Ashfield Health and Wellbeing Partnership Strategy
Be Healthy, Be Happy, 2021 – 2025

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Foreword

I am delighted to be able to share the new Health and Happiness Strategy for Ashfield. The production of this strategy has been possible because of the close partnership working that happens in the District.

I have been the Chair of the partnership for over 10 years. During this time, I have seen the partnership go from strength to strength, evolving to meet need, and widening its scope to help tackle the stubborn health inequalities that exist.

As well as being part of the partnership, I am also an Ashfield resident, a coach of wheelchair basketball, a coach mentor, and have worked in sport development for many years. I know first-hand the importance of being physically and mentally well, and by working together with residents, we aim to achieve our vision of a healthier and happier Ashfield for everyone.

In this strategy, we celebrate some of the successes of the previous strategy.There are many more, and to all of you working in Ashfield, please accept my sincere thanks for all that you do.

Looking forward we will focus on priority places and groups. These places and groups have been identified through data and insight, which clearly shows us that a focussed approach is required to level up the playing field. It is simply not right that those living in certain places, or those with disabilities or long term health conditions for example, have a lower healthy life expectancy than others.

This strategy recognises that many organisations have a role to play, and that by working together on a set of clear priorities, with and alongside residents, we will achieve the greatest impact.

We encourage all organisations to get involved, and have included a call to action to help you think about the role that you can play.

Pete Edwards

Chair of the Ashfield Health and Wellbeing Partnership

Introduction and Background

Ashfield District is situated in the County of Nottinghamshire. It has a population of 127,151 residents (2018) with a history of being a mining area. The District consists of three major towns (Sutton in Ashfield, Kirkby in Ashfield and Hucknall) as well as some more rural areas.

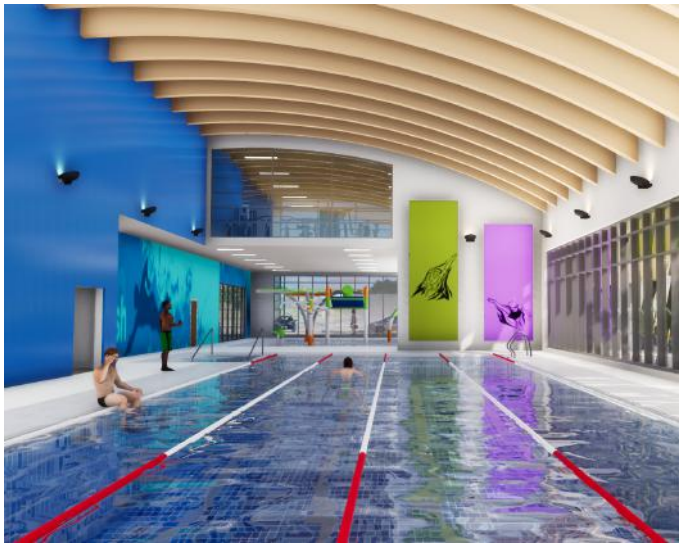
The Ashfield Health and Wellbeing partnership (previously known as Active Ashfield, formed in 2007) brings together key stakeholders to provide new opportunities to lead a healthier and happier lifestyle. The partnership has developed a stronger focus on priority places and groups, and has adapted the Terms of Reference to reflect this.

The partnership is embedded within Discover Ashfield and leads the Be Healthy, Be Happy theme on its behalf.

The partnership has influenced the focus of the Mid Notts Integrated Partnership, and been heavily involved in the development of core priorities and delivery principles. The partnership has provided information and opportunities for the Primary Care Networks and Social Prescribers, and provided useful insights into the challenges faced by those living in our most deprived communities.

Detailed on the next few pages are some of the key achievements made by the partnership during the timeframe of the previous strategy, 2017 – 2021:

Ashfield Leisure Transformation programme – This programme has seen the transformation of leisure across Ashfield and will conclude in April 2022 with the opening of a brand new leisure facility in Kirkby, additional water space at Hucknall Leisure Centre as well as capital investment in Lammas Leisure Centre in Sutton. The operator contract for the leisure centres has been reformed, with a firm focus on 'active communities' and supporting our less active residents to make positive lifestyle choices.



Artist's impression of the new Kirkby Leisure Centre

Feel Good Food – This project brings together partners to support developments in food environments and healthy eating. Feel Good Food was launched May 2019, by celebrity chef Jean Christophe Novelli, and had a focus on increasing the knowledge, skills and confidence of residents in the Sutton in Ashfield area to eat more healthily and shop local. The project was a great success providing cook and eat sessions, healthy eating events and awareness raising in the town centre. Partnership working with the Idlewells indoor market traders and Idlewells shopping centre was also strengthened.

Since the outbreak of the Covid-19 pandemic, Feel Good Food has progressed further with a focus on reducing food poverty within the district, working in partnership with local food banks. A partnership approach has enabled food banks to access additional funding and supplies. Towards the end of 2020, food banks in Ashfield were supporting over 350 individuals and families each week.

Councillors donating to Sutton Community food bank

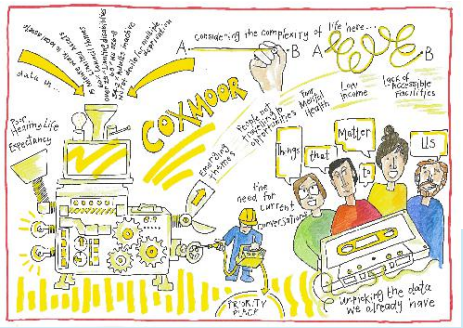
Feel Good Food workshop

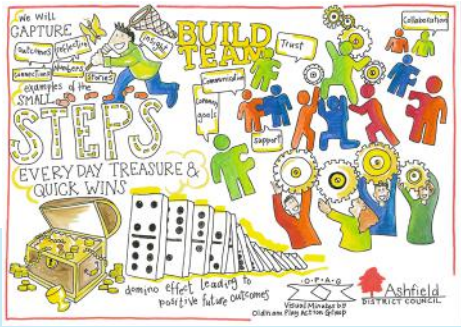
Feel Good Families Frozen trail

'Thank you for doing these activities for the children, we have really enjoyed doing them and are looking forward to doing more in the future.'

Feel Good Families – This project was developed by Ashfield Health and Wellbeing partnership to provide opportunities for families to engage in positive activities together, within their local community. Developed based on feedback from local families, Feel Good Families was launched July 2019 and currently has over 550 families signed up, reaching over 1,100 young people. In 2019-20, Feel Good Families has delivered a variety of free or low cost activities for families to engage in including themed park trails, arts and crafts, community events, learn to cycle sessions, cookery sessions, dance and ice skating. A recent survey completed by families who have engaged in these activities reported that they had a positive impact on their family's physical activity levels and mental wellbeing as well as providing an opportunity to try new things and explore their local area. During the Coronavirus pandemic, activity packs and online activities were delivered, ensuring some of our most vulnerable families could enjoy some quality time together.

Target area working – In 2019, three communities within Ashfield were selected to be the focus of the partnership. These are Coxmoor in Kirkby, Leamington in Sutton and Broomhill/Butler's Hill in Hucknall. We have been developing our understanding of what matters to the people who live in these communities, and strengthening relationships with organisations who already have trusted relationships in the areas. Illustrations have been developed and widely shared across Ashfield to help others understand the challenges and opportunities on Coxmoor. A secret picnic was held in Leamington by First Art in partnership with Ashfield District Council and Leamington Primary Academy. This work has built a strong platform for the partnership to start to make a difference to the lives of residents living in these areas over the duration of the new strategy.





Coxmoor illustrations

Ashfield District Council Depot Officers

Ashfield and Mansfield Dementia Partnership – This is a local partnership created to support and develop opportunities for local people to live well with dementia. Since the partnership was formed in 2017 it has:

- Supported the development of the Lammas Young onset dementia hub
- Increased the number of Dementia Friends Champions available locally to support the delivery of Dementia Friends sessions
- Delivered Dementia Friends sessions locally, creating over 600 new dementia friends, to raise the awareness of dementia in local communities
- Created a process for local businesses and community venues to become dementia friendly
- Attracted nearly £10,000 lottery funding to support new activities and opportunities for people living with dementia and their carers, as well as supporting businesses to become more dementia friendly
- Delivered over 300 activity packs to people living with dementia during Covid-19 with funding from Mansfield Building Society Community fund and Ashfield District Council
- Supported local dementia support groups within the Ashfield and Mansfield area
- Raised funds to further support the work of the partnership
- Delivered a Dementia Tap Dance project within local care homes and dementia support groups with the support of Arts Council funding

Health Hub – Lammas Leisure Centre - In November 2019, a designated Health Hub was opened at the centre to support the health and happiness of Ashfield residents by repurposing and investing in an underused space. Considerations were taken to make the area more inclusive to user groups that wouldn't normally access leisure facilities and to remove the barriers of them doing so, including toilet facilities where cared for people could be supported by their carers and stable seating could be used for chair based exercise and meetings. Utilising volunteers with lived experience to support and upskill their personal development to enhance the groups was a priority. The benefits of implementing the Health Hub include:

- Increased available sessions for residents to attend
- Improved experience for Exercise Referral patients
- Increased weekly attendances 32 to 196 (Feb 20)
- Increased number of partnerships with for example DWP, ICS communications team and Forest Glade Primary School
- Improved accessibility for users groups who require extra space for personal care
- Greater opportunity to include wellbeing sessions including a children's choir and a meditative class

Lammas Leisure Centre Health Hub

Serving the Community through the Coronavirus - Many voluntary and community organisations have been affected by the pandemic and in 2020, many changed their focus and methods of delivery to meet the needs of Ashfield residents. Foodbanks started to deliver food parcels, services usually delivered face-to face went online, such as befriending, support with debt, nutritional advice, mental health support and physical activity sessions. Ashfield Voluntary Action share their experience below.

Ashfield Voluntary Action

Ashfield Voluntary Action (AVA) –
Coronavirus meant that everyone has had to do things a little differently. This has presented a challenge for us at AVA. We needed to balance providing the best, most responsive and flexible service possible, whilst safely and appropriately supporting local people. In response we adapted our approach to enable us to:

- Provide signposting support to ensure residents got the help they needed as quickly as possible to deal with the arising challenges
- Adapting volunteer roles to make them relevant for all to support with roles such as telephone befriender support
- Providing computer support for residents who would normally access face to face services ensuring they could still access support virtually during Covid-19
- Providing regular updates to the community on relevant health and wellbeing topics
- Development of The Living Well Hub, a new responsive and flexible scheme to support adults who are at risk of isolation
- Providing activity packs and resources for people who are isolated during Covid-19

Our vision for 2021 - 2025

Vision

Everyone who lives in Ashfield leads a healthy and happy life

Mission

To work collaboratively to help people improve their health and wellbeing, develop pride and aspiration in our communities and promote Ashfield in a positive manner.

Priorities

To give every child the best start in life

To promote and encourage healthy choices, improved resilience and social connection

To support our population to age well and reduce the gap in healthy life expectancy

To maximise opportunities to develop our built environment into healthy places

To tackle physical inactivity, by developing our understanding of barriers and motivations

Values

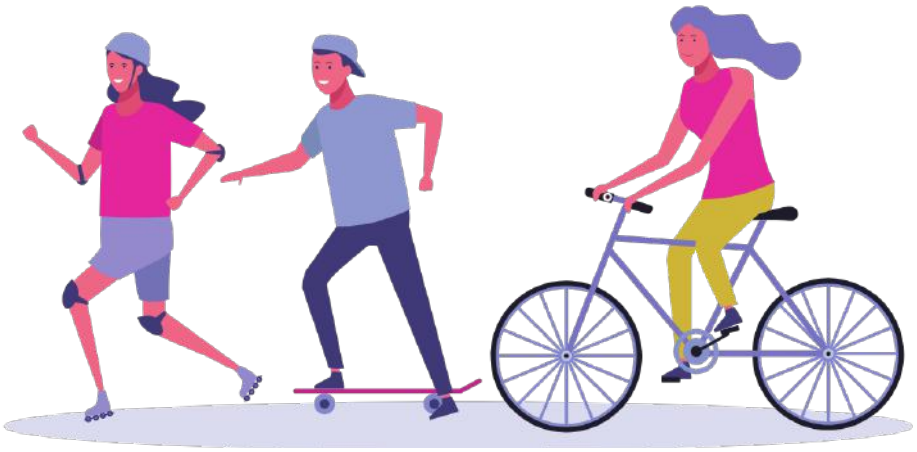
Collaborative – we will work together

Inclusive and respectful – we will work with all that want to be involved, and are respectful of everyone's thoughts, ideas, challenges and circumstances.

People Centred - we will put people at the heart of everything we do

Innovative – we will explore new ways to find solutions

Ambitious and committed – we will remain motivated to achieve the vision



How healthy is Ashfield?

In order to identify meaningful priorities for health improvement, it is important to understand the current health levels of Ashfield residents and the barriers they face to leading a healthier lifestyle. When analysing data available for Ashfield it is clear that for a number of significant indicators of good health and wellbeing, Ashfield is significantly worse than the England average.

18.8%
smoke during pregnancy

Hospital admission rate for alcohol related conditions higher than national average

68.4%
of adults and 23.1% of year 6 children are overweight

68th most deprived District

30.8%
of adults are physically inactive

19.5%
of adults do no physical activity at all

15,142
diagnosed with respiratory cardiovascular disease, diabetes or cancer

21.1% of children from low income families

6653
Increased number claiming Universal Credit

4980 claiming Job Seekers Allowance

Lower life expectancy for males and females

More detailed information about Ashfield can be found in Appendix A. This includes national data from Public Health England, Sport England Active Lives, and the Department for Work and Pensions, alongside more local data from Ashfield District Council and Citizen's Online.

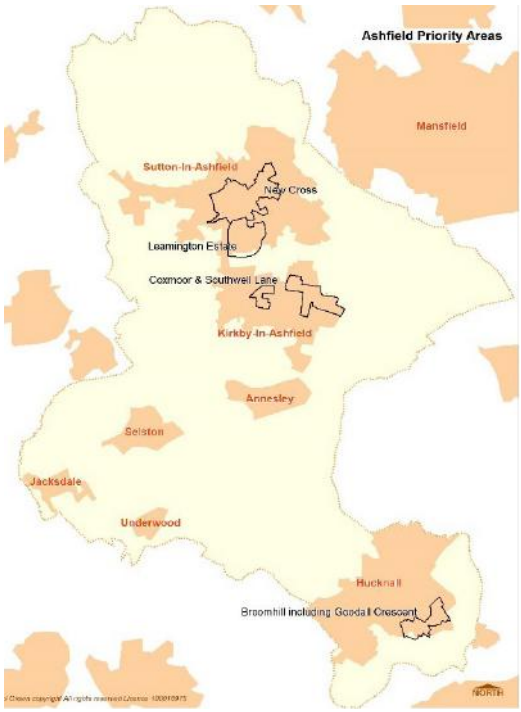
Identified priority places and groups for improving health and wellbeing

As highlighted in our previous strategy, there is a need to prioritise resources and focus on areas of greatest need for health improvement in order to have a greater impact on reducing the health inequalities that exist within the Ashfield District. Over the next four years, work in the geographical areas identified below will remain a priority for the Ashfield Health and Wellbeing Partnership:

Sutton in Ashfield
- Leamington Estate

Kirkby in Ashfield
- Coxmoor Estate

Hucknall
- Broomhill and Butler's Hill



These areas have been identified based on the following health data:

- Areas of highest deprivation
- Employment levels
- GCSEs achieved grade A-C
- Income deprivation affecting older people
- Income deprivation affecting children
- Obese adults
- Incidence of smoking and binge drinking
- Emergency hospitalisation for diabetes, heart disease, smoking and alcohol
- Related respiratory disease
- Local police and crime data
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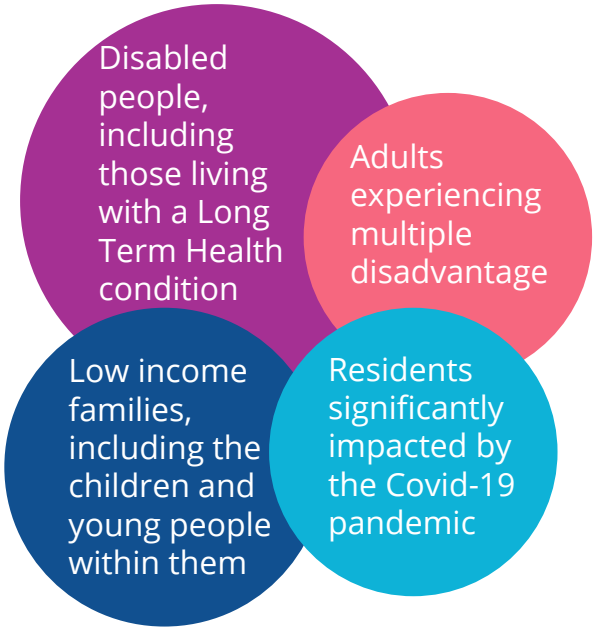
In addition to the above geographical priorities, there is also an identified need to support the following target populations:



The partnership recognises the importance of good mental health, employability, and access to services and provision in achieving positive wellbeing.

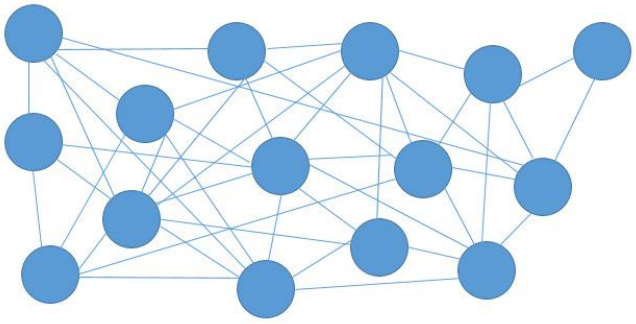
Delivery of outcomes

In order to deliver our vision, the Partnership recognises the importance of collaboration. No one organisation or individual is able to make the changes required to reduce the health inequalities that exist across the identified places and population groups alone.

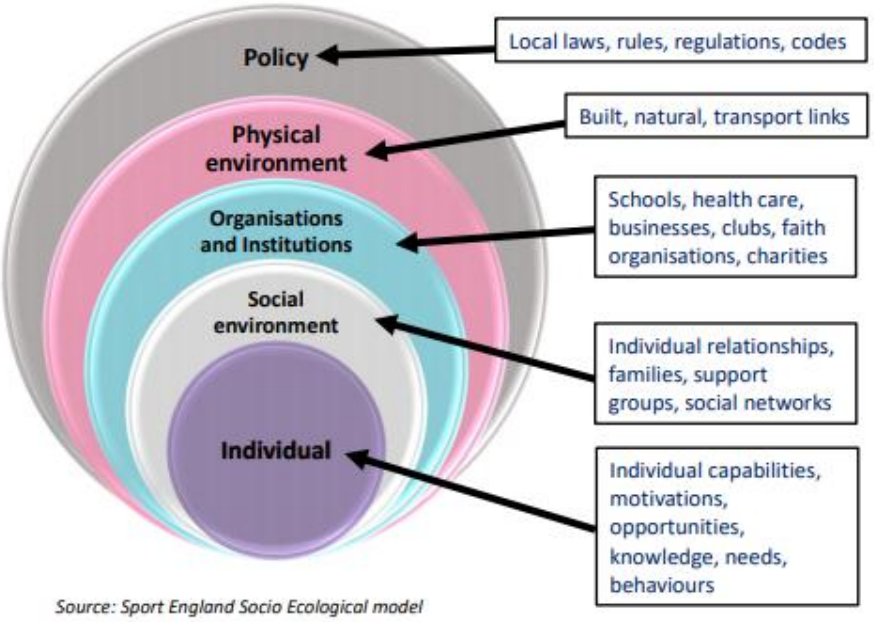
We must work towards long term system change, with the individuals in their place at the heart of everything we do. We mustn't assume we know what's needed, and through the duration of this strategy we are committed to engaging with those populations who are disadvantaged. We will utilise community engagement strategies and toolkits to ensure we utilise the most effective and appropriate methods to engage those most impacted by poor health and wellbeing.

The Socio Ecological model (below) will be central to achieving the vision. Change is required on every level, and only by addressing each, will we be successful and have a positive impact.

Everyone has a role to play throughout the system, and we must recognise that everyone's role, input, ideas and contributions are important. Whilst organisations may take a lead on certain aspects of delivery, there is no hierarchy and egos are left at the door.



By all working together, utilising each other's strengths, helping support and develop each other's weaknesses, empowering others, being fully inclusive and open, we will move towards achieving the vision: **Everyone who lives in Ashfield leads a healthy and happy life**.



Source: Sport England Socio Ecological model

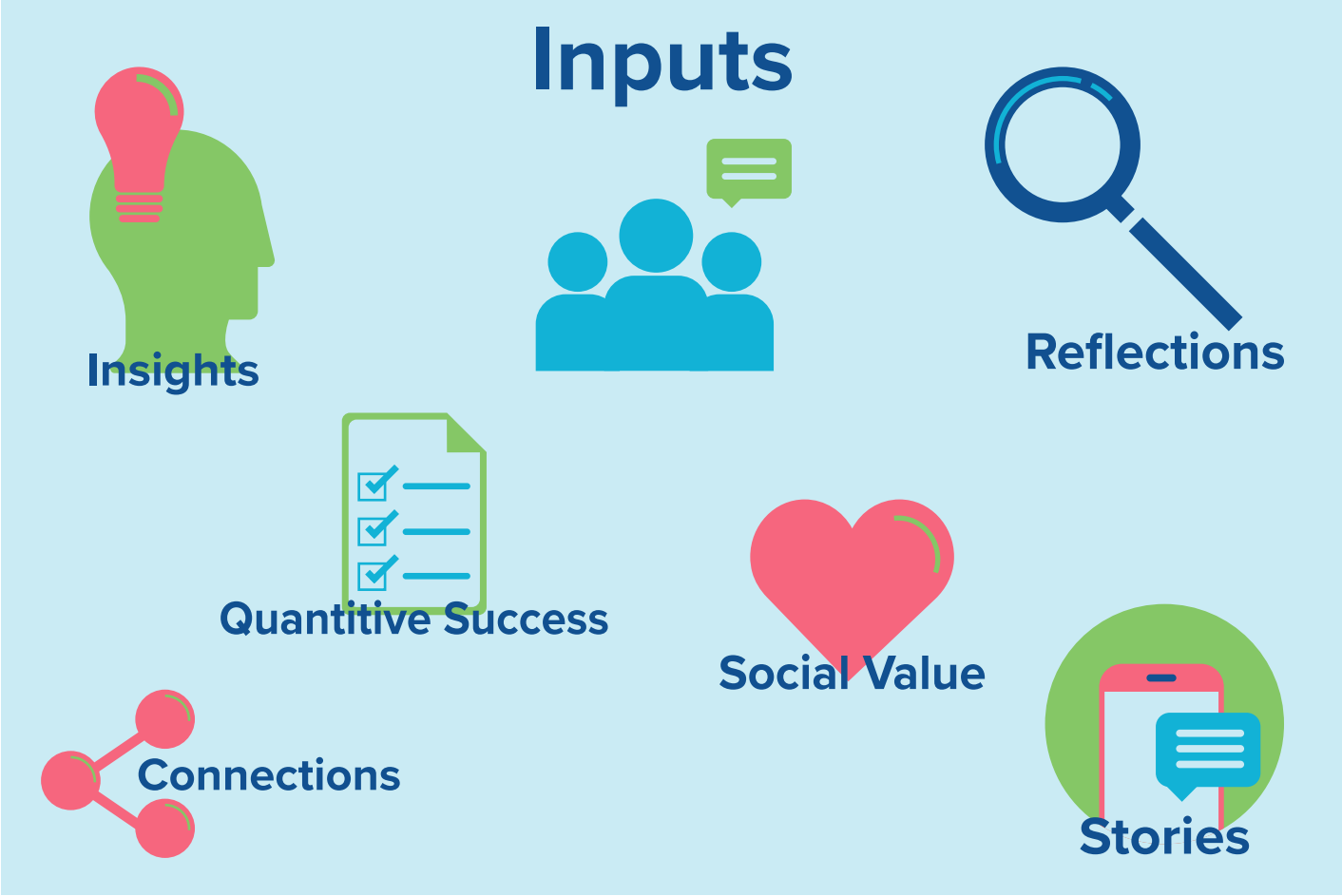
Measuring Success

Each year, an annual review will be developed by the partnership outlining the work, successes and challenges of the previous year. The data sources used to form the strategy priorities will be revisited to see what changes have occurred. We will also look to gather information from specific projects, this will include numbers, reflections, observations and case studies.

Sub-groups will be utilised to consider the priorities set out in this strategy and to agree the outputs and outcomes, both annually and over the course of the strategy. Much of the data shared in this strategy will be difficult to shift, and over four years we may not see an improvement, however each sub-group will take ownership of the indicators they aspire to improve, and will work collaboratively to impact on these.

Annual evaluations will consider more than just numbers, but will explore the insight gained, the learning and how this has been shared, the stories we are now able to tell, both about the priority places and groups, but also the successes and impacts, and the connections and partnerships that have developed, the purpose of these and the difference they have made.

Social Value refers to the wider financial and non-financial value created by an organisation or partnership through its day to day activities in terms of the wellbeing of individuals and communities, social capital created and the environment. The partnership will agree a number of social value indicators that will be used to measure success.



Call to action

The priorities have been set for this strategy. They are:

- To give every child the best start in life
- To promote and encourage healthy choices, improved resilience and social connection
- To support our population to age well and reduce the gap in healthy life expectancy
- To maximise opportunities to develop our built environment into healthy places
- To tackle physical inactivity, by developing our understanding of barriers and motivations

The strategy identifies that delivery of these priorities will focus on priority places and population groups.

The Ashfield Health and Wellbeing Partnership encourages you to:

- Align your strategies, plans and policies to the priorities within this strategy
- Advocate the importance of reducing health inequalities
- Strengthen your understanding of the issues that need to be addressed and consider the role you play within that
- Work collaboratively and be part of the system
- Share insight, ideas, solutions and challenges
- Make positive choices about your own behaviours

Nuncargate Crafters

Covid-19 Vaccination in Ashfield

Hucknall Outdoor Cinema

Brierley Forest Park, Huthwaite

Appendix 1 – Data and Strategies

Ashfield Health Profile (2019)

The latest health profile conducted by Public Health England indicates the following data and areas of concern for Ashfield and highlighting areas that's are significantly worse than the England average:

Life expectancy/ causes of death/ injuries and ill health

Indicator	Value (Ashfield)	Value (East Midlands)	Value (England)
Life expectancy at birth (male)	78.1 years	79.4 years	79.6 years
Life expectancy from birth (female)	81.8 years	82.9 years	83.2 years
Under 75 mortality rate from all causes	392.8	334.4	330.5
Mortality rate from all cardiovascular diseases	88.5	73.5	71.7
Mortality rate from cancer	147.4	133.4	132.3
Emergency hospital admissions rate for intentional self harm	221.0	200.8	193.4
Hospital admission rate for alcohol related conditions	775.1	699.5	663.7

Behavioural risk factors

Indicator	Value (Ashfield)	Value (East Midlands)	Value (England)
% physically active adults	60.6	65.7	66.3
% adults classified as overweight or obese	69.4	64.4	62.0

Child Health

Indicator	Value (Ashfield)	Value (East Midlands)	Value (England)
% of smoking during pregnancy	18.8	14.0	10.6
% breastfeeding initiation	63.1	69.7	74.5
Year 6: prevalence of obesity	23.1	19.7	20.2
% Children in low income families	21.1	16.6	17.0
Average GCSE attainment	42.7	45.8	46.9

Levels of Deprivation and Health inequalities in Ashfield

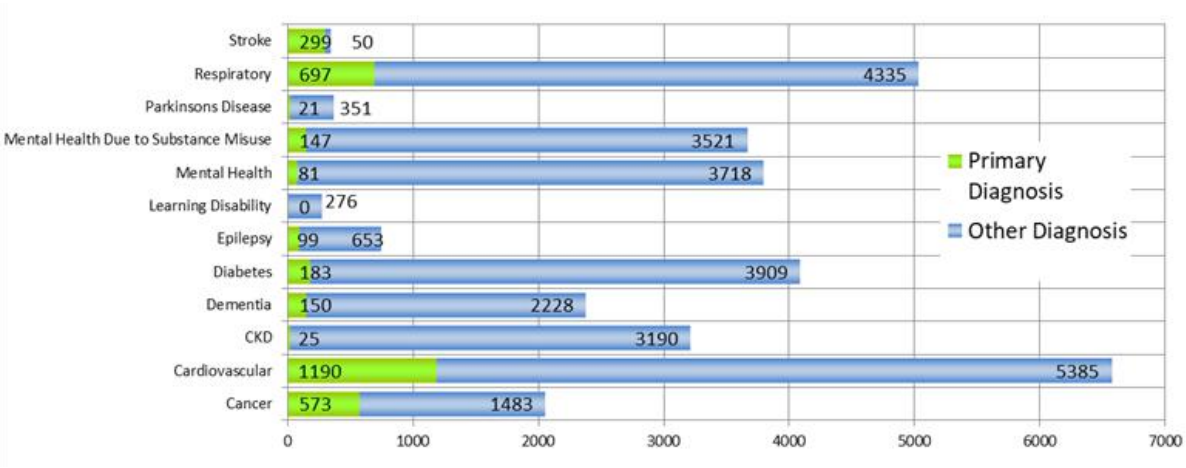
According to Indices of Multiple Deprivation (IMD) data 2019, Ashfield is ranked as the 68th most deprived district out of 354.

The Leamington Ward, Sutton in Ashfield, is the most deprived area within the District. The Ashfield's ward, Sutton in Ashfield, is the least deprived. The table below demonstrates the impact of living deprivation on health and wellbeing, demonstrating a high level of health inequalities that exists between the highest and lowest areas of deprivation within Ashfield.

Ward	Life expectancy at birth (males) 2013 - 2017	Life expectancy at birth (females) 2013 - 2017	Fuel poverty 2016	Long term unemployment 2017-2018	Deaths caused by preventable causes
Leamington Ward (most deprived ward in the district)	71.7	76.8	14	7.3	216.6
Ashfields Ward (least deprived area in the district)	82.1	86.8	9	3.8	86.5

Information about LTC/ people living with a disability

Living with a long term condition or disability can have a significant impact on a person's health and wellbeing. The graph below, provided by Mid Nottinghamshire ICP demonstrates the rates of long term condition diagnosis recorded in Ashfield. Cardiovascular Disease, Respiratory Disease and Diabetes are the three most prevalent long term conditions recorded.



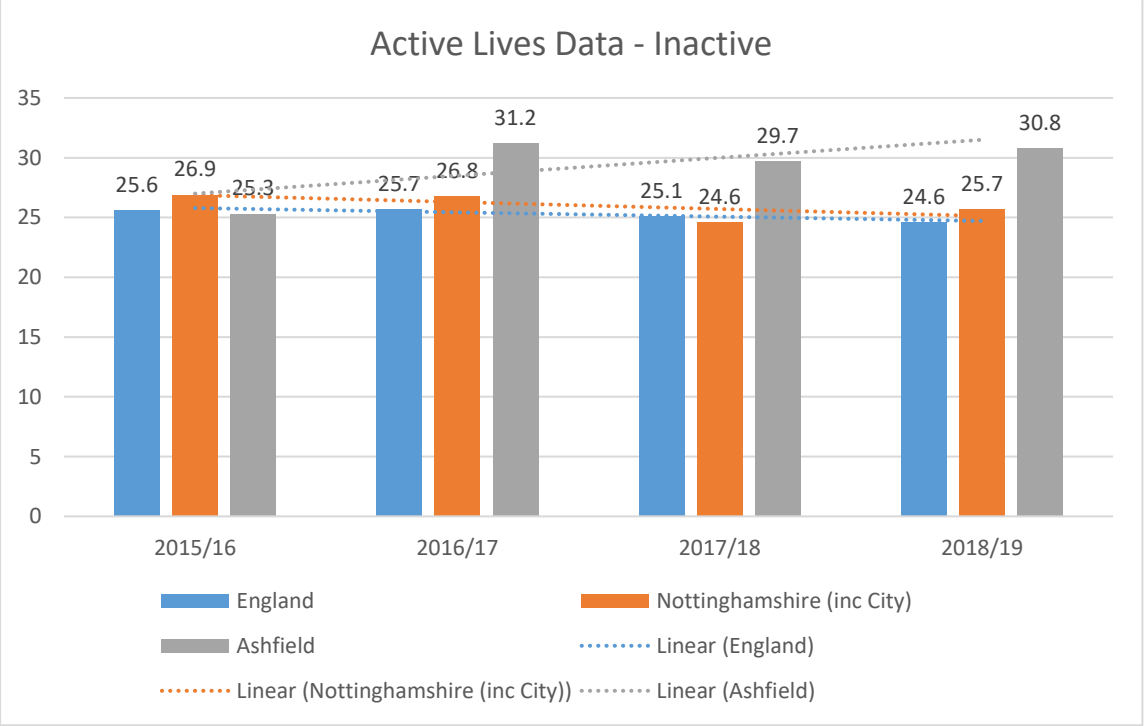
Active Lives Data

The Sport England Active Lives Survey measures levels of participation in sport and physical activity. The most recent data captured from this survey 2018-19 is summarised below:

The 'inactive' data for the previous 4 years is shown below. It shows that the percentage of Ashfield residents (aged 16 years plus) is slightly higher, when compared to Nottinghamshire (including Nottingham City) and England.

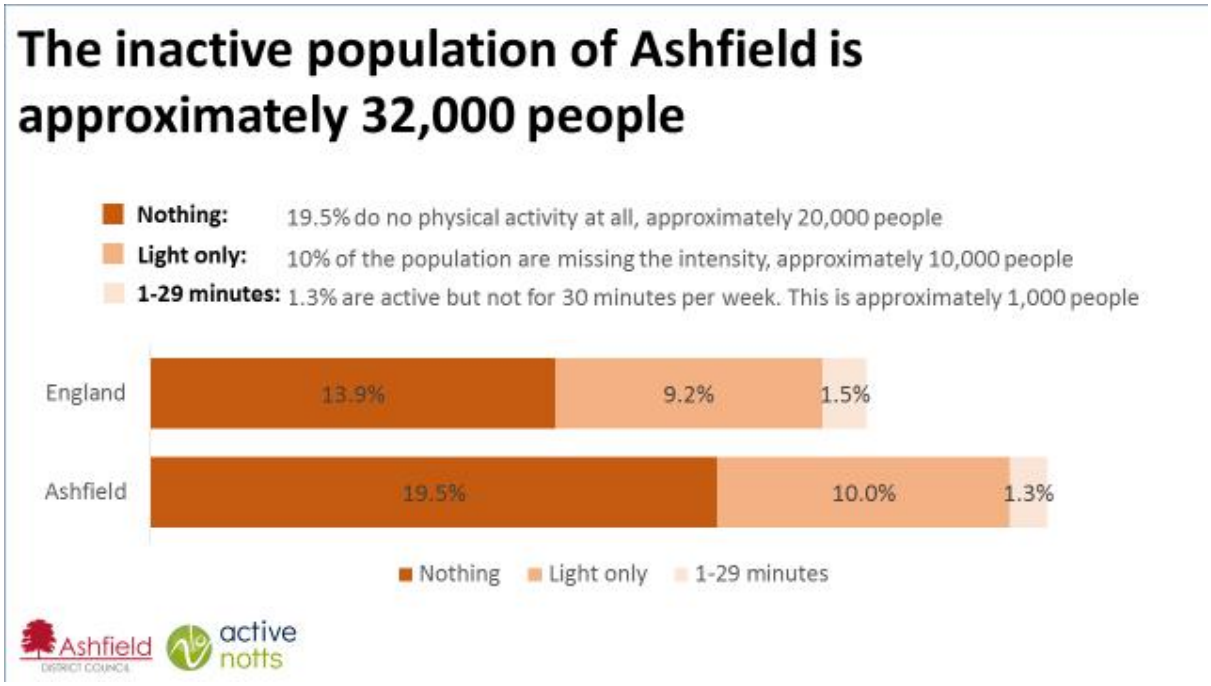
	2015/16	2016/17	2017/18	2018/19
England	25.6%	25.7%	25.1%	24.6%
Nottinghamshire (inc City)	26.9%	26.8%	24.6%	25.7%
Ashfield	25.3%	31.2%	29.7%	30.8%

This is further highlighted in the chart below. The trend lines show a slight decrease in the percentage of people inactive within England and Notts, with the gap worsening as Ashfield's trend highlights an increase in inactive people.

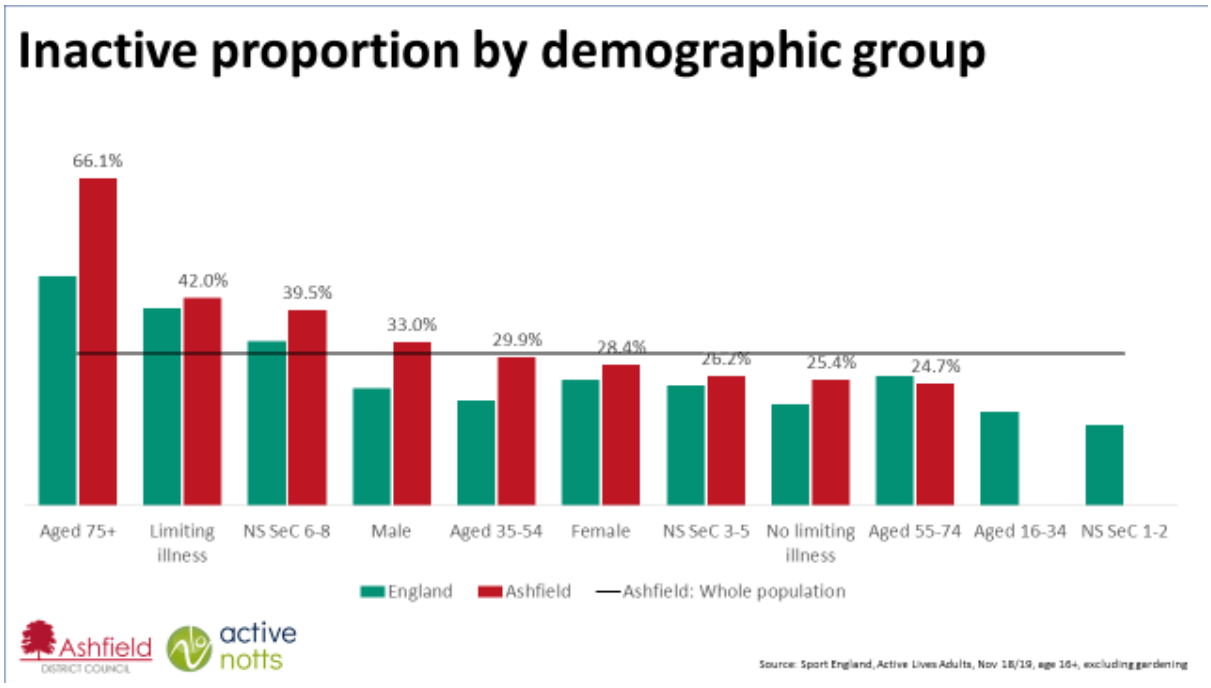


When comparing Ashfield to the other Local Authority areas across the 4 year period, Ashfield's position has worsened, and for the last 2 years, has had the worst percentage of inactive people.

Furthermore, the data shows that of the 32,000 adults who are inactive, 19.5% of then do no physical activity at all.

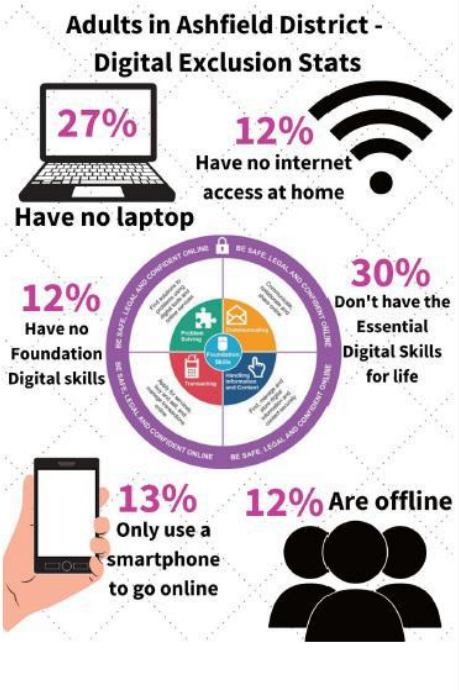


The data below shows our most inactive groups by demographics, with older people, those living with a limiting illness, and those in low income groups in highest numbers.



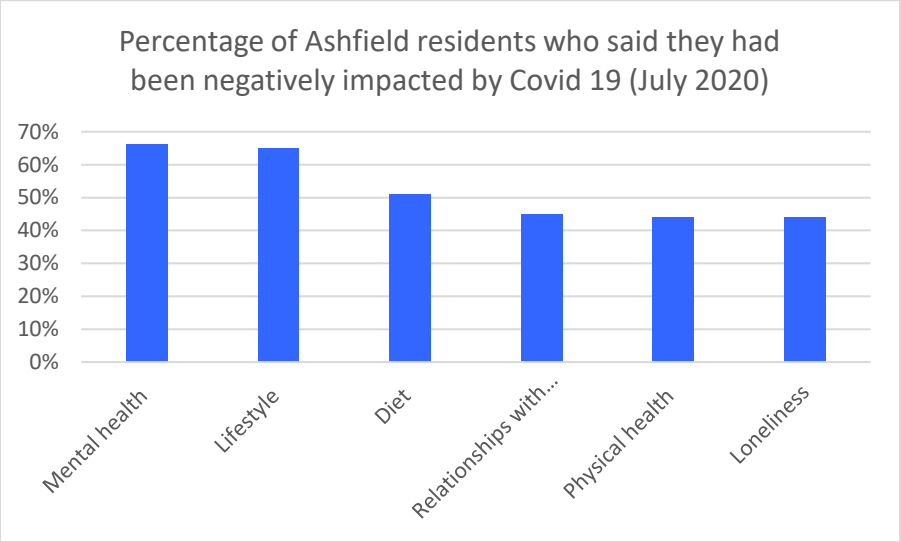
Ashfield Inclusion in Ashfield (Citizen's Online)

In May 2020, Citizen's Online undertook an analysis of digital inclusion across Ashfield. The results show that 27% of residents have no laptop at home, 12% have no internet access at home, and 30% don't have the digital skills required to complete day-to-day activities on line such as paying a bill or connecting with a friend or family member.



Ashfield District Council Covid-19 residents Survey

In July 2019, Ashfield District Council conducted a resident's survey to understand the impact on Covid-19. It revealed that 68% were worried about the impact of the pandemic. 40% felt it would have a negative impact on their finances and 42% said it had impacted on their job.



Housing and homelessness in Ashfield

Ashfield District Council's 'Housing Strategy for Ashfield 2016-2020' recognises the impact of housing on health.

Housing stock in Ashfield consists of 55,876 dwellings (2015). 6866 council owned properties make up 13% of Ashfield's total housing stock, with a further 1860 owned by registered Housing Providers.

The private rented sector makes up 15% of all stock with over 8000 homes across the district. The majority of homes are owner occupied.

Whilst the cost of market housing in Ashfield is comparatively low compared to neighbouring districts and regional and national levels, due to lower than average earnings and higher benefit dependency, affordability is still a real problem for newly forming households in the district.

Ashfield Homeless Prevention Strategy 2019-2024

The number of statutorily homelessness people per 1,000 population in Ashfield (2.28) is below the average for England (2.41) However, it is only very slightly under the East Midlands average of 2.29. This figure is much lower than Mansfield's (4.04) but higher than Newark and Sherwood's 1.70. However, Ashfield has seen a significant increase in the number of homeless acceptances over the last 10 years from 30 in 2008/09 to 123 in 2017/18. This increase in homelessness is reflected in the fact that Ashfield has had the most significant increase in the number of homelessness acceptances per 1,000 households over the last 10 years in Mid Nottinghamshire, from 0.61 to 2.28 in 2017/18.

The strategy identifies that there are around 700 households at risk of homelessness each year in Ashfield. It identified an increasing trend in the number of households accepted as statutorily homeless, from a low of 16 in 2011-12, to a high of 123 in 2017-18. Despite this, in 2017-18, Ashfield was below the average for England for households statutorily homeless per 1,000 population, 2.28 compared to 2.41 respectively. Alongside the introduction of the Homeless Reduction Act 2017, a new data collection requirement was also introduced, known as H-CLIC. Analysis of the H-CLIC data for April 2018 – September 2018 shows that in Ashfield, almost half of households seek assistance from the Council whilst they are threatened with homelessness, compared to around a third who do so when they are already experiencing homelessness.

It is the objective of the Homeless Reduction Act that councils assist households at the earliest possible point in order to increase the opportunities to prevent their homelessness. Ashfield is currently performing well in this area, however, there is further work required to assist more households before they become homeless.

Employment

The Office Labour Market Statistics show that 20% of Ashfield adult residents were economically inactive (16,100) between October 2019 – September 2020. This could have been because of carer responsibilities, sickness, retired, student or other.

During the same time period, 9.8% (8,000) adults had no qualifications, compared to 7.7% Great Britain average.

The Department for Work and Pensions issued a State of the District report in July 2020, which showed an increase in the number of Universal Credit claimants in all age categories between March and June 2020.

Universal credit by Age	March 2020	April 2020	May 2020	June 2020	Change
16 - 24	766	1068	1260	1298	3.02%
25 - 49	2424	3463	3996	4150	3.85%
50+	643	993	1158	1208	4.32%

Local and National Strategies

There are a number of local and national strategies that have been considered which have a significant impact on the work of the Ashfield Health and Wellbeing Partnership. These include:

- **Ashfield District Council Corporate Plan (2019 - 2023)**
- **Housing Strategy for Ashfield 2016 to 2020**
- **Ashfield Homeless Prevention Strategy 2019 - 2024**
- **Integrated Care System Nottingham and Nottinghamshire Clinical and Community Services Strategy (2019 - 2024)**
- **Nottinghamshire Health and Wellbeing Board Joint Health and Wellbeing Strategy (2018 - 2022)**
- **Sport England Strategy - Uniting the Movement (2021 - 2031)**

Ashfield
DISTRICT COUNCIL

This strategy has been produced and published by Ashfield District Council on behalf of the Ashfield Health and Wellbeing Partnership