

Nottingham City Health and Wellbeing Board
27 July 2022

Report Title:	Joint Health and Wellbeing Strategy – Delivery Update
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Executive Summary: The Joint Health and Wellbeing Strategy (JHWS) 2022-25 has four overarching priorities: severe multiple disadvantage, eating and moving for good health, smoking and tobacco control, and financial wellbeing. The Nottingham City Place-Based Partnership (PBP) has the responsibility for driving the delivery of the JHWS, with strategic oversight maintained by the Health and Wellbeing Board. Programme governance has been established to ensure delivery oversight through the PBP, and robust delivery plans are being developed for each of the four JHWS priorities.	
Recommendation(s): The Board is asked to: <ol style="list-style-type: none"> 1. note the work being undertaken by the Nottingham City Place-Based Partnership (PBP) programme leads to develop delivery plans for each of the four Joint Health and Wellbeing Strategy programmes; 2. note the programme status updates; 3. approve the sequencing of progress reporting from the PBP programme oversight group at every other Board meeting (three times per year); and 4. note that this report has been approved by members of the PBP Programme Oversight Group. 	

The Joint Health and Wellbeing Strategy	
Aims and Priorities	How the recommendation(s) contribute to meeting the Aims and Priorities:
Aim 1: To increase healthy life expectancy in Nottingham through addressing the wider determinants of health and enabling people to make healthy decisions	A programme approach to delivery has been established for each of the four JHWS priorities. Each programme is led by a programme lead, supported by a programme manager, with an executive sponsor from the PBP Executive.
Aim 2: To reduce health inequalities by having a proportionately greater focus where change is most needed	
Priority 1: Smoking and Tobacco Control	
Priority 2: Eating and Moving for Good Health	
Priority 3: Severe Multiple Disadvantage	
Priority 4: Financial 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 four JHWS programmes are complemented by cross-cutting PBP mental health programme. To support meeting the JHWS principle of parity of mental and physical health and wellbeing, the PBP mental health programme has input into each of the JHWS programmes.	

List of background papers relied upon in writing this report	
Published documents referred to in this report	

Joint Health and Wellbeing Strategy Delivery Update

Background

1. At the March meeting of the Health and Wellbeing Board (HWB) the Board approved the Joint Health and Wellbeing Strategy (JHWS) 2022 – 2025 with four overarching priorities – severe multiple disadvantage (SMD), eating and moving for good health (EMGH), smoking and tobacco control (STC), and financial wellbeing (FW).
2. Prior to the approval of the Strategy, at the January HWB meeting it was agreed:
 - a. Responsibility for driving the delivery of the JHWS would be discharged to the Nottingham City Place-Based Partnership (PBP), with strategic oversight maintained by the HWB; and
 - b. The programme delivery approach approved by the PBP would be utilised to deliver the JHWS priorities.
3. The HWB is asked to take assurance that:
 - a. Programme governance has been established to ensure delivery oversight through the Place Based Partnership (PBP); and
 - b. That robust delivery plans are being developed for each of the four JHWS priorities.

Establishing the programmes

4. A programme approach to delivery has been established for each of the four JHWS priorities. Each programme is led by a Programme Lead, supported by a Programme Manager, with an executive sponsor from the PBP Executive.
5. Programme Leads are in place for each programme, with Programme Managers in place for FW and STC programmes. The recruitment process for Programme Managers for the SMD and EMGH programmes is underway. Executive Sponsors have been identified for all programmes and represent a different PBP partner organisation to that of the Programme Lead.
6. Each of the programmes are supported by programme delivery teams. The programmes are at different stages of development in establishing their delivery teams. Some programmes having well established delivery teams and others that are emerging.
7. The SMD and EMGH programmes have established delivery teams with workstream leads in place representing different partner organisations. Building on previous programmes there is strong partner representation on both programmes, however programme leads are continuing to undertake stakeholder analysis to ensure representation is appropriate to deliver the ambitions of the programmes.
8. The delivery team for the STC programme is being re-established from the previous PBP smoking cessation programme and expanded to include wider partner representation in line with the broadened scope of the programme.

Members will include representatives of the recently established joint Nottingham City and Nottinghamshire County Smoking & Tobacco Alliance.

9. The delivery team for the FW programme is still emerging with limited engagement from PBP partners to date. This programme is built on the work of the Financial Resilience Partnership (FRP) which has representation from a small number of PBP partners. A development session between HWB and FRP members is being planned to develop the shared objectives with partners who haven't been engaged in this work previously.
10. Programme Leads have been provided with guidance in designing, developing and delivering PBP programmes, alongside a suite of programme management tools. Guidance and training on the use of logic models in the development of programmes has also been available to Programme Leads.
11. As reported in the PBP update report to the May HWB, preliminary research has been undertaken by the University of Nottingham exploring some of the historical trajectories of the wider determinants which have impacted on the health and wellbeing of people living in Nottingham over several decades. Plans are in place to develop the second stage of the research that proposes to train peer researchers that will enable lived experience input into the programmes.

Programme governance

12. To support oversight of the delivery of the JHWS the PBP has established a Programme Oversight Group (POG) that is chaired by the PBP Programme Director. Membership of the POG includes representation from the PBP Executive, the Director of Public Health and PBP Programme Leads including those leading on the delivery of the JHWS priorities.
13. The overarching role of the Programme Oversight Group is to oversee the delivery of all PBP programmes. The POG monitors 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.
14. Since April, the POG has met monthly with each Programme Lead providing a progress report to each meeting. Focus in the last quarter has been on establishing the POG and supporting Programme Leads to establish their programmes and progress development of programme delivery plans.
15. The POG has met four times in the last quarter, attendance from PBP Executive Team members and Programme Leads has been good. All programmes have reported progress to each meeting.

Cross-cutting programmes

16. The four JHWS programmes are complemented by two PBP cross-cutting programmes. To support meeting the JHWS principle of parity of mental and physical health and wellbeing, the PBP mental health programme has input into

each of the JHWS programmes. Similarly, the PBP programme focused on reducing health inequalities in black, Asian and minority ethnic (BAME) communities also inputs into JHWS programmes, ensuring that each programme pays due regard to inequalities experienced in Nottingham’s diverse communities in delivery. This will particularly contribute to the ambition in this strategy to reduce inequalities.

17. As with the JHWS programmes, the PBP mental health programme reports progress into the POG. At present, due to the nature of the current programme the PBP BAME health inequalities programme reports into the PBP Executive, however the scope of this programme is being reviewed and is anticipated that this will report into the POG in future. Development sessions are being scheduled between programme leads from the mental health and BAME health inequalities programmes to ensure that programme interdependencies are being managed.

Delivery Plans

18. The JHWS programmes are being developed from different starting points and as a result are developing at different paces. Due to scale and ambition of the programmes it is recognised that time is needed to meaningfully engage stakeholders in the development of programme objectives and delivery plans. All four of the JHWS programmes are yet to establish finalised delivery plans. The ‘status reports’ section below provides an overall assessment of the status of the programme and the assurances the PBP Programme Oversight group will seek during the next deliver period.

Risk and issues

19. While all programmes are yet to produce a finalised delivery plan, the Programme Oversight Group is assured that sufficient progress is being made and pace of development will increase over the next reporting period. Assurances that the POG will seek over the next period are detailed in each status report.

Status reports

Priority Smoking & Tobacco Control		
Status Summary This programme has been established, has had good early engagement with stakeholders and has outlined a long-term ambition to create a smoke-free generation for Nottingham by 2040. In the next period the Programme Oversight Group will seek assurance that deliverable action plans are being developed, with short and medium-term outcome measures and impact assessments that align to the ambition of the programme.		
	<i>Progress</i>	<i>Comments</i>
Has the programme		This programme has been established using the foundations set by the previous PBP smoking cessation programme but has broadened in scope in

been established?		line with the objectives set in the Joint Health and Wellbeing Strategy.
Does the programme have delivery resource in place?		An Executive Sponsor, Programme Lead and Programme Manager are in place. The delivery team for the STC programme has been re-established from the previous PBP smoking cessation programme and expanded to include wider partner representation in line with the broadened scope of the programme.
Has the programme completed a stakeholder analysis and engaged with key stakeholders?		An assessment of stakeholders has been completed. A strategic and operational lead has been identified for each key partner organisation. Partners in Nottingham City and Nottinghamshire County have agreed to create a joint Smoking & Tobacco Alliance in recognition that many stakeholders are shared. Early engagement has been undertaken with most stakeholders which has been positive however it should be noted that an Alliance strategy has yet to be produced and therefore partners have not confirmed commitment to the strategic objectives of the programme.
Has a delivery plan been produced?		An initial delivery plan has been drafted however to date there has been limited involvement from partners in the development of the plan. The plan recognises that there is further work to do with the engagement with PBP partners to fully develop the detail within the delivery plan.
Does the delivery plan have clear ambitions and objectives and an action plan for how these will be delivered?		The delivery plan has well-articulated content relating to long-term ambition, stakeholders, and baseline data of population health. There are some high-level output and partnership milestones to be achieved over the next 18 months although it should be recognised these have not yet been agreed by all partners. The draft plan recognises the need for further development with partners and translate ambitions into detailed action plans with an assessment of the impact that plans are anticipated to have on population health outcomes and overarching ambitions.
Is there evidence of the use of the PBP delivery principles including early engagement		Most PBP delivery principles are articulated in the delivery plan however as the programme is in its early stages there is limited evidence of the delivery principles being used in practice. There is evidence of early engagement with people with lived experience. The delivery plan includes a section outlining conversations to date. The delivery plan

with people with lived experience?		also recognises there is more to do and includes a number of examples of where future engagement is proposed.
Are there clear timescales for finalising the delivery plan?		Next steps are set out in the draft delivery plan but there are no current timescales linked to them.
Are there any identified high risks that impact achievement of programme objectives?		At present there are no high-risk issues identified which impact delivery of the programme.
<p>POG Priorities for Next Period</p> <ul style="list-style-type: none"> • Receive a finalised delivery plan that provides short and medium-term outcome measures and impact assessments that align to the ambition of the programme. • Cross-reference the finalised delivery plan to the content of the JHWS to confirm delivery plan is aligned with stated ambitions. • Receive assurance that deliverable action plans are being developed. • Receive assurance that services are continuing to be delivered and the impact that they are having on the population. • Receive assurance that people with lived experience are engaged in the programme. 		

<p>Priority Eating & Moving for Good Health</p>		
<p>Status Summary This programme has been set up and established an eating and moving for good health partnership supporting the delivery of six workstreams. The programme has re-engaged with a range of stakeholders who have been involved in a previous programme focused on tackling obesity in the city. The programme has set the ambition that Nottingham is to be a city that makes it easier for adults, families, children, and young people to eat and move for good health. In the next period the Programme Oversight Group will seek assurance deliverable action plans are being developed, with short and medium-term outcome measures and impact assessments that align to the ambition of the programme.</p>		
	<i>Progress</i>	<i>Comments</i>
Has the programme been established?		This programme has been established building on a history of partnership work in the city to decrease rates of obesity. The programme is in early stages but has established six workstreams with associated

		governance who will progress into the Nottingham City Eating & Moving for Good Health Partnership. Six sub-groups are in place with chairs appointed, all in the early stages of developing individual plans that will contribute to the overall delivery plan.
Does the programme have delivery resource in place?		An Executive Sponsor and a Programme Lead have been confirmed however a Programme Manager has not yet been appointed. A delivery team is being established through the Nottingham City Eating & Moving for Good Health Partnership made up of the chairs of the established sub-groups.
Has the programme completed a stakeholder analysis and engaged with key stakeholders?		A stakeholder analysis has been completed and over 20 partner organisations identified and engaged in discussions to date. While a significant number of partner organisations have been engaged in the early stages, representation from partner organisations across the partnership for regular involvement in the programme are still to be established, for example, at present the programme has limited representation from primary care.
Has a delivery plan been produced?		An initial delivery plan has been drafted by the Programme Lead however there has not been input from workstream sub-groups yet. Sub-groups are in the early stages of developing delivery plans for the individual workstreams that will determine the shape of the overall programme delivery plan. The plan recognises that there is further work to do with the engagement with PBP partners to fully develop the detail within the delivery plan.
Does the delivery plan have clear ambitions and objectives and an action plan for how these will be delivered?		The delivery plan has well-articulated content relating to long-term ambition, stakeholders, and baseline data of population health. There are some high-level output and partnership milestones to be achieved over the next 18 months although it should be recognised these have not yet been agreed by all partners. The draft plan recognises the need for further development with partners and translate ambitions into detailed action plans with an assessment of the impact that plans are anticipated to have on population health outcomes and overarching ambitions.
Is there evidence of the use of the PBP delivery		Most PBP delivery principles are articulated in the delivery plan however as the programme is in its early stages there is limited evidence of the delivery principles being used in practice. The draft delivery

principles including early engagement with people with lived experience?		plan includes examples of engagement with community and voluntary groups. There is acknowledgement, given the broad range of this priority, that there is a need to further explore population engagement opportunities.
Are there clear timescales for finalising the delivery plan?		Next steps are set out in the draft delivery plan but there are no current timescales linked to them.
Are there any identified high risks that impact achievement of programme objectives?		There are currently no high-risk issues identified which impact delivery of the programme.
<p>POG Priorities for Next Period</p> <ul style="list-style-type: none"> • Receive a finalised delivery plan that provides short and medium-term outcome measures and impact assessments that align to the ambition of the programme. • Cross-reference the finalised delivery plan to the content of the JHWS to confirm delivery plan is aligned with stated ambitions. • Receive assurance that deliverable action plans are being developed. • Receive assurance that services are continuing to be delivered and the impact that they are having on the population. • Receive assurance that people with lived experience are engaged in the programme. 		

<p>Priority Financial Wellbeing</p>
<p>Status Summary</p> <p>This is an emerging programme that seeks to build on the work of the Nottingham City Financial Resilience Partnership. The ambition of the programme is to improve financial wellbeing which means that citizens are able to meet all their current commitments and needs comfortably and have the financial resilience to maintain this in the future. While the Nottingham Financial Resilience Partnership is well established, to date there has been little engagement from PBP partners, therefore the programme is still to be fully established. In the next period the Programme Oversight Group will seek assurance that the programme develops in partnership between the FRP and PBP and that ambitions are agreed in partnership with the appropriate resource committed to meet the stated ambitions.</p>

	<i>Progress</i>	<i>Comments</i>
Has the programme been established?	Yellow	While the programme is being developed building on the work and recently agreed action plan of the pre-existing Nottingham Financial Resilience Partnership (NFRP), the programme has yet to be established with PBP partners.
Does the programme have delivery resource in place?	Green	An Executive Sponsor, Programme Lead and Programme Manager have been confirmed. The NFRP, made up of a wide range of private, public and third sector organisations will be a key delivery partner for the programme. While resource is in place to deliver on the action plan of the NFRP it is anticipated that a greater level of delivery resource will be required to meet the wider ambitions of the programme, once determined.
Has the programme completed a stakeholder analysis and engaged with key stakeholders?	Red	While the existing NFRP includes a wide range of private, public and third sector organisations, there is currently limited health and care representation in the partnership and a recognised opportunity for members of the PBP not already engaged to assess potential scope for engagement. A stakeholder analysis of wider PBP partners has yet to be completed.
Has a delivery plan been produced?	Yellow	An initial delivery plan has been produced however, due to the programme being in a developmental stage with limited engagement from partners it is recognised that the majority of the content is indicative. There is recognition that the current content is in draft and requires further iteration.
Does the delivery plan have clear ambitions and objectives and an action plan for how these will be delivered?	Yellow	An initial delivery plan has been drafted with an ambition to improve financial wellbeing which means that citizens are able to meet all their current commitments and needs comfortably and have the financial resilience to maintain this in the future. The delivery plan has a number of actions which are largely based on the actions set out in the NFRP action plan for 2022/23, however the Programme Lead has outlined potential scope of programme and the associated impact on the population dependent on the scale of ambition of partners for the programme. The plan recognises that there is further work to do with the engagement with PBP partners to fully develop the ambition of the programme, the resource available to deliver on the ambitions and the actions that will delivery on these.

Is there evidence of the use of the PBP delivery principles including early engagement with people with lived experience?		The NFRP action plan was informed by a survey completed by 300 Nottingham residents. The NFRP includes frontline practitioners and people with lived experience. The initial delivery plan sets out an objective in 2022/23 to develop arrangements for engaging people with lived experience in the wider programme.
Are there clear timescales for finalising the delivery plan?		Indicative timescales are included in the delivery plan. Timescales appear conservative due to limited partner involvement to date and uncertainty around partner involvement and resource available to deliver on ambition.
Are there any identified high risks that impact achievement of programme objectives?		The impact of the cost-of-living crisis is already being felt in Nottingham, with reported higher demands for money advice services and at foodbanks. Work is already underway to deliver against the NFRP action plan objectives, particularly on food security, bridging across with the Eating & Moving for Good Health priority. There is a risk that the cost-of-living pressures distract from preventative work on financial resilience.
<p>POG Priorities for Next Period</p> <ul style="list-style-type: none"> • Receive assurance that the programme develops in partnership between the FRP and PBP and that ambitions are agreed in partnership with the appropriate resource committed to meet the stated ambitions. • Receive a finalised delivery plan that provides more detail on the role of FRP and PBP partners, outcomes, and deliverable actions. • Cross-reference the finalised delivery plan back to the content of the JHWS to confirm delivery plan is sufficiently ambitious. • Receive assurance that people with lived experience are engaged in the programme. 		

Priority

Severe Multiple Disadvantage (SMD)

Status Summary

This is a well-established programme that has been delivered as part of the original set of PBP programmes running since July 2020. The programme builds on significant levels of operational activity to support the needs of people experiencing SMD as well as strategic activity coordinated by the SMD partnership under its six workstreams. The SMD partnership is made up of over 100 individuals representing over 30 organisations and is aligned to the Department for Levelling Up, Housing and Communities programme, Changing Futures. While the

programme is well-established in the city the programme oversight group will seek assurance that a delivery plan is developed that clearly articulates how the activity coordinated under the programme will contribute to the overall ambitions of the programme and desired outcomes for people experiencing SMD in Nottingham.

	<i>Progress</i>	<i>Comments</i>
Has the programme been established?		This is a well-established programme that has been delivered as part of the original set of PBP programmes running since July 2020. Since being established as a JHWS priority, a series of workshops have been undertaken to reaffirm the ambition of the programme and develop plans of the associated workstreams. The programme has an overarching oversight group and six underpinning workstreams led by different partners.
Does the programme have delivery resource in place?		An Executive Sponsor and a Programme Lead have been in place since the programme emerged in July 2020. While the programme has had programme management support in the past the programme does not benefit from the support of a Programme Manager. A Programme Manager is currently being recruited to support the programme. The delivery team is well-established and meets as the SMD partnership made up of over 100 individuals representing over 30 organisations. This partnership meets on a bi-weekly basis. In addition, the SMD programme is aligned to the Department for Levelling Up, Housing and Communities programme, Changing Futures programme, a 3-year programme which has attracted £3.9million in funding. The strategic objectives of the Changing Futures programme were developed by the SMD partnership and are aligned to the strategic objectives of the SMD programme.
Has the programme completed a stakeholder analysis and engaged with key stakeholders?		Stakeholder analysis has been undertaken at different stages of the programme, including following the including of SMD as a JHWS priority. While the existing Nottingham City SMD partnership includes a broad range of partners, in the formative stages of the programme there has been limited engagement from the police and probation however both are now actively engaged in the programme from both an operational and strategic perspective.
Has a delivery plan been produced?		A refreshed delivery plan is currently in development. The delivery plan notes that action plans are to be agreed for the six workstreams. The action plans will form the basis of the overall delivery plan that will detail the work taken forward over the next three

		years. The overarching delivery plan recognises a need to for the underpinning workstreams to finalise action plans, expected outcomes and timescales.
Does the delivery plan have clear ambitions and objectives and an action plan for how these will be delivered?		The delivery plan has a clearly articulated ambition to improve outcomes and experience of support and care for people experiencing severe multiple disadvantage. The programme aims to ensure that people experiencing SMD feel they can access support that understands their needs and that works together to provide co-ordinated support and care. The programme has defined population health outcomes and system outputs that the programme will work towards with outcome measures and indicators for success. While the objectives for the programme are clear the delivery plan does not yet set out the actions that will be taken to deliver on the population health outcomes and system outputs.
Is there evidence of the use of the PBP delivery principles including early engagement with people with lived experience?		The delivery plan provides some evidence of the use of the PBP delivery principles. The delivery plan is particularly strong in evidencing the voice of people with lived experience within the design, development and delivery of the programme and commits to having demonstrable lived experience guidance and involvement at all stages.
Are there clear timescales for finalising the delivery plan?		Next steps are set out in the draft delivery plan but there are no timescales linked to them.
Are there any identified high risks that impact achievement of programme objectives?		There are currently no high-risk issues identified which impact delivery of the programme.
<p>POG Priorities for Next Period</p> <ul style="list-style-type: none"> • Receive a finalised delivery plan that draws in more of what the programme already has in place and confirms workstream action plans are agreed. • Cross-reference the finalised delivery plan back to the content of the JHWS to confirm delivery plan is sufficiently ambitious. • Receive assurance that people with lived experience who are engaged in the programme. 		

Recommendations:

The Nottingham City Health and Wellbeing Board is asked to:

- note the work being undertaken by the Nottingham City Place-Based Partnership (PBP) programme leads to develop delivery plans for each of the four Joint Health and Wellbeing Strategy programmes;
- note the programme status updates;
- approve the sequencing of progress reporting from the PBP programme oversight group at every other Board meeting (three times per year); and
- note that this report has been approved by members of the PBP programme Oversight Group.