



# Nottinghamshire County Council

Our strategy for Health and Wellbeing in Nottinghamshire  
Consultation document - priorities 2014 - 2016



## Chairs Introduction

Welcome to the draft Health and Wellbeing Strategy for Nottinghamshire 2014-16.

The Health and Wellbeing Strategy sets the priorities on which the Health and Wellbeing Board will focus its efforts to improve the health and wellbeing in Nottinghamshire. It is essential that these priorities are the right ones, which is why we want to consult with as wide a range of stakeholders as possible before the final version is agreed.

Priorities within the Strategy are grouped into three themes:

- **Prevention and Early Intervention** – to reinvest earlier in pathways to help prevent future problems
- **Supporting Independence** - to retain their independence, improve their own health and wellbeing, and reduce the need for traditional services
- **Promoting Integration across partners** – to provide strong leadership across partners to join up services and deliver consistent messages on key issues

The draft strategy is based on the work of our integrated commissioning groups and reflects priorities common across partner organisations. It identifies where the Health and Wellbeing Board can add the most value through partnership working. It does not override the delivery plans of partners but aims to focus the efforts of the Board.

The Health and Wellbeing Board has representatives from Nottinghamshire County Council, the district and borough councils in Nottinghamshire, the local Clinical Commissioning Groups, Healthwatch Nottinghamshire and NHS England and its strength lies in a common purpose to work together across health, social care and wider communities to improve health and wellbeing opportunities for all.

On behalf of the Board I would like to thank you for reading our proposal to improve health and wellbeing in Nottinghamshire. We have a real opportunity to make a difference in this new and exciting partnership, so would like to hear your views on this proposal and the action it sets out. Details of how you can give your feedback can be found on page 9.

**Councillor Joyce Bosnjak**  
**Chair of the Nottinghamshire Health and Wellbeing Board**

## Contents

---

1.	Our Ambition.....	3
1.1.	What do we mean by Health and Wellbeing .....	3
2.	The Health and Wellbeing Board and its Partners .....	3
3.	A Picture of Nottinghamshire .....	4
3.1.	Local Population: .....	4
3.2.	Health and Wellbeing in Nottinghamshire: A Summary .....	5
3.3.	Health and Wellbeing Inequalities in Nottinghamshire.....	5
4.	Our Principles and Priorities .....	8
4.1.	Our Principles .....	8
4.2.	Our Priorities.....	9
4.3.	Financial Context.....	9
4.4.	Measuring Success: Nottinghamshire Local Outcomes Framework.....	10
5.	Consultation Questions.....	10
6.	Next Steps .....	13
7.	Health and Wellbeing Priority Actions.....	14

## 1. OUR AMBITION

**We want the people of Nottinghamshire to live longer, be healthier and have a better quality of life.**

**Through integrating health, social care and wider public services, we want to make a real difference in improving health and wellbeing opportunities for all.**

### 1.1. What do we mean by Health and Wellbeing

Health is often stated as being an absence of illness or disability. However, health and wellbeing recognises that a persons' overall feeling of 'wellness' has wider influences. Physical, mental and social wellbeing all affects a person's life experience.

**Figure One** illustrates the layers of influence that determine health and wellbeing in our communities or neighbourhoods.



Source: Barton and Grant (2006)

## 2. THE HEALTH AND WELLBEING BOARD AND ITS PARTNERS

On the 1 April 2013, the Nottinghamshire Health and Wellbeing Board took on its legal responsibilities under the Health and Social Care Act (2012). Its main duties are to develop a supporting strategy to meet the health and wellbeing needs of local people. In doing so, it must promote integrated working to deliver joined up care, wherever possible.

The shadow Nottinghamshire Health and Wellbeing Board has been in operation since May 2011 and has provided leadership and structure to how the Health and Wellbeing Strategy is delivered.

The Nottinghamshire Health and Wellbeing Board is a partnership committee, which is chaired by the Deputy Leader of Nottinghamshire County Council.

**Partner organisations that are members of the Health and Wellbeing Board are:**

**Local Authorities:** Nottinghamshire County Council, Gedling Borough Council and Newark and Sherwood District Council. District membership is currently being reviewed. In the meantime, Ashfield District Council, Bassetlaw District Council, Broxtowe Borough Council, Mansfield District Council, and Rushcliffe Borough Council are represented through Gedling Borough Council and Newark and Sherwood District Council representatives.

**The NHS:** NHS Bassetlaw Clinical Commissioning Group (CCG), NHS Mansfield and Ashfield CCG, NHS Newark and Sherwood CCG, NHS Nottingham North and East CCG, NHS Nottingham West CCG and NHS Rushcliffe CCG, NHS England Area Team.

**Healthwatch:** Healthwatch Nottinghamshire.

**Other Partners:** In addition, there is a wide network of important partners which work together to influence health and wellbeing, these include:

Nottinghamshire Police, Nottinghamshire Fire and Rescue, Nottinghamshire Probation Trust, Public Health England, Jobcentre Plus, as well as the education and business sector.

Partnership boards include the Safer Nottinghamshire Board (SNB), Adult and Children's Safeguarding Boards, the Children's Trust and district level health partnerships groups and Community Safety Partnerships.

**Providers of services for health and wellbeing:** The largest health providers within Nottinghamshire include Nottingham University Hospitals NHS Trust, Nottinghamshire Healthcare NHS Foundation Trust, Sherwood Forest Hospitals NHS Foundation Trust, Doncaster and Bassetlaw Hospitals NHS Foundation Trust and East Midlands Ambulance Service NHS Trust. Across health and social care, there are a wide range of providers including private, independent and voluntary sector providers.

**Our strategy will be published by Nottinghamshire County Council, as the lead partner with legal responsibility for the Health and Wellbeing Boards function.**

## 3. A PICTURE OF NOTTINGHAMSHIRE

---

### 3.1. Local Population:

In 2011, the resident population of Nottinghamshire was 785,802 (Census 2011), an increase of 5% since 2001. 18% were aged 65 and over (compared with 16% in England) and 18% were aged under 16 years (compared with 19% in England). The proportion of younger people (aged under 20 years) was highest in Ashfield and Mansfield. The proportion of older people (aged 65+) was highest in Newark and Sherwood, Gedling and Bassetlaw.

#### **General health and wellbeing:**

9.7% of people across Nottinghamshire identified themselves as having a long-term condition that limited daily activities a lot, compared with 8.7% in the East Midlands (Census 2011). 79% of residents felt they had good or very good health (Census 2011) though this varied across the County with only 76% in Mansfield but 85% in Rushcliffe.

## 3.2. Health and Wellbeing Inequalities in Nottinghamshire

Health is improving but not at the same rate for everyone. Some health differences are to be expected, for example, older people are more likely to become ill, and so can be expected to consume more health and social care resources.

Some groups have a higher presence of disease, worse health outcomes, or worse access to health care that cannot be explained by differences in need. These represent the true meaning of health inequities - unfair and avoidable differences in health that are a consequence of where people are born, grow, live, work and age. Those born into disadvantaged groups are likely to die at a younger age and live more of their lives in ill health than average. The districts of Nottinghamshire have a similar range of general health needs, however inequalities exist across the County which are described in section 3.3 below.

## 3.3. Health and Wellbeing in Nottinghamshire: A Summary of Local Need

### Prevention, Behaviour Change & Social attitudes

**Smoking** is still the leading cause of ill health and preventable death. 21.3% of adults in Nottinghamshire smoke. This is higher than the national average for England, which is 20.8% (Report on Smoking to Health and Wellbeing Board, Sept 2012). A significantly higher proportion of women smoke in pregnancy in Nottinghamshire compared with England (APHO Health Profile 2012).

**Drug and alcohol misuse** have a negative effect on the health, wellbeing and quality of life for those directly or indirectly affected. It also places demand on public resources and the links between alcohol and violent crime are evident. In Nottinghamshire the prevalence of drug misuse is significantly higher than the England average (APHO Health Profile 2012). In addition the prevalence of both drug misuse and hospital stays for alcohol related harm have increased year on year (APHO Health Profiles). It is estimated that there are 4,700 opiate and/or crack users, 120,000 high risk drinkers and 21,000 dependent drinkers in Nottinghamshire. The north of the County experiences more drug or alcohol-related harm compared to the south of the County. Those in treatment for drug or alcohol misuse often report issues with both drugs and alcohol.

**Obesity** in adults and children leads to an increase in the likelihood of chronic long-term disability and life shortening conditions. Almost a quarter of adults (24%) are estimated to be obese with higher rates in the north and west of the County. Positively, there has been a significant decrease in obesity prevalence at Reception (age 4-5) across Nottinghamshire County between 2007/8 and 2010/11. However, there was no difference in levels of obesity by year 6 over the same 4 year period (Report on Obesity to Health and Wellbeing Board, June 2012).

**Sexual health** is an important issue for Nottinghamshire County as many sexually transmitted infections have long-term effects on health including: increasing risk of cancer, infertility, cardiovascular, neurological, and suppression of the immune system. Young adults (age 15-24) make up only 25% of the sexually active population but represent almost 50% of all new acquired sexually transmitted diseases. The numbers of people accessing HIV services have increased year-on-year and in 2011 311 patients were using services. Nottinghamshire has a continuous downward trend in teenage pregnancies. However, some wards do still have higher rates than the national average. (Report on Sexual Health to Health and Wellbeing Board, March 2013)

### Children, Young People & Families

In Nottinghamshire, the population aged 0-19 is increasing, although not quite as much as nationally. As in the rest of the country, there are increasing numbers of children and young people with complex health needs and disabilities. Although in many ways, children and young people across Nottinghamshire have outcomes in line with national averages, children from vulnerable groups do less well. Children and young people in some localities have poorer outcomes, as do those who are living in poverty, who are looked after by the

local authority or who are disabled. Those communities where children do less well are usually those with higher levels of child poverty. They often have poorer health outcomes, including higher levels of child obesity.

Overall, the educational attainment of children and young people in Nottinghamshire is better than the national average (at ages 11 and 16), but there is an attainment gap between those who are eligible for free school meals and their peers. Children are affected by issues within families, such as domestic violence, or drug and alcohol use by parents and carers, as well as by issues in their communities, such as crime levels. Homelessness is now increasing, having reduced significantly in recent years, affecting both families with children and young people who are living independently.

### **Adult and Health Inequality Priorities –**

**Mental ill health** is widespread; at least one in four people will experience a mental health problem at some point in their life. Mental health problems have complex causes and effects, involving social and economic circumstances, and having a mental health problem also increases the risk of physical ill health. 83,215 people age 16-64 years in Nottinghamshire are estimated to have a mental health disorder, of which 93% are common mental health disorders (PANSI).

There is significant variation in the prevalence of mental illness, rates of suicide, rates of self-harm and proportion of benefits claimants between districts in Nottinghamshire, broadly reflecting the variation in levels of deprivation.



**Levels of disability** in Nottinghamshire (20%) are higher than both the East Midlands (19%) and England (18%) and patterns of disability reflect variations in deprivation. (Levels are highest in Mansfield, 24% and lowest in Rushcliffe at 16%). It is estimated that in 2012 there were 38,891 people with moderate and 11,717 with severe physical disabilities. People with disability have more difficulty accessing services and are at increased risk of other physical health problems.

There were around 4,400 people with a visual impairment and 2,500 people with a hearing impairment in contact with services in Nottinghamshire in 2012. However it is likely that a number of people with sensory impairments are not registered for services and therefore the needs of these people are unknown. Sensory impairment can impact on every daily living skill and can be extremely isolating with access to services presenting particular difficulties. Acquired deafness with age is expected to increase across Nottinghamshire.

**People with learning disabilities** die younger and have poorer health than the general population. These differences are, to some extent, avoidable and therefore represent health inequalities. It is estimated that about 14,715 people over the age of 18 in Nottinghamshire have a learning disability. In Nottinghamshire a higher proportion of people with learning disabilities than the national average live in their own homes (25%) and the percentage in paid employment (10%) is in line with the national average. A Nottinghamshire survey suggested around a third of people with learning disabilities would like to move, or would need to move (e.g. due to ageing family carers), in the next five years. There are concerns locally about levels of hate crime experienced by people with a learning disability.

**Autistic Spectrum Disorder (ASD)** is defined as a lifelong developmental disability that affects how a person communicates with, and relates to, other people. An estimated 4,829 people aged between 18 and 64 have ASD in Nottinghamshire. Around 50% of people with

ASD also have a learning disability. People with ASD are much more likely to have mental health problems than the general population and a number of other conditions occur at a higher rate in people with ASD, including epilepsy and attention deficit hyperactivity disorder.

**Long Term Conditions** In general, the prevalence of many long-term conditions in Nottinghamshire is similar to the national average. The most common long-term conditions are hypertension, common mental health disorders, asthma, chronic kidney disease, diabetes, chronic back pain and coronary heart disease. Most long-term conditions are more prevalent in more deprived communities. The estimated number of hypertension sufferers in the county is 210,285, well above the next most common long-term condition (mental health with 83,215 sufferers). A relatively high proportion of people with some long-term conditions remain undiagnosed and therefore untreated, this includes those with hypertension, diabetes, COPD (Chronic Obstructive Pulmonary Disease), dementia and chronic kidney disease.



**Older People:** Census figures showed that the population living in Nottinghamshire aged 65+ has increased from 16.5% in 2001 to 18% in 2011. It is estimated that by 2020 21% of the total population will be aged 65+ (POPPI). The highest number of older people live in Newark and Sherwood, Gedling and Bassetlaw. Health and wellbeing needs of both an ageing and diverse population will need to be addressed.

**Dementia** is one of the main causes of disability in later life and the number of people with dementia is rising as the population ages. The prevalence of dementia is expected to rise across Nottinghamshire by 88% between 2010 and 2030, with an estimated 18,400 people affected due to the ageing population. The rate of increase for Nottinghamshire is expected to be higher than for the East Midlands. Currently it is estimated that only about 40% of people with dementia are diagnosed and treated by their GP.

**Carers** In 2011 90,698 people were providing unpaid care in Nottinghamshire which is an increase of 7,517 since the 2001 Census. In addition, 2% of the 0-15 population in Nottinghamshire have caring responsibilities for another person (Census 2001). Of those adults providing unpaid care, 24% provided 50 or more hours per week, compared with 21% in the 2001 Census. A small survey of 19 of the county's young carers found that the average number of hours worked per day was 3.9 (weekdays), and 11.1 hours per weekend. Provision of unpaid care is highest in the north of the County.

### **The Wider Determinants Of Health & Wellbeing**

Benefit claimant rates were lower in Nottinghamshire in May (3.2%) 2013 compared with the East Midlands (3.5%) or UK (3.7). Employment within industry sector shows that a higher proportion are employed within Manufacturing within Nottinghamshire (12%) compared with England (9%), particularly in Ashfield (16%) (Census 2011).

Dwelling burglaries represented 5% of notifiable offences in Nottinghamshire in 2010/11 however this varied across Nottinghamshire with 9% in Rushcliffe and 3% in Mansfield. The number of reported incidents for violence, assault or harassment were highest in Ashfield and Mansfield and lowest in Rushcliffe and Broxtowe in 2010/11.

**Domestic violence** has physical, psychological and further consequences on health and wellbeing for the victim and children who are exposed to domestic violence in the home. The majority of domestic violence incidents are not disclosed to the authorities but findings from the British Crime Survey 2011/12 show that around 30% of women will experience domestic violence at some point in their lives, equating to around 70,000 women in Nottinghamshire. Reported incidents of domestic violence have increased across



Nottinghamshire between 2007-2012 and were highest in Ashfield and Mansfield (Report on Domestic Violence to Health and Wellbeing Board, Jan 2013).

**Housing** The relationship between health and housing is well documented: fuel poverty, the condition of homes, suitable sustainable accommodation (given the ageing population), and affordable homes have been identified as key factors affecting physical and mental health. In Nottinghamshire 1.4% of homes had no central heating (Census 2011) which is lower than England (2.7%). Within Nottinghamshire, Broxtowe (1.8%) and Gedling (1.7%) had the highest percentage of homes without central heating. In 2011 13% of households in Nottinghamshire were socially rented compared with England 18% (Census 2011).

**Road traffic collisions** (RTCs) are the single largest cause of premature death and serious injury in the country and they are largely preventable if the right resources, strategies and interventions are in place. In Nottinghamshire, around 70 people are killed and seriously injured every week on the County's roads. The rate of road injuries and deaths is significantly higher than the England average (APHO Health Profile 2012); however the rate has been falling year on year. Young people under the age of 25 years, road type (rural) and driver behaviours (speeding, using mobile phones, drink driving, not wearing a seatbelt) all contribute to increase an increased risk of a road traffic collisions.

Our JSNA is currently being updated. Further Information is available from: The Nottinghamshire County Joint Strategic Needs assessment available at:

<http://www.nottinghamshire.gov.uk/home/youandyourcommunity/factsaboutnotts.htm>

Public Health Observatory health profiles available at:

[http://www.apho.org.uk/default.aspx?QN=P\\_HEALTH\\_PROFILES](http://www.apho.org.uk/default.aspx?QN=P_HEALTH_PROFILES)

## 4. OUR PRINCIPLES AND PRIORITIES

---

### 4.1. Our Principles

Our first Health and Wellbeing Strategy for Nottinghamshire agreed common priorities across members of the Health and Wellbeing Board. This strategy aims to use the power of the Health and Wellbeing Board to overcome complex and challenging issues where joined up working is essential.

The Health and Wellbeing Board has agreed the following three principles to help Nottinghamshire transform its health and wellbeing services to deliver more for less, and make sure we target resources where they are most needed.

**1. Prevention and Early Intervention** – all services have a 'pathway of care' ranging from prevention, through to treatment of complex problems. By investing in services earlier in the pathway, the Health and Wellbeing Strategy will help reach more people; support them to maintain their own health and wellbeing; and prevent future problems, reducing the need for more complex treatment.

**For example**, the obesity pathway involves the following levels:

- a. Healthy eating and lifestyle services give advice to people, helping them make changes to their lifestyle, and preventing them getting overweight.
- b. Weight Management Services identify obesity problems early and support people to make the necessary changes to reduce their weight.
- c. Specialist services for severely overweight people which offer specialist care for people that cannot manage their weight through diet and exercise.

**2. Supporting Independence** – People manage their own health and wellbeing issues throughout their lives. However at times, some people need extra support to help them retain their independence. By investing in services to support people, the

Strategy will help people maintain their own health and wellbeing, and reduce the need for traditional health and social care services.

**For example**, the Handy Persons Adaptation Scheme offers quick and cheap adaptation work from approved traders, such as fitting grab rails or fixing loose carpets. These small aids can help improve confidence in the home, and help prevent falls.

- 3. Promoting Integration across partners** – The greatest benefit of the Health and Wellbeing Board is to provide strong leadership across partners to improve health and wellbeing. This collective vision is the catalyst for joining services up and making sure that health and wellbeing services work together; sharing information to deliver consistent care or advice, wherever people live and whichever service they use.

**For example**, the Multi-Agency Safeguarding Hub (MASH) provides a single point of contact for new safeguarding concerns for both children and vulnerable adults. It involves staff from the Police, Health, Children's Social Care and Adult Safeguarding working together to significantly improve the sharing of information between agencies, helping to protect the most vulnerable children and adults from harm, neglect and abuse.

By supporting people to manage their own care where possible, providing support services where needed to prevent long term problems and joining these services up to offer consistent care across the system, the Health and Wellbeing Board will achieve improvements in health and wellbeing to address local need.

## 4.2. Our Priorities

Review of the Joint Strategic Needs assessment tells us that the areas of local need have not changed significantly since the first Health and Wellbeing Strategy was produced. These are wide ranging and cover the following areas:

- **Prevention: Behaviour Change and Social Attitudes** – smoking, obesity, drugs and alcohol, and sexual health.
- **Children, Young People and Families** – proposed health and wellbeing areas for the Children, Young People and Families Plan, including integrated children's services for health and wellbeing, early help services, support for children with complex needs or disabilities, and safeguarding.
- **Adult and Health Inequality Priorities** – carers, physical disability and sensory Impairment (Long Term Conditions,) mental health and emotional wellbeing, older people, dementia, learning disability, Autistic Spectrum Disorders.
- **The Wider Determinants of Health and Wellbeing** – community safety and violence - domestic violence and healthy environments in which to live, work and play – housing.

**Table One included in section 7** outlines the proposed priority actions to help improve health and wellbeing by tackling these areas of local need. Each action applies the principles of the Health and Wellbeing Board to invest effort where it will make the most difference.

Our strategy illustrates the wide range of individual local needs. In practice, we know that people often have multiple needs. Therefore we encourage a person-centred approach to deliver services that tackle the multiple needs of an individual, their families and communities and promote joined up services across our health and wellbeing partners.

## 4.3. Financial Context

Across the Nottinghamshire health and local government community, there is a need to save approximately £600 million from an expenditure of £1.8 billion over the next 3 years. A large amount of this money will be reinvested in health and local government

services to meet the needs of an ageing population and increasing costs from medical advances and rising service costs.

The Health and Wellbeing Board is committed to improving health and wellbeing for local people. To do this, it must prioritise areas of greater need and greater potential to make improvements, so that it can make the best use of available finances.

The Board will take advantage of new structures and strengthened relationships to transform health and wellbeing services. It will lead the development of integrated approaches to achieve benefits that cannot be achieved by any single organisation alone. This will require health, social care, housing, planning and other partners to work together and behave differently; building positive outcomes that further develop trust and confidence within partnerships.

#### **4.4. Measuring Success: Nottinghamshire Local Outcomes Framework**

It is important to make sure that real health and wellbeing improvements are delivered through the implementation of the strategy. In addition to citizen feedback, the best way to achieve this at a service level, is to use recognised measures to monitor the benefits arising from agreed priority actions.

There are currently three national outcomes frameworks that are particularly relevant to local authority health and wellbeing strategies (June 2013). These are:

- The Adult Social Care Outcomes Framework (ASCOF)
- The NHS Outcomes Framework (NHSOF) and
- The Public Health Outcomes Framework (PHOF).

A Children and Young People's Health Outcomes Framework is also planned following a national strategy report in January 2013.

Each of these sets out a range of indicators that attempt to cover health and wellbeing priorities. The Outcomes Frameworks are all structured differently; together they embrace several hundred separate indicators.

The Local Outcomes Framework is a tool developed in Nottinghamshire to assess the success of the Health and Wellbeing Strategy. The indicators in the Local Outcomes Framework are derived from the national documents listed above, but also reflect agreed national and local measures that complement the national outcomes frameworks.

## **5. CONSULTATION QUESTIONS**

---

This consultation will help us to understand what people think are the real priorities for improving health and wellbeing in Nottinghamshire. The information that you give us will be carefully considered and will help us to shape the future priorities for the county.

A full copy of this draft strategy document can be viewed at:

<http://www.nottinghamshire.gov.uk/caring/yourhealth/developing-health-services/health-and-wellbeing-board/strategy/>

Please send your comments by 26<sup>th</sup> September 2013.

If you are able to respond to the survey online it will help the council to save money.

We would like to reassure you that your comments and suggestions will remain strictly confidential.

You can also send your comments via email to: [hwsconsultation@nottscc.gov.uk](mailto:hwsconsultation@nottscc.gov.uk)

If you do not have internet access you can send this form to the Freepost address:  
 Freepost RTCU-CTYJ-XXKA, Nottinghamshire County Council, County Hall, Loughborough Road,  
 West Bridgford, NOTTINGHAM, NG2 7QP

<b>Questions for consultation</b>		
How would you like to be kept informed about the Health and Wellbeing Board's work?		
How are you responding to this survey? (Tick all that apply)		
<input type="checkbox"/> As a Nottinghamshire County resident <input type="checkbox"/> As a Nottinghamshire County Council employee <input type="checkbox"/> As a Councillor or politician <input type="checkbox"/> On behalf of a voluntary organisation <input type="checkbox"/> On behalf of a local business <input type="checkbox"/> On behalf of a local community group		
If you are responding on behalf of a group or organisation please say which one:		
If you are responding as a member of the public, in which area of Nottinghamshire do you live?		
<p>The Health and Wellbeing Board feels that the following principles are the most important to improving health and wellbeing. Therefore any action to deliver improvements should fit with these principles:</p> <ol style="list-style-type: none"> <li>1. Investment in <b>prevention and early intervention</b> services to help prevent future problems</li> <li>2. <b>Supporting people to retain their independence</b>, improve their own health and wellbeing, and reduce the need for traditional services</li> <li>3. <b>Promoting integration across partners</b> by providing strong leadership across partners to join up services and deliver consistent messages on key issues</li> </ol>		
Do you think these are the right principles for the Health and Wellbeing Board?		
What other principles would you suggest to improve health and wellbeing in Nottinghamshire?		
Please read the priorities for the next 2 years which are grouped under each principle on pages 8 to 9 of the Strategy document.		
Is it clear by reading the strategy what the suggested priority areas are for 2014-16?		
Yes	No	Not sure
If no – please say why:		

**Prevention and early intervention**

Do you think we are prioritising the right actions to improve prevention and early intervention? (see pages 14 - 22)

Is there anything you think we have missed that should also be a priority?

How can local communities and voluntary groups be engaged in achieving the outcomes?

**Supporting Independence**

Do you think we are prioritising the right actions to support independence? (see pages 14 - 22)

Is there anything else you think we have missed that should also be a priority?

How can local communities and voluntary groups be engaged in achieving the outcomes?

**Promoting integration across partners**

Do you think we are prioritising the right actions to promote integration across partners? (see pages 14 - 22)

Is there anything else you think we have missed that should also be a priority?

How can local communities and voluntary groups be engaged in achieving the outcomes?

**Further comments**

Is there anything else you would like to say about this strategy or about health and wellbeing issues in Nottinghamshire more generally?

What do you think are the top priorities for improving health and wellbeing in Nottinghamshire? Please give the reasons for your answer.

There is a Health and Wellbeing Board Stakeholder Network which meets three times a year to look at particular issues and to provide feedback to the Health and Wellbeing Board. If you would like to join the Network please provide your email contact details:

Name:

Email address:

These questions are available in an online survey via the following link:

<http://www.nottinghamshire.gov.uk/caring/yourhealth/developing-health-services/health-and-wellbeing-board/strategy/>

If you have completed this form and wish to post it please send it to the following Freepost address:

Freepost RTCU-CTYJ-XXKA  
Nottinghamshire County Council  
County Hall  
Loughborough Road  
West Bridgford  
NOTTINGHAM  
NG2 7QP

## 6. NEXT STEPS

---

The Health & Wellbeing Strategy consultation involves a range of consultation events across the County in addition to online and postal feedback mechanisms, to encourage comments by local residents and partners.

The consultation closes on **26 September 2013**. After this date, all comments will be reviewed and changes made to the draft strategy to reflect the feedback received.

A formal consultation response will be produced and made available through the Nottinghamshire County Council website from January 2014.

The Health & Wellbeing Board plans to consider the final Health & Wellbeing Strategy for approval at its meeting on 8 January 2014.

## 7. HEALTH AND WELLBEING PRIORITY ACTIONS

Table One below describes the Health and wellbeing priority actions for 2014 – 16 and shows how they link with the Health and Wellbeing Board's principles.

### Prevention: Behaviour Change and Social Attitudes

<p><b>Tobacco Control</b></p> <p><b>Why is this a priority?</b> In England around 79,100 deaths (18% of all deaths of adults aged 35 and over) are estimated to be caused by smoking. In Nottinghamshire around 20% of adults smoke. Despite services to help people quit, smoking continues to highlight significant health inequalities and is the leading cause of preventable ill health and death.</p>		
<p><b>How does this link with the Principles of the Health and Wellbeing Board</b></p>		
<p><b>Early Intervention and Prevention</b></p> <p>Deliver appropriate brief intervention training to frontline health, social and voluntary sector staff</p> <p>Develop peer support programmes to work with young people to support healthy lifestyle choices.</p> <p>Develop a supportive service to help people extend smokefree environments and change their smoking behaviour to reduce the harm to themselves and others, particularly vulnerable people and children.</p>	<p><b>Supporting Independence</b></p> <p>Extend tailored and targeted stop smoking services to meet the needs of local population especially :</p> <ul style="list-style-type: none"> <li>• Routine and Manual workers</li> <li>• Young People</li> <li>• Pregnant women.</li> </ul>	<p><b>Promoting Integration across partners</b></p> <p>Promote smoke-free pledges and usage of the smoke-free website</p> <p>Work with Trading Standards and HMRC to raise awareness and increase intelligence sharing around illicit tobacco in Nottinghamshire.</p>
<p><b>Obesity and Maintaining Healthy Weight:</b></p> <p><b>Why is this a priority?</b> Obesity increases the risk of Type 2 diabetes, cancer and heart disease. It shortens life expectancy by 9 years. In Nottinghamshire, 8.5% of children aged 4/5 are obese and at the age of 10/11 this doubles to 17.4%. There is a need to tackle elements of the environment that are 'obesity promoting' as well as providing people with the support and motivation to improve their diet and physical activity levels.</p>		
<p><b>How does this link with the Principles of the Health and Wellbeing Board</b></p>		
<p><b>Early Intervention and Prevention</b></p> <p>Increase the number of healthier choices available in out of home food provision such as fast food outlets.</p>	<p><b>Supporting Independence</b></p> <p>Establish obesity prevention and weight management services in each district</p> <ul style="list-style-type: none"> <li>• Decommission current services and commission countywide integrated obesity prevention and weight management services for children and adults.</li> </ul>	<p><b>Promoting Integration across partners</b></p> <p>Ensure Workplace strategies are in place which promote healthy eating and physical activity.</p>

<p>Increase the number of workplaces that are promoting and supporting physical activity, healthy eating initiatives and weight management support.</p>	<p>Develop access to personalised advice and support for both children and adults with excess weight to meet the needs of the local population.</p>	
<p><b>Drugs and Alcohol:</b>  <b>Why is this a priority?</b> Nottinghamshire experiences a wide range of drug and alcohol misuse (substance misuse) related issues, with the north of the county experiencing the greatest level of harm in terms of problematic drug and alcohol use. Intelligence continues to suggest that all drugs appear to be readily available, drug use patterns are changing and new synthetic drugs ('legal highs') being used. Nottinghamshire has approx. 111,000 (20%) people drinking at levels that are increasing their risk of health problems.</p>		
<p><b>How does this link with the Principles of the Health and Wellbeing Board</b></p>		
<p><b>Early Intervention and Prevention</b>          Improve the way in which we identify and support the needs of the individual, children and young people and parents in relation to their substance misuse needs by intervening earlier          (Nottinghamshire Substance misuse strategy priority)  <ul style="list-style-type: none"> <li>• Increase awareness of the impacts of drugs and alcohol through appropriate channels/media to all ages.</li> <li>• Implement Alcohol Diversion scheme</li> <li>• Implement Young Person's Substance Misuse Diversion Scheme.</li> <li>• Implement intensive Youth Support Project in Manton and Coxmoor.</li> </ul> </p>	<p><b>Supporting Independence</b>          Commissioned locality based substance misuse services, in partnership plus areas that support the needs of the individual, their families and carers to enhance their recovery potential - (Nottinghamshire Substance misuse strategy priority)  <ul style="list-style-type: none"> <li>• Ensure alcohol Identification and Brief Advice is offered routinely by primary care.</li> <li>• Ensure accessible substance misuse services are in place across the county to meet the needs of the local population.</li> </ul> </p>	<p><b>Promoting Integration across partners</b>          Ensure alcohol Identification and Brief Advice is offered routinely by partners.           Ensure Workplace substance misuse strategies are in place.</p>
<p><b>Sexual Health:</b>  <b>Why is this a priority?</b> There continues to be an increase in risky sexual behaviour, with continued ignorance about the possible consequences. Furthermore, there is a clear relationship between sexual ill health, poverty and social exclusion in Nottinghamshire. 15% of young adults between the age of 18 and 26 have had a sexually transmitted disease in the last year. Between 10 and 20% Chlamydia cases result in infertility. The proportion of heterosexuals who acquire their HIV infection in the UK continues to increase.</p>		
<p><b>How does this link with the Principles of the Health and Wellbeing Board</b></p>		
<p><b>Early Intervention and Prevention</b>          Increase awareness of sexually transmitted infections through appropriate channels/media to all ages.</p>	<p><b>Supporting Independence</b>          Ensure chlamydia testing is offered routinely by providers offering sexual health services and increase the number of people testing for Chlamydia within sexual health services.</p>	<p><b>Promoting Integration across partners</b>          Ensure availability of targeted testing at the point of access in community settings.</p>



<p>Increase awareness of the importance of early HIV testing</p> <p>Extend of the availability of the Sexual Relationship Education into schools.</p> <p>Increase access to all methods of contraception including Long Acting Reversible contraception and Emergency Hormonal contraception for women of all ages and their partners</p> <p>See also Children, Young People and Families priorities</p>	<p>Ensure accessible sexual health services are in place across the county to meet the needs of the local population.</p>
--	---

**Children, Young People and Families**

**Children’s Health and Wellbeing and Early Help Services**

**Why is this a priority?** The development of effective health and wellbeing and early help services are critical at a time of reducing resources across the public sector and rising demand for specialist services. More effective early intervention and prevention services and more integration of services will result in fewer inappropriate referrals to specialist services, and in children, young people and their families receiving the support they require much earlier and at a reduced cost. Ensuring positive emotional health very early in life can improve health outcomes, life expectancy, educational and economic outcomes and reduce crime and violence.

Early help services support action to tackle child poverty and educational attainment.

<b>How does this link with the Principles of the Health and Wellbeing Board</b>	
<b>Early Intervention and Prevention</b>	<b>Promoting Integration across partners</b>
<p>Deliver activities aimed at closing the gaps in educational achievement between more vulnerable children/young people and their peers</p> <p>Prevent teenage conception and poor sexual health and improve outcomes for teenage parents and their children.</p> <p>Support the development and implementation of Children and Young People’s IAPT (Improving Access to Psychological Therapies.)</p>	<p>Develop and implement a ‘behaviour pathway’ that includes Autistic Spectrum Disorder, Attention Deficit Hyperactivity Disorder and Challenging behaviour.</p> <p>See also Learning Disability and Autistic Spectrum Disorders section.</p> <p>Deliver integrated commissioning arrangements to improve children and young people’s health and wellbeing.</p> <p>Continue to develop an integrated approach to the delivery of early help services.</p> <p>Further develop locality-based service delivery of multi-agency support for children, young people and families.</p>

<p>Revise and update the Pathway to Provision to reflect developing service delivery arrangements and simplified arrangements for access.</p> <p>Devolve funding for the support of pupils with emotional and behavioural difficulties to schools and transfer responsibilities to local School Behaviour and Attendance Partnerships.</p>		
<p><b><u>Children with Complex Needs and/or Disabilities</u></b></p> <p><b>Why is this a priority?</b> A recent joint needs assessment for children with disabilities, highlighted the following priorities to address identified gaps and improve the effectiveness of services for disabled children; to develop multi-agency approaches to improve outcomes, to improve education outcomes, to improve health outcomes, to improve outcomes for children and their families and to sustain and build on safeguarding improvements.</p>		
<p><b>How does this link with the Principles of the Health and Wellbeing Board</b></p>		
<p><b>Early Intervention and Prevention</b></p>	<p><b>Supporting Independence</b></p>	<p><b>Promoting Integration across partners</b></p>
<p>NB: the following actions cut across all principles</p> <p>Implement the recommendations from the Integrated Children and Young People's Community Healthcare Programme report.</p>	<p>NB: the following actions cut across all principles</p> <p>Implement the recommendations of Nottinghamshire's Special Educational Needs Pathfinder through the 'One Plan' Project.</p>	<p>NB: the following actions cut across all principles</p> <p>Ensure the Disabled Children's Charter is achieved.</p>

**Safeguarding**

**Why is this a priority?**

Children and young people need to be and feel safe so that they can achieve their full potential. Adult Social Care and Health services also have responsibility to ensure that vulnerable adults are safeguarded against harm. This includes a statutory duty to ensure people who lack mental capacity have their needs met through Deprivation of Liberty Safeguards.

All partner organisations have a role in safeguarding, with Children's Social Care leading on the protection of the most vulnerable children and Adult Social Care and Health leading for adults.

<p><b>How does this link with the Principles of the Health and Wellbeing Board</b></p>		
<p><b>Early Intervention and Prevention</b></p>	<p><b>Supporting Independence</b></p>	<p><b>Promoting Integration across partners</b></p>
<p>Identification of and support for children exposed to parental mental health, substance misuse and domestic violence issues.</p>	<p>Deliver activities to promote the wellbeing of Looked After Children</p>	<p>Further develop partnership safeguarding arrangements in line with national guidance and evidence of best practice.</p>

	<p>Identify further action to reduce Child Sexual Exploitation in Nottinghamshire.</p> <p>Work with providers of care services to ensure that vulnerable adults and older people who receive care services are safeguarded against harm.</p>	<p>Support the delivery of the Multi-Agency Safeguarding Hub (MASH.)</p>
--	--	--

**Wider Determinants of Health and Wellbeing**

**Community Safety and Violence Prevention – Domestic Violence**

**Why is this a priority?**

One in four women experience domestic violence across their life time and one in ten in any given year. The estimated number of female (16-59 years) victims of domestic violence in Nottinghamshire is between 66,000 and 73,000 across their lifetime and between 16,000 and 25,000 in any one year. Domestic violence in men is less common, but still represents an important element of this priority.

General Practice can play an instrumental role in responding to and preventing further domestic violence.

**How does this link with the Principles of the Health and Wellbeing Board**

<p><b><u>Early Intervention and Prevention</u></b></p> <p>Implement the Identification and Referral to Improve Safety (IRIS) approach in General Practice in all CCGs.</p> <p>Use contractual levers to ensure that Midwifery services routinely ask about, record disclosure and refer pregnant women experiencing domestic abuse.</p>	<p><b><u>Supporting Independence</u></b></p>	<p><b><u>Promoting Integration across partners</u></b></p> <p>Ensure General Practices participate in Multi-Agency Risk Assessment Conference (MARAC) in all CCGs.</p> <p>Ensure all secondary care departments take action to improve information sharing, where required in relation to domestic violence with General Practice.</p>
---	--	--

**Healthy environments in which to live, work and play**

**- Housing**

**Why is this a priority?** The Place where we live, work and play needs to include quality and affordable housing meeting all of the current 'green' requirements, as well as having access to employment, travel (affordable transport links), leisure (parks and green space) and other essential requirements such as health care and schooling. All these elements contribute to improved wellbeing.

Specific needs around housing are being highlighted in joint work across Nottinghamshire. Action will be required to improve health and wellbeing for communities.

- Fuel Poverty and Affordable Warmth - Around 20% of excess winter deaths can be attributed to cold housing.
- General Housing Stock Condition and Adaptations - cardiovascular disease, respiratory diseases, rheumatoid arthritis, depression and anxiety, nausea and diarrhoea, infections, allergic symptoms, hypothermia, physical injury from accidents, and food poisoning are all associated with poor housing. Tackling these conditions requires improvements in the condition and available adaptations to housing.

**- Workplace Health**

**Why is this a priority?** Evidence suggests the better people feel at work the greater their contribution, the higher their personal performance and the performance of their organisation. Addressing workplace health and wellbeing effectively will improve health outcomes for staff, reducing sickness absence, staff turnover, presenteeism (attending work when unwell) and improving performance. In 2011/12, 27 million work days were lost through long term sickness (over 20 weeks), of which 22.7 million were linked to work related ill health. In Nottinghamshire, there is an older workforce, which is associated with greater health implications.

<b>How does this link with the Principles of the Health and Wellbeing Board</b>		
<b>Early Intervention and Prevention</b>	<b>Supporting Independence</b>	<b>Promoting Integration across partners</b>
<p>Work with partners to further develop strategies for ensuring the future housing supply meets the needs of our ageing population, as well as people with mental ill-health, physical, sensory and learning disabilities.</p> <p>Establish &amp; implement a workplace health and wellbeing programme across the County</p>	<p>Increase appropriate housing, maintain quality and support solutions to enable people to stay in ordinary housing settings for longer, such as affordable warmth, accreditation schemes for landlords and local adaptation funding.</p> <p>Establish an integrated and inclusive workplace wellbeing programme within the County, commencing with Nottinghamshire County Council and sharing learning across partners.</p>	<p>Promote joint working across health and local authorities to improve planning processes to promote the quality of housing, the environment and access to facilities.</p>

**Adult and Health Inequality Priorities**

**Carers**

**Why is this a priority?** The 2011 Census identified an increase in the number of carers in the last decade by 7,517 across Nottinghamshire County. There are now an estimated 57,426 carers providing between 1-19 hours of care per week, and the number of carers now providing over 50 hours of care per week has reached 21,680. The challenges posed by an ageing society are relevant to health, Local Authorities, District and Borough Councils and the third sector. It is therefore essential that the needs and services required by carers are considered jointly.

<b>How does this link with the Principles of the Health and Wellbeing Board</b>		
<b>Early Intervention and Prevention</b>	<b>Supporting Independence</b>	<b>Promoting Integration across partners</b>
<p>Improve information and advice for carers with a focus on ways of enabling carers to more easily access this themselves.</p>	<p>Increase breaks for carers with a focus on alternatives for the 'cared for' person to have respite outside of residential care either in their own homes or more community based and 'homely' environments.</p>	

<p><b>Mental Health and Emotional Wellbeing</b></p> <p><b>Why is this a priority?</b> Mental health and wellbeing are fundamental to the quality of life and productivity of individuals, families, communities and nations. One in four people will experience mental health problems during their lives and one in ten children between 5 and 16 has a mental health problem. 23% of all ill health is mental ill health with an estimated cost of £105 billion</p> <p>Service developments will be directed by the national strategy "No Health Without Mental Health" (DH National MH Strategy 2010) and the No Health Without Mental Health, Nottinghamshire Strategy 2013. The impact of worklessness is a key factor leading to stigma and discrimination.</p>		
<p><b>How does this link with the Principles of the Health and Wellbeing Board</b></p>		
<p><b>Early Intervention and Prevention</b></p> <p>Develop and implement a new plan for preventing self-harm and suicide for known high risk groups as part of the local joint mental health strategy.</p> <p>Complete service mapping and modelling on pathways and services to ensure families and carers get access to appropriate evidence based community services that prevent admissions during a mental health crisis.</p>	<p><b>Supporting Independence</b></p> <p>Continue work (of current mental health utilisation review project) to identify additional housing and support alternatives that enable people who no longer require in-patient treatment to be supported in the community. - See also Housing section.</p> <p>Ensure all programmes that support people to find and retain employment include people with mental health problems.</p>	<p><b>Promoting Integration across partners</b></p> <p>Improve access to physical health services for people with long term mental health conditions e.g. ensuring the use of "Physforms" as accepted practice in primary care by 2015 alongside smoking cessation, advice and support across secondary services.</p>
<p><b>Physical Disability and Sensory Impairment (Long Term Conditions)</b></p> <p><b>Why is this a priority?</b> Disability impacts on the length and quality of an individual's life, and can affect access to services. Disabled people generally fare less well than non-disabled people across a wide range of indicators and opportunities. The lack of inclusion in routine data recording makes it difficult to measure equity of access and outcomes for disabled people.</p>		
<p><b>How does this link with the Principles of the Health and Wellbeing Board</b></p>		
<p><b>Early Intervention and Prevention</b></p> <p>Ensure that there are the right range and amount of early intervention and prevention services available:</p> <ul style="list-style-type: none"> <li>• Research and review evidence base</li> <li>• Develop strategy</li> </ul>	<p><b>Supporting Independence</b></p> <p>Increase appropriate housing and support solutions to enable people to stay in ordinary housing settings for longer - See also Housing section.</p>	<p><b>Promoting Integration across partners</b></p> <p>Ensure that the approach to the roll out of Personal Health Budgets is aligned with social care Personal Budgets to ensure they offer choice to patients and improve outcomes for reduced relapse rates, recovery rates, avoiding acute NHS stays and demand for residential care.</p>

### **Older People**

**Why is this a priority?** Nottinghamshire has a higher proportion of older people than the national average with 18.1% of the population being over 65. By 2020, the numbers of older people in the county are predicted to increase by 31% among those aged 65 and over. The over 85 age group will increase by 39% in the same period.

Falls are a significant health issue for older people both nationally and locally. They are a major cause of disability, impairment and loss of function.

### **How does this link with the Principles of the Health and Wellbeing Board**

#### **Early Intervention and Prevention**

Promote Healthy Ageing and tackle

preventable ill-health:

- Addressing fuel poverty
- Promoting exercise and falls awareness
- Address issues relating to loneliness by ensuring current and new services can identify and respond to the needs of isolated people
- Consider extending 'Time Banking' scheme to older people

#### **Supporting Independence**

Develop extra care schemes for older people in every district of the county, covering new build schemes and remodelling of existing accommodation.

#### **Promoting Integration across partners**

Improve integration of the range of services across health, social care and other agencies that support people to avoid admission to hospital or residential care and following a health crisis, support people to (re)gain their independence.

North and South Nottinghamshire frail elderly groups working to:

- integrate services where appropriate across homecare re-ablement, intermediate care and other discharge services
  - develop pathways/alternatives to enable people who are medically fit to transfer out of hospital as soon as they are medically well into services that will support them to re(gain) their maximum independence
  - implement geriatrician assessment and case management
- Ensure that the range of early intervention and prevention services partners fund are joined up and deliver good outcomes for individuals

### **Dementia**

**Why is this a priority?** The prevalence of dementia is expected to rise across Nottinghamshire by 88% between 2010 and 2030 from 9,800 to 18,400 because of the ageing population. Currently it is estimated that only about 45% of people with dementia are diagnosed and treated by their GP. Carer breakdown is a major cause of people moving into residential care.

<b>How does this link with the Principles of the Health and Wellbeing Board</b>	
<b>Early Intervention and Prevention</b>	<b>Promoting Integration across partners</b>
<p><b>Supporting Independence</b></p> <p>Continue implementation of enhanced community services and services that support people to remain in their own home i.e. the Mental Health Intermediate Care Services, specialist assistive technology and the introduction of an assessment bed service for people with dementia and/or mental health problems in the south of the county.</p>	<p>Improve the quality of care in care homes through a joint improvement programme that includes specialist training for care home staff and the implementation of a Dementia Quality Mark and framework.</p>
<p><b>Learning disability and Autistic Spectrum Disorders (ASD)</b></p> <p><b>Why is this a priority?</b> The social exclusion task force identified people with moderate and severe learning disabilities as one of the most excluded groups of people within our society. There are an estimated 14,715 people in Nottinghamshire with a learning disability, approximately 247 of whom have profound and multiple disabilities. Although not high volume, the current cost of services for people with profound and/or complex needs tends to be extremely high. Costs of services for people with profound and/or complex related Autistic Spectrum Disorders (ASD) tends to be extremely high. The National Autistic Society estimate two-thirds of adults with ASD do not have enough support for their needs and one in three people experience mental health difficulties due to this.</p>	
<b>Early Intervention and Prevention</b>	<b>Promoting Integration across partners</b>
<p><b>Supporting Independence</b></p> <p>Develop appropriate local community based health, housing, care and support services to help reduce the amount of people with a learning disability and/or ASD in secure hospitals and assessment and treatment units. – See also Housing section.</p> <p>Ensure sufficient appropriate housing, health, education, care and community support is available to meet the needs of young people and adults for local community based supported living.</p>	<p>Join up pathways for young people going through the transition from children’s health and social care into adult services.</p> <p>Identify resources and best model to ensure effective, joint diagnosis and support pathways across health and social care for adults with Asperger’s and Attention Deficit Hyperactivity Disorder (ADHD).</p> <p>Improve data collection and sharing around people with Autistic Spectrum Disorder in order to better plan future services.</p>



**Nottinghamshire  
County Council**

W [nottinghamshire.gov.uk](http://nottinghamshire.gov.uk)  
T 0300 500 80 80

County Hall, West Bridgford,  
Nottingham NG2 7QP



[nottinghamshire](https://www.facebook.com/nottinghamshire)



[@nottsc](https://twitter.com/nottsc)