![Nottinghamshire County Council logo] Nottinghamshire County Council

Health and Wellbeing Board

Wednesday, 13 March 2024 at 14:00

County Hall, West Bridgford, Nottingham, NG2 7QP

AGENDA

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 James Lavender (Tel. 0115 854 6408) 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

Nottinghamshire County Council

minutes

Meeting:	Nottinghamshire Health and Wellbeing Board
Date:	Wednesday 07 February 2023 (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)
Sinead Anderson
Penny Gowland
Tom Smith
John Wilmott

District and Borough Councillors

S	David Walters	-	Ashfield District Council
	Lynne Schuller	-	Bassetlaw District Council
	Colin Tideswell	-	Broxtowe Borough Council
	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

S	Lucy Peel	-	Service Director, Transformation and Improvement
	Vivienne Robbins	-	Acting Director of Public Health

NHS Partners

Dr Thilan Bartholomeuz (Vice Chair)	-	Mid-Nottinghamshire Place-Based Partnership
Dave Briggs	-	Medical Director, NHS Nottingham and Nottinghamshire Integrated Care Board
Dr Janine Elson	-	NHS Nottingham and Nottinghamshire Integrated Care Board
Helen Smith	-	South Nottinghamshire Place-Based Partnership

Other Partners

Sarah Collis	-	Healthwatch Nottingham and Nottinghamshire
Prof. Daniel King	-	Chair, Nottingham and Nottinghamshire Voluntary, Community and Social Enterprise Alliance

Substitute Members

Lucy Peel
David Walters

Officers and colleagues in attendance:

Safia Ahmed	-	Public Health Registrar
Joanna Cooper	-	Assistant Director of Strategy, NHS Nottingham and Nottinghamshire Integrated Care Board
James Lavender	-	Democratic Services Officer
Catherine Pritchard	-	Consultant in Public Health
Elizabeth Winter	-	Public Health & Commissioning Manager

1. MINUTES OF THE LAST MEETING

The minutes of the last meeting held on 13 December 2023, having been circulated to all Members, were taken as read and were confirmed and signed by the Chair.

2. TO NOTE THE REPLACEMENT OF COUNCILLOR SCOTT CARLTON WITH COUNCILLOR TOM SMITH

RESOLVED (2024/001)

That the replacement of Councillor Scott Carlton with Councillor Tom Smith as a Member of the Nottinghamshire Health and Wellbeing Board, be noted.

3. TO NOTE THE APPOINTMENT OF THE ACTING DIRECTOR OF PUBLIC HEALTH

The Chair thanked the previous Director of Public Health, Jonathan Gribbin, for his many years of service and work with the Nottinghamshire Health and Wellbeing Board.

The Board was also asked to note the appointment of the Chair of the Nottingham and Nottinghamshire Voluntary, Community and Social Enterprise Alliance, Professor Daniel King, to the Board.

RESOLVED (2024/002)

That the appointment of Vivienne Robbins, Acting Director of Public Health, and Professor Daniel King, Chair of the Chair of the Nottingham and Nottinghamshire

Voluntary, Community and Social Enterprise Alliance, to the Nottinghamshire Health and Wellbeing Board, be noted.

4. APOLOGIES FOR ABSENCE

Colin Pettigrew
Victoria McGregor Riley
Melanie Williams

5. DECLARATIONS OF INTERESTS

None.

6. INTEGRATED CARE STRATEGY FOR NOTTINGHAM AND NOTTINGHAMSHIRE 2023 – 2027 MARCH 2024 REVIEW

Dave Briggs, Medical Director, and Joanna Cooper, Assistant Director of Strategy, of the NHS Nottingham and Nottinghamshire Integrated Care Board (ICB), delivered the report and a presentation which updated the Board on the progress of the Nottingham and Nottinghamshire Integrated Care Strategy. The Board were also requested to agree an approach to reviewing the strategy and refreshing the NHS Forward Plan by March 2024. The following points were discussed:

- The Intent Programme supported young people in preventing them from taking up smoking and vaping. It was a whole school approach, with twelve schools in Nottinghamshire currently taking part. The programme was delivered by the County Council's Tackling Emergency Threats Team as part of their wider healthy schools' agenda. Actions like this build on the Government's plans to ban the sale of cigarettes to 14-year-olds from the 1 April 2024 and ban the sale of single-use disposal vapes, which according to recent statistics, 20% of 11–17-year-olds had used, with 11% becoming habitual users. The long-term health effects of vaping were still being studied, but due to nicotine being highly-addictive, any efforts to curtail the use of vapes amongst children was welcome.

- Since the COVID-19 Pandemic, one of the main priorities for healthcare nationally and locally was to reduce premature mortality caused by heart and liver disease amongst people aged under 75. This would be where one of the 14 priorities of the Integrated Care Strategy, "Make Every Contact Count" would involve highlighting the dangers of alcohol and smoking, as well as communicating actions to prevent cardio-vascular disease. Other high priorities within the 14 listed in the presentation included supporting children and young people with the best start in life and supporting frail older people with underlying health conditions to maintain their independence and health.

- A series of outcome measures and targets underpin the 14 priorities of the Integrated Care Strategy. The priorities outlined would maintain the current opportunities around improving the health of the population of Nottinghamshire and build on the strengths of the Integrated Care Strategy. The priorities were designed to recognise the difficult financial circumstances across organisations within the healthcare system. The use of "Make Every Contact Count" aimed to

embed prevention and healthcare equity within the population and there was a strong evidence base for having children's start in life as a priority. The Joint NHS Forward Plan workshop in March would tease out more focused objectives within the 14 priorities.

- The Integrated Care Strategy and the NHS Joint Forward Plan were two separate documents with different requirements. The Integrated Care Strategy was owned by the NHS Nottingham and Nottinghamshire Integrated Care Partnership, which featured members of the Nottinghamshire Health and Wellbeing Board, and this report highlighted the review approval process for the Strategy. The NHS Joint Forward Plan required the Board to support the plan and confirm that it articulated the objectives of the ICS for the City and the County. This was to be done at the NHS Joint Forward Plan workshop in March.

- Board members believed that the "Make Every Contact Count" priority could not be the only strategy for prevention and that the prevention agenda could suffer under the financial constraints. More needed to be done to address geographical health inequalities within the UK.

- A lot of work was undertaken in the Council's Public Health team on the 'building blocks' for good health, which included access to good housing, good work, good education, and good communities. Access to healthcare services contributes to 20% of a person's overall health, so these 'building blocks' were very important. The Public Health team were creating a narrative around the 'building blocks', linking it to the "Make Every Contact Count" priority, and communicating it across healthcare organisations, districts, and boroughs, so the message would have the greatest impact on the population. The work was still in its early stages.

- £4.5 million Health Inequalities Innovation and Investment Fund (HIIF) was approved by the Nottingham and Nottinghamshire ICB for 2022/23 financial year. However due to the challenging financial position of the ICB, projects that had not yet committed funding were paused and would start again next year (2024/25).

- The ICB were committed to moving investment into preventative measures, however there were challenges due to healthcare services exceeding budgets. This was due to inflation, increased technological innovation, and the needs of the population outstripping growth. Prevention would require working together to manage the pressures of demographic changes. People with complex needs in the social care system required personalised, carefully planned care, and they needed to be more supported within the community. A balanced financial budget had not currently been delivered in the health sector, so a different control total was agreed with NHS England. The aim was to recover the position within the next two years and reduce the deficit.

- Officers will provide information to members of the Board about the types of schools which were involved with the healthy schools' agenda.

- Further integration of health services within Nottinghamshire would be welcomed to tackle the biggest issues within public health.

RESOLVED (2024/003)

1) That comments be provided regarding strategic priorities for consideration within the Integrated Care Strategy 2024 review.

2) That the review of the Integrated Care Strategy and refresh of the NHS Joint Forward Plan be delegated to the Chair of the Nottinghamshire Health and Wellbeing Board and the Acting Director of Public Health.

3) That a workshop to consider draft revisions to the NHS Joint Forward Plan and to discuss and agree an indicative statement of support for the Plan be scheduled for Wednesday 13 March 2024.

4) That an item to approve the formal statement of support for the draft revised NHS Joint Forward Plan be scheduled for the Nottinghamshire Health and Wellbeing Board meeting on Wednesday 17 April 2024.

7. **APPROVAL OF THE JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) CHAPTER: SUICIDE PREVENTION**

Safia Ahmed, Public Health Registrar, delivered the report into Joint Strategic Needs Assessment (JSNA) chapter on suicide prevention. The following points were discussed:

- The Nottinghamshire Health and Wellbeing Board will be attending a workshop on suicide prevention on Wednesday 17 April.

- In the National Confidential Inquiry into Suicide Deaths from 2011 to 2020, there was a general increase year-on-year on suicide-related deaths. The new National Suicide Prevention Strategy 2023-2028 highlighted online safety has a key priority. The Online Safety Act received Royal Assent in the autumn of last year and provided a legal basis for what could be uploaded and accessed from the internet. OFCOM was the key regulator for this act.

- Members of the Board needed to consider what actions they could take collectively to prevent suicide-related deaths from devastating families and communities.

- Members were attending the NottAlone Workshop on 8 February at the YMCA Newark and Sherwood Community Village, which focused on mental health and wellbeing.

- Council colleagues will work closely with the Children and Looked After Children Team within the ICB to address a gap in the accessing of crisis care for looked after children.

- The suicide risk factor was high in children with SEND, children who self-harm, children in LGBT+ groups, and neurodiverse children. A whole school approach would allow support to be tailored to specific groups of children. In the spring, listening events commissioned by the Harmless Group would help the partnership tailor their support towards at-risk children and their families/carers. The Joint Local Transformation Plan on Children and Young People's Emotional and Mental Health overlapped with the work of the JSNA. By working together, the specific needs of those vulnerable children's groups can be identified and supported.

- There were challenges in obtaining an integrated approach towards suicide prevention. The Education Team had previously managed to establish integrated approaches for previous agendas, so further work would take place with them to see how they achieved this. The Children and Families Department had direct links with schools and academies to work on a whole range of issues, so they could be used as part of the suicide prevention strategy.

- Board members highlighted factors in suicide-related deaths such as eating disorders, unemployment, and gambling.

RESOLVED (2024/004)

1) That the Joint Strategic Needs Assessment (JSNA) chapter on Suicide Prevention, provided in Appendix 1, be approved.

2) That the implementation of the JSNA recommendations within the context of a new Nottingham and Nottinghamshire Suicide Prevention Strategy be supported.

8. <u>CHAIRS REPORT</u>

Councillor John Doddy and Dr Thilian Bartholomeuz, Chair and Vice-Chair of the Nottinghamshire Health and Wellbeing Board, delivered the 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:

- Over recent years, there was an increase in the number of diagnosed oral cancers due to the impact of alcohol and smoking. Thus, there has been a need for local health partnerships to improve access to dentists.

- Recent surveys around the Government's plans to ban single use vapes had support from 70% of people who participated.

- Nottinghamshire County Council worked jointly with Nottingham City Council and Derby City Council to submit a successful bid and were awarded £5.3 million to develop the local programme 'Working Well East Midlands', which was expected to support more than 2,600 residents with disabilities and long-term health problems into work and retain employment.

- The NHS Lung Health Checks for cancer taking place in Mansfield and Ashfield was welcome. Currently, the UK only screened for cervical, breast and colon cancers. The screening for lung cancers started as a pilot scheme in the north of the country, where people aged 55 to 75 who smoked or had previously smoked were offered free screenings. The Lung Cancer Screening Programme will be the fourth cancer screening programme to be rolled out nationwide by 2030. Three areas in Nottinghamshire benefited from lung cancer screenings; Ashfield, Mansfield, and Bassetlaw (although Bassetlaw's lung cancer screenings were run through the South Yorkshire and Bassetlaw Cancer Alliance). From when the lung cancer screenings were launched in April 2021 and to November 2023, 150 cancers were diagnosed in Nottingham and Nottinghamshire. 110 were diagnosed in Ashfield and Mansfield including 94 lung cancers. The early-stage diagnosis rate was 62% and 68% were curative. Ashfield and Mansfield had the highest uptake nationally. The screenings will be extended to Hucknall, Sherwood and Calverton by April, with further extensions to Newark and Rushcliffe in the future. Residents in Nottingham City also had access to the NHS Lung Health Checks provision.

- Members of the Board praised the efficiency lung health screenings, particularly in identifying lung conditions such as Chronic Obstructive Pulmonary Disease (COPD) in post-industrial areas of Nottinghamshire.

- Members of the Board welcomed the Government's £40 million package to fund six programmes of new employment support for adults who have a physical or mental health disability.

RESOLVED (2024/005)

1) That the Chair's Report and its implications for the Joint Health and Wellbeing Strategy 2022-2026 be noted.

2) That any actions required by the Health and Wellbeing Board in relation to the various issues outlined in the Chair's Report be established.

9. WORK PROGRAMME

Councillor John Doddy, Chair of the Nottinghamshire Health, and Wellbeing Board presented and went through the work programme report to the Health and Wellbeing Board.

RESOLVED (2024/006)

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.

There being no further business, the Chair closed the meeting at 3:27pm.

Chair:

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.

Information

LOCAL

Create Healthy and Sustainable Places

[Investing in communities through Place Based Partnerships](#)

2. In May 2022 Nottinghamshire County Council Cabinet approval was given for the investment of £875,000 Public Health Grant funding to strengthen the ability of the Nottinghamshire Integrated Care System (ICS) Place Based Partnerships (PBPs) to deliver on the Nottinghamshire Joint Health and Wellbeing Strategy (JHWS) ambition to create Healthy and Sustainable Places.

3. Proposals have now been developed and agreed jointly with PBPs to increase the provision of community development worker capacity within the community and voluntary sector and increase support to existing and new community groups, with a focus on identified priority communities. It will provide opportunities for co-production, supporting residents to have a voice and role in shaping health and wellbeing interventions in their communities.

4. The anticipated benefits of the programme for residents include increased community cohesion and social capital, enhanced employability due to increased volunteering and an increased focus on healthy eating, healthy weight, and physical activity. The communities where this programme will be delivered include Manton (Bassetlaw), Coxmoor (Ashfield), Bellamy and Oaktree (Mansfield), Hawtonville (Newark) and will contribute in part to work in four communities in South Nottinghamshire.

5. Public Health have supported each of the PBPs (South Nottinghamshire, Mid Nottinghamshire and Bassetlaw) in developing local proposals which have been reviewed and agreed by Public Health and Place. The PBPs have identified local Community Voluntary Services (CVSs) alongside Citizens Advice in Mid Nottinghamshire, as key delivery partners. This is a

complementary approach to initiatives already being delivered through Nottinghamshire County Council's Communities Team (Early Help and Support).

[Nottinghamshire voluntary groups to share more than £170,000 worth of grants to help benefit communities](#)

6. Dozens of voluntary organisations and community groups are set to receive a share of £170,000 to help residents in most need. Around 200 projects have now benefitted from cost-of-living grants worth a total of £450,000 since the first round of payments in March 2023. As part of Nottinghamshire County Council's Local Communities Fund scheme, two types of cost-of-living grants have been available to eligible groups who are:

   a. Helping those who are struggling to buy nutritious food to help improve health and well-being and build resilience.
   b. In need of a contribution towards their own rising energy bills to help keep their welcoming and warm centres and halls open across the county.

7. With the cost-of-living scheme now closed, eligible groups will continue to be able to apply for other grants through the Local Communities Fund. This includes capital grants, which can help towards improvements to facilities that help improve health, wellbeing, and the environment such as improvements to sports facilities, play areas or green spaces. Revenue grants will also be available to help projects with their day-to-day running costs such as paying wages and bills. Both grant schemes are due to be open for applications later this spring.

Gedling 'Strength in Community' Resilience Fund

8. Gedling Borough Council secured funding from UK Shared Prosperity Fund and the Nottinghamshire County Council Social Recovery Fund to launch the 'Strength In Community' Resilience Fund and Voluntary and Community Sector (VCS) Support and Commissioning Tender.

9. Both were launched in the first week of December 2023, providing resources for the Gedling voluntary sector and wider VCS support organisations to extend their services to vulnerable people and those with protected characteristics under the Equalities Act 2010, and offering a tender opportunity to councils for voluntary services to create a sustainable system model for the provision of support to Gedling voluntary organisations. The VCS grant fund value is £100,000 over two financial years, 23/24 and 24/25.

[Local food and wellbeing hub boosted through successful National Lottery bid in Newark and Sherwood](#)

10. Newark and Sherwood District Council has supported Newark Food and Wellbeing Hub with their successful National Lottery application to introduce a new scheme – Saturday Night Fakeaway Meal Bags.

11. The Hub has received just under £10,000 of National Lottery funding to help expand its services and enable more people to access affordable fresh food at a low cost. The Saturday Night Fakeaway Meal Bags contains fresh ingredients which enables families to cook together whilst following an easy recipe card to create a healthier and tasty alternative to high calorie, often expensive takeaways.

12. The district council worked with the Food Hub to create a variety of nutritious and healthy meal choices that will be easy for families to follow. These will be available once a month for six months and started in January 2024.

[Rural communities in Bassetlaw get more than £500k funding](#)

13. More than half a million pounds of funding is on its way to support rural community groups and businesses in Bassetlaw after they bid for funding to help improve facilities for residents and support enterprise. Bassetlaw District Council is administering the authority's allocation of the Government's Rural England Prosperity Fund, worth almost £714,000, over the next two financial years.

14. The funding is a rural top-up to the United Kingdom Shared Prosperity Fund (UKSPF) and first round funding is being distributed to a total of 18 community groups and businesses. Among the already successful recipients, Tuxford Town Council will be creating a new outdoor exercise gym, youth shelter, and BMX track with their grant of £49,271.

[Rushcliffe Big Green Book](#)

15. The Rushcliffe Big Green Book Winter Edition supports connecting people to nature-based activities and green groups, projects and schemes in their local community to support with health and wellbeing. Physical copies of the book are accessible in local GP surgeries and libraries.

16. The Big Green Book which is a part of the GreenSpace Green Social Prescribing Project, is working in collaboration with the Rushcliffe Dementia Friendly project to encourage providers to obtain the 'Dementia Friendly' badge to enable local communities to be more inclusive. The latest version can be accessed here: [The Rushcliffe Big Green Book | RushcliffeHealth](#)

[Ashfield Walking Grants](#)

17. Ashfield District Council has recently released a grant for groups and organisations across the district to create or develop walking as part of their offer. These funds can be spent on things such as set up costs, paying for transport to explore different walks, purchasing equipment, printing maps/guides, or creating trails for children and families within the district. Groups can apply for up to £1000. More information is available on the Ashfield District Council website: https://www.ashfield.gov.uk/walking-in-ashfield-grant/

Access Right Support to Improve Health

Bassetlaw Cancer Alliance

18. Representatives from the Bassetlaw Cancer Alliance have planned the delivery of five cancer awareness events at various locations around Bassetlaw throughout January and February. The events are focused mainly in Worksop as the data shows that Cheapside and Worksop North are among the areas of highest late-stage cancer presentation in the district. Data from these events will be collated and analysed to evaluate population reach and effectiveness in relation to screening uptake.

19. A Bassetlaw Cancer Awareness Information Hub webpage has also been developed in partnership with Aurora Wellbeing Services: Cancer Awareness Information - Aurora (aurorawellbeing.org.uk). The webpage provides information and resources on signs and symptoms, different types of cancer, when to seek healthcare professional advice, the importance of early diagnosis and information on local support following a cancer diagnosis.

20. The Alliance has also launched a new cancer screening and symptoms campaign, aligned to Cervical Cancer Prevention Week (23 - 29 January 2024) and a wider cancer local communications plan, raising awareness of the signs and symptoms of breast, prostate, bowel, and cervical cancer, leading to an increase in early diagnoses.

21. The innovative campaign aims to empower individuals to be proactive about their health using "phone screen vs cancer screen - only ONE may save your life" and "check your body as much as you check your phone" messaging. The co-produced campaign brings together and is supported by community organisations, healthcare providers and local authorities to address the importance of early detection and timely medical intervention.

Mental health introductory film

22. The Nottinghamshire County Council Public Health Team have commissioned a provider to develop a mental health awareness introductory film to support the mental health literacy of the population, reduce stigma and help individuals access the right support at the right time. The film will be free and accessible to Nottingham and Nottinghamshire residents, professionals, and workplaces and will consist of five animated shorts of up to 2 minutes each, which will cover the following topics:

- What is mental health

- Looking after your own mental wellbeing

- Spotting the signs

- Signposting

- Having a conversation about mental health

23. This will support the promotion of good mental health and wellbeing for all ages, a priority within the Nottinghamshire Joint Health and Wellbeing Strategy. The film is anticipated to be completed in February and will be hosted on the mental health and wellbeing page on the Nottinghamshire County Council website. Please direct questions or queries to: suicide.prevention@nottscc.gov.uk

Give every child the best chance of maximising their potential

Safer sleep for babies

24. Following safer sleep advice is an important way to reduce the risk of sudden infant death syndrome (SIDS) and the tragedy it brings. Sadly, on average 6 babies die every year in Nottingham and Nottinghamshire where unsafe sleep arrangements are a factor.

25. The safer sleep multi agency steering group, a subgroup of the Nottinghamshire Best Start Partnership, works collaboratively to support all practitioners engaged with parents-to-be, parents of young babies and their families to understand and confidently promote safer sleeping

information and advice. The aim is to promote safer sleep advice and information as 'everyone's business'. A parent volunteer is a member of the group and more parents with an interest in supporting this agenda are currently being recruited.

26. An updated safer sleep risk assessment toolkit has been developed by the group and includes useful information and resources, as well as a 'safer sleep plan of care' to aid discussion with parents and a checklist for parents who may find themselves sharing a bed with their baby, whether they plan to or not. A key emphasis in the toolkit is the importance of open conversations with parents and families, through which they can discuss their individual circumstances and any worries/queries without fear of judgment.

27. A communications plan has been developed to share the toolkit widely with partners, with targeted messages to services such as housing support colleagues, supporting families at times of change in their lives and when they are out of routine. The 'safer sleep plan of care' and the checklist for parents will also be included in the 2024 updated version of the 'red book', the personal child health record provided to all new parents.

28. The Healthy Family Teams are developing a new training programme to ensure all practitioners working with families are aware of the resources and the most up to date guidance supporting safer sleep. In 2023, 231 practitioners from across health and social care, district and borough councils and voluntary and charitable organisations attended SIDS and safer sleep multi agency online training or completed a safer sleep e-learning package.

29. Each year, the safer sleep group promotes a survey to find out what parents understand around safer sleep messaging and their views on it. The survey is promoted in line with safer sleep week, which this year is 11 - 17 March. Parents have been invited to help review and promote the survey, with over 40 parents volunteering to be involved.

30. The Lullaby Trust is the trusted source for safer sleep information and advice. For any further information on the work of the safer sleep multi agency steering group contact Kate Whittaker: kate.whittaker@nottscc.gov.uk

Breastfeeding in Mid Nottinghamshire

31. Partnership work continues to support an increase in rates of breastfeeding at six to eight weeks after birth across Mid Nottinghamshire. Both Nottinghamshire Healthcare NHS Foundation Trust's Healthy Families Team and Nottinghamshire County Council's Childrens Centre Service have achieved accreditation with UNICEF Baby Friendly at Gold Standard. Sherwood Forest Hospitals NHS Foundation Trust are working towards accreditation. As of quarter two 2023/24, all three districts in Mid Nottinghamshire achieved 100% in breastfeeding status recorded at six to eight weeks (the national standard target is 95%).

32. Work continues in support of the initiative with a steering group led by Nottinghamshire County Council's Public Health team regularly meeting to progress and improve the scheme. All three district councils have identified Breastfeeding Friendly Leads. Dedicated Infant Feeding Coordinators are in post within the Healthy Families Team and accreditation visits are undertaken by Nottinghamshire County Council's Childrens Centre Service volunteers and champions.

33. As of December 2023, Ashfield has 46 accredited venues, Mansfield 27 and Newark and Sherwood 52. For further information please contact Diane Tinklin: diane.tinklin@nottscc.gov.uk

Healthy Pregnancies

34. A pilot incentive scheme to encourage pregnant people to set a quit-smoking date funded by the Local Maternity and Neonatal System (LMNS) and evaluated by Nottingham Trent University has been published in the European Journal of Marketing. This is a joint publication for Nottingham Trent University, Sherwood Forest Hospitals NHS Foundation Trust and Dr Stephen Wormall, Clinical Lead for Health Inequalities, Mid Nottinghamshire PBP.

35. Through the financial incentive scheme participants (n=43) set a quit date more quickly following engagement with the in-house Phoenix Team than those who accessed the service outside the time the incentive scheme was available. The sooner tobacco is ceased in pregnancy, the sooner perinatal risk reduces. 83% (n=35) of pregnant people achieved a smokefree birth and 65% of participants also chose to breast/chest feed their babies, suggesting one behaviour change may lead to another.

36. Low risk participants who stopped smoking in the first trimester reduced their risk of preterm birth, antenatal admission to hospital for concerns regarding their baby's movements and low birth weight baby to the same as someone who had never smoked. Thus, improving infant health indicators.

37. Semi structured interviews (n=13) revealed most families had expressed a sense of achievement and empowerment, leading to the accomplishment of other health, economic and social ambitions, including more time spent with their family. The impact of the scheme was underestimated ranging from overcoming stigmatisation, judgement and guilt, feelings of empowerment, self-confidence, and self-efficacy, as well as health and financial benefits.

38. The Phoenix Team have had a successful business case accepted for funding from April 2024 by Sherwood Forest Hospitals NHS Foundation Trust, ensuring continuation of the Tobacco Dependence Treatment Service within the Maternity Service.

39. Smoking at time of delivery continues to drop at Sherwood Forest Hospitals NHS Foundation Trust with a year-to-date figure of 12.4%. The national target is 6% but this is challenging to achieve locally due to the complexities of the families who continue to smoke during pregnancy.

40. For further information please contact Diane Tinklin: diane.tinklin@nottscc.gov.uk

THRIVE Framework

41. The Nottingham and Nottinghamshire Children and Young People's Mental Health Strategic Partnership have committed to taking a system approach to align service planning and delivery and to embed the THRIVE Framework for system change.

42. The THRIVE Framework conceptualises the mental health and wellbeing needs of children, young people, and families in to five different needs-based groupings: Thriving, Getting Advice and Signposting, Getting Help, Getting More Help and Getting Risk Support. Embedding this framework locally will ensure evidence-based support and provision is developed that responds

to children and young people's needs. A description of the THRIVE framework can be accessed here: THRIVE-Framework-for-system-change-2019.pdf (implementingthrive.org)

43. In March 2023, the Children and Young People's Mental Health Strategic Partnership, which consists of representatives across health, care, education, voluntary and community sector, elected members and MH:2K Citizen Researchers joined together to review current practice against the THRIVE self-assessment tool. From this analysis a delivery plan (page 58) was created to assist in the development of an end-to-end needs led pathway for children and young people's mental health.

44. Successful implementation of the THRIVE Framework and the delivery plan requires all partners from across the system to continue to work together to improve children and young people's mental health and well-being. To assist in this work, expertise has been secured from the National I THRIVE team and several partnerships sessions will take place from January to April 2024. These are focussing on understanding the THRIVE model and how it can be applied in Nottinghamshire, learning from other areas who have successfully implemented THRIVE, leadership and quality improvement.

45. For further information about THRIVE please contact Rachel Clark: Rachel.clark@nottscc.gov.uk

Family Hubs

46. The Countywide Family Hubs consultation has resulted in over 700 responses with 83% of respondents supportive of Family Hub developments. Co-production activities are ongoing in all design site areas with plans to secure support for full roll out in 2024/25. This will be discussed at Nottinghamshire County Council Cabinet meeting in March 2024. For further information, please contact Diane Tinklin: diane.tinklin@nottscc.gov.uk

Keep our Communities Safe & Healthy

Suicide prevention listening projects

47. Nottinghamshire County Council on behalf of the Suicide Prevention Strategic Steering Group (SPSSG) has commissioned Opinion Research Services to conduct a listening project to understand more about the needs of high-risk groups. It is anticipated that findings will help to shape actions in the forthcoming suicide prevention strategy, contributing to targeted communication campaigns, helping to shape the stakeholder network further as well as shaping criteria for suicide prevention small grants planned from April 2024.

48. The themes of the listening project are:

- Young people and young adults who are at risk of self-harm
- Autistic people
- Males
- People who are financially vulnerable, including unemployment and gambling
- People who are bereaved by suicide.

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49. People with lived experience as well as practitioners who work with these groups will be invited to participate. Please direct any questions or queries to: suicide.prevention@nottscc.gov.uk

Wave 4 suicide prevention programme evaluation

50. Nottinghamshire County Council on behalf of the Suicide Prevention Strategic Steering Group (SPSSG) are in the process of commissioning a provider to undertake an evaluation of the Wave 4 suicide prevention programme concentrating on the activities relating to prevention support to higher risk groups, training and communications.

51. The evaluation will provide an overall picture of the work undertaken as part of the Wave 4 suicide prevention funding, as well as exploring what was effective, what did not work so well and to make recommendations for sustaining activities post Wave 4 funding (after October 2024) and contributing to activities agreed as part of the forthcoming suicide prevention strategy.

52. The evaluation will take place between March and July 2024. Findings will contribute to any final reports to NHS England as well as being shared with the wider Midlands and national suicide prevention networks as part of sharing good practice. Please direct questions or queries to: suicide.prevention@nottscc.gov.uk

Let's Live Well in Rushcliffe: Winter Wellbeing Challenge 2024

53. The Winter Wellbeing Challenge encourages those who may be feeling down or isolated during the colder months to get up and go outside to boost their wellbeing by engaging in a variety of activities delivered by local organisations and voluntary groups. Participants can collect a sticker on completion of each of the nine activities to win a prize. To find out more information, please visit: Winter Wellbeing Challenge | RushcliffeHealth

Domestic Abuse Survivors showcase art and poetry in Broxtowe

54. A new exhibition of poetry and art created by survivors of domestic abuse has opened at the D.H. Lawrence Birthplace Museum in Eastwood. The exhibition is the result of creative sessions funded through Broxtowe Borough Councils UK Shared Prosperity Funding, which included poetry workshops held as part of White Ribbon's Wellbeing Service with women. The workshops focused on writing poetry as a path towards ownership, discovery and transformation.

55. The exhibition is open until 6 April 2024 and more information can be found at: https://www.broxtowe.gov.uk/for-you/dh-lawrence-birthplace-museum/ or by visiting the Broxtowe Women's Project website.

NATIONAL

Smoking

Smoking cessation

56. This March, the Department of Health and Social Care (DHSC) will launch a campaign to emphasise the health harms of smoking and encourage the 5.3 million smokers in England to make a quit attempt.

57. The campaign will highlight that two in three smokers die of a smoking related disease alongside the harms of generational smoking. The messaging will highlight that quitting smoking is the best thing you can do for your health at any age and will prevent future generations taking up smoking.

58. The campaign will comprise radio advertising going live from 4 March 2024 and TV advertising from 11 March 2024, featuring case studies with people talking about the impact of smoking on their health. This will run until the end of March and will be upweighted around Wednesday 13 March, which marks the 40th anniversary of No Smoking Day. Information around support to quit smoking can be accessed here: Quit Smoking - Your Health Nottinghamshire (yourhealthnotts.co.uk)

Mental health

The Burnout Report

59. This report published by Mental Health UK, is a new benchmark study conducted annually exploring the experience and prevalence of high or extreme pressure and stress in our daily lives, and the factors that contribute towards or alleviate the risk of burnout.

Reaching out improving the physical health of people with severe mental illness

60. People with severe mental illness face a 15-to-20-year shorter life expectancy than the general population. This is largely due to physical illnesses that could be prevented or treated. One of the ways to tackle this inequality is by ensuring that everyone with severe mental illness is supported to access to an annual physical health (PHSMI) check.

61. This report published by the Centre for Mental Health with Equally Well UK, commissioned by NHS England, explores how new investment has been used around the country to improve outreach services and increase the uptake of the PHSMI check.

Every child maximising their potential

Health of the next generation: good food for children

62. The Faculty of Public Health has led a collaboration of health organisations and charities in publishing this report. It calls on the Government to protect the health and productivity of the next generation by expanding access to the Free School Meal programme, the National School Breakfast programme and the Healthy Start voucher scheme.

Health inequalities

Health inequalities, lives cut short

63. This report published by the Institute for Health Equity (IHE) outlines that a million people in 90% of areas in England lived shorter lives than they should between 2011 and the start of the pandemic. Using several published Office of National Statistics (ONS) data sources, the IHE made these calculations from the number of excess deaths (the increase in the number of deaths beyond what would be expected) in the decade from 2011 in England.

Papers to other local committees

64. [Nottinghamshire Mental Health Support Teams in schools](#)
Health Scrutiny Committee
20 February 2024

65. [Partnership progress in improving the experiences and outcomes for Children and Young People with Special Educational Needs and Disabilities (update)](#)
Children and Families Select Committee
05 February 2024

66. [The Early Years and Childcare Sector in Nottinghamshire](#)
Children and Families Select Committee
05 February 2024

Nottinghamshire Police and Crime Commissioner

67. [Newsletter](#)
February 2024

Other Options Considered

68. 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.

Reason for Recommendations

69. To identify potential opportunities to improve health and wellbeing in Nottinghamshire.

Statutory and Policy Implications

70. 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

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

RECOMMENDATIONS

The Health and Wellbeing Board is asked:

1) To consider the Chair's Report and its implications for the Joint Health and Wellbeing Strategy 2022 – 2026.

2) To establish any actions required by the Health and Wellbeing Board in relation to the various issues outlined in the Chair's Report.

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

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Constitutional Comments (SF 19/02/24)

72. The Health and Wellbeing Board is the appropriate body to consider the content of this report.

Financial Comments (DG 19/02/24)

73. 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

Nottinghamshire County Council

REPORT OF THE INTERIM DIRECTOR OF PUBLIC HEALTH

THE BUILDING BLOCKS OF HEALTH – AN UPDATE ON AMBITION TWO: HEALTHY AND SUSTAINABLE PLACES

Purpose of the Report

1. To introduce the 'Building Blocks of Health' as an approach to framing the important issues impacting health and wellbeing for Nottinghamshire residents and to drive action on the Nottinghamshire Joint Health and Wellbeing Strategy (JHWS) ambition to create healthy and sustainable places.

2. To share some of the successes in supporting delivery of the JHWS ambition to create healthy and sustainable places in 2023.

3. To request that the Health and Wellbeing Board approve the draft Healthy and Sustainable Places Framework for Action and support its further development with partners in 2024.

Information

Building Blocks of Health as an approach to support the healthy and sustainable places ambition.

4. The JHWS sets out the priorities for the Nottinghamshire Health and Wellbeing Board and how it plans to improve the health and wellbeing of residents and reduce health inequalities amongst our communities. Creating healthy and sustainable places, where everyone can grow, live, work and age in places that promote good health, tackle the causes of health inequalities, and address the climate crisis, is one of the four key ambitions within the JHWS.

5. The 'Building Blocks of Health' is an evidenced based approach from the Health Foundation, based on research and testing from FrameWorks UK, which can help to frame our communications on the JHWS ambition to create healthy and sustainable places. It allows us to tell a more powerful story about health inequalities in Nottinghamshire, which increases understanding and drives action.

6. Health is impacted by almost every aspect of life, including homes, employment, connections with friends and family and access to good nutrition and transport. The 'Building Blocks of Health' metaphor can help to frame these factors, it compares building a healthy society to building a sturdy building, where a thriving community needs all the right building blocks, such as jobs, housing, food, family, and friends.

7. The way important issues impacting health and wellbeing are framed can have a significant impact on understanding and support for action. The 'Building Blocks of Health' metaphor is an evidenced based approach to framing these wider determinants of health which has the potential for wide application across the Council and with system partners to support understanding and drive action to address health inequalities.

8. Public Health, supported by FrameWorks UK, will be working with partners in 2024 to develop a common understanding and a core story of the 'Building Blocks of Health' for Nottinghamshire.

Some examples of the Building Blocks of Health in Nottinghamshire.

9. Warm and safe housing is a key building block of health, however for too many households in Nottinghamshire this block is missing. Living in a cold home can have severe impacts on physical and mental health, exacerbating inequalities for people who are more vulnerable to health problems, including people with cardiovascular, respiratory, and mental health conditions.

10. More than 1 in 8 households in Nottinghamshire (13.6%) are estimated to experience fuel poverty meaning they cannot meet their energy needs at a reasonable cost. Some groups are more likely to experience fuel poverty, including households with children, households home to people living with disabilities, minority ethnic households, and single parent households. Fuel poverty is associated with deprivation, and in Nottinghamshire there are higher proportions of households estimated to be experiencing fuel poverty in Mansfield (16.2%), Ashfield (15.5%) and Bassetlaw (15%).

11. The Nottinghamshire Fuel Poverty Joint Strategic Needs Assessment Profile Pack further explores the role of fuel poverty as a building block of health, providing recommendations for local action and research, including the development of a Countywide housing stock database. This will help better inform the targeting of interventions and improvements.

12. Access to good nutrition is another important building block of health which for too many is missing. Affordable and healthy food is central to health and wellbeing, impacting many aspects of life and the number of years people live. Not having access to good nutrition has wide ranging impacts which can include increased risk of cardiovascular disease, obesity, poor sleep and depression, and negative impacts on child development.

13. Food insecurity, defined by the Food Standards Agency as 'having access at all times to enough food that is both sufficiently varied and culturally appropriate to sustain an active and healthy life' is increasing in Nottinghamshire and nationally. Estimates indicate that almost 1 in 5 Nottinghamshire residents (19.5%) were living in areas at higher risk of food insecurity in 2021. There is significant inequality within the County, with the proportion of residents living at risk of food insecurity being higher in Mansfield (53.1%), Bassetlaw (29.9%), and Ashfield (29.1%).

14. Reducing food insecurity is a priority within the JHWS. The vision and call to action on food and health is set out in the County's Food Charter, endorsed by the Nottinghamshire Health and Wellbeing Board in February 2022. The Nottinghamshire Food Insecurity Joint Strategic Needs Assessment Profile Pack further explores the role of food insecurity as a building block

of health, providing recommendations for further local action and research, including the development of a Nottinghamshire Sustainable Food Plan. This will build on the ambitions of the Nottinghamshire Food Charter and set out the steps required for Nottinghamshire to become a healthy and sustainable food county.

15. Work on the food insecurity agenda in Nottinghamshire is informed and supported by the countywide Sustainable Food Network and district-based partnerships which bring together local authorities, social eating and food growing networks, and national organisations such as Feeding Britain with the NHS, voluntary and community sector, and other stakeholders such as academics, food producers and businesses. The local networks have been a valuable source to engage with communities, understand food insecurity issues for residents and local infrastructure pressures and risks.

Successes in delivery against Ambition Two in 2023.

16. **Appendix A** provides a snapshot of some of the successes achieved in delivery of Ambition Two in 2023, recognising that significant broader important work is happening across Nottinghamshire. Three of the successes highlighted in further detail in this report are the development and evaluation of the Nottinghamshire Spatial Planning for Health Framework, the continued delivery of the Healthy Housing Service, and delivery of food redistribution grants to voluntary and community sector partners.

Evaluation of the Nottinghamshire Spatial Planning for Health Framework.

17. The Nottinghamshire Spatial Planning for Health Framework (SPFHF) aims to create a built environment which improves health and wellbeing, providing guidance to support the assessment and addressing of health and wellbeing impacts of proposals and plans. The tool includes a rapid health impact assessment matrix, which focuses on the built environment and issues directly or indirectly influenced by planning decisions. As a rapid assessment tool, its purpose is to quickly ensure that the health impacts of a development proposal are identified, and appropriate action taken to address negative impacts and maximise benefits.

18. In 2023 Nottinghamshire County Councils' Planning Policy Team and Public Health Team commissioned an evaluation of how the Nottinghamshire SPFHF is used by local authority officers and external partners, its effectiveness, and how the SPFHF and the Rapid Health Impact Assessment Matrix have become embedded within public and private sector practices, and what their impact has been.

19. While the evaluation found that the SPFHF and Health Impact Assessment Matrix were being effectively used in some parts of Nottinghamshire, recommendations are made to simplify the SPFHF and to continue the Council's strategic leadership in enabling its use by partners. There is an ongoing need for engaging, training, sharing of experience, and overall raising awareness of the interaction between spatial planning and health and wellbeing. It remains crucially important for building a more sustainable, inclusive, safe, and healthy environment for communities across Nottinghamshire, now and in the future. The SPFHF will be further developed in 2024 in line with the recommendations of the evaluation.

Continued delivery of the Healthy Housing Service.

20. The Healthy Housing Service, delivered by the Nottingham Energy Partnership, provides valuable support via a one stop Healthy Housing referral system to support residents in Nottinghamshire to access energy grants, appropriate advice, and support in accessing preventative adaptations. The Service prioritises support to groups at higher risk of fuel poverty and cold related illnesses.

21. The service aims to reduce fuel poverty and improve health and wellbeing by working in partnership with a range of public, private, and voluntary sector organisations to ensure the maximum impact of insulation and heating improvements, energy efficiency measures, and preventative adaptations. The Service provides training to health and social care staff and collaborates with strategic partners to ensure fuel poverty is incorporated into local policy and initiatives.

22. During 2022/2023 the service provided help and advice to almost 500 people from groups at higher risk, with improvements to over 400 homes following referrals by the service. Following a review of the Healthy Housing Service in 2023, funding has been approved to continue to the service until 2026.

Food redistribution grants to voluntary and community sector partners.

23. During 2023/2024 the first round of the County Council's food redistribution grant scheme for voluntary and community sector organisations to utilise surplus from the food sector for home preparation and cooking was delivered.

24. Recognising that the Local Communities Fund (LCF) is the County Council's key vehicle for delivering grant funding to the voluntary and community sector, colleagues from the Place department and Public Health team used this mechanism to invite grant applications for the LCF Food Redistribution Fund.

25. Specific criteria included: meeting the definition of a food redistribution scheme (utilises surplus from the food sector, requires payment and must be for home preparation and cooking); increasing access to affordable, nutritious food for families and individuals experiencing food insecurity; showing how they will positively impact environmental sustainability by decreasing food waste, and showing evidence of population need and addressing health inequalities.

26. The first funding round opened in February 2023, inviting voluntary and community organisations to apply for up to £10,000. Fourteen applications have been funded in this first round. Learning from this first round will inform delivery of two further rounds of grant funding planned in 2024/25 and 2025/26.

Developing a Healthy and Sustainable Places Framework for Action for Nottinghamshire.

27. **Appendix B** outlines a draft Healthy and Sustainable Places Framework for Action to drive collaborative action to support further delivery of Ambition Two. The Framework proposes key strategic objectives, aligned with the 'Building Blocks of Health' approach, and key cross cutting strategic enablers. The Framework also highlights some of the key actions to support delivery during 2024. Key actions will initially include the development of the Food Plan and progressing the Building Blocks of Health approach.

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28. A strategic plan with phased delivery will be developed with partners during 2024, identifying timescales and shared deliverables, which will form the basis of future reporting to the Health and Wellbeing Board.

29. In the next 12 months the draft Framework for Action will be further developed with partners to agree clear statements and high impact areas to guide system partners to deliver meaningful progress across all areas of the healthy and sustainable places ambition.

30. The Framework for Action will support delivery of several ambitions of the Nottinghamshire Plan, including protecting the environment and reducing our carbon footprint, and helping our people live healthier and more independent lives. Delivery of the Framework also supports the County Council's Prevention and Early Help approach and delivery of the Corporate Environment Strategy Action Plan.

31. Key areas of work within the Framework for Action, primarily on housing and climate, will align with planning for the East Midlands Combined County Authority.

Developing community-centred approaches to creating healthy and sustainable places.

32. There is an increasing body of evidence that community-centred approaches can have positive effects on health and wellbeing and can help to reduce inequalities. Community-centred approaches are ways of working at a place level which focus on building on community assets which can help in addressing health inequalities by targeting areas most in need, and support delivery of the healthy and sustainable places ambition.

33. One area of work within the Framework for Action will be the delivery and evaluation of the Investing in Communities through Place Based Partnership programme. This programme of work aims to strengthen the ability of the Nottinghamshire Integrated Care System (ICS) Place Based Partnerships (PBPs) to deliver on the healthy and sustainable places ambition from 2023/24 to 2025/26.

34. The programme will increase the provision of community development worker capacity within the community and voluntary sector and increase support to existing and new community groups, with a focus on identified priority communities. It will provide opportunities for co-production, supporting residents to have a voice and a role in shaping health and wellbeing interventions within their communities. Developing resilient communities is a key project within the Nottinghamshire County Council's prevention transformation programme. This programme will help to deliver on the Council's continued commitment to prevention and early help.

35. Public Health have supported each of the PBPs (South Notts, Mid Notts and Bassetlaw) in developing local proposals and the PBPs have identified local Community Voluntary Services (CVSs) alongside Citizens Advice in Mid Notts, as key delivery partners. Learning from existing work with partners across the PBPs has highlighted the importance of supporting community-level interventions through the voluntary and community sector to best enable delivery of the healthy and sustainable places ambition.

36. Delivery of the programme will take a test and learn approach, with ongoing evaluation to improve understanding of which community initiatives and approaches deliver the best improvement in outcomes and the most sustainable positive impact for residents.

Next Steps

37. This paper has presented a snapshot of the successes achieved in delivery of Ambition Two and an outline of strategic aims and key actions for the future. It is recognised that significant broader important work is happening across Nottinghamshire which delivers impact on the Building Blocks of Health and benefits for the health and wellbeing of our residents.

38. The added value of Ambition Two of the JHWS will be to identify within the Framework for Action where working to a shared purpose with common policy or goals will strengthen and maximise our impact as a meaningful partnership.

39. It is proposed that progress on development of the Framework for Action and delivery against key areas is brought to the Health and Wellbeing Board in December 2024. Further support from the Health and Wellbeing Board on the Healthy and Sustainable Places ambition is being considered as part of the current Health and Wellbeing Board review.

Other Options Considered

40. There was an option to not provide an update to the Health and Wellbeing Board on Ambition Two. This option was discounted as the report provides important information relating to the delivery of the healthy and sustainable places ambition of the Nottinghamshire JHWS.

Reasons for Recommendation

41. Development of the Healthy and Sustainable Places Framework for Action will be informed by current available evidence and local evaluations and will support and enable delivery against the JHWS ambition to create healthy and sustainable places, utilising the evidence based 'Building Blocks of Health' approach.

Statutory and Policy Implications

42. 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

43. There are none arising from this report.

Implications for Residents

44. Development of the proposed Healthy and Sustainable Places Framework for Action will have a positive impact on communities, with a focus on areas of highest need and deprivation.

Implications for Sustainability and the Environment

45. Development of the proposed Healthy and Sustainable Places Framework for Action will have a positive impact, influencing action on climate change to secure health and wellbeing co-benefits and supporting delivery of the Councils' Environment Strategy Action Plan.

RECOMMENDATION

The Health and Wellbeing Board is asked:

1) To approve the draft Healthy and Sustainable Places Framework for Action (**Appendix B**) and support its further development with partners in 2024.

Vivienne Robbins
Interim Director of Public Health
Nottinghamshire County Council

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Constitutional Comments (LW 20/02/24)

46. The Health and Wellbeing Board is the appropriate body to consider the content of the report.

Financial Comments (DG 19/02/24)

47. 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.

- The Nottinghamshire Joint Health and Wellbeing Strategy for 2022 – 2026
- The Nottinghamshire Plan 2021 – 2031
- Report of the Deputy leader and cabinet member, Transformation: The council's prevention and early help approach – Supporting a resilient, healthy Nottinghamshire. September 2023.
- Nottinghamshire County Council Corporate Environment Policy
- Nottinghamshire County Council Winter Warmth booklet

Electoral Division(s) and Member(s) Affected

- All

Appendix A – Ambition Two: Create Healthy and Sustainable Places: some of the successes in 2023.

		Successes
Building Block	Food	• Development of a food insecurity Joint Strategic Needs Assessment (JSNA) profile pack. • Nottinghamshire became a Sustainable Food Place. • Successful delivery of food redistribution grants to voluntary and community sector partners.
	Housing	• Review and continued delivery of the Healthy Housing Service, providing a one stop healthy housing referral system to support residents to access advice, support, and energy grants. • Development of a fuel poverty Joint Strategic Needs Assessment (JSNA) profile pack. • Collaborative system approach to developing a housing stock database for Nottinghamshire.
	Physical activity	• Development of the Walk Notts Partnership. • Ongoing development of self-guided health walks.
	Work	• Successful bid for funding for the Individual Placement and Support in Primary Care (IPS-PC) now being commissioned within Nottinghamshire. This helps people with health conditions to secure and sustain paid employment. • Individual Placement and Support in drug and alcohol treatment services.
Strategic enablers	Building Blocks	• Secured opportunity to work with FrameWorks UK to put the Building Blocks of Health toolkit into action for Nottinghamshire. • Engagement with and buy in of internal and external partners to collaborate in developing the Building Blocks of Health narrative for Nottinghamshire.
	Spatial planning	• Effective use of the Spatial Planning and Health Framework and Health Impact Assessment Matrix in some parts of Nottinghamshire. • Evaluation of the Spatial Planning and Health Framework and Health Impact Assessment Matrix, providing learning and recommendations to improve the tool and further embed health considerations in planning processes.
	Climate	• Coordinated communications approach to promoting Clean Air Day.

Appendix B - Draft Healthy and Sustainable Places Framework for Action

		Strategic aim	Key actions from 2024 will include
Building Block	Food	Improve access to good food and nutrition	• Develop the Food Plan for Nottinghamshire. • Progress the recommendations of the food insecurity Joint Strategic Needs Assessment (JSNA) Profile Pack. • Achieve the Sustainable Food Place bronze award.
	Housing	Ensure everyone has a warm and safe home	• Progress the recommendations of the fuel poverty Joint Strategic Needs Assessment (JSNA) Profile Pack. • Create a housing stock database for Nottinghamshire to improve understanding of housing standards and health to inform targeting of interventions which improve housing quality, health, and reduce health inequalities. • Develop a system Housing, Health and Care Transformation Programme which includes plans for a needs assessment for Supported Housing.
	Physical activity	Improve active environments and engage communities in physical activity	• Work with the Active Notts Partnership to develop our approach to the physical activity environment, including working collaboratively to build on the Walk Notts work to develop a joined-up walking offer for Nottinghamshire residents which offers more equitable walking opportunities.
	Work	Ensure that everyone can participate in good work	• Complete a Work and Health Joint Strategic Needs Assessment (JSNA) profile pack. • Support the development of an integrated Work and Health Strategy, aligned to the aims of the new WorkWell programme. • Support the successful delivery of the IPS-PC programme in Nottinghamshire.
	Community	Resilient communities	• Complete a Communities Joint Strategic Needs Assessment. • Deliver and review the 2024 Investing in Communities through Place Based Partnerships programme.

Strategic enablers	Building Blocks	Enable and drive action on the 'Building Blocks of Health' in Nottinghamshire	• Collaborate with FrameWorks UK and system partners to develop a common understanding and core story of the 'Building Blocks of Health' for Nottinghamshire in order to increase understanding and drive action on health inequalities in priority communities.
	Spatial planning	Further embed health considerations into the planning process	• Develop the Nottinghamshire Spatial Planning and Health Framework and Health Impact Assessment Matrix in line with evaluation recommendations. • Support and encourage local planning authorities to effectively incorporate the framework and matrix into planning policy and processes.
	Action on Climate	Influence action on climate change to secure health and wellbeing co-benefits	• Complete a needs assessment on the health impacts of climate change. • Work in collaboration with system partners to develop plans which maximise opportunities for the co benefits of improving health and reducing health inequalities, including developing Nottinghamshire County Council Net Zero Framework. • Establish a Nottinghamshire Air Quality Oversight Group to oversee delivery of the Air Quality Strategy and report to the Health Protection Board.

![Nottinghamshire County Council logo] **Nottinghamshire County Council**

Report to the Health and Wellbeing Board

13 March 2024

Agenda Item: 6

REPORT OF THE INTERIM DIRECTOR OF PUBLIC HEALTH

APPROVAL OF JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) PROFILE PACK: FOOD INSECURITY

Purpose of the Report

1. To request that the Health and Wellbeing Board approve the Joint Strategic Needs Assessment (JSNA) profile pack on Food Insecurity.

Information

Background

2. Health and Wellbeing Boards have a statutory responsibility to produce a Joint Strategic Needs Assessment (JSNA). The JSNA for Nottinghamshire comprises of a range of topic chapters and supporting information and approval for the Food Insecurity JSNA profile pack is sought from the Board in line with the agreed JSNA work programme, which is developed through the JSNA prioritisation process.

3. Food is central to a healthy life, impacting multiple aspects of our health and wellbeing and the number of years we live. For people to reach their potential they need all the right 'building blocks' in place: stable jobs, good pay, safe and stable housing, good education and access to healthy food. However, both nationally and locally, for some people many of these 'blocks' are missing.

4. Access to affordable healthy food is vital for good health, however many people in the UK are struggling to meet basic food needs which can result in ill health such as cardiovascular disease, obesity, and chronic stress, resulting in lives cut short. This profile pack explores the role and impact of food insecurity as a building block of health and provides recommendations for further action.

National Context

5. Food insecurity relates to the inability, or uncertainty to access an adequate quality or quantity of food. The terms 'food insecurity' and 'food poverty' are often used synonymously. The UN Food and Agricultural Organisation (FAO) states that a person is food insecure when they lack regular access to enough safe and nutritious food for normal growth and development and an active and healthy life. This may be due to unavailability of food and lack of resources to obtain food. The FAO measures food insecurity using the Food Insecurity Experience Scale:

- **Food secure/mild food insecurity** – uncertainty on ability to obtain food
- **Moderate food insecurity** – compromising on the quality and variety of food/reducing the food quality, skipping meals
- **Severe food insecurity** – no food for a day or more

6. Food insecurity is driven by multiple factors such as access to food, affordability of food and cooking, and capability to prepare and cook food. Other factors include income, employment, and financial resilience. Currently it is thought that a range of global and national factors such as climate change, conflict and the COVID-19 pandemic have impacted on food supply chains and access to and affordability of healthy food. This has been exacerbated by cost of living pressures. Food price inflation reached a 45 year high of 19.1% in March 2023.

7. According to The Food Foundation, 9 million adults (17% of households) experienced food insecurity in the UK in June 2023, an increase from 7.3% in August 2021. Nationally the number of people given crisis support (food bank referrals and emergency charitable support) more than tripled between March 2020 and March 2023.

8. Certain household are more at risk of food insecurity, including low income, unemployed and households with dependant children, people living with disabilities, minority ethnic households and people between the ages of 16-34. Groups at risk of poverty are also at risk of food insecurity. The poorest fifth of UK households would need to spend 50% of their disposable income on food to meet the cost of the recommended healthy diet, compared to 11% for the wealthiest fifth of UK households. Nationally 1 in 4 households with children have experienced food insecurity.

9. Food insecurity has negative health impacts across all ages with increased risk to physical and mental health. There is an increased risk of high blood pressure, obesity, cardiovascular disease, poor sleep, depression and stress within adults. Food insecurity negatively impacts on child development in the early years and an increased risk of weight gain leading to childhood obesity and type 2 diabetes. Malnutrition is estimated to cost the NHS in England £19.6 billion per year, and the cost of treating obesity related ill health is forecast to rise to £9.7 billion per year by 2050.

Local Context

10. In Nottinghamshire the number of households experiencing food insecurity increased from 65,707 in 2021 to 110,000 in June 2023. The number of adults in Nottinghamshire who reported not eating for a whole day because they could not afford or access food increased from an estimated 21,426 in 2022 to 38,200 in June 2023.

11. In 2021 19.5% of Nottinghamshire residents were living in areas at highest risk of food insecurity. There is a significant geographical inequality in the experience of food insecurity across Nottinghamshire. Mansfield (53%), Ashfield (29.1%) and Bassetlaw (29.9%) are above the Nottinghamshire average.

12. Deprivation can be an indication of food insecurity risk, specifically when used in conjunction with other risk factor data such as age and employment status. Current Nottinghamshire modelled data shows that 16% of the population live in the 20% most deprived areas in the country.

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13. Food insecurity is a newly recognised and important issue impacting health and wellbeing. Nottinghamshire has an emerging food infrastructure through its partnerships at county, district and borough levels which supports community engagement, planning and intervention.

Unmet Needs and Service Gaps

14. There are high and growing levels of food insecurity across Nottinghamshire and further support is required to address the drivers of food insecurity, particularly in areas most in need. There are also currently gaps in understanding and knowledge of food insecurity within services and where to signpost for support.

15. There is also a lack of consistent data and insight into food insecurity in Nottinghamshire.

Recommendations for consideration

16. The JSNA profile pack recommendations identify key changes needed to address needs of local residents in relation to food insecurity. These are set out in the table below:

	Recommendation	Lead(s)
	Partnership and plans	
1.	Strengthen the governance of the Nottinghamshire Sustainable Food Partnership within the Nottinghamshire Health and Wellbeing Board.	Nottinghamshire Sustainable Food Strategy Group Nottinghamshire Health and Wellbeing Board
2.	Develop a Nottinghamshire Sustainable Food Plan which builds on the ambitions of the Nottinghamshire Food Charter and sets out the steps required for Nottinghamshire to become a healthy and sustainable food county.	Nottinghamshire County Council Public Health working with the Nottinghamshire Sustainable Food Strategy Group
3.	Develop and support local food partnerships to address food insecurity and wider related food system issues in priority communities.	Nottinghamshire Sustainable Food Strategy Group
4.	Explore how system partners can work in collaboration with the commercial sector to address the marketing of unhealthy foods and access to healthy foods across the sector, including consideration of: • review of the Healthier Options Takeaway Scheme • a Health in All Policies approach with local authority partners including Planning, Housing, Environmental Health, and Trading Standards to embed food security into plans and strategies.	Nottinghamshire Sustainable Food Strategy Group Nottinghamshire Health and Wellbeing Board including district and borough Councils
	Data and insight	
5.	Explore options for local data collection to increase understanding of food insecurity in Nottinghamshire.	Nottinghamshire County Council Public Health working with the

6.	Map local food assets to improve understanding of provision to better inform the planning of effective interventions and targeting of resources.	Nottinghamshire Sustainable Food Strategy Group, including academic partners
7.	Engage with communities to increase local evidence base on the enablers and barriers to accessing to healthy food.	
	National guidance and evidence based good practice	
8.	Increase uptake of the Healthy Start Scheme, Free School Meals and the Holiday Activities & Food Programme.	Nottinghamshire County Council, in collaboration with wider system partners

Other Options Considered

17. The recommendations are based on the current evidence available and will be used to inform future work across partners on the food insecurity agenda and associated decision making processes.

Reasons for Recommendation

18. Health and Wellbeing Boards have a statutory responsibility to produce a JSNA and approval for the Food Insecurity JSNA profile pack is sought from the Board in line with the approved JSNA work programme. The JSNA profile pack has been written to reflect current local issues.

Statutory and Policy Implications

19. 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

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

RECOMMENDATION

The Health and Wellbeing Board is asked:

1) To approve the Joint Strategic Needs Assessment (JSNA) profile pack on food insecurity, provided in **Appendix 1** and for partners to consider their role in reducing food insecurity.

Vivienne Robbins
Interim Director of Public Health
Nottinghamshire County Council

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Constitutional Comments (GMG 20/02/24)

21. This decision required here falls within the remit of the Health and Wellbeing Board to determine under Section 7, paragraph 8 on page 119 of the Council's Constitution.

Financial Comments (DG 19/02/24)

22. There are no direct financial implications arsing 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.

- Nottinghamshire Joint Strategic Needs Assessment - Work Programme 2023-24, report to Nottinghamshire Health and Wellbeing Board September 2023

Electoral Division(s) and Member(s) Affected

- All

NOTTINGHAMSHIRE JOINT STRATEGIC NEEDS ASSESSMENT

Food Insecurity

Profile Pack

March 2024

Topic Information	
Topic owner	Nottinghamshire County Council
Topic author(s)	Kathy Holmes
Topic quality reviewed	December 2023
Topic endorsed by	Nottinghamshire Strategic Sustainable Food Group – December 2023
Topic approved by	Pending approval from Health and Wellbeing Board, March 2024
Replaces version	N/A
Linked JSNA topics	Fuel Poverty (2024) Excess weight in children, young people and adults (2016) Diet and nutrition (2015)

Executive Summary

Background

Food is central to a healthy life, impacting multiple aspects of our health and wellbeing and the number of years we live.
For people to reach their potential they need all the right 'building blocks' in place: stable jobs, good pay, safe and stable housing, good education and access to healthy food. However, both nationally and locally, for some people many of these 'blocks' are missing.

Access to affordable healthy food is vital for good health, however many people in the UK are struggling to meet basic food needs which could result in ill health such as cardiovascular disease, obesity, and chronic stress, resulting in lives cut short.

This profile pack explores the role and impact of food insecurity as a building block of health and provides recommendations for further action.

National Context

Food insecurity relates to the inability, or uncertainty to access an adequate quality or quantity of food. The term *food insecurity* and *food poverty* are often used synonymously. The UN Food and Agricultural Organisation (FAO) states that a person is food insecure when they lack regular access to enough safe and nutritious food for normal growth and development and an active and healthy life. This may be due to unavailability of food and lack of resources to obtain food. The FAO measures food insecurity using the Food Insecurity Experience Scale:

- Food secure/ mild food insecurity –uncertainty on ability to obtain food
- Moderate food insecurity - compromising on the quality and variety of food/ reducing the food quality, skipping meals
- Severe food insecurity – no food for a day or more

Food insecurity is driven by multiple factors such as access to food, affordability of food and cooking, and capability to prepare and cook food. Other factors include income, employment, and financial resilience. Currently it is thought that a range of global and national factors such as climate change, conflict and the COVID-19 pandemic have impacted on food supply chains and access and affordability of healthy food. This has been exacerbated by cost-of-living pressures. Food price inflation reached a 45 year high of 19.1% in March 2023.

According to The Food Foundation, 9 million adults (17% of households) experienced food insecurity in the UK in June 2023, an increase from 7.3% in August 2021. Nationally the number of people given crisis support (food bank referrals and emergency charitable support) more than tripled between March 2020 and March 2023.

Certain household are more at risk of food insecurity, including low-income households, unemployed, households with dependant children, people living with disabilities, minority ethnic households and people between the ages of 16-34. Groups at risk of poverty are also at risk of food insecurity. The poorest fifth of UK households would need to spend 50% of their disposable income on food to meet the cost of the recommended healthy diet, compared to 11% for the richest fifth of UK households. Nationally 1 in 4 households with children have experienced food insecurity.

Food insecurity has negative health impacts across all ages with increased risk to physical and mental health. There is an increased risk of high blood pressure, obesity, cardiovascular disease, poor sleep, depression and stress within adults. Food insecurity negatively impacts on child development in the early years and an increased risk of weight gain leading to childhood obesity and type 2 diabetes.

Malnutrition is estimated to cost the NHS in England £19.6 billion per year, and the cost of treating obesity related ill health is forecast to rise to £9.7 billion per year by 2050.

Local Context

In Nottinghamshire the number of households experiencing food insecurity increased from 65,707 in 2021 to 110,000 in June 2023.

The number of adults in Nottinghamshire who reported not eating for a whole day because they could not afford or access food increased from estimated 21,426 in 2022 to 38,200 in June 2023.

In 2021 19.5% of Nottinghamshire residents were living in areas at highest risk of food insecurity. There is a significant geographical inequality in the experience of food insecurity across Nottinghamshire. Mansfield (53%), Ashfield (29.1%) and Bassetlaw (29.9%) are above the Nottinghamshire average and this means that people who live in these areas are more at risk of food insecurity.

Deprivation can be an indication of food insecurity risk, specifically when used in conjunction with other risk factor data such as age and employment status. Current Nottinghamshire modelled data shows that 16% of the population live in the 20% most deprived areas in the country.

Food insecurity is a newly recognised and important issue impacting health and wellbeing. Nottinghamshire has an emerging food infrastructure through its partnerships at County and District and Borough levels which supports community engagement, planning and intervention.

Unmet Needs and Service Gaps

- There are high and growing levels of food insecurity across Nottinghamshire and further support is required to address the drivers of food insecurity, particularly in the areas most in need.
- There are currently gaps in understanding and knowledge of food insecurity within Services and where to signpost for support.
- There is a lack of consistent data and insight into food insecurity in Nottinghamshire. Currently much of this data is either incomplete or out of date.

Recommendations for consideration

	Recommendation	Lead(s)
	Partnership and plans	
1.	Strengthen the governance of the Nottinghamshire Sustainable Food Partnership within the Nottinghamshire Health and Wellbeing Board.	Nottinghamshire Sustainable Food Strategy Group Nottinghamshire Health and Wellbeing Board
2.	Develop a Nottinghamshire Sustainable Food Plan which builds on the ambitions of the Nottinghamshire Food Charter and sets out the steps required for Nottinghamshire to become a healthy and sustainable food county.	Nottinghamshire County Council Public Health working with the Nottinghamshire Sustainable Food Strategy Group
3.	Develop and support local food partnerships to address food insecurity and wider related food system issues in priority communities.	Nottinghamshire Sustainable Food Strategy Group
4.	Explore how system partners can work in collaboration with the commercial sector to address the marketing of unhealthy foods and access to healthy foods across the sector, including consideration of: • review of the Healthier Options Takeaway Scheme • a Health in All Policies approach with Local Authority partners including Planning, Housing, Environmental Health, and Trading Standards to embed food security into plans and strategies.	Nottinghamshire Sustainable Food Strategy Group Nottinghamshire Health and Wellbeing Board including District and Borough Councils
	Data and insight	
5.	Explore options for local data collection to increase understanding of food insecurity in Nottinghamshire.	

6.	Map local food assets to improve understanding of provision to better inform the planning of effective interventions and targeting of resources.	Nottinghamshire County Council Public Health working with the Nottinghamshire Sustainable Food Strategy Group including academic partners.
7.	Engage with communities to increase local evidence base on the enablers and barriers to accessing to healthy food.	
	National guidance and evidence based good practice	
8.	Increase uptake of the Healthy Start Scheme, Free School Meals, and the Holiday Activities & Food Programme.	Nottinghamshire County Council, in collaboration with wider system partners.

Food Insecurity - Key Facts

Nationally 1 in 4 households with children have experienced food insecurity

Nationally the number of people given crisis support (food bank referrals and emergency charitable support) more than tripled between March 2020 and March 2023

Food insecurity has negative health impacts across all ages

There is no single measure for food insecurity but all measures show an increase

There is a significant geographical inequality in the experience of food insecurity across Nottinghamshire

19.5% of Nottinghamshire residents were living in areas at highest risk of food insecurity (2021)

Food price inflation reached a 45 year high in March 2023 of 19.1%

Most groups at risk of poverty are also at risk of food insecurity

There is a positive correlation between deprivation and fast food outlet density both nationally and locally

More than 1 in 4 places to buy foods in the UK are fast food outlets

National evidence suggests that a mix of interventions are needed with benefits for individuals and communities

Malnutrition is estimated to cost the NHS in England £19.6 billion per year, and the cost of treating obesity related ill health is forecast to rise to £9.7 billion per year by 2050

The poorest fifth of UK households would need to spend 50% of their disposable income on food to meet the cost of the recommended healthy diet, compared to 11% for the richest fifth of UK households

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This Joint Strategic Needs Assessment seeks to explore the following areas:

- What is the national picture of food insecurity and what are its causes?
- What is the impact of food insecurity, particularly on vulnerable groups?
- What does food insecurity look like in Nottinghamshire?
- What is being done about food insecurity nationally and locally?
- What further action and research is needed in Nottinghamshire?

1. Introduction. Food security, a building block of health

Food is central to a healthy life, impacting multiple aspects of our health and wellbeing and the number of years we live.

For people to reach their potential they need all the right 'building blocks' in place: stable jobs, good pay, safe and stable housing, good education and access to healthy food. However, both nationally and locally, many of these 'blocks' are missing for people.

Access to affordable healthy food is vital for good health, however many people in the UK are struggling to meet basic food needs which could result in ill health such as cardiovascular disease, obesity, and chronic stress, which ultimately shortens lives.

The Nottinghamshire Plan (2021) and the Nottinghamshire Joint Health and Wellbeing Strategy (2022-2026) both have food security at its core stating the importance of ensuring that Nottinghamshire residents live healthier and happier lives, prosper in their communities, and remain independent in later life.

This document explores the role and impact of food insecurity as one of the building blocks of health, providing recommendations for further action and research in this area to support strategic ambitions and provide insight to partners across the Nottinghamshire Integrated Care System.

2. What is food insecurity?

The term *food insecurity* and *food poverty* are often used synonymously. The terms signify "the inability to consume an adequate quality or sufficient quantity of food in socially acceptable ways, or the uncertainty that one will be able to do so" (1). The UN Food and Agricultural Organisation (FAO) states that a person is *food insecure* when they lack regular access to enough safe and nutritious food for normal growth and development and an active and healthy life (2). This may be due to unavailability of food or lack of resources to obtain food. Food insecurity can be experienced at different levels of severity. The FAO measures food insecurity using the Food Insecurity Experience Scale, as described in figure 1, below.

Figure 1 Food Insecurity Experience Scale. Source: The UN Food and Agricultural Organisation

FOOD INSECURITY BASED ON THE FIES: WHAT DOES IT MEAN?

Uncertainty regarding ability to obtain food.	Compromising on food quality and variety.	Reducing food quantity, skipping meals.	No food for a day or more

FOOD SECURITY TO MILD FOOD INSECURITY

MODERATE FOOD INSECURITY

This person has:
- insufficient money or resources for a healthy diet;
- uncertainty about the ability to obtain food;
- probably skipped meals or run out of food occasionally.

SEVERE FOOD INSECURITY

This person has:
- run out of food;
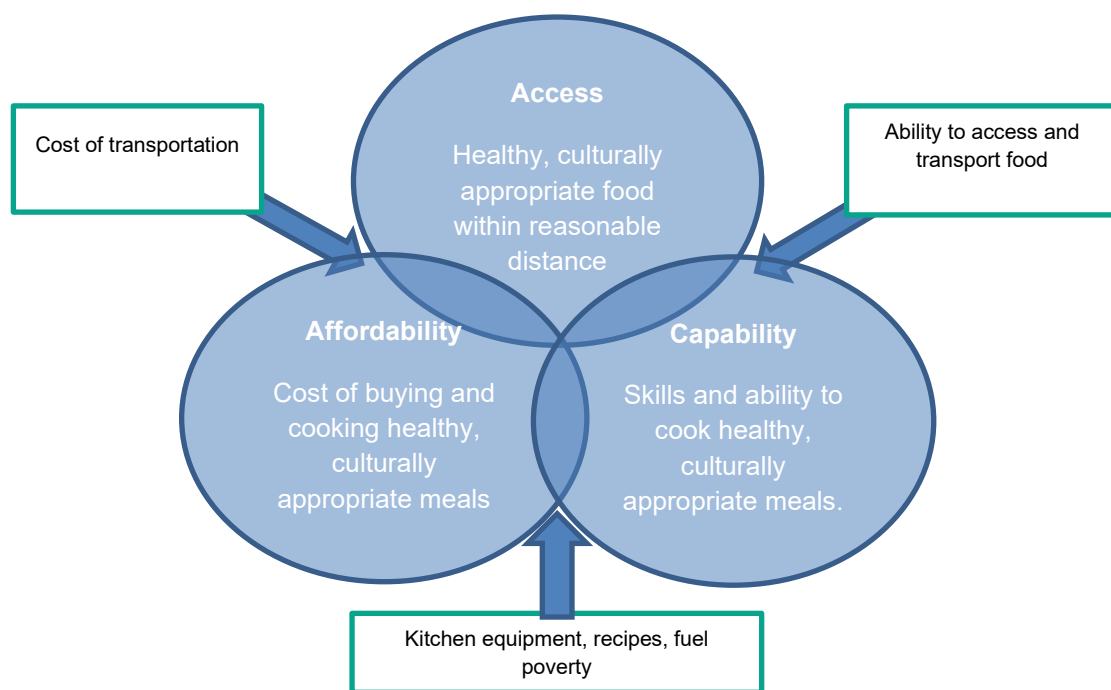- gone an entire day without eating at times during the year.

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3. Food insecurity drivers

Food insecurity is driven by multiple factors such as access to food, affordability of food and cooking, and capability to prepare and cook food, as described in figure 2, below. Other factors include income, employment, and financial resilience.

During 2021 to 2023 the price of food increased significantly. The Broken Plate 2023 reported that food price inflation reached a 45 year high in March 2023 of 19.1% (3). Combined with the doubling of household energy bills in 2022 and the increased prevalence of fuel poverty (4) and other cost of living pressures, this has resulted in households cutting back on the quality and quantity of food they buy (5). The poorest fifth of the UK population would need to spend 50% of their disposable income on food to meet the cost of the recommended healthy diet, an increase of 7% since 2020-2021, compared to 11% for the richest fifth of the population (6).

Figure 2. Definitions and examples of food drivers adapted from Blake, M.
Food insecurity, its effects and ways to address them | GeoFoodie

Cost of transportation

Ability to access and transport food

Access
Healthy, culturally appropriate food within reasonable distance

Affordability
Cost of buying and cooking healthy, culturally appropriate meals

Capability
Skills and ability to cook healthy, culturally appropriate meals.

Kitchen equipment, recipes, fuel poverty

The European Commission report *Drivers on Food Insecurity* (7) highlights seven main categories of drivers that affect the ability of food systems to deliver healthy and sustainable diets for all:

- biophysical and environmental drivers
- research and innovation, and technology
- economic and market drivers
- food value chain performance
- political and institutional drivers
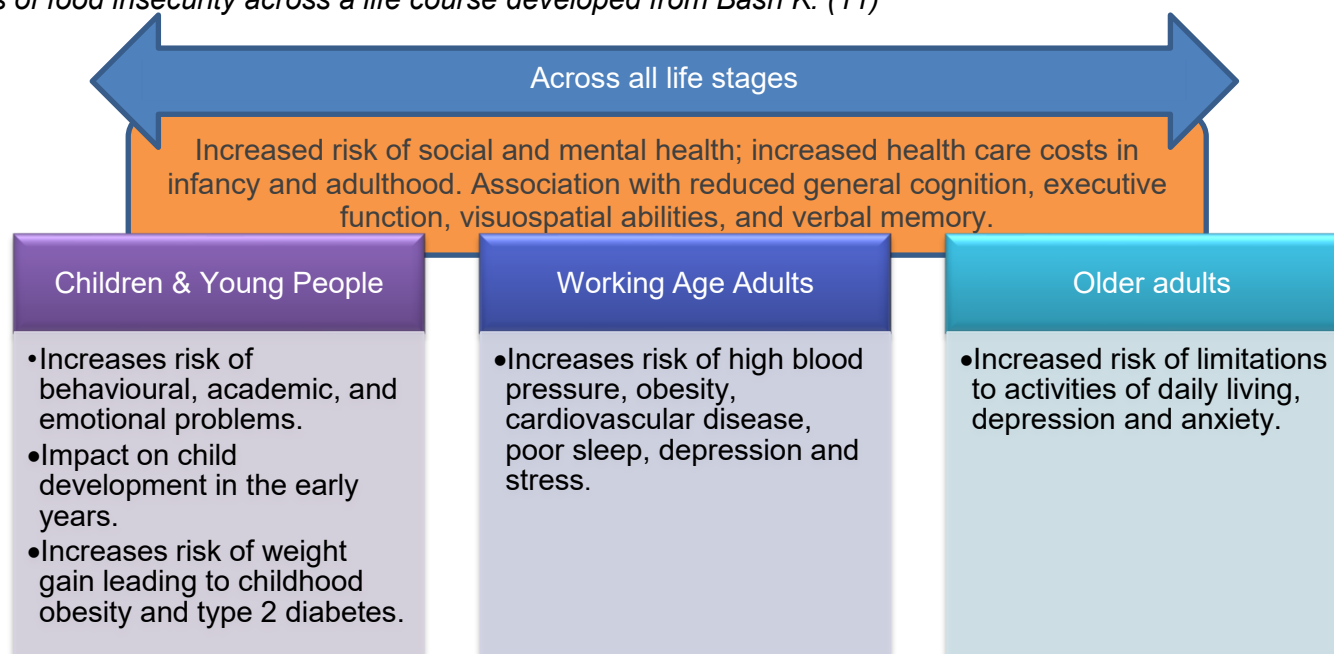- socio-cultural drivers
- demographic drivers

Some affect at a wider system level and others at individual and household level.

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4. The impact of food insecurity on health across a life course

Diet-related ill health is a leading cause of preventable illness in the UK, and a significant driver of health inequalities. Malnutrition is estimated to cost the NHS in England £19.6 billion per year, and the cost of treating obesity related ill health is forecast to rise to £9.7 billion per year by 2050 (8). Viewing food as a building block of health enables local interventions to tackle the health impacts of food insecurity for local needs and across a life course.

It is widely known that being food insecure impacts on both physical and mental health ill health (9). For many these risks to health are compounded with fuel poverty (See JSNA Insight Pack on Fuel Poverty). Living in these circumstances, often with the additional stress and the worry of income, housing, transport and employment, choices around the quantity and quality of food are constrained and potentially have a significant impact on the health of the most at risk groups and communities (10). Figure 3, below, highlights the health impacts and the increased risk to mental and physical health at different stages of life.
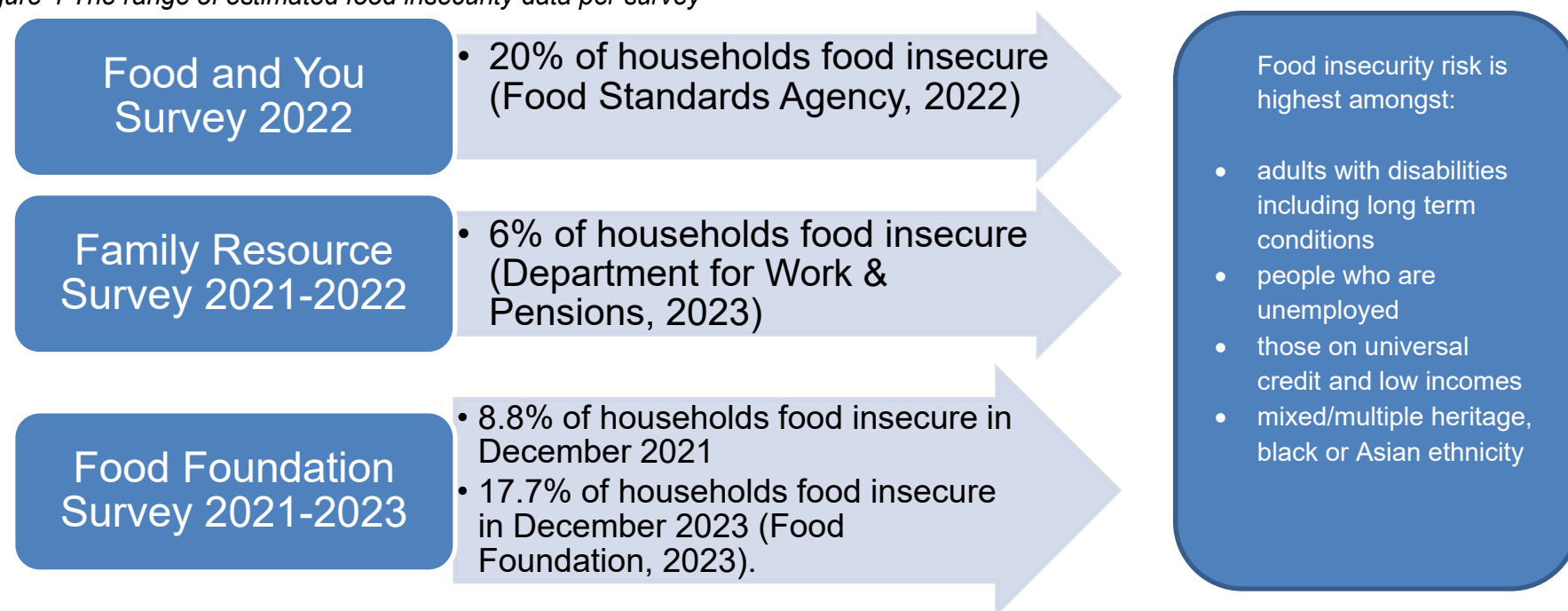
Figure 3 Health impacts of food insecurity across a life course developed from Bash K. (11)

Across all life stages

Increased risk of social and mental health; increased health care costs in infancy and adulthood. Association with reduced general cognition, executive function, visuospatial abilities, and verbal memory.

Children & Young People

- Increases risk of behavioural, academic, and emotional problems.
- Impact on child development in the early years.
- Increases risk of weight gain leading to childhood obesity and type 2 diabetes.

Working Age Adults

- Increases risk of high blood pressure, obesity, cardiovascular disease, poor sleep, depression and stress.

Older adults

- Increased risk of limitations to activities of daily living, depression and anxiety.

5. National and Local Prevalence of Food Insecurity

Nationally food security has been impacted by several combined factors in recent years including the Covid 19 pandemic and the rising cost of living. Global and national factors such as conflict and climate change have played a role in the disruption of food supply chains and access and affordability of healthy food (12). Increased cost of food and fuel have subsequently intensified issues for increased numbers of people, exacerbating existing inequalities and continued financial pressures on families impacting on food insecurity over a longer term. Nationally the number of people given crisis support by Citizens Advice (food bank referrals and emergency charitable support) more than tripled between March 2020 and March 2023 (13). Estimates of food insecurity vary by survey depending on the questions asked and as such there is no single reliable data source. This is reflected in figure 4, below, using recognised national data sources. The Food and You 2 survey has recently included a question on use of food pantries showing a response to the need for a more detailed understanding but due to the small sample size it is difficult to analyse in more detail for population groups and smaller geographies.

Figure 4 The range of estimated food insecurity data per survey

Food and You Survey 2022
- 20% of households food insecure (Food Standards Agency, 2022)

Family Resource Survey 2021-2022
- 6% of households food insecure (Department for Work & Pensions, 2023)

Food Foundation Survey 2021-2023
- 8.8% of households food insecure in December 2021
- 17.7% of households food insecure in December 2023 (Food Foundation, 2023).

Food insecurity risk is highest amongst:

- adults with disabilities including long term conditions
- people who are unemployed
- those on universal credit and low incomes
- mixed/multiple heritage, black or Asian ethnicity

Local food insecurity data collection is important to understand the scale, assess the risk over time and identify where support is needed. It is important to understand which data sources are used locally and why. Local estimates of food insecurity use the same data source from the Food Foundation survey to provide the most accurate and timely local picture and have been used for comparison throughout this report. The Food Foundation provides bimonthly national tracking of prevalence and risk characteristics providing a regular national picture. The Family Resources Survey (FRS) is a continuous household survey that reports annually on the living standards and circumstances of people living in the UK. Although this survey includes questions on food insecurity it is less frequent than the Food Foundation bi monthly tracking and therefore is more restrictive in monitoring and to changes in food insecurity.

The United States Department of Agriculture (USDA) Household food security survey tool is a recognised tool to model food insecurity. Many national data sources utilise the basic USDA model and classification of food security. This has been used to indicate who is at risk in Nottinghamshire and where they are (14). The model presents a series of questions to identify food security status:- Recipients answering yes to one of the following questions were classed as food insecure.- *have you or anyone in your household: had smaller meals than usual or skip meals because you can't afford or get access to food?; ever been hungry but not eaten because you can't afford or get access to food?;Not eaten for a whole day because you can't afford or get access to food?*

Figure 5 highlights that nationally 9 million adults (17% of households) experienced food insecurity in June 2023, an increase from 7.3% in August 2021. In Nottinghamshire the number of households experiencing food insecurity increased from 65,707 in 2021 to 110,000 in June 2023.

Figure 5 Food Foundation survey June 2023 (published Sept 2023)

9 million adults (17% of households) experienced food insecurity in June 2023

Percentage of households experiencing food insecurity*:

Moderate or severe food insecurity

* 1-month recall period

The Food Foundation
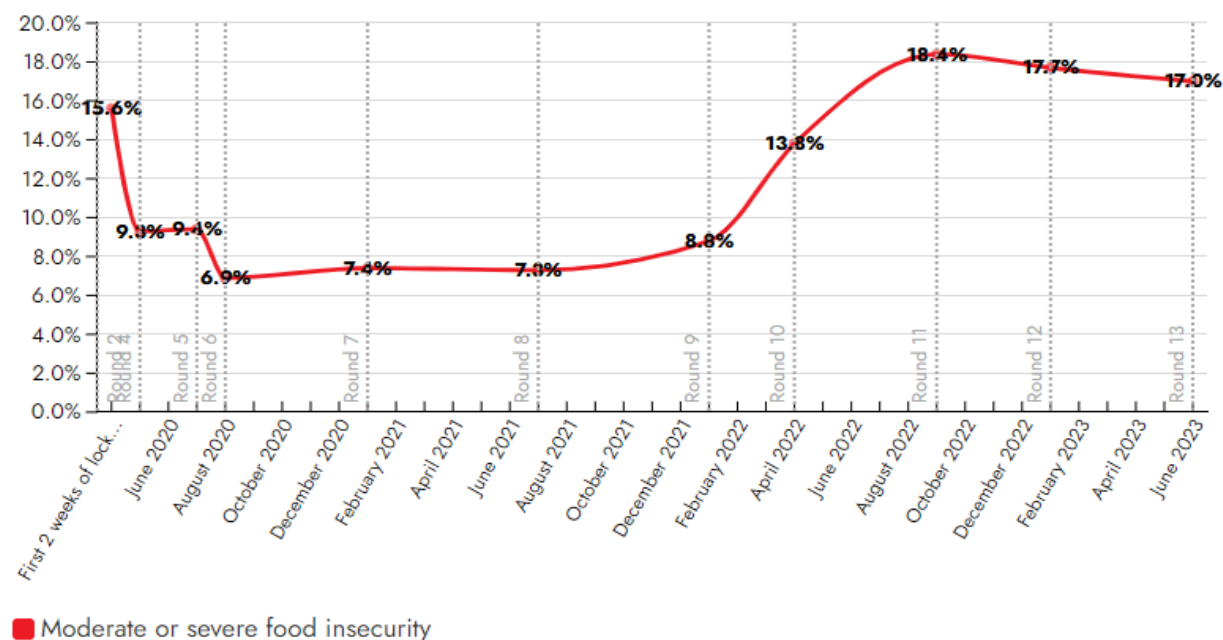
Modelled data shows that it is estimated in Nottinghamshire 110,000 adults experienced food insecurity in June 2023. This is an increase from 65,707 adults (13.8%) in Nottinghamshire 2021.

Base number: Census 2021

13

Figure 6, below, shows the proportion of people in the UK who reported not eating for a whole day and highlights the significant increase in those who reported skipping meals or eating smaller meals from 7.9% in May 2020 to 15.6% in June 2023. The Nottinghamshire modelled data shows that it is likely that 38,200 people will have reported not eating for a whole day and this number has increased since 2021. This means that there has been an increase in numbers of people experiencing severe food insecurity which is likely to have considerable impacts on both mental health and physical wellbeing.

Figure 6 Food Foundation survey June 2023 (published Sept 2023)

3 million adults (5.9% of households) reported not eating for a whole day because they couldn't afford or access food

Percentage of households experiencing food insecurity*:
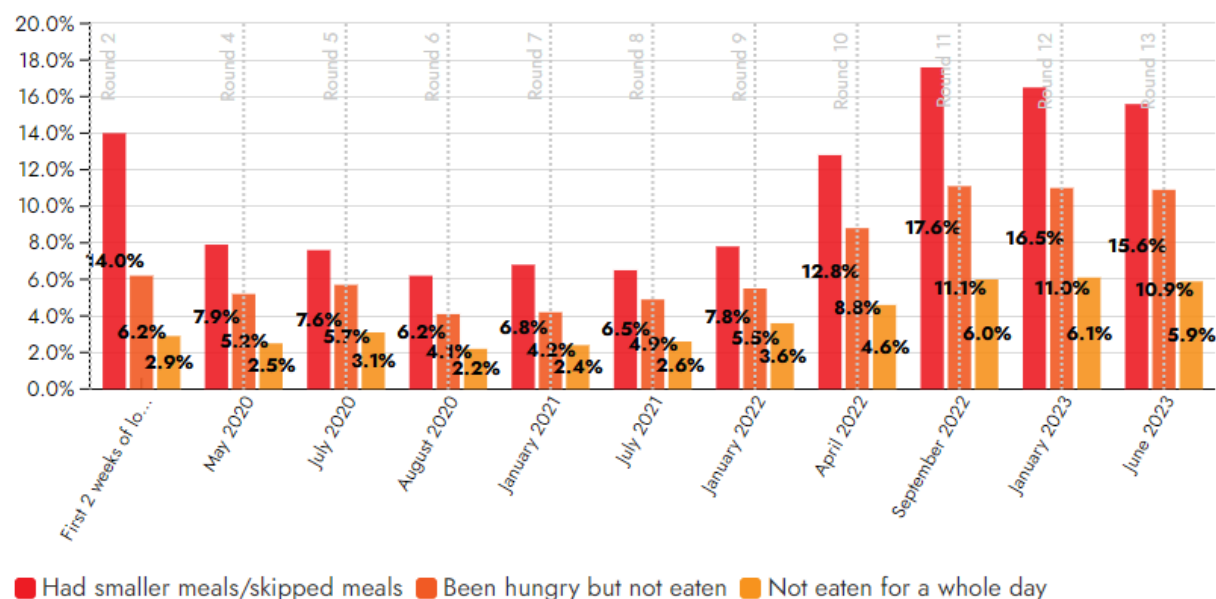
Modelled data in 2023 highlights that in Nottinghamshire 38,200 adults reported not eating for a whole day because they could not afford or access food - an increase from an estimated 21,426 who reported having not eaten for a whole day in 2022.

■ Had smaller meals/skipped meals ■ Been hungry but not eaten ■ Not eaten for a whole day

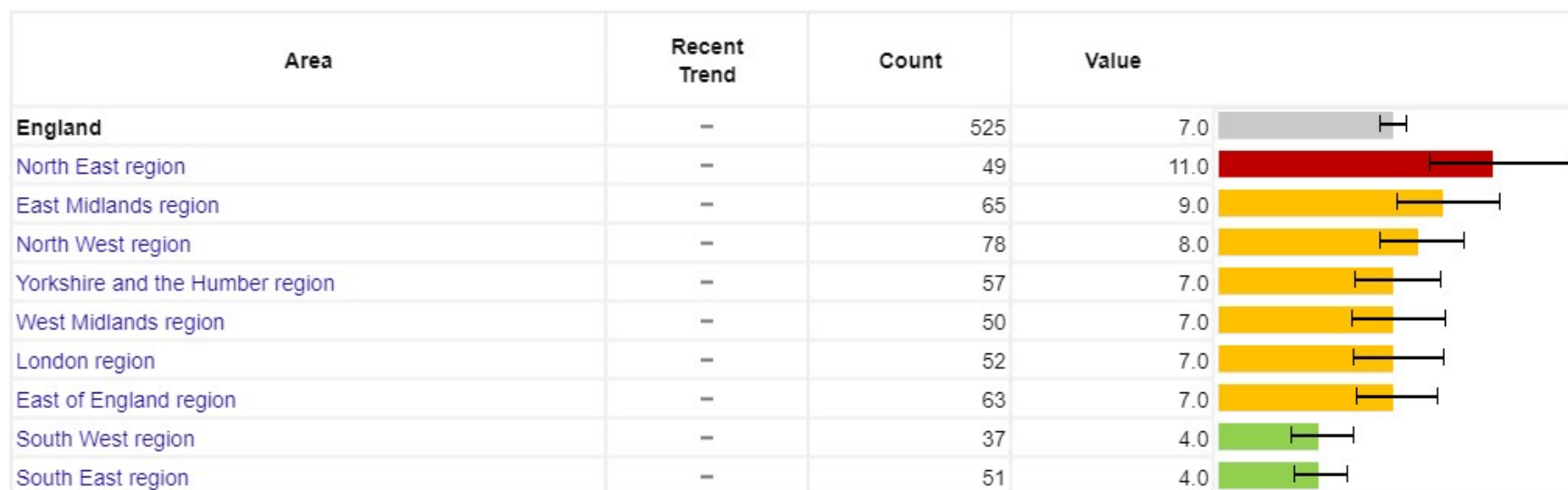* 1-month recall period

The Food Foundation

6. Groups and Communities with the Highest Prevalence and at the Greatest Risk of Food Insecurity

6.1 Geographical Disparities

There are significant regional inequalities in food insecurity across the UK and differences between urban and rural experiences of food insecurity. Figure 7, below, demonstrates the sizeable disparities in England, with areas in the north more likely to experience food insecurity.

Figure 7 Percentage of households experiencing food insecurity by region. Source: OHID Fingertips

Food Insecurity - percentage of households experiencing food insecurity 2020/21

Area	Recent Trend	Count	Value
England	−	525	7.0
North East region	−	49	11.0
East Midlands region	−	65	9.0
North West region	−	78	8.0
Yorkshire and the Humber region	−	57	7.0
West Midlands region	−	50	7.0
London region	−	52	7.0
East of England region	−	63	7.0
South West region	−	37	4.0
South East region	−	51	4.0

Source: Office for Health Improvement and Disparities. Public health profiles. 2024 https://fingertips.phe.org.uk © Crown copyright 2024

Food insecurity estimates in Figure 8 below show some areas of Nottinghamshire have higher proportions of people at increased risk of food insecurity which highlights the geographical inequality based on specific risk indices. These same indices are also used in modelling Nottinghamshire data and Office for Health Inequalities and Disparities (OHID) Fingertips tool.
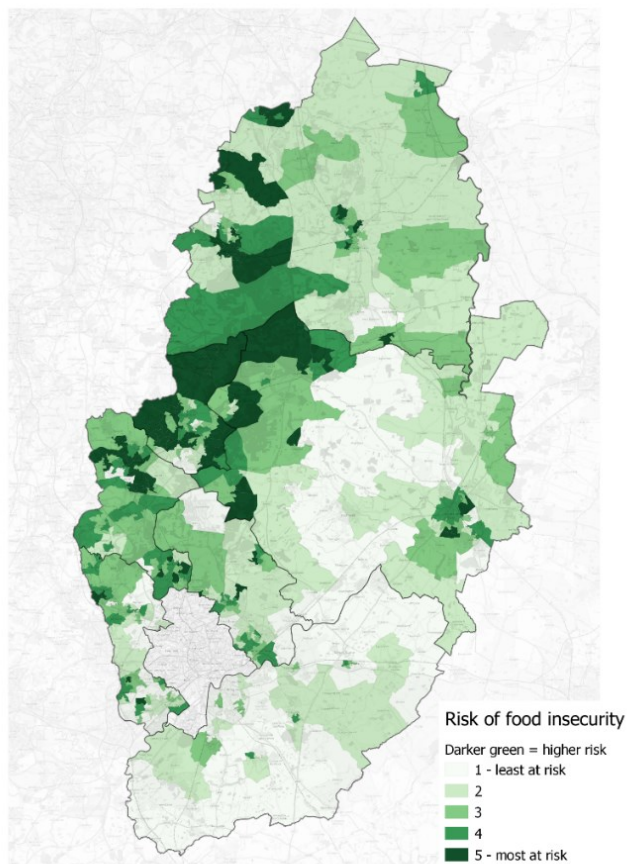

Figure 9 Food insecurity (indirect measure) percentage of LA population living at risk of food insecurity 2021-22 2022-23

District	Percentage
Ashfield	29.1 %
Bassetlaw	29.9 %
Broxtowe	5.6 %
Gedling	2.9 %
Mansfield	53.1%
Newark & Sherwood	16.7%
Rushcliffe	0.0 %
Nottinghamshire	19.5%

Source: Office for Health Improvement and Disparities. Public health profiles. 2024 https://fingertips.phe.org.uk © Crown copyright 2024

In 2021 19.5% of Nottinghamshire residents were living in areas at highest risk of food insecurity

Figure 9 shows the disparity within the County where there are areas with a higher risk of food insecurity than others, with Mansfield, Ashfield and Bassetlaw above the Nottinghamshire average.

Figure 8 Nottinghamshire estmates of food security

at MSOA level produced by Southampton University 2023

6.2 Food insecurity and deprivation – do areas highlighted as being food insecure correspond with areas of deprivation?

Deprivation can be an indication of food insecurity risk, specifically when used in conjunction with other risk factor data such as age and employment status. In Nottinghamshire there are 31 areas, known as lower super area output (LSOAs) in the 10% most deprived areas in England. The most deprived areas are concentrated in the districts of Ashfield (12), Mansfield (10), Bassetlaw (5) and Newark & Sherwood (3). These figures demonstrate a significant local inequality and can be useful to help build a picture of differing food insecurity across the county. Current Nottinghamshire modelled data shows that 15.7% of the population live in the 20% most deprived areas in the country. Mansfield district has the highest percentage (40.9 %) of residents in living in the 20% most deprived areas in England. In Ashfield and Bassetlaw, 27.3% and 20.7% of people live in the 20% most deprived areas in England. Broxtowe and Gedling have very low numbers of people living in the 20% most deprived areas in England and Rushcliffe has 0% of its population living in the 20% most deprived areas in England. This shows a correlation to the areas highlighted in *figure 9* as Districts with the highest risk of food insecurity. (Census 2021)

Additionally pockets of deprivation within the districts and rurality compounded by poor transport can worsen access to food support and adds higher costs of providing support and addressing these barriers in rural areas.

6.3 Groups at risk of food insecurity

Food insecurity continues to present a public health risk to children and adults as residents face cost-of-living pressures. This has a greater impact on low income and vulnerable groups in Nottinghamshire.

There has been a significant amount of research undertaken into the complexities of food insecurity and risk characteristics. Households more likely to be food insecure include low-income households; people who are unemployed; households with children; households with people living with disabilities; and minority ethnic households (15).

The Nottinghamshire Food & Nutrition Security Study (FANSS) (16) has provided local data on self-reported Food Insecurity. Although the FANSS study is unrepresentative, it suggests prevalence and individual/household characteristics that increase risk of food insecurity similarly to those groups above in Nottinghamshire districts which provides some local in depth insight. This helps to build a picture of the experience of food insecurity locally. This study will be referenced throughout the report.

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6.4 Unemployed and low income

Food insecurity is associated with employment and low income. Nationally, the Food and You survey wave 6 shows 53% of respondents who were long term unemployed or never worked were likely to be food insecure. Full time students (38%) and semi routine/ routine occupational (36%) are more likely to be food insecure. Low income households are also more likely to be food insecure than those with a higher income for example with an income of less that £19,000, 46% of respondents reported being low or very low food security (17).
Nottinghamshire estimates suggest that 96,054 individuals who are long term unemployed or have never worked are likely to experience food insecurity. Also 65,865 in semi-routine and routine occupations are likely to experience food insecurity and 8,558 full time students who are not working are likely to be food insecure.

The FANSS study suggests that in Nottinghamshire almost half of the lowest earners (bottom 20% of income) were food insecure.

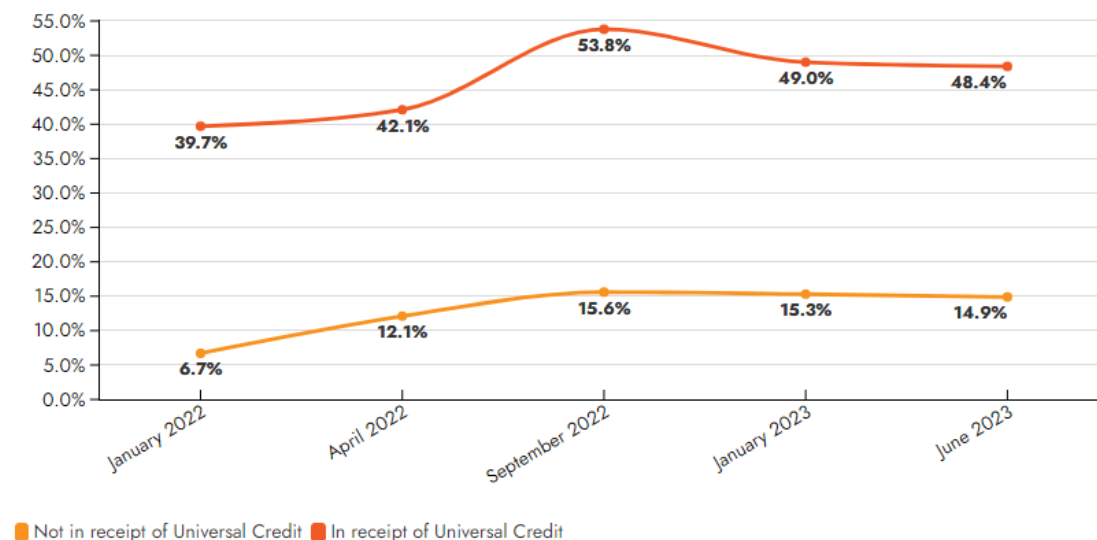## 6.5 People receiving universal credit experiencing food insecurity

The Food Foundation survey shows a correlation between people in receipt of universal credit and higher rates of food insecurity. Almost half of households in receipt of universal credit have experienced food insecurity in the 6-months leading to June 2023 as shown in *figure 10*.
This is replicated in local data with 48.4% (26,600) of Nottinghamshire households in receipt of Universal Credit reporting experiencing food insecurity (May 2023) (Census 2021). The FANSS study also found that more than 50% of any group reliant upon benefits were food insecure, rising to 86.8% of those receiving universal credit.

18

Figure 10 Households in receipt of universal credit experiencing food insecurity in the UK. Source: Food Foundation, 2023.

Nearly half of households in receipt of Universal Credit (48.4%) reported experiencing food insecurity in June 2023

Percentage of households experiencing food insecurity*:

- In receipt of Universal Credit: January 2022: 39.7%, April 2022: 42.1%, September 2022: 53.8%, January 2023: 49.0%, June 2023: 48.4%
- Not in receipt of Universal Credit: January 2022: 6.7%, April 2022: 12.1%, September 2022: 15.6%, January 2023: 15.3%, June 2023: 14.9%

■ Not in receipt of Universal Credit   ■ In receipt of Universal Credit

* 1-month recall period

The Food Foundation

The modelled data for Nottinghamshire shows that the number of households in receipt of universal credit experiencing food insecurity varies across the districts, with Ashfield (9.2%), Mansfield (8.9%) and Bassetlaw (7.8%) having the highest number of households on Universal Credit experiencing food insecurity. Rushcliffe has the lowest number of households on Universal Credit experiencing food insecurity at 3.8%. There is a significant inequality between the districts with the highest number of households in receipt of Universal Credit experiencing food insecurity (Ashfield) and the lowest (Rushcliffe), with a difference of 5.4% households.

6.6. Age and food insecurity

There is a correlation between age and levels of food insecurity at national level and early indicators suggest this is replicated at local level. Nationally the older the age group, the higher levels of food security with the highest levels of low or very low food security being experienced between the ages of 16-34 (18). Social and infrastructure factors such as transport links, disability and isolation may disproportionately impact older age groups accessing affordable food and recent changes to state pension age may mean older people become less food secure in the future.

The FANSS survey also shows food insecurity was greatest among younger age groups with those less than 45 years being more than 7 times more likely to be food insecure than retirees in Nottinghamshire (FANSS 2023.)
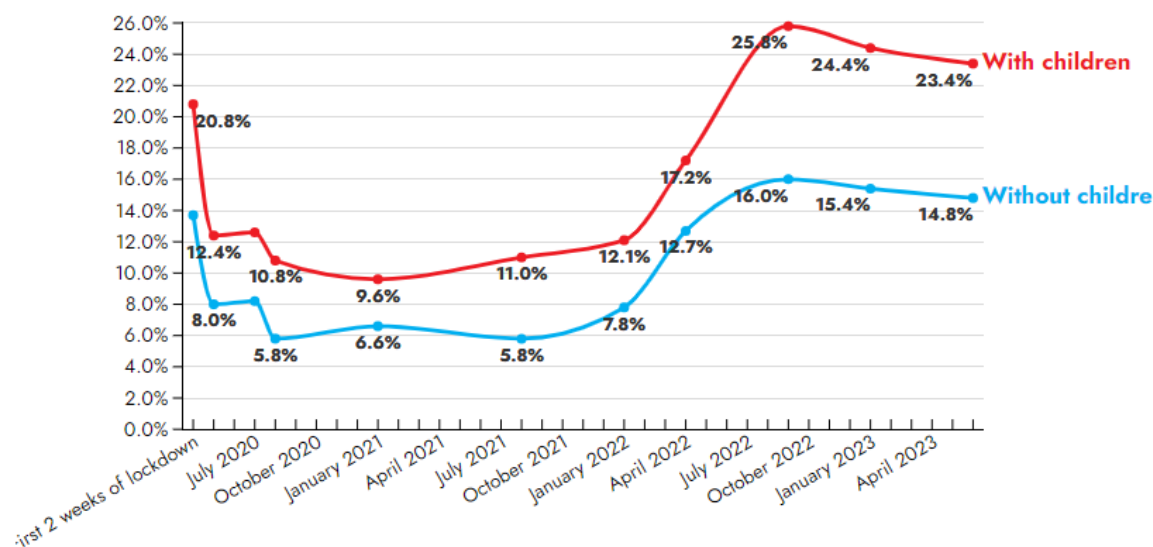
6.7 Households with children and food insecurity

The Food Foundation reports that nationally 1 in 5 (21%) of households with children have experienced food insecurity compared to 1 in 7 households without children in June 2023 (Food Foundation tracker). Of these households 12.9% were relying on low-cost food (19). Data for Nottinghamshire indicates that 18,100 households likely to be experiencing food insecurity.

Figure 11 Households with children experiencing food insecurity. Source: Food Foundation, 2023.

23.4% of households with children reported experiencing food insecurity in June 2023 compared with 14.8% of households without children

Percentage of households experiencing food insecurity*:

With children: 20.8%, 12.4%, 10.8%, 9.6%, 11.0%, 12.1%, 17.2%, 25.8%, 24.4%, 23.4%

Without children: 12.4%, 8.0%, 5.8%, 6.6%, 5.8%, 7.8%, 12.7%, 16.0%, 15.4%, 14.8%

* 1-month recall period

Modelled data shows 20,200 households in Nottinghamshire with children are likely to be experiencing food insecurity and 40,000 households without children. *Census 2021*

The Nottinghamshire FANSS study shows households with children are at higher risk of experiencing food insecurity. This is increased further if these households are in receipt of Universal credit.

The study also showed that single parents were more likely to experience food insecurity than households with two adults. *FANSS 2023*

The Food Foundation

6.8 Life limiting health problems or disability and food insecurity

The most recent national data to be produced by the Food Foundation clearly evidences a strong correlation between people with disabilities experiencing higher levels of food insecurity. The Food Foundation report *Food insecurity and inequalities experienced by disabled people (2023)* states that 4 in 10 households with an adult limited a lot by disability experienced food insecurity in June 2023. (20). Households who are limited a lot by their disability are 3 times more likely to experience food insecurity than those not limited by their disability. Local estimations based on Census data are 1 in 4 (24.5%) people limited a lot with disability are likely to be also experiencing food insecurity. Access to local competitively priced shops, transport links and capacity to cook affordably (with the use of slow cookers, air fryers etc) may also be compounding factors for this group of people.

6.9 Non-white ethnic groups and food insecurity

The Food Foundation survey shows that nationally non-white ethnic groups are more likely to be food insecure than white ethnic groups with Black /African /Caribbean households (33.5%) almost twice as likely to experience food insecurity as white ethnic groups (17.1%). The table below indicates the estimation of Nottinghamshire residents from non white/ white ethnic groups experiencing food insecurity.

Figure 12 Nottinghamshire modelling using census 2021 data

Nottinghamshire	Census population	% experiencing FI	no. experiencing FI
White	767,224	17.1%	131,195
Black African/ Caribbean	9,932	33.5%	3,327
Asian/ Asian British	24,523	21.6%	5,297
Mixed /multiple	23,141	31.4%	7,266

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7. Nutrition and food insecurity

National monitoring data on food insecurity shows that groups at risk of poverty are also at risk of food insecurity at this time (20). Therefore, food choices should be seen in the context of affordable living and rising costs of fuel and housing. It is difficult to address food insecurity without considering wider systemic social and economic factors.

Healthy, nutritious food is now over twice as expensive per calorie than less healthy products. Between 2021 and 2022, healthier foods saw greater price inflation, increasing in price by 5% on average, compared with 2.5% increases seen for the least healthy foods (21). It is therefore understandable that households experiencing food insecurity are more likely to be cutting back on buying and cooking healthier foods, including fruit, vegetables and fish, resulting in poorer quality diets that increase risk of diet-related ill health. Nationally 2.3 million low-income households and more than two thirds of those receiving Universal Credit, have changed the kind of food they buy – including making less nutritious choices (22). Local research indicates that respondents with low food security ate less fruit and vegetables than food secure respondents and that food insecure respondent had below the recommended dietary minerals intake (FANSS 2023).

The growth in the production and consumption of ultra processed foods (UPF's), industrially produced foods containing ingredients not available in home kitchens, has seen much interest from the academic world but has yet to translate to government policy. The growing body of evidence on the health impacts of these often cheap, convenient, and highly processed foods, the availability and marketing (often aimed at the most deprived communities) and the subsequent impacts to health, call for further research and policy change at national level that will aid local understanding and intervention (23).

8. The food environment and food insecurity

The food environment in which people live impacts on the choices that they can make about the food they eat. Availability and affordability of fresh food and inexpensive, well marketed, and nutrient deficient food, compete for space in food environments. Eight per cent of the most deprived areas of the UK are food deserts where there is no access to healthy and affordable food. Where there are 'Food Deserts' (spatial access to affordable food), this is likely to impact on healthy food choices and affect some groups more than others (24). For example, this may disproportionately affect people with disabilities and low incomes as they may face additional costs of transport to less expensive supermarkets further from their home than local convenience stores. There is a lack of current data in Nottinghamshire to identify food deserts but opportunity to work with the retail sector to improve local access to healthy food through convenience stores, markets, and mobile shops for example.

Equally, fast-food takeaways are abundant across the UK, often offering options which appeal to people's need for cheap and convenient food but are often high in calories and lacking in nutrients. There is a higher proportion of fast-food takeaways in areas of higher deprivation.

- More than 1 in 4 (26%) of places to buy foods in the UK are fast food outlets
- There is a positive correlation between deprivation and fast-food outlet density. 30.5% of places to buy food are fast food outlets in the most deprived fifth and 21.1% in the least deprived fifth (25)

Proximity to fast-food outlets has been shown to be linked to increased fast-food consumption and overweight and obesity The density of fast-food outlets in deprived areas is likely to be a contributing factor to the socio-economic inequalities seen across obesity levels (26).

Local research highlighted that food insecure respondents were less likely to eat out of the home but when they did it was more likely to be as takeaway food. Food secure individuals were proportionally more likely to eat in a restaurant or pub (FANSS 2023).

An approach in Nottinghamshire to increase access to affordable healthy food has been to assess the fast food outlet density in areas of deprivation. By providing Districts and Borough councils with fast food outlet density maps, as depicted in Figure 13 below, this has supported planning policy decisions and supported local interventions which address the availability of healthier options in takeaways such as the Healthier Options Takeaway scheme

Figure 13 Fast Food outlet density in Nottinghamshire at MSOA level

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9. National policy and interventions - what is happening nationally to tackle food insecurity

It is necessary to understand food insecurity in the context of the complexity of the whole food system to address it at global, national and local level. *'A food system is an interconnected web of human activities that links food production, processing, distribution, and consumption with human health and the environment'* (27). Figure 14 highlights how food security and health and wellbeing are impacted and interconnected to other parts of the food system which are in turn shaped by social, economic, political, and environmental contexts (28).

Figure 14 Food system overview (Source: Washington State University)

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9.1 National policy

National policy is fundamental to implement local plans to tackle food insecurity and improvement to health and wellbeing. The two documents described below have helped to shape both policy and community interventions of food insecurity in relation to the whole food system.

The National Food Plan was an independent inquiry commissioned by the UK government to set out a vision and a plan for a better food system. Published in two parts during the Covid 19 pandemic, recommendations highlight the need for a cohesive food system to be able to tackle diet related inequality and food insecurity. This report makes recommendations to address change at various levels of the system including strengthening food supply chains, expanding and resourcing food assets such as Healthy Start, school meal schemes, the Holiday Activities and Food programme, community Eatwell schemes and interventions to break the 'junk food cycle' in relation to health impacts of obesity (29).

The Government Food Strategy (2022) has a focus on industry, reformulation and agriculture within the wider food system and addresses some of the recommended drivers around food insecurity in the independent review (The National Food Plan). The government strategy does refer to the importance of local partnerships to co-ordinate food activism and funding for curriculum-based food education in schools. However there has been some criticism from campaigning groups for not committing further resource to Healthy Start, school meals programmes and calls for universalising these evidence-based schemes (30).

9.2 National Schemes

National programmes have been rolled out since the Covid 19 pandemic and cost of living pressures, including the Household Support Fund and the Holiday Activities and Food programme to support low-income eligible families to access further food & financial support. Other existing schemes such as Free School Meals and Healthy Start provides a longer term view through tracked change and analysis that enables a locally targeted approach to increase uptake.

Healthy Start is a national scheme whereby eligible people receive free card payments every week to spend on milk, fresh, frozen, and tinned fruit and vegetables, fresh, dried and tinned pulses, and infant formula milk. Eligible people also qualify for free vitamins. Healthy Start is available for pregnant women and children under 4 in receipt of certain benefits and pregnant young women under 18 regardless of income (31).

There are many exemplar programmes of work across the UK such as [Feeding Liverpool](#) which takes a robust and multifaceted approach to addressing food insecurity. This programme uses Healthy Start as a key food asset for addressing food insecurity implementing a volunteer champion scheme and lobbying for policy improvement. Nottinghamshire has developed training and promotion to enable staff to promote Healthy Start in their services. Figure 15, below, shows the difference in uptake across Nottinghamshire Districts ranging between 66% in Rushcliffe to 78% in Ashfield in October 2023.

Figure 15 Healthy Start uptake across the Nottinghamshire Districts

	Healthy Start Uptake (percentage of people eligible that have claimed and are receiving the benefit)	
	Sept 2023	**October 2023**
Ashfield	76%	78%
Bassetlaw	66%	69%
Broxtowe	71%	72%
Gedling	70%	72%
Mansfield	68%	69%
Newark and Sherwood	65%	67%
Rushcliffe	63%	66%
Total Nottinghamshire	**68%**	**70%**
National uptake	**68%**	**70%**

School meal programmes

Children in state-funded schools in England are entitled to receive free school meals (FSM) if a parent or carer were in receipt of selected benefits. Since September 2014, all children in reception and years 1 and 2 in state-funded schools in England have been entitled to receive a free school meal at lunchtime under the Universal Free School Meals programme (32). School meals contribute around one-third of energy and micronutrient intake on school days and have been shown to play a role in the development of healthy eating habits, academic achievement, improved behaviour, and a reduction in picky eating behaviours at school (33). Nationally 23.8% of pupils, and in the East Midlands 23.1% of

pupils, are eligible for FSM. The East Midlands region has seen the largest percentage increase in eligibility for FSM, an increase of 1.6 percentage points since 2022 (34). Nationally the Child Poverty Action Group has highlighted that current criteria means that as many as one in three (800,000) school-age children living in poverty are not eligible (35).

Figure 16 shows the percentage of pupils eligible and take up for FSM in Nottinghamshire schools in January 2023. This indicates that 1/5 of children in Nottinghamshire who are known to be eligible, are claiming FSM.

Figure 16 Nottinghamshire County Council January 2023

Phase	Number on roll NCY R-11 (1)	Number of pupils known to be eligible for and claiming free school meals (2)	Percentage of pupils known to be eligible for and claiming free school meals (2)
Primary	66,493	15,058	22.6
Secondary	47,293	10,387	22.0
Special	1,024	462	45.1
Nottinghamshire	114,810	25,907	22.6

1.Includes pupils who are sole or dual main registrations in years R-11; 2. Number of pupils who have made themselves known to be eligible and are claiming FSM.

10. Stigma and food insecurity

There is an increasing body of evidence that stigma and shame prevent uptake in accessing food support such as Healthy Start and Free School Meals. Nottinghamshire County Council is currently conducting research into food and stigma engaging with residents to better understand the structural and individual factors that constrain or facilitate access to food aid, this will support services in designing and delivering appropriately targeted interventions. Early findings highlight that universal programmes have greater benefits for deprived communities whereas targeted marketing campaigns heavily influence the attitudes and beliefs and contribute to feelings of guilt or shame in those with limited food options. Equally, barriers to food security are experienced in early childhood where inherently held beliefs are formed and manifest as internalised stigma in later life. Other key findings suggest that experiences of stigma are often compounded by other forms of societal stigma in marginalised groups and social power imbalances play a significant role in both increasing or mediating stigma manifestations. This may be controlled through effective structural and policy decision-making (36).

Figure 17 Nottinghamshire Food Charter

11. Local drivers - strategic priorities

Nottinghamshire County Council passed a motion in January 2022 (Nottinghamshire County Council, 2022) recognising the immediacy of the challenge of poor nutrition, food poverty and the need to encourage healthy eating in Nottinghamshire and beyond. The Council requested tackling food poverty to be part of the Joint Health and Wellbeing Strategy and for Nottinghamshire to be a "Healthy Food Sustainable Shire". In November 2022 Nottinghamshire became a member of the Sustainable Food Places network, joining other members to improve their local food system. Reducing food insecurity is a priority within the Joint Health and wellbeing Strategy 2022-26 and developing Nottinghamshire as a sustainable food place is part of the Healthy and Sustainable places ambition which aligns with The Nottinghamshire Plan and Nottinghamshire Best Start strategy 2021-25 The vision and call to action on food and health is set out in the County's Food Charter endorsed by the Nottinghamshire Health and Wellbeing Board in February 2022.

12. Local interventions

Nottinghamshire County Council have taken an approach that considers the whole local food system to reduce food insecurity and views food as an essential building block of health. This looks at environmental and systemic factors as well as behavioural change to improve health outcomes and tackle inequalities. Food insecurity is a central pillar of the Healthy and Sustainable Places programme of work and sets out to improve food security at all levels through building resilience and sustainability.

12.1 Food support initiatives in Nottinghamshire

As a newly emerging important area of work, there are limitations with available data and currently gaps in local knowledge in Nottinghamshire on the provision of food initiatives. There are aims to strengthen this through collaborations with local partners. Universities and commissioned partners are undertaking research to better understand food insecurity, what support is needed and the impacts on health and wellbeing to inform local interventions and policy. These research findings will be available from March 2024.

The food support infrastructure is an evolving landscape involving a wide range of programmes, initiatives and organisations that aim to address issues relating to food insecurity and increase access to affordable, nutritious food. Elements of support include emergency food parcels, food banks, food clubs/ hubs, pantries, community garden/growing projects and social eating in addition to school meal programmes and national initiatives such as the Healthy Start scheme. Figure 18 shows examples of local interventions. This is a dynamic landscape and responsive to changing needs often on a very local basis led by the voluntary and community sector.
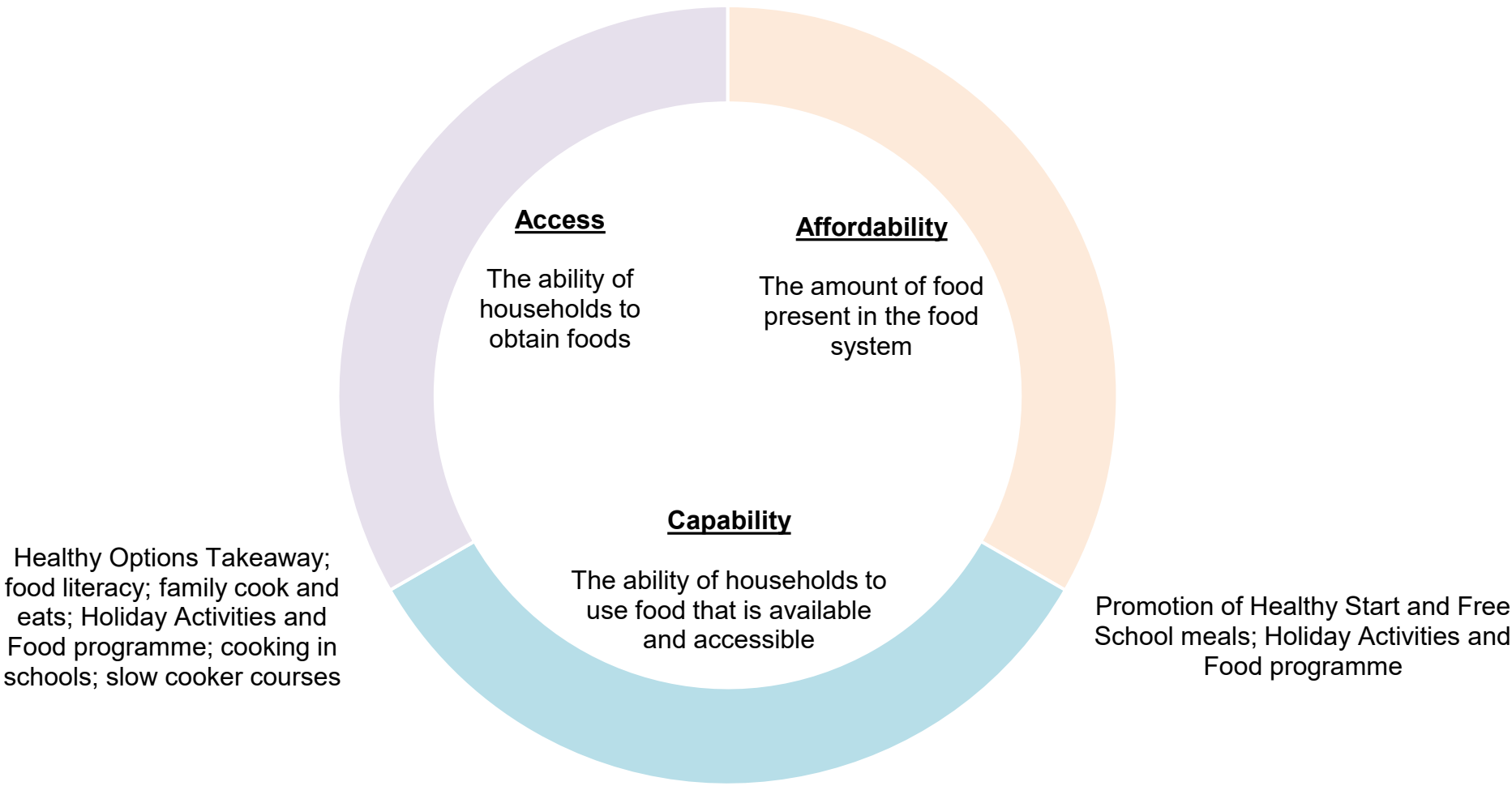
Affordable food clubs, social supermarkets and social eating typically utilise surplus food, often from Fareshare. Local insight from the County's Sustainable Food Network indicates that there is increasing demand for food support from Fareshare across the County. This is also highlighted in the Waste Britain Report , an evaluation on the economic and social impact of Fareshare UK in tackling food waste. Unlocking other sources of surplus food is a national concern and Nottinghamshire networks are exploring alternative opportunities such as collective purchasing and opportunities in the commercial sector to redress the strain on the current food system, build resilience in the system and address the risks to community food provision.

The scale and scope of the local food support infrastructure is unknown, there is no county wide data on the number of projects or number of people receiving support. The examples of Nottinghamshire interventions listed below show how the '*more than just food*' approach (37) is being adopted across Nottinghamshire and how food acts as the enabler for health improvement at all levels. Coventry University's evaluation of the Feeding Coventry social supermarket in Foleshill shows the self-reported improvements to health and wellbeing of this type of intervention (38).

Figure 18 Author analytical framework adapted from UN Food and Agriculture Organisation pillars model

Mechanisms and examples of local interventions

Redistribution of surplus healthy food through: affordable food clubs; social eating; community pantries; community food growing; crop drop schemes; foodbanks; emergency food parcels

Access

The ability of households to obtain foods

Affordability

The amount of food present in the food system

Capability

The ability of households to use food that is available and accessible

Healthy Options Takeaway; food literacy; family cook and eats; Holiday Activities and Food programme; cooking in schools; slow cooker courses

Promotion of Healthy Start and Free School meals; Holiday Activities and Food programme

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12.2 Food insecurity networks and partnerships

There is significant evidence of the benefits of local food partnerships and Nottinghamshire has established a countywide food infrastructure with a significant focus on food insecurity (39). A county wide Sustainable Food Network and district based partnerships bring together local authorities, county social eating and food growing networks, and national organisations such as Feeding Britain with the NHS, voluntary and community sector, and other stakeholders such as academics, food producers and businesses. The local networks have been a valuable source to engage with communities, understand food insecurity issues for residents and local infrastructure pressures and risks.

Feeding Britain is a national charity which supports a national network of anti-hunger partnerships comprising of more than 700 frontline organisations. There are five Feeding Britain networks in Nottinghamshire – Ashfield, Bassetlaw, Newark & Sherwood, Mansfield and Rushcliffe which bring together community partners working on food insecurity to collaborate and share local knowledge and skills. Feeding Britain provide support, funding and training and work with Food Co-ordinators in Ashfield, Bassetlaw, Newark & Sherwood, Mansfield to support the co-ordination and strategic development of the networks. Food insecurity is a priority in district and borough councils and is incorporated or being developed in local plans across the county. An example of a place based approach to tackling food insecurity through mobilising communities, capacity building and initiating sustainable change can be seen in the Impact report from [Bassetlaw Food Insecurity Network](#).

12.3. Small grants schemes for community action

Nottinghamshire County Council have funded a series of food related small grant schemes to enable community and voluntary groups to tackle food insecurity through their activities. Around £1,460 000 has been allocated to 3 food grants streams through the NCC Local Communities Fund between 2020-2025. The implementation of a small grants scheme with a focus on food insecurity has enabled and strengthened 245 community led interventions to address food insecurity through building skills, knowledge and confidence in cooking and growing food: strengthening and expanding a food infrastructure through capacity building and improving access to affordable healthy food. This funding has increased the number and quality of existing community food interventions such as social supermarkets and pantries, food clubs, social eating spaces and community cafes. Other funding streams also supported food initiatives but were not designed specifically around food. Funding was allocated from both Council and government funding during this time.

Evaluation of such schemes have found benefits including improved access to good quality food, the potential to reduce food insecurity and hunger, improved diet and nutritional knowledge and skills, and improved social and financial wellbeing. Community benefits include building resilience and social infrastructure and connecting community services.

12.4. Affordable food clubs/hubs and food banks

The Trussell Trust have reported that between April 2022 and March 2023 close to 3 million emergency food parcels were distributed by their food banks across the UK. This is an increase of 37% on the previous year and 760,000 people used a food bank for the first time (40). This data does not capture a full picture of food bank use across the UK or locally as there are many independent food banks operating different referral systems and levels of monitoring. Importantly not all people who are food insecure will use food banks or emergency food parcels due to stigma and shame. This inconsistency in referral, criteria and monitoring across emergency food parcels and food banks leaves an incomplete picture in Nottinghamshire currently. Feeding Britain reports that across England, Wales, and Northern Ireland, the same number of people now report accessing an affordable food club, such as a pantry or social supermarket, as report accessing a food bank. Feeding Britain have summarised their learning around [Affordable food clubs](#)

The development of affordable food clubs, with on-site services such as benefits and housing advice, aims to prevent periods of acute food insecurity and dependence on food banks, building capacity, agency, and challenging stigma. Nottinghamshire has a range of affordable food provision models across all districts however there is no single data source for this. The House of Commons Environment, Food and Rural Affairs Select Committee has recommended this shift toward affordable food clubs, as a default mode of community food provision (41).

12.5. Social eating

Social eating activities include eating a cooked meal together in a particular location and focuses on the commensality (the social act of eating together) of food to improve social networks. These range from soup kitchens that usually support the homeless, to activities that specifically work to attract a wider group of people. Typically, these activities use surplus food to cook nutritious meals on site. Nottinghamshire has a network which shares best practice, and promotes the benefits of eating together in groups, food sharing, the use of surplus food, community cohesion and collaboration over food. Food acts as an enabler to reduce social isolation and loneliness, bringing people, communities, projects, and services together whilst also importantly providing hot meals to people who struggle to cook for themselves. Research conducted locally after the pandemic highlighted the health and wellbeing benefits of the social eating model as people emerged back into their communities and gained confidence to socialise through food (42).

12.6. Community food growing

Community gardens and growing spaces can encourage participation, reduce social isolation, improve physical health and emotional wellbeing, and build skills, knowledge, and confidence to grow and cook food. Often these groups cook and share a cooked meal on site, sharing knowledge and skill in a mutually supportive environment. Nottinghamshire has developed the Nottinghamshire Community Garden Network, a forum that currently supports 84 growing groups and brings together community growing spaces for mutual support, learning and development opportunities. Community growing spaces and allotments have developed volunteer led 'Crop Drop' schemes and abundance models to redistribute surplus locally grown fresh, nutritious produce often supplying local food clubs, social supermarkets, and community cafes.

Food support groups also provide an opportunity to include additional services on site or signposting to benefit advice and housing for example. These types of community food interventions provide opportunity for services such as Social prescribing to signpost into community support networks. Connecting referral and support systems such as this into food infrastructure is important to ensure that services can both recognise food insecurity and are knowledgeable of the food support in their area. They also provide opportunity for meaningful, innovative engagement with groups and co production of service development.

13. Framing food insecurity interventions and support structures

There is no one intervention type will fix all the problems of food insecurity and a mix of interventions are needed with benefits for individuals and communities. Food Ladders is a novel evidence-based approach for describing how household and community resilience capitalise on the capacity for food to bring people together, developed by Megan Blake (43). This approach considers the social and economic factors that are associated with food insecurity drawing on three elements or 'rungs' of the ladder: Catching, Capacity Building and Transforming. A 'Food Ladder' approach can help those who are food insecure overcome these challenges, build resilience and progress into security.
This framework of support not only prevents the increase in a singular, short term type of support, but it also means that the range of interventions such as food pantries and social eating activities can help bridge gaps between emergency provision and buying food commercially. Moreover, when ladders of support exist in communities presenting a diverse range of interventions, people can move/ services can refer between rungs of support as needs change or progress. Figure 19, developed by Blake, illustrates this potential for movement between support services.

Figure 19 Food Ladders. Source: Blake, M.

	Catching *Doing for*	Capacity building *Doing with*	Transforming *Doing by*
Food	Crisis support (e.g. emergency food parcels)	Activities that build food knowledge and independence (e.g. cooking clubs, food pantries)	Community change (e.g. activities that advance the local food landscape so that it meets everyone's needs)
Social	Crisis support (e.g. mental health)	Community activities that develop social networks (e.g. social eating)	Community change (e.g. developed community cohesion and social ties)
Economic	Crisis support (e.g. emergency housing)	Activities that improve financial circumstances (e.g. employability support)	Community change (e.g. activities that improve and enhance the local economic landscape)

Many organisations agree on core principles of good food insecurity interventions. Examples of good practice in the UK such as Feeding Liverpool, and Bristol Food Strategy and can be seen to utilise these principles below as highlighted in Sustainable Food Places in their strategic direction and delivery of food interventions.

- User-centred and inclusive to everyone in the community
- Healthy, culturally appropriate, and social
- Communicated effectively to increase knowledge of the available support and reduce stigma

- Easy and quick to access, and tailored to need
- Promoting dignity, reciprocity, and autonomy
- Empowering through community participation in design and delivery, and transparent decision making
- Having effective monitoring and data recording mechanisms in place
- Advocating for change, including the adoption of the real Living Wage
- Establishing and utilising a joined-up, multi-agency partnership that includes key organisations and people with lived experience
- Taking a whole system approach by facilitating onward referral to broader support.

A Cash First approach as recommended by several food organisations such as Sustain advocate for local interventions to maximise income either through vouchers/ crisis payments (such as Household Support Fund) or signposting or referral to support services (44). This approach can encourage income to be spent in local shops, for example a Healthy Start payment for fruit and vegetables, an economic advantage for the commercial sector who often participate in donating surplus food into the system of food insecurity interventions. Blake also encourages this active participation of the commercial sector in the food ladders approach.

This report highlights several national and local interventions. As a newly emerging agenda in Nottinghamshire the availability of local evidence to demonstrate impact is limited in some areas. The areas of work for consideration in this report will be aligned with the development of the Nottinghamshire food plan.

14. Recommendations for Consideration

Food insecurity is a newly recognised and important issue impacting health and wellbeing. The following recommendations highlight key steps to support progress in this area.

	Recommendation	Lead(s)
	Partnership and plans	
1.	Strengthen the governance of the Nottinghamshire Sustainable Food Partnership within the Nottinghamshire Health and Wellbeing Board.	Nottinghamshire Sustainable Food Strategy Group Nottinghamshire Health and Wellbeing Board
2.	Develop a Nottinghamshire Sustainable Food Plan which builds on the ambitions of the Nottinghamshire Food Charter and sets out the steps required for Nottinghamshire to become a healthy and sustainable food county.	Nottinghamshire County Council Public Health working with the Nottinghamshire Sustainable Food Strategy Group
3.	Develop and support local food partnerships to address food insecurity and wider related food system issues in priority communities.	Nottinghamshire Sustainable Food Strategy Group
4.	Explore how system partners can work in collaboration with the commercial sector to address the marketing of unhealthy foods and access to healthy foods across the sector, including consideration of: • review of the Healthier Options Takeaway Scheme • a Health in All Policies approach with Local Authority partners including Planning, Housing, Environmental Health, and Trading Standards to embed food security into plans and strategies.	Nottinghamshire Sustainable Food Strategy Group Nottinghamshire Health and Wellbeing Board including District and Borough Councils
	Data and insight	
5.	Explore options for local data collection to increase understanding of food insecurity in Nottinghamshire.	Nottinghamshire County Council Public Health working with the Nottinghamshire Sustainable Food Strategy Group including academic partners.
6.	Map local food assets to improve understanding of provision to better inform the planning of effective interventions and targeting of resources.	

7.	Engage with communities to increase local evidence base on the enablers and barriers to accessing to healthy food.	
	National guidance and evidence based good practice	
8.	Increase uptake of the Healthy Start Scheme, Free School Meals, and the Holiday Activities & Food Programme.	Nottinghamshire County Council, in collaboration with wider system partners.

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Report to the Health and Wellbeing Board

13 March 2024

Agenda Item: 7

REPORT OF THE INTERIM DIRECTOR OF PUBLIC HEALTH

APPROVAL OF JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) PROFILE PACK: FUEL POVERTY

Purpose of the Report

1. To request that the Health and Wellbeing Board approve the Joint Strategic Needs Assessment (JSNA) profile pack on fuel poverty.

Information

Background

2. Health and Wellbeing Boards have a statutory responsibility to produce a Joint Strategic Needs Assessment (JSNA). The JSNA for Nottinghamshire comprises of a range of topic chapters and supporting information and approval for the Fuel Poverty JSNA profile pack is sought from the Board in line with the agreed JSNA work programme, which is developed through the JSNA prioritisation process.

3. In order for people to reach their potential they need all of the right 'building blocks' in place: including stable jobs, good pay, safe and stable housing and good education, however both nationally and locally, many of these 'blocks' are missing for some people.

4. Affordable, warm, and safe housing is a cornerstone of good health, however, many people in the UK are living in homes that do not meet basic health and safety standards, triggering ill health such as respiratory conditions and chronic stress, ultimately cutting lives short. This profile pack explores the role and impact of fuel poverty as one of the building blocks of health, providing recommendations for further action and research.

National Context

5. Fuel poverty relates to households that cannot meet their energy needs at a reasonable cost. In England, the Low-Income Low Energy Efficiency (LILEE) definition for fuel poverty is used, meaning a household is fuel poor if:

   • They are living in a property with a fuel poverty energy efficiency rating of band D or below; and
   • They spend the required amount to heat their home, they are left with a residual income below the official poverty line.

6. While the Low-Income High Cost (LIHC) indicator is used to measure the extent of fuel poverty, the fuel poverty gap is used to measure its depth. The fuel poverty gap is the reduction in fuel costs that would be necessary to lift a household out of fuel poverty. In the UK, the average fuel poverty gap rose by 33% between 2021 and 2022 due to rising energy prices, with the average fuel poverty gap in the East Midlands around £263.

7. Certain households are also more likely to be in fuel poverty, including low-income households, households with dependent children, households home to people living with disabilities, households where the age of the oldest member is between 16 and 24, and minority ethnic households, with single parent households the household most likely to be fuel poor.

8. Fuel poverty is driven by 3 main factors: household income, high or unmanageable energy costs and the energy efficiency of a home.

9. The 'cost of living crisis' in the UK has caused 'real' disposable income to fall. Despite median disposable income increasing by 1.6% to £66,000 for the richest fifth of people, median disposable income for the poorest fifth of the population decreased by 3.8% to £14,500 in 2022. In 2022, around 28% of households in England were found to be low-income households, an increase of 818,000 (13.5%) since 2019.

10. Global energy prices have also risen significantly in recent years, with the price of gas in January 2022 almost four times higher than in early 2021. The typical cost of energy in April 2023 reached about 2.5 times pre-crisis costs. Rises in the cost of energy are down to several factors, including:

    • The increase in global energy demand as COVID-19 lockdowns were lifted.
    • Gas supply disruption following military action in Ukraine.
    • Across Europe, warmer weather during summer 2022 increased the demand of energy for cooling, while also decreasing energy supplies due to drought and the subsequent reduction in the supply of hydropower.

11. Additionally, there are several factors associated with the energy efficiency of housing, including property type, tenure, and its construction date. The median energy efficiency score for households in England was 66 up to March 2021, equivalent to band D, highlighting the poor energy efficiency of a large proportion of households in England.

12. Around 47.2% of all low-income households live in a property with a fuel poverty energy efficiency rating of band D or worse. For the least efficient properties (band F/G), fuel costs are nearly three times as high compared to costs for the most efficient properties (band A-C) in 2022.

13. Cold homes can cause issues such as damp and mould and can have severe impacts on physical and mental health if the household cannot afford the heating costs. According to the English Housing Survey, around 904,000 homes in England had damp problems in 2021 with 11% of these in the private rented sector. An estimated 653,000 households in England also lived with a 'category 1 hazard' of excess cold – i.e. a home with poor energy efficiency that could lead to cold conditions posing a serious risk to health and safety.

14. Homes that are cold due to fuel poverty exacerbate health inequalities with groups who are more vulnerable to health problems associated with cold homes and/or who may have less contact with health service such as people on low income or people over 65. Specifically looking at low-income households, in 2020, around 7% of households on the lowest incomes were estimated to have damp problems at home, compared with around 2% of households on the highest incomes.

15. In 2019, it was estimated the NHS spends at least £2.5 billion per year on treating illnesses that are directly linked to cold, damp, and dangerous homes.

16. The combination of these factors has resulted in increases to national fuel poverty, with National Energy Action's figures showing that the number of households in fuel poverty will increase from 4.5 million UK households from October 2022 to 8.4 million in October 2023.

Local Context

17. Around 13.6% of households in Nottinghamshire are living in fuel poverty. Across Nottinghamshire, Mansfield has the highest percentage of fuel poor households (16.2%), which is higher than both the England and Nottinghamshire average.

18. Areas in Mansfield featured 5 times out of the 10 Middle Layer Super Output Areas (MSOA) with the highest percentage of fuel poor households. The MSOA with the highest percentage is located in Bassetlaw (24.3%).

19. Mansfield also has the highest number of households with a prepayment meter, followed by Ashfield, with households with pre-payment meters installed more likely to be living in fuel poverty. Out of the 10 MSOA with the highest number of households with a prepayment meter, areas in Ashfield featured 4 times, with the area with the highest number located in Mansfield (1113).

20. Energy Performance Certificates (EPCs) tell you how energy efficient a building is and give it a rating from A (very efficient) to G (inefficient). In Nottinghamshire, Broxtowe has the highest proportion of households rated with an EPC of below C (69.1%), with Rushcliffe having the least (58.5%).

21. When looking at the 10 MSOA with the highest number of households with an energy performance certificate rating of D-G, areas in Ashfield featured 4 times, with the area with the highest number of D-G certified households also located in Ashfield (5172). The MSOA with the highest percentage of households with an energy performance certificate rating of D-G was Tuxford, Markham & Rampton (81.7%), located in Bassetlaw.

Unmet Needs and Service Gaps – what we still need to improve

22. There are high and growing levels of fuel poverty across Nottinghamshire and further support is required to address the drivers of fuel poverty, particularly in the areas most in need previously highlighted.

23. The energy efficiency of a household is one of the three main fuel poverty drivers. Local intelligence highlights that many households in Nottinghamshire have a poor energy efficiency.

24. There is a lack of insight into the housing stock conditions of private sector housing in Nottinghamshire. Currently much of this data is either incomplete or out of date.

Recommendations for Consideration

	Recommendation	Lead(s)
	Service Delivery	
1	Target interventions. Ashfield, Mansfield, and Bassetlaw areas are highlighted as having a higher proportion of households experiencing fuel poverty in Nottinghamshire. The highlighted Middle Super Output Areas within each district should be further targeted through national and local interventions and improvements. The energy efficiency of a household is one of the three main fuel poverty drivers. Local intelligence highlights that many households in Nottinghamshire have poor energy efficiency. Interventions should target the areas highlighted.	District and Borough Councils and Nottinghamshire County Council.
	Insight	
2	Housing stock conditions survey. Gathering insight into the housing stock conditions of private sector housing in Nottinghamshire would allow fuel poor households living in non-decent conditions to be identified and further supported through national and local interventions and improvements.	District and Borough Councils and Nottinghamshire County Council.

Other Options Considered

25. A number of options were considered as part of scoping this JSNA profile pack. Based on feedback from partners a focus on fuel poverty was agreed because of the impact of rising energy costs, the knock on effects for housing conditions and how this impacts health.

Reasons for Recommendation

26. Health and Wellbeing Boards have a statutory responsibility to produce a JSNA and approval for the Fuel Poverty JSNA profile pack is sought from the Board in line with the approved JSNA work programme. The recommendations within the pack are based on the current evidence available, reflect local issues and will be used to inform decision making by Health and Wellbeing Board partners.

Statutory and Policy Implications

27. 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

28. There are none arising from this report.

RECOMMENDATION

The Health and Wellbeing Board is asked:

1) To approve the Joint Strategic Needs Assessment (JSNA) profile pack on fuel poverty, provided in **Appendix 1** and for partners to consider their role in reducing fuel poverty.

Vivienne Robbins
Interim Director of Public Health
Nottinghamshire County Council

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Constitutional Comments (SF 20/02/24)

29. The Health and Wellbeing Board is the appropriate body to consider the content of this report.

Financial Comments (DG 19/02/24)

30. 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.

- Nottinghamshire Joint Strategic Needs Assessment - Work Programme 2023-24, report to Nottinghamshire Health and Wellbeing Board September 2023

Electoral Division(s) and Member(s) Affected

- All

NOTTINGHAMSHIRE JOINT STRATEGIC NEEDS ASSESSMENT

Fuel Poverty

Profile Pack

November 2023

Topic Information	
Topic owner	Nottinghamshire County Council
Topic author(s)	Lewis Parker
Topic quality reviewed	November 2023
Topic endorsed by	Nottinghamshire Fuel Poverty JSNA Working Group - November 2023
Topic approved by	Pending approval from Health and Wellbeing Board
Replaces version	N/A
Linked JSNA topics	Health and Homelessness, Child Poverty, Winter Warmth and Excess Winter Deaths, Mental Health (adults and older people), An Assessment of the Impact of Housing on Health and Wellbeing

Background

In order for people to reach their potential they need all of the right 'building blocks' in place: including stable jobs, good pay, safe and stable housing and good education, however both nationally and locally, many of these 'blocks' are missing for some people (5).

Affordable, warm, and safe housing is a cornerstone of good health, however, many people in the UK are living in homes that do not meet basic health and safety standards, triggering ill health such as respiratory conditions and chronic stress, ultimately cutting lives short.

This profile pack explores the role and impact of fuel poverty as one of the building blocks of health providing recommendations for further action and research.

National Context

Fuel poverty relates to households that cannot meet their energy needs at a reasonable cost. In England, the Low-Income Low Energy Efficiency (LILEE) definition for fuel poverty is used, meaning a household is fuel poor if:

• They are living in a property with a fuel poverty energy efficiency rating of band D or below; and

• They spend the required amount to heat their home, they are left with a residual income below the official poverty line.

While the Low-Income High Cost (LIHC) indicator is used to measure the extent of fuel poverty, the fuel poverty gap is used to measure its depth. The fuel poverty gap is the reduction in fuel costs that would be necessary to lift a household out of fuel poverty. In the UK, the average fuel poverty gap rose by 33% between 2021 and 2022 due to rising energy prices, with the average fuel poverty gap in the East Midlands around £263.

Certain households are also more likely to be in fuel poverty, including low-income households, households with dependent children, households home to people living with disabilities, households where the age of the oldest member is between 16 and 24, and minority ethnic households, with single parent households the household most likely to be fuel poor.

Fuel poverty is driven by 3 main factors: household income, high or unmanageable energy costs and the energy efficiency of a home.

2

The 'cost of living crisis' in the UK has caused 'real' disposable income to fall. Despite median disposable income increasing by 1.6% to £66,000 for the richest fifth of people, median disposable income for the poorest fifth of the population decreased by 3.8% to £14,500 in 2022. In 2022, around 28% of households in England were found to be low-income households, an increase of 818,000 (13.5%) since 2019.

Global energy prices have also risen significantly in recent years, with the price of gas in January 2022 almost four times higher than in early 2021. The typical cost of energy in April 2023 reached about 2.5 times pre-crisis costs. Rises in the cost of energy are down to several factors, including:

• The increase in global energy demand as Covid-19 lockdowns were lifted.

• Gas supply disruption following military action in Ukraine.

• Across Europe, warmer weather during summer 2022 increased the demand of energy for cooling, while also decreasing energy supplies due to drought and the subsequent reduction in the supply of hydropower.

Additionally, there are several factors associated with the energy efficiency of housing, including property type, tenure, and its construction date. The median energy efficiency score for households in England was 66 up to March 2021, equivalent to band D, highlighting the poor energy efficiency of a large proportion of households in England.

Around 47.2% of all low-income households live in a property with a fuel poverty energy efficiency rating of band D or worse. For the least efficient properties (band F/G), fuel costs are nearly three times as high compared to costs for the most efficient properties (band A-C) in 2022.

Cold homes can cause issues such as damp and mould and can have severe impacts on physical and mental health if the household cannot afford the heating costs.

According to the English Housing Survey, around 904,000 homes in England had damp problems in 2021 with 11% of these in the private rented sector. An estimated 653,000 households in England also lived with a 'category 1 hazard' of excess cold – i.e., a home with poor energy efficiency that could lead to cold conditions posing a serious risk to health and safety.

Homes that are cold due to fuel poverty exacerbate health inequalities with groups who are more vulnerable to health problems associated with cold homes and/or who may have less contact with health service such as people on low income or people over 65. Specifically looking at low-income households, in 2020, around 7% of households on the lowest incomes were estimated to have damp problems at home, compared with around 2% of households on the highest incomes.

In 2019 it was estimated the NHS spends at least £2.5 billion per year on treating illnesses that are directly linked to cold, damp, and dangerous homes.

The combination of these factors has resulted in increases to national fuel poverty, with National Energy Action's figures showing that the number of households in fuel poverty will increase from 4.5 million UK households from October 2022 to 8.4 million in October 2023.

Local Context

Around 13.6% of households in Nottinghamshire are living in fuel poverty. Across Nottinghamshire, Mansfield has the highest percentage of fuel poor households (16.2%) which is higher than both the England and Nottinghamshire average.

Areas in Mansfield featured 5 times out of the 10 Middle Layer Super Output Areas (MSOA) with the highest percentage of fuel poor households, with the area with the highest percentage located in Bassetlaw (24.3%).

Mansfield also has the highest number of households with a prepayment meter, followed by Ashfield, with households with pre-payment meters installed more likely to be living in fuel poverty.

Out of the 10 MSOA with the highest number of households with a prepayment meter, areas in Ashfield featured 4 times, with the area with the highest number located in Mansfield (1113).

Energy Performance Certificates (EPCs) tell you how energy efficient a building is and give it a rating from A (very efficient) to G (inefficient). In Nottinghamshire, Broxtowe has the highest proportion of households rated with an EPC of below C (69.1%), with Rushcliffe having the least (58.5%).

When looking at the 10 MSOA with the highest number of households with an energy performance certificate rating of D-G, areas in Ashfield featured 4 times, with the area with the highest number of D-G certified households also located in Ashfield (5172). The MSOA with the highest percentage of households with an energy performance certificate rating of D-G was Tuxford, Markham & Rampton (81.7%), located in Bassetlaw.

Unmet Needs and Service Gaps – What we Still Need to Improve

- There are high and growing levels of fuel poverty across Nottinghamshire and further support is required to address the drivers of fuel poverty, particularly in the areas most in need previously highlighted.
- The energy efficiency of a household is one of the three main fuel poverty drivers. Local intelligence highlights that many households in Nottinghamshire have a poor energy efficiency.
- There is a lack of insight into the housing stock conditions of private sector housing in Nottinghamshire. Currently much of this data is either incomplete or out of date.

Recommendations for Consideration

	Recommendation	Lead(s)
	Service Delivery	
1	Target interventions. Ashfield, Mansfield, and Bassetlaw areas are highlighted as having a higher proportion of households experiencing fuel poverty in Nottinghamshire. The highlighted Middle Super Output Areas within each district should be further targeted through national and local interventions and improvements. The energy efficiency of a household is one of the three main fuel poverty drivers. Local intelligence highlights that many households in Nottinghamshire have poor energy efficiency. Interventions should target the areas highlighted.	District and Borough Councils and Nottinghamshire County Council.
	Insight	
2	Housing stock conditions survey. Gathering insight into the housing stock conditions of private sector housing in Nottinghamshire would allow fuel poor households living in non-decent conditions to be identified and further supported through national and local interventions and improvements.	District and Borough Councils and Nottinghamshire County Council.

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This Joint Strategic Needs Assessment seeks to explore the following areas:

- What is the national picture of fuel poverty and what are its causes?
- What effect have increases to the cost of living had on fuel poverty and cold homes?
- What is the impact of fuel poverty, particularly on those from vulnerable groups?
- What does fuel poverty look like in Nottinghamshire?
- What is being done about fuel poverty?
- What further action and research is needed?

Key Facts

- It is estimated that it costs the NHS £1.4bn each year to treat those who are affected by poor housing (1).
- Every £1 spent on improving homes saves the NHS £70 over 10 years (2).
- Every £1 invested in housing delivers £2 of benefit through costs avoided to public services including care, health, and crime costs (3).
- In 2014 it was estimated the NHS spends at least £2.5 billion per year on treating illnesses that are directly linked to living in cold, damp, and dangerous homes (4).
- In 2019, an estimated 653,000 households in England lived with a 'category 1 hazard' of excess cold (29).
- In the UK, the average fuel poverty gap rose by 33% between 2021 and 2022 (10).
- Single parent households are the households most likely to be fuel poor (10).
- The overall average domestic gas and electricity bill increased by 46% between 2021 and 2022 (10).
- 49,049 (13.6%) households in Nottinghamshire are currently living in fuel poverty compared with the England average of 13.2% (30).
- There is a strong positive correlation between fuel poverty and deprivation.

1. Introduction. Safe and Stable Housing, a Building Block of Health

Being 'healthy' is often thought of as eating the right foods and getting enough exercise, however almost every aspect of our lives impacts our health and the number of years we live.

In order for people to reach their potential they need all of the right 'building blocks' in place: stable jobs, good pay, safe and stable housing and good education, however both nationally and locally, many of these 'blocks' are missing for some people (5).

Affordable, warm, and safe housing is a cornerstone of good health, however, many people in the UK are living in homes that do not meet basic health and safety standards, triggering ill health such as respiratory conditions and chronic stress, ultimately cutting lives short.

The Nottinghamshire Plan (2021) and the Nottinghamshire Joint Health and Wellbeing Strategy (2022-2026) both put housing at its heart stating that Nottinghamshire County Council want to ensure that its residents live healthier and happier lives, prosper in their communities, and remain independent in later life.

The following document will explore the role and impact of fuel poverty as one of the building blocks of health providing recommendations for further action and research in this area to support strategic ambitions and provide insight to partners across the Nottinghamshire Integrated Care System.

2. What is Fuel Poverty?

Fuel poverty relates to households that cannot meet their energy needs at a reasonable cost. In England, the Low-Income Low Energy Efficiency (LILEE) definition for fuel poverty is used, meaning a household is fuel poor if:

• They are living in a property with a fuel poverty energy efficiency rating of band D or below, and

• They spend the required amount to heat their home, they are left with a residual income below the official poverty line.

While the Low-Income High Cost (LIHC) indicator is used to measure the extent of fuel poverty, the fuel poverty gap is used to measure its depth. The fuel poverty gap is the reduction in spending that would be necessary to lift a household out of fuel poverty. In the UK, the average

fuel poverty gap rose by 33% between 2021 and 2022 due to rising energy prices (see figure.1), with the average fuel poverty gap in the East Midlands around £263 (see figure.2).

Figure.1 Changes to Fuel prices and the Average Fuel Poverty Gap in England (6)
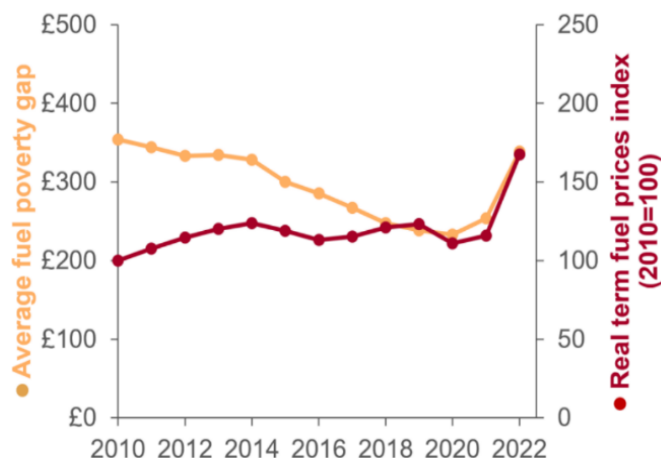
Source: Department for Energy Security and Net Zero. Contains public sector information licensed under the Open Government Licence v3.0.

Figure.2 The Average Fuel Poverty gap in England (2022) (6)
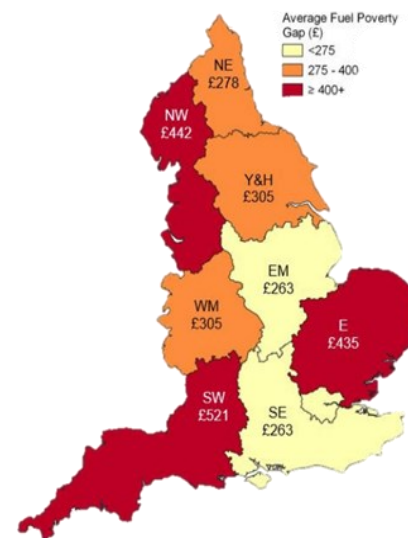
Source: Department for Energy Security and Net Zero. Contains public sector information licensed under the Open Government Licence v3.0.

Fuel poverty is driven by 3 main factors: household income, high or unmanageable energy costs and the energy efficiency of a home (10). Fuel poverty in England had been steadily decreasing since 2010, however in recent years the number of fuel poor households has begun to increase (see figure.3).

3.1. Household Income

The 'cost of living crisis' in the UK has caused 'real' disposable income to fall. Despite median disposable income increasing by 1.6% to £66,000 for the richest fifth of people, median disposable income for the poorest fifth of the population decreased by 3.8% to £14,500 in 2022

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(8). Additionally, it was projected that real household disposable income per person will fall by 3.2% in 2023, after a 3.1% fall in 2022 and that the bottom 10% of the population in terms of income, faced an inflation rate of 10.9% compared to 7.9% for the wealthiest 10% (9). Lastly, in 2022, around 28% of households in England were found to be low-income households (see figure.4), an increase of 818,000 (13.5%) since 2019. This rise in the proportion of low-income households was likely fuelled by the negative impact of Covid-19 on household incomes alongside a period of high energy price inflation (10).

Figure.3 The change in fuel poor households in England (6)

Source: Department for Energy Security and Net Zero. Contains public sector information licensed under the Open Government Licence v3.0.
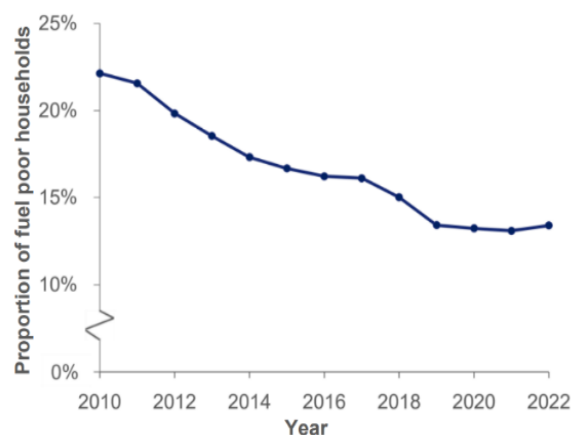
Figure.4 Proportion of households with low incomes in England since 2010 (6)
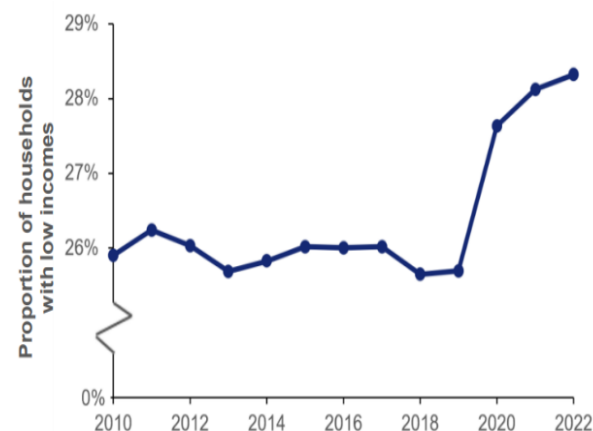
Source: Department for Energy Security and Net Zero. Contains public sector information licensed under the Open Government Licence v3.0.

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3.2. Energy Costs

Global energy prices have risen significantly in recent years, with the price of gas in January 2022 almost four times higher than in early 2021. The typical cost of energy in April 2023 reached about 2.5 times pre-crisis costs (11). Rises in the cost of energy are due to several factors, including:

• The increase in global energy demand as Covid-19 lockdowns were lifted.

• Gas supply disruption following military action in Ukraine.

• Across Europe, warmer weather during summer 2022 increased the demand of energy for cooling, while also decreasing energy supplies due to drought and the subsequent reduction in the supply of hydropower (12).

The UK is particularly vulnerable to rising energy costs due to 85% of households relying on gas boilers to heat homes, 40% of electricity being generated in gas fired power stations, and poorer domestic insulation as compared to other European countries (13). The 54% rise in the energy price cap means a household using a typical amount of gas and electricity will now pay £1,971 per year (see figure.5). The overall average domestic gas and electricity bill increased by 46% between 2021 and 2022 in real terms (14). Lower income households are most likely to be the worst effected as they spend a higher proportion of their income on utility bills and are more likely to be in fuel poverty. Prepayment meters are commonly used by those on lower incomes or who have arrears from previous credit meters, however, the proportion of those using a prepayment meter to pay for their energy bills who are living in fuel poverty is almost three times higher than direct debit customers (15).

Figure.5 The Annual Change in Average Gas and Domestic Energy Bills (10)
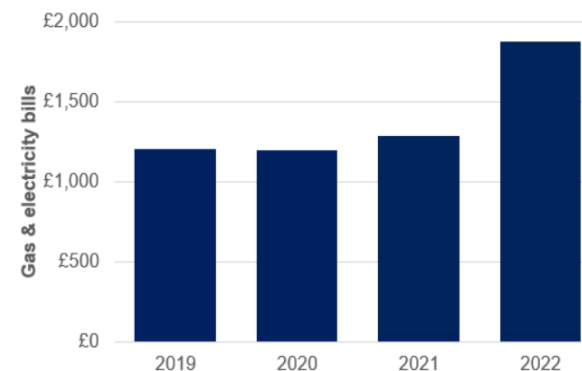
Source: Department for Energy Security and Net Zero. Contains public sector information licensed under the Open Government Licence v3.0.

Figure.6 Fuel Costs Based on the Efficiency of Properties (2022) (10)
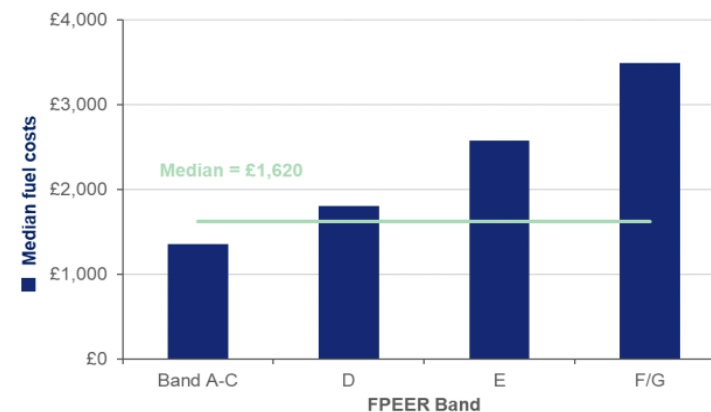
Source: Department for Energy Security and Net Zero. Contains public sector information licensed under the Open Government Licence v3.0.

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3.3. Energy Efficiency

There are several factors associated with the energy efficiency of housing, including property type, tenure, and its construction date. The median energy efficiency score for households in England was 66 up to March 2021, equivalent to band D, highlighting the poor energy efficiency of a large proportion of households in England (16). By 2030, the aim is to upgrade as many fuel poor homes to a minimum of band C, however despite this, there has been no increase in the share of households meeting the 2030 fuel poverty target in 2022, with 47.2 per cent of all low income households living in a property with a fuel poverty energy efficiency rating of band D or worse. For the least efficient properties (band F/G), fuel costs are nearly three times as high compared to costs for the most efficient properties (band A-C) in 2022, highlighting the importance of energy efficiency for reducing the chances of people falling into fuel poverty (see figure 6).

The combination of these factors has resulted in increases to national fuel poverty, with National Energy Action's figures showing that the number of households in fuel poverty will increase from 4.5 million UK households from October 2022 to 8.4 million in October 2023.

Certain households are also more likely to be in fuel poverty, including low-income households, households with dependent children, households home to people living with disabilities, households where the age of the oldest member is between 16 and 24, and minority ethnic households (17), with single parent households the household most likely to be fuel poor (see figures 7 and 8). Figures suggest that since April 2023, the following UK groups are in fuel poverty:

- 1.8 million carers
- 5.9 million low-income and financially vulnerable households
- 3.6 million people with a disability
- 1.6 million households in off-gas homes (18)

Figure.7 Proportion of Households in Fuel Poverty (2022) (10)
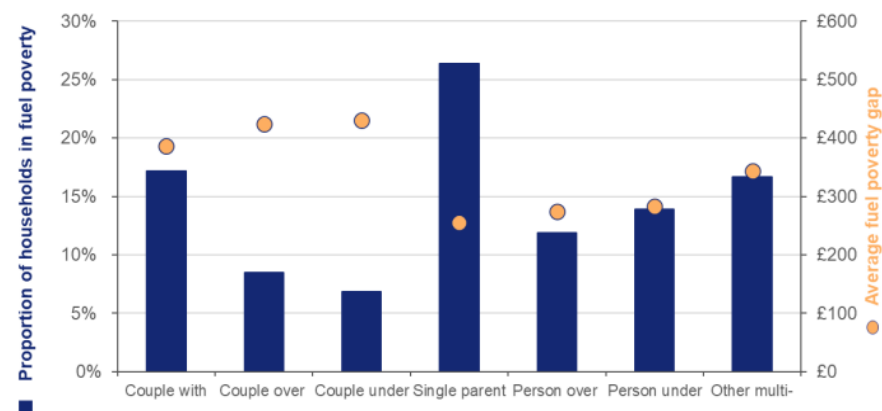
Source: Department for Energy Security and Net Zero. Contains public sector information licensed under the Open Government Licence v3.0.

Figure.8 Proportion of Ethnic Minority Households in Fuel Poverty (2022) (10)
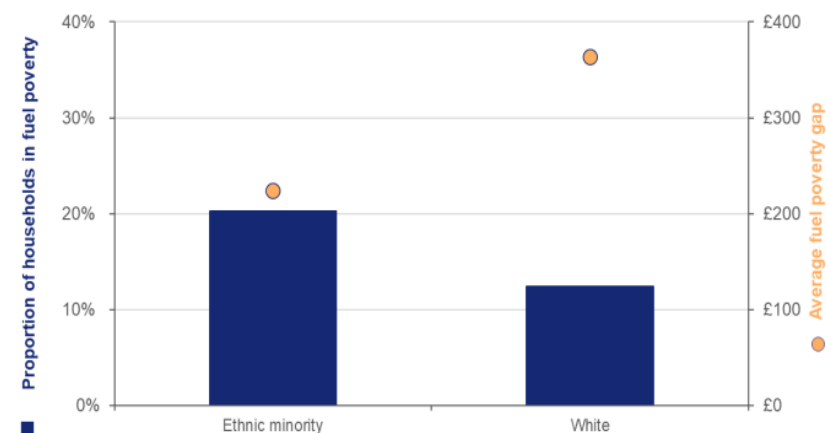
Source: Department for Energy Security and Net Zero. Contains public sector information licensed under the Open Government Licence v3.0.

4. The Impact of Fuel Poverty

Fuel poverty can have a range of serious health impacts. Existing health conditions can be affected by the cold and others can be brought on because of prolonged exposure to the cold as well as causing other negative non-health related consequences. These include:

Figure.9 The Effect of Fuel Poverty on Health Across a Lifecycle (19,20)

Across all life stages

Increased likelihood to experience poor mental health; increase in respiratory conditions and the exacerbation of existing medial conditions including Diabetes; increase in hospital admissions

Children& Young People	Working Age Adults	Older adults
• Risk of suffering from lifelong pulmonary function deficit • Increased risk of allergies and eczema • Insufficient weight gain and developmental status • Negative impact upon a child's access to education and attainment	• Increase in circulatory diseases • Increase in loss of earnings due to poor health	• Increased risk of falls and accidental injuries • Increase in circulatory diseases • Increased risk of developing Dementia

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5. Fuel Poverty and Deprivation

Across Nottinghamshire, there was found to be a strong positive correlation between fuel poverty and deprivation, suggesting households in more deprived areas were also likely to be living in fuel poverty.

Figure.10 The Correlation Between the Proportion of Fuel Poor Households and Areas of Deprivation in Nottinghamshire (21)
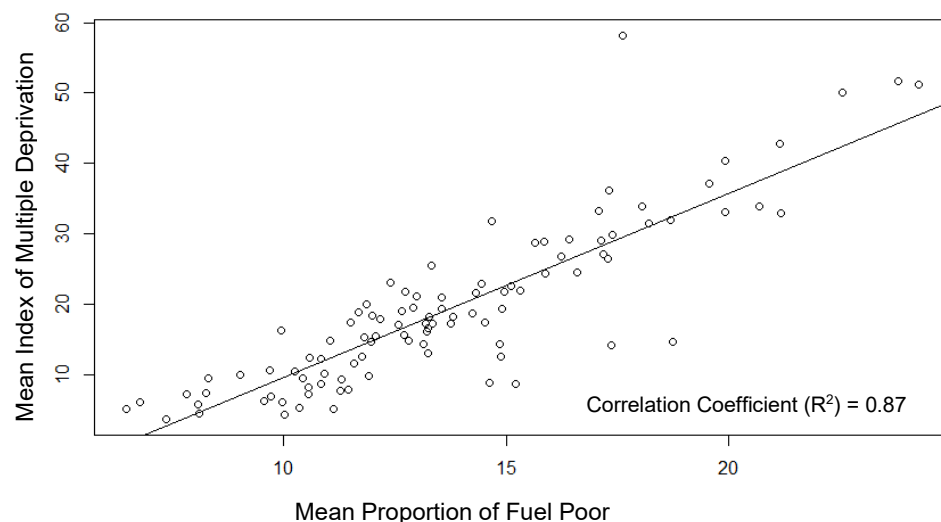
Source: Ministry of Housing, Communities & Local Government. Contains public sector information licensed under the Open Government Licence v3.0.

6. Opinions and Lifestyle Survey June 2023 (22)

As of June 2023, the UK public were asked what actions they were taking because of the rising cost of living.

The most common actions taken for those seeing a rise in the cost of living are (22):

13

- Spending less on non-essentials (65%)
- Using less fuel such as gas or electricity in my home (56%)
- Shopping around more (47%)
- Spending less on food shopping and essentials (42%)
- Cutting back on non-essential journeys in my vehicle (33%)
- Using my savings (32%)

Most common impacts observed from cost-of-living crisis:

- The price of my food shop has increased (97%)
- My gas or electricity bills have increased (64%)
- The price of my fuel has increased (39%)

Source: Office for National Statistics. Contains public sector information licensed under the Open Government Licence v3.0.

7. Cost of Living Crisis - Citizens Advice Dashboard (23)

- In 2023, Citizens Advice have already helped as many people who couldn't top up their prepayment meters than in the whole of 2019, 2020 and 2021 combined.
- As of May 2023, more people have needed crisis support than at this point of the year in any other year on record, 20% higher than May 2022.
- By the end of May 2023 130,000 people have been supported with energy issues, 34% higher than the same point in 2022 and higher than at this point in any year on record.
- The number of people given crisis support (food bank referrals and emergency charitable support) more than tripled between March 2020 and March 2023.
- Certain groups of people receiving support are struggling more during the crisis. In March 2023, a record number of disabled people with cost-of-living issues were supported.
- 60.5% of people unable to top up their prepayment meter are either disabled or living with a long-term health condition.
- More than 60% of the people given crisis support are disabled or have a long-term health condition.
- The number of people needing help with crisis support who are employed has nearly tripled since 2020.
- So far in 2023, more people with energy debts have received support than at this point in any other year.

- The average energy debt increases for disabled people (15%↑), and people with long-term health conditions (30%↑), increased more than it did for those with no disabilities or long-term health conditions (12%↑).
- Over the last 4 years, the average annual income needed to avoid a negative budget has risen by 127% (£8926). At the same time, the minimum wage and the average incomes of debt clients have only increased by 21% (£3044).

Source: Citizens Advice

8. Cold Homes

Cold homes can have severe impacts on physical and mental health if the household cannot afford the heating costs (24). Condensation and damp in homes for example can lead to mould growth, and inhaling mould spores can cause allergic type reactions, the development or worsening of asthma, respiratory infections, coughs, wheezing and shortness of breath. Cold homes have also been found to exacerbate mental health conditions with depression and anxiety more common among people living in cold and damp conditions. In young people, 28% living in cold homes reported four or more negative mental health symptoms, compared with only 4% of young people who had always lived in warm homes (25). Countries which have more energy efficient housing have lower excess winter deaths (EWD) and it is estimated that EWD in the coldest 25% of housing are almost 3 times as high as in the warmest 25%, with 21.5% of all EDWs attributable to the coldest quarter of housing (26). The Fuel Poverty Index for example has been found to be a predictor of hospital admittance, indicating that a relationship exists between the energy efficiency of the home and winter respiratory symptoms among older people. England's EWD index is higher than the Northern European average.

According to the English Housing Survey, around 904,000 homes in England had damp problems in 2021 with 11% of these in the private rented sector. An estimated 653,000 households in England also lived with a 'category 1 hazard' of excess cold – i.e. a home with poor energy efficiency that could lead to cold conditions posing a serious risk to health and safety (29).

One of the main reasons a person may live in low indoor temperatures during winter is due to their inability to heat their home affordably. Other reasons include a lack of awareness of the effect of cold on health, as well as situational, attitudinal, or behavioural factors including personal values such as stoicism or thrift (27). Homes that are cold due to fuel poverty exacerbate health inequalities for groups who are more vulnerable to health problems associated with cold homes and/or who may have less contact with health services include. The 2019 Public Health England report on data sources to support local services tackling health risks of cold homes highlights the following group who are more vulnerable (27):

- people with cardiovascular conditions
- people with respiratory conditions (in particular, chronic obstructive pulmonary disease (COPD) and childhood asthma)
- people with mental health conditions
- people with disabilities
- older people (65 and older)
- young children (under 5)
- pregnant women
- people on a low income
- people who have attended hospital due to a fall
- people who move in and out of homelessness
- people with addictions
- recent immigrants and asylum seekers

Specifically looking at low-income households, in 2020, around 7% of households on the lowest incomes were estimated to have damp problems at home, compared with around 2% of households on the highest incomes (29).

In 2019 it was estimated the NHS spends at least £2.5 billion per year on treating illnesses that are directly linked to cold, damp, and dangerous homes (4).

9. Local Intelligence – Fuel Poverty

Table.1 The percentage of fuel poor households in each locality (30)

Area	Percentage of Fuel Poor Households (%)
Ashfield	15.5
Bassetlaw	15.0
Broxtowe	13.1
Gedling	12.0
Mansfield	16.2
Newark and Sherwood	13.8
Rushcliffe	10.3
Nottinghamshire	13.6
England	13.2

Source: Department for Business, Energy & Industrial Strategy. Contains public sector information licensed under the Open Government Licence v3.0.

Table.2 Nottinghamshire Middle Layer Super Output Areas (MSOA) with the highest percentage of fuel poor households (30)

Area	Middle Layer Super Output Areas	Percentage of Fuel Poor Households (%)
Bassetlaw	Worksop Cheapside	24.3
Ashfield	Sutton Central & Leamington	23.8
Mansfield	Newgate & Carr Bank	22.5
Mansfield	Church Warsop & Meden Vale	21.2
Ashfield	Kirkby Central	21.2
Mansfield	Woodhouse	20.7
Mansfield	Abbott Road & Pleasley Hill	19.9
Mansfield	Mansfield Town Centre & Broomhill	19.9
Broxtowe	Eastwood Town	19.6
Broxtowe	Beeston Town	18.7

Source: Department for Business, Energy & Industrial Strategy. Contains public sector information licensed under the Open Government Licence v3.0.

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Table 1 shows the percentage of fuel poor households in each locality (30). Overall, Mansfield is the district which has the highest percentage of fuel poor households in Nottinghamshire, higher than both the England and Nottinghamshire average, with Rushcliffe containing the least.

Table 2 shows that areas in Mansfield featured 5 times out of the 10 MSOA with the highest percentage of fuel poor households, with the area with the highest percentage located in Bassetlaw. The MSOA with the lowest percentage of fuel poor households was Gamston & Holme Pierrepoint (6.5%) located in Rushcliffe (30).

Figure 11 % of fuel poor households (30)

% of fuel poverty households

- 6.5 - 9
- 9 - 12.2
- 12.2 - 15.3
- 15.3 - 18.7
- 18.7 - 24.3

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Produced by Nottinghamshire County Public Health Analysts (JS 20230926)

0   10   20 km

9.2. Prepayment Meters

As previously referenced, households with pre-payment meters installed are more likely to be living in fuel poverty.

Table 3, below, shows that in Nottinghamshire, Mansfield has the highest number of households with a prepayment meter, followed by Ashfield, with Rushcliffe containing the least amount.

Table.3 The number of households with a prepayment meter in each population (31)

Area	Number of Households with a Prepayment Meter
Ashfield	5873
Bassetlaw	5266
Broxtowe	2946
Gedling	3675
Mansfield	6280
Newark and Sherwood	4705
Rushcliffe	1556

Source: Department for Business, Energy & Industrial Strategy. Contains public sector information licensed under the Open Government Licence v3.0.
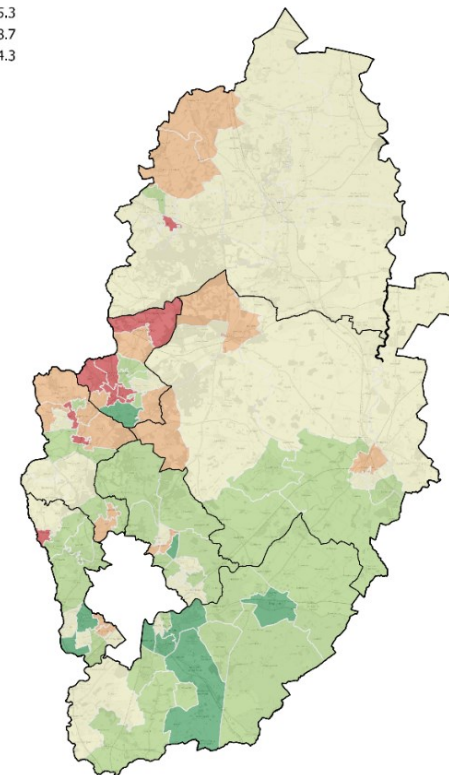
Figure 12 No. of dwellings with prepayment meters (31)

- 0 - 100
- 100 - 300
- 300 - 400
- 400 - 700
- 700 - 1100

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0   10   20 km

19
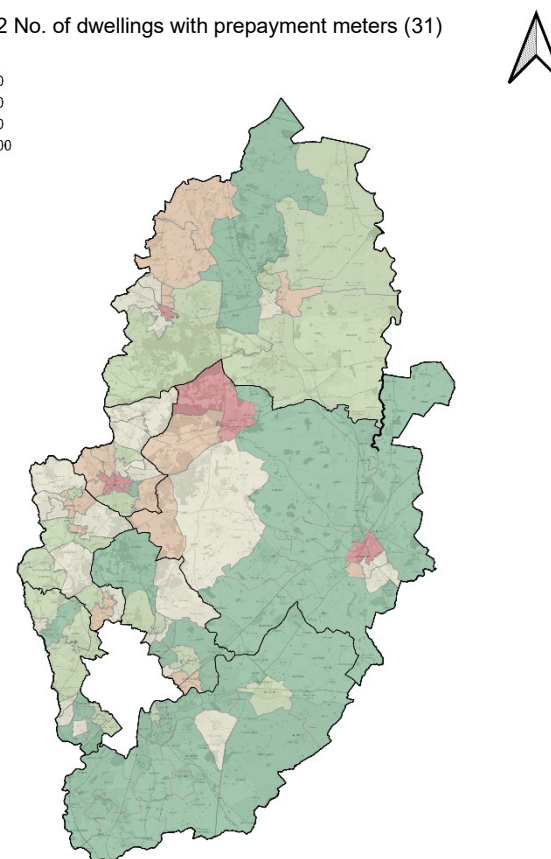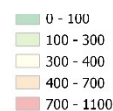
Table.4 Nottinghamshire Middle Layer Super Output Areas (MSOA) with the highest number of households with a prepayment meter (31)

District/Borough	MSOA	Number of Households with a Prepayment Meter
Mansfield	Mansfield Town Centre & Broomhill	1113
Mansfield	Newgate & Carr Bank	949
Newark & Sherwood	Newark North	928
Bassetlaw	Worksop Cheapside	828
Newark & Sherwood	Ollerton & Boughton	766
Ashfield	Sutton Forest Side & New Cross	659
Mansfield	Oak Tree & Ransom Wood	603
Ashfield	Sutton Central & Leamington	600
Ashfield	Grange Farm & Ladybrook	596
Ashfield	Hucknall Town	562

Table 4, above, demonstrates that out of the 10 MSOA with the highest number of households with a prepayment meter, areas in Ashfield featured 4 times, with the area with the highest number located in Mansfield. The MSOA with the lowest number of households with a prepayment meter was Keyworth North, Tollerton & Willoughby (8) located in Rushcliffe (31).

9.3. Energy Performance Certificate Rating

Energy Performance Certificates (EPCs) tell you how energy efficient a building is and give it a rating from A (very efficient) to G (inefficient). Table 5, below, demonstrates that in Nottinghamshire, Broxtowe has the highest proportion of households rated with an EPC of below C, with Rushcliffe having the least.

Table.5 The percentage of households with an energy performance certificate rating of D-G in each population (32)

Area	D-G Certified Households	Percentage of D-G Certified Households (%)
Ashfield	51,904	59.7
Bassetlaw	33,363	61.5
Broxtowe	28,146	69.1
Gedling	32,122	62.8
Mansfield	26,189	59.6
Newark and Sherwood	31,046	59.3
Rushcliffe	27,510	58.5

Source: Department for Levelling Up, Housing and Communities and Ministry of Housing, Communities & Local Government. Contains public sector information licensed under the Open Government Licence v3.0.

Figure 13 No. of households in D-G EPC rating (32)

0 - 20
20 - 1950
1950 - 2720
2720 - 3900
3900 - 5170

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Produced by Nottinghamshire County Public Health Analysts (JS 20230927)

0   10   20 km

21
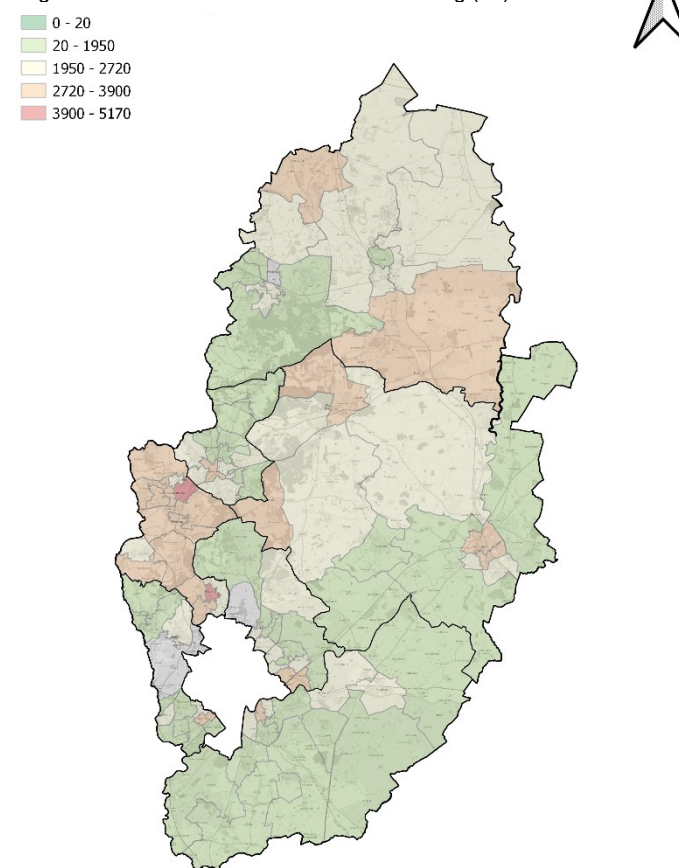
Table.6 Nottinghamshire MSOA with the highest number of households with an energy performance certificate rating of D-G (32)

District/Borough	MSOA	D-G Certified Households	Percentage of D-G Certified Households (%)
Ashfield	Sutton Forest Side & New Cross	5172	62.8
Ashfield	Hucknall Town	5078	64.2
Newark and Sherwood	Newark North	3901	61
Mansfield	Mansfield Town Centre & Broomhill	3746	66.7
Ashfield	Sutton St Mary's & Ashfields	3723	61.8
Ashfield	Sutton Central & Leamington	3632	53.3
Rushcliffe	West Bridgford	3554	70
Gedling	Carlton	3444	67.6
Gedling	Netherfield & Colwick	3435	70.4
Bassetlaw	Tuxford, Markham & Rampton	3289	81.7

Source: Department for Levelling Up, Housing and Communities and Ministry of Housing, Communities & Local Government.
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When looking at the 10 MSOA with the highest number of households with an energy performance certificate rating of D-G, as shown in table 6, above, areas in Ashfield featured 4 times, with the area with the highest number of D-G certified households also located in Ashfield. The MSOA with the highest percentage of households with an energy performance certificate rating of D-G was in Bassetlaw (32).

10. National Policy

With safe and stable housing an important building block of health, national plans for improved health and wellbeing must give thought to the home environment and housing circumstances. This has seen the government introduce a range of policies designed to keep people warm and safe in their home including:

Housing Health and Safety Rating System (2004) - A risk assessment tool used by local authorities to assess hazards in residential properties, including excess cold. If a hazard is identified at the most serious 'Category 1' level, then the local authority has a duty to take enforcement action under the Housing Act 2004. A review in 2018 published that it would be made simpler and quicker for local authorities to assess health and safety standards in rented homes, helping to improve conditions for tenants and better tackle rogue landlords.

The Clean Growth Strategy (2017) – A strategy requiring as many homes as possible to meet EPC C by 2035.

Minimum Energy Efficiency Standards (2018) – Standards requiring private landlords who let out F or G rated properties to improve their properties to a minimum energy performance rating of Energy Performance Certificate (EPC) Band E. Currently in consultation, the government are updating these standards proposing to raise the minimum energy performance standard to EPC Band C by 2030.

Future Homes Standard (2019) - From 2025, the Future Homes Standard will ensure that new homes produce at least 75% lower CO2 emissions compared to those built to current standards.

Housing Ombudsman's reports: Spotlight on Damp and Mould: It's not Lifestyle (2021) – The requirement of landlords to have a strong strategy in place to identify and eliminate damp and mould in properties, one which avoids apportioning blame.

Social Housing (Regulation) Bill (2022) - Making safety, transparency and energy efficiency an objective of the Regulator of Social Housing.

Renters Reform Bill (2022) - The Renters (Reform) Bill will abolish section 21 'no fault' evictions and deliver a simpler, more secure tenancy structure. This will provide tenants with greater security, supporting them to put down roots in their community, whilst ensuring landlords remain confident that they can regain their property where they need to. Renters will also feel empowered to challenge the small minority of landlords who provide poor quality housing without the worry of a 'no fault' eviction.

Decent Homes Standard Review (2022) - A legally binding Decent Homes Standard to the private rented sector requiring landlords to ensure housing conditions are free from the most serious health and safety hazards, such as fall risks, fire risks, or carbon monoxide poisoning, ensuring rented homes don't fall into disrepair, and that problems are addressed before they deteriorate.

Awaabs Law (2023) – Enforcement for social landlords to fix damp and mould within strict time limits, in a new amendment to the Social Housing Regulation Bill.

12. Government Support

According to the Office for National Statistics, 95% of adults in Great Britain reported an increase in their cost of living in May 2023, shining the spotlight on the area of health and housing, specifically energy prices and fuel poverty. This has led to a variety of national responses including government support with energy bills such as the Energy Price Guarantee. Further government support with energy bills includes:

- Warm Home Discount Scheme: Low income and vulnerable households received a £140 rebate off electricity bills in 2021/22 which was increased to £150 in 2022/23 and offered to an increased number of eligible households.
- Energy Bills Rebate: A one-off repayable discount to energy bills for all households in 2022 and an additional council tax rebate to all Council taxpayers in England in bands A to D. All domestic electricity customers received £200 off their energy bills from October 2022, with 80 per cent of households receiving a £150 Council Tax rebate from April 2022.
- The Winter Fuel Payment – In addition to the Winter Fuel Payment to pensioners, during winter 2022/23 pensioners received a one-off £300 cost of living payment.
- Disability Cost of Living Payment – Those in receipt of certain disability benefits, such as Personal Independence Payments, received an additional £150 during 2023.
- Low-income benefits and tax credits Cost of Living Payment – Those in receipt of certain benefits or tax credits may be entitled to up to 3 Cost of Living Payments of £301, £300, and £299 across 2023/24.

The government is also investing £12 billion in Help to Heat schemes to make sure homes are warmer and cheaper to heat. This includes the:

- Boiler Upgrade Scheme - Providing grants to property owners to install low carbon heating systems such as heat pumps.
- Social Housing Decarbonisation Fund – Funding to upgrade social housing stock currently below EPC rating D up to that standard.
- Energy Company Obligation (ECO) - Energy suppliers to help households in receipt of certain benefits or if living in social housing to reduce the costs of their home heating by fitting energy-saving measures.

The Sustainable Warmth Competition also awards funding to local authorities to help them upgrade energy inefficient homes of low-income households in England. This includes:

- Local Authority Delivery Phase 3 (LAD3) scheme for low-income homes heated by mains gas.
- Home Upgrade Grant Phase 1 (HUG1) and Home Upgrade Grant Phase 2 (HUG2) scheme for low-income households off the gas grid.

13. Nottinghamshire County Council Safe and Stable Housing

In May 2022, the Nottinghamshire County Council Cabinet approved investment from the Public Health Grant in alignment with a range of Public Health priorities including developing Healthy and Sustainable Places, one of the ambitions within the Joint Health and Wellbeing Strategy 2022-2026, developing places where residents can grow live and work in places that promote good health. This investment included funding for projects related to safe and stable housing, specifically to fund the Nottinghamshire Energy Partnership Healthy Housing Service until 2026.

The Nottinghamshire Plan 2021-2031 includes a focus on housing and health, striving to help people to live healthier and more independent lives, supporting communities and families and keeping them safe.

Nottinghamshire County Council have prepared a draft Housing Strategy 2023-2028, setting out a commitment to support housing and independent living across the County.

14. Local Interventions

There are also a variety of local interventions designed to support people to live in safe and stable housing, these include (but are not limited to):

- Nottinghamshire Healthy Housing Service - Practical home energy improvements to people over 60 and families with young children, at risk from cold-related illness.
- Let's Optimise your Heating Service - Practical advice to low-income households and clinically at-risk groups to upgrade the energy efficiency of their boilers and reduce heating bill costs.
- The Fuel Poverty Project provided by Mid Notts Integrated Care Partnership - Targeting patients at risk of cold related harm and who are likely to be eligible for free or subsidised domestic retrofit measures including home insulation, low carbon heating and renewable energy to cut energy demand and household energy bills.

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- [Age UK Nottingham and Nottinghamshire Safe and Sound Team](#) - Helping adults across Nottinghamshire to stay safe, warm and independent in their own homes. Support includes help with heating problems, boiler replacements, and repairs alongside delivering their Warm Homes programme that targets the most vulnerable and fuel poor older people, providing home energy checks and warmth advice.
- [The Citizens Advice Bureau Local Authority Toolkit](#) - Guidance for local authorities and health and third sector partners to work together to reduce fuel poverty in their localities to support fuel poor and vulnerable households.
- [Nottinghamshire County Council Winter Health Booklet](#) – A document offering guidance to Nottinghamshire residents promoting staying well & healthy during the winter.
- [Nottinghamshire County Council Advice on Keeping Warm](#) - Extra support to keep warm during winter through energy saving measures and advice on the financial support available.

15. Household Heating Tips and Improvements

The government support and local interventions previously mentioned contribute to in part and/or fund many of the below adaptation's helping to keep people warm in their home:

- Insulation:
  - Walls – cavity wall fill, interior or exterior insulation for solid walls (i.e. where no cavity is present).
  - Roof – insulate the loft with rolls of rock wool or similar.
  - Underfloor insulation on the ground floor.
  - Lag hot water tank and hot water pipes and radiators.
- Upgrade single glazed windows and doors to double glazed.
- Draught proofing - e.g., chimney baffles, floorboards, loft hatches, sealing gaps around windows, doors & skirting boards.
- Service heating systems annually.
- Replace an old inefficient boiler with a new efficient system, preferably an air source heat pump.
- Bleed radiators.
- Heating & boiler controls – e.g., programmers, room thermostats, thermostatic radiator valves.

Government grants and support can be dependent on personal circumstance, for example, household income or disability status, however services such as the [Nottinghamshire Energy Partnership](#) can support with signposting individuals to any support which they may be eligible for.

16. Recommendations for Consideration

	Recommendation	Lead(s)
	Service Delivery	
1	Target interventions. Ashfield, Mansfield, and Bassetlaw areas are highlighted as having a higher proportion of households experiencing fuel poverty in Nottinghamshire. The highlighted Middle Super Output Areas within each district should be further targeted through national and local interventions and improvements. The energy efficiency of a household is one of the three main fuel poverty drivers. Local intelligence highlights that many households in Nottinghamshire have poor energy efficiency. Interventions should target the areas highlighted.	District and Borough Councils and Nottinghamshire County Council.
	Insight	
2	Housing stock conditions survey. Gathering insight into the housing stock conditions of private sector housing in Nottinghamshire would allow fuel poor households living in non-decent conditions to be identified and further supported through national and local interventions and improvements.	District and Borough Councils and Nottinghamshire County Council.

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Nottinghamshire County Council	**Report to Health and Wellbeing Board**
	13 March 2023
	Agenda Item: 8

REPORT OF THE CORPORATE DIRECTOR FOR ADULT SOCIAL CARE AND HEALTH

THE BETTER CARE FUND (BCF) QUARTER 3 NATIONAL RETURN

Purpose of the Report

1. To ratify the Nottinghamshire Better Care Fund (BCF) quarterly reporting template for October – December 2023 (quarter 3), which was submitted to NHS England (NHSE) on 09 February 2024.

Information

2. The Better Care Fund (BCF) was established in 2015 to pool budgets between the NHS and local authorities, aiming to reduce the barriers often created by separate funding streams. Through pooling budgets the BCF supports the commissioning of person-centred health and social care services which achieve improved patient and service user experiences and outcomes. The pooled budget is a combination of contributions from the following areas:

    a) Minimum allocation from integrated care systems (ICSs)

    b) Disabled facilities grant – local authority grant

    c) Social care funding (improved BCF) – local authority grant

    d) Winter pressures grant funding – local authority grant

3. Systems are required to submit annual BCF plans to NHSE in line with national deadlines, and the Better Care Fund Plan for Nottinghamshire was approved by the Health and Wellbeing Board on 13 September 2023. The annual plans require systems to demonstrate how they will use the BCF to meet the national objectives which are:

    a) Enable people to stay well, safe, and independent at home for longer

    b) Provide the right care in the right place at the right time.

4. The **BCF National Reporting Template Quarter 3** asks systems to update on performance against the national performance metrics (**Appendix 1, tab 4**). The 2023-25 national performance metrics are:

   a. **Avoidable admissions:** Indirectly standardized rate of admissions per 100,000 population. An example of how the BCF locally is supporting this metric is the Urgent Community Response Service, which is provided by Nottinghamshire Healthcare Trust. The service accepts urgent referrals from any health or social care professional for citizens that need a same day response, assessing within two hours if required to avoid an unnecessary hospital or home care admission. An initial assessment is undertaken and they can then provide urgent equipment, short term care, signposting and onward referrals as required to prevent admission.

   b. **Falls:** Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000. A collaborative workshop is being planned around Long Term Conditions, which will consider system-wide approaches to frailty and joined up prevention of falls. This includes reviewing the opportunity for better use of technology enabled care and early identification of clinical conditions linked to falls e.g. UTIs.

   c. **Discharge to usual place of residence:** Percentage of people, resident in the Health and Wellbeing Board area, who are discharged from acute hospital to their normal place of residence. Transfer of Care Hubs are in place at all hospital trusts to manage a multi-disciplinary team approach to support patients who are medically safe for discharge to be able to return home with a package of care in place. Additional 'P1' reablement home care provision has been secured via the BCF Additional Discharge Fund.

   d. **Residential admissions:** Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population. The number of people currently residing in long term residential care is reducing as more people are being supported to remain at home for longer. Across Nottinghamshire this is through an increased capacity within the homecare market.

   e. **Reablement:** Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services. This figure is increasing due to a greater focus on reablement across all service provision and increased capacity within the homecare market.

5. The template requires systems to identify where metrics are on/off track, highlight any achievements and identify any support needs. Two of the metrics are off track.

6. The **discharge to usual place of residence** metric is currently trending as slightly off-track to meet the locally set target. The template highlights that some delays for discharge to usual place of residence were due to lack of capacity in 'P1' reablement providers to support non-weight bearing patients. Overall, discharges to home are trending in line with demand and capacity plans. A multi-agency pre-Christmas event supported system partners in readiness for pressures over the holiday period.

7. The **residential admissions** metric continues to trend as off-track to meet the locally set target. Target for the year to quarter 3 is 399.5 per 100,000 and performance is at 403.8 per 100,000. In numbers this is 747 new admissions against a target of 739. Whilst admissions

are still above the monthly target, the total number of people overall in residential care is starting to reduce.

8. A South Notts Place Based Partnership Board development session included a deep dive into residents' stories of admission to residential care, taking a whole pathway and multi-agency reflective approach to review any opportunities for learning, early intervention and support to prevent or delay the need for admission.

9. The quarter 3 return required updated outputs and expenditure to be reported. No issues have been raised against plan and expenditure is reported as on track against plan.

Conclusion

10. The quarterly reporting template was agreed for submission to NHSE by the BCF Planning and Oversight Group and submitted to NSHE subject to Nottinghamshire Health and Wellbeing Board approval.

11. Subsequently, the Nottinghamshire Health and Wellbeing Board are asked to ratify the Nottinghamshire BCF quarter 3 reporting template. The template is shown in full at **Appendix 1.** Prior to submission to NHSE the template was shared with the Chair of the Nottinghamshire Health and Wellbeing Board, Corporate Director of Adult Social Care and Health (Nottinghamshire County Council) and Programme Director for System Development (Nottingham and Nottinghamshire Integrated Care Board).

Other options considered

12. There is an option to not consult the Health and Wellbeing Board on the BCF quarterly reporting template. This option was discounted as the BCF is one of the Board's statutory responsibilities.

Reason for Recommendation

13. To ensure the Nottinghamshire Health and Wellbeing Board has oversight of the BCF and can discharge its national obligations.

Statutory and Policy Implications

14. 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

15. The 2023 - 2025 BCF pooled budget has been agreed as £115,432,831 in year 1 (2023/24) and £119,310,655 in year 2 (2024/25) after inflation.

Human Resources Implications

16. There are no human resources implications contained within the contents of this report.

Legal Implications

17. The Care Act facilitates the establishment of the BCF by providing a mechanism to make the sharing of NHS funding with local authorities mandatory. The wider powers to use Health Act flexibilities to pool funds, share information and staff are unaffected.

RECOMMENDATION

The Health and Wellbeing Board is asked:

1) To ratify the Nottinghamshire Better Care Fund (BCF) quarter 3 reporting template, which was submitted to NHS England (NHSE) on 09 February 2024.

Melanie Williams
Corporate Director, Adult Social Care & Health
Nottinghamshire County Council

For any enquiries about this report please contact:

Katy Dunne
Senior Joint Commissioning Manager
Nottingham and Nottinghamshire Integrated Care Board
E: katy.dunne@nhs.net

Constitutional Comments (CD 21/02/24)

18. The report and recommendation proposed falls within the remit of the Health and Wellbeing Board Terms of Reference set out in the Constitution.

Financial Comments (OC 20/02/24)

19. The Financial implications are detailed throughout this report and are summarised within paragraph 15.

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

HM Government   NHS England

Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template
2. Cover

Version 2.0

Please Note:

 - _The BCF quarterly reports are categorised as 'Management Information' and data from them will published in an aggregated form on the NHSE website. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests._

 - _At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the Better Care Exchange) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information._
 - _All information will be supplied to BCF partners to inform policy development._
 - _This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached._

			Checklist
			Complete:
Health and Wellbeing Board:	Nottinghamshire		Yes
Completed by:	Katy Dunne		Yes
E-mail:	katy.dunne@nhs.net		Yes
Contact number:	via e-mail		Yes
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No		Yes
If no, please indicate when the report is expected to be signed off:	Wed 13/03/2024	<< Please enter using the format, DD/MM/YYYY	Yes

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. This does not apply to the ASC Discharge Fund tab.

Complete	
	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	Yes
5. Spend and activity	Yes

<< Link to the Guidance sheet

^^ Link back to top

Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template
3. National Conditions

Selected Health and Wellbeing Board:	Nottinghamshire

			Checklist
			Complete:
Has the section 75 agreement for your BCF plan been finalised and signed off?	Yes		Yes
If it has not been signed off, please provide the date the section 75 agreement is expected to be signed off			Yes

Confirmation of National Conditions			
National Conditions	**Confirmation**	**If the answer is "No" please provide an explanation as to why the condition was not met in the quarter:**	
1) Jointly agreed plan	Yes		Yes
2) Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	Yes		Yes
3) Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	Yes		Yes
4) Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	Yes		Yes

4. Metrics

Selected Health and Wellbeing Board: | Nottinghamshire

National data may be unavailable at the time of reporting. As such, please use data that may only be available system-wide and other local intelligence.

Challenges and Support Needs — Please describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans

Achievements — Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

Checklist
Complete:

Metric	Definition	For information - Your planned performance as reported in 2023-24 planning				For information - actual performance for Q1	For information - actual performance for Q2	Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs in Q3	Q3 Achievements - including where BCF funding is supporting improvements.	
		Q1	Q2	Q3	Q4						
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	201.3	181.7	194.7	192.6	194.9	196.3	On track to meet target	Further work planned to expand upon direct referrals into UCR from Care Homes and TEC Providers.	2 hour Urgent Community response in place which is supporting admission avoidance	Yes
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	92.0%	92.5%	93.0%	94.0%	92.1%	92.1%	Not on track to meet target	Pathway 2 one version of the truth dataset in development - P2 includes patients whose normal place of residence is a commissioned care home. Currently long length of stay in P1 for one	NHSE ACTIF short term funding moblised from 18th December to support P1 discharges for those people who can go home with short term health conditions. Going home for Christmas Multi-Agency	Yes
Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.			1,887.0		455.9	435.0	On track to meet target	Further work planned to expand upon referrals from TEC providers into urgent care services for falls where clinically appropriate.	Urgent Community response in place for both level one and two falls.	Yes
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)				532	2022-23 ASCOF outcome: 596.9		Not on track to meet target	Target for the year to Q3 is 399.5 and performance is at 403.8. In numbers this is 747 new admissions against a target of 739. A slight increase was seen during winter	Overall numbers of admissions are decreasing but not at a level that will reach the locally set target at year end.	Yes
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services				85.0%	2022-23 ASCOF outcome: 85.4%		On track to meet target	Activity and performance are positive.	Performance at Q3 is 87%. 640 people remained at home out of 736 provided with reablement on discharge from hospital. Over the year the number of people supported has increased.	Yes

6. Spend and activity

Selected Health and Wellbeing Board: | Nottinghamshire

Checklist | | | | Yes | | Yes | | Yes | | Yes

Scheme ID	Scheme Name	Scheme Type	Sub Types	Source of Funding	Planned Expenditure	Actual Expenditure to date	Planned outputs	Outputs delivered to date (estimate if unsure) (Number or NA)	Unit of Measure	Have there been any implementation issues?	If yes, please briefly describe the issue(s) and any actions that have been/are being implemented as a result.
2	Community Beds (was ID 2 'Delayed transfers of Care'	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with rehabilitation	Minimum NHS Contribution	£7,815,816	£5,861,862	1,008	756	Number of placements	No	Estimated figures based on LoS of 1 month
12	Carers Short Breaks (was sheme ID 4 Carers	Carers Services	Respite services	Minimum NHS Contribution	£352,808	£212,098	403	442	Beneficiaries	No	Spend estimated based on average monthly position against paid invoices (to month 7)
21	O. Support for carers	Carers Services	Carer advice and support related to Care Act duties	Minimum NHS Contribution	£1,655,075	£920,153	5,855	6178	Beneficiaries	No	
23	P. Protecting social care	Residential Placements	Nursing home	Minimum NHS Contribution	£2,762,810	£2,209,300	80	48	Number of beds/placements	No	
24	P. Protecting social care	Residential Placements	Supported housing	Minimum NHS Contribution	£3,414,268	£2,734,008	160	65	Number of beds/placements	No	
27	Q. Disabled Facilities Grant	DFG Related Schemes	Other	DFG	£7,886,632	£4,949,348	520	307	Number of adaptations funded/people supported	No	
34	P1 Discharge Programme	Home-based intermediate care services	Reablement at home (to support discharge)	ICB Discharge Funding	£3,518,050	£2,644,170	10,400	6040	Packages	Yes	Target of 10,400 based on system ambition of 300 p/w. Discharges throughout the year impacted by industrial action and critical incidents.
36	Reduced delayed Hospital Discharges and Supporting the Princples of Discharge to	Workforce recruitment and retention		Local Authority Discharge Funding	£242,872	£3,593		1	WTE's gained	Yes	Delays with recruitment and onboarding of new staff, particularly qualified Social Workers and Occupational Therapists in respect of national shortages. Some gaps filled temporarily via agency staffing
36	Reduced delayed Hospital Discharges and Supporting the Princples of Discharge to	Workforce recruitment and retention		Local Authority Discharge Funding	£78,978	£10,684		1	WTE's gained	Yes	Delays with recruitment and onboarding of new staff, particularly qualified Social Workers and Occupational Therapists in respect of national shortages. Some gaps filled temporarily via agency staffing
36	Reduced delayed Hospital Discharges and Supporting the Princples of Discharge to	Workforce recruitment and retention		Local Authority Discharge Funding	£52,500	£2,406		1	WTE's gained	Yes	Delays with recruitment and onboarding of new staff, particularly qualified Social Workers and Occupational Therapists in respect of national shortages. Some gaps filled temporarily via agency staffing
36	Reduced delayed Hospital Discharges and Supporting the Princples of Discharge to	Workforce recruitment and retention		Local Authority Discharge Funding	£591,648	£100,000		11.5	WTE's gained	Yes	Delays with recruitment and onboarding of new staff, particularly qualified Social Workers and Occupational Therapists in respect of national shortages. Some gaps filled temporarily via agency staffing
36	Reduced delayed Hospital Discharges and Supporting the Princples of Discharge to	Workforce recruitment and retention		Local Authority Discharge Funding	£97,500	£40,779		2	WTE's gained	Yes	Delays with recruitment and onboarding of new staff, particularly qualified Social Workers and Occupational Therapists in respect of national shortages. Some gaps filled temporarily via agency staffing
36	Reduced delayed Hospital Discharges and Supporting the Princples of Discharge to	Workforce recruitment and retention		Local Authority Discharge Funding	£60,000	£0		NA	WTE's gained	Yes	Delays with recruitment and onboarding of new staff, particularly qualified Social Workers and Occupational Therapists in respect of national shortages. Some gaps filled temporarily via agency staffing
37	Planning Services in advance and enabling providers to recruit their workforce	Workforce recruitment and retention		Local Authority Discharge Funding	£17,200	£17,110		NA	WTE's gained	No	
38	Learning from the evaluation of the impact of previous schemes funded using	Residential Placements	Supported housing	Local Authority Discharge Funding	£253,000	£100,645	52	3	Number of beds/placements	No	
38	Learning from the evaluation of the impact of previous schemes funded using	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge	Local Authority Discharge Funding	£700,000	£973,779	23,729	22674	Hours of care (Unless short-term in which case it is packages)	No	
39	Improving collaboration and information sharing across health and social care services	Workforce recruitment and retention		Local Authority Discharge Funding	£52,500	£13,500		NA	WTE's gained	Yes	Delays with recruitment and onboarding of new staff, particularly qualified Social Workers and Occupational Therapists in respect of national shortages. Some gaps filled temporarily via agency staffing
39	Improving collaboration and information sharing across health and social care services	Workforce recruitment and retention		Local Authority Discharge Funding	£473,733	£148,033		NA	WTE's gained	Yes	Delays with recruitment and onboarding of new staff, particularly qualified Social Workers and Occupational Therapists in respect of national shortages. Some gaps filled temporarily via agency staffing

39	Improving collaboration and information sharing across health and social care services	Workforce recruitment and retention		Local Authority Discharge Funding	£81,750	£0		NA	WTE's gained	Yes	Delays with recruitment and onboarding of new staff, particularly qualified Social Workers and Occupational Therapists in respect of national shortages. Some gaps filled temporarily via agency staffing
39	Improving collaboration and information sharing across health and social care services	Workforce recruitment and retention		Local Authority Discharge Funding	£81,750	£81,751		2	WTE's gained	No	

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.

Reason 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
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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 13 March 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.	Councillor John Doddy		
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.	Viv Robbins	Dawn Jenkin Carol Ford	
JSNA Profile Pack: Food Insecurity	To consider and approve the JSNA profile pack for publication on Nottinghamshire Insight.	Viv Robbins	Will Leather Carol Ford	
JSNA Profile Pack: Fuel Poverty	To consider and approve the JSNA profile pack for publication on Nottinghamshire Insight.	Viv Robbins	Will Leather Carol Ford	
Better Care Fund (BCF) Quarterly Report		Melanie Williams	Naomi Robinson	
WORKSHOP (30mins): NHS Joint Forward Plan		Dave Briggs	Janine Elson	
MEETING: Wednesday 17 April 2024 (2pm)				

OFFICIAL

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.	Councillor John Doddy		
JSNA Profile Pack: Community Capacity and Resilience	To consider and approve the JSNA profile pack for publication on Nottinghamshire Insight.	Viv Robbins	Will Leather Kathryn McVicar	
JSNA Chapter: Carers	To consider and approve the JSNA chapter for publication on Nottinghamshire Insight.	Councillor John Doddy	Will Leather Anna Oliver	
NHS Joint Forward Plan		Dave Briggs	Joanna Cooper	
MEETING / WORKSHOP: 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.	Councillor John 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.	Councillor John Doddy	Catherine Pritchard	
WORKSHOP: Suicide Prevention (1hr)		Viv Robbins	Catherine Pritchard Lucy Jones	
MEETING: Wednesday 3 July 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.	Councillor John Doddy		
JSNA Profile Pack: ASCH Prevention	To consider and approve the JSNA profile pack for publication on Nottinghamshire Insight.	Councillor John Doddy	Will Leather	
JSNA Profile Pack: Autism & Neurodiversity (Adults)	To consider and approve the JSNA profile pack for publication on Nottinghamshire Insight.	Councillor John Doddy	Will Leather Halima Wilson	
JSNA Profile Pack: Health and Work	To consider and approve the JSNA profile pack for publication on Nottinghamshire Insight.	Councillor John Doddy	Will Leather	
Health Protection Update		Viv Robbins	Geoff Hamilton	
Better Care Fund (BCF) Year End Report		Melanie Williams	Naomi Robinson	**To be confirmed**

DRAFT WORK PROGRAMME: 2024 - 2025

Report title	Purpose	Lead officer	Report author(s)	Notes
MEETING: September 2024 (TBC)				
Best Start Annual Progress Report		Viv Robbins Colin Pettigrew	Helena Cripps	
JSNA Chapter: Children in Care and Care Leavers	To consider and approve the JSNA chapter for publication on Nottinghamshire Insight.	Viv Robbins	Will Leather Katharine Browne Briony Jones	

			Caroline Panto	
JSNA Profile Pack: Youth Justice	To consider and approve the JSNA profile pack for publication on Nottinghamshire Insight.	Councillor John Doddy	Will Leather Nicola Suttenwood	
MEETING: October 2024 (TBC)				
Rapid Review: Climate Change		Viv Robbins	Will Leather Jo Marshall	

Contact

For queries or requests for the Nottinghamshire Health and Wellbeing Board's work programme, please email elizabeth.winter@nottscc.gov.uk