Nottinghamshire County Council

Our Strategy for Health & Wellbeing in Nottinghamshire:

Priorities for 2012 - 2013

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Glossary & Definitions

Acute: Symptoms are of quick onset, relatively severe and are usually not permanent

Carer: A person who looks after another who is ill, infirm or disabled over a period of time, this can be paid or unpaid and is usually a family member Co-dependent: On cannot exit without the other or work well with out the other

Commissioning: The process of allocating budgets and buying resources, services or appropriate interventions.

Chronic: Persisting over a long period of time or indefinitely

Death rate: The number per 100,000 (or number specified) of dying of a specific disease or related to a particular behaviour i.e. smoking

Early intervention: The step after prevention; catching a disease, condition, behaviour early and intervening to minimise the effected or improve the outcome.

Health Inequalities: The variation in health that cannot be explained by genetic factors and is usually dependent upon wider determinants of health

Healthy Life Expectancy: A figure representing the number of years, based on known statistics, to which any person of a given age may reasonably expect to live in good health

Incidence: The number of new instances of a specific condition within a specified period of time. Although sometimes loosely expressed simply as the number of new cases during some time period it can be expressed as new cases per 100,000 or other denominator

Indicators: A set of measureable outcomes or targets.

Inequalities gap: The difference in health, education, well being and income of between the most and least deprived in society.

Interventions: Service, products or projects put into place to intervene in a particular problem or issue to help address or over come that issue.

Life Expectancy: A figure representing the number of years, based on known statistics, to which any person of a given age may reasonably expect to live.

Mortality: is incidence of death in a population. It is measured in various ways, often by the probability that a randomly selected individual in a population at some date and location would die in some period of time

Morbidity: is an incidence of ill health. It is measured in various ways, often by the probability that a randomly selected individual in a population at some date and location would become seriously ill in some period of time.

Obese: An individual with a BMI of 30 or more is considered to be obese, of normal weight is a BMI of 18-25

Outcomes Framework: A set of indicators or measure set by central and local government to establish if progress in specific areas is being made, these are often targets or performance indicators.

Partners: Statutory authorities, charities, organisations and businesses who work together to achieve a goal.

Prevalence: The total number of cases of a disease in a given population at a specific time, often express as the number of cases expected per say 100,000 or other appropriate denominator.

Preventable deaths: The number of deaths that occur before full life expectancy is reached due to a particular disease or lifestyle behaviour.

Prevention: To stop something occurring, or to reduce the likelihood of something occurring

Socio economic group: Individuals are group by a set of economic, educational, work status, and sociological measures individuals are then classified into groups based on the output of these measures.

Substance misuse: Is used to cover drug and alcohol misuse. The term 'drugs' extends beyond illegal drugs such as heroin, cocaine, amphetamines, to the misuse of other drugs, prescription only medicines (POM) such as anabolic steroids and benzodiazepines, over the counter medicines (OTC) such as preparations containing codeine

Tiered Approach: A layered/pyramid approach where by the level of resource and intervention mirrors a reducing need in terms of numbers with a condition put possibly an increase in cost as the interventions become more complex/intensive with increase severity on a scale of health/wellness.

Transitional: Moving from one thing into another making a transition in this case we mean from childhood into adult hood or from children's services into adult services.

Universal: Encompassing all of the members of a class or group. common to, involving, or proceeding from all in a particular group. applicable to or affecting many individuals, conditions, or cases; general

Abbreviations

JSNA	Joint strategic Needs Assessment
BMI	Body Mass Index
COPD	Chronic Obstructive Pulmonary Disease
BBV	Blood Borne Virus(es)

1. OUR AMBITION

Our aim is that the people of Nottinghamshire have longer, healthier and happier lives.

Through better joined up working across health, social care and wider communities, we want to make a real difference in improving health and wellbeing opportunities for all.

1.1. What is Health & Wellbeing

Health is often stated as being an absence of illness or disability. However, health and wellbeing recognises that a persons overall feeling of 'wellness' includes a sense of physical, mental and social wellbeing and therefore, takes a much wider view of what affects a person's life experience.

2. THE HEALTH & WELLBEING BOARD AND ITS PARTNERS

The passing of the Health & Social Care Act in 2012 places a duty upon Nottinghamshire County Council to establish a Health & Wellbeing Board and develop a supporting strategy to meet the health and wellbeing needs of local people from April 2013. The shadow Nottinghamshire Health & Wellbeing Board was set up in May 2011 to lead work across health and local government in advance of the Health & Social Care Act. It is a partnership committee to improve the health and wellbeing of the people of Nottinghamshire.

Our strategy is published by Nottinghamshire County Council, as the lead partner who will take on its statutory responsibility to produce a Health & Wellbeing Strategy from April 2013.

Partner organisations that are members of the Health & Wellbeing Board are:

Local Authorities: Nottinghamshire County Council, Gedling Borough Council and Newark & Sherwood District Council; on behalf of Ashfield District Council, Bassetlaw District Council, Broxtowe Borough Council, Mansfield District Council, and Rushcliffe Borough Council.

The NHS: NHS Nottinghamshire County (clustered with Nottingham City) and NHS Bassetlaw (clustered with South Yorkshire,) Bassetlaw Commissioning Organisation, Mansfield & Ashfield Clinical Commissioning Group (CCG), Newark & Sherwood CCG, Nottingham North and East CCG, Nottingham West CCG and Principia Rushcliffe CCG.

Local Involvement Network (LINks). HealthWatch will be represented from 2013.

Other Partners: In addition, there is a wide network of important partners which work together to influence health and wellbeing, these include:

Nottinghamshire Police, Nottinghamshire Fire and Rescue, Nottinghamshire Probation Trust, Health Protection Agency, Jobcentre Plus, as well as the education and business sector.

Partnership boards include the Safer Nottinghamshire Board (SNB), Adult and Children's Safeguarding Boards, the Children's Trust Executive and district level partnerships groups such as Local Strategic Partnerships and Community Safety Partnerships.

Providers of services relating to health and wellbeing: The largest health providers within Nottinghamshire include Nottingham University Hospitals NHS Trust, Nottinghamshire Healthcare NHS Foundation Trust, Sherwood Forest Hospitals NHS Foundation Trust, Doncaster & Bassetlaw Hospitals NHS Foundation Trust and East Midlands Ambulance Service NHS Trust. Across health and social care, there are a wide range of providers including private, independent and voluntary sector providers.

3. HOW WE GOT WHERE WE ARE

3.1. Priority Setting & Consultation

We agreed to produce our initial Health & Wellbeing Strategy to bring together identified priorities that are common to the core Health & Wellbeing Board partners.

A public consultation exercise was undertaken to obtain views on the strategy content from members of the public and a range of interested parties, such as service providers, public bodies, user groups and businesses.

The consultation ran between 22 February and 21 March 2012, on the Nottinghamshire County Council website, in local libraries and through the Health & Wellbeing Board network.

The consultation confirmed that the list of priorities was supported by the majority of responders. However people requested that further detail be added to identify definite actions and outcomes. A full consultation feedback document is available on the Nottinghamshire County Council Website.

3.2. Our Principles

Our first Health & Wellbeing Strategy for Nottinghamshire includes common priorities across members of the Health & Wellbeing Board. Review of these priorities against the Joint Strategic Needs Assessment (JSNA) confirms that they represent existing local needs. Through, the Joint Strategic Needs Assessment (JSNA) we classify a wide and diverse range of needs, and also illustrate the variation in these needs across Nottinghamshire.

The Health & Wellbeing Board is committed to improving health and wellbeing for local people, but it must prioritise areas of greater need and greater potential to make improvements, so that it can make the best use of available finances.

Our Health & Wellbeing Strategy has been developed by using a set of agreed criteria to allow different areas of need or services to be compared and prioritised. These criteria include:

- Whether the service addresses unmet local need
- The benefit that can be produced from a change in service. Whether it will extend life, improve quality of life or close the gap in health inequalities
- The level of certainty that the change will deliver real improvements, using evidence from where its been used before.
- Whether improvements can be measured
- If the cost is reasonable compared to the level of benefit produced
- Whether benefits will be seen in a practical timeframe
- Whether there is potential to improve efficiency or quality through joint working
- Whether the community supports the proposed change.

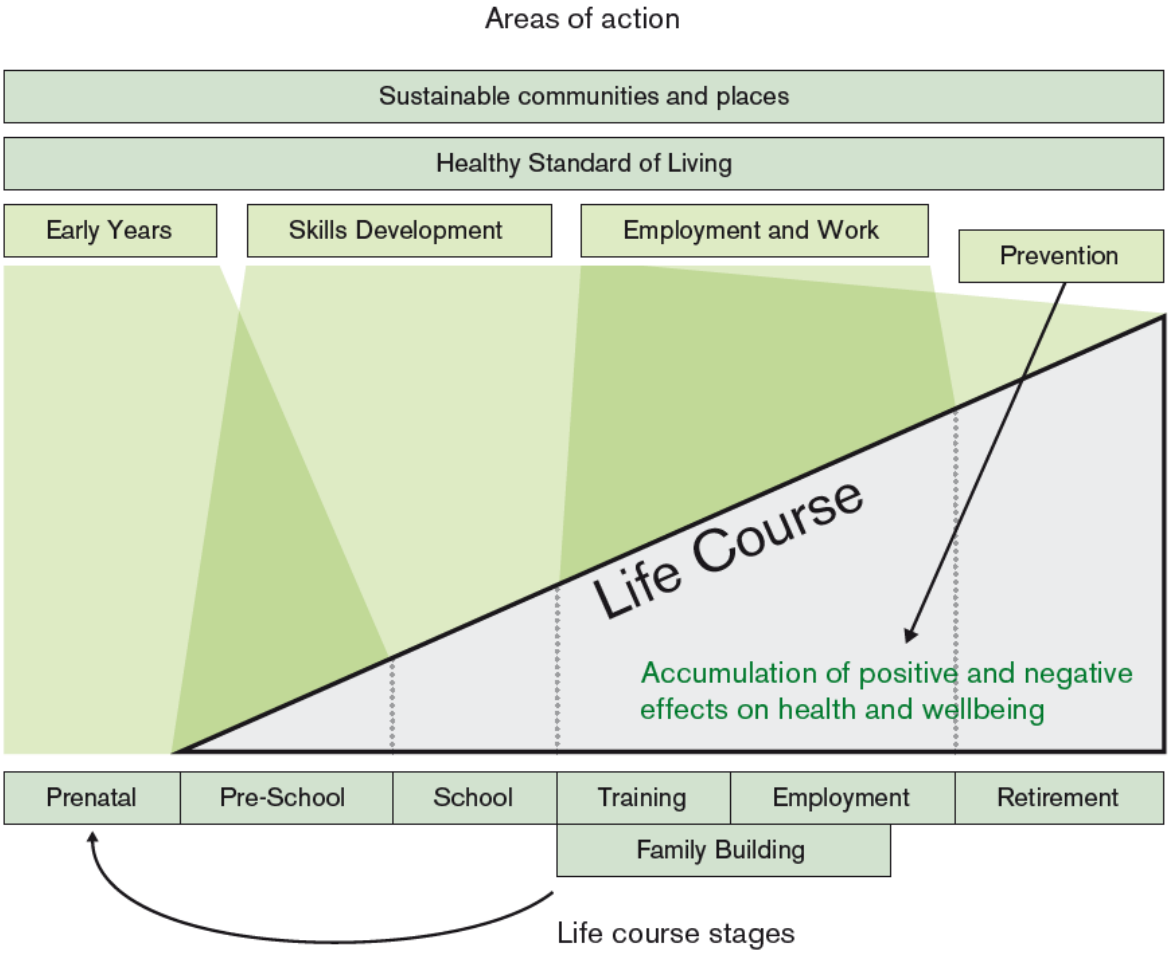
Themes have been prioritised on the basis that one organisation alone cannot address all the causes or offer all the solutions. They require partners to work together to tackle the issue.

Our strategy illustrates the wide range of individual local needs, such as mental health and emotional wellbeing, smoking or obesity. In practice, we know that people often have multiple needs. Therefore we encourage a person-centred approach to deliver services that tackle the multiple needs of an individual, their families and communities and promote joined up services across our health and wellbeing partners.

3.3. Our Approach

Life Course Model: Health & Wellbeing is important throughout life from cradle to grave. Our strategy uses the Life Course approach to help understand and group the needs in our communities, as suggested by Marmot [1] see Figure 1. We aim to use these themes, principles and stages more thoroughly in later versions of our strategy.

Figure 1: Life Course Approach and the Effects of Society (Marmot 2010)



Tiered Approach: We have taken a tiered approach to interventions ranging from preventing ill health to end of life care. This allows us to meet a wide variety of need with the appropriate levels of intervention.

Inequalities: We want to tackle inequalities across Nottinghamshire and increase healthy life expectancy for the most unequal in Nottinghamshire.

Equality & Diversity: This strategy is compliant with the Equalities Assessment Act 2010 [2] and works to protect all nine characteristics identified within it and ensure equal access for all.

The 9 characteristics are; Age, Race (includes Nationality and Ethnicity), Pregnancy & Maternity, Gender, Disability, Marriage & Civil Partnership, Sexual Orientation, Religion/Belief and Gender Re-assignment.

Joining up co-dependent strategies and approaches: We recognise that many of the factors described, particularly in the behaviour and wider determinants sections are co-dependent, complement and overlap other strategies such as the Safer Nottinghamshire Board Strategic Assessment and troubled families agenda therefore it is important for the strategic groups to liaise and join wherever appropriate.

3.4. Work Programme

Our Health & Wellbeing Strategy for 2012-13 provides a useful baseline to build further work upon. It forms the start of a longer term work programme that will respond to emerging evidence, and ongoing consultation and engagement to maintain an up-to-date and accurate Health & Wellbeing Strategy for Nottinghamshire.

The needs being highlighted through the JSNA will be considered alongside the strategy and a work programme agreed to develop the strategy and JSNA further. This will identify new and emerging needs and the best action to improve health and wellbeing.

Unless specifically stated, all the sections within the strategy cover the spectrum of the Life Course (all ages) and all 9 protected characteristics for Equality & Diversity (All groups). The work programme & commissioning plans consider identified need from all groups and will specifically aim work at a particular group where inequalities exist.

3.5. Delivery

The Health & Wellbeing Board promotes joint working so that we can identify new ways to bring about added benefits.

There are a range of structures in place to commission local services effectively. By joining these up under the Health & Wellbeing Board structures, we can make sure we avoid duplication, and improve efficiency and collaboration.

Whilst the JSNA and Health & Wellbeing Strategy describe the local needs and high level priorities, strategic commissioning groups bring local partners together to agree specific actions to address each priority area and make sure that they deliver the anticipated benefit.

An overarching action plan will be maintained through our Health & Wellbeing Implementation Group to monitor delivery of the strategy and ensure that the strategy aligns with local commissioning plans.

Joint commissioning is an important delivery mechanism for short term service change within its current scope of work. The associated commissioning priorities will therefore be a subset of the overall objectives included in our Health & Wellbeing Strategy.

3.6. Measuring Success: Outcomes Frameworks

The Overarching Outcome for the Strategy is: To improve health, the length and quality of life for people in Nottinghamshire.

It is important to make sure that real health and wellbeing improvements are delivered through the implementation of this strategy. The best way to achieve this is to use recognised measures to monitor the benefits arising from agreed priority actions.

An 'Outcomes Framework' provides a national template on how measures can be used to monitor different priority areas. There are currently three nationally recognised outcomes frameworks relating to health and wellbeing covering the NHS, adult social care and public health. Further work is planned around Children & Young People and Commissioning of Services.

Each framework includes a variety of individual measures and therefore a small set of core measures or indicators will be agreed that are pertinent to the priority areas included in the Health & Wellbeing Strategy.

The development of this local outcomes framework needs careful attention so that the indicators add value by showing how we are improving services according to local need. Examples of possible indicators are included in sections of this strategy, but further work is being taken forward to agree the local framework for use across health and wellbeing partners.

4. A PICTURE OF NOTTINGHAMSHIRE

Nottinghamshire covers an area of 805 sq miles, with the largest concentration of people found in the Greater Nottingham conurbation (including Nottingham City), the suburbs of which lie mostly outside the city boundary.

The towns of the county are Mansfield (87,500*), Kirkby-in-Ashfield (27,000*) Sutton-in-Ashfield (45,400*), Newark-on-Trent (26,700*), Worksop (43,500*) and Retford (21,700*). About a fifth of the population live in rural areas, mostly in small (under 10,000 population) towns and villages.

Nottinghamshire has an ethnically and culturally diverse population with areas of affluence and deprivation; some of the northern parts of the county are ex-mining communities.

Nottinghamshire has a population of 779,900† and a workforce of around 360,000. Overall, slightly more women (50.8%) than men (49.2%) live in Nottinghamshire, with approximately 64% of people aged between 16 and 65 years. People are slightly older, compared to the East Midlands and England averages.

Ashfield, Broxtowe, Mansfield and Rushcliffe have a greater proportion of younger people, whilst Bassetlaw, Gedling and Newark and Sherwood have a high proportion of older people.

The population of the county is projected to grow by almost 24% by 2031, compared to an England growth of just over 19% in the same period. However the number of residents in some areas is growing faster than others. The population of Newark and Sherwood is predicted to grow by 30% by 2031, whilst Gedling shows growth is expected to be less than 17%.

Key Messages

- **In 2010 the population of Nottinghamshire was approximately 779,900. Of these approximately 18% were under 16 years and 18.1% over 65 years.**
- **Population is predicted to grow by 24% by 2031.**
- **The 25-44 year old population is greater in western part of the county.**
- **The 45-65 year population is more largely concentrated to the east of the county.**
- **The average age in Nottinghamshire is above the East Midlands and national averages and is rising as life expectancy continues to increase.**
- **In the county 19.97% of people identify themselves as having a limiting long term illness.**
- **9.8% of people in the county felt that their general health was not good, rising to over 12% in Mansfield.**

* Population of the town centres
† Mid 2010 estimate.

4.1. Health & Wellbeing in Nottinghamshire: A Summary

The health of people in Nottinghamshire is mixed compared to the England average [3]. Deprivation is lower than average, however 27,080 children live in poverty. There are persistent health inequalities across the county in all areas of health and wellbeing; with some communities disproportionally bearing the burden of ill health and inequity.

Life expectancy: Within Nottinghamshire, overall life expectancy for women is lower than the England average. There is variation across Nottinghamshire, where Life expectancy is 9 years lower for men and 7.7 years lower for women in the most deprived areas of Nottinghamshire than in the least deprived areas[†] See page 9 for further details.

Health & Illness: In the county, 19.97% of people said they had limiting long term illness and in some districts this was as high as 24%. In addition 9.8% of people felt their general health was not good, rising to 12% in Mansfield.

Death Rates: Over the last 10 years, death rates from any cause have fallen. Early death rates from heart disease and stroke have fallen.

Whilst early death rates from cancer have also fallen, levels are still worse than the England average. Road injuries deaths are higher than average.

Unhealthy behaviours/lifestyles: About 17.8% of year 6 children are classified as obese. 55.2% of pupils spend at least 3 hours each week on school sport.

An estimated 20.4% of adults smoke and 20.4% are obese.

Economics, Education & Aspiration: The economic climate also affects the health and wellbeing of the population through, for example, unemployment, homelessness and debt management. Delivery of services is also intrinsically linked to available resources. Therefore, it is important to consider the implications of the financial climate as part of the strategy. Levels of GCSE attainment are worse than the England average.

Carers: Nottinghamshire has a higher proportion of carers in the population than the England average, with highest numbers in the Ashfield area. 83,000 carers identified themselves in the 2011 Census, of which 26,000 provided 20 hours or more regular care. The majority of carers were aged 35 – 59, however there were also 4,700 young carers (aged 5-24yrs average 12yrs) spending 19hours per week caring. A recent BBC survey highlighted that as many as 8% of secondary school children may be carers.

4.2. Health & Wellbeing Inequalities in Nottinghamshire

Health is improving but not at the same rate for everyone. Some health differences are to be expected, for example, older people are more likely to become ill, and so can be expected to consume more health and social care service resources.

However, some groups have a higher presence of disease, worse health outcomes, or worse access to health care that cannot be explained by differences in need. These represent the true meaning of health inequities - unfair and avoidable differences in health that are a consequence of where people are born, grow, live, work and age. Those born into disadvantaged groups are likely to die at a younger age and live more of their lives in ill health than average. The districts of Nottinghamshire have a similar range of general health needs; however the table overleaf outlines the inequalities that exist across the County.

In every area over the last 10 years, all cause mortality rates have fallen. Early death rates from cancer, heart disease and stroke have fallen, however in Bassetlaw, deaths from Cancer are worse than the England average and in Mansfield deaths from stroke are worse than the England average. In Rushcliffe all three are significantly better than the England average.

[†] Based on the Slope Index of Inequality published on 5.1.11

District & Population size	Life Expectancy (yrs)		% of people living in the fifth most deprived areas in England	Children living in poverty	Yr 6 children classed as Obese	Adults classed as Obese	Smoking		Drug Misuse	Increas-ing and higher risk drinking	Alcohol related admissions Per 100,000 (Per Year)	GCSE's Achieved (5A*-C inc Eng & Math) at key stage 4
	Male	Female					% age 18+	Deaths per 100,000				
Ashfield 116,000	77.1	80.8	19.8% (22,749)	21.7% (5,510)	18.2%	28.4%	26.1%	235.6	10.8%	23.2%	1,998 (2,778)	49.7%
Bassetlaw 112,000	77.7	81.3	23.7% (26,217)	18.2% (4,300)	20.6%	24.5%	18.7%	230.8	14.1%	18.9%	1,990 (2,721)	45.1%
Broxtowe 112,000	79.1	82.7	2.7% (2,994)	14.1% (2,935)	17.7%	22.3%	16.7%	202.8	6.6%	23.3%	1,352 (1,899)	51.7%
Gedling 113,000	79	82.3	2% (2,286)	15% (3,420)	16.9%	23.9%	19%	210	5.2%	25%	1,557 (2,240)	48.7%
Mansfield 100,000	76.5	80.6	41% (40,839)	22.7% (5,045)	21.5%	25.6%	31.5%	269.8	18.3%	24.3%	2,248 (2,699)	44%
Newark & Sherwood 113,000	77.6	82.1	11.9% (13,110)	16.9% (4,085)	15.7%	24.1%	19.3%	203	7.8%	26.7%	1,772 (2,525)	48.2%
Rushcliffe 112,000	80.5	83.6	0%	7.9% (1,780)	14.3%	19.4%	12.3%	166.5	3.7%	26.7%	1,242 (1,735)	67.5%

Red text = Significantly worse than the National Average

Green text = Significantly better than the national average

Black Text = Not significantly different from the England Average

Data sources in [4-10]

Further Information is available from:

The Nottinghamshire County Joint Strategic Needs assessment available at:

http://www.nottinghamshire.gov.uk/home/youandyourcommunity/factsaboutnotts.htm

Public Health Observatory health profiles available at:

http://www.apho.org.uk/default.aspx?QN=P_HEALTH_PROFILES

4.3. Carers

Carers play a vital role in addressing many individual priority areas within the Health & Wellbeing strategy. Nottinghamshire has a higher proportion of carers in the population than the England average, with highest numbers in the Ashfield area. 83,000 carers identified themselves in the 2011 Census, of which approximately 26,000 provided 20 hours or more of regular care. Most carers were aged between 35 and 59, however, there are also over 4,700 young carers in the 5-24 age range with an average age of 12yrs, spending 19 hours a week caring.

Recent research by the University of Nottingham 2010, indicated that 8% of secondary school children could be a young carer. The strategy will ensure that the needs of young and adult carers are properly addressed within the delivery of specific actions.

Throughout the strategy, we aim to improve the quality of life for carers and ensure their needs are met as well as those for whom they care.

John's Story

John's dad Peter had a stroke which left him with a left sided weakness, difficulties with walking and seizures, the family live in Broxtowe.

John is 18 and provides his dad with support when his wife Lucy is at work. John has a small car and takes his Father out when he is not working. He is also supporting his Father with preparing simple meals for himself and to get to football matches.

John was finding it difficult to maintain the cost of running his car as it is used both for work and to take his father out to appointments. He said that he would like to have a moped for getting to and from work to reduce costs and is clear that he still wants to support his dad by taking him out in the car when he wants and also helping with shopping etc.

So Adult Social Care set up a direct payment for John (the young adult carer) to attend a motorbike training course at a cost of £150.

5. PREVENTION: BEHAVIOUR CHANGE & SOCIAL ATTITUDES

The majority of diseases that are common in today's society are preventable, such as Type 2 diabetes, Chronic Obstructive Pulmonary Disease (COPD), Cancer, Stroke and Heart attacks.

Many factors relating to health and wellbeing depend on an individual's beliefs and personal actions. 42.7% of cancers in the UK in 2010 (45.3% in men, 40.1% in women) were attributed to 14 modifiable lifestyle factors [11]. A behavioural approach concentrates on attitudes and how these can positively and negatively affect a person's health. It can be argued that without changes to healthy behaviours then other areas of work will fail to deliver real and sustainable improvements to health and wellbeing.

5.1. Smoking and tobacco control

Why this matters: Nationally, smoking is one of the leading causes of preventable deaths, resulting in 81,400 deaths every year.

The difference in life expectancy across the county is approximately 9 years, half of this difference is due to smoking.

Adults: Smoking is also a major cause of health inequalities.

- Smoking is responsible for 1,300 deaths across Nottinghamshire County every year
- Within Nottinghamshire County, 20.4% of people smoke, compared to a national average of 21.2%. However, this figure masks the locality differences across the county. People from poorer backgrounds are more likely to smoke, with 19.9% of the population of Rushcliffe smoking whilst 26.7% of the population of Mansfield are smokers.

Smoking during pregnancy can cause serious pregnancy-related health problems including complications during labour, an increased risk of miscarriage and premature birth. Smoking prevalence is particularly high among pregnant women under the age of 20.

In 2009/10, 15.7% of women who gave birth in Nottinghamshire reported that they smoked at the time of delivery. This is higher than the national average of 14.1%.

Each year in Nottinghamshire County, smoking costs society approximately £204.4m, including an estimated £60.9 million lost from early deaths, £37.1m from smoking related sick days and £41.3m estimated cost of lost productivity from smoking breaks.

Children & Young People: Reliable local smoking prevalence data for children and young people is not available, however we know that 90% of people start smoking before the age of 19 and children are three times more likely to start smoking if their parents smoke.

The number of children taking up smoking has halved in the last decade, however continued marketing and peer pressure means that the uptake in smoking in young people continues to be an important priority for health and wellbeing.

Nottinghamshire based projects show smoking prevalence increases as children and young people get older, most markedly at around the age of 14 years. Among young people, more girls smoke than boys. More reliable local smoking prevalence data for children and young people is required to ensure effective resources are targeted to this group.

Secondhand smoke: Evidence suggests that Government legislation has contributed to a reduction in Secondhand Smoke and reductions in hospital admissions of unstable angina and heart attacks.

- In the UK, an estimated 23 children and 4,000 adults die each year due to Secondhand Smoke

- Nationally, about two million children currently live in a household where they are exposed to cigarette smoke

To protect people from secondhand smoke it is important to support and empower local people to take action in response to the government's campaign aimed at helping people make their homes and cars smokefree.

A fuller analysis of health need in relation to smoking is included in the JSNA.

The Goals

Although the number of deaths from smoking is declining, rates remain much higher in certain groups and areas. Reducing the prevalence of smoking in disadvantaged groups and areas is one of the fastest ways to increase life expectancy and to reduce smoking-related ill health.

To achieve the goals stipulated in the Healthy Lives, Healthy People: a Tobacco Control Plan for England [12] National ambitions have been set:

- To reduce adult (aged 18 or over) smoking prevalence in England to 18.5 per cent or less by the end of 2015 (from 21.2 per cent), meaning around 210,000 fewer smokers a year.
- To reduce rates of regular smoking among 15 year olds in England to 12 per cent or less (from 15 per cent) by the end of 2015.
- To reduce rates of smoking throughout pregnancy to 11 per cent or less (from 14 per cent) by the end of 2015 (measured at time of giving birth).

Examples of Potential Outcome Measures

- Smoking Status at time of delivery (pregnancy)
- Smoking Prevalence 15 years olds
- Smoking Prevalence over 18's
- Mortality from Respiratory Disease
- Mortality from Cancer

5.2. Healthy Weight, Healthy Life: Obesity

Why this matters: Obesity is a major public health problem. Unhealthy diets combined with physical inactivity have contributed to an increase in obesity in England and almost a quarter of adults and almost a sixth of children under the age of 11 are obese. It is predicted that by 2050, 60% of adult men, 50% of adult women and 25% of children may be obese if current trends continue.

Adults: Obesity is known to lead to both chronic and severe medical problems. The health risks for adults can be severe. Compared with a healthy man, an obese man is:

- Five times more likely to develop type 2 diabetes
- Three times more likely to develop colon cancer
- More than two and a half times more likely to develop high blood pressure - a major risk factor for heart disease and stroke.

Obesity is responsible for an estimated 9,000 premature deaths per year in England (National Audit Office, 2001) and has major consequences for morbidity, disability and quality of life.

Compared with a healthy weight woman, an obese woman is:

- Almost thirteen times more likely to develop type 2 diabetes
- More than four times more likely to develop high blood pressure
- More than three times more likely to have a heart attack.

Added to this, obesity highlights significant health inequalities, with people from more disadvantaged groups being most at risk.

Children & Young People: Childhood obesity is also a growing problem. In Reception year, over one in five children in Nottinghamshire are either overweight or obese. By Year 6, the rate is almost one in three, which is similar to the national figure.

Locally, in year 6 children, the prevalence of obesity is significantly higher in boys than girls (19.6% and 15.5% respectively). Nationally, 20% of boys and 16.5% of girls are obese at this age.

Physical Activity: 21% of Nottinghamshire young people aged 11-18 years say they never play sport or do any physical activity. In Ashfield, this figure is 33%, the highest in the County (source: Tellus 4 Survey).

11.7% of adults in the County are physically active, 55.2% of children in the County are Physically active.

Maintaining a physically active lifestyle into older age has been shown to increase stability (reduce the likelihood of falls), decrease social isolation and increase quality of life.

Diet & Nutrition: Just over 1 in 5, (22%) of local children and young people eat five or more portions of fruit and vegetables a day. This is above similar neighbouring areas (18%) and the national average (19%) (source: Tellus 4 Survey).

28% of adults in the county are considered to be eating healthily, just over 1 in 4.

Diet and nutrition play an important part of a person's wellbeing as they age; helping to maintain a healthy immune system, reduce falls and frailty, maintain healthy bones for longer and reduce the likelihood of admission to hospital for some individuals.

A fuller analysis of health need in relation to obesity is included in the JSNA.

The Goals:

- To achieve a sustained downward trend in the level of excess weight in children by 2020
- To achieve a downward trend in the level of excess weight averaged across all adults by 2020 [13].

Examples of Potential Outcome Measures

- Excess weight in 4-5 and 10-11year olds
- Initiation of Breast feeding & Prevalence at 6-8weeks of age.

5.3. Substance Misuse: Alcohol & Drugs

The term 'Substance Misuse' is used to refer to alcohol and/or drug[i] problems.

Why this matters: People who misuse substances can develop a range of health and social problems. These can be physical health problems, e.g. cancer, liver disease, and for those who inject drugs there is a risk of Blood Borne Viruses (BBV) such as hepatitis B and C. Aside from physical health issues there may be mental health problems too e.g. depression, anxiety, paranoia, suicidal thoughts.

As a direct result of substance misuse, individuals may also struggle to retain employment and suitable accommodation. However, the impact of substance misuse often goes beyond the misuser themselves, and is implicated in relationship breakdown,

[i] The term 'drugs' extends beyond illegal drugs such as heroin, cocaine, amphetamines, to the misuse of other drugs, prescription only medicines (POM) such as anabolic steroids and benzodiazepines, over the counter medicines (OTC) such as preparations containing codeine.

domestic violence and poor parenting, including child neglect and abuse and wider societal problems.

Adults: At a County level the impact of substance misuse on the population is very similar to the national average. However, this masks the differences or inequalities at a district level.

There is an increasing problem associated, in particular, with alcohol use across the county. Individuals drinking alcohol at hazardous levels will have a relatively higher risk of physical health problems and alcohol is implicated in 8,724 deaths per year.

The most deprived fifth of the population suffer three to five times greater mortality due to alcohol specific causes; and two to five times more admissions to hospital because of alcohol than affluent areas.

Children and Young People: National evidence suggests that there are some groups of children or young people that are more likely to be at higher risk of problematic substance misuse. In addition, children of parents with alcohol dependence are four times more likely to develop alcohol dependency. People can also learn from families and peer groups through a process of modelling pattern of drinking and beliefs about the effects of alcohol.

Substance misuse needs in children and young people continue to be mixed. Overall substance misuse has increased, with Nottinghamshire slightly higher (10.3%) than the national average of 9.8% in 2008/09.

Increases have been seen in alcohol referrals but decreases seen in hospital admissions, although trends show that more females under the age of 18 are admitted for an alcohol related condition than males.

It is estimated that up to 4,266 children and young people are affected by parents' illicit drug use and between 13,271 and 21,565 are affected by parental problematic alcohol use.

A fuller analysis of health need in relation to substance misuse is included in the JSNA.

The Goals:

- To change knowledge, skills and attitudes towards substance misuse to prevent problematic use
- To identify and support the needs of the individual, children, young people and parents in relation to substance misuse by intervening earlier
- To meet the treatment and recovery needs of the individual by commissioning evidence based and needs led services
- To create safer communities by utilising the full range of tools and powers

Examples of Potential Outcome Measures

- Alcohol Related Admissions to Hospital
- Mortality from Liver Disease
- Successful completion of drug treatment.

Illustration: Promoting behaviour change in the workplace

People can spend up to a third of their time in work; it is therefore important that work places enable employees to make healthy lifestyle decisions through the provision of accurate information, active engagement and providing opportunities for healthy activity through embedding healthy attitudes in all aspects of the organisation.

NHS Bassetlaw and local partner organisations launched the wellbeing at work: Workplace health award scheme. The scheme has 6 key themes at 3 different attainment levels, Bronze, Silver and Gold.

The key programme themes are: Smoking, Mental Health and Emotional Wellbeing, Healthy Eating, Physical Activity, Alcohol and substance Misuse, Safety at Work; cancer awareness has also been added as a key component of the award.

There are currently 14 organisations/businesses signed up to the scheme and working towards either Bronze, Silver or Gold Award.

As part of the Award Scheme we train individuals to Become Health Champions we have currently trained 45 individuals as part of the scheme to Royal Society of Public Health (RSPH) level 2, and brief intervention/signposting training.

Marie Allot; workplace health co-ordinator at Eaton GmBH International Ltd Said;

“Eaton have been working alongside Bassetlaw NHS to promote the Wellbeing at Work scheme over the last 3 years. Since we started the scheme in 2009 we have noticed increases, not only in attendance figures but also employee participation and engagement.

We have had one employee stop smoking and who is now the champion for smoking cessation and actively encouraging others to do the same. We’ve had some really fantastic achievements, through smoking cessation, healthy eating and weight loss and stress management which we hope will continue.

Although we’ve still got a lot of work ahead of us in terms of continuing to promote wellness, we have had some excellent results and strive to achieve even more over the years to come.”

6. CHILDREN, YOUNG PEOPLE & FAMILIES

Health and wellbeing is as crucial for children and young people as in adulthood. Early intervention at a young age is understood to have a strong influence on health and wellbeing outcomes in later life, for example around issues such as smoking and obesity. Transitional issues are also important to capture, as young people can become vulnerable when making the transition into adulthood and adult services.

Nottinghamshire Children's Trust, a countywide strategic partnership of key children's services organisations, secures and commissions services to children, young people and families in Nottinghamshire. The Children's Trust drives the planning and delivery of joint working and cooperative arrangements for children's services in Nottinghamshire

Evidence suggests that children, young people and their families are more likely to do well if they are at the centre of our economic, environmental and social ambitions for Nottinghamshire. To promote this, the Children's Trust reports to the Nottinghamshire Health and Wellbeing Board. By reporting to the Board, the Children's Trust ensures that the needs of children, young people and families influence planning for health and wellbeing improvements across all of Nottinghamshire's public services

The Nottinghamshire Children, Young People and Families Plan for 2011-14 sets out the Children's Trust's agreed current priorities, and summarises the main activities being undertaken to improve the lives of children and young people. It is be reviewed and updated annually.

The Children's Trust ambition is that; children, young people and their families will receive the most appropriate support to meet their needs at the earliest opportunity in order to ensure better outcomes and the cost effective delivery of services.
Our Health & Wellbeing Strategy aims to bring together priorities from partners and decide on early actions where joint work will improve health and wellbeing. The work of the Nottinghamshire Children's Trust, expressed through the Nottinghamshire Children, Young People and Families plan, sets the priorities for health & wellbeing activity for children and young people.

Priorities Include:

- developing early intervention and prevention approaches
- continuing improvement in safeguarding provision
- improving services for disabled children
- addressing and reducing child poverty
- raising achievement and addressing inequalities improving emotional wellbeing.

As one of the core health and wellbeing priorities in the Children, Young People and Families Plan, improving services for disabled children is included as an illustration of local need and joint action.

6.1. Improving the effectiveness of services for disabled children through joint planning and commissioning

Why this matters: The prevalence of severe disability amongst children and young people is increasing because of higher survival rates of children and babies with some complex problems. Even if disability prevalence remains constant, the number of children with disabilities will continue to increase as the population of children and young people is forecast to grow.

A review of disabled children's services, commissioned by Nottinghamshire County Council in 2010, recommended the development of a joint approach to strategic

planning and commissioning. The Children's Trust has taken action in response to this recommendation. A needs assessments is being developed to determine the current level of need associate with disability.

Disabled children and young people have many of the 'universal needs' of their non-disabled peers, including advice on healthy eating, support to remain emotionally healthy and access to contraception and sexual health information and services. In addition to this group, there are many more children and young people who have additional learning needs that can affect how they are able to access universal services such as GPs, health visitors and school nurses.

Substantial inequalities persist between disabled children and young people and their peers. Local data suggests that disabled children and young people are more likely to self exclude and be excluded from school although the reasons for this are contested. Thus it may be challenging for these children and young people to access support through health services that are primarily delivered through schools.

Transition to adult services can also be particularly challenging for these children and young people.

Some of this group of children and young people require daily support as their health is dependent on interventions such as special feeding requirements, breathing support and regular complex treatments. Most of this support is provided on a daily basis by parents/carers and, for many, caring responsibilities place pressure on relationships and wider family life.

A fuller analysis of health need in relation to disability is included in the JSNA.

The Goal: Through partnership, we aim to drive improvements in services for children and young people with disabilities and their families, which are focussed on need, outcome driven and make the best use of resources.

The Joint Commissioning Strategy for children with disabilities and/or Special Educational Needs identifies the following priorities:

- To develop multi-agency approaches to improve outcomes
- To improve education outcomes
- To improve health outcomes
- To improve outcomes for children and their families.

6.2. Additional Priority Areas

Each priority area within our strategy takes a life course view, therefore the needs of children and young people are given equal weight as part of the overarching Health & Wellbeing Strategy.

Improving children and young people's emotional wellbeing is a key priority within the children, young peoples and families plan and is covered alongside adult issues within the Prevention section of the strategy. Likewise, reducing the achievement gap and raising levels of achievement in 16-19 year olds is included as a well established wider determinant of health.

A further key priority is ensuring that at least 95% of children complete their full immunisation schedule to achieve herd immunity in the population. In addition to providing protection to those children who have been immunised, establishing herd immunity also protects those children who for clinical reasons cannot be vaccinated.

The Nottinghamshire Children, Young People and Families Plan for 2011-2014 can be viewed at: http://www.nottinghamshire.gov.uk/cypfplanv101oct11.pdf

See also the following sections: Mental Health & Emotional Wellbeing, Obesity, Smoking, Substance Misuse, Education / personal attainment & aspirations, Crime and safety

Melissa's Story

Melissa is eighteen years old and a single mother living in Mansfield. Her son is two. Melissa has had a difficult start in life. She had Social Care involvement and spent periods of time in local authority care for some of her teenage years, she wasn't successful at school and lacked confidence.

When her son, Connor was born, Children's Social Care offered her the support she needed as she had no support from her family. Melissa lacked confidence, and was afraid of people's reactions/judgements when they realised how young she was, as a result she wanted to stay inside and not meet anyone.

"When I gave birth I just didn't feel able to go out," says Melissa. "I had depression and didn't want to see anyone for most of the time. I was under the Social Services and they encouraged me to get out and meet people.

Melissa's Support Worker suggested she visit a local Children's Centre and when she walked into the Children's Centre, she knew it was the right one for her.

"I was scared when I walked through the door," she explains. "I didn't really want to meet people I'd never met before, because it had always been a bit of a disaster. But as soon as I got there, they asked my baby's name and gave me a cup of tea. Rather than feel like an outcast, as I'd done in the past, I felt welcomed and encouraged."

"I spoke to lots of people there and it was great to meet other young mums," she explains.

Melissa and her son attend Parentzone – a drop in group for young parents and parents to be, providing support around training, benefits advice, debt management, housing support, budgeting, employment opportunities and being a place to play with the children and chill out with friends.

Melissa has just completed level 1 in English and Maths which she's very proud of. "My school life was a bit of a waste of time as I'd not got any qualifications and couldn't read or write," she says. "I am hoping to do some more courses. It was quite hard work as you can imagine, but I am trying hard to learn what I missed out on when I was at school."

"I want to do a course in Childcare so I can help other young mums who have children," she continues. "I feel I might be very well placed to help them as I've been through so much myself: My family are scattered all over the place and I don't really see any of them much anymore."

7. ADULT AND HEALTH INEQUALITY PRIORITIES

People may need care and support for many reasons. This can be because of their age, disability, health or the personal situation they find themselves in. The level of need may also vary throughout their life, dependent on their circumstances.

Furthermore, health inequalities across the population result in a wide range of varying needs and work across health, local government and society is needed to address these different health and wellbeing issues.

The increasing burden of ill health on health & social care is a growing concern nationally. Many people, including those with complex needs, are now living longer. This increases the long term need for care and numbers of people needing care. The national picture indicates that more children and young people with profound disabilities and long-term conditions are living longer and surviving into adulthood. Therefore, in addition to an ageing general population, the longer term needs of this group are growing and require attention.

Increased life expectancy also means that that age of carers is increasing. This can limit their ability to maintain the carer role, leading to a greater need for support. There are also challenges around other interconnected needs such as people with a learning disability developing dementia.

A much greater focus of services for adults is to manage health and wellbeing issues, such as managing the long term conditions of respiratory and heart disease. However, early intervention and prevention is also important to reduce risk factors, prevent further ill health and promote independence. More personalised ways of working are now emphasising the importance of people having increased choice and control over their care and support, to maximise their independence and quality of life.

Our Health & Wellbeing Strategy aims to bring together priorities from partners and decide on early actions where joint work will improve health and wellbeing. Bringing together the work on joint commissioning, the following common priorities have been highlighted for joint work through the Health & Wellbeing Strategy.

7.1. Learning Disability

Why this matters: Learning disability is a life-long condition that occurs as a result of genetic or developmental factors or damage to the brain, often at birth. They affect a person's level of intellectual functioning – usually permanently – and sometimes their physical development too. Approximately 2% of the population of England has a Learning Disability which is just under 800,000. The prevalence of severe learning disability is higher in males than females (1.2 males: 1 female) and this gap increases people with mild learning disabilities 1.6 males to 1 female.

National figures show an expected increase in people with Learning Disabilities by approximately 14% between 2011 and 2030. This increase is expected to be concentrated in the older age range with 48% growth in people with learning disabilities aged over 65. Although an estimated 25% of people with learning disability live in their own home (which is above the national average,) 26% live in residential care (below national averages) and only 10% are in supported employment (the same as national averages.)

It is estimated that there were 247 people with profound and multiple learning disabilities (PMLD) within Nottinghamshire in 2011. This figure is expected to increase by approximately 32% by 2026 giving a future estimate of 326 people with PMLD throughout the county in the next 15 years. Whilst there have been improvements in access to housing, health, employment and personal budgets there remains much to be done regarding equal access to services.

Goal: To ensure equal access to services for individuals with learning disabilities; to narrow the inequalities gap and to meet the rising demand as this population lives longer and prevalence grows.

Examples of Potential Outcome Measures

- Proportion of people with mental illness and/or disability in settled accommodation.

7.2. Autistic Spectrum Disorders

Why this matters: Autistic Spectrum Disorders, often referred to as 'autism' is a lifelong developmental disability that affects how a person communicates with and relates to other people, as well how they make sense of the world around them. Although not high in numbers, finding the right types of support for individuals is often expensive and can be difficult to provide locally.

National prevalence estimates indicate 1% of the general population is on the autistic spectrum. This is a means of quantifying the severity of autism people experience; therefore this includes all degrees of severity. Many low and medium level issues may not be identified, although they may potentially affect the ability to live independently. In re-cognition of this the 2009 Autism Act and 2010 Strategy placed a duty on health and local government to increase awareness, develop diagnosis pathways and improve support in this area.

Goal: All individuals with autism are able to live fulfilling and rewarding lives within a society that accepts and understands them. They can get a diagnosis and access support if they need it, and they can depend on mainstream public services to treat them fairly as individuals, helping them make the most of their talents.

See also: Learning disabilities and Physical disability and Sensory Impairment

7.3. Physical Disability, Long Term Conditions and Sensory Impairment

Why this matters: Physical disability covers a wide range of conditions causing physical disability to the individual, for example, stroke, dementia or long term conditions.

22.7% of the working age population in Nottinghamshire is disabled (East Midlands 21.8% and nationally 20%).

There are over 4,600 people in the county registered as blind or partially sighted and over 1,100 registered as deaf or hearing impaired.

People with physical disability are one of the main service user groups of adult social care and health. Physical disability is also implicated in many referrals of adult safeguarding services.

7.5% (35,000 people) of the population in Nottinghamshire are in receipt of welfare payments in the form of Incapacity Benefit and Severe Disability Allowance. One third of these claims (11,300) are for mental health / behavioural disorders, which equates to 2.6% of the working age population.

There are currently an estimated 10 million people in the UK (around 1 in 6 people) with neurological conditions, with an estimated 24,421 to 32,595 people living in Nottinghamshire.

Goal: To improve the quality of life for individuals with physical or sensory impairment or disability, increasing their opportunity to contribute to and take part in wider society and community.

Long Term Conditions: There are a range of long term conditions. The most common ones include diabetes (including diabetes-related sight loss), cardiovascular disease (hypertension, stroke, heart failure) respiratory disease (asthma, COPD), common mental health disorders, chronic kidney disease and chronic back pain. At any one time in the UK, as many as 17.5 million adults may be living with a long-term condition (LTC) such as these.

Older people are more likely to have a long term condition, with almost three-quarters of people aged over 75 suffering from one or more longstanding illnesses. However, even among 16- to 24-year-olds, one in four will be living with a long-term condition.

Along with cancer, the main causes of death are cardiovascular disease and respiratory disease. Together, these conditions cause 65% of deaths. The occurrence of these conditions explains two thirds of the gap in life expectancy in different areas of Nottinghamshire. Smoking significantly contributes to all three main causes of death and explains 50% of the difference in life expectancy across the county.

Living with a long-term condition, exposes an individual to a range of problems. These range from the physical symptoms of the illness, medicines and their side effects, psychological problems and wider problems, such as financial insecurity through an inability to work. All these factors can contribute to a reduced quality of life and sometimes a sense of social exclusion, which illustrates the important contribution to health and wellbeing. Long-term condition also cannot be seen in isolation as many behavioural aspects have an important role to play in preventing and managing these conditions.

Whilst much attention has been given to preventing and managing long term conditions, this area still represents an ongoing significant need within Nottinghamshire. Without further work, improvements in life expectancy will be unattainable.

In general the prevalence in Nottinghamshire of many long-term conditions is similar to the national average. Most long-term conditions are more prevalent in more deprived communities.

Comparisons of prevalence and those diagnosed/treated show a number of conditions where there is unmet need: These include dementia, hypertension, COPD and diabetes.

Goals:

- To achieve the 11 quality standards in the long-term condition National Service Framework of 2005 by 2015.
- To reduce early mortality and improve quality of life for individuals with Long Term Conditions.

A fuller analysis of health need in relation to long-term conditions is included in the JSNA.

Examples of Potential Outcome Measures

- Preventable Sight loss
- Employment for those with long term health condition including those with learning difficulty/disability or Mental illness
- Proportion of people using social care who receive self-directed support, and those receiving direct payments
- Mortality from all cardiovascular diseases (including heart disease and stroke)
- Mortality from respiratory disease
- Recorded diabetes
- Preventable sight loss
- Take up of the NHS Health Check programme – by those eligible.

7.4. Mental Health & Emotional Wellbeing

Why this matters: Mental ill health is widespread; at least one in four people will experience a mental health problem at some point in their life, and at any one time 1 in 6 of the adult population in England will be experiencing a mental health problem.

Good mental health is central to an individual's quality of life and economic success. In addition, having a mental health problem increases the risk of physical ill health. For example, depression is associated with a four-fold increase in the risk of heart disease, and people with long term physical health conditions, such as diabetes, are 3 to 4 times more likely to experience mental illness than the rest of the population.

Adults: Occurrence of mental ill health varies considerably across Nottinghamshire and reflects much of the variation in socio-economic conditions within the county, with higher rates of mental illness seen in the most deprived areas.

At any one time common mental illnesses, such as depression and anxiety, are experienced by over 86,000 people across Nottinghamshire, equating to over 13% of the adult population. This ranges from 11.5% in Rushcliffe to over 15.5% in Mansfield.

Severe and enduring mental illness has a significant impact on the physical health of those affected as well as high service and societal costs.

Emotional wellbeing is essential to enable people to do well in life, and is important across all stages of life. Emotionally resilient individuals are able to build and maintain better relationships with family and friends providing an essential skill in personal achievement and better health and wellbeing.

Children & Young People: There is evidence that the emotional health and wellbeing of children and young people has deteriorated significantly over the past 25 years. Research shows that risk factors affecting emotional health include physical illness or disability, family circumstances, socio-economic issues (such as poverty) and traumatic life events. Issues related to socio-economic deprivation across the county result in clearly differentiated levels of need and prevalence of emotional and mental health problems, with more deprived areas generally having higher risk factors such as unemployment and substance misuse.

A fuller analysis of health need in relation to mental health and emotional wellbeing is included in the JSNA.

The Goals:

In 2011, the Coalition Government published No Health Without Mental Health [14], a cross government mental health outcomes strategy. The aims of the strategy are to achieve "parity of esteem between mental and physical health services" in England and for mental health to be "everyone's business". The national strategy highlights the interconnections between mental health, housing, employment and the criminal justice system and is built around six objectives.

- More people will have good mental health
- More people with mental health problems will recover
- More people with mental health problems will have good physical health
- More people will have a positive experience of care and support
- Fewer people will suffer avoidable harm
- Fewer people will experience stigma and discrimination.

There are three aspects to reducing mental health inequality:

- Tackling the inequalities that lead to poor mental health
- Tackling the inequalities that results from poor mental health
- Tackling the inequalities in service provision – access, experience and outcomes.

Examples of Potential Outcome Measures

- People with Mental illness and/or learning disability in settled accommodation
- Emotional wellbeing of looked after children
- Hospital admissions as a result of self harm

- Self reported wellbeing
- Suicide rates.

7.5. Dementia

Why this matters: Dementia is one of the main causes of disability in later life and the number of people with dementia is rising yearly as the population ages.

The East Midlands, along with the South West, faces the most significant challenge in England. The prevalence of dementia is set to rise across Nottinghamshire. It is projected that by 2030, there will be up to 16,000 adults over the age of 65 with a diagnosis of dementia in Nottinghamshire and nearly 3,000 in Bassetlaw. This represents a 106% increase between 2010 and 2030.

Direct costs to the NHS and social care will treble by 2030. The number of people with dementia is expected to rise particularly quickly in some (Black and Minority Ethic) BME groups as first generation migrants from the 1950s and 1970s begin to age.

A fuller analysis of health need in relation to dementia is included in the JSNA.

Goal: Improvement in quality of life and quality of care for people with dementia by raising awareness and understanding, increasing early diagnosis and support and enabling more people to live well with dementia.

Examples of Potential Outcome Measures

- Numbers of people on GP Dementia QOF (Quality & Outcomes Framework) registers compared with expected number

Ethel's story

Ethel is 70 yrs old and lives in Ashfield District; she lives alone and has been suffering with Memory loss and has been having difficulty carrying out activities of daily living e.g. eating & drinking this leading to urine infection, resulting in confusion – a common result of UTI, her daughter lives 14 miles away in Gedling.

As a result Ethel is admitted to hospital, she has a prolonged convalescence in the local community hospital and is finally discharged into residential care.

Alternative version to Ethel's story

Her Alzheimer's disease is diagnosed early. This is done through:

- Raised GPs' awareness by revising & issuing new GP referral guidelines
- GPs and the specialist services meeting to agree a new service model for Memory Assessment Service

This means that Ethel and her family now have access to information and support through

- Information Prescriptions which is on line, local information which her family can access (www.nottsinfoscript.)
- Alzheimer's Society Dementia Advice & Support Service which she found out about at the memory clinic.

Ethel is offered and takes medication which will delay the progress of dementia. She is also provided with a medication prompting aid and her family are aware of need to remind her. The urine infection is treated in the community and Ethel remains in her own home for several more years.

7.6. Older People

Why this matters: Improvements in life expectancy mean that more people now live longer. Therefore, enabling people to have a healthy old age and improving support for older people is a priority for all agencies due to the predicted increase in the population aged over 65, and especially that over 75 years.

As the population ages, there is an increase in health and wellbeing needs in this age group. As a result, action is required to address these needs within a sustainable approach to reach growing numbers of older people.

Key actions include prevention, support, crisis management and reablement to offer individuals assistance to manage their own health and wellbeing issues, help them regain independence, for example following a period of ill-health, and help them achieve dignity and choice for care at the end of life.

Key aims for both health and social care are implementing the Ageing Well initiative locally. Ageing Well is designed to:

- promote wellbeing in later life
- help people to maintain their independence in their own homes as long as possible
- help local authorities to use their resources effectively
- engage older people in civic life
- tackle social isolation by recognising older people's potential.

Taking a life course approach, the needs of older people are considered alongside adult needs within commissioning plans and strategies.

Specific goals will be incorporated into these separate areas, although the overarching goal is defined as follows:

Goal: To improve the quality of life and quality of care for older people, ensuring appropriate access to services closer to home to improve health & wellbeing and maintain independence.

A fuller analysis of health need in relation to older people is included in the JSNA.

Examples of Potential Outcome Measures

- Falls and injuries in the over 65's
- Excess winter deaths
- Deaths in usual place of residence.

8. THE WIDER DETERMINANTS OF HEALTH & WELLBEING

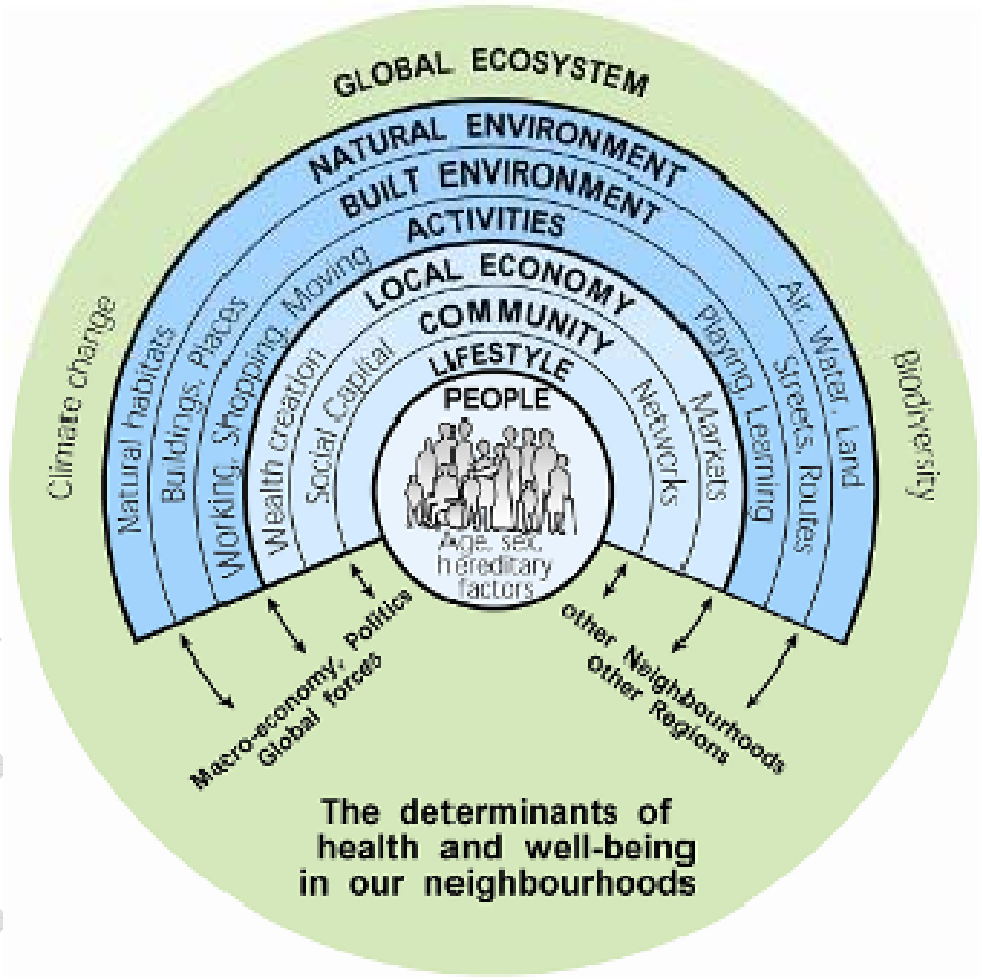
The wider determinants of health have been described as 'the causes of the causes'. They are the social, economic and environmental conditions that influence the health and wellbeing of individuals and populations.

The World Health Organization (WHO) describes the social determinants of health as:

"the conditions in which people are born, grow, live, work and age". It goes on to state that these conditions or circumstances are shaped by the distribution of money, power and resources at global, national and local levels. These are themselves influenced by policy choices. It makes clear the link between the social determinants of health and health inequalities, defined as "the unfair and avoidable differences in health status seen within and between countries".

The wider determinants dictate the extent to which a person has the right physical, social and personal resources to achieve their goals, meet needs and deal with changes to their circumstances.

Figure 2: Diagrammatic illustration of the wider determinants of health



Wider determinants of health can have a major impact on health and wellbeing and therefore this strategy aims to bring together priorities from partners and decide on early actions where joint work will improve health and wellbeing. Bringing together the work across agencies recognises the role of local government and wider stakeholders in improving health and wellbeing outcomes.

8.1. Education, Personal Attainment & Aspirations

Why this matters: Educational attainment gives people better prospects for securing employment or undertaking further education. This in itself improves wellbeing, through achieving personal attainment and personal aspirations. The societal benefits also include contributions to the community and the economy.

In Nottinghamshire, although educational attainment is improving each year, inequalities exist in education and personal attainment, with vulnerable groups and people from more deprived backgrounds performing worse than their peers. There are adults and young people in the county with literacy, language and numeracy needs that prevent them from getting jobs, progressing at work, helping their children learn and being active in their local communities.

A child who is healthy, safe and supported is more likely to learn and thrive. Educational achievement is the key to success in later life, it allows young people to make informed choices about healthy living and is associated with better adult health.

In some Nottinghamshire communities, aspiration levels are very low amongst young people and their families and, as a consequence, too many young people under-achieve, which impacts on their progression after statutory education is complete. Those young people, who have had poor experiences of learning in statutory education and/or come from communities where learning has not been a high priority, are less likely to consider learning as an option when they leave school.

Needs analysis and performance evidence has identified that the attainment of children with special education needs and of those who have problems with behaviour or attendance are priorities.

Adults: When looking at adult skills on average, residents in Nottingham and Nottinghamshire have fewer qualifications than across England as a whole. 28% of Nottingham and Nottinghamshire residents are qualified to at least Level 4 (equivalent to a first degree) compared with 31% nationally [14].

Unemployment is closely related to skills. One in seven of the working age population in Nottinghamshire have no qualifications. This is a larger proportion than either the East Midlands or UK. One in six of the working age population in Mansfield have no qualifications, followed by Bassetlaw, where one in seven has no qualifications [15].

Further work is needed to help reduce the gap in levels of attainment, to help people achieve their full potential.

Goal: To improve participation and attainment in learning up to age 18 and reduce the achievement gap between vulnerable groups and their peers.

See the Nottinghamshire Children, Young People and Families Plan for 2011-2014 for further information.

8.2. Crime & Community Safety

Why this matters: The level of crime and peoples feeling of safety is a concern for many residents within Nottinghamshire. A greater sense of security helps to create confidence that feeds wellbeing and growth. With differential levels of crime and antisocial behaviour across the county, attention must be on the safety of those groups and communities that are more vulnerable.

Crime and safety is also linked to other health and wellbeing priorities, such as substance misuse, where wider societal impacts can include criminal justice problems. According to a Home Office report, offenders who use heroin, cocaine or crack cocaine are estimated to commit between a third and a half of all acquisitive crime.

Crime and fear of crime can lead to social isolation, social exclusion, reduced levels of activity and participation (a fear to leave the home or allow children out to play) these impact upon individual's emotional health and wellbeing and reduce the ability to change unhealthy lifestyle behaviours.

The Safer Nottinghamshire Board is a Partnership providing strategic leadership and direction to tackle crime, disorder and substance misuse in Nottinghamshire. The Board has developed a Nottinghamshire Community Safety Agreement for 2012-15, which includes the Nottinghamshire Community Safety Strategy for 2012-15.

The strategy was developed using evidence from the Nottinghamshire County strategic assessment and contains the shared community safety priorities that will be addressed at a county level, in order to improve outcomes for local citizens and communities.

Four Crime and Disorder/Community Safety Partnerships have been established through the District Councils to cover all districts across Nottinghamshire. Each of the partnerships completed a strategic assessment in November 2011, identifying local priorities to be addressed in 2012/13. Priorities that are common across localities have now been translated into seven priority areas, allowing work to be directed towards fifteen areas having the highest levels of priority crimes.

Priorities Include:

- Serious Acquisitive Crime
- Violent Crime
- Domestic Violence
- Anti-Social Behaviour
- Drugs and Alcohol
- Youth Issues
- Hate Crime.

Our Health & Wellbeing Strategy aims to bring together priorities from partners and decide on early actions where joint work will improve health and wellbeing. The work of the Safer Nottinghamshire Board, expressed through the Nottinghamshire Community Safety Strategy for 2012-15, sets the priorities for health & wellbeing activity related to crime & safety.

Work is delivered through a range of programme groups that tackle specific areas of the strategy under the leadership of the Safer Nottinghamshire Board structure.

Goals:

- To increase the use of early intervention techniques to improve community engagement, reduce domestic violence and prevent children & young people offending through reducing substance misuse.
- To prevent crime and offending, including violent & serious acquisitive crimes and reducing substance misuse by adults.
- To increase the confidence and satisfaction of local communities through reducing antisocial behaviours, victim support and ensuring effective response to community safety issues

Examples of Potential Outcome Measures

- Re-offending
- First time entrants into the youth justice system

Domestic violence / abuse: The Safer Nottinghamshire Board adopted the following definition of domestic violence:

‘physical, sexual, psychological or financial violence that takes place within an intimate or family-type relationship and that forms a pattern of coercive and controlling behaviour. This can include forced marriage and so-called 'honour crimes'. Domestic violence may include a range of abusive behaviours, not all of which are in themselves inherently 'violent’ [17].

Why this matters: Domestic violence is a significant problem in our society. Whilst domestic violence occurs across all sections of society, men are far more likely to be the perpetrators and women the victims. Information from the national police statistics and the British Crime Survey results show that 73% of domestic violence is carried out by men against women (and that 80% of domestic violence victims are women) [17].

The violence they experience is also more likely to have a sustained psychological/ emotional impact or result in injury or death [17].

Women who have suffered domestic violence have approximately twice the level of usage of general health services and between three and eight times the level of usage of mental health services. The national cost (inclusive of hospital care, ambulance use, GP time and prescribing costs) is estimated to be £1.7bn [18].

There is also a strong link between substance misuse for both victim and perpetrators.

At least one in four women will experience domestic violence during their lifetime and about one in ten women, in any given year[†]. This means that across Nottinghamshire at least 31,920 women will experience domestic violence every year [19]. The consequences for victims can be very serious including mental ill-health and homelessness as well as physical injury. Domestic violence usually escalates as a relationship continues, so where there are concerns, it is important to assess risk levels regularly.

In Nottinghamshire in 2011 there were 8,781 reported incidents of domestic violence and 4,101 offences[*]. The highest proportions were seen in Mansfield, Bassetlaw and Ashfield.

Safeguarding: Safeguarding is a legal responsibility for most partner organisations and is an important element of service provision. Safeguarding involves partnership working to protect and promote the welfare of vulnerable people, through monitoring, reporting and addressing potential abuse, as well as ensuring the promotion of dignity within all support services.

Referrals and resultant action relating to safeguarding in children has increased over the past 4 years. The most common reason children became subjects of Children Protection Plans in 2009/10 was 'neglect' (32%), followed by 'emotional and physical abuse' (20%).

Sexual exploitation, sexual assault, domestic violence and hate crime against children and young people continue to be reported. Information from 2009, shows that Mansfield and Ashfield had the highest levels of crime committed against children during that time.

8.3. Healthy environments in which to live, work and play

Why this matters: Environmental disasters and global changes to the environment are one of the largest growing issues facing society and public health. We have a duty to work towards reducing the negative impacts that natural disasters such as floods, droughts and natural wide spread fires cause, as these have significant impacts upon the individual, communities, economy and to services.

On a day to day basis, the environment we live in also has a large impact upon health and wellbeing. Access to open space, green space, play areas, street lighting, accessibility, air quality, noise pollution, transport and the build environment all impact upon physical and mental wellbeing.

Community satisfaction is a key indicator for the government, which provides a measure linking policy to health and wellbeing. Environmental health is intrinsically

[†] British Crime Survey Crime In England and Wales 2009/10
[*] Data was extracted on 03/02/12 from CRMS police system

linked to delivery against this indicator through it strategies and policies. Work at county or district level ensure cleaner, greener, safer environments through the management of waste disposal, regeneration, housing, planning, pollution and contamination control and management.

The Sustainable Communities Act provides an opportunity for councils to ask the Government for changes to policy or legislation to improve community wellbeing. Local action includes the development of sustainable community strategies to bring together local aspirations for making improvements for communities and wider environmental changes.

The variation across Nottinghamshire highlights differences in need across the county. Through partnership working the Health and Wellbeing Strategy can take forward priorities for local action, and aims to support and complement other local strategies and plans at both county and district level.

Housing: The homes that people live in have been shown to impact upon health and wellbeing; overcrowding, poorly insulted/heated homes, damp and limited access to green space all impact upon physical and mental health, emotional and economic wellbeing.

There is a need to ensure adequate housing to meet the needs of local communities; therefore housing is an important factor to be considered in this Health & Wellbeing Strategy. Housing needs differ between different communities, such as access to life long homes that are easily adaptable for an aging population or availability of assisted housing and home adaptation schemes for those with greatest need.

Where housing is insufficient to meet local needs identified through the Joint Strategic Needs Assessment, our strategy aims to identify action to minimise the impact upon wellbeing and independence.

Goal: To create sustainable communities and environments that promote and enable healthy living and lifestyles, to reduce our consumption of non-renewable energy and to reduce the impact upon the environment.

Our strategy supports the development of a Nottinghamshire strategy for environmental health and housing, building upon and with the District Councils current strategies to scope current provision, identify gaps and create equality of access and reduce inequalities between and within areas.

Examples of Potential Outcome Measures

- Utilisation of green space for exercise/health reasons
- Public sector organisations with board approved sustainable development management plans.

9. CONCLUSION

There is a wide range of factors that affect an individual's health and wellbeing. Through focusing on the life course of children & young people and adults, we can target the best time to introduce new interventions. Priorities within behaviours and defined health & wellbeing policy areas offers the opportunity to take a cross sectional view focussing on joint strategies to promote health and wellbeing. Likewise, consideration of the wider determinants of health, make sure we take a community-wide view of the problems and identity where all partners can contribute to a common aim.

In the real world, people have multiple needs so services should be able to take account of individual differences and be able to offer support for a wide range of issues to avoid duplication and use resources wisely. Through working jointly to identify new ways to make a difference, the health and wellbeing strategy can achieve great things for the people of Nottinghamshire.

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