



# Joint Health and Wellbeing Strategy for Nottingham

April 2022-March 2025

# Welcome and Foreword

I am very proud to come from Nottingham, and this pride has grown stronger over the last two years as I have seen how our communities have responded to the COVID-19 pandemic.

Nottingham has strong community groups who stepped forward to make sure that people who were more vulnerable received the care and support they needed. Across the health and care system teams have worked tirelessly to make sure that people have had access to care and treatment when they needed it most. Within the council many teams, including public health, environmental health, customer services and community protection, have made sure that our communities have been able to make safe decisions based on the best information.

As we begin to look at the future following COVID-19, there are some big challenges for our recovery.

We know that our population has been hugely affected by COVID-19. Some people have struggled with keeping active or eating a healthy diet. Loneliness and anxiety have increased as a consequence of the measures taken to keep people safe, as well as the mental health impact of bereavement. It may be some time before we fully understand the impact on young people's education and mental health.

When I speak to people about their health and wellbeing, one of the main issues raised is worries about their income, such as feeding their family or heating their home. This has a huge impact on their ability to make healthy choices.

COVID-19 has also exposed and exacerbated the difference in life chances of people who live in Nottingham. We need to make sure that our plans will reduce these inequalities.

I am very pleased to introduce a new Joint Health and Wellbeing Strategy that makes addressing these challenges a top priority for key partners, such as the NHS, the Police and Nottingham City Council. I am particularly proud that we will be placing residents at the heart of this plan and look forward to working jointly with our communities to improve the health and wellbeing of all who live in Nottingham for many years to come.



Councillor Adele Williams  
Chair of the Health and Wellbeing Board  
Portfolio Holder for Adults and Health,  
Nottingham City Council

# About the Health and Wellbeing Board

## What is a Health and Wellbeing Board?

Looking after the health and wellbeing of the population of Nottingham is not the responsibility of one single organisation. Health and Wellbeing Boards bring leaders from the local health and care system together, to work with other partners to improve the health and wellbeing of the local population.

Nottingham's Health and Wellbeing Board includes members from the NHS, including GPs and hospitals, social care, public health, police, community and voluntary services as well as councillors and Healthwatch.

The board has a duty to produce:

- a [Joint Strategic Needs Assessment \(JSNA\)](#) – an assessment of current and future health and care needs in the local population, and;
- a Joint Health and Wellbeing Strategy – a local strategy for the local population, addressing the needs identified in the JSNA.

This Joint Health and Wellbeing Strategy (2022-2025) sets out our shared vision, principles and priorities for action over the next three years to improve health and wellbeing and reduce health inequalities across Nottingham City.

More details about the Health and Wellbeing Board can be found [here](#).

## Why do we need to set priorities?

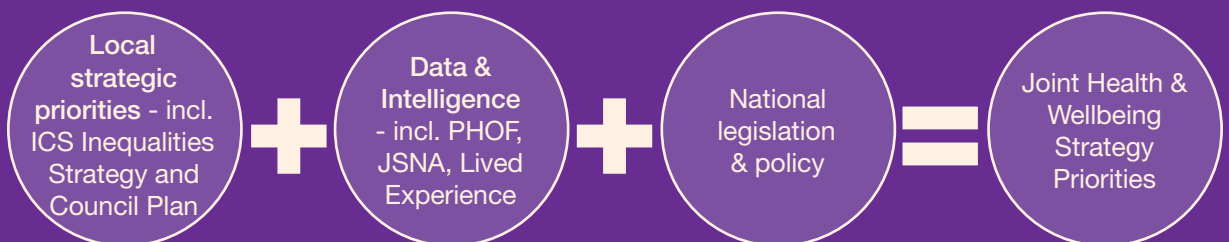
Our new Joint Health and Wellbeing Strategy focuses on the activity that will have the greatest impact on health and wellbeing over

the next three years. We have identified four priorities where we know we can do things differently to make a tangible difference to Nottingham's health and wellbeing, by working together in partnership. Whilst there is already great work being done in these areas, this Strategy seeks to add value and accelerate change by creating fresh energy and momentum in tackling these issues through collaborative efforts.

We have to start somewhere. The Strategy cannot successfully tackle everything that we would wish to change but we think that the priorities identified are the areas that will make the biggest difference to the health and wellbeing of Nottingham's communities. Having fewer priorities will allow us to focus our work so that our combined efforts have a greater chance of making a difference. This does not detract from the ongoing service and project work that teams across the Health and Wellbeing Board member organisations and beyond will continue to do to make a difference to our health and wellbeing.

## How does the Strategy link in with other plans and priorities?

All partner organisations have their own strategies and priorities that they are working towards. In developing this Joint Health and Wellbeing Strategy we have considered these priorities, as well as national strategies that we have to take into account. We have also looked at data and intelligence, including listening to communities to make sure that the work of the Health and Wellbeing Board will complement, not duplicate work elsewhere.



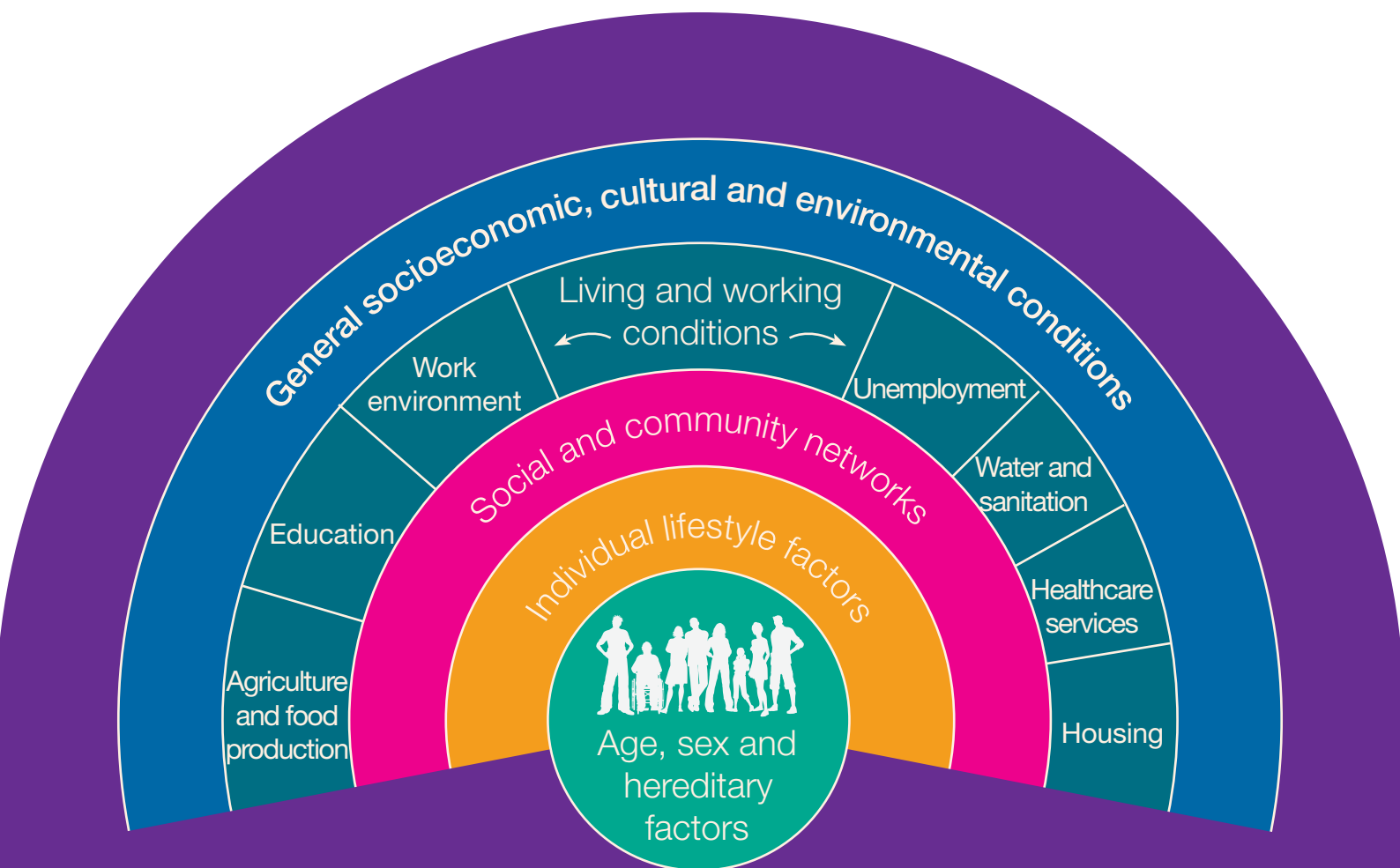


## Why do health inequalities matter?

The Health and Wellbeing Board’s vision incorporates an ambition to address the health inequalities that are evident across Nottingham. Health inequalities are avoidable and unfair differences in health and wellbeing across the population or between different groups of people.

Health inequalities arise because our health is affected by the conditions in which we are born, grow up, live, work and age, as well as factors such as age, gender, ethnicity and where we live.

Tackling and reducing health inequalities is a constant theme running through this strategy. We set out how we will tackle health problems to improve the health and wellbeing of everyone in Nottingham, but with a proportionately greater focus where change is most needed. Improving the health and wellbeing of people experiencing the worst health outcomes faster will reduce the inequality gap. To do this our Delivery Plans will include interventions with universal reach, i.e. they will benefit everyone, and will also include interventions that are targeted to people in particular groups or in areas of Nottingham where the health need is greatest.



# About Nottingham

## Health outcomes in Nottingham City

Overall, the health of people in Nottingham is generally worse than the England average. This can be clearly seen when comparing life expectancy and healthy life expectancy in Nottingham to other parts of the Country.

A male baby born in Nottingham today has a life expectancy of 76.6 years, compared to an England average of 79.4 years. Whilst a gap of almost three years may not sound a lot, this is statistically significantly worse. Life expectancy for females in Nottingham is slightly higher at 81 years, but this is also significantly lower than the England average of 83.1 years.

The picture is particularly concerning when you look at healthy life expectancy – this is the length of time that an individual can expect to live without poor health or disability. In Nottingham, healthy life expectancy for males is just 56.4 years, this is the 3rd lowest of any local authority area in England, and for females it is even lower at 55.6 years which is the 2nd lowest of any local authority area in England. This means that in Nottingham on average a female can expect to spend almost a third of her life in poor health. This has significant consequences for individuals, communities and services.

Even within Nottingham there are inequalities in life expectancy and healthy life expectancy – life expectancy is 8.4 years lower for men and 8.6 years lower for women in the most deprived areas of Nottingham than in the least deprived areas.

## What causes most deaths?

The overarching ambition of this Strategy is to increase both the life expectancy and healthy life expectancy of Nottingham's residents, as well as reducing the inequality gap for these outcomes. But to do this we need to understand what it is that is making people in Nottingham ill, and why this differs from other areas and between different groups.

## Top 10 causes of death in Nottingham City:

1	Ischaemic heart disease
2	COPD
3	Stroke
4	Lung cancer
5	Lower respiratory infections
6	Alzheimer's disease
7	Colorectal cancer
8	Breast cancer
9	Prostate cancer
10	Cirrhosis

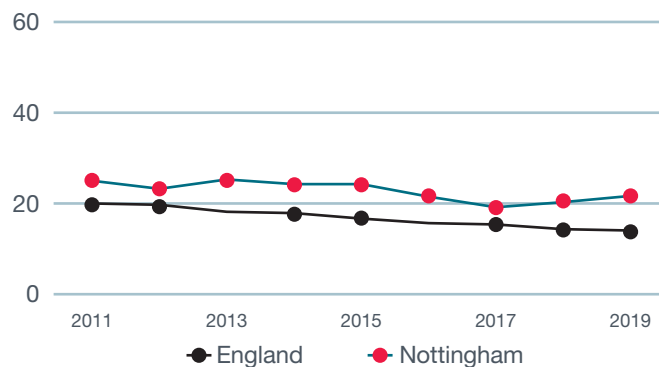
## What are the factors affecting those causes?

Public health is about looking beyond the immediate causes (i.e. the disease) to identify the causes of the causes, and sometimes the causes of the causes of the causes. When we look at the risk factors which sit behind the causes of death in the above table we can see that this includes a wide range of interrelated factors such as where we live, the work we do and the behaviours we engage in – all of which have an impact on the biological condition of our body, and subsequently our mental and physical health and wellbeing.

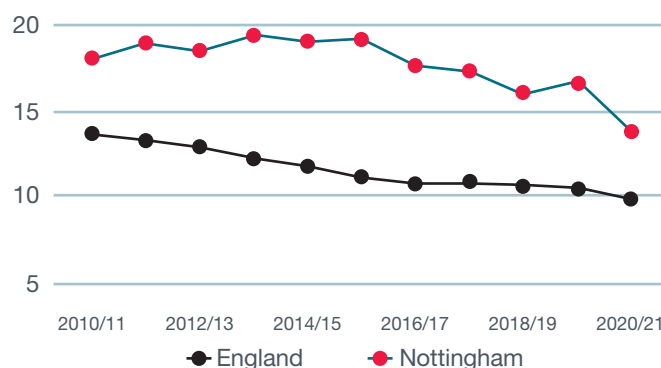


## Top 10 risk factors leading to poor health and death in Nottingham City:

1	Tobacco
2	High body mass index
3	High fasting plasma glucose
4	Dietary risks
5	High systolic blood pressure
6	Alcohol use
7	High LDL cholesterol
8	Occupational risks
9	Drug use
10	Child and maternal malnutrition



One area where Nottingham has seen improvement in recent years is the proportion of women who smoke during pregnancy. Whilst further work is still needed the latest data shows a 16% reduction from the previous year – bringing Nottingham’s rate (13.9%) closer to (although still well above) the England average of 9.6%.



## Smoking

Smoking is the single largest cause of (preventable) death and disease in Nottingham and it has been for more than 20 years. It is also one of the largest drivers of health inequality – accounting for approximately half the difference in life expectancy between the least and most deprived in society.<sup>1</sup>

Just over one in five (20.9%) adults in Nottingham are current smokers – this is significantly higher than the England average of 13.9% and is the 4th highest smoking prevalence amongst all local authority areas in England.

Area	Value
England	13.9
Blackpool	23.4
Kingston upon Hull	22.2
North East Lincolnshire	22.2
Nottingham	20.9

Concerningly, in recent years Nottingham has seen a slight increase in the proportion of adults that are smokers, whilst England on average has continued to see a decreasing trend.

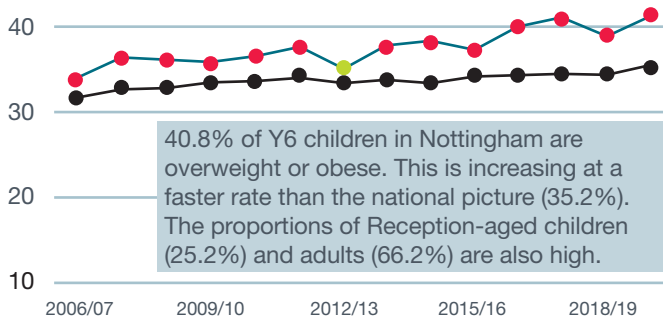
## Obesity

A number of the risk factors in table 2 relate to poor diet and lack of physical activity – both of which are known to lead to obesity. Nottingham has high rates of people who are overweight or obese across its child and adult population.

School children in Reception and Year 6 are weighed and measured annually through the National Child Measurement Programme so that we can better understand the prevalence and patterns of obesity in our population. The latest data tells us that 1 in 4 (25.2%) of Reception aged children are overweight or obese and that this increases to 2 in 5 (40.8%) of children by the time they are in Year 6.

Childhood obesity is a national concern, however the data shows us that Nottingham’s rates are increasing at a faster pace than the national average and the gap to elsewhere is widening.

<sup>1</sup> [22.44 Must Know Guide On Tobacco Control 05.pdf \(local.gov.uk\)](#)



This is not just a concern which relates to children – 2 in 3 (66.2%) adults in Nottingham are also overweight or obese. The fact that 28% of adults in Nottingham are physically inactive (this means they do less than 30 minutes of physical activity per week) is undoubtedly contributing to this.

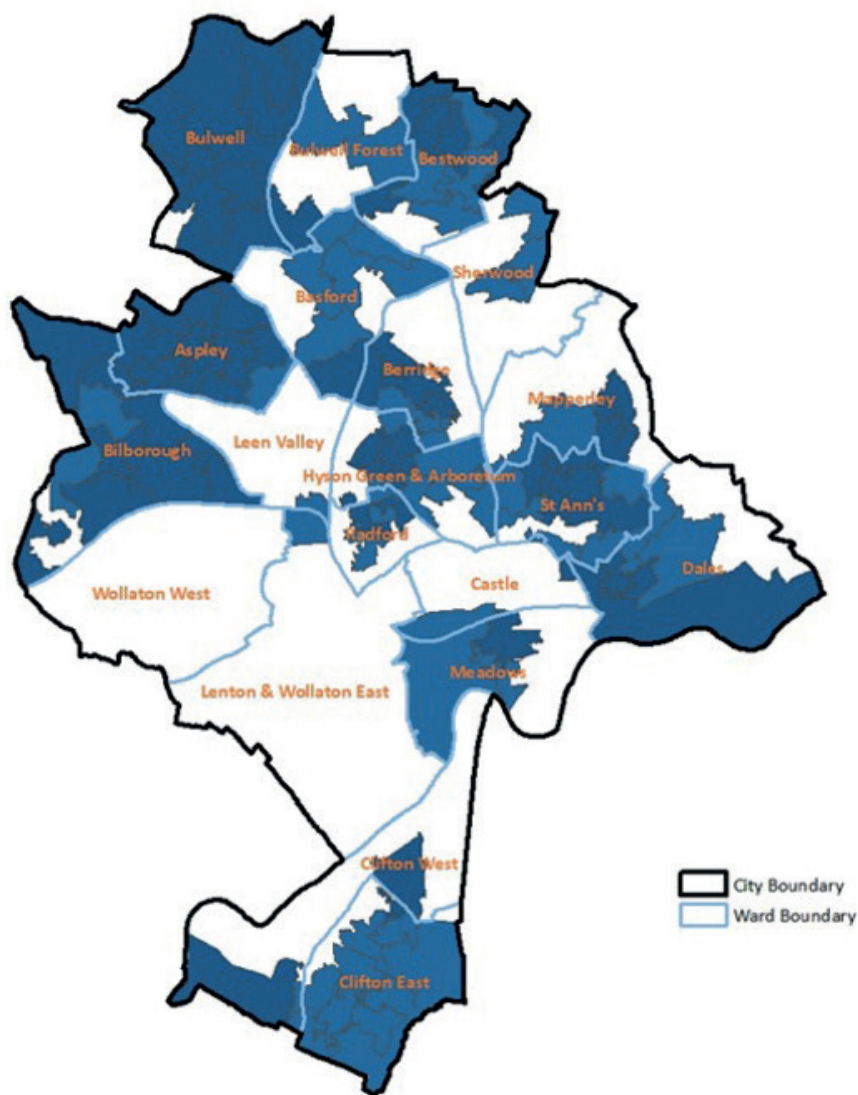
## Deprivation

Map of 20% most deprived LSOAs in Nottingham

Nottingham has high levels of deprivation, and is ranked 11th most deprived district out of 317 districts in England by the Index of Multiple Deprivation, which considers a range of domains of deprivation – income, employment, education, health, crime, barriers to housing and services and living environment.

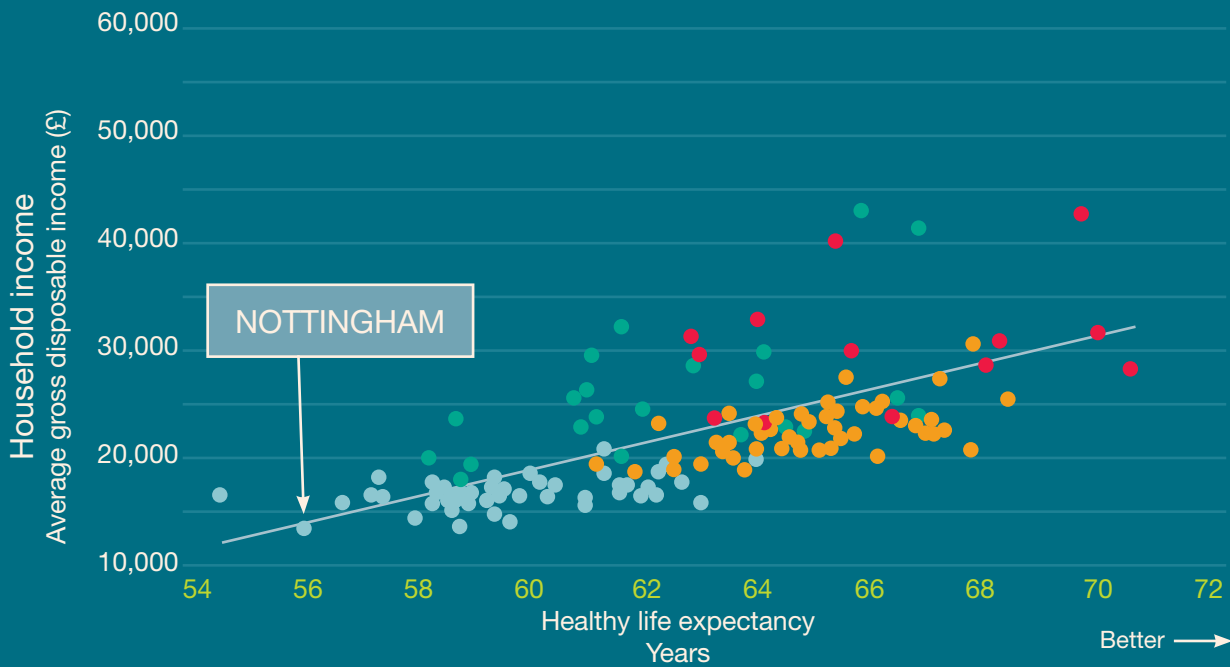
Nottingham can be divided into small geographical areas of roughly the same population size to enable comparisons to other areas locally and nationally – these are known as Lower Super Output Areas (LSOAs).

More than half of Nottingham’s LSOAs (104 of 182) Nottingham fall within the 20% most deprived areas across all of England. This means that 54% of Nottingham residents live in one of the 20% most deprived LSOAs in England. There is only one ward in Nottingham City which does not contain a single LSOA in the most deprived 20%.



## Work and Income

National data shows us that there is a strong correlation (link) between our household income and our healthy life expectancy. Areas with higher average household income have higher average healthy life expectancy and areas with lower average household income have lower average healthy life expectancy. This is shown in the graph below with each dot representing a different area in England.



Nearly 17,000 children in Nottingham live in low-income families – that is more than 1 in 4 children (27.2%).





# Our vision, principles, approach and priorities

## Our Vision

To improve the health and wellbeing and reduce health inequalities of the population of Nottingham through addressing the wider determinants of health and enabling people to make healthy decisions.

## Our Principles

1. **Reducing inequalities** – Recognising the diversity that exists across Nottingham and working closely with community groups to tailor services to their specific needs
2. **Parity of mental and physical health and wellbeing** – Services are often developed to tackle a physical condition without considering the role that mental health and wellbeing may play. It is really important that we think about mental health and emotional resilience in interventions where we want people to sustain a behaviour change, such as smoking or weight management.
3. **An all-age approach** – Recognising that experiences and needs vary across all life stages from starting well (children, young people and families), to living well (adults of working age) and ageing well (older adults).

Different risk factors for poor health and inequalities can be important at particular stages of life. Risk factors can also accumulate across the life course, increasing the negative effect on our health and wellbeing. The Delivery Plan for each priority will consider the needs of groups at each stage of the life course to identify areas where we most need to improve health outcomes.

4. **Prevention focussed** – Actions will focus on preventing people from becoming unwell or having poor health and wellbeing. The earlier action is taken to prevent or resolve a problem the better the outcome.
5. **Built on lived experience** – Recognising and supporting the growing contribution of

voluntary, community and social enterprise organisations to improving health and wellbeing, and the role of the public, in particular individuals with lived experience in the development of approaches, interventions and services.

6. **Delivers outcomes** – we want to make changes that improve people's lives. This means that we want to focus on outcomes. Working with our communities, we will be developing an understanding of what matters to them.
7. **Recognises the cross-cutting issues** – there are some issues that impact across lots of different priorities and so need to be considered. Mental health, oral health and substance misuse will need to be considered in all our plans.
8. **Delivers social value** - through the procurement and provision of services. This means addressing economic, social and environmental considerations at every stage when we are commissioning, procuring and providing services to support the delivery of this Strategy, in line with the Public Services (Social Value) Act 2012. This means taking in to account broader benefits for the local economy and environment when making decisions.



## Lived experience – what does it mean in practice?

Addressing the needs of Nottingham's residents is at the heart of our ambitions. Data can only tell us so much, we need to get behind the "why" – why people chose to smoke, why people don't feel able to exercise or to eat a healthy diet. We need to gain a deeper understanding of the lived experience of the issues we want to address, and that means listening to and involving people with lived experience at the right times.

Understanding why people experience challenges with their health and wellbeing should be the beginning and not the end. It will be the way in which we go about designing solutions, working through community groups and leaders that will ensure that what we do as organisations as a result will be impactful and really mean something to people living in Nottingham.

This is not just about representation, we know we will never be able to get the views of every person living in Nottingham but we do need to be able to sense check with residents that we are focusing on the right things. Historically we have relied on consultations but we know this doesn't always mean people feel listened to or that they are truly able to challenge the way we do things. We have to want and welcome challenge, and it is by working with and through Nottingham's communities that we can really challenge the way we can best support residents to enjoy good health and wellbeing.



## Our approach for action

We want to agree actions across our priority areas that places the individual at the centre,

surrounded by actions that enable healthier choices and lives.

**Wider Determinants** - surrounding all of this are a wide range of factors beyond our individual control that influence our health. These include the physical environment in which we live and work, and the social and economic environment.

Variation in our experience of these wider determinants, for example poor housing, low income, and low education, training or employment opportunities are underlying causes of health inequalities.

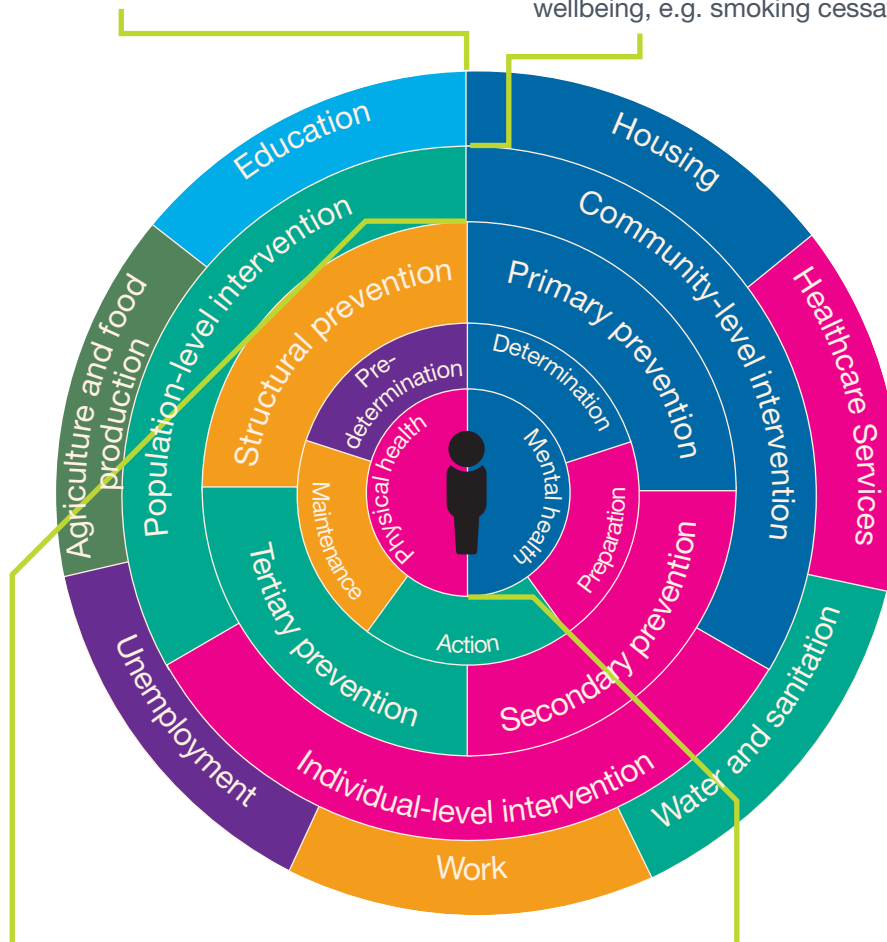
In the Strategy, we will work in collaboration with partners to address the wider determinants of health which are impacting on our identified priorities.

**Types of Intervention** - to have the greatest impact, our approach needs to consider place as well as people. Interventions which focus solely on changing individual's behaviour can in fact widen inequalities rather than reduce them. A broader approach is needed with interventions aimed at different levels:

Population level - interventions which benefit the whole local population, e.g. policy changes

Community level - interventions which are targeted at the needs of particular communities, building on the existing strengths and assets within that community

Individual level - service-based interventions that work with individuals to improve their own health and wellbeing, e.g. smoking cessation services



**Prevention** - focusing on preventing rather than treating poor health is a key principle for our Strategy. Prevention can happen at different stages and in different ways:

Structural: e.g. legislation, taxation, cycle paths

Primary: to stop the problem before it starts, e.g. health promotion

Secondary: early identification of people at risk, eg. screening, smoking cessation, weight management

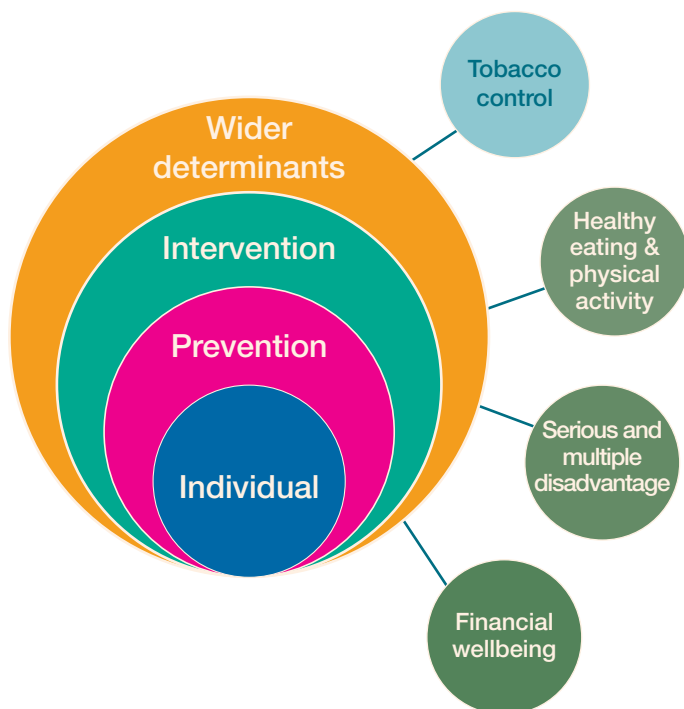
Tertiary: people with a condition, e.g. exercise and diet for type 2 diabetics

**Individuals** - at the centre of our approach are the individuals and communities whose mental and physical wellbeing we are aiming to improve. This means involving them and listening to what they tell us about what will make a difference to them. We also need to recognise that individuals will have different feelings about their health and wellbeing - some may not recognise they have an issue, others may wish to make a change but be unsure how to, whilst some may be struggling to maintain a positive change they have made (e.g. quitting smoking). Our approach needs to be able to support people at each of these stages and move them through to the next.

## Our four priorities

### What are our priorities?

When we consider the main causes of death and ill-health and the inequal distribution of health between the most and least deprived communities, there are four priority areas that have an important impact on the health and wellbeing of the population of Nottingham.



### 1) Smoking and Tobacco Control

#### Scope

For many people smoking is a chronic and relapsing addiction, which generally begins in childhood, and is not a lifestyle choice. Smoking is still the greatest cause of ill-health and early death in Nottingham City.

Significantly reducing smoking prevalence will: improve health outcomes, support poverty reduction, deliver higher productivity, give babies and children a better start in life, reduce health and social care costs and cut crime by dealing with the illegal tobacco trade.

Tobacco imposes a significant economic burden on society. In addition to the direct

medical costs of treating tobacco-induced illnesses there are other indirect costs including loss of productivity, fire damage and environmental harm from cigarette litter and destructive farming practices. Each year it is estimated that smoking costs Nottingham about £137M; this includes £115M in lost productivity; £12M in healthcare costs; and £6.82M in costs to social care<sup>2</sup>.

There are other costs of tobacco use too. Cigarettes and other smoking materials are one of the leading causes of fatal accidental fires in the home. Furthermore, cigarette butts make up a significant amount of litter items, with the majority of cigarette filters being non-biodegradable and thus have a lasting environmental impact.

We will use the CLear model, an evidence-based improvement model, to hold a mirror up to local action and help us reflect on our existing strengths and areas for improvement. We intend to take a whole system approach based on the World Health Organization (WHO) multi-component MPOWER model (Figure 1).

Figure 1: World Health Organization MPOWER model<sup>3</sup>



<sup>2</sup> Available at: <https://ash.org.uk/ash-local-toolkit/ash-ready-reckoner-2022/>

<sup>3</sup> World Health Organization, 2017. WHO | MPOWER. Available at: <http://www.who.int/tobacco/mpower/en/>

## Lived Experience

To hear Danielle's story about stopping smoking during pregnancy please use the following link:  
<https://www.youtube.com/watch?v=mesCNj2GvBg>

We will also consider shisha; a tobacco-based product that is smoked through a water bowl. There are a number of health issues regarding shisha use. A common misconception is that smoking shisha is healthier than smoking cigarettes – there is a lack of understanding about the harm smoking shisha can cause.

Evidence suggests that there are significant levels of cannabis use among people who classify themselves as non-smokers and a significant proportion of tobacco smokers who also smoke cannabis weekly<sup>4</sup>. Long-term smokers of cannabis have an increased risk of many of the same diseases that tobacco smokers do. As such, we have decided to consider cannabis smoking within scope for this strategy.

How will we know we've made a difference?

We will use the Public Health Outcomes Framework indicators on the proportion of adults who smoke; the proportion of 15-year-olds who are regular smokers; and smoking status at time of delivery. In addition to data collected via the annual population survey, local data on the proportion of adults who smoke is also collected via the Citizen's survey.

We will also work with partners to share local

data on the number of smokers achieving a 4 week quit-rate as a whole and by provider to ensure opportunities to learn from best practice. Local data on enforcement and actions taken to tackle illicit tobacco will also be sought.

Who will help us make the difference?

In order to be successful in reducing the number of current smokers; stop young people starting smoking; and bring about a change in social norms in Nottingham City, the approach will need to be jointly owned by multiple stakeholders.

Stakeholders will include, but will not be limited to, environmental health and enforcement teams (e.g. trading standards); the Clinical Commissioning Group; NHS providers; Nottingham City Homes; the Police; the Community and Voluntary sector; community pharmacists; and others.

Are you thinking about how often you smoke?

To find out more about the support which is available to help you quit smoking please visit: [Quit Smoking | Ask Lion - Nottingham City Directory](#)

<sup>4</sup> Hindocha C, Brose L, et al. (2020). Cannabis use and co-use in tobacco smokers and non-smokers: prevalence and associations

with mental health in a cross-sectional, nationally representative sample of adults in Great Britain, 2020.

## 2) Eating and Moving for Good Health

### Scope

Living with overweight or obesity increases the risks of diabetes, cardiovascular diseases, musculoskeletal conditions and some cancers. As well as people's physical health, living with obesity can also have an impact on mental wellbeing and has been associated with anxiety and depression.

For those not living with obesity, what we eat and how much we move are still important factors that influence our health and wellbeing. Furthermore, food shapes all our lives, our communities and our environment be it via the way we produce it, package it, transport it, or who we buy it from and eat it with. The increased awareness and interest in the role of food on climate change and our health as well as a growing consciousness about food poverty, present opportunities for change.

Everyone experiences multiple barriers and challenges to eating and moving for good health. These factors are complex and broad; for example: how easy it is to walk or cycle in the community; if we live surrounded by fast food shops; the skills we acquire as we grow up (e.g. cooking, physical literacy); or if we can afford to choose healthy food or afford to access sport equipment/facilities.

Healthy eating and physical activity, therefore, is not just about individuals but involves looking at the facilitators and barriers that can only be solved by involving communities and making changes to the local system or built environment.

We have built on previous childhood obesity workshops with health and care stakeholders, community organisations, schools and parents. We have identified 5 broad domains to be explored in order to provide structure to our whole system approach:

- 1) Food plan: sustainable food, food poverty and the food environment
- 2) Physical activity, leisure centres and parks and open spaces
- 3) Schools and nurseries

- 4) Community and voluntary sector
- 5) Healthy weight pathways

### Case study: Holiday Activity Fund

The Holiday Activity Fund is a £200 million countrywide programme funded by the Department for Education.

In 2021, Nottingham City Council was awarded £1.8 million as part of the programme and worked with an amazing variety of local providers across the city to put on a variety of sporting and creative arts sessions, alongside food provisions, for those who are eligible for free school meals. It was attended by more than 15,000 young people over the 2021 summer holidays. The programme was really well received by parents and children alike.

Funding has been secured for another three years with Nottingham Forest Community Trust appointed as the lead provider and will continue to build on community relationships to offer a variety of activities.

Graham Moran CEO, Nottingham Forest Community Trust said:

“Our positive partnership with the City Council, local community-based organisations and businesses last year proved that a collaborative approach involving the public, private and third sectors can deliver great outcomes for Nottingham people.”

How will we know we've made a difference?

We will use the Public Health Outcomes Framework indicators on the proportion of Reception and Year 6 children who are living with overweight and obesity; and the proportion of adults living with overweight and obesity.

In addition, we will look at change in variables on diet quality such as the proportion of the adult population meeting the recommended '5-a-day' on a 'usual day', and proportion of physically active children and young people, and adults.

We will work with partners to share local data and insight including service evaluations. It remains important to capture lived experience and while some changes will take time before they are 'felt' by individuals, others may have a more noticeable short-term impact. Open conversations with our residents; community organisations and wider stakeholders will also guide our learning.

Who will help us make the difference?

Each of the 5 domains will be led by stakeholders from different parts of the system with the goal of coming together in order to plan key actions and bring about meaningful change.

We will be working through existing partnership groups such as the Nottingham Financial Resilience Partnership, Good Food partnership and Nottingham Together We Move Collaborative. In addition, we want to meaningfully engage with Community and Voluntary Sector (CVS) organisations;

Nottingham City Homes; the Clinical Commissioning Group; Primary Care; and stakeholders within the council (e.g. Planning, Transport, Parks and Open spaces, Leisure and Education).

We want to ensure that the strategy enables learning from Nottingham City residents as a partner in bringing about change.

Do you need help with eating and moving for good health?

The AskLion website has a wealth of information and the support that is on offer within Nottingham to help you eat and move for good health. You can also find out about lots of lots of opportunities to move more.

To find out more about what is on offer please visit: [Search Results | Ask Lion - Nottingham City Directory](#)



### 3) Severe Multiple Disadvantage (SMD)

#### Scope

This workstream will focus on improving the experiences and outcomes of people living in Nottingham that are experiencing SMD. SMD can be defined as experiencing three or more of the following; homelessness, substance misuse, mental health issues, domestic violence and contact with the criminal justice system. We know that people experiencing SMD can feel services are difficult to access and that their care and support can feel fragmented or stigmatising. We also know that people experiencing SMD can sometimes be frequent users of some services including emergency services, but their outcomes are still poorer than the general population.

As SMD is multi-faceted and complex, we need a system-focused approach that brings together lived experience and a range of organisations within the voluntary and community sector with statutory organisations across health, social care, housing and criminal justice.

We are fortunate in Nottingham City to have an existing strong partnership that can support the development of this much needed system approach. As a partnership we will:

- Make sure we listen to the voices of people with lived experience and to frontline workers so that we can identify and address barriers to care and improve the support people receive.
- Improve access to services, resolving problems through greater flexibility and making sure that staff know how to engage effectively with people that experience SMD.
- Help services work more closely together, planning and delivering services around the person rather than expecting people to navigate what can be a very complex system.
- Develop our understanding of the experience of SMD and how that impacts on people's lives.

#### Lived Experience

To hear more about Trevor's story and his journey from offending to prison to recovery, please use the following link: [See The Full Picture — Trevor's Story \(multipledisadvantageday.org\)](https://multipledisadvantageday.org)





How will we know we've made a difference?

We will know if we have made a difference if:

- People experiencing SMD feel involved in all aspects of their care and support and their experiences and voices influence the design and delivery of the care and support that they receive.
- People experiencing SMD are able to access the help and support they need at the right time and feel supported and not stigmatised by the help and support they receive.
- Citizens with the greatest need are able to receive one to one support that will help them navigate services and achieve their goals and aspirations.
- Staff working in all sectors feel better equipped and supported in working with citizens that are experiencing SMD.
- There is more cross-organisational working between services, so that citizens experiencing SMD don't need to tell their story over and over again and don't get lost in the system.
- There is a greater focus on the outcomes for people that experience SMD, to include the citizen's own goals and ambitions as well as wider outcomes relating to health and social care.

Who will help us make the difference?

- People with lived experience
- Nottingham City SMD Partnership
- Nottingham City Changing Futures Programme
- Nottingham City Place Based Partnership
- Nottingham City Health and Wellbeing Board



## 4) Financial Wellbeing

### Scope

Financial wellbeing means being able to meet current needs comfortably and having the financial resilience to maintain this in the future. It builds on the ideas of financial inclusion (access to financial products and services) and financial capability (skills, knowledge, confidence, attitudes and behaviours).

With the cost of living pressures that we are all increasingly facing it is more important than ever to consider the impact this has on our health and wellbeing and how we take a public health approach to make a difference.

Financial difficulties ('money worries') contribute to stress and poor mental wellbeing, and have a negative influence on our health behaviours and choices.

Research indicates there is an association between debt and mental health problems, and an association between living with long-term ill-health and poverty.

We will be considering the enablers of financial wellbeing like access to services and support schemes, and tackling the barriers for financial wellbeing such as indebtedness and educational attainment. Some areas for particular attention will include:

- Crisis provision (foodbanks, emergency grants and loans)
- Access to financial services and products (including credit unions)
- Increasing incomes
- Lifecourse financial capability
- Gambling and gambling-related harm

We will also need to consider the barriers to good employment for different groups of people and how we can collectively seek to ensure good employment opportunities are available to and accessible by all Nottingham communities. This will include working with large 'anchor' institutions in the City but also exploring the role of small and medium-sized enterprises. As well as clearly impacting our income good employment can positively impact on our health and wellbeing in a number of other ways.

### Lived Experience

Poverty and lack of financial wellbeing has so many impacts on both our physical and mental health and wellbeing, including the ability to make plans and connect with others. To hear more about how this impacts on individuals please use this link:

<https://www.jrf.org.uk/video/this-is-poverty>

How will we know we've made a difference?

We will use the Public Health Outcomes Framework indicators on income and earnings, employment, education and training and fuel poverty.

We will work with partners on sharing local data and insight on employment, income, and cost of living pressures.

Hearing the voice of our citizens through local services including welfare advice, foodbanks, and community engagement is really important. The Financial Resilience Partnership conducts an annual survey.

Who will help us make the difference?

We will be working through the Nottingham Financial Resilience Partnership as our key delivery partner.

We want to increase the awareness and skills among health and community staff and volunteers for discussing financial wellbeing.

We want to engage our strategic partners in conversations about living wage, skills development, and the role of anchor institutions.

Where to get help with your financial wellbeing

[The AskLion website has a dedicated 'money' section.](#)

There is a wealth of useful information, including how to get more support on dealing with debts, claiming benefits, reducing your bills and much more.

[www.nottinghamfinancialresilience.org.uk/](http://www.nottinghamfinancialresilience.org.uk/)

# How will we make this happen?

The Strategy is ultimately the responsibility of the Health and Wellbeing Board, however responsibility for oversight of the delivery of the strategy is discharged to the Nottingham City Place-Based Partnership (PBP). This is a broad 'place-based' partnership covering both core providers of health and care services in the City, including GPs, social care, community services and hospitals, as well as wider services provided by the community, voluntary and social enterprise sector.

All partners of the Nottingham City PBP have a key role to play in supporting the health and wellbeing of citizens, working together to provide care and support to the people of Nottingham City, regardless of background, circumstances or where people live in the city.

Partners recognise that if we are to achieve our ambition to improve health and wellbeing and reduce health inequalities of the population of Nottingham, we need to share our collective resource and act as one voice.

To find out more about the Nottingham City PBP you can visit their website [here](#).

The PBP is responsible for driving forward the delivery of the Strategy on behalf of the Health and Wellbeing Board. It will build on its tried and tested programme approach to ensure the successful delivery of the outcomes set out in this Strategy. There are four programmes, one to deliver

each of the Joint Health and Wellbeing Strategy priorities.

## Partnership Approach to Delivery

Programmes are led by designated programme leads from City PBP partner organisations, supported by programme teams made up of members from partner organisations to ensure delivery through an inclusive partnership approach.

Each programme also has an executive sponsor from the PBP Executive (see below). The executive sponsor is typically not from the same organisation, supporting an integrated partnership approach.

Delivery plans will be developed for each of the programmes in line with the delivery principles (see below). Delivery plans will be iterative throughout the life of the Strategy, however initial delivery plans for each programme will be published alongside this Strategy in July 2022. Each programme has a clear set of objectives and outcomes which are jointly owned by partners with accountability for delivery shared between partners.

## Delivery Principles

Since the formation of the PBP, partners have tested different ways of working and through the delivery of dedicated programmes, key delivery principles have been established.



Nottingham Community and Voluntary Service

1. **Citizens and communities at the centre** – People with lived experience are expected to be involved, from the developmental stages, through to the delivery of the programme. ‘I’ or ‘we’ statements are co-produced with people with lived experience to set desired outcomes.
2. **Data and intelligence informed** – Delivery teams use the best available evidence from population and public health data and information to inform decision making. Programmes are developed based upon Joint Strategic Needs Assessments, population health management data and local intelligence.
3. **Outcomes focused** – All programmes are developed with a shared set of outcomes which are jointly developed and owned by partners. Partners share accountability for the outcomes of the programmes.
4. **Equal partners** – Partners are equal members and decisions are made transparently. All partners, including people with lived experience have a voice in decision making.
5. **Best use of resources** – All programme plans must add value and ensure efficient use of collective resources. Programmes will seek to make the best use of collective resources to better meet the holistic needs of people in Nottingham.
6. **Legacy & Evaluation** – All programmes are monitored and evaluated with a focus on ensuring that successes can be built into ‘business as usual’ practice.

This will also be an important part of ensuring that delivery of the Strategy remains ‘on track’ and is achieving its intended outcomes. Whilst some of the key measurable outcomes we hope to impact upon are outlined in the priority sections above we are particularly keen that Nottingham’s communities can see and feel a difference. Understanding the lived experience of people in Nottingham and if and how this is changing will be critical to understanding whether we are being successful or whether we need to revise our approach.

## Supporting Joint Health and Wellbeing Strategy Principles

In addition to the programmes established to deliver the Joint Health and Wellbeing Strategy, the PBP will continue to oversee other partnership programme delivery.

The Joint Health and Wellbeing Strategy programmes are complemented by two cross cutting PBP programmes that will feed into the JHWS programmes. To meet the principle of **parity of mental and physical health and wellbeing**, the PBP mental health programme has input into each of the JHWS programmes.

The PBP programme focused on reducing health inequalities in black, Asian and minority ethnic (BAME) communities also inputs into JHWS programmes, ensuring that each programme pays due regard to inequalities experienced in Nottingham’s diverse communities in delivery. This will particularly contribute to the ambition in this strategy to **reduce inequalities**.

## Involvement of people with lived experience

As noted in the delivery principles, people with lived experience are central to the design, development, and delivery of each of the Health and Wellbeing Strategy programmes.

People have appropriate lived experience in the context of the programmes that they are involved in, ensuring that, at all stages, lived experiences influence decision making. Programme leads ensure the involvement of lived experience to guide programme scoping, development, delivery, and decision making.

## Governance and Reporting

### PBP Programme Oversight Group

Programme leads for each of the four programmes report into the PBP Programme Oversight Group.

The Programme Oversight Group’s primary purpose is to secure the successful delivery of the JHWS and PBP programmes and the realisation of improved outcomes for citizens in Nottingham.

The Programme Oversight Group monitors the progress of the programmes, providing support and challenge to programme leads in alignment with the desired outcomes, key deliverables and related milestones for each programme.

Programme leads are required to report on the progress of the programmes against the agreed outcomes, evidencing how they are meeting the 6 delivery principles.

### PBP Executive

The Programme Oversight Group is supported by the PBP Executive, made up of Chief Executives and Directors from each partner organisation. The Director of Public Health is a core member of the Executive.

The Executive has a broad role in supporting integrated working in Nottingham, including overseeing the design and the development of delegated services and the development of the eight Primary Care Networks. In addition, the Executive is responsible for assuring the Health and Wellbeing Board of the delivery of the Health and wellbeing Strategy programmes.

### Working with the Nottingham and Nottinghamshire Integrated Care System (ICS)

Subject to parliamentary approval, from July 2022, the Nottingham and Nottinghamshire ICS will be established as a statutory NHS body with an Integrated Care Board, responsible for NHS services. The ICS will also have an Integrated Care Partnership (ICP) where the Health and Wellbeing Board and the PBP will be represented. The ICP will have an Integrated Care Strategy to improve health and care outcomes of the population, drawing together the health priorities and priorities in the Nottingham City and Nottinghamshire Country Health and Wellbeing strategies. Where appropriate, the Health and Wellbeing Strategy programmes will work alongside those in Nottinghamshire and across the ICS.

