

## HEALTH AND WELLBEING BOARD – 25<sup>th</sup> November 2015

<b>Title of paper:</b>	<b>Health and Wellbeing Strategy Refresh Update</b>	
<b>Director(s)/ Corporate Director(s):</b>	Alison Michalska Corporate Director for Children & Adults, Nottingham City Council. Colin Monckton, Director of Commissioning, Policy and Insight, Nottingham City Council. Alison Challenger, Interim Director of Public Health, Nottingham City Council. Dawn Smith, Chief Operating Officer, Nottingham City Clinical Commissioning Group.	<b>Wards affected: All</b>
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<b>Other colleagues who have provided input:</b>	John Wilcox, Insight Specialist – Public Health, Nottingham City Council. Helen Hill, Research, Engagement & Consultation Manager, Nottingham City Council.	
<b>Date of consultation with Portfolio Holder(s) (if relevant)</b>	11 <sup>th</sup> Nov 2015	
<b>Relevant Council Plan Strategic Priority:</b>		
Cutting unemployment by a quarter		<input type="checkbox"/>
Cut crime and anti-social behaviour		<input type="checkbox"/>
Ensure more school leavers get a job, training or further education than any other City		<input type="checkbox"/>
Your neighbourhood as clean as the City Centre		<input type="checkbox"/>
Help keep your energy bills down		<input type="checkbox"/>
Good access to public transport		<input type="checkbox"/>
Nottingham has a good mix of housing		<input type="checkbox"/>
Nottingham is a good place to do business, invest and create jobs		<input type="checkbox"/>
Nottingham offers a wide range of leisure activities, parks and sporting events		<input checked="" type="checkbox"/>
Support early intervention activities		<input checked="" type="checkbox"/>
Deliver effective, value for money services to our citizens		<input checked="" type="checkbox"/>
<b>Summary of issues (including benefits to citizens/service users):</b>		
At the Health and Wellbeing Board (30 <sup>th</sup> Sep) the project plan and the engagement strategy for developing the refreshed Health and Wellbeing Strategy were agreed. Since that time, engagement activity is being undertaken and the results, along with summary evidence from the JSNA will be presented back to the Health and Wellbeing Board Development session in December.		
<b>Recommendation(s):</b>		
<b>1</b>	To note the engagement activity being undertaken so far.	

## 1. **REASONS FOR RECOMMENDATIONS**

- 1.1 To update date the Board on progress being made towards developing the next Health and Wellbeing Strategy.

## 2. **BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)**

- 2.1 A proposal for developing the next strategy was agreed by the Nottingham City Health and Wellbeing Board (HWB) at its meeting on 29<sup>th</sup> July 2015. The Board endorsed the project plan and engagement strategy in September<sup>1</sup>.

### **PRESENT POSITION**

- 2.2 In summary the engagement approach is broadly divided into two phases:

Phase 1: Engagement - Opportunity for everyone to input their thoughts about health and wellbeing. The information from this phase will be analysed and fed into the development of the initial draft of the new Health & Wellbeing Strategy

Phase 2: Consultation on the draft Health & Wellbeing Strategy

- 2.3 The engagement strategy was developed based on the outcome of a citizen focus group and the intention is engage with as many citizens, interest groups and front-line workers/ practitioners as possible. The approaches been adopted are outlined below:

<b>Target Group</b>	<b>Methodology</b>
<b>Interest Groups</b>	<ul style="list-style-type: none"><li>• <b>Existing meetings and networks</b> – depending on available time on the agenda the session will either be a focus group exercise or sign-posting to larger public events and the offer to use a <b>toolkit</b> for groups to run their own sessions and submit the results.</li><li>• <b>Existing events</b> – world café/ pop up research approach</li><li>• <b>On-line survey and toolkit</b></li></ul>
<b>Citizens</b>	<ul style="list-style-type: none"><li>• <b>3 bespoke events across the city</b> – focus groups</li><li>• <b>On-line survey</b></li></ul>
<b>Workforce</b>	<ul style="list-style-type: none"><li>• <b>Focus groups made up of staff from across partner agencies and CVS</b></li></ul>

- 2.4 The dates for the three public events are as follows:

<b>Venue</b>	<b>Provisional Dates</b>	<b>Time</b>	<b>Room capacity</b>
<b>Bulwell Riverside</b>	Monday 9 November	5.15pm- 7.15pm	<b>50</b>
<b>Clifton Cornerstone</b>	Tuesday 3 November	1pm-3.30pm	<b>40</b>
<b>Council House Ballroom</b>	Wednesday 4 November	4pm-7pm	100+

<sup>1</sup> For a more detailed report, see the Health and Wellbeing report titled Health and Wellbeing Strategy Refresh Update (30<sup>th</sup> Sep 2015)

2.5 To-date, the following sessions have been carried out:

- Voluntary Sector Ending Youth Violence Network
- Disability Involvement Group
- Mental Health Strategy Group
- NCH Frontline Workforce Focus Group
- Children in Care Council
- NCC Adult Services Frontline Workforce
- Health and Wellbeing Board Third Sector Forum (HWB3)
- Youth Council
- Drug and Alcohol Service User Forum
- Small Steps Big Changes Focus Group
- Youth Cabinet

2.6 Where it was not possible to carry out engagement activity with existing groups/networks (due to time restrictions), signposting to other events was carried out. So far sign-posting has taken place at:

- Homeless Prevention Strategic Interest Group
- Adults and Children's Safeguarding Operational Management Group
- Lesbian, Gay, Bisexual and Transgender (LGBT) Consultative and Scrutiny Forum
- Area Committees

2.7 The results of the sessions are still be collated and coding of the results will begin shortly. The following provides some of the issues that are being highlighted so far:

- The built environment is a key theme with people highlighting that Nottingham's physical infrastructure and appearance needs to be conducive towards people living healthier lives (less cars on the road, less pollution, good and safe bike lanes, more people walking or on public transport, green spaces etc.);
- Diet and healthy eating. Some perception that healthy option is not cheap and that more should be done to encourage people to make different choices. Some other parts of the country highlighted as using planning powers to restrict fast food outlets. Comments included: "Eating well takes effort (cooking) and is often more expensive. Convenient and inexpensive foods are often the least healthy. When people are busy / struggling or don't have much money, their diet is likely to suffer"; "Cheap food is junk food"; "People often don't have the skills to cook a healthy meal";
- Many comments around poverty and deprivation but also balanced by the view that healthy choices do not have to be expensive or out of the reach of people if people make the prioritise and budget properly: "Not having money isn't necessarily the issue, it's budgeting skills and money management, people making bad choices with their money because they don't know how to budget it";
- Employment highlighted as a key factor, not only in relation to poverty and deprivation, but the overall impact that having a routine has on an individual's physical and mental health;
- Social isolation and community highlighted by most groups particularly in regards to mental health. Culture of an area or social group also highlighted with one person saying that "if 90% of the street is unemployed you're more likely to be unemployed, you do what the group do";
- Cuts to services;

- Smoking highlighted and also some comments around having smoke free environments;
- Housing seen as a key issue with some views that the quality of housing for some people is very low. Additional, it has been highlighted that those who do have multiple problems in relation to housing, employment etc. are not likely to have their health at the top of their list of priorities.

2.8 A summary report of the overall results will be produced once the engagement period closes (27<sup>th</sup> Nov 2015).

### **NEXT STEPS**

- Production of Engagement Summary Report;
- Results of the engagement and evidence from the JSNA presented to the Health and Wellbeing Board Development Session in December with a view to developing some headline outcomes, priorities and measures upon which the draft strategy will be based.

### **3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS**

3.1 None.

### **4. FINANCE COMMENTS (INCLUDING IMPLICATIONS AND VALUE FOR MONEY/VAT)**

4.1 Not applicable

### **5. LEGAL AND PROCUREMENT COMMENTS (INCLUDING RISK MANAGEMENT ISSUES, AND LEGAL, CRIME AND DISORDER ACT AND PROCUREMENT IMPLICATIONS)**

5.1 Not applicable

### **6. EQUALITY IMPACT ASSESSMENT**

Has the equality impact been assessed?

Not needed (report does not contain proposals or financial decisions)

No

Yes – Equality Impact Assessment attached

Due regard should be given to the equality implications identified in the EIA.

### **7. LIST OF BACKGROUND PAPERS OTHER THAN PUBLISHED WORKS OR THOSE DISCLOSING CONFIDENTIAL OR EXEMPT INFORMATION**

7.1 None

8. **PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT**

Health and Wellbeing Report: Health and Wellbeing Strategy Refresh Update (30<sup>th</sup> Sep 2015)