

Health and Wellbeing Board

Wednesday, 15 November 2023 at 14:00

County Hall, West Bridgford, Nottingham, NG2 7QP

AGENDA

- | | | |
|---|--|---------|
| 1 | Apologies for Absence | |
| 2 | Declarations of Interests by Members and Officers:- (see note below) | |
| 3 | Minutes of the Last Meeting 13 September 2023 | 3 - 10 |
| 4 | Director of Public Health Annual Report | 11 - 34 |
| 5 | Chair's Report | 35 - 38 |
| 6 | Work Programme | 39 - 44 |

Notes

- (1) Councillors are advised to contact their Research Officer for details of any Group Meetings which are planned for this meeting.
- (2) Members of the public wishing to inspect "Background Papers" referred to in the reports on the agenda or Schedule 12A of the Local Government Act should contact:-

Customer Services Centre 0300 500 80 80

- (3) Persons making a declaration of interest should have regard to the Code of Conduct and the Council's Procedure Rules. Those declaring must indicate the nature of their interest and the reasons for the declaration.

Councillors or Officers requiring clarification on whether to make a declaration of interest are invited to contact Jo Toomey (Tel. 0115 977 4506) or a colleague in Democratic Services prior to the meeting.

- (4) Councillors are reminded that Committee and Sub-Committee papers, with the exception of those which contain Exempt or Confidential Information, may be recycled.
- (5) This agenda and its associated reports are available to view online via an online calendar - <http://www.nottinghamshire.gov.uk/dms/Meetings.aspx>

Meeting: Nottinghamshire Health and Wellbeing Board

Date: Wednesday 13 September (commencing at 2:00pm)

Membership:

Persons absent are marked with an 'Ap' (apologies given) or 'Ab' (where apologies had not been sent). Substitute members are marked with a 'S'.

Nottinghamshire County Councillors

John Doddy (Chair)
Ap Sinead Anderson
S Chris Barnfather
Scott Carlton
Ap Sheila Place
S Kate Foale
John Wilmott

District and Borough Councillors

Ap David Walters	-	Ashfield District Council
Lynne Schuller	-	Bassetlaw District Council
Colin Tideswell	-	Broxtowe Borough Council
Ap Henry Wheeler	-	Gedling Borough Council
Angie Jackson	-	Mansfield District Council
Susan Crosby	-	Newark and Sherwood District Council
Jonathan Wheeler	-	Rushcliffe Borough Council

Nottinghamshire County Council Officers

Ap Colin Pettigrew	-	Corporate Director for Children and Families Services
S Lucy Peel	-	Service Director for Transformation and Improvement
Ap Melanie Williams	-	Corporate Director for Adult Social Care And Public Health
Jonathan Gribbin	-	Director for Public Health

NHS Partners

Dr Janine Elson	-	NHS Nottingham and Nottinghamshire Integrated Care Board
Ap Dr Eric Kelly	-	Bassetlaw Place Based-Partnership
Ap Victoria McGregor-Riley	-	Bassetlaw and Mid-Nottinghamshire Place-Based Partnerships

	Dr Thilan Bartholomeuz (Vice Chair)	-	Mid-Nottinghamshire Place-Based Partnership
Ab	Fiona Callaghan	-	South Nottinghamshire Place-Based Partnership
Ap	Helen Smith	-	South Nottinghamshire Place-Based Partnership
S	Dr Jill Langridge	-	South Nottinghamshire Place-Based Partnership

Other Partners

Ab	Sharon Caddell	-	Office of the Nottinghamshire Police and Crime Commissioner
	Sarah Collis	-	Healthwatch Nottingham and Nottinghamshire

Substitute Members

Councillor Chris Barnfather for Councillor Sinead Anderson

Councillor Kate Foale for Councillor Sheila Place

Lucy Peel for Colin Pettigrew

Dr Jill Langridge for Helen Smith

Officers and colleagues in attendance:

Bridget Cameron	-	Service Director for Strategic Commissioning and Integration, Nottinghamshire County Council
Sarah Fleming	-	Programme Director for System Development, NHS Nottingham and Nottinghamshire Integrated Care Board
Irene Kakoullis	-	Group Manager for Early Childhood Services, Nottinghamshire County Council
William Leather	-	Public Health and Commissioning Manager, Nottinghamshire County Council
Adrian Mann	-	Democratic Services Officer, Nottinghamshire County Council
Rhys Attwell	-	Democratic Services Officer, Nottinghamshire County Council
Vivienne Robbins	-	Deputy Director for Public Health, Nottinghamshire County Council
Donna Smith	-	Deputy Integrated System Discharge Lead, NHS Nottingham and Nottinghamshire Integrated Care Board

1. Apologies for Absence

Councillor Sinead Anderson

Councillor Sheila Place

Councillor David Walters

Councillor Henry Wheeler

Colin Pettigrew

Melanie Williams

Dr Eric Kelly
Victoria McGregor-Riley
Helen Smith

2. Declarations of Interests

No declarations of interests were made.

3. Minutes of the Last Meeting

The minutes of the last meeting held on 5 July 2023, having been circulated to all Members, were taken as read and were confirmed and signed by the Chair.

4. Chair's Report

Councillor John Doddy, Chair of the Nottinghamshire Health and Wellbeing Board, presented a report on the current local and national health and wellbeing issues and their implications for the Joint Health and Wellbeing Strategy. The following points were discussed:

- a) There has been a rise in attention deficit hyperactivity disorder (ADHD) prescribing in adults over the last few years. The current waiting time for assessment and diagnosis for ADHD by the NHS in adults is a minimum of 30 months. In children the waiting time is 24 months from the date the child is referred for assessment. It is important that as much as possible is done to reduce the waiting time for neurodiversity assessments in both children and adults.
- b) Nottinghamshire County Council passed a motion to champion the oral health agenda and the expansion of water fluoridation in Nottinghamshire. Currently the Water Fluoridation scheme covers 1/3 of the Nottinghamshire population. Around 37.5% of the child-age population have significant dental health issues and a portion of the child-age population had been admitted through casualty departments in the Nottinghamshire area to receive treatment under anaesthetic. This disease burden is preventable, so the Water Fluoridation Scheme, when integrated into the expanding areas, would help reduce issues around tooth decay and health inequality.
- c) Nottinghamshire County Council has secured funding to distribute toothbrushing packs to foodbanks and other organisations, to offer dental care provisions to vulnerable people in the Nottinghamshire area. The intervention being carried out had support from organisations such as the British Dental Association and World Health Organisation. Members wished to see a return to a pre-Covid scheme called 'Brushing buddies', where school aged children would be taught how to properly brush their own teeth and be provided with toothbrushes and toothpaste.
- d) Members expressed a strong desire to see an increase in the employment rate of NHS dentists. Nevertheless, there is the potential for initiatives like Water Fluoridation Scheme and the distribution of toothbrushing packs to help address issues related to inequality in the current context.

- e) Nottinghamshire County Council has secured £9.2 million of investments in schools. The investment would be used for infrastructure improvements such as roof replacements, drainage and other works which may be needed. The delivery of the £9.2 million investments will be a partnership between the Council and SCAPE, with up to 20 primary schools benefitting from the investment.
- f) The government has announced the launch of the £76 million community organisation cost of living fund, which is being delivered by the National Lottery Community Fund, with the objective of supporting charities and community organisations with the impact of the cost of living.
- g) Members highlighted the issue of alcohol abuse and the importance of early intervention schemes, including funding in place to enable outreach to hospital inpatients. The Board was committed to addressing this problem effectively with a focus on fostering a healthier and safer environment, as well as recognising that prevention is key to reducing the negative impact of alcohol on the community.
- h) Members noted that Food Banks may operate inconsistently to one another. This could potentially lead to variabilities in how the needs of individuals or families were supported. There is potential for partners to explore alternatives and consider other options of intervention, such as through the free school meals system, to ensure that the services provided are efficient and equitable, with the maximum impact for the most disadvantaged.
- i) Council staff take part in Domestic Abuse Housing Alliance (DAHA) training. The Domestic Abuse Partnership Board recently reviewed the DAHA, and there is the potential for a report could be brought to the Board in the future. It was brought to the attention of members that there had been direct funding to schools, to assist staff in recognising the signs of Domestic Violence.

Resolved (2023/023):

- 1) To note the Chair's Report and its implications for the Joint Health and Wellbeing Strategy for 2022-26.

5. Family Hub Developments in Nottinghamshire

Irene Kakoullis, Group Manager for Early Childhood Services at Nottinghamshire County Council, presented a report on the progress and next steps for the development and implementation of Family Hub Networks across Nottinghamshire. The following points were discussed:

- a) The Family Hubs offer support to families with children aged between 0-19 to achieve a best start for life, with further support for those aged 19-24 with special educational needs or disabilities. The Family Hubs have been based on the model of how children's centres were first developed, employing the same methods such as partnership working and community-based empowerment. Family Hubs aim to improve the access to services for families in deprived communities, offering guidance and support to those who may not be able to

navigate the system without assistance. Service needs can vary widely from place to place, so it is important that the Family Hub's core offer is then developed to meet local requirements in partnership with District and Borough Councils, Place-Based Partnerships, the Department for Work and Pensions and Jobcentre Plus.

- b) It is important that there is accurate targeting of families in specific areas who need intervention support. Prioritising support for families in need, the Family Hubs' focus will be on reaching out to individual families within their communities, conducting outreach efforts to establish trust and relationships with marginalised groups who may not visit the buildings through which services are delivered, and developing virtual services.
- c) An update was provided indicating that Family Hubs initiative is currently in its initial pilot phase, and there is an impending report intended for Cabinet to outline the strategy for its broader rollout. It was emphasized that the forthcoming phase would involve comprehensive consultations aimed at pinpointing the specific priorities and focal points for Family Hubs in different regions or areas. Furthermore, a proactive plan to increase collaboration and engagement with schools, particularly in response to the evolving needs of children with Special Educational Needs and Disabilities (SEND). The overarching goal was to ensure that the concerns and input of services users were given the utmost importance throughout this process. It was also mentioned that a commitment to enhancing information sharing mechanisms. This effort was designed to transform Family Hubs into a truly holistic and convenient services centres, acting as one-stop destinations for individuals seeking assistance while also efficiency guiding them towards the most relevant services.
- d) Questions were raised concerning lessons learned from the ongoing pilot phase, and how these insights would effectively improve the broader implementation phase of Family Hubs. In response, there has been the introduction of a concept called "design site", where the underlining intention is to develop these services in close collaboration with the entire community, signifying an approach to the commitment of involving diverse perspectives and ensuring that Family Hubs are personalised to meet the unique needs of the local population they serve.
- e) Members considered that it was vital that the networking model developed would effectively address the diverse needs of the full range of communities, ranging from dispersed rural areas to more concentrated towns and urban areas. Members also sought to understand the distinction between the upcoming Family Hub Network sites and the previous initiatives with similar objectives. These distinctions included a design which will be targeted at networking in specific locations, efforts to engage with schools, parents/carers, public consultations, and external partners across the network to gather their insights regarding specific priorities of the Family Hub Network in each area. Once information about the area's needs is gathered, collaborative activities with families can be further developed.
- f) Members emphasized the importance of ensuring timely access to SEND and Mental Health Services, raising questions about how to guarantee that

commissioned services providers effectively engage in outreach efforts. It was explained to Members that the Council's "design site" approach involved close collaboration with all partners working on frontline services.

Resolved (2023/024):

- 1) To note the work progressed to establish the current Family Hub Networks, and to endorse the proposed next steps for the further roll-out of Family Hub Networks across Nottinghamshire.

6. Nottinghamshire Joint Strategic Needs Assessment - Work Programme 2023-24

William Leather, Public Health and Commissioning Manager at Nottinghamshire County Council, presented a report on the proposed priorities for the Joint Strategic Needs Assessment (JSNA) work programme for 2023/24. The following points were discussed:

- a) The Board has a legal obligation to produce the JSNA, encompassing its creation, utilisation, availability, and adoption by broader partners. The JSNA is structured to evaluate the existing and forthcoming care requirements of the system, facilitating evidence-based planning, and a proposed work programme providing the reasoning behind the identified priorities has been produced.
- b) A prioritisation process is carried out each year against set criteria, involving the Nottinghamshire local authorities, the Place-Based Partnerships, and the Integrated Care Board. Some refinements have been introduced to ensure flexibility in developing planned priorities and responding to emerging issues and new priorities.
- c) The JSNA aims to centralise data in collaboration with partners such as the NHS, with the primary goal of preventing data duplication. Taking into consideration input from partners and studying national best practises, the JSNA has been enhanced to increase its influence and scope. Targeted prolife packs have been developed to address certain issues in a much timelier way than the production of a full JSNA chapter (of which there are currently 42), and interactive data dashboards have been introduced to compliment the JSNA narrative and improve accessibility.
- d) Violence against women and girls is a major priority for the whole healthcare system and was considered by the Board as part of the Nottinghamshire Covid Impact Assessment process. However, as programmes already exist within the system to seek to address this significant issue, this work does not need to be replicated within the JSNA at this time as part of its current priorities – though this will be kept under review.

Resolved (2023/025):

- 1) To approve the 2023/24 Joint Strategic Needs Assessment (JSNA) work programme.

- 2) To approve the proposed refinements to the JSNA prioritisation process being made to enable greater flexibility and responsiveness to the needs of the local system, going forward.
- 3) To note the other work taking place to develop the JSNA to maximise its impact and reach.

7. 2023-25 Better Care Fund Planning Requirements

Sarah Fleming and Donna Smith, Programme Director for System Development and Deputy Integrated System Discharge Lead at the NHS Nottingham and Nottinghamshire Integrated Care Board (ICB), and Bridget Cameron, Service Director for Strategic Commissioning, and Integration at Nottinghamshire County Council, presented a report on the Nottinghamshire 2023-25 Better Care Fund (BCF) planning requirements. The following points were discussed:

- a) The BCF has now been in place for 10 years and represents a pooled budget between the NHS, Nottinghamshire County Council and Nottingham City Council to achieve integration and joint planning to support sustainability in the local healthcare system.
- b) Although reports on the BCF's metrics and performance are brought to the Board on a regular basis, due to the deadlines set out by NHS England (NHSE) for submission of the BCF returns, the planning template has already been approved through the Board's delegation arrangements. However, the ICB is working with partners to develop a more proactive approach to the production of BCF returns in the context of NHSE deadlines, to mitigate the need for decisions on the BCF to be taken under delegated powers.
- c) The Board held a detailed workshop on the development of the BCF going forward, and it is intended that another workshop on the BCF will be held soon. The Board considered that there is a significant opportunity to work closely with the Place-Based Partnerships to identify where effective investment in prevention can be made via the BCF.

Resolved (2023/026):

- 1) To ratify the Nottinghamshire 2023-25 Better Care Fund Planning templates as submitted to NHS England on 28 June 2023.

8. Work Programme

Councillor John Doddy, Chair of the Nottinghamshire Health and Wellbeing Board, presented the Board's current Work Programme.

Resolved (2023/027):

- 1) To note the Work Programme.

There being no further business, the Chair closed the meeting at 3:12pm.

Chair:

15 November 2023**Agenda Item:4**

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2023

Purpose of the Report

1. To inform the Nottinghamshire Health and Wellbeing Board of the publication of the 2023 Director of Public Health (DPH) Annual Report and seek the commitment of the Board to its recommendations.

Information

Background

2. The purpose of the DPH Annual Report is to raise awareness and understanding of local health issues, highlight areas of specific concern, and to make recommendations for change. The content and structure of the Report is decided locally. The 2023 DPH Annual Report focuses on the topic of severe multiple disadvantage (SMD).
3. SMD is a way of describing the lived experience of people whose current circumstances have been strongly shaped by deprivation, trauma, and abuse – often leading to experiences of a combination of homelessness, mental ill-health, domestic abuse and sexual violence, harmful use of drugs and alcohol, and perhaps also contact with the criminal justice system.
4. The aim of the Report is two-fold. Firstly, it is to highlight some of the obstacles and challenges for people with lived experience of SMD, the achievement and courage of people overcoming those, and the hope it holds out to others making a similar journey. Secondly, it is to bring fresh focus to the actions organisations must take to strengthen support for people facing these challenges.
5. A supplementary aim of the Report has been to develop our capacity in co-production. Around Nottinghamshire and in the Public Health division, health, care and other services addressing all kinds of need can be identified which are co-designed with people with lived experience. This results in arrangements which deliver better outcomes and experiences for the people who use them. But establishing this way of working routinely and consistently is a journey along which the Public Health division is still travelling.
6. Therefore, as well as being critical to ensuring its relevance and integrity, co-production of the Report has been an opportunity for the Public Health team to develop capacity in this area.

The willingness of people to give their time, experience and insights have helped on that journey. Thanks is given to all those who have contributed by participating on video, behind the scenes, in focus group discussions, in teasing out and refining key recommendations, or in steering the selection of graphic work for the written document, and in numerous other ways.

7. The Report is presented in the form of a series of videos because this format allows the voices of lived experience to be heard more clearly and some of these will be showcased to Board members at the meeting. The Report will then be published following the Board meeting on the Nottinghamshire County Council website at this link: <https://www.nottinghamshire.gov.uk/dph-annual-report/>.
8. The Report is supplemented by a short document which includes information on the scale of SMD in Nottinghamshire, the co-production approach taken, services in Nottinghamshire for those experiencing SMD, and a glossary of terms. This is provided in **Appendix 1**.
9. Looking at health and wellbeing more generally, the written document also includes an appendix which summarises health and wellbeing in Nottinghamshire, with a brief commentary on excess mortality, health inequalities and trends.

Summary of the Recommendations

10. Working with people with lived experience, five key recommendations have been identified. The overall goal of these is for organisations across Nottinghamshire to sustain positive change for people with lived experience of SMD:
 - a. Organisations in Nottinghamshire with responsibility for housing should collaborate to develop joined up, sustainable, long-term housing solutions which include appropriate support for people with experience of severe multiple disadvantage.
 - b. Nottinghamshire Health and Wellbeing Board should sponsor the development of a framework which health and care organisations and other public services in Nottinghamshire can use to implement trauma-informed care.
 - c. Services for people experiencing severe multiple disadvantage should make arrangements to ensure that a person's story is appropriately shared with other services supporting that individual, to enable integrated working.
 - d. Nottinghamshire Health and Wellbeing Board should sponsor work to co-produce guidance for partner organisations about the use of strengths-based, recovery-oriented language.
 - e. There are two parts to the final recommendation:
 - i. Nottinghamshire County Council should help to create a network of relevant co-production groups which other services can draw on, so that the influence of people with lived experience of SMD and other issues can be sustained and strengthened across a range of commissioned services.
 - ii. In addition, our partner organisations in the Integrated Care System should ensure that the service plans of directors and their leads address how co-production involving

people with severe multiple disadvantage is embedded in service development planning and is sustainable for those involved.

Implementation of the Recommendations

11. The Nottinghamshire Health and Wellbeing Board is asked to consider how it can support and implement the DPH Annual Report recommendations directed at the Board. Board members are also individually encouraged to actively plan how these recommendations can be taken forward within their own organisations. Further guidance on taking forward each recommendation is available, on request, from Public Health.
12. The DPH Annual Report contains recommendations that require engagement from partners wider than those represented at Health and Wellbeing Board. Board members are encouraged to use their influence with such partners to ensure the Report and its recommendations have the widest possible reach.

Other Options Considered

13. To not bring the Report to the Health and Wellbeing Board. This was discounted as this would miss the opportunity for the Report to be formally shared with the Board. In addition, this would not allow Board members the opportunity to agree to contribute towards implementing the recommendations contained within the Report.

Reason/s for Recommendation/s

14. Preparation of the DPH Annual Report is a statutory duty of the Director of Public Health. Although this is an independent Report, it is the responsibility of the County Council to publish it. This year's Report aligns with the ambitions and priorities of the Nottinghamshire Joint Health and Wellbeing Strategy 2022-2026, in particular Ambition Four, which is to keep our communities safe and healthy and states: 'We will support people who are marginalised in our communities to ensure they are safe from harm and their needs are met'. This report provides the opportunity for the Health and Wellbeing Board to receive the DPH Annual Report, contribute to implementing the recommendations, promote the Report amongst stakeholders, and reiterate the partnership commitment to action on Ambition Four of the Health and Wellbeing Strategy.

Statutory and Policy Implications

15. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

16. There are none arising from this report.

Implications in relation to the NHS Constitution

17. In line with the values of the NHS Constitution, the DPH Annual Report highlights work undertaken across organisational boundaries to protect and improve the health and wellbeing of the County's population. The recommendations within the Annual Report are not just for the Council, but for other agencies, including the Integrated Care System (ICS).

RECOMMENDATION/S

The Health and Wellbeing Board is asked:

- 1) To receive and comment on the 2023 DPH Annual Report.
- 2) To agree to contribute towards implementing the recommendations contained within the 2023 Report, where applicable. More specifically, this means:
 - a) Health and Wellbeing Board agree to sponsor the development of a framework which health and care organisations and other public services in Nottinghamshire can use to implement trauma-informed care.
 - b) Health and Wellbeing Board agree to sponsor work to co-produce guidance for partner organisations about the use of strengths-based, recovery-oriented language.
- 3) To agree to support the implementation of the recommendations with partners other than those represented at Health and Wellbeing Board.
- 4) To agree to schedule a Health and Wellbeing Board workshop for Nottinghamshire County Council and partners to offer a response to the recommendations identified in the DPH Annual Report.

Jonathan Gribbin
Director of Public Health
Nottinghamshire County Council

For any enquiries about this report please contact:

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Constitutional Comments (GMG 26/10/23)

18. This report falls within the remit of the Board for consideration (see Section 7, Part 2, paragraph 14 of the Council's Constitution at page 120).

Financial Comments (DG 27/10/23)

19. There are no direct financial implications arising from this report.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- None

Electoral Division(s) and Member(s) Affected

- All



DIRECTOR OF PUBLIC HEALTH
ANNUAL REPORT
2023

SEVERE
MULTIPLE
DISADVANTAGE



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Introduction

Welcome to my 2023 Annual Report, which has been co-produced with people in Nottinghamshire to shine a spotlight on severe multiple disadvantage.

The production of an annual report is a statutory duty of the Director of Public Health. Its purpose is to raise awareness and understanding of local health issues, highlight areas of specific concern, and to make recommendations for change.

In listening to people with lived experience of severe multiple disadvantage through the videos that form the basis of this report, we feel the weight of their challenge. We also hear of their courage, achievement, and pride in their journeys, and of their excitement about the future. As well as paying attention to the recommendations they have helped identify, we want to celebrate their achievements and the hope these show others making a similar journey.

I referred to this as 'my' annual report. Although the responsibility for producing it sits with the Director of Public Health, you can see that most of it has been a shared endeavour, shaped by the insights of people with lived experience and informed by the priorities they have identified. I am grateful to all residents who have invested their time and expertise in co-producing it. Along with them, I am grateful to the organisations who have helped us. Some of them you will hear mentioned by name in the videos, such as [Newark Women's Aid](#) and [Double Impact](#), while others supported the report 'behind-the-scenes', such as [POhWER](#). One of those that has helped us in particular is [Change Grow Live](#), an organisation with whom my team work to support people wanting to exercise control over their use of drugs or alcohol.

You will also find that the appendices include supplementary information describing the overall health and wellbeing of people in Nottinghamshire. This is a good place to start for understanding the bigger picture and other key priorities for organisations seeking to improve and protect the health of local people.

Turning back to the primary focus of this year's report, all that remains is for me to invite you to listen to the true stories recorded in the videos and to act on their recommendations, which are summarised below.



Jonathan Gribbin,
Director of Public Health
Nottinghamshire County Council

Summary of recommendations

People with lived and living experience of severe multiple disadvantage identified the following priorities, which are given in full later in this document.

01

Organisations in Nottinghamshire with responsibility for housing should collaborate to develop joined up, sustainable, long-term housing solutions which include appropriate support for people with experience of severe multiple disadvantage.

02

Nottinghamshire Health and Wellbeing Board should sponsor the development of a framework which health and care organisations and other public services in Nottinghamshire can use to implement trauma-informed care.

03

Services for people experiencing severe multiple disadvantage should make arrangements to ensure that a person's story is appropriately shared with other services supporting that individual, to further enable integrated working.

04

Nottinghamshire Health and Wellbeing Board should sponsor work to co-produce guidance for partner organisations about the use of strengths-based, recovery-oriented language.

05

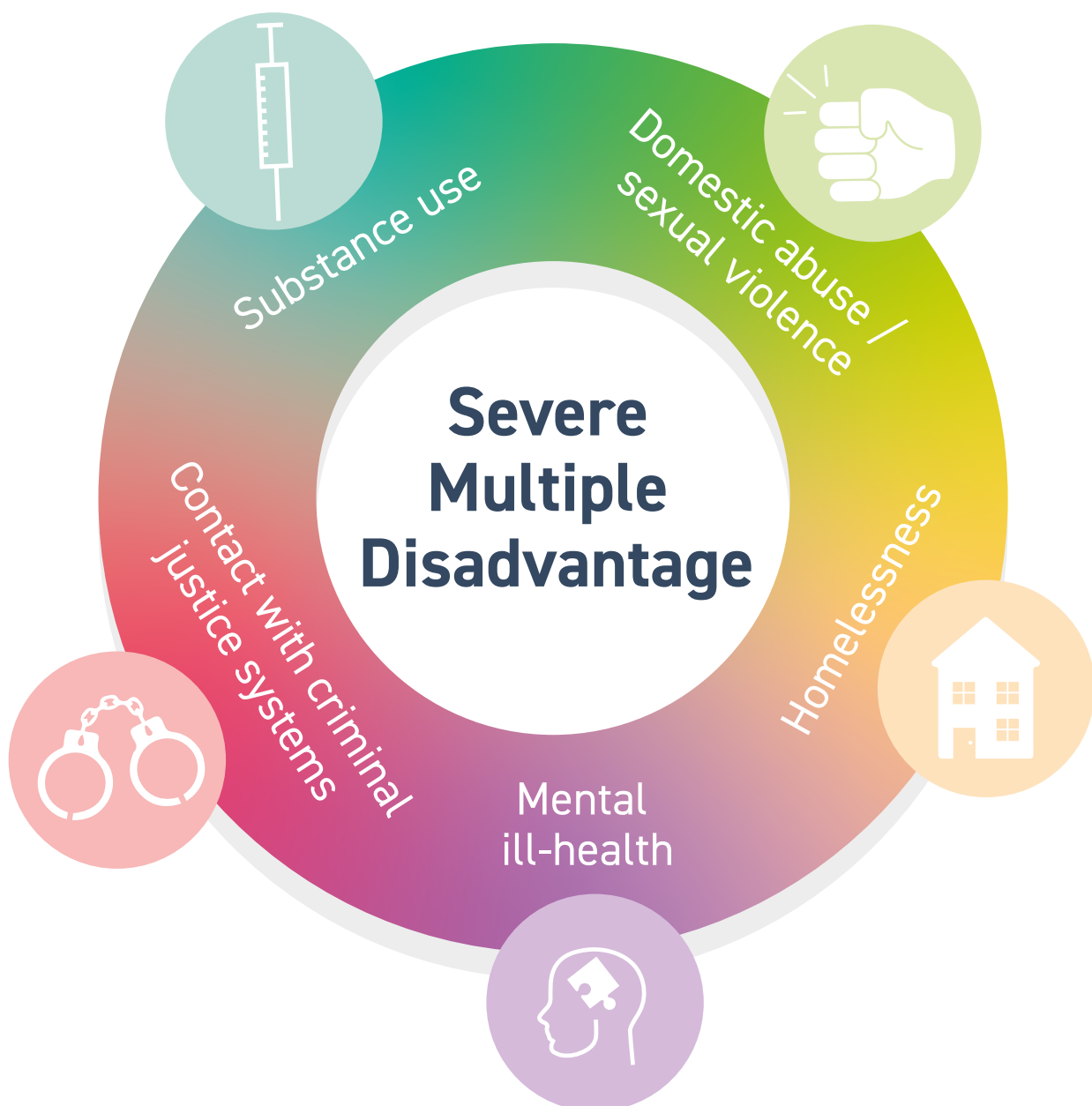
There are two parts to the final recommendation:

- a. Nottinghamshire County Council should help to create a network of relevant co-production groups which other services can draw on, so that the influence of people with lived experience of severe multiple disadvantage and other issues can be sustained and strengthened across a range of commissioned services.
- b. In addition, our partner organisations in the Integrated Care System should ensure that the service plans of directors and their leads address how co-production involving people with severe multiple disadvantage is embedded in service development planning and is sustainable for those involved.

Severe multiple disadvantage and its scale in Nottinghamshire

Severe multiple disadvantage is a way of describing the lived experience of people whose current circumstances have been strongly shaped by deprivation, trauma, and abuse – often leading to experiences of homelessness, mental ill-health, domestic abuse/sexual violence, harmful use of drugs and alcohol, and perhaps contact with the criminal justice system. These exposures and experiences often leave people vulnerable to some of the worst health and wellbeing of any group in Nottinghamshire.

The colour wheel demonstrates that people can experience severe multiple disadvantage in any combination of these issues.

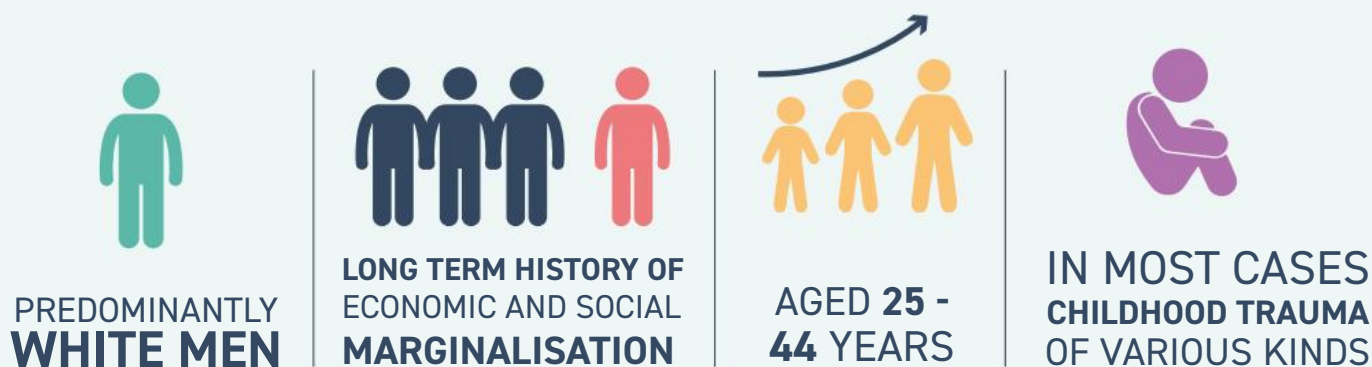


The scale of severe multiple disadvantage in Nottinghamshire

It is difficult to accurately estimate the numbers of people that experience severe multiple disadvantage for various reasons. Firstly, there is no single universally adopted definition of severe multiple disadvantage, therefore different studies or estimates use different definitions. In many cases, services are difficult to access for those experiencing severe multiple disadvantage, meaning people are not present in service-use data. Even where this data is available, few services collect data about needs outside their own service, and we do not know how domains of severe multiple disadvantage overlap.

The 2015 report [Hard Edges](#) estimated that annually, **250,000+ people in England** experience at least **two** out of three of homelessness, substance use, and/or contact with criminal justice systems, and at least **58,000 people have contact with all three**.

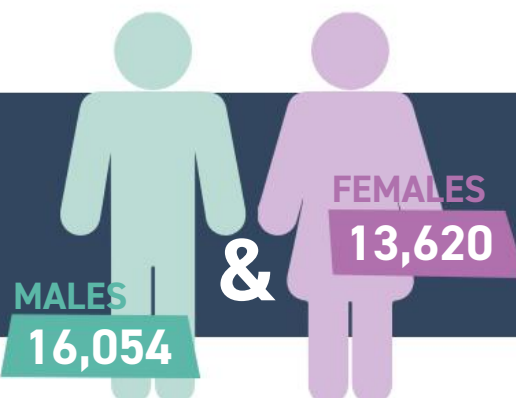
The report also suggested there are certain **risk factors** to experiencing severe multiple disadvantage:



However, there are issues with this report. Both women and ethnic minorities may face significant and distinct challenges that contribute to their experience of severe multiple disadvantage, which are not represented in the above figures.

In order to understand how severe multiple disadvantage may be experienced by women, the 2020 report [Gender Matters](#) consulted with women with experience of multiple disadvantages. Using this report, it is estimated that **within Nottinghamshire**, over **16,000 men and over 13,000 women** are experiencing two of substance use, homelessness, mental ill-health, and domestic abuse. This report also suggests that, of those who experience all four of these issues, 70% are likely to be women.

Estimates for the number of men and women who experience two of substance use, homelessness, mental ill-health and domestic abuse within the Nottinghamshire adult population:



Taking a co-production approach

One of my key goals as Director of Public Health is to deliver services which are fair and effective for people in Nottinghamshire. Listening properly to the people for whom our services are intended is an essential part of doing that. That's why I am committed to strengthening the voices of people with lived experience of relevant issues in shaping, designing and delivering services in Nottinghamshire. Some people refer to this way of working as co-production – though you might feel it is plain common sense! Even so, it's a way of working which we need to improve and strengthen.

It is with this in mind that I have sought out the participation of people with lived experience of severe multiple disadvantage in the development of this report and its recommendations. I am grateful to all those who have committed their time and energy to this.

As a result, the report has been created with help from a wide range of people with lived experience of the issues involved. Some shared their stories in the videos; some assisted through focus group sessions; others identified, shaped and tested the recommendations; others supported the design of the front cover. I hope you will agree that their contributions increase the validity of the report, strengthening the weight we should attach to its recommendations.

My team worked with existing networks, services commissioned by the Council and other partner organisations to engage people whose stories demonstrated a range of experiences of severe multiple disadvantage. A diverse group of participants worked with us on this report – some of these people were keen to tell their stories on camera, while others preferred to work with us off-screen. When identifying people for whom it would be safe and reasonable to assist us, we had discussions with the individual and service providers known to them, and took a range of considerations into account to ensure we did not cause anyone to re-live trauma.

We created environments where residents felt comfortable to speak about the difficult experiences and challenges they had encountered. The offer of informal, no-obligation meetings for potential participants to learn more about the project was important in this.

We have checked back with participants on the content you see on the webpage and have considered how we would accommodate any future request from those on video to be removed from the report. The principle underpinning all of this has been that the interests of our contributors should take precedence over other goals and aims.

What we heard from people who participated

Some of those participating in the report kindly agreed to share their stories on video – please find short summaries of these below. I would be pleased to know that you have watched the videos, as it is important to hear their stories and observations in their own words. To access the videos, please navigate back to the main 'Director of Public Health Annual Report 2023' webpage.

Julian

Julian talks about his struggles with substances, his experience of relapsing, and how some difficult life events led him to further dependency on alcohol and drugs. He speaks about how he lost his business and family and became homeless. He goes on to describe that having a good support worker was essential in maintaining his recovery. He also speaks of the difficulties he experienced with securing appropriate housing and the importance of decent housing in the recovery journey. He now feels in a good place and wants to use his experience to help others.

Lisa

Lisa describes how her use of alcohol and cocaine led to her losing her job, relationships and home. She describes how she hit 'rock bottom' on multiple occasions but that she didn't want to ask for help because she didn't think she needed it. In 2020, she attended her first Alcoholics Anonymous (AA) meeting where for the first time she felt she was able to listen. Lisa is proud to be two and a half years sober. She describes how she has been able to develop new ways of thinking to be able to live without drugs and alcohol. She also shares her thoughts on stigma and hopes that, by talking more about substance use and mental health, we can reduce the stigma associated with them. Finally, Lisa shares that she is now in employment supporting others with substance use issues.

Claire

Claire describes that her main problems were mental health struggles and substance use. It was particularly difficult to access help through her GP because of the co-existent nature of the two problems. These resulted in her losing her children, home, job and driving license. Starting out on her journey to recovery, she struggled to understand who she was without substances. Through engaging with support, she was able to connect with other people and her mindset changed. Claire shared that she is now in employment and is completing a degree. She finishes her account with a message of hope for people starting their recovery journey.

Natalie

Natalie speaks of the trauma of sexual assault. She describes her struggles in searching for and asking for help. Natalie felt that all hope was lost until she contacted Newark Women's Aid who have provided her with a safe and welcoming place to live. Natalie describes the importance of continuity of care with professionals, and the value of being supported to explore different ways to cope with her trauma. She hopes to help others to appreciate the value of being trauma-informed.

Recommendations

01 Organisations in Nottinghamshire with responsibility for housing should collaborate to develop joined up, sustainable, long-term housing solutions which include appropriate support for people with experience of severe multiple disadvantage.

You will hear for yourself in the videos that secure housing is essential to enable people to access support to improve health and wellbeing. People who do not have secure homes have some of the poorest health outcomes in our society. Giving people experiencing severe multiple disadvantage access to the right support, at the right time and alongside the right long-term accommodation offer is a foundational building block for improved health and wellbeing.

[Housing First](#) is an [evidence-based approach](#) which provides a good example of this. It prioritises the provision of stable housing as a foundation for effective support. Elements of this are already being put into practice in Mansfield – here, people without their own homes are supported to access their own tenancy and set it up as home. The programme has significantly reduced the number of people rough sleeping and enabled people with complex needs to sustain their tenancies. It has also enabled more people to access key services, such as those for people whose use of alcohol or drugs is harmful.

02 Nottinghamshire Health and Wellbeing Board should sponsor the development of a framework which health and care organisations and other public services in Nottinghamshire can use to implement trauma-informed care.

People living with severe multiple disadvantage have often experienced multiple complex traumas. Therefore, it is important that frontline workers are equipped to recognise how trauma can influence behaviour and what they can do to adapt their practice, in line with the recommendations of [the National Institute for Health and Care Excellence \(NICE\)](#).

There is already good work taking place within Nottinghamshire to embed trauma-informed care within organisations, such as the pilot of the [Routine Enquiry about Adversity in Childhood \(REACHTM\)](#). This has involved the development and provision of trauma-informed training to equip staff working with individuals who have experienced trauma. Through this training, staff gained greater understanding of how trauma can influence behaviour and learned tools to build compassionate relationships. We now need to further build on this work to embed awareness of trauma in all frontline health and care services within Nottinghamshire.

03

Services for people experiencing severe multiple disadvantage should make arrangements to ensure that a person's story is appropriately shared with other services supporting that individual, to further enable integrated working.

There are already plans to improve clinical pathways for people experiencing severe multiple disadvantage. The group which will oversee that work should also work with frontline professionals to understand the barriers to sharing stories appropriately and create the infrastructure and culture to ensure that this sharing becomes routine, [in line with recommendations from NICE](#).

This is important, because we heard about the barriers and additional personal difficulties created when people have to repeat their stories to a succession of services or workers.

04

Nottinghamshire Health and Wellbeing Board should sponsor work to co-produce guidance for partner organisations about the use of strengths-based, recovery-oriented language, [as NICE guidance recommends](#).

Use of language which stigmatises adds to the barriers which prevent access to services and support. But careful use of language can help correct the damaging misunderstanding that severe multiple disadvantage is some sort of lifestyle choice.

We are starting to address this in Nottinghamshire County Council. One example is the work we are doing to improve on the language we use when referring to substance use – instead of referring to individuals as 'addicted' to drugs and/or alcohol, we worked with residents to identify how they prefer to be described. We are learning that it is more helpful to describe these experiences in terms of 'people who use drugs' or 'people who use alcohol'.

05

Nottinghamshire County Council should help to create a network of relevant co-production groups which other services can draw on, so that the influence of people with lived experience of severe multiple disadvantage and other issues can be sustained and strengthened across a range of commissioned services.

In addition, our partner organisations in the Integrated Care System (ICS) should ensure that the service plans of directors and their leads address how co-production involving people with severe multiple disadvantage is embedded in service development planning and is sustainable for those involved.

Both halves of this recommendation reflect the fact that [co-production is important to increase the future impact of our services](#), and that it involves a significant commitment of time, energy and insights by people with lived experience. Valuing this and undertaking co-production in a way which is sustainable for people with lived experience is essential. [Our partners in the ICS have, together with Nottinghamshire County Council, already stated their commitment to co-production](#). Implementing this recommendation would further ensure the influence of people with lived experience is felt across all services.

Appendices

Acknowledgement of services mentioned in the videos

Change Grow Live (CGL)

CGL is a voluntary sector organisation specialising in substance use treatment for individuals who experience problems with drugs and/or alcohol. CGL is commissioned by Nottinghamshire County Council Public Health to deliver an all-age substance use treatment service for residents who live across Nottinghamshire County.

Phone number: 0115 896 0798

Email: notts@cgl.org.uk

Website: [Change Grow Live](#)

Double Impact

Double Impact supports people in Nottinghamshire, Nottingham City, Lincoln and Lincolnshire who are recovering from substance use and dependency. The service believes establishing effective support networks is key to achieving sustained recovery. The charity helps people in recovery to achieve independence and good wellbeing.

Phone: 01623 272838

Website: [Double Impact](#)

Newark Women's Aid

Newark Women's Aid is an independent, local charity providing specialist services to support women with or without children who have experienced physical, sexual, emotional, psychological or economic abuse from a partner, ex-partner or family member. Their aim is to support, inform and empower women to enable them to rebuild their lives and make informed decisions to determine their future and establish and maintain their independence.

Phone: 01636 679687

Email: newarkwomensaid@btconnect.com

Website: [Newark Women's Aid](#)

Alcoholics Anonymous

A peer-led service to support people to stay sober. The service offers a spirituality-inclined 12 step programme and regular meetings, where people can share their stories.

Phone: 0800 9177 650

Email: help@aamail.org

Website: [Alcoholics Anonymous](#)

Other services and community groups in Nottinghamshire

[Notts Help Yourself](#) is the place to go for information and services supporting Nottinghamshire residents and professionals.

If you are in crisis and need mental health support, call the Nottinghamshire Mental Health Crisis Line on **0808 196 3779 (24/7)** or the Samaritans on **116 123 (24/7)**.

For further information on mental health support within Nottinghamshire, [click here](#).



The health and wellbeing of people in Nottinghamshire

Traditionally, the Annual Report of the Director of Public Health has included a summary of the health and wellbeing of the population. The following graphics and the narrative below them are a good place to start for understanding the bigger picture and other key priorities for organisations seeking to improve and protect the health of local people.

Health in Nottinghamshire

Longer lives for all

An average new-born can expect to live for



82.6
years



78.6
years



Gap between life expectancy of the most and least affluent in Nottinghamshire

7.7
years

9.3
years

Healthier lives



60 years
average age when females report not being healthy



62.4 years
average age when males report not being healthy

Aiming for the best start in life



1 in 5

children live in low-income families

2 out of 3
children show good development at age 5



1 in 8
expectant mothers smoke

Over 1 in 3
children aged 11 are overweight or obese



Key

- Better than England
- Worse than England
- Similar to England
- Cannot be compared

Challenges to improve health



20% higher
admissions to hospital because
of alcohol, compared to England

1 in 5

adults are not physically active



An estimated

1 in 6

adults have depression
or anxiety



More than

2 in 3

adults are overweight
or obese

More than

1 in 8

adults smoke.
Smoking remains the
leading cause of early
deaths



Healthy and sustainable places



More than

1 in 7

households are
in fuel poverty

2 in 3

adults are
physically active



Half

postcodes in built up
areas are within 300m of
parks or playing fields



Over half

children & young people are
physically active



Early and preventable deaths

80%

of early deaths are
avoidable if we improve
our environment, lead
healthier lives & get
treated when needed

The death rate for people with
severe mental illness is over

**four times
higher**

than the rest of the
population

Data sources:

Office for Health Improvement and Disparities, [Public Health Outcomes Framework](#)
Office for National Statistics, [Access to gardens and public green space in Great Britain](#)
Accessed 13/09/2023

Most measures of health for the general population in Nottinghamshire are similar to the rest of England. For example, taking the County as a whole, the average lifespans for men and women are similar to the national average. But the County is very varied, with some areas among the most affluent in England and others among the most deprived. These differences have an effect on almost every aspect of health, resulting in stark inequalities. Therefore, if we are looking at lifespan, we have to be aware that people in our least advantaged areas can expect to die over 7 years earlier than people in our most prosperous areas.

Healthy life expectancy is a helpful indicator of overall health and wellbeing – sometimes, people think of this as the length of time we enjoy good health. It is also one which highlights an issue for Nottinghamshire, especially for women. On average, women in Nottinghamshire lose their good health almost four years younger than the rest of England. This gap between Nottinghamshire and England has worsened since 2014. We also know from data for England that the health span of people in our least advantaged communities will be much shorter than this.

A wide range of factors contribute to these outcomes and, in recent years, we know that Nottinghamshire families have faced significant challenges. For example, one in every five children in the County is in a family with a low income, which is worse than England. Smoking in pregnancy can lead to problems during birth and also affect how the baby develops – the percentage of women who smoke when they are expecting is improving over time, but remains higher than England. Learning and education play an important part in good health – in Nottinghamshire, a higher percentage of children start school with a good level of development than the national average. However, there is stark variation across the County for some issues. For instance, in some communities one in four eleven year olds are overweight or obese, while in other areas in Nottinghamshire this rises to more than two out of every five children.

Fewer people smoke now compared to the past, but smoking remains a leading cause of disability and early deaths. Not moving enough, being overweight or obese, and use of alcohol at harmful levels have damaging effects on our health and wellbeing.

We know that many of these factors are strongly influenced by the environments in which we grow, live and work. Building blocks, such as giving every child the best start in life, good schooling, access to a stable job, secure income, clean air, quality housing, being connected to family, friends and our communities, are the biggest influences on the overall health and wellbeing of Nottinghamshire.

For further information about the health and wellbeing of the population and some of the key opportunities for improving health, please refer to [Nottinghamshire Insight](#) and the information provided there on the pages containing the [Joint Strategic Needs Assessment](#).

Glossary of terms

To see the source of each term or definition and for more information, please click the links below.

Building blocks of health- the key building blocks for health and wellbeing include getting a best start in life, education and skills, a good diet, secure employment, good housing, and relationships with family, friends and community. Building blocks like these create the foundations for a society where everybody can thrive.

Co-existing/co-existent issues- when someone experiences more than one issue at the same time.

Continuity of care- means that, where possible, the same people support the person. If the same staff are not available, there should be good handover arrangements, and all staff supporting the person should have similar levels of skills and competency.

Co-production- involves people who use services being consulted, included, and working together as equal partners from the start to the end of any project that affects them.

Dependency on substances- refers to the condition where a person no longer has control over their use of alcohol/drugs to the point where it may become harmful to them. This condition was previously often referred to as addiction.

Detox- is a planned withdrawal from drugs and/or alcohol and may involve taking a short course of prescribed medication to help prevent withdrawal symptoms.

Director of Public Health (DPH)- the Director of Public Health has a statutory duty to take steps to improve the health of the population

Director of Public Health's Annual Report- it is a requirement for all Directors of Public Health to produce an annual independent report on the health of their local population, which the local authority is required to publish. The report aims to raise awareness and understanding of local health issues, highlight areas of specific concern, and make recommendations for change.

Focus groups- facilitated group discussions. The facilitator is the person guiding the discussion. These are carried out when you want to understand people's views and experiences.

Front line worker- someone who provides health, care and support in direct contact with residents.

Health and Wellbeing Board (Nottinghamshire)- a committee of Nottinghamshire County Council, responsible for improving the health and wellbeing of everyone in Nottinghamshire and reducing health inequalities in our communities.

Health inequalities- unfair and avoidable differences in health between different groups of people.

Hostel- usually temporary accommodation with onsite support to enable people to overcome a range of issues and move onto their own independent tenancy.

Housing First- offers stable, affordable housing alongside ongoing, intensive person-centred support to enable people to keep their housing and avoid returning to homelessness. It provides open-ended support to long-term and recurrently homeless people who have high support needs. Clients do not have to be abstinent from drugs or alcohol to access services, and getting housing or remaining in housing is not conditional on accepting support or treatment.

Independent Sexual Violence Adviser (ISVA)- someone who provides tailored support to sexual violence survivors to help them (and their families) before, during and after legal proceedings. They support survivors on their journey to recovery, acting as a single point of contact at a time of significant trauma.

Integrated care system (ICS)- partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area. For more information about the Nottingham & Nottinghamshire ICS, [please see this page](#).

Lived/living experience- refers to people's direct life experience of a certain issue/issues. People with lived experience are best placed to advise on what support and services will make a positive difference to their lives.

Manic/mania- periods of over-active and high energy behaviour that can have a significant impact on day-to-day life. Symptoms of mania can include being uncontrollably excited, irritable, agitated, and easily distracted.

Marginalisation- the process of social exclusion in which individuals or groups are pushed towards the fringes of a society, being seen as 'outsiders'.

Psychotic episode- experiencing the symptoms of psychosis is often referred to as having a psychotic episode. The two main symptoms of psychosis are hallucinations and delusions.

Public health- the goal and purpose of public health is to protect and improve the health of the population and to reduce unfair differences in the health and wellbeing of people from different communities.

Refuge- a residential service providing safe accommodation with specialist support for adults (usually women) and children who are experiencing domestic abuse.

Relapse- when a person who is dealing with substance use issues stops being sober and starts using the substance again. Relapses can be as short as a few days or as long as a period of years.

Re-living trauma/re-traumatisation- the re-experiencing of thoughts, feelings or sensations experienced at the time of a traumatic event or circumstance in a person's past.

Rent arrears- falling behind with rent payments to a private landlord or letting agent.

Rough sleepers/rough sleeping- people sleeping in the open air (such as on the streets, in tents, doorways, parks, or bus shelters), or people in buildings or other places not designed for sleeping (such as stairwells, barns, sheds, car parks, or cars).

Routine Enquiry about Adversity in Childhood (REACH™) programme- a programme which aims to raise awareness amongst professionals and the public about long-term outcomes of childhood adversity and trauma.

Sectioned- if you are sectioned, this means that you are kept in hospital under the [Mental Health Act 1983](#) for assessment or treatment.

Severe multiple disadvantage (SMD)- a way of describing the lived experience of people whose current circumstances have been strongly shaped by deprivation, trauma, and abuse – often leading to experiences of homelessness, mental ill-health, domestic abuse/sexual violence, harmful use of drugs and alcohol, and perhaps contact with the criminal justice system.

Stigma- refers to any negative attitude, prejudice, or false belief associated with specific traits, circumstances, or health conditions, without understanding of the facts. There is also **internalised stigma**, where someone comes to believe the negative messages or stereotypes about themselves and/or their condition.

Strengths-based, recovery-oriented language-

language that is person-centred, respectful and non-judgemental. It conveys a sense of hope and commitment about the potential of every person and their recovery journey.

Trauma- trauma results from an event, series of events, or set of circumstances that is experienced by an individual as harmful or life threatening. An experience of trauma may have negative effects which are long lasting.

Trauma-informed care and/or practice-

an approach to care that acknowledges that health care organisations and support workers need to understand the impact of trauma, recognise how trauma can impact on an individual, and seek to avoid re-traumatisation.

Yoga for Trauma- describes an approach to yoga practice that addresses the specific needs of trauma survivors.



DIRECTOR OF PUBLIC HEALTH

ANNUAL REPORT 2023

SEVERE
MULTIPLE
DISADVANTAGE



**Nottinghamshire
County Council**

W [nottinghamshire.gov.uk](https://www.nottinghamshire.gov.uk)
E director.publichealth@nottscc.gov.uk
T 0115 977 5781

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15 November 2023**Agenda Item:5**

REPORT OF THE CHAIR OF THE HEALTH AND WELLBEING BOARD

CHAIR'S REPORT

Purpose of the Report

1. The report provides an update by the Chair on local and national issues for consideration by Health and Wellbeing Board members to determine implications for the Joint Health and Wellbeing Strategy for 2022 – 2026. This particular report focusses on the new national plans to bring forward legislation to create a smokefree generation.

Information

Context

2. Smoking damages and cuts short lives in extraordinary numbers. It increases stillbirths and can trigger asthma in children, increases the risk of strokes and causes disability and death throughout the life course. It drives many cancers, particularly lung cancer which is the most common cause of cancer deaths in both women and men in the UK. It also causes and accelerates heart disease.
3. It is the UK's biggest preventable killer, responsible for 64,000 deaths a year in England and is the single largest driver of health inequalities. It puts a significant pressure on the NHS, with almost one hospital admission every minute attributable to smoking and up to 75,000 GP appointments each month taken up by smoking-related illness. It is also highly addictive, with 4 in 5 smokers starting smoking before the age of 20 and remaining addicted for the rest of their lives.
4. In Nottingham (21.2%) and Nottinghamshire (12.6%), smoking remains the leading cause of preventable ill health. In 2022, smoking rates in adults were above the national average (12.7%) in Nottingham and in parts of Nottinghamshire County, where smoking rates ranged from 21.4% in Mansfield down to 4% in Rushcliffe. Smoking remains the single biggest contributor to the difference in life expectancy that separates Nottingham and Nottinghamshire's most affluent and disadvantaged communities.

Creating a smokefree generation

5. On 4 October 2023 the Government announced plans to introduce a new law to protect future generations from the harms of smoking. Drawing on recommendations made in the 2022 [independent Khan review](#), the Government's proposed legislation will make it an offence for anyone born on or after 01 January 2009 to be sold tobacco products, raising the legal smoking age by a year each year, to create the first smokefree generation. It will also make it an offence

for anyone at or over the legal age to purchase tobacco products on behalf of someone born on or after 1 January 2009.

6. As is the case with current age of sale legislation, the emphasis would be on those who sell tobacco products and the phased approach means that anyone who can legally be sold cigarettes now would not be prevented from doing so in the future. These changes would be brought in following an implementation period, alongside ongoing support for current smokers to quit.
7. Preliminary government modelling focussed on 14- to 30-year-olds forecasts that the proposed legislation could further reduce smoking rates in England among this age group such that, within 3 to 10 years of implementation, they could be half of current rates and close to 0% as early as 2040 (although modelling is to be further refined ahead of the publication of a full impact assessment).
8. The smokefree generation policy is part of a set of proposals, which are outlined in the [Stopping the start](#) policy paper. A consultation regarding the new legislation and wider proposals was launched on 12 October 2023. The consultation asks questions in three areas, which include the smokefree generation policy, youth vaping and proposed enforcement powers for local authorities in relation to age of sale legislation. The consultation is open until 06 December 2023.
9. The smokefree generation policy proposed by the Government provides a unique opportunity to protect future generations from the harms of smoking. Therefore it is recommended that the Health and Wellbeing Board provides a response to the consultation in support of the new smokefree generation legislation. It is also proposed that a wider discussion focussed on the local system approach to smoking and tobacco is added to the work programme of the Board for 2024.

Other Options Considered

10. There was the option to not provide the Chair's Report, however this option was discounted as the Chair's Report provides important updates relating to the delivery of the Joint Health and Wellbeing Strategy for Nottinghamshire.

Reasons for Recommendation

11. The Board is asked to agree for the Chair to submit a response to the smokefree generation consultation on its behalf, in support of the proposed legislation to create a smokefree generation, as it has the potential to have a significant impact on the health and wellbeing of residents in Nottinghamshire and is aligned to the delivery of the tobacco priority within the [Joint Health and Wellbeing Strategy](#). The legislation is also supportive of the ambition outlined by the Nottingham and Nottinghamshire Smoking and Tobacco Alliance in the Smoking and Tobacco Long Term Vision to create a smoke free generation by 2040.
12. The Board is also asked to agree that a future item is added to the Health and Wellbeing Board work programme to provide members the opportunity to discuss the sustainability of the local system's approach to smoking and tobacco and the potential impact of the new smokefree generation legislation if introduced.

Statutory and Policy Implications

13. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public-sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

14. There are no financial implications arising from this report.

RECOMMENDATION

The Health and Wellbeing Board is asked-

- 1) To agree that the Chair responds to the smokefree generation consultation on behalf of the Health and Wellbeing Board.
- 2) To agree to add a future item to the Health and Wellbeing Board work programme in 2024 which focusses on the local systems approach to smoking and tobacco.

Councillor Dr John Doddy
Chairman of the Health & Wellbeing Board
Nottinghamshire County Council

For any enquiries about this report please contact:

Lizzie Winter
Public Health & Commissioning Manager
T: 0115 9774700
E: elizabeth.winter@nottscc.gov.uk

Constitutional Comments (KA 05/11/2023)

15. The recommendations fall within the terms of reference of the Health and Wellbeing Board (24 May 2023). The Board, a formal committee of Nottinghamshire County Council, tasked with promoting greater partnership between the National Health Service, public health, and local government, is able to respond to the smokefree generation consultation.

Financial Comments (DG 06/11/2023)

16. There are no direct financial implications arising from this report.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- None

Electoral Division(s) and Member(s) Affected

- All

15 November 2023**Agenda Item:6****REPORT OF THE SERVICE DIRECTOR FOR CUSTOMERS, GOVERNANCE
AND EMPLOYEES****WORK PROGRAMME****Purpose of the Report**

1. To consider the Nottinghamshire Health and Wellbeing Board's current work programme.

Information

2. The work programme (attached as **Appendix 1** to the report) assists in the management of the Board's agenda, the scheduling of its business and its forward planning. It includes business items that can be anticipated at the present time, while arising issues are added as they are identified. The work programme is reviewed and updated regularly with the Chair and Vice Chair, and at each Board meeting, where any Board member is able to suggest items for inclusion.

Other Options Considered

3. To not produce a work programme: this option is discounted as a clear work programme is required for the effective management of the Board's agenda, the scheduling of its business and its forward planning.

Reasons for Recommendations

4. To assist the Board in managing its business effectively.

Statutory and Policy Implications

5. This report has been compiled after consideration of the implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and, where such implications are material, they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

6. There are no direct financial implications arising from this report.

RECOMMENDATIONS

- 1) That the Nottinghamshire Health and Wellbeing Board's work programme be noted.
- 2) That Board members make any further suggestions for items for inclusion on the work programme for consideration by the Chair and Vice-Chair, in consultation with the relevant officers and partners.

Marjorie Toward

**Service Director for Customers, Governance and Employees
Nottinghamshire County Council**

For any enquiries about this report, please contact:

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Lizzie Winter, Public Health and Commissioning Manager
Nottinghamshire County Council
elizabeth.winter@nottscc.gov.uk

Constitutional Comments (HD)

7. The Board has authority to consider the matters set out in this report by virtue of its Terms of Reference.

Financial Comments (NS)

8. There are no direct financial implications arising from the contents of this report. Any future reports to the Board will contain relevant financial information and comments.

Background Papers and Published Documents

9. Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- None

Electoral Division(s) and Member(s) Affected

- All

WORK PROGRAMME: 2023 – 2024

Please see Nottinghamshire County Council's [website](#) for the board papers, the Healthy Nottinghamshire [website](#) for information on the Health & Wellbeing Board and its Joint Health and Wellbeing Strategy (JHWS) and Joint Strategic Needs Assessment (JSNA) chapters are available on [Nottinghamshire Insight](#).

Report title	Purpose	Lead officer	Report author(s)	Notes
MEETING / WORKSHOP: Wednesday 15 November 2023 (2pm)				
Director of Public Health Annual Report: Severe and Multiple Disadvantage		Jonathan Gribbin	Bryony Adshead	
Chair's Report (Standing Item)	An update by the Chair on local and national issues for consideration by Health & Wellbeing Board members to determine implications for the Joint Health and Wellbeing Strategy for 2022 – 2026.	Cllr Doddy		
WORKSHOP (1.5hr): VIOLENCE AGAINST WOMEN AND GIRLS		Melanie Williams Cllr Sinead Anderson	Rebecca Atchinson	
MEETING / WORKSHOP: Wednesday 13 December 2023 (2pm)				
Chair's Report (Standing Item)	An update by the Chair on local and national issues for consideration by Health & Wellbeing Board members to determine implications for the Joint Health and Wellbeing Strategy for 2022 – 2026.	Cllr Doddy		
Fluoridation in Nottinghamshire		Cllr Doddy	Vivienne Robbins Paul Miles	
JSNA Chapter: Suicide Prevention		Cllr Doddy	Will Leather Safia Ahmed	
Better Care Fund (BCF) Quarterly Report		Melanie Williams	Katy Dunn	

Report title	Purpose	Lead officer	Report author(s)	Notes
WORKSHOP (1hr): HWB REVIEW		Cllr Doddy	Viv Robbins Briony Jones Caitlin Corey (LGA)	To be confirmed
MEETING: Wednesday 7 February 2024 (2pm)				
Chair's Report (Standing Item)	An update by the Chair on local and national issues for consideration by Health & Wellbeing Board members to determine implications for the Joint Health and Wellbeing Strategy for 2022 – 2026.	Cllr Doddy		
Covid-19 Impact Assessment: Healthy & Sustainable Places	Assessment of the COVID-19 pandemic on key aspects of health and wellbeing with particular regard to health inequalities to help inform public health and partner's strategies, plans and commissioning.	Jonathan Gribbin	Viv Robbins Will Leather	
JHWS Progress Report Ambition 2: Create healthy and Sustainable Places	To present on progress of the delivery of the joint health and wellbeing strategy for 2022 – 2026 as part of its monitoring framework.	Cllr Doddy	Viv Robbins	
JSNA Profile Pack: Housing		Cllr Doddy	Will Leather Lewis Parker	
JSNA Profile Pack: Food Insecurity		Cllr Doddy	Will Leather Kathy Holmes	
Nottinghamshire Adults Safeguarding Board – Annual Report		Melanie Williams	Scott MacKechnie Darren Fleetham	To be confirmed
MEETING: Wednesday 13 March 2024 (2pm)				

Report title	Purpose	Lead officer	Report author(s)	Notes
Chair's Report (Standing Item)	An update by the Chair on local and national issues for consideration by Health & Wellbeing Board members to determine implications for the Joint Health and Wellbeing Strategy for 2022 – 2026.	Cllr Doddy		
JHWS Progress Report Ambition 3: Everyone can access the right support to improve their health	To present on progress of the delivery of the joint health and wellbeing strategy for 2022 – 2026 as part of its monitoring framework.	Cllr Doddy	Viv Robbins	To be confirmed
JSNA: Community Capacity and Resilience		Cllr Doddy	Will Leather	
JSNA: Health and Work		Cllr Doddy	Will Leather	
JSNA Chapter: Carers	To consider and approve the JSNA chapter for publication on Nottinghamshire Insight.	Cllr Doddy	Will Leather	
WORKSHOP: Wednesday 17 April 2024 (2pm)				
WORKSHOP: SUICIDE PREVENTION		Jonathan Gribbin	Catherine Pritchard Lucy Jones	
MEETING: Wednesday 22 May 2024 (2pm)				
Chair's Report (Standing Item)	An update by the Chair on local and national issues for consideration by Health & Wellbeing Board members to determine implications for the Joint Health and Wellbeing Strategy for 2022 – 2026.	Cllr Doddy		
Rapid Review: Climate Change		Cllr Doddy	Will Leather Jo Marshall	To be confirmed
JSNA: ASCH Prevention				

Report title	Purpose	Lead officer	Report author(s)	Notes
MEETING: Wednesday 3 July 2024 (2pm)				
Chair's Report (Standing Item)	An update by the Chair on local and national issues for consideration by Health & Wellbeing Board members to determine implications for the Joint Health and Wellbeing Strategy for 2022 – 2026.	Cllr Doddy		
JSNA: Children in Care and Care Leavers		Cllr Doddy	Will Leather Katharine Browne Briony Jones Caroline Panto	
JSNA: Youth Justice		Cllr Doddy	Will Leather Nicola Suttwood	

Contact

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