

Health and Wellbeing Board

Wednesday, 04 May 2022 at 14:00

County Hall, West Bridgford, Nottingham, NG2 7QP

AGENDA

- | | | |
|---|--|---------|
| 1 | Minutes of the last meeting held on 23 March 2022 | 3 - 6 |
| 2 | Apologies for Absence | |
| 3 | Declarations of Interests by Members and Officers:- (see note below)
(a) Disclosable Pecuniary Interests
(b) Private Interests (pecuniary and non-pecuniary) | |
| 4 | Chair's Report | 7 - 16 |
| 5 | The Nottinghamshire Joint Health and Wellbeing Strategy for 2022 – 2026 | 17 - 26 |
| 6 | Membership to the Health and Wellbeing Board | 27 - 40 |
| 7 | Annual Progress Report – Best Start Strategy 2021-2025 | 41 - 52 |
| 8 | Work Programme | 53 - 56 |

Notes

- (1) Councillors are advised to contact their Research Officer for details of any Group Meetings which are planned for this meeting.

- (2) Members of the public wishing to inspect "Background Papers" referred to in the reports on the agenda or Schedule 12A of the Local Government Act should contact:-

Customer Services Centre 0300 500 80 80

- (3) Persons making a declaration of interest should have regard to the Code of Conduct and the Council's Procedure Rules. Those declaring must indicate the nature of their interest and the reasons for the declaration.

Councillors or Officers requiring clarification on whether to make a declaration of interest are invited to contact Martin Gately (Tel. 0115 977 2826) or a colleague in Democratic Services prior to the meeting.

- (4) Councillors are reminded that Committee and Sub-Committee papers, with the exception of those which contain Exempt or Confidential Information, may be recycled.

- (5) This agenda and its associated reports are available to view online via an online calendar - <http://www.nottinghamshire.gov.uk/dms/Meetings.aspx>

Meeting HEALTH AND WELLBEING BOARD

Date Wednesday, 23 March 2022 (commencing at 2:00 pm)

Membership

Persons absent are marked with an 'A'

COUNTY COUNCILLORS

John Doddy (Chair)
David Martin
Sheila Place
Tom Smith
Nigel Turner

DISTRICT COUNCILLORS

A	David Walters	-	Ashfield District Council
	Susan Shaw	-	Bassetlaw District Council
	Colin Tideswell	-	Broxtowe Borough Council
A	Henry Wheeler	-	Gedling Borough Council
	Abby Brennan	-	Rushcliffe Borough Council
A	Neill Mison	-	Newark and Sherwood District Council
	Marion Bradshaw	-	Mansfield District Council

OFFICERS

Melanie Brooks	-	Corporate Director, Adult Social Care and Health
Colin Pettigrew	-	Corporate Director, Children and Families Services
Jonathan Gribbin	-	Director of Public Health

CLINICAL COMMISSIONING GROUPS

- | | | | |
|---|----------------------------|---|--|
| A | David Ainsworth | - | NHS Nottingham and Nottinghamshire Clinical Commissioning Group |
| | Lucy Dadge | - | NHS Nottingham and Nottinghamshire Clinical Commissioning Group |
| A | Idris Griffiths | - | NHS Bassetlaw Clinical Commissioning Group |
| | Dr Thilan Bartolemeuz | - | NHS Nottingham and Nottinghamshire Clinical Commissioning Group |
| A | Fiona Callaghan | - | NHS Nottingham & Nottinghamshire Clinical Commissioning Group |
| A | Dr Jeremy Griffiths | - | NHS Nottingham and Nottinghamshire Clinical Commissioning Group (Vice-Chair) |
| | Dr Nicole Atkinson | - | NHS Nottingham and Nottinghamshire Clinical Commissioning Group |
| | Dr Victoria McGregor-Riley | - | NHS Bassetlaw Clinical Commissioning Group |

LOCAL HEALTHWATCH

Sarah Collis - Healthwatch Nottingham & Nottinghamshire

OFFICE OF THE NOTTINGHAMSHIRE POLICE AND CRIME COMMISSIONER

Sharon Cadell – Chief Executive, OPCC

OFFICERS IN ATTENDANCE

- | | | |
|---------------|---|---|
| Sue Foley | - | Commissioner in Public Health |
| Briony Jones | - | Public Health and Commissioning Manager |
| Martin Gately | - | Democratic Services Officer |

OTHER COUNTY COUNCILLORS IN ATTENDANCE

Matt Barney

Scott Carlton

MINUTES

The minutes of the last meeting held on 9 February 2022 having been previously circulated were confirmed and signed by the Chairman.

APOLOGIES FOR ABSENCE

- Councillor David Walters, Ashfield District Council
- Councillor Henry Wheeler, Gedling Borough Council
- Dr Jeremy Griffiths, Nottingham and Nottinghamshire CCG
- David Ainsworth, Nottingham and Nottinghamshire CCG
- Idris Griffiths, Chief Officer, Bassetlaw CCG (Dr Victoria McGregor-Riley deputises)

DECLARATIONS OF INTEREST BY BOARD MEMBERS AND OFFICERS

None.

THE NOTTINGHAMSHIRE JOINT HEALTH AND WELLBEING STRATEGY 2022-2026

The Chairman introduced the report, the purpose of which was to secure endorsement of the third Nottinghamshire Joint Health and Wellbeing Strategy for 2022-2026 and recommend it to Nottinghamshire County Council Policy Committee for approval. In addition, to secure input and support in principle for the executive summary and the draft full strategic documents to ensure residents, board members and delivery partners are informed on the plans for the Joint Health and Wellbeing Strategy for 2022-2026.

The Chairman highlighted the importance of addressing health inequalities, such as the seven-year variation in healthy life expectancy between Ashfield and Rushcliffe, and also referenced how the gradual gains in healthy life expectancy had now stalled.

Jonathan Gribbin, Director of Public Health, stated that the Joint Health and Wellbeing Strategy dovetailed with the work of the ICS, and opportunities were arising as we moved into the recovery phase to address inequities and unfairness.

Joining the meeting via Teams, Dr Kathy McLean, Chair of the ICS reiterated that the strategy dovetailed with the issues being discussed at the ICS and fulfilled all of the things she had expected to see in it.

Councillor Nigel Turner highlighted the impact of the two years of the pandemic on younger children. In response, Mr Gribbin emphasised the importance of early years provision in any context and indicated that a multi-agency group of local NHS, City and County Council officers had approved joint funding for a permanent post which focuses on this area of work.

Councillor David Martin commended the well laid out and well written strategy. In reference to Ashfield and health inequalities, the Chairman observed that the inequalities could be reduced by half by eliminating smoking.

Sharon Cadell, Office of the Police and Crime Commissioner, emphasised the significant synergies with the Police and Crime Plan.

Councillor Susan Shaw highlighted the prevalence of food bank use and more children moving into poverty.

Councillor Sheila Place spoke about the benefits of youth clubs teaching young people how to prepare healthy meals.

RESOLVED: 2022/007

That:

- 1) the Nottinghamshire Joint Health and Wellbeing Strategy for 2022-2026 be endorsed and recommended to policy Committee for approval.
- 2) the executive summary and full strategic document be supported in principle and further input provided as part of the delivery workshop organised.

WORK PROGRAMME

RESOLVED: 2022/008

That:

- 1) The work programme be noted and consideration be given to any changes.

The meeting closed at 2:31 PM

CHAIR

REPORT OF THE CHAIR OF THE HEALTH AND WELLBEING BOARD

CHAIR'S REPORT

Purpose of the Report

1. The report provides an update by the Chair on local and national issues for consideration by Health & Wellbeing Board members to determine implications for the Joint Health and Wellbeing Strategy for 2022 – 2026.

Information

LOCAL

Give Every Child the Best Chance of Maximising their Potential

[New Partnership Strategy for looked after children and care leavers in Nottinghamshire 2022 – 2025](#)

2. Preparing our children for adulthood remains the overarching objective of the Partnership Strategy. The Nottinghamshire Local Offer for Care Leavers is driven by the ambitions that ensure every young person (care leaver) can become a resilient and confident young adult, in secure work, with financial independence along with permanent and secure housing, either through long-term tenancy or by buying their own homes. Moreover, the Local Offer supports the development of a healthy lifestyle that brings confidence and fulfilment and seeks to support care leavers to develop the ability to forge and maintain friendships and relationships and be able to engage positively with their wider communities. The voices of our children and young people are at the heart of the new Strategy, which is available [online](#); its priorities have been directly influenced by what our children and young people have told us is important to them.

Create Healthy and Sustainable Places

[Bassetlaw District Council targets energy improvements for tenants](#)

3. Landlords in the private sector who rent out cold, draughty and energy deficient properties will be forced to address their energy ratings thanks to a new Council initiative. Bassetlaw District Council is one of 59 local authorities that was awarded Government funding from the Department for Business, Energy & Industrial Strategy to clamp down on landlords who rent out properties with an Energy Performance Rating of F or G. The Council was awarded £65,000 of funding and since September has been working with more than 300 private sector landlords and tenants to ensure that their properties meet the minimum requirement.

[Bassetlaw Council Utilises Solar Energy](#)

4. Bassetlaw District Council has undertaken a number of projects which enable the use of renewable solar energy at its Carlton Forest Depot in Worksop, and will contribute to its ambition to improve the environmental credentials of the local area. Custom Solar have equipped the Council building with a solar system that is able to produce 53,844kWh of renewable energy and reduce CO2 emissions by 14.5 tonnes each year. The effects of the project equate to having 146 solar panels installed. The site will also receive 5 electric vehicle charging points that take power from the solar installation and will allow the Council to begin the electrification of its vehicles.

[Electric vehicle hits the road in Mansfield to help cut carbon emissions](#)

5. Mansfield District Council's first electric vehicle has hit the road as part of the Council's ambition to be a carbon neutral authority by 2040. The vehicle is being used by the Housing Repairs team and is one of the first batch of electric vehicles that will replace and phase out older diesel vehicles at the end of their economy life.

[Mansfield District Council agrees on funding for Warsop Health Hub](#)

6. Mansfield District Council has agreed to allocate £1.5m towards a project to build a new swimming pool, gym, and multi-purpose hall in Warsop. It will part fund the Warsop Health Hub project and also approved the borrowing of up £3.5m to help deliver the scheme. The hub is one of six projects included in the council's bid to the Government's Towns Fund. Of £12.3m awarded from the Fund to the district, £3m is allocated to the health hub plan.

[Swimming Passport Scheme launched in Gedling](#)

7. A new swimming scheme has been launched by Gedling Borough Council to help people in the borough to be more active and enjoy swimming. The Swimming Passport scheme is open to Gedling residents aged under 16 and over 65. These age groups are able to swim at dedicated weekly sessions for free at Arnold, Calverton and Carlton Forum leisure centres. The Swimming Passport scheme was developed as part of the Gedling Borough Council's priorities to improve the health and well-being of residents, as well as reduce health inequalities across the borough.

[Broxtowe Parks Team collaborate with The Friends Group for conservation](#)

8. As part of Broxtowe's Green Futures initiative, Broxtowe Borough Council teamed up with The Friends of Watnall Green and Spinney to work on a project promoting the conservation of the borough's vital parks and open spaces. With over 20 participants, the group undertook woodland management to benefit biodiversity and are committed to working with the Borough Council to manage the Green and Spinney to benefit wildlife and the local community.

[Over 9,000 free trees distributed to Rushcliffe residents and community groups](#)

9. Rushcliffe Borough Council has now distributed 9,000 free trees since 2018 to local residents and community groups. It's all part of the authority's free tree scheme and Rushcliffe Community Tree scheme which is giving green fingered enthusiasts a chance to further enhance wildlife in their garden or community space.

[Landmark West Bridgford site sale paves way for new low carbon homes](#)

10. Rushcliffe Borough Council has completed the sale of its former depot site that will bring over 70 exemplar low carbon new homes to the sought-after suburb of West Bridgford. All designed with the same high-quality specification and materials, the 71 homes are set to include a minimum 19 per cent reduction on CO2 levels, compared with current building regulations on standard houses across the country. They will also feature electric car charging, bike store, wildlife habitats, new trees and will meet central government's no fossil fuels policy on new build housing, three years ahead of its 2025 deadline.

Everyone can access the right support to improve their health

[Draft Joint Carers Strategy for Nottingham and Nottinghamshire](#)

11. The overall aim of the draft strategy is to enable unpaid carers to access the right support they need to enable them to maintain their caring role whilst having a life alongside caring. Nottinghamshire County Council will co-produce this work with carers with lived experience, Nottingham and Nottinghamshire Integrated Care System partners, as well as Nottingham City Council and City health partners to ensure all local carers can access the support they need, regardless of where they live. A copy of the draft Joint Carers Strategy is available [online](#).

Keep Our Communities Safe and Healthy

[New camera technology to keep women safe in Ashfield 'first of its kind'](#)

12. A launch of a new network of Safer Refuge cameras, giving women and girls instant access to the police control room when they need help urgently has been unveiled in Ashfield. The technology was developed by mobile surveillance firm Wireless CCTV Ltd (WCCTV) at the request of Commissioner Henry and Ashfield District Council to increase the protection of women and girls in the county and any member of the public who requires assistance. Other measures have included the installation of additional CCTV across the town, new street lighting, extra police visibility patrols and the launch of a new Safety Accreditation Scheme for businesses.

[Bassetlaw District Council takes action on violence against women and girls](#)

13. Bassetlaw District Council agreed at a Full Council in March 2022 to take a number of actions including encouraging all male Councillors to take the White Ribbon pledge and all male councillors and all male Bassetlaw District Council staff to undertake Stand By Her Training, which changes the focus and narrative of women's safety being a women's issue, and helps men to become helpful allies to women. It has committed to achieving DAHA (Domestic Abuse Housing Alliance) accreditation, which helps Local Authority housing teams across the UK to help them improve their response to domestic abuse, and will develop a women and girls safety charter.

[Local businesses in Newark encouraging male colleagues to become allies to women](#)

14. Stand by Her training is being conducted by Nottinghamshire Women's Aid and Communities Inc to help address misogyny in the earliest stages. It aims to empower men to become allies to women and to challenge harmful behaviour they may see in their environment. This training

for local businesses has been co-ordinated by Newark and Sherwood District Council - the first authority in the country to help support the delivery of the training to those in the community, which includes those who work in licensed spaces such as hospitality establishments, taxi drivers and many more. The training is funded by Nottinghamshire Police and Crime Commissioner Caroline Henry and is part of the Community Safety Delivery Plan which is aimed at ensuring consistent high quality standards and supports initiatives through community safety.

NATIONAL

Mental Health

[Poor Mental Health costs the UK economy £118 billion a year](#)

15. The Mental Health Foundation's new report with the London School of Economics and Political Science, ['The economic case for investing in the prevention of mental health conditions in the UK'](#), provides evidence from the UK and around the world that proves prevention interventions work. It estimates that poor mental health costs the UK at least £118 billion per year, which could be reduced if a focus on prevention and investment in policies and community programmes that promote good mental health. Successful initiatives include workplace support, parenting programmes and anti-bullying programmes in schools.

[One child in six struggling with mental health issues](#)

16. A report from Children's Commissioner for England Rachel de Souza reveals that about one child in six (16.6%) is believed to be struggling with mental health issues, a 50% rise on 2017, when the proportion was one in nine (11.1%). However, NHS data shows that the number of children who were referred - for example by GPs or teachers - to NHS mental health services fell during the pandemic. In 2020-21 497,502 children were referred compared with 539,000 the year before.

[Navigating the road of adolescence: young people's mental health in the UK.](#)

17. This analysis of data from 15,000 secondary school students across the UK reveals a stark – and growing – divide between girls' and boys' social and emotional wellbeing. The report, produced in partnership with the charity Minds Ahead, finds that girls aged 11 are now 30 per cent more likely to suffer from poor mental health than boys of the same age. By the time girls reach 18, they are now more than twice as likely to experience poor mental health than boys of the same age.

Best Start

[Half of children to live below 'acceptable standard of living'](#)

18. A new report by the New Economics Foundation has underlined the impact the cost of living crisis will have on families, with a third of households – 23.4m people – forecast to be short of funds to meet the "acceptable standard of living" by April 2022, by an average of £8,600 per year. The figure includes nearly half (48%) of all children, almost all (96%) of children living in families out of work, eight in 10 (77%) in single-parent households, and four in 10 (43%) in working families.

[Child and infant mortality in England and Wales: 2020.](#)

19. In 2020, 2,226 infant deaths (aged under one year) and 789 child deaths (aged 1 to 15 years) occurred in England and Wales; these are the lowest numbers of infant and child deaths since records began in 1980.

[Children lacking basic skills when starting school](#)

20. An online survey of nearly 1,000 primary school teachers reveals that a rising number of children lack the basic skills they need to start school. The poll, carried out during November and December by YouGov and the early years charity Kindred2, found that over a third of teachers – 34% - believed their pupils were not "school ready", an increase of 23% on the proportion who reported this in 2020. Teachers told the survey that the pandemic had impacted pupils' readiness, with parents finding it difficult to access toddler groups. One teacher in the East Midlands also said they have an expectation of children coming to school toilet trained, but that "we are seeing more and more pupils each year who are not".

[New campaign promotes advice to introduce babies to solid food.](#)

21. Parents will be better supported to safely introduce their children to solid food following the launch of a new campaign from Office of Health Improvement and Disparities (OHID). Weaning is a key milestone within the first 1,001 critical days, influencing children's eating habits and their health later in life and improving babies abilities to move food around their mouth, chew and swallow. The campaign will promote NHS advice on weaning and tackle confusion around how to introduce solid foods - The official NHS guidance recommends solid foods should be gradually introduced from around 6 months – alongside breast milk or infant formula.

22. OHID had commissioned a [survey to provide insight to support the launch of the Better Health Start for Life weaning campaign](#). It found that:

- 40% of parents feel unsure as to what age to start introducing solid foods;
- over 2 in 5 (41%) of new mums (first-time mothers) have already introduced solid foods by the time their baby is 5 months old even though experts recommend that solid food should be introduced from the age of 6 months;
- 45% said they found how much food to give their baby confusing and 43% found when to progress from certain tastes and textures confusing;
- almost two-thirds (64%) of parents have received conflicting advice on what age to start introducing solid foods;
- almost three-quarters (73%) agree that there should be one official source for weaning advice
- over a quarter (28%) of first-time mums reported that their mother had the biggest influence on their decision to start weaning.

[State of the nation 2021: children and young people's wellbeing.](#)

23. This report collates and presents new analysis of published evidence on the wellbeing of children and young people over the period of August 2020 to July 2021, including a wider set of indicators on their: mental and physical health; education and skills; relationships; activities and time use; views on the self, society, and future; an analysis of Covid-19 and the

psychological health of young adults; and an analysis of individual predictors of school attendance in 2020 to 2021.

[Are young children healthier than they were two decades ago?](#)

24. This review by Nuffield Foundation explores the significant developments in young children's health over the last 20 years, focusing on seven fundamental indicators. While the review identifies improvements across these indicators, progress has recently stalled—and in some cases the situation has deteriorated. It concluded with evidence of policies that work and demonstrate the potential to reduce inequalities and improve the life chances of many young children.

Healthy Weight

[Health first: how to talk about childhood obesity.](#)

25. This toolkit aims to help organisations and individuals talk about children's health, unequal access to nutritious food, and childhood obesity. The toolkit provides six key communications principles – from using metaphors that stick in people's minds and what key messages to circulate.

Alcohol ,Tobacco, Nutrition

[Addressing the leading risk factors for ill health: A review of government policies tackling smoking, poor diet, physical inactivity and harmful alcohol use in England.](#)

26. Smoking, poor diet, physical inactivity and harmful alcohol use are leading risk factors driving the UK's high burden of preventable ill health and premature mortality. All are socioeconomically patterned and contribute significantly to widening health inequalities. This review by the Health Foundation concludes that to reduce exposure to risk factors and tackle inequalities, government will need to deploy multiple policy approaches that address the complex system of influences shaping people's behaviour. The Health Foundation assess the government's approach and identify future policy priorities, finding that: government has relied heavily on policies aimed at changing individual behaviour; the approach has been uneven across risk factors, with particularly weak action on alcohol; decision making across departments has been disjointed, undermining health improvement targets. Population-level interventions that are less reliant on individual agency and aim to alter the environments in which people live should form the backbone of strategies to address smoking, alcohol use, poor diet and physical inactivity.

[Statistics on Alcohol, England 2021.](#)

27. This report presents information on prescriptions items for drugs used to treat alcohol dependence and affordability of alcohol and expenditure on alcohol. It also provides commentary on hospital admissions for diseases, injuries and conditions that can be attributed to alcohol consumption. Additionally, it links to information relating to alcohol use and misuse drawn from a variety of sources including alcohol-specific deaths; drinking behaviours among adults and children and road casualties. There were 280,000 estimated admissions to hospital in 2019-2020 where the main reason was attributable to alcohol (This is 2% higher than

2018/2019 and 8% higher than 2016/2017). More men than women were admitted where the main reason was attributable to alcohol (65% of the patients were male).

Homelessness

Charity predicts huge rise in homelessness

28. Research by homelessness charity Crisis and Heriot-Watt University has predicted that more than 66,000 additional people will be homeless by 2024 - an increase of a third - with thousands expected to be pushed into "sofa surfing" by the benefits freeze, the rising cost of living and the end of pandemic-related eviction bans. A survey of 155 councils in England found nine in ten expect an increase in evictions from private rented homes in the coming year, with eight in ten expecting increases in the number of homeless children.

80% increase in deaths among homeless

29. Research by the Museum of Homelessness's Dying Homeless Project shows that deaths among homeless people in the UK have increased by 80% in two years. More than 1,280 people who were sleeping rough or living in emergency accommodation lost their lives last year, meaning there was a fatality on average every seven hours. Just seven of the fatalities were due to Covid-19. Of the cases in which the researchers confirmed the cause of death, 41% were related to drug and alcohol use and 12% died from suicide.

Fobbed Off: The barriers preventing women accessing housing and homelessness support, and the women-centred approach needed to overcome them.

30. In the last 10 years, the number of women in England who are homeless and living in temporary accommodation has increased by 88%. Currently, 75,000 women and their families are homeless and living in temporary accommodation. They make up 60% of homeless adults in temporary accommodation, compared with just 51% of adults in England.

Health Inequalities

New WHO study claims 85% of adolescent girls do not do enough physical activity

31. Adolescent girls are not getting enough physical activity and this problem is growing worldwide and can have serious effects on health and wellbeing (WHO recommends at least 60 minutes a day of moderate to vigorous physical activity). Regular physical activity has well-known positive effects for the prevention and control of noncommunicable diseases (NCDs), such as cardiovascular diseases, cancer, diabetes and depression, as well as reduced overall mortality and risk of premature death. In children and adolescents, adequate PA also provides benefits to cognitive development, motor skills, self-esteem, social integration, musculoskeletal health, academic achievement, and overall well-being. The article also outlines the findings of the new study into the 'Barriers and Facilitators of Physical Activity Participation in Adolescent Girls'.

Quantifying the effects of the COVID-19 pandemic on gender equality on health, social, and economic indicators: a comprehensive review of data from March 2020, to September 2021.

32. This study by the Lancet explores the indirect effects of COVID-19 on gender disparities globally. It shows intensified levels of pre-existing widespread inequalities between women and

men during the COVID-19 pandemic. For example, women were more likely to report employment loss, forgo work to care for others, drop out of school and report gender based violence than men.

[Councils need powers to block gambling premises](#)

33. The Local Government Association (LGA) and the Association of Police and Crime Commissioners (APCC) have called for new powers to give local authorities the option of imposing quotas on the number of gambling outlets such as bingo halls, arcades and betting shops in their local area. The LGA and APCC have called for a new "public health" power to manage the proliferation of gambling premises. The organisations noted evidence that "clusters [of gambling outlets] are typically located in more deprived areas, where the harm from problem gambling may be exacerbated", while limits on the number of fixed-odds betting terminals in individual premises had only encouraged more outlets to open.

[Outcomes for disabled people in the UK: 2021.](#)

34. The Office for National Statistics has published data sets on outcomes for disabled people in the UK across a number of areas of life, such as employment, education, well-being, loneliness, crime and social participation (statistical indicators based on annual data from various sources).

[Outcomes for Black Children in Care: A rapid evidence review synthesis.](#)

35. This report presents the findings of a Rapid Review of the body of work focussing on outcomes of black children in care, specifically reunification, placement stability, mental and physical health, and educational outcomes.

[Debt and health: Preventing 'problem debt' during the pandemic recovery.](#)

36. The end of furlough and the Universal Credit uplift has brought debt into sharp focus, alongside the anticipated £750 increase in annual energy bills and inflation expected to reach 6% in April. This will have consequences for health and wellbeing. The Health Foundation states that preventing problems from arising in the first place will better protect health and avoid starting a potential cycle of health and debt problems.

[UK Poverty 2020/21.](#)

37. Annual report by Joseph Rowntree Foundation on the nature and scale of poverty across the UK, and how it affects people struggling to stay afloat. This report highlights early indications of how poverty has changed in our society since the start of the pandemic. It examines overall changes to poverty, looking at the impact of work, the social security system and housing. It includes insights from members of the Grassroots Poverty Action Group, who have direct experience of living on a low income.

[Overcoming health inequalities in 'left behind' neighbourhoods.](#)

38. This [report](#) shows the impact of poor health for those living in deprived areas and left behind neighbourhoods and makes a number of recommendations to overcome the health inequalities faced by people living in these places. Within the report it identifies that Mansfield has 2 Left Behind Neighbourhoods and Ashfield 1 Left Behind Neighbourhood.

Papers to other local committees

39. [Mental Health Services Review](#)
Health Scrutiny Committee
22 February 2022
40. [Make Nottinghamshire Safe Plan](#)
Nottinghamshire Police and Crime Panel
8 February 2022
41. [Neurodevelopmental Behaviour Support Service](#)
Children and Young People's Committee
7 March 2022
42. [Nottinghamshire Household Support Fund Progress](#)
Communities Committee
9 March 2022
43. [Establishing the Community and Early Help Support Team](#)
Communities Committee
9 March 2022
44. [Nottinghamshire University Hospital Maternity Improvement Plan](#)
Health Scrutiny Committee
29 March 2022

Integrated Care Systems / Integrated Care Partnerships

45. [Board papers](#)
Nottingham & Nottinghamshire Integrated Care System
3 March 2022

Other Options Considered

46. None

Reasons for Recommendation

47. To identify potential opportunities to improve health and wellbeing in Nottinghamshire.

Statutory and Policy Implications

48. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public-sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

49. There are no financial implications arising from this report.

RECOMMENDATION

The Health and Wellbeing Board is asked-

- 1) To consider the update, determine implications for the Joint Health and Wellbeing Strategy 2022 – 2026 and consider whether there are any actions required by the Health & Wellbeing Board in relation to the various issues outlined.

Councillor Dr John Doddy
Chairman of the Health & Wellbeing Board
Nottinghamshire County Council

For any enquiries about this report please contact:

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Constitutional Comments (CEH 19/04/22)

50. The reports can be considered by the Health and Wellbeing Board under its terms of reference

Financial Comments (DG 19/04/22)

51. There are no direct financial implications arising from this report.

Background Papers and Published Documents

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

- None

Electoral Division(s) and Member(s) Affected

- All



REPORT OF THE CHAIR OF THE HEALTH AND WELLBEING BOARD

THE NOTTINGHAMSHIRE JOINT HEALTH AND WELLBEING STRATEGY FOR 2022 - 2026

Purpose of the Report

1. To discuss and seek endorsement of the proposals for the delivery and monitoring of the new Joint Health and Wellbeing Strategy for 2022 – 2026.

Information

Background

2. At its meeting on 23 March 2022, the Nottinghamshire Health and Wellbeing Board approved the Joint Health and Wellbeing Strategy (JHWS) for 2022 – 2026. This is the public facing document that outlines the key ambitions and priorities for the new strategy and has been written and presented in a way to be understandable to everyone.
3. The board provided support for the draft Executive Summary which provides more detail on current health and wellbeing in Nottinghamshire, the objectives and plans for delivery of the strategy and every partners and member's roles and responsibilities. The full document outlines all the evidence that has informed the new Joint Health and Wellbeing Strategy.
4. All versions of the strategy have been updated and informed by the workshop held on 23 March 2022. These will be available via the new Health and Wellbeing Board website, due to launch in May 2022.
5. The workshop was attended by Board members and a wide variety of key partners and stakeholders. The session considered the monitoring framework required to enable delivery of the Strategy and the supporting structures and relationships required with other key bodies, such as the Place Based Partnerships. A summary of the discussions is provided in **Appendix 1**.

Key proposals for the delivery of the Joint Health and Wellbeing Strategy for 2022 – 2026

6. A report reviewing the Board's membership will also be presented to the Health and Wellbeing Board at its meeting in May, with both proposals key to the future delivery of the Health and Wellbeing Strategy for 2022 – 2026. The board will be asked to consider if any revisions are required to its membership in order to provide the right leadership and supporting structures for the delivery of the strategy over the next four years.

7. A short presentation on the key proposals for future delivery of the JHWS will be presented at the board meeting in May, including an example of a Framework for Action for the Healthy and Sustainable Places ambition of the new strategy.
8. As part of the ongoing development of the delivery structure, it is proposed that Bassetlaw, Mid Nottinghamshire and South Nottinghamshire Place Based Partnerships are invited to present their own strategies and action plans (and their related responsibility for the delivery of the JHWS for 2022 - 2026) at a future Board meeting.

Key proposals for the Monitoring of the Joint Health and Wellbeing Strategy for 2022 – 2026

9. It is proposed that the Health and Wellbeing Board's monitoring of the new strategy aligns closely with the Integrated Care Systems outcomes Framework, as the strategy itself has been developed to compliment and work alongside the ICS Health Inequalities Strategy. It is proposed that a member of the Integrated Care Partnership is invited to present the Health Inequalities Strategy and action plan to a future Board meeting.
10. There were multiple monitoring approaches discussed at the workshop, with most providing benefits and challenges to take into consideration. Some key takeaways include the important role of the Test, Learn Build approach for programme delivery, a requirement for a clearer focus on health inequalities and reference to the delivery of the new strategy in all reports, and a presence of residents' voice in all our work.
11. It is therefore proposed to undertake an approach that capitalises on the strengths of many different approaches – These will be presented at the Board meeting on 4 May 2022.

Next Steps

12. Following endorsement by the Health and Wellbeing Strategy, the Joint Health and Wellbeing Strategy 2022 – 2026 is due to be presented to Nottinghamshire County Council's Cabinet for ratification.
13. Following this, there will be a formal launch of the Strategy to raise the profile of the Health and Wellbeing Board and its Strategy with partners – This will include the launch of a website to give greater visibility to the Nottinghamshire Health and Wellbeing Board and its Joint Health and Wellbeing Strategy.

Reason/s for Recommendation/s

14. The Health and Wellbeing Board has a statutory duty to produce a Joint Health and Wellbeing Strategy.

Statutory and Policy Implications

15. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public-sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and

the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

16. There are no direct financial implications arising from this report.

RECOMMENDATION/S

The Health and Wellbeing Board are asked-

- 1) To endorse the proposals for the delivery and monitoring of the new Nottinghamshire Joint Health and Wellbeing Board Strategy for 2022-2026 outlined in this report.

Cllr John Doddy

Chair of the Nottinghamshire Health and Wellbeing Board

For any enquiries about this report please contact:

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Constitutional Comments (ELP 25/04/2022)

17. The recommendations fall within the remit of the Health and Wellbeing Board under its terms of reference

Financial Comments (DG 19/04/22)

18. There are no direct financial implications arising from this report.

Background Papers and Published Documents

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

[Second Nottinghamshire Joint Health and Wellbeing Strategy \(6 December 2017\)](#)
Report to the Nottinghamshire Health and Wellbeing Board

[The Refresh of the Nottinghamshire Joint Health and Wellbeing Strategy for 2022 – 2026 \(1 September 2021\)](#)

Report to the Nottinghamshire Health and Wellbeing Board

[The Joint Health and Wellbeing Strategy for 2022 – 2026](#)

Report to the Nottinghamshire Health and Wellbeing Board

Electoral Division(s) and Member(s) Affected

All

Appendix 1: Summary of the Health and Wellbeing Workshop – JHWS (March 2022)

The objectives of the workshop were to:

- 1) Agree the approach to delivery of the Joint Health and Wellbeing Strategy for 2022 - 2026
- 2) Agree an approach to monitoring of the Joint Health and Wellbeing Strategy for 2022 - 2026

Item 1. Welcome

Chair Cllr Doddy welcomed all to the workshop and updated the attendees on the discussion and board approval of the new health and wellbeing strategy for 2022 – 2026. He highlighted the importance of the third health and wellbeing strategy for 2022, within the context of increasing health inequalities and stalling life expectancy and healthy life expectancy for communities in Nottinghamshire.

Item 2. Workshop Objectives

Sue Foley (Consultant in Public Health) outlined the session’s objectives, which were to discuss and inform proposals for the delivery and monitoring of the new health and wellbeing strategy.

Item 3. Lessons Learnt on Delivery and Monitoring of JHWS 2018 – 2022.

Catherine John (Senior Specialty Registrar) presented the key lessons learnt from the delivery and monitoring of the last health and wellbeing strategy (online survey and interview with board members, review of work programme, analysis of outcome data, review of national literature), as well as feedback from the engagements undertaken on the new health and wellbeing strategy (Roadshows, Workshop, partnership meetings, online surveys & other). Key findings included:

- The important role of communities and long term co-production (trust, commitment, communication and asset building).
- The need for integration and joined up working across the system.
- Recognition that delivery of parts of the strategy was largely achieved outside the Board.
- The barriers of funding and finance.
- The value of place based knowledge.
- Accountability required for delivery and improved ongoing monitoring of the strategy.
- The need to reduce the number of priorities (previous strategy had 14 priorities under its healthy and sustainable places ambition).
- Requirement for clearer focus on health inequalities in reports and work.
- JSNA should steer key issues of joint interest and strategic need/actions.

<p>“What impact can the Health and Wellbeing Board have that isn't realised through other groups/forums/strategies? Link up groups and be clear on different roles and influence”</p>
<p>“The HWBB should hold the governance on Health Inequalities. This should have the effect of widening the perspective, the understanding, ownership of the need for a response.”</p>
<p>“Are the voices being heard of those who are living with the highest level of need?”</p>
<p>“We need to invest in communities to enable local areas to make changes for themselves.”</p>
<p>“Priorities differ from area to area. Listen & understand the real needs.”</p>
<p>“A mobilising and empowering approach to keep members engaged and ownership (collective approach)”</p>

Item 4. Approach to Delivery

Sue Foley, Dawn Jenkin and Louise Lester (Consultants in Public Health) outlined the approach to delivery, covering;

- Whole system approach (not hierarchical)
- Shift in mindset
- Cross cutting themes
 1. Equity & Fairness (health inequalities, Inclusion Health, Social Justice)
 2. Prevention (Primary, Secondary, Tertiary, wider determinants)
 3. Environmental sustainability
- Use of Population Intervention Triangle (civic, service and community intervention)
- Action at all levels but main focus on place (Place Based Partnerships)
- Importance of feedback loop

This also included a short introduction to the policy area of Homelessness, covering the building blocks to recovery and independence, and also to giving children the Best Start in Life and the commitments of the Best Start Strategy in relation to prospective parents.

Item 5. Group Discussions on Delivery (Best Start & Homelessness)

Attendees were split into groups and asked to answer the following questions in relation to either the Homelessness or Best Start ambition;

1. What is my/my organisation's contribution to this agenda?
2. What value can it add?
3. What will I need from others?

Key Summary of discussions;

Best Start

- A focus on children and young people is essential for long term improvements in health and wellbeing
- A general contribution of Board members will be to shift resource to fund this pathway as much as we can and Make Every Contact Count (Eyes Wide Open), considering pregnancy is key time for engagement with health services for many adults.
- Improvement in communication as many messages across many platforms – we need to consider who do our adults or children and young people trust?
- Wellbeing at Work is an important network and channel for engagement.
- Working together and capturing what is already present and available for our communities, and then identify and fill gaps.

Homelessness

- Homelessness has not always had multi-agency collaboration, yet it is one of the most impactful elements on life expectancy. Partnership working starts with the simple things, such as aligning social media and outreach campaigns. If all share the same message, at the same time, it is much easier to align partner resources.
- Community and voluntary sectors have been able to engage with homeless individuals in ways they have never previously been able to, as a result of the pandemic.

- To understand homelessness, we need to understand: How, why, when & where is this happening. (The two biggest hurdles are generally finance and societal attitudes.) A small upfront investment can resolve a lifetime of issues and understanding the reasons why an individual may end up on the streets is key to tailoring a response. Thinking about cost of living at the moment means more likely earlier assistance for people in need may be needed.
- It is about understanding that the majority of those who are homeless are not 'rough sleepers', the majority still have a roof over their head, but do not have the stability to lead a 'normal' life.
- Collective responsibility is achieved through collaborative approaches to tackling the issue at hand and having regular reviews to allow organisations to take ownership.
- The success of the strategy is reliant on strong partnership engagement and accountability to a series of reviews/measures.

Item 6. BREAK

Item 7. Monitoring of the Strategy 2022 – 2026

The key question is *How will we know when we've got there?* The importance of measuring success. The main considerations include the balance between outcomes and outputs, quantitative data and lived experience and how to encourage innovation but also meet the requirements of aligning strategies and programmes. A key consideration will be the optimising of the ICS Outcomes Framework for the JHWS 2022 – 2026.

Item 8. Group Discussions on Monitoring Approaches for the JHWS 2022 – 2026.

6 possible approaches were presented to the Board for discussion, with key benefits and challenges to each summarised below;

Reports	
<ul style="list-style-type: none"> ✓ Clear focus for meeting and discussion ✓ Schedule of reports ensures timely updates and knowledge sharing and keep plans to track (this depends on interval of reporting) ✓ Utilise project management techniques ✓ Accompanied presentation of reports can make engaging interaction (Active Notts Example). ✓ Align with other reporting and data collections ✓ Use of range of data and inclusion of variety of perspectives 	<ul style="list-style-type: none"> ✗ This can take time and involve bureaucratic 'red tape' that delays update. Multiple reports may be required if multiple bodies/boards to report to (this can use up resource). ✗ Variety of voices and data needed to ensure value of report. ✗ Inclusion of analysis of barriers/gaps required, not just prose. ✗ It should include data by exception and recognition that different outcomes/data sets may have different timeframes/impacts. ✗ Reports can be long and boring if not written for clear purpose and audience.
Social Value	
<p><i>A process whereby organisations meet their needs for goods, services, works and utilities in a way that achieves value for money on a whole life basis in terms of generating benefits not</i></p>	

<i>only to the organisation, but also to society and economy, whilst minimising damage to the environment.</i>	
<ul style="list-style-type: none"> ✓ Useful for community interventions ✓ Good way to capture environmental benefits of work ✓ Enables people to see hidden values and benefits ✓ Levelling up funds focus on this ✓ Relevance for procurement and use of social value for contracts ✓ Widens the scope of showing positive impact of work ✓ Emphasis on environmental impact ✓ Enables more comprehensive planning ✓ Can identify perverse outcomes of interventions ✓ Can more easily demonstrate positive impacts on people's lives ✓ Improve funding applications- can demonstrate value for money of work on a societal basis ✓ Drives organisational values 	<ul style="list-style-type: none"> ✗ Problematic for comparison use of asset maps ✗ Need to establish if focus is for end user or financial input? ✗ It would need to be undertaken alongside other monitoring frameworks for full picture. ✗ Definition is not universally agreed ✗ The value tends to be more felt at a community/voluntary sector level ✗ May be difficult to measure and collect data ✗ Results may only be seen years ahead
Lived Experience	
<i>Personal knowledge about the world gained through direct, first-hand involvement in everyday events rather than through representations constructed by other people. It may also refer to knowledge of people gained from direct face-to-face interaction rather than through a technological medium. In the health and wellbeing genre they are often called "Experts By Experience".</i>	
<ul style="list-style-type: none"> ✓ Offers variety and show case different experiences ✓ Highlights floors in system ✓ Provides representation and co-production ✓ Hear voice across neighbourhood/Place/System ✓ Experts by Experience offer unique insights, challenge assumptions and help pinpoint areas for change ✓ Can particularly highlight the issues of marginalised populations ✓ Involving people with lived experience helps to build understanding, reduce stigma and improve the quality and relevance of interventions ✓ May also help the individual's recovery by sharing their lived experience 	<ul style="list-style-type: none"> ✗ May not be 'typical' experience ✗ Often hear from the loudest ✗ No scale of impact ✗ Possibility of negative/prescriptive focus ✗ May not be representative of the issues or the population group in question ✗ Tends to be used only for service improvement ✗ Can end up being tokenistic and not sustained ✗ Can be a negative experience for those telling their story- especially if traumatic
The Mountain	
<i>The mountain analogy surmises that the objective is the top of the mountain but there are multiple ways to get to the top so we should embrace multiple approaches.</i>	

<ul style="list-style-type: none"> ✓ Brings learning in and allows for flexibility ✓ Provides shared responsibility ✓ Allows for innovation and adaption if change of plan ✓ Resilience and flexibility ✓ Allows innovation in approach ✓ Allows multiple ways of working to achieve goal ✓ Avoids multiple checkpoints which may restrictive 	<ul style="list-style-type: none"> ✗ Specifics required to know where you are on the Mountain ✗ Who determines what the top is? Requires co-design ✗ Everyone needs to know what the top is and what work requires contribution ✗ Resources and efficiency needed, as well as specific outcomes. There needs to be end point. ✗ Planning is important. ✗ Objective may be long term so short term progress is not demonstrated ✗ Has to be agreed methodology for multiple approaches
<p>Test, Learn, Build</p> <p><i>New and innovative approach to partnership working and programme delivery that centres around developing ideas and learning via implementation in order to build on successful work. It is closely connected to a strengths based approach.</i></p> <p><i>Number of conditions that need to be in place to enable areas to embrace the test and learn approach and the principles within it-</i></p> <ul style="list-style-type: none"> • 'Permission to Fail' • Viewing failure as a ladder to success • Being clear on what is success 	
<ul style="list-style-type: none"> ✓ Success is viewed as wider than just performance indicators ✓ Encourages innovation and creative thinking ✓ Emphasis on learning and therefore passing on what has worked ✓ Recognises there are many ways to reach the defined success objective 	<ul style="list-style-type: none"> ✗ Very different to current thinking- needs buy in at all levels ✗ Difficult to measure progress at short term
<p>KPI / Outcomes Framework</p> <p><i>KPIs are quantifiable measures of performance over time for a specific objective.</i></p>	
<ul style="list-style-type: none"> ✓ KPIs help quickly understand complex statuses ✓ KPIs can be used to formulate goals and to measure their implementation ✓ KPIs increase efficiency in communication 	<ul style="list-style-type: none"> ✗ KPIs tend to oversimplify complex issues ✗ KPIs can be misinterpreted- needs shared understanding ✗ It is difficult to convey qualitative information ✗ KPIs may not reflect the long term change that is required for some issues ✗ One KPI is usually not sufficient to understand the whole entity

Item 9. Plenary

The next steps were outlined, including the feedback from the workshop and development of a new website, before thanking all for their attendance and closing the session.

4 May 2022

Agenda Item: 6

REPORT OF THE CHAIR OF THE HEALTH AND WELLBEING BOARD

MEMBERSHIP TO THE HEALTH AND WELLBEING BOARD

Purpose of the Report

1. To consult the Health and Wellbeing Board and seek approval on the addition of Bassetlaw, Mid-Nottinghamshire and South Nottinghamshire Place Based Partnerships to its membership.
2. To inform members on the addition of the Nottinghamshire Integrated Care Board to its membership, as part of the statutory requirements of the Health and Care Bill posed to take affect from 1 July 2022.

Information

Statutory Context

3. Health & Wellbeing Boards were established under the [Health and Social Care Act 2012](#) with compulsory membership of the Health and Wellbeing Board to include:
 - a) at least one councillor of the local authority,
 - b) the director of adult social services for the local authority,
 - c) the director of children's services for the local authority,
 - d) the director of public health for the local authority,
 - e) a representative of the Local Healthwatch organisation for the area of the local authority,
 - f) a representative of each relevant clinical commissioning group¹, and
 - g) Such other persons, or representatives of such other persons, as the local authority thinks appropriate.
4. Please see **Appendix 1** for the list of current members to the Nottinghamshire Health and Wellbeing Board.
5. **Appendix 2** provides a brief summary of the membership of other local Health and Wellbeing Boards in the East Midlands for further context.

¹ From 1 July 2022, Membership of Clinical Commissioning to the Health and Wellbeing Boards will be replaced by the Integrated Care Board as part of the proposals of the [Health and Care Bill](#) (amendments 183 & 184 to the Health and Social Care Act, p.186)

Implications of the Health and Care Bill (July 2022)

6. The new Health and Care Bill that was due to come into effect in April 2022, and will now do so on 1 July 2022, proposes a number of changes to local health systems including the establishment of Integrated Care Systems across England that will include an Integrated Care Board and Integrated Care Partnership (Please see **Appendix 3**).
7. A report detailing the implications and changes proposed to the local system will be presented to the Health and Wellbeing Board at its meeting on 15 June, upon the Bill receiving royal assent and before the changes come into effect.
8. In reference to the implications to the membership of the Health and Wellbeing Board, the Health and Social Care Bill amends that representation of the clinical commissioning groups at the Health and Wellbeing Board is to be replaced by the Integrated Care Board. Current Clinical Group representation is listed below:
 - Dr Jeremy Griffiths (NHS Nottingham & Nottinghamshire Clinical Commissioning Group)
 - Idris Griffiths (NHS Bassetlaw Clinical Commissioning Group)
 - Dr Thilan Bartholomeuz (NHS Nottingham & Nottinghamshire Clinical Commissioning Group)
 - David Ainsworth (NHS Nottingham & Nottinghamshire Clinical Commissioning Group)
 - Lucy Dadge (NHS Nottingham & Nottinghamshire Clinical Commissioning Group)
 - Fiona Callaghan (NHS Nottingham & Nottinghamshire Clinical Commissioning Group)
9. From July 2022, there will be a statutory requirement for at least one representative of the Integrated Care Board for Nottinghamshire as a member of the Health and Wellbeing Board.

Addition of Place Based Partnerships (Mid Notts, South Notts, Bassetlaw)

10. As part of the local health and care system, Place Based Partnerships (PBP) are also being established, with 4 PBPs covering Nottinghamshire including Bassetlaw, Mid-Nottinghamshire, Nottingham City and South Nottinghamshire. These Place Based Partnerships have been working in shadow form, awaiting formal ratification in July 2022.
11. This report outlines proposals to include 3 Place Based Partnerships that relate to the County boundary to become members of the Board, to support better integration of services and integrated working as part of the Board's statutory duties. Following the development the new Joint Health and Wellbeing Strategy for 2022 – 2026 and workshop held on 23 March 2022, the importance of place based working has been highlighted as vital for the effective delivery of the new strategy over the next four years.
12. Place Based Partnerships bring together statutory and voluntary organisations to serve a local population, and deliver community facing joined up services and care. Place Based Partnerships work across sectors to tackle health inequalities by improving access and adopting a population health approach incorporating consideration of the wider determinants of health. This includes consideration of those factors that impact on overall health and wellbeing such as education, employment, lifestyle choices and housing.
13. Place Based Partnerships have an important contribution to improving outcomes and supporting communities to become healthier through building on community assets and

ownership of their health and social needs, and coordinating the health and care sector’s contribution to social and economic development. Place Based Partnerships will define and deliver locally determined objectives and priorities and as agreed at the workshop held in March 2022, will work closely with the Health and Wellbeing Board. The Partnerships’ delivery plans will take account of the Nottinghamshire’s Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy for 2022 – 2026.

14. It is proposed that the membership of Bassetlaw, Mid Nottinghamshire and South Nottinghamshire Place Based Partnerships are added to the Board - The suggested representatives of Place Based Partnerships and proposed board members are listed below.

Bassetlaw Place Based Partnership	
Dr Eric Kelly	Clinical Lead
Lee Eddell	Programme Director
Mid Nottinghamshire Place Based Partnership	
Dr Thilan Bartholomeuz (existing member)	Clinical Lead
Lorraine Palmer	Programme Director
South Nottinghamshire Place Based Partnership	
Dr Nicole Atkinson	Clinical Lead
Helen Smith	Programme Director

15. Preliminary engagements have taken place with these organisations to discuss how PBPs and the Board can best work together and align delivery structures.
16. The inclusion of a Clinical Lead and Programme Director for each Place Based Partnership is proposed to strengthen leadership by the Board and promote of integrated working across agendas and priorities from both a clinical and strategic perspective.

Next Steps

17. The Integrated Care System and associated structures will not become official statutory bodies until July 2022; however these structures have been developed since the Bill was presented in July 2021 and Place Based Partnerships are now operating in shadow form in anticipation of the Health and Care Bill becoming enacted in July 2022.
18. If the recommendations of this report are supported and passed by the Health and Wellbeing board, Place Based Partnership for Bassetlaw, Mid Nottinghamshire and South Nottinghamshire will be invited to become members of the Board. The ICB representative(s) will become an automatic member upon the legislation coming into effect in July 2022 and does not require any consultation with the Health and Wellbeing Board prior to this.
19. The Board’s meeting in May provides an opportunity to have a discussion on any considerations for the membership to the Board in the future, as part of the ongoing development of the delivery structures required for the new Joint Health and Wellbeing Strategy.

Other Options Considered

20. There is the option to not include Place Based Partnerships on the Health and Wellbeing Board. However, this is deemed not advisable as the addition of Place Based Partnerships will improve the Health and Wellbeing Boards delivery of its statutory functions to improve health and wellbeing of residents in Nottinghamshire.

Reason/s for Recommendation/s

21. The addition of Place Based Partnerships to the Nottinghamshire Health and Wellbeing Board will support the delivery of its statutory duties to promote integrated working and improve the health and wellbeing of residents of Nottinghamshire.

Statutory and Policy Implications

22. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

23. There are no direct financial implications arising from this report.

RECOMMENDATION/S

The Health and Wellbeing Board is asked:

- 1) To approve the addition to the membership of the Health and Wellbeing Board of Bassetlaw Place Based Partnership, Mid Nottinghamshire Place Based Partnership and South Nottinghamshire Place Based Partnership.
- 2) To identify any further actions required in relation to the membership of the Health and Wellbeing Board.

Councillor Dr John Doddy
Chair of Nottinghamshire Health and Wellbeing Board

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Constitutional Comments (LPW 20/04/22)

24. The recommendations fall within the remit of the Nottinghamshire Health and Wellbeing Board by virtue of its terms of reference.

Financial Comments (DG 19/04/22)

25. There are no direct financial implications arising from this report.

Background Papers and Published Documents

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

- None

Electoral Division(s) and Member(s) Affected

- All

Appendix 1.

MEMBERSHIP TO THE NOTTINGHAMSHIRE HEALTH AND WELLBEING BOARD (24 members, 9 meetings a year)

COUNTY COUNCILLORS

Dr John Doddy (Chair)
Tom Smith
Nigel Turner
David Martin
Sheila Place

DISTRICT COUNCILLORS

David Walters	Ashfield District Council
Susan Shaw	Bassetlaw District Council
Colin Tidswell	Broxtowe Borough Council
Henry Wheeler	Gedling Borough Council
Abby Brennan	Rushcliffe Borough Council
Neill Mison	Newark and Sherwood District Council
Marian Bradshaw	Mansfield District Council

COUNTY COUNCIL OFFICERS

Melanie Brooks	Corporate Director, Adult Social Care and Public Health
Colin Pettigrew	Corporate Director, Children and Families
Jonathan Gribbin	Director of Public Health

CLINICAL COMMISSIONING GROUPS

Dr Jeremy Griffiths	NHS Nottingham & Nottinghamshire Clinical Commissioning Group
Idris Griffiths	NHS Bassetlaw Clinical Commissioning Group
Dr Thilan Bartholomeuz	NHS Nottingham & Nottinghamshire Clinical Commissioning Group
David Ainsworth	NHS Nottingham & Nottinghamshire Clinical Commissioning Group
Lucy Dadge	NHS Nottingham & Nottinghamshire Clinical Commissioning Group
Fiona Callaghan	NHS Nottingham & Nottinghamshire Clinical Commissioning Group

LOCAL HEALTHWATCH Sarah Collis

NHS ENGLAND & NHS IMPROVEMENT Oliver Newbould

OFFICE OF THE NOTTINGHAMSHIRE POLICE AND CRIME COMMISSIONER Sharon Caddell

Appendix 2. LOCAL HEALTH AND WELLBEING BOARDS - MEMBERSHIP

Nottingham City Health and Wellbeing Board (6 meetings a year, 22 members)

Members:

- Nottingham City Council's Portfolio Holder with a remit covering Health
- Nottingham City Council's Portfolio Holder with a remit covering Children's Services
- Two further Nottingham City Councillors
- Four representatives of the NHS Nottingham and Nottinghamshire Clinical Commissioning Group
- Nottingham City Council's Corporate Director for People (Children and Adults)
- Nottingham City Council's Director of Adult Social Care
- Nottingham City Council's Director of Public Health
- Representative of the Healthwatch Nottingham and Nottinghamshire Board
- Representative of NHS England

Non-voting members:

- Representative of the Nottingham University Hospitals NHS Trust
- Representative of the Nottinghamshire Healthcare NHS Foundation Trust
- Representative of the Nottingham City Care Partnership
- Representative of Nottingham City Homes
- Representative of Nottinghamshire Police
- Representative of the Department for Work and Pensions
- Representative of Nottingham Universities
- Representative of Nottinghamshire Fire and Rescue Service
- Up to two individuals representing the interests of the Third Sector
- Nottingham City Council's Chief Executive

(Reference: [Browse meetings - Nottingham City Health and Wellbeing Board - Nottingham City Council](#))

Leicestershire Health and Wellbeing Board (4 meetings a year, 22 members)

Members:

- Chairman of the Health and Wellbeing Board
- Cabinet Lead Member for Adult Social Care
- Lead Member for Children and Young People
- Chief Executive for Leicester City, West Leicestershire and East Leicestershire and Rutland CCGs
- Executive Director for Integration and Transformation, Leicester City CCG
- Executive Director of Strategy and Planning, East Leicestershire CCG
- East Leicestershire and Rutland Clinical Commissioning Group Board Member
- Chair, West Leicestershire Clinical Commissioning Group
- Chief Executive of Leicestershire County Council
- Director of Public Health
- Director of Adults and Communities, Leicestershire County Council

- Director of Children and Family Services
- District Councillors
- Chief Executive of Melton Borough Council
- Leicestershire Police
- Director of Strategy and Communications, University Hospitals of Leicester NHS Trust
- Assistant Director of Strategy & Transformation-LLR, NHS England
- Police and Crime Commissioner
- Deputy Chief Executive Officer, Leicestershire Partnership Trust
- Healthwatch Leicester and Leicestershire

(Reference: [Committee details - Health and Wellbeing Board - Leicestershire County Council \(leics.gov.uk\)](https://leics.gov.uk))

Derbyshire Health and Wellbeing Board (4 meetings a year, 23 members)

- Cabinet Member for Health and Communities (Chair)
- accountable officer for Derbyshire Clinical Commissioning Groups (Vice chair)
- Clinical Commissioning Groups Governing Body Chair
- Executive Director of Adult Care
- Executive Director of Children's Services
- Director of Public Health
- Chair of Healthwatch Derbyshire
- Cabinet Member for Adult Care
- Cabinet Member for Young People
- Chair of 3D to represent the voluntary sector
- representative from Provider Alliance Group
- Chair of Clinical Professional Reference Group
- Chair of Tameside and Glossop Single Commission
- 2 district council elected members on behalf of all district councils in Derbyshire
- district council Chief Executive to champion wellbeing on behalf of all district councils in Derbyshire
- district council Chief Executive to champion housing on behalf of all district councils in Derbyshire
- Police and Crime Commissioner
- officer representative from Derbyshire Constabulary
- senior officer representative from Derbyshire Fire and Rescue Service
- senior officer representative from East Midlands Ambulance Service NHS Trust
- STP Senior Responsible Officer
- Deputy Director for Healthcare Public Health

(Reference: [Committee details - Health and Wellbeing Board - Modern Council \(derbyshire.gov.uk\)](https://derbyshire.gov.uk))

Lincolnshire Health and Wellbeing Board (4 meetings a year , 26 members)

Members:

- The Executive Councillor for NHS Liaison, Community Engagement
- The Executive Councillor for Adult Care, Health and Children's Services
- Six further County Councillors
- The Director of Public Health
- The Executive Director of Children Services
- The Executive Director of Adult Care and Community Wellbeing
- Chair, NHS Lincolnshire CCG
- Chief Executive, NHS Lincolnshire CCG
- Chair, Primary Care Network Alliance
- Chair, United Lincolnshire Hospitals NHS Trust
- Chief Executive, United Lincolnshire Hospitals NHS Trust
- Chair, Lincolnshire Partnership Foundation NHS Trust
- Chief Executive, Lincolnshire Partnership Foundation NHS Trust
- Chair, Lincolnshire Community Health Services NHS Trust
- Chief Executive, Lincolnshire Community Health Services NHS Trust
- One designated District Council representative
- The Police and Crime Commissioner for Lincolnshire
- A designated representative of Healthwatch Lincolnshire

Associate Members of the Board are as follows:

- A designated representative from NHSEI
- Chief Constable/representative, Lincolnshire Police
- A designated representative for the Voluntary and Community Sector

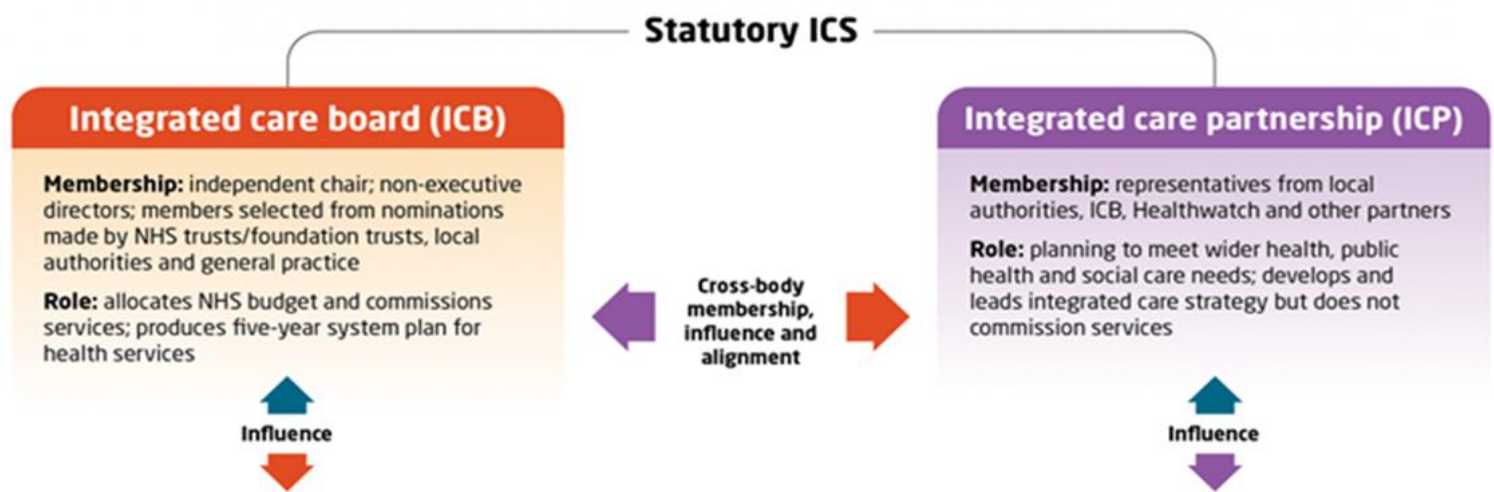
(Reference: <https://lincolnshire.moderngov.co.uk/mgCommitteeDetails.aspx?ID=488>)

Integrated care systems (ICSs)

Key planning and partnership bodies from April 2022

NHS England
Performance manages and supports the NHS bodies working with and through the ICS

Care Quality Commission
Independently reviews and rates the ICS



Partnership and delivery structures		
	Name	Participating organisations
System Usually covers a population of 1-2 million	Provider collaboratives	NHS trusts (including acute, specialist and mental health) and as appropriate voluntary, community and social enterprise (VCSE) organisations and the independent sector; can also operate at place level
Place Usually covers a population of 250-500,000	Health and wellbeing boards	ICS, Healthwatch, local authorities, and wider membership as appropriate; can also operate at system level
	Place-based partnerships	Can include ICB members, local authorities, VCSE organisations, NHS trusts (including acute, mental health and community services), Healthwatch and primary care
Neighbourhood Usually covers a population of 30-50,000	Primary care networks	General practice, community pharmacy, dentistry, opticians

4 May 2022

Agenda Item: 7

**REPORT OF THE DIRECTOR OF PUBLIC HEALTH AND CORPORATE
DIRECTOR OF CHILDREN AND FAMILIES**

ANNUAL PROGRESS REPORT - BEST START STRATEGY 2021–2025

Purpose of the Report

1. To invite the Nottinghamshire Health and Wellbeing Board to review progress so far of the delivery of the Nottinghamshire Best Start Strategy 2021 – 2025, and approve next steps for successful implementation.

Information

Background

2. The Best Start Strategy 2021-25 was agreed by Nottinghamshire County Council's Policy Committee in February 2021 following previous endorsement by Children and Young People's Committee in November 2020 and the Nottinghamshire Health and Wellbeing Board in January 2021. The Strategy is available at [Giving Children the Best Start in Life | Nottinghamshire County Council](#) and delivery began on 1 April 2021. This is the first progress report to the Health and Wellbeing Board.
3. The Strategy uses an early help approach and prioritises early childhood to improve outcomes for young children and their families. Giving children the best start in life is a fundamental part of improving health and reducing inequalities. The earliest years of a child's life have a significant impact on their long-term development and their life chances.
4. Investing in early childhood services has been shown to have a greater return on investment than many other economic development options. For example, for every £1 invested in quality early care and education, taxpayers save up to £13 in future costs; in addition, for every £1 spent on early years education, £7 would need to be spent to have the same impact in adolescence.¹
5. Giving a child the 'best start' begins before birth, with good pre-conception and maternity care. Pregnancy and the early years offer a unique opportunity to shape the lives of our children: if

¹ Early Intervention Foundation (2018a) Realising the Potential of Early Intervention [realising-the-potential-of-early-intervention.pdf](#)

a child receives appropriate support during their early years, they have a real chance of maximising their potential.

6. On behalf of the Health and Wellbeing Board, the Best Start Partnership acts as the responsible body for the development, delivery, and performance management of the Strategy. The Partnership has met six times since April 2021, with strong attendance and engagement.
7. The Best Start Partnership works with existing partnership groups to share good practice, agree actions, develop and deliver successful initiatives and review progress. In some cases subgroups have been created to help lead on one or more of the ten ambitions of the strategy.
8. Since the strategy has been launched, ensuring children have the best start in life is now a key priority within the plans of Mid Notts and Bassetlaw Place Based Partnerships and there has been increased engagement from a range of partners including Primary Care Networks and District Councils. It has also been identified as a continuing area of focus for the new Joint Health and Wellbeing Strategy for 2022 – 2026 by the Health and Wellbeing Board.

Progress of the Best Start Strategy

9. The Best Start Strategy focuses on the achievement of the following 10 ambitions:
 - i. prospective parents are well prepared for parenthood
 - ii. mothers and babies have positive pregnancy outcomes
 - iii. babies and parents/carers have good early relationships
 - iv. parents are engaged and participate in home learning from birth
 - v. parents experiencing emotional, mental health and wellbeing challenges are identified early and supported
 - vi. children and parents have good health outcomes
 - vii. children and parents are supported with early language, speech, and communication
 - viii. children are ready for nursery and school and demonstrate a good level of overall development
 - ix. children have access to high quality early years provision
 - x. parents are in secure employment.
10. Each ambition has (or will soon have) an action plan focussing on how the Best Start Partnership will achieve its goals. Each action plan is then delivered by the relevant Best Start Partnership sub-group or partnerships that are already in existence.
11. The following table provides an update on the progress so far for each of the 10 ambitions, achieved through the Partnership.

	Ambition	Summary of Progress
1.	Prospective parents are well prepared for parenthood	<p>The partnership discussed this ambition in November 2021 and will now implement the following:</p> <ul style="list-style-type: none"> • Roll out of new antenatal BABES groups within the Children’s Centre Service.

		<ul style="list-style-type: none"> • Increased engagement of Maternity Services to deliver courses in community venues (Bassetlaw is leading the way), further work is required in other districts. • Targeted additional support in between pregnancies for families with multifaceted needs. • Relationships and Sex Education in schools and informal settings to be used as an opportunity to discuss pregnancy and parenthood with young people including young men. • Following further discussion at the recent HWB workshop in March 2022, feedback will be incorporated into future work to address this ambition.
2.	Mothers and babies have positive pregnancy outcomes	<ul style="list-style-type: none"> • A local maternity and neonatal system data dashboard is live. It includes key 'Best Start' indicators drawn from the Partnership and progress is regularly reviewed by the Local Maternity and Neonatal System. • Sherwood Forest Hospital Foundation Trust (SFHFT) are an early implementor for NHS England's tobacco treatment model and as from December 2021 are delivering in-house, hospital-led treatment for tobacco dependence to pregnant women with the aim of increasing engagement in tobacco support and reducing rates of smoking in pregnancy. The team will shortly begin delivering financial incentives alongside treatment, in line with NICE guidance. Nottingham University Hospitals NHS Trust (NUHT) and Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTH) have begun planning the delivery of similar in-house models of care and there are project groups established around each Hospital Trust. • There has been a multi-agency approach to increasing uptake of Covid-19 vaccination in pregnancy, supported by a comprehensive communications campaign widely promoted across partners. • Links have now been made with South Yorkshire and Bassetlaw Local Maternity Neonatal System (LMNS) and all Maternity Services are represented at the Best Start Partnership. • The Children's Centre Service developed new Antenatal BABES groups during the pandemic to ensure expectant parents could access support virtually and face to face. • Since June 2021, the Children's Centre Service has been holding 'welcome back discussions' with families attending universal services. Records of these discussions found that families missed face to face contact, were concerned about their child's development because they had less time to interact with other children and parents were feeling more isolated. The activities they missed the most were universal and targeted group sessions where they can build relationships with other parents and carers.

3.	Babies and parents/ carers have good early relationships	<ul style="list-style-type: none"> • Most health visitors in the Healthy Families Programme have now been trained in the Brazelton Newborn Observation. This evidence-based tool supports health visitors to deliver brief advice in relation to the quality of the parent-infant relationship to all new parents and carry out an assessment of this relationship. A small cohort of health visitors yet to be trained have their training booked. • A targeted offer to improve the quality of the parent-infant relationship has been developed. This is delivered by two specialist practitioners based in the Healthy Families Programme and has recently commenced in March 2022. Practitioners will deliver a six-session package of support tailored to the needs of individual women using a strengths-based approach. • New Parents Groups have been established by the Children’s Centre Service and these are being rolled out in 2022. These groups focus on building positive relationships between parents/carers and their new baby. • Targeted Baby Massage courses have been delivered by the Children’s Centre Service throughout lockdown and capacity has now increased following the lifting of restrictions. Baby massage helps build attachment, sensory stimulation and healthy development. In 2021/22 1,011 parents/carers were referred to Baby Massage courses through the service (14% of all referrals into the service).
4.	Parents are engaged and participate in home learning from birth	<p>The Early Years Attainment group which oversees this priority, is well established and has now created a new Early Years Improvement Plan for 2022-25.</p> <ul style="list-style-type: none"> • Home Learning opportunities have been promoted to families across Nottinghamshire through the Notts Help Yourself website, Children’s Centre Service, Families Information Service and Inspire Facebook pages. Content is created by the Children’s Centre Service and the Early Childhood Service Quality and Attainment Team, along with signposting to national resources such as Tiny, Happy People and Hungry Little Minds. • The additional resources created through lockdown restrictions have been shared with parents including ‘Story Time’ and activities to do at home. • The Bookstart programme delivered by Inspire has been successful in disseminating resources to families through Healthy Family Teams, Early Years providers and Children’s Centre Service teams. • The Home Talk speech, language and communication needs early help programme is being delivered in family homes to support home learning. • The Children’s Centre Service has commissioned training to help deliver the evidence-based home learning programme called ‘PEEP Learning Together’ how the learning together programme helps

		<p>children's learning people. This will assist their work to support school readiness and help create positive home learning environments.</p> <ul style="list-style-type: none"> • Other home learning school readiness interventions provided by the Children's Centre include Let's Play in the home.
5.	Parents experiencing emotional, mental health and wellbeing challenges are identified early and supported	<ul style="list-style-type: none"> • A multi-agency group has been working to strengthen the pathway of care for women with mental health needs in the perinatal period. • Additional training has been delivered to midwives and health visitors and referral pathways to mental health support strengthened. • A new guide to emotions leaflet covering pregnancy and the postnatal period and all levels of emotional and mental health need has been developed. A copy is given to all women at their antenatal booking appointment and it is used by Healthy Family Teams. • The Routine Enquiry about Adversity in Childhood (REACH) programme is now fully implemented within the Children's Centre Service. REACH aims to raise awareness amongst professionals and the public about long term outcomes of childhood adversity and trauma. This is achieved by establishing and supporting organisational practice and culture change by embedding REACH within every appropriate assessment. By using this approach in Children's Centre Service Family Assessments, the service has received 406 disclosures in the last 4 months (01.10.21 to 05.01.22) which enabled the service to put the right package of support in place, and enabled parents/carers to understand the impact of adverse childhood experiences on children's development. • The Children's Centre Service is working with the NHS Nottingham Community Perinatal Psychiatry to roll out sessions in Children's Centre buildings across the county, making ongoing support services more accessible. • The Relationships Really Matter resource developed on Notts Help Yourself has received 1611 "hits" during Q1 – 3 2021/22 and FIS Facebook posts focused on reducing parental conflict have "reached" 2217 people.
6.	Children and parents have good health outcomes	<ul style="list-style-type: none"> • There are a range of partnership groups focusing on health outcomes during pregnancy and post-natal stages who report into the Best Start Partnership. These include: <ul style="list-style-type: none"> ○ Nottingham and Nottinghamshire Safer Sleep Steering Group ○ Childhood Obesity Trailblazer Project Group ○ Nottingham and Nottinghamshire Breastfeeding and Infant Feeding Partnership ○ Maternal Public Health Workstream (Nottingham and Nottinghamshire LMNS) ○ Accident Prevention Steering Group (South Yorkshire and Bassetlaw LMNS)

		<ul style="list-style-type: none"> • A multi-agency Nottinghamshire and Nottingham Safer Sleep Steering Group is in place. Key actions include: <ul style="list-style-type: none"> ○ Completion of a mapping activity of key points when Safer Sleep messages are given by practitioners to families. ○ Training delivered in both County and City through Safeguarding Partnerships- January 2022. ○ Risk assessment tool reviewed and disseminated. ○ Safer Sleep messages shared widely across partnerships in line with Lullaby Trust winter messaging campaign and Safer Sleep week. ○ ‘Your Baby’s Sleep’ survey completed by 142 parents. Results being analysed and action plan will be developed. • From August 2021 the Best Start in Life Breastfeeding Partnership was established as a sub-group to the Nottinghamshire Best Start Partnership. Improving breastfeeding rates is outlined as a priority in the Nottinghamshire Best Start Strategy and Local Maternity and Neonatal System. Some of the key actions underway include developing a joint data dashboard, a breastfeeding pathway and influencing the LMNS delivery plan. <ul style="list-style-type: none"> ○ Breastfeeding rate for Nottinghamshire County has continued to increase achieving 46% - comparing better now with England figure of 47.6%, 2020/2021. ○ There are however still “cold spots” well below this figure where further work is being targeted, for example two thirds of babies are still being breastfed at 6-8 weeks in Rushcliffe, compared to one third in Bassetlaw. ○ Working with district and borough councils, the Nottinghamshire Breastfeeding Friendly in the Community initiative has been re-launched following a pause during the pandemic and as of March 2022, with 232 venues being accredited through the scheme, welcoming breastfeeding mums and babies. • Since November 2020, working with the national charities Family Action and Fare Share, as part of the Childhood Obesity Trailblazer Programme, we have created 21 FOOD Clubs, with 10 of them located in Children’s Centres specifically targeting families with pre-school children. Membership numbers in the Children’s Centres hosted clubs currently stand at 748 and there is now at least one FOOD Club in every district • Also linked to the Childhood Obesity Trailblazer programme is the Food for Life initiative, in partnership with the Soil Association. Seven early years settings across the county have been supported to undertake this externally evaluated programme, with 2 sites already accredited and the further sites close to completion. The two accredited sites are also part of the Children’s Kitchen initiative collaborating with the local Children’s Centre FOOD Club.
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		<ul style="list-style-type: none"> • Additionally, 180 training licences for Loughborough University's acclaimed School of Sport, Exercise, and Health Sciences Fussy Eaters e-learning programme have been issued free of charge to local early years practitioners upskilling them to cascade support on feeding challenges to families. • Healthy Start – In October 2021, the uptake of Healthy Start in Nottinghamshire was 64%. The scheme is changing from paper based to digital and all beneficiaries are required to re-apply. Current uptake data only shows those still on the paper scheme, and no data is available yet regarding those on the digital scheme. Uptake data for February 2022 is 34% but is not therefore indicative of the whole picture.
7.	Children and parents are supported with early language, speech, and communication	<p>A multi-agency Speech, Language and Communication Needs (SLCN) Best Start subgroup has been established to lead on this ambition and an action plan has been developed.</p> <p>The following work has been progressed so far:</p> <ul style="list-style-type: none"> • Completion of the Early Intervention Foundation SLCN self-assessment. • A new SLCN resource has been created on Notts Help Yourself to support parents, carers and practitioners with information and ideas to support early language development. It is currently undergoing user testing, prior to launch later this month. • A SLCN consultation has taken place with parents. There were 88 responses and analysis is underway. Focus groups will be established to deep dive into some recurring themes. • SLCN training is currently being commissioned for the early years sector, whilst refresher training will be provided to the Children's Centre Service. • Language Lead networks continue to be provided to the early years sector termly, with 128 practitioners attending during Q3 2021/22, with 89% reporting they had improved knowledge and confidence to identify and address SLCN following attendance at the network.
8.	Children are ready for nursery and school and demonstrate a good level of overall development	<ul style="list-style-type: none"> • The Early Years Attainment group oversees this priority, is well established and has now created a new Early Years Improvement Plan for 2022-25. • The take up rate for vulnerable 2-year olds is increasing and is now higher than pre-lockdown levels. At the end of the Autumn Term 2021, 82.18% of eligible children were taking up a place. • 55% of all vulnerable children aged 2-4 were meeting their expected levels of development in 3 or more areas of the Early Years Foundation Stage (out of 5) according to Better Start returns in Autumn 21.

		<ul style="list-style-type: none"> • 1,345 children under the age of 4 were referred to the Children's Centre Service for school readiness interventions, including Little Talkers, Let's Play, 'Now I am 2' and Forest Schools.
9.	Children have access to high quality early years provision	<ul style="list-style-type: none"> • The Early Years Attainment group oversees this priority, is well established and has now created a new Early Years Improvement Plan for 2022-25. • The Childcare Sufficiency Assessment for 2020/21 has been completed and highlights that there is currently sufficient high-quality early years provision across Nottinghamshire, in some areas there are surplus places. • In Nottinghamshire, 793 early years settings out of 1,082 have been rated as 'Good' or 'Outstanding' by Ofsted. • The Council's Early Years Training and Development Opportunities (TADO) offer to the early years sector now includes both virtual and face to face training. In the last 12 months 1,085 early years practitioners accessed training provided by the council. • The local early years recruitment campaign has received national interest and has been identified as an example of good practice. workinginchildcareleaflet.pdf (nottinghamshire.gov.uk)
10.	Parents are in secure employment	<ul style="list-style-type: none"> • The action plan has been agreed with members of the Improving Life Chances for Children and Families partnership group which is already well established. This is multi-faceted, covering diverse subjects such as promoting schemes such as the Warm Welcome initiative for families with new babies, the Life Skills financial management initiative from Family Action, the Opening Doors to Employment programme from the Children's Centres, Job Centre Plus and West Notts College and employment and money support through the Building Better Opportunities programme. • The Families Information Service promotes a range of childcare funding support, including the Tax Free Childcare scheme and 30 funded hours per week for 3 and 4 year olds with working parents. In Autumn 2021 94.3% of 3 and 4 year olds from working families were receiving the 30 hours per week funding offer. In addition, the Work and Volunteering section on Notts Help Yourself received 4111 "hits" providing useful self-serve information to Nottinghamshire families. • Children's Centre Service volunteer training courses have re-started following a pause due to the pandemic. There are 134 active parent volunteers helping to delivering the service, including 33 Breastfeeding Peer Support Volunteers. • 37 parents engaged with Children's Centre work readiness activities between April 2021 and Sept 2021. 30 completed the 'Opening Doors with Confidence' course, 14 completed 'Opening Doors to Employment' and 3 parents became new volunteers.

		<ul style="list-style-type: none"> ○ 98% said the programme has improved their skills and confidence, encouraging, and supporting them to undertake or gain a qualification ○ 90% said the programme has increased their skills and confidence to look for employment. ○ 30% said that from coming to the programme their employment situation has improved. ○ 25% said they have gone on to undertake or gain other qualifications.
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Best Start for Life and Family Hubs

12. [The Best Start for Life: a vision for the 1,001 critical days](#) was published by the Department for Health and Social Care (DHSC) in March 2021, following the Early Years Healthy Development Review, which was commissioned by the Prime Minister and chaired by Rt Hon Dame Andrea Leadsom DBE MP. Family Hubs are at the heart of this vision for baby-centred services, designed to give every baby the best start for life.
13. The review focused on the period between conception and the age of two – the first 1,001 critical days – and considered evidence gathered from a wide range of sources. It learnt about good practice and identified where change was needed to make a real difference to the lives of parents, carers and babies.
14. The resulting vision set out a programme of work to transform how families are supported. The goal is to ensure the very best support throughout these 1,001 critical days, setting babies up to maximise their potential for lifelong emotional and physical wellbeing. To achieve this, Family Hubs are required because research for the review demonstrated clearly that what parents and carers want is accessible, joined-up services, available in one place, both physically and virtually. Family Hubs can become that home for services during this critical period from conception to the age of two, providing universal and seamless support and encouragement to every new family.
15. Family Hubs will not be provided solely through buildings. The experience of lockdown has added a new dimension to the Family Hub offer and the development of virtual tools offering easy access and convenience for parents and carers has been a positive consequence of the pandemic. From mums nervous about seeking face-to-face breastfeeding assistance, to fathers asking for mental health support, online and virtual services have a significant role to play, especially at a time when a baby’s needs can be exhausting. Each Local Authority has been asked to provide a strong Best Start local offer to provide flexible and accessible support to new families, in Nottinghamshire this will be added to the Notts Help Yourself website alongside the Parents and Carers Zone.
16. Although Family Hubs are designed to support families from conception to 19 (or 25 if they have special educational needs or have disabilities), the Best Start for Life vision is for services to be offered as a core part of all local Family Hub Networks. A locally published Start for Life offer would ensure that families know what is available to them and this is a task that will be led by the Nottinghamshire Best Start Partnership.

Next Steps

17. The Best Start Partnership discusses one of the 10 ambitions in depth at each of their meetings. They have already agreed priorities to address ambitions 1, 4, 5, 7, 8 and 9 and are carrying out further work on each of the ambitions which do not yet have agreed action plans.
18. Family Hub Networks will be created in Nottinghamshire with best start at their core. The Best Start Partnership will have a role to play to ensure that local Family Hub developments do not lose the focus on antenatal support and the first 1,001 days of a baby's life.
19. A task and finish group will be established to lead the development of the Best Start Local Offer which will be published on Notts Help Yourself and promoted to families during the antenatal and postnatal stages of pregnancy.
20. Information Sharing Agreements are being progressed to enable the successful implementation of Family Hub Networks and the Best Start Local Offer. This work will enable services to provide integrated support and care, whilst identifying and addressing needs early.

Other Options Considered

21. No other options have been considered.

Reasons for Recommendations

22. Work to enable children to have the best start in life spans a wide range of services and social issues. There has been no co-ordinated partnership strategy which brings together all key partners and activities which focus on antenatal and postnatal care, children's development, and support for families with pre-school children.
23. The Best Start Partnership will provide a cross-cutting solution to a complex set of problems and risks which face children and families. For this reason, the Strategy and Partnership will build links between many different parts of the system to provide joined-up and holistic services.

Statutory and Policy Implications

24. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability, and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Crime and Disorder Implications

25. By using evidence-based practice to target and engage children at risk of poor outcomes, it is anticipated that longer term outcomes for children involved in offending behaviour will reduce.

Financial Implications

26. Partners in the delivery of the Best Start Strategy will use their own resources to help shape and improve services and interventions for pre-school children and their families; no additional funding has been provided to support the delivery of the strategy.

Safeguarding of Children and Adults at Risk Implications

27. Safeguarding children and families will continue to be a key priority within the Best Start Strategy and for all partners represented at the Best Start Partnership.

Implications for Service Users

28. Successful delivery of the Best Start Strategy will improve a range of outcomes for children and families including emotional health and wellbeing, healthy pregnancy, school readiness, speech, and language to name but a few.

RECOMMENDATIONS

That the Health and Wellbeing Board:

- 1) acknowledges the progress made so far to deliver the new Best Start Strategy.
- 2) approves the suggested next steps for the effective delivery of the Best Start Strategy and improvement of outcomes for children and families.

Lawrence Jones
Service Director, Commissioning and Resources, Children and Family Services
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Constitutional Comments (EP 19/04/22)

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

Financial Comments (DG 19/04/22)

30. There are no direct financial implications arising from this report.

Background Papers and Published Documents

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

[Joint Strategic Needs Assessment Chapter – 1,001 Days, Conception to Age 2 Report to Children and Young People’s Committee \(16 December 2019\)](#)

[Joint Strategic Needs Assessment Chapter – Early Years and School Readiness Report to Children and Young People’s Committee \(16 December 2019\)](#)

[Giving children the best start: Nottinghamshire Best Start Strategy 2021 – 2025 Report to Children and Young People’s Committee \(30 November 2020\)](#)

[Giving children the best start: Nottinghamshire Best Start Strategy 2021 – 2025 Report to Health and Wellbeing Board \(6 January 2021\)](#)

[Giving children the best start: Nottinghamshire Best Start Strategy 2021-2025 Report to Policy Committee \(10 February 2021\)](#)

[Best Start Strategy 6 month progress report Report to Children and Young People’s Committee \(1 November 2021\)](#)

[Best Start Strategy 2021-2025 Equality Impact Assessment Completed Equality Impact Assessments \(EqiAs\) | Nottinghamshire County Council](#)

Electoral Divisions and Members Affected

All.

REPORT OF THE SERVICE DIRECTOR: CUSTOMERS, GOVERNANCE AND EMPLOYEES

WORK PROGRAMME

Purpose of the Report

1. To consider the Health & Wellbeing Board's work programme for 2022.

Information

2. The County Council requires each committee, including the Health & Wellbeing Board, to maintain a work programme. The work programme will assist the management of the Board's agenda, the scheduling of the Board's business, and forward planning. The work programme will be updated and reviewed at each pre-agenda meeting and Board meeting. Any member of the Board is able to suggest items for possible inclusion.
3. The attached work programme has been drafted in consultation with the Chair, and includes items which can be anticipated at the present time. Other items will be added to the programme as they are identified.

Other Options Considered

4. None.

Reasons for Recommendation

5. To assist the Health & Wellbeing Board in preparing its work programme.

Statutory and Policy Implications

6. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

RECOMMENDATION

- 1) That the Health & Wellbeing Board's work programme be noted, and consideration be given to any changes which the Board wishes to make.

Marjorie Toward

Service Director: Customers, Governance and Employees

For any enquiries about this report please contact:

Martin Gately
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T: 0115 977 2826

Constitutional Comments (HD)

7. The Board has authority to consider the matters set out in this report by virtue of its terms of reference.

Financial Comments (NS)

8. There are no direct financial implications arising from the contents of this report. Any future reports to the Board will contain relevant financial information and comments.

Background Papers

- None

Electoral Division(s) and Member(s) Affected

- All

WORK PROGRAMME: 2022

Please see Nottinghamshire County Council's website for the [papers](#), [membership](#), [work programme](#) and [strategy](#) of the Health & Wellbeing Board. Joint Strategic Needs Assessment (JSNA) chapters are available on [Nottinghamshire Insight](#).

Report title	Purpose	Lead officer	Report author(s)	Notes
MEETING: Wednesday 4th May 2022 (2pm)				
Chairs Report	An update by the Chair on local and national issues for consideration by Health & Wellbeing Board members to determine implications for Board matters.	Cllr Doddy	Briony Jones	
Health and Wellbeing Board Membership	To review and propose updates to the Health and Wellbeing Board's membership.	Cllr Doddy	Briony Jones Martin Gately	
Delivery of the Joint Health and Wellbeing Strategy 2022 – 2026	A report to outline the feedback and plans for the delivery of the Joint Health and Wellbeing Strategy following the workshop in March 2022.	Cllr Doddy	Sue Foley	
Annual Report on the Best Start Strategy 2021 - 2025	To review progress so far of the delivery of the Nottinghamshire Best Start Strategy 2021 – 2025, since the Board's endorsement in January 2021.	Colin Pettigrew Jonathan Gribbin	Laurence Jones Louise Lester	
MEETING: Wednesday 15th June 2022 (2pm)				
Chairs Report	An update by the Chair on local and national issues for consideration by Health & Wellbeing Board members to determine implications for Board matters.	Cllr Doddy	Briony Jones	
Integration and Innovation: Working together to improve health and social care for all.	To consider the implications of the Health and Social Care Bill for the Health and Wellbeing Board and health systems in Nottinghamshire.	Melanie Brooks Lucy Dadge		

Report title	Purpose	Lead officer	Report author(s)	Notes
JSNA Work Programme 2022/2023	A report to present the results from the prioritisation process undertaken January – February 2022 and to seek approval of the JSNA work programme for 2022/2023.	Jonathan Gribbin	Sue Foley Lucy Hawkin	
Objectives & Monitoring Framework for the JHWS 2022 -2026	To seek approval of the proposed objectives and monitoring framework for delivery of the Joint Health and Wellbeing Strategy for 2022 – 2026.	Cllr Doddy	Sue Foley	
JSNA Chapter: Substance Misuse	To consider and approve the JSNA chapter on substance misuse for publication on Nottinghamshire Insight.	Jonathan Gribbin	Sarah Quilty Tris Poole	
WORKSHOP: Wednesday 27th July 2022 (2pm)				
Tobacco	A workshop to discuss and identify partnership actions to contribute to the delivery of the JHWS priority on Tobacco.	Cllr Doddy	Cath Pritchard Jo Marshall	