well maintained as possible. Anchor organisations should also seek to communicate and celebrate as much good news as they can.

The Board thanked the Police and Crime Commissioner for her presentation on the new Police and Crime Plan, and welcomed the consultation process.

33 Joint Strategic Needs Assessment - Annual Report

Claire Novak, Insight Specialist in Public Health at Nottingham City Council, presented a report on the progress and development of the Council's Joint Strategic Needs Assessment (JSNA) for 2021/22. The following points were discussed:

(a) the JSNA represents an assessment of the city population's health and social care needs, in addition to highlighting health inequalities, to inform strategic priorities and commissioning decisions. The Coronavirus pandemic has affected all elements of the JSNA, and an associated chapter is now being drafted following an investigation of the impacts of Covid-19 on the population;

(b) a pragmatic approach is being taken to the refresh of the JSNA and, as part of the approach to align the JSNA with the aims and priorities of the Integrated Care System, place-based pilots have been carried out with two of the local Primary Care Networks and the communities that they cover. A steering group has been established to include wide representation, and a technical development group is in place to ensure that the data arising from the pilot is easily readable and accessible;

(c) new JSNA chapters on demography, physical activity and housing with excess winter deaths and cold-related harm have been published during the pandemic, while chapters on children and young people with special educational need and disability, and the emotional and mental health needs of children and young people are nearing publication. Chapters on musculoskeletal conditions, noise pollution and adult substance misuse are under production, though these have been delayed, due to the pandemic;

(d) it is a responsibility of the Board to complete a Pharmaceutical Needs Assessment every three years. However, as a result of Covid-19, the deadline for the production of the current Assessment has been extended by 18 months;

(e) the Board thanked officers for their hard work on the JSNA during the pandemic. It considered that there are a large number of chapters within the JSNA, which can make it difficult for frontline staff to find information relevant to them quickly and easily – so it hoped that the new and very positive placed-based approach would make the information more accessible. It hoped that the data from the latest national census, which will be available around March 2022, will help to inform the JSNA going forward, as the previous data from the 2011 census is now out of date;

(f) the Board recommended that the digital delivery of services and digital inclusion is addressed by the JSNA, as this will be a vital area, going forward. It noted that care should be taken in the language used to describe ethnicity and mainstream and minority groups. It considered that it will be important to focus on mental wellbeing in the wake of Covid-19, and to seek to support the voluntary sector in its delivery of vital services as much as possible.

The Board noted the report.

34 Board Member Updates

Board Members provided the following updates:

(a) Catherine Underwood, Corporate Director for People at Nottingham City Council, presented a report on the current work being carried out by the Council's Children's and Adults' Services;

(b) Tim Guyler, Assistant Chief Executive at the Nottingham University Hospitals NHS Trust, explained that the Trust is experiencing significant challenges during the unprecedented circumstances arising from the Coronavirus pandemic, where the risk to the wellbeing of citizens and staff has risen across all sectors. The health and wellbeing of Trust employees is of the greatest importance, so work is being carried out to engage directly with frontline staff, to seek to improve the position. It is now vital to plan for the coming winter pressures, and to understand the current sector-wide risks;

(c) the environment for the delivery of services by the Trust is very challenging. Work is being carried out to address service user needs as much as possible, but resources are limited and must be prioritised in certain areas. The Trust has been visited by the Care Quality Commission (CQC) on three occasions and has been rated as 'outstanding' in relation to care provision. However, the Trust has been challenged on the effectiveness of how its staff are supported in the very difficult situations arising at work, and work is underway to address this and to improve governance processes;

(d) the Board noted that it will be as supportive as possible to the Trust in addressing the concerns raised by the CQC, as it is a key resource in the city, and it hoped that the Trust will keep the Board and other partners informed as to its progress on its improvement journey. It considered that it is vital for the voice of frontline health and care staff to be heard on the impacts of the pandemic, and to consider how active support can be put in place.

The Board noted the updates from members.

35 Work Plan

The Chair presented the Board's proposed work plan for the 2021/22 municipal year. If members have any comments or suggestions for future items to be considered by the Board, these can be forwarded to Nottingham City Council's Director for Public Health. Issues that can be presented by multiple Board members are particularly welcome.

The Board noted the Work Plan.

36 Future Meeting Dates

- **Wednesday 24 November 2021 at 1:30pm**

- **Wednesday 26 January 2022 at 1:30pm**
- **Wednesday 30 March 2022 at 1:30pm**

Nottingham City Health and Wellbeing Board
24 November 2021

	Report for Information
Title:	Co-Production in the Nottingham and Nottinghamshire Integrated Care System
Lead Board Member(s):	Lucy Hubber – Director of Public Health, Nottingham City Council
Author and contact details for further information:	Amy Callaway – Assistant Director of Quality, Transformation and Oversight, NHS Nottingham and Nottinghamshire Clinical Commissioning Group amy.callaway@nhs.net
Brief summary:	This report updates Health and Wellbeing Board members on the Integrated Care System (ICS) approach to working with people and communities in relation to co-production. The report shares the ICS ambition to embed coproduction across the system, learning from best practice across health, local authority and voluntary sector organisations in the Nottingham and Nottinghamshire ICS, and it details the work being untaken to develop the system wide approach to co-production.

Recommendation to the Health and Wellbeing Board:
The Health and Wellbeing Board is asked to note the information contained in the report, and to identify any representatives for the Co-Production Steering Group and Working Group that may not already be involved.

Contribution to Joint Health and Wellbeing Strategy:	
Health and Wellbeing Strategy aims and outcomes	**Summary of contribution to the Strategy**
Aim: To increase healthy life expectancy in Nottingham and make us one of the healthiest big cities.	The co-production strategy will focus on empowering citizens to take active roles in shaping services and support in the ICS, as well as in decision making. Services that are shaped by individuals who use them respond better to people's needs and result in positive outcomes. Therefore, the co-
Aim: To reduce inequalities in health by targeting the neighbourhoods with the lowest levels of healthy life expectancy.	

	production strategy and approach will support all Health and Wellbeing aims and outcomes. Effective representation of all communities will be a key principle of the co-production work and will support a reduction in inequalities by ensuring services are shaped by neighbourhoods that are not usually represented, and that these, therefore, respond effectively to need. This includes service redesign, commissioning and decision making.
Outcome 1: Children and adults in Nottingham adopt and maintain healthy lifestyles.	
Outcome 2: Children and adults in Nottingham will have positive mental wellbeing and those with long-term mental health problems will have good physical health.	
Outcome 3: There will be a healthy culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill health well.	
Outcome 4: Nottingham's environment will be sustainable – supporting and enabling its citizens to have good health and wellbeing.	

How mental health and wellbeing is being championed in line with the Board's aspiration to give equal value to mental and physical health
Individuals with mental and physical health needs will be included in the co-production work and roll out of approaches.

Background papers:	None.

Integrated Care System
Nottingham & Nottinghamshire

Report for the Nottingham City Health and Wellbeing Board: Co-Production in the Nottingham and Nottinghamshire Integrated Care System
24 November 2021

Background

1. The Nottingham and Nottinghamshire Integrated Care System (ICS) is committed to working with people and communities to ensure support in Nottinghamshire is shaped by our local communities.

2. Nottingham and Nottinghamshire ICS's vision is to embed coproduction in all work across the system as a move towards co-production being the default position. This means that the aspiration is for genuine coproduction to be embedded within all elements of system design and delivery, including transformational activity, commissioning activity, service/system redesign and quality improvement. Our aim is for people to be involved in the co-design and co-commissioning of our system and services in a meaningful way, as a powerful voice alongside those of the professionals in the system.

3. As part of this, the ICS is in the process of developing a coproduction approach for the whole system and a plan to embed coproduction approaches in all areas.

4. This work will set the foundations for the longer term ICS approach for coproduction as default in everything we do and create the culture change in our staff teams across the system to embed coproduction. Current work will set the vision, strategy and key tools required for the ICS to grow and develop over the coming years with coproduction at its heart.

Coproduction

5. Coproduction is about ensuring that people with lived experience are empowered and involved in developing, shaping and making decisions about support and services as an equal partner to professionals. It is about valuing the insight and contribution of people that use services, and working with people, not doing to people, or doing for people. Coproduction supports a balanced relationship where both people with lived experience and professionals are experts in their own right, relocating power with staff becoming facilitators, rather than fixers.

The system has adopted the New Economics Foundation definition of coproduction: **"Co-production means delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours. Where activities are co-produced in this way, both services and neighbourhoods become far more effective agents of change." New Economics Foundation, (2010)**

6. Coproduction has a range of benefits for the system and individuals that take part. These include:

- informed, activated people achieve better outcomes and use health and social care services less. Research has shown more activated patients are less likely to visit emergency departments, less likely to be obese, less likely to smoke, and less likely to have breast and cervical cancer;
- people who access services have confidence in services that are designed by people for people and there is greater engagement and ownership;
- supporting a strengths-based approach;
- enhancing wellbeing of the individuals who coproduce as they feel they have made a valuable impact and are respected; and
- supporting professionals to think creatively about solutions to challenges – we do not know (or necessarily need to know) the answers to everything.

7. Strategic coproduction is where a group of committed and knowledgeable people with relevant lived experience feel confident to contribute effectively and consistently. The collective voice of a strategic co-production group is significantly different from individual people inputting their own perspectives at meetings.

8. Working in partnership with people who have relevant lived experience (patients, service users, unpaid carers and people in paid lived experience roles) and with learnt experience (staff), enables us to directly connect with multiple and diverse voices including with those from disadvantaged and minority communities. Building equal and reciprocal partnerships from the very start of, and throughout, all our work will be crucial.

System aims

9. The ICS aims are:
- to embed coproduction in all work across the Nottingham and Nottinghamshire ICS as a move towards co-production being the default position;
- for genuine coproduction to be embedded within all elements of system design and delivery, including transformational activity, commissioning activity, service/system redesign and quality improvement; and
- for people to be involved in the co-design and co-commissioning of our system and services in a meaningful way, as a powerful voice alongside those of the professionals in the system.

10. A key principle of this work is learning from, and building upon, existing best practice of coproduction that already exists across the Nottingham and Nottinghamshire system across our local health, social care and voluntary sector organisations.

11. To achieve this aim, work will include the development of:

- **A system wide coproduction strategy and practical coproduction toolkit will be developed (for staff and people with lived experience) with expertise and learning from all elements of the system, including experts by experience.**
  This will set out the coproduction principles and expectations for the system, with partner strategies on coproduction aligning to the system-wide strategy.

- **A training package for both staff and people with lived experience to ensure that people have the skills, confidence and tools they need to work together in partnership and coproduce effectively.**
  For staff this will mean ensuring they are confident at coproducing with people with lived experience, moving to a facilitator role rather than someone that knows all the answers. For people with lived experience this will mean ensuring that they are activated and confident in sharing the views of people with lived experience effectively and consistently in different meeting settings or in key communications. The toolkit will be accessible for staff, people with lived experience and the public.

- **Establishment of a strategic coproduction group to ensure that strategic decisions and planning around the future of the ICS includes people with lived experience as an equal partner.**
  Our intention is to establish a group of people with lived experience to advise on system design, delivery and commissioning. This group will be a core group that will be involved in key priority work across the system and will also report into and represent the group at ICS Board.

- **Culture change across the system to support the coproduction approach**
  This will form the basis of system wide culture change, supported by shared system commitment and ownership, along with key coproduction champions in key areas/organisations of the system.

12. These developments will ensure that system partners have the vision, principles and practical tools to coproduce genuinely and effectively. A key principle of the approach is to build upon existing best practice from our local health, local authority and voluntary sector and involve people and partners in all elements of its design.

13. This work complements the engagement work happening within the system and forms part of the system approach to working with people and communities.

14. The Health and Wellbeing Strategy Development that is underway will complement and align to the coproduction strategy work.

Involving people

15. People with lived experience and partners from across the system (health, local authority and voluntary sector) are involved in the development of the coproduction approach.

16. A system wide Coproduction Steering Group has been established with people with lived experience and executive director level partner representation to provide a strategic steer on the development of the approach.

17. A system wide Coproduction Working Group has been established with people with lived experience and partners to scope out and develop detailed proposals using local and national best practice. This will also include the development of a policy for ensuring a range of people with lived experience can access coproduction opportunities (removing barriers such as travel, childcare and care needs) to ensure we are directly connected to

multiple and diverse voices, including under-represented groups. The working group will also undertake work to develop a policy to support, recognise, reward and value people with lived experience's time and contributions.

18. The strategy and toolkit will build upon the coproduction work and learning that has taken place across our local health, social care and voluntary sector organisations, including (but not limited to):

- My Life Choices – a 'national exemplar' strategic coproduction group supporting the universal personalised care programme
- Maternity Voices Partnership – an equal partner in our Local Maternity and Neonatal System programme
- Learning Disability Programme – recently undertook work to coproduce a 3-year plan with people with lived experience
- Integrated Children's Disability Service – local authority led work to redesign the Short Breaks service
- SEND Accountability Board's coproduction charter
- Learning through our Covid Local Resilience Forum community response

19. In September 2021, a Coproduction Forum was held where a range of people with lived experience, system partners and groups presented their approach to coproduction, key learning and best practice for the working group to consider in their development work.

20. Research is also being undertaken to explore national examples of best practice to apply locally, including the work of the Institute of Personalised Care and NHSE/I's work on strategic coproduction.

21. To support this work, Nottingham and Nottinghamshire ICS have successfully bid to be 1 of 10 sites to develop and embed coproduction (peer support and funding) via NHS England and NHS Improvement Experience of Care Team and will benefit from maximising access to peer networks, learning from other sites and national best practice.

Outcomes

22. This project work will set the foundations for the longer-term ICS approach for coproduction as default in everything we do. The project work detailed above will set the vision, strategy and key tools required for the ICS to grow and develop over the coming years with coproduction at its heart.

23. Key outcomes of this approach will include:

- people with lived experience at the heart of the Nottingham and Nottinghamshire ICS;

- a system that understands and owns the importance of coproduction in all that we do;

- a clear vision and credible coproduction strategy will deliver quality improvement across the ICS, drawing together quality planning, quality control, quality improvement and assurance functions to deliver care that is high quality, personalised and equitable;

- system staff and people with lived experience will have the tools and skills required to effectively coproduce and work in partnership together;

- people with lived experience will be embedded within our ICS Board and all Transformation Boards and working groups;

- services will be better informed, high quality, responsive and sustainable;

- there will be improved patient experience and outcomes for people who access services; and

- a clear system direction for the future based on robust review and evaluation of the benefits and outcomes of coproduction.

Recommendations

24. Board members are requested to note the information contained in the report, and to identify any representatives for the Coproduction Steering Group and Working Group that may not already be involved.

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Nottingham City Health and Wellbeing Board
24 November 2021

	Report for Resolution
Title:	Development Update on the Joint Health and Wellbeing Strategy
Lead Board Members:	Lucy Hubber – Director of Public Health, Nottingham City Council Rich Brady – Programme Director, Nottingham City Integrated Care Partnership
Author and contact details for further information:	Nancy Cordy – Executive Officer (Public Health), Nottingham City Council nancy.cordy@nottinghamcity.gov.uk
Brief summary:	Under the Health and Social Care Act 2012, Health and Wellbeing Boards have a statutory duty to develop a Joint Health and Wellbeing Strategy (JHWBS). This requires partners to work together to develop a collective understanding of the health and wellbeing needs of the local community and agree joint priorities for addressing these needs to improve health and wellbeing outcomes and reduce inequalities. Happier Healthier Lives, the JHWBS for Nottingham City, was published in 2016 and set out the agreed priorities and plans for the subsequent four years, expiring in 2020. This report sets out, for the Board's consideration, the developing plans for Nottingham City's new JHWBS. The intention is that the Health and Wellbeing Board will sign off the new Strategy in March 2022.
Does this report contain any information that is exempt from publication? No	

Recommendation to the Health and Wellbeing Board:

The Health and Wellbeing Board is asked to:

1) note and approve the direction of travel for the new Joint Health and Wellbeing Strategy for Nottingham City and, specifically;
   a) approve the plans for stakeholder and community engagement in the development of the strategy and shared priorities, and the intention for co-produced delivery plans; and
   b) approve the timescales for the development and approval of the strategy as set out in paragraph 7.1 of the report.

<table>
<tr><th colspan="2">Contribution to Joint Health and Wellbeing Strategy:</th></tr>
<tr><th>Health and Wellbeing Strategy aims and outcomes</th><th>Summary of contribution to the Strategy</th></tr>
<tr><td>Aim: To increase healthy life expectancy in Nottingham and make us one of the healthiest big cities.</td><td rowspan="6">The existing JHWBS expired in 2020. This report provides an update on the development of a new JHWBS for Nottingham City.

The new strategy will need to build on and learn from the previous strategy and an evaluation of the previous strategy was undertaken and shared with the Board to support this.

Nottingham City continues to have very poor healthy life expectancy compared to almost all other parts of England, including core cities. Inequalities within Nottingham also remain. It is proposed within this report that reducing inequalities continues to be a fundamental aim of the new JHWBS.</td></tr>
<tr><td>Aim: To reduce inequalities in health by targeting the neighbourhoods with the lowest levels of healthy life expectancy.</td></tr>
<tr><td>Outcome 1: Children and adults in Nottingham adopt and maintain healthy lifestyles.</td></tr>
<tr><td>Outcome 2: Children and adults in Nottingham will have positive mental wellbeing and those with long-term mental health problems will have good physical health.</td></tr>
<tr><td>Outcome 3: There will be a healthy culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill health well.</td></tr>
<tr><td>Outcome 4: Nottingham’s environment will be sustainable – supporting and enabling its citizens to have good health and wellbeing.</td></tr>
</table>

How mental health and wellbeing is being championed in line with the Board’s aspiration to give equal value to mental and physical health
It is proposed (see paragraph 3.1) that parity of mental and physical health continues to be an underpinning principle in the new strategy and that this is reflected by placing both at the core of the proposed model (see figure 2), which will be applied to identified priorities.

Background papers:	An evaluation of the Nottingham City Joint Health and Wellbeing Strategy 2016-2020 (Appendix A)

Development Update on the Joint Health and Wellbeing Strategy for Nottingham City

1. Introduction and background

1.1 Under the Health and Social Care Act 2012, Health and Wellbeing Boards (HWB) have a statutory duty to develop a Joint Health and Wellbeing Strategy (JHWBS). This requires partners to work together to develop a collective understanding of the health and wellbeing needs of the local community and agree joint priorities for addressing these needs to improve health and wellbeing outcomes and reduce inequalities. Happier Healthier Lives, the JHWBS for Nottingham City, was published in 2016 and set out the agreed priorities and plans for the subsequent four years, expiring in 2020. This report sets out, for the Board's consideration, the developing plans for Nottingham City's new JHWBS. The intention is that the Health and Wellbeing Board will sign-off the new JHWBS in March 2022.

2. Purpose of the Strategy

2.1 This opportunity to refresh the JHWBS comes at an important time. The city and its residents, as well as the health and wellbeing system, have been heavily impacted by the COVID-19 pandemic over the last two years. This has highlighted and further exacerbated the health inequalities which we already knew to exist in Nottingham. The refreshed JHWBS must give a clear focus to reducing inequalities and drive a collective system approach to tackling of inequalities, in partnership with communities.

2.2 It is important that we learn from and build on the previous JHWBS. Evaluation (see background papers) of the previous strategy highlighted that the broad approach taken to identifying priorities made delivery challenging and that it is not possible to successfully tackle everything at once. Therefore, it is proposed that the new JHWBS is very focussed and specific, identifying areas and setting priorities for joint action, where renewed collective efforts will have the biggest real impact on the lives of people in Nottingham.

2.3 As such, it is not intended that the JHWBS and the priorities within it reflect and capture everything that is considered important to the health and wellbeing of local residents, neither will it reflect all current and planned activity. Rather, it will focus on those areas where the combined and collaborative efforts of partners and stakeholders are required to make step change in improvement. However, the strategy should recognise important activity that is being led by other parts of the system and highlight the connections to the identified priorities.

2.4 The revised JHWBS will form the key place-level strategic plan for the Integrated Care System (ICS) implementation to address health inequalities in Nottingham. The strength of the Health and Wellbeing Board approach is the integral joint ownership and the development of the ICS enhances the role of the HWB in delivering improved outcomes. The

JHWBS will provide a mechanism for identifying priorities which link health-focussed priorities (diseases/population health management) and wider determinants.

3. Underpinning principles

3.1 In order to identify and agree shared priorities the Health and Wellbeing Board will first need to agree the underpinning principles for the JHWBS and the priorities contained within it. The following principles are proposed for the Board's consideration and agreement:

- Reducing inequalities should be the core purpose of the strategy and central to every priority workstream.
- The strategy should take an all-age approach, identifying and responding to differing needs across the life course in relation to each priority. This approach would mean there was not specific priorities for children or older adults but action planning and implementation of the strategy would be undertaken in a way that ensured their specific needs were recognised and met.
- Mental and physical health should have parity within the JHWBS and this should be central to the approach taken to address priorities. This means there would not be specific priorities for either mental or physical health but the causational links and impact on both would be considered with equal important within each priority.
- The strategy should be prevention focussed, recognising that prevention can happen at different levels (see paragraph 5.5).
- Co-production with the local community, including those with lived experienced, should be central to the action planning and ongoing delivery for each priority workstream.
- The strategy should be focussed on delivering outcomes that make a tangible difference to the lives of local people. This would be supported with the identification of 'I statements' for each priority.
- The strategy should be focussed on areas which require a whole system approach in order to address them effectively, rather than areas which are primarily the domain of one partner organisation. This should include utilising and unlocking community-based assets.

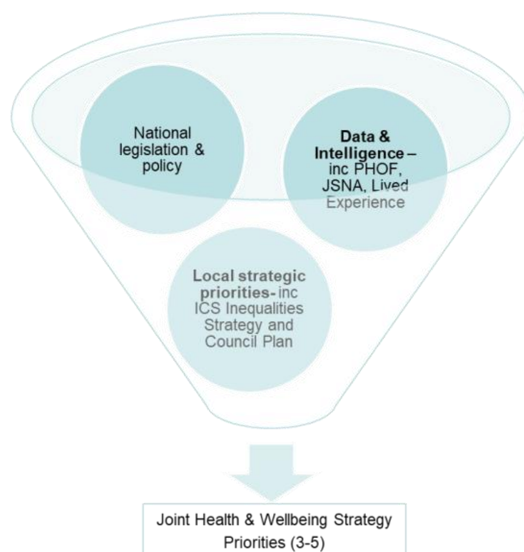
4. Identifying shared priorities

4.1 The priorities will be strongly grounded in known data and intelligence and align with other local strategic priorities, together with engagement with communities (see figure 1). An engagement session led by the Nottingham Community and Voluntary Service (NCVS) and Healthwatch partners is proposed for January 2022, with wider engagement on developing outcome measures in February 2022.

4.2 As outlined in 3.1, it is proposed that there is a clear expectation that delivery plans for each priority workstream are co-produced with local communities. A key delivery outcome for each workstream will be to

ensure meaningful engagement and co-production for implementation plans.

Figure 1: JHWBS priority setting process



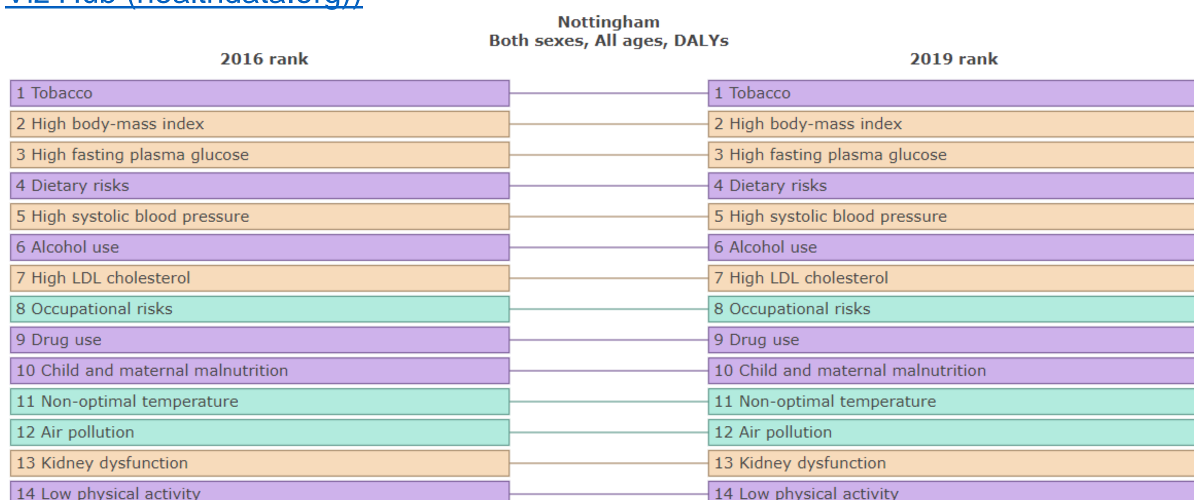
4.3 Within the parameters of the proposed principles set out above there are a number of key sources from which the priorities should be drawn. Two key sources are the Joint Strategic Needs Assessment (JSNA) and Public Health Outcomes Framework (PHOF).

4.4 There is a wealth of data available on the health and wellbeing of Nottingham people. A key measure of health is life expectancy and the data demonstrate that there are variations between communities within Nottingham and between the City and comparable populations across England. The data show that life expectancy in Nottingham is lower than the England average, but also that the low healthy life expectancy (2nd lowest in England for females and 3rd lowest in England for males) means that Nottingham residents are likely to spend a much greater proportion of their lives in poor health. The JHWBS needs to identify and address the driving factors of these levels of death and disability in Nottingham.

4.5 According to Global Burden of Disease[1] data the leading causes of death and disability in Nottingham have remained unchanged since the publication of the previous JHWBS in 2016, with tobacco use identified as the leading cause (see figure 2).

[1] healthdata.org

Figure 2: Causes of death and disability in Nottingham City (GBD Compare | IHME Viz Hub (healthdata.org))



Local Strategic Drivers

4.6 Integrated care System (ICS)

- Long-term plan: improving the health and wellbeing of our population; improving the overall quality of care and life our service users and carers are able to have and receive; improving the effective utilisation of our resource; and reducing inequalities;
- Health Inequalities Strategy
- NHS Health Inequalities Programme Core 20 plus 5
- ICS Outcomes Framework

4.7 Strategic Council Plan (2021-23)
The high-level outcomes for Nottingham are:

- Clean and Connected Communities
- Keeping Nottingham Working
- Carbon Neutral by 2028
- Safer Nottingham
- Child-Friendly Nottingham
- Healthy and Inclusive
- Keeping Nottingham Moving
- Improve the City Centre
- Better Housing
- Financial Stability
- Serving People Well

4.8 Key strategies for other Health and Wellbeing Board member organisations.

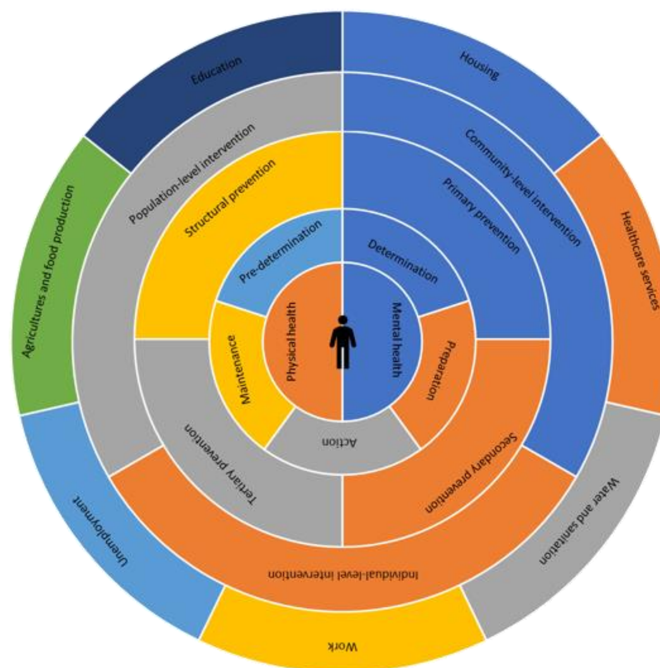
5. Approach

5.1 In order to deliver against the agreed priorities, it is important to establish an agreed approach or model that can be consistently applied. The drivers of our health and wellbeing are multiple and complex, with many inter-

related factors. Therefore, the solutions also need to be multi-layered, addressing the priority and the root causes of the issue at multiple levels and in multiple ways.

5.2 The below figure summarises the proposed model to be applied to each of the identified priorities within the JHWBS.

Figure 3: Public health model to be applied to JHWBS priorities



5.3 The model recognises that at the centre of what the strategy is seeking to achieve is positive outcomes for individuals within our community, with equal weighting given to both their physical and mental health and wellbeing.

5.4 The first ring recognises that individuals will be at different stages in terms of their own understanding of their health and wellbeing needs and their motivation and ability to make changes. The segments within this layer are known as the 'stages of change' (Prochaska and DiClemente 1983). Implementation plans should reflect system interventions at each stage of model.

5.5 The second ring gives priority to focusing on preventative interventions to reduce harm. These interventions can be 'structural', e.g., policies or work with individuals/communities at different levels of risk.

5.6 The third ring recognises that interventions (in the broadest sense) can be applied at different levels, ranging from interventions which are targeted at specific individuals, example support for smoking cessation, up to interventions which impact the whole Nottingham population.

5.7 Finally, the fourth ring recognises that all of these models and approaches must be set in the context of the well-established wider determinants of health and wellbeing. This reminds us that there is an important balance to be struck when seeking to promote good health and wellbeing and sets out the clear intention that implementation plans should leverage the full opportunities of system engagement.

5.8 The model illustrates that we need to do lots of different things to address a single priority. The model is not intended to be static, the rings within it can be ‘spun’ to create multiple combinations. Priority workstream delivery plans will apply the model and test plans against it to ensure there is a well distributed spread of interventions and approaches to tackling the identified issue.

6. Delivery and Monitoring of the JHWBS

6.1 The Health and Wellbeing Board has a duty to oversee the development of the JHWBS. It is proposed that responsibility for the delivery of the strategy is discharged to the place-based partnership (PBP) for Nottingham City, with the continued oversight of the Board. The proposed roles and responsibilities of the Health and Wellbeing Board, the PBP Executive Board and the PBP Programme Board are set out below.

Health and Wellbeing Board

6.2 In addition to its statutory duties to oversee the development of the JHWBS and the JSNA, the Health and Wellbeing Board will:

- Oversee development of associated PBP programmes to deliver outcomes set in JHWBS.
- Require regular reporting from PBP Executive Board to account for delivery of PBP programmes.
- Support the ICS Integrated Care Partnership in development of the wider ICS strategy ensuing alignment with the JHWBS.
- Review statutory frameworks to ensure health and wellbeing (and linked HWB strategic priorities) is embedded in all policies.
- Support member organisations in ensuring health and wellbeing priorities are embedded within each member organisation.

PBP Executive Board

6.3 The PBP Executive Board will bring together the leaders from the current member organisations of the Nottingham City Integrated Care Partnership. The Executive Board will:

- Provide strategic oversight and direction for the delivery of the PBP programmes aligned to the Joint Health and Wellbeing Strategy priority workstreams.
- Secure resource from within partner organisations to deliver PBP programmes.

- Oversee the development of the Primary Care Networks (PCN) and associated priorities built on the revised approach to 'place-based' JSNAs within PCN areas.
- Assure the Health and Wellbeing Board of the delivery of the PBP programmes established via the JHWBS.
- Identify an Executive Sponsor for each JHWBS priority workstream.

PBP Programme Board

6.4 The Programme Board's primary purpose is to secure the successful delivery of the PBP programmes and the realisation of improved outcomes for citizens in Nottingham. The Programme Board will monitor the progress of the PBP programmes, providing support and challenge to programme leads in alignment with the desired outcomes, key deliverables and related milestones for each programme. A Programme Lead will be identified for each JHWB strategy priority workstream. Programme Leads will be required to provide reports and progress updates to the Programme Board on a quarterly basis unless by exception.

Delivery Plans

6.5 It is proposed that, in order to enable thorough and co-produced plans, the delivery plan which set how the outcomes identified within the strategy will be achieved are developed and agreed once the JHWB strategy has been adopted. This would the focus of activity in for April to June 2022, and developed through the PBP programme approach as outlined above. The JHWB strategy will set the parameters for action planning, including clear underpinning principles and expectations as well as the tools to apply the agreed model of public health as set out in paragraph 5.2.

Evaluation

6.6 Each workstream will be expected to build evaluation into the implementation plan. This will include the development with communities of appropriate outcome statements and key indicators.

6.7 Partners across Nottingham and Nottinghamshire are currently compiling a bid for NIHR funding to create a Health Determinants Research collaborative, led by the Director for Public Health for Nottingham City Council. If successful, this collaborative would be focused on measuring the effectiveness of the JHWBS across the city and county.

7. Next steps

7.1 The key milestones for the ongoing development of the new JHWBS for Nottingham City are set out below, with the aim of having a new strategy in place for the start of April 2022 and the new financial year.

Table 1: Key milestones for development of JHWBS

November 2021	Ongoing engagement with stakeholders, including: • ICP Executive Board (9 November 2021) • Health and Wellbeing Board members (24 November 2021)
December 2021	Ongoing engagement with stakeholders, including: • ICS Health Inequalities, Prevention and Wider Determinants Strategy Committee (2 December 2021) • Community representatives (Healthwatch and NCVS) (date TBC) • Local Authority stakeholders Development of draft document (including graphics, etc.)
January 2022	Draft strategy presented to the Health and Wellbeing Board (26 January 2022)
March 2022	Final strategy presented to Health and Wellbeing Board (30 March 2022)
April – June 2022	1 April 2022 – formal start date of the new strategy Ongoing throughout Q1 2022/23 – delivery planning for each priority workstream to be completed

AN **EVALUATION** OF THE NOTTINGHAM CITY JOINT HEALTH AND WELLBEING STRATEGY 2016-2020: HAPPIER, HEALTHIER LIVES

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1.0 BACKGROUND

1.1. THE HEALTH AND WELLBEING STRATEGY

Nottingham City Health and Wellbeing Board has a statutory duty to prepare and publish a Joint Health and Wellbeing Strategy. The Strategy outlines the priorities and approaches in meeting the needs included within the ongoing Joint Strategic Needs Assessment for Nottingham City, available on Nottingham Insight.

The current strategy 'Happier, Healthier Lives' was agreed by the Health and Wellbeing Board in July 2016. The aim of the strategy is to increase healthy life expectancy in Nottingham, and to make it one of the healthiest big cities, as well as reducing inequalities in health by targeting the neighbourhoods with the lowest levels of healthy life expectancy. The Strategy sets out a commitment to achieving the following four outcomes:

1. Children and adults in Nottingham adopt and maintain healthy lifestyles
2. Children and adults in Nottingham will have positive mental wellbeing and those with long-term mental health problems will have good physical health
3. There will be a healthy culture in Nottingham in which children and adults are supported and empowered to live healthy lives and manage ill health well
4. Nottingham's environment will be sustainable; supporting and enabling its citizens to have good health and wellbeing

With 2020 approaching, the Board need to consider a refresh of the Health and Wellbeing strategy for the years ahead, and want this process to be informed by an evaluation of the current strategy.

1.2. DEVELOPMENT AND MONITORING OF HAPPIER, HEALTHIER LIVES

The development of the content and approach for Happier, Healthier Lives was informed through an assessment of current and future health and social care needs, and in discussion with nearly 500 local people (citizens, partners, and stakeholders) through engagement events to understand local priorities and perspectives.

The overarching aims were defined, and action plans were developed for delivering against each of the four outcomes. Action Plan delivery groups were established to take this work forward, accountable back to the Health and Wellbeing Board.

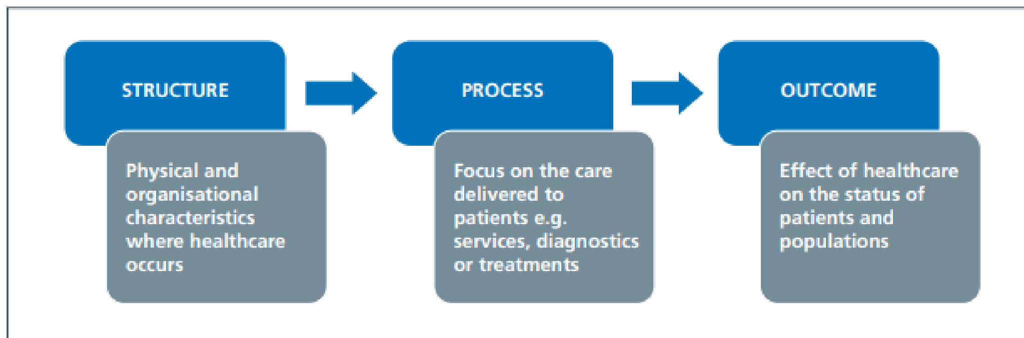
The Board have been monitoring progress in implementing the strategy, receiving annual reports compiled and presented on the metrics for the headline targets and performance indicators within the action plans. The most recent annual report was presented in May 2019 and is accessible in the Board Minutes. A summary report was provided along with updated dashboards with the data against the performance and an updated action plan for each of the four outcomes. This evaluation will not reprise the work within the annual report although will include updated data where this is available.

1.3. THEORY OF STRATEGY EVALUATION

Evaluation is defined by the UK Research Councils as *"a process that takes place before, during and after an activity. In includes looking at the quality of the content, the delivery process and the impact of the activity or programme on the audience(s) or participants. It is concerned with making an assessment, judging an activity or service against a set of criteria. Evaluation assesses the worth of value of something."* (1)

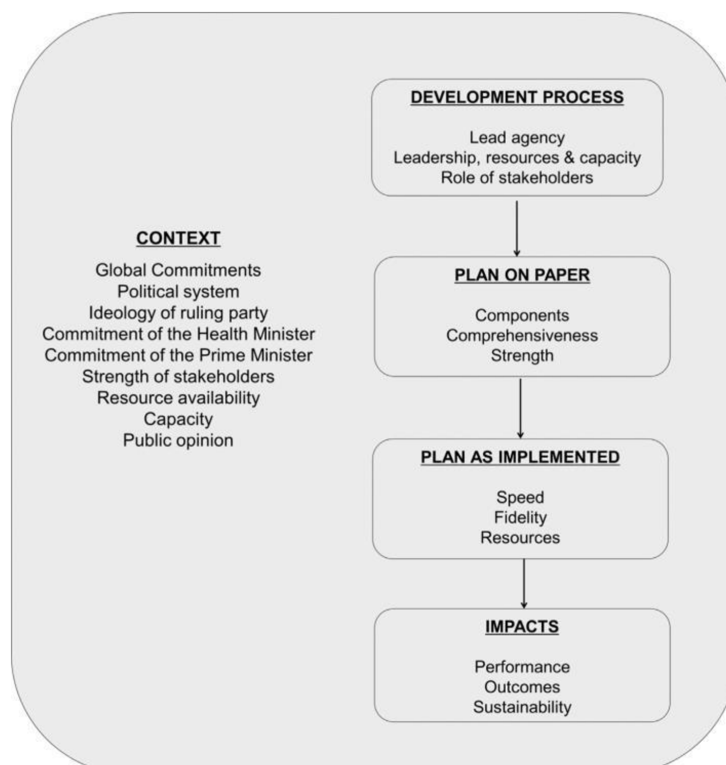
There are a range of models or structures that can used to inform an evaluation. Many of the proposed models are framed around the evaluation of a specific programme or intervention, often with an essentially linear assessment of the extent to which the programme inputs are transferred into outputs and outcomes. These can be structured using a logic model. Another commonly used approach for the evaluation of healthcare was described by Donabedian, (2) to consider the structure, process, and outcomes of the care (figure 1).

Figure 1: The Donabedian model for quality of care (3)



However a strategy is a broader piece of work which sets out a vision and the objectives and commitments and resources towards achieving this; specific interventions and projects can then sit within a strategy. A multiyear and multi-agency strategy is often less linear and more iterative in nature than a programme or service. The conceptual framework proposed by Cohen and Donaldson (4) provides an overview of the development and implementation of a national strategy or strategic plan. This framework (figure 2) clearly situates a strategy within an operational and political context, and looks at the elements of development, content and implementation of strategy as contributory and explanatory factors for the impacts measured.

Figure 2: Cohen and Donaldson's conceptual framework for examining the strategic development process



1.4. EVALUATION OBJECTIVES

The purpose of this evaluation is assess the strengths and limitations of the current strategy 'Happier, Healthier Lives' in order to inform local understanding and decision making particularly in relation to the refresh of the strategy. The evaluation will provide a high-level overview, and it is not intended to individually evaluate the four action plans and their outcomes in detail.

The key questions to be answered through the evaluation are:

- What has been achieved through the strategy? How are these achievements understood in relation to the local context?
- How has the strategy been developed and implemented locally, and what are the strengths and limitations of the approaches used?
- What might be the opportunities for development in the refreshed strategy?

The design of this evaluation is informed by the five elements of the conceptual framework described above, and is structured in three parts:

1. assessing the impact by reviewing the quantitative outcomes
2. assessing the process of the strategy (including the development process, the plan on paper, and the plan as implemented) through a participative evaluation with stakeholders
3. assessing the context for the strategy though a brief policy review

A discussion synthesising this information will seek to answer these key questions and inform the refreshed strategy.

2.0 METHODS

2.1. QUANTITATIVE DATA

Refreshed data on the key outcomes of Healthy Life Expectancy were analysed and presented, sourced from PHE Fingertips (5). Data on deprivation was included to provider further insight at ward level, sourced from National Statistics (6), with local analysis.

2.2. PARTICIPATORY EVALUATION EXERCISE[1]

A survey was designed using the self-evaluation tool on Joint Health and Wellbeing Strategy developed by the NHS Confederation in 2013 (7). Respondents were asked to assess the following statements to rate the extent to which these good practice statements had been achieved.

	Completely achieved	Mostly achieved	Partially achieved	Not achieved	Not sure
A co-created strategy produced through active engagement and involvement of local communities, patients, service users and carers	☐	☐	☐	☐	☐
Effective engagement with local providers	☐	☐	☐	☐	☐
Data and intelligence is being used and presented wisely in the Health and Wellbeing Strategy	☐	☐	☐	☐	☐
Adding value to existing local strategic plans and actions around reducing health inequalities and improving health and care	☐	☐	☐	☐	☐
An ambitious strategy addressing wellbeing not just health?	☐	☐	☐	☐	☐
A system approach taken to align resources with strategic priorities	☐	☐	☐	☐	☐
A strategy to facilitate and drive integration and joint commissioning	☐	☐	☐	☐	☐
Effective mechanisms and structures in place to deliver the Health and Wellbeing Strategy	☐	☐	☐	☐	☐
Clarity on accountability for action and outcomes	☐	☐	☐	☐	☐
Presented in an accessible, compelling and mobilising way	☐	☐	☐	☐	☐

There was space and invitation to add further comments *"particularly on any aspects which have been particularly successful, where there have been challenges beyond the influence of the Board and Strategy, and what could be improved locally in the future"* and evaluation comments were also requested at a Board Meeting in July 2019.

The survey was built and tested on the SNAP online survey platform. The survey was live and open for completion 7-22 November 2019, and was promoted at the Nottingham City Integrated Care Provider launch event held on 7 November.

The survey data (Likert scales) was analysed descriptively to identify patterns. The written material from emails and the comments section of the survey was assessed using a modified and rapid thematic analysis approach.

[1] Full details of the participatory exercise are included within a separate write up available from the Public Health team.

2.3. POLICY REVIEW

A rapid desktop review was carried out to identify and synthesise policy literature relevant to the question of 'what is the context for developing a Joint Health and Wellbeing Strategy in England in 2020?' The review was intended to describe the key drivers and the current place of the Health & Wellbeing strategy and the Health and Wellbeing Board amidst the rapidly evolving health and care landscape.

The literature of interest included:

- Government papers on Health, Wellbeing and Prevention topics including white/green/working papers
- NHS Strategic Plans i.e. Long Term Plan
- Academic literature
- Analysis and opinion by Policy Institutes, Local Government Association etc.

The search terms applied were:

- Health and Wellbeing Board
- (Joint) Health and Wellbeing Strategy [JHWS]
- Integrated Care
- Improving [population/public] health

The online search was carried out across gov.uk, google, google scholar and the main health think tank platforms, to locate papers. A 'snowballing' approach of following up links and references within articles was applied to identify further sources. Literature was included where determined by the author to be informative in relation to the question of interest on the current context. Timeliness was a key inclusion criteria, with a preference given to literature published from 2018 onwards.

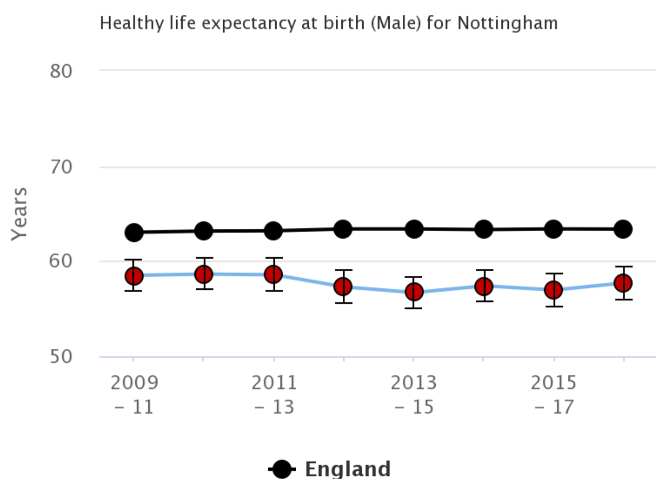
3.0 FINDINGS

3.1. HEALTH AND WELLBEING OUTCOMES

Healthy Life Expectancy

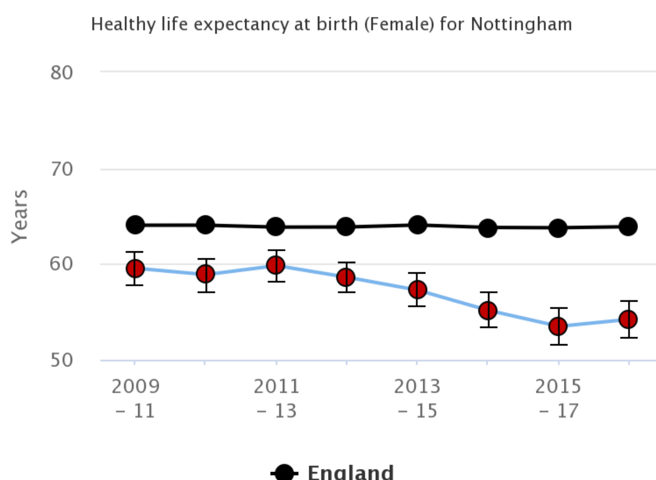
The most recent data on Healthy Life Expectancy at birth (2016-18) was published 4 February 2020. For males in Nottingham City, the Healthy Life Expectancy is 57.7 years (95% Confidence Intervals 56.0, 59.4). This is significantly lower than England value of 63.4 years. The trend line for males in Nottingham City (Figure 3) would suggest that some of the slight decline observed in the early 2010s has not been sustained, and there has been a levelling off locally.

Figure 3: Trend in Healthy Life Expectancy for Males



The female healthy life expectancy at birth is 54.2 years for Nottingham (95%CI 52.3, 56.2). The Nottingham value has been significantly lower than the England value over the last decade, and has shown a downward trend. The most recent value is not consistent with the decline.

Figure 4: Trend in Healthy Life Expectancy for Females



It is not possible to access updated Healthy Life Expectancy data at ward level to examine recent data and trends across the wards in Nottingham. The analysis completed for the Happier, Healthier Lives Strategy is the most recent available at ward level.

The ambition in the Strategy was that Nottingham would be one of the healthiest big cities. Figures 5 and 6 display the most recent Healthy Life Expectancy data for the 8 English Core Cities.

Figure 5: Healthy Life Expectancy for Males in Core Cities

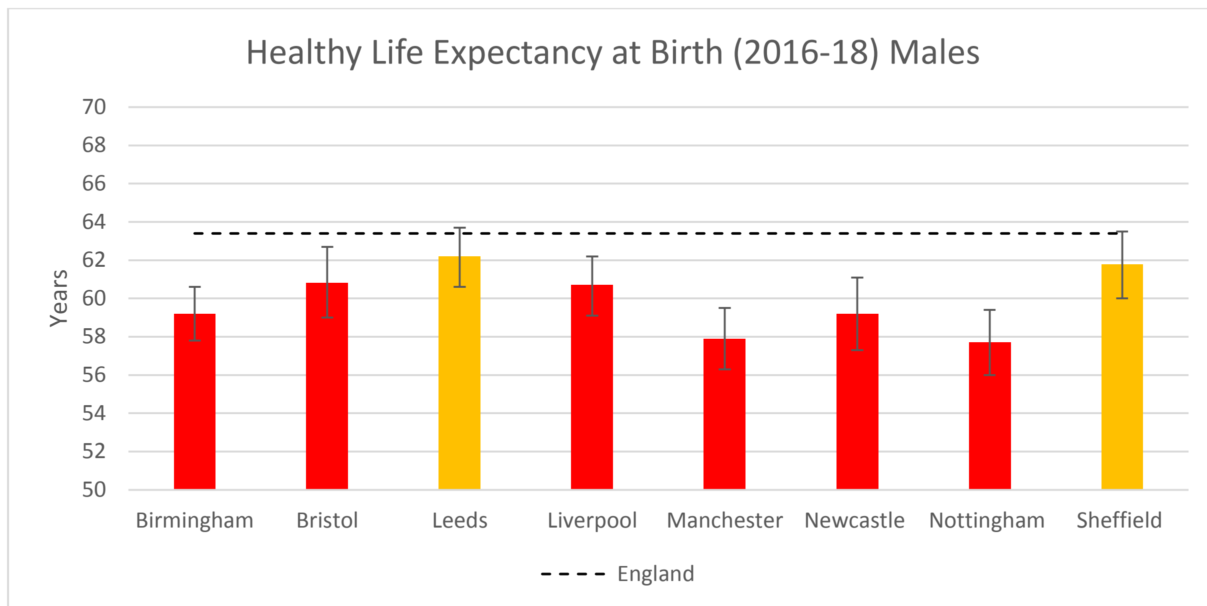
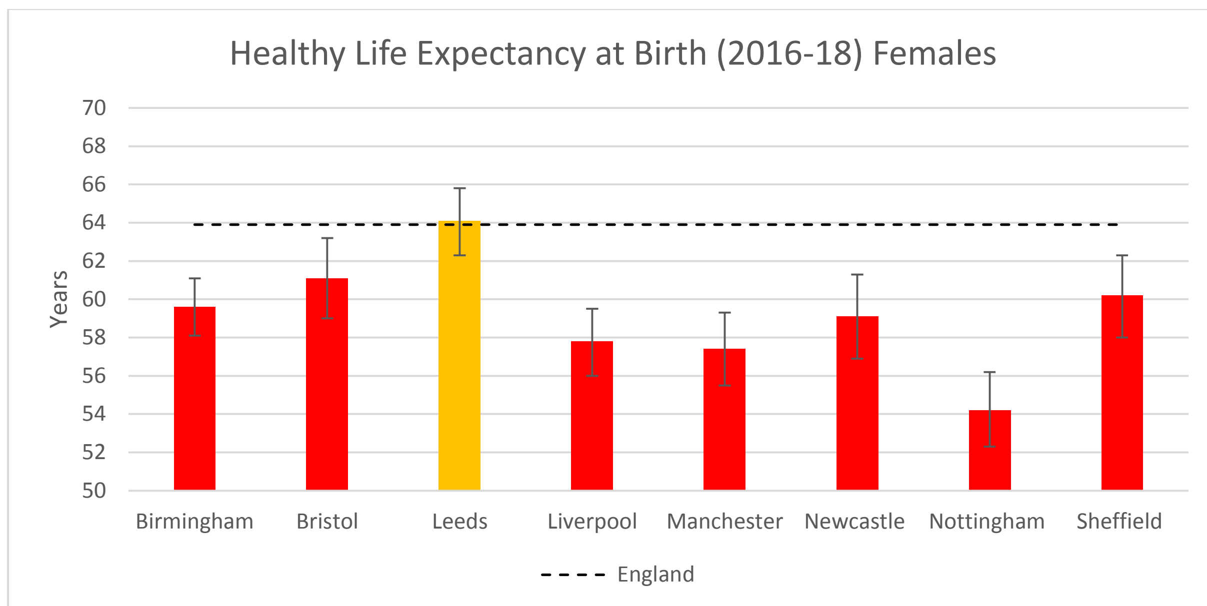


Figure 6: Healthy Life Expectancy for Females in Core Cities



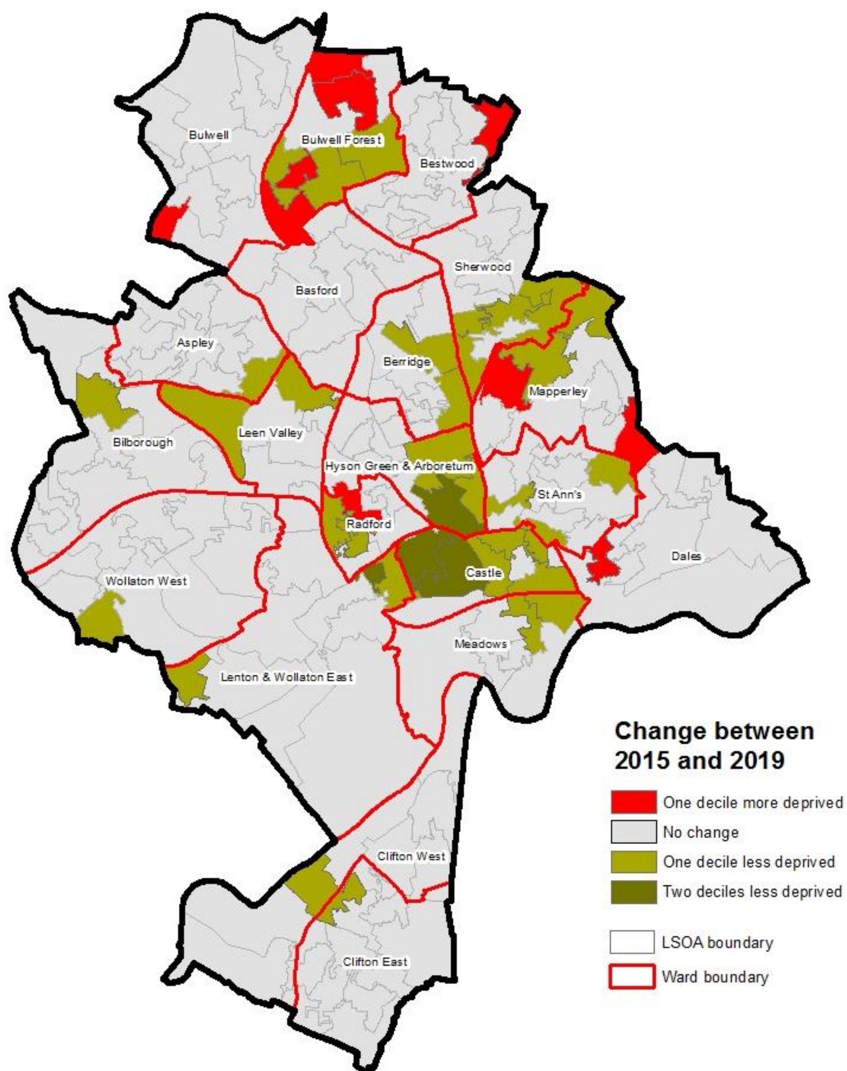
Nearly all of the Core Cities have Healthy Life Expectancy values significantly below the England average, which aligns with the literature on urban health outcomes and population patterns including the concentration of less affluent populations within cities. Leeds, and Sheffield (males only) have values statistically similar to the England average indicated by yellow bars. Nottingham ranks lowest of the eight cities for both sexes, and has markedly lower healthy life expectancy for females.

Index of Multiple Deprivation 2019

Data is available from the recently published English Indices of Multiple Deprivation 2019 (IMD 2019) at smaller geographies within Nottingham City. Of note these data are relative measures of deprivation, and do not report the absolute level of deprivation.

The trend over the last four years for Nottingham shows some improvement relative to other parts of the county. Nottingham has gone from having 61 LSOAs (33.5%) in the most deprived decile to 56 LSOAS (30.8%) in 2019. The map (Figure 7) indicates the location of the observed changes.

Figure 7: Changes in relative ranking of LSOAs in Nottingham City for IMD since 2015



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Health Deprivation is one of the seven domains of deprivation that are used to construct the overall Index of Deprivation (6). The health deprivation and disability domain measures the risk of premature death and the impairment of quality of life through poor physical or mental health. The domain measures morbidity, disability and premature mortality but not aspects of behaviour or environment that may be predictive of future health deprivation. A level of

caution needs to be take in interpreting the Health Deprivation ranking as a standalone metric, but it is appropriate to explore the areas where health deprivation is a prominent type of deprivation.

Figure 9 shows ward level data for Nottingham City for the overall IMD ranking and health deprivation ranking. Rankings from 2015 are included to allow comparison with the 2019 rankings. Nottingham City has wards in the lowest (in red) and higher (green) national deprivation ranking. However the rankings for health deprivation indicate that this is a domain where many of the City population experience deprivation.

Figure 9: IMD Rankings for wards in Nottingham City

	Overall IMD			Health Deprivation		
Ward	**Average rank 2015 ***	**Average rank 2019 ***		**Average rank 2015 ***	**Average rank 2019 ***	
Aspley	1175	1707		3811	4030	
Basford	6134	6585		6127	6066	
Berridge	8790	9060		8949	8274	
Bestwood	4049	3948		4002	3943	
Bilborough	2597	2944		2580	2944	
Bulwell	2800	2730		3906	2888	
Bulwell Forest	10748	10531		9207	7561	
Castle	12910	16459		14714	13574	
Clifton East	5350	5400		4871	4573	
Clifton West	13618	14511		10726	10799	
Dales	6369	6234		5534	5958	
Hyson Green & Arboretum	4092	5637		4689	4685	
Leen Valley	10607	11288		7897	7568	
Lenton & Wollaton East	13602	14589		9963	7067	
Mapperley	8401	8725		8183	8169	
Meadows	5566	6145		4987	5406	
Radford	10296	11174		5901	4348	
Sherwood	9196	9840		6971	7435	
St Ann's	2890	4232		2556	3343	
Wollaton West	24155	24379		20731	18502	

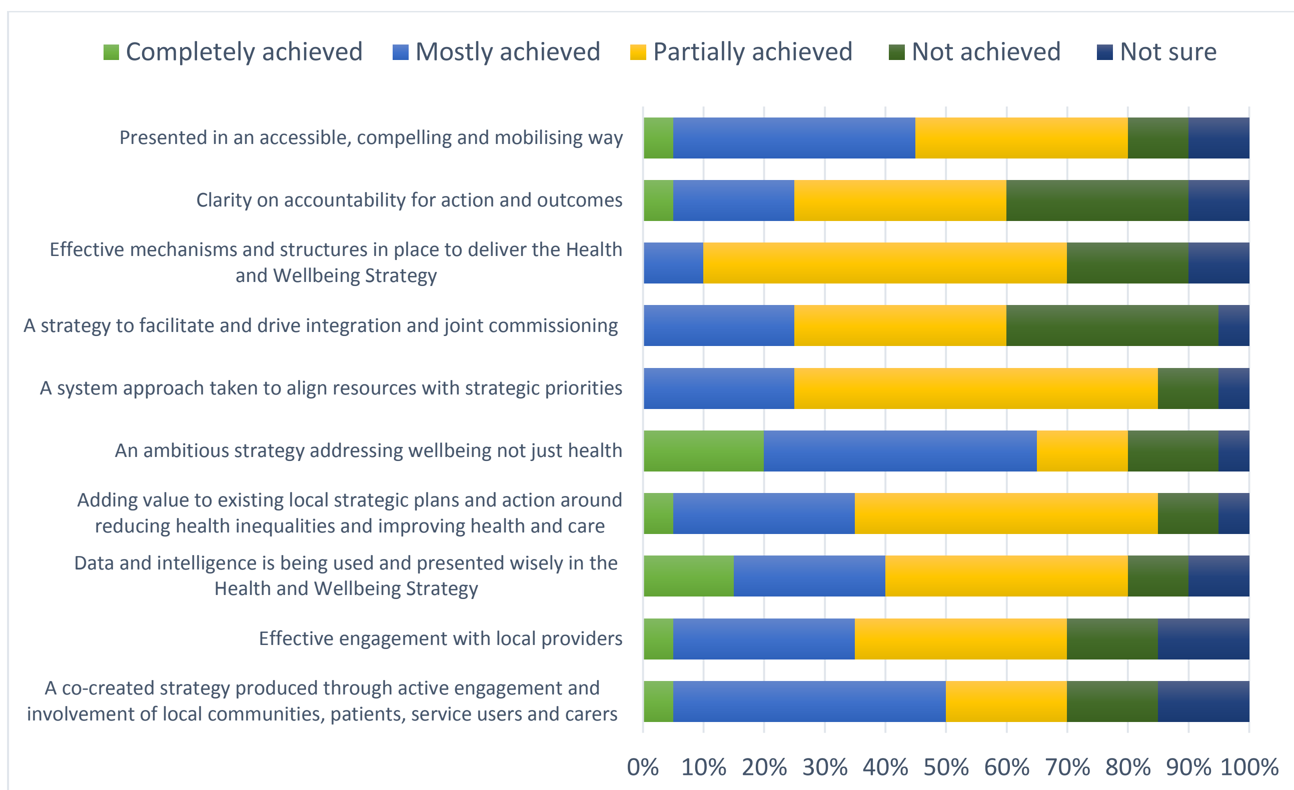
* The average rank measure summarises the average level of deprivation across the ward, based on the population weighted ranks of the Lower-layer Super Output Areas in the area.
Each LSOA in a ward has its own ranking, the average of these is then calculated, weighted for the population of each LSOA
1 = most deprived, out of 32,845 LSOAs

3.2. STAKEHOLDER EVALUATION

There were twenty responses to the survey. All 20 respondents completed the structured assessment of the statement, and 13 respondents left comments. Additional material was taken from the Board Minutes from July 2019, and two emails received from Board Members.

The survey responses (figure 3) indicate that participants felt that the extent to which good practice statements were achieved in the strategy varied. Considering the 'completely achieved' and 'mostly achieved' categories together, half or more respondents assessed it as an ambitious strategy and co-created with active engagement. The statements which were more commonly assessed by respondents as not achieved were that the strategy had driven integration and joint commissioning, nor that the strategy had clear accountability for action and outcomes.

Figure 3: Survey Results



Six themes were identified within the written evaluation feedback for the HWB Strategy; these themes are summarised below and key points are highlighted (with direct quotes in italics).

Content: it has been an ambitious strategy

Respondents commonly described the strategy as ambitious. The scale of the strategy was framed positively in its breadth which: "*encompasses the wider systems affecting health and wellbeing"*, and that it was informed by partnership working and citizen engagement. The 4 key areas included were seen as appropriate, although there was one comment on the length of the strategy at 4 years being too short, and the suggestion of working to a longer vision.

The ambitiousness was however seen as a weakness in that the strategy doesn't have a clear flagship issue, the many priorities may have a dilution effect, and that the aims are no longer realistic with current financial constraints for local authorities, health and other partners. "*By trying to do everything, the HWB is struggling to make a real difference on any one agenda".*

Visibility: the strategy may have had a low profile beyond the Health & Wellbeing Board

There were concerns that there is a lack of familiarity with the strategy e.g. "*I feel the wider health and care community isn't really aware of the HWB strategy or its role locally".* There have also been other higher profile strategies and policy drivers that may have been a distraction from the HWB strategy: "*I wonder if at times this hasn't got lost amongst the other strategies such as FYFV and especially now the NHS Long Term Plan, and the local ICS response to this".* There was also a report of someone searching for updates on how the strategy's aims are being achieved on the Council website and not finding anything.

Impact: there have been achievements within and beyond the work of the Strategy

The strategy has been progressive and there have been successes: "*Winning the HSJ award in 2016 reflected well on a very successful period for the HWB".* There was also recognition that notable achievements or progress in relation to health and wellbeing have developed beyond the strategy: "*I think areas that have been successful e.g. air quality, age friendly city etc, are not necessarily due to HWB input/guidance".*

The strategy was noted for having measurable outcomes, but there was a comment questioning whether it measures what matters: "*If we are really wanting to achieve happier healthier lives - does this strategy even come to close to achieving it and how would you know?"*

Implementation: delivering the strategy has been dependent on the four action groups and engagement with these has been varied

There was a clear theme of comments on the delivery structure for the strategy and the challenges with achieving shared responsibility across and through these. Respondents commented on the structure of accountability through sub-groups to the Board, and the burden of work falling on a small number of people, with varied attendance at the action plan delivery group meetings. Financial pressures may have exacerbated organisational barriers. The governance arrangements below the Board are seen as complex, and one respondent commented on the gap since HWB workshops stopped for more immersive and creative engagement on key topics.

Context: there is some confusion across partners but also opportunities in relation to the emerging ICS/ICP/PCN architecture for the refreshed strategy

Many of the comments made reference to the health and care system architecture, and the emerging structures. It was felt that the Strategy has provided a good foundation for the City ICP, and that there are opportunities to strengthen links between the HWB Strategy and ICS Strategy/Board: "*There is currently some effective alignment, but also some confusion and misaligment which will potentially weaken the impact of delivery".* There was a description of "*dis-join*" in the system, and a call for clarification of the role of the HWB in relation to the ICP. An opportunity was highlighted for the refreshed strategy to facilitate better engagement and communication with primary care partners.

Strategy refresh: building on existing strategy, and emphasising the role of the Health & Wellbeing Board

The updated strategy will be based on the existing strategy, there aren't the resources to repeat the scale of engagement and needs assessment. It will need a larger focus on children and young people, and to continue to have clear measurable outcomes. Respondents felt the refreshed strategy should reference the NHS Long Term Plan, mirror the ICS strategy, and encompass the ICP plan and activities. It needs to recognise the Board has no financial resources, and that partners are financially constrained. The Board responds holistically to a multitude of asks across other plans through collective responsibility for services: *"we do have our collective expertise, energy and commitment to improving the health and wellbeing of Nottingham citizens. We also have influence within the organisations we represent and the ability to shape services we are responsible for."*

3.3. POLICY CONTEXT

Seven recent documents were identified and included within the policy review, along with the existing 2013 Statutory Guidance. This literature is detailed in the table included within the Appendix to this document with most recent papers first; key points are direct quotes unless otherwise indicated.

The key points from the literature can be summarised as follows:

- There has been no update to the Statutory Guidance issued in 2013 on Joint Health and Wellbeing Strategies. Nonetheless there is apparent governmental commitment to the role of Health and Wellbeing Boards. The Prevention green paper notes that the Boards form a key part of the local infrastructure on prevention, and states their valuable role in assessing needs and developing effective strategies that meet them (8).

- A detailed evaluation by academics across Durham, Sheffield and LSHTM published in 2018 (9) outlined some of the challenges for the leadership role of Health and Wellbeing Boards in relation to health improvement and integrated care. This evaluation highlighted that Integrated Care Systems have increasingly more traction due to the investment within them, whilst Health and Wellbeing Boards remain the best forum for the system to come together. Typically Health and Wellbeing strategies have been on the sidelines of the health and care landscape, and there has been a lack of outcomes that can be attributed to Health and Wellbeing Boards.

- The Local Government Association report identifies good practice from across the Country, but also recommends that Boards ensure their JSNAs and JHWSs are sufficiently tailored and relevant for the new landscape (10). The NHS Long Term plan (11) only has one reference to Health and Wellbeing Boards stating that ICSs will work closely with them.

- The points about the important coordination and leadership function have been amplified in more recent analysis by the Kings Fund suggesting that if Health and Wellbeing Boards did not exist, something like them would need to be invented (12). In July last year the Secretary of State for Health and Social Care gave a strong endorsement to health and wellbeing boards, and expressed a desire to see them empowered (13).

- It is also worth noting that government policy in areas beyond health makes reference to the role of Health and Wellbeing Boards and their strategies, for example noting within the national guidance on Safe and Healthy Communities that 'this [the JHWS] will be a key strategy for a local planning authority to take into account to improve health and wellbeing' (14).

4.0 DISCUSSION

4.1. KEY FINDINGS

During the period of Happier, Healthier Lives there has not been an improvement observed in Healthy Life Expectancy in Nottingham City, and Nottingham does not compare well with other Core Cities. While there have been small relative improvements in the index of multiple deprivation across some of the LSOAs, it is not possible to conclude that the Strategy has had the desired impact on local health inequalities and health and wellbeing needs.

The Strategy has been recognised as being developed through a process of co-creation with the contribution of local voices resulting in an ambitious strategy. However, stakeholders felt that there has not been clear accountability for outcomes, including varied engagement with the action plan delivery groups, and that the Strategy has not driven joint or collaborative commissioning, whilst new models of integrated care have emerged over recent years. There have been achievements local organisations and beyond the work of the Strategy and there is national and local recognition of the importance of clarifying the relationships with ICSs and the local ICP going forwards.

Health and wellbeing strategies remain a statutory requirement, and current health policy indicates an ongoing recognition of the importance of Health and Wellbeing Boards providing system leadership, particularly in addressing the wider determinants of health.

4.2. ASSESSMENT OF ACHIEVEMENTS, STRENGTHS AND LIMITATIONS OF HAPPIER, HEALTHIER LIVES

The participatory evaluation particularly provides insight into how stakeholders understand the development and delivery of the Strategy locally. A major achievement was the development of such a widely-engaged strategy, the focus on the population health issues of real importance, and commitment to reduce inequalities within the city by targeting work within the wards where the most improvement is needed. Concerns were raised locally about the ownership of the strategy and the lack of familiarity within local health and care organisations; this aligns with findings from the policy review that Health and Wellbeing Strategies are not commonly perceived as integral across the system.

The Board is recognised by many as a valuable partnership forum, despite financial constraints within the system. One stakeholder described the power and influence in terms of: *"our collective expertise, energy and commitment to improving the health and wellbeing of Nottingham citizens….We also have influence within the organisations we represent and the ability to shape services we are responsible for."* One of the limitations is that the recent Strategy has not been able to demonstrate being the imperative or driving force for the efforts that Board Members and the wider system have been making to improve local health and wellbeing, although the Strategy may have been an influence that wasn't sufficiently attributed, and again this links to the low profile that the Strategy has had.

Particular challenges with Happier, Healthier Lives Strategy may have included the delivery structure, and the difficulties in developing accountability and sustaining engagement across four delivery sub groups. The last four years have presented challenges for organisations across health and social care including major financial challenges, organisational restructures and changes in leadership. Much of these changes are beyond the influence of the Strategy.

4.3. APPRAISAL OF THIS EVALUATION

This evaluation has sought to bring together information from across the Cohen & Donaldson conceptual framework to help identify the strengths and limitations of the strategy situating it clearly within the local context.

This was a multicomponent evaluation, it was designed in recognition that the quantitative outcomes for Nottingham have not improved over the timespan of Happier, Healthier Lives, and that questions of how the strategy had been

implemented and the influences on this were pertinent. The work on seeking to understand the process and context for the Strategy, through a participatory stakeholder exercise as well as a desktop review, has provided some explanations for factors that will have contributed to the overall impact of the strategy, as well as enabling some recognition of the aspects that have been successful.

However there are important limitations to this evaluation including that the stakeholder evaluation was small in scale, and that there wasn't a detailed assessment within the participatory exercise of the outcomes and implementation challenges in relation to the four action plan delivery groups. There may have been relevant literature not included within the policy review, and the tone of the included material was often objective and neutral in tone and was more relevant to the role of the Board rather than a Strategy. The policy review focussed on national literature, and a different methodology would have been need to provide further insight on the local context. It was also unfortunate that it was not possible to access data on Healthy Life Expectancy at ward level across Nottingham considering the emphasis on addressing health inequalities.

4.3. RECOMMENDATIONS FOR THE REFRESHED STRATEGY

The Oxford Handbook for Public Health Practice highlights five factors for successful strategies (15): shared values and vision; clarity of direction and priorities; an 'iterative process, no polished products'; the link to policy, planning and other strategies; and the relevance of continuous reflection.

In light of the findings from this evaluation, there are three main approaches proposed by the author for consideration within an updated strategy for Nottingham City:

1. Maintain the ambition and breadth. The existing strategy was recognised for its ambitiousness and the commitment to the important health outcomes of healthy life expectancy. There is no evidence that the scale of ambition should be revised going forward. The remit remains the health and wellbeing of the population, and there is a clear added value from the work on wider determinants. The policy review highlighted the value and worth attributed to Health and Wellbeing Boards as the relevant partnership boards across the system, particularly for engaging within local government, their understanding of the local population, and in primary prevention.

2. Review the timeliness of strategic planning. An emphasis should be placed on an iterative or evolving strategic plan underpinning the overarching strategy. There has been substantial changes over the last four years, and there is no reason not to expect ongoing changes that will impact the health and care landscape with the wider context of increasing population health needs, and the challenges of meeting needs with the resources available. The refreshed strategy should be sufficiently flexible to extend across organisational changes, particularly ongoing NHS reform. The logical conclusion is twofold - a focus on outcomes for the overarching strategy, and a process for reviewing and updating the strategy by member organisations an appropriate timespan e.g. on a yearly basis to think how it can be implemented within the next 12 months. This will also allow more up to date reference to existing local strategic work to address key outcomes of interest e.g. childhood obesity.

3. Improve the visibility. An emphasis on clarity and communications so that organisations, and more importantly, their staff, are more aware of the priorities within the strategy, and that it is the key multiagency strategy for improving and maintaining health and wellbeing across the Nottingham City population. One step might be to reference other structures, organisations, strategies and plans within the Health & Wellbeing Strategy document and indicate how this strategy fits within these. Another consideration might be for a stakeholder launch and update events. And a third option, might be to develop a brief but very clear public facing summary for local citizens. There may be other options but creating a larger profile for the Strategy and the conversation about improving local health and wellbeing has to be a priority.

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APPENDIX: POLICY REVIEW LITERATURE

Organisation	Date Published	Title	Type of Literature	Key Points in relation to Health and Wellbeing Boards and Strategies
The King's Fund	13 November 2019	Health and wellbeing boards and Integrated care systems(12)	'Long Read' Policy Article	The experience of STPs and ICSs so far demonstrates the importance of place as a vital footprint for the planning and delivery of services, using the principle of subsidiarity to determine which functions should be performed across the wider area of the ICS. Decades of different integration initiatives have showed the need for some kind of local partnership vehicle to bring together organisations at the local authority level. Our previous work on HWBs concluded that if they did not exist, something like them would need to be invented. While the value of strong relationships between the NHS and local government commands more support than ever, views about the role of HWBs as the vehicle for those relationships are mixed. In the early days of STPs, many in local government perceived them to be just about the NHS and this is mirrored in NHS leaders' continuing perception that HWBs, as statutory committees of local authorities, are only about local government functions. The current role and functions of HWBs should be reviewed and refreshed, and consideration should be given to whether any changes would improve their effectiveness, for example, by strengthening NHS membership and giving boards more powers over budgets and decision-making, subject to local agreement.
Department of Health and Social Care; Cabinet Office	22 July 2019	Advancing our health: prevention in the 2020s – consultation document (8)	Government Green Paper	The role of local Health and Wellbeing Boards is to bring together the local partners in local government, the NHS and more widely, to assess needs and to develop effective strategies that meet them. The potential of local authorities to influence the wider determinants of health and provide local leadership for health improvement action was one of the key factors for returning a major health role to them in 2013. There are already examples of integration working well across the country. The shift towards Integrated Care Systems (ICSs) should help deliver more progress in this area by bringing together commissioners, providers and local authorities, to make decisions that are in the best interest of the entire health economy, not just individual organisations. Health and Wellbeing Boards should form a key part of the local infrastructure on prevention, working with ICSs. We believe that the key tools that are needed – such as flexibility to pool budgets – already exist, and that Health and Wellbeing Boards in particular should have an important role to play in the new structures.
Department of Health And Social Care	4 July 2019	How local and national government can	Speech by Secretary of State (Matt	*"Second: health and wellbeing boards. They are a vital component in bringing together local authorities, NHS commissioners and elected representatives to create a strategic vision for a local area so we're accurately identifying needs, and co-ordinating care.*

		work together to improve health and care (13)	Hancock)	*In places like Coventry and Warwickshire, they've created forums to draw together all of the constituent parts of health, wellbeing and care. In other places, they've gone even further and brought in the police and the voluntary sector, to share their expertise so we can tackle wider issues like mental health.* *This is the kind of thing we need to see more of. It's not the case everywhere. How strong is yours? What can you do to strengthen it?* *We must support health and wellbeing boards to bring together leaders in one place so we can increase collaboration, and so we can increase integration of services. Heath and wellbeing boards are the formal way we bring together NHS and local authority services and I want to see them empowered."*
Local Government Association	3 July 2019	"What a difference a place makes: The growing impact of health and wellbeing boards" (10)	Highlight/ Advocacy Report	This resource captures the achievements, challenges and learning from 22 effective health and wellbeing boards (HWBs) across the country, all of which are making good progress on integrating health and care, improving wellbeing and tackling the wider determinants of health. Key learning and impact of the HWBs reviewed: • HWBs are effective vehicles for strategic planning in the new landscape – all areas should make the most of this resource. • HWBs provide strategic leadership for health and care integration, health and wellbeing improvement, and sustainable and effective use of resources • HWBs are driving health and care integration, making a reality of place-based, person-centred, preventative approaches. • Involvement at system level is increasing, with more HWBs working at system level, as well as at place. Key messages for health and wellbeing boards: • Each HWB, and all its members, is collectively and individually responsible for ensuring that its board is working effectively and doing all it can to develop integration and prevention, providing the shared vision, principles and outcomes needed to improve the health and wellbeing of the population. • Each HWB should review its way of working and consider if its JSNA and JHWS are still fit for purpose in the new landscape of system, place and neighbourhood working. • Where more than one HWB falls within an STP or ICS footprint, partners should consider what can be achieved by working together strategically
Health Service Journal	7 May 2019	Health and Wellbeing boards still have an important role to	Opinion Article	The overriding challenge is to come up with options for local governance that strike the right balance between clear accountabilities and local flexibility in reflecting different needs and geographies, ensure the effective engagement of local government, providers, primary care networks and the third sector and clarify the relationship between re-purposed HWBs

		play (16)		and the wider footprint and functions of ICSs
NHS UK	January 2019	NHS Long Term Plan (11)	Strategic Plan (10 years)	Every ICS will have … clinical leadership aligned around ICSs to create clear accountability to the ICS. Cancer Alliances will be made coterminous with one or more ICS, as will Clinical Senates and other clinical advisory bodies. ICSs and Health and Wellbeing Boards will also work closely together.
Durham University	April 2018	Evaluating the leadership role of health and wellbeing boards as drivers of health improvement and integrated care across England (9)	Evaluation Report (Evaluation funded by National Institute for Health Research)	A lack of strategic join-up was evident, for example in respect of the JHWS and other policy initiatives where there was (at both strategic and operational levels) little ownership of the JWHS, with a lack of accountability for elements of the strategy. The strategies were not regarded as an integral part of the health and social care landscape. In terms of outcomes, across the majority of study sites, there was an absence of outcomes which could be clearly attributable to the HWB. The reasons for this included the following factors: • Insufficient accountability, a lack of strategic focus and not enough monitoring (with some HWBs having no systems in place for performance management) were cited as key factors in terms of there being a deficiency of outcomes. • The study sites did not overall offer much evidence of outcomes that were driven specifically by HWBs or how they linked to the overall JHWS or were driven by the JSNA. • There was also evidence that some outcomes were generally process-based, for example, improved relationships and communication between partners and in one site improved procedures on integrated care commissioning. Our research has demonstrated that, by and large, respondents valued HWBs and were only too well aware that they are the only place where the system can come together. Boards have the potential to act, as one participant put it, as 'the beating heart' of health in the local landscape. Unfortunately, HWBs in their current form are for the most part unable to occupy this pivotal role or to function accordingly. They have little power to hold partners and organisations to account, and other place-based mechanisms, notably STPs/ACSs, have a larger geographical footprint and arguably more traction on the system because of the investment in them. It is hardly surprising, therefore, that STPs were viewed by study participants as potentially eclipsing HWBs. With the advent of ACSs (now referred to as Integrated Care Systems or Partnerships), the eclipse risks becoming total.
Department of Health and Social Care	26 March 2013	Statutory guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies (17)	Government Statutory Guidance	Local authorities and clinical commissioning groups (CCGs) have equal and joint duties to prepare JSNAs and JHWSs, through the health and wellbeing board. HWSs are strategies for meeting the needs identified in JSNAs. As with JSNAs, they are produced by health and wellbeing boards, are unique to each local area, and there is no mandated standard format. In preparing JHWSs, health and wellbeing boards must have regard to the Secretary of State's mandate to the NHS CB24 which sets out the Government's priorities for the NHS. They should explain what priorities the health and

				wellbeing board has set in order to tackle the needs identified in their JSNAs. This is not about taking action on everything at once, but about setting a small number of key strategic priorities for action, that will make a real impact on people's lives. JHWSs should translate JSNA findings into clear outcomes the board wants to achieve, which will inform local commissioning – leading to locally led initiatives that meet those outcomes and address the needs.

Nottingham City Health and Wellbeing Board
24 November 2021

	Report for Information
Title:	Nottingham Community and Voluntary Service – 'State of the Sector 2021' Interim Report
Lead Board Member(s):	Jules Sebelin – Chief Executive, Nottingham Community and Voluntary Service
Author and contact details for further information:	Jules Sebelin – Chief Executive, Nottingham Community and Voluntary Service julesss@nottinghamcvs.co.uk
Brief summary:	The voluntary and community sector (VCS) has been widely recognised as playing a vital role in supporting communities and vulnerable people directly affected by the pandemic. There is no doubt that without volunteers, grass roots organisations and front line VCS staff, many more people would have suffered. A 'State of the Sector' report is our opportunity to get the information we need to ensure the sector is firmly embedded in wider systems as equal partners with the public sector. Nottingham's VCS is as diverse as its population and we have ensured that all communities had the opportunity to feed in to this report.

Recommendation to the Health and Wellbeing Board:

The Health and Wellbeing Board is asked to:
(1) recognise the importance of the voluntary and community sector in supporting public services; and
(2) work with the sector to develop a strategic investment model to ensure continuity of services.

Contribution to Joint Health and Wellbeing Strategy:	
Health and Wellbeing Strategy aims and outcomes	**Summary of contribution to the Strategy**
Aim: To increase healthy life expectancy in Nottingham and make us one of the healthiest big cities.	The VCS is actively engaged in tackling health inequalities within Nottingham's marginalised communities, with the aim of increasing healthy life expectancy. For example, by leading the Nottingham City
Aim: To reduce inequalities in health by	

targeting the neighbourhoods with the lowest levels of healthy life expectancy.	Integrated Care Partnership's, Black Asian and Minority Ethnic Health Inequalities work stream. The VCS delivers services that support children and adults, in many cases by helping them to navigate services that they may find difficult on their own. They are especially effective with newly arrived populations and those with language or cultural barriers. VCS organisations can adapt and develop services in a responsive way that meets the needs of citizens' ever-changing circumstances. They often address the wider determinants of health (such as poverty, food insecurity and housing) that can help people to live healthy lives.
Outcome 1: Children and adults in Nottingham adopt and maintain healthy lifestyles.	
Outcome 2: Children and adults in Nottingham will have positive mental wellbeing and those with long-term mental health problems will have good physical health.	
Outcome 3: There will be a healthy culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill health well.	
Outcome 4: Nottingham's environment will be sustainable – supporting and enabling its citizens to have good health and wellbeing.	

How mental health and wellbeing is being championed in line with the Board's aspiration to give equal value to mental and physical health
The VCS has long advocated for parity of esteem between mental and physical health and will continue to do so.

Background papers:	• State of the Sector interim findings • Full case study, Bulwell Forest Garden

NCVS State of the Sector Survey 2021

Interim findings 24 November 2021

Jules Sebelin

Chief Executive Officer

Type of organisation

Type of organisation	
Community Group without a constitution	5%
Community Group with a constitution	5%
Charitable company	27%
Registered charity	23%
Charitable Incorporated Organisation (CIO)	16%
Community Interest Company (CIC)	11%
Company limited by guarantee	5%
Co-operative and Community Benefit Society	1%
Other (all classed as churches)	4%

How long been operating

How long been operating	
Less than a year	3%
1 to 2 years	3%
2 to 3 years	7%
4 to 10 years	29%
11 to 20 years	12%
21 to 49 years	33%
Over 50 years	14%

Number of paid staff

Number of paid staff	
Don't employ any paid staff	22%
1 to 9 (micro)	42%
10 to 49 (small)	25%
50 to 249 (medium)	7%
250+ (large)	4%

All City Council ward areas are represented in the responding organisations. 66% operate across all city ward areas

Of those who work in only certain named ward areas, this is the percentage split:

	As % of total respondents	As percentage who aren't city wide
Aspley	11%	32%
Basford	14%	40%
Berridge	11%	32%
Bestwood	10%	28%
Bilborough	10%	28%
Bulwell	12%	36%
Bulwell Forest	7%	20%
Castle	3%	8%
Clifton East	4%	12%
Clifton West	8%	24%
Dales	7%	20%
Hyson Green and Arboretum	11%	32%
Leen Valley	3%	8%
Lenton and Wollaton East	11%	32%
Mapperley	3%	8%
Meadows	15%	44%
Radford	11%	32%
Sherwood	12%	36%
St Ann's	12%	36%
Wollaton West	7%	20%

Adaptable and Resilient

Nottingham Community and Voluntary Service

- Two-thirds have needed to reassess their organisation's original aims and service delivery.
- Two-thirds have increased their service provision.
- Organisations pivoted quickly to respond to crisis
- Attempting to meet demand leaves no time to plan ahead.
- Organisations are working together more. This was a trend anyway over the last two years – only half thought this was directly due to Covid.

Partnership / collaboration

Nottingham Community and Voluntary Service

- The highest percentage had worked in some way with the local authority, e.g. Nottingham City Council (and/or another borough council for those working also in the county). This was 78%.

- This was higher than those who had collaborated with another local voluntary organisation – the second highest category – at 67%.

- **Working in partnership is seem to be even more important in the next 12 months. 84% believe they will be collaborating with a public sector partner in the next 12 months.**

Income

Nottingham Community and Voluntary Service

- In general, from all income sources, two-thirds say their income overall is about the same or has increased since the end of the 2018/2019 financial year.

- Increased a lot 16%
- Increased a bit 33%
- About the same 18%
- Decreased a bit 14%
- Decreased a lot 18%
- Not sure 1%

- **47% say the funding they receive now doesn't cover all of their costs.**
- **Only 48% consider their funding situation to be 'stable'.**

Reserves

Nottingham Community and Voluntary Service

- Only 11% reported they have no reserves at all.
- A further 10% were either not sure or preferred not to say.
- **This means almost 80% reported some reserves. The majority have reserves of up to 3 months or between 3 to 6 months.**
- 30% of respondents have reserves in excess of 6 months.
- Reserves, on average, are lower than the last state of the sector report

Sustainability

Nottingham Community and Voluntary Service

- 89% of organisations who had seen an increase in income and said this was due to Covid are reliant on grants.
- Some of these also fundraise through private donations and charging for services. Only 22% have contracts of some kind.
- Almost all of these organisations accessed emergency grant funding either through the Coronavirus Community Support Fund (National Lottery Community Fund & Government) or the National Emergency Trust Coronavirus Appeal funding.

Challenges

Nottingham Community and Voluntary Service

- Creating a sustainable funding base is seen as the biggest challenge facing organisations in the next 12 months.
- The highest support need is support to write tenders and funding applications.
- Skills shortages around web / digital and communications / marketing also score highly.
- Recruiting skilled staff is an ongoing challenge which is seen across all sectors.

Volunteers are essential

Nottingham Community and Voluntary Service

- 64% of our respondents either don't employ staff or are of micro size (1-9 paid workers).
- Of those who don't employ staff, none have an income above the £10,000 to £49,999 bracket. 37.5% have an income under £5,000.
- In the 1-9 (micro) category, 83% have an income between £10,000 and £250,000. 50% have an income below £50,000.

Change in number of volunteers

Increased a lot	17%
Increased a bit	21%
About the same	21%
Decreased a bit	26%
Decreased a lot	12%
Not sure	3%

- It's a mixed picture. Some have been hit hard by Covid, with 38% seeing a decrease in volunteer numbers in the last two years, and 82% of these believing it's a direct result of the pandemic.
- To balance this out, 38% also experienced an increase in volunteers, with just over half putting the increase down to Covid.

What do we know about the organisations who saw an increase?

Nottingham Community and Voluntary Service

- Primarily, they provide direct support to vulnerable people, particularly around mental ill health. Counselling-related activities could increase if this could be supported online.

- People looking for something to do during the pandemic meant that some organisations received more enquiries, e.g. those in the open air – allotments, green space and water-related.

- Others added to the type of support and projects on offer, e.g. food preparation, food packers, delivery drivers.

- The increase doesn't appear to be volunteers replacing previously paid workers. 43% of organisations with increased volunteer numbers also saw an increase in paid staff during the last two years.

What do we know about the organisations who saw a decrease?

Nottingham Community and Voluntary Service

- These organisations tend to rely on in-person events. Some activity can only thrive on in-person contact and relies on events happening at scale.
- For community groups where getting together was the point, the social side of volunteering became redundant for some people.
- Remote volunteering not for everyone – not all have digital access or skills, or want to deliver in that way. Advice and information services may have suffered.

What challenges are there for Leaders of Volunteers?

Nottingham Community and Voluntary Service

- 77% of respondents experienced an increase in demand for services. How are Leaders of Volunteers holding up?
- There is an acknowledgement that more support for volunteers leads to better retention of volunteers.
- However, an increase in volunteers can also mean an increase in volunteers who have higher personal support needs. Can these be met? Crossover of service users and volunteers.
- What different skills and infrastructure are needed to provide support to volunteers in an online space? How does this change the relationship and the volunteer experience?

Case study highlights Bulwell Forest Garden

Nottingham Community and Voluntary Service

- Developed in 2012 by a group of local residents, its aim is to strengthen its community and social connections providing opportunities for people to learn more about growing food, protecting our environment and greater access to affordable healthy food.
- Received 5 years Lottery funding, now with a 2 year extension
- Told they must become less grant dependent
- Have seen a big increase in referrals from SP Link Worker and Social Care staff
- Many services users become volunteers but need higher levels of support

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STATE OF THE SECTOR – CASE STUDY BULWELL FOREST GARDEN

This report focuses on the increased demand for our services and therapeutic volunteering opportunities, partnerships with statutory services and future funding.

Bulwell Forest Garden (BFG) is a community project mainly reaching people living in areas of Nottingham City with high levels of deprivation and health inequalities including Bulwell, Basford and Bestwood. Developed in 2012 by a group of local residents, its aim is to strengthen its community and social connections providing opportunities for people to learn more about growing food, protecting our environment and greater access to affordable healthy food. Together we grow fruit and veg, tend to our sensory and medicinal garden, wildflower meadow, wildlife pond, community woodland and outdoor kitchen, supporting a healthy bio-diversity and protecting wildlife.

BFG is primarily funded through Big Lottery for the next 2 years, with additional financial support via Nottingham City Council (NCC) and Nottingham City Homes. 5 part time paid staff and 47 volunteers (aged 12 to 82) support a weekly Lunch Club, outdoor yoga, Forest School, Men's Sheds, family activity days and adult educational workshops. Many of our older volunteer are with us to improve their social connections and feel valued, families come to learn about food growing and improve employability, and people seeking to improve their mental wellbeing.

Remaining operational for most of the pandemic lockdown, we became more familiar to statutory services receiving higher numbers of referrals, due to it being a relatively safe outdoor space and the therapeutic benefits of community gardens; referrals from the Social Prescribing (SP) and Adult Services also increased. We have a higher number of people access volunteering with us through Nottingham Community and Voluntary Service as a way to increase their mental health/social connections, engage with green spaces, giving something back to their community and/or filling time when furloughed.

With a high increase in fruit and veg/veg plants sales we have developed a new project, Lets Get Growing. Funded through COVID response grants we have connected with over 50 households providing fortnightly resources (to doorsteps in hard lockdowns) and online video tutorials helping people grow fruit/bee-friendly plants in their own outdoor spaces (no garden required!). With more people buying local, affordable fruit and veg (2097 veg parcels over the 2 years) we have created 8 new raised beds and planted 8 new fruit trees to meet demand. We have also developed a partnership with Bestwood and Bulwell Foodbanks, who now have 2 raised beds for growing produce to add to food parcels.

Our Lunch Club took a 2 month break during the pandemic. As it reopened, we allocated spaces to those most in need, reserving spaces for referrals from the SP team. Over Christmas 2020, we received DEFRA funding to deliver meals to our vulnerable Lunch Club members, this was extended for those most in need until Lunch Cub reopened in April. We are proud to have worked closely with the SP team to support 3 local people with social anxiety into the project at this point and 2 of these are now volunteering with us.

The level of support we can offer our vols over the past 2 years has changed;:
1. With no close contact vols need to be able to take instruction and work independently, although in a social group ; this is difficult for people with high support needs.
2. due to a high number of referrals, we are now working to max capacity and have relied on the development of social groups forming as tasks can't be overseen in the usual way
3. we have received temporary funding through COVID support grants to fund a volunteer

support worker one half day a week; this is a very temporary solution though

Despite easy access to COVID recovery grants, the past 2 years has been an uncertain time regarding project and staff funding. Our 5 years Reaching Communities grant came to an end this year which funds staff salaries and running costs. During the process of reapplying to the Lottery through 2020-2021, demand and subsequent grant requirements changed, not only by the Big lottery but most large grant providers. Much higher emphasis is now placed on evidencing financial sustainability, and after several additional stages, we were recently awarded just 2 years extension, with feedback that we must evidence a transition away from full grant dependencies before any further applications are made.

A high rise in demand for therapeutic vol opps, local food and attendance at our Lunch Club creates more work i.e., supporting our vulnerable volunteers. Bulwell has the highest level of deprivation in Nottingham; rising energy, fuel and food costs, as well as job losses and the removal of the extra £20 universal credit has hit Bulwell hard. Our foodbank referrals have increased by 55% through the pandemic, with service users increasingly relying on our services e.g. free events with free lunch during school holidays. The national demand for financial grants has resulted in it being much harder to secure funding, and it is especially hard to raise funds ourselves considering the type of project we are.

To secure core funding we need to evidence further financial sustainability; this can only work with the financial support and recognition of our partners. We have worked with NCC and Bestwood and Bulwell foodbank to offer healthy food and access to physical activity. Local food growing is an important resource that can be expanded with financial support. Nottingham city CN28 plan includes Local Food as part of its strategy and, although a Food Insecurity Network (FIN) has been formed, more can be done. On behalf of Nottingham Growing Network we attend FIN meetings via Teams. We find that those with strategic roles in NCC, and specifically involved in CN28 plan, aren't always familiar with the purpose of local Community Gardens (CG). Our network of CG's are all unique but all share the same service of providing therapeutic vol opps, access to affordable fruit and veg and contributing the city wide goal to reduce our carbon footprint. In order for Community Gardens to be fully valued and supported as part of the CN28 plan, we must bridge the gap between those in strategic roles and grass root projects delivering work.

Another important partner is our SP team, along with Greenspace. Gardening and mental wellbeing go hand in hand and we, together with our SP team, not just provide vol opps, but also work to remove any barriers to initial access e.g. meeting people at the gate, contacting prior to initial visits and working initially on 1:1 basis if necessary. To do this, and to increase our SP referral numbers, Greenspace have agreed to fund a half day post for the next 12 months. Hopefully this will be extended to the remainder of their funding.

Holiday Activity Funds and Area Based Grants have enabled us to work with families to ensure they are supported both at the time of need, and also as a longer-term solution to food poverty by teaching skills in growing produce at home. Both HAF and ABG's are currently being reviewed, and we hope additional funding will become available.

Conclusion

- Re-introduce face to face meetings at different community gardens where NCC staff can see first-hand the importance of the sites. Providing refreshments could create revenue-
- More funding needs to be secured to meet service demand and to support our most vulnerable volunteers

Statutory Officer's Report for the Nottingham City Health and Wellbeing Board
Corporate Director of People
24 November 2021

SEND Local Area Inspection

On 1 November 2021, the Local Area Review of Nottingham's services for children and young people with special educational needs and/or disabilities (SEND) was announced. The inspection ran from 8 to 12 November. Undertaken by Ofsted and the Care Quality Commission, inspectors looked at how all partners in Nottingham effectively implemented the SEND Reforms legislation and how effectively the local area:
- identified children and young people with SEND;
- assessed and met the needs of children and young people with SEND;
- improved outcomes for children and young people with SEND; and
- led, managed and governed arrangements for SEND in the local area.

The inspection team:
- spoke to children, young people, parents and carers;
- looked at how agencies work together in partnership;
- met with groups of partners to get their views; and
- visited settings and providers and held virtual meetings.

The inspection leads to a published report that will give an assessment about how effective the local area is performing and identify areas for improvement. At the time of writing this report the inspection is still ongoing.

Holiday Activity Fund

This summer, more than 12,000 children took part in our Free Fun and Food programme funded by the Department for Education's Holiday Activity Fund. The Council was awarded £1.8 million through this fund to be spent on holiday activities and food for Free School Meal pupils at Easter, through the summer and at Christmas. Due to Covid-19, delivery at Easter was minimal so the real focus of the project so far has been on summer.

Funding was allocated through three key routes: Nottingham Forest Community Trust were funded to create 13 large holiday clubs around the city; Area Based Grant Leads were given funding to develop their own local holiday programmes; and there was an open bidding process for schools and community and voluntary sector organisations to bid.

Approximately 55 Nottingham-based providers delivered activities and food over four weeks this summer to more than 12,000 city children. An incredible range of activities was on offer and included rambling excursions around Nottingham's parks and in the Peak District, an around the world cook-a-long, hockey, cricket, beat boxing, collaging, dodgeball, visits to the universities, drama and a mini Olympic Games.

In addition to entertaining children this summer, food was also key to the project and children received a mixture of hot and cold food with food packs also going home to their families.

We received lots of positive feedback from parents and children and we are now planning for Christmas delivery and looking towards a long term plan if this funding is available again in the future.

Workforce Consultation on a Speech, Language and Communication Strategy for 0-5 year olds in the City

The Local Government Association 2019 Peer Challenge recommended a clear offer was developed for 0-5s in the City, including Speech, Language and Communication (SLC). Considerable work has taken place over the last two years, which has already seen the launch of the Balanced Systems Pathway, centralising resources in the city.

Another key recommendation was around the development of a SLC for 0-5 year olds and the Council is now consulting on this strategy, both with parents and carers and the early years workforce.

The Council is currently seeking the views of all professionals working with children and families aged 0-5 years in the city on a draft SLC Strategy to ultimately ensure that no child or family misses out on the support they might need and to ensure that all 0-5 year olds develop SLC skills to the best of their ability. The consultation sets out the vision the Council wants to achieve and how it proposes to achieve it and seeks professional views on how important some of these key aspects are in their role, with an opportunity to share more feedback on the Balanced System SLC Pathway, work with other agencies and the strategy overall.

We would very grateful if you could take the time to complete this survey and share with your teams and wider contacts, as appropriate. The survey can be accessed at https://online1.snapsurveys.com/bocg2s and will run until 30 November 2021.

In addition, if you work with parents and carers, please do also feel free to share the Parents/Carers Consultation, which can be accessed at https://online1.snapsurveys.com/gxckx5 and will run until the same date.

Feedback from both consultations will be scheduled at the Health and Wellbeing Board in January 2022, when we anticipate that the Strategy will be finalised, alongside a supporting Implementation Plan.

Dolly Parton Imagination Library Big Reading Challenge

The Council is once again taking on a challenge to raise more than £5,000 for the Imagination Library, which delivers a free book every month to children in Nottingham from birth to age five.

From Monday 22 to Friday 26 November 2021, City Councillors will join the Leader of the Council, Councillor David Mellen, to read to school classes and assemblies, nursery groups and library groups around the city, as well as visiting a few extra-special locations.

The Imagination Library helps parents and children to enjoy exploring books together. The scheme is proven to raise children's literacy levels and, by receiving these books, our children are more likely to be ready to start school when they turn five.

There are more than 5,600 Nottingham children registered, and we have seen over 3,000 children graduate from the Imagination Library scheme. In total, over 340,000 books have been delivered to the children of Nottingham so far. But the Council wants to do more.

You can donate at https://www.gofundme.com/f/big-reading-challenge-2021 or by sharing news of the Big Reading Challenge 2021 with as many people as possible. For more information please email dolly9to5@nottinghamcity.gov.uk.

Adult Social Care

Work is continuing on our Adult Social Care Transformation plan; the Council will have additional social work assessment capacity in pace from mid to late November to help reduce delays for assessments and strengths based reviews.

Pressures continue across the health and care system, and the Council is working closely with health colleagues to manage demands for social care support for hospital discharge. The Department for Health and Social Care has published the winter plan, and details on the workforce capacity fund. Work has commenced to develop plans to increase capacity over the winter period.

Catherine Underwood
Corporate Director for People
November 2021

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Health and Wellbeing Board
Work Plan 2021/22

Recurring Agenda Items	Lead Officer
Coronavirus Update	Lucy Hubber (NCC)
Nottingham City Place-Based Partnership Update	Dr Hugh Porter (ICP) Rich Brady (ICP)
Joint Strategic Needs Assessment – New Chapters	Claire Novak (NCC)
Board Member Updates	All Board Members
Work Plan	Adrian Mann (NCC)

Meeting Date	Agenda Item	Lead Officer
Wednesday 26 January 2022 1:30pm	Draft Nottingham City Joint Health and Wellbeing Strategy	Lucy Hubber (NCC)
	Systems Alignment for the Delivery of Integrated Care in Nottingham	Lucy Hubber (NCC) Rich Brady (ICP)
	Speech, Language and Communication Strategy	Kathryn Bouchlaghem (NCC) Katherine Crossley (NCC)
	Safeguarding Adults Board – Annual Report	Ross Leather (NCC)
	Safeguarding Children Partnership – Annual Report	John Matravers (NCC)
Wednesday 30 March 2022 1:30pm	Nottingham City Joint Health and Wellbeing Strategy	Lucy Hubber (NCC)
	Results of the Green Social Prescribing Pilot	Jules Sebelin (NCVS)

Annual Reports	Month of Reporting
Joint Health and Wellbeing Strategy – Annual Performance Review	May
Commissioning Reviews and Commissioning Intentions – Annual Review	May
Joint Strategic Needs Assessment – Annual Report	September
Safeguarding Adults Board – Annual Report	January
Safeguarding Children Partnership – Annual Report	January

Details and recommendations must be provided to the Board in the form of a written report, headed by a standard cover sheet. Nottingham City Council colleagues must submit their papers through the electronic Reports Management System (http://intranet.nottinghamcity.gov.uk/councillors-and-committees/delegated-decisions-and-reports). Presentations to help illustrate reports must be no more than 10 minutes in length.

Submissions for the Work Plan should be forwarded to Adrian Mann (Governance Services, Nottingham City Council, adrian.mann@nottinghamcity.gov.uk), for agreement by the Chair and the Director of Public Health.

Report authors MUST discuss their reports and any presentations with Lucy Hubber (Director of Public Health, Nottingham City Council, lucy.hubber@nottinghamcity.gov.uk) before drafting their report to the Board meeting.