Nottinghamshire Joint Health and Wellbeing Strategy 2022-2026: Executive Summary

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1 Foreword

Nottinghamshire County's third Joint Health and Wellbeing Strategy (JHWS) has been developed in a national context of reduced healthy life expectancy in some communities, increasing health inequalities and global climate change.

Addressing these challenges requires joint working to enable everyone to prosper in their communities and remain independent in later life.

It involves addressing factors which make a big contribution to good health – things like a healthy diet for everyone, somewhere to live that is safe, ensuring every child gets the best start in life, as well as the role that tobacco and harmful drinking plays in eroding wellbeing and increasing inequalities. It also involves improving the way services join up across Nottinghamshire to achieve our vision to **work together to enable everyone in Nottinghamshire to live healthier and happier lives, to prosper in their communities and remain independent in later life**.

Councillor Dr John Doddy

Chair of the Nottinghamshire Health and Wellbeing Board

2 Introduction

2.1 What is Health and Wellbeing?

Good health and wellbeing allows us to prosper, live our lives to the full and for longer.

Health is usually described as a "state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO, 2006). Physical, mental and social here mean a person's body, mind and how they interact with the world around them. Wellbeing is a complex combination of these factors. It is strongly linked to happiness and life satisfaction and could be described as "how you feel about yourself and your life" (Victoria Government, 2021).

Our health and wellbeing is a resource which enable us to develop goals and pursue them. The health and wellbeing experienced by communities everywhere is strongly shaped by the conditions in which people are born, grow, live, work and age. These are the foundations and are sometimes called the wider determinants of health. Health and care services have an important role to play but on their own do not create good health and wellbeing.

We also know that the conditions in which people are born, grow, live, work and age are not the same throughout the county. In general, communities with poorer access to good housing, good work, good education, healthy diet, transport also experience poorer health and wellbeing. This is what is
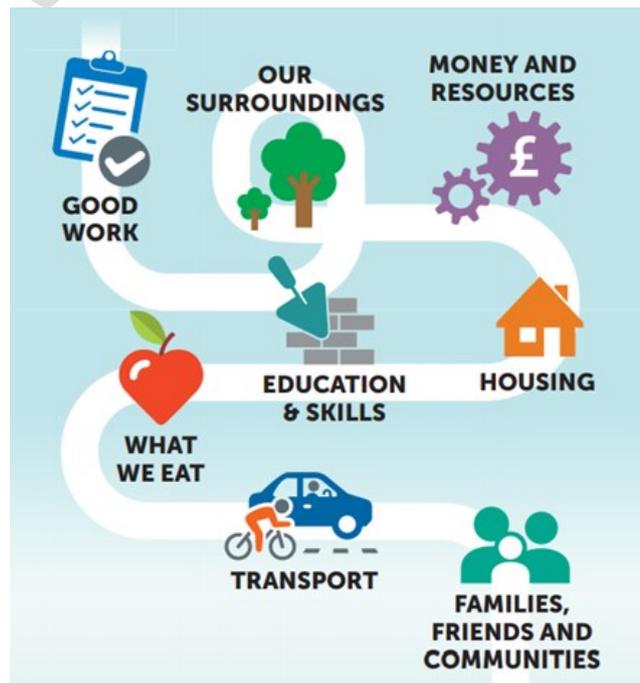
meant by health inequality. Many health inequalities can be reduced or avoided - Taking action requires strong commitment and is often a matter of doing what is fair.

This strategy sets out the vision and ambitions for the Nottinghamshire Health and Wellbeing Board for improving the health and wellbeing of the people of Nottinghamshire by addressing wider determinants and health inequalities. We will achieve this through working together in partnership and with residents in Nottinghamshire.

2.2 Structure of the Strategy

In order to assist readers in understanding the strategy, it will be broken down into four main sections:

Section 3: Where are we now?	• What is the current situation in Nottinghamshire with regard to health and wellbeing needs? • What have we learnt from our engagement so far? • How does this inform our ambitions and priorities for the strategy?
Section 4: Where do we want to be?	• What are our ambitions, priorities and objectives for improving health and wellbeing?
Section 5: How are we going to get there?	• What have we learnt from implementing the previous JHWS? • What is our plan for achieving those ambitions, priorities and objectives?
Section 6: How will we know when we've got there?	• How are we going to monitor and evaluate our progress and successes?

N.B. Sections 5 and 6 are currently a ***work in progress*** and will be informed by a Health and Wellbeing Board (HWB) workshop in March 2022.

3 Where Are We Now?
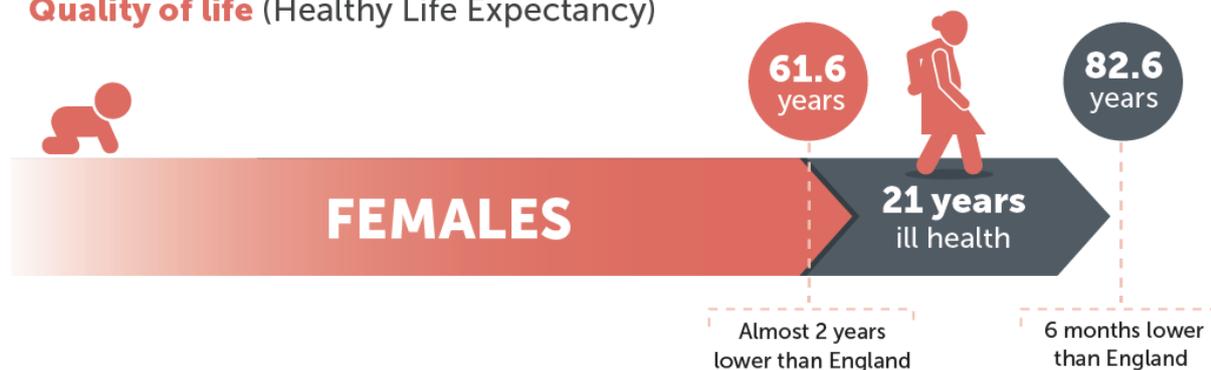
3.1 Current Health and Wellbeing in Nottinghamshire

This section is a summary of the current health and wellbeing in Nottinghamshire. The main source for this information is the Joint Strategic Needs Assessment (JSNA). This can be found on the Nottinghamshire Insight website.

It provides the basis for the 4 ambitions and 9 priorities of our JHWS.

3.1.1 Life Expectancy and Healthy Life Expectancy

On average, women in Nottinghamshire live 83 years (which is six months shorter than across England as a whole) and men 80 years (the same as England). In Nottinghamshire, the average length of life in which people enjoy good health (this is called healthy life expectancy) is 62 years for women and 63 years for men. These averages obscure some stark variations between different communities in Nottinghamshire. People living in the least advantaged areas generally die 7.5 years earlier and have spent an additional 14 years living in ill-health, compared to those living in most advantaged areas.

Length of life (Life Expectancy) and
Quality of life (Healthy Life Expectancy)

FEMALES

61.6 years

21 years ill health

82.6 years

Almost 2 years lower than England

6 months lower than England

Length of life (Life Expectancy) and
Quality of life (Healthy Life Expectancy)

MALES

63.4 years

16 years ill health

79.6 years

The same as England

The same as England

More information about the health and wellbeing of people in Nottinghamshire can be found at:
www.nottinghamshireinsight.org.uk

Source: OHID (2022a)

A read of Nottinghamshire's Joint Strategic Needs Assessment shows that inequalities like these are evident in almost every area of health and wellbeing, and in the factors which shape the health of the population. In general, they are not inevitable and can be significantly

reduced. We will return to these inequalities in what follows. Addressing them must be central to our strategy.

In the meantime, we should consider: **what are the factors which exert the greatest influence on our health and wellbeing?**

3.1.2 Factors shaping health and wellbeing and health inequalities

The figure below provides a summary view of the complex interplay of factors shaping our health and wellbeing and the stark variations observed between different communities in Nottinghamshire.
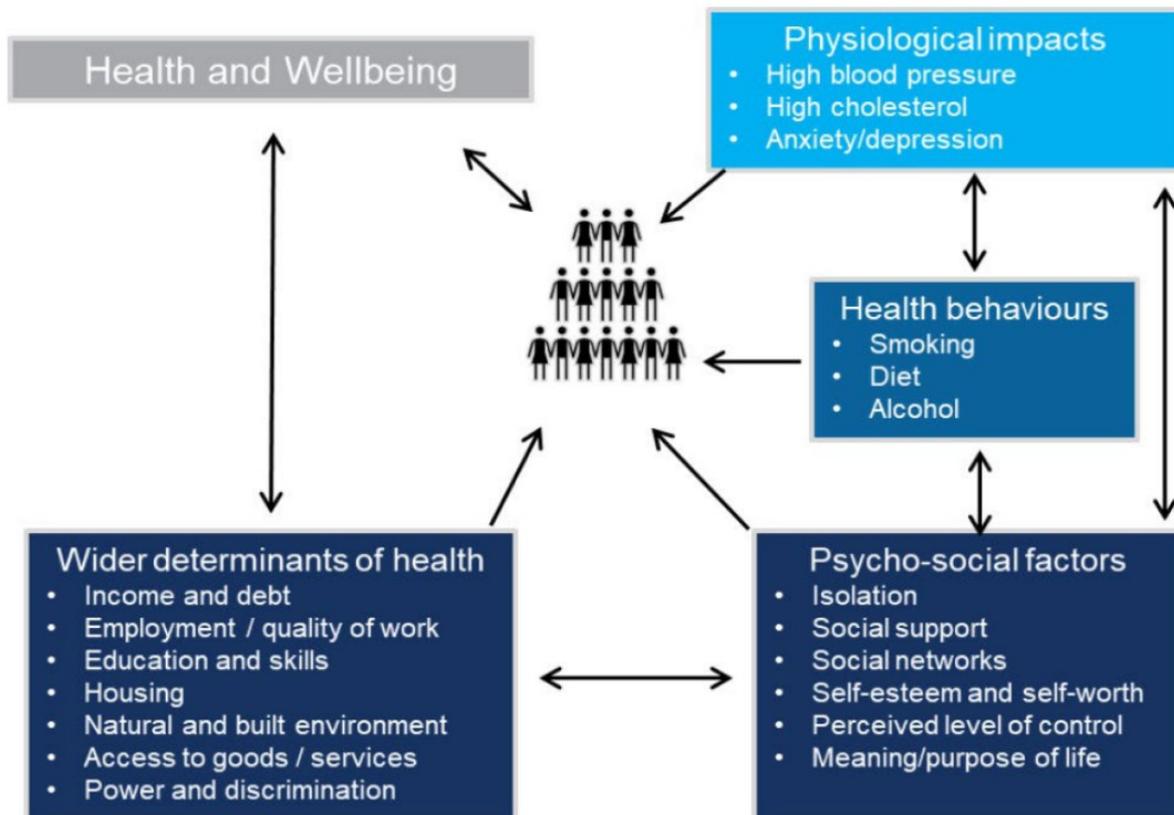
Source: UK Government (2021)

The figure reflects the extent to which the health and wellbeing of a population is shaped by our economic and social environments and their impact on a range of psycho-social factors.

The health behaviours of individuals are an important factor but their origin and expression must be understood in the context of these "wider determinants" and psycho-social factors. The figure also provides a way for us to understand the wealth of biomedical research about the physiological factors which erode health. These are also important to understand – and some of what follows in this document draws on that evidence and on measures which are more closely related to healthcare than health creation. But again, the evidence about the role of these physiological factors needs to be understood in the context of the mediating role of factors relating to psycho-social environment and the health behaviours it shapes.

An understanding of this points us towards the need to base our interventions on an appreciation of the whole system and the complexity of the interplay between these various causes of inequalities.

For example, a health issue experienced by an individual may be strongly linked to the environment in which they live or to insecure employment. Psycho-social factors such as family and social relationships, can also be strengthened or eroded through the influence of these wider determinants.

The table below shows some of the impacts of these wider determinants on the health and wellbeing of people on Nottinghamshire.

Wider Determinant	Impact of wider determinant	Example of Health Inequalities in Nottinghamshire
Good work (employment)	Unemployment causes stress, which ultimately has long-term physiological health effects and can have negative consequences for people's mental health, including depression, anxiety and lower self-esteem.	Employment figures in Nottinghamshire for adults with a learning disability (2.7%) are below regional and national comparisons.
Our surroundings (environment)	Poor air quality has a different effect on health depending on age. The effect of a young child would be: • Slower development of lung function • Asthma • Start of hardening of the arteries	Groups that are more vulnerable include children and older people, pregnant women, and those with heart and lung conditions. 3 particular areas in Broxtowe, Gedling and Rushcliffe have certified high for nitrous oxide pollution.
Money and resources	Growing up in poverty can affect every area of a child's development and future life chances.	Mansfield, Newark and Sherwood, Ashfield and Broxtowe are considered "social mobility cold spots". Good social mobility is a key indicator of how we are preventing poor children from becoming poor adults.
Housing	Inadequate housing causes or contributes to many preventable diseases and injuries, including respiratory, nervous system and cardiovascular diseases and cancer (Kings Fund, 2022). Homelessness is a far wider a problem than the aspect that is most visible to the public – rough sleeping which is considered the tip of the iceberg.	People who are homeless experience worse health outcomes than the general population. The prevalence of serious mental illness (including major depression, schizophrenia and bipolar disorder) is reported as 25–30% in the street homeless population and those living in direct-access hostels. Homelessness is also associated with higher rates of personality disorder, self-harm and attempted suicide
Education and skills	Educational attainment is one of the main markers for wellbeing through the life course making it extremely important that no child is left behind at the beginning of their school life.	Only 70.5% of reception pupils are achieving a good level of development compared to 71.5% in England - this will be worse in more deprived areas

What we eat	Good food is vital to the quality of people's lives and plays an essential role in improving individual and community health and wellbeing (Nottinghamshire Food Charter, 2021).	Over a quarter of pregnant women in Nottinghamshire are classed as obese
Transport	Transport is vital to us all as it allows us to see our family and friends, get to work, go on holiday, access education and health services, and do the activities that we enjoy (Williams, 2018).	Ashfield has the highest rate of people killed or seriously injured (KSI) in the County and is significantly higher than regional and national rates. Older people living alone and without access to a car in the more rural areas of Nottinghamshire, which also have poorer access to public transport (notably Newark and Sherwood and Bassetlaw) are particularly vulnerable to social isolation.
Families, Friends and Communities	There is now widespread recognition that communities have a vital role in improving health and wellbeing (Buck et al, 2021).	Levels of support within communities varies across Nottinghamshire. In the 2016 residents' survey the highest proportion of residents who felt that people from different backgrounds get on were from Rushcliffe (64%) and Broxtowe (58%). The lowest proportions were reported from people living in Newark and Sherwood (34%). Generally, residents felt safer to go out during the day than the night-time, particularly in Bassetlaw, Mansfield and Ashfield.

Source: Nottinghamshire Health and Wellbeing Board (2021)

We can see that wider determinants have a huge impact on health and wellbeing and so should be considered across the whole strategy and its implementation.

Homelessness	Homelessness is of major concern as people who are homeless have multiple issues on top of having no home. Therefore, this should be included as a priority in this strategy.

3.1.3 Health Inequalities

One way of understanding the degree to which Nottinghamshire is characterised by inequalities is to examine data which is collected for every local authority in England concerning health outcomes and the factors shaping health and wellbeing. You will see that some of this data describes risk factors for poor health but much of it relates to healthcare activity. Using what is available to us we can consider:

1. **Health inequalities within the County** - e.g., Mansfield being a more deprived area than Rushcliffe (internal inequalities)

2. **Health inequalities in the County compared to other Upper Tier Local Authorities** (UTLAs) - e.g., do most other local authorities also have inequalities in this topic (external inequalities).

The main results are depicted in the table below. Those in the left column (red box) are of most concern as they show both internal and external inequalities. The column on the right (amber box) shows examples where Nottinghamshire does not compare well to other local authorities.

Examples of where there is a significant inequality in health within Nottinghamshire as well as between Nottinghamshire and other areas	Examples of where there is a significant inequality between Nottinghamshire and other areas
• Births to teenage mothers (low actual numbers) • Emergency admission with chronic chest condition • Admissions for self-harm • Premature preventable deaths • Premature all cause • All age respiratory • Premature circulatory	• Accidents under 15 injury • Obesity age 10/11 • Overweight age 4-5 years • Hospital admissions injury age 15-24 • All emergency admissions under 5s • Emergency admissions all causes • Emergency admissions CHD • Emergency admissions hip fracture • % report Long term limiting illness • All ages all causes • Premature cancer

Source: OHID (2021a)

Drawing this together provides further evidence to support a focus in the JHWS on:

Preventable Deaths	Healthy Weight	Mental Health	Cancer	Children and Young People

Circulatory disease – This relates to healthy weight, food and nutrition, physical activity and smoking	Respiratory disease – This relates to smoking and air quality

3.1.4 Main Causes of Death in Nottinghamshire

Earlier on, we considered life expectancy and healthy life expectancy and the fact that the biggest influences on the health and wellbeing of the population relate to the environments in which we grow, live and work. We also considered how the impact of these wider determinants is expressed in health behaviours and physiological factors. We now turn to some of the additional insights brought to this by an analysis of biomedical research about the contribution of various risk factors.

A major study called the Global Burden of Disease identifies the main causes of death and disease in Nottinghamshire which are potentially modifiable for an individual. It provides very important evidence but does not fully reflect the influence of wider determinants. In the table below, we can see the 20 modifiable risk factors which account for the greatest loss of years lost to death or disability for people in Nottinghamshire.

Health in Nottinghamshire

Risk Factors: Years lost to illness and disability

Modifiable risk factors	Contribution to modifiable YLD %
High body-mass index	18.5
High fasting plasma glucose	17.3
Tobacco	17.2
Dietary risks	7.3
Alcohol use	6.6
Occupational risks	6.6
High systolic blood pressure	4.4
Drug use	4.2
Low bone mineral density	3.8
Child and maternal malnutrition	3.4
Air pollution	2.1
Kidney dysfunction	2.1
Childhood sexual abuse and bullying	1.9
Low physical activity	1.8
High LDL cholesterol	1.2
Intimate partner violence	0.9
Unsafe sex	0.3
Other environmental risks	0.2
Unsafe water, sanitation, and handwashing	0.1
Low temperature	0.0
All modifiable risk factors	**100.0**

Over 40% of attributable risks relate to how **behaviours** affect health

Almost half (47.2%) of the attributable risks are **metabolic**

9% of the attributable risks relate to **environmental risks** including at work & from air pollution

Source: Institute for Health Metrics and Evaluation (2019)

Areas related to the top risk factors that the JHWS and HWB is best placed to have a positive effect on are:

Healthy weight (including physical activity)	Tobacco	Alcohol Use	Childhood Development	Environmental
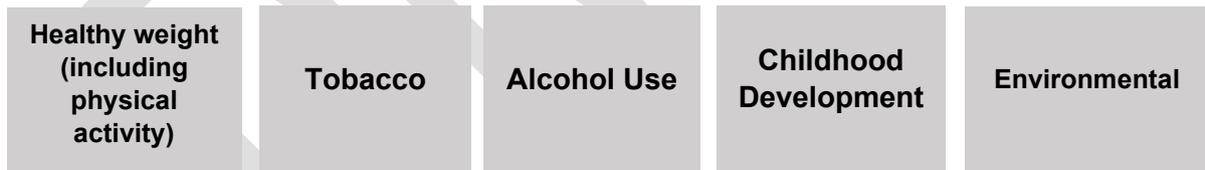
Focussing on the gap in Life Expectancy (between people in most and least advantaged communities), the figure below identifies the contribution of various groups of disease. This provides further indications of where Health and Wellbeing partners can focus their efforts for greatest impact.

Scarf chart showing the breakdown of the life expectancy gap between the most deprived quintile and least deprived quintile of Nottinghamshire, by broad cause of death, 2015-17

Male bar:
- Circulatory: 24.8%
- Cancer: 22.3%
- Respiratory: 17.1%
- Digestive: 8.9%
- External causes: 8.4%
- Mental and behavioural: 6.3%
- Other: 11.2%
- Deaths under 28 days: 0.9%

Female bar:
- Circulatory: 17.5%
- Cancer: 21.9%
- Respiratory: 20.2%
- Digestive: 9.2%
- External causes: 6.2%
- Mental and behavioural: 9.9%
- Other: 15.1%

Y-axis: Percentage contribution to the gap in life expectancy

X-axis: Sex
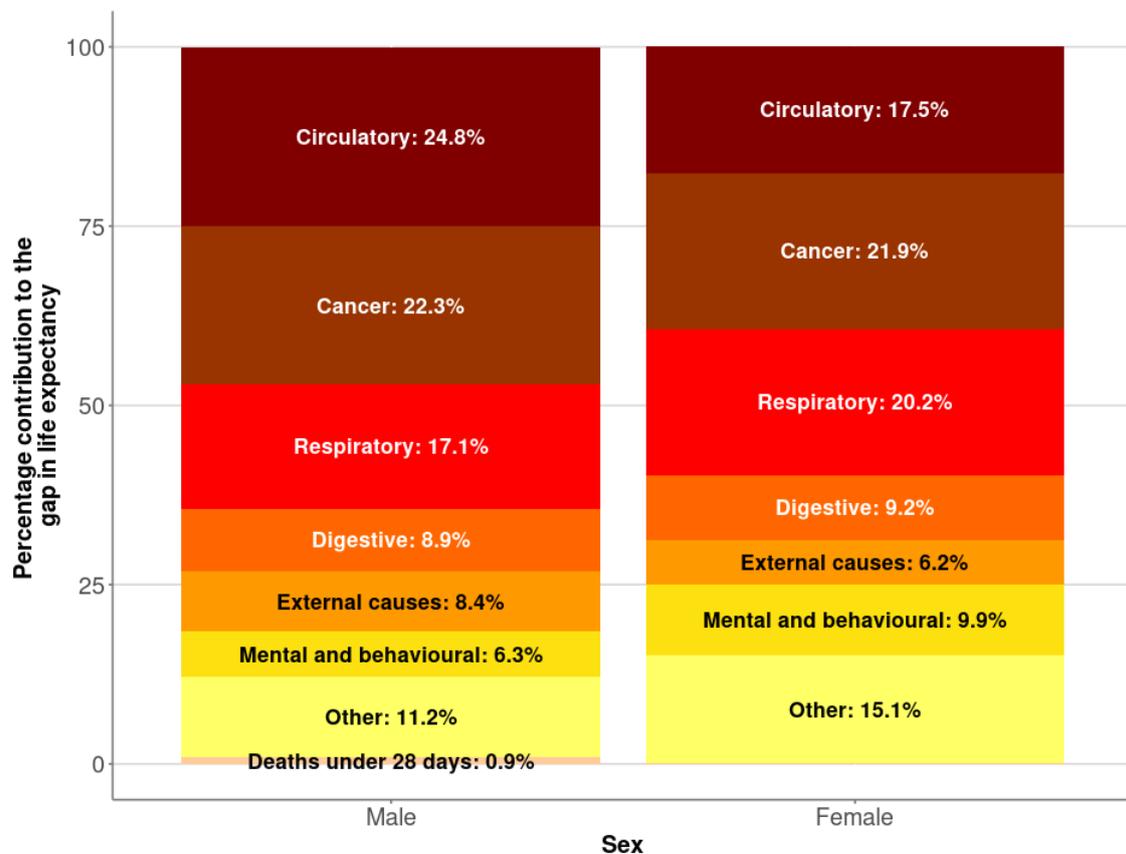
Source: OHID (2021b)[1]

There are differences between males and females in terms of percentage contribution to the gap in life expectancy, but the main causes can be clearly seen in the table above. These also reflect the priority topics identified so far. Latest data from 2020 shows that the highest rates of death were similar but included COVID-19 and nervous system disorders (NOMIS, 2022).

3.1.5 Impact of COVID-19 Pandemic

We are currently undertaking a COVID-19 Impact Assessment for Nottinghamshire which will further inform our implementation and focus of this strategy. Nationally, the main areas impacted are:

1. Access to Care
2. Air Quality
3. Behavioural risk factors (Alcohol, Gambling, Physical Activity, Smoking)
4. Grocery purchasing and food usage
5. Life Expectancy
6. Mental Health and Wellbeing
7. Mortality
8. Pregnancy and childbirth
9. Social determinants of health:
    -Access to outdoor space
    -Benefits
    -Employment
    -Home-schooling
    -Mobility[2]
    -Social capital[3]
    -Crime
    -Domestic violence

Source: OHID (2022b)

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[1] Circulatory includes heart disease and stroke. Respiratory includes flu, pneumonia, and chronic lower respiratory disease. Digestive includes alcohol-related conditions such as chronic liver disease and cirrhosis. External includes deaths from injury, poisoning and suicide. Mental and behavioural includes dementia and Alzheimer's disease. Percentages may not sum to 100 due to rounding.

[2] Mobility in this instance refers to the physical ability to move from place to place.

[3] Social capital is the networks of relationships among people who live and work in a particular society, enabling that society to function effectively (Oxford Languages, 2022).

There is also the impact of Post COVID-19 Syndrome, more commonly referred to as Long COVID. Data is just emerging of the extent of this condition, plus of course we are still learning as to its causes, symptoms and treatment. More information can be obtained from NHS Long COVID.

So far in section 3 we can see that there are a number of factors that could be a priority. However, it was important that we engaged with all members of the HWB, our partners, communities and the general public before deciding upon our final ambitions and priorities.

3.2 Summary of Public and Partner Engagement

In addition to undertaking needs assessment and analysis, we have secured further insights by speaking and listening to members of the public and hearing from organisations involved in health, care and community and voluntary services on what they think matters most.

Our ambitions and areas of focus cover the whole population from conception to end of life care, and particularly those community groups who can feel excluded.

Feedback from residents (adults, children, young people) and partners has identified many other important concerns. They included poverty, and loneliness, substance misuse and support for families. Climate change and improving access to services (including GPs, dentists, and mental health services) were also important.

We have used this feedback to change and improve our priorities areas of focus and to shape the delivery plan. Some topics people raised (such as substance misuse) are the responsibility of other boards and strategies, so are not included in this strategy, but the Health and Wellbeing Board will continue to contribute to work in that area.

People wanted to see that the organisations on the Health and Wellbeing Board would work together effectively and acknowledged that the nine areas of focus are strongly interlinked (see section 4.3).

You said…	We did…
Mental health was a very high priority in the survey, and was also highlighted as a top concern by young people.	We will ensure that residents, including young people, are involved in "co-production" and planning the delivery of this important priority.
Warm, safe, good quality **housing** underpins health and wellbeing. We should think about this broadly, not focus only on homelessness.	To ensure this and other wider determinants are clearly recognised in the strategy, wider determinants have been made one of the strategy cross cutting themes (see section 5.3.3).
Poverty has wide-ranging impacts on health and should be part of the strategy.	Please see above.
Climate change and the environment is important for health, and this is not limited to air quality.	Whilst air quality was identified as an area which the Health and Wellbeing Board can particularly influence, climate change and wider environmental issues are central to our ambitions and ways of working, and we will ensure this is embedded into all of the board's work.

Communities are key to addressing social isolation and providing support to people who need it but need honest communication and long-term commitment.	Our place-based approach recognises the importance of neighbourhoods and communities for health. We are developing plans for more "co-production" with communities as part of the delivery of the Health and Wellbeing Strategy (see section 5.3.7).
Drug addiction is an important issue alongside alcohol and needs to be addressed.	We know this is a hugely important issue for individuals and communities. There is a new national drug strategy "From Harm to Hope", and a new local drug partnership board will be specifically responsible for delivering this, rather than through the Health and Wellbeing Board.
Gambling is a growing problem with strong links to mental health	We have ensured that gambling is specifically highlighted in our mental health priority and will be part of the mental health delivery plan.
Services for children, young people and families are important to many people and there were concerns about these having been cut in recent years.	Giving children the best start in life is a high priority for the board and will be delivered through a dedicated strategy which has recently been developed.
Healthy ageing is not sufficiently recognised in the strategy. Disabilities and long-term health conditions should also be more clearly included.	Living and ageing well and providing the support people need to live the lives they want, are central to the strategy, are explicitly included in the vision and ambitions through a life course approach.
Some aspects of **physical health** are not emphasized in the strategy.	We know that physical activity is strongly linked to many aspects of health, including healthy weight and mental health, and we will ensure this is reflected in the wording of these priorities.
Crime and community safety impacts health and wellbeing.	We recognise the impact that crime can have on health. However, other organisations take the lead, for example, through the new Police and Crime Plan developed by the Police and Crime Commissioner which will link closely to the JHWS.
Access to health services including GPs, dentists and mental health services, is a major concern for many people in Nottinghamshire.	We understand that timely access to services is a high priority and is a challenge for many. Whilst the board does not directly control this, we will work with our partners in the NHS to try and improve access.

3.3 Summary of Health and Wellbeing Need in Nottinghamshire

- The number of years people in Nottinghamshire can expect to live in good health (healthy life expectancy) is 14 years less in more deprived areas.
- How long people live in Nottinghamshire is (life expectancy) is 7 years less in more deprived areas, and people are more likely to die of preventable causes.
- The conditions in which we are born, grow, live, work and age (wider determinants) have a huge impact on the health and wellbeing of Nottinghamshire and there are a large number of inequalities, the homeless population being a stark example.
- The main causes of death in Nottinghamshire are related to diet, healthy weight and smoking. Again, the death rates vary considerably across where people live and population groups.
- Although we don't know the full extent yet, the COVID pandemic has had a profound effect on people's health and wellbeing. Our forthcoming COVID Impact Assessment will further inform our strategy implementation.
- From our engagement process, poor mental health stood out as main concern from respondents.

The analysis of health and wellbeing in Nottinghamshire highlighted a number of themes and topics that the JHWS can make a priority, especially where health inequalities, vulnerable populations, wider determinants and impact of the COVID pandemic are a main factor. From this we can group themes together and formulate our ambitions and priorities.

Some areas cut across all factors such as the wider determinants (including poverty/deprivation), climate change and prevention. These will be cross cutting themes in the strategy, meaning all plans and actions should include these areas (see section 5.3.3).

4 Where Do We Want to Be? Our Plans for the Joint Health and Wellbeing Strategy

4.1 Our Vision

We will work together to enable everyone in Nottinghamshire to live healthier and happier lives, to prosper in their communities and remain independent in later life.

4.2 Our Ambitions

The following ambitions and priorities were identified from the joint assessment of strategic needs and consideration of the potential of the Health and Wellbeing Board partners in addressing some of the major risk factors driving population health outcomes and health inequalities.

1) **Give every child the best chance of maximising their potential**

We will work together for every child in Nottinghamshire to have the best possible start in life, because we know that a good start shapes lifelong health, wellbeing and prosperity.

2) **Create Healthy and Sustainable Places**

We'll ensure that the environment we grow, live, work and age in promotes good health and wellbeing. We'll use the planning and transport system, along with economic planning, licensing and policy decisions, to create places that do this. This will also help to reduce health inequalities and benefit the environment, for a better quality of life.

3) **Everyone can access the right support to improve their health**

Health, care and community services will work together to strengthen their focus on promoting good health & wellbeing and preventing illness, by building on people's strengths.

4) **Keep our communities safe and healthy**

We will support people who are marginalised in our communities to ensure they are safe from harm and their needs are met. Services will support people to build on their strengths to live the lives they want.

4.3 Priorities to Focus Our Work

Best Start in Life

The earliest years of a child's life have a huge impact on their long-term development and future life chances. Good care before conception and during pregnancy, and the right support during their early years, gives a child the best chance of maximising their potential.

Mental Health

Good mental wellbeing at all ages supports and enables strong relationships, educational achievement, physical health and access to employment. Mental health, including for children and young people, has been particularly affected by the COVID-19 pandemic.

Food insecurity and nutrition

Everyone should have access to healthy, tasty, affordable food which enables them to live an active and healthy life. Our focus will be people who don't have enough good quality, healthy food and experience what is called food insecurity. The COVID-19 pandemic has highlighted the impact of food insecurity on communities, particularly on children.

Homelessness

Homeless people experience some of the worst health outcomes of all our communities. We want to tackle this by preventing people becoming homeless, and by ensuring health and support services to work together to reduce the high levels of physical and mental health issues that homeless people face. Reducing homelessness will contribute to a reduction in health inequalities and improvements in a wide range of health outcomes.

Tobacco

Helping people to stop smoking (and making sure young or vulnerable people don't take up smoking) helps improve people's health, especially for residents living in our most deprived areas. It reduces the risk of dying early and protects others from second-hand smoke. Alongside this, tackling illegal tobacco reduces harm to our communities.

Alcohol

Deaths due to alcohol have risen during the COVID-19 pandemic. Helping people to cut down their alcohol intake can improve mental health, boost weight loss and reduce the risk of conditions which cause a high number of deaths and reduce quality of life such as cancer, liver and heart disease.

Domestic Abuse

The impact of domestic abuse on both children and adults is devastating and affects all aspects of their lives. We need to improve everybody's understanding of abuse to prevent the causes, respond early and protect those affected. We will provide support to help survivors and their families rebuild their lives, and hold perpetrators to account for their actions.

Healthy weight

We want to support residents to have control over their weight for health and wellbeing. To do this we will work to help make the food available and the environment around us easier to make healthy choices, get moving and to lose weight.

Air quality

Clean air is essential for good health and for the environment and climate. We will work to make positive changes which can also have positive effects in terms of travel to school and work, being active and safety.

4.4 Our Objectives

Some of the ambitions and priorities already have strategies and objectives informed by the JSNA. In other cases, further work is required to define specific objectives. Therefore, what is set out in the following table should be regarded as subject to further development.

The table also shows how the objectives relate to the population intervention triangle, namely: civic (CI), community-based (CB) or service based interventions (SBI):

- **Civic** (Inform-support-enforce) - *What are the barriers that prevent people having good health and wellbeing?*
- **Community** (Empowering-collaborative-self managing) - *How can communities be empowered to take control of their own health and wellbeing?*
- **Service** (Targeted- Sustainable) - *What support can be put in place for people who need specific help?*

More information can be found in

Ambition	Objectives	CI	CBI	SBI

1: Give every child the best chance of maximising their potential	Best Start
	1. Prospective parents are well prepared for parenthood-
	   a) Empower a wide range of partner organisations to prepare prospective parents for parenthood
	   b) Children are ready for nursery and school and demonstrate a good level of overall development
		√	√	√

	2. Work in partnership to ensure all children, particularly Looked After Children, children eligible for free school meals, children with Special Educational Needs and/or Disabilities (SEND), and children for whom English is an additional language achieve a good level of development.	√	√	√
	3. Support the most vulnerable children and families to access the right support at the right time whether it be access to childcare or 1-2-1 family support.	√		√
	4. Narrow the health inequalities gap for low income groups and their peers by commissioning and delivering services and interventions which target localities and groups with poorer health and wellbeing outcomes.	√	√	√
2: Create Healthy and Sustainable Places	1. Ensure that the environments in which people grow, live, work and age promote good health and wellbeing.	√	√	
	Air Quality 2. Ensure that outdoor air quality supports healthier lives in all communities.	√	√	
	Food Insecurity/Nutrition 3. Enable residents to be able to access to healthy, tasty, affordable food which should also be positive for the environment and the local economy.	√	√	
	4. Tackle food insecurity and make sure that vulnerable residents have access to good food.	√	√	
	Wider Determinants 5. Ensure our plans for economic recovery, jobs and growth are positive for health and wellbeing and the environment.	√		
3: Right Support to Improve Health	1. Health, care and community services will work together to strengthen their focus on promoting good health & wellbeing and preventing illness, by building on people's strengths.	√	√	√
	2. Coordination of schemes to support people to make informed decisions about their health (such as 3 Lines of Conversation, Make Every Contact Count, Health Literacy and Strength- Based Approach) to maximise community engagement and impact, especially in least advantaged areas.			√

Priority	Action			
	Mental Health: 3. Commit to further improving the knowledge, competencies and skills of the workforce in relation to mental health promotion and suicide prevention.	√	√	√
	4. Sign up to the Prevention Concordat and develop a place based approach to mental health promotion.		√	√
	5. Work with partners (inc. business and industry and voluntary sector) to promote mental resilience and wellbeing.	√	√	√
	6. Increase access to low level, responsive support to prevent needs escalating, including self-harm and suicide.			√
	Tobacco Control: 7. Create a smoke free generation in Nottinghamshire County by 2030 with a specific focus on reducing inequalities and ensuring tobacco control measures are embedded in the most deprived areas.	√	√	√
	8. Embed the treatment of tobacco dependency throughout the NHS.			√
	9. Re-invigorate tobacco declaration and use of the toolkit.	√	√	√
	Healthy Weight/Physical Activity 10. Address inequality and empower everyone to be physically active in a way that works for them.	√	√	√
	11. Take a whole system approach to address the causes of obesity.	√	√	√
	Alcohol 12. Increase population level understanding of risk and harm.		√	√
	13. Preventing alcohol harm through wider related local/national policy	√		
	14. A systematic approach to Alcohol Identification and Brief Advice (IBA).			√
	15. Identification of 'alcohol champions' in key organisations across the system.		√	√
	16. Including alcohol as a priority for employee health and wellbeing.	√	√	√
	17. Agreeing and embedding pathways for service users with co-existing mental health and substance misuse issues.			√
4: Keep our communities safe and healthy	1. Support people who are marginalised in our communities to ensure they are safe from harm and their needs are met.	√	√	√
	Mental Health 2. Address inequalities in mental health with a particular focus on vulnerable communities, for example BAME communities, asylum seekers and LGBTQ+ communities.	√	√	√
	3. Improve the life expectancy and healthy life expectancy of people living with poor mental health	√	√	√
	4. Promote parity of esteem – so that mental health is placed on a par with physical health.	√	√	√
	5. Ensure people at risk of suicide are identified earlier and provided access to evidence-based interventions, paying particular attention to:		√	√

a) Men, including men in contact with or in transition through the criminal justice system, b) Children and young people, including university students, c) Self-harm as a risk factor.			
Homelessness 6. Strengthen prevention and early intervention approaches as part of the broader Homelessness Reduction Strategy.	√	√	√
7. Develop an integrated strategic approach to people needing supported accommodation.	√		√
8. Improve options for people with accommodation needs who are marginalised, ensuring they are safe from harm.	√		√
9. Develop pathways for recovery and independence, supporting individuals to build on their strengths to achieve the outcomes that matter to them.	√	√	√
Domestic Abuse 10. The setting up and subsequent running of the Domestic Abuse Partnership Board will ensure a commitment to working together and sharing accountability for delivery through linked governance structures producing improved cross- sector and whole system integrated partnership working, leading to unity of purpose, joined up workstreams, effective feedback loops and elimination of gaps and duplication in achieving objectives for Domestic Abuse.	√	√	√
11. Address the wider determinants behind domestic violence, noting the increased risk arising from intergenerational issues, adverse childhood events and use of alcohol and substance misuse. Ensuring joined up working with related work programmes will enable a more integrated approach to tackling this level of complexity. More systemic issues associated with poverty, discrimination and lack of opportunity can be targeted through strategic focus on place based programmes for adult mental health, and children and families.	√	√	√
12. Ensure equity of access to bespoke support and service provision for those with protected characteristics and also male survivors.	√	√	√
13. Improve outcomes for victims in recovering from harm and coping with everyday life.		√	√
14. Raise awareness of hidden harm, ensuring that residents and professionals have the information they need to spot the signs of slavery, abuse and exploitation and report concerns or respond to victims where appropriate.	√	√	√
15. Refresh and deliver Nottinghamshire's Violence Against Women and Girls Strategy, securing funding to sustain joined up, high quality services across public and third sector organisations.		√	√

5. How Are We Going to Get There? System and Framework for Action

5.1 Summary of Evaluation of Strategy 2018-2022

It is also important to learn lessons from the development and implementation of the previous strategy. One to avoid making the same mistakes but also to build on any particular areas of success. Key successes were identified from work presented to the Board since 2018 and these included;

- Development and Publication of the Best Start Strategy 2021 – 2025 and establishment of the Best Start Partnership Steering Group in 2021.
- The Childhood Obesity Trailblazer Programme, establishment of the Food Insecurity Network and Food Clubs across Nottinghamshire and the approval of a Food Charter.
- The publication of the Nottinghamshire Tobacco Declaration and Air Quality Strategy 2020 – 2030 with Nottingham City Council.
- Workshops on mental health, resilient communities and whole family approach, local area coordination and harm from alcohol.
- Publication of a number of JSNA chapters covering:

  - 1001 Days: From Conception to age 2 & early years and school readiness (2019)
  - Tobacco Control (2020)
  - Self-harm (2019)
  - Mental Health and Emotional Health of Children and Young People (2021)
  - Health & Homelessness (2019)
  - Domestic Abuse (2019)
  - Substance Misuse and Young People and Adults (2018)
  - Autism (2019)
  - Learning Disabilities (2019)
  - Sexual Health and HIV (2019)

Key challenges and limitations of the strategy were identified from the findings of the survey circulated and these included:

- Too many disparate areas of work under the ambition for healthy and sustainable places was not effective, and may have impacted the effectiveness of other ambitions such as healthier decision-making;
- There needed to be a tighter and clearer focus on health inequalities;
- Delivery of the strategy had been constrained by demands on resource due to COVID-19;
- Delivery of parts of the strategy was largely achieved outside the Board, and that although members may agree to actions at Board, it was not always clear whether this was then driven forward in their organisations.

Considering suggestions for ways the Board could "add value", multiple respondents to the survey suggested the Board should focus on a limited number of priorities, targeting funding to these and ensuring action across all relevant partners and sectors, not just one lead organisation for a particular topic. Holding partners in the Board accountable for delivering and reporting on their organisation's contribution was also seen as important. Taking an asset-based approach with places and communities and supporting local decision-making was suggested, and ensuring a focus on the environment in which people live which shapes health behaviours.

5.2 System Outline

HEALTH & WELLBEING SYSTEM

PLACE BASED PARTNERSHIPS

SAFER AND HEALTHIER COMMUNITIES

HEALTHY SUSTAINABLE PLACES

RIGHT SUPPORT TO IMPROVE HEALTH

MAXIMISING CHILDREN'S POTENTIAL

ICS/ Health & Wellbeing Board
- Works with all partners to develop plans for actions that will have the most positive and fair effects.
- Takes action that seeks to improve health and wellbeing at a whole County level.

OUR COMMUNITIES AT THE HEART OF ALL WE DO
Empowered to take action to realise their health goals
Connected & Heard

- Develops local health and wellbeing plans.
- Tailored to local communities needs, especially those most vulnerable.
- Working closely with local communities.

5.2.1 System Outline Description

	DESCRIPTION
HEALTH AND WELLBEING SYSTEM STRATEGY/POLICY E.g., JHWS, Food Charter	**Outcome Focused** Sets out the health and wellbeing priorities, outcomes and ambitions for all partners. Describes the principles, accountability and roles of partners in achieving the agreed outcomes. Creates joint purpose, must be co-created and dovetail main principles and partnership roles **INCLUDES STRATEGY IMPLEMENTATION FRAMEWORK** Sets out the: 1. System Outline for JHWS and related strategy implementation. 2. Methods of Integrated Partnership working. 3. Cross Cutting Themes to run through actions. 4. Approaches to Implementation. 5. Governance. 6. Monitoring and Evaluation methods

STRATEGY IMPLEMENTATION FRAMEWORK (spans all levels)

AMBITION FRAMEWORK FOR ACTION (spans all levels)

Sets evidence based actions to achieve the goals of each of the 4 ambitions, including at system and place based partnership levels:

1. Policy /commitments for all partners to sign up to, generating system change by anchor organisations (**impact through system & scale**)
2. Local Area Action (**things everyone can do**)

Specific range or "menu" of actions that organisations or local areas can utilise in building their local Health and Wellbeing Plan.
Allows bespoke local action to be taken within an evidence based whole system framework.
Identifies high impact options and set out areas for action at all levels.

HELPING TO DEVELOP

PLACE: LOCAL HEALTH AND WELLBEING STRATEGY & PLAN

Plan developed and led by the Place Based Partnerships and Local Health and Wellbeing Partnerships, sets local priorities and co-produced with local community. It takes account of the ICS level strategies and tools, draws on the framework for action to set evidence based initiatives in line with local priorities.

COMMUNITIES AT THE HEART e.g., Childhood Obesity Trailblazer, Food Insecurity Network**.**

Grassroots initiatives which are driven by local leadership - but supported to thrive through connection to funding, support, infrastructure. Opportunities to fund test & learn pilots, which discover new ways to influence both individual and system change. Must have active links back to civic policy, positive feedback loops.

5.3 Strategy Implementation Framework

5.3.1 Mindset

As part of the framework, partners are encouraged to shift their mindset for the implementation of this strategy, from the current system to a more place-based health approach.

CURRENT SYSTEM	PLACE-BASED HEALTH
Closed	Open
Separate service silos/individual isolated activities	Whole system approach
Vertical top down model	Horizontal model across places
Institution led	Person centred
Largely reactive	Largely preventative
Focussed on treating ill health	Focussed on promoting well being
Health in a clinical setting	Wider determinants of health in Communities
Services "done to" citizens	Balance of rights and responsibilities
Linear causes and effects	Dynamic Feedback Loops

5.3.2 Organisational Roles

These are for guidance as to the knowledge and expertise each organisation can bring to the JHWS overall.

Organisation	Role in Delivering JHWS	Main Related Strategies and Plans
Nottinghamshire Health and Wellbeing Board	• Provides oversight and scrutiny of interlinked JHWS Ambitions • Mutual accountability and alignment with ICB • Mainly Civic and Community Level Intervention policy and expertise at a system level	Joint Health and Wellbeing Strategy Joint Strategic Needs Assessment
Nottingham & Nottinghamshire Integrated Care Board (ICB)	• Mutual accountability and alignment with HWB • Mainly Service and Community Level policy and expertise at a system level	Health Inequalities Strategy 2020 - 2024
Nottinghamshire County Council (NCC)	• HWB Member responsibilities • Service, civic and community policy and expertise at a system level	Nottinghamshire Plan 2021-2031
Nottinghamshire Police and Crime Commissioners Office	• HWB Member responsibilities • Individual and community safety policy and expertise	Nottinghamshire Police and Crime Plan 2021 - 2025

Place Based Partnerships (Mid Notts, South Notts and Bassetlaw)	• Main conduit for delivery and communication regarding the JHWS • Place knowledge and expertise	Local Health and Wellbeing Plans
District and Borough Councils	• HWB Member responsibilities • Place and neighbourhood knowledge and expertise	Ashfield District Council: Corporate Plan 2019 – 2023 Ashfield Health and Wellbeing Partnership: Be Healthy, Be Happy 2021 - 2025. Mansfield District Council: Making Mansfield – Towards 2030 (delivery plan for wellbeing) Newark and Sherwood District Council: Community Plan 2020 - 2023 Newark and Sherwood Health and Wellbeing Partnership: Plan 2019 - 2022 Gedling Borough Council: Gedling Plan 2020-2023 Broxtowe Borough Council: Corporate Plan 2020 - 2024 (Health Business Plan 2021 – 2024) Health Action Plan 2021 – 2023 Rushcliffe Borough Council: Corporate Strategy 2019 - 2023 Bassetlaw District Council: Investing in Bassetlaw - Council Plan 2019 – 2023
Voluntary Sector	• Community Initiatives • Voice for Lived Experience at all levels • Grassroots initiatives • Local and Neighbourhood knowledge	
Communities	• Base for Community level co-design, co-production and grassroots initiatives • Voice for Lived Experience	

| Individuals | • Voice for Lived Experience
• Empowerment for self-care of health and wellbeing | |

5.3.3 Cross Cutting Themes

These themes must cut across all of our actions for implementing this strategy. Please see Glossary for definitions.

Equity and Fairness	Prevention	Environmental Sustainability
• Health Inequalities • Inclusion Health • Social Justice	• Primary, secondary and tertiary prevention • Wider determinants	• The responsibility to conserve natural resources and protect global ecosystems to support health and wellbeing, now and in the future.

Cross Cutting Themes		Further Description
Equity and Fairness	Health Inequalities	There are many ways of intervening to reduce health inequalities. For example: • intervening at different levels of risk • intervening for impact over time • intervening across the life course
	Inclusion Health	People belonging to inclusion health groups frequently suffer from multiple health issues, which can include mental and physical ill health and substance dependence issues. This leads to extremely poor health outcomes, often much worse than the general population, lower average age of death, and it contributes considerably to increasing health inequalities. Inclusion health includes any population group that is socially excluded. This can include people who experience homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in contact with the justice system and victims of modern slavery, but can also include other socially excluded groups. There will be differences in needs within socially excluded groups (for example between men and women) and these differences must be understood and responded to appropriately (PHE, 2021).
	Social Justice	• **Access** (greater equality of access to goods and services) • **Equity** (overcoming unfairness caused by unequal access to economic resources and power)

			• **Rights** (equal effective legal, industrial and political rights) • **Participation** (expanded opportunities for real participation in the decisions which govern their lives).
Prevention	Types of prevention	Primary prevention	Taking action to reduce the incidence of disease and health problems within the population, either through universal measures that reduce lifestyle risks and their causes or by targeting high-risk groups.
		Secondary prevention	Systematically detecting the early stages of disease and intervening before full symptoms develop – for example breast screening
		Tertiary prevention	Softening the impact of an ongoing illness or injury that has lasting effects. This is done by helping people manage long-term, often-complex health problems and injuries (e.g., chronic diseases, permanent impairments) in order to improve as much as possible their ability to function, their quality of life and their life expectancy (LGA, 2022).
	Wider Determinants	Can include: Poverty, employment, housing, community cohesion, environment, transport, amenities, green space….	
Environmental Sustainability	1. Ensure that plans to address climate change explicitly include actions to reduce health inequalities and negative impacts on the most deprived. 2. Identify high impact actions which maximise benefits to health and environment, informed by the detailed recommendations of the report Sustainable Health Equity: Achieving a Net-Zero UK. 3. Ensure all actions taken in delivery of the JHWS must take environmental sustainability into account. 4. Recognise that prevention is also an integral part of climate action, by avoiding future carbon footprint of health and care services. 5. Support the integration of system efforts to tackle climate change through existing partner plans 6. Use of Procurement levers to improve service sustainability		

5.3.4 Implementation Approach

5.3.4.1 Principles for Integrated Partnership Working

We will achieve our vision by:

- Empowering individuals, families and communities by removing barriers to health and wellbeing, such as lack of tasty and affordable food.
- Recognising which actions are beneficial for the whole county through to those that are very important for local work.
- Focusing on preventing ill-health and reducing health inequalities.
- Fully utilising the strengths of each organisation.
- Encouraging grassroots initiatives and innovation.
- Evolving our approach as we learn and evaluate our actions.

Working together in a system and a culture of partner organisations with shared values, common goals and agreed priorities to bring about change for the better in reducing health inequalities in Nottinghamshire.

The principles serve as a foundation for our reasoning, decision making and integrated partnership working throughout the four years of this strategy.

5.3.4.2 Test Learn Build

This is a new and innovative approach to partnership working and programme delivery developed by the national Childhood Obesity Trailblazer Project, of which Nottinghamshire is one of 5 partners. The approach centres around developing ideas and learning through implementing them in order to build on successful work. It is closely connected with the Strengths Based Approach outlined in section 5.3.1.

A number of 'conditions' that need to be in place to enable areas to embrace the test and learn approach and the principles within it. These are: permission to "fail"; viewing failure as a "ladder to success"; and being clear what "success" looks like.

'Permission to fail'

It is important to create the conditions in which people feel they have been given 'permission to fail'. This means reinforcing the value of learning from when things don't work in the way they were expected to the first time. It is therefore acceptable, indeed inevitable, that some initiatives will "fail".

Embedded within this are two further factors:

1) There should be a 'no blame' culture. Indeed, honourable failures should be celebrated, providing a space for everyone involved to view the journey objectively and learn from it.
2) There is a need to accept when to change direction and adapt the project in a timely fashion.

Viewing failure as a ladder to success

There is a need to re-think what is meant by 'failure'. Failure should be seen as a valuable experience for learning about what doesn't work and therefore what else could work in achieving a goal. It should therefore be more widely accepted that 'failing' is a step on the ladder to success. It is an important part of a journey, not the end of one.

Being clear on what is success

It is important to develop a shared understanding of what exactly the programme is aiming to achieve, and therefore what will be classed as success. Will success be based on the outcomes the programme achieves? Will success be the extent to which the system has embedded change? Or is success perhaps the way in which change is happening?

This understanding of success should then inform the way in which it is measured. For interventions such as those at the heart of the five trailblazer projects, success cannot solely be measured quantitatively. Furthermore, system change takes time and therefore 'success' in this sense may not be revealed until years after the programmes has ended.

It has been, however, often challenging to adopt this approach in practice, as it is contrary to what we are often conditioned to do. However, an important aspect of the JHWS is the integrated partnership working which goes beyond quantitative indicators and targets and is fundamental to effective system functioning.

5.3.4.3 Civic-Level, Service-Based and Community Centred Interventions

Addressing health inequalities works better with the **combined input of service, civic and community interventions**.

The JHWS has a focus on civic-level interventions and community-centred interventions, and complements the Nottingham and Nottinghamshire Integrated Care System (ICS) Health Inequalities Strategy whose focus is more on service-based interventions as well as community-centred ones (Nottingham and Nottinghamshire Integrated Care System (2020).

Source: UK Government (2021)

TARGET THE MOST VULNERABLE FIRST AS WELL AS THE WHOLE POPULATION			
IMPORTANT TO INTERACT BETWEEN THE THREE SEGMENTS			
Intervention	**CIVIC**	**COMMUNITY**	**SERVICE**
Short description	*What are the barriers that prevent people having good health and wellbeing? Inform-support-enforce*	*How can communities be empowered to take control of their own health and wellbeing? Empowering-collaborative-self managing*	*What support can be put in place for people who need specific help? Targeted- Sustainable*
Approaches to intervention	<u>Inform:</u> Let Communities know about	Co-Production: <u>Developing services together | Nottinghamshire County Council</u>	Strength-based approach: <u>Strengths-based approaches | SCIE</u>

and some examples	subsidies or new legislation Communities to highlight legislation or bureaucracy that is hampering community grassroots work and growth	Left Behind Neighbourhoods: 'Left behind' neighbourhoods - Local Trust	Population Outcome Through Services Framework (POTS): Reducing health inequalities: system, scale and sustainability (publishing.service.gov.uk).
	Support: Reduce hire or rental charges for buildings or rooms Remove bureaucracy	Local Area Coordination: Big investment for Local Area Co-ordinators in Notts | Nottinghamshire County Council ICS Community Prevention Project:	All Our Health: All Our Health: personalised care and population health - GOV.UK (www.gov.uk)
	Enforce: Air Quality regulations Alcohol taxation	Grassroots initiatives: https://www.unhcr.org/innovation/grassroots-organizations-are-just-as-important-as-seed-money-for-innovation/ Community Organising Approach: Introduction to community organising - Community Organisers (corganisers.org.uk)	Works best in conjunction with civic and community based services- moving away from automatically putting in a service because of need
Other guidance	Health in All Policies Approach (see below)	NICE Guidance on Community Engagement	Services need to be: • evidence-based • outcomes orientated • systematically applied • scaled-up appropriately • appropriately resourced • sustainable
	PHE (2017), Reducing Health Inequalities: System, Scale and Sustainability, available at: Reducing health inequalities: system, scale and sustainability (publishing.service.gov.uk). UK Gov (2021), Place Based Approaches for Reducing Health Inequalities: Main Report, available at: https://www.gov.uk/government/publications/health-inequalities-place-based-approaches-to-reduce-inequalities/place-based-approaches-for-reducing-health-inequalities-main-report.		
	THE 4 FRAMEWORKS FOR ACTION WILL HAVE MORE INFORMATION FOR SPECIFIC TOPICS		

5.3.5 Levels of Intervention

There are a number of levels at which there can be actions taken (civic, community and service) that can have a beneficial effect. Careful planning is required to decide which level will have the most impact.
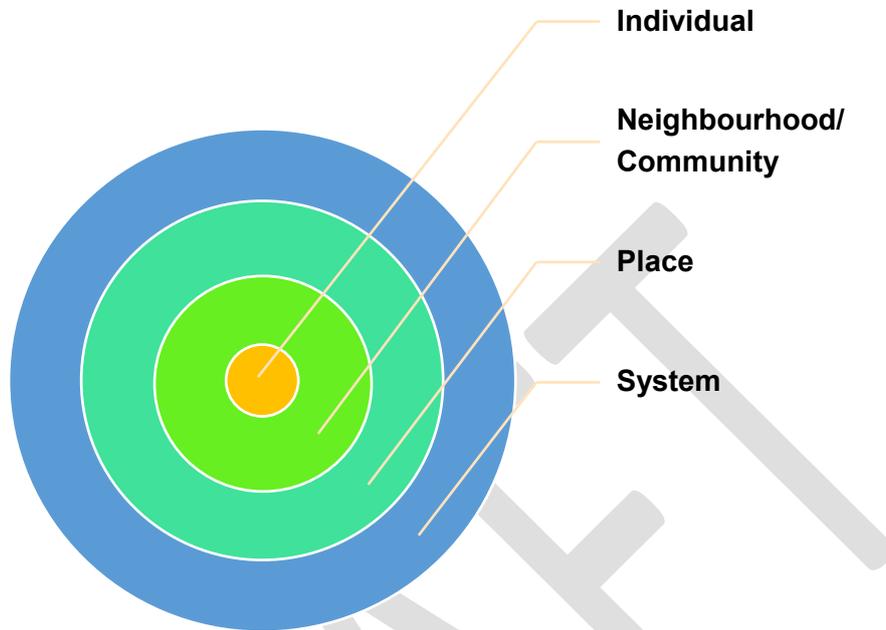
Level	Example of Intervention
Individual	Strengths- based approach: Strengths-based (or asset-based) approaches focus on individuals' strengths (including personal strengths and social and community networks) and not on their deficits. Strengths-based practice is holistic and multidisciplinary and works with the individual to promote their wellbeing. It is outcomes led and not services led. More information: https://www.scie.org.uk/strengths-based-approaches
Neighbourhood/ Community	Northfield Avenue Community Allotments in Mansfield: Led by a local champion who manages long term health conditions herself, people are encouraged to get involved "out of the house and in a safe environment" (Downey and Kirkham, 2021).
Place	Bassetlaw Clinical Commissioning Group has recently announced a series of grants to support organisations working with citizens in the area. The awards were made to 12 local groups carrying out a range of activities to improve the health of people in Bassetlaw. They included; • A Place to Call Our Own (APTCOO) – who provide support to individuals with attention deficit hyperactivity disorder (ADHD) / DHD/ autism spectrum disorder (ASD) and their parents/carers. • Aurora – who provide Holistic support for those people with Cancer and their families. • Bassetlaw Action Centre – providing transport for those that cannot get to a health related appointment and Staying Well Courses.

	• Barnsley Premier Leisure – an exercise referral scheme including cardiac rehab and stroke and neuro patients. (Bassetlaw ICP, 2022)
System/County	Nottinghamshire Food Charter (2022) - sets out a shared vision and priorities to improve the local food system over the next four years, focusing on social, environmental and economic outcomes.

5.3.6 Climate Change
It is now well recognised and understood that climate change presents the greatest health threat of our generation.

5.3.6.1 Joint Health and Wellbeing Strategy Actions
It is important to recognise that actions to tackle carbon emissions also represent significant opportunities to improve health and reduce health inequalities. This is commonly referred to as the co-benefits of action on climate change. For example, active travel has both significant health benefits, and is an important contributor to reducing carbon emissions from transport.

The areas for action identified by Marmot to achieve health equity through environment strategy align directly with many of the priorities already identified within Nottinghamshire for this health and wellbeing strategy, as summarised in the table below.

Policy Recommendation	Policy Detail	Local Health and Wellbeing Priority
1. Support a just energy transition that minimises air pollution from all sources	Continue to reduce dependence on fossil fuels and accelerate the transition to clean energy sources with decarbonisation of power generation, industrial, commercial and domestic energy.	Air quality, housing
2. Design and retrofit homes to be energy efficient, climate resilient and healthy	Build and retrofit healthy & climate resilient homes, adapted to local environmental needs, with passive cooling measures to address exposure to urban heat.	Housing & homelessness Mental Health
3. Build a sustainable, resilient and healthy food system	Enable a wider range of national and local powers to shape food systems and combine these with the resources and statutory duties to support the transition to healthier and more sustainable diets. Policymaking should be led by an objective to reduce rates of diet-related disease via substitution of unhealthy and carbon intensive food products with fruit, vegetable and wholegrains.	Food insecurity & nutrition
4. Develop a transport system that promotes active travel and road safety, and which minimises pollution	A transport system that is accessible to all and which maximises the physical and mental health benefits of active and decarbonised transport.	Obesity, physical activity, Air Quality, mental health.
5. Develop healthy and sustainable models of work	Support more inclusive local economic growth and shift towards circular economy principles.	Healthy & Sustainable Places ways of working.

Health Inequalities
In line with the statutory role of the HWB and to hold the system to account, it is important to ensure that plans address climate change explicitly and include actions to reduce health inequalities and negative impacts on the most deprived.

1. **High impact action on Healthy & Sustainable Places**
    Through the Healthy & Sustainable Places theme, identify high impact actions which maximise benefits to health and environment, informed by the detailed recommendations of the report: Sustainable Health Equity: Achieving a Net-Zero UK (Munro et al, 2021).

2. **Climate change impacts on health**
    Improve understanding of likely climate change impacts on health in Nottinghamshire, and necessary mitigations, through a JSNA rapid review.

3. **Environmental Sustainability is a cross cutting theme underpinning all aspects of delivery of the JHWS**
    In order to safeguard the future health and wellbeing of our population, all actions taken now in delivery of the JHWS must take environmental sustainability into account.

4. **Prevention**
    Recognise that prevention is also an integral part of climate action, by avoiding future carbon footprint of health and care services. Hold the system to account for embedding prevention within all sectors.

5. **Support the integration of system efforts to tackle climate change through existing partner plans**
    Whilst the member organisations of the health and wellbeing board, and wider anchor institutions are all pursuing action plans to tackle climate change and reduce carbon emissions individually, coordination between organisations in order to maximise civic impact is less well developed. Organisations also vary in their recognition of health and health inequalities as an important aspect of delivering sustainable environmental change. The Health and Wellbeing Board occupies a unique position as a statutory board, convening health, social care, local authorities and wider partners. The board can provide a forum to bring system partners together in a workshop, to improve visibility and collaboration, through the lens of the health of our population.

6. **Use of Procurement levers to improve service sustainability**
    Show civic system leadership by promoting good practice in use of social value act etc. to secure improvements to both health & environment through our collective procurement power.

5.3.7 Community Networks And Pilots
Community initiatives by members of the public are extremely important to address very local problems that are impacting on health and wellbeing. Populations (including local businesses) need to be empowered and resourced to set up these projects, but also communities need to be linked in with current health and wellbeing work such as that being undertaken for this strategy.

5.3.7.1 Current Routes for Communities to Link into Health and Wellbeing Work

Current examples of routes to link community projects and members of the public to more official health and wellbeing work:

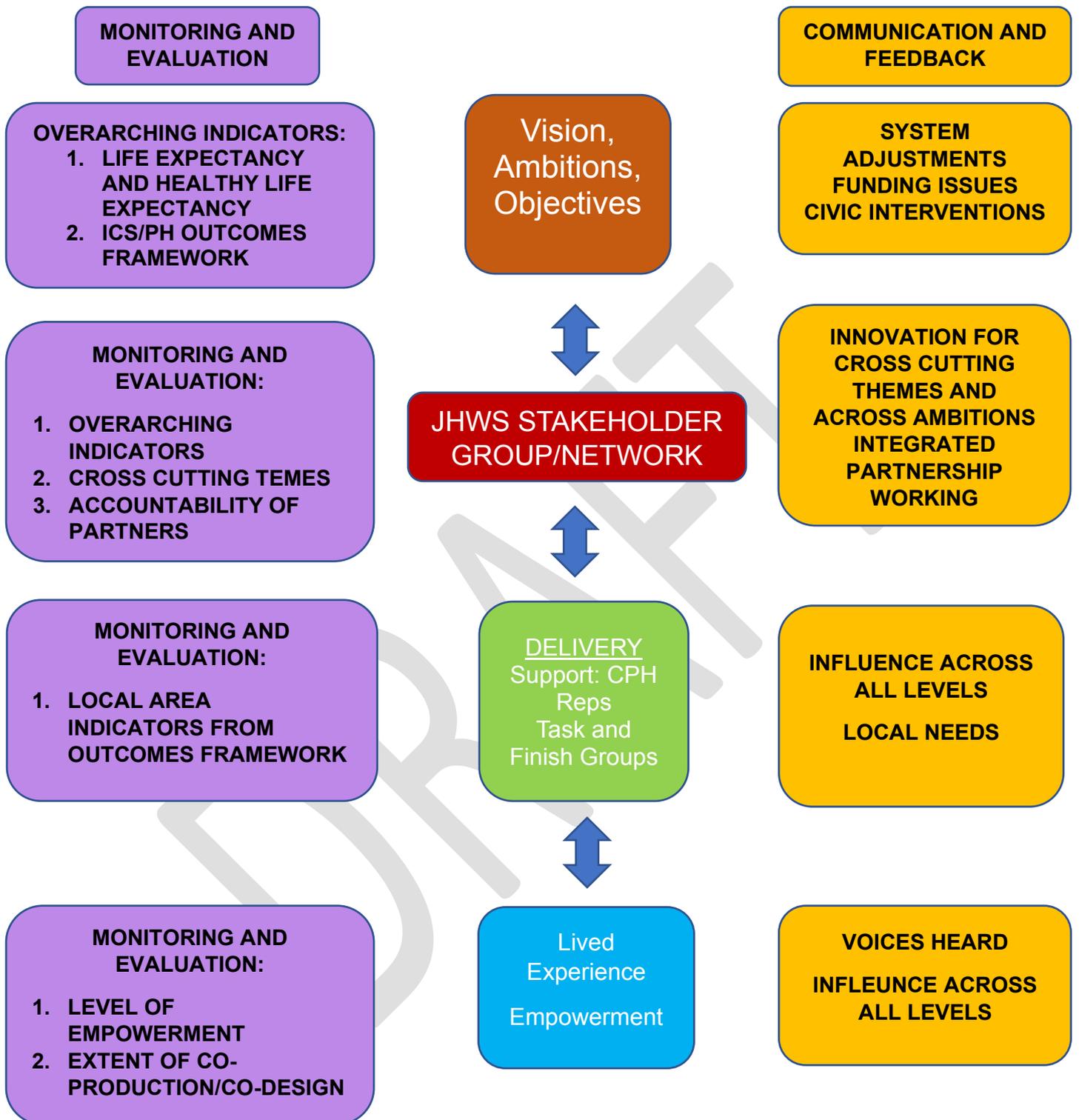| Route	Organisation(s) involved	Description
Childhood Obesity Trailblazer	Multiple	Working with Nottinghamshire Community to improve childhood obesity- including setting up 30 Food Clubs
Our Voice	Nottinghamshire County Council (NCC)	To be inserted
Nottingham & Nottinghamshire Integrated Care System Co-Production Strategy	Nottingham and Nottinghamshire Integrated Care System (N&N ICS)	To be inserted
Community Development Forums	Primary Care Networks (PCNs) – report to Place Based Partnerships (PBP)	To be inserted
District and Borough Health Partnership Groups	Nottinghamshire Districts and Boroughs	Members of the public and local grassroots initiatives can be members of the groups but also can present their work at meetings
Community Support Hub	NCC	Initiative set up during the COVID-19 pandemic
Single Point of Coordination for Communities	NCC	Currently in development. Seeks to link Community practitioners such as Local Area Coordinators and Community Prescribers
Citizens Advice Bureau Citizen's Panel	Citizens Advice Bureau (CAB)	For clients who use the CAB service
Community Network Meeting	Community and Voluntary Sector (CVS)	

5.3.7.2 Current Barriers to Optimal Community Networks

In our engagement with partners and members of communities, 3 main barriers to optimal community network initiation and empowerment were found:

Barrier	Explanation	Possible Solutions
1. Resources	Resources such as personnel but also capabilities such as printing,	Expand work in partnerships to share resources
2. Funding	Funding tends to be short term, with short deadlines for applications. This makes it difficult to plan or sustain projects. It has also been pointed out that a lot is only for digital projects, whereas a lot of the most vulnerable people require face to face meetings.	Funding needs to take into account the requirements for population interventions stated in section 5.3.4.3 • evidence-based • outcomes orientated • systematically applied • *scaled up appropriately* • *appropriately resourced* • *sustainable* Generational change > long term investment in funding, with measurables and strategy.
3. Communication	Communication in terms of getting people's voices heard was cited as a difficulty Organisations need to avoid jargon and be mindful of the language used so as not to alienate those from outside the organisation.	Maximise routes to link communities and health and wellbeing work listed above and expand options. Improve and embed co-production work by NCC and ICS. Also use the JHWS Stakeholder Group/Network as a conduit for community voices and lived experience. Use the Voluntary and Community Sector already establish networks to establish communication at neighbourhood level. Ensure all communication is fully accessible - language, QR codes, relay UK.

The third column cites initial possible solutions, but this needs to be taken forward as an action.

5.3.8 Integrated Partnership Working

MONITORING AND EVALUATION

OVERARCHING INDICATORS:
1. LIFE EXPECTANCY AND HEALTHY LIFE EXPECTANCY
2. ICS/PH OUTCOMES FRAMEWORK

MONITORING AND EVALUATION:
1. OVERARCHING INDICATORS
2. CROSS CUTTING TEMES
3. ACCOUNTABILITY OF PARTNERS

MONITORING AND EVALUATION:
1. LOCAL AREA INDICATORS FROM OUTCOMES FRAMEWORK

MONITORING AND EVALUATION:
1. LEVEL OF EMPOWERMENT
2. EXTENT OF CO-PRODUCTION/CO-DESIGN

Vision, Ambitions, Objectives

JHWS STAKEHOLDER GROUP/NETWORK

DELIVERY
Support: CPH Reps
Task and Finish Groups

Lived Experience
Empowerment

COMMUNICATION AND FEEDBACK

SYSTEM ADJUSTMENTS FUNDING ISSUES CIVIC INTERVENTIONS

INNOVATION FOR CROSS CUTTING THEMES AND ACROSS AMBITIONS INTEGRATED PARTNERSHIP WORKING

INFLUENCE ACROSS ALL LEVELS

LOCAL NEEDS

VOICES HEARD

INFLEUNCE ACROSS ALL LEVELS

5.3.8.1 What is Integrated Partnership Working?

For the purposes of this strategy, this is defined as:

"a system and a culture of partner organisations working together with shared values, common goals and agreed priorities to bring about change for the better in reducing health inequalities in Nottinghamshire"

(adapted from Brigend County, 2011)

5.3.8.2 Communication and Feedback

To facilitate integrated partnership working, a JHWS Stakeholder Group/Network will be established.

Purpose and aim: To provide a platform for maximising integrated partnership working in implementing the JHWS

Objectives: To enable factors such as:

- System adjustments
- Funding Issues
- Civic Interventions
- Innovation For Cross Cutting Themes And Across Ambitions
- Integrated Partnership Working Opportunities
- Influence Across All Levels
- Local Need
- Community voices heard
- Influence Across All Levels

To be effectively communicated and either resolved or implemented as appropriate across the ambitions

Process: 1. MS Teams shared page for JHWS Stakeholder Group/Network to be set up

2. Access given to JHWS programme group leads

3. Information such as the factors above relevant to JHWS implementation to be brought to the shared page for shared learning

5.4 Frameworks For Action

There will be a Framework for Action for each ambition: **give every child the best chance of maximising their potential**, **create healthy and sustainable places**, **access the right support to improve your health** and **keep our communities safe and healthy**.

These will set out evidence based actions to achieve the goals of each of the 4 ambitions, including at system and place based partnership levels:

1. Policy /commitments for all partners to sign up to, generating system change by anchor organisations (**impact through system & scale**)

2. Local Area Action (**things everyone can do**)

Specific range or "menu" of actions that organisations or local areas can utilise in building their local Health and Wellbeing Plan. It will allow bespoke local action to be taken within an evidence based whole system framework, and identifies high impact options and may set out areas for action at all levels in the system.

5.5 Approach to Implementing System Change

As described, this approach to implementing the JHWS will require a shift in mindset by all partners, organisations and individuals involved. We will therefore have 6 key principles for systems change:

Six key principles for systems change

PLANNING FOR SYSTEMS CHANGE

PRINCIPLE 1:
Understand needs and assets

PRINCIPLE 2:
Engage multiple actors

PRINCIPLE 3:
Map the systems

DOING SYSTEMS CHANGE

PRINCIPLE 4:
Do it together

PRINCIPLE 5:
Distribute leadership

PRINCIPLE 6:
Foster a learning culture

Source: NPC (2015)

Principle	How It Will Be Followed
1. Understand needs and assets	Use JSNA and other data analysis as a baseline but use continual process of engagement and feedback to understand current system
2. Engage multiple actors	Use continual process of engagement and keep looking to widen scope of partners and actors
3. Map the systems	Understand what the system consists of and how it currently works together
4. Do it together	Use of engagement and other methods such as co-production.
5. Distribute leadership	Emphasise need for multiple organisations to take the lead in areas, even if not their usual line of expertise
6. Foster a learning culture	JHWS Stakeholder Group/Network will foster a learning culture among operational officers and bring this to the strategic level

5.6 Approach to Communication

5.6.1 Public Facing Strategy

A draft copy can be found online, and once approved the public facing JHWS will be promoted with residents as part of our approach to communication. Hard copies will also be available.

5.6.2 Public JHWS Website

As part of our communication strategy, a new website for the Joint Health and Wellbeing Strategy 2022 – 2026 will be developed to promote the board and its work on health and wellbeing.

5.7 Delivery Plan

To be inserted following the workshop planned on 23 March 2022.

6. How Do We Know When We've Got There? Monitoring and Evaluation

6.1 Measurements of Success

As stated in the evaluation of the 2018-2022 JHWS, care needs to be taken to avoid simply using a large number of quantitative indicators to show if our objectives and ambitions have been met. A variety of measurements need to be used but also when they are used is important.

Ambition	Objectives	Method of Measurement

1: Give every child the best chance of maximising their potential	Best Start
	
	1. Prospective parents are well prepared for parenthood-
	
	    c) Empower a wide range of partner organisations to prepare prospective parents for parenthood
	
	    d) Children are ready for nursery and school and demonstrate a good level of overall development
	
	2. Work in partnership to ensure all children, particularly Looked After Children, children eligible for free school meals, children with Special Educational Needs and/or Disabilities (SEND), and children for whom English is an additional language achieve a good level of development.
	
	3. Support the most vulnerable children and families to access the right support at the right time whether it be access to childcare or 1-2-1 family support.
	
	4. Narrow the health inequalities gap for low income groups and their peers by commissioning and delivering services and interventions which target localities and groups with poorer health and wellbeing outcomes.
		To be inserted

2: Create Healthy and Sustainable Places	1. Ensure that the environments in which people grow, live, work and age promote good health and wellbeing.	
	Air Quality 2. Ensure that outdoor air quality supports healthier lives in all communities.	
	Food Insecurity/Nutrition	

	3. Enable residents to be able to access to healthy, tasty, affordable food which should also be positive for the environment and the local economy. 4. Tackle food insecurity and make sure that vulnerable residents have access to good food.	
	Wider Determinants 5. Ensure our plans for economic recovery, jobs and growth are positive for health and wellbeing and the environment.	
3: Support to Improve Health	1. Health, care and community services will work together to strengthen their focus on promoting good health & wellbeing and preventing illness, by building on people's strengths.	
	2. Coordination of schemes to support people to make informed decisions about their health (such as 3 Lines of Conversation, Make Every Contact Count, Health Literacy and Strength- Based Approach) to maximise community engagement and impact, especially in least advantaged areas.	
	Mental Health: 3. Commit to further improving the knowledge, competencies and skills of the workforce in relation to mental health promotion and suicide prevention. 4. Sign up to the Prevention Concordat and develop a place based approach to mental health promotion. 5. Work with partners (inc. business and industry and voluntary sector) to promote mental resilience and wellbeing. 6. Increase access to low level, responsive support to prevent needs escalating, including self-harm and suicide.	
	Tobacco Control[4]: 7. Create a smoke free generation in Nottinghamshire County by 2030 with a specific focus on reducing inequalities and ensuring tobacco control measures are embedded in the most deprived areas.	

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[4] To note this is still in draft form and to be agreed with partners.

	8. Embed the treatment of tobacco dependency throughout the NHS.	
	9. Re-invigorate tobacco declaration and use of the toolkit.	
	Healthy Weight/Physical Activity	
	10. Address inequality and empower everyone to be physically active in a way that works for them.	
	11. Take a whole system approach to address the causes of obesity.	
	Alcohol[5]	
	12. Increase population level understanding of risk and harm.	
	13. Preventing alcohol harm through wider related local/national policy	
	14. A systematic approach to Alcohol Identification and Brief Advice (IBA).	
	15. Identification of 'alcohol champions' in key organisations across the system.	
	16. Including alcohol as a priority for employee health and wellbeing.	
	17. Agreeing and embedding pathways for service users with co-existing mental health and substance misuse issues.	
4: Keep our communities safe and healthy	1. Support people who are marginalised in our communities to ensure they are safe from harm and their needs are met.	
	Mental Health	
	2. Address inequalities in mental health with a particular focus on vulnerable communities, for example BAME communities, asylum seekers and LGBTQ+ communities.	
	3. Improve the life expectancy and healthy life expectancy of people living with poor mental health	
	4. Promote parity of esteem – so that mental health is placed on a par with physical health.	

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[5] To note the approach and final objectives are to be determined.

5. Ensure people at risk of suicide are identified earlier and provided access to evidence-based interventions, paying particular attention to:
 	
    d) Men, including men in contact with or in transition through the criminal justice system,
 	
    e) Children and young people, including university students,
 	
    f) Self-harm as a risk factor.	

Homelessness[6] 6. Strengthen prevention and early intervention approaches as part of the broader Homelessness Reduction Strategy. 7. Develop an integrated strategic approach to people needing supported accommodation. 8. Improve options for people with accommodation needs who are marginalised, ensuring they are safe from harm. 9. Develop pathways for recovery and independence, supporting individuals to build on their strengths to achieve the outcomes that matter to them.	
Domestic Abuse[7] 10. The setting up and subsequent running of the Domestic Abuse Partnership Board will ensure a commitment to working together and sharing accountability for delivery through linked governance structures producing improved cross- sector and whole system integrated partnership working, leading to unity of purpose, joined up workstreams, effective feedback loops and elimination of gaps and duplication in achieving objectives for Domestic Abuse. 11. Address the wider determinants behind domestic violence, noting the increased risk arising from intergenerational issues, adverse childhood events and use of alcohol and substance misuse. Ensuring joined up working with related work programmes will enable a more integrated approach to tackling this level of complexity. More systemic issues associated with poverty, discrimination and lack of opportunity	

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[6] To note this is still in draft form and to be agreed with partners.
[7] To note the objectives for Domestic Abuse Partnership Board are still to be determined (due April 2022).

	can be targeted through strategic focus on place based programmes for adult mental health, and children and families.	
	12. Ensure equity of access to bespoke support and service provision for those with protected characteristics and also male survivors.	
	13. Improve outcomes for victims in recovering from harm and coping with everyday life.	
	14. Raise awareness of hidden harm, ensuring that residents and professionals have the information they need to spot the signs of slavery, abuse and exploitation and report concerns or respond to victims where appropriate.	
	15. Refresh and deliver Nottinghamshire's Violence Against Women and Girls Strategy, securing funding to sustain joined up, high quality services across public and third sector organisations.	

6.2 Quantitative Indicators

For all quantitative indicators, attempts will be made to show whether inequalities in the particular indicator are decreasing.

6.2.1 Headline Indictors

Indicator	Source	Monitoring Mechanism	Responsibility	Reporting
Life expectancy at birth (male)	PHOF	PHOF Report	PH Intel	HWB Annually
Life expectancy at birth (female)	PHOF	PHOF Report	PH Intel	HWB Annually
Healthy life expectancy at birth (male)	PHOF	PHOF Report	PH Intel	HWB Annually
Healthy life expectancy at birth (female)	PHOF	PHOF Report	PH Intel	HWB Annually
Slope of inequality	PHOF	PHOF Report	PH Intel	HWB Annually
E03 Mortality rate from causes considered preventable ** (NHSOF 1a)	PHOF/NHSOF		PH Intel	HWB Annually

6.2.2 Underlying Indicators

Nottingham & Nottinghamshire Integrated Care System Outcomes:

- Key indicators are healthy life expectancy (HLE) and main contributors to HLE:
  - Smoking Prevalence in adults
  - Admission episodes for alcohol-related conditions (Narrow)
  - Adults consuming '5-a-day' on a 'usual day'
  - Percentage of physically inactive adults
  - Percentage of adults overweight or obese
  - Year 6: Prevalence of healthy weight (10/11 year olds)

Ambition or Priority	Indicator	Source	Monitoring Mechanism	Responsibility	Reporting
Best Start	C08 Child development at 2 – 2 ½ years (segmented into age, sex and deprivation deciles so to further focus which sub populations to monitor and target interventions)	PHOF			
Alcohol	C21 Alcohol-related admissions to hospital Monitoring how much overall is being drank across Nottinghamshire What percentage of people are drinking within the recommended limits? Number of alcohol related motor accidents is reducing	PHOF			
Tobacco control	C13 Smoking prevalence – 15 year olds C18 Smoking prevalence – adults (over 18s)				
Domestic Violence	B11 Domestic Abuse Related Incidents and Crimes[8]	PHOF			

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[8] Care must be taken that this not an under report which could be a challenge as it might not be possible to do a representative sample due to access and ability to disclose information around suffering domestic abuse.

	Referral rate from health service to domestic abuse support services and the percentage of patients currently accessing domestic abuse services that are also accessing appropriate health support.				
	Securing a downward trend in the prevalence of domestic abuse related crime	Numbers, rates and trends from the Crime Survey for England and Wales For Nottinghamshire (by extrapolation) • in total, • by Borough • by age, • gender, • ethnicity, • disability • sexual and gender identity.			
	Improving the balance between capacity and need in delivering services and support	There are no national standards for capacity needed but unmet need can be estimated by comparing current provision with the Council of Europe Standard or by modelling. A number of data sources can be used. *Supply of refuge and support* The Council of Europe Standard for refuge accommodation (all) is 1 unit per 1000 population. The JSNA for Nottinghamshire (2019) suggests that to meet this target, Nottinghamshire would have to increase provision to 83 units Currently, supply of refuge accommodation in Nottinghamshire stands at 40 units offering 206 beds. While this is a lower proportion per head of population (0.48 per 1000) than in England and Wales overall (0.7 per 1000) each unit can accommodate families to a level higher than that seen in other parts of the country. *Need* for refuge accommodation can be estimated by			

			• Numbers and trends in domestic abuse related crime • Child Protection Plans: trends in the % of referrals, initial assessment and child protection plans where domestic abuse is a factor. (Annual returns of Child Protection Plans) • Trends in the numbers (proportion of households made homeless) because of domestic abuse (Homeless Watch Survey) • Refuge provision per head of population locally compared with national data • Trends in rates of referrals to multi-agency risk assessment conference (MARAC) • Trends in attendance at A&E for domestic violence related incidents			
		Early intervention: delivering models of care that enable confident disclosure in health and social care settings with referral for advice and support	• Rates of referral from primary care and maternity services via domestic abuse, stalking and honour based violence (DASH) and Humiliation, Afraid, Rape and Kick (HARK) models. • Rates of referral from services (probation, drug and substance misuse, other) • An increase in the numbers of settings providing specialist advice and support for example children and family centres • An increase in calls to Helplines for advice and support			
		Delivering models of care that reduce disruption to individuals affected by domestic abuse and their children	• An increase in the rate of sanctuary provision • An increase in numbers and % of those moving directly from emergency accommodation to secured tenancies			
		Ensuring equity of access to services and support for all those at risk or affected by domestic abuse	• The total number of survivors accessing the commissioned services (separated into the three categories of men, women and children) (each quarter). • Equality Impact Assessment (EIA)			

		Establish routine monitoring of equity of access for all those at risk of or affected by domestic abuse and/or covered by the Domestic Abuse Act.			
	Improving the identification and reporting of domestic abuse related crime including rates of conviction	Numbers, trends and rates in outcomes from 'Police Reported Crime Outcomes' (baseline March 2020 to most recent year) for Nottinghamshire and by borough: • Proportion resolved • Proportion unresolved (suspect identified) • Proportion unresolved (suspect identified) • Proportion unresolved (suspect not known) • Information is also available to identify reasons for attrition: numbers charge; out of court disposal; not in public interest to continue; evidential difficulties; survivor withdraws support			
	Ensuring that service development and delivery is reflective and responsive, informed by the lived experience of survivors	• Surveys and interviews with survivors and victims • Contract monitoring of service providers • The number of survivors accessing wider non-commissioned domestic abuse services (e.g., NIDAS, Broxtowe Women's project, Midlands Women's Aid and Newark Women's Aid).			
Food Insecurity and Nutrition	Proportion of the population meeting the recommended '5-a-day'				
Homelessness	B15 Homelessness 9 Indicators Number of rough sleepers in the yearly snapshot Reduction in the rate of emergency and A+E attendances. Percentage of homeless people having their annual long term conditions review.	PHOF			

Healthy Weight	Percentage of adults (aged 18+) classified as overweight or obese Obesity in early pregnancy Percentage reporting a long term Musculoskeletal (MSK) problem % reporting at least two long-term conditions, at least one of which is MSK related	PHOF			
Mental Health	B18 Social isolation † (ASCOF 1I) B19 Loneliness C28 Self-reported well-being E09 Excess under 75 mortality rate in adults with serious mental illness * (NHSOF 1.5) E10 Suicide rate ** (NHSOF 1.5.iii) : 'Adults in contact with secondary mental health services who live in stable and appropriate accommodation (Persons)' 'Successful completion of drug treatment - opiate users ' Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate' This gives a range of indicators to assess if the strategic interventions identified are making a difference and if not gives a basis for evaluation and review of the strategy going forward.	PHOF			
Air Quality	D01 Fraction of mortality attributable to particulate air pollution Some other indicators to monitor if we going to achieve the goal of reduce pollution could be number of miles travelled by car and the percentage of journey made by car.				

6.3 Qualitative Indicators
To be inserted

6.4 Summary of Monitoring and Evaluation Process
To be inserted

Glossary

Term	Definition
Climate Change	A change of climate which can be attributed directly or indirectly to human activity, that alters the composition of the global atmosphere and which is in addition to natural climate variability observed over comparable time period (IPCC, 2018)
Health Inequalities	Avoidable, unfair and systematic differences in health between different groups of people (Kings Fund, 2020). These conditions influence our opportunities for good health, and how we think, feel and act, and this shapes our mental health, physical health and wellbeing (UK Government, 2021).
Healthy Life Expectancy	The average number of years that an individual is expected to live in a state of self-assessed good or very good health, based on current mortality rates and prevalence of good or very good health (Insee, 2019).
Inclusion Health	Inclusion health is a 'catch-all' term used to describe people who are socially excluded, typically experience multiple overlapping risk factors for poor health (such as poverty, violence and complex trauma), experience stigma and discrimination, and are not consistently accounted for in electronic records (such as healthcare databases) (PHE, 2021)
Life Expectancy	This is the average number of years that a newborn is expected to live if current mortality rates continue to apply (WHO, 2006)
Neighbourhood Level	A smaller geography that in county areas might correspond to district council boundaries or could be covered by a primary care network (PCN) and the community services that link into it. (PCNs are newly established networks of GP practices that were announced in The NHS long term plan and set up in July 2019.) These areas tend to cover populations of around 30,000 to 50,000 people (Kings Fund, 2019)
Place Level	This is usually the area covered by a local authority. In parts of the country, CCGs and local authorities cover the same geography and can therefore work together to commission jointly at 'place level'. The integration of acute, primary and social care services can also occur at this level. These areas tend to cover populations of around 250,000 to 500,000 people (Kings Fund, 2019)
Social Justice	The objective of creating a fair and equal society in which each individual matters, their rights are recognized and protected, and decisions are made in ways that are fair and honest (Oxford Reference, 2021)
Social Value	Social value encompasses environmental, economic and social wellbeing and understands each of these in terms of their impact on the quality of life of people. What outcomes improve quality of life,

	and how to deliver them, will look very different depending on the context. (UK GBC, 2021)
System Level	The area covered by an Integrated care system (ICS). The size of these areas varies, but they typically cover populations of one to three million people (Kings Fund, 2019). The Nottinghamshire Health and Wellbeing Board operates at system level.
Wider Determinants	A diverse range of social, economic and environmental factors which impact on people's health. Such factors are influenced by the local, national and international distribution of power and resources which shape the conditions of daily life. They determine the extent to which different individuals have the physical, social and personal resources to identify and achieve goals, meet their needs and deal with changes to their circumstances (OHID, 2021).
Prevention	Prevention includes: • stopping health problems from developing in the first place (e.g., by helping people stop smoking), • detecting and treating disease early (e.g., screening for different types of cancer), • reducing the effects of disease and injury (e.g., supporting people with long-term health conditions).
Health Promotion	Health promotion is the process of enabling people to have control over and improve their health - It focuses on a wide range of social and environmental interventions.

References

Atwoli, L., Baqui, A.H., Benfield, T., Bosurgi, R., Godlee, F., Hancocks, S., Horton, R., Laybourn-Langton, L., Monteiro, C.A., Norman, I., Patrick, K., Praities, N., Rikkert, M.G.M.O., Rubon, E., Sahni, P., Smith, R., Talley, N.J., Turale, S., Vazquez, D. (2021) *Call For Emergency Action To Limit Global Temperature Increases, Restore Biodiversity, And Protect Health: Wealthy Nations Must Do Much More, Much Faster*, available at: https://www.bmj.com/content/bmj/374/bmj.n1734.full.pdf.

Bassetlaw ICP (2022) *Bassetlaw CCG supports local third sector groups, a*vailable at: http://www.betterinbassetlaw.co.uk/bassetlaw-ccg-supports-local-third-sector-groups/

Buck, D., et al. (2021) *Communities and Health*, available at: https://www.kingsfund.org.uk/publications/communities-and-health

Brigend County Council (2011) *Integrated Working Framework*, available at: https://democratic.bridgend.gov.uk/Data/Cabinet/201106281430/Agenda/$091689.doc.pdf

CCN (2021) *Rising to the Climate Challenge: The Role of Counties in Delivering Net-Zero*, available at: https://www.countycouncilsnetwork.org.uk/wp-content/uploads/Rising-to-the-Climate-Challenge-FINAL.pdf.

Downey, H. and Kirkham, D. (2021) *Mansfield - Learning Report, We Are Undefeatable,* Mansfield Community & Voluntary Sector

Institute of Health Equity (2021) *Addressing the National Syndemic: Place-Based Problems and Solutions to UK Health Inequality*, available at: https://www.instituteofhealthequity.org/resources-reports/addressing-the-national-syndemic-place-based-problems-and-solutions-to-uk-health-inequality/addressing-the-national-syndemic.pdf.

IPCC (2018): *Annex I: Glossary* [Matthews, J.B.R. (ed.)]. In: *Global Warming of 1.5°C. An IPCC Special Report on the impacts of global warming of 1.5°C above pre-industrial levels and related global greenhouse gas emission pathways, in the context of strengthening the global response to the threat of climate change, sustainable development, and efforts to eradicate poverty*, available at: https://www.ipcc.ch/sr15/chapter/glossary/

Institute for Health Metrics and Evaluation (2020) *Global Burden of Disease Study 2019,* available from http://ghdx.healthdata.org/gbd-results-tool

Insee (2019) *Healthy Life Expectancy,* available at: https://www.insee.fr/en/metadonnees/definition/c2017

Kings Fund (2019) *Health and Wellbeing Board and Integrated Care Systems,* available at: https://www.kingsfund.org.uk/publications/articles/health-wellbeing-boards-integrated-care-systems

Kings Fund (2020) *What are Health Inequalities?,* available at: https://www.kingsfund.org.uk/publications/what-are-health-inequalities.

Kings Fund (2022) *Housing*, available at: https://www.kingsfund.org.uk/projects/time-think-differently/trends-broader-determinants-health-housing

LGA (2022) *Prevention*, available at: https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/integration-and-better-care-fund/better-care-fund/integration-resource-library/prevention

LGA / NHS (2021) *Thriving places: Guidance On The Development Of Place Based Partnerships As Part Of Statutory Integrated Care Systems*, available at:

https://www.england.nhs.uk/wp-content/uploads/2021/06/B0660-ics-implementation-guidance-on-thriving-places.pdf

Marmot, M. (2021) *Build Back Fairer: The COVID 19 Marmot Review, The Pandemic, Socioeconomic and Health Inequalities in England: Executive Summary*, available at: https://www.instituteofhealthequity.org/resources-reports/build-back-fairer-the-covid-19-marmot-review/build-back-fairer-the-covid-19-marmot-review-executive-summary.pdf.

Marmot, M. (2021) *Build Back Fairer: The COVID 19 Marmot Review, The Pandemic, Socioeconomic and Health Inequalities in England: Full Report*, available at: https://www.instituteofhealthequity.org/resources-reports/build-back-fairer-the-covid-19-marmot-review/build-back-fairer-the-covid-19-marmot-review-full-report.pdf.

Munro, A., Boyce, T. and Marmot, M. (2020), *Sustainable Health Equity: Achieving A Net-Zero UK*, Advisory Group Report for the UK Committee on Climate Change, Institute for Health Equity, available at: https://www.theccc.org.uk/publication/ucl-sustainable-health-equity-achieving-a-net-zero-uk/.

Nottinghamshire Health and Wellbeing Board (2021), *Nottinghamshire County Joint Strategic Needs Assessment Evidence Summary 2021*, available at: https://www.nottinghamshireinsight.org.uk/research-areas/jsna/summaries-and-overviews/joint-strategic-needs-assessment-evidence-summary-2021/.

Nottinghamshire Health and Wellbeing Board (2018) *Joint Health and Wellbeing Strategy 2018 – 2022,* available at: https://www.nottinghamshire.gov.uk/media/130427/joint-health-and-wellbeing-strategy.pdf.

Nottinghamshire Health and Wellbeing Board (2022) *Nottinghamshire Food Charter*, available at: https://www.nottinghamshire.gov.uk/newsroom/news/healthier-tastier-more-affordable-food-for-everyone

NHS (2021) *Building Strong Integrated Care Systems Everywhere ICS Implementation Guidance On Working With People And Communities*, available at: https://www.england.nhs.uk/wp-content/uploads/2021/06/B0661-ics-working-with-people-and-communities.pdf.

NHS (2021), *What Are Integrated Care Systems?* available at: https://www.england.nhs.uk/integratedcare/what-is-integrated-care/.

NICE (2021), *COVID-19 rapid guideline: managing the long-term effects of COVID-19*, available at: https://www.nice.org.uk/guidance/ng188/resources/covid19-rapid-guideline-managing-the-longterm-effects-of-covid19-pdf-66142028400325.

NOMIS (2022), Data extracted from database on 10.02.2022, available at: https://www.nomisweb.co.uk/datasets/mortsa

Nottingham and Nottinghamshire Integrated Care System (2020), *Health Inequalities Strategy 2020-2024*, available at: https://healthandcarenotts.co.uk/wp-content/uploads/2020/10/Notts-ICS-HI-strategy-06-October-v1.8.pdf

NPC (2015) *Systems Change: A Guide to What It Is and How to Do It*, available at: https://www.thinknpc.org/resource-hub/systems-change-a-guide-to-what-it-is-and-how-to-do-it/

OHID (2022a) *Public Health Outcomes Framework*, available at: https://fingertips.phe.org.uk/profile/public-health-outcomesframework/data#page/1/ati/102/are/E10000024

OHID (2022b) *Wider Impacts of COVID-19 on Health (WICH) monitoring tool*, available at: https://analytics.phe.gov.uk/apps/covid-19-indirect-effects/

OHID (2021a) *Local Health Data*, available at: https://www.localhealth.org.uk/#c=home

OHID (2021b) *Segmentation Tool*, available at: https://analytics.phe.gov.uk/apps/segment-tool/

OHID (2021) *Wider Determinants of Health*, available at: https://fingertips.phe.org.uk/profile/wider-determinants

Oxford Languages (2022), *Oxford English Dictionary* available at: https://languages.oup.com/dictionaries/#oed.

Oxford Reference (2021), *Overview: Social Justice*, available at: https://www.oxfordreference.com/view/10.1093/oi/authority.20110803100515279

PHE (2021), *Inclusion Health: Applying All Our Health*, available at: https://www.gov.uk/government/publications/inclusion-health-applying-all-our-health/inclusion-health-applying-all-our-health

PHE (2017), *Reducing Health Inequalities: System, Scale and Sustainability*, available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/731682/Reducing_health_inequalities_system_scale_and_sustainability.pdf

UK Government (2021), *Place Based Approaches for Reducing Health Inequalities: Main Report,* available at: https://www.gov.uk/government/publications/health-inequalities-place-based-approaches-to-reduce-inequalities/place-based-approaches-for-reducing-health-inequalities-main-report.

UK GBC (2021) *Framework for Defining Social Value*, available at: https://ukgbc.org/wp-content/uploads/2021/02/Framework-for-Defining-Social-Value.pdf

Victoria Government (2021), *Wellbeing*, available at: https://www.betterhealth.vic.gov.au/health/healthyliving/wellbeing

Williams, R. (2018), *Transport and Health*, available at: https://www.health.org.uk/infographic/transport-and-health

WHO (2015), *What You Need to Know About Health in All Policies*, available at: https://www.who.int/social_determinants/publications/health-policies-manual/key-messages-en.pdf.

WHO (2006), *Constitution*, available at: https://www.who.int/about/governance/constitution.