

**Health and Wellbeing Board
25 September 2024**

	Report for Resolution
Title:	Updating the Joint Local Health and Wellbeing Strategy for Nottingham
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Brief summary:	<p>Under the <i>Health and Social Care Act 2012</i>, Health and Wellbeing Boards have a statutory duty to develop a Joint Local Health and Wellbeing Strategy (JLHWS). This requires partners to work together to develop a collective understanding of the health and wellbeing needs of the local community and agree joint priorities for addressing these needs to improve health and wellbeing outcomes and reduce inequalities.</p> <p>The current JLHWS for Nottingham, was agreed by the Board and published in March 2022, setting out the agreed priorities and plans for the subsequent three years, expiring at the end of March 2025.</p> <p>This report sets out, for the Board’s consideration an update on the proposed direction of travel following the Board’s agreement in May 2024 that the update should largely focus on the priorities to be included (including a review of the current priorities and identification of potential new priorities).</p> <p>The report outlines the next steps and asks for the Board to support the recommendations below in order to continue towards agreeing an updated JLHWS for Nottingham in February 2025.</p>
Does this report contain any information that is exempt from publication?	
No	

Recommendation to the Health and Wellbeing Board:

The Health and Wellbeing Board is asked to:

- Note and approve the direction of travel for the updated JLHWS for Nottingham (2025/26 onwards), specifically;

- Agree (in principle) to the continued inclusion of smoking and tobacco control, eating and moving for good health, and severe multiple disadvantage as priorities in the updated JLHWS for Nottingham (with updated delivery plans as required)
- Agree that stakeholder and community engagement can commence on the suggested reshaped/new priorities (work and health, housing and health alcohol related-harm, best start/early years) to inform a recommendation/decision as to their inclusion in the updated JLHWS for Nottingham
- To note the intention to review the delivery mechanism for priority programmes to ensure it continues to be fit for purpose
- To note the intention to give greater focus to both the existing cross-cutting programmes and the relationship between priorities in the updated JLHWS and associated delivery plans.

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>This report sets out plans to update the current Joint Local Health and Wellbeing Strategy (JLHWS) for 2025/26 onwards. It is proposed that the overarching aims of the updated JLHWS are retained, with current priorities to be reviewed and additional priorities to be identified in order to meet the stated aims of increasing healthy life expectancy and reducing health inequalities.</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>	
<p>Priority 2: Eating and Moving for Good Health</p>	
<p>Priority 3: Severe Multiple Disadvantage</p>	
<p>Priority 4: Financial Wellbeing</p>	

How mental health and wellbeing is being championed in line with the Board's aspiration to give equal value to mental and physical health

It is suggested that parity of mental and physical health continues to be an underpinning principle in the updated Strategy, which is reflected by placing both at the core of the agreed model which it is proposed to retain.

Background papers:	Updating the Joint Local Health and Wellbeing Strategy for Nottingham for Nottingham – May 2024
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Updating the Joint Local Health and Wellbeing Strategy for Nottingham

1. Introduction

Under the Health and Social Care Act 2012, Health and Wellbeing Boards have a statutory duty to develop a Joint Local Health and Wellbeing Strategy (JLHWS). This requires partners to work together to develop a collective understanding of the health and wellbeing needs of the local community and agree joint priorities for addressing these needs to improve health and wellbeing outcomes and reduce inequalities. The current JLHWS for Nottingham, was agreed by the Board and published in March 2022 and set out the agreed priorities and plans for the subsequent three years, expiring at the end of March 2025.

In May 2024 the Health and Wellbeing Board;

- Noted the need to update the Joint Health and Wellbeing Strategy for April 2025 onwards
- Requested a review of four the existing priorities and the extent to which progress meant they could be considered 'business as usual'
- Requested further scoping of potential additional priorities – whilst continuing to recognise the importance of focussing on a small number of priorities

This report sets out, for the Board's consideration, the outputs of this activity and suggested next steps, ahead of Health and Wellbeing Board signing off the updated JLHWS for Nottingham in February 2025, with implementation to commence from April 2025.

2. Joint Local Health and Wellbeing Strategy 2022-2025 priorities

The current JLHWS focusses on four priorities, identified as those areas where renewed collective efforts would have the biggest positive impact:

- (1) Smoking and Tobacco Control
- (2) Eating and Moving for Good Health
- (3) Severe Multiple Disadvantage
- (4) Financial Wellbeing

Programme sponsors and leads have been identified for each priority, with agreed delivery plans overseen by the Programme Oversight Group. Health and Wellbeing Board have received regular updates on the progress being made, in addition to the full annual delivery updates (most recently received at the March 2024 meeting). Health and Wellbeing Board

will receive a further update alongside this report, and as such information pertaining to the delivery of current priorities will be succinctly summarised in this report.

Following review the relevant programme leads recommend the following course of action for each priority;

- (1) Smoking and Tobacco Control – Recommended that priority is retained in the updated JLHWS

Significant progress has been made against this priority within the first two years of delivery, including the reinvigoration of the Nottingham and Nottinghamshire Smoking and Tobacco Alliance, the publication of the Alliance's long-term vision and the commissioning of a new integrated wellbeing service offering smoking cessation support as part of a broader service offer. However, as recognised by the longevity of the Alliance's vision document, continued concerted effort will be required to make a real and significant shift in Nottingham's smoking rates which remain the second highest in England, with 21.8% of Nottingham adults estimated to be current smokers (2022). In order to achieve the stated ambition of reducing smoking amongst adults to 5% or lower by 2035 across Nottingham (and Nottinghamshire) it is proposed to retain smoking and tobacco control as a JLWHS priority with an updated three-year delivery plan to be produced and agreed to inform activity from April 2025 onwards.

- (2) Eating and Moving for Good Health – Recommended that priority is retained in the updated JLHWS

Whilst the programme is progressing well, the majority of actions within the delivery plan will not be completed by April 2025 (the end of the current JLHWS). It is therefore proposed that the priority is retained within the updated JLHWS and the current delivery plan is extended to guide the first year of the updated Strategy's lifespan. A new delivery plan will be produced for Year 2 onwards (i.e. April 2026 onwards) of the updated Strategy. As with the previous priority, a long-term approach is required to achieve the vision for Nottingham to be a city that makes it easier for adults, families, children and young people to eat and move for good health.

- (3) Severe Multiple Disadvantage - Recommended that priority is retained in the updated JLHWS

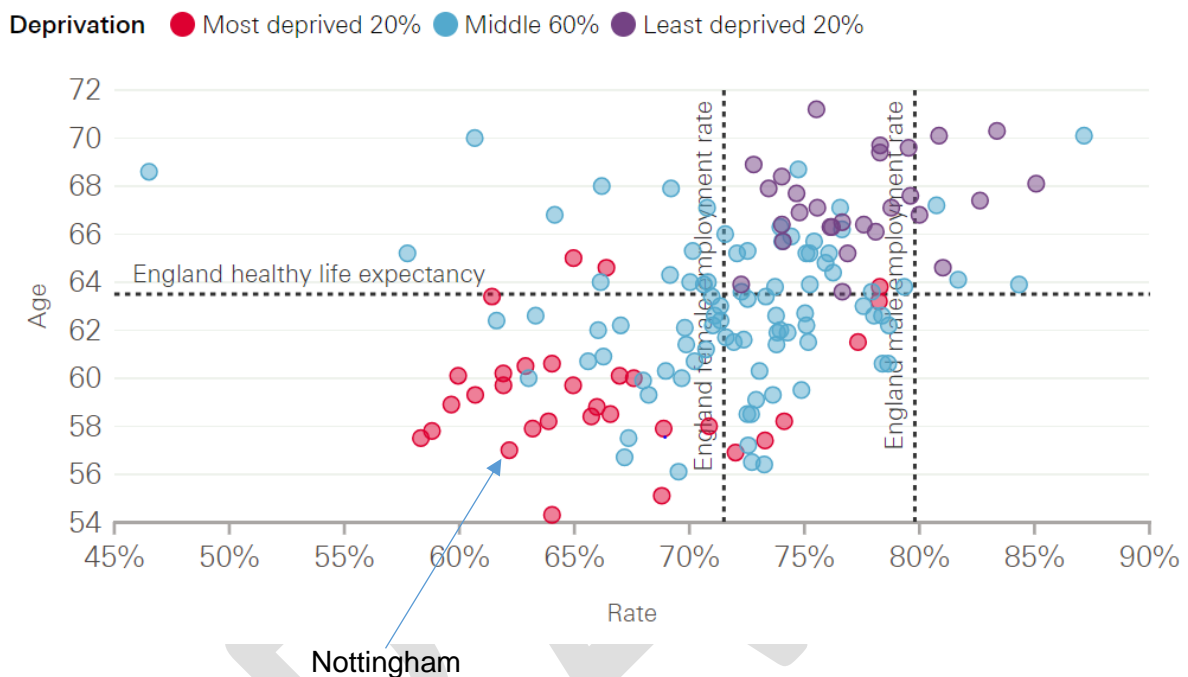
While service interface has improved during the course of this Strategy, there are still a significant proportion of people experiencing SMD who are not receiving support. There remains further opportunity to improve the interface between specialist and non-specialist services to ensure that professionals who encounter people experiencing SMD can work more effectively together to meet people's needs.

- (4) Financial Wellbeing – Recommended that the priority is reshaped for inclusion in the updated JLHWS, with a specific focus on work and health.

For the reasons outlined in the Joint Health and Wellbeing Strategy Delivery Update, also being presented to the same Health and Wellbeing Board, it has not been possible to progress this programme in line with the original ambitions set out in the Strategy. The Health and Wellbeing Board previously agreed that included priorities should be those areas where collective (rather than singular organisational) action was required. Learning from the recent programmes is that alignment with national priorities and funding opportunities is an enabler.

It is proposed that a reshaped priority with a specific focus on work and health (and the bidirectional relationship between them) could provide a better platform to make positive progress which would have an impact on the health and wellbeing of Nottingham's communities. A local area's employment rate correlates to how many years people can expect to live in good health, and in places with higher economic inactivity people are more likely to have a lower healthy life expectancy, as shown by the below graph.

Graph 1: Healthy life expectancy at birth for women by rate of deprivation and employment (England 2018-20)



3. Additional priorities for inclusion in the updated JLHWS

If the above recommendations are agreed the updated JHLWS will include four priorities, three of which have strong existing foundations and supporting structures. Consideration has also been given to whether there are additional areas/issues which should be included as priorities in the updated JLHWS. This has been weighed against the criteria for priorities previously agreed by the Board, following agreement that priorities should be focused and limited in order to both ensure that they could be resourced appropriately, but also to ensure that being identified attracted the required system recognition of its importance for collective attention and effort.

A refreshed review (in line with the previous priority setting process) suggests the possible inclusion of **alcohol-related harm** in an updated JLHWS. Alcohol use is identified as the 6th highest risk factor leading to poor health and death in Nottingham (with the first five risk factors being addressed by existing JLHWS priorities – tobacco, high body mass index, high fasting plasma glucose, dietary risk and high systolic blood pressure). Nottingham has high and worsening rates of alcohol-related mortality (including under 75 mortality rate from alcohol liver disease) and the highest rates of hospital admission for alcohol specific/related conditions in the East Midlands region. Ahead of a decision regarding the inclusion of alcohol-related harm in the updated JLHWS is taken further consideration will need to be given to the potential overlap with existing governance arrangements (i.e. the Community Safety Partnership and associated structures).

Informal stakeholder engagement has identified two additional potential priority areas for further consideration and refinement which are; i) **best start/early years** and ii) **housing and health**.

It is well established that what happens in pregnancy and early childhood impacts on an individual's physical and mental health outcomes all the way through to adulthood. Box 1 provides a summary of some key outcomes related to a potential best start priority.

Box 1: Best start/early years:

- 13.4% of individuals are recorded as having a smoking status at the end of their pregnancy (time of delivery) compared to an England average of 8.8%.
- 63.3% of baby's first feed in Nottingham is breastmilk compared to an England average of 71.7%
- 63.3% of children have received a good level of development at the end of their Reception year, compared to an England average of 67.2%

It is also well understood that the condition and nature of homes, including factors such as stability, space, tenure and can have a big impact on people's live, influencing their health and wellbeing. Housing affordability, housing quality and housing security all have a directly observable relationship with health.

Both of these are broad and multi-faceted subject areas, and careful consideration will need to be given to the specific scope and focus if they are to be included in the updated JLHWS. Health and Wellbeing Board are recommended to agree to the commencement of a programme of stakeholder and community engagement, relating to the three new potential priorities identified above, to help determine the viability/deliverability of the potential additional priorities, assess the potential 'added value' to be gained from inclusion over and above current arrangements and identify the appropriate scope and focus in order to sustain the Boards commitment to making a real and tangible difference to the health and wellbeing of Nottingham's communities though the JLHWS. The output of this engagement will be reported to the Health and Wellbeing Board in November 2024, to inform the final decision as to which priorities should be included in the updated JLHWS.

4. Cross-cutting priorities and the relationship between priorities

In addition to the four JLHWS delivery programmes the Nottingham City Place-based Partnership runs two cross-cutting programmes; **mental health** and **race health inequalities**. Whilst these are not explicitly recognised as priorities with the JLHWS, and it is not being proposed to included them as priorities in the updated JLHWS their importance and relevance to the successful delivery of the Strategy's overall aims (improving health and wellbeing, reducing inequalities) is recognised. It is therefore suggested that there is a clear expectation and framework for ensuring that these cross-cutting programmes are considered and inform the delivery plans of the priorities which are included in the final updated JLHWS.

In addition, it is recognised that many of the priorities noted above intersect in some way. As such it is proposed that programme leads/teams are asked to give consideration to the relationship between priorities, for example that eating and moving for good health is considered through the lens of housing (and health) in order to identify opportunities for

connectivity and joint working between the priorities which will have mutual benefits and further the overall aims of the JLHWS.

5. Delivery of priorities (including resource, roles, governance structures)

Ahead of agreeing the final priorities to be included in the updated JLHWS (scheduled for November 2024) consideration will need to be given to the resource required both to deliver against the priority itself but also resource the programme management requirements, as well as consideration as to the appropriate balance between these two tasks. A number of the proposed priorities for inclusion in the updated JLHWS (including current priorities) also have additional governance structures, which often span the City/County footprint. It is proposed that a review of the programme delivery mechanisms is undertaken to reduce duplication in effort and utilise the available resource to maximum effect.

6. Next steps

There are four scheduled Health and Wellbeing Board meetings during 2024/25. It is proposed that the updated of the JLHWS will be discussed at each of these will the following decisions taken

September 2024	<p>Health and Wellbeing Board:</p> <ul style="list-style-type: none"> • Receive the output of review of existing and potential priorities • Agree the approach to be taken to existing priorities in the updated Strategy • Agree a list of potential additional priorities to be subject to formal consultant (engagement and consultation plan to be shared for endorsement).
November 2024	<p>Health and Wellbeing Board:</p> <ul style="list-style-type: none"> • Agree the final priorities to be included in the updated JLHWS, giving consideration to engagement/consultation results • Identify appropriate Programme Leads and request that delivery plans are produced • Agree the priority programme delivery model to ensure there is appropriate oversight and progress to provide the Board assurance, whilst also ensuring that the available (staffing) resource is focused on actual delivery to the greatest extent possible (recognising that individuals may be Programme Leads for multiple priorities)
February 2025	<p>Updated JLHWS and associated priority delivery plans are approved (where required) by Health and Wellbeing Board</p>