

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

CONTENTS

1.0 Background	2
1.1. The Health and Wellbeing Strategy.....	2
1.2. Development and monitoring of Happier, Healthier Lives	2
1.3. Theory of strategy evaluation	2
1.4. Evaluation Objectives	4
2.0 Methods.....	5
2.1. Quantitative Data	5
2.2. Participatory Evaluation Exercise	5
2.3. Policy Review.....	6
3.0 Findings.....	7
3.1. Health and Wellbeing Outcomes	7
3.2. Stakeholder Evaluation	11
3.3. Policy Context.....	13
4.0 Discussion	14
4.1. Key Findings.....	14
4.2. Assessment of Achievements, Strengths and Limitations of Happier, Healthier Lives	14
4.3. Appraisal of this evaluation.....	14
4.3. Recommendations for the refreshed Strategy.....	15
References	16
Appendix: Policy Review Literature	17

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.

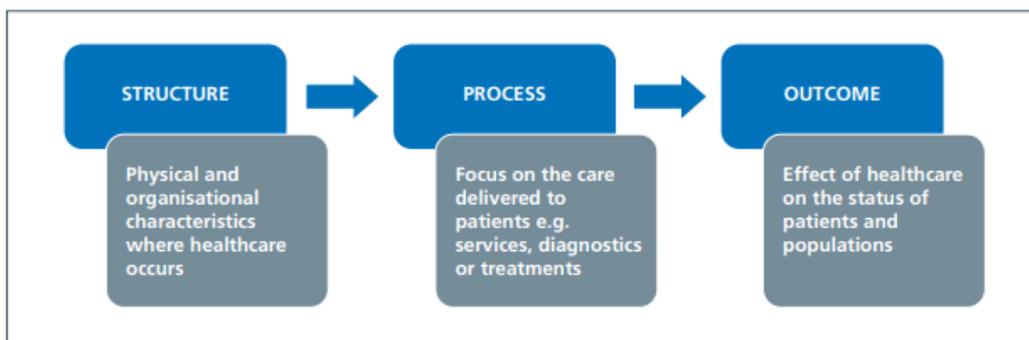
The Board have been monitoring progress in implementing the strategy, receiving annual reports compiled and presented on the metrics for the headline targets and performance indicators within the action plans. The most recent annual report was presented in May 2019 and is accessible in the [Board Minutes](#). 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. It 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)

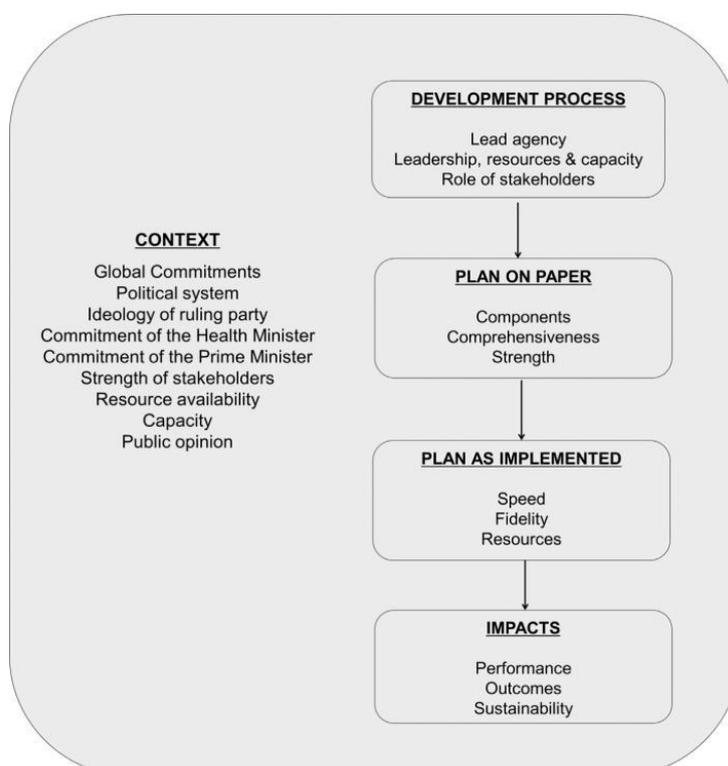
There are a range of models or structures that can be used to inform an evaluation. Many of the proposed models are framed around the evaluation of a specific programme or intervention, often with an essentially linear assessment of the extent to which the programme inputs are transferred into outputs 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 provide further insight at ward level, sourced from National Statistics (6), with local analysis.

2.2. PARTICIPATORY EVALUATION EXERCISE¹

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	<input type="checkbox"/>				
Effective engagement with local providers	<input type="checkbox"/>				
Data and intelligence is being used and presented wisely in the Health and Wellbeing Strategy	<input type="checkbox"/>				
Adding value to existing local strategic plans and actions around reducing health inequalities and improving health and care	<input type="checkbox"/>				
An ambitious strategy addressing wellbeing not just health?	<input type="checkbox"/>				
A system approach taken to align resources with strategic priorities	<input type="checkbox"/>				
A strategy to facilitate and drive integration and joint commissioning	<input type="checkbox"/>				
Effective mechanisms and structures in place to deliver the Health and Wellbeing Strategy	<input type="checkbox"/>				
Clarity on accountability for action and outcomes	<input type="checkbox"/>				
Presented in an accessible, compelling and mobilising way	<input type="checkbox"/>				

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.

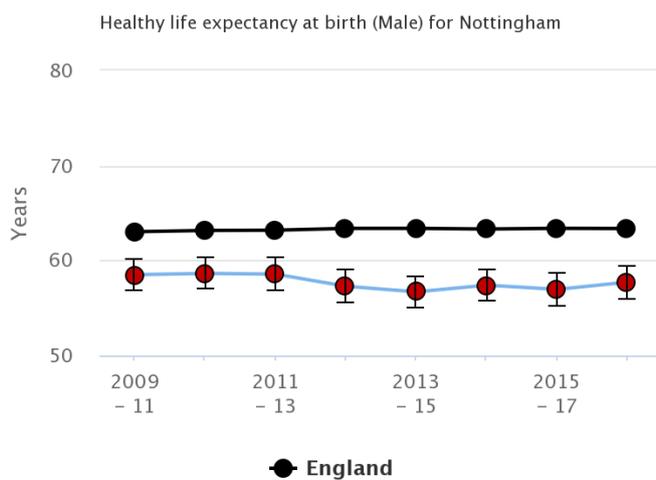
3.0 FINDINGS

3.1. HEALTH AND WELLBEING OUTCOMES

Healthy Life Expectancy

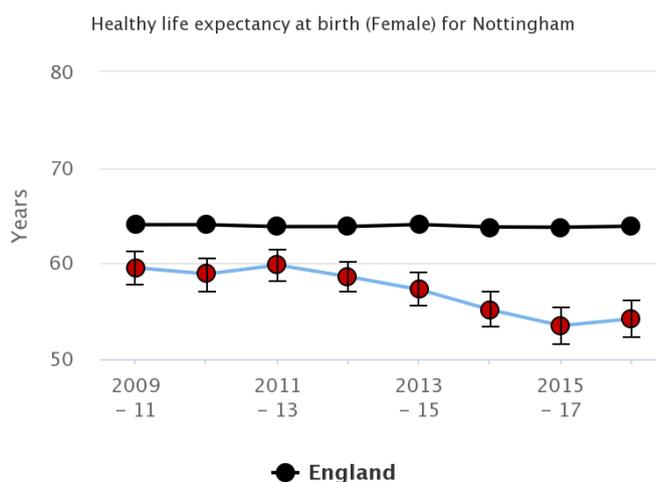
The most recent data on Healthy Life Expectancy at birth (2016-18) was published 4 February 2020. For males in Nottingham City, the Healthy Life Expectancy is 57.7 years (95% Confidence Intervals 56.0, 59.4). This is significantly lower than England value of 63.4 years. The trend line for males in Nottingham 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

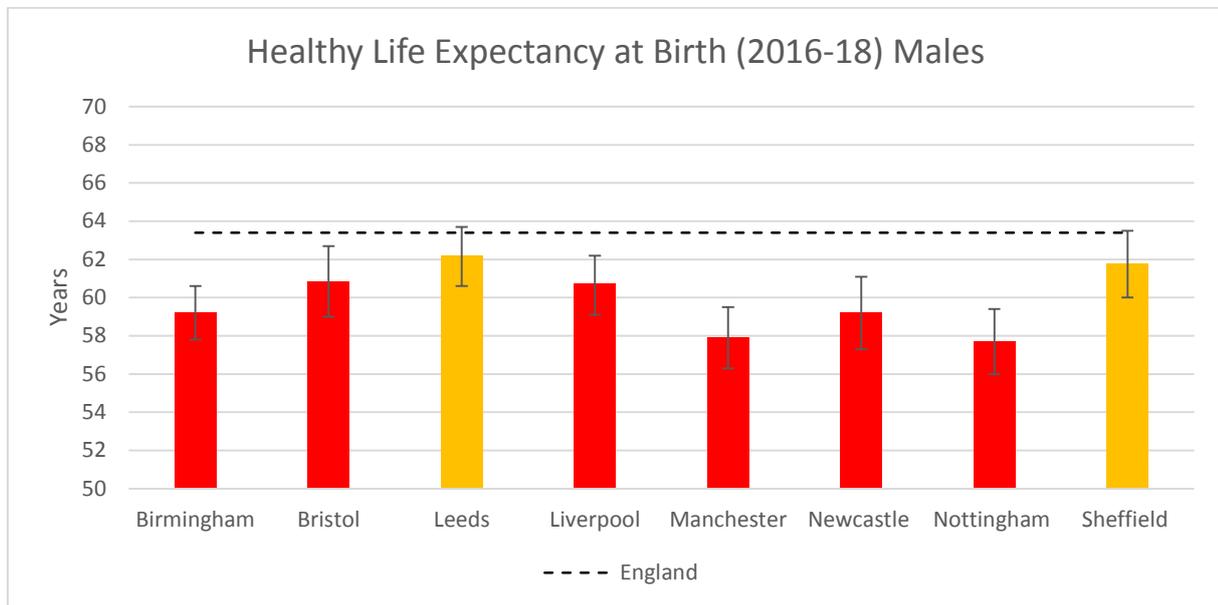
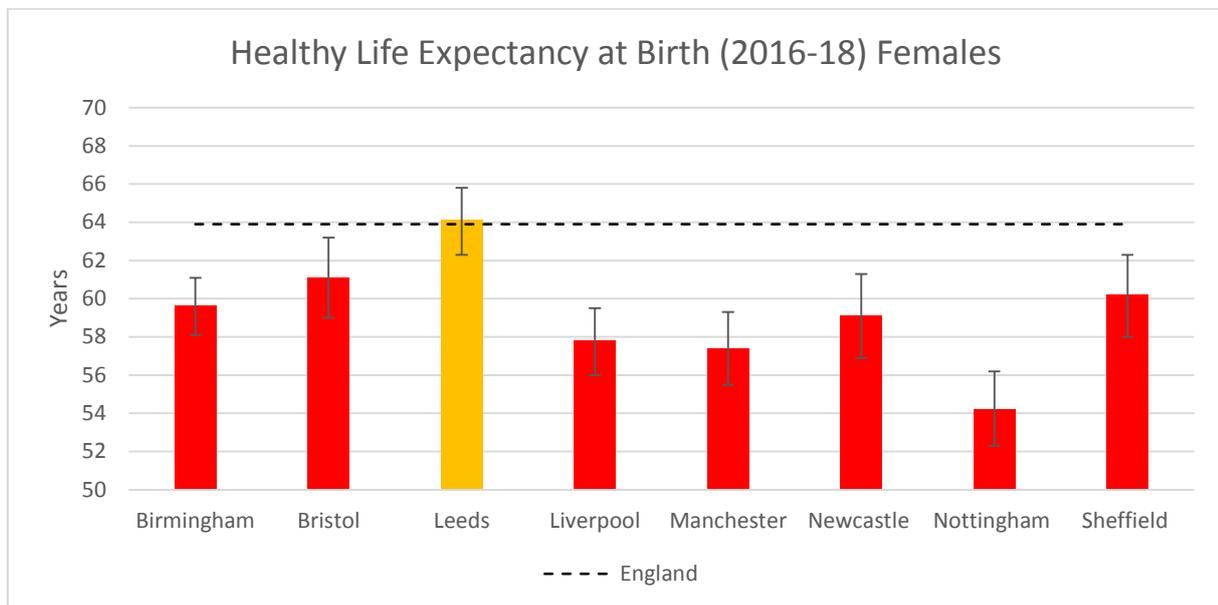


Figure 6: Healthy Life Expectancy for Females in Core Cities



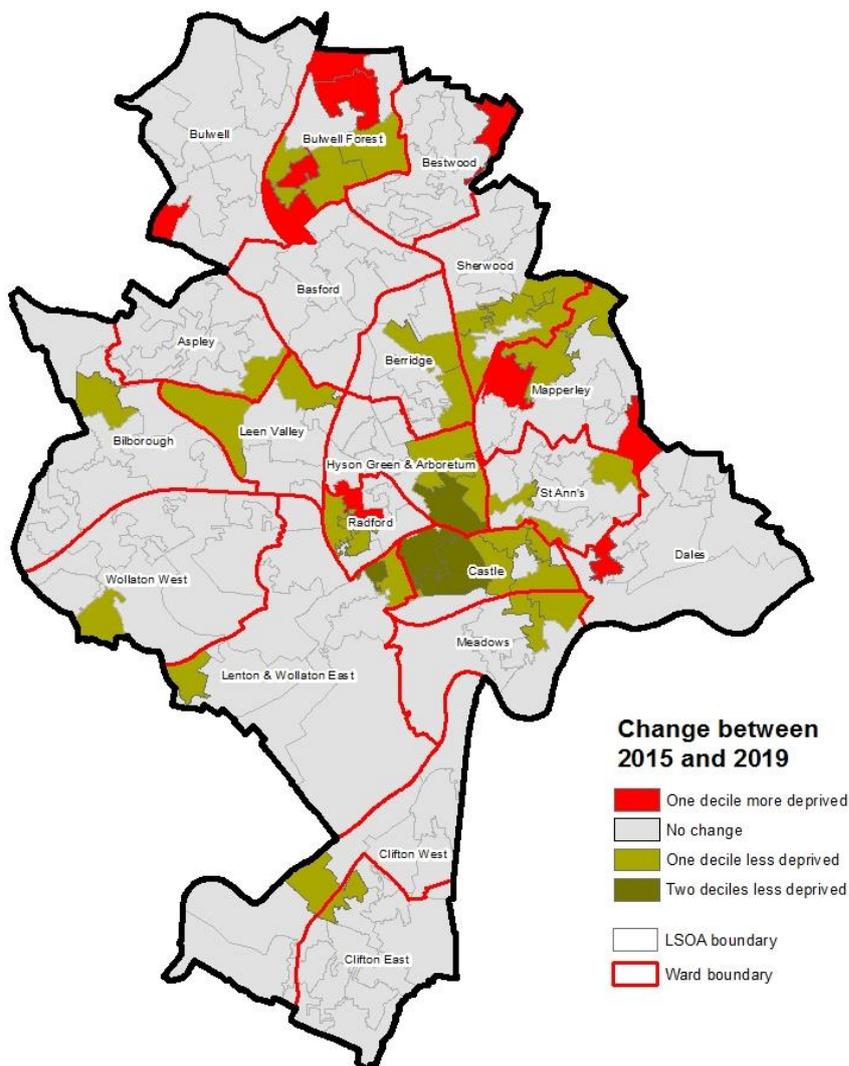
Nearly all of the Core Cities have Healthy Life Expectancy values significantly below the England average, which aligns with the literature on urban health outcomes and population patterns including the concentration of less affluent populations within cities. Leeds, and Sheffield (males only) have values 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



© Crown Copyright and database rights [2014]. Ordnance Survey [100019317].
You are not permitted to copy, sub-license, distribute or sell any of this data to third parties in any form.

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 taken 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

Ward	Overall IMD			Health Deprivation		
	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.

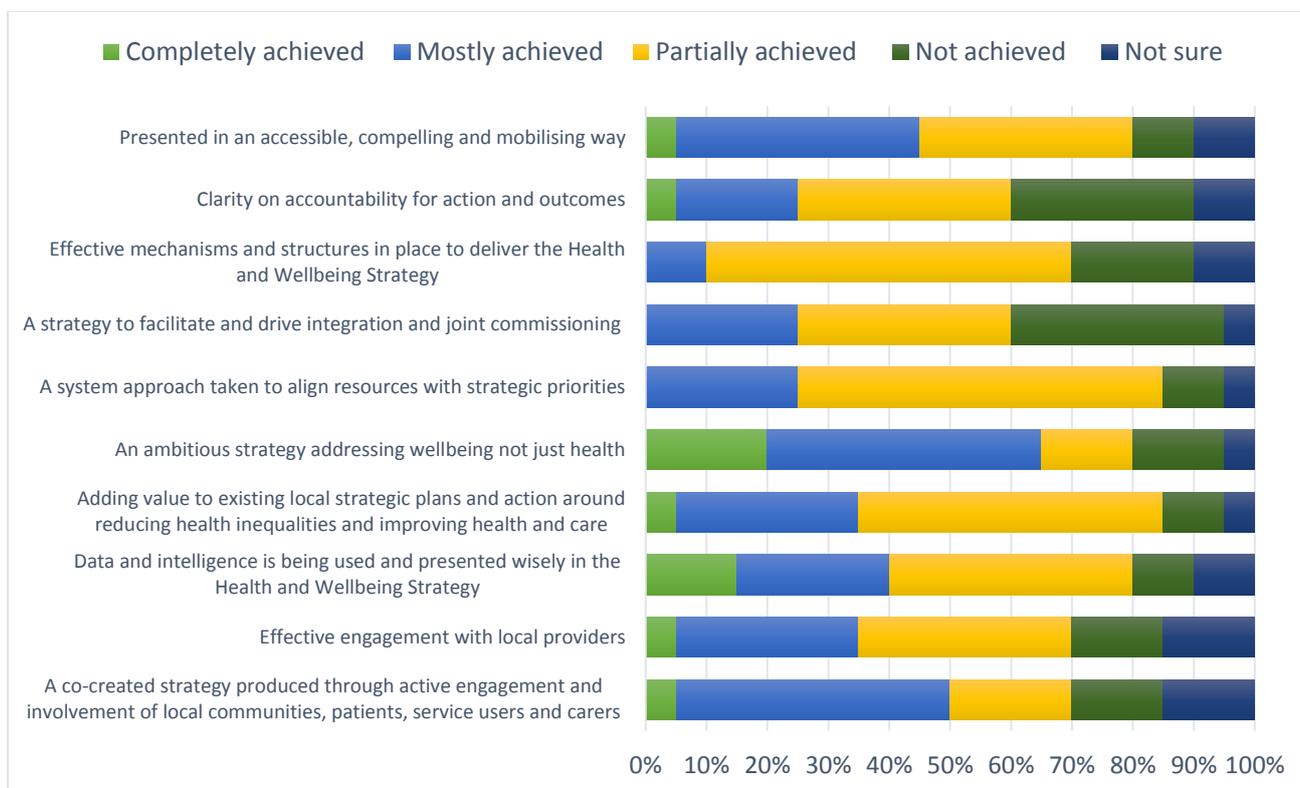
Each LSOA in a ward has its own ranking, the average of these is then calculated, weighted for the population of each LSOA
1 = most deprived, out of 32,845 LSOAs

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 misalignment 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 needed 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.

REFERENCES

1. Research Councils UK. Evaluation: Practical Guidelines [Internet]. Research Councils UK; 2011. p. 49. Available from: <https://www.ukri.org/files/legacy/publications/evaluationguide-pdf/>
2. Donabedian A. Evaluating the Quality of Medical Care. *Milbank Q* [Internet]. 2005 Dec 1;83(4):691–729. Available from: <https://doi.org/10.1111/j.1468-0009.2005.00397.x>
3. NHS Improvement. A model for measuring quality care [Internet]. ACT Academy. London; 2018. p. 4. Available from: <https://improvement.nhs.uk/resources/measuring-quality-care/>
4. Cohen JE, Donaldson EA. A framework to evaluate the development and implementation of a comprehensive public health strategy. *Public Health* [Internet]. 2013/07/18. 2013 Aug;127(8):791–3. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/23871395>
5. Public Health England. PHE Fingertips Public Health Profiles. Available from: <https://fingertips.phe.org.uk/>
6. National Statistics. English indices of deprivation 2019. 2019; Available from: <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>
7. NHS Confederation. Good practice in joint health and wellbeing strategies: a self-evaluation tool for health and wellbeing boards [Internet]. 2013. Available from: <https://www.nhsconfed.org/-/media/Confederation/Files/Publications/Documents/Good-practice-self-evaluation-tool-health-wellbeing-boards.pdf>
8. Cabinet Office; Department of Health & Social Care. Advancing our health: prevention in the 2020s [Internet]. 2019. Available from: <https://www.gov.uk/government/consultations/advancing-our-health-prevention-in-the-2020s/advancing-our-health-prevention-in-the-2020s-consultation-document>
9. Hunter D, Perkins N, Visram S, Adams L, Finn R, Forrest A, et al. Evaluating the leadership role of health and wellbeing boards as drivers of health improvement and integrated care across England. 2018 Apr 1;152. Available from: https://research.ncl.ac.uk/media/sites/researchwebsites/davidhunter/Evaluating_HWBs_FINAL_REPORT_-_April_2018_Final.pdf
10. Local Government Association. “What a difference a place makes: The growing impact of health and wellbeing boards” [Internet]. 2019. Available from: <https://www.local.gov.uk/about/news/lga-health-and-wellbeing-boards-are-achieving-their-goal>
11. NHS UK. NHS Long Term Plan [Internet]. 2019. Available from: <https://www.england.nhs.uk/long-term-plan/>
12. Humphries R. Health and wellbeing boards and integrated care systems [Internet]. The King’s Fund. 2019 [cited 2020 Jan 24]. Available from: <https://www.kingsfund.org.uk/publications/articles/health-wellbeing-boards-integrated-care-systems>
13. Hancock M. How local and national government can work together to improve health and care [Internet]. 2019. Available from: <https://www.gov.uk/government/speeches/how-local-and-national-government-can-work-together-to-improve-health-and-care>
14. Ministry of Housing Communities & Local Government. Guidance: Healthy and Safe Communities [Internet]. 2019. Available from: <https://www.gov.uk/guidance/health-and-wellbeing>
15. Pencheon D. An introduction to health care strategy. In: Pencheon D, Guest C, Melzer D, Gray JAM, editors. *Oxford Handbook of Public Health Practice*. Second Edi. 2006. p. 376–81.
16. Humphries R. Health and wellbeing boards still have an important role to play [Internet]. HSJ. 2019. Available from: <https://www.hsj.co.uk/policy-and-regulation/health-and-wellbeing-boards-still-have-an-important-role-to-play/7024997.article>
17. Department of Health & Social Care. JSNAs and JHWS statutory guidance [Internet]. 2013 p. 14. Available from: <https://www.gov.uk/government/publications/jsnas-and-jhws-statutory-guidance>

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	<p>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.</p> <p>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.</p> <p>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.</p>
Department of Health and Social Care; Cabinet Office	22 July 2019	Advancing our health: prevention in the 2020s – consultation document (8)	Government Green Paper	<p>The role of local Health and Wellbeing Boards is to bring together the local partners in local government, the NHS and more widely, <u>to assess needs and to develop effective strategies that meet them</u>. 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.</p> <p>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. <u>Health and Wellbeing Boards should form a key part of the local infrastructure on prevention, working with ICSs</u>. 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.</p>
Department of Health And Social Care	4 July 2019	How local and national government can	Speech by Secretary of State (Matt	<i>"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.</i>

		work together to improve health and care (13)	Hancock)	<p><i>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.</i></p> <p><i>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?</i></p> <p><i>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. Health and wellbeing boards are the formal way we bring together NHS and local authority services and I want to see them empowered."</i></p>
Local Government Association	3 July 2019	"What a difference a place makes: The growing impact of health and wellbeing boards" (10)	Highlight/ Advocacy Report	<p>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.</p> <p>Key learning and impact of the HWBs reviewed:</p> <ul style="list-style-type: none"> • 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. <p>Key messages for health and wellbeing boards:</p> <ul style="list-style-type: none"> • 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	<p>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</p>

		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. <u>ICSs and Health and Wellbeing Boards will also work closely together.</u>
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)	<p>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:</p> <ul style="list-style-type: none"> • 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. <p>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.</p>
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	<p>Local authorities and clinical commissioning groups (CCGs) have equal and joint duties to prepare JSNAs and JHWSs, through the health and wellbeing board.</p> <p>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</p>

				<p>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 <u>setting a small number of key strategic priorities for action, that will make a real impact on people's lives</u>. JHWSs should <u>translate JSNA findings into clear outcomes the board wants to achieve, which will inform local commissioning</u> – leading to locally led initiatives that meet those outcomes and address the needs.</p>
--	--	--	--	--