APPENDIX A

PUBLIC HEALTH PERFORMANCE, RISKS AND FINANCIAL POSITION – QUARTERS 1 AND 2 2025-26

1. This appendix provides a detailed summary of Quarters 1 and 2.

A-The Public health Vital Signs- performance, successes and stories of change
B-Public health Performance against the Annual Delivery Plan
C-A summary of the risks and risk levels for the Public Health function
D-A summary of workforce indicators
E-A summary of the Public Health financial position
F-A summary of how Nottinghamshire compares against national public health indicators (the PHOF)
G-A glossary of the public health services

Introduction

2. This report explores how the Council's Public Health services are performing, the departments performance (including risk and finance) and performance against national targets. Further information is provided in the appendices B, C.

A) Public Health Performance Vital Signs- Performance, successes and stories of change at the end of Quarter 1&2 2025-26

<u>Healthy Families Programme (Prescribed Children's 0-5 Services)</u>

3. The Nottinghamshire Healthy Families Programme (HFP) is an early intervention and prevention public health nursing service that supports families to provide their children with the best start in life. Following a successful procurement process, the new Healthy Families Programme contract has been awarded to Nottinghamshire Healthcare NHS Foundation Trust. The new contract commenced on 1st October 2025 and a transformation programme to deliver the new service model is underway. There are no changes to the mandated elements of the contract.

4. Overall performance against the key HFP indicators continues to be strong. However, increased workforce attrition and short-term sickness, created in part as a result the procurement process, has had an impact on performance in some areas (particularly Bassetlaw). The challenges associated with workforce attrition have been experienced mostly within the qualified Specialist Community Public Health Practitioner staff group who are responsible for undertaking the birth visit at 10-14 days, and the 6-8 week developmental

check. Commissioners are closely monitoring a recovery plan to mitigate the impact of this, and as of the end of Quarter 2, the Provider is reporting that vacancies are now being successfully recruited to, and both sickness levels have reduced.

New birth reviews

5. There has been a slight drop in the percentage of new of birth visits completed within 14 days of birth, between Quarter 1 and Quarter 2 with 89.3% (1538 babies) of families seen in Q1 v 88.5% (1543 babies) in Q2. However, a further 177 (10%) were seen after 14 days in Q2, usually by day 18. A breakdown of the reasons for parents being seen after 14 days is received and is consistent across both quarters. Reasons include:

    - parents not being at home (no access)
    - parents cancelling the initial review
    - the visit being re-arranged by the service (staff ill health)
    - babies still in hospital and on the neonatal intensive care unit at the time the review was due
    - babies transferring into the area.

6. By the close of Q2, just under 98% of parents had received their new birth review. 100% of these reviews were completed as a face-to-face contact.

6–8-week reviews

7. In Quarter 1, 85.5% of families (1484 families) received a 6-to-8-week health visitor review by the time their baby was 8 weeks of age. A further 190 (11%) were seen over 8 weeks. By the close of the quarter just over 96% of parents had received their 6–8-week health visitor review. 99% of these reviews were completed as a face-to-face contact, with 22 completed by telephone, due to either parent request or workforce capacity pressures. This was particularly evident in Bassetlaw. Quarter 2 data offer a very similar picture with 84.43% (1524 families) receiving a 6-8 week review within timescales, with an additional 10.1% seen after 8 weeks. By the close of the quarter, just under 95% (1701 families) of all families eligible for a 6-8 week mandated review had been seen by their local Healthy Families team.

1 year health and development review

8. In both Quarters 1 and 2, 94% of infants (Q1: 1715, Q2 1736 infants) had received a 1-year health and development review by the age of 15 months. A breakdown of the reasons why parents had not been seen by 15 months of age at the close of both quarters was reviewed. Reasons include:

    - parents not attending the review
    - parents declining (opting out) of the review and the review being cancelled
    - re-arranged by parents or the service.

9. These reviews were completed face-to-face, with the exception of 6 that were completed by telephone due to parent request or child illness.

2-2.5-year review: use of validated assessment tool

10. The proportion of 2-2.5-year reviews completed using the evidenced based ages and stages questionnaire in Quarters 1 and 2 was 98% and 99% respectively, both above the locally agreed target of 95%.

Substance Use services

11. This quarter the service provided by Change Grow Live (CGL) has seen 314 new entrants into service for alcohol support. The service currently has 4,642 people in treatment, with the service achieving 95.51% of the national Office for Health Improvement and Disparities (OHID), numbers in treatment target for 25/26. Overall, the service is retaining 87% people in treatment for 12 weeks or more which exceeds the England average. There were 267 people that have successfully completed treatment this quarter.

12. CGL are offering free training to all professionals across Nottinghamshire. There is a mixture of online and face to face training. Training sessions include harm reduction and alcohol awareness. Recent training sessions have seen representatives from across Public Health, adult social care and housing. More recently the training offer has been extended to an introduction of CGL's complementary offer, focusing on psychology, criminal justice and the CGL's clinical offer.

13. Recent feedback from CGL's training from a professional is shown in the box below:

> Feedback from our young people's service includes:
> This training was amazing, and I've learnt a lot from it. I really enjoyed this. Extremely informative. Both trainers have been brilliant, and I have learnt lots. Informative as always, thank you. This training is great! Very useful to have insight into this service within CGL, very informative thank you.'

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14. The recent feedback from a pharmacy below shows how partnership working is supporting CGL clients to access blood pressure checks and also demonstrates how training is supporting people with substance use to access preventative health interventions.

Partnership working

Recently, during a visit to one of our community pharmacies in Bassetlaw, a pharmacy technician queried with us if she could come and do some blood pressure checks on patients from our CGL building in Worksop, Nottinghamshire.

Theresa from Newgate St Pharmacy, Worksop came to our CGL building on 9th July and did just that! She completed **12 blood pressure checks** in a couple of hours on service users that were attending CGL for their appointments, one of which resulted in an onward referral to their GP.

This was a great opportunity for us to do some further partnership working alongside one of our community pharmacies. Thank you Theresa, we look forward to hopefully working alongside you for further partnership work again soon!

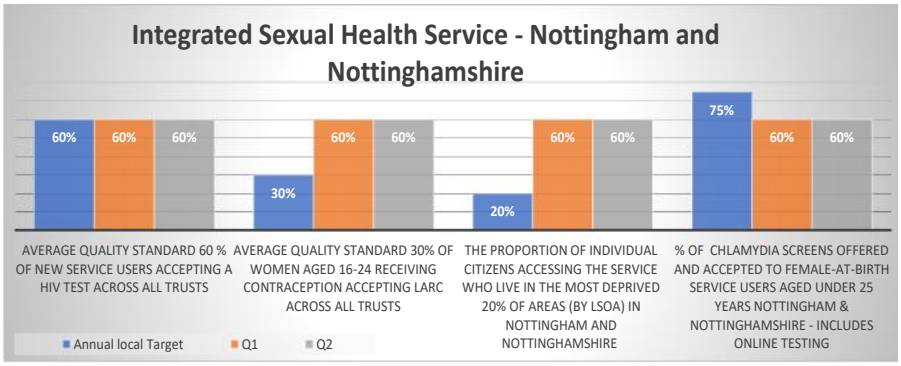
Sexual Health

15. Performance across the service continues to be good at the end of the first year of the new service contract. (Financial Year Q2). The vital signs indicators are red for the C-Card take up. Action to address this is in section 18.

16. There have been two changes to the Vital Signs indicators for 25/26 to better reflect the activity provided by the service; the number of filled appointments indicator has been replaced by *the proportion of individual citizens accessing the service who live in the most deprived 20% of areas (by LSOA) in Nottingham and Nottinghamshire* which better reflects equity of access to the service. The service has reported meeting this target for Q1 and Q2. Online testing has also been incorporated within the chlamydia testing and HIV testing indicators, which is more representative of the total quantity of service activity. The offer and acceptance of chlamydia testing online and face to face has been performing just below the local target but overall remains good. The offer and acceptance of HIV testing is in line with the quality target. Work is ongoing with health and care partners to increase STI/HIV testing uptake in key high-risk communities.

17. Access to Long-Acting Reversible Contraception (LARC) continues to be very high within the service, with a higher than projected rate of residents choosing LARC methods. This helps to reduce unplanned pregnancies.

18. The number of individuals aged 13-25 registered onto the C-card scheme in quarters 1 and 2 saw an increase compared to last year (a total of 425 compared to 301 in the same time period in 24/25). This did not meet the cumulative target of 700 registrations (350 per quarter), however, this is not unexpected for these two quarters, as a dip in registrations is often seen due to school holidays and subsequently the closure of educational settings and youth centres. A number of activities are planned to increase uptake including a streamlined virtual registration system, a health promotion plan and continued training for professionals. Work is also underway with City Council colleagues to address barriers in condom use in young people, as this has been declining nationally.



This chart shows the performance of Q1 and Q2 against the annual local target.

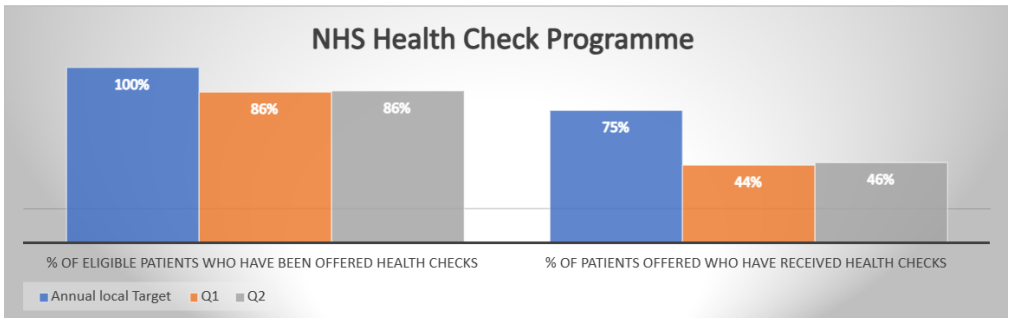
NHS Health Check programme

19. Q2 performance is on track. There is one red indicator for NHS health checks and action to address this is in section 21. There has been a new NHS Health Check contract specification issued in 25/26 issued for 25/26 to all 82 of the 83 delivering practices in Nottinghamshire. This includes all participating practices implementing new criteria and receiving an enhanced tariff for completing checks with patients from specific higher risk, lower uptake groups.

20. Practices have been inviting their eligible patients in similar numbers to the previous quarter, with 10,184 first invites offered at a rate of 87% of the eligible population, 46 invites more than in Q1 (86%). However, this is far greater than the 8,346 invites sent in the same quarter last year.

21. The number of health checks completed has increased slightly this quarter (4,653) compared to last quarter (4,475) but dropped slightly from this quarter last year (4,751). This is likely due to seasonal variation (summer holidays). This highlights ongoing consistent performance from the contract with quarterly uptake rates of 44% for Q1 to 46% in Q2. This remains below target but above the England average of 37.5% for 24/25, As part of the new contract, the proportion of health checks completed with people from enhanced groups has increased from 23% in Q1 to 35% in Q2, suggesting increased focus on

reaching those more at-risk of cardiovascular disease (CVD) from our GP practices.



This chart shows the performance of NHS health checks in Q1 and 2 against annual targets.

Integrated Wellbeing Service

22. Final data for the 2024/25 reporting year (which ran to 30th June 2025) shows the Integrated Wellbeing Service- Your Health Notts (YHN), supported a significant number of people to make positive changes that will benefit their future health. This included over 2,700 people who quit smoking at 4-weeks and almost 1,500 who achieved a significant weight loss.

23. This good performance continues in to Quarter 1 and Quarter 2 of 2025/26. Year to date the service has supported 1,133 people to achieve a 4-week quit and 732 people to achieve a significant weight loss. In addition, 2,085 people have been supported to move more, 548 people have reduced their alcohol consumption, and 354 people have improved their strength and balance.

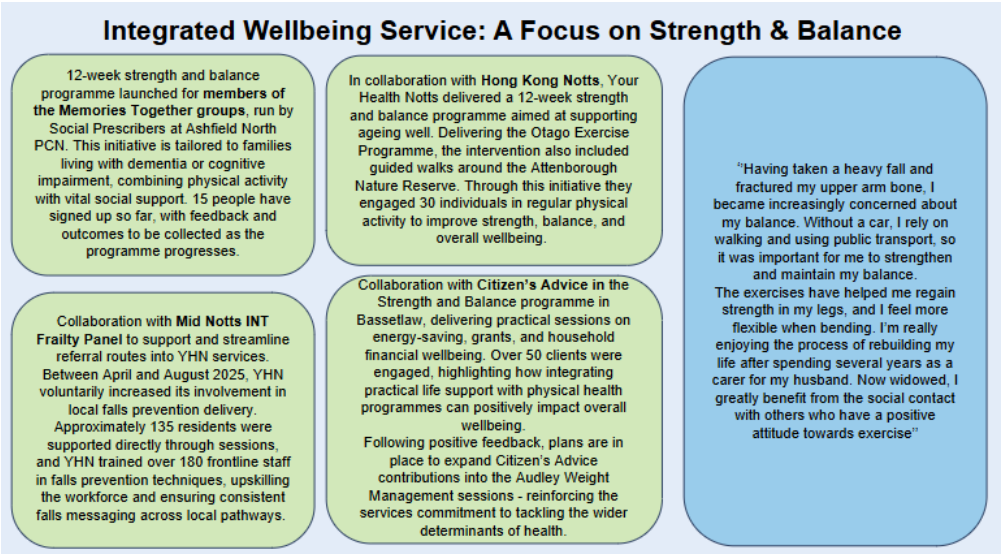
24. Expanding digital and virtual access to the service was a focus during Quarter 2. Outcomes for 4-week quits dropped slightly during Quarter 1 while the service transitioned to a new digital smoke free app. The new digital smoke free app launched at the end of Quarter 2 and is designed to complement in person support with digital tools and resources and increase engagement and flexibility for clients. Initial uptake and feedback have been positive, and further developments are planned for the coming months. The service also expanded the virtual weight management offer during Quarter 2. This complements face-to-face provision and provides clients with flexible and accessible sessions to support their weight management journey.

25. The case study below shows how a client was able to change their lifestyle with the support of YHN.

Healthy Weight Impact Story
"A" was referred to YHN by their GP after being diagnosed with a heart condition (AF) and struggling with knee and back pain. Since joining a local weight management group, "A" has lost over 2.5 stone and continues to see progress.

They report fewer atrial fibrillation attacks, reduced knee pain, and much better mobility – now walking 6,000–9,000 steps a day. "A" has also taken up Tai Chi and swimming, which have boosted both fitness and wellbeing, while healthier eating habits and increased confidence have made a lasting difference to their lifestyle.

26. The deep dive on the IWS shows how the service is developing the offer for strength and balance.



Homelessness

27. The service delivers accommodation-based support to 236 people experiencing homelessness across the county. The new vital sign indicator for 25/26 tracks how well the service is performing in its key aim to support people to regain their independence and prevent them becoming homeless again in the future. The provider contacts individuals 6 months after leaving their support and tracks those who are still known to be managing their tenancies. For both Q1 and Q2 100% of people contacted (95% of eligible people) were managing their both excellent contact rate and represents a positive outcome for both service and individuals.

28. The case study below shows how the service has linked care together to help someone maintain their health and finances.

29. As part of the continual improvement of the service a new partnership working approach with Change, Grow, Live (CGL) - the commissioned substance use provider has been implemented. This has now been shown to reduce the number

of people experiencing substance use as a primary barrier to moving on from the service.

Health Needs Focus:
The service supported an individual T who was experiencing crack-cocaine and heroin usage alongside significant mental health and physical health problems. As a result of these medical conditions, they were struggling to attend health appointments. There were real risks to their life. They were struggling to manage a controlling relationship and maintain contact with their children and were experiencing financial issues with high level of existing debts.
Staff supported T to regain and maintain a relationship with specialist health provision in another County as well as local outreach health offers. They gave support to budget, manage finances and address their debts. They also supported T with the relationship issues and to reconnect with their children.

As a result of support from the service:
T's health has stabilised and lowered risk of dying.
Stabilised debt.
Independence from the controlling relationship.
Gained and maintained contact with their children.
Ready to move on from the service to live independently.

Finance Focus:
M faced a number of barriers to moving on and out of Framework, most significantly a debt of over £5000 owed to the local authority in rent and council tax arrears. The debts had accrued following an exceedingly difficult period in M's life. When their children left home, M was left in an underoccupied property. M had physical health issues and there was a deterioration in their mental health. The rent arrears grew large enough that the local authority gained possession of their property and M was evicted.
M's Support Planner built an honest and healthy working relationship where they could begin to address these considerable debts. One option was to apply for a Debt Relief Order, but M accepted the debts were her responsibility and was committed to repayment plans with the local authority. M's support planner would offer one-to-one support on the days M received their benefit, ensuring that M prioritised essentials, including these debts.

Working in partnership together means as of today, M is completely debt free. M's budgeting skills are now described as excellent.

30. A new Counselling service called "Bloom" launched by Juno Women's Aid. Family Support and Safeguarding domestic abuse specialist workers are in post and embedded in all the Children and Families Safeguarding Teams.

31. Quality visits are completed to help Commissioners understand the services. Quality visit completed this quarter included one on safeguarding processes followed by a service and the women's Helpline. Both visits provided assurance to commissioners on the quality and impact of services are delivering to survivors and stakeholders.

32. The story of change below shows how NWA has responded to cost-of-living pressures and supported women to improve their financial resilience.

Story of Difference Domestic Abuse – Nottinghamshire Women's Aid

Nottinghamshire Women's Aid provided a cost-of-living report for 81% of women in service between 1 April 2025 and 30 June 2025. 327 cost of living forms were completed.

Key findings included;

- 273 women (83%) could not afford to pay an unexpected expense of £850
- 127 women (39%) described their financial position as linked to perpetrator
- At least 55 women (17%) were struggling to pay for energy bills, food and other basic necessities.
- 20 women (6%) felt unable to leave an abusive relationship due to their financial situation
- 69 women shared that the perpetrator limited their access to money and 47 shared that the perpetrator had used the cost of living crisis as a tool for coercive control
- Since the costs of living crisis began survivors shared that all forms of abuse had increased with 41% experienced more emotional and psychological abuse, 29% more financial and economic abuse, 22% more control behaviours, and 13% more physical abuse.

The information in the report highlighted the ongoing cost of living challenge for survivors and the impact on their life and choices.

Health Protection

33. The Health Protection Team (HPT) works with system partners to reduce inequalities in screening programmes, reduce environmental hazards, support infection prevention and control in health and care settings, support flu update in staff, support the national screening and vaccinating programmes.

34. The HPT at Nottinghamshire County Council works closely with system partners including the UK Health Security Agency (UKHSA), the Nottingham and Nottinghamshire Integrated Care Board (ICB), NHS England, Nottingham City Council and the borough/district councils to ensure that robust health protection measures are in place and health inequalities are addressed. Key areas of activity are listed below.

Vaccination and Screening

35. The HPT has taken an active role in improving the uptake of routine (childhood/adult) and seasonal (influenza/Covid-19) vaccinations across the local system, given the concerning decline that has been seen over recent years, which reflects national trends. The HPT has supported targeted communications and engagement activities and administers the annual County Council influenza vaccination programme for frontline staff, which is both intended to protect staff and guard against onward transmission to those who use our services. The outputs of this will be reported at the end of next Quarter.

36. The HPT has also sought to address potential inequalities associated with national screening programmes, including those for cervical, bowel and breast cancer.

Community Infection Prevention and Control (CIPC)

37. CIPC relates to the prevention of healthcare associated infections (HCAIs) amongst people receiving care in health or social care settings. The HPT manages a contract with a specialist ICB nurse-led service that provides support to older people's care and nursing homes, and homes for adults with learning disabilities, as well as other residential settings such as children's homes in an emergency. This support includes ongoing surveillance, proactive audit visits and tailored staff training, in addition to specialist infection control advice when HCAI outbreaks occur. The service has dealt with 245 outbreaks at the end of Quarters 1 and 2. In 2024/25 there were 281 outbreaks in for the whole year so there is additional demand for this service.

Health Emergency Preparedness and Response

38. The HPT has worked with partners to prepare for and respond to a variety of health protection threats, including measles, pertussis, mpox, hepatitis A and B, norovirus, tuberculosis (TB) and influenza. The HPT has also provided specialist input into the refresh of both the LRF and Nottinghamshire County Council pandemic plans.

Environmental Hazards

39. Environmental hazards include a wide range of threats to the health of the population, such as extreme weather events, poor air quality, noise pollution, unsafe housing and inadequate food quality. Work to address these issues is undertaken by a range of local stakeholders and much of it is underpinned by statutory powers.
40. For more information on local authority health protection work, please visit: https://www.nottinghamshire.gov.uk/care/health-and-wellbeing/health-protection-hub

B) Vital Signs and Annual Delivery Plan (ADP) reporting update as at Quarter 2

41. Appendix B, Public Health Vital Signs report highlights performance of commissioned services, all narratives are included in the report above explaining any red indicators where necessary.

42. The table below confirms the performance against the 2025/26 ADP Public Health and Communities priorities.

Notts Plan Ambition	Status (RAGB)	Narrative
Develop our commitments within the Nottinghamshire Food Plan by reviewing evidence and best practice to identify the most impactful and appropriate food policy options for the Council.	Green	Continue to explore evidence base and best practice around food policy options for the Council. The benchmarking application is in progress using the Good Food Local tool and will be completed in Q3. The review of the Healthy Options Takeaway scheme is in process and options appraisal with recommendations delivered to senior leadership.
Work with key partners and the Secretary of State for Health and Social Care, to advance our ambition to ensure all residents across the county receive the benefits of fluoride in drinking water supplies	Amber	Expanding water fluoridation across the North-East of England was approved in March 2025 following public consultation. Regional conversations are underway to propose expanding water fluoridation to other unfluoridated parts of the Midlands, inc. Nottinghamshire. The regional dental public health team have completed a needs assessment with support from one of our speciality public health registrars which is awaiting publication and will be used to guide next steps. The Council continues supporting and working with EMCCA colleagues to progress this, and we'll review our position once the needs assessment is published later in 2025.

Develop the council's approach to 'thriving communities', including developing how the council works effectively with partners at neighbourhood level to improve outcomes for communities and ensure the building blocks of health (i.e. access to good education, work, housing, transport) are in place	Green	The first stream- proactive prevention has identified cohorts and joint working is working to identify actions. Second stream Asset Based Development has mapped VCSE funds and community development workers. The programme is on track for delivery
Embed the 'Making Every Contact Count' approach, using all of our day-to-day interactions with people to support residents to make positive behavioural changes in their lives.	Green	The Council is beginning to roll out and promote new MECC training opportunities to its staff and continues to lead on the development of the programme across Nottingham and Nottinghamshire until end of October 2025. A new bespoke MECC eLearning will be made available for staff to access and shared with partner organisations during Q3, with longer forms of MECC training to be cascaded via a network of new MECC champions/trainers.
Award and mobilise the new Healthy Child Programme contract, which will provide an early intervention and prevention public health nursing service which includes Health Visiting and School Nursing for 0-19 year olds.	Green	Contract signed, transformation plan developed, and prioritisation complete with steering groups established

Promote our Approved Venues and local suppliers, whilst supporting businesses across Nottinghamshire who wish to become licenced to hold civil ceremonies.	Green	We continue to actively seek opportunities to advertise and promote our approved premises, ensuring a strong presence across various channels. Regular meetings with the communications team are taking place to review website updates and share ideas for additional advertising opportunities, helping us to keep our promotional strategies fresh and effective. In addition, we are planning a review of our licensing process to ensure it remains fit for purpose, allowing us to respond swiftly and make the process as straightforward as possible for both staff and customers. This proactive approach is aimed at maintaining high standards and supporting ongoing business growth across Nottinghamshire.
Support Nottinghamshire's businesses to help them transition to meet new regulatory requirements, including compliance with key Trading Standards legislative changes.	Green	There have been two new Primary Authority Partnerships and one businesses supported with adhoc paid-for advice during this period, all are national, covering white goods, transportation and manufacturing.
Deliver a Joint Venture arrangement for the County's Catering & Facility Management Services to realise increased efficiency and effectiveness.	Complete	Joint venture (VNL) went live on 1/9/25 and mobilisation is progressing well.

Red – significant obstacles, outcomes unlikely to be achieved
Amber – some challenges to resolve, delivery of outcomes at risk
Green – On track to meet outcomes
Blue - Complete

C) Risk

43. The departmental Vital Signs indicators identified within Public Health are statutory duties, market sustainability, strategic priorities, and workforce. The risk level for Public Health Commissioned services remains low. Quarter 2 2025-26 performance data for these are detailed in Appendix B to support the narrative above.

44. During Q2 there has been a review of the Public Health risks and an alignment between risk and issue management with the Place division.

D) Workforce

45. Appendix B covers the workforce vital signs data for there are 60,57 FTE Public Health and Communities vacancies. This has reduced from 371.26 last quarter as this report included a number of Catering and Facilities Management (CFM) who have now TUPEd over Vertas Nottinghamshire Limited (VNL) This data does not include staff in any commissioned services. Workforce levels are stable and sickness/absence rates are within expected limits.

E) Public Health Financial Position as of 30 September 2025

Prev Forecast Variance £000	Change in Variance £000		Annual Budget £000	Actual Spend £000	Year-End Forecast £000	Latest Forecast Variance £000
		Public Health				
(414)	**23**	**Public Health Total**	**2,324**	**(4,818)**	**1,933**	**(391)**
414	(23)	Public Health Reserves	(2,324)	0	(1,933)	391
0	**0**	**Public Health Total**	**0**	**(1,423)**	**0**	**0**

48. There was a 2025/26 forecast underspend for Public Health of £391,000 at Quarter 2. Any actual underspend will be transferred to Public Health reserves at the end of the financial year

F) Public Health Outcomes Framework (PHOF)

49. The PHOF sets out a vision; to improve and protect the nation's health and improve the health of the poorest fastest. It focuses on two high level goals:

    a. Increased healthy life expectancy
    b. Reduced differences in life expectancy and healthy life expectancy between communities.

50. These outcomes reflect the focus not only on how long we live (our life expectancy), but on how well we live (our healthy life expectancy). The explicit focus of the framework set by government is also on reducing differences between people and communities from different backgrounds.

51. In Nottinghamshire, this focus is reflected in the vision and ambition underlying the Council's current Nottinghamshire Plan, and the broader Nottinghamshire Joint Health and Wellbeing Strategy (JHWS) 2022-2026. These areas of focus are also apparent in the Integrated Care Strategy as developed by the Nottingham and Nottinghamshire Integrated Care Partnership.

52. To deliver its statutory duty regarding the government's vision (PHOF) and the Council's own plan, it is essential that the Council and its partners scrutinise the key factors through which healthy life expectancy is improved and inequalities reduced.

53. Relevant indicators from the PHOF are used to monitor progress as part of the Nottinghamshire Plan, JHWS and as part of the Council's 'Vital Signs' internal performance monitoring programme.

PHOF outcomes for Nottinghamshire

54. The key data on which this report is based are contained in Appendix B. This appendix includes the latest Nottinghamshire data for 154 indicators from PHOF[1]. Most of these indicators can be compared numerically to England and are classified as "better than", "similar to" or "worse than" the value for England.

55. Most (126 or over 81%) indicators show Nottinghamshire as 'better than' or 'similar to' England in the latest data. There are 49 indicators where Nottinghamshire is performing better than England, with 77 indicators where Nottinghamshire performance is similar to the national value. These comparisons reflect factors including strong building blocks, the role of a range of statutory agencies as well as the ongoing contribution of the Council including its Public Health and Communities Division.

56. A minority (a total of 28) indicators show Nottinghamshire as 'worse than' England in the latest data.

57. Indicators where Nottinghamshire has changed status relative to England[2] are also of interest. Considering the last two available data points:

    - Fifteen indicators for Nottinghamshire improved status relative to England.
      These are listed in Appendix B.

[1] Several indicators report data for males, females and all persons separately or include multiple age groups as separate lines in the PHOF. For brevity this report includes only 'all persons' if all three categories are included in the dataset or the broadest age-group available

[2] Defined as where the Nottinghamshire value changed from 'better than', 'similar to' or 'worse than' England in the last two datapoints

- The status of 15 indicators deteriorated.

58. A total of 34 unique indicators for Nottinghamshire are either worse than England in the latest data or the status compared to England has recently deteriorated. These provide a focus for action and are listed below:

    - Outcomes and inequalities in child health, specially Best Start indicators including readiness for school. The new HFP will support improvements, and a review paper will be taken to Cabinet later in the year to explore these indicators.

    - Outcomes and inequalities in women's health. This was highlighted in previous reviews and as a result has a workstream from the Director of Public Health Annual Report. This is being worked on by the Health and Wellbeing Board.

    - Health Inequalities and geographic differences in health are persistent and have not changed over the last decade. Indicators that are related to health inequalities that are worsening include under 75 cancer mortality, excess deaths for people with serious mental health issues, obesity and smoking in pregnancy. Addressing these requires addressing the wider determinants of health and improving the Building Blocks of health. The data and activity will be reviewed in Health Scrutiny in Spring 2026.

    - Substance use, which includes the harms of drugs and alcohol and those experiencing severe multiple disadvantage. These rates are expected to improve as treatment and recovery services continue to attract additional central Government funding and Nottinghamshire is renewing how we work with recovery communities. Successful completions are slightly reducing as more people are entering treatment with increasing vulnerabilities and therefore are requiring longer treatment and recovery journeys. Treatment retention within Nottinghamshire at 12 weeks are significantly better than England (87% for Nottinghamshire, 82% for England) which shows that once residents enter into treatment, they are staying in treatment which offers a protection around drug and alcohol related deaths.

    - Vaccination rates – there are falls in some vaccination uptake in Nottinghamshire and other indicators are similar to national averages. There is continued work with the Integrated Care Board, UKHSA and partners with the HPT. Increasing vaccination rates requires system working and is being supported through the Health and Wellbeing Board.

    - Housing and employment for people with disabilities and serious mental illness are supported into work. There are opportunities with the new East Midlands Combined County authority (EMCCA) and Local Government Reform (LGR) policy changes to address these differences.

59. Several PHOF indicators of concern are not the direct responsibility of Public Health or the local authority. For example, indicators related to vaccination coverage which are important public health interventions for which the NHS is

responsible. Outcomes related to vaccination coverage are considered as part of the workplan for the Nottinghamshire Health Protection Board which reports to the Health and Wellbeing Board.

60. Therefore, the indicators of concern listed below will be addressed through partnership working, through arrangements with the rest of the County Council, Integrated Care Partnership, Health and Wellbeing Board, Safer Nottinghamshire Board, and the influence of a range of stakeholders at locality level including the role of the voluntary sector.

61. The actions required to improve indicators where Nottinghamshire is worse than average are those to which the Council has committed to in the ambitions contained in Nottinghamshire Plan or which partners have identified in the JHWS. More detailed information about these actions can be provided if needed.

62. In planning for their scrutiny of the Council's public health duty and functions, Committee may wish to focus their attention on these themes, to ensure that the Council is making its full across departmental contribution in each.

Building Blocks for good health and wellbeing for our communities

63. In Nottinghamshire we describe the 'Building Blocks' to for health and wellbeing. These are the 'blocks' like giving every child the best start, housing, education, employment, air quality, food and community networks.

64. Access to health and care services is important but contributes a relatively small part compared to these other building blocks. Where these building blocks are in place, healthy life expectancy will improve, and inequalities will reduce. Where the building blocks are weak or missing, individuals experience a loss of health at an early age and the life expectancy gap between communities widens.

65. Data shows that the lives of people in our most disadvantaged areas are, on average, more than 8 years shorter than people in our most advantaged areas. As well as living lives which are shorter, they will also spend 14 years more living in poor health. Some members of our population are particularly affected. Women in our most disadvantaged communities can expect to live on average one third of their lives in poor health and the trend for all women in Nottinghamshire has deteriorated since 2012. This points to the fact that for some communities in Nottinghamshire, the building blocks are weak or missing. The trend of women's health has been reviewed in the Director of Public Health and Communities Annual Report.

66. The PHOF indicators provide more information on these missing building blocks and on a range of service-related interventions which improve and protect the health of the population.

G) **Glossary- Public Health Commissioned Services 2025/26**

Service Name	Provider	Service description
Sexual Health Services: **Integrated Sexual Health Services (ISHS)**	**Nottingham University Hospitals (NUH), in partnership with Sherwood Forest Hospitals Trust**	The service aims to provide easy access to services where the majority of sexual health and contraceptive needs can be met at one site, usually by one health professional. Services are located within accessible locations, offering extended opening hours and delivered in a way that is accessible to people disproportionately affected by sexual ill health
Sexual Health Services: Long-Acting Reversible Contraception (LARC)	**GPs**	A comprehensive contraception offer is a statutory role of Public Health, and LARC is the most clinically and cost-effective form of contraception. LARC comprises contraceptive subdermal implants and inter-uterine devices (IUDs). GP practices are commissioned to deliver LARC fitting and removal services across the County. When LARC prescribing rates are high, we should see lower rates of unplanned pregnancies, which have poorer outcomes for both the mother and the child.
Sexual Health Services: **Emergency Hormonal Contraception (EHC)**	**Community Pharmacies**	As above, it is important that a comprehensive contraception offer provides access to free EHC (also known as the "morning after pill") where required. This is offered by community pharmacies across the County in an open access where residents can request it where clinically required. Please note: EHC will be moving to a nationally commissioned model in 25/26, dates TBC.
Sexual Health Services: **Young People's Sexual Health Service- C Card**	**In-house, Youth Services**	The C Card scheme is a free sexual health advice and condom service for young people in Nottinghamshire aged 13 – 25 years old. The aim of the scheme is to help reduce the incidence of unplanned teenage pregnancy and Sexually Transmitted Infections (STI's). This in turn can support schools to achieve a number of educational priorities such as improving pupil absence and attainment as well as improving emotional resilience amongst students.
Substance use treatment and recovery service.	**Change Grow Live**	This is an all-age substance use (drugs and alcohol) treatment and recovery service for Nottinghamshire residents. It is jointly funded by the Police and Crime Commissioner. It supports individuals as well as tackling inter-generational substance misuse through a family-based approach. There is also a service for young people and children who are affected by parental drug and or alcohol use. This is a service for drugs and / or alcohol misuse. The use of different substances share

		similar root causes. They also have similar overall effects on the lives of individuals, families and on communities (health harms, deaths, crime and disorder).
Domestic Abuse Services	**Notts Women's Aid (NWA), JUNO Women's Aid and Equation**	This service aims to reduce the impact of domestic violence and abuse (DVA) in Nottinghamshire through the provision of appropriate services and support for women, men and children who are experiencing domestic abuse or whose lives have been adversely affected by domestic abuse. It is Jointly commissioned with the Police and Crime Commissioner.
NHS Health Checks	**General Practitioners (GPs)**	The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia. The service is delivered by GP practices. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions or have certain risk factors, will be invited (once every five years) to have a check to assess their risk of heart disease, stroke, kidney disease and diabetes and will be given support and advice to help them reduce or manage that risk. http://www.nhs.uk/Conditions/nhs-health-check/Pages/What-happens-at-an-NHS-Health-Check-new.aspx
Nottinghamshire Healthy Families Programme (0-19)	**Nottinghamshire Healthcare NHS Foundation Trust**	**The key aims and objectives of the Nottinghamshire HFP**: • Support all families to give children the best start in life • Help keep children healthy and well from conception to adulthood • Provide expert advice and support to all families to enable them to provide a secure environment to lay down the foundations for emotional resilience, good physical health and good mental health • Ensure early identification of children, young people and families where early help and additional evidence-based preventive programmes will promote and protect health in an effort to reduce the risk of poor future health and wellbeing • Support children to be ready to learn, ready for school and to achieve the best possible educational outcomes[1] • Support children, young people, and families to navigate the local health, care and early help system • Build on resilience, strengths and protective factors to improve families'

		autonomy and self-efficacy, laying the foundation for an independent life • Work in partnership with other professionals and stakeholders, ensuring care and support helps to keep children and young people healthy and safe • Provide a seamless, high quality, accessible and comprehensive service, that promotes social inclusion and equality, and respects diversity • Take a lead in the development of effective partnerships and act as advocate to deliver change that supports improvements in health and wellbeing of all children and families • Promote innovative digital interventions to increase access to appropriate information, advice and support.
Homelessness	**Framework Housing Association**	This service provides accommodation-based support across the county to people experiencing homelessness. The key aims of this service are: •To address homelessness, support people back to independence, and prevent repeat homelessness •To reduce the adverse effects of homelessness on health and wellbeing
Illicit Tobacco Services	**In-house, Trading Standards**	Trading Standards undertake a programme of activities including intelligence gathering, prevention, training, partnership working and enforcement to reduce the supply of and demand for illegal tobacco in Nottinghamshire and ultimately reduce smoking rates and health inequalities in Nottinghamshire
Integrated Wellbeing Service	**ABL - Your Health Notts (YHN)**	The Integrated Wellbeing Service supports residents across the life course (from preconception to older age) to make behaviour changes that will improve their health, including: - stop smoking and tobacco control - obesity prevention, diet and physical activity (moving more) - alcohol Identification and Brief Advice (IBA) - underpinned by mental wellbeing People can access support in a variety of ways and the service also provides community approaches, workplace health offers and training.
Oral Health Promotion Services	**Community Dental Services CIC (CDS)**	The Oral Health Service delivers an evidence-based promotion service for identified individuals, communities and vulnerable groups in Nottinghamshire, to maintain and improve their oral health.

Community Infection Prevention and Control Service	**Nottingham and Nottinghamshire Integrated Care Board**	The service provides infection control support to older people's care and nursing homes, and homes for adults with learning disabilities. This support includes proactive audit visits and tailored staff training, in addition to specialist advice if infectious disease outbreaks occur.
Making Every Contact Count (MECC)	**WTL Behaviour Change Consultancy**	This service delivers train-the-trainer courses to targeted staff across the Council and wider health & care system, enabling participants to cascade MECC training across their teams, organisations and partnerships.
Early intervention speech, language and communication needs	**Nottinghamshire Healthcare NHS Foundation Trust**	Delivers a targeted speech, language and communication needs service targeted at children aged 2 to 2 years 9 months.