

Nottinghamshire Health and Wellbeing Board

Joint Health and Wellbeing Strategy
2018 – 2022



Welcome to our second Joint Health and Wellbeing Strategy for Nottinghamshire and thanks to everyone who has helped with its development. This new strategy builds on our first and our successes so far, like breast feeding, housing, spatial planning and tobacco control.

In preparing this strategy we are aware of our legal duties as a Board which are to

- Improve the health and wellbeing of the people of Nottinghamshire
- Reduce health inequalities
- Promote the integration of services
- Produce a Joint Strategic Needs Assessment (JSNA), identifying current and future health needs
- Develop a Strategy which addresses the health needs identified in the JSNA

The JSNA for Nottinghamshire has been in progress since 2007 and is constantly being updated, improved and extended. It provides us with the evidence base for our Strategy and enables us to make informed decisions.

There is a huge amount of work already underway across Nottinghamshire to improve health and wellbeing which supports the delivery of our shared vision. So when it comes to our strategy, we want to focus on those issues which need a partnership approach rather than those which can, and should, be taken forward by individual organisations within the County.

We have a well-established Stakeholder Network to involve our wider partners in our work and we look forward to improving these relationships.

We look forward to working with you to deliver our vision which is:

Working together to enable the people of Nottinghamshire, from the youngest to the oldest, to live happier and healthier lives in their communities, particularly where the need is greatest.

Thank you for your help and support in delivering this Joint Health and Wellbeing Strategy. We look forward to continuing our work with you, our partners, to improve the health and wellbeing of the people of Nottinghamshire.



Councillor Dr John Doddy

Chair of Nottinghamshire Health & Wellbeing Board

Who are 'we'?

The Health and Wellbeing Board is a statutory committee (as a result of the Health and Social Care Act 2012) of Nottinghamshire County Council, and was established in shadow form in 2011 and took on its full responsibilities from 2013.

The Act sets out the requirements for membership of the Board which includes county councillors, the Directors of Adult Social Care, Children's Services and Public Health, along with representatives of the local Clinical Commissioning Groups and the local Healthwatch. In Nottinghamshire the Board also includes representatives from the local district councils, the Police and Crime Commissioner and NHS England.

Nottinghamshire Board members recognise that health and wellbeing is everyone's business and so whilst not members of the Board, partners like the fire and rescue service, police, service users and providers, carers, the public and wide range of the community and voluntary sector organisations across Nottinghamshire all have a crucial part to play in making our vision a reality.

As we start to implement our Strategy we will review our Board membership along with our working arrangements to ensure we are confident in our ability to deliver our vision.

How we will work

Building on the first Health and Wellbeing Strategy we are keen to set out not just what we want to achieve but how we want to work to deliver our vision and ambitions.

As the Nottinghamshire Health and Wellbeing Board we will:

- Focus on things that need a shared approach.
- Focus on prevention – helping people and communities to support each other and prevent problems from arising.
- Consider everyone when we make decisions, recognising that starting young has the biggest impact.
- Make sure that health and wellbeing fairness according to need will be at the centre of all public policy making by influencing other agendas such as housing, the economy, education, the environment, planning and transport.
- Build on the strengths of our local communities and enable local solutions.
- Base our decisions on evidence and learn from what has or has not worked.
- Work together with our partners such as voluntary and community organisations, service providers' patients/ service users, carers and family members equally in planning, delivering and reviewing projects and services.
- Coordinate health and wellbeing in Nottinghamshire and keep people informed.
- Use our influence to make sure that improving health and wellbeing is everyone's responsibility.

04 What is health and wellbeing?

We have adopted the World Health Organisation’s definition of health which is: “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

We know that as little as 10% of someone’s health and wellbeing is linked to health care – it’s our environment, jobs, food, transport, houses, education and our friends, families and local communities which affect our health and wellbeing most. These are the things that we can influence most to improve the health and wellbeing of people in Nottinghamshire.

05 Our ambitions

In order to make our vision a reality, we have identified four ambitions, which are:

- To give everyone a **good start in life**
- To have **healthy and sustainable places**
- To enable **healthier decision making**
- To **work together to improve health and care services**

a. A good start in life

We want to improve the life chances of all of the children of Nottinghamshire. There is overwhelming evidence that making healthier decisions early, from pregnancy, can influence someone’s health throughout their life. During the consultation we suggested potential priorities that the Board might focus on to achieve a good start in life:

- Child poverty
- Keeping children and young people safe
- Making sure that children and young people are happy and healthy

The consultation included some draft proposals for these priorities which will be developed into a delivery plan during 2018. This plan will include specific actions, anticipated outcomes, timescales and measures to track success.

b. Healthy and sustainable places

We want to create places which maximise the health benefits for those people who live or work in those places. We know that our strength is in tackling the wider issues which affect health and wellbeing like housing, our environment, the food we eat, skills and education, transport and our friends, families and local communities. These are the issues we believe we can have the biggest impact on:

- Food environment
- Physical activity
- Tobacco
- Mental wellbeing including dementia
- How we plan where we live – spatial planning
- Warmer and safer homes
- Stronger and resilient communities
- Skills, jobs and employment
- Domestic abuse and sexual violence
- Compassionate communities supporting those at the end of life
- Substance misuse (drugs and alcohol)
- ASD/Asperger’s
- Carers
- Sexual health

We appreciate that these are huge issues and that they cannot be solved by a single action so we will be working to identify specifically what we can do as a partnership to help to address these issues and deliver the maximum impact. A delivery plan for each priority will be developed and shared on the [Health and Wellbeing Strategy web page](#).

c. Healthier decision making

We want to make sure that we influence decisions where there is the potential to improve health and reduce health inequalities. We want all of the Board partners to think about the impact that every strategic decision might have on health.

We will be working to implement the guidance in **Health in all policies: a manual for local government** and to extend the approach across the partnership. We know that the challenges to health and wellbeing are complex and that no single organisation or even one sector has the knowledge, skills or resources to address them.

This approach starts with the policy issue rather than the health problem e.g. transport rather than obesity and encourages policy makers to think about what the impact of the policy would be on health and wellbeing. This would include all policies, for instance licensing, transport, waste management, and employment.

d. Working together to improve health and care services

In December 2015, the NHS shared planning guidance 'Delivering the Forward View: NHS Shared Planning Guidance 2016/17 – 2020/21' outlined a new approach to help ensure that health and care services are built around the needs of local populations. To do this, every health and care system in England has produced a multi-year Sustainability and Transformation Plan (STP), showing how local services will evolve and become sustainable over the next five years – ultimately delivering the Five Year Forward View vision of better health, better patient care and improved NHS efficiency. These plans have become Sustainability and Transformation Partnerships and are developing into Accountable Care Systems and are the main vehicles which are driving integration. The Board will oversee, challenge and support these and other change programmes. The residents of Nottinghamshire relate to 2 STPs

- Nottingham and Nottinghamshire
- South Yorkshire and Bassetlaw.

The Better Care Fund (BCF) incentivises service integration and is overseen by the Health & Wellbeing Board. It creates a local single pooled budget to incentivise the NHS and local government to work more closely together around people, placing their wellbeing as the focus of health and care services, and shifting resources accordingly.

06 Monitoring and managing our progress

Governance

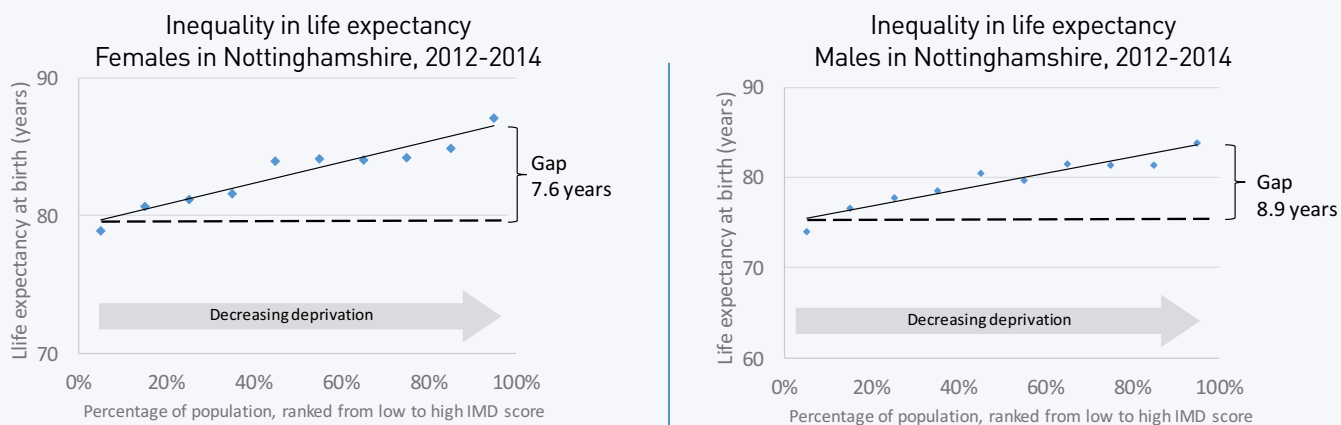
A work programme for the Health and Wellbeing Board during 2018 will be developed which will identify specific actions, outcomes and measures. From this we will agree a reporting schedule which will be shared across our partners so we can clearly identify the impact our efforts have had.

Monitoring progress

Life expectancy and healthy life expectancy are headline indicators. However as they mask inequalities seen at smaller units of geography we will measure our progress through the use of the Slope Index of Inequality (SII). This measures the difference in life expectancy (or healthy life expectancy) between the most and least deprived sections of our population.

There has been no significant change in the life expectancy SII for males and females. Recent data from 2012-14 shows that there is an 8.9 year gap for males between the least and most deprived areas within Nottinghamshire, the gap is 7.6 years for females and can be seen in figure 1.

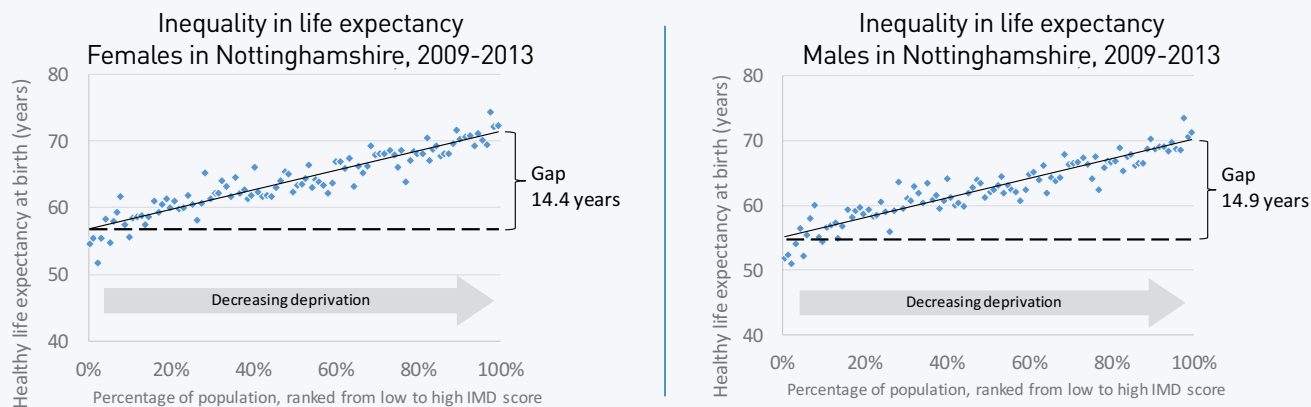
Figure 1 SII in Life Expectancy for Nottinghamshire 2012-14 female and male



Note: this measure is based on Lower Layer Super Output Area (LSOA) populations, grouped into deprivation deciles, and uses pooled data for 3 years. Points are for each decile in Nottinghamshire

Source: PHE Public Health Outcomes Framework Fingertips Tool, Life expectancy at birth by sex and inequalities IMD2015 decile, URL: <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>, last accessed February 2017

Figure 2 SII in Healthy Life Expectancy for Nottinghamshire 2009-13 female and male



Note: this measure is based on Middle Layer Super Output Area (MSOA) populations and uses pooled data for 5 years

Source: ONS (2015), "Slope index of inequality (SII) in healthy life expectancy (HLE) at birth by sex for Upper Tier Local Authorities (UTLAs) in England", URL: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/datasets/slopeindexofinequalitysiinhealthylifeexpectancyhleatbirthbysexforuppertierlocalauthoritiesutlasinengland>, last accessed November 2017

Healthy Life Expectancy data only became available in 2009 and is shown in figure 2. However for the most recent time period available 2009-13 we know that there is a 14.9 year gap for males between the least and most deprived areas within Nottinghamshire, the gap is 14.4 years for females. This shows us that Healthy Life Expectancy exposes greater inequality than life expectancy.

Nottinghamshire Health and Wellbeing Board

<http://www.nottinghamshire.gov.uk/care/health-and-wellbeing/health-and-wellbeing-board>

Nottinghamshire Health and Wellbeing Board Stakeholder Network

<http://www.nottinghamshire.gov.uk/care/health-and-wellbeing/health-and-wellbeing-board/stakeholder-network-events>

Nottinghamshire Joint Strategic Needs Assessment

<http://www.nottinghamshireinsight.org.uk/research-areas/jsna/>

Healthwatch Nottinghamshire

<http://healthwatchnottinghamshire.co.uk/>

Health in All Policies

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

Nottingham and Notts Sustainability and Transformation Partnership

<http://www.stpnotts.org.uk/>

South Yorkshire and Bassetlaw Sustainability Plan

<https://smybndccgs.nhs.uk/what-we-do/stp>

NHS Five Year Forward View

<https://www.england.nhs.uk/five-year-forward-view/>


A Lower Layer Super Output Area (LSOA) is a geographic area designed to improve the reporting of small area statistics in England and Wales with an average population of around 1500 people.


A Middle Layer Super Output Area (MSOA) is a geographic area built from groups of neighbouring Lower Layer Super Output Areas with an average of around 7200 people.

Life expectancy is an estimate of how many years a person is expected to live.

Healthy Life expectancy is an estimate of how many years someone might live in a healthy state, free from disability or major health conditions.

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