

Newark and Sherwood District Council

Health and Wellbeing Strategy 2022 - 2026



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Foreword Cllr Tim Wendells

Portfolio holder – Housing and Health

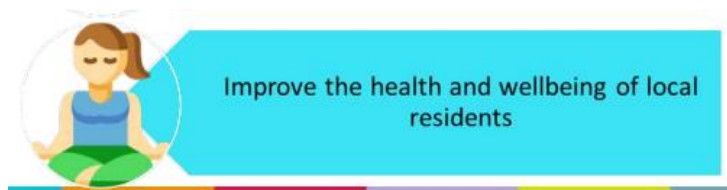
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Newark & Sherwood's purpose, values and objectives

This strategy sets out our four-year plan for improving the health and wellbeing of local residents to support our community plan objective.

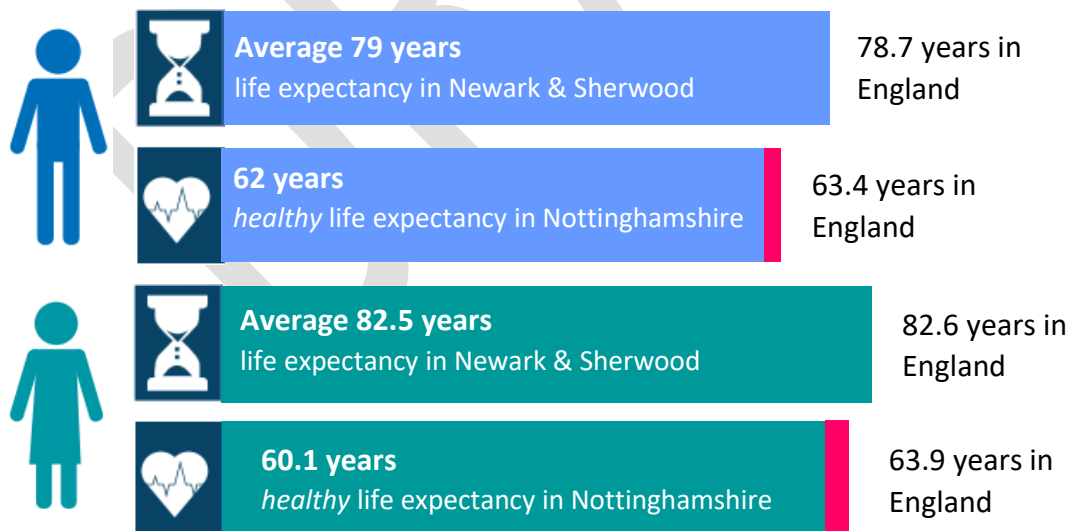


We want to serve our local community the best way we possibly can. As public servants we place a great emphasis on adopting a public sector ethos and seek to embody this in the way that we interact with residents, businesses and stakeholders. The Council's purpose and values make it clear what we are here to do and how we will go about it.

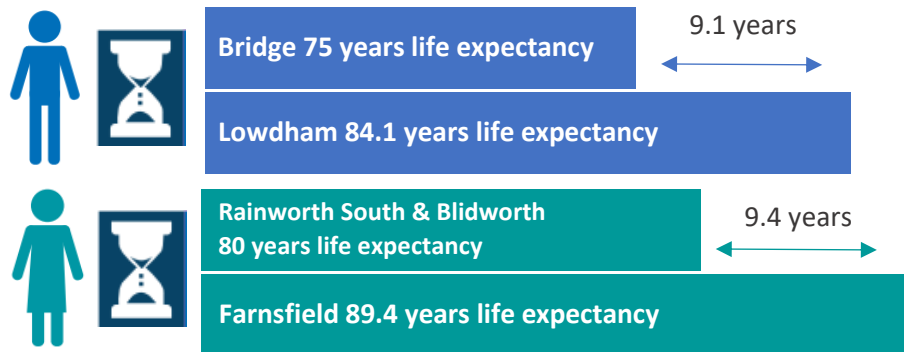
'Serving people, Improving lives'

As little as 10% of health and wellbeing is linked to the ability to access health care. The other 90% of health and wellbeing is a result of the wider factors that determine someone's healthy life expectancy. These factors shape the conditions in which we are born, grow, live, work and age. Creating a healthy population requires greater action on these factors, not simply on treating ill health in future years.

These factors result in the differences between people or groups caused by social, geographical, biological, or economical influences which can both cause advantages or disadvantages and are collectively termed Health Inequalities.



The gap in life expectancy across Newark and Sherwood is 9.1 years for men and 9.4 years for women. This means the people living in the most deprived areas of our district will live on average 9 years less than those in the most affluent areas.



This gap is explained not purely around access to a doctor and health care services but by differences in our experience of the things that make us healthy including good work, education, housing, resources, our physical environment, and social connections. These factors mean those in our communities who are 'worse off' experience poorer health and shorter lives.

To address some of the inequalities detailed above it may be necessary to prioritise resources to areas where the need is greatest driven by data and insight. Over the next four years we will work in the six task and finish groups with partners to identify where universal or targeted services are needed, this may require work within priority areas which will be agreed within the strategic health partnership. This may change from project to project and for example may mean one service delivered universally or many services working collaboratively in one area.

The fundamental role of the Newark and Sherwood Health and Wellbeing Strategy is to address these inequalities.

But we cannot do this alone, it's all about partnership



WHAT MAKES US HEALTHY?

We need to look at the bigger picture:

District population in 2021 – 122,900

% obtaining Maths & English at KS4 (16 years) **66.5%**



A good start

Infants being totally/partially breastfed at 6-8 week check **43%**

Smoking at time of delivery **13.9%**

1st time entrants to youth justice service is **17% higher** than county



Community Safety

Children under 16 living in low-income families **15%**

Population in employment **74.1%**



Finance

Population unemployed is **6.9%**

Households in fuel poverty **14.1%**



Housing

Adults meeting the recommended '5-a-day' on a 'usual day' **61.3%**

Households experiencing struggle with food insecurity **8.46%**



The food we eat

% Overweight or obese children in reception

Adults classified as overweight or obese **66.9%**

Physically inactive adults **19%**



Lifestyle factors

People with a long-term health condition or disability **20.3%**

Smoking prevalence in routine and manual occupations **34.8%**

Smoking prevalence in adults **15.4%**

% Overweight or obese children in Year 6 **30.95%**

Newark Primary Care Network Patients
Depression **10%**
Diabetes **7.1%**
Hypertension **15.6%**
Obesity **11.9%**

Sherwood Primary Care Network Patients
Depression **14.8%**
Diabetes **8.5%**
Hypertension **16.9%**
Obesity **10.6%**



Health care

Suicide rate **11** deaths per 100,000

% of adults who feel lonely often/always or some of the time (16yrs+) **21.7%**



Ageing well

Excess winter deaths index **9.3%**

Female - 82.5 years



Male - 79 years

Life expectancy

Hospital admissions emergency self-harm **200.6 per 100,000**

Mortality rate from causes considered preventable per 100,000 population **132.8**

The picture isn't the same for everyone!

Find out more at: www.newark-sherwooddc.gov.uk/your-district/health-and-wellbeing

Nottinghamshire Joint Health and Wellbeing Strategy 2022 – 2026

The Newark and Sherwood Health and Wellbeing Strategic Partnership will act as the local place-based delivery group of the Nottinghamshire Health & Wellbeing Board, delivering the Strategy's four ambitions and nine priorities that affect length and quality of life the most. We have been mindful of these when designing this strategy.

Our ambitions

1. Give every child the best chance of maximising their potential
2. Create healthy and sustainable places
3. Everyone can access the right support to improve their health
4. Keep our communities safe and healthy

Our priorities

- Give every child the best start in life
- Improve everyone's mental health and wellbeing
- Ensure good food and nutrition for all
- Prevent homelessness and help those who are homeless to have better health outcomes
- Help people to stop smoking, as well as encourage others to not start smoking
- Reduce the levels of harmful drinking of alcohol in our communities
- Prevent domestic abuse and support survivors to rebuild their lives
- Support residents to have control and maintain a healthy weight
- Improve air quality in Nottinghamshire



Where are we? Reflections on the last four years



A good start

During the pandemic the impact of school closures has widened existing inequalities in educational attainment

More young people are seeking help to support their mental health

Reductions in social interaction for babies/toddlers has delayed milestone achievements



Community Safety

Domestic abuse increased during each lockdown from greater stresses and reduction in support services

Reduction in common crimes such as thefts and muggings due to lockdown.

Community cohesion increased 'neighbours become better neighbours' due to families being at home much more



Finance

Increase in fraudulent activity related to financial support through the pandemic

Household incomes fell due to changes to the benefits system meaning more of our residents are facing poverty

Furlough impacted on residents' financial situations

Emerging cost of living crisis – food and fuel poverty due to rising costs



lifestyle factors

Increased levels of smoking and alcohol consumption.

Adoption of unhealthy coping mechanisms – 'bad' habits

Increase in vaping habits amongst young people and those who aren't ex-smokers.

Changes to physical activity levels.

Increase in complex mental health issues.



Housing

NSDC transfer of housing stock

Yorke Drive Regeneration Programme commenced

New legislation introduced around housing

Getting to know you visits introduced including community engagement and wellbeing questions



Health care

Increased demand for healthcare services and significant delays in treatment.

Care for long-term conditions disrupted

Social isolation and loneliness impacted on wellbeing.

Increase in mental ill health as a direct and indirect impact of the pandemic.

Recruitment issues in social care and health – impacting on service provision.



the food we eat

Lockdowns exacerbated food insecurity & food need particularly for young children.

Poor diet led to increases in obesity across the country.

Increases in food costs has impacted on access to fresh produce.

Our most vulnerable residents experienced poor access to healthy, nutritious meals during the shielding period.



Ageing well

Delayed diagnosis and treatment of cancers and long-term health conditions such as dementia.

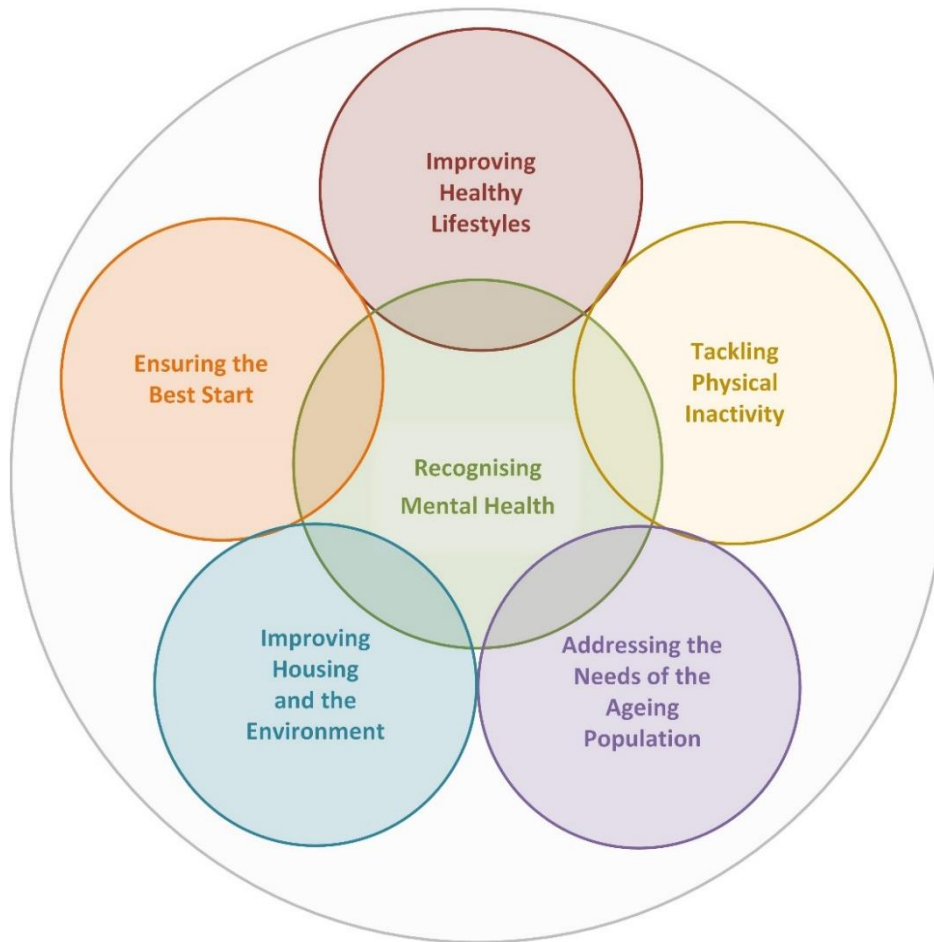
Increased waiting times and changes to health care provision.

Digital exclusion impacting on access to services and information.

Social care recruitment and retention challenges.



Health and Wellbeing Priorities for Newark and Sherwood



The above priorities form six task and finish groups to deliver work and projects with partners and stakeholders. This work will be delivered through a collaborative approach not only through these task and finish groups but through our strategic health partnership.

We recognise the importance of consultation in the work that we undertake. We see our role as developing and strengthening partnership working across the district. Communities will be invited to share ideas or give their opinions on health and wellbeing to inform decision making.

These priorities align with Nottinghamshire's Joint Health and Wellbeing Strategy and will enable us to deliver the Mid-Notts Place Based Partnership objectives, as detailed over page.



Mid Notts Place Based Partnership Objectives

1. To give every child the best start in life	1.1 increase school readiness for school and the number of children with the skills needed to start school
	1.2 mothers and babies have positive pregnancy outcomes. Children and parents have good health outcomes.
2. To promote and encourage healthy choices, improved resilience, and social connections	2.1 Improve the connection and integration of the voluntary sector and current health and social services available to build effective services that support alcohol, diabetes, cancer, end of life and joint and bone pain (MSK)
	2.2 help people to know how to stop smoking
3. To support our population to age well and reduce the gap in healthy life expectancy	3.1 Build on the integration across the PCNs building on community-based services that include the voluntary sector, care homes and care in the community settings
	3.2 Make sure people who are known to be frail are looked after in the best possible way
4. To maximise opportunities to develop our built environment into healthy places	4.1 Continue to ensure that the physical environment within our communities is better used to ensure it has a positive impact on their health and wellbeing
	4.2 Continue to ensure that everyone lives in safe housing and there is increased availability of social housing
5. To tackle physical inactivity by developing our understanding of barriers and motivations	5.1 Increased awareness within targeted communities of the existing and new programmes and initiatives
	5.2 Building on our understanding of physical activity, work together to enable communities to move more.

This strategy via both our strategic health partnership and the six task and finish groups will support delivery of Nottinghamshire's Joint Health and Wellbeing Strategy and report on the above Place Based Partnership objectives.



Task and Finish Group Objectives

Ensuring a Best Start

Priorities	Outcomes
Giving all children the best start in life	<ul style="list-style-type: none"> • Reduce smoking in pregnancy • Increase breastfeeding • Support parents and carers • Have the capacity to form and maintain positive relationships
Enable children to develop well into adulthood	<ul style="list-style-type: none"> • Support all children and young people's mental health • Empower young people to make informed choices • Enable positive decision making

Improving Healthy Lifestyles

Priorities	Outcomes
Promoting good physical health	<ul style="list-style-type: none"> • Reduce obesity • Reduce smoking • Increase physical activity • Reduce drug and alcohol misuse • Change attitudes to vaping
Supporting people to make informed choices, taking responsibility for their own health and wellbeing	<ul style="list-style-type: none"> • Reduce long term health conditions • Increase healthy life expectancy • Decrease use of health care services

Tackling physical inactivity

Priorities	Outcomes
Provide accessible, affordable activities to enable all to lead an active lifestyle	<ul style="list-style-type: none"> • Physical activity messaging is advocated and championed across the system • Support those who are inactive to build activity into their day to day lives • Advocacy for physical activity is expanded across the wider system.
Enable active residents and workforces	<ul style="list-style-type: none"> • More children and young people enjoy being active • People with lived experience are involved in developing opportunities that are right for them • Resource and capacity is proportionately focused on people and neighbourhoods experiencing the greatest inequality



Addressing the needs of an ageing population	
Priorities	Outcomes
Enable people to age well	<ul style="list-style-type: none"> • Increase healthy life expectancy, people living longer, healthier lives • Reduce people experiencing multiple complex health conditions
Maintain people living independently in their communities	<ul style="list-style-type: none"> • Decrease the pressure on social care and health care services • Enable access to community facilities, activities, and support services
Improving housing and the environment	
Priorities	Outcomes
Living in a healthy home and environment	<ul style="list-style-type: none"> • People live in good quality and safe homes • Prevent and reduce homelessness • Increase use of greenspace
Building strong communities	<ul style="list-style-type: none"> • Improve community safety • Improve community cohesion • Develop communities that feel empowered
Recognising mental health	
Priorities	Outcomes
Promoting good mental health	<ul style="list-style-type: none"> • Increase mental health awareness • Increase the awareness and access to mental health support • Build resilience in communities
Support those with mental health illness to live well	<ul style="list-style-type: none"> • Reduce stigma • Raise awareness • Ensure opportunities are available and access to services



Addressing our priorities

Our Health Improvement Action Plan will be appended to this strategy, and provide the detail on how we aim to achieve our priorities. Over the next four years the task and finish groups will develop and strengthen partnership working using an evidence-based co-production approach.

Here is a selection of work streams and projects being undertaken by our teams alongside a variety of partners and stakeholders.

Ensuring the Best Start

Promote and increase participation in the Breast-Feeding Friendly Award to provide welcoming community spaces to breast feed.

Address nutritional needs through food clubs, crop drop and social eating schemes.

Ensure we remain an active member in the Family Hub development across the county.

Raise awareness of the health risks of smoking and second-hand smoke to the unborn, children and adults.

Community Alcohol Partnership – tackling and educating young people to prevent unhealthy consumption of alcohol and make healthier lifestyle choices

Co-ordination of secondary schools mental health network

Improving Healthy Lifestyles

Pop up events in the workplace and across communities

Raising awareness of the Integrated Wellbeing Service – Your Health Your Way

Addressing the challenges of communication and cultural beliefs that have a negative impact on lifestyle choices throughout engagement with workplaces.

Health Campaigns across internal and external workplaces

Nottinghamshire Smoking Strategy adoption and implementation

Tobacco declaration signed and promoted across the system

Tackling Physical Activity

Identifying, removing the barriers to people becoming more active with partners such as Active 4 Today

Identifying and addressing the root causes that prevent people becoming more active by delivering the physical activity insight work

Identification of funding available to increase community activities.

Town planning and re-generation work creating outdoor space



Addressing the Needs of an Ageing Population

Co-ordinate the Mid Notts Dementia Partnership to increase awareness around Dementia

Careline

Older person support officer links to PCN multi-disciplinary team meetings supporting patients who don't require medicinal intervention but support on the wider determinants inc. housing

Improving Housing and the Environment

Yorke Drive Regeneration

Disabled facilities grant scheme

Green flag parks

Informed Tenants

Recognising Mental Health

Building capacity within the workplace – provision of Mental Health First Aid training and recruitment of Wellbeing champions

Employers undertaking Carer Award Accreditation for their workplaces

Support third sector in creating service provision, funding, signposting and recruitment

Mental Health at Work Commitment completed and promoted to all businesses to support employees

Completion of The Prevention Concordat for Better Mental Health – allowing us to take a prevention-focussed approach to improving the public's mental health.

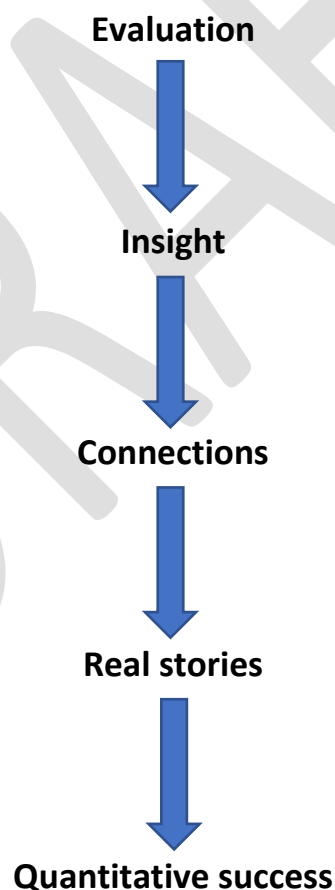


Measuring our success

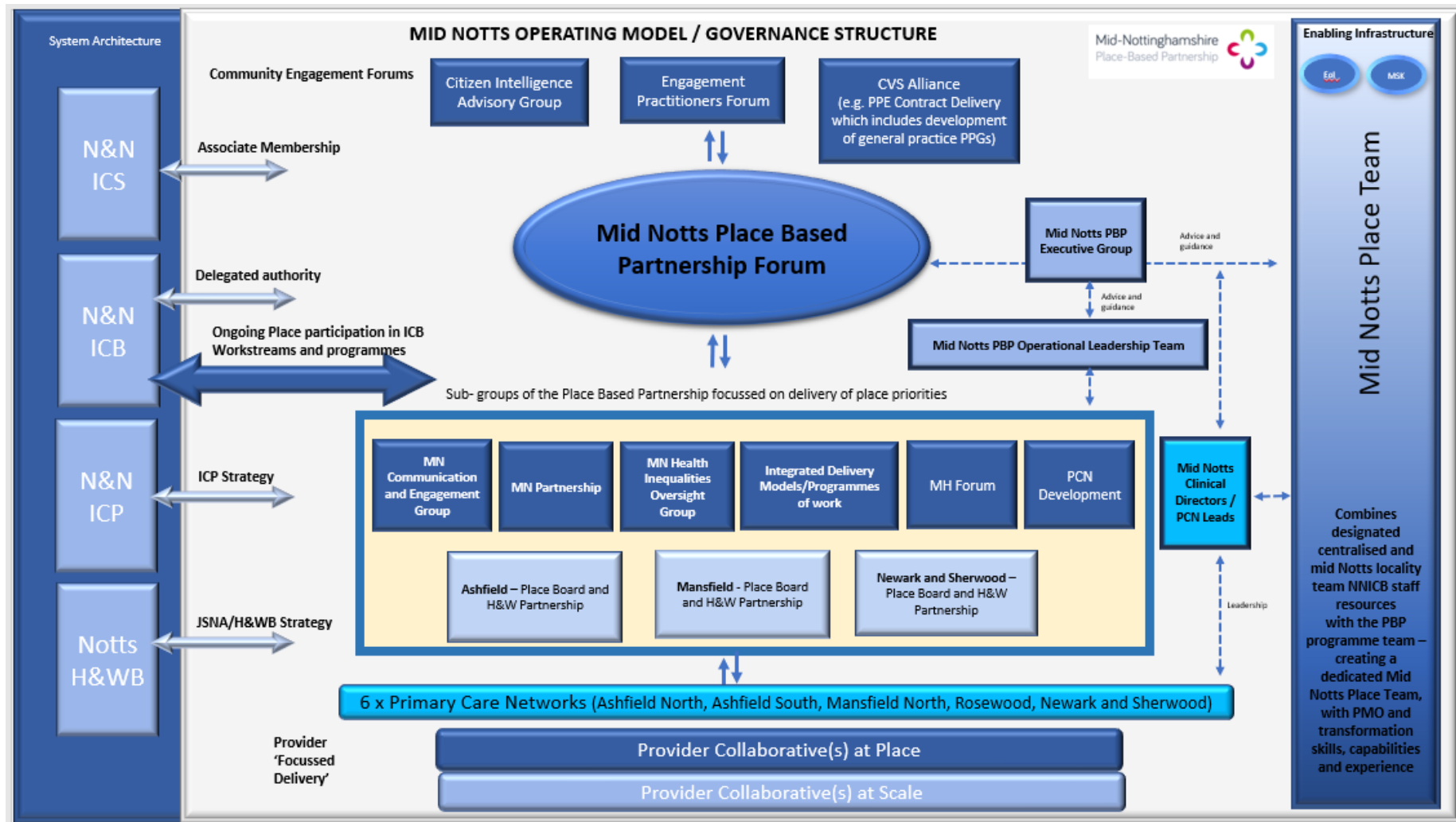
Each year an annual evaluation will be undertaken by the strategic health partnership. It will outline work undertaken within the six task and finish groups, including successes and challenges of the previous year. We will gather information on specific projects, data, reflections, and case studies.

The task and finish groups will each form their own priorities and cornerstones to work on over the 4-year strategy, they will take ownership, working collaboratively on these and feedback. Each task and finish group will identify issues that need to be addressed collectively. The strategic partnership will collate responses to both the place based partnership and Nottinghamshire County Council's Health and Wellbeing Board

Much of the data shared within this strategy will be difficult to move or improve over the next 4 years and we may see little progress but we will strive to improve collaboration and partnership working, empowering communities and increasing the opportunities in our district for residents and tenants to improve their own health and wellbeing.



Governance structure



Key -







N&N - Nottingham City and Nottinghamshire
 ICS – Integrated Care System
 ICB – Integrated Care Board
 ICP – Integrated Care Partnership

H&WB – Health & Wellbeing
 JSNA – Joint strategic needs assessment
 PCN – Primary Care Network
 MN - Mid Notts

'IT'S EVERYONE'S BUSINESS WE CAN'T DO THIS ALONE'

We recognise the importance of collaboration – no one organisation can make the changes required to reduce health inequalities across our district

We ask partners to support us to work towards long term system change with our residents at the heart of everything we do

<p>Mid-Nottinghamshire Place-Based Partnership</p> 	<p>Newark & Sherwood CVS</p> 	<p>citizens advice Sherwood & Newark</p> 
<p>active notts</p> 	<p>pics Primary Integrated Community Services Ltd</p> 	<p>Integrated Care System Nottingham & Nottinghamshire</p> 
<p>Your Health Your Way</p> 		<p>Academy Transformation Trust Further Education</p> 
<p>YMCA Here for young people Here for communities Here for you</p> 	<p>Newark College</p> 	<p>ACTIVE 4 TODAY LTD</p> 
<p>NHS Sherwood Forest Hospitals NHS Foundation Trust</p> 	<p>Nottinghamshire County Council</p> 	<p>NOTTINGHAMSHIRE Fire & Rescue Service Creating Safer Communities</p> 
<p>Nottinghamshire Health & Wellbeing Board</p> 	<p>Department for Work & Pensions</p> 	<p>...giving children the best start</p>

For further support or advice relating specifically to health and wellbeing please email wellbeing@nsdc.info



Appendix 1

Local and National Strategies

There are a number of local and national strategies that have been considered in the life cycle of this four year strategy as having influence on the work of both our strategic partnership and the six task and finish groups.

Internal

- [NSDC Community Plan](#)
- [Homelessness Prevention and Rough Sleeper Strategy 2019-2024](#)
- ASB Policy
- Domestic abuse
- Local Air Quality Assessment and Review
- Food Safety Plan
- Disabled Facilities Grant Policy
- Housing Strategy
- [Physical Activity and Sports Plan 2018-2021](#) (going through current refresh)
- [Sport and Recreation Facilities Improvement Plan 2014-2021](#)
- [Newark and Sherwood Playing Pitch Strategy 2017](#)
- Spatial Planning Framework
- [Newark & Sherwood Economic Growth Strategy 2021-2026](#)
- [Newark Town Investment Plan](#)
- Strategic Housing Strategy

External

- [Nottinghamshire Joint Health and Wellbeing Strategy \(2022 – 2026\)](#)
- [Nottinghamshire Food Charter](#)
- [Nottinghamshire Best Start Strategy 2021-2025](#)
- Place based partnership objectives
- Core 20 plus 5
- SFHT transformation
- [Sport England Strategy – Uniting the Movement \(2021-2031\)](#)
- [Active Notts Shared Plan – Making our Move](#)



Appendix 2

Detailed Newark and Sherwood District health data

Data Description	Year	NSDC	Region	Notts	England
% obtaining Maths & English at KS4 (16 years)		66.50%		68%	
Infants being totally/partially breastfed at 6-8 week check	2018/19	43%			
Admission episodes for alcohol-specific conditions - Under 18s	2018/19 - 2020/21	27.2	23.9		29.3
Children gaining a Good Level of Development aged 5 (end of Early Years Foundation Stage)	2018	68.20%		69.70%	71.50%
% of mothers known to be smokers at time of delivery	2020/21	13.90%	12.60%	13.80%	9.60%
Excess winter deaths index	Aug 19 - Jul 20	9.30%	18.40%		17.40%
Hip Fractures in people 65 and over (per 100,000)	2020/21	588	565	543	529
Emergency hospital admissions due to falls in people aged 65 and over (per 100,000 aged 65+)	2020/21	1793	1927	2005	2023
First Time Entrants to Youth Justice System	2019-21	104		89	
Children under 16 living in low income families	2016	15%	16.60%		17%
Claimant Count	Jun-22	2,185	99,505	15,340	1,349,920
% households in fuel poverty	2020	14.10%	14.20%	13.60%	13.20%
Percentage of people in employment	2020/21	74.10%	74.7%	72.6%	75.10%
Population unemployed		6.90%			
Depression – Newark PCN	2022	10%			



Depression- Sherwood PCN	2022	14.8%			
Diabetes-Newark PCN	2022	7.1%			
Diabetes- Sherwood PCN	2022	8.5%			
Hospital admissions - emergency self harm:	2020/21	200.6 per 100,000	189.6	191.8	181.2
Hypertension – Newark PCN	2022	15.6%			
Hypertension- Sherwood PCN	2022	16.9%			
People with a long term illness or disability	2011	20.30%	18.60%	20.30%	17.60%
Suicide Rate	2018-20	11 per 100,000			
Inequality in life expectancy at birth (Female)	2018-20	7.2	7.6	7.7	7.9
Inequality in life expectancy at birth (Male)	2018-20	9.5	9.2	9.3	9.7
Percentage of physically inactive adults (aged 19+)	2020/21	19.00%	24.50%	22.70%	23.40%
Percentage of physically active adults	2020/21	72.50%	64.50%	67.3%	65.90%
Smoking Prevalence in adults in routine and manual occupations (18-64) - current smokers (APS)	2019	34.8%	25.5%	26.7%	24.5%
Smoking Prevalence in adults - current smokers	2019	15.4%	14.8%	14.4%	13.9%
% adults meeting the recommended '5-a-day' on a 'usual day'	2019/20	61.30%	55%	56.30%	55.40%
% of adults (aged 18+) classified as overweight or obese	2020/21	66.90%	66.60%	64.90%	63.50%
% Overweight & obese in Reception	2018/19	26.64%	26.19%	No data	27.73%



% Overweight & obese in year 6	2020/21	30.95%	40.26%	No data	40.19%
Obesity Adults – Sherwood PCN	2022	10.6%			
Obesity Adults – Newark PCN	2022	11.9%			
% of registered patients with Long term health conditions – Sherwood PCN	2022	46%			
% of registered patients with Long term health conditions – Newark PCN	2022	42.6%			
% households experiencing struggle with food insecurity	2021	8.46%	No data	No data	No data

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Appendix 4

Newark and Sherwood Strategic Health Partnership - Key Principles

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