Nottingham City Health and Wellbeing Board
26 January 2022

	Report for Resolution
Title:	Nottingham City Joint Health and Wellbeing Strategy – Development Update
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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. 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 Joint Health and Wellbeing Strategy 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, an update on the development Nottingham City's new Joint Health and Wellbeing Strategy and seeks the Board's support for the priorities which have been identified. 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 the progress made in developing a new Joint Health and Wellbeing Strategy (JHWS) for Nottingham City and the feedback received during a consultation workshop with the local Community and Voluntary Sector and community representatives;

2) agree the following four priorities as the priorities to be taken forward in to the new JHWS for Nottingham City:
   (i) tobacco control and smoking;
   (ii) eating and moving for good health (healthy weight);
   (iii) Severe multiple disadvantage (SMD); and
   (iv) financial resilience;

3) agree that responsibility for driving the delivery of the JHWS will be discharged by the Place-Based Partnership (PBP), with strategic oversight maintained by the Health and Wellbeing Board;

4) note and endorse the programme delivery approach approved by the PBP, in order to deliver JHWS priorities, including the delivery principles and the establishment of Executive Sponsors, Programme Leads and Programme Managers for each of the four priorities;

5) agree that Implementation Plans will not be presented alongside the final JHWS in March 2022, as they will be co-produced during Quarter 1 of 2022/23 for presentation to the Health and Wellbeing Board for approval in July 2022.

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 existing Joint Health and Wellbeing Strategy expired in 2020. This report provides an update on the development of a new Joint Health and Wellbeing Strategy 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 Joint Health and Wellbeing Strategy.
Aim: To reduce inequalities in health by targeting the neighbourhoods with the lowest levels of healthy life expectancy.	
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
It is proposed 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 which will be applied to identified priorities.

Background papers:	None

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

1. Introduction

Under the Health and Social Care Act 2012, Health and Wellbeing Boards have a statutory duty to develop a Joint Health and Wellbeing Strategy (JHWS). 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 JHWS 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 JHWS. The intention is that the Health and Wellbeing Board will sign-off the new JHWS in March 2022.

2. Background

At its meeting on 24 November 2021 the Health and Wellbeing Board agreed that the following principles should underpin the ongoing development of Nottingham City's new JHWS:

- Reducing inequalities should be the core purpose of the strategy and central to every priority work stream
- The strategy should take an all-age approach, identifying and responding to differing needs across the life course in relation to each priority.
- Mental and physical health should have parity within the JHWS and this should be central to the approach taken to address priorities.
- The strategy should be prevention focussed, recognising that prevention can happen at different levels.
- Co-production with the local community, including those with lived experienced, should be central to the action planning and ongoing delivery for each priority work stream

3. Identification of priorities

The Board also agreed at the November meeting that the new JHWBS should have a smaller number of priorities than previous strategies. Fewer but focused priorities will increase the deliverability of the Strategy and help to ensure it makes a

measurable difference to the health and wellbeing of Nottingham's population, in a way that has a tangible impact for communities.

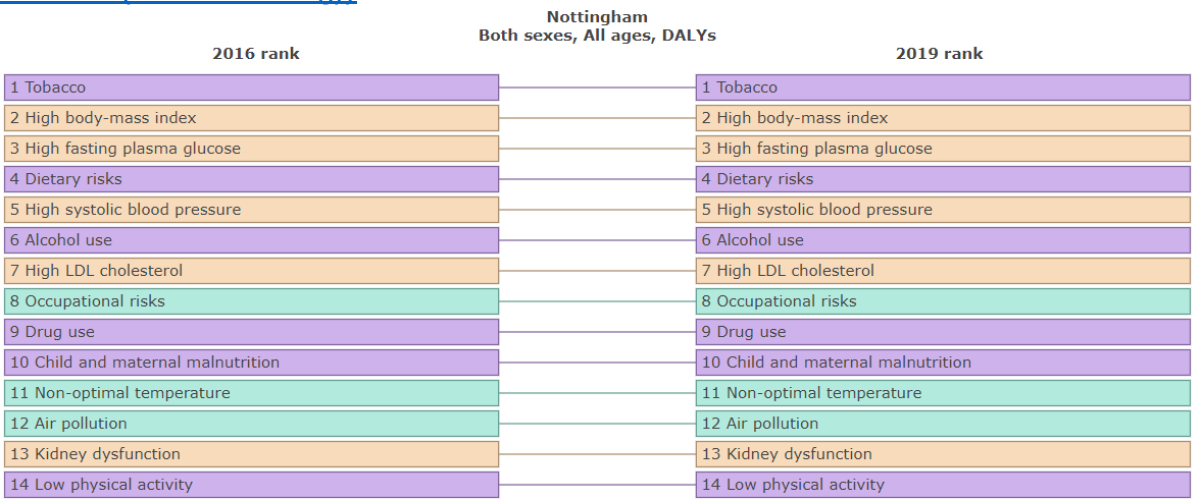
The previous paper (24 November 2021) outlined for the Board's agreement the approach that would be taken to identifying priorities. It was agreed that priorities should;

- Be strongly grounded in (population health) data and intelligence about the health and wellbeing needs of the local population
- Focused on delivering outcomes which can have the biggest possible positive impact on the mental and physical health and wellbeing of Nottingham's population
- Compliment but avoid duplicating priority areas where there is already a clear strategy and strong partnership working in place
- Require renewed focus and collaborative efforts from a wide range of partners and stakeholders in order to make desired change i.e. not the responsibility of single organisations
- Be subject to consultation with the local community and voluntary sector and community representatives so that a broader range of views, including those who understand the needs of specific community groups, could be represented.

A range of key sources of data on the health and wellbeing needs, including the Joint Strategic Needs Assessment and Public Health Outcomes Framework, have been considered in order to identify the proposed priorities for the new JHWBS:

The proposed priorities map strongly on to the leading causes of death, disability and disease in Nottingham City as identified by the Global Burden of Disease Study:

Figure 1: Causes of death and disability in Nottingham City (GBD Compare | IHME Viz Hub (healthdata.org))



Following a review of the data, discussion with stakeholders and engagement with community groups, four priorities for the new JHWBS are presented for the Boards consideration and approval. The four priorities are:

1) Tobacco control and smoking

Adult smoking prevalence in Nottingham City is 20.9%, significantly higher than the England average and the 4th highest prevalence of all English local authorities (prevalence is only higher in North East Lincolnshire, Kingston upon Hull and Blackpool). The data also shows that prevalence in Nottingham has slightly increased in the most recent years (since 2017) against the backdrop of a decreasing trend nationally. Tobacco has been the leading cause of death in Nottingham for at least the last decade (see figure 1) and this is reflected in very high rates of smoking attributable hospital admissions locally – 2,370 per 100,000.

2) Eating and moving for good health (healthy weight)

A high proportion of Nottingham residents are overweight or obese, and this is equally applicable across the child and adult population. The data (recorded via the National Child Measurement Survey) shows that 1 in 4 (25%) of Reception aged children are overweight or obese. This has increased to 2 in 5 (40.8%) by Year 6. Whilst rates are increasing slowly across England, Nottingham is seeing a faster rate of increase and the gap to the England average has grown steadily since 2012/13 when there was no significant difference. 2 in 3 (66.2%) of adults in Nottingham City are overweight or obese. A high proportion (28.10%) of Nottingham adults are also physically inactive (defined as less than 30 minutes of physical activity per week) in Nottingham City, and this has agreed by 2% from the previous year – an increase which is likely to reflect the observed widening of inequalities in physical activity participation during the COVID-19 pandemic.

3) Severe multiple disadvantage (SMD)

This refers to people with two or more of the following issues; mental health issues, homelessness, offending and substance misuse, but can also include other sources of disadvantage (e.g. poor physical health, domestic and sexual abuse, community isolation). Nottingham has the 8th highest prevalence of SMD in England and it is currently estimated that over 5,000 City residents experience SMD. Whilst this priority therefore impact fewer people in absolute terms it still meets the criteria of being able to make a large difference to health and wellbeing impacts and requiring a co-ordinated/collaborative approach.

4) Financial resilience

The correlation of poor health outcomes and deprivation is widely observed across and within areas in England (and similarly within/between other countries). Recently published data also clearly shows a strong correlation between length of healthy life expectancy and both household income and unemployment levels. In Nottingham nearly 17,000 children live in low income families (27.2% of children)

These priorities also align closely with other local strategic drivers including the commitment to Healthy and Inclusive Communities within the Nottingham City Council Strategic Council Plan and Integrated Care System led plans to address health inequalities.

4. Consultation with local voluntary and community sector and community representatives

On Thursday 13 January Healthwatch Nottingham and Nottinghamshire and Nottingham Community and Voluntary Service jointly hosted an online workshop, to provide an opportunity for community representatives to contribute to the development of the JHWS. The event was well attended with approximately 70 attendees representing a wide range of organisations and community groups. Following a brief overview of the purpose of the JHWS and the parameters for identifying priorities, they key data and proposed priorities were presented to the group for consideration and discussion.

Smaller breakout groups were facilitated to enable the full range of views within the audience to be represented and heard. Whilst the detailed feedback provided by group scribes is still being collated there are some clear emerging themes which are summarised below for the Boards information;

- Overall there was strong support for the proposed priorities – both for the intention of having a smaller number of priorities on which to focus and for the four priority areas which had been proposed.
- Attendees could clearly see how addressing these four things would make a big difference to the health and wellbeing of the local community. The financial resilience priority particularly resonated with many attendees who gave detailed examples of the impact financial concerns were having on the health and wellbeing of the communities they were at the session to represent.
- It was noted by many breakout groups that there was not a specific standalone priority which relates to mental health and wellbeing. However, there was general consensus that this could be addressed by ensuring that mental health was a central consideration within each of the four priorities and that this is strongly reflected in the Implementation Plans. It was also noted that mental health is the primary focus of separate strategies and collaborative improvement work, including an existing place-based partnership work stream which it proposed will remain (see below)
- Similarly it was noted that it will be important that the specific needs of children and young people are not forgotten within the four priorities.
- There was a clear plea to ensure that Implementation Plans pay particular attention to the issue of access (broad definition), recognising physical and other barriers that many communities face to engagement with services.
- There was strong support for the ongoing commitment to co-production, particularly in relation to developing and delivering the Implementation Plans.

5. JHWBS Implementation – Programme Delivery Approach

It is proposed to the Board, that once the Strategy is approved, responsibility for the delivery of the JHWBS is discharged to the place-based partnership (PBP) for Nottingham City. This will not displace the Health and Wellbeing Boards statutory duty to maintain oversight of the Strategy and its delivery. This will be aided by the formal alignment of the Health and Wellbeing Board and Place-based Partnership (PBP) (formal proposals to follow).

The PBP propose to build on the programme approach which has been taken to delivery of priorities since the inception of the Integrated Care Partnership (ICP), applying this tried and tested approach to the delivery of the JHWS priorities. Two of the four priorities (tobacco control and SMD) closely align with existing PBP programmes, although the scope and activity will need to be revised in line with the JHWS and subsequent Implementation Plans.

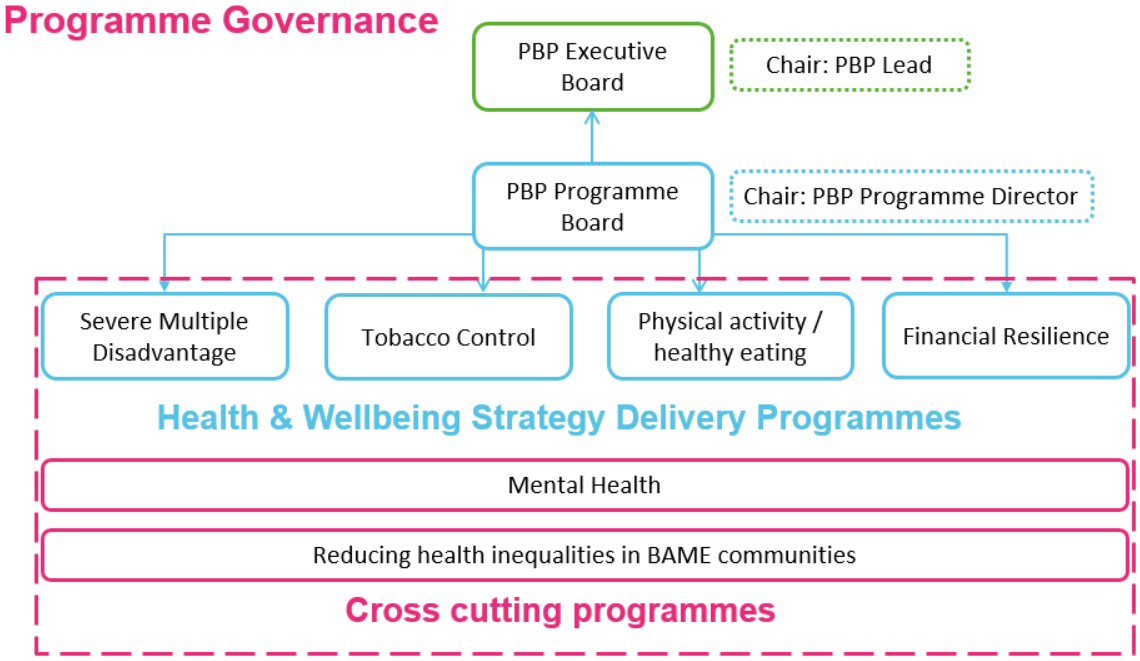
Two existing cross cutting PBP programmes will compliment and influence the four JHWS priority programmes. These are;

1) Mental Health – to support the objective of reaching of parity esteem in each of the four programmes

2) Health inequalities in BAME communities – to ensure that each programme considers inequalities in BAME communities in delivery

The proposed governance structure for the JHWS delivery is shown below in Figure 2. The PBP Executive Board will report in to the Health and Wellbeing Board as described above.

Figure 2: Programme Governance



In line with the current PBP arrangements it is proposed that each programme has;

- An Executive sponsor from the PBP Executive Board,
- A Programme lead, resourced from within PBP member organisations,
- A Programme manager to support each of the programmes and,
- A Programme team.

The proposed roles and responsibilities for each of these is summarised in Figure 3.

Figure 3 – Programme delivery approach roles and responsibilities

Function	Role
Exec Sponsor (Accountable)	• Ensure the programme delivers required outcomes and benefits, providing assurance to the HWB that all partners are contributing appropriately to progress the programme and that associated risks are being managed effectively.
Programme Lead (Responsible)	• Lead the programme on a day to day basis providing programme oversight for agreed areas of work. ensuring delivery, deployment of funding, resources and risk management
Programme Manager (Manage)	• Oversee the programme management processes, including reporting and tracking of outcomes and performance information in line with agreed scope and milestones.

Programme Team (Deliver)	• Come together to plan and deliver joined up services and to:
	  • Improve the health of people who live and work in their area
	  • Tackle unequal access, experience and outcomes
	  • Enhance productivity and value for money
	  • Support broader social and economic development

PBP partners have also endorsed and agreed to adopt the below delivery principles as part of partnership programme delivery going forward. With the Boards approval these will also be reflected in the new JHWS.

- Citizens and communities at the centre
- Outcomes focussed – a shared set of outcomes jointly owned by partners
- Subsidiarity – decisions to be made at the most local level, as close as possible to the communities they affect
- Equal decision making – all partners, including people with lived experience, have an equal voice
- Data / intelligence led – based upon Joint Strategic Needs Assessments and population health management data and information produced by the Integrated Care System's Strategic Analytical Intelligence Unit
- Best use of resources
- Legacy / evaluation – with a focus on ensuring that successes can be built into 'business as usual' in order that new priorities can addressed

6. Implementation Plans

As previously outlined it is proposed that Implementation Plans are developed following the approval of the JWHS (April – June 22). This will allow Programme teams to be established and ensure that plans are as robust as possible. There will be a clear expectation set that Programme teams co-produce Implementation Plans with those that have lived experience of the issues being addressed and a Co-production Framework will be developed to support this. This will seek to ensure co-production follow best-practice and is consistently of a high standard whilst allowing Programme teams the flexibility to work in the way which is most appropriate for the priority they are addressing.

It is suggested that the Health and Wellbeing Board request that Implementation Plans are presented to the Board in July 2022 for endorsement, prior to publication alongside the strategy.

7. Next steps

Subject to the recommendations outlined in this paper being approved by the Board key activity for the next two months will include;

- The identification of Executive Sponsors, Programme Leads and Programme Managers for each of the four priorities

- The drafting of the JHSW itself including graphics – it is intended this will be primarily web-based, but with a PDF version available

- The development of a Co-production Framework and other documentation that will support the development of Implementation Plans

- The identification of high level outcomes (I-statements) for each of the four priorities.