APPENDIX ONE

HEALTH & WELLBEING STRATEGY FOR NOTTINGHAMSHIRE EARLY PRIORITIES FOR 2012-2013

VISION

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

What is Health and 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.

Partners

The Nottinghamshire Health & Wellbeing Board was set up in May 2011 to lead work across health and local government. It is a partnership committee to improve the health and wellbeing of the people of Nottinghamshire.

Core partner members include:

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 Consortium CCG and Principia Rushcliffe CCG.

Local Involvement Network (LINks).

Other Partners

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

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

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.

This initial version of the Health & Wellbeing Strategy includes identified priorities common to the core partner organisations. It will provide a foundation on which to base further developments during 2012-13, incorporating emerging areas of need and feedback from wide consultation and engagement.

HEALTH AND WELL-BEING IN 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 other main 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 outside these areas, mostly in small (under 10,000 population) towns and villages.

A diverse local economy features world-renowned companies in the fields of healthcare, pharmaceuticals, precision engineering, textiles and clothing and professional services. Boots, Raleigh, Imperial Tobacco, Experian and Capital One have homes here, as do Government bodies, including the Inland Revenue and the Driving Standards Agency.

The County and City boast two universities – the University of Nottingham and Nottingham Trent University – offering courses to over 45,000 full and part-time students. In addition, New College in Nottingham is the second largest college in Europe with more than 50,000 full and part-time students.

The People

Nottinghamshire has a population of 779,900[1] 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, with the average age being 39 years.

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.

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.

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.

Case Study to be added

[1] Mid 2010 estimate.

Health and Wellbeing

The health of people in Nottinghamshire is mixed compared to the England average[2]. Deprivation is lower than average however 27,080 children live in poverty.

Within Nottinghamshire, overall life expectancy for women is lower than the England average. 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.[3]

In the county, 19.97% of people said they had limiting long term illness and in some districts this rose to 22% and 24%. In addition 9.8% of people felt their general health was not good. This was highest in Mansfield (12%)

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. 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 and levels of GCSE attainment are worse than the England average

An estimated 20.4% of adults smoke and 20.4% are obese. Rates of hip fractures and road injuries deaths are higher than average.

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.

Carers

Carers play a vital role in addressing many individual priority areas within the health and 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 12, 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.

Case Study to be added

[2] Based on information from Public Health Observatory health profiles 2011

[3] based on the Slope Index of Inequality published on 5.1.11

Variation in Health across 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 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 priorities, however the following section outlines the differences and inequalities across the County:

ASHFIELD **POPULATION 116,000**	• 5,510 children live in poverty • Life expectancy is 7.6 years lower for men and 13.1 years lower for women in the most deprived areas of Ashfield than in the least deprived areas. • 18.2% of year 6 children (age 10-11 years) are classified as obese • Levels of GCSE attainment were worse than the England average in 2009/10. • Rates of smoking related deaths and hospital stays for alcohol related harm are higher than average. **BUT** • all-cause mortality rates have fallen over last 10 years • Early death rates from cancer and from heart disease and stroke have fallen.
BASSETLAW **POPULATION 112,000**	• Deprivation is higher than average and 4300 children live in poverty. • Life expectancy for women is lower than the England average - Life expectancy is 7.3 years lower for men and 5.7 years lower for women in the most deprived areas than the least deprived areas. • The early death rate from cancer heart disease and stroke has fallen and is worse than the England average. • 20.6% of year 6 children are classified as obese • Levels of GCSE attainment were worse than the England average in 2009/10. • An estimated 18.7% of adults smoke and 24.5% are obese. • Rates of hip fractures road injuries and deaths and hospital stays for alcohol related harm is higher than average.
BROXTOWE - POPULATION 112, 000	• Although deprivation is lower than average, 2,935 children live in poverty • Life expectancy is 8.6 years lower for men and 7.9 years lower for women in the most deprived areas than the least deprived areas. • 17.7% of year 6 children are classified as obese • tooth decay in children is worse than the England average • Levels of GCSE attainment were worse than the England average in 2009/10. • An estimated 16.7% of adults smoke and 22.3% are obese. • There were 181 deaths from smoking and 1,899 hospital stays for alcohol related harm in 2009/10. **BUT** • Life expectancy for men is higher than the England average.

GEDLING **POPULATION 113, 000**	• Although deprivation is lower than average 3,420 children live in poverty. • Life expectancy for men is 7.7 years lower for men and 6.8 years lower for women in the most deprived areas than the least deprived areas. • 16.9% of year 6 children are classified as obese • Levels of GCSE attainment were worse than the England average in 2009/10. • An estimated 19% of adults smoke and 23% are obese. • There were 201 deaths from smoking and 2,240 hospital stays for alcohol related harm in 2009/10 • The incidence of malignant melanoma are significantly higher than average. **BUT** • Life expectancy for men is higher than the England average.
MANSFIELD **POPULATION 100,000**	• The health of people in Mansfield is generally worse than the England average. • Deprivation is worse than average and 5,045 children live in poverty. Life expectancy for both men and women is lower than the England average. Life expectancy is 10.1 years lower for men and 7.9 years lower for women in the most deprived areas than the least deprived areas. • 21.5% of year 6 children are classified as obese and a lower percentage than average of pupils, spend at least 3 hours each week on school sport. • Rates of smoking related deaths, hospital stays for alcohol related harm and drug misuse is higher than average. **BUT** • The early death rate from heart disease and stroke has fallen, although they are still worse than the England average.
NEWARK AND SHERWOOD **POPULATION 113,000**	• Deprivation is lower than average however 4,085 children live in poverty. • Life expectancy is 8 years lower for men and 6.8 years lower for women in the most deprived areas than the least deprived areas. • An estimated 19.3% of adults smoke and 24.1% are obese. • 15.7% of year 6 children are classified as obese • Levels of GCSE achievement were worse than the England average in 2009/10 . • The rate of road injuries and deaths is higher than average.
RUSHCLIFFE **POPULATION 112,000**	• Although deprivation is lower than average 1,780 children live in poverty. • Life expectancy is 5.2 years lower in men and 6.9 years lower for women in the most deprived areas of Rushcliffe than in the least deprived areas. • 14.3% of years 6 children are classified as obese. • 15.8% of expectant mothers' smoke during pregnancy. • 12.3% of adults smoke and 19.4% are obese. • The rate of road injuries and deaths is higher than average • Incidence of malignant melanoma are significantly higher than average. **BUT** • The health of people in Rushcliffe is generally better than the England average. • Life expectancy for both men and women is higher than the England average. • Early deaths from cancer and from heart disease and stroke have fallen and are better than England average.

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

Health and Local Government Outcomes

The health & wellbeing priorities areas are under consultation. This section will therefore be completed following agreement by the Health & Wellbeing Board.

In addition, further details are required on the content of the outcome frameworks, including the full publication of the Public Health Outcomes Framework expected to be published December 2011/January 2012.

The Overarching Outcome for the strategy is:
To improve the health, 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 'Outcome Framework' provides a national template on how measures can be used to monitor different priority areas. There will be three nationally recognised outcomes frameworks relating to health and wellbeing covering the NHS, social care and public health.

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 and Wellbeing Strategy.

Further information on the individual indicators is included in the relevant sections of the strategy, but table one summaries the core set of indicators.

Table One:

PROPOSED PRIORITY	*EXAMPLE* PERFORMANCE INDICATORS (INDICATORS RELATING TO CHILDREN & YOUNG PEOPLE TO BE ADDED)	SOURCE
Obesity (including physical activity & healthy eating)	Occurrence of healthy weight in the population	May be included in PH outcomes framework
Mental Health & Emotional Wellbeing	Measure of quality of life for people with mental illness Proportion of adults in contact with secondary mental health services who live independently, with or without support	NHS outcomes framework 12-13 Adult Social Care Outcomes Framework
Older people (including falls and fuel poverty)	The proportion of patients following a fragility fracture e.g. hip fracture recovering to their previous levels of mobility / walking ability at **i**30 and **ii**120 days Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	NHS outcomes framework 12-13 Adult Social Care & NHS Outcomes Framework
Substance Misuse – especially alcohol	Rate of hospital admissions per 100,000 for alcohol related harm	May be included in PH outcomes framework
Learning Disability and Autism	Proportion of adults with learning disabilities in paid employment	Adult Social Care Outcomes Framework
Smoking	Measure of people who have quit smoking for 4 weeks	May be included in PH outcomes framework

PROPOSED PRIORITY	*EXAMPLE* PERFORMANCE INDICATORS (INDICATORS RELATING TO CHILDREN & YOUNG PEOPLE TO BE ADDED)	SOURCE
Long term conditions (including NHS health checks)	Measure of premature mortality from one of the major causes of death – cardiovascular disease, respiratory disease Measure of Health-related quality of life for people with long-term conditions	NHS outcomes framework 12-13
Teenage conception & pregnancy	Rate of Teenage Conceptions	May be included in PH outcomes framework
Dementia	Measure of improvements in the diagnosis of dementia in hospitals. Reduction in prescribed of atypical antipsychotic medication	NHS outcomes framework 12-13 National Audit Office report
Physical Disability	Measure of carer-reported quality of life	Adult Social Care Outcomes Framework
Education / personal attainment & aspirations	To be determined	
Environment, community engagement and community satisfaction	To be determined	
Crime & safety	To be determined	

LIFECOURSE SECTION FOCUSSED ON CHILDREN AND YOUNG PEOPLE

Health and wellbeing is as crucial in early years as in adulthood. Importantly, early intervention at a young age is understood to be a strong influence of health and wellbeing outcomes in later life, such as smoking and obesity.

The Nottinghamshire Children, Young People and Families plan sets out high level priorities where the Children's Trusts can work together in partnership to have a positive impact on the lives of children and young people. Priorities for action include early intervention and prevention, safeguarding, services for disabled children, child poverty, raising achievement and addressing inequalities and emotional wellbeing. Actions are undertaken within the context of family environment to incorporate important influences and support mechanisms.

Transitional issues are also important to capture as young people may be more vulnerable when making the transition into adulthood, and adult services, especially where a child has received services outside the local area. This can make it difficult for mainstream adult services to fully meet the needs of this group.

This Health & Wellbeing Strategy aims to bring together priorities from partners and decide on early actions where joint work will improve health and wellbeing. Linking with the work of the Nottinghamshire Children, Young People and Families plan, the following common priorities have been highlighted for joint work through the Health & wellbeing strategy:

Priorities common to partners include:

Disability in children and young people - Why this is a proposed priority

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.

Teenage conception & pregnancy - Why this is a proposed priority

Teenage mothers and their children are less likely to do as well as their peers and there is a 63% chance that their children will be living in poverty.

Rates of teenage pregnancy are higher among communities affected by deprivation and poverty and are higher where educational attainment is lower. The poorer outcomes associated with teenage motherhood also mean the effects of deprivation and social exclusion are passed from one generation to the next. Teenage mothers are 22% more likely to be living in poverty than mothers giving birth aged 24 or over, and are much less likely to be employed or living with a partner, and are less likely to have any qualifications.

The health inequalities for teenage parents and their babies is also greater; rates of infant mortality are around 60% higher for babies born to mothers aged under 20.

Nottinghamshire has shown a reduction in teenage (the under 18 years) conceptions of 25.5% from the 1998 baseline. However, this masks variances in reduction across wards and districts in Nottinghamshire.

'Hotspot' Wards are those with a rate among the highest 20% in England. In total there are 26 ‘hotspot’ Wards in Nottinghamshire. Aggregated 2006-08 Ward data shows that there are 59 Wards with rates higher than the England conception rate of 38.2 conceptions per 1000 15-17 year old females (2009 national data, ONS).

Terminations of pregnancy rates are similar in Nottinghamshire to other comparative areas. Of the 588 under-18 conceptions in 2008, 48% led to a termination. Therefore despite improvements, further work is needed to address this area of health need.

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

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

A case study will be added to illustrate the wide range of complex and inter-relating health and wellbeing outcomes experienced by many children and young people.

LIFECOURSE SECTION FOCUSED ON ADULTS

Once individuals move into adulthood, culture, beliefs and behaviours have already started to become embedded. 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 the varying health and wellbeing issues.

People can need care and support for many reasons. This can be because of their age, disability, health or the personal situation they find themselves in. Many people, including those with complex needs, are now living longer. This can mean that the age of their carers actually limits their ability to maintain that 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.

This 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:

Priorities common to partners include:

Older people – Why this is a proposed priority

Improvements in life expectancy mean that more people now live longer. Therefore, 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. Key aims for both health and social care are enabling older people to stay healthy and maintain their independence in their own homes as long as possible. 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 and help them regain independence, for example following a period of ill-health.

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

Physical Disability – Why this is a proposed priority

Physical disability covers a wide range of conditions causing physical disability to the individual.

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 abuse services.

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 the longer term needs of this group are growing and require attention.

Long term neurological conditions (LTNC) are one group of individuals that have physical disability needs. 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.

There are currently a range of services being provided for people with a LTNC in the county but these services are often fragmented and not equitable. The development and implementation of a coordinated programme of action will ensure that there are services across the area to fully meet the needs of patients families and carers. These services should be accessible to all people in need, across the county including those with all Physical Disability or Sensory Impairment.
A fuller analysis of health need in relation to physical disability is included in the JSNA.

Dementia – Why this is a proposed priority

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.

Long Term Conditions

There are a range of long term conditions. The most common ones include diabetes, heart disease or heart problems, asthma, COPD, stroke, and Parkinson's disease. 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 LTC, 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.

Living with a LTC, 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. LTC 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 LTCs, this area still represents an ongoing significant need within Nottinghamshire. Without further work, improvements in life expectancy will be unattainable.

A fuller analysis of health need in relation to Long Term Conditions is included in the JSNA.

Learning Disability – Why this is a proposed priority

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 of which 34 were in Bassetlaw. This figure could 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.

Autism

Some people with learning disabilities have complex needs arising from autism. This 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.

The severity of autism people experience is on a spectrum and national prevalence estimates indicate 1% of the general population are mildly affected. 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.

See Also:
Education / personal attainment & aspirations
Learning Disability
Mental Health & Emotional Wellbeing
Obesity
Smoking
Substance Misuse

Case Study to be added

BEHAVIOURS

Many factors relating to health and wellbeing depend on an individual's beliefs and personal actions. 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. Partners recognise the importance of working on behaviours through identifying priorities within their organisational strategies.

Priorities common to partners include:

Smoking – Why this is a proposed priority

Nationally, smoking is one of the leading causes of preventable deaths, resulting in 81,400 deaths every year. In addition, each year in Nottinghamshire county, smoking costs society approximately £204.4m, including an estimated £60.9 million output lost from early deaths, £37.1m from smoking related sick days and £41.3m estimated cost of lost productivity from smoking breaks.

People from poorer backgrounds are more likely to smoke and each year nearly 10,000 children are treated in hospital for exposure to second-hand smoke.

Within Nottinghamshire County, 21.1% of people smoke, compared to a national average of 21.6%. However, this figure masks the locality differences across the county with 12% of the population of Rushcliffe smoking whilst 31.6% of the population of Mansfield are smokers. Smoking is responsible for 1,300 deaths across Nottinghamshire County every year. The main causes of death are cardiovascular disease, cancers and respiratory disease. All these are underpinned by tobacco. The difference in life expectancy across the county is approx. 9 years and half of this difference is due to smoking.

<u>Children & Young People</u>
Nationally, about two million children currently live in a household where they are exposed to cigarette smoke, and many more are exposed outside the home. However, reliable local smoking prevalence data for children and young people is not available.

90% of people start smoking before the age of 19 and children are three times as likely to start smoking if their parents smoke.

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.

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

Obesity (to inc. Physical Activity & healthy eating) – Why this is a proposed priority

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.

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 is a health inequality issues, with people from the lower socioeconomic 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, similar to the national figure.

In local Year 6 aged 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.

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 (Tellus 4 Survey).

22% of local children and young people eat five or more portions of fruit and vegetables a day, above statistical neighbours (18%) and the national average (19%) (Tellus 4 Survey).

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

Substance Misuse – Why this is a proposed priority

The term 'Substance Misuse' is used to refer to alcohol and/or drug[4] problems.

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 mis-user themselves, and is implicated in relationship breakdown, domestic violence and poor parenting, including child neglect and abuse and wider societal problems.

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 performing slightly worse (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.

[4] 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.

PRIORITY HEALTH AND WELLBEING POLICY AREAS

Each partner may have a number of policy areas that are prioritised independently. These may be due to statutory responsibility or national strategy and are often monitored centrally using set measures and regular feedback on performance. Individual organisations will continue to work on these areas, but the health and wellbeing strategy will concentrate on areas where joint working across health, social care and local government can make significant improvements for Nottinghamshire.

Priorities common to partners include:

Mental Health & Emotional Wellbeing – Why this is a proposed priority

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. The interconnections between mental health, housing, employment and the criminal justice system are highlighted in the new Government strategy.

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.

<u>Children & Young People</u>

There is evidence that the emotional health & well-being 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.

Case Study to be added

THE WIDER DETERMINANTS OF HEALTH

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. They include the conditions of daily life and the structural influences upon them, themselves shaped by the distribution of money, power and resources at global, national and local levels. They determine 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.

Wider determinant of health have a major contribution to 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.

Priorities common to partners include:

Education/personal attainment & aspirations – Why this is a proposed priority

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, aspirations 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.

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[5]. 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[6].

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

[5] Economic Assessment 2010 http://www.nottinghaminsight.org.uk/insight/framework/local-economic-assessment/home.aspx

[6] Headline Economic Assessment 2009 Nottinghamshire County Council and Nottingham City Council

A fuller analysis of health need in relation to education and personal attainment is included in the JSNA.

Crime & safety – Why this is a proposed priority

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 well-being and growth. With differential levels of crime and antisocial behaviour cross 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.

Safeguarding, a legal responsibility for many partners, is an important element of services. 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.

<u>Children and Young people</u>

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

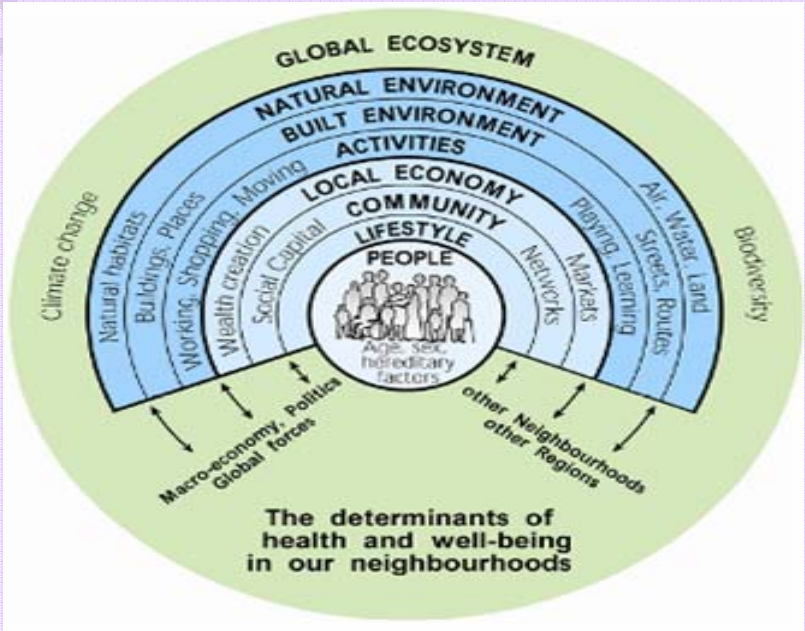
Sexual exploitation, sexual assault, domestic violence and hate crime against children and young people continue to be reported. Information from 2009, shows that Mansfield and Ashfield had the highest levels of crime committed against children during that time.

Environment and community satisfaction – Why this is a proposed priority

Management of environmental hazards can have a significant impact on an individual's health. In addition, as a wider determinant of health an individual's environment is key to a feeling of wellbeing. Closely linked with crime and safety, personal satisfaction in the local area is an important element to consider in a strategy to improve health and wellbeing.

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. Along with wider environmental changes, community satisfaction is highlighted as a common theme from local people.

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.



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 policy areas offers the opportunity to taken 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 real world view of the problems and identity where all partners can contribute to a common aim.

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.

APPENDIX TWO

EXAMPLE OF SECTION OF HEALTH & WELLBEING STRATEGY - DEMENTIA

Why is this a proposed priority?

Dementia is one of the main causes of disability in later life. It is estimated that there are 750,000 people in the UK with dementia. This is rising yearly as the population ages. The East Midlands, along with the South West, faces the most significant challenge in England.

In 2010 there were 52,836 people living with dementia in the East Midlands. This is predicted to rise to 82,155 in 2025 (55% increase).

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 BME groups as first generation migrants from the 1950s and 1970s begin to age.

Research evidence suggests that there is a relationship between dementia and educational status, showing that individuals with low educational attainment have a higher risk of dementia. This finding may equate to an increased risk of dementia in lower socioeconomic groups, especially as individuals with low educational attainment are often in lower socioeconomic groups.

What more needs to be done?

The National Dementia Strategy is a 5-year strategy with 17 objectives, plus the intention to reduce inappropriate use of antipsychotic medication. Further action is required to deliver these, with our priorities being:

- Improving awareness to help early diagnosis for people with dementia.
- Integrate dementia services across health & social care
- Improve access to high quality prevention, early intervention and intermediate care dementia services and improve services for younger people with dementia.

How will we show improvement?

Measurement will be taken to map improvements in the diagnosis of dementia in hospitals.

What are we doing now?

Dementia is one of Nottinghamshire's health and social care priorities. The Joint Commissioning Strategy for Older People's Mental Health, 2009 identified priorities for dementia across Nottinghamshire and aimed to reduce inequalities in health by ensuring that people with dementia can be supported at home for longer through:

- Good quality early diagnosis and intervention for all
- Improved quality of care in General Hospitals
- Living well with dementia in care homes
- Reduce the inappropriate use of antipsychotic medication to manage difficult behaviour in people with dementia

See Also: Older people, Learning Disability and mental health sections of Health & Wellbeing Strategy.

National Documents: National Dementia Strategy, Carers' Strategy, NICE-SCIE Guidance, National Audit Office (NAO) report.

Local Strategies: NCC strategic plan, NHS NC Strategic Plan, Bassetlaw Strategic Plan, Mansfield & Ashfield CCG commissioning plan, Newark & Sherwood CCG commissioning plan

What does this mean for *Helen*?

A personal story highlights the importance of this work. Click *here* for more information.