

# 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 causal links and impact on both would be considered with equal importance 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 experience, 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.

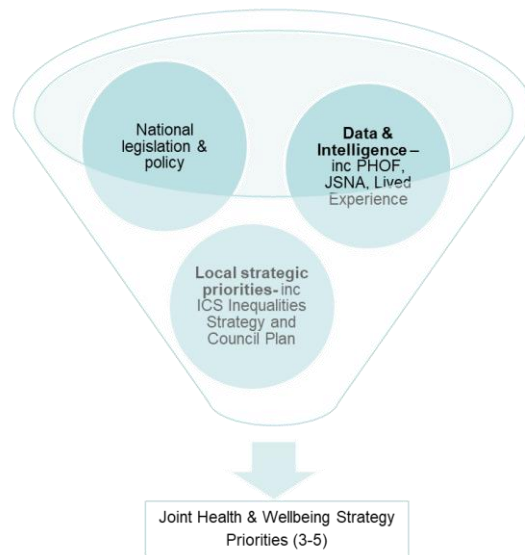
### **4. Identifying shared priorities**

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

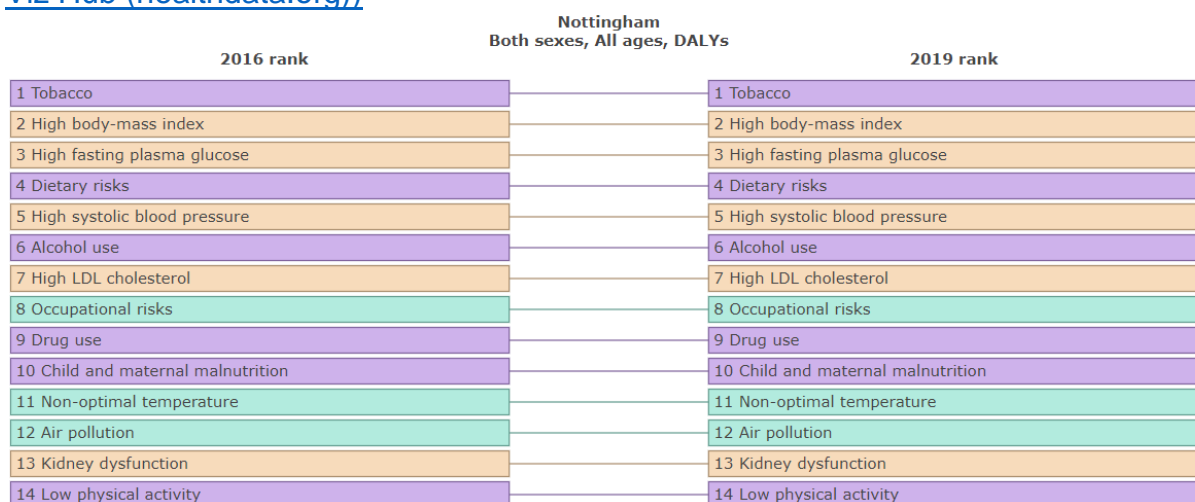


- 4.3 Within the parameters of the proposed principles set out above there are a number of key sources from which the priorities should be drawn. Two key sources are the [Joint Strategic Needs Assessment](#) (JSNA) and [Public Health Outcomes Framework](#) (PHOF).
- 4.4 There is a wealth of data available 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 (2<sup>nd</sup> lowest in England for females and 3<sup>rd</sup> 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<sup>1</sup> 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).

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<sup>1</sup> 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.

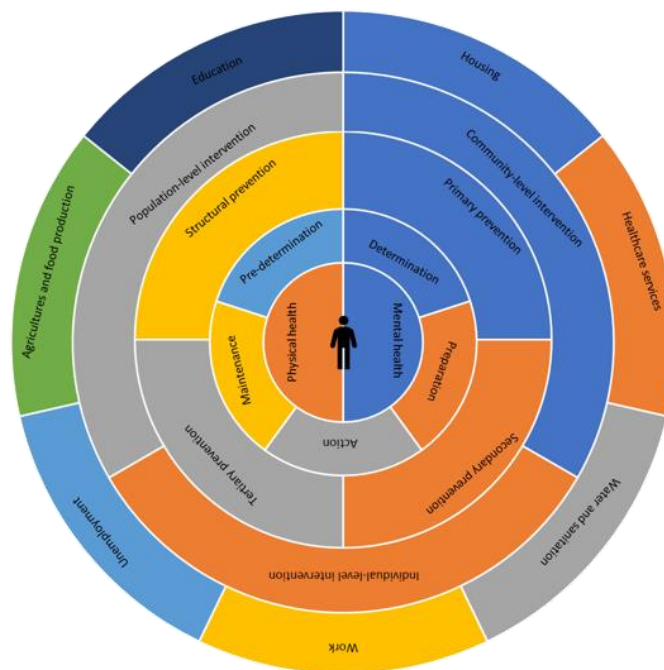
## 5. Approach

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 be 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: <ul style="list-style-type: none"><li>• ICP Executive Board (9 November 2021)</li><li>• Health and Wellbeing Board members (24 November 2021)</li></ul>
December 2021	Ongoing engagement with stakeholders, including: <ul style="list-style-type: none"><li>• ICS Health Inequalities, Prevention and Wider Determinants Strategy Committee (2 December 2021)</li><li>• Community representatives (Healthwatch and NCVS) (date TBC)</li><li>• Local Authority stakeholders</li></ul> 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