

Nottingham City Health and Wellbeing Board
29 March 2023

Report Title:	Joint Health and Wellbeing Strategy Delivery Update – Year 1 delivery update
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Executive Summary:	
<p>At the March 2022 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).</p> <p>Prior to the approval of the Strategy, at the January 2022 meeting of the HWB it was agreed that responsibility for overseeing the delivery of the JHWS would be discharged to the Nottingham City Place-Based Partnership (PBP), with strategic oversight maintained by the HWB.</p> <p>This report provides an overview of approach taken by the PBP to deliver the four priorities that make up the JHWS 2022-25, delivery progress to date and expectations in year 2.</p>	

The HWB is asked to take assurance that:

- a) Robust delivery plans have been agreed for STC and SMD programmes, each demonstrating how population health outcomes will be improved through integrated working, contributing to the delivery of the ambitions set in the JHWS. The EMGH and FW programme delivery plans are in the final stages of agreement.
- b) While there has been significant focus on agreeing partnership delivery plans for the JHWS programmes, each programme has delivered tangible outputs that are contributing to the delivery of the JHWS ambitions.
- c) All programmes have established the foundations required to accelerate delivery as we move into year 2 of the JHWS.

Recommendation(s): The Board is asked to:

Note the progress of programme development and delivery in year 1 of the Joint Health and Wellbeing Strategy.

Note the key messages for the Health and Wellbeing Board.

Note the agreed Smoking & Tobacco Control and Severe Multiple Disadvantage programme delivery plans in Appendix 3.

Note the Year 1 programme delivery update reports in Appendix 4.

Discuss how the Health and Wellbeing board can best support the delivery of the Joint Health and Wellbeing Strategy programmes in year 2.

The Joint Health and Wellbeing Strategy

Aims and Priorities	How the recommendation(s) contribute to meeting the Aims and Priorities:
<p>Aim 1: To increase healthy life expectancy in Nottingham through addressing the wider determinants of health and enabling people to make healthy decisions</p>	<p>All recommendations are generated from the programmes to deliver the aims and priorities of the Joint Health and Wellbeing Strategy.</p> <p>The overarching ambitions for the four programmes that make up the Joint Health and Wellbeing Strategy are:</p> <p>Smoking and Tobacco Control: To see smoking amongst adults reduced to 5% or lower by 2035 across Nottinghamshire and Nottingham City. Further to this, we want to make the</p>
<p>Aim 2: To reduce health inequalities by having a proportionately greater focus where change is most needed</p>	
<p>Priority 1: Smoking and Tobacco Control</p>	

	harms of smoking a thing of the past for our next generation such that all of those born in 2022 are still non-smokers by their 18 th birthday in 2040.
Priority 2: Eating and Moving for Good Health	Eating and Moving for Good Health: For Nottingham to be a city that makes it easier for adults, families, children and young people to eat and move for good health.
Priority 3: Severe Multiple Disadvantage	Severe Multiple Disadvantage: To ensure that people living in Nottingham City who experience SMD receive joined up, flexible, person-centred care from the right services, at the right time and in the right place.
Priority 4: Financial Wellbeing	Financial Wellbeing: That Nottingham is a city where people are able to meet their current needs comfortably and have the financial resilience to maintain this in the future.

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 a 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 (not including published documents or confidential or exempt information)	Delivery plans <ul style="list-style-type: none"> • Smoking & Tobacco Control • Severe Multiple Disadvantage (See appendix 3)
Published documents referred to in this report	

Joint Health and Wellbeing Strategy Delivery Update – Year 1 Delivery Report

Introduction

1. At the March 2022 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 2022 meeting of the HWB it was agreed that responsibility for overseeing the delivery of the JHWS would be discharged to the Nottingham City Place-Based Partnership (PBP), with strategic oversight maintained by the HWB.
3. This report provides an overview of approach taken by the PBP to oversee the delivery of the four priorities that make up the JHWS 2022-25, delivery progress to date, reflections on the approach taken and priorities for the PBP and programmes in in year 2.
4. The HWB is asked to take assurance that:
 - a. Robust delivery plans have been agreed for STC and SMD programmes, each demonstrating how population health outcomes will be improved through integrated working, contributing to the delivery of the ambitions set in the JHWS. The EMGH and FW programme delivery plans are in the final stages of agreement.
 - b. While there has been significant focus on agreeing partnership delivery plans for the JHWS programmes, each programme has delivered tangible outputs that are contributing to the delivery of the JHWS ambitions.
 - c. All programmes have established the foundations required to accelerate delivery as we move into year 2 of the JHWS.

Approach to delivery

5. Following the agreement of the JHWS, a programme approach to delivery was established for each of the four JHWS priorities with a set of agreed delivery principles (**appendix 1**). Each programme is led by a programme lead, supported by a programme manager, with an executive sponsor from the PBP Executive. Roles and responsibilities are detailed in **appendix 2**.
6. Programme leads and executive sponsors were identified within the first month of the Strategy. All executive sponsors are from different organisations to the programme leads and have played an active role in supporting the development of programmes enabling greater engagement and leverage of resource across

the partnership. Programme managers were appointed intermittently over the first 8 months, with the most recent programme manager appointed for the EMGH programme in January 2023. It should be noted that the gap in programme manager capacity has impacted on the pace at which some of the programmes have been able to progress.

7. Each programme is supported by partnership delivery teams made up of representatives from PBP partner organisations. Delivery teams vary in their makeup – some programmes have well established delivery teams with broad representation across PBP partners whereas others have a small number of defined delivery partners. The level of engagement from partners and the responsibility taken for actions has been a critical factor in pace of delivery.

Delivery oversight

8. To provide oversight of the delivery of the JHWS, in April 2022 the PBP established a Programme Oversight Group (POG) that is chaired by the PBP Programme Director. Membership of the POG includes representation from the PBP Executive, including the Director of Public Health, PBP Clinical Director and PBP Locality Director. All programme leads attend the POG and are required to submit delivery progress updates ahead of each meeting.
9. The overarching role of the Programme Oversight Group has been to oversee the delivery of all PBP programmes. The Programme Oversight Group 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.
10. In addition to the four programmes that make up the delivery of the JHWS, programme leads from the PBP race health inequalities (RHI), mental health (MH) and care leavers (CL) programmes also report into the POG. The RHI and MH programmes have been established as 'cross-cutting' programmes to support the Strategy's ambitions to reduce inequalities and ensure parity of mental and physical health and wellbeing. MH and RHI programme leads have been working with JHWS programme leads to ensure there is an effective interface between programmes.
11. Since April 2022, the POG has met 10 times – attendance from PBP Executive members and programme leads has been good allowing strong discussion, support and challenge to the development of the programmes and associated delivery plans.

Programme support

12. In addition to support provided through the POG, in April 2022 programme leads were 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 was also available to programme leads.
13. In line with the PBP delivery principles, the involvement of lived experience in the design and delivery of the programmes has been a regular discussion topic at the POG. In November 2022, POG members took part in a 'community empowerment' development session with expert citizens and parent champions to understand how communities and people with lived experience can be empowered within programme delivery.
14. To ensure that each of the programmes is informed by people with lived experience, the PBP has commissioned the University of Nottingham to lead qualitative research across the eight Primary Care Network Areas. Peer researchers are undertaking interviews with people in their communities and participating in cultural animation workshops. Cultural Animation is an arts-based methodology of knowledge co-production and community engagement, employing a variety of creative and participatory exercises to help build trusting relationships between diverse participants and democratise the process of research.
15. The research began in October 2022 and is anticipated to be completed in September 2023. Learning from this research will directly inform the delivery of the JHWS programmes throughout the duration of the research, through written reports and engagement from peer researchers in programme meetings.

PBP focus in year 1

16. Successful delivery through a PBP approach means all partners committing and contributing to the delivery of the programmes, maximising the collective resource of the partnership to maximise impact on the population. To achieve this, it is critical that programmes and respective delivery plans are developed and agreed in partnership, with shared commitment to deliver on the ambitions.
17. It should be noted that while all four programmes have been built on pre-existing activity, this has varied significantly, and as a result, the work to align activity into PBP programmes of work has also varied between the programmes. As a pre-existing PBP programme, the partnership delivery team that underpins the SMD programme had already been established for 18 months, therefore partners were more familiar with the approach and ways of working. By contrast, the FW programme has been built on the work of a pre-existing partnership of the

Nottingham Financial Resilience Partnership (NFRP) with principal expertise outside of the PBP. Building on the work of the NFRP and understanding where PBP partners can add value to existing NFRP activity, while establishing wider strategic ambitions for the programme, has required careful consideration.

18. It has therefore been important that programme leads have been given the support to develop their programmes at the appropriate pace. The primary focus for year 1 has been to establish the PBP programme approach, aligning existing partnership activity, while supporting existing programme delivery activity with the aim of agreeing delivery plans for each of the programmes.

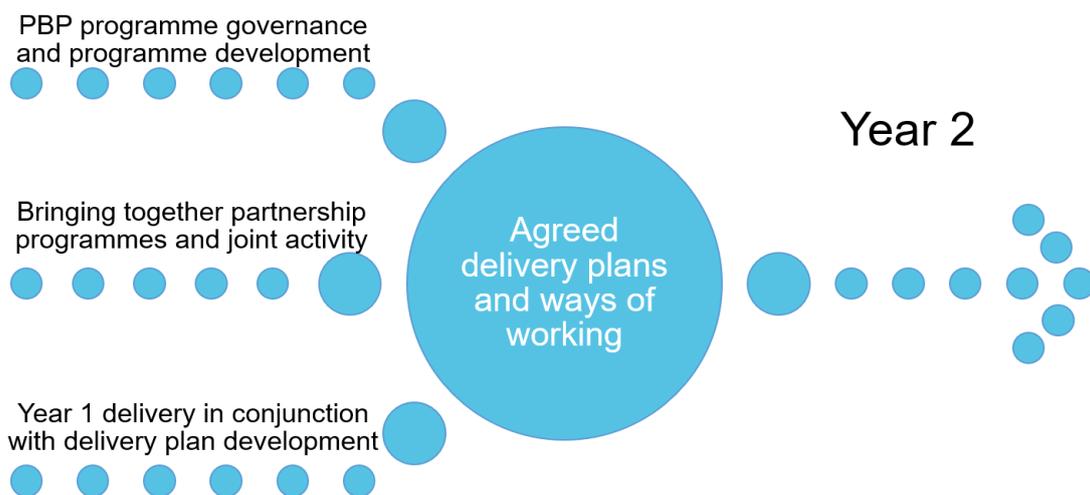


Figure 1: PBP focus in Year 1

19. Significant engagement has been undertaken in each of the programmes which has resulted in co-creation of delivery plans and a shared commitment to deliver on the aims and objectives of each of the programme delivery plans. The EMGH FW delivery plans are in final stages of agreement and are therefore not yet ready to be shared. The delivery plans for the SMD and STC programmes can be found in **Appendix 3**.

20. While agreeing delivery plans has been a significant focus, all programmes have delivered tangible outputs that are impacting on health and wellbeing outcomes. **Appendix 4** includes individual programme delivery reports detailing the programme ambitions, delivery outputs in year 1, key delivery challenges and expectations for year 2.

21. Delivery highlights for each programme in year 1 include:

- a. A key delivery achievement for the **SMD programme** has been the establishment of the Changing Futures programme which includes specialist 1:1 intensive (including minority ethnic and gender specialist) support to people experiencing SMD. 133 people have benefited from intensive support

in the last year, in addition to people that have been supported through the multi-disciplinary team (MDT) and statutory services. In addition to the specialist support provided through Changing Futures, the SMD programme has improved access to service through innovative ways of addressing needs, including working with NHSE to set up mobile dentistry and with Nottingham University Hospitals NHS Foundation Trust to plan and set up community based respiratory clinics.

- b. Notable achievements in the **FW programme** include pooled funding between primary care and public health to recruit financial adviser link workers in two Primary Care Networks, the delivery of financial advice support session to Nottingham University Hospital staff, the expansion of a community supermarkets model and support to the money/cost of living campaign (launched Autumn 2022) with information and advice on emotional and mental health.
- c. A key delivery achievement in the **STC programme** has been the establishment of a new Smoking and Tobacco Control Alliance made up of a large number of organisations across a range of sectors. In addition, partners have worked with six schools to adopt a smoking prevention programme, as well developing new vaping education materials. The programme has also secured funding for behavioural insights research to explore, attitudes and beliefs around vaping amongst school aged children and adults.
- d. In the **EMGH programme**, alongside the development of the 10-year EMGH Strategy, there have been a range of delivery achievements across the five delivery themes including, securing £1.5m of government funding for an active travel social prescribing programme and the procurement of five adult weight management services across the city. The programme has worked with primary schools to support staff to implement initiatives such as a school allotment space, active lessons, and a new menu to try offer pupils 5-a-day before they leave school as well as supporting with funding for other smaller initiatives in the community.

22. With the work undertaken to establish the programmes and partnerships that will underpin their delivery, the programmes have established the foundations needed to accelerate delivery in year 2.

Reflections on the place-based partnership approach

23. This is the first time that a place-based partnership approach has been taken to deliver the Nottingham City JHWS. In preparation for this report programme leads have reflected on the approach and the implications that this approach has had on programme development and delivery.

<p>Programme Oversight Group support and challenge</p>	<ul style="list-style-type: none"> • Bringing together the JHWS programmes and other PBP programmes as part of the POG has provided constructive challenge but also peer support among programme leads. • Programme leads have found the POG a supportive forum for discussing mutual challenges and to share learning on issues, such as co-production with people with lived experience and overcoming barriers to establishing productive and functional delivery partnerships.
<p>Programme cross-over and opportunities for joint working</p>	<ul style="list-style-type: none"> • The POG has provided the opportunity for programme leads to identify areas of shared interest and overlap. For example, the FW and EMGH programmes have established a shared workstream on food insecurity. To support the SMD programme focus on early intervention and the CL programme focus on positive destinations, the SMD and CL programme leads are seeking to develop a shared workstream focused on limiting the possibilities of care leavers to experience SMD. • The PBP MH and RHI programmes reporting into the POG has ensured a continual focus on JHWS principles. Approaches to supporting people’s mental health and wellbeing feature in all JHWS programme delivery plans. Race Health inequalities and understanding the drivers of local health inequalities are both key, underpinning factors that impact on all JHWS priorities.
<p>Executive Sponsors</p>	<ul style="list-style-type: none"> • Programme leads have benefitted from active involvement of executive sponsors, who are from different organisations to the programme leads. This has led to greater engagement within their organisation and leverage of resource to support delivery. • Executive sponsors have provided strategic guidance to programme leads as well as objective and respected leadership, for example, through the chairing of partnership meetings and the facilitation of HWB development sessions.
<p>Visibility in the system</p>	<ul style="list-style-type: none"> • The PBP has helped to raise the profile of the JHWS and its priorities within partner organisations and the Integrated Care System, ensuring a focus in organisational and system plans, and opportunities for funding to support delivery.
<p>Reliance on shared responsibility for delivery</p>	<ul style="list-style-type: none"> • The successful delivery of the programmes and the JHWS is reliant on partners taking responsibility for areas of work that do not always align with the ‘day job’. This has meant that delays have occurred when partners have not been able to prioritise actions due to organisational responsibilities.
<p>Relationships</p>	<ul style="list-style-type: none"> • Relationships are fundamental to the successful delivery of these programmes. Where programmes have fostered strong partnerships built on good relationships this is helping to accelerate delivery.

PBP focus for Year 2

24. With agreed delivery plans in place, the focus for each of the programmes in year 2 are noted in the year 1 programme delivery reports in **Appendix 4**. To support delivery in year 2 the PBP will:

- a. Establish an outcomes framework using the outcomes and outputs detailed in the programme delivery plans and monitor this at Programme Oversight Group meetings. This will help to evidence the impact of the programmes and provide assurance to the HWB, that the programmes are contributing to the overall delivery of the JHWS. The outcomes framework will align to the Integrated Care System outcomes framework, illustrating of the JHWS programmes are contributing to the delivery of the Nottingham and Nottinghamshire Integrated Care Strategy
- b. Continue to provide support and constructive challenge to programme leads and their delivery teams to ensure that the programmes are delivering at an appropriate pace to the deliver on the ambitions of the JHWS.
- c. As programme delivery becomes the predominant focus for the programmes, the PBP will support the programme leads to ensure that the PBP delivery principles are appropriately applied, including the involvement of communities and people with lived experience.
- d. The PBP will continue to increase the visibility of the programmes and the delivery outputs across the Integrated Care System through partnership communications and reporting lines.

Key messages for the Health and Wellbeing Board

25. To support delivery in year 2, HWB members are asked to note the following:

- a. Agreeing delivery plans in partnership has been underpinned by high levels of commitment, engagement, and compromise. It is critical that the ambitions set in these plans is matched with corresponding resource, otherwise the extent to which the ambitions can be achieved will be limited.
- b. For the programmes to succeed in their ambitions it is necessary that there is shared accountability for delivery across partnerships, which means responsibility for delivery is also shared between partners. The successful delivery of the JHWS programmes relies on a breadth of action across partners, therefore one partner not delivering on their actions can have a significant impact on the ability for the whole partnership to deliver.

- c. Significant time and energy have gone into the development of the partnerships which underpin these programmes. Working with large and diverse partnerships means that there can be conflicting ideas or ways of working that impact on programme delivery. Managing relationships between partners and coming to an agreed position can take time and often result in 'soft' outcomes rather than outcomes that are easily measured.
- d. The extent to which population health outcomes (e.g. children living with obesity, premature mortality of adults experiencing SMD) can be measured in the short-medium term is limited. HWB members should be cautious around expectations on the impact on population health outcomes in the life of this Strategy. The Board should, however, take assurance from the PBP that the programmes are taking the right steps. In addition to population health outcomes, each programme has a series of desired system outputs that correlate with the improvement of health outcomes and are more easily measured.
- e. A key challenge for the programmes is the time and momentum needed to deliver work at pace and in a way that is co-produced both with people with lived experience and with the many partners which make up the delivery partnerships. The development of these programmes has not been a linear process and that has meant that programme leads have often had to balance building new partnerships, developing shared visions, and delivery plans while also wanting to demonstrate early impact of the programmes. The JHWS programmes are not the sole focus for programme leads, however despite this they have been determined to progress their programmes at the fastest pace possible without compromising delivery.
- f. The involvement of Health and Wellbeing Board member organisations and the ownership of key strategic priorities within their organisations is essential in progressing all programmes. The success of these programmes will be significantly enhanced by the active championing of the programmes within HWB member organisations.

Appendix 1: Nottingham City Place-Based Partnership Delivery Principles

Principle	What does this mean?
Citizens and communities at the centre	People with lived experience are expected to be involved, from the developmental stages, through to the delivery of the programme.
Data and intelligence informed	Delivery teams use the best available evidence from population and public health data and information to inform decision making. Programmes are developed based upon Joint Strategic Needs Assessments, population health management data and local intelligence
Outcomes focused	All programmes are developed with a shared set of outcomes which are jointly developed and owned by partners. Partners share accountability for the outcomes of the programmes
Equal partners	Partners are equal members and decisions are made transparently. All partners, including people with lived experience have an equal voice in decision making
Best use of resources	All programme plans must add value and ensure efficient use of collective resources. Programmes will seek to make the best use of collective resources to better meet the holistic needs of citizens
Legacy & Evaluation	All programmes are monitored and evaluated with a focus on ensuring that successes can be built into 'business as usual' practice

Appendix 2: Roles and Responsibilities

Role	High level responsibilities
Executive Sponsor (Accountable)	Ensure the programme delivers required outcomes and benefits, providing assurance 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 support the successful delivery of the programme and achievement of agreed outcomes, working on the interests of the Nottingham City population.

Appendix 3: Programme Delivery Plans



Smoking&Tobacco
Control Vision deliverprogramme



JHWS SMD

Delivery I

Appendix 4: Year 1 Programme Delivery Reports

Severe Multiple Disadvantage
Programme Summary
<p>Severe and multiple disadvantage (SMD) is when people experience multiple complex issues at the same time, such as homelessness, mental ill-health, offending, substance misuse and experience of domestic abuse or sexual violence. The SMD programme builds on a significant level of partnership activity in the city over many years. The SMD partnership initially formed to provide a coordinated response to 'Everyone In', during the early stages of the Covid-19 pandemic but has grown to a partnership of over 100 members which meets fortnightly to discuss strategic and operational responses to meet the needs of people who experience SMD. The SMD partnership is the delivery partnership for the SMD programme and in the first year of the JHWS has delivered a range of population impacts and system outputs through its seven workstreams. Each workstream has an agreed action plan that evidences the contribution of each workstream to the outcome measures over the short, medium and long-term.</p> <p>A key delivery achievement for the programme in year 1 has been the establishment of the Changing Futures programme which includes specialist 1:1 intensive (including minority ethnic and gender specialist) support to people experiencing SMD. 133 people have benefited from intensive support in the last year, in addition to people that have been supported through the multi-disciplinary team (MDT) and statutory services. In addition to the specialist support provided through Changing Futures, the SMD programme has improved access to service through innovative ways of addressing needs, including working with NHSE to set up mobile dentistry and with Nottingham University Hospitals NHS Foundation Trust to plan and set up community based respiratory clinics.</p> <p>A primary focus for the programme in Year 2 is to sustain the pace of progress made to date through the SMD partnership. The pace of progress is highly dependent on the activity delivered through the Changing Futures programme and national funding that is in pace until April 2024, therefore a significant focus will be how activity is sustained after April 2024.</p>
What is the programme seeking to achieve?
<p>The SMD programme is seeking to solve problems and remove the key barriers people facing SMD in Nottingham City experience. These solutions include:</p> <ul style="list-style-type: none"> • Delivering flexible person-centred services at the right time for people and in a location that works for them. • A different approach to commissioning services, including personalised approaches.

- Ensuring the voice of lived experience is key in everything we do, including in the design and delivery of services.
- Understanding the needs of women and Nottingham's diverse communities experiencing SMD, ensuring services meet their needs.
- Developing and sustaining a multi-disciplinary team that identifies challenges and barriers and overcomes these through partnership working across voluntary and statutory agencies.
- Working with criminal justice partners to ensure a smooth transition for people leaving prison and returning to the community.
- Training, developing and supporting the workforce to respond appropriately to people experiencing SMD.
- Learning and sharing the outcome of learning with those who need to know.

We have identified high level outcomes that align to the work we are doing. Most are achievable within the life of the strategy, but we need to acknowledge that these population level outcomes are likely to be influenced by a range of factors, including the cost of living crisis and the impact of Covid-19.

The population level outcomes the programme is seeking to achieve are:

- Decrease the number of drug related deaths.
- Increase the number of adults with substance misuse successfully engaging in structured treatment programmes on release from prison.
- Decrease the number of people experiencing SMD who are rough sleeping and in temporary accommodation and increase the number in permanent accommodation.
- Reduce crime and antisocial behaviour associated with this group.
- Increase the number of adults in contact with secondary mental health services and ensure services can meet them where they need them.
- Reduce inappropriate presentations at hospital emergency departments and the use of other urgent and emergency care services

What has the programme delivered in year 1?

The SMD programme has delivered a range of population impacts and system outputs through its seven workstreams

The top five **population** impacts for this year have been:

- Provision of one-to-one intensive support to 133 people in greatest need which in turn has reduced reliance on a range of statutory services including emergency and crisis care.
- Improved access to intensive one-to-one support for women and for people from Nottingham's ethnically diverse communities through targeted and joint work.
- Provided better joined up care for very complex individuals through Change Futures embedded posts and through the MDT.
- Improved access to primary care and mental health services through partnership working.

- Developed innovative ways of addressing need, including working with NHSE to set up mobile dentistry and with Nottingham University Hospitals NHS Foundation Trust to plan and set up community based respiratory clinics.

The top five **system** outputs have been:

- Through the seven workstreams there is clear evidence that services working in a more integrated way, providing person-centred care.
- A more upskilled and knowledgeable workforce across all sectors, including the private sector with the delivery of Psychologically Informed Environment and Trauma Informed Care training to Tesco store managers and directors in Nottingham, Leicester and Loughborough.
- A well embedded and supported Multi-Disciplinary Team that responds quickly and effectively to individuals in need.
- A large and vibrant partnership that focuses on problem solving and delivering change.
- Good practice in relation to co-production, providing learning that can guide system level initiatives.

Have there been any challenges in delivery in year 1?

The programme has developed at pace and progress has been good. The main challenges have been associated with the mobilisation of the Changing Futures included:

- Experienced and skilled staff were lost in the transition from Opportunity Nottingham to Changing Futures with challenges in attracting applicant, however there are now no vacancies across the programme.
- There have been difficulties in recruiting people with lived experience from our diverse communities in Nottingham City however this has improved.
- Specialist navigators within the Changing Futures service initially helped us significantly change the Changing Futures caseload, with more women and more beneficiaries from diverse communities. However, these early gains in relation to ethnicity have slowed. In response a new post will be recruited to that will work directly in these local communities.

What are the main areas of focus for Year 2?

In the first year the programme established formal reporting structures for the seven workstreams aligned to the population outcome measures over the short, medium and long-term. A key area of focus for the programme will be to systematically evidence how the workstreams are contributing towards achieving the population outcomes and system outputs of the programme as a whole. In doing so, other areas of focus will include:

- Sustain the Nottingham City SMD Partnership as this underpins all delivery activity and the pace at which the programme is able to achieve its goals.
- Continue to deliver effective services to the SMD population of Nottingham City through the Changing Futures programme.
- Identify ways in which to sustain Changing Futures activity post 2024, including supporting the frontline service and embedded posts. This includes providing evidence of return on investment.

- Nurturing the relationships where we have embedded posts and looking if there are opportunities for further embedded roles, such as the Department for Work and Pensions and Nottingham University Hospitals NHS Foundation Trust.
- Sharing what we have learned from the involvement of people with lived experience and apply this to other areas of the joint Health and Wellbeing Strategy delivery, and any wider learning from the programme to shape other future work.
- Continue to nurture and develop our current experts by experience and increase the diversity within this pool of people.
- Ensure Psychologically Informed Environment, Trauma Informed Care and SMD awareness is mandatory/core training for services across the system.

Financial Wellbeing

Programme Summary

Financial insecurity is a key driver of poor health and wellbeing outcomes in Nottingham. Nottingham has historically high levels of deprivation, currently ranked 11th out of 137 authorities in England in the Indices of Multiple Deprivation. This programme builds on the work of the pre-existing Nottingham Financial Resilience Partnership (NFRP) supported by PBP partners to take forward strategic actions to build financial resilience in households and to reduce financial disadvantage.

While there is principal expertise within the NFRP, work to improve financial wellbeing has not historically been as well embedded within the work of the PBP therefore it has been necessary to develop a foundation of knowledge and understanding of financial wellbeing across the partnership before agreeing actions that can be taken. This has been the primary focus in year 1.

In addition to the detailed work to bring partners together and establish the programme and develop a delivery plan, notable achievements include, pooled funding between primary care and public health to recruit financial adviser link workers in two Primary Care Networks, the delivery of financial advice support session to Nottingham University Hospital staff, the expansion of a community supermarkets model and support to the money/cost of living campaign (launched Autumn 2022) with information and advice on emotional and mental health.

Success for the financial wellbeing programme will include the promotion and commitment to the actions as part of the shared delivery plan, shared outcomes framework across the system, and delivery against this, with all the concomitant partnership working to support this. Year 2 will include a continued timely focus on the cost-of-living crisis.

What is the programme seeking to achieve?

The overarching ambition of this programme is that Nottingham is a city where people are able to meet their current needs comfortably and have the financial resilience to maintain this in the future. This is a ten-year ambition, and it is set in the context that there are longstanding economic and structural drivers of financial insecurity and poverty locally, with the exacerbations of COVID-19 related financial hardship and substantial cost of living increases.

In the context of a ten-year ambition and the difficult economic climate, the delivery plan sets the short-medium term priorities for this programme and is seeking to achieve:

1. Increased incomes for those on low incomes
2. Ensuring access to money help across the population
3. Improved household finances (resilience, savings, debts, costs and commitments)
4. Reduced food insecurity
5. Improved financial capability

What has the programme delivered in year 1?

Due to the time taken to establish this programme there are limited population-level impacts or outcomes that are measurable and attributable to this programme within the first 12-month time period.

Although there are not demonstrable population level outcomes to-date, there are relevant programme outputs and some early system outcomes that evidence the value of this programme of work to date.

The top five **programme outputs** include:

1. A joint workshop was held between Nottingham Financial Resilience Partnership and Health and Wellbeing Board Members in September 2022. This raised awareness across partners of the work of NFRP and has enabled a more coordinated approach to cost of living.
2. Specific outputs of the joint workshop have included:
 - Agreement to support expansion of a local community supermarkets model
 - The Nottingham Recovery Network have re-set of the numeracy skills test requirement in recruitment to better reflect levels of literacy in local communities.
 - A programme of financial resilience sessions for Nottingham University Hospital staff
3. A health needs assessment on gambling-related harm has been developed and will be disseminated to inform a city-wide strategy
4. In January 2023, Nottinghamshire Healthcare Foundation Trust signed up as a Real Living Wage Employer following a Nottingham Citizens campaign
5. Funding secured for social welfare law advisers to deliver frontline money-help services in partnership with NHS talking therapies.

The involvement of this programme has also enabled and strengthened pre-existing commitments and priorities held by NFRP, for example:

- Additional funding within the Social Prescribing Advice Link Worker project to ensure sufficiency of costs, and the funding and arrangements for a University-led evaluation of the project.
- Advice link workers are in post in Nottingham East PCN and Bestwood & Sherwood PCN, with a post pending for BACHS PCN.
- Stronger links were made within the money/cost of living campaign (autumn 2022) with information and advice on emotional and mental health

The top **system outputs** include:

1. The development of partnership arrangements for the programme between partners and stakeholders who have not previously worked together
2. Strengthening the resource and capacity of Nottingham Financial Resilience Partnership
3. Increased awareness and profile of the work of NFRP across health and care organisations, supporting coordination of efforts and the consistency and quality of the responses to the cost-of-living crisis
4. Links built for this programme with the PBP Social Value programme and the ICS Anchor Champions Network

Have there been any challenges in delivery in year 1?

Year 1 has involved detailed work to bring partners together and establish the programme. While there is principal expertise within the NFRP, work to improve financial wellbeing has not historically been as well embedded within the work of the PBP therefore it has been necessary to develop a foundation of knowledge and understanding of financial wellbeing across the partnership before agreeing actions that can be taken.

Adopting financial wellbeing as a priority was an innovative step by the Health and Wellbeing Board and given there is no blueprint from other areas on a public health approach to financial wellbeing, it was to be expected that a significant part of year 1 would have been required for scoping and development of the programme.

In addition, this programme has required investment in time and attention for the development of partnership arrangements for the programme, working with an existing independent partnership (NFRP) with their existent commitments, focus and ethos. This important partnership development has been impacted by the need to direct capacity and resource to respond to the costs of living pressures as well as a separately funded project focussed on the private rental sector.

What are the main areas of focus for Year 2?

Success for the financial wellbeing programme will include the promotion and commitment to the actions as part of the shared delivery plan, shared outcomes framework across the system, and delivery against this, with all the concomitant partnership working to support this. Year 2 will include a continued timely focus on the cost-of-living crisis.

Specific ambitions for year 2 include:

- The development of a coordinated approach to food insecurity – with evidence – informed activity across the pathway from crisis to resilience
- The development of a city-wide strategy to reduce gambling related harm, with priorities across themes such as: licensing, advertising and structure prevention; addressing stigma and early identification; harm reduction, treatment and support
- Work to ensure that money help and advice support across the city is sufficient to meet needs and the development of jointly resourced solutions where further provision is required.

Our impact will be monitored across population and individual level outcomes. There are quantitative measurable outcomes for the population across metrics of poverty and income such as:

- Children in absolute/relative low income families

- Average weekly earnings/ Individuals not reaching the Minimum Income Standard
- Unemployment / Economic inactivity rate/ Long term claimants of Jobseekers' Allowance /Employment and Support Allowance claimants
- Fuel poverty
- Rent, the Local Housing Allowance rates, rents, and homelessness

A suite of key individual outcomes will be identified and developed for Nottingham to include:

- Household income and savings
- Over-indebtedness
- Anxiety and stress associated with money worries
- Financial education (children/ young people) and financial capability (adults)

The foundations of partnership working are there to support onward delivery. There will need to be care and attention during year 2 delivery in relation to the capacity pressures within NFRP, our shared ownership and accountability, and trust and partnership work to enable these.

The delivery plan has been developed with the resource identified to date, but further resource may be required to ensure coordination and support of the entirety of ambition within the programme if this ambition continues to rise.

Smoking & Tobacco Control

Programme Summary

Smoking is one of the largest causes of ill-health and early death in Nottingham as identified in the Joint Health and Wellbeing Strategy. Smoking is a significant contributor to health inequalities as the harms of smoking and tobacco use do not equally impact everyone in society. This programme has been established using the foundations set by the previous PBP smoking cessation programme but has broadened in scope in line with the objectives set in the JHWS. The programme is aligned to the Nottinghamshire County JHWS priority with a shared strategic vision and plan owned by a joint Smoking and Tobacco Alliance.

The first year of the Strategy has involved establishing a new Smoking and Tobacco Control Alliance. The Alliance is made up of a large number of organisations across a range of sectors and building consensus amongst organisations has taken time, as has securing commitment from organisations for whom smoking and tobacco control, especially where this may not be seen as a key priority. However, the Alliance has now been established with an agreed strategic vision and delivery plan. The forming of the Alliance has facilitated new opportunities and improved relationships to ensure smoking and tobacco control become the work of a wide range of organisations, as well as generating a more honest and open challenge between partners to drive forward areas of service development and change

In addition to the agreement of the delivery plan, partners have worked with six schools to adopt a smoking prevention programme, as well developing new vaping education

materials. The programme has also secured funding for behavioural insights research to explore, attitudes and beliefs around vaping amongst school aged children and adults.

The foundations for this programme are now in place and year 2 will see the programme expand activity to deliver the actions detailed in the delivery plan.

What is the programme seeking to achieve?

The members of the Nottingham and Nottinghamshire Smoking and Tobacco Control Alliance share the ambition to see:

Smoking amongst adults reduced to 5% or lower by 2035 across Nottinghamshire and Nottingham City. Further to this, we want to make the harms of smoking a thing of the past for our next generation such that all of those born in 2022 are still non-smokers by their 18th birthday in 2040.

This is a significant, long-term ambition and will require us achieving change across a broad spectrum of areas. The period of this strategy will only be the beginning of our journey. It will set us on the correct path.

Within the next 2 years we will:

- Become confident in how we work in partnership to ensure the success of tobacco control action.
- Provide clear and consistent communication aimed at supporting people to quit smoking and educate partners and the public about the harms and risk of tobacco use.
- Build consensus and understanding about how we talk about vaping and e-cigarettes in a way that maximises the potential to reduce harm amongst smokers while minimising the risks to children and young people.
- Have a comprehensive offer of support for anyone who wishes to give up smoking and ensure that all communities have equity of access and outcomes.
- Increased identification and seizures of illegal tobacco and/or illegal vaping products and promoted good practice amongst local retailers.
- Have identified and introduced new smoke free places to continue to reduce exposure to second-hand smoke.
- Expand the support available to schools including a free, secondary school-based smoking prevention programme (INTENT) and through resources and best practice examples.

What has the programme delivered in year 1?

The ambitions of this programme in changing health outcomes are long-term. There are currently limited population-level impacts or outcomes and it is not possible to attribute, with confidence, improvements to the programme.

The most recent smoking data for adults in Nottingham City is for 2021. We saw rates of smoking in those aged 18 years and over remain at a similar level to 2020 and not significantly different to the England average. However, it remains unclear of the impact a change in survey methodology has had on these figures.

An outcomes framework has been developed alongside the delivery plan.

The top 5 **programme outputs** are:

- Funding and delivery of a pilot offering stop smoking support, including e-cigarettes, to those completing a NHS Lung Health Check.
- Early adoption of INTENT, a smoking prevention programme, by six schools in Nottingham City.
- Development of new vaping education materials to be provided as part of the INTENT model in Nottingham City.
- Implementation of a NHS Long-Term Plan pathway for inpatients to enable smooth transition from being smoke free in hospital, to community services.
- Funding to enable behavioural insight research to explore, attitudes and beliefs around vaping amongst school aged children and adults; and, appetite and opportunities for smoke free community spaces.

The top 5 **system outputs** are:

- Creation of a Nottingham and Nottinghamshire Smoking and Tobacco Control Alliance
- Increased awareness and profile of the breadth of work on tobacco control including local media coverage of the work to reduce the sale of illicit tobacco products.
- Establishing greater financial resource and capacity for tobacco control from the public health grant.
- New opportunities and relationships to ensure smoking and tobacco control become the work of a wide range of organisations and, importantly, front-line professionals and community members.
- More honest and open challenge between partners to drive forward areas of service development and change.

Have there been any challenges in delivery in year 1?

The first year of the Strategy has involved establishing a new Smoking and Tobacco Control Alliance. The Alliance is made up of a large number of organisations across a range of sectors and building consensus amongst organisations has taken time, as has securing commitment from organisations for whom smoking and tobacco control, especially where this may not be seen as a key priority.

The absence of clarity over the sustainability of funding for long-term plan initiatives from NHSE coupled with competing priorities such as improvement work in NUH maternity, have slowed progress on the implementation of the long-term plan. Committing to long-term service pathway ambitions and co-commissioning models are made more difficult by this uncertainty.

Establishing, functional working partnerships also takes time such as those needed to establish a new multi-agency Illicit tobacco control team. However there has been positive work happening 'behind the scenes' which has set up delivery activity planned for year 2 and year 3.

What are the main areas of focus for Year 2?

Success in year two of the Smoking and Tobacco Control JHWS programme will focus on implementation of the delivery plan; examples of specific ambitions for year 2 include:

- Services to review and identify actions to reduce inequity of access and outcomes
- Further testing of the role of e-cigarettes as a stop smoking aid
- Secure sustainable funding from NHS partners to implement evidence-based inpatient and maternity pathways as per the Long-Term Plan.
- Establish a multi-agency illicit tobacco control team and increase the seizures and inspections related to illegal tobacco products.
- Conduct behavioural insight research on e-cigarettes use amongst young people and smoke free spaces.
- Increase the number of schools delivering the INTENT smoking prevention programme.
- Develop a Smoking and Tobacco Alliance branding and run co-ordinated Stoptober and World no tobacco day communications.

In addition, Year 2 will continue to involve pro-active management of partnerships and support for task-and-finish groups.

The delivery plan has been developed with the resources available in mind. Further commitments on resources may be required to ensure the entirety of our ambition can be achieved.

Eating & Moving for Good Health

Programme Summary

An 'unhealthy' diet and physical inactivity contribute significantly to poor health in Nottingham. Nottingham has one of the highest rates of hospital admissions in the country where obesity is a factor. Nottingham has a long history of partnership work in the city to decrease rates of obesity which provided a foundation for a partnership approach to this programme. However, the ambitious scope of the EMGH programme has meant that time has been needed to involve the broad range of necessary stakeholders to agree objectives and a delivery approach for this programme.

While the pace at which this programme was able to develop was limited in the first two quarters (primarily due to a gap in programme management support), in the final two quarters, the programme has undergone rapid development and now has a 10-year agreed EMGH Strategy and corresponding delivery plan agreed by partners. The three-year delivery plan is anticipated to be the first of a series of 3 delivery plans to meet the ambition in the strategy to, 'make it easier for adults, families, children and young people to eat and move for good health'.

Alongside the development of the 10-year EMGH Strategy and delivery plan there have been a range of delivery achievements across the five delivery themes including, securing £1.5m of government funding for an active travel social prescribing programme and the procurement of five adult weight management services across the city. The programme has worked with primary schools to support staff to implement initiatives such as a school

allotment space, active lessons, and a new menu to try offer pupils 5-a-day before they leave school as well as supporting with funding for other smaller initiatives in the community.

While there is strong buy-in across the partnership for the EMGH programme, an early objective for year 2 will be to establish the EMGH Alliance, therefore confirming commitment to the delivery actions associated with the five delivery themes in the delivery plan.

What is the programme seeking to achieve?

In Nottingham, just over one in four (25.5%) of children entering primary school are living with being overweight or with obesity, increasing to over four in ten (44.8%) children by the time they leave primary school. Almost seven in ten adults (66.9%) are also living with being overweight or with obesity. These figures are higher than the national average.

Stakeholders have identified an overarching vision for the city:

It is our ambition in Nottingham to be a city that makes it easier for adults, families, children and young people to eat and move for good health.

This means achieving lasting changes to the food, physical activity and social environment.

The ambition is supported by five delivery themes providing a whole system approach and addressing the commercial determinants of health:

1. Ensuring all Early Years Settings, Schools and Academies are enabling eating and moving for good health
2. Supporting healthy choices in pregnancy and helping children and adults achieve and maintain a healthy weight
3. Promoting physically active lives and building active and green environments
4. Creating a local environment that promotes healthy food choices
5. Promoting a sustainable food system that tackles food insecurity

We will drive forward work that supports whole population health choices and that targets resources and support towards those who need it the most.

Pledges have been set which span the next four years and so we expect to make significant progress towards these in the remaining 2 years of the JHWS:

- 70% of Nottingham City primary schools will have achieved or be working towards a 'Healthy School Charter' by 2027.
- By 2027, 85% of those eligible for free school meals in primary school take up the offer and by 2032 at least 90% of those eligible take up the offer.

- Nottingham City will become a breastfeeding friendly city with all public buildings and PBP health and care organisations delivering against a breast-feeding friendly charter by 2025.
- By 2027, 90% of those eligible will be claiming healthy start vouchers
- We want to halve the gap in the proportion of people who are inactive between the areas of Nottingham with the highest and lowest levels of deprivation by 2027.
- By 2025, no adverts for Ultra Processed High Fat, Salt, or Sugar Foods will appear on Nottingham City Public Transport system or Nottingham City Council owned advertising spaces.
- By 2027, all Nottingham City events will include 'Healthy Food Zones'

This is a 10-year vision for Nottingham. The ambition and pledges are currently being refined thanks to the input of a wide range of stakeholders including residents, community groups, healthcare professionals, and members of the local authority.

What has the programme delivered in year 1?

The ambitions of this programme in changing health outcomes are long-term. There are currently limited population-level impacts or outcomes, and at this stage it is not possible to attribute, with confidence, improvements to the programme. An outcomes framework has been developed alongside the delivery plan.

The top 5 **programme outputs** are:

- Securing funding from the Department for Transport for Active Travel Social Prescribing (ATSP) and early implementation - this project is led by Nottingham City Council transport planning team with a number of EMGH strategic group members sitting on the ATSP steering group.
- Securing funding from Sport England, Active Notts, and Sport & Leisure for a Physical activity and Leisure services Strategy and early engagement complete - this project is led by Nottingham City Council Sport & Leisure and Active Notts with other members of the EMGH strategic group sitting on the steering group.
- Procuring five adult weight management services across the city including face to face and digital programme offers - this project is led by public health. It increases the reach, flexibility and choice available to those seeking support (Accepting referrals from March 2023).
- A Nottingham City primary school who has worked closely on the EMGH agenda has secured the resource and buy in from school governors needed to prioritise EMGH. This includes additional staff support for Eating and Moving for Good Health and initiatives such as a school allotment space and active lessons. They have created stronger connections which have enabled a new menu to try offer pupils 5-a-day before they leave school.
- Funding secured for other smaller EMGH initiatives with implementation at various stages e.g. FeedYourWay campaign launch; HealthyStart Vitamins offer for all pregnant women; free, swimming sessions for schools; seed funding for GoodGym;

and, expansion of the community supermarkets model.

In addition, there are a number of **system outcomes**:

- A workshop attended by over 80 stakeholders with an interest in Eating and Moving for Good Health. This included residents, community groups, elected members, health care professionals, schools, Local authority staff (Planning, Transport, Green & Open Spaces, Sport & Leisure, and public health).
- Increased awareness and profile of EMGH workstream with PBP partners. The language used in draft EMGH strategy has been used in briefings and reports in different parts of the council. This has provided new opportunities to talk to partners about policies related to the Commercial Determinants of Health.
- Establishing greater financial resource and capacity for Eating and Moving for Good Health from the public health grant.
- We have seen the early stages of partnership working through the creation of new working relationships across (and within) organisations.

Have there been any challenges in delivery in year 1?

Health challenges:

While the proportion of children in reception who are living with being overweight or with obesity, has remained unchanged in 2021/22 versus 2019/20, the proportion of children living with being overweight or with obesity in Year 6 has continued to increase at pace.

It is important for HWB members to recognise the scale of the challenge. It is estimated by local models that in just maintaining what we do and not taking action, we would see, for the first time, a majority of children (i.e. >50%) leaving primary school and living with being overweight or with obesity by 2028/29.

Programme challenges:

Establishing productive partnership hasn't been easy including getting the right strategic representatives in the room. The system has matured over time but initially led to delays in co-designing and producing the strategy and delivery plan.

There are a large number of existing governance streams that it is not appropriate for us to oversee so new mechanisms for strategic alliances are having to be considered.

For an extended period, EMGH did not have a programme manager to support partnership working effectively. The new post holder began in January 2023 and has already aided a more pro-active approach to bringing partners together.

What are the main areas of focus for Year 2?

Success in year two of the Eating and Moving for Good Health JHWS programme will include establishing a new Eating and Moving for Good Health Alliance to bring partners together and create better visibility of the key issues.

Year 2 will focus on implementation of the delivery plan; some examples of specific ambitions for next year, include:

Theme 1: Early Years, Schools & Academies

- Creating a Nottingham City Healthy Schools team to support, advice and share local best practice examples, around how to ensure children and young people develop a healthy and active lifestyle.

Theme 2: Maintaining a healthy weight

- Developing and implementing a multidisciplinary breastfeeding and infant feeding, framework for action.
- Commission an Integrated Wellbeing Service that offers children, families, young people and adults of all ages support in achieving and maintaining a healthier weight. To begin supporting residents in April 2024.

Theme 3: Promoting physically active lives

- Publish a physical activity and leisure services strategy and action plan
- Deliver against the activities planned in the Active Travel Social Prescribing proposal including mapping new city-based walks, setting up walking groups with NHS colleagues

Theme 4: Food Environment

- Review the feasibility of and progress, new council policies related to the commercial determinants of health.

Theme 5: Food poverty

- Developing a coordinated approach to food insecurity – with evidence-informed activity across the pathway from crisis to resilience (Note: shared ambition with financial wellbeing)

There is sufficient appetite and support for the Eating and Moving for Good Health programme for it to progress. However, there is more work needed to establish a solid foundation to partnership working and we hope an alliance model alongside a dedicated EMGH programme manager will enable this in Year 2.