

Health and Wellbeing Board

Wednesday, 12 October 2022 at 14:00

**Rushcliffe Borough Council, Rushcliffe Arena, Rugby Road, West Bridgford,
Nottingham, NG2 7YG**

AGENDA

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|---|--|---------|
| 1 | Minutes of the last meeting held on 7 September 2022 | 3 - 12 |
| 2 | Apologies for Absence | |
| 3 | Declarations of Interests by Members and Officers:- (see note below)
(a) Disclosable Pecuniary Interests
(b) Private Interests (pecuniary and non-pecuniary) | |
| 4 | Securing a Smoke Free Generation for Nottinghamshire | 13 - 30 |
| 5 | Work Programme | 31 - 36 |

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 Adrian Mann (Tel. 0115 804 4609) or a colleague in Democratic Services prior to the meeting.

- (4) Councillors are reminded that Committee and Sub-Committee papers, with the exception of those which contain Exempt or Confidential Information, may be recycled.

- (5) This agenda and its associated reports are available to view online via an online calendar - <http://www.nottinghamshire.gov.uk/dms/Meetings.aspx>

Meeting	HEALTH AND WELLBEING BOARD
Date	Wednesday, 7 September 2022 (commencing at 2:00 pm)

Membership

Persons absent are marked with an 'A'

COUNTY COUNCILLORS

	John Doddy (Chair)
A	Sinead Anderson
	Andre Camilleri
	Scott Carlton
	Sheila Place
	John Wilmott

DISTRICT COUNCILLORS

	David Walters	-	Ashfield District Council
A	Susan Shaw	-	Bassetlaw District Council
	Colin Tideswell	-	Broxtowe Borough Council
	Henry Wheeler	-	Gedling Borough Council
A	Abby Brennan	-	Rushcliffe Borough Council
A	Tim Wildgust	-	Newark and Sherwood District Council
A	Marion Bradshaw	-	Mansfield District Council
	Stuart Richardson	-	Mansfield District Council

OFFICERS

	Melanie Williams	-	Corporate Director, Adult Social Care and Health
	Colin Pettigrew	-	Corporate Director, Children and Families Services
	Jonathan Gribbin	-	Director of Public Health

NHS PLACE-BASED PARTNERSHIPS (PBP)

	Nicole Atkinson	-	South Notts PBP
	Victoria McGregor-Riley	-	Bassetlaw PBP
	Dr Thilan Bartholemeuz	-	NHS Nottingham and Nottinghamshire Clinical Commissioning Group
A	Oliver Newbould	-	NHS England and NHS Improvement

ICB

Dr Dave Briggs

LOCAL HEALTHWATCH

Sarah Collis - Healthwatch Nottingham & Nottinghamshire

OFFICE OF THE NOTTINGHAMSHIRE POLICE AND CRIME COMMISSIONER

A Sharon Cadell - Chief Executive, OPCC
Caroline Henry - Police & Crime Commissioner

OFFICERS IN ATTENDANCE

Sue Foley - Consultant in Public Health (via Teams)
Briony Jones - Public Health and Commissioning Manager
Pete Barker - Democratic Services Officer

MINUTES

The minutes of the last meeting held on 15 June 2022, having been circulated to all Members, were taken as read and were confirmed.

APOLOGIES FOR ABSENCE

- Councillor Sinead Anderson, Nottinghamshire County Council (Councillor Andre Camilleri deputises)
- Nicole Atkinson, South Notts Place-Based Partnership
- Councillor Marion Bradshaw, Mansfield District Council (Councillor Stuart Richardson deputises)
- Sharon Cadell, Office of the Police & Crime Commissioner (Caroline Henry, Police & Crime Commissioner deputises)
- Victoria McGregor-Riley, Bassetlaw Place-Based Partnership
- Councillor Susan Shaw, Bassetlaw District Council

DECLARATIONS OF INTEREST BY BOARD MEMBERS AND OFFICERS

Dr Thilan Bartholemeuz declared an interest in Item 7, Targeted Lung Health Check Programme, as he is the Clinical Director of the Programme, which did not preclude him from speaking or voting on that item.

CHAIR'S REPORT

The Chair introduced the report and informed members of the following:

- Given that the agenda for today's meeting features items dealing with mental health it seems appropriate to mention that Friday 9 September is World Suicide Prevention Day. The aim is to encourage people to talk about their problems and to access services. There are 67,000 suicides in the UK every year, which equates to one every 90 minutes, 75% of which are male with the majority of those being under 50 years of age. A GP, Dr Gail Milligan, recently committed suicide and this illustrates the pressures that those working in the NHS are currently facing. A 24 hour crisis helpline is available to those contemplating suicide.
- The NottAlone website (www.nottalone.org.uk) is an award-winning website which helps young people in Nottingham and Nottinghamshire to find mental health support and information in one place. In future there will probably be similar websites set up for adults and carers.
- A report on the recent workshop on tobacco will be brought to the next meeting of the Board in October.
- The experience of being a young child or their parent has changed significantly over time with couples generally co-habiting rather than marrying, digital use has expanded, and though mothers are working they still have the majority of child care responsibilities.
- Following the Board's next meeting there will be a workshop on homelessness. There are concerns that the problem will worsen as the cost of living rises,

increasing the numbers of people who will not be able to either buy or rent their own home.

Councillor Wilmott asked if it would be possible to publicise the NottAlone service via other media, for example, through the use of TV advertising. The Chair replied that it tended to be the older population that were not aware and that the NottAlone services were for younger people, though the social isolation of the elderly remained a challenge.

Councillor Place praised the services available via NottAlone and offered her support if required. The Chair informed the Board that improving people's health and reducing inequalities was a priority and emphasised the importance of looking at the transition of young people from care to adulthood.

RESOLVED: 2022/021

That the contents of the report be noted.

THE NOTTINGHAMSHIRE COMBATTING SUBSTANCE MISUSE PARTNERSHIP

The Chair spoke of the £3bn government initiative 'From Harm to Help' which will require a new partnership agreement and significant changes to targets.

Dr Jonathan Gribbin introduced the report and highlighted the following:

- Substance misuse is an enormous agenda and a priority in the joint health and wellbeing strategy agreed recently.
- In Nottinghamshire years of life are lost to death and disability, mainly through alcohol.
- Substance misuse has wider implications than just health related factors including for domestic violence. We are pleased therefore in NCC to work with such a wide range of partners.

Sue Foley then delivered a presentation on forthcoming changes and key points of the report, highlighting the following:

- National Government published its From Harm to Hope strategy in December 2021, with Local Guidance published in June 2022
- There is a requirement to set up a multi-agency partnership to implement the strategy and this forum will replace the current Substance Misuse Strategy Group.
- The new partnership will be expected to look at the bigger picture and link to other bodies such as the Domestic Abuse Partnership Board and the Safer Notts Board.

- Development requirements include agreeing the terms of reference for the partnership and governance structure; conducting a health needs assessment across all 3 ambitions of the strategy; agreeing a local drug strategy delivery plan; and agreeing a local performance network.

Following Sue Foley's presentation the Chair invited Caroline Henry to share the police's perspective and Caroline emphasised the importance of all partners working together.

Jonathan Gribbin informed the Board that central government had laid down the criteria about how the available funding could be spent.

Councillor Wilmott asked how the problem of substance misuse could be tackled and spoke of the possibility of increasing police powers.

Councillor Wheeler expressed his concern at the use of e cigs to tackle tobacco use as their use had become fashionable amongst young people despite the potential for addiction to them, the possibility of lung damage and the fact that they could be used in conjunction with marijuana. The Chair stated that e cigs are at least 95% safer than real cigarettes and that there are no carcinogens contained in e cigs.

RESOLVED: 2022/022

That the arrangements for the Nottinghamshire Combatting Substance Misuse Partnership be endorsed.

APPROVAL OF THE JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) CHAPTER – SUBSTANCE ABUSE

Tristan Snowdon-Poole delivered a presentation on the key points of the Chapter and highlighted the following:

- 175,600 use substances frequently, of which 12,800 are dependent on substances, all of whom would benefit from a substance misuse intervention.
- Alcohol represents the greatest need. 91% of the 175,600 are drinking at levels that could harm their health and 66% of the 12,800 are alcohol dependent.
- Overall, alcohol-specific hospital admission rates in Notts are lower than the national average, though rates are higher in Mansfield and Ashfield.
- Alcohol-related hospital admission rates in Notts are higher than the national average in all Notts districts with the exception of Bassetlaw, for both males and females across all age groups.
- 4,500 people are in structured treatment, with 2,400 new referrals per annum. 20% exit the treatment drug and/or alcohol free with improvements having been made in their physical and mental health and in their social circumstances.

- Levels of drug use during the pandemic did not significantly change but there was an increase in drinking at home with an increase in consumption by those who drank and an increase in the number of referrals for treatment with a rise in the number of those referred who had more complex needs.
- Post pandemic, alcohol abuse represents the greatest need but the following need prioritising – education and prevention; reducing the supply of substances into communities; improving pathways for vulnerable individuals; improving data sharing between partners.
- Going forward there are 16 Recommendations grouped under the following 5 headings: governance; commissioning and service delivery; alcohol; prevention and early intervention; data.

Responding to a question from Councillor Walters, the Chair informed the Board that Buprenorphine was an opioid medication that had been used very successfully in Scottish prisons during the pandemic where its delivery had been changed from an oral form to an injectable one every 7 days.

Councillor Wilmott spoke of the huge problem that was substance misuse and called for the recruitment of more police officers, while also expressing his frustration that the sharing of data between partners was still proving problematical. Caroline Henry responded that the Police were not able to combat the problem alone and informed the Board of the 'Makes Notts Safe' initiative which had 3 priorities: Prevent, Respond Support.

Jonathan Gribbin endorsed the partnership approach referred to by Caroline Henry and stated the need for strong arrangements to be put in place with all partners, including Borough and District Councils, to support those in recovery once the funding becomes available.

RESOLVED: 2022/023

That the Substance Misuse (JSNA) Chapter, as attached as Appendix 1 to the report, be approved.

TARGETED LUNG HEALTH CHECK PROGRAMME

The Chair informed members that he had attended a presentation on the Programme recently and had been impressed how it is vulnerable people in areas such as Ashfield and Mansfield that are being targeted and that rolling out the Programme to other areas would be beneficial.

Simon Castle introduced the report and delivered a presentation that highlighted the following:

- The NHS Long Term Plan includes an ambition to diagnose 3 out of 4 cancers at an early stage by 2028

- The 5 year lung cancer survival rate in the UK is less than 13%.
- Prognosis for lung cancer is poor compared to most other cancers.
- This programme was launched in Mansfield and Ashfield in April 2021 and is due to be expanded into Nottingham City by October 2022.
- Early detection rates are increasing as a result of the Programme
- The people being screened initially are those aged between 55 and 74 who have ever smoked and who are registered with a GP practice in Mansfield & Ashfield
- This group are sent invitations to join the programme and if they accept an telephone triage is undertaken first where the person's level of risk is ascertained. Those classed as high risk will be tested, including undergoing a CT scan, and offered advice if they are still smoking. The results of the tests are assessed and any required hospital treatment accelerated.
- Smoking prevention is part of the Programme and all current smokers have the opportunity to speak to a smoking cessation adviser when undergoing their lung health checks. A lung health check and a CT scan take approximately 15 minutes in total.
- The service is mobile and goes out into the community.
- Resources have been put into communications to maximise engagement.
- 22,000 invitations have been sent out; 10,000 telephone assessments have been completed; 3,700 initial CT scans have been carried out and 30 cancers have been diagnosed.

Responding to a question, Simon informed the Board that only 30% of the smokers take up the option of seeing a smoking cessation adviser.

Councillor Place stated that she had been sent a letter saying she was a smoker when in fact she had never smoked in her life and asked that money was not wasted sending letters to non-smokers.

Councillor Richardson asked about residual health problems caused by industry and it was confirmed that the lung health checks are not designed to detect cancers exclusively with those experiencing non-cancer related problems being referred to the relevant services.

The strength of the evidence gained from the Programme in Mansfield & Ashfield suggests that the Programme will be rolled out widely in the future.

Lung cancer symptoms tend to be vague and unspecific. Sufferers do experience weight loss and loss of appetite but by this stage the disease is well advanced. Publicity has been used to raise awareness, for example the recent campaigns around coughing, but improved targeting is essential.

The diagnosis rate has risen compared to the pre covid period.

RESOLVED: 2022/024

That the contents of the report be noted.

APPROVAL OF THE PHARMACEUTICAL NEEDS ASSESSMENT (PNA) 2022-2025

Sue Foley delivered a presentation and highlighted the following:

- The Board has a statutory duty to assess the need for pharmaceutical services in its area and publish a statement of that assessment by October 2022.
- The Assessment looks at demographics and how the health needs of its population will change over a three-year period.
- A private company, PCC, were commissioned to undertake and produce the PNA with the support of a Steering Group.
- Following a 60-day consultation no concerns regarding non-compliance with regulatory requirements were found and no pharmaceutical service provision had been missed.
- Findings included the following: there are 163 pharmacies in Nottinghamshire; 22 are open for 100 hours a week; 7 are 'distance selling premises' ie providing a service over the internet; there are 6 dispensing appliance contractors in Nottinghamshire; 12 GP practices dispense to eligible patients.
- The main conclusion is that there are currently no gaps in the provision of pharmaceutical services
- The majority of the county's population live within a 20 minute drive of one of the pharmacies open for 100 hours a week.
- There is a potential problem in Retford where the provision of services on a Sunday between 10am and 4pm is under threat.

The Chair thanked Sue for her presentation and stated that he regarded pharmacies as under-utilised assets and that in an ideal world they would operate as mini surgeries.

Dave Briggs informed members that pharmacy, optometry and dentistry would move from being NHS commissioned services to ICB commissioned services, assuming that capability can be demonstrated, and that work will need to be undertaken to see how

access and outcomes can be improved with a locally based commissioning system in place.

RESOLVED: 2022/025

That the Pharmaceutical Needs Assessment (PNA) for 2022-2025 be approved and its publication by 1 October 2022 be authorised.

BETTER CARE FUND – SUBMISSION OF THE YEAR END REPORTING TEMPLATE

The Chair stated that in his opinion the BCF was the precursor to the ICS and could have become so had it been expanded. The Fund was instituted in 2013 and it was the first opportunity for money to be spent outside the NHS which facilitated joint working through the establishment of a single £100m budget, billions of which has subsequently been spent in this way over the years. It has been a mechanism for shifting monies from the NHS to community care and this sector may be the only way of relieving pressure on GPs, ambulances etc

Melanie Williams then introduced the report and highlighted the following:

- In addition to allowing the passing on of monies, the system has also been a way of receiving funds directly from central government
- There is a requirement to submit completed templates to the NHS first, meaning that it has not always been possible to obtain Board approval prior to expenditure. This report is asking for retrospective Board approval of a template agreed by myself, Amanda Sullivan and the Chair.
- The report also provides an update on the collaborative commissioning work that has taken place. There are already integrated arrangements in place for Learning Disability & Autism and Children's Commissioning and work is ongoing to develop similar arrangements for Mental Health & Care Health Management.
- Collaboration is now the term used rather than joint.
- The report is asking for approval to the use of reserves to progress adult social care reforms as there is no direct central funding for the required reforms.

The Chair thanked Melanie for her introduction and stated that the social care system is under severe strain as a result of increased utility costs and staffing crises and that the sector's role is crucial in reducing bed blocking through facilitating early hospital discharges, allowing independent living, and easing the burden on A&E units.

Councillor Tideswell pointed out that the NHS had been collaborating with social services since the mid-1970s when people were moved from being treated in psychiatric units to being treated in the community. The Chair agreed, stating that it was Enoch Powell when he was Health Secretary that began closing the old asylums.

Replying to a question from Councillor Richardson about the nature of the reforms Melanie Williams stated that they included the implications arising from the Green Paper, 'People at the Heart of Care', charging reforms, the fair cost of care, assurance and liberty protection. The report contains details of how the changes will be managed and our

readiness to do so. A report has been taken to Cabinet that explains the reforms in simple terms as it is a very technical area.

The Chair asked about the disparity in charges for nursing/rest homes levied on the Council and private individuals. Melanie replied that there is a paper going to the next ASCPH Select Committee which details the approach which aims at equality of charging by adopting a median approach which will mean that some individuals and authorities will gain and some will lose.

Councillor Richardson spoke of the problem of funding being spent on bureaucracy with monies not getting to those with the greatest need as a result.

RESOLVED: 2022/026

- 1) That the Nottinghamshire 2020-21 Better Care Fund End of Year reporting template that was submitted to NHS England on 27 May 2022, be endorsed.
- 2) That the use of Better Care Fund reserves to progress Social Care Reform until 31st March 2023, be approved.

WORK PROGRAMME

The Chair informed the Board that the meeting on 12 October will be a hybrid one with the meeting on the day to be followed by a workshop on the subject of homelessness.

RESOLVED: 2022/027

That the contents of the report be noted.

The meeting closed at 3:58pm

CHAIR

12 October 2022

Agenda Item: 4

REPORT OF THE CHAIR OF THE HEALTH AND WELLBEING BOARD

SECURING A SMOKEFREE GENERATION FOR NOTTINGHAMSHIRE

Purpose of the Report

1. To agree partners' contributions to actions arising from the Nottinghamshire Health and Wellbeing Board workshop towards securing a smokefree generation for Nottinghamshire.

Information

Local Context

2. Tobacco is one of the 9 priority areas of Nottinghamshire's Joint Health & Wellbeing Strategy 2022-2026. At the workshop in July 2022 partners agreed the vision '*To work with our local partners to create a smokefree generation for all communities in Nottinghamshire by 2040*'.
3. Smoking is a leading driver of health inequalities and disproportionately affects the poorest and most vulnerable in society. Smoking remains an addiction that predominantly develops in childhood. Much progress has been made but smoking is still the leading cause of preventable illness and premature death in England and is one of the main causes of health inequalities across Nottinghamshire. Smoking accounts for almost half the difference in life expectancy between the richest and poorest in society.
4. Smoking and tobacco use is estimated to kill 1,124 people in Nottinghamshire every year.¹ Despite a continued decline in smoking, 14% of adults in Nottinghamshire smoke, which is above the current average for England (13.5%) and varies across the county rising to 19.8 % in Mansfield and 18.8% in Ashfield with the lowest rate in Rushcliffe 5.9%.²
5. In Nottinghamshire, smoking rates are particularly high among routine and manual workers (27.9%). In addition, 13.3% of pregnant women smoke at time of delivery with higher rates in Mansfield (19.2%) and Ashfield (17.1%). There are higher rates of smoking among people with serious mental health conditions compared to the general population in Nottinghamshire. 20.7% of adults with serious mental health conditions are smokers compared to 14% among

¹ Office for Health Improvement and Disparities, 'Local Tobacco Control Profiles', accessed at: <https://fingertips.phe.org.uk/profile/tobacco-control/data>

² Nottinghamshire Insight, 'Tobacco Control Joint Strategic Needs Assessment 2020', accessed at: <https://www.nottinghamshireinsight.org.uk/research-areas/jsna/cross-cutting-themes/tobacco-control-2020/>

the general population.³ Smoking rates amongst those with a mental health condition have not fallen during the last 20 years. This is estimated to be around 60% in those with probable psychosis and up to 70% for those in psychiatric units.⁴ An estimated 1000 young people took up smoking in Nottinghamshire in 2018 (most recent data).⁵

Evidence based approach to tobacco control mechanisms

6. As detailed in the Nottinghamshire Health & wellbeing Board workshop paper 27th July 2022, the evidence for tobacco control mechanisms requires interventions at the civic, community and service level.
7. National Institute for Health and Care Excellence (NICE) guidance NG209 identified that at the service level providing systematic behavioural support plus pharmacotherapy, nicotine replacement therapy or e-cigarettes provide the most effective way to support people to quit smoking. Informing people who smoke that a range of interventions are available to help them stop smoking along with explaining how to access and refer people into stop smoking support. All smokers should be offered [behavioural support](#) (individual and group) regardless of which option they choose to help them stop. NICE identify the following options:
 - Bupropion
 - [nicotine replacement therapy](#) (short and long acting)
 - Varenicline (in August 2022 Varenicline was unavailable in the UK)
 - [nicotine-containing e-cigarettes](#)
 - Allen Carr's Easy Way in-person group seminar
8. The guidance highlights that there is a lack of long-term evidence about e-cigarette usage. It explains that the effects of e-cigarettes are monitored by the Medicines and Healthcare Products Regulation Agency (MHRA), who have not evidenced any major concerns. It should be noted that monitoring does rely on events being reported.
9. NICE committee record they supplemented this knowledge with a view that because many of the harmful components of cigarettes are not present in e-cigarettes, switching to nicotine-containing e-cigarettes was likely to be significantly less harmful than continuing smoking.

Feedback from the Health and Wellbeing Board workshop

10. The Nottinghamshire Health and Wellbeing Board is well positioned as a partnership in working towards securing a smokefree future in Nottinghamshire. At a workshop on the 27th of July 2022, the Board and partners considered how a smokefree generation for Nottinghamshire can be achieved. **Appendix 1** provides a summary and set of recommendations from this workshop. Within the briefing paper (July 2022) and workshop attendees were presented with information on:
 - Scale of the tobacco issue nationally and in Nottinghamshire

³ GP Patient Survey [GPPS] (2018, published in Local Tobacco Control Profiles, PHOF)

⁴ NHS Digital. 1.23 Smoking rates in people with serious mental illness (SMI) [Internet]. 2016 [cited on 10/7/19]. Available at: digital.nhs.uk/data-and-information/publications/clinical-indicators/ccg-outcomes-indicatorset/current/domain-1-preventing-people-from-dying-prematurely-ccg/1-23-smokingrates-in-people-with-serious-mental-illness-smi

⁵ Nottinghamshire Insight, 'Tobacco Control Joint Strategic Needs Assessment 2020', accessed at: <https://www.nottinghamshireinsight.org.uk/research-areas/jsna/cross-cutting-themes/tobacco-control-2020/>

- Establishment of a Nottingham and Nottinghamshire Tobacco Control Alliance
 - Findings of the Challenge Leadership and Results (CLEAR) process for Nottingham and Nottinghamshire
 - Emerging issues such as illicit tobacco
 - NHS long term plan work on the maternal pathway and mental health inpatients pathway
 - Lived experience was illustrated through case studies
 - Summary of the Khan Review
 - Vision for Nottinghamshire
 - Update on the Tobacco Declaration.
11. Partnership commitment was then sought to actions arising from the CLEAR process, the vision and signatory to Tobacco Declaration agreed.
12. Workshop members reviewed the evidence of the use of e cigarettes. Attendees were also provided with the opportunity of discussing using e-cigarettes as a quit aid through group discussions. Groups were asked to explore three areas in relation to e-cigarettes including:
- a) clear and consistent messaging: how can we use clear and consistent messaging to promote the use of e-cigarettes as a quit aid without promoting them to those that don't currently smoke? What are you aware of that already exists and what are the gaps?
 - b) understanding government's direction on e-cigarettes: locally what can we do to support the government's direction on e- cigarettes? From your current roles and work with residents is this understood / clear?
 - c) the use of cigarettes as a smoking cessation tool: what are the barriers and opportunities to your organisation adopting this approach? What do you think is needed locally or within your organisation to utilise e-cigarettes as a quit aid?
13. Key feedback from the discussions included:
- Support for using e-cigarettes as a quit aid for treating tobacco dependency
 - Clear and consistent messaging regarding e-cigarettes is required
 - An updated, agreed consensus statement on the use of e -cigarettes as a quit aid to clarify and confirm the position for Nottinghamshire Health and Wellbeing Board
 - Pilot the use of e-cigarettes as a quit aid
 - Engage with communities and community champions about e-cigarettes as a quit aid
 - Ensure e-cigarettes are not appealing to young people
14. At the end of the workshop partners made pledges to deliver on tobacco control within their own organisation as detailed in **Appendix 1. Appendix 2** contains the Nottingham and Nottinghamshire Framework which provides additional outputs and outcomes for partners to deliver on to secure a smokefree generation.

Other Options Considered

15. As tobacco is a priority for the Health and Wellbeing Board as outlined in its Joint Health and Wellbeing Strategy for 2022 – 2026 and therefore action is required, no other options were considered.

Reason/s for Recommendation/s

16. The Health and Wellbeing Board recognise that tobacco related harm is a key priority in Nottinghamshire and have identified these actions which when delivered by Board partners have the potential to make a positive impact on Nottinghamshire residents. The overall aim being to *'To work with our local partners to create a smokefree generation for all communities in Nottinghamshire by 2040.'*

Statutory and Policy Implications

17. 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

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

RECOMMENDATION(S)

The Nottinghamshire Health and Wellbeing Board is asked:

- a) To approve and adopt the vision *'To work with our local partners to create a smokefree generation for all communities in Nottinghamshire by 2040.'*
- b) To sign up to the Nottingham and Nottinghamshire Tobacco Declaration and agree to take relevant action on smoking and tobacco, and for previous signatories to recommit to the Declaration.
- c) To commit to actions arising from the CLear process and the Nottingham and Nottinghamshire Framework for Action (Appendix 2).
- d) To ensure partner organisations have identified tobacco related outputs and outcomes (Appendix 2) they will deliver on and add these to the organisational pledges as detailed in Appendix 1.
- e) To review and endorse the consensus statement on e-cigarettes (Appendix 3).

Cllr John Doddy

Chair of the Nottinghamshire Health and Wellbeing Board

For any enquiries about this report please contact:

Catherine Pritchard
Consultant in Public Health
Nottinghamshire County Council
Catherine.pritchard@notts.cc.gov.uk

Jane Roberts
Senior Public Health and Commissioning Manager
Nottinghamshire County Council
jane.roberts@nottscc.gov.uk

Constitutional Comments (GMG 27/09/22)

19. This report falls within the remit of the Health and Wellbeing Board to consider.

Financial Comments (DG 28/09/2022)

20. 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 Health & wellbeing Board workshop paper (27 July 2022)

Electoral Division(s) and Member(s) Affected

- All

Appendix 1

Summary of the health and wellbeing workshop: securing a smokefree generation for Nottinghamshire (July 2022)

The Objectives of the workshop included:

1. Partnership commitment to actions arising from the CLear* process (*CLear stands for Challenge, Leadership and Results).
2. Discuss emerging issues and opportunities within tobacco and smoking.
3. Agree priorities on tobacco control (adoption of the Vision & signatory to the Tobacco Declaration).

Setting the scene

Item 1 Welcome

Chair Cllr John Doddy welcomed all to the workshop and provided a global and a local perspective on smoking and tobacco use. He highlighted the variation in smoking prevalence rates across the county and spoke about how tobacco use, and smoking is a leading driver of health inequalities. He introduced the government's ambition for England to be smokefree* by 2030 (*The definition of smoke-free is smoking prevalence rate in adults of 5% or less) and pointed out that this will be easier in some parts of the county than others.

Item 2 workshop objectives

Catherine Pritchard (Consultant in Public Health) outlined the session's objectives to secure the commitment of partners to actions identified through the CLear process and to agree priorities on tobacco control including the vision and the updated tobacco declaration. She highlighted that tobacco is one of the nine priorities of the Joint Health & Wellbeing strategy 2022-2026 and it is proposed the Board adopt the Vision for Nottinghamshire '*To work with our local partners to create a smokefree generation for all communities in Nottinghamshire by 2040*.' which will contribute to and support the delivery of the Joint Health and Wellbeing Strategy (JHWS). The JHWS has a focus on civic-level, community-centred, and service-based interventions.

Item 3 The Nottingham and Nottinghamshire Tobacco Control Alliance and the CLear themes and actions

Jane Roberts (Senior Public Health & Commissioning Manager) provided a brief overview of the work that has been happening over the last few months where partners have come together across Nottingham and Nottinghamshire to reinvigorate the work on tobacco control that was started at the end of 2019.

A Nottingham and Nottinghamshire Tobacco Control Alliance was formed in June this year, its purpose is to guide us towards a smoke free generation in Nottingham & Nottinghamshire (across the ICB footprint) The Alliance is taking a whole system approach based on the WHO MPOWER model (Monitor tobacco use, protect from tobacco smoke, offer support, warn about dangers, enforce ban on advertising and raise taxes).

The Alliance will do this by working on ASHs (Action on Smoking & Health) 10 High Impact Actions: which includes:

- Prioritise health inequalities
- work in partnership
- support every smoker to quit
- communicate the harms and hopes
- promote harm reduction
- tackle illicit tobacco
- promote smokefree environments
- enable children and young people to live smokefree
- set targets to drive progress
- protect and promote smokefree tobacco control policy

The CleaR process was completed in 2019 but has since been checked and challenged by TC Alliance partners. Our strengths include compliance, vision and leadership and supporting NICE guidance. Areas for improvement include innovation and learning, prevention (working with young people and second-hand smoke) prevalence (reduction in trends, impact of tobacco control activity).

Seven themes were identified through the CleaR process:

1. Multiagency partnership working
2. effective communication for tobacco
3. effective regulation of tobacco products
4. helping vulnerable group tobacco users to quit
5. reducing exposure to second-hand smoke
6. improving the understanding of vaping / e cigarettes
7. prevention & engagement with children and young people.

Next steps for the Alliance:

- Develop a Framework for Action on Tobacco Control to implement actions on the 7 themes.
- Set up initial Task and finish groups starting with Illicit tobacco and one on Stop Smoking Services, as a pilot to drive the smoking and tobacco agenda forward.

World Café

Item 4 World Café session -presentations and market stall Presentations

The World Café session considered emerging issues such as Illicit Tobacco and NHS Long-Term plan issues including Maternal pathway, Mental Health Inpatient's pathway and Stop Smoking services including Lived Experience.

There were 4 short presentations where presenters provided a short overview of their topic:

1. ***'Maternity Dependency treatment services at Sherwood Forest Hospitals Trust (SFHT)' (Claire Allison – Tobacco Dependency Maternity Lead Sherwood Forest Hospitals):*** Claire provided a brief overview of the Maternity Early Implementer site (EIS)

for Nottingham and Nottinghamshire ICS. Nottingham and Nottinghamshire EIS were chosen because of the high rates of Smoking at time of delivery (SATOD) In 2021-22 the SFHT SATOD rate was 16.23% in comparison to the England rate which was 8.8%. A Tobacco Dependency Team for Maternity services is now in place which provides stop smoking support to pregnant women and their partners and an Incentive Scheme (funded through LMNS Funding) is being piloted where 'love2shop' e vouchers are issued following a CO validated period of abstinence

2. **Prevention / Smokefree Lead Nottinghamshire Healthcare Trust (Lisa Evans):** Lisa provided an overview on 'Putting smokefree into practice – for mental health patients.' She covered training for staff and patients, support for staff and patients, projects with external partners, public health research, the patients voice, and communications
3. **Illicit Tobacco (Phil Taylor Trading Standards Investigator Nottinghamshire County Council):** Phil defined 'illicit tobacco' and described some of the challenges of tackling illicit tobacco in Nottinghamshire and stressed the importance of working in partnership with key partners such as the police and he shared photographic evidence of how illicit tobacco is stored and hidden from view.
4. **Specialist Tobacco Dependency Services (Elizabeth Woodworth Professional Lead ABL):** Liz highlighted the health issues caused by smoking and reminded attendees that tobacco control is 'everybody's business'. She set out the commitments in the NHS Long Term plan for NHS action to improve prevention by tackling avoidable illness, as the demand for NHS services continue to grow. She summarised the 'cost to health' of smoking in terms of smoking related deaths and smoking related diseases and illustrated this through 3 case studies of smokers (all of whom have been diagnosed with a smoking related illness) accessing support from ABL and have successfully quit smoking.

Market stall and Refreshments

After the presentations, attendees were invited to visit the 3 market stalls – **illicit tobacco**, **lived experience** and **Mental Health Inpatients pathway** and have a look at posters – providing information on the Khan Review, JSNA overview -tobacco local prevalence data, impact of covid on tobacco use and the INTENT Programme (Smoking Prevention programme for secondary schools) plus a briefing paper on young people and e-cigarettes.

Whilst visiting the stalls attendees were asked to think about their own role, and how it can link into the work presented?

Khan Review

Item 5 The Khan Review

A summary of the recommendation from the Khan Review was presented by Tracy Carr from the Office for Health Improvement and Disparities (OHID).

The purpose of the review is to inform the government's approach to tackling the stark health disparities associated with tobacco use. The Review calls for an ambitious but realistic target to ensure every community in every area is below 5% by 2035 and drive a new ambition to make smoking obsolete by 2040. Khan recommends 4 'critical must do' actions which are critical to achieving smokefree England by 2030 and they are: increased investment, increase the age of sale, promote vaping, and improve prevention in the NHS.

Item 6 Group discussion on using e-cigarettes as a quit aid/ way to stop smoking

3 Topic areas were identified through the CLearR process and were used to promote the group discussion on using e-cigarettes as a quit aid/ way to stop smoking:

1. Clear and consistent messaging
2. Understanding government's direction on e-cigs
3. Use of e-cigs used as a smoking cessation tool.

There were facilitators and note takers on each table and below is a summary of the discussion on each of the topic areas

Summary of discussions on e cigarettes as a quit aid/ way to stop smoking

1. Clear and consistent messaging

- Need clearer messaging across the board
- The government needs to consider regulation regarding messaging targeting young people on Tik Tok / YouTube
- E – cigarette leaflets (ABL) about using e-cigs as a quit aid – for Stoptober
- People should be directed to e- cigarettes from reputable companies
- Promotion of services that provide e-cigs as a quit aid
- Promote the evidence base and the message that using e-cigs can lead to higher quit rates
- Promote the message if you don't smoke, then don't vape
- Need consistent messages – challenge misinformation and disinformation about e-cigs
- Use of the term 'swapping' instead of stopping
- Promotion of e-cigs as a quit aid on social media
- Need better promotion of e-cigs to target groups
- Clear messaging so that public facing staff know stance and consistent approach
- Graphics and tools to support
- Population 'buy in'

2. Understanding government's direction on e- cigarettes

- Engage with community and community champions to spread the word (trusted voice)
- Work with partners to promote the message
- Agree a local position on e-cigs
- Comms to all organisations and staff
- NICE guidance came out last year, vapes should now be first line of treatment
- Pilot – to include e-cigs in staff dependency offer (but a lot of concern because of misinformation)
- More pilots needed to use e-cigs as a quit aid
- Information to the public – to correct misconceptions around nicotine vs tobacco
- Clearer messages from government are needed
- Clearer action on areas that locally we have no influence – regulation, marketing, licensing, and cost
- Include e-cigs as part of Wellbeing @ Work schemes
- Trading standards have a role – education and health & safety with e-cig retailers
- Investment in the approach to make e-cigs available through vouchers, prescribed through GPs

3. Use of e-cigarettes as a smoking cessation tool

- All the groups were supportive of e-cigs being used as a quit aid
- Promotion of licensing – nationally and locally
- Myth busting needed
- Harm minimisation tool
- Not clear about long term follow up – how many people smoke and vape?
- Pilots needed to prove the concept
- Barriers to overcome – concerns about liability
- Need to make sure that e-cigs are not appealing to young people
- Clear consistent approach is needed across all organisations with an agreed position

Conclusion

Item 7 next steps

Attendees were reminded about the Vision and the Nottingham and Nottinghamshire Tobacco Declaration and were encouraged to get their organisations to sign the tobacco declaration if they haven't done previously.

The Vision

To work with our local partners to create a smokefree generation for all communities in Nottinghamshire by 2040.

The Nottingham and Nottinghamshire Tobacco Declaration

Signatories are committed to:

- Becoming local leaders and setting standards for local tobacco control
- Reducing smoking prevalence and health inequalities by raising the profile of the harm caused by smoking to communities
- Supporting the development of action plans by local organisations that have signed up to the tobacco declaration
- Protecting tobacco control work from the commercial and vested interests of the tobacco industry by not accepting any partnerships gifts and services offered by the tobacco industry.

Attendees were asked to make pledges on behalf of their organisations – the summary of the pledges are below:

Civic level interventions	<ul style="list-style-type: none">• To revisit and update the existing action plan that sits behind the declaration and re-sign the declaration if needed (Gedling BC)• To empower people, educate people to want to quit smoking / seek less harmful alternatives (Rushcliffe BC)• Share updated Tobacco Declaration and Toolkit for parties to sign (PH)• Promoting to Councillors who sit on governing bodies (TECT Team, School Health Hub)• Sign up to Tobacco Declaration (Mid Notts PBP)• Encourage businesses across N& S District to sign tobacco declaration (Newark & Sherwood DC)• Sign up to TD (Nottingham and Nottinghamshire ICB) and South Notts PBP
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	<ul style="list-style-type: none"> • Educate colleagues re the harmful effects of tobacco (trading standards) • Explore opportunity to work through CFS (Colin Pettigrew) to promote INTENT to Notts schools (DPH)
Community Centred interventions	<ul style="list-style-type: none"> • Work with third sector to routinely refer to services (N&S DC) • To promote consistent messages around smoking & vaping targeting areas with highest need (Gedling BC) • To facilitate and introduce, smokefree places and campaigns (Rushcliffe BC) • Share children and young people vaping review with partners (PH) • Providing free resources and signposting to relevant information (TECT Team) • Use Community coordinators to build on smoking cessation (Mid Notts PBP & South Notts PBP) • Work in partnership with local providers to share and capture learning / best practice to disseminate across the system (ICB) • Close shops involved in illegal tobacco trade (Trading Standards) • Use HWB members to equip councillors who are school governors to promote the INTENT programme (Director of PH)
Service Based interventions	<ul style="list-style-type: none"> • Advocate for policy to use e-cigs for quitting within NCC services (JG – DPH) • Ensure all frontline staff are trained in MECC to be able to have conversations and signpost (N& S DC) • To collaborate with local provider (ABL) to ensure that they are targeting the right people through local insight (Gedling BC) • Promoting relevant stop smoking services (Rushcliffe BC) • Continue to support LT Plan referral pathways (PH) • Deliver prevention programme to schools (INTENT) and engage and encourage the use of e cigs as quit aid (TECT Team schools' hub) • Work with ABL to understand the barriers for accessing services and to work with communities to use services available (Mid Notts PBP) • Support providers to deliver the LTP projects to improve access to services at a time when they are accessing services and may be motivated to quit and to capture best practice to inform longer term commissioning (ICB) • Support workforce with the staff tobacco dependency offer pilot (ICB) • Address the supply of illicit /illegal tobacco working in partnership with agencies to achieve this (TS) • Review referral area at practice level and work with areas with lower referral rates, have a PCN approach and work with ABL (South Notts PBP)

The future - next steps:

1. Adopt the vision.

2. Commit to actions arising from the CLear process and the Nottingham and Nottinghamshire Framework for Action.
3. Acknowledge the evidence of the benefits of using e-cigarettes as a quit aid and review the consensus statement on e-cigarettes.
4. Commit your organisations to the ongoing implementation of the Nottingham and Nottinghamshire Tobacco Declaration.
5. Contribute towards the population intervention triangle and the tobacco and smoking related civic level, community centred and service-based interventions.

Appendix 2 Nottingham and Nottinghamshire Framework for action

The Nottingham and Nottinghamshire Framework for Action is being developed by the Nottingham and Nottinghamshire Smoking and Tobacco Control Alliance, a draft version (August 2022) is below. Please note this is likely to change after consultation with partners.

Inputs	Activities/Actions	Outputs/short term (process/measures) ¹	Intermediate Outcomes ²	Long-term Outcomes	Impacts
<p>STRATEGIC:</p> <ul style="list-style-type: none"> - Executive Sponsorship - Prioritisation of work within the ICS - Priority within both Health and Wellbeing Board Strategies (City & County) <p>PARTNERSHIP:</p> <ul style="list-style-type: none"> - An engaged Smoking & Tobacco alliance with champions and advocates within key stakeholder organisations. <p>INSIGHT:</p>	<p>Themes identified turned in to priority actions/activities</p> <p>ACTION 1: Multi-agency partnership working. EXAMPLES:</p> <ul style="list-style-type: none"> - Re-affirm commitment to a refreshed smoking & tobacco declaration - Alignment of strategies and use of all available levers to support our action <p>ACTION 2: Effective communication for tobacco. EXAMPLES:</p> <ul style="list-style-type: none"> - Gap analysis of comms materials across alliance members - Develop a 'brand' and social movement around the work of the alliance <p>ACTION 3: Helping vulnerable individuals quit. EXAMPLES:</p> <ul style="list-style-type: none"> - Creation of peer networks. - Develop clear referral pathways for stop smoking services 	<p>TBC once activities have been confirmed. Examples may include:</p> <ul style="list-style-type: none"> • Number of organisations signed up to & actively supporting the Tobacco Declaration • Tobacco control embedded in all organisations' strategic plans • Number of staff receiving training on 'healthy conversations' • Social media post and the number of views and interactions • Number of referrals from 	<p>Increased number of 'healthy conversations' with residents (Source: TBC)</p> <p>Improved attitude and beliefs about smoking as an addiction (Source: TBC)</p> <p>Increase in 'successful' referrals to stop smoking services (Source: Local provider data)</p> <p>Smokers that have successfully quit at 4 weeks (Source: NHS Digital)</p>	<p>Smoking Prevalence in Adults (18+) - current smokers (Source: Annual Population Survey (APS) & Nottingham City Citizen's survey).</p> <p>Smoking Prevalence in Adults (18+) routine & manual populations - current smokers (Source: Annual Population Survey (APS))</p> <p>Smoking Prevalence in adults with long term mental health condition (Source: GPPS (2019/20))</p> <p>Smoking status at time of delivery</p>	<p>Integrated Care System Outcomes Framework – System indicators:</p> <ul style="list-style-type: none"> • Increase in healthy life expectancy • Reduction in health inequalities • Reduction in neonatal mortality • Reduction in illness and disease prevalence (In particular respiratory diseases and cardiovascular diseases)

¹ ASSUMPTIONS: There are numerous assumptions that underpin the mechanism bridging outputs and intermediate outcomes. Some of these focus on the effectiveness of the activities in question and the assumption that doing more leads to better outcomes.

² ASSUMPTIONS: It is a significant assumption that a change in attitudes and beliefs leads to a change in long-term outcomes. Long-term outcomes are the result of a complex interplay of multiple intermediate outcomes and external factors that describe the underlying conditions or resources that need to exist for planned change to occur.

Appendix 2 Nottingham and Nottinghamshire Framework for action

<ul style="list-style-type: none"> - Data & Intelligence capacity - Citizen survey - Provider datasets <p>RESOURCES:</p> <ul style="list-style-type: none"> - Public Health AND NHS investment in Tobacco Dependency pathways. - Public Health AND Police investment in an Illegal tobacco taskforce. - Public Health investment in a school education programme - Dedicated resources within both Public Health Teams 	<ul style="list-style-type: none"> - Ensure Stop Smoking services link, as appropriate, with IAPT and other supportive services. <p><u>ACTION 4:</u> Effective regulation of tobacco products. EXAMPLES:</p> <ul style="list-style-type: none"> - Development of a joint taskforce involving trading standards and Notts Police - Build stronger links with education settings <p><u>ACTION 5:</u> Reducing exposure to second-hand smoke. EXAMPLES:</p> <ul style="list-style-type: none"> - Include stop smoking brief advice in Notts fire service - Extension of smoke-free places. - Development of a smoke free social homes policy <p><u>ACTION 6:</u> Improving understanding of vaping/e-cigs. EXAMPLES:</p> <ul style="list-style-type: none"> - Consensus statement on the use of e-cigs - Consistent messaging & training on the roles of vaping as a quit aid <p><u>ACTION 7:</u> Prevention & engagement with children & younger people. EXAMPLES:</p> <ul style="list-style-type: none"> - Commission an evidence-based prevention programme in schools (e.g. INTENT) 	<p>maternity services</p> <ul style="list-style-type: none"> • Number of community stop smoking 'champions' • Number of 'secret shopper' & other checks on tobacco sales • Number of smoke-free places in Nottinghamshire & Nottingham City • Number of smoke-free social houses • Number of schools delivering a commissioned stop smoking prevention programme • Numbers of staff receiving training on illicit tobacco • Numbers of intelligence reports on the sale of illicit tobacco 	<p>Pregnant women that have successfully quit smoking at 4 weeks (Source: Local provider data)</p> <p>Reduced demand for illicit tobacco (Source: TBC)</p> <p>Other outcomes (TBC) EXAMPLE: Wellbeing of stop smoking service users; the quantity of counterfeit cigarettes (packets) & tobacco (pouches) seized; increased awareness of the dangers of Shisha</p>	<p>(Source: NHS digital (combined with Nottinghamshire County or to review if available directly from local data systems)</p> <p>Smoking prevalence in Adolescents – current smokers (Source: TBC)</p> <p>Smoking attributable hospital admissions (Source: Admissions data from Hospital Episode Statistics (HES); Office for National Statistics (ONS))</p>	<ul style="list-style-type: none"> • Reduction in premature mortality
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Appendix 3 Consensus statement on e cigarettes

The Nottinghamshire Health and Wellbeing Board current position statement on e-cigarettes is:

'Nottinghamshire Health and Wellbeing Board supports the safe and regulated use of e-cigarettes as a choice of a route out of smoking for adults without becoming a route into smoking for young people and non-smokers.'

The purpose of the statement is to help provide a Nottingham and Nottinghamshire public health consensus on electronic cigarettes to help organisations develop their own policies and practice, ensuring a similar approach and communication messages on their promotion, regulation, and advice.

What are the key messages?

1. E-cigarettes should only be used as an aid to stop smoking completely, but if you've never smoked, don't use an e-cigarette.
2. Vaping isn't harmless and is not for children and young people.
3. E-cigarettes are not for young people or adult non-smokers.
4. E-cigarettes are far less harmful than smoking but are not without some risks (it is estimated that e-cigarettes are 95% less harmful than ordinary cigarettes).
5. Evidence still shows that e-cigarettes carry a small fraction of the risk of smoking which kills 220 people in England each day.
6. Using an e-cigarette that contains nicotine is more likely to result in a successful quit attempt than willpower alone. (You're twice as likely to quit smoking if you use a vape).
7. Use of e-cigarettes can be an effective harm reduction intervention for smokers who find quitting difficult.
8. It is important to use regulated e-liquids and never risk adding substances. People who wish to use e-cigarettes should be advised that although these products are not licensed drugs, they are still regulated. ¹

Further information

- [Evidence on the impact of e-cigarettes, information on government policy and regulation, and guidance for organisations on vaping policies](#) (National Government, 2021)
- [Tobacco: preventing uptake, promoting quitting and treating dependence](#) (NICE Guidance, 2022)
- [Using electronic cigarettes in NHS mental health organisations](#) (National Government, 2020)
- [NICE Guidance PH 48 Toolkit](#) (Breathe 2025)
- [Smokefree NHS / Treating Tobacco Dependency Task Force position statement on the use of E-cigarettes](#) (NHS, April 2019)
- [Electronic Cigarette Safety Checklist for Staff](#) (Breathe 2025)
- [Vaping in England: an evidence update including vaping for smoking cessation, February 2021 \(publishing.service.gov.uk\)](#) (PHE, 2021)
- The latest [NICE Tobacco guideline \[NG209\]](#), preventing uptake, promoting quitting and treating dependence, published November 2021, section 1.12 gives parity to e-cigarettes with

¹ <https://www.cebm.ox.ac.uk/research/electronic-cigarettes-for-smoking-cessation-cochrane-living-systematic-review-1>

NRT as an intervention. Section 1.12.2 recommends ensuring that nicotine-containing e-cigarettes are available to adults who smoke as an intervention to help them stop smoking.

- [The NCSCT briefing on combination NRT](#) (2021) states that: NRT products can be used with e-cigarettes. Both NRT products and e-cigarettes deliver nicotine to smokers and can be combined. Examples of practice – Northamptonshire stop smoking service is probably the biggest user of e-cigs in England. 44% of clients used a vape between April 2020 and March 2021. Northamptonshire found e-cigarettes are roughly half the cost of a single NRT product and nearly $\frac{1}{4}$ of the cost of dual NRT.

12 October 2022

Agenda Item: 5

REPORT OF THE SERVICE DIRECTOR: CUSTOMERS, GOVERNANCE AND EMPLOYEES

WORK PROGRAMME

Purpose of the Report

1. To consider the Health & Wellbeing Board's work programme for 2022.

Information

2. The County Council requires each committee, including the Health & Wellbeing Board, to maintain a work programme. The work programme will assist the management of the Board's agenda, the scheduling of the Board's business, and forward planning. The work programme will be updated and reviewed at each pre-agenda meeting and Board meeting. Any member of the Board is able to suggest items for possible inclusion.
3. The attached work programme has been drafted in consultation with the Chair, and includes items which can be anticipated at the present time. Other items will be added to the programme as they are identified.

Other Options Considered

4. None.

Reasons for Recommendation

5. To assist the Health & Wellbeing Board in preparing its work programme.

Statutory and Policy Implications

6. This report has been compiled after consideration of implications in respect of finance, equal opportunities, human resources, crime and disorder, human rights, the safeguarding of children, sustainability and the environment and those using the service and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

RECOMMENDATION

- 1) That the Health & Wellbeing Board's work programme be noted, and consideration be given to any changes which the Board wishes to make.

Marjorie Toward

Service Director: Customers, Governance and Employees

For any enquiries about this report please contact:

Briony Jones
Public Health & Commissioning Manager
Nottinghamshire County Council
E: briony.jones@nottscc.gov.uk

Constitutional Comments (HD)

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

Financial Comments (NS)

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

Background Papers

- None

Electoral Division(s) and Member(s) Affected

- All

WORK PROGRAMME: 2022-2023

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
Q4 MEETING: Wednesday 12 October 2022 (2pm)				
Securing a Smokefree generation for Nottinghamshire	To discuss the outcomes of the workshop and agree a set of recommendations for board members to undertake on Tobacco.	Cllr Doddy	Cath Pritchard Jane Roberts Jo Marshall	
WORKSHOP: Homelessness	A workshop to discuss and identify partnership actions to contribute to the delivery of the JHWS priority on homelessness.	Cllr Doddy	Dawn Jenkin Catherine O Byrne Eleanor Hedley	
Q4 MEETING: Wednesday 7 December 2022 (2pm)				
Chair's Report (Standing Item)	An update by the Chair on local and national issues for consideration by Health & Wellbeing Board members to determine implications for the Joint Health and Wellbeing Strategy for 2022 – 2026.	Cllr Doddy	Briony Jones	
JHWS Quarterly Report	To present a quarterly report on progress of the delivery of the joint health and wellbeing strategy for 2022 – 2026 as part of its monitoring framework.	Cllr Doddy	Sue Foley	
Covid-19 Impact Assessment: Mental Health	Assessment of the COVID-19 pandemic on key aspects of health and wellbeing with particular regard to health inequalities to help inform public health and partner's strategies, plans and commissioning.	Jonathan Gribbin	Sue Foley	
Covid-19 Impact Assessment: Domestic Abuse	Assessment of the COVID-19 pandemic on key aspects of health and wellbeing with particular regard to health inequalities to help inform public health and partner's strategies, plans and commissioning.	Jonathan Gribbin	Sue Foley	

Report title	Purpose	Lead officer	Report author(s)	Notes
Domestic Abuse Local Partnership Board Quarterly Report	To provide an update on the progress of the Domestic Abuse Local Partnership Board.	Jonathan Gribbin	Rebecca Atchinson	To be confirmed
Approval of the 2022/23 Better Care Fund Planning Template	To approve the 2022/23 Better Care Fund Planning Template and Better Care Fund Narrative plan.	Melanie Williams	Kash Ahmed Naomi Robinson Clare Gilbert	To be confirmed
Q1 MEETING: Wednesday 1 February 2023 (2pm)				
Chair's Report (Standing Item)	An update by the Chair on local and national issues for consideration by Health & Wellbeing Board members to determine implications for the Joint Health and Wellbeing Strategy for 2022 – 2026.	Cllr Doddy	Briony Jones	
Homelessness	To discuss the outcomes of the workshop and agree a set of recommendations for board members to undertake on Homelessness.	Cllr Doddy	Dawn Jenkin	
Integrated Care Strategy	To present and discuss the Integrated Care Partnership's new Integrated Care Strategy.	Melanie Williams		To be confirmed
JSNA Chapter: Special Educational Needs and Disabilities	To consider and approve the JSNA chapter on special educational needs and disabilities for publication on Nottinghamshire Insight.	Cllr Doddy	Lucy Hawkin	To be confirmed
Q1 MEETING: Wednesday 8 March 2023 (2pm)				
Chair's Report (Standing Item)	An update by the Chair on local and national issues for consideration by Health & Wellbeing Board members to determine implications for the Joint Health and Wellbeing Strategy for 2022 – 2026.	Cllr Doddy	Briony Jones	
JHWS Quarterly Report	To present a quarterly report on progress of the delivery of the joint health and wellbeing strategy for 2022 – 2026 as part of its monitoring framework.	Cllr Doddy	Sue Foley	

Report title	Purpose	Lead officer	Report author(s)	Notes
Best Start Strategy Annual Progress Report	To review progress of the delivery of the Nottinghamshire Best Start Strategy 2021 – 2025, since the Board’s endorsement in January 2021.	Colin Pettigrew Jonathan Gribbin	Laurence Jones Louise Lester	
JSNA Chapter: Looked After Children and Care Leavers	To consider and approve the JSNA chapter on looked after children and care leavers for publication on Nottinghamshire Insight.	Cllr Doddy	Lucy Hawkin	
Q2 MEETING: Wednesday 19 April 2023 (2pm)				
Chair’s Report (Standing Item)	An update by the Chair on local and national issues for consideration by Health & Wellbeing Board members to determine implications for the Joint Health and Wellbeing Strategy for 2022 – 2026.	Cllr Doddy	Briony Jones	
Q2 MEETING: Wednesday 24 May 2023 (2pm)				
Chair’s Report (Standing Item)	An update by the Chair on local and national issues for consideration by Health & Wellbeing Board members to determine implications for the Joint Health and Wellbeing Strategy for 2022 – 2026.	Cllr Doddy	Briony Jones	
JHWS Quarterly Report	To present a quarterly report on progress of the delivery of the joint health and wellbeing strategy for 2022 – 2026 as part of its monitoring framework.	Cllr Doddy	Sue Foley	
JSNA Annual Work Programme for 2023-2024	A report to present the results from the prioritisation process undertaken January – February 2023 and to seek approval of the JSNA work programme for 2023/2024.	Jonathan Gribbin	Sue Foley Lucy Hawkin	
JSNA Chapter: Carers	To consider and approve the JSNA chapter on carers for publication on Nottinghamshire Insight.	Cllr Doddy	Lucy Hawkin	

Report title	Purpose	Lead officer	Report author(s)	Notes
The Better Care Fund End of Year Template 2022 - 2023	To seek approval of the Nottinghamshire 2022-23 Better Care Fund Year End reporting template.	Melanie Williams	Kash Ahmed Naomi Robinson Clare Gilbert	To be confirmed
Q3 MEETING: Wednesday 12 July 2023 (2pm)				
Chair's Report (Standing Item)	An update by the Chair on local and national issues for consideration by Health & Wellbeing Board members to determine implications for the Joint Health and Wellbeing Strategy for 2022 – 2026.	Cllr Doddy	Briony Jones	

Business Cycle 2022 / 2023

Wednesday 27 July 2022 (2pm)
 Wednesday 7 September 2022 (2pm)
 Wednesday 12 October 2022 (2pm)
 Wednesday 7 December 2022 (2pm)
 Wednesday 1 February 2023 (2pm)
 Wednesday 8 March 2023 (2pm)
 Wednesday 19 April 2023 (2pm)
 Wednesday 24 May 2023 (2pm)
 Wednesday 12 July 2023 (2pm)

Contact

For queries or requests for the Nottinghamshire Health and Wellbeing Board's work programme, please email briony.jones@nottsc.gov.uk