

Mid-Nottinghamshire PBP Board – Coversheet

TITLE:	Nottinghamshire Joint Health and Wellbeing Strategy 2022 - 2026
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DATE OF MEETING:	17.03.22	PAPER REF:	
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AUTHOR:	Sue Foley, Public Health Consultant Nottinghamshire County Council	PRESENTER:	Jonathan Gribbin, Director of Public Health Nottinghamshire County Council
		SPONSOR / COLLABORATOR:	

WHICH ICP OBJECTIVES DOES THIS RELATE TO (SELECT ALL THAT ARE RELEVANT)

- ☒ To give every child the best start in life.
- ☒ To promote and encourage healthy choices.
- ☒ To support our population to age well.
- ☒ To maximise opportunities to develop our built environment into healthy places.
- ☒ To tackle physical inactivity.

EXECUTIVE SUMMARY (OVERVIEW):

The purpose of the paper is to outline the headlines received from engagements undertaken on the Joint Health and Wellbeing Strategy 2022 – 2026 (JHWS), present the draft proposals for comment, and discuss the role of the Mid Nottinghamshire Place Based Partnership in the delivery of the strategy over the next 4 years.

Appendix 1 provides the draft Joint Health and Wellbeing Strategy – Public version.
Appendix 2 provides a summary of public engagement.

RECOMMENDATION:

- ☐ To endorse.
- ☐ To approve.
- ☒ To receive the recommendation (*see details below*)
- ☒ To discuss.

NOTTINGHAMSHIRE JOINT HEALTH AND WELLBEING STRATEGY 2022 - 2026

THURSDAY 17 MARCH 2022

Introduction

1. The Nottinghamshire Health and Wellbeing Board was established in May 2011 and became a formal committee of Nottinghamshire County Council in April 2012. One of its statutory functions is to produce a Joint Health and Wellbeing Strategy for Nottinghamshire, informed by the [Joint Strategic Needs Assessment](#) (JSNA) that identifies the current and future Health and Wellbeing needs of the local population. Together with the JSNA, the Joint Health and Wellbeing Strategy (JHWS) identifies the priorities the Board will pursue to fulfil its statutory duty to improve the health and wellbeing of residents and reduce health inequalities in Nottinghamshire. Following a series of engagements, the current JHWS has been refreshed and is due to be presented to the Nottinghamshire Health and Wellbeing Board in March 2022 for approval.

Engagements

2. Engagements ran from October 2021 to December 2021 and are summarised in **Appendix 2**. Nearly 90% of respondents to the survey agreed or strongly agreed with the proposed vision, 92% with the proposed ambitions and 80% with the proposed priorities. In terms of specific themes and topics that were raised:
 - **Mental health** was one of the top areas discussed in responses to the survey, with lots of concern about access to specialist services including CAMHS (Child and Adolescent Mental Health Services) and learning disability services. People also felt education was important from an early age and throughout the life course, and proposed ideas about access to services via schools, pharmacies and community hubs.
 - **Climate change and the environment** was a very common theme, which has not featured strongly in previous engagement exercises. Some mentioned the need for radical action. People were aware of the health benefits of improving air quality and protecting green spaces (via mental health, exercise and active travel), and suggested improving conditions for cycling, reducing vehicle emissions, retaining trees, preventing building on green spaces, active travel to school and banning woodburning stoves.
 - **Communities** were seen as very important. All areas should be involved in decisions about them. It was important to build trust through honest communication and long-term commitment to work with communities, particularly those most in need. Building healthier communities and places through work on planning and other policy was also supported by partner organisations.
 - Communities were also linked to **access to support**. Support for older people and those with health conditions would be best within their own communities, with enough provision for the needs of the community, particularly those that are more isolated or more deprived. Similarly, communities were linked to addressing the pandemic-related upsurge in social isolation and loneliness, and its impact on mental health.
 - Rapid **access to services** including GPs, dentists and mental health services was very commonly raised. Signposting and coordinating access to services was important to stop people falling through gaps or struggling with form-filling and making appointments. Some mentioned the idea of community hubs or single points of access. Many wanted services located in local communities, which would understand local needs, bring communities together and avoid issues with poor transport links.

- Many comments focused on **services for children, young people and families**, including poor performance of maternity services in Nottingham, cuts to early years services including Children's Centres, and support for vulnerable families. Other themes related to children and young people included the importance of education, the effect of domestic abuse and community and road safety. On the other hand, some felt that older people should be a priority similar to giving children the "best start in life".
- Various aspects of **poverty** were highlighted including fuel poverty, food insecurity and access to good employment. This was particularly highlighted in the most deprived areas of the county, but it was also felt that pockets of poverty can easily be overlooked in all areas. "Digital poverty" and poor transport links in rural areas were also mentioned, particularly as a barrier to accessing services.
- **Housing** was discussed as a basic human right which underpins health and wellbeing – not limited to homelessness, but taking a broader view including quality, affordability and catering for the needs of different groups. Access to emergency or refuge accommodation when needed was also mentioned, and reablement following hospital discharge.
- It was felt that some aspects of **physical health** were not emphasized in the strategy. Physical activity was particularly highlighted given its strong links to mental health and healthy weight, and barriers in access either due to cost of gyms and pools or safety of walking and cycling. The food environment and sexual health were also raised.
- Some participants felt that **disabilities and long-term health conditions** were not given enough consideration in the strategy. Specific discussions with D/deaf community groups highlighted major barriers to accessing services, particularly telephone appointments, and lack of accessible health information in British Sign Language.
- Other themes included **substance misuse and gambling addiction**, with gambling mentioned as a growing problem, and many respondents felt these should be recognised in the strategy alongside mental health and alcohol use.
- **Crime**, and **keeping communities safe**, was mentioned by some.

Current Position

3. All feedback from engagements have informed the draft public version provided in **appendix 1** for your information. Under development is an Executive Summary (semi-draft form) which provides more detail on current health and wellbeing in Nottinghamshire, the objectives of the joint health and wellbeing strategy and the plans for achieving the strategy for residents and anyone interested in understanding what underpins the strategy. There will be then be the full document that is comprehensive and strategic in its focus to ensure that partners and board members are clear on the evidence that has informed the proposals, the plans for delivery, and member's roles and responsibilities in relation to the Joint Health and Wellbeing Strategy for 2022 – 2026.
4. The Mid Nottinghamshire Place Based Partnership will have a key role to play in delivering the JHWS at a local level, and therefore it is recommended that alignment (and membership) to the Health and Wellbeing Board is considered to strengthen the delivery structures for the JHWS over the next four years.

Next Steps

5. Subject to endorsement by the Health and Wellbeing Board and further amendments in the interim, the Joint Health and Wellbeing Strategy 2022 – 2026 (**Appendix 1**) will be presented to Health and Wellbeing Board on the 23 March 2022 and then Policy Committee on 5 May 2022 for approval, due to the Health and Wellbeing Board being constituted as a partnership forum rather than an executive decision-making body.
6. The workshop on the 23 March 2022 will give the Board an opportunity to consider the governance arrangements and monitoring framework to enable delivery of the Strategy and will include Board membership, supporting structures and relationships with other key bodies, such as the Place Based Partnerships. This provides an opportunity to work together in refreshing the strategy and undertake a place-based approach to create a unified and clear vision for improving health and wellbeing of residents in Nottinghamshire. Findings from this workshop will inform the longer strategic documents outlined in paragraph 3.

Recommendations

7. The Mid Nottinghamshire ICP Board is asked-
 - i. To provide any comments on the draft Joint Health and Wellbeing Strategy for 2022 – 2026 (**Appendix 1**). This can be shared at nottsjhws@nottscc.gov.uk
 - ii. To discuss and support proposals for the Mid Nottinghamshire Place Based Partnership to become a key partner in the delivery of the JHWS.
 - iii. For representatives from Mid Nottinghamshire PBP attend the Nottinghamshire Health and Wellbeing Board's workshop on Wednesday 23 March 2022.