

6 September 2017**Agenda Item: 6****REPORT OF COUNCILLOR JOHN DODDY, CHAIR OF THE HEALTH AND
WELLBEING BOARD
REFRESH OF THE NOTTINGHAMSHIRE JOINT HEALTH AND WELLBEING
STRATEGY****Purpose of the Report**

1. To describe progress so far in the refresh of the Nottinghamshire Joint Health and Wellbeing Strategy and secure approval to launch the formal stakeholder consultation for the 2018-2021 Strategy.

Information and Advice

2. A statutory function of the Health and Wellbeing Board is to produce a [Joint Strategic Needs Assessment](#) (JSNA) which identifies the current and future Health and Wellbeing needs of the local population. This in turn informs the priorities in the Joint Health and Wellbeing Strategy. The Strategy is the main way in which the Board executes its statutory responsibilities to:-

- Improve the health and wellbeing of the people in their area
- Reduce health inequalities
- Promote the integration of services

Nottinghamshire's first Health and Wellbeing Strategy covered 2014-2017, so a refresh is now due. In developing the second strategy, it is important to acknowledge the foundations established and lessons learnt along the way. The wider context in which the Board and Strategy operates has also evolved since 2014.

3. We are living longer than ever. However, these additional years are not always spent in good health. There is a gap between overall life expectancy at birth (how long a person can expect to live) and Healthy Life Expectancy (HLE) at birth (the average number of years a person would expect to live in good health). In Nottinghamshire overall, this means that men on average will live until they are 79.4 and 61.1 of those years will be in good health, for women life expectancy averages 82.8 years, with 62.2 in good health (based on data from 2013-15).
4. However, using these indicators at a County level masks the differences between communities. As an example in our communities of highest need HLE for men is 51 years, which means that a for a man living in that area they will be experiencing 15 years of ill health before reaching the current state pension age (66yrs), this will have implications both for them in terms of their quality of life but also for the local economy. For those in the most affluent of communities HLE is 73 years for men which means that they will experience 7 years of good health after reaching state pension age.

5. In December 2015, the NHS document 'Delivering the Forward View: NHS Shared Planning Guidance 2016/17 – 2020/21' outlined a new approach to help ensure that health and care services are built around the needs of local populations. To do this, every part of the health and social care system in England is required to produce a multi-year Sustainability and Transformation Plan (STP), showing how local services will evolve and become sustainable over the next five years – ultimately delivering the Five Year Forward View vision of better health (for Nottinghamshire better health is defined in terms of improved HLE), better patient care and improved NHS efficiency. The residents of Nottinghamshire are covered by 2 STPs:-

- Nottingham and Nottinghamshire
- South Yorkshire and Bassetlaw.

The Better Care Fund (more recently the Improved Better Care Fund) incentivises the integration of care services in line with the STP. It creates a local single pooled budget to encourage the NHS and social care to work more closely together around people, placing their wellbeing as the focus of health and care services, and shifting resources accordingly.

6. More recently in the [Next Steps on the NHS Five Year Forward View](#), there was an announcement that a small number of STPs would become Accountable Care Systems (ACSs). These are to operate in 'shadow' form in 2017/18, becoming 'full' ACSs from 2018/19. ACSs involve all NHS organisations in a local area working together and in partnership with local authorities to take collective responsibility for resources and population health. They are expected to make faster progress than other STPs in transforming the way care is delivered, to the benefit of the population they serve. Nottinghamshire is to benefit from having both STPs identified as developing into Accountable Care Systems. For Nottingham and Nottinghamshire the initial focus will be on the Greater Nottinghamshire area.
7. Focusing solely on the most disadvantaged or 'in need' will not reduce health inequalities sufficiently. The Marmot report [Fair Society, Healthy lives](#) published in 2010 said that addressing the determinants of health and reducing health inequalities will require action through six policy objectives:-
- Give every child the best start in life
 - Enable all children, young people and adults to maximise their capabilities and have control over their lives
 - Create fair employment and good work for all
 - Ensure healthy standard of living for all
 - Create and develop healthy and sustainable places and communities
 - Strengthen the role and impact of ill-health prevention

Whilst some of these require action at a national level, local action is also required and need to be reflected in the Health and Wellbeing strategy.

8. Just like other areas in the UK, Nottinghamshire continues to experience budgetary pressures. 'The Nottinghamshire pound' is being stretched and this has driven a need to raise the threshold for accessing services. There has been more emphasis on people helping themselves and community members helping each other rather than relying on accessing services. It is therefore important that as much health gain as possible is secured from the

places in which we live, recognising the fact that the environments in which people are born, live, study, work, play and grow old shape their health outcomes.

In 2016 the LGA published [Health in All Policies \(HiAP\): a manual for local government](https://www.local.gov.uk/health-all-policies-manual-local-government)¹. This builds on the findings of the Marmot report and the World Health Organisation which emphasise the facts that health starts long before illness, in our homes, schools and jobs. It advocates for the incorporation of health considerations into decision making across sectors. The idea being that partners work together to improve health and health equity (equal access to equal need) and at the same time advance other goals such as improved housing, educational attainment etc. HiAP “starts with the policy area e.g. economic development policy or transport policy not with the public health issue. This encourages thinking about the range of direct and indirect benefits/risks that can be created from that policy rather than ‘just’ addressing obesity or mental health.... Starting with a policy issue also demonstrates that this is about the core activities in that policy area, rather than a health add-on”. In other words it is about recognising potential health impacts in order to accentuate the health gains and where possible eliminate the negative. This type of approach has recently been referred to in ‘[Your Nottinghamshire your future](#)’ Nottinghamshire County Council’s new strategic plan (commitment 6). The plan has four ambitions:-

- A great place to bring up your family
- A great place to build your future
- A great place to enjoy your middle years and later life
- A great place to start and grow your business

Although none of these ambitions makes explicit reference to health, the reality is that there could be significant health gain if these were taken forward in a way that sought to improve health and reduce health inequalities as all 4 ambitions involve the social and economic determinants of health. This approach has the potential to complement the statutory responsibilities conferred on the NHS through the Health and Social Care Act 2012. The Act introduced the first legal duties to address health inequalities, with specific duties on NHS England and Clinical Commissioning Groups, as well as duties on the Secretary of State for Health

9. ‘Giving every child the best start in life’ is crucial for securing health and reducing health inequalities across the life course. The foundations for virtually every aspect of human development – physical, intellectual and emotional are laid in early childhood. What happens during these early years, starting in the womb, has life-long effects on many aspects of health and wellbeing from obesity, heart disease and mental health, to educational achievement and economic status’²
10. In 2015 the Health and Wellbeing Board took part in a Local Government Association peer review. When they considered the Health and Wellbeing Strategy the reviewers concluded that there were too many priorities and some were ‘business as usual’ which didn’t need Board involvement. They made the following recommendations:-
 - The strategy should include fewer things and focus on those which could only be achieved with a combined approach

¹ <https://www.local.gov.uk/health-all-policies-manual-local-government>

² Fair Society, Healthy Lives (2010) – the Marmot review of health inequalities in England, p. 94

- Making the focus on reducing health inequalities clear and explicit across the work of the Health & Wellbeing Board and its Strategy.
- The Strategy should focus on outcomes and be supported by a simple delivery plan including simple measures and timescales to track success
- The Strategy should drive the health and wellbeing agenda across the county and be clear how it relates to the [service] transformation agenda.

The findings have been reflected in the development of the consultation draft.

11. Other partnership Boards also operate across Nottinghamshire e.g. Safer Nottinghamshire Board and the Children's Trust Board. There will be some shared aspirations from a Health and Wellbeing perspective. In view of this it will be important during the refresh to identify where this occurs and agree how best to manage that relationship effectively given the statutory responsibilities that reside with the Health and Wellbeing Board. For instance the Safer Nottinghamshire Board's vision is working together to enable and support communities to be safe, healthy, confident and thriving. It is evident from this that there is a common area of interest.

Progress to date

12. Currently the working assumption is that the **vision** from the first strategy is retained:

To work together to enable the people of Nottinghamshire to live longer, be healthier and have a better quality of life, especially in communities with the poorest health.

This statement reflects the Board's belief that all residents in Nottinghamshire should have the opportunity to make the choices that allow them to live a healthy life, regardless of their income, education or ethnic background.

13. To achieve this the Health and Wellbeing Board will adopt the following approach to all its work.

The Nottinghamshire Health and Wellbeing Board will:

- Concentrate our efforts on issues that require a shared solution.
- Focus on measures which prevent the onset of health problems, disability or dependency.
- Take a life course approach as we recognise that poor outcomes often result from an accumulation of factors and poor life chances over time
- Place health and wellbeing equity at the centre of all public policy making by influencing other agendas e.g. environment planning and transport.
- Build on the strengths of our communities and use place based solutions
- Use the evidence base of what works to guide our decisions and when evidence is weak we will ensure we evaluate and learn
- Recognise that our citizens have a right to participate in the activities and relationships of everyday life as independently as possible and are an active partner in their own care or support rather than a passive recipient

- We will include wider partners such as voluntary and community organisations, service providers, patients/service users, carers and family members equally in planning, delivering and reviewing projects/services.

14. The **four strategic ambitions** proposed focus on how the Board ‘adds value’ and are:-

A. Healthier decision making

We want to make sure that we influence decisions where there is the potential to impact on improving health and reducing health inequalities

B. Healthy and Sustainable Places

We want to create places which maximise the health benefits for citizens that live or work in those places.

This will mean influencing;

- The food environment
- Physical activity
- Tobacco
- Mental wellbeing
- How we plan where we live - spatial planning
- Warmer and safer homes
- Stronger and resilient communities
- Jobs and work
- Domestic abuse
- Compassionate communities supporting those at the end of life
- Substance misuse (drugs and alcohol)
- ASD/Aspergers
- Carers
- Sexual health

Together these will help to;

- ✓ Reduce dental decay
- ✓ Reduce obesity
- ✓ Increase levels of physical activity
- ✓ Increase consumption of fruit and vegetables
- ✓ Reduce impact of smoking
- ✓ Reduce social isolation
- ✓ Improve self-reported well being
- ✓ Reduce impact of drugs and alcohol
- ✓ Improve air quality
- ✓ Reduce avoidable injuries (on the road and at home)
- ✓ Reduce preventable deaths
- ✓ Increase breast feeding
- ✓ Reduce unemployment rates
- ✓ Reduce suicide
- ✓ Improve quality of life for those living with dementia
- ✓ Reduce the prevalence of dementia, diabetes and other long term health conditions

C. A good start in life

- Child poverty
- Children and young people are **safe**
- Children and young people are **happy and healthy**

D. Transforming care services

The residents of Nottinghamshire are covered by 2 STPs; Nottingham and Nottinghamshire, South Yorkshire and Bassetlaw. Both STPs are expected to become Accountable Care Systems from 2018/19. Advanced plans are available to the public and already describe in some detail the transformation planned. These support the statutory requirements of the Health and Wellbeing to promote the integration of services

Stakeholder Consultation proposal

15. The next stage in the development of the refreshed strategy is to secure feedback from stakeholders through consultation. A stakeholder analysis has been undertaken and this is included in Appendix B. The actual document to be consulted on is in appendix C.
16. The focus of the consultation will be online, with a dedicated web page on the Nottinghamshire County Council website. Advance notification has been sent to partners through the Health and Wellbeing Implementation Group, the Health & Wellbeing Board Stakeholder Network and through council and partner citizens and patient groups asking for the consultation to be highlighted and discussed at any meetings during the consultation period.
17. Further communication will be sent once the consultation has started and regular prompts will be issued throughout the consultation.
18. During the consultation period there will be 7 events held in each of the districts across the County. These will be hosted by the Health and Wellbeing Board jointly with the district council and CCG's. The events will be held on:-

District	Date	Time	Venue
Ashfield	3 October	5-7pm	Summit Centre
Bassetlaw	2 October	3-5pm	Retford Town Hall
Broxtowe	5 October	9.30-11.30am	Beeston Library
Gedling	15 September	1-3pm	St Georges Centre, Netherfield
Mansfield	29 Sept	1-3pm	The Towers
Newark and Sherwood	10 October	2-4pm	The Civic Suite, NSDC
Rushcliffe	25 September	10-12pm	Council Chamber, RBC

19. The consultation events will be publicised through the Stakeholder Network and anyone with an interest in health and wellbeing will be invited to attend. This will include service providers, voluntary and community organisations and members of the public.
20. The events will be organised to introduce the Health and Wellbeing Board and the context which it operates in, the role of the Joint Health and Wellbeing Strategy, the proposed approach for the vision, strategic ambitions and potential actions.
21. The consultation period will be from 6th September to 29th October 2017. Members of the Board will have a dedicated session on the 1st November when the initial findings of the consultation will be presented in order for the Board to develop the final version.
22. Whilst Board members will develop the final version of the Strategy and recommend it to Nottinghamshire County Council's Policy Committee, the Policy Committee is responsible for the final approval. This is because the Health and Wellbeing Board is a formal committee of Nottinghamshire County Council.
23. Following the approval of the Strategy then the Board will need to review its governance arrangements to ensure it is fit for purpose. This is being planned into the implementation phase for the new Strategy.

Impact on health inequalities

24. One of the objectives of the statutory responsibilities of the Health and Wellbeing Board is to reduce health inequalities the Joint Health and Wellbeing Board Strategy is the main way in which this is done.

Statutory and Policy Implications

25. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

RECOMMENDATION/S

- 1) Note progress on the refresh of the Nottinghamshire Joint Health and Wellbeing Board Strategy
- 2) Discuss and agree the consultation approach proposed in the report.

Barbara Brady
Interim Director of Public Health

For any enquiries about this report please contact:

Barbara Brady
Interim Director of Public Health
Tel: 0115 977 5781
barbara.brady@nottscc.gov.uk

Constitutional Comments (SLB 22/08/2017)

26. The Health and Wellbeing Board is the appropriate body to consider the content of this report.

Financial Comments (OC 23/08/2017)

27. There are no financial implications contained in this report.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

Electoral Division(s) and Member(s) Affected

All

Appendix A: Suggestions for priorities

Areas of Focus for the HWB Board	For example by 2022 the HWB will use their influence so that	In order to (link to PHOF or relevant national indicator)	How the Board adds value	JSNA reference
1. Influence decisions where there is the potential to impact on improving health and reducing health inequalities	<ul style="list-style-type: none"> Each LA member of the Health and Wellbeing Board will have implemented HiAP https://www.local.gov.uk/health-all-policies-manual-local-government NHS puts greater emphasis on understanding equity of access and outcome in order to ensure health inequalities are part of strategic plans 	<ul style="list-style-type: none"> Impact on factors that influence health 		The people of Nottinghamshire

Strategic Priority 2: Healthy & Sustainable Places

1. Food environment	<ul style="list-style-type: none"> A year on year increase in outlets participating in the Healthier Options Takeaway scheme. All Planning Authorities have planning policies to manage the over-concentration and proliferation of hot food takeaways. All Board members have a food policy and implementation plan which addresses; “healthier food procurement” and sponsorship to make explicit how Board members will work with the food industry whose primary business is foods high in sugar and/or fat. A year on year increase in businesses improving healthy eating as part of the wellbeing at work scheme. Policy for public sector premises means that <ul style="list-style-type: none"> 60 per cent of confectionery and sweets stocked do not exceed 250 kcal, rising to 80 per cent of confectionery and sweets in 	<ul style="list-style-type: none"> Reduce child dental decay Reduce levels of excess weight 2.06,2.12 Improve Diet, 2.11 Improve Fruit and vegetable consumption, 2iiv & 2iivi Reduce children living in low income families. 1.01ii 	<p>Consistent approach across organisations which extends policy work undertaken by NHS Trusts</p> <p>Ensures all partners can monitor and identify when further action needs to be taken to address the growing need for food banks.</p>	Diet & Nutrition Excess Weight
----------------------------	--	---	---	---

Areas of Focus for the HWB Board	For example by 2022 the HWB will use their influence so that	In order to (link to PHOF or relevant national indicator)	How the Board adds value	JSNA reference
	2018/19. <ul style="list-style-type: none"> ○ The number of venues reducing sales of sugary drinks to 10 percent or less of their total drinks sales. ○ 60 per cent of pre-packed sandwiches and other savory pre-packed meals to contain 400 kcal or less per serving and do not exceed five grams of saturated fat per 100g, moving to 75 per cent in 2018/19 			
2. Tobacco Declaration	<ul style="list-style-type: none"> • Increased the number of organisations which have signed up to the Tobacco Declaration and are implementing a plan • HWB partners to implement action plans & complete at least 1 strategic action each year. 	<ul style="list-style-type: none"> • Reduce smoking prevalence, 2.09 	Consistent approach across the system Support and enables those who wish to quit by creating the right environment and reducing impact of second hand smoking	Tobacco
3. Mental wellbeing and Dementia	<ul style="list-style-type: none"> • All partners have endorsed 'Time for change' and are implementing a plan • All partners proactively promote and support 5 ways to wellbeing for their workforce. • All partners demonstrate year on year increase in the number of frontline staff trained in Mental Health first aid and suicide prevention • All partners implement and promote as relevant Dementia friendly communities and hospitals 	<ul style="list-style-type: none"> • Reduce attendances at A&E for self-harm per 100,000 population, 2.10i • Improve self-reported well-being, 2.23 • Reduce Excess under 75 mortality rate in adults with serious mental illness, 4.09 • Reduce age standardised mortality rate from suicide and injury of undetermined intent, 4.10 • Health related quality of 	Visible leadership, promotion and endorsement of Parity of Esteem.	Suicide prevention Dementia

Areas of Focus for the HWB Board	For example by 2022 the HWB will use their influence so that	In order to (link to PHOF or relevant national indicator)	How the Board adds value	JSNA reference
		life for older people, 4.13		
4. Physically Active Lives	<ul style="list-style-type: none"> To develop and improve physical activity opportunities with communities using evidence and customer insight focusing on those that can benefit the most. To ensure physical activity and sport is part of more children and young people's lives in and out of school as they grow up. To utilise the principles of active design within plans for residential developments, in line with the Spatial Planning and Health Engagement Protocol. To maximise opportunities to develop and deliver joined-up annual walking and cycling infrastructure programmes and improvements. To maximise opportunities to develop and deliver joined-up activities to promote and encourage more people to walk and cycle more often. Every HWB Board member develops and implements workplace travel plans to encourage active and safe travel for employees travelling to work and visitors when visiting workplaces Every HWB Board member to consider/review its fleet's impacts on local air quality as part of procurement processes. 	<ul style="list-style-type: none"> Increase percentage of physically active adults, 2.13 Increase self-reported wellbeing, 2.23 Reduce killed and seriously injured casualties, 1.10 Increase percentage of physically active/inactive adults, 2.13 Reduce mortality due to air pollution, 3.01 	<p>Greater emphasis on health improvement outcomes by leading on this agenda within their organisations</p> <p>More effective joint working on work programmes to maximise outcomes</p> <p>More consistent approach</p>	Physical Activity Excess Weight Falls and Bone health Air Quality Road Safety
5. Health and Spatial planning	<ul style="list-style-type: none"> Every Local Authority and NHS organisation in Nottinghamshire adopts and implements the Planning & Health Engagement Protocol. 	<ul style="list-style-type: none"> Increase percentage of physically active/inactive adults 2.13 Reduce levels of excess 	Bring together the Planning and Health & Wellbeing systems and agenda	Physical Activity Air Quality

Areas of Focus for the HWB Board	For example by 2022 the HWB will use their influence so that	In order to (link to PHOF or relevant national indicator)	How the Board adds value	JSNA reference
	<ul style="list-style-type: none"> • Developers effectively engage with the implementation of the Planning & Health Engagement Protocol. • Work with District and Borough Councils to maximise homes which are accessible for residents with mobility issues 	weight 2.06,2.12 <ul style="list-style-type: none"> • Increased wellbeing 2.23 • Reduce mortality due to air pollution 3.01 		Road Safety Diet & Nutrition Housing
6. Warmer and safer homes	<ul style="list-style-type: none"> • Promote a campaign around fuel switching to reduce fuel poverty. • Promote the work of the Warm Homes on Prescription scheme to health partners and offer support in linking in with frontline health staff; NHS staff who undertake home visits • Improve housing standards in the Private Rented Sector • Support and encourage projects which seek to improve housing standards in the private rented sector • All Members recognise the impact of poor quality housing and support efforts by District Councils and partners to improve • Encourage and support effective integrated working across health; social care and housing, including supporting the development and recognition of a Memorandum of Understanding across the three sectors to make a commitment to more integrated working. • Support the exploration of opportunities to integrate housing support services to provide a more integrated offer for Nottinghamshire residents • Help people move on from supported accommodation where their support needs can be met within general needs 	<ul style="list-style-type: none"> • Reduce hospital Admissions unintentional injuries children 2.07 • Reduce fuel poverty 1.17 • Reduce injuries due to falls in people aged 65 and over 2.24 • Reduce excess winter deaths 4.15 	Promotion of approaches across Nottinghamshire Leadership across the system Awareness raising across Nottinghamshire residents	Housing Falls and Bone health Winter warmth and excess winter deaths

Areas of Focus for the HWB Board	For example by 2022 the HWB will use their influence so that	In order to (link to PHOF or relevant national indicator)	How the Board adds value	JSNA reference
	accommodation			
7. Vibrant and supportive communities	<ul style="list-style-type: none"> Pending final approval of integrated strategy for supporting local communities 			
8. Jobs and work	<ul style="list-style-type: none"> Aim to improve the economic wellbeing of families in Nottinghamshire. With a focus on improve the prevention and identification of conditions which lead to long term sickness and absence with the Wellbeing@Work programme. Embed the principles of fit for work across the county linking employers and social prescribing models to generate pathways to improve access to enablement and return to work. Year on year increase in the number of accredited healthy workplaces 	<ul style="list-style-type: none"> % of all respondents in the Labour Force Survey classed as employed 1.08iv % of all respondents in the Labour Force Survey classed as employed 1.08iv % gap in the employment rate between those with a long-term health condition and the overall employment rate, 1.08i % of the population aged 16-64 years who are economically inactive (with % long term sick from NOMIS Data) % of working days lost due to sickness absence in the previous working week, 1.09ii 	Ensuring partners advocate for the programme of work and push for a change to the current culture and work place environment.	
9. Domestic Violence and Abuse	<ul style="list-style-type: none"> Health and social care, housing and other front line professionals will know how to respond to disclosures of domestic abuse Communities in Nottinghamshire will understand how to respond to domestic and 	<ul style="list-style-type: none"> Domestic abuse incidents reported to police 1.11 Violent crime, 1.12i 	Consistent approach across the system Opportunity to influence health & social care and wider public	Domestic Violence and abuse

Areas of Focus for the HWB Board	For example by 2022 the HWB will use their influence so that	In order to (link to PHOF or relevant national indicator)	How the Board adds value	JSNA reference
	sexual abuse e.g. Ask Angela			
10. Compassionate communities supporting those at the end of life	<ul style="list-style-type: none"> Pending recommendations from JSNA chapter refresh currently underway 	<ul style="list-style-type: none"> No specific indicator in outcomes framework. Indicator is proportion of deaths (all ages) across the settings of home, hospital, hospice or 'other places' 	Consistent approach across the system Opportunity to influence health & social care and wider public	JSNA chapter refresh currently underway
11. Substance misuse	<ul style="list-style-type: none"> Partnership approach to tackling the three themes of Reducing Demand, Restricting Supply and Reducing Harm 	<ul style="list-style-type: none"> Successful completions of opiate treatment 2.15i Successful completions of non-opiate treatment 2.15ii Successful completions of alcohol treatment 2.15iii 	Consistent approach across the county and linking the key stakeholders who will need to work in partnership to deliver this.	Substance Misuse
12. ASD/Asperger's	<ul style="list-style-type: none"> Pending recommendations from JSNA chapter refresh currently underway 		Oversight of a whole system joined up approach to Autism. Influence on commissioners and providers to improve awareness & autism sensitive service delivery.	JSNA chapter refresh currently underway for both Autism & Learning Disability
13. Carers	<ul style="list-style-type: none"> Partners use standardised training package to enable staff to identify carers (who often do not identify with the term 'carer') who are using the service or are part of their workforce and to signpost them to appropriate information, advice and support services Year on year increase in the numbers of frontline staff/managers receiving training Include awareness of carers needs in 	<ul style="list-style-type: none"> Percentage of carers who have as much social contact as they would like, 1.18ii 	Consistent approach across the County Reaching a wider group of carers than specialist carer support services can by involving all partner services	Carers

Areas of Focus for the HWB Board	For example by 2022 the HWB will use their influence so that	In order to (link to PHOF or relevant national indicator)	How the Board adds value	JSNA reference
	community schemes aimed at promoting strong and resilient communities and reducing social isolation			
14. Sexual Health	<ul style="list-style-type: none"> Promote a culture to support good sexual health for all that reduces stigma, discrimination, prejudice and health inequalities All partners across the wider health system support good sexual health Prevention is prioritised to reduce the rates and onward transmission of HIV and STIs Access to and uptake of HIV and STI testing is increased across a range of settings to tackle late diagnosis of HIV, ensure early detection of STIs, enable contact tracing, and reduce transmission 	<ul style="list-style-type: none"> Under 18 conceptions, 2.04 Chlamydia diagnosis, 3.02 People presenting with HIV at a late stage of infection, 3.04 	Secure commitment of the whole system to promote SH improvement and prevention targeted to the most vulnerable or at risk across the county, and especially in areas where Nottinghamshire is not achieving PH Outcome	Sexual Health

Strategic Priority 3: A good Start

Areas of Focus for the HWB Board	For example by 2022 the HWB will use their influence so that	In order to (link to PHOF or relevant indicator)	How the Board adds value	JSNA reference
1. Child poverty	<ul style="list-style-type: none"> To improve the life chances of children and families by working in partnership to reduce levels and the impact of child poverty To increase uptake of funded childcare provision to close the attainment gap and support parents into work. To increase the uptake of Pupil Premium for children and young people eligible for Free School Meals (3-18 year olds). Working with partners identified as 'trainers' to roll out child poverty and welfare reforms awareness training for staff working with children and families. To provide opportunities for parents to be 	<ul style="list-style-type: none"> All life expectancy SII/gap measures from birth, 0.2i, 0.2iii, 0.2iv, 0.2v Child poverty, 1.01i, 1.01ii School Readiness, 1.02i Young People not in education, training or employment, 1.05i Gap in the employment rate between those with a long term condition / mental health and the 	Consistent approach across organisations to improve the life chances of children and their families.	Child Poverty Pregnancy and early years

Areas of Focus for the HWB Board	For example by 2022 the HWB will use their influence so that	In order to (link to PHOF or relevant national indicator)	How the Board adds value	JSNA reference
	<p>job ready, by improving skills, confidence, mental health and aspirations for their families.</p> <ul style="list-style-type: none"> • Increase families' money management skills and build financial resilience for children and families. • Working across agencies to establish referral routes for employment support for parents with mental health issues. • To increase the number of 16-18 year olds in education, employment or training by providing more apprenticeships for young people. 	<p>overall employment rate, 1.08i, 1.08ii, 1.08iii</p> <ul style="list-style-type: none"> • Statutory Homelessness and households in temporary accommodation, 1.5ii • Low birth weight, 2.01 		
2. Children and young people are safe	<ul style="list-style-type: none"> • Year on year increase in the numbers of frontline staff/managers receiving training on 'emerging threats' including child sexual exploitation, radicalisation and cyberbullying. • Multi agency support and protection provided to young person at risk 	<ul style="list-style-type: none"> • Pupil absence, 1.03 • First time entrants to the youth justice system 1.04 • Proportion of people in prison aged 18 or over who have a mental illness, 1.07 • Domestic abuse, 1.11 • Violent crime (including sexual violence), 1.12 • Self-harm, 2.10 	Consistent approach across the county, all stakeholders aware of the issues and work in partnership to reduce threats to children.	
3. Children and young people are happy and healthy	<ul style="list-style-type: none"> • More young people have good mental health – Health and Wellbeing Board oversight of implementation of Future in Mind Transformation Plan (2015-2020) • More babies are breastfed (Implement Breast Feeding Friendly Places) • Develop a partnership of good practice for childcare, early education, and whole school approaches to food. 	<ul style="list-style-type: none"> • Increase breast feeding at 6 weeks, 2.02 • Emotional well-being of looked after children, 2.08 • Self-harm, 2.10 • Self-reported well-being, 2.23 • Suicide rate**NHSOF 1.5iii 4.10 	HWB maintain focus on CYP's mental health, ensuring partners deliver on their responsibilities.	Breast Feeding Excess Weight

Appendix B Stakeholder analysis and consultation methodology

<p>Keep satisfied (regular/ad hoc as required) Try to engage about area of interest/increase interest if appropriate</p> <p>NCC customer services Citizens panels (NCC & districts) CCG Patient forums Youth parliament Parish councils Service users/carers User groups Local media</p>	<p>Key players (manage closely) Focus energy/resources here. Regular/frequent comms, keep engaged</p> <p>District councils CCGs NHS England Health watch Police OPCC NCC Corporate CLT NCC Cllrs STP Leadership Boards</p>
<p>Monitor (occasional comms/minimal focus)</p> <p>Local MPs Public Health England</p>	<p>Keep informed (regular/frequent comms) Potential supporters/ambassadors</p> <p>NHS PALs/PETs Children's Trust Board Safer Notts Board Voluntary sector organisations Health and social care service providers Local Pharmaceutical Committee Local Medical Committee</p>

Stakeholders include:

Anyone who affects or is affected by the strategy; groups or persons who have a stake, a claim or an interest in the operations and decisions; supply resources that are critical to the success of the enterprise; they have something of value 'at risk' i.e. their own welfare is directly affected by the fate of the enterprise (e.g. quality, environment); they have 'sufficient power' to affect the performance of the enterprise, either favourably or unfavourably (e.g. withdraw volunteers).

Nottinghamshire Joint Health and Wellbeing Strategy

The Background - What is the Joint Health and Wellbeing Strategy?

It is the County's overarching plan for improving health and wellbeing outcomes for our residents whilst also reducing health inequalities. It is the main way in which the Board executes its legal duty to work on;

- Improving the health and wellbeing of the people in their area
- Reducing health inequalities
- Promoting the integration of services

In Nottinghamshire we believe that all our residents should have the opportunity to make the choices that allow them to live a healthy life, regardless of their income, education or ethnic background. Whilst there is a lot that can be done to keep people healthy and independent we also know that for some of our residents the time will come when they may need some extra help and support to live well with frailty or ill health. When that happens we will work with care services (NHS and social care) along with housing to ensure people get the care and support they need at the right time and in the right place

Our Vision and approach to Health and Wellbeing in Nottinghamshire

Our Vision:

'To work together to enable the people of Nottinghamshire to live longer, be healthier and have a better quality of life, especially in communities with the poorest health'

To achieve this we will use the following approach:

- *We will concentrate our efforts on issues that cannot be achieved independently and require a shared solution.*
- *We will focus on preventive measures helping people and communities to support each other and prevent problems from arising*
- *We will take a life course approach when considering how best to focus actions to improve health and wellbeing, recognising that many poor outcomes result from an accumulation of factors and poor life chances over time*
- *Health and wellbeing equity will be at the centre of all public policy making by influencing other agendas such as employment, housing, economy, environment planning and transport*
- *We will build on the strengths of our communities and use place based solutions*
- *We will make decisions based on evidence or when evidence is weak evaluating so we learn*
- *We will include wider partners such as voluntary and community organisations, service providers, patients/service users, carers and family members equally in planning, delivering and reviewing projects/services.*

Q1 Do you agree with the overall Vision?

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

Is there anything missing from the Vision?

Q2 Do you agree that we are taking the right approach?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

Do you have any comments about our approach?

Our strategic ambitions to focus on how the Board 'adds value' and are

1. Healthier decision making.

We want to make sure that we influence decisions where there is the potential to impact on improving health and reducing health inequalities

2. Healthy and Sustainable Places

We want to create places which maximise the health benefits for citizens that live or work in those places.

This will mean influencing

- The food environment
- Physical activity
- Tobacco
- Mental wellbeing
- How we plan where we live - spatial planning
- Warmer and safer homes
- Stronger and resilient communities
- Jobs and work
- Domestic abuse
- Compassionate communities supporting those at the end of life
- Substance misuse (drugs and alcohol)
- ASD/Aspergers
- Carers

Together these will help to

- ✓ Reduce Dental decay
- ✓ Reduce obesity
- ✓ Increase levels of physical activity
- ✓ Increase consumption of fruit and vegetables
- ✓ Reduce impact of smoking
- ✓ Reduce social isolation
- ✓ Improve self-reported well being
- ✓ Reduce impact of drugs and alcohol
- ✓ Improve air quality
- ✓ Reduce avoidable injuries (on the road and at home)
- ✓ Reduce preventable deaths
- ✓ Increase breast feeding
- ✓ Reduce unemployment rates
- ✓ Reduce suicide
- ✓ Improve quality of life for those living with dementia
- ✓ Reduce the prevalence of dementia, diabetes and other long term health conditions

3. A good start in life

- Child poverty
- Children and young people are **safe**
- Children and young people are **happy and healthy**

4. Transforming care services

The residents of Nottinghamshire are covered by 2 Sustainability and Transformation Plans (STPs); Nottingham and Nottinghamshire, South Yorkshire and Bassetlaw. Both STPs are expected to

become Accountable Care Systems from 2018/19. Advanced plans are available to the public and already describe in some detail the transformation planned. These support the statutory requirements of the Health and Wellbeing Board to promote the integration of services

Q3 Do you support the 4 strategic ambitions?

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

Is there anything missing from our ambitions?

Q4 We have started to identify potential priorities for action for the Health and Wellbeing Board under the Strategic Ambitions **2. Healthy and sustainable places** and **3. A good start in life**.

Do you think that these are the right priorities for action for the Health and Wellbeing Board?

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

Do you think anything is missing from the priorities for action listed?

To help us analyse the responses please indicate what type of organisation you are responding on behalf of. Please tick all of the following that apply

- ☐ Public sector organisation in Nottinghamshire
 - ☐ Private sector
 - ☐ Third Sector or not for profit organisation
 - ☐ As a County or District Councillor
 - ☐ On behalf of a local community group
 - ☐ None of the above (please state below)
-

If you're responding on behalf of an organisation or group please say which one:

Do you have any responsibility for a particular part of the County? **Please tick all that apply**

- ☐ Ashfield
- ☐ Bassetlaw
- ☐ Broxtowe
- ☐ Gedling
- ☐ Mansfield
- ☐ Newark & Sherwood

- ☐ Rushcliffe
- ☐ Outside of Nottinghamshire (including Nottingham City)

Stakeholder Network

There is a Stakeholder Network of interested people and organisations which is kept informed of what's happening mainly through emails but also events to discuss particular topics.

Are you already a member of the Nottinghamshire Health & Wellbeing Board Stakeholder Network?

- ☐ Yes
- ☐ No

Would you like to join? Please give an email address we can contact you on:
